Psychotropic Medication Use Among Children in Foster Care

TECHNICAL ASSISTANCE WEBINAR SERIES

Friday, April 11, 2014
2:00 – 3:30 p.m. EDT

For audio, dial: xxxxxx; Passcode: xxxxxxxx
Why Focus on Stakeholder Engagement?

- Stakeholders are critical to quality improvement (QI) efforts
  - Prioritize areas for improvement
  - Identify resources to support improvement efforts
  - Help assess the impact – intended and unintended – of the intervention and suggest how to address gaps
  - Advocate for the sustainability of successful interventions
What is Stakeholder Engagement?

- The process by which an organization involves people who:
  - May be *affected by* the decisions it makes
  - Can *influence the implementation* of its decisions
Who are the Stakeholders?

- Those who pay for, provide, regulate, receive, measure, monitor, or otherwise interact with/influence the health care process and/or outcomes you want to improve
  - **Internal** – e.g., agency leaders, operational managers, IT department, contract managers
  - **External** – e.g., system partners, vendors/contractors, providers, recipients of services, family members/caregivers
Stakeholder Engagement

- Continuum – from minimal to significant – along which engagement strategies fall

- Provide stakeholders with information
- Solicit input from stakeholders
- Engage stakeholders in discussion
- Invite stakeholders to participate in the planning process
- Give stakeholders a role in the monitoring process
- Enable stakeholders to participate in the decision-making process
Engaging and Educating Texas Stakeholders to Address the Appropriate Use of Psychotropic Medications

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Engaging and Educating Stakeholders

This presentation will address efforts to engage and educate stakeholders* by:

- The Texas Department of Family and Protective Services (DFPS, child welfare agency)
- STAR Health (the single managed care organization for children in Texas foster care)

*Stakeholders for Texas foster care include: state child welfare, Medicaid and mental health agencies; judges; Court Appointed Special Advocates (CASA); attorneys; residential providers; foster parents; kinship caregivers; foster youth; parents; STAR Health; health care providers; legislative staff; advocates; the Texas Supreme Court Children’s Judicial Commission for Children Youth and Families; and others
Since 2004, Texas stakeholders have collaborated to improve the health care and oversight of psychotropic medication use by children in Texas foster care:

- In 2004, Texas convened the Advisory Committee on Psychotropic Medications
- In 2005, Texas released the *Psychotropic Medication Utilization Review Parameters for Foster Children* (“the Parameters”)
- In 2005, SB 6 of the 77th Texas Legislature added Chapter 266 to the Texas Family Code with a goal of improving healthcare for children in Texas foster care
- In April 2008, STAR Health began for all Texas foster children and young adults, which includes Psychotropic Medication Utilization Review
- In 2013, HB 915 of the 83rd Texas Legislature was enacted, which strengthens practices related to psychotropic medications use in foster care
Psychotropic Medication for Texas Foster Children

- 34% decrease since 2004
- 66% decrease since 2004
- 69% decrease since 2004
Accomplishments

• 34% reduction in the use of psychotropic medications for 60 days or more between 2004 and 2012

• Multiple stakeholders with diverse views working together to create a multi-tiered psychotropic medication oversight and monitoring system with checks and balances at various levels

• The following slides will provide more detail about Texas strategies to engage stakeholders and the resulting enhancements to the system
• In March of 2004, the state child welfare, Medicaid and mental health agencies convened the DFPS Advisory Committee on Psychotropic Medications
• Participants included health care and residential providers, advocates, foster parents, foster youth, and human services professionals
• Goal was to explore the issues and make recommendations
• Deliverable was a report with recommendations to:
  – Establish a statewide clinical consultation and monitoring system
  – Strengthen training on the appropriate use of psychotropic medications
A panel of experts developed the Psychotropic Medication Utilization Review Parameters for Children and Youth in Foster Care in February 2005, with subsequent updates in June 2007, December 2010 and September 2013.

The goal was to develop clinical guidelines for the appropriate use of psychotropic medications in Texas foster care.

Review and input on all editions was provided by Texas physicians groups:
- Federation of Texas Psychiatry
- Texas Pediatric Society
- Texas Academy of Family Physicians
- Texas Medical Association

Review and input on the December 2013 edition was also provided by Rutgers University Center for Research and Mental Therapeutics.
Content of Parameters

- General principles
- Nine criteria indicating the need for further review of a child’s psychotropic medication regimen
- Psychotropic medication tables
  - Medication name
  - Dosages (both FDA and literature based research)
  - Black box warnings
  - Warnings and precautions
- 2013 edition has information on evidence-based assessments and treatment
After development of the first edition of the Parameters, Texas distributed information to key child welfare stakeholders:

- Medicaid agency distributed them to Medicaid providers (pre-STAR Health)
- Child welfare agency distributed them to child welfare staff and foster care providers
- Child welfare agency incorporated them into the Residential Contract (for foster care)
- Child welfare agency nurse contacted caseworkers, foster care providers and physicians about concerns when children’s regimens were outside Parameters
- Child welfare and Medicaid agencies worked together to develop educational packets for judges
Medicaid agency Office of Health Services convened a workgroup of child welfare agency, Medicaid agency and mental health agency representatives.

The goal was to implement interim strategies to ensure appropriate use of psychotropic medications until the implementation of STAR Health when a more formal process would be established.

Child welfare agency contracted with a child and adolescent psychiatrist consultant hired its first medical director in 2007.

All 3 agencies worked together to begin analyzing data to guide strategy.

All 3 agencies collaborated on several strategies to assist health care providers appropriate prescribing.
In June 2006, the child welfare, Medicaid and mental health agencies released a report, *Use of Psychoactive Medication in Texas Foster Children in FY 05* which is available at: http://www.hhs.state.tx.us/news/release/Analysis_062306.pdf

The report examined the use of psychotropic medications among children in foster care in the five months before and the five months after the release of the Parameters, noting a reduction in psychotropic medication use in the following categories:

- Five or more psychotropic medications
- Class polypharmacy
- No mental health diagnosis

The Medicaid agency updates the data annually.
• The Medicaid agency distributed newsletters to physicians
• The Medicaid agency distributed individual letters to physicians advising them as to where they rank in relation to other physicians on prescribing psychotropic medications to children in foster care
• The child welfare, Medicaid and mental health agencies held a focus group in January of 2007 with nine of the top physician prescribers
• All 3 agencies held a conference in January of 2007 for healthcare providers on mental health care for children in foster care
• The child welfare agency coordinated with the medical consultant to develop a psychotropic medication training that was delivered to all child welfare staff by child welfare nurse consultants
Implementation of STAR Health

• Between 2005 and April 1, 2008, the child welfare and Medicaid agencies, and later Superior Health Plan Network, developed a comprehensive health care delivery model for children in foster, “STAR Health”

• The child welfare agency continues to collaborate daily with the Medicaid agency and STAR Health representatives (Superior and subcontractors), to ensure oversight and coordination of health care services for children

• Joint Team meetings with the Medicaid agency, STAR Health and child welfare agency leadership are held monthly to resolve problems and plan innovations

• STAR Health conducts formal Psychotropic Medication Utilization Reviews (PMURs)
The Texas Supreme Court Permanent Judicial Commission for Children, Youth and Families ("Children’s Commission") collaborated with the child welfare agency to facilitate several stakeholders workgroups in a neutral setting to continue to strengthen processes:

- Psychotropic Medication Workgroup co-chaired by DFPS Medical Director and a judge
- Roundtable for Texas stakeholders on Psychotropic Medications
- HB 915 Stakeholder Workgroup to Advise DFPS on the implementation of the bill that was effective September 2013

Participants in the various workgroups included human services professionals, health care providers, residential providers, judges, attorneys, advocates, legislative staff, CASA, foster youth, and parents.

Wanted to strengthen the upfront processes.

Developed a report with 12 recommendations to strengthen existing processes many of which were later incorporated into HB 915.
Some Outcomes of HB 915

• Definition of informed consent and requirement for completion of a Psychotropic Medication Consent form by medical consenter and prescriber for each new medication
• Update of online Medical Consent with requirement
• Update of online Psychotropic Medication training
• Development of family-friendly brochure, “Making Decisions About Psychotropic Medication” to help guide medical consenters
Some Outcomes of HB 915 Workgroup

• Revision of Youth Transition Plan to address physical/mental health care and resources to assist youth
• Requirement to notify parents of initial psychotropic medication and dosage change at next scheduled visit
• Enhancement of judicial review of medical care at permanency and placement hearings to include more detail in caseworker court reports
• Provision of face-to-face training of child welfare staff who attend appointments at residential treatment centers and other facilities
• Provision of training to judges and attorneys by the Children’s Commission
• Provision of training to CASA staff and volunteers by CASA agency
Medication Monitoring Through STAR Health

- STAR Health is the managed care program serving all children in foster care in Texas
- Medical home model (primary care provider)
- Coordination of physical and behavioral health (Service Management Teams)
- Broad network of providers
- Medical advisory committees to monitor the provision of the health care
- Health Passport for continuity of care
- Responsible for implementing the Psychotropic Medication Utilization Review (PMUR) process
Role of STAR Health

- Credential and contract with behavioral health providers for STAR Health network
- Educate stakeholder groups on the prescribing parameters for children in the Texas foster care system and the monitoring processes in place
- Screen the medication regimen for all children in foster care who are prescribed psychotropic medications
Credentialing Providers

• Providers must be part of the STAR Health Network in order to serve children in foster care

• Prescribers entering the Network will see contract language related to the prescribing parameters and the expectations related to medication monitoring

• Any changes to the parameters or expectations of the providers related to the monitoring process require a 60 day written notice to the provider
Provider Education

- Written materials which include detailed information about the prescribing parameters
- Provider newsletters pointing providers to the web link to obtain more information
- Peer-to-peer interaction that takes place when individual cases are identified for review
• STAR Health collaborated with DFPS state office staff to determine training needs of caseworkers

• The STAR Health team developed a web-based training module to include the following key points:
  – Description of the prescribing parameters
  – Information on how to request a PMUR
  – Regional points of contact at STAR Health to address questions or concerns
Education of Judges

- Written materials distributed to all judges
- Meetings with groups for face-to-face training and education
- Individual meetings
- Judge’s “Medication Mailbox”
Medication Reviews

• STAR Health
  – Implements both a prospective and retrospective review process
  – Monitors for dosages and age limitations on some medications through a prior authorization process
  – Conducts a retrospective review as part of the PMUR when:
    • It is identified that a child’s medication regimen falls outside the parameters previously discussed, and
    • The child has been taking the medications for 60 days or more
Identifying Cases for Review

• **Health screenings**
  STAR Health Service Managers conduct phone interviews with caretakers to identify children with medication regimens which appear to be outside of the Psychotropic Medication Utilization Parameters prescribing criteria

• **Automated pharmacy claims screening**
  STAR Health also conducts a real time automated screening program utilizing pharmacy claims information from vendor drug to identify foster children who have medication regimens which may fall outside the prescribing criteria

• **External request**
  CPS Nurse specialists, CPS caseworkers, CASA volunteers, foster parents, attorneys or Child Placing Agencies can request a medication review

• **Court request**
  Family court judges can request a review to answer questions about a foster child’s medication regimen
Action Steps

– Gather information from caregiver and available documentation

– Submit information to child and adolescent psychiatrist for formal review:
  • Prescriber Outreach
  • Formal written report with a finding

– Conduct Quality of Care review for prescribers with persistent prescribing patterns of concern
  • Potential corrective action from prescribers or terminate them from network
Communicating Results

- Once a PMUR is completed the doctor completing the review writes a report to summarize the concerns and the finding
- The PMUR report is uploaded to Health Passport
- This report is distributed to:
  - The DFPS Medical Director
  - DFPS Division Administrator of Medical Services
  - Child Protective Services Caseworker
  - Regional Child Protective Services Nurse
  - If the PMUR was requested, the report is also sent to the requestor
Addressing Concerns

- If a physician completing a review determines there is evidence of, or significant risk for, serious side effects, the STAR Health Medical Director will contact the DFPS Medical Director to share this concern.
- Any concerning prescribing patterns or provider issues identified are discussed jointly between DFPS and STAR Health for resolution.
Outcomes Reporting

• STAR Health completes a report of PMUR activity at the end of each state fiscal year quarter

• The Quarterly Report includes the following information:
  – Number of screenings for PMUR
  – Number of PMURs completed
  – Referral sources
  – Results of the reviews
  – Quality of Care Concerns
Oversight

• The DFPS Medical Director has organized a Psychotropic Medication Monitoring Group (PMMG) with representatives from DFPS, HHSC, DSHS, UT Austin Department of Pharmacy, and STAR Health

• The PMMG reviews monthly monitoring conducted by STAR Health and the HHSC annual report on psychotropic utilization

• The PMMG also oversees the biennial review of the parameters, the publication of any revisions, and sponsorship of any conferences on the topic
1. A Guide to the DFPS Psychotropic Medications Monitoring Program:
   http://www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-psychoactive.asp

2. DFPS On-line Training regarding Psychotropic Medications (for Child Protective Service Staff, Foster Parents and Residential Providers):
   http://www.dfps.state.tx.us/Training/Psychotropic_Medication/default.asp

3. Update on the Use of Psychoactive Medication in Texas Foster Children Fiscal Year 2002-2012 can be found at:
   http://www.hhsc.state.tx.us/medicaid/OCC/Psychoactive_Medications.html
For more information:

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Improving the Appropriate Use of Psychotropic Medication for Children in Foster Care

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Medical Director, Ohio Department of Medicaid (ODM)

Mina Chang, PhD
Chief, Health Research and Program Development, ODM
Agenda

- Introduction and Overview
- Pilot Community Strategy
  - Standardization and Guidelines through Education
  - Consumer Engagement, Access, and Coordination
- Questions and Answers
Minds Matter
Ohio Psychotropic Medication Quality Improvement Collaborative

Introduction and Overview
Mina Chang, PhD
Ohio Minds Matter Overview

• $1 million investment by the Ohio Office of Health Transformation and Department of Medicaid
• Partnership with BEACON (Best Evidence for Advancing Childhealth in Ohio NOW!)
• Three year goals:
  • Increase timely access to safe and effective psychotropic medications and other treatments
  • Improve pediatric health outcomes
  • Reduce potential adverse effects
• Many children in Medicaid have complex behavioral health care needs
• Children in foster care:
  • More likely to experience trauma
  • Increased likelihood of social–emotional issues early in life
  • Higher prescribing rates of atypical antipsychotics (AAPs)
  • More likely to receive multiple medications
Priorities

- Education
- Safety
- Empowerment
Measurement Targets

- AAP medications in children less than 6 years of age
- 2 or more concomitant AAP medications for over 2 months duration
- 4 or more psychotropic medications in youth <18 years of age

25% reduction each in the use of
**Collaborative Model**

- **Learning and community collaborative approach**
  - Institute for Healthcare Improvement (IHI) Rapid Cycle Quality Improvement Model
  - Family centered and population based
  - Design, test, and implement evidence-based quality interventions in three pilot communities
  - Statewide rollout of community tested strategies
Leadership Structure

**BEACON Statewide Stakeholder Meetings/All Pilot Communities**
Facilitators: QI Vendor and Clinical QI Leader
Schedule: June 2013, Sept 2014, Nov 2015

**State Steering Committee (N = 25)**
Clinical Advisory Panel (N = 17)
Pilot Community Chairs (N = 3)
Facilitator: QI Vendor and Clinical QI Leader
Meeting Schedule: Bi-Monthly, Quarterly

- **Central Community Steering Committee**
  Clinical and QI Facilitators
  Meeting Schedule: Quarterly meetings beginning in August 2013
  Chair: Dr. Jonathan Thackeray

- **Northeast Community Steering Committee**
  Clinical and QI Facilitators
  Meeting Schedule: Quarterly meetings beginning in August 2013
  Chair: Dr. Steven Jewell

- **Southwest Community Steering Committee**
  Clinical and QI Facilitators
  Meeting Schedule: Quarterly meetings beginning in August 2013
  Chair: Dr. Rick Smith
Role of Clinical Advisory Panel

• Stakeholders engaged to identify participants for the Panel–Beacon Council, State Leadership, National experts

• Stakeholders engaged potential Panel members with State leadership to overview initiative and engage support

• 17 Panel members (experts in pediatrics, psychiatry, and pharmacology)
  • Guide and review evidence-based/informed clinical guidelines, technical resources development, and implementation
  • Provide clinical, collegial support/guidance to the quality improvement team
  • Serve as faculty/resource in clinical guidelines training/seminar for clinicians
  • Provide clinical, collegial support/guidance
Regional Pilot Communities

Regional pilot community collaborations

- Northeast, Central, and Southwest regions with 13 participating counties
- Regional pilot communities chaired by respected clinical leader
- 64 prescribers from hospitals and large practices

Steering Committee members

- Key early adopter practices (pediatricians, psychiatrists, psychologists, nurse practitioners, and family physicians)
- Medicaid managed care plans
- Children’s services agencies
- Child and family court
- Child and youth advocacy organizations
- Youth and parents
- Schools
Pilot Communities Strategies: Standardization and Guidelines through Education

Mary Applegate
**Toolkit**

**Resource Audiences**
- Prescribers
- Parents
- Consumers
- Schools
- Agencies

**Resource Topics**
- Psychotropic medication guide
- Inattention, hyperactivity, impulsivity
- Disruptive behavior and aggression
- Moodiness and irritability

**Resource Types**
- Decision Algorithms
- Evidence-based guidelines
- Fact Sheets
- Online, on-demand learning modules
### 6 Decision Algorithms

| A | Antipsychotic medication management in children under 6 years of age |
| B | Avoiding the use of more than one AAP medication in children under 18 years of age |
| C | Avoiding polypharmacy |
| D | Inattention, hyperactivity, and impulsivity |
| E | Disruptive behavior and aggression |
| F | Moodiness and irritability |
Care Guides Accompany Each Algorithm

Recognition, assessment, and diagnosis
- Medication algorithm, Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnostic criteria

Treatment
- Evidence-based treatment guidelines, medication resource tables

Monitoring
- Side effects and intervention monitoring charts

Education
- Fact sheets, links to existing clinical resources
Online On-Demand Training Modules For Each Algorithm

- Training module developed for each decision algorithm
- Individually defined learning objectives
- Standard format which incorporates case study review and shared decision making
- 60–90 minutes in length
- Pre- and post-test which examines the practitioners knowledge in the area*
- Incentives for participation
  - Lifelong Learning and Self-Assessment (Part 2) Maintenance of Certification through the American Board of Pediatrics
  - Continuing Medical Education
  - Continuing Education Units

*80% score on the post test needed to earn certification credit
Early Adopter Pilot Sites

• 17 practice sites with 64 prescribers in the pilot regions

• Participation requirements include
  • Complete 6 online on-demand learning modules addressing algorithms A–F
  • Utilize the standard of care in the hospital and/or practice site
  • Share case review, perceived barriers, and solutions in monthly early adopter action calls
  • Test change by reviewing practice level data related to Minds Matter target measures
Early Adopter Practice Level
Rapid Cycle Data Feedback

• Notify clinicians of prescribing practices that exceed established thresholds
• Prompt them to indicate whether a change is planned or provide rationale using reason codes
• Use pharmacy data to support rapid cycle quality improvement using PDSA to develop and refine interventions
  • Control charts to identify changes
  • Pareto charts, root cause analysis and other tools to refine intervention strategies
Monthly Early Adopter Action Calls

Structured agenda to discuss:

Case study addressing top reason codes identified by early adopter
  • Lead by faculty from the Clinical Advisory Panel

Sharing challenging cases and strategies
  • Lead by an early adopter

Review of quality improvement data
  • Address data feedback process issues
  • Examine trending data and discuss implications
Learning from Systems Observations

1. Clinician prescribes AAP outside of safety limits
   Why?

2. Failed prior (safer) prescriptions
   Why?

3. Escalation of symptoms/severity in context of lack of standardization in key clinical prescribing decisions
   Why?

4. Failed or lack of access to non-medications, evidence-based alternative therapies
   Why?

5. Delayed access to diagnosis and specialty services and earlier treatment
   Why?

Root Cause

6. Lack of awareness and access to mental health expertise in general medical practice
Preliminary Outcomes: Fee–For–Service (FFS) Data for 64 Minds Matter Early Adopters

- Reduction in number of children prescribed AAPs
- Reduction in number of children on AAPs with prescribing patterns exceeding threshold

![Graph showing number of children with RX above threshold and children with atypical RX over time.](image)
Preliminary Outcomes: FFS Data for 64 Minds Matter Early Adopters

- Reduction in number of children prescribed AAPs
- Reduction in number of children on AAPs with prescribing patterns exceeding threshold
Statewide Trends – FFS

- No change in number of children prescribed AAPs
- No change in number of children on AAPs with prescribing patterns exceeding threshold
Minds Matter Mentorship Program

• Faculty members from the Clinical Advisory Panel will serve as mentors for early adopters in the pilot regions
  • Provide clinical consultation and technical assistance on clinical cases
  • Address issues/questions on Minds Matter tools
  • Coach sites on implementing shared decision making
  • Provide feedback on early adopters’ learning and progress, and sharing lessons learned with Clinical Advisory Panel and project team
Pilot Communities Strategies: Consumer Empowerment

Mina Chang
Shared Decision Making Materials

- **Tools** to empower consumers to actively participate in the shared decision making process
- **Preparing for Mental Health Visit Questions**
- **Personal Decision Guide**
- **Information Sharing Checklist**
- **Medication Side Effects Watch List**
- **Video** for parents/caregivers/youth
- **Training module** for workers in utilizing the tools with parents/caregivers/youth
- **Fact sheets** for parents/caregivers/youth
Pilot Communities Strategies: Access and Coordination

Mina Chang
Facilitated collaboration between local Child and Family First Councils and local providers

Identified opportunities to increase coordination of services within each region

Helped connect Medicaid Managed Care Plans to the early adopters to provide clarifications on medication prior authorization process, facilitate care coordination opportunities, and share feedback on prescribing data
Questions?

For more information:

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# Upcoming Webinars in This Series

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2014</td>
<td>Psychiatric consultation models</td>
</tr>
<tr>
<td>July 2014</td>
<td>Red flag and response systems; implementation of oversight and monitoring policies and processes</td>
</tr>
</tbody>
</table>
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