

# Antipsychotic Medication Use in Medicaid Children and Adolescents: Report and Resource Guide From a 16-State Study

## Medicaid Medical Directors Team with Rutgers to Develop a Resource Guide to Better Care

### Introduction

Increased use of atypical antipsychotic medications for a broadened range of patients and indications, often off-label, has raised a range of policy challenges for payers, patients and clinicians.<sup>1</sup> These challenges occur in the context of widespread need for mental health services for children and adolescents, who face a variety of barriers to mental health evaluation, psychosocial treatment and other mental health services.<sup>2,3</sup> In response to these concerns, the challenges of mental health services in Medicaid were discussed among State Medicaid Medical Directors and investigators from the Rutgers CERT (Center for Education and Research on Mental Health Therapeutics) in June 2007 during an Agency for Healthcare Research and Quality (AHRQ) supported Medicaid Medical Directors Learning Network meeting. Out of that discussion, State Medicaid Medical Directors and the Rutgers CERT developed a plan for a collaborative project to examine the use of antipsychotic (AP) medications for children and adolescents in Medicaid. Shared measures and a data dictionary were developed and used as a guide by States to conduct analyses of their own data for this project. Vital convening, expertise, and other support for the project was provided through the AHRQ-funded Rutgers CERT and Medicaid Medical Directors Learning Network (MMDLN).

The National Association of Medicaid Directors and the National Association of State Mental Health Program Directors provided additional review and input. Ultimately, a consortium of 16 States collaborated on the project with the Rutgers CERT, representing a combined enrollment of 12 million children and adolescents in Medicaid. The purpose of the collaborative was to:

- Conduct exploratory analyses in each State on antipsychotic medication use rates and trends for children and adolescents in fee-for-service Medicaid;
- Develop a set of preliminary safety, quality, or appropriate-use indicators to support analysis and monitoring of treatment patterns;
- Identify State-specific programs and policies related to improving the use of antipsychotic medications;
- Provide a forum for discussion of policies and programs for optimizing AP medication prescribing among States; and
- Develop a compendium of State practices that could be shared with other States to address issues related to AP use in children and adolescents.

# Q&A

## What Tools and Resources are in the Report and Resource Guide?

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1. A detailed description of how 16 States produced AP and Mental Health Drug utilization data using their pharmacy claims systems.
2. A data dictionary and methodology that can be adapted by States to develop similar analyses/reports.
3. An overview of the utilization of AP medications from pooled results of analyses in the pediatric fee-for-service Medicaid population of 16 States.
4. A compendium of State-provided information from the States on a total of 36 practices related to AP utilization issues, categorized by the contributing States as mature, promising or emerging based on collaboratively-developed definitions.

### ***Which Stakeholders May Find the Resource Guide Helpful?***

**State Medicaid, Mental Health, and Child Welfare Agencies:** Commissioners, Medical Directors, Pharmacy Directors, program staff, Quality Assurance staff, and others interested in AP medication utilization controls and quality improvement in Medicaid.

**State Leaders:** Governors, legislators, and their staff who provide leadership on health policy and/or budget.

**Clinicians and Provider Organizations:** Physicians, pharmacists, nurse-practitioners, other mental health professionals; Medicaid managed care organizations, mental health clinics, and other provider organizations who treat children and adolescents with mental health disorders.

**Other Nongovernmental Health Care Leaders at State and Local Levels:** Members of community organizations, consumer groups, professional societies, provider associations, quality improvement associations, business coalitions, policy analysts, and others who want to stimulate action on health care quality improvement.

# Q&A

## What Measures Were Developed as Flags to Assist States in Measures of Program Performance?

To support exploratory analyses of AP medication use for children and adolescents in the 16 Medicaid States, the project participants consensually identified five preliminary core measures of AP medication and total Mental Health Drug (MHD) utilization that served to flag potential quality and safety issues. They include:

- Use of AP medications in children 5 years and younger;
- Use of high doses of AP medications;
- Use of multiple AP medications any time during a calendar year (including both concurrent and non-concurrent use);
- Maximal gap in days between AP medication claims as a potential marker of adherence; and
- Use of multiple MHDs any time during a calendar year (including both concurrent and non-concurrent use).

### ***What Were Selected Findings from the 16-State Project?***

- In 2007, pooled results of State analyses indicate that a total of 193,178 children or adolescents received an AP prescription, representing 1.6 percent of the total FFS population under 19 years of age. This rate represents about a 10 percent relative increase over the comparable rate in 2004 of 1.45 percent.
- Children in foster care (12.4 percent) were prescribed AP medications at much higher rates than those not in foster care (1.4 percent).
- Pharmacy claims data can be used to explore utilization of AP medications and mental health drugs across multiple State Medicaid programs.
- Preliminary metrics utilized in exploratory analyses can serve as useful flags in framing a discussion around quality and safety related to AP use.
- States varied in terms of the populations covered, organizational structure, mental health contracts, statutes and codes.
- These efforts represent important first steps in a collaborative effort with considerable potential for public health impact in improving pediatric mental health treatment and outcomes in the vulnerable populations served by the Medicaid programs.

# Q & A

## What Was Learned by Collaborators in the Project?

This project provided an opportunity for States to come together to discuss their experience with policies and practices related to the challenging issue of prescribing AP medication to children and adolescents, and a framework for identifying issues in their AP utilization trends. It also helped participating States make more effective use of their own data to monitor and address issues of AP medication prescribing by providing a collaboratively agreed upon set of core measures and a standardized approach to data collection and analysis. Further work is planned to develop measures that address concurrent use of multiple medications, within and between class; use of APs across diagnostic subgroups; care processes for evaluation, monitoring, and psychosocial treatments; measurement of treatment adherence; and other aspects of treatment that can be used within and across States to improve measurement, monitoring and management of medication utilization patterns. Participation in the Project helped participating States to assess treatment patterns and policies in their State, to become more aware of promising practices in other States, and to develop and extend initial initiatives to address quality concerns and encourage use of evidence based practices. Most importantly, this project demonstrated the value of working collaboratively to measure and monitor treatment practices more broadly for the children and adolescents of the United States who suffer from a psychiatric disorder. Ultimately, the objective of this project is to foster more collaboration and information sharing among the States to identify and develop best practices that provide America's children and adolescents with the right care at the right time for the right reasons.

### References

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