Newsletter Update
Antipsychotic Medication Use in Medicaid Children and Adolescents: A Study of 16 State Programs

What's New?

Last fall, a consortium of 16 States collaborated to develop the report, *Antipsychotic Medication Use in Medicaid Children and Adolescents: A Study of 16 State Programs*, which studied State-by-State antipsychotic medication use in Medicaid children. In examining those differences, common practices emerged to help States determine how they can work with providers to improve mental health prescribing. To read that report, and better understand this newsletter, please visit this Web site: http://rci.rutgers.edu/~cseap/MMDLNAPKIDS.html.

There have been many changes since the 16-State study was released in August of 2010. This short newsletter provides updates on national and local changes related to antipsychotic medication use in children, as well as what is happening within the 16 States and in others.

The study has received great response since its release. The Rutgers Center for Education and Research on Mental Health Therapeutics' (CERTs) Web site gets almost 500 hits per month with visitors reviewing the study results, State practices, and data dictionary. In addition, over the last few months, States have held calls with each other to share experiences and improve their programs. States have also engaged with reporters to elevate this issue to national significance. For example, on January 7, 2011, the study was cited on the PBS show "Need to Know." The show can be seen at: http://www.pbs.org/wnet/need-to-know/video/need-to-know-january-7-2011/6158/. In this episode of "Need to Know," they investigated the use and potential overuse of powerful antipsychotic medications on foster children, with a special look at Texas, which has made great strides in bring the use of antipsychotic medications down using data and guidelines (see Texas' update below).

Other researchers continue to study this topic. In September 2010, the Rutgers CERT was awarded a grant from AHRQ to work with several State Medicaid programs to accelerate the adoption of evidence-based practices in mental health treatment to improve access and quality, and to reduce the costs of mental health therapies in children and adults. Participating States include Washington, Texas, Oklahoma, Missouri, California, and Maine. The project aims to determine what types of programs are most successful and what specific components lead to success in particular environments.

Tufts University also recently released a report from a multi-State study on psychotropic medication oversight in foster care. The study examined policies and practices in 47 States regarding the use of medication for treating behavioral and mental health problems in children and adolescents ages 2 to 21 years old who are in foster care. The study noted that in the past decade, psychotropic medication use in the general youth population has more than doubled. Estimated rates of psychotropic medication use in foster care youth, however, are much higher (ranging from 13-52 percent) than those in the general youth population (4 percent). The study concludes that though oversight of psychotropic medications is a high priority for State child welfare agencies, there is great variability among the current State policies and there is a need for a national approach to medication oversight for youth in foster care. The full report can be found at: http://www.tuftsctsi.org/About-Us/Announcements/~/media/23549A0AA4DE4763ADE445802B3F8D6F.ashx.

This is a product of a unique collaboration among 16 States and the Rutgers Center for Education and Research on Mental Health Therapeutics (CERTs) under the auspices of the Medicaid Medical Directors Learning Network (MMDLN). Both the MMDLN and the CERTs are supported and funded by the Agency for Healthcare Research and Quality (AHRQ). The writing of this was done via a publication committee with representation from several States and the Rutgers CERTs. The content and interpretations reflect the collaborative process and assessments of the Publication Committee as a whole and do not necessarily reflect the views of AHRQ, the CERTs steering committee, the Rutgers CERTs, AcademyHealth, or individuals who reviewed and commented on sections of the work.

Q&A What's Going on in the States?

Massachusetts
Based on lessons learned from the 16-State study, Massachusetts has undertaken a new approach, led by the Department of Mental Health (DMH) and MassHealth (the Massachusetts Medicaid program). In this approach, the two agencies convened and collaborated with the entities responsible for MassHealth behavioral health services (so-called "managed care entities" or MCEs). Because they lacked information about current prescribing, the first step was a "quantitative review" that included standardizing data collection regarding psychiatric medications for children and youth.

The second step was to engage the MCEs in reviewing their practices. They started with the youngest children and focused on those receiving either antipsychotic medications or multiple psychiatric medications. The results of this collaborative approach have been positive:

1. Two State agencies (DMH and MassHealth) and the contracted behavioral health MCEs are working together toward common goals using a jointly developed methodology.
2. Consensus has been reached regarding the definition of terms and criteria for reporting.
3. Each MCE has been engaged in conducting internal reviews of "outliers" and in designing their own outreach to high-prescribing providers.
4. Quantitative data show that the number of MassHealth-insured young children on second-generation antipsychotic medications (SGAs), which rose steadily in the years up to 2005, has been falling since then. The number of children younger than 6 taking SGAs is nearly 40 percent less than it was in 2005.
5. Results of qualitative reviews show that outreach to prescribing providers has been well received and has produced results – in one case resulting in a reduction of number and doses of medications in almost three quarters of the children "flagged" during the process.

Future plans include continuing to monitor prescription trends, supporting the MCEs as they conduct clinical reviews, continuing outreach to "high-prescribing" providers, and conducting a systematic review of strategies useful in such clinical management at the MCE level.

New York
New York has expanded their Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) to include "Youth Indicators": "Youth 5 Years and Younger on Psychotropics"; "Three or More Psychotropics"; and "Higher than Recommended Dose Indicator (Summary and by Drug Class)." New York has also expanded the provider types included in its pharmacy management program and recently completed the last of a series of statewide trainings. Finally, the State is working with the agency responsible for foster care to evaluate psychopharmaceutical use in the New York foster care population.

New Hampshire
New Hampshire continues to develop its "Child Psychiatrist On Call" program, creating a pool of child psychiatrists available for mental health drug review for Medicaid recipients. Once available, New Hampshire Medicaid will require consultation with a child psychiatrist prior to drug reimbursement for antipsychotic medication use in children younger than 6 years old.

Tennessee
The 16-State study was helpful in validating what Tennessee has in place for managing the use of antipsychotic medications in children. It was reassuring for Tennessee to see where it fell compared to the 15 other States. It confirmed Tennessee's practices, which include utilizing a preferred drug list, prior authorization requirements and clinical criteria, as well as provider education and case management through the managed care organizations. Tennessee analyzed its data for 2008 and 2009 utilizing the same methodology and there has been an overall downward trend in utilization of this category of drugs.

Oklahoma
Oklahoma implemented a step therapy prior authorization (PA) program for the atypical antipsychotic class of medications in April 2010. As part of this implementation, a second opinion process is included as part of the authorization for prescription claims for children 4 years old and younger. To ensure continued access, these members were identified prior to the effective date of the PA process and their claims were screened by a contracted child psychiatrist. If the psychiatrist found no clinical information to support the use of the atypical medication in the particular member, the prescriber was contacted for further information. Overall, the number of children in this age group dropped from almost 200 in CY2009 to 99 in CY2010. A similar second opinion process was implemented in January 2011 for children 4 years old and younger for whom an attention deficit hyperactivity disorder medication had been prescribed.

Texas
The Texas Department of Family and Protective Services (DFPS) updated the Psychotropic Medication Utilization Parameters for Foster Children in December 2010 and the report can be found at: http://www.dfps.state.tx.us/Child_Protection/medical/default.asp#psychotropic. The prescribing criteria remain the same, but new information is available regarding FDA-approved indications and dosages, as well as evidence-based dosages when used for off label purposes. Information on warnings and patient monitoring is also included. The Parameters have been used in Texas for more than 6 years (first released in February 2005, updated in January 2007, and now in December 2010). With all foster children placed under one managed care organization (STAR Health) in April 2008, the prescribing patterns for psychotropic medications utilized in the foster population have improved even further. STAR Health staff members have automated prescription data available on a real-time basis and are able to identify prescribing patterns outside of the Parameters. Reviews are done and a child psychiatry consultation with the prescribing physician is conducted if needed. There has been a 31 percent decrease in the number of foster children receiving psychotropic medications (for 60 days or more) from FY2004 until the end of FY2010, as well as a 64 percent decrease in class polypharmacy and a 66 percent decrease in children prescribed more than four medications during this same 6-year period. The annual outcomes regarding the use of the psychotropic medications can be found at: http://www.hhsc.state.tx.us/medicaid/OCC/Psychoactive_Medications.html

A legislative request to Texas Health and Human Services Commission (HHSC) to provide a review of the literature regarding the use of antipsychotic medications in children younger than age 16 was conducted in the fall of 2010. One result of the report has been that HHSC instituted a prior authorization requirement for prescribing an antipsychotic medication to any child younger than age 3 and this is now in effect. The full report can be found at: http://www.hhsc.state.tx.us/reports/2010/Antipsychotic-Medications-Medicaid-1110.pdf.

In addition, the Texas Department of State Health Services (DSHS) has recently adopted the DFPS Psychotropic Medication Parameters for Foster Children to be utilized in the local mental health authorities across the State.

Overall the State's efforts to monitor and improve the prescribing patterns for the use of psychotropic medications in the foster care children appears to be having an impact on the care provided to the larger children's population.

Washington
Washington State recently used the 16-State study to help move legislation (HB5892) on “generics first,” including antipsychotic medications, as well as more controls on off label use. The study helped build trust in generics to help support the legislation. Washington Medicaid recently received a grant from the State Office of the Attorney General to review adult use of mental health medications in a statewide collaborative that includes red flags and feedback reporting on antipsychotic medications poly-pharmacy, dose, and medication adherence. This effort will be part of the larger Rutgers study.

Indiana

Indiana is in the process of requesting that the State's Pharmacy Benefit Manager provide additional analysis to incorporate data and information that was not available within the 2004-2007 timeframe of the 16-State study, such as:

- Additional quality edits added by Mental Health Quality Advisory Committees in late 2007;
- Implementation of SmartPA, an automated Prior Authorization technology solution, in September 2009; and
- The Pharmacy Benefit Consolidation on December 31, 2009, that consolidated fee-for-service and managed care populations into one pharmacy benefit.

Indiana will also evaluate the impact of the SmartPA rules on the AHRQ core measures for children and adolescents in 2010, encompassing populations in Medicaid managed care and traditional Medicaid.

Maine

The Office of Child and Family Services (OCFS), which includes Children's Behavioral Health Services and Child Welfare (CW), decided that its initial focus should be on youth in CW custody because the rate of antipsychotic medication use was highest in this group (20 percent) and the level of OCFS' responsibility is especially high, given that OFCS are their guardians. Therefore, OCFS convened a multi-stakeholder advisory group (including foster children, foster parents, residential treatment program representatives, child psychiatrists, etc.) to address the topic of antipsychotic medication use in foster youth.

The advisory group decided that the most effective approach to this challenge would be to strengthen the consent process, both for the CW caseworkers and for the youth. The advisory group designed antipsychotic medication consent guidelines for the caseworkers and affiliated youth group designed a tool to facilitate genuine youth participation in the consent process (in Maine, youth ages 14 and older must consent to the use of psychotropics). They will be tracking antipsychotic medication use by district (there are eight CW districts in Maine), by supervisor, and by caseworker, hoping to learn from any geographic variation that may occur. OCFS is seeking to improve the decision making process for each and every foster youth. They hope the effects of this effort will ripple out to non-foster MaineCare youth, as the same prescribers tend to see both groups.

Wyoming

Based on the practices cited in the 16-State study, Wyoming Medicaid recently signed a contract to conduct second opinions and offer consultation services on adult and children's mental health issues and antipsychotic medications with the University of Washington and Children's Hospital in Seattle.

What were the key findings from the 16 States?

- In 2007, a total of 193,198 children or adolescents received an antipsychotic prescription, representing 1.60 percent of the total FFS population under 19 years of age.
- More children in foster care (12.4 percent) were prescribed antipsychotic medications than those not in foster care (1.4 percent).
- From 2004 to 2007, the pooled antipsychotic medication use rate for children and adolescents increased from 1.45 percent to 1.60 percent in 2007, about a 10 percent relative increase.
- Pharmacy claims data can be used to explore utilization of antipsychotic medications and mental health drugs across multiple state Medicaid programs.
- Flags are useful in framing a discussion around quality and safety related to antipsychotic medication use.
- States varied in terms of the populations covered, organizational structure, mental health contracts, statutes, and codes.
- These efforts have the potential for considerable public health impact in improving pediatric mental health treatment and outcomes in the vulnerable populations served by Medicaid.