Appropriate Use of Psychotropic Medications: understanding the issues and making informed decisions

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“Painting” a shared vision to ensure the appropriate use of psychotropic medications with children and youth and exploring the tools that can help us realize the vision.
Who We Are

Nationally: Magellan Health Services Inc. is a health care management company that focuses on fast-growing, complex and high-cost areas of health care. Magellan delivers innovative solutions to improve quality outcomes and optimize the cost of care for those we serve.

Locally: Magellan Healthcare, Inc. is serving as the new Care Management Entity (CME) for youth who have complex behavioral health conditions. We coordinate care and service delivery through the High Fidelity Wraparound model to support the success of children, youth and their families in their homes, schools and the community.
Your presenters

Gary M. Henschen, M.D., chief medical officer-behavioral health, Magellan Healthcare

– Directs team that develops medical necessity criteria, new technology assessments, and clinical practice guidelines for behavioral health and substance abuse; provides clinical expertise in new product development and Magellan’s quality improvement program; oversees medical management for all of Magellan’s behavioral health programs
– Graduate of Davidson College. Doctorate of Medicine from University of North Carolina at Chapel Hill. Completed internship in medicine at Letterman Army Medical Center, San Francisco; military service with the U.S. Army in Germany; residency and chief residency in psychiatry at Duke Medical Center
– Research interests: assessment and prevention of suicide; psychiatric consultation/liaison with primary care physicians; development of quality metrics; providing consultation to behavioral special investigation units, development of programs to screen for and treat substance use disorders

Pat Hunt, director of child and family resiliency services, Magellan Healthcare

– Promotes meaningful involvement of families of children and youth; advances family support and education; highlights lived experiences of children, youth and families to ensure both policy and practice align with and support resiliency and recovery
– Previously held a seven-year senior leadership position with National Federation of Families for Children’s Mental Health, with two years directing its office of policy
– Has served as a VISTA Volunteer; directed a federally funded, rural substance abuse prevention project; and was executive director of a statewide, family-run organization for children’s mental health
Learning Objectives

At the conclusion of this presentation, the attendee will be able to:

– Discuss why there has been an increase in the use of psychotropic medications in children and youth.
– Differentiate treatment for symptoms vs. treatment for diagnoses.
– Identify tools to support decisions around medications.
– Understand important questions to ask prescribers before accepting a psychotropic medication (for a child).
– Understand important issues practitioners can review with the parent/youth before prescribing medication.
The Issue

Children and youth are still developing. Little is known about the impact of medications on their development.

Children and youth are being treated with psychotropic medications that have only been approved through clinical trials with adults.

Many children and youth are taking multiple medications without benefit of positive outcomes. The use of multiple prescriptions increases the likelihood of drug interactions and other adverse effects.

Side effects include weight gain, cardiovascular disease, insulin resistance, neurological and other issues.

Medications can prevent the development of psychosocial strategies and interpersonal skills.

Inappropriate use of medications can lead to false expectations from family, school personnel and other caregivers.
The Issue (continued)

Children and youth can have fatal outcomes as a result of inappropriate psychotropic medications.

Psychotropic meds have become a new source of supplemental income.

Psychotropic meds are related to crime and violence.

Psychotropic meds may be treating the prescriber rather than the patient.

This issue is everybody’s business!
Social Context: What Impacts This Issue?

There is growing pressure on children to conform to strict behavioral standards in various settings.

Authorities in schools, the courts and elsewhere often insist on a change in behavior immediately.

Trauma – children who have experienced trauma are everywhere in our culture. The most frequent type of trauma is neglect.

Parents are desperate to make things ok now.

Prescribers often have such busy practices that they are not able to balance pharmacotherapy with talk therapy.

All of this leads to the perfect storm: Medication management as the primary answer to behavioral issues.
Other Issues that Impact Child Welfare & Juvenile Justice Systems and Public Resources

Lack of treatment/medications when needed creates system strain & drain
- children entering care and custody
- placement instability
- failed attempts at reunification/permanency

Sometimes youth and/or family misuse medications
- substance abuse conditions
- supplemental income
- use of medication that belongs to one another
- misrepresentation to prescribers

Wasted public resources – (Insurance dollar cycle of medication misuse/abuse)
Social context: What impacts this issue with youth?

Youth are often dismissed as participants in decision-making regarding behavioral medication

Youth often do not receive enough education to make an informed decision

Alternatives to medication are not often presented to the youth

Youths are often not included in formulating an overall treatment plan

Engaging youth as a partner in treatment is not often considered

Lack of participation in the decision-making can lead to poor outcomes
The back story
Concerns Identified: Second-Generation Antipsychotic Drugs and Children
Quality-of-Care Concerns Uncovered in 67% of Claims Reviewed

67% of Claims Showed Quality-of-Care Concerns

HHS Inspector General recommends to CMS

CMS to work with state Medicaid programs to perform

– Utilization reviews of SGAs prescribed to children

– Periodic reviews of medical records associated with claims for SGAs prescribed to children

– State Medicaid programs to consider other methods of enhanced oversight such as peer review programs

Of Note: National Studies

• Medicaid members were twice as likely to receive antipsychotic prescription than privately insured children/adolescents from 2007-2009 (GAO, 2012)

• Twice as many (11.7%) foster children 2 to 17 years old were prescribed a psychotropic medicine compared to the general population of children 4 to 17 years old in the National Health Interview Survey in 2011 (NSCAW, 2012)
What is the role of medication?

- Medication is an adjunct to treatment—not the only treatment
- Medications can reduce symptoms to allow participation in therapy
- Medications must be used with caution
- Medication side effects must be monitored
- The role of medications must be explained to the caregiver and to the recipient
Why are More Drugs being Prescribed?

**Availability of new classes of drugs**
- SSRIs.
- Atypical antipsychotics.
- Long-acting stimulants.

**Changing federal regulations**
- FDA Modernization Act: Loosened restrictions on promotion of off-label uses of medications (Buck, 2000).
- Television advertising spending increased six-fold (Rosenthal et al, 2002).

**Changing clinical practice**
- Low doses to minimize side effects.
- Choosing medications based on neurotransmitters, circuits and receptors (Stahl, 2013).
- This shift has contributed to polypharmacy and increased use of psychotropic medications.
**Is this Change in Clinical Practice Appropriate?**

**Walkup (2003):** Expanded use necessary. Pharmacotherapies increasingly effective.

**Olfson (2003)** - 1987-1997: Percentage of adolescents taking stimulants increased from 0.5% to 3.0%, but prevalence of ADHD in children/youth ~7%.

**Burns et al (1995):** 70% of children/youth who have a need for services do not receive them.

**Zito (2003b):** No data to support Walkup’s view.
- We don’t know if expanded use has gone to youths who need them.
- Little is known about the long-term treatment outcome of psychotropics in this age group.
- We don’t know enough about the benefit/cost ratio of the expanded use of psychotropic medications.
Increased Use of Medications:

Lack of correlation between recorded diagnoses and medication usage:
– 30% of office visits involving prescriptions of psychotropics — no psychiatric diagnosis (Goodwin et al 2001).

Who is Prescribing Psychotropic Medications?

Shute et al, 2000
- Majority of psychotropic meds for children/adolescents in the U.S. written by primary care physicians, pediatricians.
- UNC survey: 600 pediatricians, family physicians
  - 72% prescribed antidepressants for children/adolescents.
  - Only 15% felt “comfortable” doing so.
  - Only 8% felt they had adequate training to treat adolescent depression.

Patel et al, 2006
- Psychiatrists prescribing also.
- Texas Medicaid youth: Psychiatrists accounted for > 80% of antipsychotic prescriptions.
So What is Being Treated?

Symptoms, behaviors disconnected from diagnostic categories.

**Impulsivity:** When associated with ADHD, should it be treated like bipolar disorder?

**Aggression:** When associated with conduct disorder, should it be treated like aggression found in affective disorders?

**Irritability:** When associated with oppositional defiant disorder (ODD), should it be treated like irritability associated with bipolar disorder?
In Summary

**Ample evidence:** Increased use since 1980s.

**Evidence not clear:** Did this increase provide treatment for those who need it?

Children/adolescents in the US are both under-treated and over-treated with psychotropic medications.

Data regarding certain psychotropic prescribing causes concern, suggests that prescribing practices are sometimes questionable.
Shaping practice
Tools to Help us Make a Difference

**National:**
- AACAP Practice Parameters
- Magellan Monograph
- Making Healthy Choices

**Fairfax:**
- Psychotropic Medication Best Practice Tool
AACAP Practice Parameter: 2009

1: Before initiating pharmacotherapy, a psychiatric evaluation is completed.

2: Before initiating pharmacotherapy, a medical history is obtained and a medical evaluation is considered, when appropriate.

3: The prescriber is advised to communicate with other professionals involved with the child to obtain collateral history and set the stage for monitoring outcomes and slide effects during the medication trial.

4: The prescriber develops a psychosocial and psychopharmacological treatment plan based on the best available evidence.

5: The prescriber develops a plan to monitor the patient, short- and long-term.

6: Prescribers should be cautious when implementing a treatment plan that cannot be appropriately monitored.

The prescriber provides feedback about the diagnosis and educates the patient and family regarding the child’s disorder and the treatment and monitoring plan.

Complete and document the assent of the child and consent of the parents before initiating medication treatment and at important points during the treatment.

The assent and consent discussion focuses on the risks and benefits of the proposed and alternative treatments.

Implement medication trials using an adequate dose and for an adequate duration of treatment.

The prescriber reassesses the patient if the child does not respond to the initial medication trial as expected.

The prescriber needs a clear rationale for using medication combinations.

Discontinuing medication in children requires a specific plan.

Anxiety and confusion regarding use of medications in children.

Increased awareness of severe mental health problems in children.

Development of safer medications.

Increased experience of practitioners in treating younger children.

Increased behavioral expectations of very young children.

Relying on medications alone can create problems as serious as the behavioral issues.

The monograph summarizes evidence-informed approaches to educate practitioners, families, consumers.
How we developed it

Work group reviewed current literature.

Review of data and internal practices.

Hosted dialogues with families, youth and stakeholders.

First draft reviewed, discussed with internal and external stakeholders.
The Product

At-a-glance: Psychotropic Drug Information for Children & Adolescents

Psychotropic Drugs: Side Effects and Teratogenic Risks

Recommended Clinical Monitoring

Tip sheets allow easy reference to latest recommendations.

Bibliography is current and extensive.

Can be used by care managers, medical directors to educate practitioners.

Can be used by advocates, parents, consumers to learn more about appropriate use.
The appropriate use of psychotropic drugs in children and adolescents

**THE CHALLENGE**
- 17 - 22% Prevalence of children with mental health disorders
- 31% FDA-approved psychotropic medications for children
- 1 in 5 Number of children receiving services from appropriately trained practitioners
- >75% Prevalence of “off-label” (unapproved) use of prescriptions for children’s mental health treatment

**WHAT ROLE DO YOU PLAY?**
- Child’s physical and mental health practitioners
- Parent/caregiver
- Child
- The child’s treatment team

**WHAT CAN YOU DO?**

1. **The treatment options**
   - Are these medications needed?
   - Will my child benefit from therapy?
   - Did my child get a full evaluation from a behavioral health practitioner?

2. **The medication**
   - Has the medication been tested and approved for children? What are the:
     - Risks?
     - Benefits?
     - Side effects?

3. **The treatment plan**
   - How will I know my child is making progress?
   - How often will my child be checked after starting the medications? What happens if we don’t see progress?
   - What warning signs should I look for and when should I call the doctor?
   - Will the treatment be noted in my child’s health care records?
   - Will you talk to my child’s other health care providers?
   - Do you know of other medications my child is taking and are there risks in combining them?

**GOAL:** to get the RIGHT treatment for each child’s needs.

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Use of the monograph and other interventions

**Arizona**
Decrease in the use of antipsychotics in children. Since January 2011, claims for antipsychotics have decreased by 54% and the unique members receiving antipsychotics have decreased by 52%
In the first 12 months of our initiative there was a 50% reduction of utilization for children birth to age 4 taking 3 or more medications

**Louisiana**
Case Conferences offer collaborative problem-solving and consultation regarding best practices

**Pennsylvania**
Increase in metabolic screenings
Evidenced by improved scores in TRR
Evidenced by attestations returned by prescribing agencies
Change in prescribing practices/trends in response to outreach materials
Increase in use of medication assisted treatment for substance use disorders
Positive Outcomes and Interventions

Virginia
Learning collaborative of all stakeholders discussed locally-based interventions
Prior authorization from Magellan Rx institutes required consultation from child psychiatrist

Montana
Educational interventions for residential treatment centers with ongoing monitoring

Nebraska
Learning collaborative of all stakeholders discussed locally-based interventions

New Mexico
Ongoing case reviews of children and youth in care coordination
Outreach to outlier prescribers
Sample Medication Best Practice Tool
Children, Youth and Families Division - Virginia

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Assessment & Examination

Is there a diagnostic assessment(s) to support prescribed psychotropic medication?  [ ] Yes  [ ] No

Prior to the assessment, was the prescribing physician provided with the following?  [Check all that apply]
- Birth and developmental history
- Psychiatric history (including prior psychiatric medications and their effects)
- Mental health history of birth family
- History of trauma for the child
- Family circumstances and social history
- Prenatal exposure to drugs/alcohol
- Medical history and results of any physical examinations, laboratory, allergies, or other tests (including all current prescribed or OTC medications, and/or herbal preparations)
- Cultural and spiritual issues
- Placement history
- Substance use
- Legal issues/status
- Education progress & needs
- Any/all treatment plans

If relevant item(s) above is missing, please follow up to provide.  Follow Up Date: _______________________

Is lab work required?  [ ] Yes  [ ] No  Date Completed: _______________________

Treatment & Interventions

Is there a medication treatment plan?  [ ] Yes  [ ] No

Does the medication treatment plan include the following?  [Check all that apply]
- Dosage (how much)
- Medication purpose
- Medication review(s)
- Medication discontinuation plan (if applicable)

Please check all interventions/therapies that are being used:
- Cognitive Behavioral
- Mode Deactivation
- Applied Behavioral Analysis
- Dialectical Behavior
- Animal-Assisted
- Other (please specify)

Which of the following are being used for interventions/therapies identified above?  [Check all that apply]
- Trauma
- Attachment
- Behavior Management
- Anger Management
- Social Skills
- Parenting Skills
- Substance Abuse
- Sexual Reactivity/Offending
- Other (please specify)
A Resource to Wyoming

Wyoming Partnership Access Line (PAL)
Offers telephone-based consultation:
• Addresses the shortage of child psychiatrists by providing consultation to support primary care providers, nurse practitioners, and physician assistants
• Offers support and guidance to treat mental health conditions
• Providers may call about any type of mental health issue that arises about any child, whether it be prior to seeing a patient to prepare for the visit, after the visit, or while the patient is present.
• Builds capacity of Wyoming providers for future treatment through ‘teachable moment’ approach
• Offers a one-time in-person or telemedicine appointment for patients with Medicaid
• Offer second opinion reviews triggered by prescription claims that surpass specific “too many, too much, too young” criteria established by the state.

Wyoming PAL is available 9 a.m. to 6 p.m. Mountain time by calling 1-877-501-7257.
Engaging youth in the process
Making Healthy Choices...

...to ensure the empowerment of youth to make appropriate decisions around behavioral medications.
What Making Healthy Choices says about Engaging Youth in the Process

Language is powerful
  - e.g. terminology such as ‘interest’ vs. ‘compliant’ or ‘adherence’

The meaning of medication to the youth is often the major determinant of their interest in medication.

Youth adopt change **when**:
  - their values support it
  - THEY think it is important
  - they think they can
  - they have worked through their ambivalence
  - they are ready for it
  - they have a good plan and adequate social support
We Can Be Effective!

It’s much more effective to approach youth in a way that:

– Focuses strongly on expressing empathy
– Supports their autonomy, allowing them to put aside their defenses
– Encourages youth to verbalize their ambivalence and their desire, ability, reasons, and need for change
– Develops discrepancy between where they are and where they’d like to be
– Emphasizes “rolling with resistance”
– Supports self-efficacy (belief that they can make the change)
– Provides an appropriate plan of action that is realistic and sustainable
Resources

Link to Facts for Families – Psychiatric Medication for Children and Adolescents Part 1-3
http://www.aacap.org/AACAP/Families_and_Youth/Resources/Psychiatric_Medication/Home.aspx

Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care
http://www.nrcyd.ou.edu/learning-center/med-guide
Got questions?

Thank you!
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