THE USE OF PSYCHOTROPIC MEDICATION IN CHILDREN AND ADOLESCENTS

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PSYCHOTROPICS IN CHILDREN

- THE DEFINITION OF THE PROBLEM
  - Overall use of psychotropics in children
  - Higher use in Medicaid population
  - Higher still in children in custody—ie, guardianship by Protective Services and placement in out-of-home setting
  - The population under discussion changes the emphasis but not the issue

PSYCHOTROPICS IN CHILDREN

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.

PSYCHOTROPICS IN CHILDREN

- Estimated rates of psychotropic medication use in foster care youth are much higher (ranging from 13-52 percent)
- The rate of psychotropic use among children in the general youth population is markedly lower (averaging 4 percent)

PSYCHOTROPICS IN CHILDREN

- Among children who enter foster care, about one third have clinical level behavior problems
- Among children in foster care between 14-17, 63 % met the criteria for at least one mental health diagnosis at some point
- Although nationally children in foster care make up only 3% of the Medicaid population, they account for 32% of the Medicaid behavioral health services

PSYCHOTROPICS IN CHILDREN

- ***HOW DOES THE INCREASED RATE OF BEHAVIOR AND EMOTIONAL PROBLEMS IN FOSTER CHILDREN TRANSLATE INTO THE USE OF PSYCHOTROPIC MEDICATION?***
  - Foster children receive antipsychotics at nearly ***nine times*** the rate of other Medicaid recipients
  - Despite a rate psychosis identical to the general population

PSYCHOTROPICS IN CHILDREN

- ***FACTORS THAT INFLUENCE PRESCRIBING PRACTICES FOR FOSTER CARE CHILDREN:***
  - **AGE:** 3.3 % of 2-5 year-olds, 16.4% of 6-11 year-olds, 21.6 % of 12-16 year-olds
  - **GENDER:** Males = 19.6%, and Females = 7.7%
  - **GEOGRAPHY:** one study found that children in Texas foster care were five times more likely to be taking psychotropic medication than children in California

PSYCHOTROPICS IN CHILDREN

THE ANALYSIS OF THE PROBLEM

- Since the problem with psychotropic use increases dramatically in the foster care population, it is clear that we are medicating environmental stressors, poor attachment, and neglect/abuse
- There is clear and extensive scientific support for this assumption

PSYCHOTROPICS IN CHILDREN

- **THE ROOTS OF THE PROBLEM**
  - Limited information and expertise in the diagnosis and treatment of trauma
  - Limited alternative treatments
  - Pressures to simply prescribe
    - Managed care
    - Pressures of time and resources
    - Placement maintenance
    - Reduction of danger to self and others

PSYCHOTROPICS IN CHILDREN

WHY DOES IT MATTER?

- SIDE EFFECTS: sedation, agitation, GI, metabolic, etc.
- IT IMPLIES MISDIAGNOSIS
- IT INDICATES THE LACK OF ALTERNATIVE THERAPEUTIC SERVICES
- IT PUSHES A SYSTEM TOWARD WAREHOUSING
- IT SETS A LOW STANDARD FOR TREATMENT WHEN THE PRIMARY AIM IS SEDATION OR DE-ESCALATION
- COST

PSYCHOTROPICS IN CHILDREN

- **NATIONAL ATTENTION and DIRECTIVES**
  - November 2011 letter to state Medicaid Directors from:
    - Administration for Children and Families
    - Centers for Medicare and Medicaid Services
    - Substance Abuse and Mental Health Services Administration
  - Offering training and development to all states and individuals

PSYCHOTROPICS IN CHILDREN

- In September 2011 congress passed the Child and Family Services Improvement and Innovation Act which required that states applying for federal child welfare grants establish protocols for the appropriate use and monitoring of psychotropic medication in foster children.
- New Mexico has started work on its own state plan

PSYCHOTROPICS IN CHILDREN

- **THE NEW MEXICO STATE PLAN FOR PSYCHOTROPICS IN CHILDREN**
  - Work on psychotropic review started around 2009 with the intent to review cases for Child Protective Services
  - Aggregate data limitations led to case by case review
  - Development of the RED FLAG CRITERIA

PSYCHOTROPICS IN CHILDREN

THE RED FLAG CRITERIA

1. Children five and under on any psychotropics.
2. Children on five or more psychotropics.
3. Children on two or more psychotropics from the same class.

PSYCHOTROPICS IN CHILDREN

- Review of all Medicaid children filling psychotropic medication prescriptions by Optum Health NM
- Remaining data difficulties:
  - Primary care providers
  - Identifying foster children in the data review
  - Multiple psychotropic providers for one child
- Letters of concern to providers

PSYCHOTROPICS IN CHILDREN

- Psychotropic data trends

OptumHealth
NEW MEXICO

QM/QI Subcommittee
Psychiatric Medication use in Children

Psychotropic Prescribing in Children

	Greater than 3 medications for the month						Two or more antipsychotic medications						Age 0-5 years receiving any medication		
Month	Total	0-5 years	6-12 years	13-18 years	Female	Male	Total	0-5 years	6-12 years	13-18 years	Female	Male	Total	Female	Male
Oct-10	400	7	190	203	103	297	95	1	30	64	32	63	185	50	135
Nov-10	413	4	195	214	121	292	98	2	34	62	31	67	201	54	147
Dec-10	414	3	189	222	116	298	112	2	45	65	33	79	230	62	168
Jan-11	458	4	218	236	126	332	115	2	48	65	32	83	228	50	178
Feb-11	388	7	167	214	91	297	112	3	39	70	26	86	200	46	154
Mar-11	430	10	190	230	115	315	106	2	39	65	32	74	230	58	172
Apr-11	429	6	212	211	120	309	112	0	56	56	29	83	237	54	183
May-11	443	10	196	237	126	317	129	3	53	73	34	95	235	54	181
Jun-11	422	8	186	228	125	297	136	4	54	78	41	95	215	53	162
Jul-11	391	9	191	191	109	282	116	4	44	68	34	82	207	52	155
Aug-11	435	11	202	222	118	317	126	2	46	78	33	93	218	61	157
Sep-11	413	11	197	205	107	306	119	3	44	72	31	88	235	55	180
Oct-11	424	10	182	232	119	305	114	2	44	68	28	86	224	60	164
Nov-11	422	10	186	226	123	299	124	5	49	70	32	92	208	54	154
Dec-11	430	9	195	226	126	304	114	2	45	67	28	86	209	50	159
Jan-12	442	9	197	236	120	322	104	2	46	56	31	73	213	56	157
Feb-12	379	4	171	204	93	286	96	0	43	53	23	73	194	51	143
Mar-12	466	6	206	254	132	334	148	0	67	81	45	103	212	56	156
Apr-12	438	7	188	243	125	313	124	0	50	74	36	88	196	51	145
May-12	484	6	214	264	124	360	128	1	53	74	30	98	194	49	145
Jun-12	426	5	200	221	117	309	110	2	42	66	30	80	186	48	138
Jul-12	460	4	215	241	133	327	109	1	45	63	31	78	194	53	141
Aug-12	449	4	203	242	129	320	100	0	38	62	28	72	201	61	140
Sep-12	427	3	198	226	116	311	87	0	41	46	23	64	195	54	141
Oct-12	468	2	194	272	127	341	107	0	42	65	34	73	200	51	149
Nov-12	455	7	190	258	122	333	99	1	43	55	33	66	199	47	152
Dec-12	445	5	183	257	107	338	90	0	34	56	30	60	199	53	146
Jan-13	464	7	198	259	118	346	111	0	43	68	34	77	217	61	156
Feb-13	392	7	170	215	106	286	95	0	34	61	26	69	199	47	152
Mar-13	451	5	199	247	111	340	94	0	37	57	22	72	211	53	158
Apr-13	481	8	208	265	135	346	99	0	35	64	31	68	217	52	165
May-13	451	4	195	252	119	332	90	0	34	56	22	68	200	50	150
Jun-13	413	8	170	235	104	309	89	0	32	57	27	62	187	39	148
Jul-13	462	2	204	256	128	334	105	1	44	60	32	73	185	42	143
Aug-13															
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Oct-13															
Nov-13															
Dec-13															

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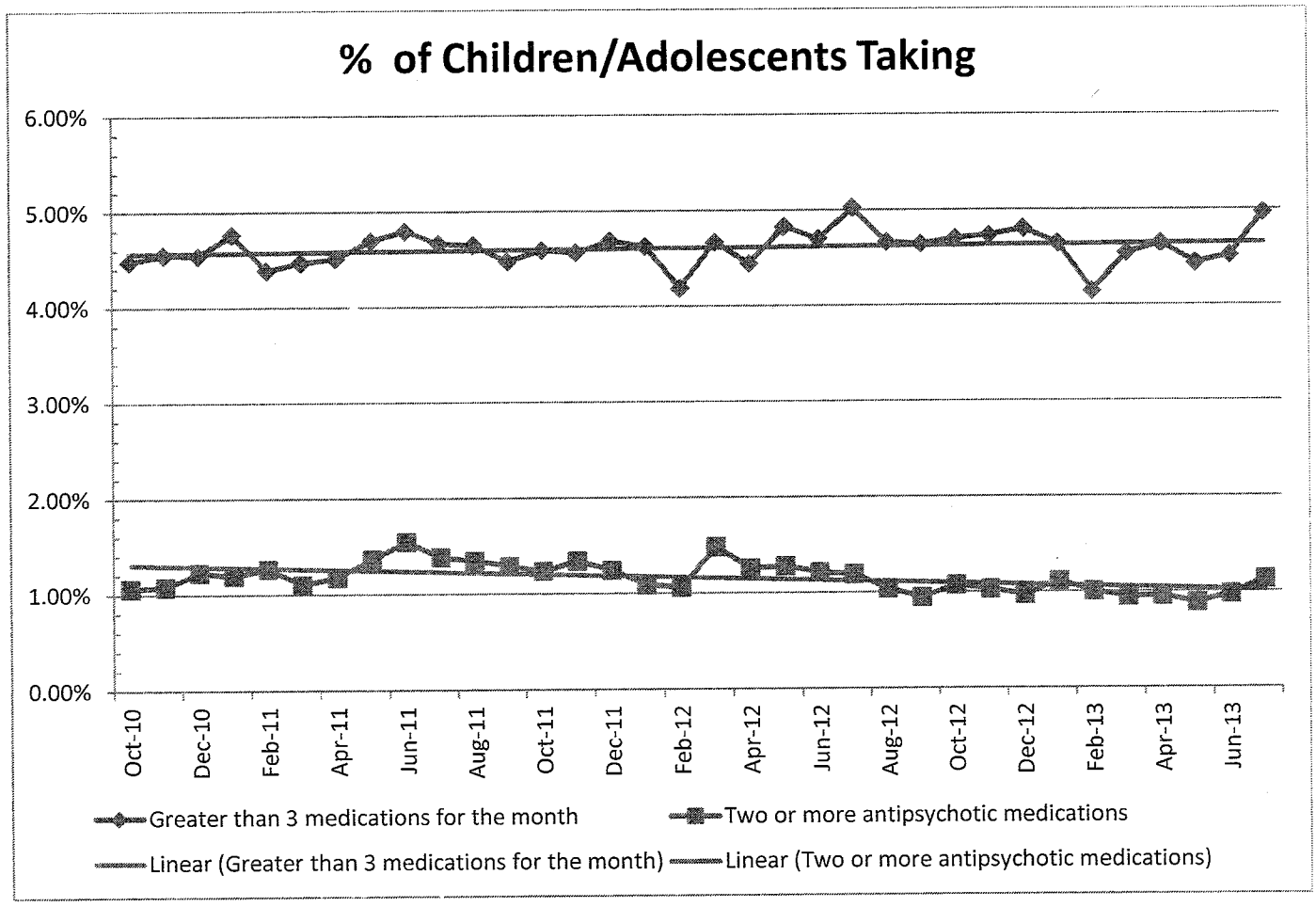
% of Children/Adolescents Taking
6.00%
5.00%
4.00%
3.00%
2.00%
1.00%
0.00%
Oct-10
Dec-10
Feb-11
Apr-11
Jun-11
Aug-11
Oct-11
Dec-11
Feb-12
Apr-12
Jun-12
Aug-12
Oct-12
Dec-12
Feb-13
Apr-13
Jun-13
Greater than 3 medications for the month
Two or more antipsychotic medications
Linear (Greater than 3 medications for the month)
Linear (Two or more antipsychotic medications)

PSYCHOTROPICS IN CHILDREN

- **FUTURE PLANS**
  - Improved data pulls based upon merging of Medical and BH plans under Centennial Care
  - Targeted case consultation and direct review by CYFD and UNM child psychiatrists
  - Benefits of the overall project are limited, but real
  - Restrictions and consequences may be required