## PolicyLab





# **Efforts to Reduce Psychotropic Medication Prescribing to Pennsylvania Youth**





- Definitions
- Mental health among youth in foster care
- Use of psychotropics and antipsychotics
- The current landscape

#### **DEFINITIONS**



**Psychotropic Medication**: drug that is used to treat or manage mental health symptoms or challenging behaviors

Psychotropic Medication Class: group of psychotropic medications that may work in a similar way or be used to treat the same condition (e.g., stimulants or antipsychotics)

Antipsychotic: a class of psychotropic medications primarily used to manage psychosis, but increasingly prescribed to children to mitigate behavior problems

**Polypharmacy:** use of multiple psychotropic drugs or classes in combination

## MENTAL HEALTH NEEDS OF CHILDREN IN FOSTER CARE ARE SIGNIFICANT



- Children in foster care have higher rates of mental health diagnoses when compared to all Medicaid-enrolled children
- 40%-80% have serious behavioral or mental health problems
- High prevalence of prior trauma
  - The overwhelming concern for children in foster care is trauma and attachment failure
  - Diagnoses are ascribed as a means for treatment

## HIGH RATES OF HEALTH CARE UTILIZATION FOR CHILDREN IN FOSTER CARE



- Children served by Title IV-E are a mandatory Medicaid coverage group
- Children in foster care have 8-11 times the service use of other Medicaid-enrolled children
- In 2001, per capita expenditures for children in foster care were more than triple that of non-disabled children covered by Medicaid
- Although children in foster care represent 3% of all enrollees, they account for 25-41% of mental health expenditures

# PERCENT OF MEDICAID-ENROLLED YOUTH USING PSYCHOTROPICS BY ELIGIBILITY GROUP, 2008



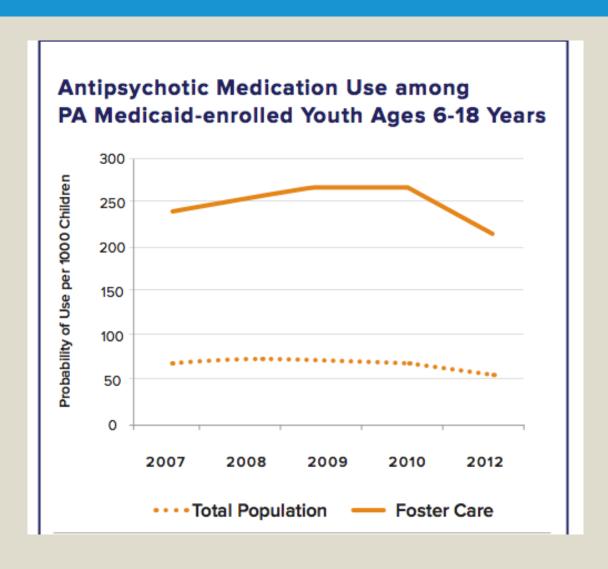
Psychotropic Class	All Medicaid- Enrolled	Foster Care	SSI Disability
Stimulant	8.3	22.8	24.2
Antipsychotic	3.3	14.5	15.5
Antidepressant	3.7	12.7	10.9
Mood stabilizer	1.6	6.2	8.2
Alpha agonist	1.8	6.1	7.6

#### **ANTIPSYCHOTICS**

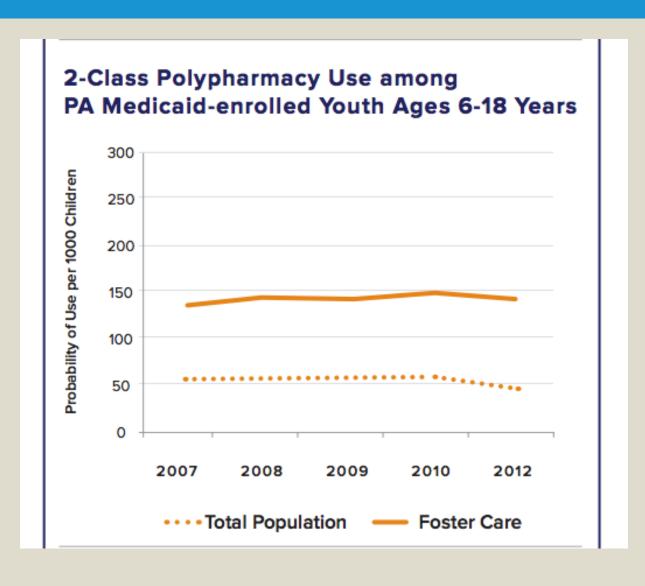


- Focus of attention nationally and within PA:
  - Rates of prescribing increased faster than any other class
  - Frequently part of polypharmacy regimens (85% of youth using 2+ psychotropics are on an antipsychotic)
  - Frequently prescribed off-label
  - Evidence of serious metabolic adverse events
    - Weight gain, insulin resistance
    - 51% increased risk of Type 2 diabetes mellitus within 20 months



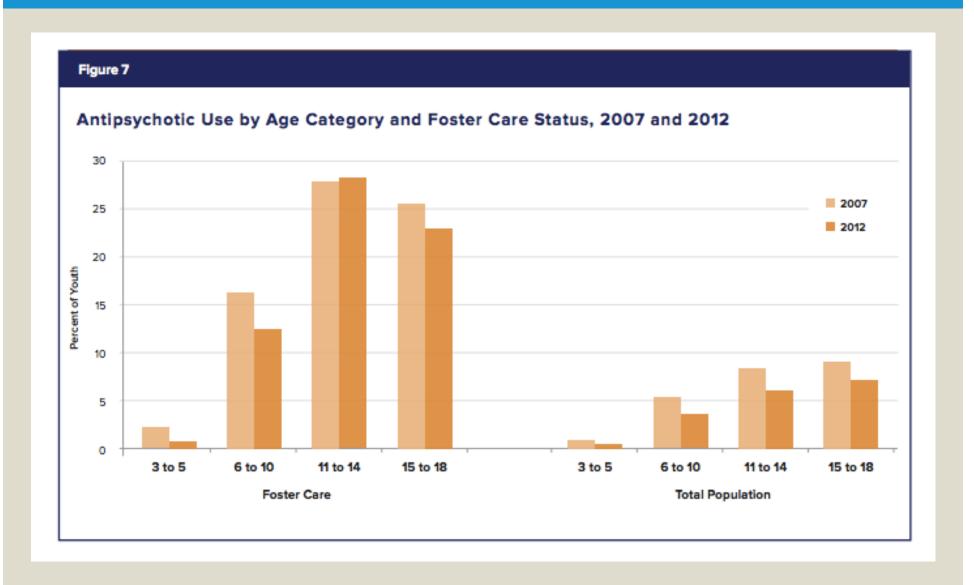






### AGE DISTRIBUTION OF ANTIPSYCHOTIC USERS





## Percent of Antipsychotic Users with Specified Behavioral Health Diagnoses, 2007 and 2012

All Children Ages 6-18					
	<b>2007</b> (n=34,559)	<b>2012</b> (n=28,570)			
Any Approved Indication+	37.3%	43.8%			
Autism	14.6%	25.2%			
Bipolar	22.4%	18.6%			
Intellectual disability	2.5%	7.4%			
Schizophrenia	3.1%	1.6%			
No Approved Indication	62.7%	56.3%			
ADHD*	36.9%	36.0%			
Conduct disorder*	23.6%	24.2%			
Miscellaneous*	17.6%	18.2%			
Depression*	11.3%	10.9%			
Anxiety*	3.3%	4.5%			
Developmental delay*	1.0%	1.9%			
No Diagnosis	7.4%	5.3%			

Foster Care Ages 6-18					
	<b>2007</b> (n=6,046)	<b>2012</b> (n=3,396)			
Any Approved Indication+	36.3%	38.8%			
Autism	6.0%	10.2%			
Bipolar	27.8%	27.2%			
Intellectual disability	2.6%	6.4%			
Schizophrenia	4.9%	2.2%			
No Approved Indication	63.7%	61.3%			
ADHD*	31.0%	32.7%			
Conduct disorder*	34.4%	38.2%			
Miscellaneous*	23.9%	28.3%			
Depression*	15.5%	16.4%			
Anxiety*	2.8%	4.3%			
Developmental delay*	0.6%	1.3%			
No Diagnosis	6.6%	4.8%			

<sup>+</sup> FDA approved clinical indication for use of second-generation antipsychotic

<sup>\*</sup> Diagnosis in the absence of FDA approved comorbid diagnosis

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# PA RECOMMENDATIONS FOR APPROPRIATE USE AND MONITORING OF PSYCHOTROPIC MEDICATIONS

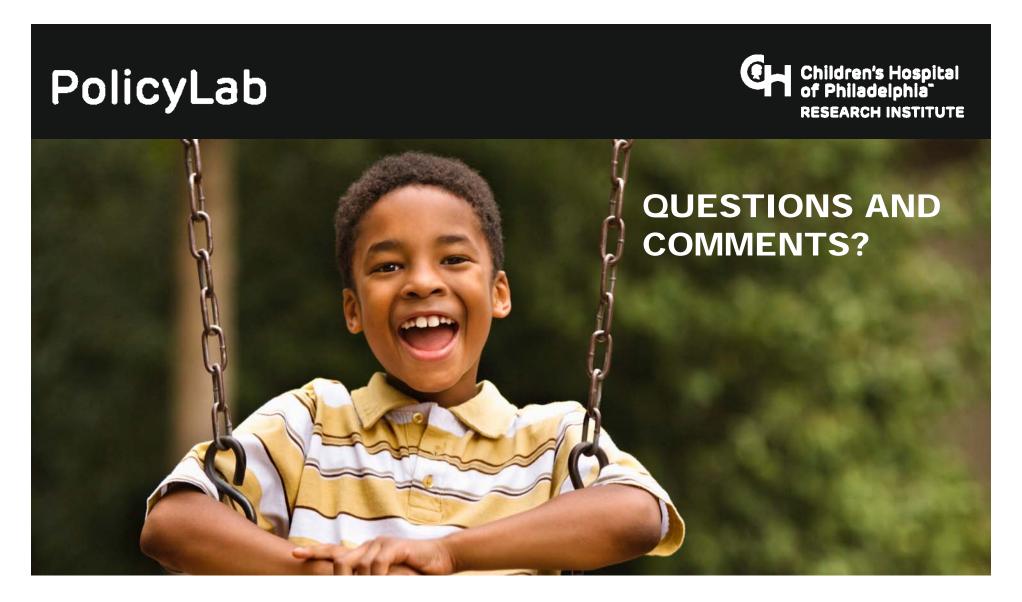


- DHS Healthcare Steering Committee, Psychotropic Medication Subcommittee
- Recommendations respond to requirements identified by the federal Children's Bureau for states' Health Care Services Plan to include the following components on psychotropic medication oversight:
  - 1. Screening and evaluation
  - 2. Consent and assent to treatment and ongoing communication
  - 3. Medication monitoring
  - 4. Availability of mental health expertise
  - Mechanisms for sharing current information and education materials

### PA DHS BRIEFING FEBRUARY 2016



- Prior authorization processes within MCOs—Live Feb 2016
- Statewide telephonic psychiatric consultative process— Live
- Best practice guidelines endorsed by state professional societies—Completed
- Pilot of information dashboard on psychotropic medication prescribing indicators for state and county child welfare officials—August 2016
- Training module on appropriate use of psychotropics for caseworkers, and birth, foster and kinship parents— Underway



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