

9 Weeks Recap

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Presentation to: DHS Board Members

Date: 03/21/2012



Topics

- Facets of DHS
- Psychotropic Drug Utilization - Progress so far
- Background Points to Consider and Follow-up

Facets of DHS



DFCS



Division of Aging



Division of Residential Child Care



Inter Department Collaboration

- **Psychotropic Drug Use Monitoring**
- Child Deaths
- Streamlining of Consultation Process
- Review child abuse and neglect & serious incident reports
- Develop policies
- Implement best practices

- Medical Procedure Consent
- Medical Consultation Process
- Medical decisions for wards
- Review Cases involving medical neglect

- Screening process of Venereal disease for prospective Foster Parents

- Grant Application with DCH
- Common Reports Initiative
- Optimize Services

National Psychotropic Drug Use Monitoring

- **Estimated Rates of Utilization** of Psychotropic Medication in **Foster Care** population ranges from **13% to 52%**, compared to **4% in general youth population**
 - (dosReis S, Zito JM, Safer DJ, Soeken KL. Mental health services for youths in foster care and disabled youths. American Journal of Public Health 2001; 91(7):1094-1099).
- US Government Accountability Office (**GAO**) recently **released** a report recommending Health and Human Services (HHS) issue **guidance to States on Best Practices on Psychotropic Medication Use**
 - (US Govt. Accountability Office, GAO – 12-27OT, HHS Guidance could help states improve oversight of Psychotropic Prescriptions, 2011)

Psychotropic Monitoring - Georgia

DHS
Review

- Review of current psychotropic medication utilization practices
- Background Points to Consider and Follow-up

Georgia
Psychotropic
Medication
Monitoring Project

- GA Report states Medication Utilization rate as 32.5% & above national average. This is not consistent with
 - DFCS Data indicates this at 19.8% to 23%
 - National Average 13% to 52%
- Some Relevant Points Reviewed

Georgia Cold Case Project

- Out of the 15 total recommendation, there is **ONLY 1** recommendation on mental health.
- **Recommendation targets** specific class of **children**, who receive **institutional care**.

Cold Case Project

Overview:

- The vast majority of children studied, **(85%) had some type of identified disability.**
- The group averaged nine placements per child.
- 25% of the children had a dozen or more placements.
- **51% had multiple DSM-IV Axis I disorders or both Axis I and Axis II disorders.**
- **19% had chronic, serious, treatment resistant mental illness and/or cognitive issues.**

Salient Points:

- Out of the 15 total recommendation, there is **ONLY 1** recommendation on mental health.
- **Recommendation targets** specific class of **children**, who receive **institutional care.**
- **Report on the Cold Case does not state that there is overutilization or misuse of psychotropic medications .**

Georgia Psychotropic Medication Monitoring Project

Salient Points:

- **GA Report** states Medication Utilization rate as **32.5% & above national average**. This is **not consistent with**
 - **DFCS and DCH Data** indicates this at **19.8% to 23%**
 - **National Average** **13% to 52%**
- **Potential misuse** of Anti-Psychotic drugs
 - Several **case reports, open label studies**, retrospective analysis studies **suggest benefits** of anti-psychotic medications **in controlling aggression** in children.
 - (Treatment Recommendations for the Use of Antipsychotics for Aggressive Youth (TRAAY), Part I: A Review <http://focus.psychiatryonline.org/article.aspx?articleid=49909>)
- **Valid Prior Authorization concerns:** 10 state study of Medicaid patients, including GA, shows
 - 73% more emergency department visits
 - 72% more acute hospital stays

Background Points to Consider

- There are **limited studies** for Population based effectiveness Research in the area of psychotropic medication **use in children** and adolescents.
- Most psychotropic medications are approved based on Clinical trial **data from studies of adults**.
- FDA “**off label**” **use** is more **common** for these medications in children.
- **Multiple medication/combinations** are **commonly used** for **complex** symptoms, **comorbid conditions** for foster care children.

Background Points to Consider

- There are **no studies** in foster care children **that determine** how these **medications impact** various aspects of their lives like **achieving permanency** in living situation, **social interactions**, **academic** performance, **reduction in hostility and criminality** and **overall safety**.

Follow-up

- Consider Non-pharmacological interventions as part of the comprehensive treatment for foster care children along with Pharmacological treatment.
- Set up and use a tracking system like health passport to measure and improve quality of care while optimizing cost.
- Track any negative effects on these foster care children from the changes introduced. For example, increase in gap days, emergency care, hospital visits and changes to quality of life as described above.
- Determine if there is any overuse of medications in foster care children using the above tracking process.

Follow-up

- Children in Foster Care who are less than 6 years old on Psychotropic medications, seem to be the primary concern, of most of the articles.
 - As a first step towards understanding if there is any problem with medication overuse, DHS Medical Director would personally like to review some of these cases.
- Consider formal process for implementing Informed consent in DFCS.
- Implement merged reports from DFCS and DCH.

The End