Quality Improvement Efforts to Reduce Inappropriate Prescribing of Psychotropic Medication among Children in Foster Care

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What is the extent of psychotropic medication use and expense for children in foster care?

- Faces of Medicaid: Child Behavioral Health Utilization and Expenditure Study (2005 MAX data)
  - Children in foster care comprised 3.2% of all children in Medicaid.
  - Children in foster care represented 13% of all children in Medicaid receiving psychotropic medications.
  - 23% of all children in foster care had Medicaid claims for psychotropic medications.
  - Almost half (49%) of children in foster care who received psychotropic medications received two or more concurrent prescriptions.
  - Among children in foster care receiving psychotropic medications, 21% received no other behavioral health service/treatment.

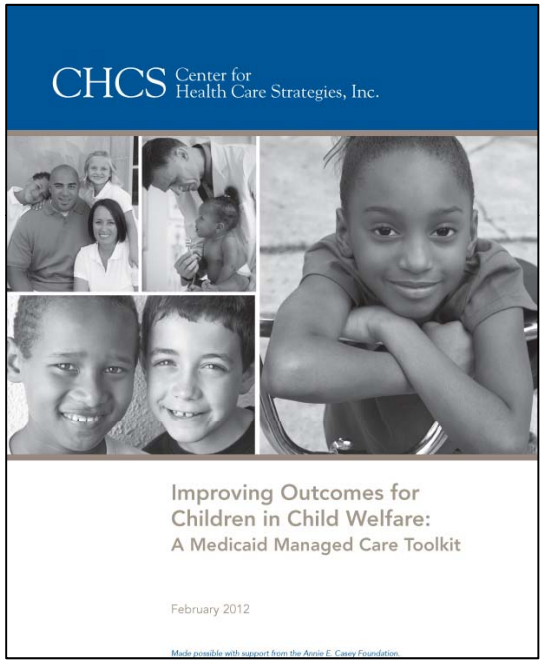
Use of Anti-Psychotics among Children in Foster Care

- Among all children prescribed psychotropics, children in foster care are over-represented among those prescribed anti-psychotics
  - 13% of children using psychotropics are in foster care; 20% of children on anti-psychotics are in foster care.
- Significant over-representation among those prescribed anti-psychotics within their aid category
  - 42% (Foster Care); 42% (SSI/Disabled); 18% (TANF)
- Mean expense for anti-psychotics highest across Medicaid eligibility categories
    - Foster children: $1955
    - SSI/Disabled children: $1891
    - TANF children: $1045

Problem is multi-faceted

- Lack of non-pharmacological interventions
- Lack of behavioral health specialists
- Use of medications to control difficult behaviors
- Lack of knowledge regarding appropriate use of psychotropics among child welfare case workers
- Lack of coordination across providers and between child-serving systems
- Financial incentives to prescribe
- Aggressive/effective pharmaceutical marketing
- Need for “quick fixes”

Child Welfare Quality Improvement Collaborative



Three-year quality improvement initiative focused on improving three aspects of health care for children involved in child welfare:

- Access to Care
  - Connecticut Behavioral Health Partnership
  - Magellan Behavioral Health of Florida
  - Mid Rogue Health Plan (OR)
  - Priority Partners Managed Care Organization
  - UPMC for You (PA)
- Coordination of Care
  - Volunteer State Health Plan (TN)
  - Wraparound Milwaukee
- Appropriate use of Psychotropic Medications
  - CareOregon
  - Massachusetts Behavioral Health Partnership

Targeted Quality Improvement Outcomes Related to Psychotropic Medications

Participating MCO	Project Goal	Impact
Wraparound Milwaukee	Ensure that all CW-involved members who are on three or more psychotropic medications (PMs) and have not seen their PCP within the last year make and keep an appointment with their PCP.	Decreased number of children on three or more PMs who had not seen their PCP within past year from 19% to 12%, and those on two or more PMs who had not seen PCP within past year from 35% to 19%.
Massachusetts Behavioral Health Partnership	Address outlier psychotropic provider prescribing patterns and simplify medication regimes for children who have been stable for at least six months.	Reduced psychotropic polypharmacy among 84% of targeted DCF youth eligible for medication simplification within a pilot site provider practice.

New National Initiative

Improving the Use of Psychotropic Medications among Children in Foster Care (PMQIC)

- 3-year initiative launched in April 2012 and funded by the Annie E. Casey Foundation
- 32 letters of interest; 26 applications
- Multi-state effort
  - Illinois
  - New Jersey
  - New York
  - Oregon
  - Rhode Island**
  - Vermont

  ** Casey Special Interest Site

CHCS Quality Improvement Collaborative Model

- Multi-year investment
- Project Planning Tool
- CHCS QI Typology and PDSA Concepts
- 1:1 monthly calls with technical assistance team
- Three face-to-face meetings each year
- Quarterly topical webinars based on states' identified needs
- On-site visits if required
- Coordination with other national initiatives on reducing inappropriate psychotropic medication use

Questions we will seek to answer…

- Can the data currently being collected inform targeting of improvement strategies?
- Can data more effectively be shared among Medicaid, child welfare and behavioral health agencies?
- Can provider practices be modified to reflect peer guidelines for prescribing psychotropics to children and youth?
- Can consent, oversight and monitoring policies and practices be coordinated and strengthened within child welfare and Medicaid systems?

Questions we will seek to answer…

- Can families and youth be more effectively engaged in care planning to avoid unnecessary use of psychotropics?
- Can financial incentives be changed to encourage the use of non-pharmacological interventions?
- Can we help states more effectively monitor and intervene to reduce inappropriate prescribing among children in foster care?

What about all of the other states?

- Learning Community of States supported by Substance Abuse and Mental Health Services Administration (SAMHSA) in partnership with the Administration for Children and Families (ACF)
- “Low touch” technical assistance to other 44 states
  - Quarterly how-to webinars
  - Dissemination of resources developed under PMQIC
  - Fostering sharing of resources, effective practices and “lessons learned” among states
- Coordination with other national initiatives on reducing inappropriate psychotropic medication use as they emerge

Contact Information

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