Improving safe, appropriate, and family-centered care for Medicaid insured youth treated with antipsychotic medication

Gloria Reeves MD
Associate Professor
Division of Child and Adolescent Psychiatry
University of Maryland, School of Medicine
greeves@psych.umaryland.edu

Funding Disclosure
- Research: NIMH, PCORI, Betty Huse Foundation, Behavioral System Baltimore
- Clinical: Maryland Medicaid

Objectives
- Describe development of the Maryland Medicaid antipsychotic medication pre-authorization program
- Discuss patient and provider benefits of universal medication monitoring systems
- Introduce a family centered research study to improve peer support to parents of youth treated with antipsychotic induced medications

BACKGROUND: CONCERNS ABOUT ANTIPSYCHOTIC TREATMENT OF YOUTH

The Headlines
“A Call For Caution on Antipsychotic Drugs”
-Friedman 2012 NY Times

“Antipsychotic Drugs Put Kids at Diabetes Risk”
-Wilemon, 2013 USA Today

“US Probes Use of Antipsychotic Drugs on Children”
-Lagnado, 2013 Wall Street Journal

Pediatric Approved Antipsychotics

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<tr>
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<th>Irritability due to autism</th>
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<td>Risperdal (risperidone)</td>
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<td>Abilify (aripiprazole)</td>
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<th>Schizophrenia</th>
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<td>Risperdal (risperidone)</td>
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National prescribing trends
Centers for Medicare and Medicaid Services data (2002-2007)
• 62% increase antipsychotic treatment of medicaid insured youth from 2002-2007
• 1/7 youth had ADHD-only diagnosis
National Ambulatory Medical Care Survey data (1993 – 2002)
• 6 fold increase in office-based visits that included antipsychotic prescription
• 18% of office visits with a psychiatrist included antipsychotic treatment
• Most common diagnoses were Disruptive Behavior Disorders (37.8%) and Mood Disorders (31.8%)

Metabolic side effects
• Weight gain, increased blood sugar, abnormal cholesterol, new onset diabetes
• Antipsychotic naive/youth most vulnerable
• 3 fold increased risk type 2 diabetes among youth recently started on antipsychotic tx compared to propensity-score matched controls (excess risk first year of tx, for youth 6-17 yrs old, increased with dose)

Side effect monitoring is low
• Pediatric treatment guidelines recommend fasting blood work (baseline, 3 months, 6-12 months thereafter)
• Weight and height needed to assess unhealthy weight gain
Morrato et al 2010: 3 State Medicaid Programs (adult & child)
• Absolute rate of baseline testing low (<30% baseline glucose; <15% lipid testing)
• Rates of baseline testing did not increase post FDA warning
Haupt et al 2009: Large, managed care database (adult and child)
• Baseline monitoring lowest in pediatric age group
• Post FDA warning: baseline testing low (21.8% glucose, 10.5% lipids)

Concern about vulnerable population
• Preschoolers: AACAP 2013 guidelines “There is almost no data about use of atypical antipsychotics in pre-school aged children...a marked amount of caution is advised before prescribing”
• Youth in foster care: Rutgers Report, GAO reports

MARYLAND MEDICAID PEER REVIEW PROGRAM
Program goals

- Improve oversight/monitoring of pediatric antipsychotic treatment
- Improve safe and appropriate prescribing
- Provide education/outreach to providers on pediatric antipsychotic treatment (e.g. monitoring guidelines) and related issues (e.g. psychosocial treatment referrals)
- Provide oversight for Maryland Medicaid insured youth <18 years old

Review Process

- Initial review by psychiatry trained pharmacist
- Child psychiatrist reviews any clinical flag concerns by direct contact with provider or provider designee
- Option for re-consideration request by Medicaid child psychiatrist if medication is not approved

Review Criteria

- Indication for treatment (diagnosis & target symptoms)
- Side effect data (labs, weight/height, ECG if indicated)
- Full medication regimen & requested medication
- Psychosocial treatment referral
- Recent safety concerns

Peer Consultation

- Collaborative, problem solving review
- Avoid abrupt discontinuation of medication
- Provide resource and treatment information
- Outright denials are rare

Universal Monitoring

All cases are reviewed, regardless of
- Provider specialty
- Age of child
- Indication for treatment
- Treatment setting
- Geographic location of practice in Maryland

Advantages of Universal Monitoring

- Ability to track safety data over time, despite frequent provider changes
- Outreach/education can address different provider type needs (e.g. PCP’s – mental health resources; Psychiatrists – support to address abnormal somatic labs)
- Potential to shape practice to improve safety monitoring and reduce ultra high dose prescribing
Challenges

- Additional paperwork/time burden
- Family may experience denial of payment at point of sale (emergency 72 hour supply may be requested)
- Difficulties reaching providers by phone
- Provider may not be receptive to feedback or discussion about medication treatment

Inter-professional Team

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<tr>
<th>School of Pharmacy</th>
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<th>Medicaid</th>
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<tr>
<td>Raymond Love</td>
<td>Gloria Reeves</td>
<td>Athlos Alexandrou</td>
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<td>Susan dosReis</td>
<td>Heidi Wehring</td>
<td>Lisa Burgess</td>
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<td>Rene Verovski</td>
<td>David Pruitt</td>
<td>Dixi Shah</td>
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<td>Mark Ellow</td>
<td>Mark Riddle (JHU)</td>
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<td>Rene Verovski</td>
<td>Kristin Buscell</td>
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<td>Alia Addo-Abadi</td>
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<td>Olufunke Sokan</td>
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<td>Cheryl Thedford</td>
<td>Caitlin Rush</td>
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<td>Cody Hitchcock</td>
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Acknowledgments: Joshua Sharfstein, Laura Herrera, Al Zachik, Gayle Jordan-Randolph, Mary Mussman

Opportunity to Address Family Centered Needs

The Family VOICE Study

- Value of Information, Community Support, and Experience
- PCORI funded RFA "Improving Healthcare Systems"
- University of Maryland, School of Medicine (PI – Reeves)
- Parents of Medicaid insured youth <13 years old approved for antipsychotic treatment
- Randomized trial: Family Navigation (FN) vs. Usual Care
- Outcomes: Parent empowerment/support, psychosocial service utilization/medication dosing, child functioning

A new opportunity: PCORI

- Patient Centered Outcomes Research Institute
- Established by Congress through the 2010 Patient Protection and Affordable Care Act

Mission

- The Patient-Centered Outcomes Research Institute (PCORI) helps people make informed health care decisions, and improves health care delivery and outcomes, by producing and promoting high integrity, evidence-based information that comes from research guided by patients, caregivers and the broader health care community.

Vision

- Patients and the public have the information they need to make decisions that reflect their desired health outcomes.
Family VOICE Study

- Antipsychotic Medication Authorized
- Study Consent
- Usual Care
- Family Navigator

Family Navigators

- Initially developed to improve oncology care
- "Lived experience" of raising a child with special mental health needs
- Trained on skills to identify appropriate community resources for families
- Offer peer support and information
- Focus on empowerment: parent priorities, options for treatment, addressing concerns

Telephone Navigator Model

- We initiate offer for peer support, parent does not need to seek it out
- Time limited intervention: 90 days
- No face to face contact permitted
- Parent is point of contact to schedule or initiate referrals (3 way call with navigator if support is needed)
- Parent identifies priorities for the navigator services
- No required number of calls or duration of calls

Preliminary Data - demographics

- 101 parents randomized to date
- 36% of eligible parents – contact info not current
- Gender: 91% Female, 9% Male
- Race: 65% C, 27% AA, 8% Other

Length of Call (minutes)

- Average Duration of Call
- Initial Call: 24 minutes
- Follow up Call: 39 minutes

Most Commonly Requested Resources

- Parent education and support
- In-home behavioral services
- Basic food and shelter needs
- School service support and advocacy
- Outpatient services
Key Personnel

• Albert Zachik, Maryland Department of Health and Mental Hygiene
• Carol Allenza, Maryland Coalition of Families for Children’s Mental Health
• Claudia Baquet, University of Maryland Baltimore
• Deborah Medoff, University of Maryland Baltimore
• Heidi Wehring, University of Maryland Baltimore
• Jane Walker, Maryland Coalition of Families for Children’s Mental Health
• Jason Schiffman, University of Maryland Baltimore County Campus
• Kathleen Commons, University of Maryland Baltimore
• Kimberly Hoagwood, New York University School of Medicine
• Kristin Bussell, University of Maryland Baltimore
• Mark Riddle, Johns Hopkins University
• Raymond Love, University of Maryland Baltimore
• Susan dosReis, University of Maryland Baltimore
• Sara Pirmohammad, University of Maryland Baltimore

Family VOICE Study Navigators

• Danielle Strobeck
• Alicia Brown
• Tammy Clough