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MENTAL HEALTH DRUG ADVISORY GROUP
MEETING SUMMARY
Tuesday, June 18, 2013

Members Present: Joanne Berman, Hugh Davis, Dr. Ron Diamond, Shel Gross, Linda Harris, Dr. Harold Harsch, Dr. Hugh Johnston, Richard Kilmer, Mary Neubauer, Dr. Molli Rolli, Dr. Susanne Seeger, Michelle Thoma, Dr. Michael Witkovsky
Staff Present: Rachel Currans-Henry, Marie Danforth, Brett Davis, Sola Millard, Lynn Radmer, Kimberly Smithers, Rebecca Wigg-Ninham, Kim Wohler
Others Present: Amy Aumann, Nick Boyer, Charlemagne Brewster, Randy Cullen, Teai Czajka, Paul Lebron, Lynn Maskel, Tom Olson, Faith Russell, Lora Wiggins, Ramie Zelenkova

Welcome/Introductions

Linda Harris, Administrator, DMHSAS and Brett Davis, Medicaid Director, DHCAA, opened the Mental Health Drug Advisory Group (MHDAG) meeting. Members introduced themselves.

Update on Behavioral Health Homes

Brett Davis provided an overview and update on the initiative.

- Recommended enrollment process: A person needs to be between the ages of 18-64, have Medicaid Fee-For-Service, have a mental health or substance abuse diagnosis, and one or more chronic conditions.
- Voluntary opt-out enrollment.
- Evaluating other states health homes and lessons learned.
- ACA 1945 section (quality metrics) allows a new model and approach.
- Kicked off the initiative in April. North central Wausau will be the first pilot area.
  Brett Davis provided an update on the budget. The Governor's standard plan benefit is DHCAA's focal point. There will be more people on Medicaid in 2014 due to lifting the caps on childless adults. There will be issues of workforce development and access. If the budget passes, the federal marketplace will enroll people October 1, 2013 through March, 2014.

Improving Children's Mental Health Initiative

Rachel Currans-Henry provided information regarding the initiative.

Charter Objectives

1. Further Identifying the Problem

- The psychiatrist consultants have been communicating with prescribers; there is a lack of consensus among prescribers and stakeholders about best practices in prescribing psychotropic medications to children.

- Foster care kids have higher utilization of antipsychotic medication.
- Looking at partnering with Rutgers University's Medicaid Network for Evidence-based Treatment (MEDNET) consortium.
    - MEDNET is developing quality improvement measures and identifying evidence-based practices (EBPs).
- DHCAA would like to pull in data from the counties to see what other services children who are on psychotropic medication are receiving.

2. Continued Interventions in the Medicaid Program
    - Continue the Prior Authorization (PA) program for youth under age 7 who take antipsychotic medication.
    - Expansion of targeted telephonic prescriber academic detailing.

Discussion: Dr. Ron Diamond asked if Drs. Cullen and Maskel are available for consultations from prescribers.
Dr. Cullen responded that he can consult only in the context of a PA.
Rachel Currans-Henry responded there is a proposal to expand the telephonic access line so providers can receive consultations from child psychiatrists. The details need to be worked through.

3. Statewide Education and Awareness
    - Improve clinical information sharing
    - Produce newsletters
    - Partner with stakeholder associations

Discussion: Hugh Davis asked how consumer input is garnered.
Rachel Currans-Henry replied the initiative has not gotten to that point yet as the focus has been a high level synthesis. There is an effort to expand certified peer specialists working in Health Maintenance Organizations (HMOs). A pilot starts July 1 in select HMOs in southeastern Wisconsin and with Children Come First in Milwaukee.
Richard Kilmer commented as a parent of son with mental health issues, HMOs can be hard to navigate; especially when there is a crisis. The only option is the emergency room.

<u>Stimulant Dosing</u>
Lynn Radmer reviewed the stimulant dosing data and provided information.
- Drug Utilization Review (DUR) board has a project looking at high dose stimulants prescribed to children 14 and younger.
- Through Medicaid claims, we are identifying prescribers/members with stimulant prescriptions above recommended total daily dosages.
    - 14 and younger: the higher the age, the utilization numbers become higher and doses vary.
    - 385 children fall in this category.
    - Focalin-most commonly prescribed medication exceeding maximum daily dosage.
- The DUR board plans to develop a targeted prescriber DUR intervention letter and follow-up.
    - Proposed letter will be sent to prescribers who are writing for prescriptions greater than 125% of maximum total daily dosage.
    - Professional journals in Pediatrics and Child/Adolescent Psychiatry have excellent reviews of dosing and monitoring recommendations, but these references are not always readily accessible.

- A response from the prescriber will be requested, if the dose will be reduced or explain why the high dose is necessary.

Discussion: Dr. Molli Rolli wondered if the data could represent a small number of prescribers who are prescribing often.
Lynn Radmer commented that some providers have 20 patients and some have 2 or 3. Most have multiple patients. There were 266 prescribers.
Shel Gross responded that in trying to figure out if the patient is an outlier, you may not get this picture. More information is needed--why those kids? The data does not answer this question. Even if there was a small checklist of interventions tried; this may help to answer these questions.
Dr. Cullen responded that this is a starting point. There are a group of doctors who have 20 of these patients and they say they are the only doctors who will see these Medicaid patients, so they are an outlier because they get the difficult cases.

Metabolic Syndrome Testing

Rachel Currans-Henry provided an update.

- Working on educating providers about testing.
- There are still questions to answer: How soon after a child begins on an antipsychotic medication should he/she be tested? What would be the earliest and latest testing dates? Who can perform the test and bill?
- It is not always clear who is supposed to perform the test (the prescriber or primary care doctor).

Discussion: Dr. Molli Rolli stated she believes the prescriber needs to follow-up with testing unless it is very clear the primary care doctor will follow-up. Either way, the prescriber needs to know the results because this may affect prescribing.
Rachel Currans-Henry responded that there is a lot of work to be done on this.
Joanne Berman concurred that testing needs to be addressed so it becomes routine.

Update on Bipolar Disorder in Children: DSM-5

Drs. Cullen and Maskel provided information as a follow-up from the October meeting and discussed an article regarding differentiating bipolar disorder-not otherwise specified (BP-NOS) and severe mood dysregulation (SMD).

- There is an increase in prescribing antipsychotics to kids.
- Due to lack of long-term clinical research on mood disorders in children, this topic is one of the most controversial areas in the field of child psychiatry.
- Article handout provides the latest clinical review of the challenges of diagnosing and treating these children. The clinical and research use of DSM-5 category of Disruptive Mood Dysregulation Disorder (DMDD) will hopefully help to clarify the debate regarding diagnosing and treatment: particularly, for which children are antipsychotic medications appropriate or inappropriate.
- Since most PAs are for BP-NOS, the PA for antipsychotic medications allows Dr.'s Maskel and Cullen to address these clinical issues with each prescriber at the cutting edge of the current knowledge base in child psychiatry.
- DMDD was developed with the idea that many children diagnosed with BP-NOS and treated with antipsychotic medications do NOT develop bipolar disorder as young adults and, therefore, may be inappropriately prescribed antipsychotic medications.
- In future conversations with prescribers, the psychiatrist consultants will see if providers are familiar with DMDD as this influences prescribing medication.

Discussion: Rachel Currans-Henry asked the group if it had ideas for how information could be best communicated.
Dr. Diamond suggested prescribers sign-up for Medscape updates, perhaps provide incentives, and use email to communicate information and make local points.
Dr. Witkovsky suggested partnering with parents, teachers, and stakeholders, and to work with the Department of Public Instruction (DPI) and advocacy groups.
Hugh Davis replied that his organization would love to do this but it needs to collaborate to get the right information to disseminate.

Additional Discussion

Joanne Berman discussed the issue of providers obtaining treatment records. If a person is lucky enough to find a provider who has access to his/her treatment history, this is helpful. It is not easy to obtain historical information from young adults.
Dr. Ron Diamond commented that he can spend hours trying to organize a patient's treatment history and families can help with this but it is a big time investment.
Dr. Molli Rolli agreed that getting records can be difficult; one sends a release and may get information back a month later.
Linda Harris replied that Electronic Health Recorded (EHR) may help with this.
Rachel Currans-Henry discussed DHCAA's initiative to improve communication between pharmacists and prescribers. DHCAA gives HMOs weekly feeds on drug files but not sure if HMOs communicate this information with doctors. DHCAA would like to learn more about how HMOs use the data.

Next meeting: The MHDAG will plan to meet in October and discuss the drug classes up for review.