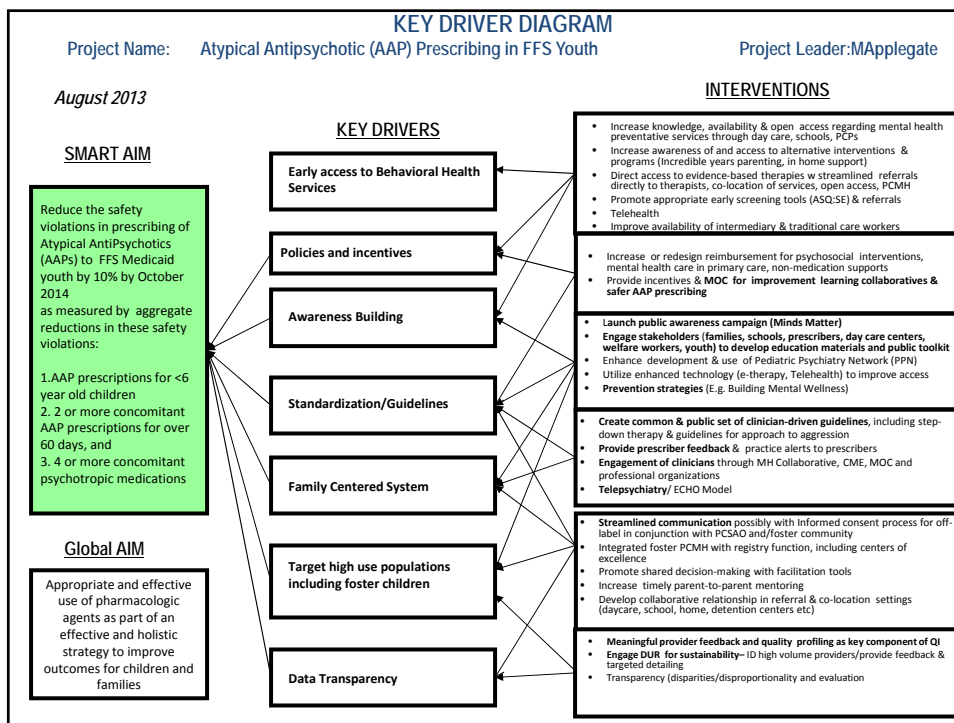
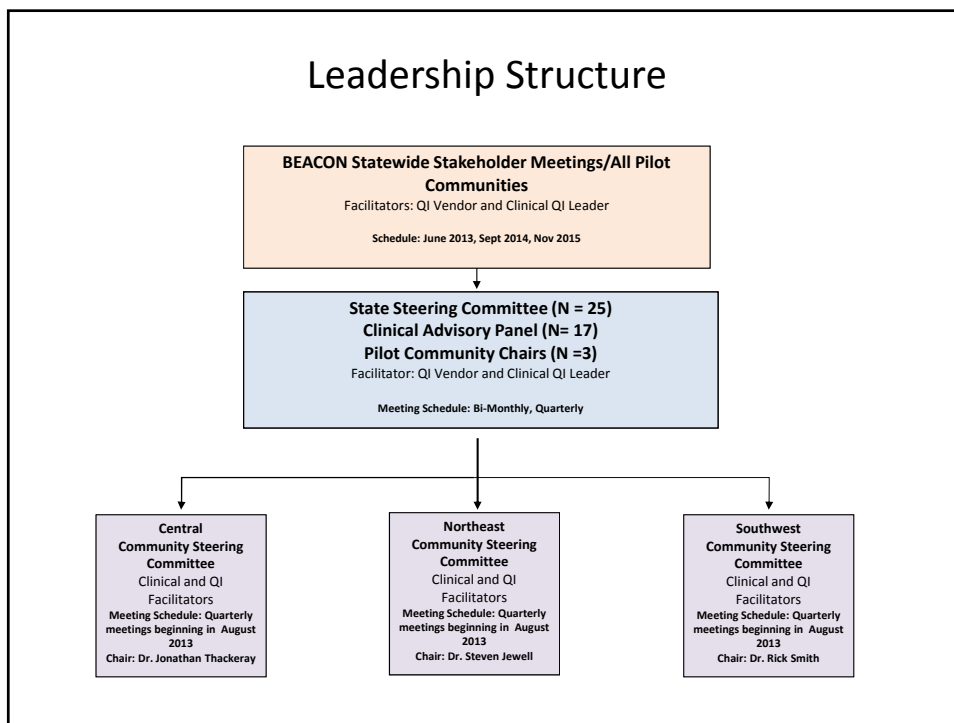
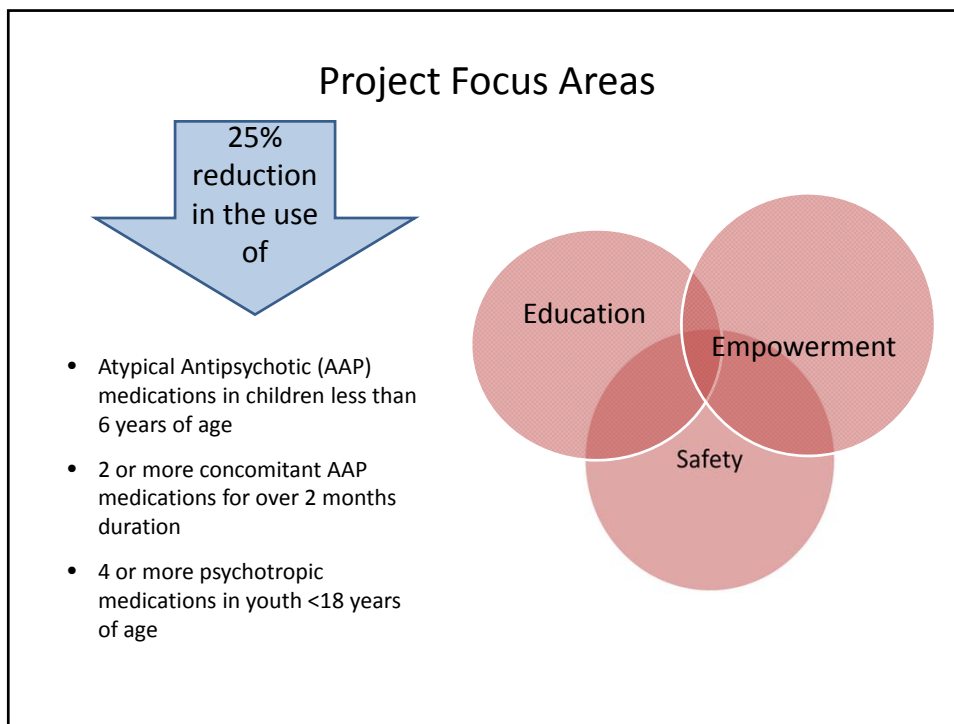


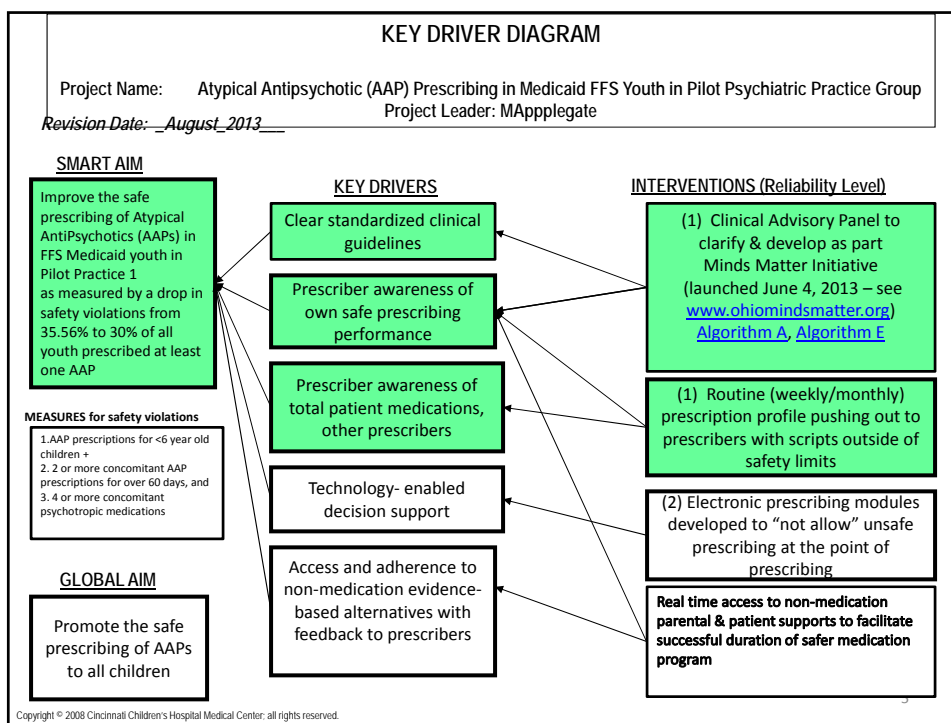


The Prescribing of Atypical Antipsychotics to Ohio Medicaid's Children: An Update

Mary Applegate, MD
 Medical Director
 Department of Medicaid
 October 2013







Minds Matter Toolkit

- **Differentiates target audiences**
 - Prescribers
 - Consumers and parents
 - Community agencies and schools
- **Clinical resources for prescribers**
 - Includes non-pharmacological solutions
 - Care guides with assessment, diagnostic, treatment, monitoring & education aides
 - 6 Modules for CME and Maintenance of Certification
- **Youth, parent, and community worker tools**
 - Parent and community worker specific fact sheets, shared decision-making tools
- **Links to existing resources**

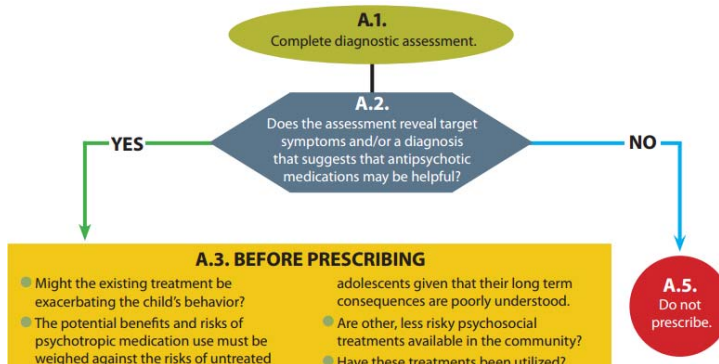


Decision Support Algorithms



Algorithm A

Antipsychotic Medication Management in Children Under 6 Years of Age



Decision Support Materials



Oppositional Defiant Disorder and Conduct Disorder Treatment Guide

DSM Criteria

Diagnostic criteria for 313.81 Oppositional Defiant Disorder

- A.** A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:
- (1) often loses temper
 - (2) often argues with adults
 - (3) often actively defies or refuses to comply with adults' requests or rules
 - (4) often deliberately annoys people
 - (5) often blames others for his or her mistakes or misbehavior
 - (6) is often touchy or easily annoyed by others
 - (7) is often angry and resentful
 - (8) is often spiteful or vindictive
- Note:* Consider a criterion met only if the behavior occurs more frequently than is typically observed in individuals of comparable age and developmental level.
- B.** The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.
- C.** The behaviors do not occur exclusively during the course of a Psychotic or Mood Disorder.
- D.** Criteria are not met for Conduct Disorder and, if the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder.

Diagnostic criteria for 312.8 Conduct Disorder

- A.** A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months:
- | | |
|---|---|
| <p>Aggression to people and animals</p> <ul style="list-style-type: none"> (1) often bullies, threatens, or intimidates others (2) often initiates physical fights (3) has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun) (4) has been physically cruel to people (5) has been physically cruel to animals (6) has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery) (7) has forced someone into sexual activity | <p>Destruction of property</p> <ul style="list-style-type: none"> (8) has deliberately engaged in fire setting with the intention of causing serious damage (9) has deliberately destroyed others' property (other than by fire setting) |
|---|---|

Decision Support Materials



REFERENCE CHART OF DISORDERS AND EVIDENCE-BASED TREATMENTS FOR CHILDREN AND ADOLESCENTS¹

Adjustment Disorders	
What Works	
Currently no medication or psychological treatments meet these criteria.	
What Seems to Work	
Interpersonal Psychotherapy (IPT)	IPT has the most support in that it helps children and adolescents address problems in their relationships so that they can become less depressed.
Cognitive Behavioral Therapy (CBT)	CBT is used to improve age-appropriate problem-solving skills, communication skills, and stress management skills. It also helps the child's emotional state and support systems to enhance adaptation and coping.
Stress Management	Stress management is particularly beneficial in cases of high stress.
Group Therapy	Group therapy is beneficial in cases of high stress.
Family Therapy	Family therapy helps in making needed changes within the family system. These changes may include improving communication skills and family interactions and increasing support among family members.
What Does Not Work	
Pharmacology Alone	Medication is seldom used as a singular treatment because it does not provide assistance to the child in learning how to cope with the stressor.

Parent Fact Sheet Example



What every parent needs to know about Attention Deficit/Hyperactivity Disorder (ADHD)

WHAT IS ADHD?

Attention Deficit/Hyperactivity Disorder (ADHD) is a condition which includes difficulties with attention, increased activity, and difficulties with impulsivity.

WHAT ARE THE SYMPTOMS?

- Trouble paying attention
- Doesn't pay attention to details and makes careless mistakes
- Easily distracted
- Loses and forgets to do things
- Trouble finishing work
- Trouble listening or following directions
- Leaves seat and runs about or climbs excessively
- Blurts out answers
- Impatient
- Fidgets or squirms
- Talks too much
- Has difficulty playing quietly
- Interrupts or intrudes on others

HOW IS IT DIAGNOSED?

ADHD is usually first diagnosed during the elementary school years. A doctor will evaluate your child. Most likely, you and your child's teacher will be asked to complete a questionnaire.

HOW IS IT TREATED?

Medication can help improve attention and focus. However, it is important to discuss the risks and benefits of medication with your child's doctor.

Other treatment approaches may include therapy, social skills training, parent education, and modifications to your child's education program.

WHAT CAN I DO?

- Work with your child's doctor and teacher
- Establish structure and stick to it
- Set clear expectations and rules
- Use praise and positive reinforcement
- Encourage exercise and sleep
- Help your child eat right

WHERE CAN I GET HELP?

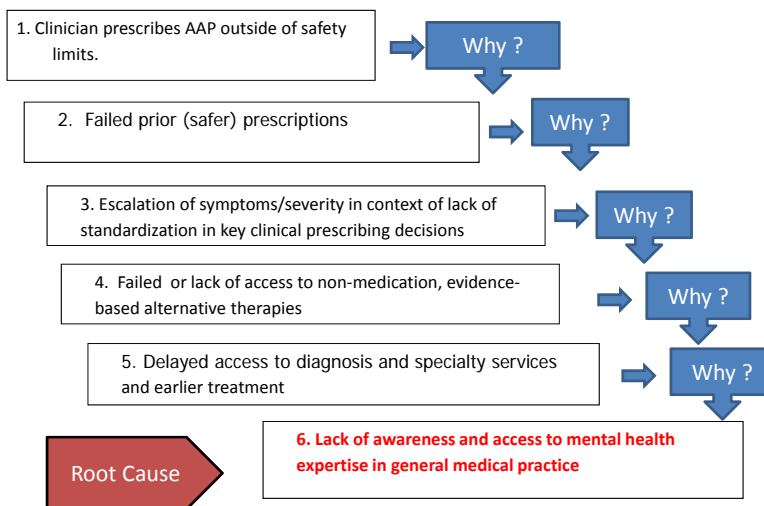


See the ADHD Parent Resources Section in the Minds-Matter Tool Kit.

Information in this fact sheet should not be used as a substitute for medical care and advice of a doctor. Each patient has individual facts and circumstances.

Learning from Systems Observations

(Record understanding from direct observations of workers in the prescribing process)



11

The AAP Safe Prescribing Measure for FFS Medicaid youth

- **Numerator** = a count of ANY of the 3 safety violations in a given time period
 - Any AAP script for <6yo child
 - >2 AAP scripts at the same time
 - >4 scripts for psychotropic/ mental health drugs
- **Denominator** = unique patients prescribed at least 1 AAP
- A RATE allows for better comparisons across time and the denominator allows for a direct statement of impact on number of youth impacted

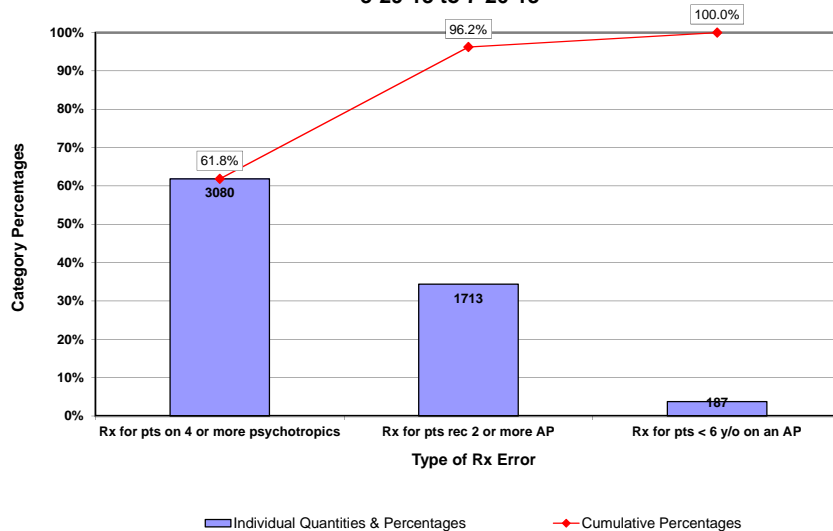
AAPs Feedback Table

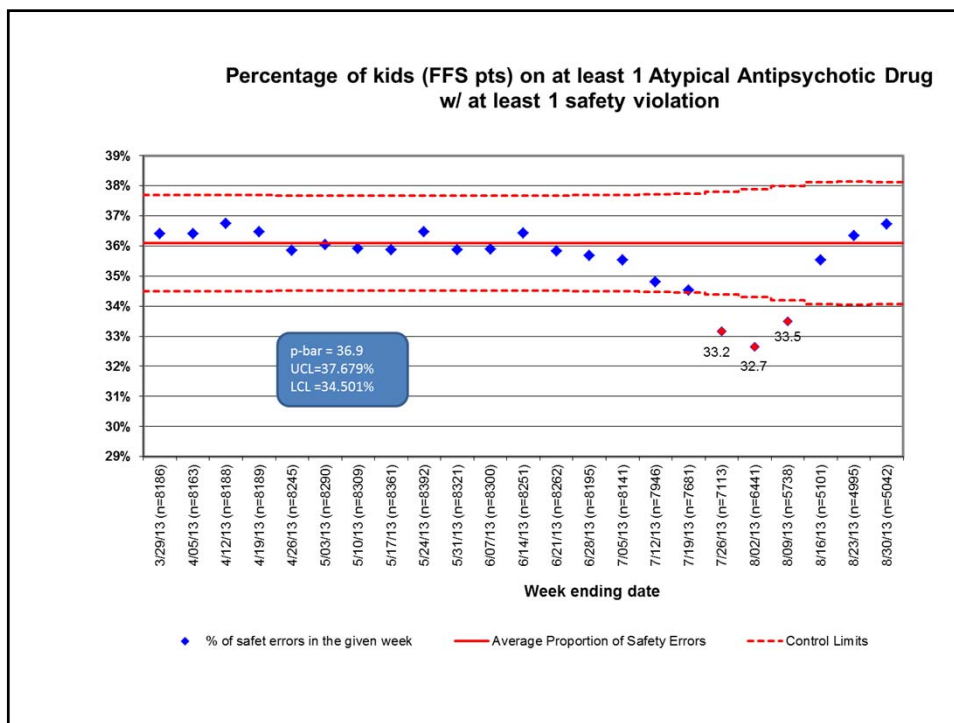
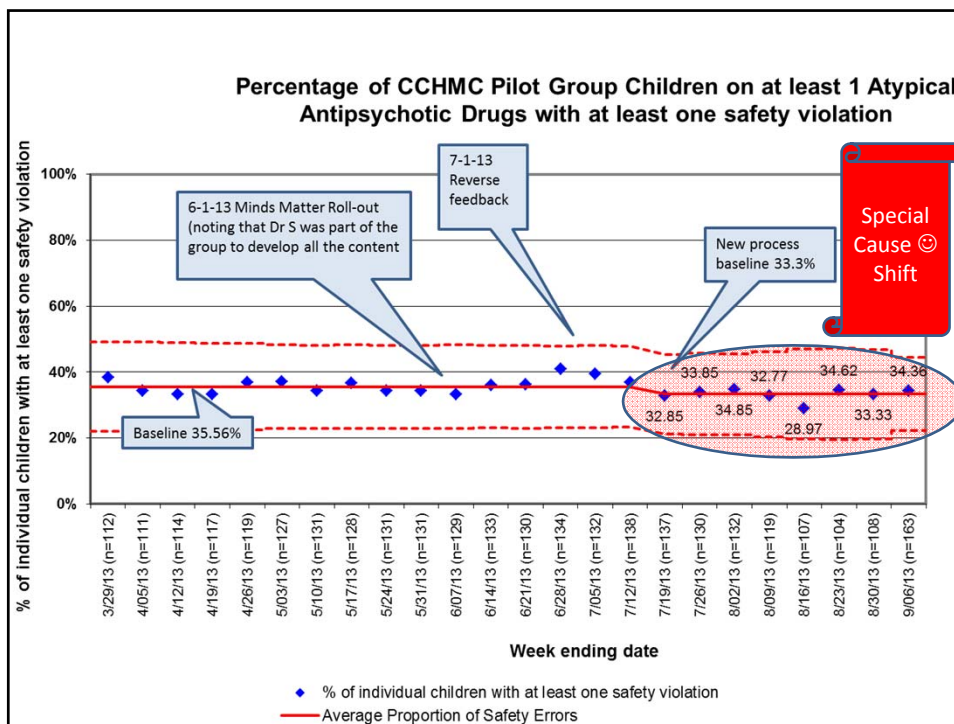
Patient Name	Patient DOB	Patient Medicaid ID	Under age 6 on atypical antipsychotic	Under age 18 on greater than 2 atypical antipsychotics	Under age 18 and on greater than 4 psychotropics	I can make a change now Y = Yes N = No	If No, why not? (see legend)

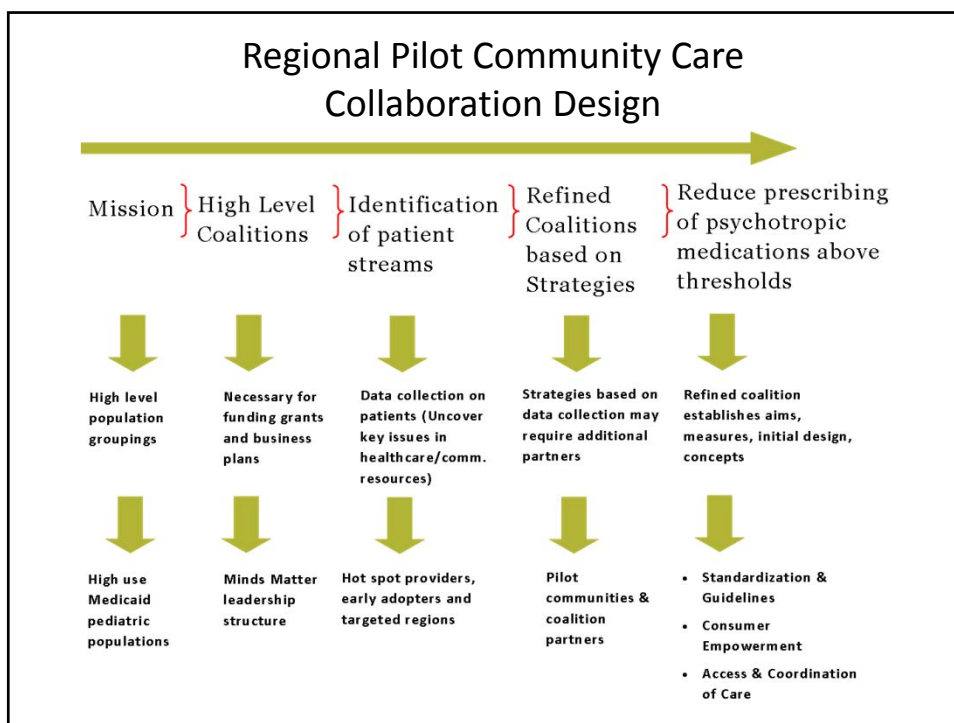
Legend for Reasons:

1. Not my patient now
2. Following guidance of specialist (Give name below in comments)
3. Unaware of other prescribers
4. Lack of access to appropriate specialist
5. Lack of access to non- medication alternatives
6. Tried and failed evidence based guideline treatments
7. Treatment resistance
8. Currently in gradual cross tapering
9. Request by parent or other
10. Patient poses risk to self or others

Pareto of Rx Errors for Psychotropic Drugs in CCHMC population 3-29-13 to 7-26-13





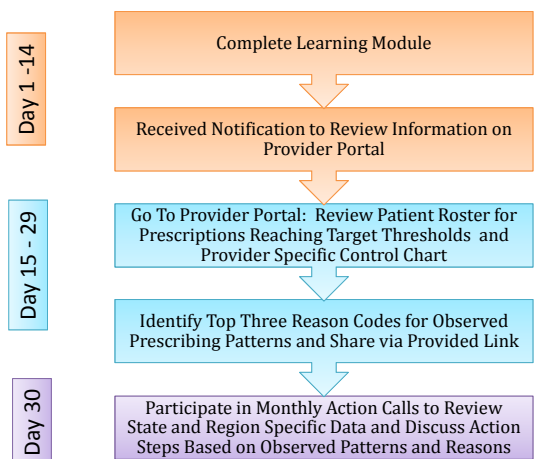


Pilot Communities Strategy Roadmap

Strategy Description	Aug–Oct 2013 Quarter 1	Nov–Jan 2014 Quarter 2	Feb–April 2014 Quarter 3	May–July 2014 Quarter 4	Aug–Nov 2014 Quarter 5
<p>Standardization and Guidelines (OMM Tool Kit)</p>	<p>Early adopter provider sites:</p> <ol style="list-style-type: none"> 1) Train learning modules and use tool kit 2) Provide baseline and real time data for prescriber feedback 3) Conduct monthly action calls <p>Learning Modules 1,2,3</p>	<p>Early adopter provider sites:</p> <ol style="list-style-type: none"> 1) Train learning modules and use tool kit 2) Provide baseline and real time data for prescriber feedback 3) Conduct monthly action calls <p>Learning Modules 4,5,6</p>	<p>Pilot communities/early adopter sites:</p> <p>Refine, finalize, and implement tool kit, and data collection</p>	<p>Pilot community participants:</p> <p>Identify strategy to engage all regional providers to complete training modules and use tool kit</p>	<p>Implement regional roll-out of tool kit, collect final data</p> <p>Design statewide spread plan</p>
<p>Consumer Empowerment Develop shared care decision making/informed consent/assent</p>	<p>Pilot community participants:</p> <p>Identify gaps in current process</p>	<p>Pilot community participants:</p> <p>Design improved systemic process for shared decision making</p>	<p>Pilot communities/early adopter sites:</p> <p>Test shared decision making process</p>	<p>Refine process and design strategy to regional roll-out</p>	<p>Implement regional roll-out of process</p> <p>Design statewide spread plan</p>

Pilot Communities Strategy Roadmap

Strategy Description	Aug–Oct 2013 Quarter 1	Nov –Jan 2014 Quarter 2	Feb–April 2014 Quarter 3	May–July 2014 Quarter 4	Aug–Nov 2014 Quarter 5
Access and Coordination of Care Connect existing behavioral health services in community and devise method of providing up-to-date referral resources and network	Pilot community participants: Identify, engage, and recruit behavioral health providers/centers in region.	Pilot community participants: Identify and implement strategy/method for providing up-to-date referral resources and network building	Pilot communities/early adopter sites: Test: Behavioral health provider referral resources and network	Refine Behavioral health provider referral resources and network Design strategy for regional roll-out	Implement regional roll-out Design statewide spread plan



Questions

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