Implementation of Models to Support Best Practice Prescribing of Antipsychotics: SAMHSA Initiatives

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This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.
Disclosures

• Dr. Larson is employed by the Substance Abuse and Mental Health Services Administration (SAMHSA)
• Her travel to the annual meeting was supported by SAMHSA
Acknowledgements

SAMHSA team involved with the project:
• Stacey Lee, M.P.H.
• Sean Lynch, Ph.D.
• Gary Blau, Ph.D.
• Larke Huang, Ph.D.
• Anita Everett, M.D.

Tom Mackie, Ph.D. – primary author of final product

Elinore McCance-Katz, M.D., Assistant Secretary of Mental Health and Substance Use for supporting this work
Overview

- A Few Statistics
- Background
- Overview of Federal Initiatives
- Overview of State Initiatives
- Potential Next Steps
- Discussion
Did you know...

- In the beginning of the 21st century, antipsychotic use increased dramatically in children and adolescents. (Zito et al., 2008)
- Compared to other developed countries, antipsychotic use in children and adolescents is significantly higher in the U.S. (Rani et al., 2008)
- There is disproportionate prescribing of antipsychotics for specific vulnerable groups, such as children in foster care (Zito et al., 2008)
- Prescribing patterns do not always adhere to “best practice” prescribing (Olfson et al., 2015)
  - e.g., low rates of metabolic monitoring
Increasing concerns about prescribing patterns in the media

Several GAO reports (2011, 2014) described problems with safe and effective use of psychotropic medications for children in foster care
Overview of Federal Initiatives

- **Fostering Connections to Success and Increasing Adoptions Act of 2008**
- **Child and Family Services Improvement and Innovation Act of 2011**
  - Title IV-E funded state child welfare agencies develop a plan for psychotropic medication oversight
  - Availability of therapies to address the trauma experienced by youth in foster care
- **A joint letter to State Medicaid Director on Psychotropic Medications among Children in Foster Care (2011)** – issued by the Administration for Children and Families (ACF), the Centers for Medicare and Medicaid Services (CMS), and the Substance Abuse and Mental Health Services Administration (SAMHSA)
- **Because Minds Matter Summit (2012)**: Collaborating to Strengthen Management of Psychotropic Medications for Children and Youth in Foster Care (ACF/CMS/SAMHSA)
- **National Committee for Quality Assurance** released quality metrics to promote the routine metabolic monitoring of antipsychotic-treated youth
Overview of State Initiatives

• By 2015, in response to federal efforts:
  ▪ **31 states** provided a **prior authorization** for Medicaid-insured youth (Schmid et al., 2015)
  ▪ **45/50 states** plus the district had **employed at least one strategy** to provide psychotropic medication oversight for youth in foster care (Mackie et al., 2017)

• Varied in scope, target population and level of intervention

• As a result of these programs:
  ▪ What is the **impact** on prescribing?
  ▪ Are children and families better off?
  ▪ Are there any **unintended consequences** of the implementation of these programs?
SAMHSA Initiative

• May 2018 Expert Meeting entitled “Strategies to Support Best Practice Prescribing of Antipsychotics in Children and Adolescents”
  ▪ Multiple stakeholders participated including: child and adolescent psychiatrists, pediatricians, nurse practitioners, state administrators, youth, family members, and federal partners

• Final Guidance Document (in development) informed by:
  ▪ Steering Committee
  ▪ Key Informant Interviews
  ▪ Family Focus Groups
  ▪ Environmental Scan
  ▪ Literature Review
  ▪ Analytic Study
Figure 1. Strategies to Promote Antipsychotic Medication Oversight and Best Practice Prescribing for Youth: A Framework

Key Principles for Strategies
- Multi-modal approach
- Youth and family engagement
- Engagement of prescribing clinician
- Consideration for the unique needs of special populations
- Coordination with other youth-serving systems
- Sustainable financing mechanisms

Monitoring Programs
- Prospective programs
  - Prior authorization
  - Mandatory peer review
- Retrospective programs
  - Drug utilization review

Supports for Best Practice Prescribing
- Elective psychiatric consultation
- Shared decision-making tools
- Quality improvement and learning collaborative

Delivery System Investments
- Trauma-informed and evidence-based systems of care
- Public reporting and quality indicators
- Intensive care coordination
Strategies for Best Practice Prescribing

• Monitoring Programs for Antipsychotic Oversight
  ▪ Prior Authorization (PA) and Mandatory Peer Review
  ▪ Drug Utilization Reviews

• Supports for Best Practice Prescribing
  ▪ Elective Psychiatric Consultation
  ▪ Shared Decision-making Tools for Youth and Families
  ▪ Quality Improvement and Learning Collaborative

• Delivery System Investments
  ▪ Trauma-informed and Evidence Based System of Care
  ▪ Public Reporting and Quality Indicators
  ▪ Intensive Care Coordination

*Multi-modal Initiatives – implementation of more than one strategy to address the multiple challenges to safe and effective prescribing
5 Ways Prescribers Think about Medication Treatment
**#1: Indication**

**Indication** = What is the medicine being prescribed for?

- Sometimes refers to a diagnosis (e.g. ADHD) or a “target symptom” (e.g. severe aggression)
- Medicines vary in terms of how much they have been studied for a specific indication and age group
- Food and Drug Administration (FDA) “approval” indicates more is known about risks and benefits of treatment for that indication
### Example: Second Generation Antipsychotic (SGA) Medication

<table>
<thead>
<tr>
<th>Antipsychotic</th>
<th>Irritability due to autism</th>
<th>Bipolar I</th>
<th>Schizophrenia</th>
</tr>
</thead>
<tbody>
<tr>
<td>aripiprazole (Abilify)*</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>risperidone (Risperdal)</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>olanzapine (Zyprexa)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>quetiapine (Seroquel)</td>
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<td></td>
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<tr>
<td>asenapine (Saphris)</td>
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<td></td>
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</tr>
<tr>
<td>paliperidone (Invega)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>lurasidone (Latuda)**</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

*Also has indication for treatment of Tourette's Disorder

**Indication for Bipolar Depression
Tips

• Seek consensus on the diagnosis before starting treatment
• If diagnosis is unclear, consider non-medication strategies to manage safety concerns
• Have a plan to re-assess diagnosis, if poor response to treatment
• Consider consultation, if diagnosis is unclear over time
Side effects = All medications have a risk for causing harm

- Short term side effects are better known than long term side effects
- Side effects can be noticeable (e.g. weight gain) or “invisible” (e.g. worsening cholesterol)
- Side effects detected early tend to be easier to treat and reverse
Example: SGA obesity-related side effects

- Weight gain
- Increased cholesterol
- Increased blood sugar
- High blood pressure
- New-onset diabetes
Tips

• Develop plan for early detection before starting the medication
• Have a plan to monitor for “invisible” side effects
• Consult with primary care doctor as needed
• Establish communication plan about side effect concerns between visits
• Fill all prescriptions at same pharmacy to also monitor for drug interaction issues
#3: Benefits

**Benefits** = Is the medicine working/helping with anything?

- May help reduce problems and/or improve functioning
- Benefit may be unclear if patient is on multiple medications
- Often helpful to get input from a family member or “observer” (e.g. teacher input) in addition to patient
Antipsychotic Treatment Benefits

- Safety concerns: self-harm, aggression
- Symptoms: rating scale
- Functioning: school/work/social
- Use of crisis services: emergency room
- Personalized goals
Tips

• Need baseline frequency and severity of behavior to assess response to a medication
• Assess timeline of medication treatment and response
• Consider if you are treating a chronic versus episodic condition
Adherence = taking a medication as prescribed

• Adherence often varies over a course of treatment
• Adherence is harder with medications that don’t have an immediate effect
Example: Reasons for Non-Adherence

- Side effects – “The medicine makes me feel like a zombie.”
- Stigma – “I’m tired of everyone thinking I’m weird and I need meds.”
- Feel better – “I don’t need it anymore.”
- Worries about addiction – “I don’t want to get addicted to drugs.”
Tips

• Reinforce accurate reporting over “compliance”
• Use telephone reminders, pill boxes
• Anticipate challenges (e.g. child lives in >1 household)
• Consider dosing at school during the week if more support is needed
• Actively monitor for side effects
Missed opportunities = problems that need non-medication intervention but may drive high dose treatment

• Issues are often associated with high stigma
• Patients may not disclose initially because of issues of trust
Examples: Common Issues

- Trauma (e.g. domestic violence, child abuse, bullying)
- Learning disabilities
- Illness of another family member
- Substance abuse
- Dysphoria about sexuality issues
• Re-assess the problem list periodically over treatment
• Seek input from patient and family
• Consider consultation or more formal testing/evaluation
• Obtain additional history regarding safety concerns
• Use strengths/coping strategies to assess underlying concerns
Discussion