DCF Psychotropic Medication Advisory Committee
Meeting Minutes
June 1, 2012
Solnit Center for Children, Middletown, CT.

PRESENT: David Aresco, Pharmacist; Amy Veivia, Pharmacist; Alton Allen, M.D.; Carlos Gonzalez. M.D.; Chris Malinowski, APRN; Jason Gott, Pharmacist; Lesley Siegel, M.D.; Brian Keyes, M.D.; Joan Narad, M.D.; Pieter Joost Van Wattum, M.D.; Fredicka Wolman, M.D.; Lee Combrick-Graham, M.D.; Ramesh Hemnani, M.D.

1. Call to order: Dr. Siegel called the meeting to order at 1:07pm.

2. Set date/time of next meeting: The next meeting is scheduled for September 07, 2012 from 1pm – 2:30pm; Solnit Center AB conference room.

3. Minutes: Review and approve minutes of the May 2012 meeting: Minutes approved with no changes. The process for appointment to the DSS P&T Committee was discussed. A Child Psychiatrist has now been approved to be added to the committee, and the CCCAP (Connecticut Chapter of Child and Adolescent Psychiatry) has nominated one of their members.

4. New members: Committee members introduced themselves to new committee members: Lee Combrick-Graham, M.D.; Ramesh Hemnani, M.D.

5. Old Business:
   - Drug-drug interaction (DDI) tool: Defer.
   - QT prolongation Drug list: Discussion included:
     i. Utilizing the University of Arizona list: this list is available on-line (QRDrugs.org). A current example of the list was distributed, described, and discussed regarding using this as a tool. It was noted that the definition of QTC prolongation is 500millisec. Congenital QTC prolongation is not defined. Noted congenital QTC abnormality prevelance is 1:10,000.
     ii. Torsades de pointes/sudden death: noted that the frequency of this event is virtually zero. Geodon was specifically discussed and it was noted that variations are within normal daily variations.
     iii. Noted that **polypharmacy** carries the greatest risk for QTC prolongation.
     iv. Recommend putting this link on the DCF Website; approved.

v. Machine “reading” vs cardiologist “reading” EKG was discussed. An article on the issue of routine EKGs was reviewed. The conclusion of the article was read and discussed. A suggestion was made to obtain an EKG on all patients via a pediatrician as a standard of practice. This was discussed and not recommended. Weighing of risk/ benefit ratio discussed.

vi. Routine checks by the pharmacy (of interactions and cardiac risks) at the time medications are dispensed as a double check on therapy was discussed. Noted patients would need to always use the same pharmacy for this to be effective.

6. New Business:

- Dr. Siegel announced that she and Dr. Hemnani will be attending the DC Conference “Because Minds Matter: Collaborating to Strengthen Management of Psychotropic Medications for Children and Youth in Foster Care”, sponsored by ACF, SAMHSA, and CMS. Dr. Siegel has been asked to present CT’s model on two panels- one on psychotropic medication consent, and the second on information sharing. A meeting announcement was distributed and discussed. This conference (paid for by the federal government and bringing together state leaders in child mental health, child welfare, and medicaid) is a result of the improved collaboration and development of best practice standards recommended by the GAO report to the Senate on 12/1/11. A particular interest of Commissioner Bryan Samuels is to increase trauma treatment and reduce the use of psychotropic medications in the foster care population (which is much higher than in both the general medicaid population and medicaid children/youth on SSI disability). A report on the meeting will be presented at the PMAC Sept. 2012 meeting.
- The comimittee discussed the article distributed prior to the meeting: “Rubin D, Matone M, Huang Y-S, dosReis S, Feudtner C, Localio R. Interstate Variation in Trends of Psychotropic Medication Use among Medicaid-enrolled Children in Foster Care. Children and Youth Services Review. Epub April 15, 2012. “ Dr. Siegel met with Dr. Rubin in Philadelphia to find out if CT could be added to their data set. Dr. Rubin explained that it would be quite cost prohibitive to add CT’s data at this point- possibly $80,000 due to the need to hire a researcher to work on this.

- The need to offer more trauma informed therapy in conjunction with, or possibly as alternative to psychotropic medications, was again discussed. It was noted that trauma screen has been added to the new MDE (Multi-Disciplinary Exam) which must be completed at a MDE Clinic within 30 days of out-of-home placement. Dr. Wolman stated that there is an RPF currently released regarding the MDE clinics.

- CMCU statistics: Dr. Siegel presented a report on CMCU statistics regarding current prescribing trends.
    - A hard copy of the report was distributed, reviewed and discussed. This Information is posted on-line: To get to the DCF web page Google ctdcf. On the right front of the page select the 5th item (Centralized Medication Consent Unit). CMCU statistics will be posted here. There will be pie charts showing stats for each quarter. This will include the percent of 465 forms that were approved, denied, modified, or had other action(s) taken.
    - The data shows that request for modification is up from 2% in 2010 to 29% in 2012. A consent is coded as "modified" after a discussion between a prescriber and a CMCU member which results in a change in the original request. Most of the time these modifications stem from clarifications about what was requested or suggestions from the CMCU to decrease the dose to the level approved by this committee, or decrease the number of overall medications (i.e. if they've requested starting a medication, we might suggest another one that could be stopped due to apparent lack of effectiveness).
    - A significant decrease in committed children is noted: 5,201 in 2007; 3351 in 2012. This is the result of an effort to increased services in the home vs. removing the child from the home.
    - Medication class per request discussed: noted that the “official” class of medication vs what the medication is actually being prescribed for is hard to determine.

7. Drug Information Inquiries in May (DEFER)

8. Other.
    - Dr. Van Wattum summarized a Grand Rounds at Solnit he gave at Solnit, which was also presented at the October AACAP meetings, was summarized. Using patients at the residential treatment center in Hamden where Dr. Van Wattum works, there was a 4 year effort to reduce medication use and/or simplify therapy. There were 131 children in the study.
    - Results:
        - Increased compliance
        - Use of antipsycotics decreased significantly. 24 children had no antipsychotics prescribed.
        - A small decrease in the use of ADHD medications
        - Many children went from 3-4 medications to 1-2 medications
        - Follow-up shows good results regarding efficacy
        - Cost savings of $250,000/year

    - Some medical therapy was also decreased (such as use of inhalers)
    - One complicated case described: patient on 7 psychotropic medications and 4 medical medications (total 11) reduced to 1 medication with successful follow-up.
- Expanding the PMAC oversight to include all medications (psychotropic and non-psychotropic) was discussed. Also, using medications as a substitute for treatment was discussed.

9. Adjournment: Dr. Siegel adjourned the meeting at 2:35pm.

Respectfully Submitted:
David S. Aresco RPh, FASCP