DCF Psychotropic Medication Advisory Committee
Monthly Meeting Notes
December 2, 2011 12:30PM

Riverview Hospital for Children and Youth
Middletown, CT.

PRESENT: David Aresco, Pharmacist; Patricia Cables, APRN; Curtis Harmon, APRN; Jacqueline Harris, M.D.; Naveen Hassam, APRN; Irving Jennings. M.D.; Monica Jensen, RN, MSN; Aurele Kamm, APRN; Brian Keyes, M.D.; Lesley Siegel, M.D.; Amy Veivia, Pharmacist; Chris Malinowski, APRN; Beth Muller, APRN; Joan Narad, M.D.; Margaret Rudin, APRN, Ph.D.; Pieter Joost Van Wattum, M.D.; Laurie Vander Heide, Psychologist.

1. Call to order: Dr. Siegel called the meeting to order at 12:37pm.

2. Set date/time of next meeting: The next meeting is scheduled for January 6, 2012 from 1pm – 230pm; RHCY AB conference room.

3. Minutes: Review and approve minutes of the November 2011 meeting: Approved with several changes. An additional article was reviewed at this time relating to the 6-month Drug Use Guideline Review. No actions recommended at this time.

4. A GAO report has been distributed and will be discussed in detail under agenda item 5. Noted that this report has been in the news recently.

5. AACAP Toronto Update and GAO Report:
   - Noted that a letter and press release relating to the GAO report was sent to AACAP.
   - Noted that a letter has been sent to parents relating to the GAO report.
   - There was much discussion regarding this topic. Discussion included:
     a. GAO is a watchdog organization for the Federal Government.
     b. A total of 5 states were included in the report. The report was based on an analysis of claims data.
     c. There were 2 child psychiatrists on the GAO report team and their testimony is on the AACAP website.
     d. Details of the GAO report were presented and discussed.
     e. Noted that CT standards are based mostly in the Illinois standards so CT is well positioned on this issue.
     f. Noted that ACF, GAO, SAMSA, and CMS are all looking at this data. These agencies will be meeting this summer to discuss issues such as monitoring.
     g. Noted that high medication use may be related to a lack of funding for alternative treatment modalities.
     h. Value Options has reported claims data for CT but included all

children/adolescents on Medicaid vs. only DCF clients.

i. Details of the CT reporting process were presented and discussed. CT has the same process as Illinois and CT results are equivalent to that shown in the 5 states in the GAO report.
j. The CMCU psychotropic Medication Use report was distributed and discussed.
k. Illinois system/process details described and discussed.
    i. Noted that the Illinois system is more complex that CT.
    ii. Consents are 6 months vs. one year (or when transferring). CT also requires reporting when medications are continued. Noted that changing to 6-month consent may be more efficient.
    iii. There is a preferred drug list similar to our DSS but it includes clinical information. The exception is in the inpatient setting where each facility has their own formulary.
    iv. PRNs are not authorized except in emergencies.
    v. Any change in dose requires a new approval.
    vi. A drug use consultation line is more available.
    vii. There is more caseworker involvement with drug therapy.
    viii. Generally there is a more stringent requirement for rationale for drug use (Bar is set higher for approvals).
    ix. There are technician resources available to review forms for completeness prior to review.
    x. The turn around time is longer that CT.
    xi. Noted that the GAO "Report Card" indicates CT meets standards.
l. Noted that there is a new DCF initiative: Staff will be educated to be more directly involved in care in an effort to decentralize authority. This would result in case workers having the ability to do more of the paperwork etc.
m. The pro's of an electronic health record (EHR) were discussed briefly.
n. Next steps for PMAC were discussed.
    i. Design a consent database. A database exists but it is difficult to aggregate the data. DCF IT is now working on this.
    ii. Medication classes to be reported were discussed. NIH classes were presented. Recommended that the NIH, NYU and CMCU medication use guidelines be placed on the DCF web site.
    iii. Questions arose regarding what PMAC would do with data once available. What questions need to be asked and answered and what actions would then be taken? GAO standards were suggested as a good starting point.
    iv. The committee was asked to consider GAO vs. NIH drug

classes for reporting purposes. Feedback on this issue would be appreciated.

6. New Business:
   a. Antipsychotic Treatment Among Youth in Foster Care: Pediatrics December 2011 article review: This was briefly discussed. Noted that congruent care may be over utilized on Ct compared to rates in other states. Outcomes seem to be equivalent.
   b. Department of Health and Human Services Letter of 11/23/2011: Noted that the more restrictive the level of care the more medication use increases. Noted that Ct is in line with national standards.
   c. CMCU data: DSS data was discussed. A consent vs. non-consent report was presented and discussed. The quality of care in Ct was discussed.

7. Drug Information Inquiries (November 2011)
   a. Follow-up from previous meeting: Review of current DCF PMAC position statement on Vitamin, Herbal, Mineral, and Nutritional Supplements: The broader discussion was tabled and a recommendation made to refocus on melatonin.
   b. Report on Drug Information Inquiries for November 2012: Defer.

8. OTHER: DSS P&T Meeting: Dr. Conrad was present at this meeting. She recommended that all psychotropic medications be represented on the DSS drug list. Noted that to be able to provide effective input at this meeting pre-meeting data needs to be provided to PMAC in a timely manner. This can be provided by Jason Gott.

9. Adjournment: Dr. Siegel adjourned the meeting at 2:13pm.

Respectfully Submitted;
David S. Aresco, RPh, FASCP