

DCF Psychotropic Medication Advisory Committee
Meeting Minutes
June 05, 2020, 1:00 PM

PRESENT via Video Conference: Amy Veivia, PharmD; David Aresco RPh; Paul Rao, MD; Dielka Brutus, APRN; Brian Keyes, M.D.; Irv Jennings, M.D.; Pamela Hetherington, M.D.; Lee Combrinck-Graham, M.D.; Beth Muller, APRN; Roumen Nikolov, M.D.; Carissa Patsky-Pomerleau, MD; Nicole Taylor, M.D.; Margaret Rudin, APRN, PhD

1. The meeting was held remotely; Dr. Rao called the meeting to order at 1:06pm.
2. The next meeting is scheduled for June 26, 2020 from 1pm – 2:30pm as a remote meeting.
3. The minutes of the April 3, 2020 meeting were reviewed and tentatively approved with minor edits.
4. Announcements: NONE
5. Old Business:
 - 465 Medication Request Form: DEFER

6. New Business:

Literature was distributed and discussion held around the following topics:

- i. QTc prolongation risks with ziprasidone were discussed, including whether EKGs at baseline are necessary; no changes were recommended to the monitoring protocols:
- ii. Risks of weight gain/obesity with short -term and long-term SSRI treatment.
- iii. Risks of weight gain/obesity with antihistaminic agents (hydroxyzine, diphenhydramine) and trazodone.
- iv. Rates of obesity in foster youth.

Telehealth experiences and coordination of care challenges in the current climate:

- i. A document prepared by Beth Muller, APRN was distributed. The committee reviewed the document in detail covering the following subjects as they relate to telemedicine: Patient Care, Workflow, IT issues, Documentation and Training. There was considerable discussion featuring the following themes:
 - a. General effectiveness of telemental health interventions, interagency variability in implementing the technology, and the familiarity and comfort level of families using the technology. Access to care issues, including access to broadband services was highlighted.
 - b. Drastic changes in a short period of time have resulted in a steep learning curve for providers

- c. Difficulty of conducting clinical work such as psychotherapy, with basic disruptions to aspects of the therapeutic frame. Difficulties with non-verbal aspects of care using telehealth technology.
 - d. Challenges in obtaining reimbursement for telehealth services.
 - e. Administrative decision-making at higher levels regarding telehealth services from people without medical backgrounds
- ii. It was suggested that PMAC draft a document that includes recommendations to senior members of administration within DCF and other relevant public agencies about the uses of telehealth as well as challenges that may be expected with reopening of businesses and potential return to in-person delivery of mental health care. Dr. Rao asked community providers who are engaged in direct clinical work to submit comments and feedback that could be included in a statement from PMAC.

The following action plan was approved:

- o Community (or non-DCF) providers are asked to send comments either affixed to Beth's outline, or independently, that detail their thoughts/vision about what should and should not occur with respect to re-opening mental health services, as well as what has and hasn't worked about telehealth mental health services. These can be sent to Amy, Dr. Rao and Dave.
 - o Once feedback is received, a document can then be forwarded to the leadership at relevant state agencies
 - o The committee agreed to meet over the summer and the next meeting will be 6/26/20 at 1 pm to discuss progress thus far.
5. Other as time allows: A recommendation was made and approved to remove the drug list decision history from the from the DCF PMAC/CMCU Website as it has not been regularly updated..
6. Dr. Rao adjourned the meeting at 2:25PM.

Respectfully submitted: David S. Aresco Consulting Pharmacist