Behavioral Health Partnership Oversight Council

HUSKY Quality Management, Access & Safety Committee

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Chair: Dr. Davis Gammon
Co-Chair: Robert Franks

Meeting Summary: Feb. 18, 2011
Next Meeting: March 18, 2011 @ 1 – 2:30 PM at VO, Rocky Hill.

ValueOptions CTBHP Pharmacy report

FINAL SUMMARY OF BEHAVIORAL HEALTH

ValueOptions (VO) ASO contract includes the requirement to aggregate BH pharmacy use in semi-annual reports that began after Feb. 2008 when HUSKY pharmacy was 'carved-out' from managed care organizations to the DSS Preferred Drug List (PDL), creating a single pharmacy data source. The first VO report covered 5 months from Feb.3, 2008 thru June 2008. This report covers four six-month intervals from ***2-1-08 to 12/31/09***. Subsequent to the first 2008 report, recommendations from the DCF Medical Directors, CORE, CTBHP Agencies' Clinical Operations Committee and the BHP OC were incorporated into the recent report content and format. (*Slide 3)* shows the report changes made.

Highlights of this descriptive utilization report and conclusions about pharmacy use by children (by age, gender, DCF status) and adults (by age, gender) include the following:

- ✓ (*Slides 5-8)* show the HUSKY A population increases for children (9.3%) and adults (21%) between 1Q 08 and 4Q 09. HUSKY youth BH medication utilizers (at least one BH med) increased 24.3% from 1Q08 – 4Q 09 and adult BH meds utilizers increased 30.8% from the 1-2Q 08 to 3-4Q 09. *The increased BH medication use exceeds enrollment growth alone; the BH med rate increase is twice that of the enrollment rate increase.*

- ✓ *(Slide 11)* General assumptions are that children use more BH meds than adults; however 55% of HUSKY med utilizers are adults (34% of the HUSKY A enrollees). *Consider that the number of infants/very young children would not be prescribed meds; removing them from the denominator may lead to different utilization pattern in children versus adults.*

- ✓ *(Slides 13-20)* look at enrollment/BH med use by gender. VO o*bservations made:*

- *Differences in HUSKY youth enrollment by gender is slightly different (>males than females); however in HUSKY youth 0-18 years the number of male utilizers is 40% greater than the number of female utilizers. Dr. kant suggested this may be related to stimulant prescriptions primarily for males that have a higher prevalence of ADHD diagnosis than females*
- *75% of the HUSKY A adult members are female; 85% of BH meds are female. Dr. Kant said these adults are members as parents of the enrolled children.*

✓ *(slides 21-24)* About 4 % of HUSKY A children are "DCF involved" (includes child welfare as well as voluntary services, dually committed, juvenile Justice, etc) and have a disproportionate use of BH meds than non-DCF children. DCF youth have a 3 fold increase in BH med use compared to non-DCF youth.

- *(Slides 25-28)*: over 50% of all HUSKY A youth BH med utilizers are prescribed stimulants and ~ 30% are on antipsychotics.
- *(Slides 34*-35): Of the most frequently used BH meds for DCF –involved youth, atypical antipsychotics meds range from 8-11% compared to 3-7% for non-DCF children.

✓ Young adults (19-25) and adults have similar BH med use profile with antidepressants and anti-anxiety meds the two highest therapeutic class of meds used.

✓ Slides 37-48 identify the top meds associated with the highest expenditure for DCF youth compared to non-DCF youth and adults.

Maria Bradshaw, Founder Casper, New Zealand that focuses on Suicide Prevention & Reduction In New Zealand and Ablechild's new affiliated organization in New Zealand joined the group with Sheila Matthews (AbleChild). Ms Bradshaw is visiting the US to view USA structure of pharmacy data collection and training & research for Informed Consent with a goal to implement and follow USA lead to achieve Black Box Suicide Warning status in New Zealand. Ms. Bradshaw's son Toran, a grammar school student, took his life March 2008.

Discussion focused on drug safety for children (US has black box warning that Ms. Bradshaw would like to see adopted in New Zealand). Often drugs for children are 'off label'; there is a small number that FDA approved but most come under standard practice and guidelines. Some scripts may be outside the standards of care. DCF Psychiatric Medicaid Advisory Committee (PMAC) has identified guidelines for medication approval by DCF medical staff (not case workers). Prescribing providers for DCF children must get DC F approval in addition to DSS pharmacy approval. VO would like to produce reports on drug scripts by type of provider (i.e. psychiatry vs. primary care). Other questions related to State data on the prevalence of child/youth suicide by gender and required toxicology screens of prescribed drugs by the medical examiner.

Discharge Delay Days Summary 2009 vs. 2010: VO

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VO tracks inpatient discharge delays (inpatient care beyond medical necessity) primarily because the requested level of care is unavailable and/ or the youth cannot return home and is waiting for special living arrangements. Of all instate inpatient network days, 15% of days represented discharge delay days (DD) in 2009 that increased to 18.1% in 2010. Contrast this to all out-of-state hospitals (OOS) DD days, 20% of inpatient days were DD days in 2009 with a 2010 projected rate of 41%. Further look at this data showed the % of DD days is 14.5% to 32 % (2010) when two OOS hospitals are excluded from the data. Hampstead and Bradley hospitals have DD days that represent 31% of inpatient days; this has increased to 57% in 2010 projected data. These hospitals are specialty hospitals that serve children with serious mental health diagnoses often accompanied by co-morbidities of developmental delays.

VO has taken steps to address this significant increase in DD days with regular team meeting with these specialty hospitals, and with CCMC that has sent children directly from the ED to these hospitals. VO continues to work with CT inpatient providers to identify the reasons for the increase in DD after a reduction with hospital incentive initiatives. There is concern that children are in more restrictive care settings for longer periods of time beyond medical necessity, especially in OOS hospitals. The Committee and the BHP OC will continue to monitor the discharge delay days and number of cases with VO.