Behavioral Health Partnership
Oversight Council
Coordination of Care Committee

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The Subcommittee will work with DSS, DCF, ValueOptions and the HUSKY plans to identify and monitor key issues in ensuring coordination of HUSKY member behavioral health care benefits with the benefits that remain the responsibility of DSS/ health plans. Health Plan responsibility includes primary care, specialty care and transportation services. DSS is responsible for pharmacy services starting 2/1/08 and dental services 9/1/08.

Co-Chairs: Maureen Smith & Sharon Langer
Meeting summary: FEBRUARY 23, 2011
Next meeting: March 23 1:30-3:30 PM

ValueOptions: CTBHP Child/Adult Pharmacy Report

COORDINATION OF CARE COMMITTEE MI

A presentation by Dr. Steven Kant was given, focusing on the HUSKY behavioral health pharmacy data from 2/1/08-12/31/09. The data is reported semi-annually. The main purpose of this presentation is to compare HUSKY data such as membership and medication utilizers. The data is displayed to note and discuss specific issues, and what can be done to resolve and hopefully eliminate these issues.

Membership:

According to data in the power point presented, the HUSKY program is 1/3 adults. There was no explanation as to why the adult membership increased 21% between Q1 '08 and Q4 '09, however, Sharon (CT Voices Co-chair) suggested that this can be due to the parents having health coverage through their job, but not depending coverage. Adding to this, she also suggested that a parent may have lost a job and is now on HUSKY, causing the membership rate to increase. There is a 2:1 ratio between adult and youth members. Although twice as many kids are enrolled, there are more adults utilizing meds than kids.

One of the issues with the membership data is that it did not show youth and adults who are in treatment.

Medication Utilizers:

One of the biggest issues discussed in the meeting was the data on medication utilizers. Although there is an equal amount of boy and girl members, the data presented showed that there is a 2:1 ratio between boys that are on meds and girls that are on meds. The uses of stimulants are used more for boys than girls.

The data was further broken down to the types of drugs used and the percentages of HUSKY

members that use them. This data showed that stimulants are used most by HUSKY youth (0-18yrs), followed by antipsychotic/antimanic agents. HUSKY young adults (19-24yrs), along with HUSKY adults (25+ yrs), use antidepressants more than any other drug, followed by anti-anxiety agents.

Furthermore, the data also compared the different types of drugs prescribed to DCF-involved youth, as opposed to non DCF-involved youth. Data concluded that the medications vary. One of the issues is determining why there is a difference; is it different because of the child, or is it different because of the prescriber? The answer is unknown, for now.

Comments:

Michelle Chase (family advocate) commented that the state does not look at preventative services, especially when it comes to the unnecessary disparities between White children and African American children. Steven Kant concurred stating that health care has been oriented to an acute care model. Doing that for health care and well-being is not appropriate. There needs to be integrated care. Sharon added to this stating that this data can only get you so far; to take note of trends and determine the next steps.

Steven Kant noted that there are typical (original) medications that can be used, and a-typical (created after original). Most stimulants prescribed to HUSKY members, he stated, are off label, meaning the FDA has not identified the medication because the pharmacy has not tested it. These medications, he added, are frequently used however.
It was questioned by Michelle Chase if that means that the drug is not safe.
Dr. Kant addressed the questioned stating that there are different levels of FDA approval; there are peer review literatures that duplicate studies that have been done. It becomes an evidence based prescription. Although there is no FDA approval, it does not mean that there is no literature behind the drug.

Sharon added that ages should be included in this data on medication utilizers. The number of kids on specific meds, and the number of meds each child is on should also be included for more precise data.

Michelle Chase commented that meds can cause serious issues with children and their development.

Kant responded by stating that integrated care is what is best to monitor what is being prescribed and to determine if it is best. It is a health care initiative to pay attention. There are different views but many do not understand that there are many risks in not doing it.

Maureen Smith stated that it is important to look at the data that will be executed on April 1st, 2011 to begin looking at services for lower income populations.

Goals:

Before the next set of data is released in six months, Kant wishes to accomplish the following:

-Rational prescribing (the main goal)
-Determining who is prescribing and if he/she is following pre-med guidelines
-Quality of what is done (looking at lab data)
-Become informed of how meds are used/prescribed in other states to define a standard
-Go from a high level to a street level-collect data on an individual basis

Next Meeting:

March 23, 2011