

Iowa Medicaid DUR Mental Health Advisory Group Meeting Minutes July 15, 2011

Attendees:

Commission Members

Bruce Alexander, R.Ph., Pharm.D., BCPP; Terry Augspurger, M.D.; Kevin Took, M.D.; Charles Wadle, D.O.; and Samuel Kuperman, M.D.
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Staff

Pam Smith, R.Ph.

Guests

Susan Parker, Pharm.D., DHS; Jason Kessler, M.D., IME, and Melissa Biddle, IME.

Welcome & Introductions

Pam Smith called the meeting to order at 8:09 a.m. at the Iowa Medicaid Enterprise. Commission members and guests were welcomed and introduced.

The minutes from the December 10, 2010 meeting were approved. (Motion by Dr. Took, second by Bruce Alexander, unanimous approval by voice vote.)

Psychotropics in Children

Dr. Wadle presented a PowerPoint presentation on the use of psychotropics in children, in hopes that the Advisory Group could offer ideas on specific areas of concern, threshold screenings, or suggestions for possible interventions. After reviewing the slides, the Commission felt that the findings for those ages 5 and below should be examined more closely. It was also suggested that a child within the foster care population be paired with one of the same age not in the foster care system in the same region for comparison. The goal of this analysis is to identify outliers, and also to reassure the public that psychotropics are not being over-prescribed to children. Dr. Took would like to send out letters to contact the prescribers using Atypical Antipsychotics for those ages 5 and under to establish reasoning, diagnosis, and their specialty, and urge them to use medications that are FDA approved for that use. It was pointed out that there aren't that many child psychiatrists in Iowa, so they're likely going to be receiving many letters apiece, which will not promote compliance in response. Thus, it was advised that the threshold be raised to 2 or more medications with any overlap of 91 days or more, or 2 or more prescribers within 6 months. Dr. Kuperman suggested that claims for **TCAs** (also for that same age range of 5 and under) be pulled in addition to the Atypical Antipsychotics, to address the more dangerous medications first. In the future, the parameters could be expanded to include other drugs, but this would keep results and correspondence to a reasonable volume. Dr. Wadle plans to distribute the findings electronically to the other committee members, and perhaps then request input from them for how best to address the outliers.

The meeting adjourned at 8:59 a.m. (1st by Dr. Wadle, 2nd by Dr. Took.) The next meeting has not yet been scheduled.

