

Improving Psychotropic Medication Use Among Children in Foster Care

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KEY HIGHLIGHTS

- Inappropriate use of psychotropic medications among children enrolled in Medicaid, especially those in foster care, is a serious concern among policymakers and state Medicaid programs.
- Amerigroup Georgia, through its psychotropic medication monitoring program, has worked closely with providers to reduce the number of prescriptions filled for children in foster care.
- From 2014 through 2017, the plan lowered the number of prescriptions filled per 1,000 children in foster care by 3 percent for all psychotropic medications and by 8 percent for antipsychotics.

Overview

Psychotropic medications can be an important treatment option for children with serious emotional disturbance, helping a child (and their family) manage those conditions and thrive in the community. However, overuse of these drugs in children can be dangerous.

Antipsychotic medications can help an individual think clearly, feel organized and calm, and reduce fearful thoughts; antidepressants can help reduce feelings of sadness and anxiety.¹ But, psychotropic medications, particularly antipsychotic drugs, have significant short- and long-term neurological, cardiovascular, and metabolic side effects.² Research has shown that second-generation, or atypical, antipsychotics increase the risk of weight gain and metabolic disorders that can lead to Type 2 diabetes, obesity, and cardiovascular issues such as heart disease.^{3,4,5} They can also cause clinically significant reductions in adult height and adverse effects on the endocrine system.⁶

Concerns about potentially inappropriate rates of psychotropic drug use among children, especially children in foster care, have spurred federal and state efforts to ensure more appropriate delivery of care and services. Medicaid managed care organizations (MCOs) have been partners in developing and implementing solutions. For example, the Amerigroup Georgia health plan, as discussed in this paper, has taken steps to change prescribing patterns to improve the health and wellbeing of children in foster care.



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What Are Psychotropic Medications?

Psychotropic medications refer to those drugs that, “when taken in or administered into one’s system, affect mental processes, e.g. cognition or affect.”⁷ Psychotropic medications are typically categorized into several families of drugs, based on the type of condition treated including typical and atypical antipsychotics, antidepressants, anti-obsessive agents, anti-anxiety agents, antipanic agents, mood stabilizers, and stimulants.⁸ Antipsychotic medications were originally approved to treat adults; only five atypical antipsychotic medications have been approved by the Food and Drug Administration (FDA) for use by children, and for only a few conditions (bipolar disorder, schizophrenia, and irritability associated with autism).^{9,10}

Overprescribing Among Children Enrolled in Medicaid

Studies show that children, adolescents, and young adults (“children”) in foster care enrolled in Medicaid are more likely to be prescribed psychotropic medications than are children enrolled in Medicaid who are not in foster care. This places them at greater risk for negative health outcomes.



Children qualifying for Medicaid due to child welfare status had **twice as many psychotropic drug claims** as children qualifying for Medicaid for other reasons.

An analysis conducted by the Medicaid and CHIP Payment and Access Commission (MACPAC) found that approximately 25 percent of children under age 21 who qualified for Medicaid due to child welfare status (which includes children in foster care, under legal guardianship, and in adoption situations) used psychotropic medications.¹¹ In comparison, only 5 percent of children under age 21 who qualified for Medicaid for reasons other than disability or child-welfare status were prescribed psychotropic drugs.¹² MACPAC also found that children qualifying for Medicaid due to child welfare status had twice as many psychotropic drug claims (16.0 claims per child) than children who qualified for Medicaid for reasons other than disability or child-welfare status (8.1 claims per child).¹³

Correspondingly, Medicaid fee-for-service (FFS) spending on psychotropic medications for children qualifying for Medicaid due to child welfare status was 115 percent higher per child per year compared to spending for children who qualified for Medicaid for reasons other than disability or child-welfare status.¹⁴

According to the Centers for Medicare & Medicaid Services (CMS), approximately 75 percent of all antipsychotic prescriptions written for children enrolled in Medicaid are for off-label use—typically for attention deficit hyperactivity disorder (ADHD) and aggressive behavior.¹⁵ This raises concerns about the appropriateness of the use of psychotropic medications especially if these medications are used in lieu of therapeutic services—such as behavioral therapy, psychotherapy (also known as “talk therapy”), or play therapy—where children are able to learn important coping and self-regulation skills.

A review of antipsychotic drug use among children enrolled in Medicaid conducted by the Office of the Inspector General (OIG) found quality of care concerns in roughly two-thirds of all claims reviewed, often identifying multiple concerns with a single claim.¹⁶ Concerns included poor monitoring (53 percent), wrong prescription for the condition (41 percent), too many drugs prescribed (37 percent), drugs taken too long (34 percent), wrong dose prescribed (23 percent), drugs prescribed to children too young (17 percent), and presence of side effects (7 percent).¹⁷ Furthermore, OIG also found that 34 percent of children prescribed a psychotropic medication did not receive treatment planning or monitoring.¹⁸

Amerigroup Georgia's Psychotropic Medication Management Program

The Amerigroup Georgia health plan is the single statewide Medicaid MCO serving children in foster care through the state's Georgia Families 360° program. An analysis of the program's enrollees when it launched in 2014 found that approximately one-third of the 26,000 children enrolled were prescribed at least one psychotropic medication.¹⁹



Amerigroup Georgia's program targets potentially inappropriate prescribing and use patterns and intervenes to **improve decision-making and the delivery of care.**

Given the importance of monitoring psychotropic medication use among children in foster care, Amerigroup Georgia developed and deployed a critical intervention to improve the prescribing and use of psychotropic medications among Georgia Families 360° enrollees.²⁰ The overall goal of the program is to work collaboratively with providers to improve the appropriateness of prescribing and the health outcomes of children.

The health plan modeled the intervention after best practices from other state initiatives and leveraged its own capabilities such as access to data on prescribing patterns, provider relationships, and understanding of each child's needed services and supports. The program engages providers through data and information sharing as well as extensive training and consultation.

Amerigroup Georgia's program targets potentially inappropriate prescribing and usage patterns and intervenes to improve decision-making and the delivery of care. In particular, the program seeks to improve medication adherence, detect and reduce adverse drug events, monitor and reduce patterns of overuse, and provide frequent and routine outreach for high-risk children in foster care.²¹

The health plan uses claims data to identify children and their prescribing physicians, with respect to the following clinical and safety issues:²²

- Lack of or poor adherence to prescribed medications and dosages
- Prescriptions for psychotropic medications from multiple prescribers
- Prescriptions for more than two psychotropic medications
- Prescriptions for the maximum dosage of psychotropic medications
- Use of psychotropic medications in children under age 4
- Therapeutic duplication
- Drug-to-drug interactions
- Use of atypical antipsychotics
- Children with an identified need for behavioral therapy in addition to medication but who aren't receiving it

On behalf of those children who are identified as at-risk based on the criteria above, the health plan conducts outreach to their prescribers through routine alerts, educational materials and letters, and peer-to-peer consultation calls as needed.²³ The recommendations shared by the health plan with providers through this outreach are designed to assist the provider in making clinical and prescribing decisions based on the most recent medical evidence.



Three years after its launch, the Amerigroup Georgia program lowered the number of antipsychotic prescriptions filled per 1,000 children in foster care by 8%.

Figure 1
Psychotropic Medication Prescriptions Filled Among Children in Foster Care
(Per 1,000 Children)

Unlike other approaches to manage psychotropic medication use, the health plan does not restrict or deny children’s access to these medications.²⁴ Providers have the option to accept or ignore these recommendations; they are encouraged to adjust their prescribing habits, but the program does not infringe on the prescriber’s decision-making or clinical practice. Instead, the program makes recommendations and gives providers tools and support to help them change their prescribing practices on their own.

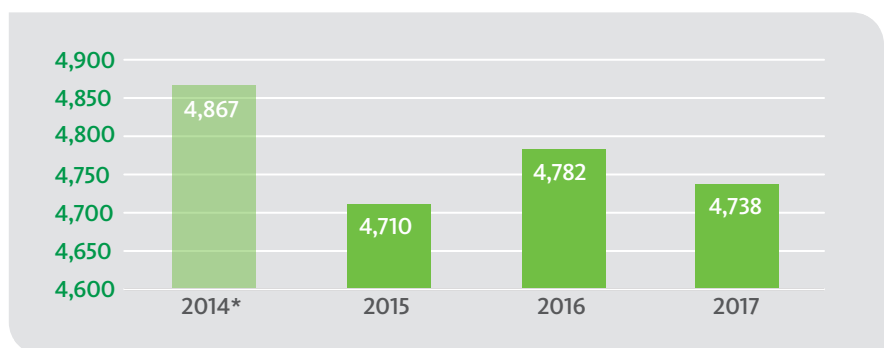
The program seeks to influence two aspects of prescriptions for psychotropic medications: adherence and safety. With respect to adherence, the health plan typically notifies providers when medication regimens are not being followed. Regarding safety, the health plan alerts providers with respect to issues such as the number of prescribed medications, number of prescribers, and duplicative prescriptions.

Results from Amerigroup Georgia’s Program

Amerigroup Georgia’s psychotropic medication management program reduced the use of psychotropic medications among children in foster care.

Compared to its first year in 2014, the program lowered the number of prescriptions filled per 1,000 children in foster care by approximately 3 percent by the end of 2017.^{25, 26} (Figure 1)

Notably, compared to 2014, the number of prescriptions filled per 1,000 children in foster care in 2017 was 8 percent lower for antipsychotics, 2 percent lower for anti-anxiety medications, and 1 percent lower for ADHD medications. Use of antidepressant medications stayed about the same. These findings are likely conservative because they compare a full year of data in 2017 to only nine months in 2014.



Source: Claims data from the Amerigroup Georgia health plan. Prescriptions filled per 1,000 children in foster care include ADHD medications, antidepressants, antipsychotics, and anti-anxiety medications.

* Indicates years with partial data. Data for 2014 reflect claims from April through December.



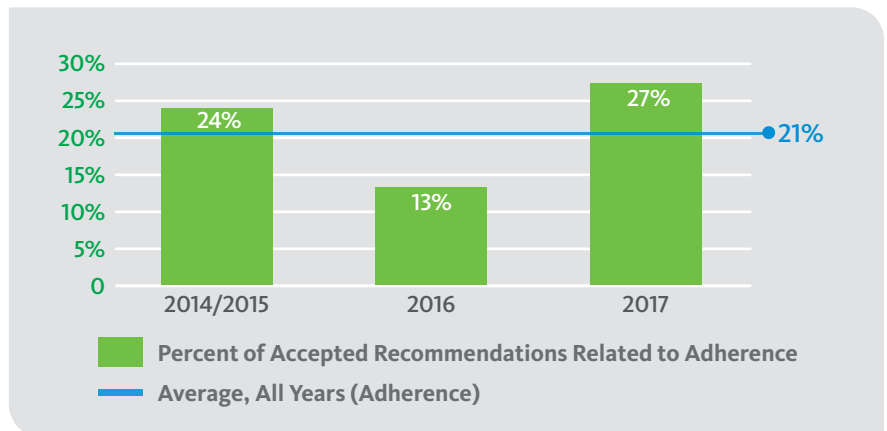
Overall, providers followed the guidance communicated by the health plan and took steps to **improve medication adherence or change prescribing practices 32% of the time.**

These findings—suggesting the program lowered rates of psychotropic medication use among children in foster care—are substantiated by the results showing engagement of providers in the intervention via significant take-up of the program recommendations.

Combining data for both adherence and safety recommendations from 2014 through 2017, providers accepted 32 percent of the recommendations communicated by the health plan—meaning the providers took steps to improve medication adherence and/or made changes to their prescribing practices about one-third of the time.²⁷

Looking only at recommendations related to improving adherence to current medications, providers followed the guidance provided by the health plan and took steps to improve medication adherence roughly one-fifth (21 percent) of the time. (Figure 2) Specifically, prescribers accepted approximately 27 percent of recommendations concerning adherence to atypical antipsychotics, about 21 percent of recommendations for amphetamine medications, and 20 percent of recommendations related to selective serotonin reuptake inhibitors (which are a class of antidepressant drugs commonly used to treat major depression and anxiety disorders).²⁸

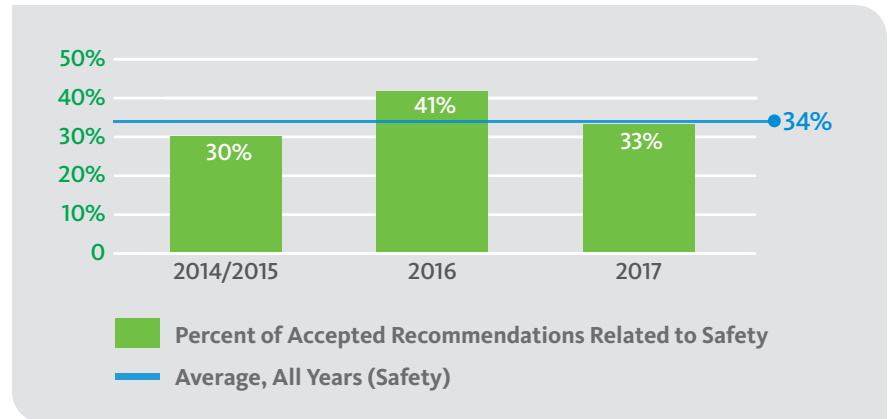
Figure 2
Overview of Changes in Prescribing Practices Related to Adherence



Source: Data from Amerigroup Georgia health plan and its vendor partner Express Scripts, Inc., using SinfoniaRx. The 2014/2015 bars reflect the period of April 1, 2014 through December 31, 2015. Given the program's April 1, 2014 launch, partial year data for 2014 was combined with 2015 data to provide more comprehensive insight into the early impact of the program as it got off the ground.

Over one-third (34 percent) of safety-related recommendations were accepted by providers through 2017—reflecting meaningful changes in prescribing behaviors.²⁹ (Figure 3)

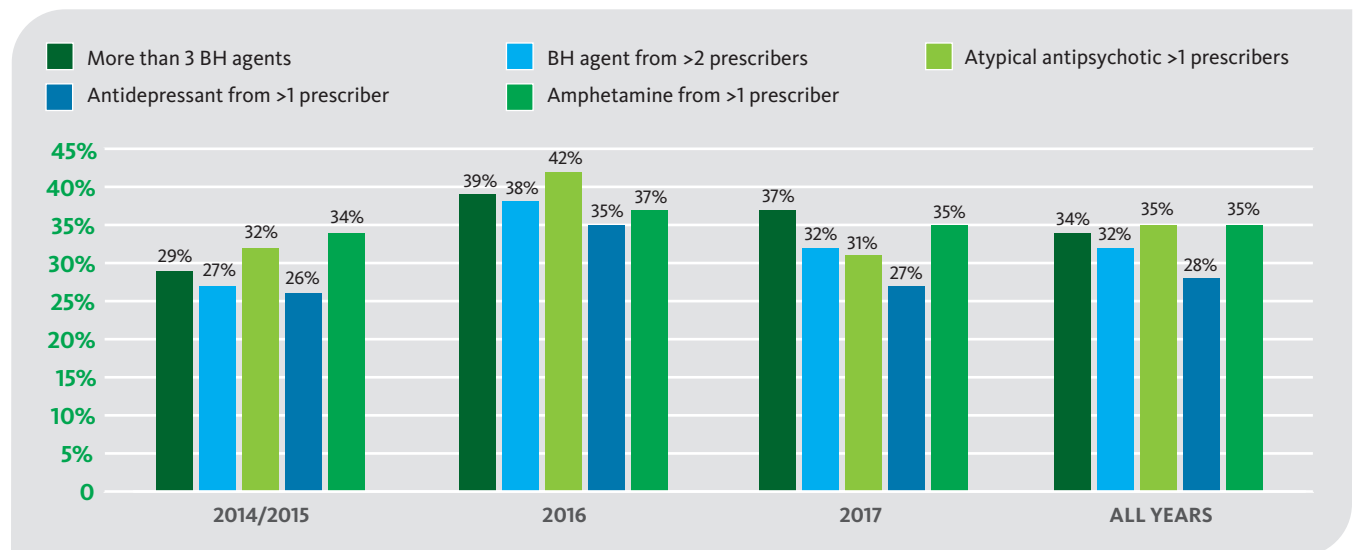
Figure 3
Overview of Changes in Prescribing Practices Related to Safety



Source: Data from Amerigroup Georgia health plan and its vendor partner Express Scripts, Inc., using SinfoniaRx. The 2014/2015 bars reflect the period of April 1, 2014 through December 31, 2015. Given the program's April 1, 2014 launch, partial year data for 2014 was combined with 2015 data to provide more comprehensive insight into the early impact of the program as it got off the ground.

Figure 4 shows the acceptance of selected safety-related recommendations.³⁰ More than one-third of providers took steps to improve prescribing practices with respect to: prescriptions of an atypical antipsychotic from more than one provider (35 percent); prescriptions of an amphetamine from more than one provider (35 percent); and prescriptions for more than three behavioral health (BH) agents (34 percent).

Figure 4
Percent of Safety Recommendations Accepted by Providers, by Select Measures



Source: Data from Amerigroup Georgia health plan and its vendor partner Express Scripts, Inc., using SinfoniaRx. The 2014/2015 bars reflect the period of April 1, 2014 through December 31, 2015. Given the program's April 1, 2014 launch, partial year data for 2014 was combined with 2015 data to provide more comprehensive insight into the early impact of the program as it got off the ground. The health plan did not start tracking data for the measure "More than 3 BH agents" until July 1, 2015.

Conclusion

It is incumbent upon payers and providers to work together to ensure that all children enrolled in Medicaid—and especially those in foster care—are prescribed psychotropic drugs appropriately.

Finding ways to better manage the use of psychotropic medications represents an investment in the near- and long-term health and wellbeing of children. Amerigroup Georgia's psychotropic medication management program has not only improved the delivery of care for children in foster care but also their experience. Building on these positive results, the health plan expanded the program to all other children enrolled in Medicaid in Georgia, and it has also been introduced by Elevance Health-affiliated Medicaid plans in other states.

Through approaches like Amerigroup Georgia's psychotropic medication management program, MCOs are innovative and accountable partners to states in improving the health and wellbeing of children enrolled in Medicaid.

Endnotes

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- ²⁰ The Amerigroup Georgia health plan implements the psychotropic medication management program in partnership with an outside vendor, Express Scripts, Inc., using SinfoniaRx.
- ²¹ Program information from the Amerigroup Georgia health plan.
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- ²³ Ibid.
- ²⁴ Interview with Amerigroup Georgia health plan subject matter expert (October 18, 2016).
- ²⁵ Data from the Amerigroup Georgia health plan, October 18, 2018. Prescription fills include both initial fills and refills.
- ²⁶ In 2018, based on partial year data (all claims through June), the number of psychotropic medication prescriptions filled per 1,000 children in foster care was 4,486 scripts per 1,000. This represents an eight percent decrease in the number of scripts filled per 1,000 compared to the first year of the program (4,867 scripts filled per 1,000).
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