

Background

Supported by the Agency for Healthcare Research and Quality (AHRQ) since 2005, the MMDLN, as an integrated national resource, seeks to advance the health of Medicaid patients in over 40 member States and across the Nation while best stewarding available resources. The Network is focused on the development and use of evidence-based medicine, measurement and improvement of health care quality, and the redesign of health care delivery systems.

The increased use of antipsychotic (AP) medications present quality and value challenges for payers, patients, and clinicians. These challenges occur in the context of widespread need for mental health services for children and adolescents who face a variety of barriers to mental health evaluation and treatment.

In response to these concerns, this brief is a follow-up to the MMDLN's *Antipsychotic Medication Use in Medicaid Children and Adolescents: Report and Resource Guide From a 16-State Study*, from 2004-2007 which can be found at:

(<http://rci.rutgers.edu/~cseap/MMDLNA/PKIDS.html>). Please reference this guide for variable definitions.

Methods

The rates of AP medication use in nine of the 16 original States were defined and calculated similarly to the 16-State study. However, Maine and Pennsylvania used a slightly different AP medication list than the other seven States.)

- Calculated by dividing the number of medication users by the total populations each year (e.g., more than 1 month eligibility).
- Based on the 2008-2011 calendar year, we calculated the minimum, maximum, and median for the nine States in order to examine trends.

Comparing calculations between this 9-State study and the 2004-2007 16-State study is not possible due to the absence of several large State populations. However, States with significant changes were asked to feature their programs, practices, and policies alongside the reported outcomes.

In 2011, we assessed antipsychotic (AP) medication and mental health drug (MHD) utilization in Washington State's Medicaid Fee-For-Service program (383,162 enrolled children/adolescents). Key findings and trends are discussed below. Arrows indicate an increase or decrease in use from 2008-2011.

Key findings from AP medication use in Washington in 2011

Among Medicaid enrolled children/adolescents, AP medication users compose:

- 1.1% (4,286) of all enrolled children/adolescents (N=383,162) ↓
- 0.1% (115) of all enrolled children ≤ 5 years old (N=138,669) Same ↔
- 6.2% (761) of all enrolled foster care children/adolescents (N=12,261) ↓

Of the AP medication users:

- 0.3% (13) are at or above a maximum dose (i.e., Texas's foster care prescribing parameters) (N=4,259) ↓
- 16.8% (629) are prescribed multiple AP medications (≥2) (N=3,737) ↓
- 32.5% (1,216) have a >20-day gap in supply (N=3,746) ↓

Key findings from MHD use in Washington in 2011

- 6.4% (24,654) of children/adolescents enrolled in Medicaid were taking a MHD (N=383,162) ↑
- 14.1% (2,764) of users take multiple MHDs (≥4) (N=19,630) ↓

Washington is taking a number of different approaches to improve the appropriate use of AP medications and MHDs:

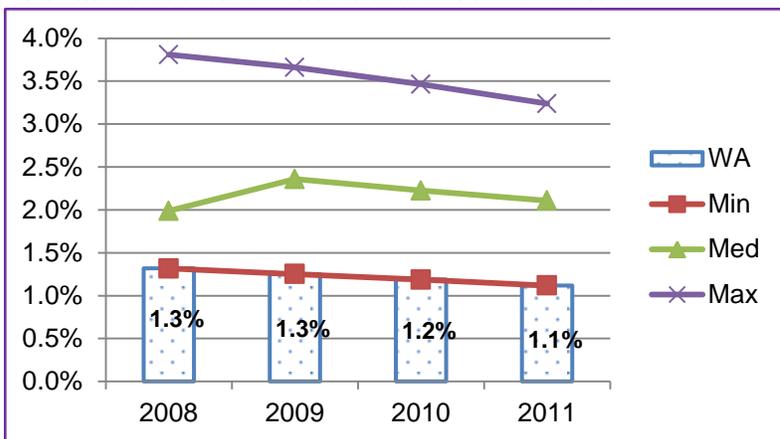
- Alpha agonists – WA is engaging the community in safety stops for two or more concurrent alpha-agonists (Too Many) and high dose alpha-agonist (Too much) as these are frequent contributors to the MHD poly-pharmacy.
- Adherence – WA is conducting a chart review of high risk children and adolescents to determine reasons for poor adherence.
- Foster Care use of AP medications – WA is developing a parent and family decision aid to promote informed decision making as to the risks and benefits of appropriate AP medication treatments.
- Variation in Care – WA currently provides feedback reporting to adult mental health prescribers (Too Much, Too many and adherence). The WA Children's Administration will work with Medicaid on feedback reports to prescribers of foster care clients to ensure safe and effective prescription use.
- Increase Value – WA is working with the community to determine how to measure evidence based practices (EBP) in mental health services and how to better match those EBP to the needs of children in foster care.

AP Medication and MHD Use by Age in 2011

Age Years	All AP Users		All MHD Users	
	WA	9-State Average	WA	9-State Average
0-5	0.1%	0.2%	1.2%	1.8%
6-11	1.2%	2.3%	8.4%	9.4%
12-18	2.1%	4.4%	10.2%	13.8%

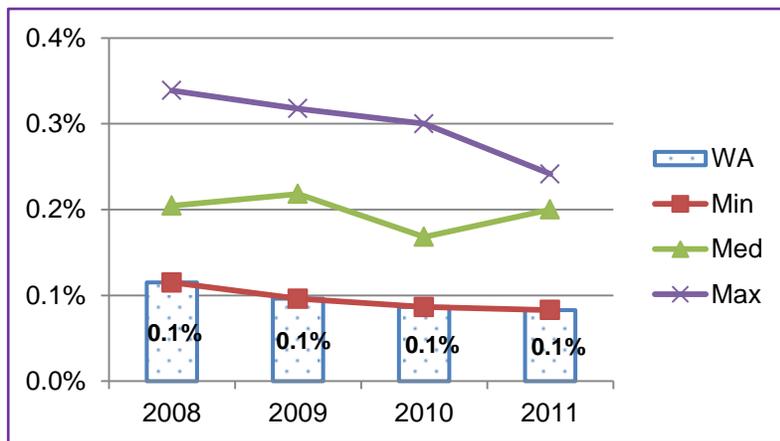
Compared to the 9-State average, Washington had lower rates in 2011 for both AP medication and MHD use. Similar to the 9-State average, the number of users in Washington was higher for older children/adolescents.

AP Medication Use in Children/Adolescents



Washington had the lowest percentage of children/adolescents using AP medications compared to the other eight States. Overall, Washington's rates on this measure decreased slightly between 2008 and 2011.

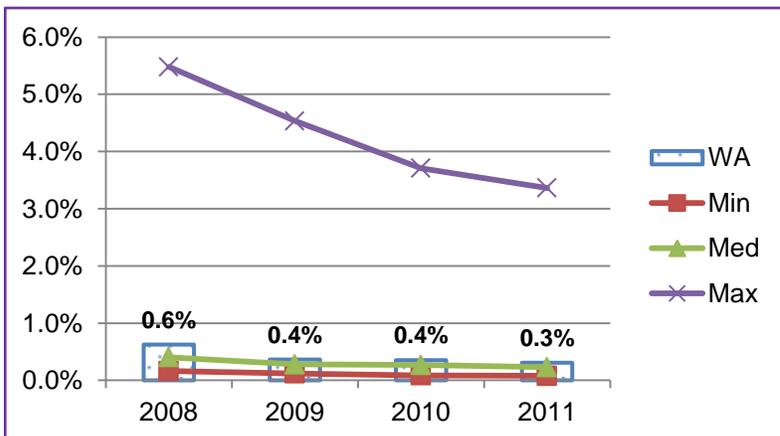
Children Ages 5 Years and Younger Using AP Medications



In Washington, the percentage of children ages 5 and younger using an AP medication remained the same from 2008 to 2011. At the same time, Washington had the lowest rates on this measure compared to the other eight States during this time period.

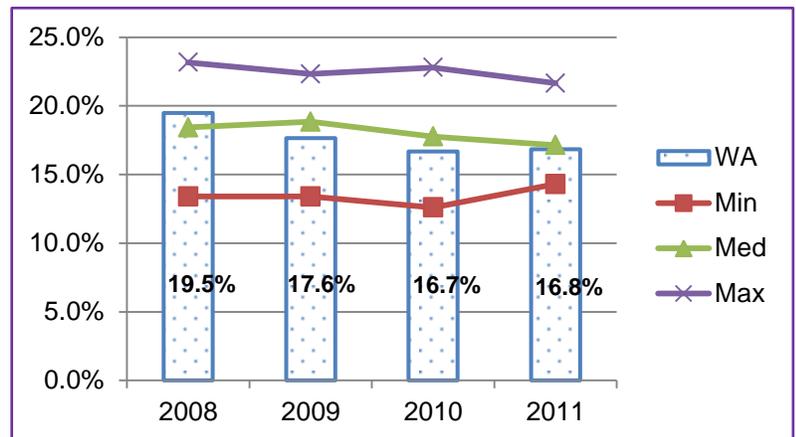
In Washington, the percentage of children/adolescents prescribed AP medications at two or more times the maximum dose decreased slightly between 2008 and 2011. In 2011, rates on this measure were slightly higher in the older age group, 12-18 years (0.4%).

Children/Adolescents Prescribed a High Dose of AP Medications

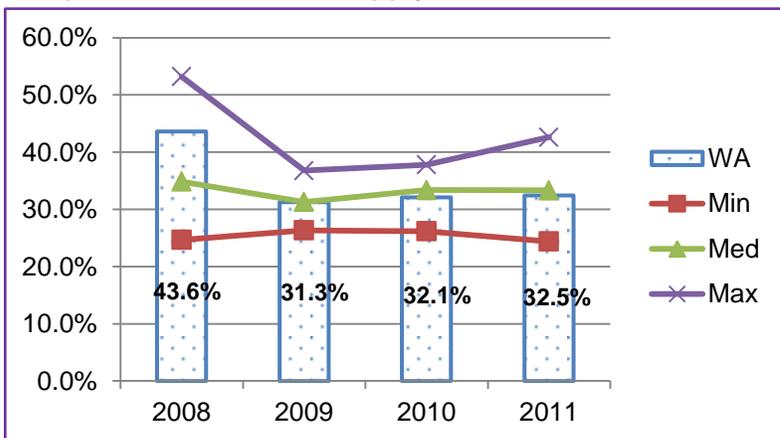


In Washington, the percentage of children/adolescents prescribed two or more AP medications decreased between 2008 and 2011. In 2011, rates on this measure were highest in the foster care (18.6%), and 12-18 years age group (18.5%).

Children/Adolescents Using Two or More AP Medications



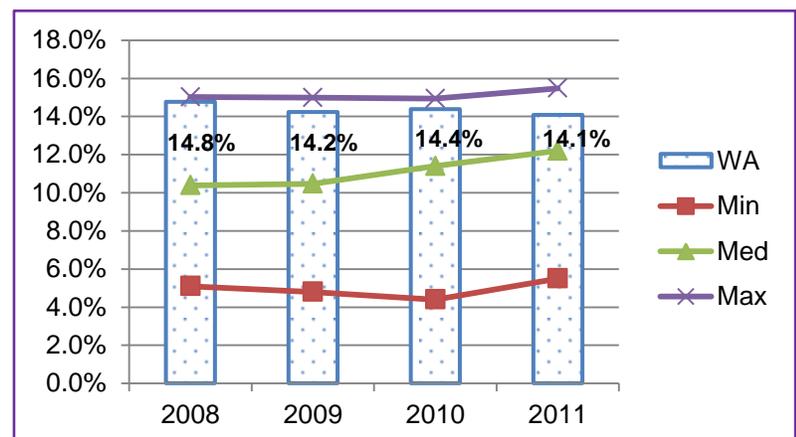
Children/Adolescents with More Than a 20-Day Gap in AP Medication Supply



In Washington, the percentage of children/adolescents with a gap in supply of greater than 20 days between consecutive AP medication prescriptions decreased between 2008 and 2011, with rates remaining largely flat from 2009 to 2011. In 2011, rates on this measure were highest for the 6-11 years age group (34.6%).

Within Washington, the percentage of children/adolescents using multiple (four or more) MHDs decreased very slightly between 2008 and 2011. In 2011, rates on this measure were highest among the foster care (23.0%), and the 12-18 years age group (15.9%).

Children/Adolescents Using Multiple MHDs



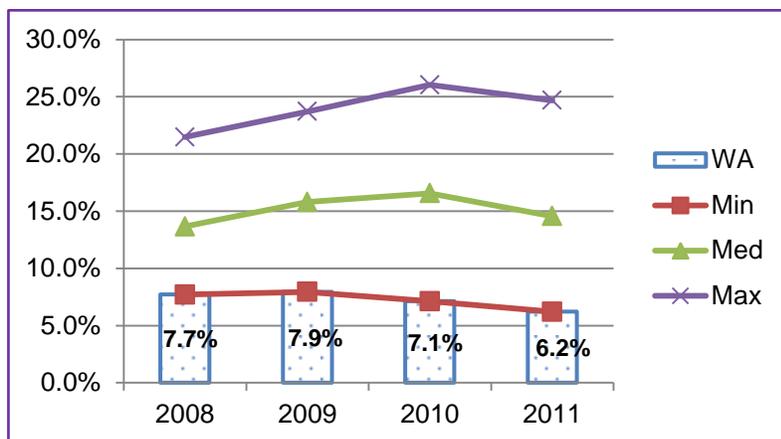
AP Medication and MHD Use in Foster Care

Foster Care AP Medication and MHD Users in 2011

Foster Care Status	AP		MHD	
	WA	9-State Average	WA	9-State Average
Foster Care	6.2%	14.0%	20.8%	26.6%
Non-Foster Care	1.0%	1.8%	6.0%	7.4%

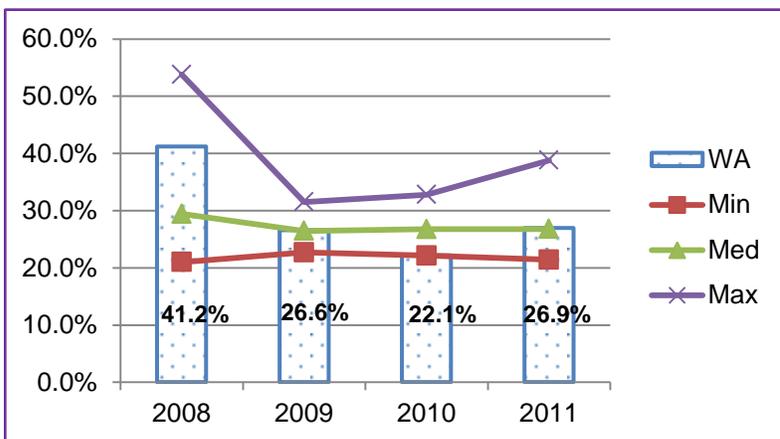
Compared to the 9-State average, in 2011, Washington had a lower percentage of foster care children/adolescents using AP medications and MHDs.

Foster Care Children/Adolescents Using AP Medications



Washington had the lowest percentage of children/adolescents in foster care using AP medications, compared with the other eight states. Overall, the rate on this decreased from 2008-2011.

Foster Care Children/Adolescents with More Than a 20 Day Gap in AP Medication Supply



In Washington, the percentage of children/adolescents in foster care with more than a 20-day gap in AP medication supply decreased between 2008 and 2011, with a substantial decrease between 2008 and 2009.

In Washington, children/adolescents in foster care using multiple (four or more) MHDs increased slightly between 2008 and 2011 and remained slightly above the 9-State median over this time period.

Foster Care Children/Adolescents Using Four or More MHDs

