

Consultative Support: Past Experience and Thoughts on Future Steps

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Program Objectives

- Improve care for seriously mentally ill
- Partner with WA providers to:
 - share knowledge/perspectives
 - collaborate on complex patients
 - develop education plan
 - identify and promote best practices
 - save costs
- Develop guidelines for review flags, consultations

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Experiences from Child Consulting Programs

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Elective Consultations

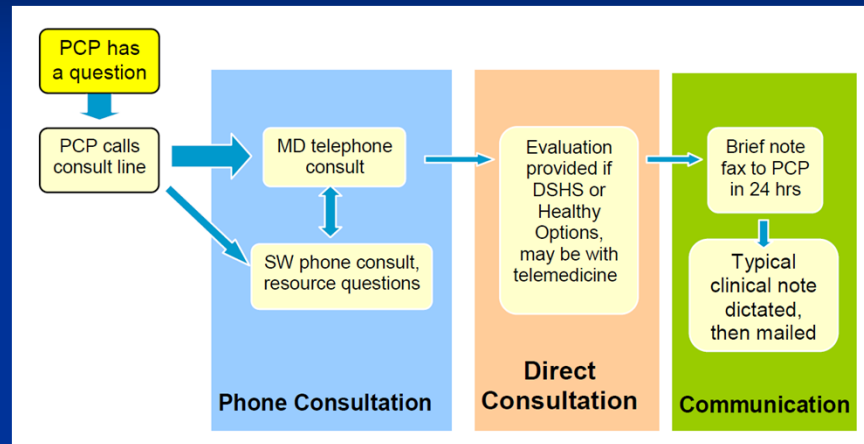
- Partnership Access Line (PAL) started in 2008
- Phone based elective consults for primary care
 - Business hour availability
 - Immediate access
 - Discuss any MH/BH subject on any child
- Team of consulting child psychiatrists at UW/Seattle Children's



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PAL Process



PAL Consult Standards

- Care guidelines that are expert reviewed
- Care guide for primary care serves as program's fidelity manual
- Quarterly consult audits to ensure consistent, evidence based advice
- Consultant group advocates for conservative, appropriate prescribing

Sample Pages From the PAL Care

**Primary Care Principles for
Child Mental Health**

Version 2.0
February, 2010

By **Robert Hill, MD**
Program Director, Partnership Access Line
Seattle Children's Hospital

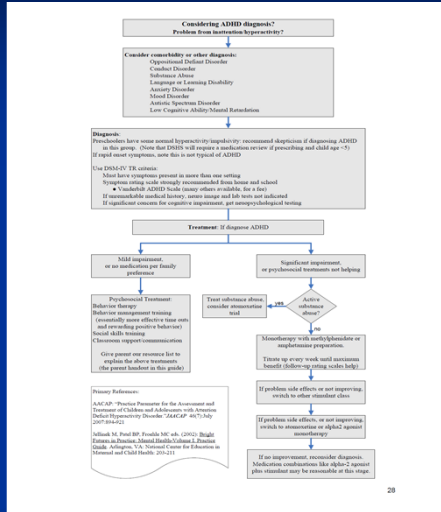


Partnership Access Line
Mental Health Consultation Outpost
for children
1-866-999-PAL3 (7277)
www.PALforkids.org

The information in this book is intended to offer helpful guidance on the diagnostic and treatment process conducted by a primary care provider, and is not a substitute for specific professional medical advice. Providers are encouraged to reproduce pages as created from this booklet for use in their own clinical practice.

There was no pharmaceutical industry or commercial funding for preparing this booklet.

www.palforkids.org



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PAL Program Design

- About getting the right treatments started right away
 - Helping to keep kids in their schools and homes
 - Better management while awaiting specialty care
- Also made available to PCP's:
 - Outreach education
 - Care guide resources (print and website)
 - Social workers to coordinate referrals

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PAL WASHINGTON
Partnership Access Line

1-866-599-PALS

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Partnership Access Line
1-866-599-PALS (7257) www.palokids.org
Mental Health Consultation Outreach for children

Welcome

The Partnership Access Line (PAL) is a telephone based child mental health consultation system funded by the state legislature, being implemented now in Washington State. PAL employs child psychiatrists, child psychologists, and social workers affiliated with Seattle Children's Hospital to deliver its consultation services. Though PAL is only contracted to provide services to 17 of the state, at this time the PAL team is making itself available to any primary care provider throughout Washington.

Washington's primary care providers are encouraged to call the PAL toll free number 866-599-7257 as often as they would like. PAL provides rapid consultation responses during business hours (M-F, 9-5) for any type of child mental health issue that arises with any child.

*For holiday closure hours, please reference the FAQ section of this website.

Feedback

Please use link below to email us with comments and/or feedback. We are constantly working to improve our service to fit your needs. This email is checked on a weekly basis.

[Click to provide PAL feedback](#)

More Information

What does a provider get by calling PAL?

- immediate phone advice from an expert
- free tools to help you and your patient (like patient advice handouts, rating scales, local resource lists tailored to your patient, etc.)
- access for your GPOED or Healthy Options patients to a rapid in person or telemedicine consultation with a child mental health expert at Seattle Children's Hospital

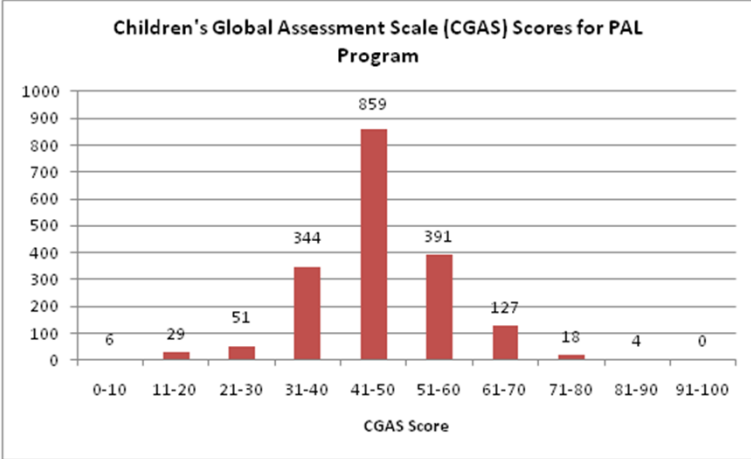
Appointment locations:

- Seattle
- Spokane
- Olympia
- Longview
- Wenatchee
- Richland

- reimbursement for your time on the phone, otherwise no out-of-pocket cost from PAL

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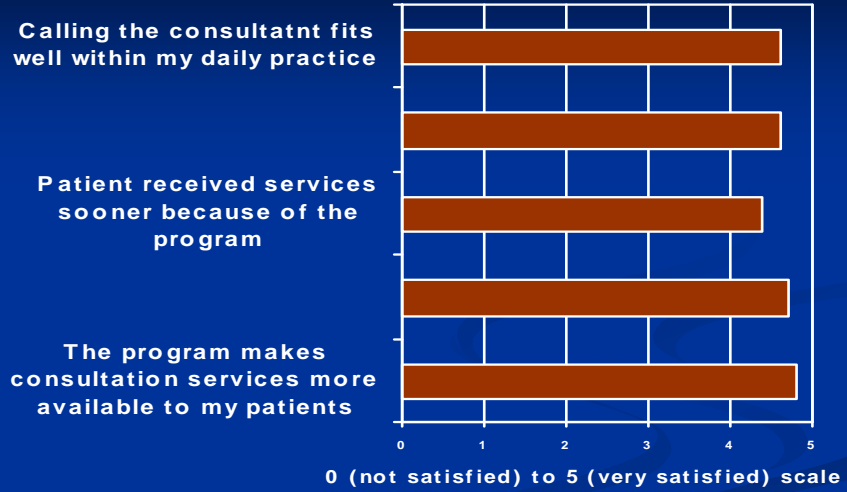
PCPs manage high severity cases



85% of subjects had CGAS <60; functionally eligible for RSN services

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PCP Feedback on Telephone Consultations (n=133)



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Mandated Medication Reviews

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Identifying Clinically Questionable Psychotropic Prescribing Practices for Medicaid Recipients in New York State

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Polypharmacy

prevalence of polypharmacy. Absent strong data to support the practice, the SAC recommended flagging and reviewing all instances of psychotropic polypharmacy to determine the frequency and patterns of this practice. This information could then be used to achieve the goals of simplifying medication regimens when clinically appropriate, thereby reducing patient risks. Depending on which medica-

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Questionable Practices

Table 1

Medication use indicators of clinically questionable prescribing practices, by diagnostic subgroup^a

Area of concern and indicator	All	Schizophrenia	Bipolar disorder	Depression
Polypharmacy				
≥2 antipsychotics	✓			
Clozapine plus ≥1 other antipsychotics	✓			
≥2 antidepressants		✓		
≥2 antidepressants in a single subclass	✓			
≥2 sedative-hypnotics	✓			
≥2 benzodiazepines	✓			
≥2 mood stabilizers		✓		
≥3 mood stabilizers	✓			
≥2 stimulants	✓			
High total number of psychotropics (≥4 for adults and ≥3 for children)	✓			
High number of different classes of psychotropics	✓			
Use of antidepressant polypharmacy before maximizing an antidepressant monotherapy trial	✓			
Use of mood stabilizer polypharmacy before maximizing a mood stabilizer monotherapy trial	✓			
High total number of systemic plus psychotropic medications	✓			

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Some Examples

- ABILIFY, AMPHETAMINE SALT COMBO, AMPHETAMINE/DEXTROAMPHETAMINE, CLONAZEPAM, DEPAKOTE, DEPAKOTE ER, HALOPERIDOL, HALOPERIDOL LACTATE, LORAZEPAM, RISPERDAL, SEROQUEL, SERTRALINE HCL, ZYPREXA ZYDIS.
- ABILIFY, ADDERALL XR, AMPHETAMINE SALT COMBO, AMPHETAMINE/DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE HCL, FLUOXETINE HCL, FOCALIN, FOCALIN XR, LORAZEPAM, RISPERDAL M-TAB, SEROQUEL, STRATTERA, TRAZODONE HCL, ZYPREXA.
- ABILIFY, ALPRAZOLAM, CHLORPROMAZINE HCL, CITALOPRAM HYDROBROMIDE, DEPAKOTE ER, DIAZEPAM, HALDOL, HALOPERIDOL, HALOPERIDOL LACTATE, LAMICTAL, LORAZEPAM, PERPHENAZINE, RISPERDAL, RISPERDAL CONSTA, SEROQUEL, SEROQUEL XR, ZYPREXA ZYDIS.

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History of Child Med Reviews

- Workgroups to set up the review system started in 2004
- First reviews on ADHD medications started in 2006
- First reviews on atypical antipsychotics started February 2009
- “Generics First” reviews folded into the program starting October 2009

Mandatory Medication Review Process

- Prescription is written
- Family brings prescription to pharmacy
- Pharmacy sees electronic flag of need for a review prior to filling the prescription
 - Prescriber is notified by DSHS (and possibly by pharmacy too) of need for a review
 - Prescriber fills out a one page form from DSHS explaining the need for the prescription

“Child in Crisis”

- For antipsychotics only, if prescriber writes on script that the child is in a crisis or if parent tells pharmacist they need script right away because of a crisis, then pharmacy gets an automatic 60 day authorization
 - 2nd opinion review process is still initiated, but immediate medication access is not denied

Antipsychotic Review Flags

Drug	Dosing Limits**		
	Age 3-5 years*	Age 6-12 years	Age 13-17 years
Abilify® (aripiprazole)	0	20 mg per day	30 mg per day
Clozaril®, Fazaclo® (clozapine)	0	600 mg per day	900 mg per day
Geodon® (ziprasidone)	0	80 mg per day	160 mg per day
Haldol® (haloperidol)	0	10 mg per day	15 mg per day
Invega® (paliperidone)	0	0	0
Risperdal®/M-Tab® (risperidone)	2 mg per day	4 mg per day	8 mg per day
Seroquel®/XR (quetiapine)	0	300 mg per day	600 mg per day
Trilafon® (perphenazine)	0	12 mg per day	24 mg per day
Zyprexa®/Zydis® (olanzapine)	2.5 mg per day	10 mg per day	20 mg per day

*A zero indicates the need for a DSHS-approved second opinion.

**Prescriptions exceeding dosing limitations for age require a DSHS-approved second opinion.

ADHD Medication Review Flags

- Child < 5 years old
- Methylphenidate >120mg per day
- Dextroamphetamine >60mg per day
- Lisdexamfetamine >70mg per day
- Strattera >120mg per day
- Combination of two FDA approved ADHD medications from two different classes
 - Strattera plus stimulant
 - Two different stimulant classes
 - Intuniv plus stimulant

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Other Reasons for DSHS to Request a Medication Review

Absence of a DSM-IV diagnosis in the child's claim record
Five (5) or more psychotropic medications prescribed concomitantly after 60 days
Two (2) or more concomitant antipsychotic medications after 60 days
Three (3) or more concomitant mood stabilizer medications (i.e. defined as not including the AAP/AP class) for a mental health diagnosis (i.e. no seizure diagnosis in a claim file) after 60 days.
The prescribed psychotropic medication is not consistent with appropriate care for the patient's diagnosed mental disorder or with documented target symptoms usually associated with a therapeutic response to the medication prescribed
Psychotropic poly-pharmacy for a given mental disorder is prescribed before utilizing psychotropic mono-therapy as new start noted from pharmacy claims data
Psychotropic medications are prescribed for children of very young age, including children receiving an antipsychotic in less than five (5) years of age

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What Reviewer Does

- Review team sets up a phone discussion time
 - If prescriber declines, have to do as “records only” instead which may not adequately explain the rationale
 - We strongly prefer to have these discussions to a records only review, as provides a chance to collaborate on difficult to manage cases
- Reviewer makes a clinical recommendation for approval or denial of prescription
 - DSHS Pharmacy makes final decision on payment
 - DSHS sends copy of reviewer’s notes to prescriber

Approvals

- The reviewers have been overall recommending approval for >90% of cases
 - Much change in prescribing behavior before things get to that point
 - Generally only the prescribers who feel there is a good clinical justification for their prescription will carry things through this process, rather than simply changing the script

SCH Review Group

- Using the same consultants on both PAL and Mandated Second Opinion Reviews ensures fidelity of message
- Team now provides both these services to Wyoming Medicaid as well
 - Programs well received there
 - Highly reliant on telephone, televideo

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Adult Program Possible Future Steps

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Proposed Adult Review Flags

- Use > 60 days:
 - > 2 x FDA approved maximum doses
 - > 4 simultaneous psychotropic agents
 - ≥ 2 concurrent antipsychotics
 - ≥ 2 agents in same class, e.g., SSRIs, SNRIs, anticonvulsant/mood stabilizers
 - ≥ 2 stimulants
- Adherence - informing providers of medication possession ratios via PRISM based on pharmacy fills and pickups

Discussion