

New Child Psychiatric services for Physicians in Wyoming

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The Problem

- Wyoming is having more children enter the Foster Care/Mental Health system at higher costs than ever before
- It has been difficult to arrange for evaluations of these children with trained professionals prior to their placement
- Wyoming has a severe shortage of Child/adolescent Psychiatrists (6 statewide)

The Problem (cont)

- It has been determined in Wyoming, like most other States, that children in Foster Care, and our Institutions are on more drugs at higher doses at younger ages
- Concerns expressed by Physicians at our Physicians advisory Group about appropriateness of placement and treatment
- Often care is provided by Primary Care Physicians due to lack of Psychiatrist availability

Objectives

- To provide appropriate screening of all children who are referred into the legal system and psychiatric evaluation in a timely manner prior to their appearance before the MDT process, with a written diagnosis and recommendations of required treatment. **MDT Contract**
- To provide chart reviews on those children who have been prescribed doses of psychotropic medications beyond the standards set up by the Office of Pharmacy Services (OPS) P&T committee (Pharmacy and Therapeutics) . **2nd Opinion Contract**
- To provide elective consultation and collaboration care services for primary care providers providing services to Medicaid eligible children. **PAL contract**

Background for 2nd Opinion

- The appropriate use of psychotropic medications is an important public health concern.
- Wyoming's Psychiatrist Advisory Board (PAB) is reviewing Medicaid clients who are prescribed atypical antipsychotic (AAP) medications.
- A second opinion could be mandated for all prescribers when safety thresholds are exceeded based on dose, duplication of therapy or age of the child.

Pharmacy Program Data

- 63,970 covered lives;
- 15,539 receive a prescription each month;
- \$35,500,000 in prescription expenditures in state fiscal year '08;
- 531,466 prescription claims last fiscal year.

Therapeutic Class Top Expenditures

State Fiscal Year 2008
Based on \$35,500,000 expenditure

1. Anti-Psychotics = \$5,855,953 (16.5% of budget)
2. Anti-Epileptics = \$ 3,425,879 (9.65% of budget)
(Assume 5% for mental health related treatment)
3. ADHD = \$ 2,976,592 (8.39%)
4. Asthma = \$ 2,903,517
5. Antibiotics = \$ 2,398,292

Therapeutic Class Top Expenditures

State Fiscal Year 2008

Top Expenditures

6. Antidepressants = \$2,054,983 (5.8% of budget)
7. HIV = \$1,602,685
8. Ulcer = \$1,299,920
9. Opioids = \$875,961
10. Growth Hormone = \$798,401
- Approx 35.7% of expenditures for mental health

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Medical Advisory Committee

- Psychiatrist Advisory Board (PAB) formed Jan, 2008:
 - Provide input on specific mental health medication issues that arise in the Medicaid Rx program;
 - Provide input on criteria for mental health medications prior to Drug Utilization Review discussion;
 - Provide input on educational initiatives to providers.

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WY Prescribing Standards

- Establish agreed upon parameters or “thresholds” in prescribing:
 - WY psychiatrist approved;
 - Supported by clinical evidence;
 - Child and adult specific parameters;
 - Further review if “too young, too many or high dose”
 - Request additional information from prescriber
 - Further review and follow up by contracted psychiatrist

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2nd Opinions - Contracted Psychiatrist

- Many be mandated if a patient is:

(Example - Based on WA state plan)

 - Too young:
 - Children 5 or under receiving an antipsychotic or ADHD medication.
 - Absence of DSM-IV diagnosis in claims history.
 - The prescribed psychotropic medication is not consistent with appropriate care.

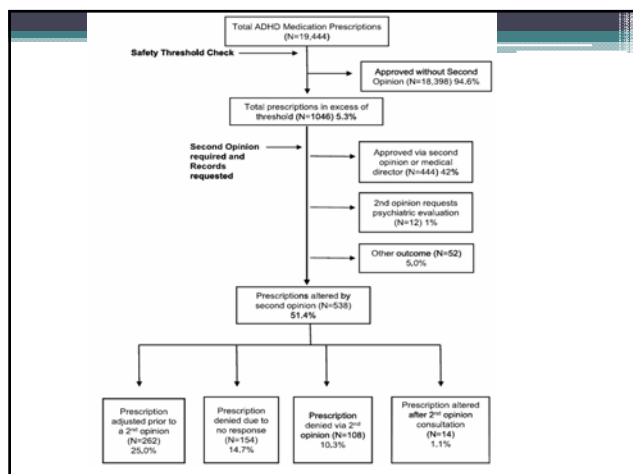
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2nd Opinions - Contracted Psychiatrist - cont'd

- Has more than one prescription in a therapeutic class:

(Example - Based on WA state plan)

 - Five (5) or more psychotropic medications prescribed concomitantly after 60 days.
 - Two (2) or more concomitant antipsychotic or ADHD meds after 60 days.
 - Three (3) or more concomitant mood stabilizer medications.
- Has too high of a dose



What Is PAL?

- Primary care support program
- Tollfree call to academic center affiliated child psychiatrists
 - Rapid response, often a direct connection
 - Business hour availability
 - Call about any child patient
 - Ongoing case collaboration
 - High grade of curbside consults
 - Consistent, evidence based advice
 - Care guidelines are expert reviewed



PAL Offers more than curbside consults

- Written feedback within 24 hours of a program contact
 - Unheard of in usual care system
- If questions remain after discussing a Medicaid client, a rapid “full” patient consult appointment is offered
 - Telemedicine then utilized

Why are there changes coming to the MDT process?

- CMS has ruled Medicaid cannot pay for Room and Board in RTC's.
- The only two facilities Medicaid can pay for are Hospitals and PRTF's
- If a child is court ordered to any location, he is ineligible for Medicaid to pay.
- Medicaid can only pay for medically necessary services ordered by a physician.

MDT Evaluations

- Every Child, prior to their MDT hearing will have an evaluation performed by a Child Psychiatrist .
- A written evaluation and recommendation will be available by the time of the hearing.
- Evaluations will be asked for by DFS, and will be either routine (2 weeks) or urgent (72 hours)

MDT evaluations

- Every County will have an identified site where these Evaluations can be performed
- Each County can also develop these services with local Child/adolescent psychiatry if available
- Technical support will be with the U of Washington and Telehealth Consortium

Site requirements

- A person to turn on the equipment and take height, weight and Blood Pressure (need not be a nurse)
- Meeting minimal technical requirements (next slide)
- Adequate privacy
- Each evaluation will take 1-2 hours
- There is a \$25 originating site fee Medicaid can pay

Telepsychiatry Requirements

- minimum 384kb/s connection speed
- minimum 128 bit AES and/or TLS Encryption if using IP connectivity
- H.323 or SIP based protocol standards

- Endpoints mentioned below by Polycom and Tandberg

Preferred:

- High Definition Endpoint with >1500kb/s bandwidth
- Ability to register to a gatekeeper or network peer

Recommendations:

- LifeSize HD endpoints
- Tandberg HD endpoints (C-series only, stay away from edge95 or MXP if possible)

What We Are Asking From You

- We have outlined the Statewide issues affecting childrens evaluations and treatment involving Mental Health
- We have outlined a program that involves setting Standards of Care, support for our Providers, and Consistant timely evaluations of Children prior to their MDT hearings
- We do not know the best locations in each county to provide these services.

- We would ask that you bring together the Stakeholders in your County and decide which location would be most suitable
- It could be another county and you agree on a joint location
- Dr. Hilt and the team from U Washington will be coming this Fall to meet with you and work out final details.

Stakeholders

- Wyoming Dept of Health
- Public Health Nurses
- County Governments
- DFS
- GAL's
- Mental Health Clinics's
- Private Physicians

Possible Sites

- PHN Offices
- DFS offices
- Private physicians offices
- Mental Health Clinics
- County Courthouses
- Developmental Centers
- FQHC/RHC's
- Others???

- If you have questions about the requirements
direct your questions to
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