What Is Our Objective?

National Quality Strategy

Better Care for Individuals

Better Health for Populations

Financial Stewardship

Triple Aim

Kentucky Cabinet for Health and Family Services
Age Distribution: All Medicaid

Age Distribution

CY 2013
Kentucky Medicaid & KCHIP Children

577,604
Kentucky KCHIP Children

105,076
42% of All Kentucky’s Children Are Covered by Medicaid or KCHIP

- Greater than 50%
- 40% to 49.9%
- 30% to 39.9%
- 20% to 29.9%
- Less than 20%
Psychotropic Prescribing: ADHD Treatment

ADHD IN U.S. YOUTHS

Percent of youth aged 4-17 currently diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD)

http://www.courier-journal.com/story/life/wellness/health/2014/05/02/kentucky-tops-us-adhd/8564911/

STEVE REED/THE COURIER-JOURNAL
ADHD Diagnosis and Treatment

Survey Question

Has a doctor or health care provider ever told you that your child had attention-deficit/hyperactivity disorder or attention deficit disorder (ADHD or ADD)?

<table>
<thead>
<tr>
<th>% Reporting ADHD</th>
<th>2003</th>
<th>2007</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.8%</td>
<td>10.1%</td>
<td>18.7%</td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kentucky</td>
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</tbody>
</table>

In 2007, 4.8% of US children and 7.1% of children in Kentucky were taking medication for ADHD.

Is your child currently taking medication for ADHD or ADD?

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kentucky</td>
<td>7.1%</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

Among all US states, Kentucky ranked 7th highest.

In 2011, 6.1% of US children and 10.0% of children in Kentucky were taking medication for ADHD.

Among all US states, Kentucky ranked 2nd highest.
Atypical Antipsychotics

Atypical Antipsychotic Medications: Use in Pediatric Patients

The Centers for Medicare & Medicaid Services (CMS), Medicaid Integrity Group (MIG), has identified issues with the utilization of the atypical antipsychotic drug therapy class. The U.S. Food and Drug Administration (FDA) approves product labeling for prescription drugs. The MIG has identified that some providers may have prescribed atypical antipsychotics outside of FDA-approved product labeling for indication, age, dosage, or duration of therapy. Therefore, CMS’s goal is to improve quality of care and enhance patient safety by educating providers on the proper use of atypical antipsychotics in pediatric patients.

FDA-Approved Indications for Atypical Antipsychotic Medications in Pediatric Patients

According to study results reported in an Agency for Healthcare Research and Quality (AHRQ) report, “The use of antipsychotic drugs for very young children with behavior problems approximately doubled between 1999-2001 and 2007.”[2] Despite the widespread use, atypical antipsychotics are not FDA approved for children younger than five years old.


August 2013
Psychotropic Prescriptions

- **Total C&Y <21 Ky Medicaid** = 577,604
  - Ky C&Y With Psychotropic Rx = 82,564 (14% Total)
  - Ky Foster Children with Psychotropic Rx = 4,653 (42%)

- 9 State Average Medicaid Children With Psychotropic Rx = 7.4%
- 9 State Average Foster Children with Psychotropic Rx = 26.6%
  (Total Child Population N = 5.4 million)

**9 States:** Colorado, Maine, Missouri, New Hampshire, New York, Oklahoma, Pennsylvania, Tennessee, Washington
Psychotropic Medication Prescribing by Age

Children Receiving Any Psychototropic Medication

Children receiving ADHD Prescription

Children receiving Atypical Antipsychotic
ADHD Prescription Rate Trend

- CY2011 Member Count
- CY2012 Member Count
- CY2013 Member Count
Summary of Concerns

- Kentucky has one of the highest rates in the US of Psychotropic Medications prescribed to children.

- Psychotropic medications are being prescribed to very young children, at levels above those approved for use in adults, and often in combination with other medications.

- Rate of use for foster children is nearly six times that of TANF children in Medicaid.
How Should (Will) We Respond?
Steps to Date

✓ Preliminary analysis completed on Medicaid claims data (Medical and Pharmacy)
✓ Preliminary Discussions with all MCO Medical Directors
✓ Preliminary Discussions with U of L Department of Pediatrics
✓ A Multidisciplinary Research Team; (The University of Louisville Child and Adolescent Health Research Design and Support - CAHRDS) has been engaged to:
  • Validate and further refine initial data analysis
  • Research clinical evidence-based best practices in prescribing and treatment
  • Make recommendations regarding potential programmatic actions
  • Be actively involved in continued research, education, and interactions with treating physicians
  • Make recommendations on appropriate and effective quality outcome metrics
Recommendation to MAC

- It is requested that the Medicaid Advisory Committee respond to the issue of concern involving our Kentucky Children by supporting the recommendation for a common *Performance Improvement Project* (PIP) focused on *effectiveness of treatment* that includes the use of *Psychotropic Medications in Children* be adopted and implemented in accordance with the contractual requirements of all Kentucky Medicaid MCO’s (see below).

Excerpt from MCO contract:

“The Contractor (MCO) shall continuously monitor its own performance on a variety of dimensions of care and services for Members, identify areas for potential improvement, carry out individual PIPs, undertake system interventions to improve care and services, and monitor the effectiveness of those interventions. The Contractor shall develop and implement PIPs to address aspects of clinical care and non-clinical services and are expected to have a positive effect on health outcomes and Member satisfaction.”