

GOVERNMENT OF THE DISTRICT OF COLUMBIA



**Public Oversight Roundtable
On
The Impacts of Pharmaceutical Marketing on Healthcare Services in the
District of Columbia: Focus on Use of Antipsychotics in Children**

**Testimony of
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Before the
Council of the District of Columbia
Committee on Health**

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Introduction

Good morning Chairman Catania, and members of the committee. I am Dr. Robert Vowels, Medical Director for the Department of Health Care Finance (DHCF), and I thank you for the opportunity to provide testimony on the Committee's review of the report entitled "Impacts of Pharmaceutical Marketing on Healthcare Services in the District of Columbia: Focus on Use of Antipsychotics in Children." My testimony today will provide an overview of Medicaid's pharmaceutical program and highlight the department's focused efforts to better understand and address antipsychotic pharmaceutical use among Medicaid enrolled children.

Overview

DHCF plays a critical role in ensuring District children have access to comprehensive health care services and the quality of those services. The Medicaid program, which is administered by DHCF, currently provides coverage to over 90,000 children the District. The District's Medicaid program provides comprehensive health care services to children, including primary care, mental health services, and pharmaceuticals.

Over the past several years, DHCF has continued to make progress towards implementing best practices and realizing efficiencies and cost savings in the Medicaid pharmacy program. These efforts include implementing the pharmacy lock-in program, participating in the multi-state drug purchasing pool, establishing a preferred Drug List (PDL) and establishing prior authorization initiatives. Further, the Drug Utilization Review (DUR) Board is charged with conducting ongoing and periodic examination of Medicaid claims data to identify patterns of fraud, abuse, gross overuse, or medically unnecessary care and implementing corrective action when needed.

Focused Efforts on the Use of Antipsychotic Drugs in Children Enrolled in Medicaid

There has been increased attention on the use of antipsychotic drugs in children in the past few years and more specifically, children enrolled in the Medicaid program. A 2011 Government Accountability Office (GAO) recommended that the federal Department of Health and Human Services (HHS) consider endorsing guidance for states on best practices for overseeing psychotropic medications in foster children. Since then, HHS has provided guidance and technical assistance to states on the use of psychotropic medications among vulnerable populations.

The federal Medicaid oversight agency, Centers for Medicare & Medicaid Service's Center for Medicaid and CHIP Services (CMCS), issued formal guidance to states through an Informational bulletin to State Medicaid Directors on August 24, 2012. The bulletin, entitled "Collaborative Efforts and Technical Assistance Resources to Strengthen the Management of Psychotropic Medications for Vulnerable Populations", acknowledged the tri-agency coordinated effort (CMCS, the Administration for Children and Families, and the Substance Abuse and Mental Health Services Administration) to improve management of psychotropic medications for youth in the foster care system. Further, CMCS encouraged states to utilize their DUR framework to incorporate state efforts to manage psychotropic medication usage.

In line with the CMCS informational bulletin, DHCF has engaged the DUR Board on this issue. For Fiscal Year 2013, the DUR Board has selected prescribing patterns and age appropriate utilization of antipsychotic medications as one of four targeted educational topics. As part of the

retrospective review of pharmacy and medical claims for fee-for-service beneficiaries, the DUR Board authorizes the mailing of current clinical guidelines and consensus best practice updates to prescribers whose patient profiles have been flagged for non-adherence to standard therapy. An important goal of the retrospective review process is to inform the decision making that results in implementing prospective (or real-time) edits in the electronic pharmacy claims adjudication system. The use of real-time edits help to ensure that appropriate prescribing of all medications, including antipsychotics, occurs.

In August 2012, the District participated in the HHS-sponsored national summit *Because Minds Matter: Collaborating to Strengthen Management of Psychotropic Medications for Children and Youth in Foster Care*. The District team consisted of representatives from DHCF, the Department of Mental Health (DMH) and the Child and Family Services Agency (CFSA). This state invitation only summit provided the District the opportunity to hear from leading experts on evidence-based best practices, including:

- improving the oversight and monitoring of psychotropic medication use;
- implementing state systems to monitor psychotropic medication use; and
- trauma-informed interventions that are effective and improve outcomes.

The team that attended the National Summit has formed as the Psychotropic Monitoring Group and continues to meet regularly. The priority areas set by the workgroup are to:

- Review and modify current MOAs to develop an MOA between DHCF, CFSA, and DMH to allow child level data sharing;
- Engage the DUR Board to enhance the oversight and monitoring of psychotropic medications;

- Share reports and information on each agency's activities for monitoring the use of psychotropic medications;
- Provide education to foster parents, providers, DMH and CFSA staff; and
- Develop a monitoring system for psychotropic medication for children in foster care.

The inter-agency workgroup has met three times since the Summit. Along with the work of the DUR Board noted above, the workgroup has shared information and reports and anticipates having a draft MOA for review and finalization by the end of November.

DHCF is committed to better understanding the use of psychotropic medications among children enrolled in the Medicaid program to ensure appropriate use and will continue the efforts as described in this testimony. This concludes my remarks. Mr. Chairman, thank you for this opportunity to testify before the Committee on Health. I welcome your questions and those of other members as well.