

### **Psychotropic Medications in Pediatrics: A Co-Management Solution**

Approximately one-quarter to one-half of all pediatric office visits now involve a psychosocial concern, and primary care providers prescribe the majority of psychoactive medications used by children and adolescents. In light of the decreased availability of mental health specialists, inadequate insurance coverage for mental health services and less stigma associated with primary care compared to mental health treatment, supporting child health providers in addressing mental health issues is critical to effectively meeting the needs of children.

Following up on a March 2011 [\*Issue Brief, Psychotropic Medications in Pediatrics: Addressing Quality and Access\*](#), CHDI has just released a report through its IMPACT series on "[\*Pediatric Psychopharmacology: Improving Care Through Co-Management\*](#)" (September 2011) as its next step in building a system of support for child health providers to manage the behavioral health concerns of their patients in Connecticut.

The IMPACT:

- Summarizes the research literature associated with the increasing use of psychotropic medication among children and the concerns of pediatric primary care providers (PCPs) in their increasingly prevalent role in managing these medications
- Reports on the medications most commonly prescribed by PCPs, including stimulants, antidepressants, and antipsychotics, as well as concerns associated with polypharmacy (prescribing two or more psychotropic medications at the same time)
- Provides data about psychotropic use among children enrolled in Connecticut's Medicaid Program
- Reviews models of co-managed care between PCPs and behavioral health specialists as a promising strategy for supporting primary care providers in prescribing and managing psychotropic medications used by their patients
- Offers recommendations for improving co-management in Connecticut

The review of the literature and available data clearly indicates that children nationally, as well as in Connecticut, use a significant amount of psychotropic medications; and primary care providers prescribe a significant proportion of these medications. Yet PCPs have consistently reported lack of knowledge, capacity and comfort in taking on sole professional responsibility for this role. The lack of empirical support for many of these medications and 'black box warnings' issued by the Federal Drug Administration about the potential risks of certain classes of antidepressant medication adds to the discomfort.

#### **Prescribing Patterns for Children Enrolled in HUSKY in Connecticut**

Based on data reported by ValueOptions, Connecticut's Administrative Service Organization for its behavioral health carve out for children enrolled in HUSKY (Medicaid managed care), 9.1% of children birth through 18 enrolled in calendar year 2009 were treated with a psychotropic medication (27,888 of the 308,160 children enrolled) and 8.7% in 2010 (28,045 of 321,053).[i]

The most commonly prescribed medications in 2010 for these Connecticut children included:

- Stimulants (53% of the children who were prescribed behavioral health medications)
- Antipsychotics (26%)
- Antidepressants (25%)

Pediatric providers, including primary care physicians, nurse practitioners, physician assistants, and pediatric specialists, wrote prescriptions for nearly half of the psychotropic medications prescribed for children covered by the HUSKY program (49.5% in 2009 and 49.8% in 2010). The vast majority of these prescriptions were for stimulants; 65.6% of youth on stimulants had at least one prescription written by a pediatric provider, followed by antidepressants (28.1%), mood stabilizers (24.5%) and antipsychotics (20.6%).

### **Approaches to Improving Management in Primary Care**

Emerging consultation models in the states of Massachusetts (Child Psychiatry Access Project) and Washington (Partnership Access Line) are improving the capacity of PCPs to effectively manage psychotropic medication treatment in children. Connecticut has the opportunity to take these strategies to the next level by building a co-management approach between primary care and behavioral health providers. To that end, the report offers six recommendations for moving toward a co-management solution, which can help ensure that children with behavioral health conditions will receive access to optimal care.

### **Recommendations**

1. **Training** in psychotropic medication prescription and management as well as collaborative care in pediatric postgraduate and continuing medical education with an emphasis on ongoing collaborative learning opportunities.
2. **Support for collaborative relationships** between primary care and behavioral providers including evidence-based diagnostic tools, practice guidelines, seamless connection to services and ongoing participation of both specialties.
3. **Funding** for integrated care by both Medicaid and commercial insurance.
4. **Family Involvement** in building and evaluating co-management models.
5. **Recognize that the mental health care services system cannot consist of medication alone** and ensure efforts to support other behavioral health therapeutic services that are delivered with or without medication.
6. **Continuous Improvement** in prescribing and managing medications through ongoing research and monitoring.

Adoption of these recommendations will contribute to improved assessment and treatment of mental health disorders in children, especially when it comes to psychotropic medication management. Properly planned, monitored and assessed, co-management facilitates not only better patient outcomes but also a more efficient and sustainable system for addressing children's behavioral and mental health care.

*A copy of this IMPACT may be downloaded from our website at [www.chdi.org](http://www.chdi.org). For access to further information about this initiative or a printed copy of the IMPACT, please contact Cindy Langer at [langerc@uchc.edu](mailto:langerc@uchc.edu).*

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[i] Personal communication from ValueOptions