

Psychotropic Medications in Pediatrics: Addressing Quality and Access

A large and growing number of children use psychotropic medications to treat behavioral health disorders. Pediatricians write a large proportion of prescriptions for these drugs. Child health providers, however, are often uneasy doing so without closer working relationships with mental health professionals to provide assessments and consultation when needed. The scarcity of child mental health specialists and the absence of a system for coordinating care make this a challenge. Connecticut has a unique opportunity to address this situation by adapting a proven co-management approach that is showing promising results.

The use of psychotropic medications increased two to three-fold from the mid-1990's to 2001 from 3.4% to 8.3% of adolescents. Health and mental health providers prescribed these medications for such concerns as: mood disorders, anxiety, and attention deficit/hyperactivity disorder (ADHD). According to data from Connecticut's Medicaid program:

- *The number of children utilizing psychotropic medications increased 24% from 17,839 in 2008 to 22,174 in 2009.*
- *1 in 4 (2,867) children in protective services utilize psychotropic medications.*
- *Of the children in HUSKY who use psychotropics, more than half take medication for attention disorders and almost a third take antipsychotics.*
- *In 2009 Connecticut spent more than \$35 million on psychotropic medication for children in HUSKY.*

Three important factors affect the care for pediatric patients requiring psychotropic medication:

- *Nationally, pediatric primary care physicians write a large percentage (70% - 80% in a recent Minnesota study) of psychotropic prescriptions.*
- *80% of pediatricians cite lack of timely access to psychiatrists as a barrier to adequate medication management for their patients due to the scarcity of these professionals.*
- *Even when child psychiatrists prescribe and manage psychotropic medications, children using these prescriptions still need related medical services, such as monitoring for drug interactions and regular lab testing.*

Not surprising, recent research in Connecticut has shown that primary care pediatricians would be more comfortable prescribing and managing most psychotropic medications when medications are prescribed by a psychiatrist with whom they had a professional relationship and could call for ongoing consultation. However, scarce psychiatric resources suggest the need for a more systematic approach to co-management of psychotropic medications. Recent results from a pilot Enhanced Care Clinic (ECC) program offer a promising and efficient means for engaging pediatricians and the community of mental health specialists in delivering integrated and coordinated care. Such care comes closer to best practice standards for prescribing medication, monitoring its impact on children's behavioral health, and managing the regimen within the context of all of the services children need, including counseling and pharmacological treatment.

In this context, CHDI will invest in an initiative, with funding from the Children's Fund of CT, that engages pediatricians and mental health providers in developing best practice guidelines and tools for psychotropic medication co-management. We will keep you informed regarding this work as it goes forward.

For further information about this initiative, please contact Judith Meyers at meyers@adp.uchc.edu or 860.679.1519.