

DCF Psychotropic Medication Advisory Committee
December 7, 2012 1:00PM
Solnit Center for Children, Middletown, CT.
Meeting Notes

Present: Leslie Siegel, M.D. Chair; David Aresco, RPh; Chris Malinowski, APRN; Beth Muller, APRN; Joan Narad, M.D.; Amy Veivia, Pharm.D.; Patricia Cables, APRN; Jacqueline Harris, M.D.; Lee Combrinck-Graham, M.D.; Brian Keyes, M.D.; Sherrie Sharp, M.D.; William Halsey.

1. Call to order: The meeting was called to order at 117pm.
2. Set date/time of next meeting: The next meeting is scheduled for January 4, 2013 from 1pm – 2:30pm; Solnit Center AB conference room.
3. November 2012 meeting minutes reviewed and approved with minor changes.
4. Announcements: Introductions were made for new members/guests: Sherrie Sharp and William Halsey.
There is a new unit within DCF named: Health and Wellness. This unit is being managed by Deputy Commissioner Janice Gruendel.

Recommended reading: Book titled “Drug Induced Dementia”.

5. Old Business:
 - Drug Use Guidelines (DUG): recommended Cardiac general warning: A draft was distributed, reviewed and discussed in detail.
 - A recommendation was made and approved to remove the bold lettering for brand names in the DUG.
 - It was suggested that the statement be changed to be more general in nature to include use of all psychotropic medications.
 - Recommended the statement (once finalized) be added to the introduction as well at the top of the DUG.
 - It was noted that the introduction has not been reviewed/ revised for over four years. A recommendation was made and approved to review and revise this document. The revision should include a suicide warning, cardiac warning, other warnings if applicable, and information regarding non-pharmacological interventions. The draft document will be reviewed at the next scheduled meeting.
 - A recommendation was made and approved to keep the suicide warning but only on page 1 of the DUG.
 - Maximum dose guideline: PMAC approved a change to the title of this document. The word “suggested” will be change to “recommended”.

This change will be made and the changed document emailed to Dr. Siegel and Dr. Veivia for publication.

- Follow-up on discussions regarding psychotropic medication monitoring and the development of exception criteria:
 - Recommend a letter be drafted for all practitioners/providers discussing prescribing without guardian (CMCU) approval. For example a dose of 4mg/day is approved but then is changed to 6mg/day without the approval of the guardian (CMCU).
 - There was a detailed discussion regarding possible stricter actions that could be taken regarding this issue. Suggestions included:
 - CC practitioners “boss” when these issues are identified.
 - If this is a consistent/repeat issue with certain practitioners remove them for the Medicaid Panel.
 - Transfer patient care to another provider for the safety of the child.
 - Formal accountability discussed: This is still a new concept from the perspective of the providers. Education is needed.
 - A suggestion was made to send out a series of letters if the problem for a provider is repeated.
 - First letter to the provider.
 - Second letter to the provider and their organization (employer).
 - Third letter to the provider and their organization (employer) as well as DSS.
 - It was noted that there may be a core (small) group of non compliant providers.
 - It was generally agreed that all providers should be held accountable from the social worker up.
 - It was suggested that a form be required to request a drug not on the approved list or to exceed the recommended maximum daily dose.
 - It was noted that education regarding these issues has already been planned for the social workers. This will take 1-2 years to complete. It was noted that this type of training has been done in the past.
 - PMAC recommends a method be developed to identify non compliant providers utilizing data from DSS.
 - DSS plans to provide reporting that will identify high utilizers using a comparison to aggregate data.
- Article review: Building a Treatment Safety Net for Children in Child Welfare Programs: The article was reviewed and discussed in detail:
 - A suggestion was made to look beyond medications and consider the use of other non-pharmacological therapies. There was discussion regarding how protocols for non-pharmacological

therapies might be set up. It was noted that PMAC is willing to take on this responsibility. Dr. Siegel will take the lead role on this.

- It was suggested that Value Options be invited to the next meeting to determine if they can help coordinate management of non-pharmacological therapies vs. pharmacological therapies.
 - A suggestion was made to include non-pharmacological therapies as well as pharmacological therapies on the CMCU form.
 - It was noted that there has been a positive change in prescribing practices. Dr. Siegel will present data on this at the next meeting.
6. Drug Information Inquiries (April 2012 – October 2012)
- From DI phone line: Defer
 - From PMAC: Defer
7. Other - defer
8. Adjournment: the meeting was adjourned at 235pm.

Respectfully submitted:
David S. Aresco
Consulting Pharmacist