

**DCF Psychotropic Medication Advisory Committee
Monthly Meeting Notes**

March 7, 2008, 1:00PM

Riverview Hospital for Children and Youth
Middletown, CT.

PRESENT: Janet Williams M.D., DCF Medical Director; David S. Aresco, Pharmacist Consultant; Curtis Harmon APRN DCF; Blyse Soby RN DCF CQI; Alton Allen M.D. RVH and HM; Miland Kale M.D. CTJS; Brian Keyes MD, NAFI; Patricia Cables APRN, Wheeler Clinic; Joseph Flanagan M.D., CJTS; Irv Jennings M.D., Family & Childrens; Anastasia Okoniewski APRN, UConn; Beth Muller APRN, UConn; C.A. Gonzalez M.D. IPP; Marian Cancelliere, DCF Waterbury; Chris Malinowski APRN, Village; Jacqueline Harris MD, Western Regional Medical Director; Jean Hagen MD, RHCY; Amy J. Veivia Pharm.D., Pharmacist Consultant; Joan Narad M.D. DCF CO; M. Waqar Azem M.D. RVHCY.

1. Call to order: Janet Williams MD called the meeting to order at 1:09 pm.
2. Set date/time of next meeting: The next meeting is scheduled for April 4, 2008 from 1-3PM; RHCY AB Conference Room.
3. Announcements: Amy Veivia and David Aresco (pharmacist consultants) are again participating in the PMAC based on a new 3yr contract effective 3/1/08.
4. Minutes: The minutes of the Feb. 1, 2008 PMAC Were reviewed and approved with the following minor changes.
 - Include Naida Arcenas APRN as present for the meeting.
 - Change DDC to DDS.
5. Review of Three Year Contract for P&T Consulting, Inc.:
 - The service contract was distributed, reviewed and discussed. In addition the following items were highlighted in the discussion:
 - Development of a statewide newsletter for prescribers that will provide updated information on medication best practices.
 - Development of a family oriented medication information booklet. This will be suitable for use by foster parent and other caregivers.
 - At the direction of PMAC: develop maximum dose parameters as part of the Drug Use Protocol as is found in the Texas Medication Use document. And per request of the Centralized Medication Consent Unit (CMCU).
 - How best to inform facilities of the Drug Information Service available through P&T Consulting. A suggestion was made to send an email to all area directors and supervisors. David Aresco will email a "flyer" describing the service to Dr. Williams for possible distribution.
6. Review of 44-5-2-1 Final DCF Psychotropic Medication Policy:

- The updated policy was distributed. Dr. Williams highlighted changes made to the previous version of the policy.
 - Some discussion revolved around the responsibility of the social workers to follow-up in certain situations. When not sure the social worker should ask the ARG for assistance. Concern was expressed that the social worker may not have the training to know when to request help and/or know when follow-up is needed.
 - It was pointed out that part of the issue may be that the CMCU process is not fully understood. Needed information should be in Link and the social worker is responsible for accessing Link for information when needed.
 - Concerns were then expressed that Link is not updated regularly/properly and medication (and other Hx) may not be accurate. It was again noted that the social worker has the responsibility of updating patient information in Link.
 - The committee noted that when Med-Link comes on-line all health care workers will be able to update the Hx and a copy of the 465 will be available in the system.
 - The committee discussed various scenarios describing potential problems with the current system. Most issues involved a lack of information that is needed to complete the 465 form.
 - Dr. Williams noted that at this point in system development not all information is available in Link as the I.T. portion of the project is slightly behind schedule. It was also noted that the responsibility of the social worker to update Link has increased but the social worker still must “act as the parent”.
 - It was noted that tracking and monitoring of various labs, etc. recommended per the protocol is difficult. A suggestion was made to see if Med-Link can help with a pop-up calendar or other reminder system to provide notification when labs, etc. are due. The committee noted that the CMCU role is limited and the provider is responsible for monitoring therapy per protocol.
 - The committee discussed and recommended utilizing data from the CMCU as a QI/QA resource to help identify potential problems/issues.
 - Process clarification made by the committee: When a DCF child is discharged from a hospital or facility a 465 form is required. This is not a permission process but a notification of what medications are to be continued after discharge.

7. Review of Medication Guidelines/Protocols:

- The last 12 month review was completed July 2007.
- The Texas Department of State Health Services document “Psychotropic Medication Utilization Parameter for Foster Children” was distributed and discussed in detail. The maximum dosing guidelines were discussed a valuable clinical tool and a suggestion made to add similar dosing guidelines to the DCF protocol. There was some concern expressed in that if the

maximum dosing guidelines are not accurate it may result in a 2-tiered system. The committee discussed this and felt that the diverse make up of the PMAC (DCF and community practitioners) should result in maximum dosing guidelines that would be considered accurate in all practice settings.

- The committee endorsed the idea of adding Maximum Dosing Per Day recommendations for children and adolescents to the DCF protocol. After considerable discussion the following recommendations were made and approved.
 - The development of dosing guidelines will be integrated into the ongoing monthly review process. This will result in dosing guidelines being completed in 1 year or less.
 1. The first protocol review will be Atypical Antipsychotics.
 2. The review (including max dosing recommendations) will include references.
 3. The max dosing recommendations for children and adolescents will be in the form of an addendum to the current protocol.
 4. Approved maximum dosing guidelines will also be included in the DCF Approved Drug List.
 - Dosing guidelines will be listed as:
 1. FDA approved (when available).
 2. DCF (PMAC) approved based on safety and determined via local practice, case reviews, and other resources.
 - Provide information when available regarding what Adverse Drug Reactions may occur as the maximum recommended dose is reached.
 - Going over the recommended maximum dose will trigger a CMCU review.

8. Discussion: State-Wide Pediatric Psychopharmacology Conference

- Consensus from the last PMAC meeting indicates the committee wishes to proceed with this initiative.
- There was much discussion regarding who the audience should be, what the subject matter should be and the fact there are now 2 conferences/yr on this subject for prescribing practitioners. There was also a suggestion that this initiative be put on hold until operations improve.
- The basic intend of this conference might be to share medication use experiences regarding dosing, safety and efficacy. A goal might be to foster collaboration across the continuum of care.
- As there was much lively discussion and many details to work out Dr. Williams recommended that a Sub-Committee be formed to work on this initiative. The committee endorsed this idea.
 - A sub-committee was approved with the following members:
 1. Bryan Keyes, M.D. Chair
 2. Amy Veivia, Pharm.D.
 3. Curtis Harmon, APRN
 4. Chris Malinowski APRN

5. Joan Narad, M.D.
 6. Beth Muller, APRN
- The sub-committee is tasked with defining an objective, audience, and scope for the conference and reporting back to the full committee in 2 months.
9. Statewide Advisory Council (SAC) consideration of surveying CT Child Psychiatrists and APRN's about their relationship with DCF.
- It was noted that SAC has some oversight responsibility of DCF and may give recommendations to the Governor and/or Commissioner.
 - Dr. Jennings is a member of SAC. He reported that the relationship between DCF and private providers is being discussed by SAC as a possible concern. The main issue seems to be communications. One specific issue is that treatment recommendations are often NOT approved but no rationale is communicated to the provider as to why.
 - SAC is requesting assistance from DCF to help measure and/or resolve this and possibly other issues.
 - A general discussion ensued regarding the scope of PMAC and if this would not be a considerable expansion of PMAC responsibilities possibly exceeding PMAC's areas of expertise.
 - The following actions were recommended and approved:
 - Dr. Williams will contact SAC regarding this issue and attend an SAC meeting along with Mr. Mendelson.
 - PMAC will take this under consideration once Dr. Williams reports back to the committee (possibly next month).
10. Adjournment: Dr. Williams adjourned the meeting at 2:50pm.

Respectfully Submitted:

David S. Aresco