Children's Hospital of Philadelphia
PolicyLab

What's Next in the Effort to Reduce Psychotropic Medication Use Among Children?

Health Equity

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Last month, PolicyLab and The Children's Hospital of Philadelphia (CHOP) hosted a press conference with the Pennsylvania Department of Human Services (DHS) to announce new statewide initiatives to reduce the use of psychotropic medications among Medicaid-enrolled Pennsylvania children. Research by PolicyLab and others around the country has shown that Medicaid-enrolled children, and particularly, Medicaid-enrolled children in the foster care system, are disproportionately prescribed psychotropic medications, including antipsychotics.

Building on best practices from around the country, Pennsylvania is putting in place a prior authorization process for all Medicaid Managed Care Organizations (MCOs) regarding antipsychotics, best practice guidelines for primary care physicians and psychiatrists around comprehensive assessments, an electronic dashboard to monitor prescribing for children in foster care and a telephonic child psychiatric consultative service available for all prescribers.

There will be kinks that need to get worked out during implementation. For example, some providers have already raised concerns that unilateral prior authorization and re-authorization creates a barrier for children and youth that need medication. A solution used by other states to address this issue is the creation of "gold card" or "easy pass" privileges for providers who meet certain prescribing criteria.

The more complex part of this issue is figuring out how to complement, or even to replace in some cases, medication with other services. PolicyLab research points to the importance of investing in non-pharmacological behavioral health interventions. Yet, the gap between the promise and the reality of these interventions is enormous.

To start, these services are hard to replicate across a fractured children's mental health system that relies on contract workers and perennially low reimbursement rates. And even if the services are put in place and therapists are available to deliver them, the children, youth and families that need these services face insurmountable barriers to getting them. Case in point: I know a single mother who works full time who, just a few weeks ago, took her 12-year-old daughter for a mental health evaluation given some trouble she was having at school. The psychologist offered a regular weekday appointment at 10:30 a.m. The psychologist had no evening or weekend appointments. The mom could not miss work every Friday morning, and the daughter's school was not keen on her missing class time, especially given issues she had been having at school.

The next agenda requires more services, conversations about mental health parity, and mental health services research. This agenda will involve population health planning, implementation science and partnerships among payers, practitioners, families, schools and researchers.

It is time for a next agenda.

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