



# AN ASSESSMENT OF FOLLOW-UP VISITS AND USE OF PSYCHOSOCIAL SERVICES AMONG FOSTER AND NON-FOSTER CHILDREN STARTING ANTIPSYCHOTIC THERAPY

Shah R<sup>1</sup>, Ramachandran S<sup>1</sup>, Nuuna S<sup>1</sup>, Banahan BF<sup>1</sup>, Hardwick SP<sup>1</sup>, Noble S<sup>2</sup>

<sup>1</sup>Center for Pharmaceutical Marketing and Management, School of Pharmacy, University of Mississippi, University, MS, USA.

<sup>2</sup>Mississippi Division of Medicaid, Jackson, MS, USA.

## INTRODUCTION AND OBJECTIVES

In 2011, the Government Accounting Office (GAO) conducted an evaluation of the use of antipsychotic medications among foster children.<sup>1</sup> In response to the GAO study and discussions, the Department of Health and Human Services sent a letter to state Medicaid directors in November 2011 announcing details of a joint initiative involving the Administration for Children and Families (ACF), the Centers for Medicare and Medicaid Services (CMS), and the Substance Abuse and Mental Health Services Administration (SAMHSA) aimed at helping states improve mental health services for foster children. In 2013, the National Collaborative for Innovation in Quality Measurement (NCINQ) proposed three quality measures to assess the use of needed services associated with antipsychotic medication use among children enrolled in Medicaid and CHIP programs. The measures addressed follow-up care after starting an antipsychotic (AP), psychosocial care during antipsychotic use, and metabolic monitoring. Performance on the first two proposed measures was calculated for Mississippi Medicaid beneficiaries.

## METHODS

A retrospective analysis of Mississippi Medicaid administrative claims data from January 1, 2014 through December 31, 2014 was performed. Claims for fee-for-service and encounter records for both managed care plans were included in the analyses. The denominator for both the follow-up care and access to psychosocial care measures included beneficiaries ages 0 to 20 years continuously enrolled for  $\geq 3$  months who had a new AP prescription during 2014.

### Study Measures

**Follow-up care:** Children and adolescents  $\leq 20$  years of age on any AP during the measurement year who had at least one follow-up care visit with a prescriber within 30 days of a new AP prescription.

**Psychosocial care:** Children and adolescents  $\leq 20$  years of age on any AP medication during the measurement year with documentation of receiving any psychosocial care.

## RESULTS

The denominator for follow-up visits and psychosocial care measure included 4,236 beneficiaries.

- Overall, 56.3% of children initiated on an antipsychotic medication received one or more follow-up care visits (Table 1). Rates for foster children (57.6%) and non-foster children (56.2%) were not significantly different.

		Medicaid Pharmacy Program				
		FFS	Magnolia	UHC	TOTAL	
All Children	# With Follow-up visit	1,848	238	297	2,383	
	# Starting APs	3,196	478	562	4,236	
	Percentage	57.8%	49.8%	52.8%	56.3%	
Foster Status	Foster Children	# With Follow-up visit	87	13	59	159
		# Starting APs	160	21	95	276
		Percentage	54.4%	61.9%	62.1%	57.6%
	Non-Foster children	# With Follow-up visit	1,761	225	238	2,224
		# Starting APs	3,036	457	467	3,960
		Percentage	58.0%	49.2%	51.0%	56.2%

- Overall, 63.4% of children prescribed antipsychotic medications received some form of psychosocial care during the measurement period (Table 2). Rates for foster children (63.6%) and non-foster children (60.9%) did not differ significantly.

		Medicaid Pharmacy Program				
		FFS	Magnolia	UHC	TOTAL	
All Children	# With Access to Psychosocial Care	2,035	285	365	2,685	
	# Starting APs	3,196	478	562	4,236	
	Percentage	63.7%	59.6%	64.9%	63.4%	
Foster Status	Foster Children	# With Access to Psychosocial Care	89	12	67	168
		# Starting APs	160	21	95	276
		Percentage	55.6%	57.1%	70.5%	60.9%
	Non-Foster children	# With Access to Psychosocial Care	1,946	273	298	2,517
		# Starting APs	3,036	457	467	3,960
		Percentage	64.1%	59.7%	63.8%	63.6%

## CONCLUSIONS

This study used administrative claims data to examine quality measures related to the use of AP medications in children. Based on the results of the study, the performance rates were not significantly different between foster and non-foster children, indicating that care for foster children is comparable to that for non-foster children. However, overall rates for both follow-up visits and access to psychosocial care services demonstrate a need for improvement in order to assure appropriate monitoring of children prescribed antipsychotic medications.

## LIMITATIONS

The study sample only included children on AP medications enrolled in the Mississippi Medicaid program.

## REFERENCES

- GAO, *Foster Care: State Practices for Assessing Health Needs, Facilitating Service Delivery, and Monitoring Children's Care*. [GAO-09-26](#), (Washington, D.C.: February 6, 2009).

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