

Quality Improvement Activities Report Form

1. Activity Name: The Use of Antipsychotics in Children Under 18 Years of Age

Section I: Activity Selection and Methodology

2. Rationale – Explain why this activity is important / relevant to our consumers, providers and/or practitioners

Practitioners in the region are using antipsychotics very frequently in children and that these antipsychotics are being used at high doses. Second Generation Antipsychotics (SGA's) have serious side effects including the metabolic disorder symptoms such represented by diabetes, high blood sugar, increased weight, high cholesterol, high lipids, obesity and hypertension. These medications need to be prescribed only when other medications with fewer side effects have not been effective or when the symptoms are so serious in severity that they preclude the use of other medications. It is also necessary to assess if the prescribers are routinely monitoring these side effects by getting weight, BP, triglycerides, blood glucose and cholesterol consistently to monitor the presence or absence and the severity of these side effects.

The appropriate use of these drugs is also of important as a way to avoid deleterious effects of the drugs.

It is documented in the literature that SGA's can be used for psychotic disorders, aggression and mood disorder among several indications. PBH reviewed the rate of use of SGAs in the PBH Network in children 18 and less.

PBH has also reviewed the records all children taking SGAs between the age of 3 years old and 18 between April 1, 2011 and July 31, 2011 that are covered by the PBH Network. Noted was the rate of appropriate use of these medications.

3. Quantifiable Measures: List and define all quantifiable measures used in this activity. Include a goal for each measure. If a goal was established, list it. Add sections for additional quantifiable measures as needed. Attach a comparison chart or graph for two or more measurement periods.

#1 Quantifiable Measure: The percent of PBH Children that had at least one encounter between April 1, 2011 and July 31, 2011 that were treated with A SGA.

Measurement Period	Measurement	Numerator	Denominator	Rate or Results
April 1, 2011 Until July 1 2011	Baseline	485	2459	19.75%
	Remeasurement #1			
	Remeasurement #2			
	Remeasurement #3			
	Remeasurement #4			

#2 Quantifiable Measure: The percent of children treated with SGAs who had a diagnosis in the CI system that had no indication for the use of the SGA.

Measurement Period	Measurement	Numerator	Denominator	Rate or Results
March 1, 2011 Until July 1 2011	Baseline	32	485	6.60%
	Remeasurement #1			

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	Remeasurement #2			
	Remeasurement #3			
	Remeasurement #4			

4. Data Sources (List sources from which you retrieved your data)

The data was obtained from the North Carolina A+KIDS initiative. PBH received a list of all children 18 years and less covered by the PBH Medicaid Waiver that were on a SGA. Then PBH matched the diagnosis to the child and the SGA that the child prescribed.

The data was then reviewed by the PBH Medical Director to determine the appropriateness of the use of the SGA as determined by clinical guidelines.

The following results were noted:

Count On SGA	Count of Patients	Percent of Children on SGA
485	2459	19.75%

Name of SGA Prescribed:

Count of Individual SGA		
ABILIFY	135	28.66%
GEODON	6	1.28%
INVEGA	5	1.06%
RISPERIDONE	242	51.49%
SAPHRIS	2	0.43%
SEROQUEL	62	13.19%
ZYPREXA	12	2.55%

5. Analysis and Identification of Opportunities for Improvement

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The use of SGAs in the children covered by the Medicaid Waiver was at a rate of 19.75%. The inappropriate use of these drugs, as measured by national guidelines was at a rate of about 6%. There are no current benchmarks for the use of SGAs in children in a mental health population. North Carolina has recently enacted a program, A+Kids, that requires prescribers to enter data on children with Medicaid that are prescribed SGAs. At present, there has not been any tabulation of the Data.

The PBH network of providers is using these drugs at a low rate. But with the seriousness of the possible side effects, PBH feels that it is important to share these findings with the prescribers of the PBH Network. PBH proposes to send a email bulletin that declares these results and informs them of the seriousness of the misuse of these drugs.

6. Interventions Taken for Improvement

<u>Date</u>	<u>Intervention</u>	<u>Barrier(s)</u>
1/26/2012	Email bulletin to all PBH Providers	The rate that the providers will read the email.