

Psychotropic Medication Advisory Committee
Open Meeting Minutes
Teleconference (Webex)
September 28, 2020
9:00 AM to 12:00 PM

Due to the impact of COVID-19 this was a teleconference meeting only

Committee Members

Judge Sue Crane (Chair)	Dr. Manuel Hernandez	Al Greimann	Marlo Williams
Dr. Laine Young- Walker (Co-chair)	David Wood	Jessica Haslag	Kristen Dickinson
Dr. Mark Roaseau	Dr. Maya Moody	Sarah Willson	
Dr. Josh Moore	Dr. Patsy Carter	Connie Cahalan	
Dr. Nathan Beucke	Nick Mebruer		

Additional Psychotropic Medication Advisory Committee (PMAC) Meeting Participants

Stacie Frueh	Children's Division, Health Specialist Coordinator
Mark Gutchen	Department of Social Services, Miscellaneous Professional/Legal Counsel
Ellen Haynes	Children's Division, Special Counsel
Alyssa Bish	Children's Division, Operational Excellence Coordinator
Melissa Kenny	Children's Division, Health Specialist Unit Manager
Jill Pingel	Children's Division, Health Specialist Unit Manager
Makena Mugambi	Paralegal, Children's Rights
Sharie Hahn	Department of Social Services, General Counsel
Larry Smith	Children's Division, Program Development Specialist

1. Welcome

- Chair called the meeting to order at 9:00 AM.

2. Agenda Review

A. Words from PMAC Chair

- Motion to approve the minutes from August 24, 2020. Seconded and approved.

B. Suggested protocol for use of psychotropic medications for specific inpatient hospital situations

- PMAC member from the Missouri Hospital Association (MHA) indicated that they reviewed the Children's Divisions (CD) policy changes regarding the definition of an emergency and the removal of the reference to PRN medications with a hospital physician. The ability for a physician to perform an assessment to determine if an emergency situation exists and prescribe/administer psychotropic medication(s) as needed is what MHA has requested. As a result, the PMAC members from MHA have informed the PMAC that they are withdrawing their presentation and review of the psychotropic medications inpatient hospital protocol as it is no longer needed.
- PMAC member guardian ad litem asked MHA members who is the decision maker in a hospital emergency situation when there is no consent from CD.
- PMAC member from MHA indicated that the admitting physician would provide the authorization for the prescription/administration and the CD case manager would be notified within 24 to 48 hours.
- PMAC Chair asked how consent would be obtained from CD during the emergency process.

- PMAC members and participants expressed concern that the emergency process would circumvent the informed consent process.
- PMAC member from MHA indicated that hospital staff could make a goal to contact CD before discharge; however, mandating that a child could not be discharged without consent may not be appropriate.
- PMAC member pediatrician/primary care doctor expressed concern regarding ongoing treatment and coordination of care once a child is released from an inpatient setting. An example is that a child has been released from the hospital with a prescription of a medication, the pediatrician feels obligated to refill the prescription because the child cannot get an appointment with the psychiatrist for 90 days or more.
- PMAC co-chair expressed concern about a doctor prescribing a medication that was against the clinical edits established by MO HealthNet Division. The continuing care of the child was in question because the child could be discharged from the hospital with the medication that the doctor knew could not be refilled. This would require the child to see a doctor for another medication change.
- PMAC member from MHA mentioned that coming out of the hospital setting and planning for discharge with a 7 day follow-up visits after inpatient stay would be ideal. Unfortunately, there are not enough providers to do this.
- PMAC member from MHA said that the emphasis for the administration of psychotropic medications during an emergency situation is the physician's documentation and the rationale for using the medications.
- PMAC member child psychiatrist said that in an emergency situation, the sooner the medications are started the better in an effort to stabilize the patient. Consent can happen concurrently with the administration of the emergency medication.
- PMAC Chair indicated that due to the concerns expressed by PMAC members and participants regarding a physician's ability to assess an emergency situation and prescribe/administer psychotropic medications prior to obtaining consent from a CD case manager, this should be an agenda topic for the next PMAC meeting.

C. Clinical Sub-Committee – update regarding excessive dosage

- Clinical sub-committee Chair indicated that there was no clinical update at this time.
- PMAC participant from the Children's Division (CD) Health Information Specialist (HIS) management indicated that a definitions, abbreviations, and weight have been added to the "PMAC Excessive Dosage Listing" draft.
- PMAC participant from CD's HIS team indicated that the "PMAC Excessive Dosage Listing" draft will be piloted within some circuits prior to the rollout of the training.
- PMAC participant from CD's HIS team said that HIS is working with a PMAC MHD representative to determine if the oversight of the "PMAC Excessive Dosage Listing" could be managed through a current MHD contract.
- PMAC participant from CD's HIS team mentioned that CD is exploring different computer applications for iPads, cellular telephones, etc., to help staff access the "PMAC Excessive Dosage Listing."
- PMAC participant from CD's HIS team has indicated that they have requested a report from a contracted agency that would provide information on approximately how many children met the "PMAC Excessive Dosage Listing" criteria.
- PMAC participant from CD's HIS team said CD and the Center for Excellence (CFE) are collaborating to create a training plan for CD staff and prescribers. HIS staff are meeting on a weekly basis to prepare for the rollout of the "PMAC Excessive Dosage Listing" before December 5, 2020.

D. PMAC Annual Report

- PMAC participant from CD's HIS management said that the PMAC annual report is due by February 15, 2021.

- PMAC Chair requested that a copy of the PMAC report from 2019 be sent to the Chair and Co-chair of the PMAC. PMAC participant from CD's HIS management mentioned that HIS will assist with the development of the report, if needed.

E. Update on Joint Settlement Agreement Requirements

- PMAC participant from CD's HIS management said that HIS and CFE have created and presented the initial interactive webinar on psychotropic medications for 2020. HIS and CFE are collaborating to create the second interactive webinar for this year.
- PMAC participant from CD's HIS management indicated that the case manager, resource provider and prescriber surveys are complete and are being reviewed by the data validator.
- PMAC participant from CD's HIS management mentioned that the Alternative Care Medical and Automatic Reviews are complete for the third quarter.
- PMAC participant from CD's HIS management said HIS will provide Quarter 3 2020 report on the Agreement benchmarks at the next PMAC meeting

4. Open Discussion

- No open discussion

5. Action Items

1. HIS will provide an update on the process for implementation of the "PMAC Excessive Dosage Listing."
2. Discuss consent for psychotropic medications during an emergency situation
3. HIS will provide an update on CD's progress towards implementation of the Joint Settlement Agreement requirements.

6. Meeting Adjourned

Meeting was moved to adjourn at 11:08 A.M.

Due to the COVID-19 pandemic the next meeting(s) will be held virtually. Meetings for 2020 are scheduled from 9:00 A.M. – 12:00 P.M. The remaining PMAC meeting dates are:

October 26, 2020

November 23, 2020

December 28, 2020