Psychotropic Medication Advisory Committee Open Meeting Secretary of State Building 600 E. Main Street, Jefferson City, MO November 25, 2019

9:00 AM to 12:00 PM

Attending:

Committee Members-

Judge Sue Crane (Chair) Amber Greathouse Dr. Laine Young Walker (co-chair) Dr. Patsy Carter Kristen Dickinson Dr. Mark Roaseau (phone) Al Greimann Carrie Bolm Dr. Christopher Bellonci (phone) Jessica Haslag

Sarah Gordon Connie Cahalan (phone)

Sarah Wilson Whitney Davis Dr. Josh Moore **Dustin Cash**

Others:

David Kurt Stacie Frueh Michele Renkemeyer

Ellen Haynes (phone) Melissa Boyd (open meeting) Melissa Kenny

Mark Gutchen **Christy Collins**

Welcome & Introductions

- Meeting called to order at 9:03 AM by Stacie Frueh, Health Specialist Coordinator for Children's Division
- Judge Sue Crane introduced as Chair of the committee.
- Motion to approve the minutes from last meeting. Seconded by Dr. Laine Young-Walker and approved.
- Introductions of committee participants.

Overview of November 20 Fairness Hearing;

Mark Gutchen gave an overview of the fairness hearing held on November 20, 2019 before the Honorable Lajuana M. Counts, United States Magistrate Judge. Comments were submitted to counsel and submitted to the judge. The fairness hearing allowed interested persons to come before the court to comment or propose objections to the settlement agreement. The Honorable Counts found the settlement agreement to be fair, reasonable and adequate. Her recommendation was submitted to Judge Laughrey for final approval of the settlement agreement. All concerns raised in court are addressed in the settlement agreement. The PMAC committee was already in place prior to fairness hearing. Mark stated we are leading the nation with the work that is being done in Missouri.

Development of PMAC subcommittee –

Excessive dosage

The Department needs to have advice from a clinical group regarding excessive dosage guidelines for psychotropic medications. There are guidelines for some medications, and there are no guidelines for others, and there are disagreements between practitioners regarding appropriate guidelines. In some instances prescribers may need to deviate from the established guidelines to treat children

The subcommittee's work will rely on guidance from FDA guidelines and publications of American Academy of Child and Adolescent Psychiatry (AACAP), as well as review work done in other states and by MHD, when developing recommendations regarding prescribing practices and excessive dosage guidelines for the State of Missouri.

Subcommittee Members:

Dr. Josh Moore - Pharmacist

Dr. Laine Young Walker - Psychiatrist - Chair of subcommittee

Dr. Patsy Carter - Psychologist

Dr. Mark Roaseau - Pharmacist

Dr. Manuel Hernandez - Psychiatrist

Dr. Christopher Bellonci – Psychiatrist

Health Information Specialist, Children's Division to be identified

Dr. Moody or Dr. Nathan Beucke – Pediatrician – Dr. Young-Walker will touch base with them and if they are not available, will look outside committee

Larry Smith – CD PDS - minutes

Action Steps:

- Include an IT expert on the subcommittee to assist in formatting and developing system guidelines
- Consider automating guidelines through MO HealthNet to identify specific edits and flag cases
- Include Jessica Haslag from MO HealthNet in CD's monthly status calls with ProAct/Relias
- Review and share excessive dosage guidelines that have been developed in other states (NY)
- MO HealthNet will share its excessive dosage guidelines
- Develop subcommittee work plan and report back to PMAC.
- Reach out to larger providers for input in regarding dosage guidelines
- CD will reach out to Compass Health, Al Greimann for information to supplement the subcommittee.
- Once guidelines are established by the subcommittee the recommendations would need to be brought before two other committees within MO HealthNet before they can be implemented.

Break

Informed Consent - Children in Inpatient Hospitalization

Children who are admitted to inpatient hospitalization settings can sometimes demonstrate aggressive behaviors that potentially pose a threat to other patients and staff. There are medications which can be administered to decrease aggressive behaviors. The tension lies with the definition of emergency administration allowed by the settlement (PRN meds); hospital standards governing chemical restraint; and the accessibility of CD and parents to quickly make an informed consent decision.

Issues identified regarding Informed Consent and use of PRN medication for children in Inpatient Psychiatric Hospital care:

- Hospitals want the ability to begin medications immediately to manage behaviors. Average
 estimated time to obtain informed consent from CD workers is 2-3 days but has been as many
 as 5 or more;
- Hospitals are considering declining admission of children in the custody of CD as they have a
 duty of care and have to ensure they have the ability to manage the patient safely;
- Hospitals have noted that on occasion they have had to discharge children without medication because informed consent was not given timely.
- Hospital staff are being injured due to patient aggression when they are not able to medicate to
 lower the aggression levels. Many hospitals are now in the position to reconsider admission of
 aggressive patients, if they cannot be effectively managed within the current constraints.
 Sometimes the aggression may be triggered by the new environment or sleep deprivation but
 hospitals will evaluate the emergency medical condition resulting in the hospitalization.
- Hospitals would prefer to start medication with delayed consent (obtaining consent from CD
 after the start of medication); it would depend on the situation if they leave the hospital with
 the prescribed medication. The hospital will want to arrange ongoing outpatient care where the
 child will continue to see the outpatient psychiatrist.
- While medication can be given in an emergency without prior consent, ongoing management of
 patient behavior through medication does not constitute an emergency by definition or, in the
 instance of a PRN order to be administered every six hours as needed, hospital standards define
 that as a chemical restraint;
- Hospitals do have the ability to prescribe emergency PRN.
- Can a PRN order written every 6 hours can be given on an emergency basis only? May trigger as a chemical restraint by hospital standards if the drug is used to restrict the freedom or movement of a patient, which is why they are to be written as an order for one time use. Hospitals are opposed to standing PRN orders.
- Concern identified that medications utilized in a hospital setting cannot be tracked through MO
 HealthNet.

Action Steps:

- CD continues to meet with Missouri Hospital Association to discuss trends and solutions to issues with informed consent process across the board
- Center for Excellence, Children's Division and Sarah Wilson will meet to develop protocol for communication between inpatient hospitals and Children's Division
- Hospitals would like to expedite the informed consent process by talking directly to the parents to gather historical data and provide information regarding informed consent with the parent vs through the Children's Division.
- Department will attempt to track utilization of one time PRN usage through review of Quality Improvement measures
- Follow-up with Conduent reports regarding inpatient hospital care reviews (approving appropriateness of admittance and approval for extra days past the standard 5 day admission)
- Utilize Conduent to track medications while in hospital setting
- Review CD policy regarding use of emergency medication administration. Recommend changes
 if necessary
- By the next meeting, Al Greimann is to provide list of medications to PMAC identified by hospital
 prescribers as bridge medications, designed to have "pre-approval" to help children reduce
 aggression prior to informed consent being obtained
- HIS liaisons have been assigned to each major psychiatric hospital to address issues as they
 arise.CD will continue to evaluate the efficacy of that system as we more work is being done on
 the protocol
- Judge Sue Crane indicated development of an inpatient hospitalization protocol for informed consent would remain on the agenda for future committee meetings until the issues is resolved

2020 Committee Schedule (Call in information will be provided prior to each meeting for those unable to attend in person)

January 27, 2020 – Truman Building Room 750

Remaining meetings are scheduled to be held at Governor Office Building, 200 Madison, Jefferson City MO in Room 315 on:

February 24, 2020 March 23, 2020 April 27, 2020

May 25, 2020 June 22, 2020 July 20, 2020

August 24, 2020 September 28, 2020 October 26, 2020

November 23, 2020 December 28, 2020

Open Discussion

Meeting Adjourned

Meeting was moved to adjourn at 11:56 a.m.