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Program Website

The website gets approximately 6,000 unique visitors per year. To enhance visibility and traffic we have added Facebook and Twitter pages. Furthermore, we have made our website smartphone friendly. You can visit the mobile version of the website by scanning in the QR code below with your smartphone.



Florida Medicaid Health Information Network Powered by Availity

Using the secure network portal, providers can access patient specific claims-based data, along with patient eligibility and a patient lookup tool. The data includes prescription history, lab event history, hospital visits, diagnoses, and any other paid Medicaid claims information retroactive 18 months.

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Newsletter

The Florida Medicaid Drug Therapy Management Program for Behavioral Health is entirely funded by the state of Florida Agency for Healthcare Administration (AHCA) under a legislative mandate to improve the quality and safety of psychotropic medications to children and adult Medicaid beneficiaries.

The program produces many reports and studies to inform on mental health issues by providing information upon which AHCA can rely. Many of the studies and reports that the program undertakes begin with specific questions from AHCA. While our experts and committees are central to providing the best possible expertise, the program also collaborates with a variety of stakeholders to facilitate discussion across many disciplines. The program has the ability to enlist the nation's foremost scientists and health professionals in the field of mental health.

The committee meetings of the program are posted on Florida Weekly and are open to the public.

We report on the major accomplishments of the program in Fiscal Year 2012-2013.

Program Guidelines

The cornerstone of the program is the Psychotherapeutic Guidelines for major mental health conditions affecting children, adolescents and adults. The guidelines are updated on a rotating basis every other year. In FY 12-13, we updated:

1. Psychotherapeutic Guidelines for Children and Adolescents
2. Psychotherapeutic Guidelines for Dually Diagnosed Children and Adolescents with Psychiatric and Developmental Disabilities

To update the guidelines we invite national experts in children and adolescent psychiatry and experience in treating children with developmental delays. In addition we include experts in psychopharmacology, physicians from Florida academic centers, primary care physicians, pediatricians and psychiatrists from Florida and representatives from managed care organizations and community mental health centers. The guidelines can be found on our website



Florida Pediatric Psychiatry Hotline

AHCA Areas 1, 2a + 2b, 3a and 3b: 1-877-506-2720

AHCA Areas 4, 5, 6, 7 and 8: 1-866-487-9507

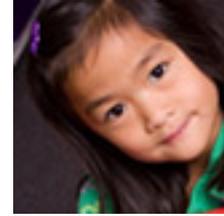
AHCA Areas 9, 10, and 11: 1-877-486-3783

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<http://medicaidmentalhealth.org>

Tracking Antipsychotic Use in Young Children

An important responsibility of the program is to track the use of antipsychotic medications for children and adults whose prescriptions hit a series of quality indicators designed to flag practices that are not well supported by evidence, may produce marginal benefit and/or increase clinical risk and can be applied to analysis of claims. We have been tracking trends of antipsychotic prescribing for the last five years. We generate several types of analyses to identify practices which warrant greater review and scrutiny. These analyses also help us design the types of intervention used to communicate with prescribers. As a result of our analyses we found that a small number of high volume adult and child clinicians provide the greatest potential for impact. In addition there are many primary care physicians writing small numbers of antipsychotic medications. Our quality initiatives have targeted both groups. We report that the use of antipsychotic polypharmacy in both children and adults has substantially reduced.



Prior Authorization

In collaboration with AHCA, the program has implemented a prior authorization project (PA) for children who are prescribed an antipsychotic medication under the age of 6 years old and for children over the age of 6 who receive antipsychotic polypharmacy prescriptions or antipsychotic prescriptions above maximum dosing recommendations. More recently, a PA was introduced for children under the age of 6 years who receive an antidepressant prescription. The PA initiative was created out of concern for the prescribing of antipsychotics and/or antidepressants to very young children for whom very few randomized control trials exist to demonstrate safety and efficacy. Since the PA started in the second quarter of 2008, over 6,000 requests have been received and reviewed by child psychiatrists at the University of South Florida, Department of Psychiatry and Neurosciences. The PA process is intended to reduce the number of patients receiving inappropriate antipsychotic and/or antidepressant treatment.

Registry

From the information obtained through the prior authorization process we have created a database/registry of children who began antipsychotic treatment before the age of six years. The goals of this initiative are to provide an opportunity to generate data on the long-term outcomes of antipsychotic medications, report actual medical practice, track a broad variety of outcomes, monitor trends over time to understand the long-term effects of antipsychotic use in young children, identify analytic opportunities and ultimately make the registry available

to the research community.

To date we have 2,515 children in the registry for whom we have collected demographic information, medical and behavioral diagnoses, and psychotherapeutic drug information.

Integration of Behavioral and Medical Health

Clinical Integration is defined as "the extent to which patient care services are coordinated across people, functions, activities, and sites over time." This initiative targets the treatment of complex mental health conditions in publically funded settings such as community mental health centers. The mental and physical conditions of patients with severe mental illnesses are inter-related and best addressed in an integrated way. These conditions are often chronic and include common co-occurrences for which care should be strongly coordinated to provide the best possible medical outcomes and value. This quality improvement program started one year ago in two community mental health centers and will continue during fiscal year 2013-2014 with the added component of monitoring for oral health. Preliminary results are encouraging and show that with ongoing monitoring and providing encouragement to adhere to medication regimens and lifestyle interventions (i.e., counseling on weight management, nutrition and smoking cessation), emergency room visits have been reduced and compliance with medication increased.

Clinical Trial: The Risks and Benefits of Switching Patients with Schizophrenia or Schizoaffective Disorder from 2 to 1 Antipsychotic Medication

Antipsychotic polypharmacy is often used because the clinician believes it is more effective than monotherapy for the patient in question. However, there are important risks associated with antipsychotic polypharmacy that must be assessed when decisions are made regarding whether a patient should remain on 2 antipsychotics or switch to antipsychotic monotherapy. This research will help us to quantify the risks and potential benefits of switching from antipsychotic polypharmacy to monotherapy for a group of generally stable patients without a recent, documented history of treatment failure with antipsychotic monotherapy. If the data show that a sizable proportion of antipsychotic polypharmacy recipients can be switched to monotherapy with little or no increase in symptoms and/or decrease in functioning then the risk/benefit ratio of antipsychotic polypharmacy will change and the use of the practice should decline. If the data show that the benefits of antipsychotic polypharmacy are different for patients with different characteristics then the practice can be more precisely targeted.

The trial began enrolling participants in 2012 and has enrolled a total of 105 participants. Participants will be followed for a total

of 12 months, completing assessments every 60 days and providing lab work every 6 months. All participants are scheduled to finish enrollment later this fall.

Special Studies

During the year the program produces studies to answer questions designed to inform the Agency.

- A study to examine individual characteristics associated with being a high-cost case for Medicaid covered health care services. We identified high cost individuals in 2008, and looked at whether or not they remained high cost in 2009 and 2010. In addition this study used a predictive model approach, and tested the accuracy of the model to predict future high cost cases.
- A study about the impact of emotional disturbances on the arrest trajectories of youth as they transition into young adulthood.
- Impact of the Florida Medicaid prior authorization program on the use of antipsychotics by children under the age of six.
- The impact of mental health services on arrests of offenders with a serious mental illness.

Medicaid Drug Therapy | usfmentalhealth@usf.edu | <http://medicaidmentalhealth.org/>

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