Policy Number	501
Policy Title	Psychotropic Medication Monitoring Plan
References	Department of Health Care Services (DHCS) contract with Monterey County Behavioral Health (MCBH), including, but not limited to Exhibit A-Attachment 2;, Attachment 5; Attachment 9 Title 9 Section 1810, 1840 Confidential Client Information: California Welfare and Institution Code Section 5328
Form	Monterey County Behavioral Health Medication Monitoring form
Effective	Revised: August 6, 1993 Revised: July 31, 2001 Revised: October 2004 Revised: April 10, 2006 Revised: March 1, 2010 Revised: October 16, 2018

Policy

The purpose of the Monterey County Behavioral Health (MCBH) medication monitoring is to ensure and improve the quality of psychotropic medication prescribing and use. The objective would be to: increase the effectiveness of psychotropic medication use; reduce inappropriate psychotropic medication usage and the likelihood of adverse effects; improve the clinical staff's knowledge about psychotropic medication; improve patient adherence to treatment with psychotropic medications; and, encourage patients to learn about psychotropic medications to improve their participation in informed consent procedures and treatment planning.

This policy refers to "Prescribers" as those staff whose scope of practice and responsibilities includes prescribing of medication in accordance with regulatory and board standards.

Procedure

1. MCHB Prescribers shall utilize the approved MCBH Medication Monitoring Review form.

2. The MCBH Medication Monitoring Review form is considered confidential and privileged. The completed MCBH Prescriber Peer Review form shall *NOT* be scanned in the individual's electronic health record.

3. The MCBH Medical Director or Designee and the Quality Improvement (QI) Department shall monitor the Prescriber peer review processes.

4. MCBH Prescriber's will conduct a review of 5% of the overall cases open to medication support services.

5. Case selection will be done randomly. Case numbers will be sent to MCBH Medical Director or Designee monthly by QI Department.

6. MCBH Prescribers will not review their own case.

7. MCBH Medication Monitoring Review form shall be submitted directly to MCBH Medical Director or Designee.

8. Results of the MCBH Medication Monitoring Review will be monitored and reviewed by the MCBH Medical Director or Designee and Quality Improvement Department on an ongoing basis.

9. Prescribers shall receive information/results of the review. Prescribers shall correct deficiency if present and document responses to review within the Prescriber Review Peer Review form.

10. At random, the Medical Director or designee will verify in the medical record correction of the deficiency (2nd level review).

11. Issue resolution resulting from MCBH Medication Monitoring Review process shall follow supervisory processes and MCBH's chain-of-command processes.

12. The Medical Director or Designee and/or QI Department shall report identified trends from the MCBH Medication Monitoring Review process at least on an annual basis.

DEFINITION OF PSYCHOTROPIC MEDICATION

ANTI-PSYCHOTICS: "Anti-psychotiic" medications consist of a number of families of chemical compounds which can be divided into typical and atypical. Each drug within this classification has certain properties which reduce, eliminate or modify symptoms. They may have undesirable side effects for a significant number of people; especially frequent are extrapyramidal symptoms, which are usually controlled with anti-Parkinsonism medication. Long term use of these drugs may produce a temporary or permanent neurological disorder called Tardive Dyskinesia. Careful monitoring is essential when high doses are used, both in acute and chronic treatment.

ANTI-DEPRESSANTS: Anti-depressants include a number of compounds with a range of effects which influence both mood and energy levels. Several new groups of anti-depressants are in usage currently. Choice of anti-depressants and dosage level depends on age, weight and clinical status of the patient.

LITHIUM COMPOUNDS: Lithium Carbonate is used widely for treatment of manic states and individuals with bipolar depressions. Lithium therapy requires extremely careful study of the physical status of the patient, especially thyroid and kidney function. Establishment of a therapeutic dose blood level demands careful clinical monitoring. (See Policy and Procedure on Lithium Monitoring).

ANTI-ANXIETY MEDICATIONS (minor tranquilizers): There are a variety of anti-anxiety medications. These drugs are the most frequently dispensed group of medications in psychiatric practice. Most often used are Lorazepam, Clonazepam, Diazepam, and Alprazolam. Those medications have a broad range of safety but may result in physical dependence in some patients. They should be used very selectively for limited periods of time.

HYPNOTICS: Hypnotics are for the treatment of insomnia. Dependency on hypnotics is extremely common among psychiatric patients. They should be dispensed with great care, especially when there is a possibility of misuse or overdosing.

CENTRAL NERVOUS SYSTEM STIMULANTS: CNS stimulants include the amphetamines, methylphenidate, and others. Indications for the use of amphetamines have been limited by the FDA. Their former use as anti-depressants or for the treatment of obesity has been discontinued. The amphetamines continue to be used in cases of attention deficit disorders with or without hyperkinesias in children. Ritalin has been used as a central nervous system stimulant in geriatric practice and in the treatment of narcolepsy. Those medications are subject to frequent abuse.

SSRIs: Atypical anti-psychotics

SPECIAL ISSUES

PSYCHOTROPIC MEDICATIONS

Psychotropic medications may be used only for therapeutic purposes. They should not be used for the convenience of others as a method of behavior control. The dose and duration of administration of psychotropic medications.

INPATIENT TREATMENT

The Short-Doyle contractors for inpatient psychiatric hospital care provide medication monitoring activities in accordance with the Medication Monitoring Plan.

DEVELOPMENTALLY DISABLED

Special consideration is needed for treating the developmentally disable because of the inherent difficulty in evaluating the effects of psychotropic medications in the non-verbal severely handicapped patient. It is suggested that specific target symptoms be determined and documented for each patient and then monitored to provide an objective measure or response (or non-response) to the agent employed.

CHILDREN

When medicating children, psychotropic drugs should be administered as part of a total therapy program that involves the child, parents, and/or significant others. The medication should not interfere with learning and should facilitate other therapies and special education. Taking medicines may have special meaning to children, and can be accompanied by anxieties, fantasies, etc. The attitudes of the child, the parents and teachers toward the drug may strongly influence its therapeutic effect. Careful orientations, discussion of purpose, possible side effects and instructions regarding administration are essential.
SSRIs – The group of anti-depressants called SSRIs are being used with utmost care in children below 16, because of their potential to induce suicidal behavior.

GERIATRICS

Special caution should be exercised in the use of psychotropic drugs in patients over 60 years of age. Limitations in the ability of the aged to absorb, metabolize, and excrete medications and the simultaneous presence of significant renal or cardiac disease severely limits drug tolerance and may lead to dangerous side effects. Special attention should be paid to other possible complications due to drug interactions. Focus of continued training.

BENZODIAZAPINE TAPERING (See Policy 465)

It is the MCBH policy to not use addictive medications in patients who have a history of substance abuse as it places these patients at risk of relapse. New patients will not be started on Benzodiazepine unless M.D. documents other reasonable alternatives have been tried documented and failed.

GENETICS

Patients who have genetically determined poor tolerance of medication are of special concern and should be monitored carefully. Focus of continued training.

QUALITY IMPROVEMENT COMMITTEE

Within the scope of practice of committee members, he/she will review the prescribing practices of the MCBH physicians. The review may occur during the QC meeting or outside of the scheduled meeting. Medication Monitoring Chart Review forms will be utilized using the MCBH psychopharmacologic screening criteria. A minimum of 10% unduplicated

medication case will be reviewed annually. A complete feedback loop form will be utilized to inform, provide corrective action and provide verification for medication monitoring review.

Special Medication Case Reviews

The Medical Director will be responsible for referring for review to the Quality Improvement Committee any of the following occurrences:

1. The death of a patient receiving psychotropic medication;
2. A self-administered overdose by a patient receiving medication;
3. The onset or discovery of Tardive Dyskinesia is a patient receiving medication;
4. Any unusual incident involving the use of medications.

Confidentiality and Anonymity

Patients' case numbers and physicians' employee numbers rather than names shall be used in minutes and reports to preserve confidentiality and anonymity as much as possible.

Approval of Medications Monitoring Plan

The Medication Monitoring Plan and any changes in it require approval of the Behavioral Health Director.

MONTEREY COUNTY HEALTH DEPARTMENT-BEHAVIORAL HEALTH BUREAU
MEDICATION MONITORING REVIEW-
CONFIDENTIAL CLIENT INFORMATION: SEE CALIFORNIA WELFARE AND INSTITUTION CODE SECTION 5328

PRESCRIBING PHYSICIAN:	CASE NO:
PROGRAM: SETTING:	REVIEW PERIOD:
DIAGNOSIS (PRIMARY CODES)	
REVIEWER:	DATE OF REVIEW:

Initial Evaluation	Patient					Total
	#1	#2	#3	#4	#5	
Assessment						
Symptoms support diagnosis						/5
Diagnosis documented (DSM 5/ ICD-10)						/5
Impairment or risk of deterioration documented						/5
Screen history of nicotine use						/5
Screen for h/o alcohol use/abuse						/5
Screen for h/o drug use/abuse						/5
Assess suicide risk						/5
Assess violence/HI risk						/5
Assess presence/absence of general medical conditions						/5
Assess neurological/cognitive function/impairment (if applicable)						/5
Assess co-occurring mental disorders						/5
Asses exposure to trauma						/5
Assess cultural/sociodemographic diversity (including Family History)						/5
Psychoeducation						
Patient education about illness/treatment						/5
Identified patient's goals for treatment						/5
Offered opportunity to involve family in treatment						/5
Treatment Plan						
Medication treatment recommended/provided to address symptoms/impairment						/5
Psychotherapy modality offered/recommended						/5
Informed Consent for medication						/5
Medication reconciliation completed						/5
Drug-Drug interactions reviewed/discussed						/5
PCP documented						/5

CURES review documented						/5
Summary						
Treatment plan concordant with diagnosis and treatment guidelines						/5

Follow-Up Assessment

Follow-up Evaluation/Maintenance	**#1**	**#2**	**#3**	**#4**	**#5**	
Medication Management						
Polypharmacy present (2 or more psychotropic medications)						/5
Rationale for polypharmacy discussed						/5
Adherence to treatment documented						/5
Treatment with antipsychotic provided						/5
Clozapine, discussed for patients with chronic/resistant impairment/symptoms						/5
Long-acting injectable medication offered for individuals with adherence difficulties						/5
Treatment Monitoring						
Adverse neurological effects, monitored during treatment with antipsychotic						/5
Side effects, monitored and addressed						/5
Metabolic syndrome, monitored during treatment with antipsychotics						/5
Laboratory monitoring completed (if applicable)						/5
Changes in BMI, monitored during treatment						/5
CURES review documented (if applicable)						
Psychosocial Interventions						
Psychotherapy modality offered/recommended						/5
Skills training for individuals with functional impairment discussed						/5
Supported Employment/Education, for individuals who identified those goals						/5
Was treatment for co-occurring substance use disorder offered						/5
Nutrition and exercise discussed						/5
Summary						
Treatment plan concordant with diagnosis and treatment guidelines						/5

ABPN Peer Feedback Form

	1 Never	2 Rarely	3 Occasionally	4 Frequently	5 Always	^ Not Applicable
Patient Care Implements the highest standards of practice in the effective and timely treatment of all patients regardless of gender, ethnicity, location or socioeconomic status.						
Medical Knowledge Keeps current with research and medical knowledge in order to provide evidence-based care.						
Interpersonal & communication Skills Communicates effectively and works vigorously and efficiently with all involved parties as patient advocate and/or consultant.						
Practice Based Learning and Improvement Assesses medical knowledge and new technology and implements best practices in clinical settings						
Professionalism Displays personal characteristics consistent with high moral and ethical behavior.						
Systems-based Practice Efficiently utilizes health-care resources and community systems of care in the treatment of patients.						

MULTIUSE COMPLETE FEEDBACK LOOP

RECOMMENDATIONS/REQUEST FOR ACTIONS (FIRST LEVEL REVIEW): **REVIEWING PHYSICIAN:** **DATE:**
RESPONSE BY PRESCRIBING PHYSICIAN: (must be within 4 weeks) **PRESCRIBING PHYSICIAN:** **DATE:**
VERIFICATION BY REVIEWING PHYSICIAN (SECOND LEVEL REVIEW): **DISAPPROVAL BY REVIEWING PHYSICIAN AND REFERRAL TO MCBH MEDICAL DIRECTOR AND/OR DESIGNEE** **REVIEWING PHYSICIAN:** **DATE:**