

Expert Panel Discussion and Recommendations

Monitoring effectiveness and safety of treatment

The use of psychotropic medications is based on a thorough diagnostic assessment, identification of specific target symptoms responsive to psychotropic medications, and the development of a comprehensive treatment plan that includes psychotropic medications as one of the treatment interventions. The effectiveness of a medication is determined by monitoring symptom severity over time. Adequacy of treatment is in part measured by blood levels of certain medications. The safety of a medication is established by monitoring adverse effects and by obtaining appropriate medical tests and laboratories. This break-out group will address the following issues:

- 1) What is standard practice for diagnostic assessments in outpatient settings? Residential Treatment settings? Inpatient hospitalizations? Is adequate time allotted for assessment and treatment planning?
- 2) How are target symptoms being identified in routine clinical practice? Are standardized symptom severity being utilized to measure baseline symptom severity and to assess treatment effectiveness?
- 3) How are treatment emergent side effects being managed in routine clinical practice? Are standardized scales being used to evaluate side effects of medicine?
- 4) How feasible is it to obtain standardized symptom severity and treatment emergent scales in outpatient settings? Residential treatment settings? Inpatient hospitalizations?
- 5) What symptom severity scales and side effect scales are routinely used in outpatient care? Residential treatment settings? Inpatient hospitalizations?
- 6) Are there barriers to getting necessary laboratory tests and medical studies in outpatient and residential settings? How does this affect clinical care?
- 7) Should treatment guidelines regarding monitoring of care be established? Should these guidelines function as suggestions to clinicians or should they be mandated? Should response data and side effect data be collected by the DCFS Consent Program?

Panel Report

The panel discussed diagnostic procedures and the barriers to standardized diagnostic assessments. Significant problems included having little or no access to previous clinical data on new patients, regardless of treatment setting; no DCFS standards for psychiatric assessments; lack of communication between treatment setting, treating physicians, and state agencies involved in the child's care; and confidentiality concerns. A major problem identified by the panel was that, given the extremely low reimbursement rates for diagnostic and medication management procedures by IDPA, it is often difficult to find a child psychiatrist to diagnosis or treat these youth.

- 1) There are no clear DCFS standards for diagnostic assessments in any treatment settings. The panel recommended that standardized procedures for office visits be developed and implemented. At minimum these procedures would include:
 - a) Development of templates for diagnostic evaluations and medication management;
 - b) Routine lab results;
 - c) Documentation of relevant psychosocial issues;
 - d) Good documentation of the mental status examination;
 - e) A DSM – IV – TR multi-axial diagnoses (though pediatricians are not be likely to use the DSM – IV – TR); and
 - f) Treatment plan

The panel noted that there was no standard vis-à-vis frequency or duration of medication visits in residential treatment centers (RTCs). The panel listed several things that would improve the quality and efficiency of their work, including having each child's comprehensive psychiatric file follow the child from treatment level to treatment level, medication history, and diagnoses (similar to a medical passport). This would work best if the information was in a summary form.

- 2) The panel agreed that the use of symptoms severity scales to monitor response to treatment is indicated. They were not in favor of mandating this, however, preferring that this remain a DCFS recommendation. Several approaches were suggested including using a DSM – IV – TR symptom list in a check box form. The Clinical Global Impression scale and Global Assessment of Functioning were suggested as well.
- 3) The panel only briefly discussed this issue, recommending that a checklist of symptoms may be helpful to monitor medication side effects, but specific instruments were not mentioned.
- 4) The panel thought that the use of standardized rating scales in all setting, especially the inpatient and RTC settings was feasible. Given the huge variability in treatment models, structure, staff training the panel thought that each RTC would be responsible for establishing a procedure to capture this information a "once size fits all approach" would not work.
- 5) The panels comments on which scales to use are documented above.
- 6) The panel touched on barriers to getting lab results only lightly. They mentioned that consents are required for all medication procedures and diagnostic tests, though except for some studies, such as MRIs and EEGs, consent for these tests are included in the general consent for treatment obtained by the facility or clinic at the outset of treatment.
- 7) The panel agreed that guidelines regarding monitoring of care should be set. They recommended that such guidelines be guided by expert opinion and recommended that a DCFS advisory board be established to accomplish some of these functions. These guidelines should be recommendations, not mandates and should "be a help rather than be an obstacle".