Psychotropic Medication Advisory Committee
Open Meeting Minutes
Teleconference (Webex)
August 24, 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) Jennifer Tidball Al Greimann Marlo Williams
Dr. Laine Young- Walker (Co-chair) David Wood Jessica Haslag
Dr. Mark Roaseau Dr. Maya Moody Sarah Willson
Dr. Josh Moore Dr. Patsy Carter Connie Cahalan
Dr. Nathan Beucke Nick Mebruer Carrie Bolm

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
Teri Armistead Children's Division, Deputy Director
Melissa Kenny Children's Division, Health Specialist Unit Manager
Jill Pingel Children's Division, Health Specialist Unit Manager
Lori Hickerson Department of Social Services, Litigation Deputy General Counsel
Sharie Hahn Department of Social Services, General Counsel
Makena Mugambi Paralegal, Children's Rights
Jazmyn Roberts Youth Board
Larry Smith Children's Division, Program Development Specialist

1. Welcome
   • Chair called the meeting to order at 9:00 AM.
   • Introduction of the new Department of Social Services, General Counsel Sharie Hahn.

2. Agenda Review

A. Words from PMAC Chair
   • Motion to approve the minutes from June 22, 2020. Seconded and approved.

B. Clinical Sub-Committee – update regarding excessive dosage
   • Clinical sub-committee Chair indicated that clinically the proposed "PMAC Excessive Dosage Listing" draft is ready for PMAC review.
   • PMAC participant from the Children's Division (CD) Health Information Specialist (HIS) management indicated that a definitions and weight based tabs needed to be added to the "PMAC Excessive Dosage Listing" draft.
   • Clinical sub-committee Chair and PMAC participant from CD's HIS management indicated the "PMAC Excessive Dosage Listing" could be ready for review for the next PMAC meeting.
   • PMAC member asked if the "PMAC Excessive Dosage Listing" would be presented to CD staff via PDF or web-site based access and will there be an ability for prescribers to review and comment.
• PMAC participant from CD HIS management indicated that the "PMAC Excessive Dosage Listing" would be web-site based and staff have access to the listing via iPad.
• PMAC Chair asked who would in charge of reviewing the "PMAC Excessive Dosage Listing" and revising the listing as needed.
• Clinical sub-committee Chair’s suggestion was that a pharmacist should be the individual in change of the review and revision of the listing. Also, the listing could be reviewed on a quarterly basis. The clinical sub-committee Chair indicated that the revised version should be reviewed by a clinician for accuracy. The clinical sub-committee Chair and a sub-committee member clinician indicated they would continue be involved in the review of the "PMAC Excessive Dosage Listing."
• Clinical sub-committee Chair said that the PMAC may need to determine if there is still a need for a clinical sub-committee.
• PMAC member suggested the University of Kansas City’s (UMKC) Drug Information Center could be a potential source for the "PMAC Excessive Dosage Listing" review.
• PMAC participant from the CD special counsel indicted that a review of the UMKC services would require a procurement review which may not be feasible at this time due to statewide budget constraints.
• PMAC members asked how would the "PMAC Excessive Dosage Listing" be presented to staff, will there be a training, who will provide the training, how will the listing be revised and will there be a process to keep the previous versions.
• PMAC participant from Department legal counsel indicated that CD should have the "PMAC Excessive Dosage Listing" and instructions on the website, develop training materials for CD staff, provide community access to the website, provide training and access to the prescribers and legal community on how the "PMAC Excessive Dosage Listing" should be utilized, create a process to review recommendations and keep previous revisions of the listing.
• PMAC Chair indicated that there were no PMAC objections to have the "PMAC Excessive Dosage Listing" revised by CD and clinicians.

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

• PMAC member from Missouri Hospital Association (MHA) provided an overview of the psychotropic medications inpatient hospital protocol.
• PMAC member from the clinical staff of the Center for Excellence (CFE) indicated that based on previous experience the medications listed in the protocol are not typically used for acute emergency episodes and may not provide a therapeutic dosage to alleviate symptoms.
• PMAC member from MHA indicated the protocol was based on their research and that the medications listed in the protocol could be utilized on a PRN basis to address an inpatient crisis situation.
• PMAC chair indicated that the protocol contained several situations such as; in a crisis state; emergent condition; however, there was no consistent definition of an emergency. PMAC chair indicted that there should be a consistent definition of an emergency to ensure that all parties involved have a clear understanding of the situation. The PMAC Chair requested that a CD legal representative provide the current definition of an emergency.
• PMAC participant from the CD special counsel provided a definition of an emergency from the CD Child Welfare Manual. The definition in the manual is the emergency definition from the Joint Settlement Agreement. Also, PMAC participant from CD HIS provided a link to the Child Welfare Manual.
• PMAC member from MHA indicated that the removal of the PRN reference from the Child Welfare Manual and the emergency definition should address the inpatient hospital concerns regarding consent.
• PMAC member from MHA said that the purpose of the protocol was to provide hospital staff with a process to administer medications in a crisis situation. The PMAC member from MHA indicated that from a review of over 140 cases for approximately one year in 25% of the cases the hospital did not receive consent to administer medications.
• PMAC member from CD indicated that 25% of 140 cases is 35 cases.
• PMAC member from MHA said that with the definition of an emergency from the CD Child Welfare Manual the small percentage of cases that did not receive consent could be addressed through the hospital practitioner's judgment of the situation.
• PMAC member from MHA said with the definition of emergency in the Child Welfare Manual the inpatient hospital protocol appears to be no longer needed. The PMAC member will review current information and PMAC member comments with MHA representatives and provide a final decision regarding the inpatient protocol to the PMAC during the next meeting.

D. Update on Joint Settlement Agreement Requirements

• PMAC participant from CD's HIS management said that CD has provided children who are twelve (12) and older and in foster care a flyer to inform them of their health care rights. Also, the same flyer was sent to all Guardians ad Litem (GAL).
• PMAC participant from CD's HIS management said that HIS staff are working on gathering medical documents for CFE to complete the second quarter automatic psychotropic medication reviews.
• PMAC participant from CD's HIS management mentioned that HIS and other CD staff continue to meet with the data validator and their sub-contractor Mathematica. The data validator and Mathematica staff have been working with HIS members to review the alternative care medical review process.
• PMAC participant from CD's HIS management said the maintaining medical records, access to medical records, system-wide utilization data and Healthcare Effectiveness Data and Information Set (HEDIS) measures reports have been posted on the internet.
• PMAC participant from CD's HIS management indicated that HIS/CFE are developing the annual in-service training for case management staff and licensed resource providers. Also, HIS scheduled a monthly review of the newly licensed resource providers to ensure they have received the trainings.
• PMAC participant from CD's HIS management indicated HIS staff are working on developing an annual survey to assess case management staff's ability to perform the Joint Settlement Agreement requirements.
• PMAC participant from CD's HIS management mentioned that HIS staff are participating in a statewide influenza campaign to promote immunizations.

3. Additional Topics

• PMAC member expressed concern about children receiving physician's request for genetic testing.
• PMAC participant from HIS management indicated that HIS is working with CFE to develop documentation to present to CD staff regarding genetic testing.
• PMAC member from CFE indicated that the documentation has been developed and will be sent to CD HIS management for review.
• PMAC member from MHD reiterated that MHD does not pay for genetic testing.
• PMAC member from CFE indicated that because the request is for laboratory services some individuals may be requesting the laboratory services and the payment would not be processed through MHD.
4. **Open Discussion**
   - No open discussion

5. **Action Items**
   1. CD will provide the process for implementation of the "PMAC Excessive Dosage Listing."
   2. Discuss the future role of the clinical sub-committee.
   3. Discuss "PMAC Excessive Dosage Listing" training for CD staff, legal, prescribers.
   4. PMAC members from MHA will provide an update on the status of the inpatient hospital protocol.
   5. 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 11:40 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:

- September 28, 2020
- October 26, 2020
- November 23, 2020
- December 28, 2020