# The Bree Collaborative Pediatric Psychotropic Use Workgroup Charter and Roster

#### **Problem Statement**

Among psychotropic medications prescribed to pediatric patients, antipsychotics have great potential for overuse. Antipsychotics are often prescribed for aggressive and impulsive behaviors, rather than psychosis.<sup>1</sup> Antipsychotic prescribing increased for adolescents and young adults in the past ten years. Use is associated with patient harms including obesity, suicidality, tics, and other effects on the developing brain.<sup>2</sup>

#### Aim

To improve the appropriateness of antipsychotic drug prescribing to pediatric patients in the State of Washington supported by behavioral health services.

## **Purpose**

To propose recommendations to the full Bree Collaborative on adherence to appropriate antipsychotic drug prescribing for children and youth under at 21 years, by:

- 1. Clarifying the evidence-base for effectiveness and harms of pediatric antipsychotic use.
- 2. Recommending methods to increase evidence-based, best practice prescribing of pediatric antipsychotic drugs.
- 3. Recommending techniques to increase use of evidence-based prescription consultation services in the context of holistic behavioral health care.
- 4. Recommending methods of streamlining processes to increase best-practice prescribing to reduce waste and provider burden.
- 5. Identifying additional psychotropic prescribing areas for improvement.

### **Duties & Functions**

The Pediatric Psychotropic Use workgroup will:

- Research evidence-based guidelines and emerging best practices.
- Consult members of the Washington State Hospital Association, the Washington State Medical Association and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven implementation strategies.

<sup>&</sup>lt;sup>1</sup> Olfson M, King M, Schoenbaum M. Treatment of Young People With Antipsychotic Medications in the United States. JAMA Psychiatry. 2015 Sep;72(9):867-

<sup>&</sup>lt;sup>2</sup> Agency for Healthcare Research and Quality. Antipsychotic Medicines for Children and Teens: A Review of the Research for Parents and Caregivers. US Department of Health and Human Services. September 4, 2012. Available: <a href="http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?productid=1146&pageaction=displayproduct">http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?productid=1146&pageaction=displayproduct</a>. Accessed: August 2015.

Create and oversee subsequent subgroups to help carry out the work, as needed.

## **Structure**

The workgroup will consist of individuals appointed by the chair of the Bree Collaborative or the workgroup chair and confirmed by Bree Collaborative members.

The chair of the workgroup will be appointed by the chair of the Bree Collaborative.

The Bree Collaborative project director will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

## **Meetings**

The workgroup will hold meetings as necessary. The program director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members to be added at the discretion of the chair.

Name	Title	Organization
Paula Lozano, MD, MPH	Medical Director, Research and	
(Chair)	Translation	Group Health Cooperative
Shelley Dooley	Parent Advocate	
		Developmental and Behavioral Pediatrics,
Nalini Gupta, MD	Pediatrician	Providence Health and Services
	Director, Community Leadership;	
Robert Hilt, MD	Director of Partnership Access Line	Seattle Children's
	Co-investigator, Mental Health	
Robert Penfold, PhD	Research Network	Group Health Research Institute
James Polo, MD, MBA	Chief Medical Officer	Western State Hospital
David Testerman, PharmD	Pharmacy Director	Amerigroup
Donna Sullivan, PharmD,		
MS	Chief Pharmacy Officer	Washington Health Care Authority