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. 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.

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.

---


Approved by the Bree Collaborative January 20th, 2016.
• 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.

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