

**Mental Health Medication Advisory Committee
Meeting Minutes, Open Session
November 10, 2020 2:00pm – 4:30pm**

Due to COVID-19, this meeting was held virtually.	<p>Committee Members: DeAnn Jenkins, MD (Chair) Vishal Adma, MD, MS, CMQ, CPE Bradley Grinage, MD Rebecca Klingler, MD Charles Millhuff, DO Karen Moeller, PharmD, BCPP Taylor Porter, MD Jill Reynoldson, PharmD, BCPP</p> <p>KDHE-DHCF/Contractor Staff: Annette Grant, RPh Victor Nguyen, PharmD Carol Arace, Administrative Specialist Kyle Shrewsbury</p> <p>MCO Staff: Alan Carter, PharmD, Aetna Better Health of Kansas Janette Mueller, RPh, UnitedHealthcare Community Plan Angie Yoo, PharmD, Sunflower State Health Plan</p> <p>DXC Staff: Kathy Kaesewurm, RN, BSN Karen Kluczykowski, RPh Harry Vu, PharmD Debbie Bruchko, RN</p>	<p>Public attendees: Dr. Will Warnes (Sunflower), Dr. Cole Wheeler (UnitedHealthcare), Audrey Rattan (Alkermes, Inc.).</p> <p>[Non-identified participants are not listed]</p>
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TOPIC	DISCUSSION	DECISION
<p>I. Call to Order</p> <p style="margin-left: 20px;">A. Introductions</p> <p style="margin-left: 20px;">B. Announcements</p>	<p>Call to Order: Dr. Jenkins called the meeting to order at 2:06 pm. Dr. Jenkins did a roll call of the committee members. Dr. Jenkins asked for any announcements from the State, including any requests for public comment.</p> <p>Announcements: The State introduced Kyle Shrewsbury as a new team member of the State.</p>	

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<p>II. Old Business</p> <p>A. Review and Approval of August 10, 2020 Meeting Minutes</p>	<p>Committee Discussion: None.</p>	<p>Dr. Klingler motioned to approve. Dr. Adma seconded this motion. Drs. Grinage & Moeller both abstained due to being absent. Motion to approve was otherwise carried unanimously.</p>
<p>B. ADHD Medications – Safe Use for All Ages</p>	<p>Background: -Possible addition of criteria regarding multiple concurrent use.</p> <p>Public Comment: None.</p> <p>Committee Discussion: The State recalled discussions from previous meetings and how the ADHD was the only criteria related to mental health that did not have limitations to “multiple concurrent drugs”. The State asked the Committee for final thoughts on the subject. The Committee concluded that no changes to the current ADHD criteria were necessary at this time.</p>	<p>Dr. Porter motioned to approve no changes. Dr. Grinage seconded this motion. Motion to approve carried unanimously.</p>
<p>III. New Business</p> <p>A. Retrospective Drug Utilization Review (R-DUR)</p>	<p>Background: -Discussion about current R-DUR programs in place for mental health drugs.</p> <p>Committee Discussion: The State explained that R-DUR across all drug classes is an ongoing CMS requirement and that each MCO has their own process. The State continued that the goal of the program was enhanced behavioral health and psychiatric care through collaboration with prescribers and supporting best practices through current clinical guidelines. Examples of tools used by the MCOs include: medication therapy management, review/validation of data, and provider outreach. The State pointed out that these activities are retrospective and are not hard stops.</p> <p>The State solicited for concerns regarding providers that may be prescribing in manners that are potentially unsafe. The State emphasized that submissions would be held anonymously. The State intends to collect, research, and address these concerns to promote patient safety.</p> <p>Dr. Adma asked for clarification on who performs the RDUR activities. The State replied that both the State and MCOs perform these undertakings.</p> <p>Dr. Adma pointed out that written reviews/comments are seldom read, and thus provide little value and asked for comments from the MCOs. Dr. Warnes (Sunflower Health State Health Plan) responded that Sunflower is actively generating and reviewing Kansas-specific reports. Dr. Warnes shared preliminary information that the number of patients that qualify for the</p>	<p>N/A</p>

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	<p>PMUR is decreasing and that there are positive changes in prescribing. Dr. Warnes highlighted that hard stop edits were not used.</p> <p>Although Dr. Milhuff commended Sunflower’s PMUR, he also called attention to the general theme of reduction in the number of medicines. Dr. Milhuff explained that while medication reduction is a guiding principle, there can often be situations that justify a medication regimen. Dr. Warnes responded that he would take that back and that the PMUR team is very interested in feedback and focus heavily on minimizing provider abrasion. Dr. Milhuff also gave constructive feedback on other areas of Sunflower’s and UnitedHealthcare’s RDUR activities.</p> <p>Dr. Grinage reinforced what Dr. Milhuff said. Dr. Porter also agreed and added that the submission of too many letters leads to “warning fatigue”. He suggested reducing the burden by being more specific and targeted. Dr. Jenkins felt encouraged by the improvements that Sunflower is seeing and appreciated the reminder of the RDUR program and how there are other systems in place to ensure appropriate prescribing practices.</p>	
<p>B. Prescribing Habits Related to Social Determinants of Health (SDoH) and Transition of Care (ToC)</p>	<p>Background:</p> <ul style="list-style-type: none"> -Considerations of SDoH’s when prescribing mental health drugs. -Inpatient versus outpatient prescribing practices. -Value of provider education regarding the State Medicaid Drug Program and other impactful resources. <p>Committee Discussion:</p> <p>The State explained that the goal of this agenda item is to create an impactful mental health provider education document that the MCOs can promote for providers to use. The State mentioned about continuing education as an incentive for providers. An example was given where a patient gets discharged from a facility and instructed to use a medication that their insurance does not cover or that the patient cannot otherwise afford. A list of problems was presented to initiate discussions with the Committee.</p> <p>The Committee discussed several items on the list, including: discontinuation instructions to pharmacies, utilizing the provider portal to aid in medication reconciliation, consideration of certain laboratory orders/results, mental-health-related PRN medications, and starting two different medications at the same time. The State emphasized that the list contained many broad topics and that the intention was to narrow down the scope into smaller manageable pieces. The Committee agreed that “transition of care” would be the first focus.</p>	<p>N/A</p>
<p>IV. Adjourn</p>	<p>The meeting adjourned at 4:10pm.</p>	<p>Dr. Adma motioned to adjourn the meeting. Dr. Klingler seconded this motion. The motion was passed unanimously.</p>

The next MHMAC meeting is scheduled for May 11, 2021.

*All MHMAC approved PA criteria are presented to the DUR Board for final approval. Approved MHMAC PAs are posted to the KDHE website:
http://www.kdheks.gov/hcf/pharmacy/pa_criteria.htm