

**Comprehensive NeuroScience (CNS)  
Monitoring of Psychotropic Medication Prescribing  
for Children in Pennsylvania**

**An Update**

**February 2009**

Since 2005, CNS has been providing a service designated as **Behavioral Pharmacy Management (BPM)** for the Office of Medical Assistance Programs (OMAP) and the Office of Mental Health and Substance Abuse Services (OMHSAS). BPM has focused on optimizing the prescribing and utilization of psychotropic medications for children served in that sector of the public mental health system not currently managed by HealthChoices. CNS analyzes aggregate claims data from pharmacies, providers and patients and then uses existing best practice guidelines and statistical evaluation of the accumulated information to identify deviations from best practice. CNS then responds to this accumulated information by sharing it regularly with OMAP and OMHSAS, and by communicating with prescribing doctors whose prescribing practices for one or more of their patients lie outside best practice guidelines. CNS presented the following updated information in a conference held on February 17, 2009:

- **Pharmacy cost savings via CNS interventions:** Since 2005 CNS has discussed medication choice with the prescribing physicians for 2257 children served in the public mental health system in PA, the aim being to provide appropriate psychotropic medication in a cost-effective manner. The average savings per child per month has been \$40.
- **Improvement in Prescribing Practices:** CNS has been using an extensive list of Quality Indicators (QI's) as criteria with which to evaluate physician prescribing practices of psychotropic medications for children in the public mental health sector. They have kept track of those physicians who were initially identified as prescribing outside the QI's when their monitoring began in 2005, in order to determine the efficacy of their interventions. The following are the percentages of that originally identified group of physicians who no longer prescribed outside the QI's:
  - **2006-07:** 31%
  - **2007-08:** 39%

CNS clarifies that a certain positive change is expected merely as a result of an intentional effort to promote good prescribing practices, and estimates that positive change as about 20%. They estimate then that their specific method of promoting improved prescribing practices yielded an additional 11% improvement in 2006-07 and another 8% improvement beyond that in 2007-08.