Health Care Agency **Behavioral Health Services** **Policies and Procedures**	Section Name: Sub Section: Section Number: Policy Status:	Care and Treatment Practice Guidelines 01.02.04 ☐New ☒Revised
	SIGNATURE	DATE APPROVED
Director of Operations Behavioral Health Services	Signature on File	12/5/17

SUBJECT: Medication Monitoring

PURPOSE:

The purpose of Medication Monitoring is to assure the appropriateness of psychotropic medication prescriptions for Behavioral Health Services (BHS) consumers. To establish practices for monitoring the safety and effectiveness of medication practices in Behavioral Health Services (BHS).

POLICY:

Meaningful clinical issues will be reviewed including a review of the safety and effectiveness of medication practices.

Medication services provided by BHS County-operated and contracted service providers will implement an established process for the monitoring of the safety and effectiveness of medication practices.

SCOPE:

This process of medication monitoring is to be used for all County and County Contracted Adult and Older Adult Behavioral Health (AOABH) and Children and Youth Behavioral Health (CYBH) programs.

Medication services provided by BHS County-operated and contracted service providers, including but not limited to services provided to Medi-Cal beneficiaries by the Medi-Cal Mental Health Plan and the Drug Medi-Cal Organized Delivery System.

FORMS:

Medication Monitoring Review Form

Medication Monitoring Service Chief Quarterly Report.

PROCEDURES:

I. Quantitative measures will be used to prioritize area(s) for improvement. The objectives of the medication monitoring are to:

a. Increase the effectiveness of psychotropic medication used.
b. Reduce inappropriate medication use and the occurrence of adverse effects
c. Improve knowledge of the clinical staff about psychotropic medication used.
d. Improve patient participation, informed consent procedures, and treatment planning.
e. Encourage the use of the lowest effective level of medication needed to control psychiatric symptoms.

II. Medication monitoring is not intended to require rigid adherence to prescribing guidelines for treatments of diverse problems. Understandable variations from accepted and standard practice do occur, and can be reviewed for their justification, which in the case of psychopharmacology, requires documentation of what the physician is doing, why it is being done, and how it is being done.

III. The treating Psychiatrist or Nurse Practitioner is responsible for maintaining a record that has clear information. The reviewer is directed to be able to find information with a reasonable amount of chart review. This reflects a standard of care that states, "A psychiatrist unfamiliar with the case should be able to find relevant clinical information in the chart in order to treat or manage the patient safely and effectively during a ½ hour medication review."

IV. A medication monitoring protocol is established and reviewed annually for each program area (AOABH and CYPBH, including substance use disorder services) under the direction of the Medical Director or Assistant Medical Director and with input from the Community Quality Improvement Committee. The protocol includes the provision of direct and immediate feedback from the reviewer to the prescriber on the case under review. The prescriber considers the feedback from the reviewer and responds in writing on the protocol, including but not limited to any changes in the care or care plan implemented based on the feedback.

V. A sampling of medication services provided in each clinic will be selected by the Service Chief. The Service Chief/Program Director and the Psychiatrist and/or Nurse Practitioner will select random and/or problem cases as needed. At least 5% of the Medi-Cal caseload will be reviewed annually.

VI. The case charts will be reviewed by a non-treating psychiatrist. The QI items with the quantifiable responses will be addressed on the front of the medication monitoring form. On the back, notes will be made in reference to specific QI items.

VII. The treating psychiatrist or nurse practitioner will receive the review, and then respond in writing on the back to the identified areas of non-compliance with clinically meaningful interventions including, but not limited to:

A. Augmented documentation (if treatment differs from Prescribing Guidelines).

B. Adjusting treatment strategy (may note reviewer's input as a "second opinion").

C. At sites with many psychiatrists, the case can be further discussed at medication monitoring meetings.

VIII. The Service Chief/Program Director will review each medication monitoring case, and assure that appropriate interventions have occurred. The Service Chief/Program Director will tabulate the quantification section of the forms on the Medication Monitoring Service Chief Quarterly Report. Each quarter, the Medication Monitoring Service Chief Quarterly Report along with a copy of each Medication Monitoring form will be sent to AQIS.

IX. The completed medication monitoring tools are sent to AQIS where the data from the protocols are collated and a data summary prepared for each program area.

X. The assigned Assistant Medical Director for AOABH and CYPBH including substance use disorder services reviews the summary and on an annual basis provides a report that includes system level recommendations for services and for changes to the monitoring protocol.

XI. As a result of the review of the Quarterly or Annual reports, the Medical Director and/or Assistant Medical Director, with input from the Community Quality Improvement Committee, may identify potentially clinically meaningful systems interventions including, but not limited to:

A. Program Development.

B. Explaining or reviewing purpose or procedures.

C. Explaining or reviewing regulatory requirements.

D. Training needs identified for psychiatrists' skills and knowledge.

E. Changing the items to be measured in subsequent years.