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| <b>Health Care Agency<br/>Behavioral Health Services<br/>Policies and Procedures</b> | Section Name:            | Care and Treatment   |
|  | Sub Section:             | Practice Guidelines  |
|  | Section Number:          | 01.02.04   |
|  | Policy Status:           | <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised |
|  | SIGNATURE                | DATE APPROVED  |
| Director of Operations<br>Behavioral Health Services                                 | <u>Signature on File</u> | <u>3/22/2021</u>   |

**SUBJECT:** BHS Medication Monitoring Practices

**PURPOSE:**

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

**POLICY:**

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

Medication services provided by BHS County-operated and County-contracted service providers will include establishing a process for monitoring of the safety and effectiveness of medication practices.

**SCOPE:**

This process of medication monitoring is to be used by all County and County Contracted Mental Health Plan (MHP) Adult and Older Adult Behavioral Health (AOABH), Children, Youth and Prevention Behavioral Health (CYPBH) and Drug Medi-Cal Organized Delivery System (DMC-ODS) programs, including Narcotic/Opioid Treatment Programs (NTP/OTP). The process is to be used when medication services are provided to BHS clients, including Medi-Cal beneficiaries.

**FORMS:**

AOABH Psychiatric Services Monitoring Form (Contact AQIS AOABH Support Team for the form)

AOABH SUD – MAT/NTP Services Monitoring (Contact AQIS SUD Support Team for the form)

CYPBH Psychiatric Services Monitoring Form (Contact AQIS CYPBH Support Team for the form)

**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 medications prescribed by BHS.
  - B. Reduce inappropriate medication use and the occurrence of adverse effects.
  - C. Improve knowledge of the clinical staff about prescribed medications.
  - D. Improve patient participation, informed consent procedures, and treatment planning.
  - E. Encourage the use of the lowest effective level of medication needed to control symptoms and treat the disorder(s) under care by BHS.
- 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 Physician 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 reviewer 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 Associate 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 or Program Director. The Service Chief/Program Director and the Physician 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 Physician. The Quality Improvement (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 Physician 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 Physicians, 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/Program Director Medication Monitoring Report. The Monitoring Report along with a copy of each Medication Monitoring form will be sent to AQIS twice per year.
- IX. For NTP/OTP, the medication monitoring process shall occur as part of the annual program compliance monitoring review by BHS. NTP shall submit completed monitoring reports to AQIS at the time of their scheduled review and the findings will be included in the annual monitoring report
- X. 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.
- XI. The assigned Associate 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.
- XII. As a result of the review of the Annual reports, the Medical Director and/or Associate 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 Physicians or Nurse Practitioners’ skills and knowledge.
  - E. Changing the items to be measured in subsequent years.