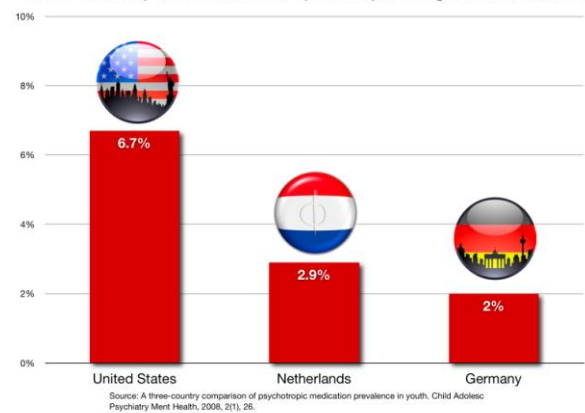


## Prevention Policy and Health-Care Reform to Reduce Psychotropic Use in Pediatrics

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The United States has 2-3 times the percentage of children and youth using psychotropic medications, compared to other developed countries.<sup>1</sup> The percentage of preschoolers being prescribed psychotropic medications in Medicaid has been doubling approximately every five years.<sup>2</sup> The reported rates of past year non-prescribed (misuse and abuse of) stimulant use to range from 5% to 9% in grade school- and high school-age children and 5% to 35% in college-age individuals.<sup>3</sup> The positive effects of many of such drug treatments for ADHD in particular do not apparently persist in well controlled studies.<sup>4</sup> It is important to note that 26% of the children and youth on these medications are also receiving special education services.

Three-Country Prevalence of Psychotropic Drug Use in Youth 0-17



**Reducing the Burden.** However, some evidence-based behavioral treatments at home or in school now do have long-term studies showing effects persisting into adulthood—for a fraction of the cost

Many insurers do not include coverage for psychosocial treatments for ADHD and other DSM-IV problems in their plans. They won't pay for the types of interventions that are most evidence-based. That's a problem; that's a public health problem that people at the state and national level need to work on. Private insurance companies, Medicaid and Medicare use the following strategies to reduce psychotropic drug use for childhood ADHD and other disorders: 1) Three-tier formularies, 2) Utilization management, 3) Cost sharing/benefit limits, 4) Prior authorization, and 5) Preferred drug lists. There is reasonable data to suggest that these strategies are not working.<sup>5</sup> Unlike Germany and the Netherlands, the United States does NOT have a national policy of supporting universal access to proven behavioral strategies that prevent these disorders.

The Institute of Medicine report on the Mental-Emotional-Behavioral Problems issued on March 25, 2009 cites two highly proven strategies can prevent or reduce mild to serious psychiatric disorders that account for much the child psychotropic medications—the Good Behavior Game for the classroom<sup>6-10</sup> and the Triple P System for families.<sup>11-19</sup> Despite the cost-efficiency of those strategies (i.e., the added marginal cost of about \$15 per child in the population) to reduce DSM-IV disorders, these strategies are not paid for by any health-care plan in America, despite this saves easily \$2,200 per child per year for psychotropics that have no long-term effectiveness but these strategies do.

If insurance or Medicaid paid for behavioral parent training or classroom behavioral procedures that prevented ADHD or reduced the need for medications, those proven strategies would be everywhere—especially since they are more cost efficient and among most solidly evidence-based treatment of all childhood behavioral disorders.

Some interpret state or federal rules to forbid intelligent mixing of prevention and treatment dollars. For example, children or parents of children cannot attend a Triple P course if funded by prevention dollars if the child is in treatment; or, treatment funds cannot pay for implementation of the Good Behavior Game in classroom to reduce the symptoms of a child in treatment because other children would also benefit. Likewise, some rules forbid a doctor to “prescribe” and bill for Triple P supports for the parent in

reducing DSM-IV conditions in pediatric cases in primary care unless the child is present in the room with the parent.

If splitting psychotropic pills would save the US \$1.4 billion per year,<sup>20</sup> imagine what would might happen if proven prevention strategies resulted in psychotropic drug use ½ of the current US rate—such as Germany and the Netherlands.

Therefore, we need to enact a policy change that allows for third-party reimbursements using evidence-based behavioral strategies that cost-efficiently prevent or reduce DSM-IV or ICD codes, either for prevention, intervention or treatment. This is vital to health-care reform to keep the costs from continuing to spiral out of control.

It is anticipated, based on high-quality studies, that this policy change could save billions of dollars per year in psychotropic medications plus other related social services expenses for lifetime conduct disorders, lifetime disabilities, lifetime lowered workplace productivity, and related health-care utilization rates.<sup>11 19 21</sup>

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