

Polypharmacy and the Foster Care Population: How Health Plans Can Identify and Mitigate Questionable Prescribing Practices

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Children in foster care are a highly vulnerable population with needs that can pose unique challenges to health plans. An estimated [80% of foster children are diagnosed with one or more mental health issues](#), a rate four to five times higher than that of the general population. Proportionally, foster children are prescribed [psychotropic medications](#) at a significantly higher rate

than non-foster children, with rates of polypharmacy (the concurrent use of more than one psychotropic medication) also substantially higher. While polypharmacy may be beneficial for children with complex presentations, multiple diagnoses, and partial treatment responses, there continue to be concerns regarding general overutilization and lack of adequate oversight.

A 2018 study by the American Academy of Pediatrics found that [youth in foster care were prescribed psychotropic medications](#) at a rate three times higher than other Medicaid-insured youth. Another study cited by Health and Human Services (HHS) found that [59% of the foster youth sampled were being prescribed one or more psychotropic medications](#), with 61% being prescribed two or more medications concurrently, and 24.7% being prescribed three or more concurrently.

In 2011, 2014, and 2017, the Government Accountability Office (GAO) identified numerous concerns associated with [polypharmacy for children and adolescents in foster care](#), including:

- Absence of evidence to support efficacy in the concurrent use of three or more psychotropic medications
- The potential for adverse reactions and long-term health effects that increases with the number of psychotropic medications concurrently prescribed



- Variability in psychiatrists' prescribing habits
- Oversight gaps and insufficient regulatory mechanisms
- Lack of concurrent mental health services
- Lack of clarity as to who is authorized to provide consent

Polypharmacy and questionable prescribing practices also have significant cost implications. According to a 2014 study by the [Center for Health Care Strategies \(CHCS\)](#), children in foster care comprised 3% of the total [Medicaid child population](#), but represented 21% of total spending on psychotropic medications.

As a result, health plans are challenged with ensuring that members receive high quality, individualized care while effectually managing costs and safeguarding member welfare. Identification and mitigation of questionable polypharmacy practices in the foster care population requires a comprehensive and supportive provider review process to pinpoint specific areas of concern, review safety practices, assess process deficiencies, and determine the extent to which medication oversight might be necessary. Review results should be quantified, in order to provide a baseline with which to compare future reviews, and descriptive, in order to support collaboration. This collaboration between the provider and health plan is essential for identifying common desired outcomes and establishing or updating medication monitoring procedures, such as the implementation of red-flag systems. Supplemented with annual reviews, these processes should create additional safeguards for polypharmacy for children, while ensuring more focused service utilization and greater quality of care.



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