Assessment of the Psychotropic Medication Use Process in the Foster Care System Using Focus Group Methodology

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Background

- Children in foster care covered by Medicaid are more likely prescribed psychotropic medications than those not in foster care regardless of insurance plan. 1-3
- National organizations recommend states develop comprehensive psychotropic medication monitoring programs assessing efficacy and safety of psychotropic medications prescribed to these children.1
- Focus groups serve as a valuable tool in untangling the complexity of healthcare problems and provide insight to improving health care delivery.4,5
- Focus groups bring together participants who share a commonality and allow researchers to study interactions between them. 5-6

Objective

- Understand the lived experiences, resources used, communication barriers, and collaboration among parties in the Oklahoma Foster Care (OFC) program.

Methods

- Research team: Stakeholders from Pharmacy Management Consultants (PMC), Oklahoma Health Care Authority (OHCA), and Oklahoma Department of Human Services (DHS)
- Study Design: Qualitative focus groups consisting of participants in 4 important segments that work with OFC
- Focus Group Locations: Stakeholders from Pharmacy Management Consultants, Oklahoma Health Care Authority, and Oklahoma Department of Human Services
- Recruitment: Purposive sampling with the assistance of DHS staff serving as gatekeepers
- Incentives: Full meal and gift card
- Execution: Two research team members conducting focus groups, sessions audio recorded and transcribed
- Data Analysis: Transcripts uploaded into ATLAS.ti and analyzed using the constant comparative method

Focus Group Locations

<table>
<thead>
<tr>
<th>Segment</th>
<th>Groups</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare Staff</td>
<td>3</td>
<td>27</td>
</tr>
<tr>
<td>Foster Parents</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Healthcare Providers</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Legal Professionals</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>72</td>
</tr>
</tbody>
</table>

Prior Experience with Foster Care Before Current Job/Situation

<table>
<thead>
<tr>
<th>Segment</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>N/A (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare Staff</td>
<td>6 (22.2%)</td>
<td>21 (77.8%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Foster Parents</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>7 (26.9%)</td>
</tr>
<tr>
<td>Healthcare Providers</td>
<td>13 (15.6%)</td>
<td>8 (34.8%)</td>
<td>2 (8.7%)</td>
</tr>
<tr>
<td>Legal Professionals</td>
<td>13 (86.7%)</td>
<td>2 (13.3%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Overall (n=72)</td>
<td>32 (44.4%)</td>
<td>31 (43.1%)</td>
<td>9 (12.5%)</td>
</tr>
</tbody>
</table>

Results

- Excessive use of psych medications by OFC children
- Use of medications instead of or before other alternatives
- "Try everything else. Stop trying to do surgery for a scraped elbow." [MC* in a DHS group]
- Not allowing time to see if new medication regimen will work
- Lack of monitoring guidelines
- Development of additional health problems like diabetes, obesity, unknown future effects
- Creating a situation where people automatically turn to medications

Strengths of current medication use process

- Dedication of members in other segments
- Using a team approach increases consistency in care provided
- When available, psychopharmacology and other specialists are preferred
- Access to nurses and mental health specialists within DHS
- Initial training covers many important topic areas
- Improvements have been made to increase communication
- Frustrations of current medication use process
- Problems in families are often multi-generational
- Lack of providers and foster families outside of metro areas
- Long wait times to get appointments and evaluations
- Travel time and distances can be burden – children missing school
- Incomplete information sharing when child is transitioned
- Too much focus on child’s behavior and not the root cause

Information/Resource Access

- Helpful mental health providers
- DHS nurses, supervisors, staff, and caseworkers
- Foster care parents and support groups for families
- Personal networks developed over time
- Databases with medication information
- Information sources desired by participants
- Access to medication history
- Electronic case records with complete medical, social, educational history
- Ability to call and talk to a person or a database with specific medication information, help decipher information
- Healthcare professional in court for consultations

*Pseudonym used in place of real initials.

References