

## FOR THE PROTECTION OF PATIENTS AND CHILD AND ADOLESCENT PSYCHIATRISTS

**Background:** Given our mission statement: “*The mission of AACAP is to promote the healthy development of children, adolescents, and families through advocacy, education, and research, and to meet the professional needs of child and adolescent psychiatrists throughout their careers;*” and in the context of the Academy’s worthy 2015 practice parameter involving medication evaluations and management,<sup>1</sup> it is timely and important for us to advocate for the appropriate framework for effective and safe psychiatric evaluations and follow up of pediatric patients and their families. And,

**Whereas:** We are aware that the mass media,<sup>2</sup> peer reviewed journals<sup>3</sup>, the federal government<sup>4</sup> and numerous state agencies across our nation are raising concerns about over-prescribing of psychotropic medication. And,

**Whereas:** We see as responsible for this:

- The fact that comprehensive biopsychosocial evaluations and follow up visits have increasingly been replaced by brief “targeted” assessment and “med-management” sessions.
- That many public and private sector settings refer to clinicians as “prescribers” where time and expectations are extremely limited and psychiatrists and mid-level providers are not differentiated.
- That commercial and Medicaid insurance administering companies have reimbursement policies which greatly reward brief contacts with patients for medication visits, and limit or prevent longer visits for comprehensive evaluations and integrated psychotherapy.

**Therefore be it Resolved:** That AACAP advocate for the practice of safe and effective evaluation and follow up visits in the practice of Child and Adolescent Psychiatry. The advocacy should be based on consideration of the time and procedural elements which will ensure that: The clinician has time to become well informed from a biopsychosocial perspective and coordinate care with the systems affecting the health of the youth and family; outcomes are sufficiently monitored; and the youth and family are adequately engaged and have the time necessary for true assent and consent. Additionally, the AACAP will advocate for a leadership role of CAPs in the system of care and for appropriate reimbursement policy, recognizing the length, intensity and comprehensive nature of our training differentiates us from mid-level providers."

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<sup>1</sup> Lee,T, Fouras,G, Brown,R: *Practice Parameter for the Assessment and Management of Youth Involved With the Child Welfare System*. JAACAP 2015; 54:502-517.

<sup>2</sup> de Sa,K: *Drugging our Kids*. San Jose Mercury News. Downloaded 7/9/2015: <http://webspecial.mercurynews.com/druggedkids/?page>

<sup>3</sup> Burcu,M, Zito,J, Ibe,A, Safer, DJ: *Atypical Antipsychotic Use Among Medicaid-Insured Children and Adolescents: Duration, Safety, and Monitoring Implications*. JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY. 2014; 24:112–119.

<sup>4</sup> Foster Children: HHS Could Provide Additional Guidance to States Regarding Psychotropic Medications. GAO 14-651T:Published May 29, 2014.