

Department of Mental Health
TRANSMITTAL LETTER

SUBJECT

District of Columbia Medication Access Project (DCMAP)

POLICY NUMBER	DATE	TN#
DMH Policy 311.1	February 12, 2002	02

Purpose. This new policy establishes a mandate for adherence to the District of Columbia Medication Access Project (DCMAP) for consumers with schizophrenia and major depressive disorders and to set forth requirements and guidance for DCMAP policies at the provider level.

Applicability. Applies to Community Services Agency, St. Elizabeths Hospital (SEH), private Core Services Agencies (CSAs), subproviders, specialty providers, private hospitals, and contractors.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate MHA offices and DMH leadership committee(s).

Implementation Plans. A plan of action to implement or adhere to a policy must be developed by designated responsible staff. If materials and/or training are required to implement the policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible to follow through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work.

Policy Dissemination and Filing Instructions. Managers/supervisors of the DMH must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in Volume I of the blue DMH Policy and Procedures Manual.

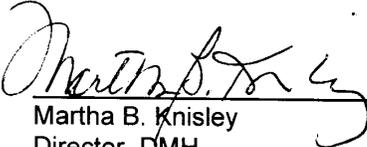
ACTION

REMOVE AND DESTROY

NONE

INSERT

DMH Policy 311.1


Martha B. Knisley
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF MENTAL HEALTH	Policy No. 311.1	Date February 12, 2002	Page 1
	Supersedes None		

Subject: District of Columbia Medication Access Project (DCMAP)

1. **Purpose.** To establish a policy mandating adherence to the District of Columbia Medication Access Project (DCMAP) for consumers with schizophrenia and major depressive disorders and to set forth requirements and guidance for DCMAP policies at the provider level.

2. **Applicability.** Applies to Community Services Agency, St. Elizabeths Hospital (SEH), private Core Services Agencies (CSAs), subproviders, specialty providers, private hospitals, and contractors.

3. **Authority.** Mental Health Service Delivery Reform Act of 2001.

4. **Definitions/Abbreviations.**

4a. District of Columbia Medication Access Project (DCMAP) – a treatment guideline algorithm for best practices in the use of psychiatric medications for the treatment of mental illness. The current DCMAP focuses on the clinical practice guidelines for the treatment of schizophrenia and major depressive disorders for adults. From time to time the algorithm may be modified according to best practices and additional algorithms may be added for other mental illnesses. DCMAP also presents a comprehensive clinical management approach involving several members of the treatment team for consumer education and for measuring clinical outcomes.

4b. Algorithm – an instrument used to facilitate clinical decision making by providing clinicians with large amounts of current information regarding research data and best clinical practices, as well as specific treatment sequences with tactical recommendations. Algorithms are designed with the objectives of long-term safety, tolerability, and full symptom remission.

4c. Provider – Those providing direct care and support to consumers (i.e., Community Services Agency, CSAs, SEH, subproviders, specialty providers, private hospitals and contractors).

4d. Private Hospitals – Those private hospitals in the District of Columbia that have arrangements with the DMH for provision of services to DMH consumers.

4e. DMH CCO – Mental Health Authority Chief Clinical Officer of the DMH.

5. **Policy.** All providers must maintain a provider level policy that mandates adherence to DCMAP clinical practice guidelines for consumers with schizophrenia and major depressive disorders and all future algorithms for adults and children as they become available.

6. Specific Guidance for All Providers.

6a. **Obtain** the DCMAP clinical practice guidelines, which includes algorithms, by contacting the DMH CCO on 673-7440.

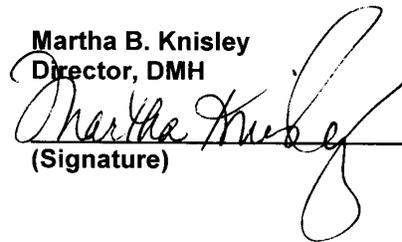
6b. **Adhere** to the "Required Monitoring of Antipsychotic Medications Guidelines". (See Exhibit 1.)

6c. **Develop and maintain** a provider level policy that: mandates adherence to the DMH DCMAP policy including required monitoring of schizophrenia (Exhibit 1); and requires all clinicians to use the DCMAP clinical practice guidelines for schizophrenia and major depressive disorders for adults and for all future algorithms for adults and children as they become available.

6d. **Make certain** that the policy addressing DCMAP has specifications for ensuring that all staff and contractors, as applicable, are familiar with your agency DCMAP policy.

Approved By:

**Martha B. Knisley
Director, DMH**



(Signature)

2/12/02
(Date)

Required Monitoring of Antipsychotic Medications

Antipsychotic medications will be prescribed in accordance with the DCMAP best practice protocol. Variations from the clinical guidelines based on consumer preferences, side-effect profiles, history of past response, or other clinical indications must be documented in the consumer's clinical record. Prescribers of antipsychotic medications must receive DMH provided training.

The effectiveness and potential side effects will be monitored as follows:

1. Dose of medications will follow the recommended guidelines or the clinical reasoning for deviation will be documented in the consumer's clinical record.
2. Concomitant use of more than one (1) antipsychotic will be avoided.
3. Consumers will be weighed at least every three (3) months.
4. Glucose will be measured at baseline and annually. If the consumer's Body Mass Index (BMI) is thirty (30) or greater, it will also be measured every six (6) months for at least one (1) year.
5. Cholesterol and triglyceride will be measured at baseline and annually. If the consumer's BMI is thirty (30) or greater, it will also be measured every six (6) months for at least one (1) year.
6. The clinician will determine if there is evidence of elevated prolactin levels or sexual side effects every six (6) months for at least one year after starting an antipsychotic, then at each annual examination.
7. The QT interval (measurement between different points on the electrocardiogram) will be measured by an electrocardiogram at baseline and every year for consumers prescribed ziprasidone, thioridazine and mescoridazine.
8. Both the positive and negative Brief Psychiatric Rating Scale (BPRS) will be measured every ninety (90) days or more often if clinically indicated.
9. Global Assessment of Functioning (GAF) or Axis V of DSM IV-R will be measured every ninety (90) days or more often if clinically indicated.
10. Blood pressure will be monitored annually.