CPE Information and Disclosures

Dr. Gutierrez declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

The American Pharmaceutical Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

CPE Information

- Target Audience: Pharmacists & Technicians
- ACPE#: 0202-0000-16-170-L04-P/T
- Activity Type: Knowledge-based

Learning Objectives

- Identify key factors in mental health care coverage that are increasing opportunities for Mental Health Clinical Pharmacy Specialists (MH CPS) as mental health providers
- Discuss the expanding role of MH CPS as providers of mental health care
- Describe best practices for MH CPS in various clinical settings
- List potential roles for pharmacy technicians in mental health care delivery

Growing Need for Mental Health Services

- Mental and substance use disorders leading cause of disability worldwide in 2010
- Veterans have disproportionate rate of mental illness
  - Nearly 50% of combat veterans from Iraq report PTSD
  - close to 40% of these same veterans report “problem alcohol use”
- Mental illness one of the top 3 diagnoses for veterans

Whelton PK et al. Lancet 2013;382:1575-86
OEF/OIF/OND Veterans 2001-2015


Psychiatrists Needed

Approximately 2800 psychiatrists required to eliminate the current mental health professional shortage...

http://www.hrsa.gov/shortage/

Trends in Mental Health Professionals 2008-2013

Olfson M. Health Affairs 2016; 35(6):983-990

59% of psychiatrists are >55 years of age

Mental Health in Primary Care

• Mental health treatment increasingly falls on primary care providers due to shortages of mental health professionals
  - Significant increases in PCP visits for management of mood disorders between 1995-2010
  - Rate of increase greater than that of outpatient visits to psychiatrists


Shortage of Providers = Opportunities for Pharmacy

Evolving Role of MH CPS

Consultant
• Provide recommendations

Extender
• Implement treatment plans

Provider
• Manage patient panel
Psychiatrist
• Medication management prescriber for new and established patients
• Serve as Mental Health Treatment Coordinators and team leader
• Complete MH e-consults
• Ongoing Patient Assessment
MH CPS
• Polypharmacy review and consultation
• Intensive medication education
• Ongoing Medication Monitoring
• Medication use evaluations and quality improvement projects

MH CPS Trends at VA

<table>
<thead>
<tr>
<th>Parameter</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16 (thru March)</th>
<th>% Change</th>
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<tbody>
<tr>
<td># RPh with MH SOP</td>
<td>203</td>
<td>227</td>
<td>276</td>
<td>289</td>
<td>42%</td>
</tr>
<tr>
<td>% RPh Prescribing of MH medications</td>
<td>Not available</td>
<td>1.1%</td>
<td>1.3%</td>
<td>1.5%</td>
<td>19%</td>
</tr>
<tr>
<td>MH Encounters with CPS Provider</td>
<td>48,277</td>
<td>53,730</td>
<td>155,094</td>
<td>81,002</td>
<td>221%</td>
</tr>
</tbody>
</table>

Behavioral Health Interdisciplinary Program
• Assigned as MHTC and primary MH provider for panel of patients
• Oversees all aspects of the patient’s MH care
  – Provides evidence-based psychopharmacological assessment and treatment
  – Prescribes medications and monitors for effectiveness and adverse effects
  – Consults other services as appropriate
  – Adheres to all performance monitors
  – Coordinates care and providing case management

Member of the Primary Care Mental Health Integration (PCMHI) Team
• Collaborates with psychology, social work, and primary care to provide care with mild to moderate symptoms of depression, anxiety, PTSD, and alcohol misuse in the primary care setting
• Provides medication therapy management during individual appointments and DIGMA
• Reviews consultations for appropriateness of the program versus need for Mental Health referral
• First line for same day access to mental health care for unestablished patients who present to Primary Care
• Manages mental health medication e-consult service

Opportunities for MH CPS

Access
• Independent panels
• Same day access provider
• PC mental health integration

Safety
• PDSI initiatives
• OEND program
• Medication monitoring initiatives

Initiatives
• Discharge followup
• Medication possession ratio
• Measurement based care

Unique Opportunities
• Pregnancy and lactation
• Inpatient call coverage
• Telemental health

Specialty Mental Health
• Bipolar Disorder Clinical Team
  – Assigned as MHTC and primary MH provider for panel of patients with Bipolar Disorder for medication management
  – Management includes assessing symptoms, monitoring appropriate laboratory parameters, and coordinating with the team to provide beneficial interventions for each patient
  – Serves as a resource for other mental health providers regarding the treatment of Bipolar Disorder and solicits referrals from other providers
  – Interacts with the clinic nurse regularly to provide care management services to patients who need further assistance in reaching their treatment goals
Specialty Mental Health

• PRIME Interdisciplinary Team
  – Assigned as MHTC and primary MH provider for panel of patients with psychotic illnesses for medication management, including those receiving clozapine
  – Sees walk-ins for patients assigned to other clinic providers as needed
  – Coordinates long-acting injectable medication administration with clinic nurse, clinic providers, and pharmacy
  – Oversees clozapine therapy for STVHCS as Clozapine Treatment Team Co-Chair

Inpatient Psychiatry Team

• Provides MTM for patients admitted to psychiatry
  – Reviews medication changes, labs, EKGs, vitals, and BCMA
  – Ensures appropriate monitoring is completed (i.e., metabolic labs, therapeutic drug monitoring, ECGs, etc)
  – Coordinates clozapine therapy and long acting injectables for patients admitted to the unit
• Attends rounds and weekly treatment team meetings for each inpatient team
• Delivers weekly med ed group for inpatients
• Leads post-discharge clinic for those patients with unassigned MHTC

MH CPS in Domiciliary and Substance Abuse Programs

• Serves both the domiciliary and substance abuse programs
• Primary mental health prescriber for one of 3 teamlets on the substance abuse unit and a portion of patients in the domiciliary
• Opiate Overdose and Naloxone Distribution program

MH CPS STRONG PRACTICES

Improving Access to MH Care

• Prescriber member of Behavioral Health Integration Program (BHIP) team with assigned panel of patients
• Panel size comparable to other mental health team prescribers
• Improved access by increasing clinic availability in the face of psychiatrist shortages

Reducing Concomitant Opiate/Benzodiazepine Therapy

• MH CPS reviewed patients prescribed combination opiate/benzo
• Tapers recommended, and MH CPS services offered

<table>
<thead>
<tr>
<th>Medication</th>
<th>Notes written</th>
<th>Taper in progress</th>
<th>No longer on combo</th>
<th>Justification documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids</td>
<td>146</td>
<td>20</td>
<td>99</td>
<td>45</td>
</tr>
<tr>
<td>Tramadol</td>
<td>40</td>
<td>5</td>
<td>28</td>
<td>9</td>
</tr>
</tbody>
</table>

Smith, A. Personal communication, August 19, 2016.
E-Consult Service
VISN 17 South Texas

- Medication review and recommendations regarding initiation, continuation, cessation, or adjustment of psychotropic medications
- Aim is to manage uncomplicated conditions in primary care

Implemented Recommendations and Outcome of Patients after E-consult Response

<table>
<thead>
<tr>
<th>Implemented</th>
<th>Not Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refused MH</td>
<td>Recommendations</td>
</tr>
<tr>
<td>Maintained in PC</td>
<td></td>
</tr>
</tbody>
</table>


OEND Program
VISN 17 South Texas

- Targeted Patients
  - STORM dashboard to identify high risk veterans
  - Those with opiate use disorder referred to substance abuse treatment
  - Those presenting to ED with opiate overdose or seeking detoxification from opiates
  - Those high risk patients admitted to inpatient psychiatry
- After chart review for appropriateness, MH CPS provided education and dispensed naloxone kits to at risk patients
- Outcomes
  - 228 kits dispensed (200+ by MH CPS)
  - 4 reversals, 3 successful

Scalability in Support of MH CPS Integration at VA

- The VA CPS workforce has advanced clinical practice training and is primed and ready to take on these roles system-wide.
- Over 90% of VA pharmacist trainees with advance practice post-graduate residencies report a high desire to work for the VA. Many VA facilities report difficulty in recruitment of psychiatrists.
- VA graduates 75 PGY2 Mental Health Pharmacy Residents in June of each year and many would like to seek employment within the VA.
- It has been VA Pharmacy experience that recruiting clinical pharmacist and CPS can be successful when coupled with VA recruitment tools.

Additional Opportunities

- Specialty population clinics
  - Pain/mental health (in primary care)
  - Metabolic monitoring and weight management (in mental health, in coordination with primary care if needed)
  - Substance use disorders in Primary Care
- Women’s Mental Health
  - Pregnancy and lactation
  - Substance use disorders

Expanding Roles for Clinical Pharmacy Technicians

- Medication reconciliation
- Discharge medication coordination
- MH Clinical Pharmacy Tech
- Medication education groups
- Staff education


Other Potential Roles for Clinical Pharmacy Techs in MH at VA

- Mental Health Intensive Case Management team
- Long-acting injection coordination
- Dashboard reviews/medication monitoring alerts and coordination
Key Points

- There is a shortage of psychiatrists and psychologists to meet growing demands, which affords a great opportunity for mental health clinical pharmacy specialists
- MH CPS improve access as independent prescribers under practice-based scopes
- MH CPS are integrated in a variety of practice settings and programs throughout VA
- As CPS roles continue to expand, the potential for clinical pharmacy technician involvement increases as well

Answers To Self-Assessment Questions

TRUE or FALSE: The number of psychiatrists is increasing while the number of patients requiring mental health care is decreasing.

False. There is a significant shortage of psychiatrists while the number of those requiring mental health care continues to rise, particularly in our veteran population.

Answers To Self-Assessment Questions

TRUE or FALSE: Clinical pharmacy specialists are limited to medication management of referred problems by psychiatrists.

FALSE. While some facilities follow this protocol, many utilize MH CPS as independent prescribers and mental health treatment coordinators.

Answers To Self-Assessment Questions

Clinical technicians can improve patient care in a mental health setting by

A. Performing medication reconciliation
B. Coordinating medications at discharge
C. Facilitating medication education groups
D. All of the above

Pharmacy technicians can play a role in all these areas

Closing Remarks

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