Role of Mental Health Clinical Pharmacy Specialist (MH CPS)

Troy A. Moore, Pharm.D., MS, BCPP
Clinical Pharmacy Specialist - Psychiatry
South Texas Veterans Health Care System
CPE Information and Disclosures

Troy A. Moore, Pharm.D., MS, BCPP 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 Pharmacist Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.
CPE Information

- Target Audience: Pharmacists and Pharmacist Technicians
- ACPE#: 0202-0000-18-229-L04-P/T
- Activity Type: Knowledge-based
At the completion of this activity, the participants will be able to:

1. Identify key factors in mental health care coverage that are increasing opportunities for MH CPS as mental health providers.
2. Discuss the expanding role of MH CPS as providers of mental health care.
3. Describe best practices for MH CPS in various clinical settings.
4. Explain the impact that CPS have on MH access.
5. Recognize the encounter modalities and type and quality of pharmacy interventions made during patient encounters.
6. State how to develop a CPS position.
At the completion of this activity, the participants will be able to:

1. List potential roles for pharmacy technicians in mental health care delivery.
2. Explain the impact that CPS have on mental health access.
3. Recognize the encounter modalities and type and quality of pharmacy interventions made during patient encounters.
1. TRUE or FALSE: The number of psychiatrists is increasing while the number of patients requiring mental health care is decreasing.
2. TRUE or FALSE: The primary role of the Mental Health Clinical pharmacy specialists is to provide comprehensive medication management.
3. 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
Shortages in Mental Health Coverage
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

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

- ~2 million Veterans
- 1.2 million utilized VA Services
- 685,000 with MH disorder
- 380,000 with PTSD diagnosis

Psychiatrist Shortage

- Approximately 2,800 psychiatrists required to eliminate the current mental health professional shortage in 2013
- Estimated 6,080 FTE psychiatrists shortage by 2025

https://bhw.hrsa.gov/shortage-designation
Trends in Mental Health Professionals 2008-2013

Psychologists

- 2008: 65,000
- 2013: 73,000

Psychiatrists

- 2008: 20,000
- 2013: 24,000

59% of psychiatrists are >55 years of age

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

Unique Knowledge and Skillset

Advanced Practice Provider

Autonomous Prescriber Under Scope of Practice

Independent Assessment and Monitoring

MH CPS
Evolving Role of MH CPS

- **Consultant**
  - Provide recommendations

- **Extender**
  - Implement treatment plans

- **Provider**
  - Manage patient panel
MH CPS as Part of the MH Team

**Psychiatrist**
- Diagnostic evaluation/clarification
- Prescribing of controlled substances
- Admission to inpatient psychiatry (in addition to discharge)

**MH CPS**
- Medication management prescriber for new and established patients
- Serve as Mental Health Treatment Coordinators and team leader
- Complete MH e-consults
- Ongoing Patient Assessment, including suicide risk

- Polypharmacy review and consultation
- Intensive medication education
- Ongoing Medication Monitoring
- Medication use evaluations and quality improvement projects
Opportunities for MH CPS

Access
- Long-term medication management
- Same day access provider
- Primary Care Mental Health Integration

Safety
- Psychotropic Drug Safety Initiatives
- OEND Program
- Medication monitoring initiatives

Initiatives
- Discharge follow-up
- Medication possession ratio
- Measurement based care

Unique Opportunities
- Pregnancy and lactation
- Inpatient call coverage
- Telemental health
MH CPS Trends at VA

383 CPS Practicing in Mental Health

Behavioral Health Interdisciplinary Program

- Assigned as MH provider for a subset of the teams panel of patients for medication management
- 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 consults 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
Specialty Mental Health

Bipolar Disorder Clinical Team

- Assigned as 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 case management services to patients who need further assistance in reaching their treatment goals
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
- Naltrexone long-acting injectable
MH CPS STRONG PRACTICES
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
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>148</td>
<td>20</td>
<td>97</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.
• Medication review and recommendations regarding initiation, continuation, cessation, or adjustment of psychotropic medications
• Aim is to manage uncomplicated conditions in primary care

Winkler, H et al. Poster presentation, CPNP Annual Meeting, April 18, 2016. Herbert, C et al. https://doi.org/10.9740/mhc.2017.05.131
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
- 863 kits dispensed (250+ by MH CPS)
- 4 reversals, 3 successful
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
MH CPS Encounter Types

Mental Health CPS Encounters FY16

- Home Telehealth
- Secure Messaging
  - eConsult
- Home Care
- CVT
- Chart Consult
- Group
- Telephone
- Face-to-Face

MH CPS with Scope of Practice Growth

Number of CPS with Mental Health Scope of Practice

Calendar Year

MH CPS Interventions

Development of a MH CPS position

Qualifications

- ASHP Accredited PGY-2 in Psychiatric Pharmacy
- Board Certified Psychiatric Pharmacist (BCPP)
- Clinical experience

Advanced Practice Provider who is authorized, under a scope of practice, to autonomously prescribe and monitor medications in a variety of practice settings as described in VHA Handbook 1108.11 Clinical Pharmacy Service
Development of a MH CPS position

- Engage Mental Health Leadership
- Identify clinical practice area
- Care Coordination Agreement
- Ancillary support
- Access
- Outcomes
Expanding Roles for Clinical Pharmacy Technicians

- Medication reconciliation
- Discharge medication coordination
- Medication education groups
- Staff education

MH Clinical Pharmacy Tech

http://www.cmhp.org.uk
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 advanced practice providers 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.
1. 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. Additionally, this discrepancy is only expected to get worse.
2. TRUE or FALSE: The primary role of the Mental Health Clinical pharmacy specialists is to provide comprehensive medication management.

True. MH CPS are primarily responsible for providing medication management.
3. 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

Troy A. Moore, Pharm.D., MS, BCPP
Clinical Pharmacy Specialist- Psychiatry
South Texas Veterans Health Care System
Troy.moore3@va.gov