

Clinical Pharmacist Practitioner (CPP) Role in Mental Health February 2024

The Clinical Pharmacist Practitioner (CPP) is an integral provider in the provision of comprehensive medication management (CMM) services in Mental Health (MH) throughout the stepped care model of MH services across the continuum of care and how full integration of the CPP in team-based settings significantly improves access to care, quality and safety for Veterans.

Key Takeaways include:

- The MH CPP is a core team member providing CMM expertise to our Veterans and MH teams.
- The MH CPP are integrated into all levels of the Stepped Care Model of MH Services across the Continuum of Care to improve access to care, quality and safety through the provision of CMM services.
- The MH CPP impacts access primarily when utilized as a primary MH provider. There are several strong practices across the VA of MH CPP across the continuum of care including Primary Care Mental Health Integration (PCMHI), general MH and BHIP (Behavioral Health Interdisciplinary Program), specialty MH, Residential Rehabilitation Treatment Program (R RTP), and inpatient MH.
- The MH CPP regularly performs suicide risk assessments and evaluations for patients as a component of the care and services provided and applies the principles of team-based care and population management to identify patients who could benefit from CMM services to improve access to care, quality and safety.
- There are 583 CPPs practicing in MH at 140 VA facilities. During FY23, there were 484,975 patient care visits delivered by MH CPP.
- MH CPPs are a well-trained workforce. Previously in FY21, in evaluating 461 MH CPPs with a scope of practice, 90% completed a Post Graduate Year 1 (PGY1) residency, 70% completed a Post Graduate Year 2 (PGY2) in Psychiatric Pharmacy. In addition, 54% of these individuals are recognized as Board Certified Psychiatric Pharmacists (BCPP).
- Additionally, there are 164 MH CPP with controlled substance prescribing authority and the number continues to grow.
- VA graduates over 600 pharmacy residents annually, of which approximately 82 have specialized PGY2 Psychiatric Pharmacy residency training, who are ready for hiring in July of each year.
- Demand for MH providers with CMM expertise continues to increase across the nation because of increased Veteran care needs in MH. Facilities have a significant opportunity to utilize these highly trained MH CPPs to meet this demand.

SEE FOLLOWING SECTION FOR FULL NARRATIVE OF THESE POINTS



Background

Providing access to high quality health care is one of the VA top priorities. This encompasses recovery-oriented, evidence-based MH care across the continuum of outpatient, residential and inpatient MH services throughout the country (**Figure 1**). Comprehensive MH services are delivered in a team-based care delivery setting that promote Veteran-centered, coordinated care and promote Veteran recovery. The MH CPP is a core team member providing CMM expertise to Veterans and the MH team.

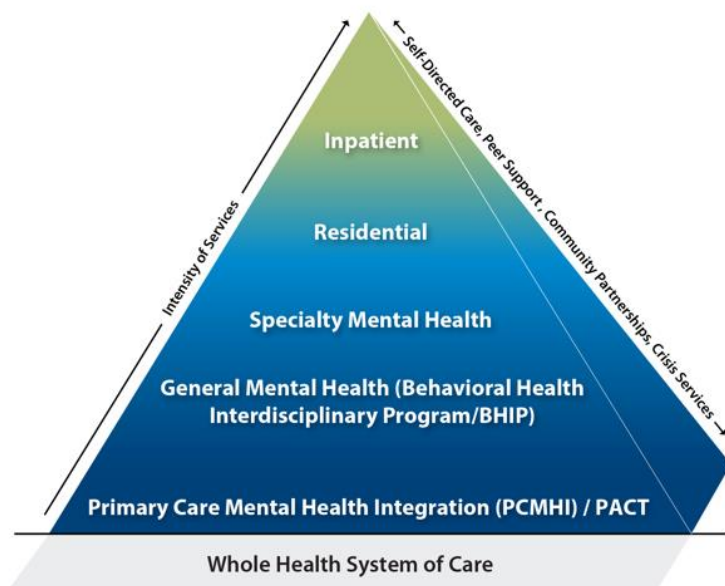
Psychiatrist and other MH provider shortages are present across the United States which impact access to provide MH care to patients.^{1,2} At the same time, there is an increase in MH care needs across the nation. There is a need to transform the MH team to include clinicians focused on providing services to the growing MH population, hence the expertise of the MH CPP is an asset to increase access to CMM services. Suggested solutions from the National Council for Mental Wellbeing regarding the psychiatric workforce shortage include adding competencies to psychiatry residency training programs for new models of care such as collaborative care, telepsychiatry, and population health management.¹ Mental Health CPP receive training in these areas by working within interdisciplinary care teams, offering virtual care clinics, and performing population health. Goldstone, et al. highlight the history, current work, and key areas where MH CPP can improve access to quality psychiatric care.³ The benefits of incorporating a MH CPP to improve both access and the quality of care to patients with mental illness has been reported in the literature (see [Evidence Bibliography – Clinical Pharmacy Practice in Mental Health](#)). Multiple articles from the bibliography emphasize the impact MH CPPs have on Veteran care within the VA system, including:

- Utilization of psychiatric emergency services was decreased by 21% at the Denver VA Medical Center following implementation of a MH CPP interim prescriber clinic due to increased psychiatric prescriber turnover.⁴
- Incorporation of MH CPP in PCMHI clinics at multiple VA sites has demonstrated an increase in Veterans achieving treatment response or remission compared to previous standard of care, a significant decrease in Veterans requiring referral to the next level of MH care, and improved medication adherence.^{5,6,7}
- MH CPP demonstrated significant improvements in suicide risk identification and evaluation at the South Texas Veterans Health Care System.⁸
- Several transition of care clinics led by MH CPP at the VA Tennessee Valley Healthcare System demonstrated improved medication adherence, treatment retention, and decreased time to MH provider follow-up post-discharge.^{9,10}
- Integration of a PGY2 Psychiatry Pharmacy resident into a Homeless Patient Aligned Care Team at the South Texas Veterans Health Care System resulted in decreased wait time for psychiatric medication management from 8 weeks to 4-6 weeks and an estimated cost savings of \$33,613.67 for the homeless Veteran population.¹¹
- Moore, et al. highlighted the overall impact of MH CPPs integrated into outpatient MH teams at VA sites to improve Veteran access to quality psychiatric care.¹²
- A survey performed at the William S. Middleton Memorial Veterans Hospital & Clinics indicated positive response to the inclusion of MH CPPs in outpatient MH teams by non-pharmacist MH providers.¹³

The MH CPP specialized training makes these providers experts in psychopharmacology and practicing at the top of their license as a primary MH provider improves access to high CMM services. The role of the

MH CPP in MH services across the continuum of care and the impact on integration of the MH CPP will be highlighted.

Figure 1. Stepped Care Model of MH Services Across the Continuum of Care⁴



Role of the MH CPP

The MH CPP is a core team member providing CMM expertise to Veterans and MH teams. Mental Health CPPs are integrated into all levels of the Stepped Care Model of MH services across the continuum of care (**Figure 1**), which includes general and specialty MH clinics, behavioral health clinics embedded in primary care, known as PCMHI, residential rehabilitation treatment programs (RRTP), specialty MH programs, and on inpatient MH units. This care is provided primarily at the facility level, however, there has been expansion of gap coverage through the Clinical Resource Hubs. The impact of the MH CPP includes improvement in access to care, quality and safety through the provision of medication management services.

The VA CPP is an Advanced Practice Provider authorized, under a scope of practice, to autonomously prescribe and provide CMM services in a variety of practice settings as described in [VHA Handbook 1108.11 Clinical Pharmacy Services](#). The types of activities besides prescribing also include executing therapeutic plans, physical and objective disease assessment, utilizing quantitative mental health instruments for psychotic, mood, cognitive, and other MH disorders to monitor medication effectiveness and MH disease conditions, ordering labs and diagnostic tests, taking independent corrective action for identified drug-induced problems, ordering consults to maximize positive drug therapy outcomes, and obtaining and documenting informed consent for treatments and procedures. These activities focus on treatment appropriateness, effectiveness, safety, and adherence for MH and non-MH conditions.

As a component of the CMM services provided, MH CPPs regularly screen for suicide risk using Columbia Suicide Severity Rating Scale (C-SSRS) and the Comprehensive Suicide Risk Evaluation (CSRE). Patients who have been identified as high risk for suicide benefit from improved access and quality of care delivered by a MH CPP. The MH CPP evaluates a patient's suicidal ideation, intent, and plan, their protective and risk factors, and documents the determined level of suicide risk. This also includes safety planning. With that

information and collaboration with team members as clinically indicated, the MH CPP ensures the patient receives the appropriate intervention according to the severity of their suicidality. Established processes for the MH care team for management of patients determined high risk are critical. The MH CPP collaborates with a psychiatrist or other appropriate provider for advanced patient care management beyond the MH CPP's scope of practice, such as the need for admissions.

Access Impact

The MH CPP impacts access primarily when utilized as a primary MH provider. There are several strong VA CPP MH practices across the continuum of care including PCMHI, general MH and BHIP, specialty MH, R RTP, and inpatient. The MH CPP is also a valued team member for treatment of substance use disorders (SUD) throughout the continuum of care.

The MH CPP meets population metric goals by managing at risk Veterans in their own subset of the team's panel, but also by seeing hospital discharge Veterans who are identified as a high risk for suicide who require more frequent follow-ups and ensuring that safety plans are completed in a timely manner. The MH CPP has been utilized in a variety of ways to effectively improve access to care and increase quality outcomes in MH care across our VA facilities.

Quality Impact

The MH CPP positively impacts multiple quality measures within the VA Strategic Analytics for Improvement and Learning (SAIL) model, which is utilized for internal and external benchmarking related to quality, efficiency and productivity. Metrics the MH CPP impact include the population coverage metrics related to access, as well as continuity of care, suicide risk screening and evaluation, and experience of care for the Veterans and the team.

The VA Psychotropic Drug Safety Initiative (PDSI) is a nationwide psychopharmacology quality improvement program with the aim of improving safety and effectiveness of psychopharmacotherapy across VA. Focus areas have included improving psychopharmacologic treatment of older Veterans, improving access to evidence-based pharmacotherapy for Veterans with SUD, reducing benzodiazepine use in high risk populations, and most recently appropriate and safe use of psychostimulants. In many facilities the MH CPP leads the PDSI through identification and management of specific local initiatives. Through the collaboration of MH CPPs with Veteran's health care teams, there has been a marked improvement in PDSI initiatives.¹¹

A unique role of the MH CPP is in the treatment of female Veterans who are trying to conceive, are currently pregnant, or who are breastfeeding. Forty-two percent of women Veterans cared for by VA are of reproductive age (18-44 y/o), with 46.2% carrying at least one psychiatric diagnosis. As is true in many areas of psychiatric medicine, the literature does not provide definitive answers as to whether a woman who is planning to become pregnant, is pregnant, or is breastfeeding should use psychiatric medications. Careful gathering of personal and family history, awareness of the resources and information available, and inclusion of the Veteran in risk-benefit discussions are crucial elements for assisting a female patient with these decisions. As the medication experts on the team, MH CPPs possess the knowledge and training for improving education and care for this population. A MH CPP run pregnancy and lactation clinic provides a much-needed service to Veterans. A Veteran's primary care, women's health or MH provider may request varying levels of assistance from the MH CPP. This can include an e-consult to provide recommendations for treatment planning via chart review only, one-time consultation (such as pre-conception planning), interim management and follow up, and/or

providing CMM for the patient during and after her pregnancy.

Consistent with other practitioners, the MH CPP scope of practice may include prescriptive authority for controlled substances when the pharmacist's state of licensure allows the practice (i.e., the statutes and regulations that define the terms and conditions of the clinical pharmacist's license), and the pharmacist performs this function in accordance with Federal law, regulations and VA policy. There are several states in which CPPs are authorized to prescribe controlled substances under their licensure, and in these scenarios the MH CPP may obtain a DEA registration to prescribe controlled substances in accordance with their scope of practice (states as of 2/29/24 include CA, ID, MA, MT, NM, NC, NV, OH, WA, TN, UT).^{12,13} When the MH CPP does not have prescriptive authority for controlled substances, they work collaboratively with the MH provider by providing therapeutic recommendations when controlled substances are a component of the medication regimen for the individual Veteran. Mental Health CPPs also prescribe and manage clozapine within VA. In fact, a large percentage of patients prescribed clozapine are managed by the MH CPP.^{14,15} The MH CPP is also an interdisciplinary team member who serves as a resource for other MH team members on evidence-based pharmacological treatment options.

Current Assessment of Clinical Pharmacy Mental Health Practice

Integrating MH CPPs and optimizing those care roles across practice settings improves access to CMM. Nationwide, CPPs are integrated into care teams delivering care through a variety of modalities (e.g., in-person, telephone, video, e-consult). In FY23, 5,964 CPPs served over 1.5 million Veterans across 4.5 million patient care visits. During the same time frame, 583 MH CPPs at approximately 140 VA facilities recorded 484,975 patient care encounters. In FY23, there were greater than 120,000 encounters per quarter as described in **Figure 2**. Modalities of patient care encounters are primarily virtual care (**Figure 3**). Interventions identified through the Pharmacists Achieve Results with Medications Documentation (PhARMD) Tool provide information on medication management activities and types of disease states managed (**Figures 4 and 5**). There are 164 MH CPPs with controlled substance prescriptive authority and this number continues to grow each year.

In evaluating 461 MH CPPs with a scope of practice, 90% completed a PGY1 residency and 70% completed a PGY2 Psychiatric Pharmacy residency. In addition, 54% report advanced board certification with the designation Board Certified Psychiatric Pharmacist (BCPP). The VA is the largest trainer of PGY2 Psychiatric Pharmacy residents, graduating approximately 87 PGY2 Psychiatric Pharmacy residents annually.

Figure 2. MH Patient Care Encounters by a MH CPP and Number of MH CPPs by Quarter (Defined by ≥ 25% of the encounters by a CPP in a MH clinic during the quarter)

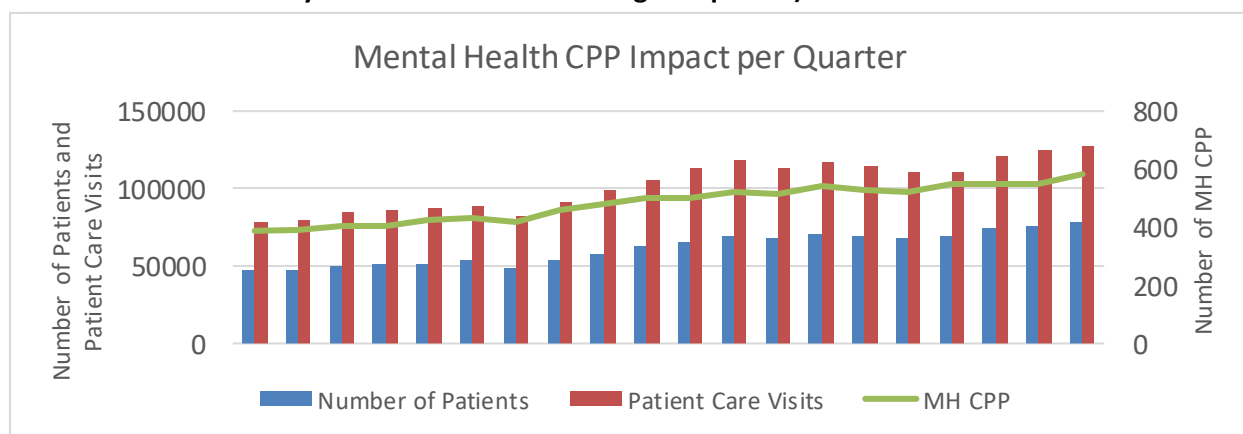
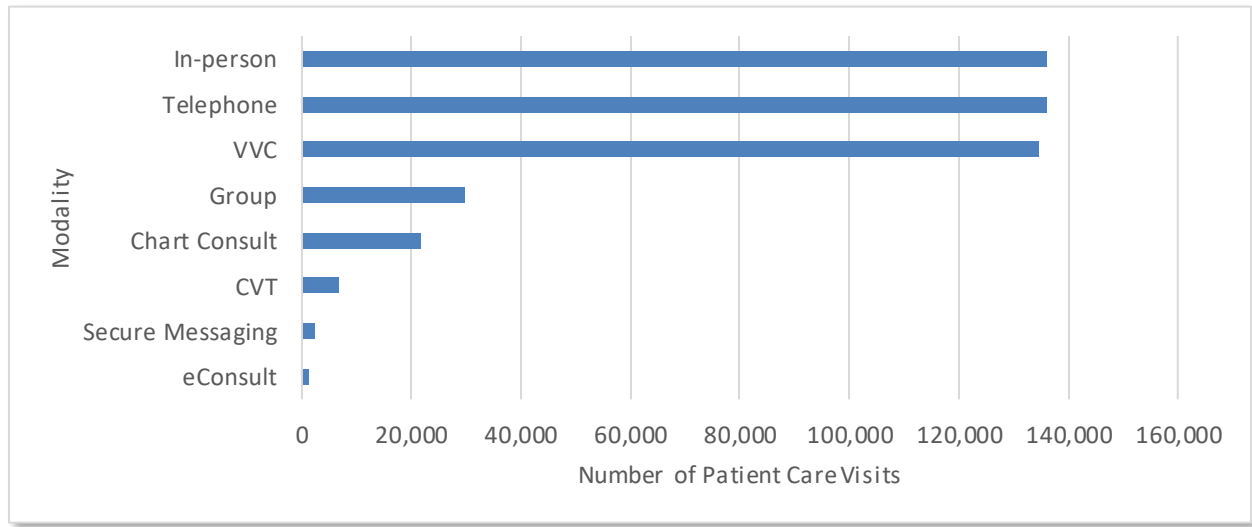


Figure 3. FY23 CPP Encounter Modalities in MH



VVC = VA Video Connect

CVT = Clinical Video Telehealth

Figure 4. PhARMD Tool MH Interventions FY23

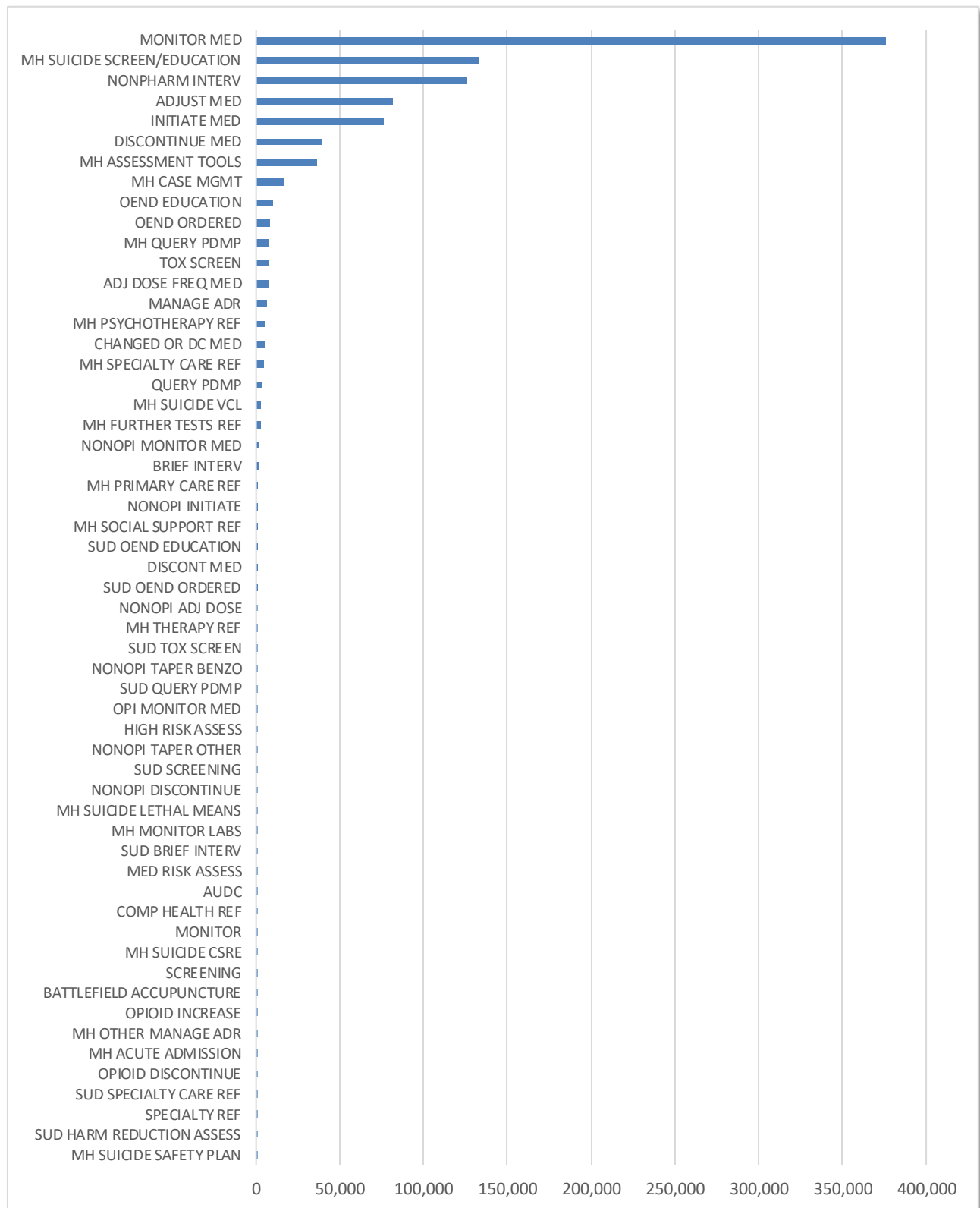
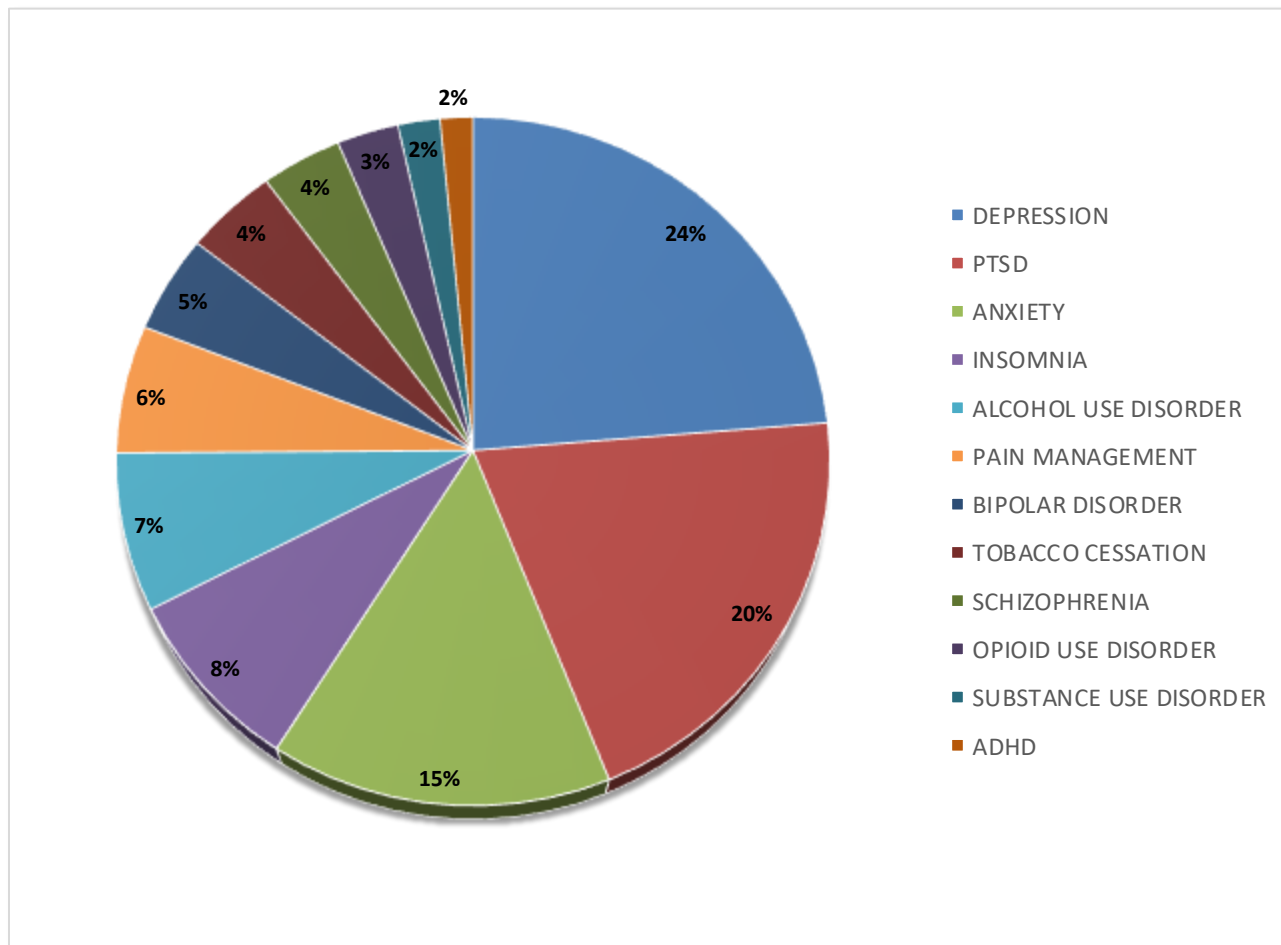


Figure 5. Proportion of MH PhARMD Tool Interventions by the Top 12 Disease States in FY23

***This data represents all PhARMD Tool MH interventions regardless of the practice area.**



Scalability of CPP in Mental Health

The PBM CPPO partnered with the Office of Rural Health (ORH) since FY17 to successfully implement an Enterprise Wide Initiative (EWI), Increasing Access to Care for Rural Veterans by Leveraging CPPs, known as the CPP Rural Veteran Access (CRVA) initiative. This project aimed to provide greater access to CMM for Veterans living in rural areas in three foundational areas of need: primary care, pain management and MH. This robust initiative provided funding for the hiring and placement of 37 new MH CPPs. Success of this initiative led to continued partnership with ORH with the CRVA Diffusion project and an additional 15 MH CPPs were hired in FY21 and in FY20/FY21 the CRVA SUD hired an additional 31 MH CPPs. In FY23 the CRVA MH Rural Expansion Access and Coordinated Health Efforts in SUD (REACHES) funding initiatives were announced for an additional 30 MH CPP positions in BHIP and PCMHI team for implementation in FY24-FY26. This ongoing partnership and infrastructure demonstrate the continued ability to scale national MH CPP practice expansion successfully and efficiently.

Conclusions

Mental Health clinical pharmacy practice continues to demonstrate what the MH CPP, practicing at the top of their training and expertise, achieves as a core member in MH team-based care by improved access, clinical outcomes and cost effectiveness when integrated across practice settings. The VA has a significant

opportunity to continue to expand the integration of MH CPPs as key members of the team as a primary MH provider. The supply of MH CPPs in most geographic areas is ample, and VA produces over 600 post-graduate trained clinical pharmacy residents annually, 82 with PGY2 Psychiatric Pharmacy training, which are ready for hiring in July of each year.

The PBM CPPO infrastructure utilized to deploy the CRVA CPP practice expansion is a unique and robust resource that may be successfully used to scale national MH CPP practice expansion. Mental Health CPPs have specialized training and expertise in providing care for Veterans with complex medication regimens. As such, MH CPPs represent a key resource for complex Veteran care and as part of team-based care.

Questions related to this guidance may be directed to the Clinical Pharmacy Practice Office (CPPO) at VHAPBH Clinical Pharmacy Practice Office (CPPO) ClinicalPharmacyPracticeOfficeCPPO@va.gov.

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