

Clinical Pharmacist Practitioner (CPP) Role in Substance Use Disorders (SUD) June 2020

The Clinical Pharmacist Practitioner (CPP) is an integral provider in the provision of comprehensive medication management (CMM) services in Substance Use Disorder (SUD) treatment. Full integration of the CPP in collaborative care roles can significantly improve access to CMM for patients with SUD throughout the VA.

Key Takeaways include:

- In 2019, 1.3 million Veterans had a diagnosis of SUD, with approximately one-third of those having co-occurring mental illness and SUD.¹
- Multiple factors contribute to limited access to treatment for patients with SUD, including provider education and training, poor integration between primary care and specialty addiction care, absence of systematic assessment for SUD, among others.²
- The CPP is uniquely trained to provide CMM services for Veterans with SUD due to their extensive knowledge of medications, clinical pharmacology, pharmacokinetics, pharmacodynamics, and therapeutics. This is a combined skill set that is unique to this group of health care professionals.
- The CPP is a core member of the interprofessional care team, providing CMM services with demonstrated positive impact on SUD care access, Veteran engagement, and treatment retention. Integration of CPPs across the stepped care model improves access to SUD care by increasing the number of prescribers available to treat Veterans, positively impacting quality Strategic Analytics for Improvement and Learning (SAIL) metrics as well as Opioid Safety Initiative (OSI) metrics. CPP CMM services include:
 - Screening for substance and polysubstance use disorders as well as referral for diagnosis
 - Post-diagnosis, initiation and management of medications, medication education and referral for other needed care
 - Risk mitigation [e.g., Prescription Drug Monitoring Program (PDMP) review, ordering and interpretation of urine drug screens (UDS), provision of opioid overdose education, syringe safety services and naloxone distribution (OEND)] and may take on the role of care coordinator
- When the CPP is a DEA registered practitioner, team and practice efficiency is improved when benzodiazepine management, opioid tapers and other controlled substance prescribing is needed.
- Successful efforts are being undertaken at several VA facilities around the country to integrate and optimize the roles of the CPP as part of team-based care of SUD in a variety of settings.
- VA facilities have a significant opportunity to expand the CPP workforce and optimize their roles in SUD CMM to bridge gaps in care and provide this much needed Veteran care as a routine part of CPP practice.

SEE FOLLOWING SECTION FOR FULL NARRATIVE OF THESE POINTS



Background

Environmental stressors unique to Veterans have been linked to increased risk of developing a Substance Use Disorder (SUD), including deployment, combat exposure, and post-deployment civilian and reintegration challenges.³ In 2019, 1.3 million Veterans had a diagnosis of SUD, with over one-third of those having co-occurring mental illness and SUD.¹ This amounts to more than one in ten Veterans diagnosed with SUD, which is a slightly higher rate than the civilian population. When comparing Veterans to the civilian population, Veterans are more likely to use alcohol and report heavy use of alcohol. Of Veteran admissions to substance use centers, 65% of Veterans report using alcohol, more than 10% report the use of heroin, and 6.5% cocaine.³ Additionally, Veterans are more likely to experience pain and more severe pain compared to their civilian counterparts with Veterans also being twice as likely to die from an opioid overdose.^{4,5}

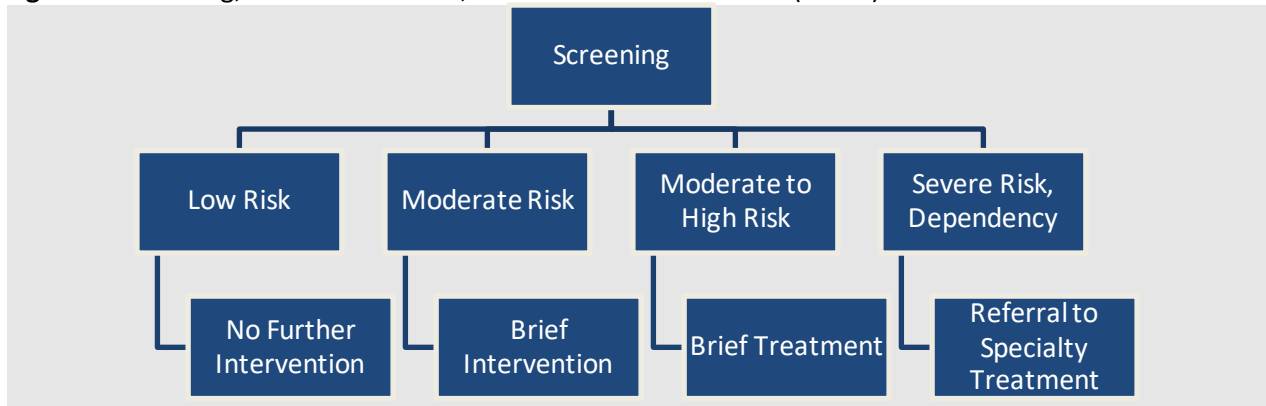
Multiple factors have been identified as contributing barriers to treatment access for patients with SUD, including education and training, poor integration between primary care and specialty addiction care, absence of systematic assessment for SUD, among others.² Some vulnerable Veteran populations such as patients with psychiatric comorbidities and the elderly may not wish to seek care outside of their medical home, leading to considerable risk. In addition, medical comorbidities common to the Veteran population are associated with poorer outcomes in SUD and treating comorbid conditions may improve treatment, psychosocial, and functional outcomes. These facts demand a comprehensive, collaborative, interprofessional team approach to treat this high-risk population and provide needed access to care.

CLINICAL PHARMACY PRACTITIONER (CPP) PROVIDER PRACTICE IN SUBSTANCE USE DISORDERS (SUD)

The CPP is an Advanced Practice Provider who is authorized, under a scope of practice, to provide Comprehensive Medication Management (CMM) in a variety of practice settings as described in VHA Handbook 1108.11 Clinical Pharmacy Services. In this role, the CPP is a core member of the interprofessional care team with demonstrated positive impact on SUD care access, quality of care, Veteran engagement and satisfaction, and treatment retention.⁶⁻¹⁴ (see Evidence Bibliography – Clinical Pharmacy Practice in Substance Use Disorder). In addition to prescribing, CPP roles and responsibilities include executing therapeutic plans, physical and objective disease assessment, utilizing quantitative instruments to screen for and address addiction and withdrawal, ordering labs and diagnostic tests, taking corrective action for identified drug-induced problems, making referrals to maximize positive outcomes, and obtaining and documenting informed consent for treatments and procedures. The CPP applies the principles of team-based care and population management to proactively identify Veterans who may benefit from CPP services with a focus on at-risk Veterans, risk mitigation opportunities, and harm reduction strategies. Collectively, these activities focus on treatment appropriateness, effectiveness, safety, and adherence for SUD in addition to co-morbid care needs.

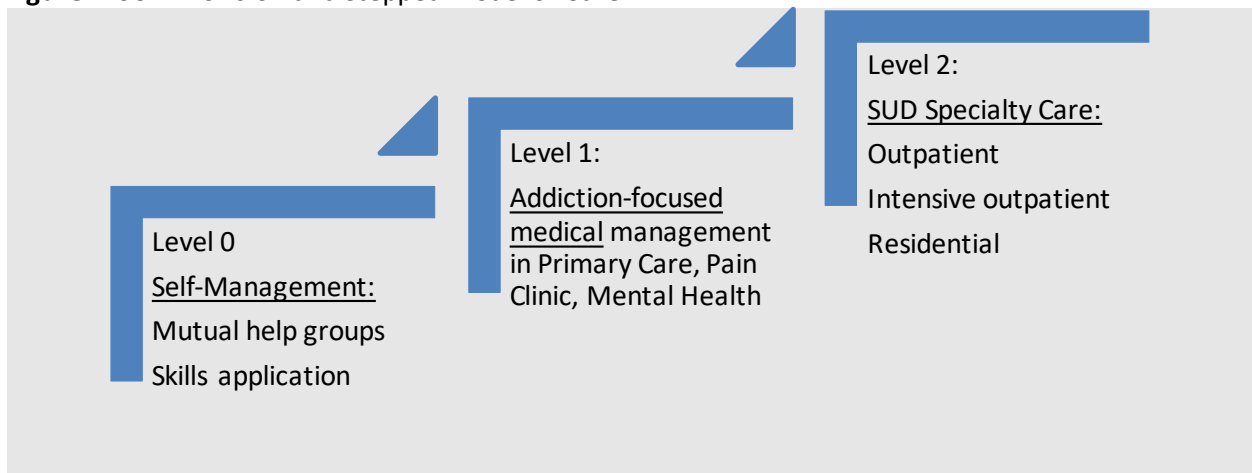
Integration of CPPs across the stepped care model significantly improves access to SUD care by increasing the number of prescribers available to treat Veterans and positively impacting quality SAIL metrics as well as Opioid Safety Initiative (OSI) metrics. Through implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT), the CPP is an integrated practitioner who addresses unhealthy substance use to improve prevention and treatment of Veterans at-risk for SUD (**Figure 1**).¹⁵ As CPPs practice along the continuum of the stepped model of care, they also play a significant role in the referral of Veterans to Residential Rehabilitation Treatment Programs (RRTP) and inpatient detoxification, as well as the providing CMM for opioid use disorder (OUD), alcohol use disorder (AUD), stimulant use disorder, polysubstance use, and cannabis use. Additionally, CPPs in SUD have a role in opioid stewardship and safety outcomes.

Figure 1: Screening, Brief Intervention, and Referral to Treatment (SBIRT)



CPP practice settings for SUD care include Primary Care, Primary Care Mental Health Integration (PCMHI), General Mental Health, Pain Management, Outpatient Specialty SUD Clinics, Intensive Outpatient Programs, RRTP, Acute Care (e.g., inpatient, emergency department), and Medically Managed Intensive Inpatient SUD. The CPP is integrated into each level of care consistent with the VA Stepped Care Model of SUD treatment: Level 0 and 1, self-care and primary care-based management, progressing through higher complexity care needs with Level 2, Specialty Care (Figure 2).

Figure 2: SUD Provision and Stepped Model of Care



As part of CMM, CPPs manage medication for OUD (MOUD) across practice settings from initiation through stabilization and maintenance treatment phases, using home-based initiation when appropriate. After an OUD diagnosis has been made, the CPP initiates and manages naltrexone or collaborates with a qualifying practitioner (X-waivered) for prescribing of buprenorphine. CPPs also address unhealthy alcohol use to prevent or treat AUD, improving access to AUD pharmacotherapy as well as providing medication education to practitioners and patients.²⁵⁻²⁶ Similar to OUD, after an AUD diagnosis is made, the CPP initiates and manages evidence-based pharmacotherapy. CPPs may directly manage AUD detoxification, both in the inpatient and outpatient settings. For Veterans diagnosed with stimulant use disorders, where FDA approved pharmacological treatment options do not exist, the CPP refers Veterans for contingency management (CM) evidence-based therapy. The CPP is a leader in tobacco cessation programs through CMM and well equipped to work with Veterans with complex comorbid mental health and substance use conditions.^{6-15, 25-29}

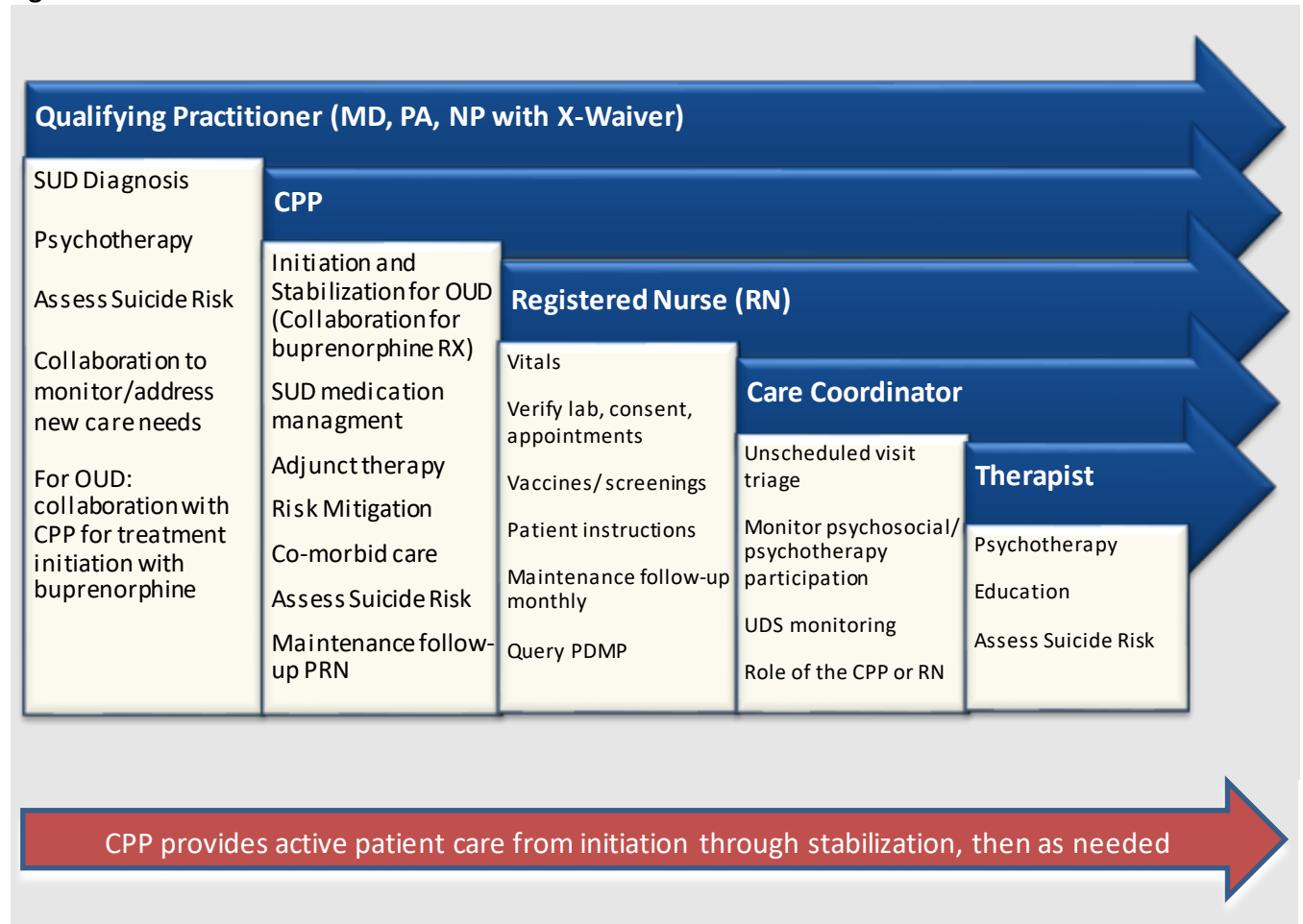
The CPP employs risk mitigation strategies across the spectrum of SUD care including suicide risk assessment and universal precautions and assures co-morbidities are addressed, making needed referrals for care that may be critical to medication treatment for medication retention and treatment outcomes, such as mental health and pain care. Additionally, CPPs are well positioned to identify patients at risk of opioid overdose and prescribe life-saving naloxone¹⁶⁻²⁴ And finally, the CPP may take on the role of care coordinator to ensure risk monitoring and Veteran participation in and appointments for needed care.²⁹ All CPP services in SUD across the continuum of care have a global focus on Veteran-centric prevention and treatment of risky substance use, fostering recovering of SUD, normalizing treatment of SUD across care settings and improving overall patient outcomes.

Table 1 outlines the roles of the CPP across practice settings and **Figure 3** highlights the CPP role in the specialty SUD team. There are several strong practices established across VA where CPPs have been effectively integrated to improve access to SUD care and may be utilized to aid in spreading clinical pharmacy practice in SUD care.

Table 1: CPP Role in SUD Across ALL Practice Settings

CPP Foundational Roles (Primary Care, Inpatient and Emergency Department)	CPP Integration into Substance Use Disorder Collaborative Care (Any setting)
<ul style="list-style-type: none"> • Screen for SUD when indicated, provide Brief Intervention, treat or Refer for Treatment (SBIRT) • Provide patient and caregiver education for SUD, risk mitigation and self-care (e.g., groups, resources) • Use shared decision-making to promote collaborative, evidence-based, patient-centered care and identify realistic, and quality of life goals • Utilize non-stigmatizing language with patients, caregivers, and the healthcare team • Risk Mitigation: <ul style="list-style-type: none"> ○ Review last urine drug screen (UDS), interpret results, intervene if indicated ○ Review last PDMP check, intervene if indicated ○ Identify and address high-risk drug combinations ○ Provide and document overdose education and naloxone education and distribution (OEND) ○ Evaluate appropriateness of opioids and opioid dosing for opioid naïve patients ○ Perform suicide risk screening; when indicated, refer to higher level of care ○ Provide syringe safety services to people who inject drugs ○ Refer for other needed care and care coordination 	<ul style="list-style-type: none"> • All Foundational Care roles • Comprehensive medication management for SUD • Utilize motivational interviewing to engage in pharmacological and non-pharmacological treatments for SUD • Provide individualized medication treatment plans and follow-up, including multi-modal pharmacologic and non-pharmacologic options • Initiate, de-escalate, taper, convert or discontinue medications when clinically indicated (in collaboration with prescriber if CPP does not have controlled substance prescriptive authority) • Assess for medication safety & efficacy and modify medication treatment plan to optimize outcomes • Perform targeted risk monitoring as clinically indicated (e.g., order UDS, query PDMP) • Collaborate with x-waivered prescriber or manage medication for OUD (mOUD) to include induction, stabilization and maintenance • Offer and initiate treatment for SUD • Manage co-morbid needs • Interdisciplinary team high risk reviews; provides SUD care consultation Perioperative SUD care management planning and care coordination • Develop perioperative pain management plans for patients with severe chronic pain and on mOUD, history of SUD, prior overdose, or other risk factor

Figure 3: Role of CPP in SUD Team



CPP PRACTICE CONSIDERATIONS

Pharmacy leadership and the facility Executive Committee of the Medical Staff (ECMS) may authorize controlled substance prescribing through the pharmacist scope of practice if the pharmacist state of licensure (i.e., the statutes and regulations that defines the terms and conditions of the practitioner’s license) allows the prescribing and they perform this function in accordance with federal law/regulations, state licensure law/regulations, and VHA Policy. When the CPP is a DEA registered practitioner, team and practice efficiency is improved when benzodiazepine management, opioid tapers and other controlled substance prescribing is needed. While CPPs are currently not included in the definition of qualifying practitioner by federal law and therefore are not authorized to obtain an X-waiver to prescribe buprenorphine products for OUD. Despite this limitation, CPPs are encouraged to complete the 24-hour X-waiver training when providing OUD care (free at [Providers Clinical Support System \(PCSS\)](#)).

For successful integration of the CPP in team-based care, the Care Coordination Agreement (CCA) complements the CPP scope of practice and describes the role of the CPP as part of the interprofessional team. The CCA defines team roles, processes and procedures for the practice area and may be particularly useful for new and evolving practices. The CCA is required for all MH CPP practice. National CCA Templates are available for MH, Pain, and PACT CPP practice areas and are inclusive of SUD care information. Additionally, full CPP integration on OUD management to include improved access to care, care coordination, and improved outcomes. The CPP in SUD Patient Brochure is a marketing tool that may be

used to advertise CPP services to Veterans as it pertains to SUD care. The brochure can be tailored with specific facility information.

CURRENT ASSESSMENT OF CLINICAL PHARMACY SUBSTANCE USE DISORDER PRACTICE

Figure 5 shows the growth of CPPs delivering SUD care by fiscal year currently reflecting 489 CPPs caring for Veterans with SUD as of Q2FY21 (excludes TUD encounters), accumulating 133,061 encounters over the past 12 months. **Figure 6 and 7** reflect the growing role of CPPs specific to OUD and AUD care (identified by ICD10 codes and interventions identified through the PhARMD (Pharmacists Achieve Results with Medications Documentation) Tool).

Figure 5. SUD Encounters by a Pharmacist Provider by Fiscal Year and Modality for FY18-FY20

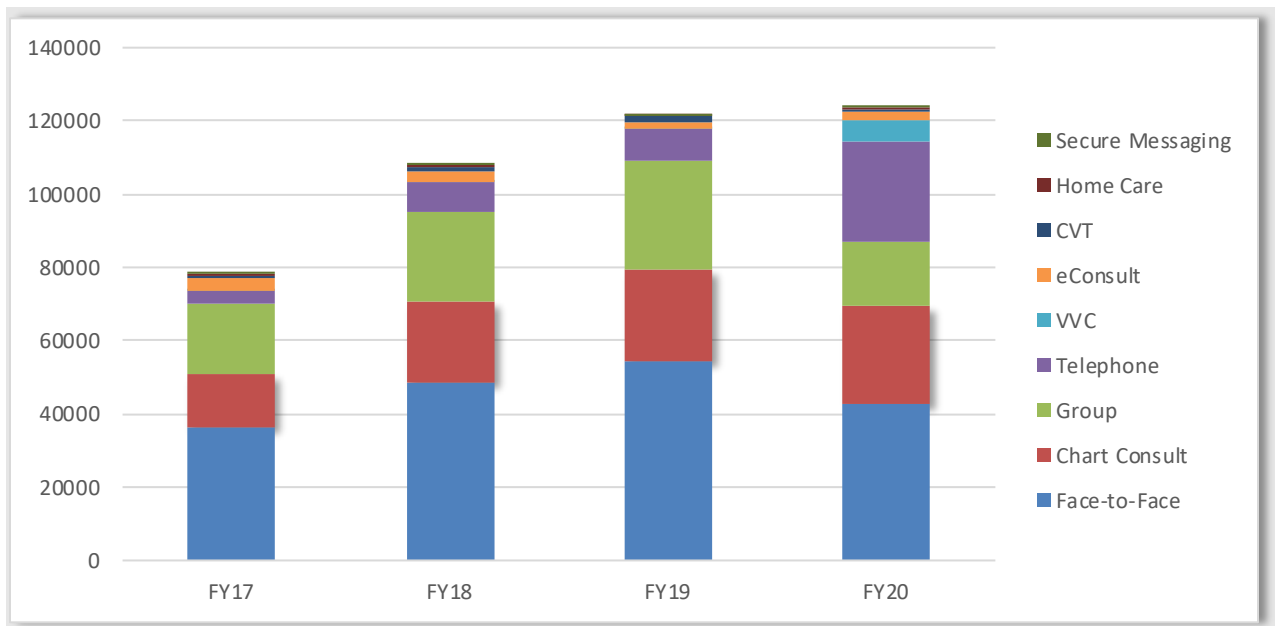


Figure 6. Growth in CPPs Delivering OUD Care Encounters over time

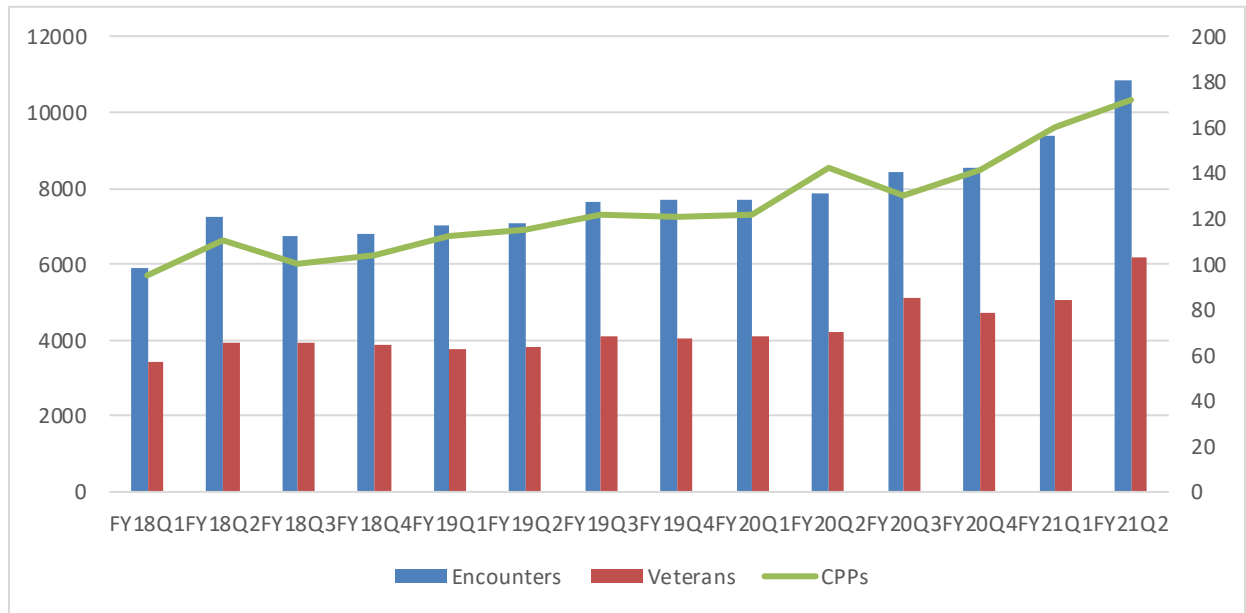
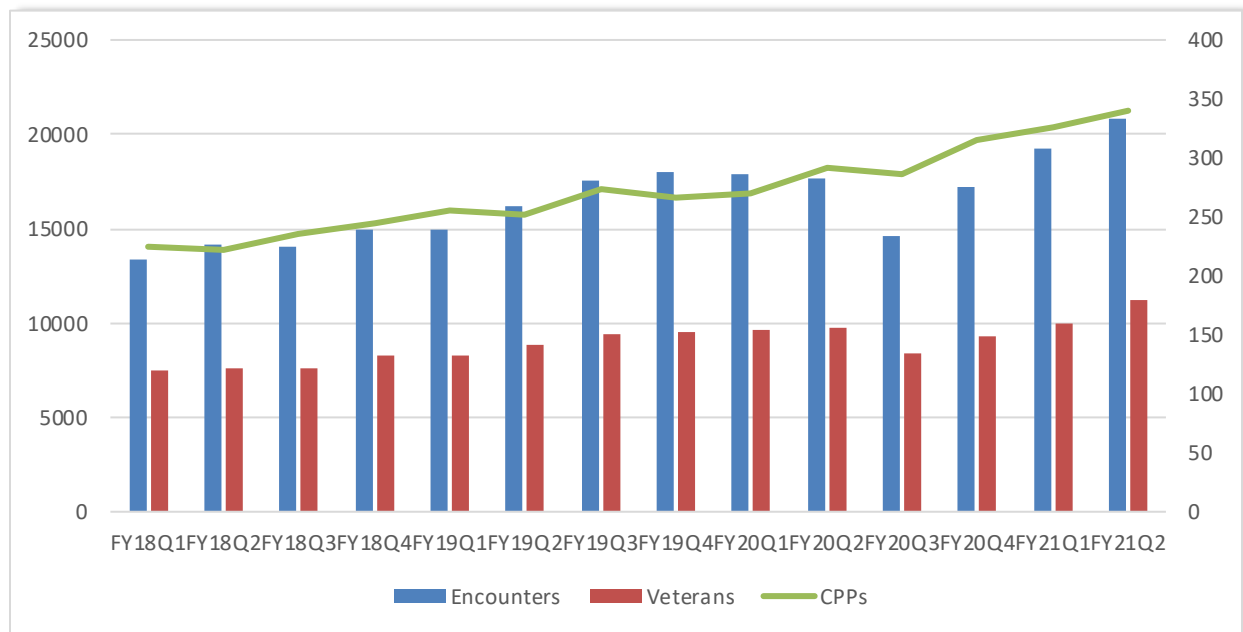


Figure 7. Growth in CPPs Delivering AUD Care Encounters over time



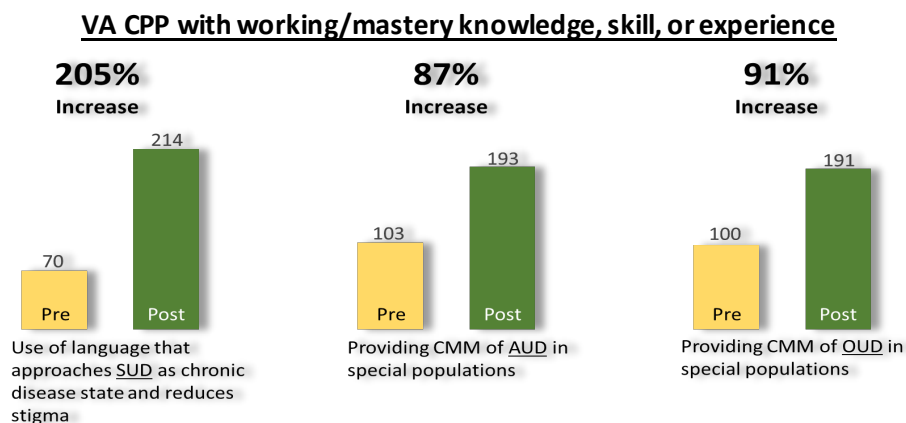
SCALABILITY OF CPPs IN SUD

The PBM Clinical Pharmacy Practice Office (CPPO) and the Office of Rural Health (ORH) partnered in FY20 to launch a new enterprise wide initiative (EWI), “Leveraging Clinical Pharmacy Practitioners (CPP) Providers to Increase Access to Rural Veteran Access with Substance Use Disorder (SUD).” This EWI affords greater access to medication treatment for rural Veterans with SUD. The CRVA-SUD project focuses on integrating the CPP into stepped care teams in alignment with the Stepped Care for Opioid Use Disorder (SCOUTT) model with the central priority to promote spread practice across the nation. In this model, the CPP is integrated into the care team and collaborates with the other members of the team, patients and caregivers to provide CMM services for SUD, with a particular focus on OUD and AUD. Through EWI

funding, 18 new CPPs were hired in FY20 with an additional 17 CPPs hired in FY21 with implementation support provided by CPPO. An additional initiative launched in Q4FY20, CRVA Diffusion, builds upon the successes of prior CRVA programs, with the hiring of 15 MH CPP and 14 Pain CPP incorporating SUD treatment and risk mitigation into services provided for their respective setting.

The CRVA-SUD EWI featured SUD Clinical Pharmacy Train the Trainer Boot Camps crafted to teach case-based, foundational aspects of SUD care. The boot camp curriculum was developed to support phased SUD clinical pharmacy practice integration and expansion based on facility priorities and field needs. As access to SUD care continues to be a top VA priority, the training equipped CPPs with knowledge and resources to play a key role in improving access to OUD and AUD treatment across practice settings. The 3-day training was offered in a virtual platform with 3 distinct, regional sessions held in June and July 2020. Over 266 CPP attended one of the Boot Camps: 32 Public Health Service partners from Bureau of Prisons and Indian Health Services and 234 VA CPP. All attendees completed foundational knowledge pre-work, including 24-hour X-waiver training. To foster phased and prioritized CPP practice growth in SUD care after the boot camps concluded, VA boot camp participants completed action plans focused on CPP practice expansion. Boot camp participants now serve as subject matter experts for SUD care and CPP practice expansion to improve access to OUD and AUD treatment, while improving outcomes for Veterans and their families and loved ones. **Figure 8** reflects objectives from the SUD Clinical Boot Camp with the highest rated growth from baseline via the participant knowledge assessment survey.

Figure 8. Change in Knowledge Pre- and Post-SUD Boot Camp Training (n = 217 CPP completing surveys)



CONCLUSIONS

As the efforts to prevent, treat, and foster recovery for Veterans affected with SUD continues, the need to increase the number of practitioners who can adequately provide SUD care has never been more apparent. The CPP is uniquely trained to provide CMM services for Veterans with SUD due to their extensive knowledge of medications, clinical pharmacology, pharmacokinetics, pharmacodynamics, and therapeutics. This combined skill set is unique to this group of health care professionals and has shown to be useful in this patient population. With substantial shortages of practitioners to deliver SUD care continues to plague the nation and VA, integration of the CPP as part of the SUD treatment across practice settings provides a critical avenue for addressing prescriber staffing needs. VA facilities have a significant and important opportunity to expand the CPP workforce and optimize their roles in SUD treatment to bridge the gap in care in alignment with critical goals of VA.

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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