

Clinical Pharmacist Practitioner (CPP) Role in Women's Health

June 2024

The Clinical Pharmacist Practitioner (CPP) is an integral provider in the provision of comprehensive medication management (CMM) services in Women's Health. CPP should have competency in providing care for women and gender diverse Veterans. Their full integration into the care team improves access, quality, safety, and equity of care across the lifespan of women Veterans.

Key Takeaways include:

- The VA Women's Health CPP is a highly trained advanced practice provider functioning independently and collaboratively under a Scope of Practice with prescriptive authority as described in [VHA Handbook 1108.11\(2\) Clinical Pharmacy Services](#). In FY23, Women's Health CPP recorded 39,571 patient care encounters for 14,093 patients.
- Women Veterans are the fastest growing population in VA, however care disparities and lack of comprehensive care addressing women specific needs remain. These gaps present an opportunity to leverage the expertise of the CPP to optimize the care of women Veterans.
- Providing comprehensive care for women Veterans includes caring for gender diverse Veterans with feminine care needs. Consider that non-binary, transgender male, and/or individuals across the gender spectrum may also require access to these services.
- The CPP is a core team member providing CMM expertise to our women Veterans across all models of care. The specific CMM services offered by a CPP will depend on factors such as time dedicated to women Veteran care, experience and training in gender-specific care, and needs within the VA facility.
- Women Veterans have improved access to care when the CPP role is fully optimized resulting in PCP improved access. For example, CPP can provide focused visits on contraception management, supporting reproductive autonomy and improve access to essential reproductive health services offloading this care from the PCP. The CPP can refer women Veterans directly to specialty providers and help facilitate non-pharmacologic interventions and communication with existing community care.
- CPP work throughout all three models of care in women's health, providing CMM through a variety of care modalities (face to face, telephone and VVC).
- Tools are available to the CPP to target quality improvement and optimization of medication regimens. These dashboards assist the CPP in identifying patients with potential gaps in health equity at their local VA facility to help improve health outcomes.

SEE FOLLOWING SECTION FOR FULL NARRATIVE OF THESE POINTS

Background

There are greater than two million women Veterans living today, and women now account for 18% of the military. Women Veterans are the fastest growing population in VA and in FY23 approximately 911,000 women Veterans were enrolled in VA services with 350,000 of them being of child-bearing age and 72% having service connection $\geq 30\%$. In addition, in FY20 women were racially/ethnically more diverse than men; 41% of women compared to 26% of male Veterans belonged to a racial/ethnic minority group (WHEI Master Database Files).

Women Veterans have similar frequencies of diagnoses as compared to male Veterans across age ranges but do have unique clinical care opportunities specific to women.

Rank	Top Five Domains for Ages 18-44	%	Top Five Domains for Ages 45-64	%	Top Five Domains for Ages 65+	%
	Women (n=225,775)	%	Women (n=248,685)	%	Women (n=83,508)	%
1	Mental Health/SUD*	57.4	Musculoskeletal*	60.8	Endocrine/Metabolic/ Nutritional*	64.7
2	Musculoskeletal*	50.4	Endocrine/Metabolic/ Nutritional*	56.1	Cardiovascular	58.2
3	Reproductive Health	36.1	Mental Health/SUD*	50.2	Musculoskeletal*	55.0
4	Endocrine/Metabolic/ Nutritional*	31.9	Cardiovascular	42.1	Sense Organ	44.5
5	Neurologic	30.7	Gastrointestinal	35.5	Gastrointestinal	36.8
	Men (n=914,834)	%	Men (n=1,561,567)	%	Men (n=3,086,039)	%
1	Mental Health/SUD	50.3	Endocrine/Metabolic/ Nutritional*	56.9	Cardiovascular	64.1
2	Musculoskeletal	48.7	Musculoskeletal*	54.5	Endocrine/Metabolic/ Nutritional*	62.3
3	Endocrine/Metabolic/ Nutritional	30.1	Cardiovascular	50.8	Sense Organ	49.6
4	Gastrointestinal	22.8	Mental Health/SUD*	39.0	Musculoskeletal*	42.6
5	Respiratory	22.0	Gastrointestinal	34.8	Gastrointestinal	33.4

- Cohort: Women and men Veteran VHA patients with non-missing ages 18-110 years (inclusive) in FY20. Women: N=557,968; Men: N=5,562,440. Source: WHEI Master Database, FY20

Despite the similarities in frequencies of cardiovascular and endocrine diagnoses in men and women Veterans, significant disparities exist across VA performance metrics for women Veterans.



Cardiovascular Disease and Statin Use (statin1) FY22

	Female	Male
Below 50	75.36 (n=771)	84.42 (n=12,200)
50-64	84.19 (n=8792)	87.71 (n=163,673)
65 and older	80.18 (n=8567)	85.97 (n=569,413)

VA is committed to providing women Veterans comprehensive health for conditions encountered over the course of a woman's lifetime through a coordinated delivery of patient-centered personalized healthcare, wellness and prevention, and diagnostic and therapeutic interventions. This care incorporates prevention, gender-specific/reproductive healthcare, care for acute and chronic disease, and mental health and well-being all delivered in a trauma-informed environment. Women Veterans, whenever possible, are assigned to a WH-Patient Aligned Care Team (PACT) which is a 'Special Population PACT' (as defined by [VHA Handbook 1101.10, Patient Aligned Care Teams](#) with clinicians who maintain a specialized skillset that allows for the care of complex, high risk, vulnerable Veterans.

In addition, VA has established policies to ensure the unique aspects of women health care needs are met, including access to emergency contraception, maternal care, infertility services, and access to other reproductive health care services. VA has codified that emergency contraception be available to all women Veterans the same day, all facilities have a mechanism to monitor high-risk teratogenic medications, and access to maternity care coordination.

The Women's Health Clinical Pharmacist Practitioner (WH CPP) is a core team member who provides CMM expertise to Veterans and the team. CPPs provide CMM in women's health care through the quintuple aim of healthcare by providing better care, reducing healthcare costs, improving patient experience and provider well-being, and achieving health equity.^{1,2}

ROLE OF THE CPP IN WOMEN'S HEALTH CARE

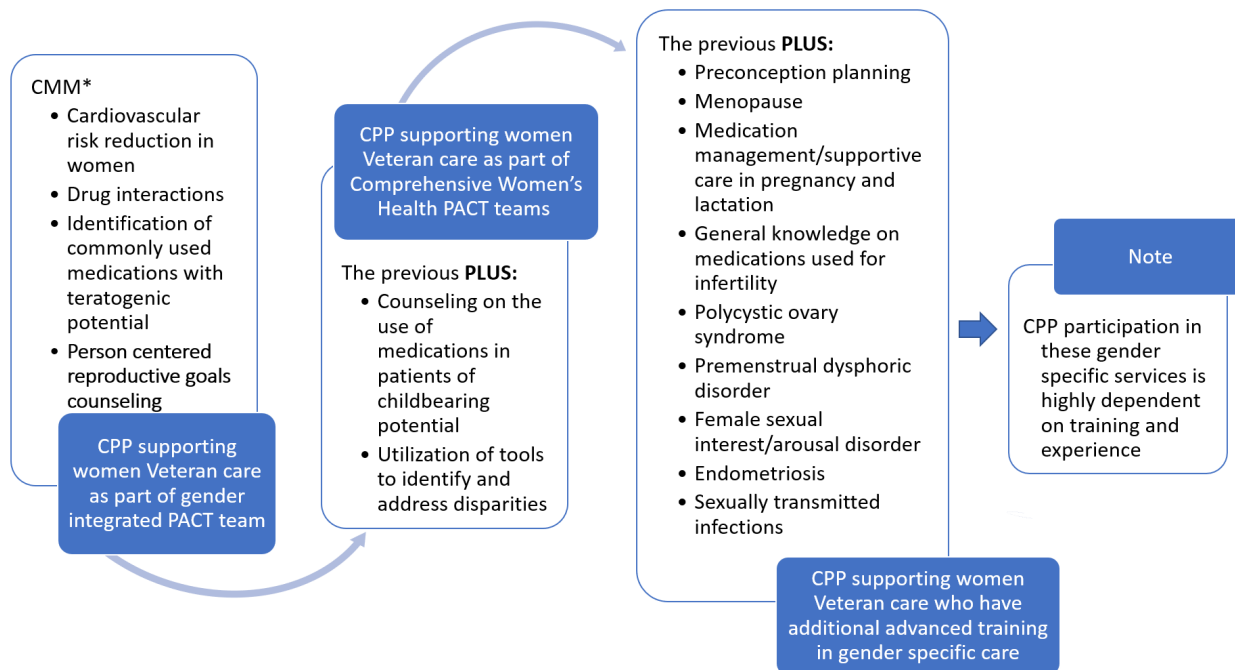
The VA CPP is an advanced practice provider authorized, under a scope of practice, to autonomously prescribe and provide CMM services in a variety of practice settings as described in [VHA Handbook 1108.11 Clinical Pharmacy Services](#). The types of activities, in addition to prescribing, include executing therapeutic plans, physical and objective disease assessment, patient education, utilizing quantitative assessments to monitor medication effectiveness and disease conditions, ordering labs, taking independent corrective action for identified drug-induced problems, ordering consults to maximize positive drug therapy outcomes, obtaining and documenting informed consent for treatments and procedures, if applicable, and completing pharmacology consultation with other team members. These activities focus on treatment appropriateness, effectiveness, safety, and adherence.

Women Veterans receive primary care in the VA through various models at a local facility:

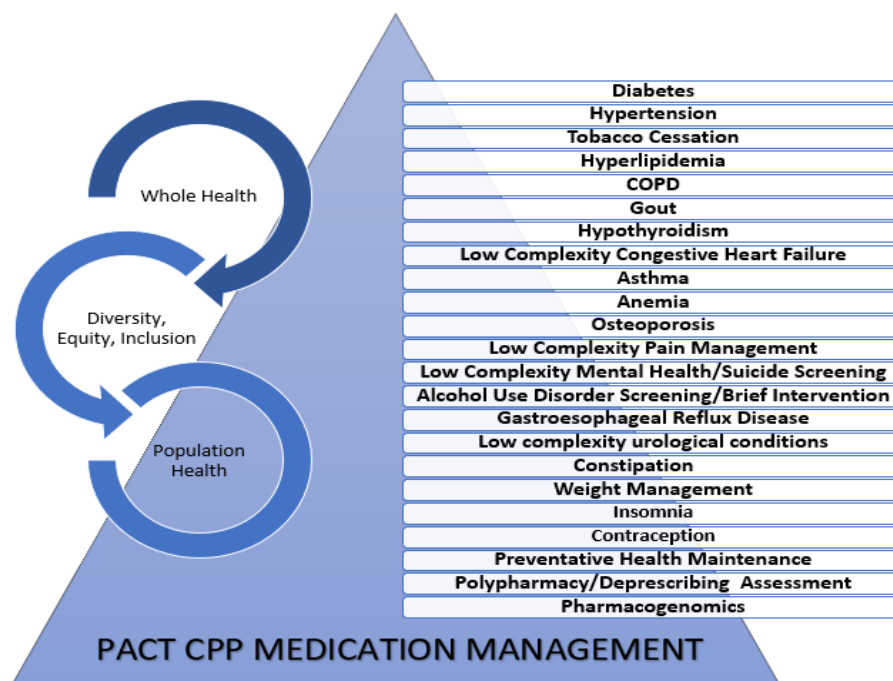
Model 1: General Primary Care Clinics	Model 2: Separate but Shared Space	Model 3: Comprehensive Women's Health Center (WHC)
<ul style="list-style-type: none"> •Comprehensive primary care is delivered by WH-PCPs and WH-PACT teamlets within a gender-integrated primary care clinic 	<ul style="list-style-type: none"> •Comprehensive primary care is delivered by WH-PCPs and WH-PACT teamlets in a separate space that may be located within or adjacent to primary care clinic areas 	<ul style="list-style-type: none"> •Comprehensive primary care is delivered by WH-PCPs and WH-PACT teamlets in an exclusive separate space •Medical facilities with a large women Veteran population are encouraged to create WHCs that provide the highest level of coordinated, high-quality, comprehensive care to women Veterans.

- Regardless of the primary care model for women Veteran's, CPP are uniquely positioned to provide various aspects of comprehensive women Veteran health care. CPP are key interdisciplinary team members, serving as both a primary prescriber and consultant, increasing access and quality to both episodic and comprehensive care for women Veterans. The CPP performs CMM to address treatment disparities for diabetes, cardiovascular diseases, hypertension, low complexity mental health, pain, and substance use disorder (SUD). In addition, the CPP can provide CMM and education for reproductive health, menopause, weight management, and osteoporosis.

Services offered by a CPP may vary depending on several factors including the time dedicated to women Veteran care, experience and training in gender-specific care, and needs within the VA facility. Examples of services that may be provided include:



These services are in addition to the disease states managed by PACT CPP through CMM:



Additionally, the WH CPP may:

- Provide pharmacy-specific input to patient care plans and medication selection
- Participate in quality management and performance improvement activities related to the Women's Health Program

- Provide pharmacy-related education regarding the care of women Veterans to other members of the healthcare team and trainees, as well as other pertinent parties
- Serve on multidisciplinary committees aimed at optimizing care for women Veterans such as the Women Veteran's Health Committee

Access Impact

Access to primary care services across the country continues to be at a high demand with a significant shortage expected to continue through 2033.³ Multiple studies have also documented provider burnout and “emotional exhaustion” with implementation of PACT.^{4,5} Given the current shortage of VA PCP as well as the focus to improve care and provide timely access, the WH CPP can play a vital role in increasing access for the care of women Veterans.

Utilization of the PACT CPP for 15-20% of Veterans on a PCP panel can create an additional 2-3 weeks of appointments for the PCP by decreasing the return visit interval (RVI) of the PCP allowing for sooner follow up of new Veterans or Veterans requiring a level of complexity not managed by the CPP. Additionally, scrubbing of PCP schedules have revealed that 27% of PCP return appointments can be moved over to the CPP for follow up. These actions decrease the time to the third next available appointment for PCP and has the potential to increase care for new patient access.

Decreasing Clinical Burden of the Team

CPP have been integrated throughout the VA to increase the quality of care and provide medication optimization by utilizing CMM, thereby reducing the clinical burden on the PCP. Across all three models of healthcare delivery to women Veterans, the WH CPP can recognize safe prescribing practices for women of reproductive potential (e.g., teratogenic medications and medication safety in lactation), assess immunization recommendations, and identify safe and effective menopause treatment modalities.

Focused visits can be scheduled with the WH CPP outside of the PCP appointment to discuss contraception options with counseling. Whether proactively or via a same day appointment, emergency contraception can be prescribed which supports reproductive autonomy and improves access to essential reproductive health services.

WH CPP can also refer Veterans to Specialty Care (gynecology, psychology, neurology, etc.) as well as for non-pharmacological interventions such as yoga, weight management/MOVE!, prosthetics, and pelvic floor physical therapy.

The WH CPP can communicate, collaborate, and coordinate with the healthcare team throughout the spectrum of preconception, pregnancy, and postpartum. Should the Veteran receive care in the community for infertility treatment, the WH CPP can help facilitate pharmacologic and non-pharmacologic interventions.

PROVISION OF PATIENT CARE BY THE CPP IN WOMEN'S HEALTH

There are numerous ways in which the CPP in Women's Health can contribute to the care and improved health of women Veterans.

Comprehensive Medication Management

The care process of CMM ensures that Veteran's medications are individually assessed to determine that each has an appropriate indication, is effective for the medical condition and achieving defined

patient and/or clinical goals, is safe given the comorbidities and other medications being taken, and that the patient is able to take the medication as intended and adhere to the prescribed regimen. CMM is performed by the CPP utilizing their scope of practice, to optimize medications. CMM includes evaluation of all clinical conditions to evaluate a Veterans medication regimen and occurs longitudinally over the patient care journey using a specific patient care process. The CPP should provide care across the spectrum of care delivery modalities to include but not be limited to face to face, telephone, VA Video Connect (VVC), Clinical Video Telehealth (CVT), shared medical (group) appointments, secure messaging, chart consults and home telehealth coordination (HT). It is important to remember that patient care activities may be performed individually before and after the CMM patient care process and may include but are not limited to specific disease state management and specific drug management.

Population Health Management

Population health management is the practice of utilizing healthcare analytics to proactively target specific clinical interventions aimed at improving patient care. Population management tools may be used by the CPP to target quality improvement and optimization of medication regimens. Appropriate clinical assessment and monitoring is at the discretion of the CPP and should be individualized according to patient specific characteristics. Clinical judgement should be exercised in the context of risks, benefits, patient preferences, goals of care, burdens, and prognosis for remaining life expectancy, using shared clinical decision making.

Current Assessment of Clinical Pharmacist Practice for the Women's Health CPP

Assessment of the true number of CPP performing women's health activities is difficult given PACT CPP treat women Veterans as part of CMM in model 1 facilities. However, there are CPP working in Women's Health specific models of care (Model 2 and 3), some of which have been funded through the Women's Health Innovations and Staffing Enhancements (WHISE).

In FY23, these WHISE CPPs generated 39,293 encounters for 22,936 unique women Veterans. Telephone was the most common visit modality, with more Veterans being seen through VVC than face-to-face. These encounters led to over 8,000 women's health PhARMD tool interventions.

Impact on Health Equity and Quality

The CPP working in women's health has a large role in promoting health equity for Veteran care. Women Veterans are ethnically diverse and may be disadvantaged by their social or economic status, geographic location, or environment. CPPs are well positioned to address these preventable health disparities.

Social Determinants of Health (SDOH)

The economic and social conditions that influence individual and group differences in health status. Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect health, functioning, and quality-of-life outcomes and risks.

CPP can identify and address differences in a woman Veteran's SDOH prior to determining a course of treatment. Reviewing which SDOH exist will allow the CPP the opportunity to ask important questions, develop strategies for addressing, and build trust.



CONCLUSIONS AND RECOMMENDATIONS

The CPP working with women Veterans is an advanced practice provider with a scope of practice who provides CMM for medication optimization. CMM includes evaluation of all clinical conditions to evaluate Veterans' medication regimens and occurs longitudinally over the patient care journey using a specific patient care process. CMM is the umbrella process where many clinical activities by the CPP working with women Veterans are performed. The WH CPP possesses the education, training, experience, and competency to manage the complex pharmacotherapeutic needs as part of the patient care process for CMM for women Veterans. As an integral member in team-based care, the WH CPP practicing at the top of their ability can achieve improved access, clinical outcomes, and cost effectiveness. VHA has a significant opportunity to deploy or add trained WH CPP as a key member of the team and with a focus on standardization of the role of activities for women's health. Each facility should have a women's health CPP with the experience and training in gender specific care to improve access, quality, safety, and equity of care across the lifespan of women Veterans.

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.

REFERENCES:

1. McFarland MS, Buck ML, Crannage E, et al. Assessing the impact of comprehensive medication management on achievement of the quadruple aim. *The American Journal of Medicine*. 2021;134(4):456–461.
2. Nundy S, Cooper LA, Mate KS. The quintuple aim for health care improvement: a new imperative to advance health equity. *JAMA*. 2022;327(6):521–522.
3. The 2020 Update: Complexities of Physician Supply and Demand: Projections from 2018 to 2033.
4. Meredith LS, et al. Emotional exhaustion in primary care during early implementation of the VA's medical home transformation: patient aligned care team (PACT). *Med Care*. 2015; 53(3):253–60.
7. Implementation of the patient centered medical home in the Veterans Health Administration: associations with patient satisfaction, quality of care, staff burnout, and hospital and emergency department use. *JAMA Intern Med*. 2014;174(8):1350–8.