

# Psychiatric Pharmacist Integration into the Medical Home Model

## Position Statement

*Online at [cpnp.org/about/position/medical-home-model](http://cpnp.org/about/position/medical-home-model)*

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# College of Psychiatric and Neurologic Pharmacists Position Statement

## Psychiatric Pharmacist Integration into Medical Home Model

### **Background**

Persons with severe and persistent mental illnesses (SPMI), such as schizophrenia, often do not receive adequate general medical care<sup>1-6</sup>. In 2006, the National Association of State Mental Health Program Directors (NASMHPD) reported that people with serious mental illness have a 25-year shorter lifespan than people without serious mental illness<sup>7,10</sup>.

Individuals with SPMI are also stigmatized and impoverished, frequently abuse alcohol and illicit drugs, and are incarcerated in such huge numbers that jails and prisons have become the new mental "institutions"<sup>11-14</sup>. Additionally, more than 68 percent of adults with a mental disorder have at least one medical disorder<sup>8</sup>. Co-morbid mental health and medical conditions are associated with decreased quantity and quality of life, increased symptom burden, and increased healthcare costs<sup>15,17</sup>.

Due to the long-standing lack of integration between mental health and primary care services, the "Final Report for the President's New Freedom Commission on Mental Health" recommended use of evidence-based models to improve patient care at the interface of general medicine and mental health<sup>8</sup>.

### **Comprehensive Medication Management and Integrated Care**

Pharmacists have a unique set of knowledge and skills that are ideal for providing comprehensive medication management. Pharmacists are trained in pharmacology, pharmacokinetics, drug-drug and drug-disease state interactions, and optimizing medication adherence. Psychiatric pharmacists are also trained to demonstrate respect and compassion for patients with psychiatric illness and effectively evaluate medication-related needs. Psychiatric pharmacists are positioned by this background and training to successfully engage patients in treatment by providing information regarding the benefits of treatment and expected side effects, thus giving the patient some empowerment in making choices. Further, psychiatric pharmacists embrace the concept of team care that involves the psychiatric team, patient and family members; this approach allows patients to be fully empowered in their own treatment and recovery. This training uniquely enables psychiatric pharmacists to assess the efficacy of psychiatric medications, perform medication histories, and provide treatment strategies for a therapeutic plan.

Psychiatric pharmacists believe that comprehensive medication management, defined by the Patient-Centered Primary Care Collaborative (PCPCC), is accomplished by providing patient-centered comprehensive medication reviews and treatment plan-based recommendations to patients and providers. In some cases, physician-pharmacist collaborative-practice agreements are used to supplement the practice. This definition has been adopted as the practice model for reimbursement by Minnesota Medicaid.

The term medication therapy management (MTM) was adopted by the Centers for Medicare & Medicaid Services in January 2003 to require medication-related services to be provided to certain Medicare Part D beneficiaries. The CMS MTM definition has been inconsistently interpreted; often leading to minimal services offered and missed opportunities to impact patient outcomes.

CPNP believes, consistent with the PCPCC, that comprehensive medication management includes an assessment of a patient's medication regimen for indication, effectiveness, safety, and adherence. It employs the tenets of pharmaceutical care, pharmacy's professional practice, and identifies and provides solutions to a patient's drug therapy problems. As defined by PCPCC, the goal of this practice is to identify, resolve, and prevent drug therapy problems under the four domains of appropriateness, effectiveness, safety, and adherence. Further, this practice must be done through a live clinician-patient interaction (face-to-face or electronically)<sup>18</sup>.

Pharmacists have been providing traditional "clinical pharmacy" services for decades, including patient, family, and provider education, evaluation of treatment response and/or adverse effects, evidence-based and measurement-based care, and therapeutic drug monitoring. These functions cannot effectively occur in isolation from the practice of comprehensive medication management to have the most benefit to patients' medication-related outcomes. Pharmacists must work collaboratively with other healthcare professionals and health systems to coordinate our efforts within existing or novel patient care models (e.g., patient-centered medical homes).

It is clear that psychiatric pharmacists can provide patient-centered holistic care by integrating mental health and primary care. Psychiatric pharmacists' knowledge and skills are not widely recognized and thus are currently underutilized in healthcare systems.

Board-certified psychiatric pharmacists are uniquely positioned to partner with primary care providers and generalist pharmacists to target patients who are high users of resources. The goal is to improve access to care, improve healthcare-related outcomes, and decrease overall healthcare costs for patients with mental illness and medical co-morbidities.

## Position Statement

CPNP is committed to securing the future of psychiatric pharmacy by developing and strengthening the community of psychiatric pharmacy practitioners, developing psychiatric pharmacy services, and supporting legislation and regulations that promote increased pharmacist roles in providing direct patient care. We are using the conceptual framework that mirrors the mission of CPNP to promote excellence in pharmacy practice, education and research to optimize treatment outcomes of individuals affected by psychiatric and neurologic disorders. CPNP believes that psychiatric pharmacists should be engaged in the following activities that effectively utilize our expertise in comprehensive medication management in order to optimize treatment outcomes of individuals affected by psychiatric and neurologic disorders:

1. Provide effective and efficient comprehensive medication therapy management that can improve patient outcomes and reduce healthcare costs and disseminate these findings within the professional and scientific communities.
2. Practice using the team care approach so that patients are more effectively involved in the management of their care and recovery.
3. Educate physicians, nurses, administrators, payors, patients, legislators and other stakeholders, using consistent healthcare language, regarding the value of psychiatric pharmacists and their provision of comprehensive medication management within healthcare teams.
4. Obtain training in therapeutic techniques such as motivational interviewing to enable effective engagement of the patient in developing their own goals.
5. Support the CPNP Foundation to assist in the funding and development of demonstration projects designed to identify reimbursement models for comprehensive medication management for financial sustainability.
6. Participate in legislative and grassroots activities at the national and local levels by partnering with CPNP and other pharmacy organizations to promote the value of pharmacists.

In summary, psychiatric pharmacists must provide comprehensive medication management as part of an integrated health care team in order to most effectively improve access to care , improve quality of care, decrease costs, and improve provider and patient satisfaction for patients with SPMI and medical illnesses. Our ultimate goal in promoting collaboration between mental and medical care is to improve the lives of persons with chronic mental illness and the lives of their families.

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