ADVOCACY ISSUE BRIEF

Psychiatric Pharmacists Enhance Integration of Primary and Behavioral Health Care

People Living With Psychiatric Disorders Often Have...

2-3X higher mortality rate with **60%** of early mortality due to inadequately treated medical conditions

Inadequate access to mental health care due to shortages in the behavioral health workforce, including a critical shortage of psychiatrists

PSYCHIATRIC PHARMACISTS ARE AT THE NEXUS OF BIDIRECTIONAL CARE INTEGRATION

PRIMARY CARE SETTINGS

Primary Care Physicians (PCPs) and other providers may lack confidence or comfort in managing psychiatric disorders in the primary care (PC) setting.

In a primary care setting, Psychiatric Pharmacists are uniquely positioned to provide patient-centered, integrated, holistic care to patients with co-occurring psychiatric and medical conditions. Their specialized skills and medication knowledge can support PCPs in managing patients with mental health conditions in the primary care setting, reducing referrals to psychiatry, where there is a critical shortage of providers.

BEHAVIORAL HEALTH SETTINGS

Psychiatrists may have a lack of knowledge or comfort in managing other medical conditions in the behavioral health (BH) setting.

In a behavioral health setting, Psychiatric Pharmacists increase access to specialized care by supporting medication management including optimizing medication regimens, enhancing care through counseling and education, and assisting with medication adherence and monitoring. This enables psychiatrists to place more focus on diagnostic assessments for new or complex patients.

Psychiatric Pharmacists Are Key Members of the Interprofessional Care Team

Psychiatric Pharmacists can help bridge care gaps and enhance care integration in both settings as they provide Comprehensive Medication Management (CMM) for people with multiple co-occurring medical and psychiatric conditions and complex medication regimens. Given the shortage of providers in both primary care and behavioral health care settings, Psychiatric Pharmacists can:

- Reconcile medications during care transitions between emergency department, hospital, skilled nursing, and outpatient care services
- Facilitate medication access and adherence including transitioning patients from oral medications to long-acting injectable medications
- Promote medication safety by monitoring for and managing adverse effects and drug interactions
- Provide unbiased drug information and medication education and counseling
- Reduce medication burden for patients on multiple medications
- Screen for substance use disorders (SUDs) and facilitate medication initiation and management
- Assist in individualizing drug regimens including therapeutic drug monitoring and interpreting pharmacogenomic test results

Psychiatric Pharmacists Enhance Integration of Primary and Behavioral Health Care

Policy Recommendations

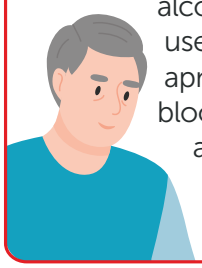
Enable Psychiatric Pharmacists to Play a Key Role in the Integration of Primary Care and Behavioral Health

- Require CMS to include Psychiatric Pharmacists on the list of qualified health care providers under Medicare.
- Include CMM provided by Psychiatric Pharmacists as a covered service under Medicare.
- Increase Medicare payment for BH integrated care codes–COMPLETE Care Act
- Require the CMS Innovation Center (CMMI) to study the impact of medication optimization via CMM.
- Allow Psychiatric Pharmacists to serve as the Psychiatric Consultant in the Collaborative Care Model (CoCM) that integrates mental health and substance use disorder treatment into primary care.
- Require CMS to provide financial support of PGY2 Psychiatric Pharmacy Residency Programs and include Psychiatric Pharmacists in HRSA Training and NHSC Loan Repayment Programs to increase capacity to provide these important services.

PSYCHIATRIC PHARMACISTS IN ACTION

Increasing Access to Substance Use Disorder Treatment in a Primary Care Setting– Right Care, Right Time, Right Place

LARRY is a 55-year-old man who comes to the primary care clinic with high blood pressure, obstructive sleep apnea, and chronic low back pain. The Psychiatric Pharmacist in the clinic meets with Larry first to review his medications and discuss reasons for his high blood pressure. Larry shares that he has lots of worries and is not sleeping well due to sleep apnea. He drinks 3-4 beers daily and recently started drinking bourbon in the evening to help him sleep. He hasn't taken his blood pressure medication because he worries that the combination with alcohol will affect his liver. The Psychiatric Pharmacist educates Larry about how his current alcohol use may be impacting his health, including contributing to high blood pressure, worsening sleep apnea, and increased risk of liver disease. The Psychiatric Pharmacist encourages Larry to take his blood pressure medication as prescribed and suggests melatonin and naltrexone to help with sleep and reduce alcohol use. The PCP agrees with the recommendations and prescribes these two medications. Larry meets with the Psychiatric Pharmacist every two weeks for follow-up monitoring and reports feeling much better.



Simplifying a Complex Medication Regimen in a Psychiatric Setting– Improving Medication Safety and Supporting Healthy Lifestyle Changes

JAMES is a 64-year-old man with schizophrenia, high blood pressure, headaches, back pain, and tobacco use. He arrives at the Mental Health Clinic to get his monthly aripiprazole shot from the Psychiatric Pharmacist. The Psychiatric Pharmacist reviews his medication list and discovers that James takes a total of 17 medications prescribed by multiple providers and filled at three different pharmacies. They identify drug therapy problems that put James at risk for dizziness, falls, bleeding, fractures and infections. The Psychiatric Pharmacist coordinates care with prescribers to stop unnecessary medications, reviews medication changes with the patient, and transfers all prescriptions to the pharmacy where James gets his monthly injection. James enrolls in a tobacco cessation program offered at the pharmacy and meets regularly with the Psychiatric Pharmacist for medication monitoring and adherence support as well as for treatment for tobacco dependence.



The American Association of Psychiatric Pharmacists (AAPP) is a professional association representing psychiatric pharmacists nationwide. Our members integrate into teams of health care professionals, making a difference in overall costs, treatment efficiencies, patient recovery, and quality of life.

References available at: https://aapp.org/advocacy/bidirectional care

AAPP
Brenda Schimenti, Executive Director
8055 O St, Ste S113, Lincoln, NE 68510
t:402.476.1677
bschimenti@aapp.org