

October 3, 2017

The Honorable Chris Christie
Chairman
President's Commission on Combating Drug Addiction and the Opioid Crisis
White House Office of National Drug Control Policy
750 17th Street, N.W.
Washington, DC 20006

Dear Governor Christie,

On behalf of the College of Psychiatric and Neurologic Pharmacists (CPNP), we appreciate the opportunity to provide comment on the draft interim report released by the President's Commission on Combating Drug Addiction and the Opioid Crisis ("Commission").

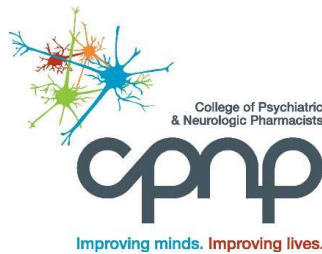
As stated in the report, the Centers for Disease Control (CDC) estimates that 142 Americans die each day from a drug overdose. In 2015, nearly two-thirds of the drug overdoses were linked to opioids. Deeply concerning to CPNP is the rise in opioid overdoses that directly correlates with the rise in prescription opioids. The CDC estimates that 3 out of 4 new heroin users initially abused prescription opioids². In addition, the Commission noted over forty percent of people with a substance use disorder have an accompanying mental health problem, and less than half of these people receive treatment. Psychiatric pharmacists stand ready to work with the commission to address these concerns. These pharmacists are uniquely trained experts in the prescribing and management of drugs to treat mental health and substance use disorders, but as the evidence suggests they are the most underutilized health care professionals in the United States.

CPNP hopes our comments provide new insight to the Commission on the important role of psychiatric pharmacists and the potential for them, when fully integrated into the interprofessional health care team, to improve care coordination to prevent opioid abuse and treat those suffering from opioid addiction. Psychiatric pharmacists are a vital resource that should be recognized and utilized in the multidisciplinary approach to addressing the opioid epidemic.

Overview of Psychiatric Pharmacists

CPNP is a professional association of more than 2,200 members who envision a world where all individuals living with mental illness, including those with substance use and neurologic disorders, receive safe, appropriate, and effective treatment. Most members are specialty pharmacists and Board Certified Psychiatric Pharmacists (BCPPs) who specialize in psychiatry, addiction, psychopharmacology, and neurology. CPNP's mission is to advance the reach and practice of psychiatric pharmacy and serve as the voice of the specialty.

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Psychiatric pharmacists are residency-trained, board certified pharmacists who are experts in the safe, effective, and well-informed use of medications in the treatment of substance abuse and mental health disorders. As experts employed across numerous government, private and community healthcare settings psychiatric pharmacists (1) work collaboratively and consult with other members of the interprofessional team to optimize drug therapy; (2) provide direct patient care, including treatment assessment and medication management activities; (3) monitor patients for potential adverse drug reactions and interactions; (4) educate patients and families on psychiatric and addiction medications as well as psychiatric and substance use disorders and other related conditions; (5) engage in patient advocacy efforts both independently and with consumer groups; (6) teach pharmacy students and trainees as well as other health care practitioners; (7) conduct original research and publishing in peer-reviewed journals and texts; (8) develop medication and formulary policies for state Medicaid programs; and (9) work to reduce medication costs and demonstrating cost savings to health care systems. Given the extent of their capabilities and clinical services, psychiatric pharmacists should be more widely and effectively utilized throughout the health care system to address mental health and substance use disorders.

Role of Psychiatric Pharmacists in Addressing Access to Treatment for Mental Health and Substance Use Disorders

CPNP believes that all individuals deserve access to affordable, meaningful health care coverage. While approaches to address prevention, intervention, and treatment have improved, gaps in the health system continue to persist for the treatment of those with substance use or mental health disorders. However, there is a clear benefit to these patients when psychiatric pharmacists are involved in the delivery of their health care.

Psychiatric pharmacists have the knowledge and expertise to provide direct patient care for the complete range of psychiatric and substance use disorders. While the clinical contribution of pharmacists has not been universally accepted or defined, pharmacists play a critical role in addressing the public health challenges associated with mental health and substance use disorders, including opioid addiction. As experts in pharmacotherapy, pharmacists have a unique skill set that complements other members of the interprofessional team, including physicians, social workers, and nurses. Further, studies have shown that when psychiatric pharmacists work in collaboration with primary care physicians and psychiatrists, they can help to increase the rates of medication adherence, improve patient satisfaction, increase patient knowledge, and reduce costs, by limiting the number of necessary primary care visits.¹

Given their education and training, psychiatric pharmacists are effective in treating psychiatric and substance use disorders, often more so than a primary care physician who receives little instruction in clinical pharmacology. Primary care physicians are not trained in managing the additional complexities associated in diagnosing and treating medical problems of patients who suffer from psychiatric or

¹ Goldstone LW, DiPaula BA, Caballero J, Park SH, Price C, Slater MZ. Improving medication-related outcomes for patients with psychiatric and neurologic disorders: value of psychiatric pharmacists as part of the health care team. Ment Health Clin [Internet]. 2015;5(1):1-28. DOI: 10.9740/mhc.2015.01.001.



substance use disorders. Moreover, psychiatric pharmacists possess the expertise that allows them to engage patients in their treatment plan by providing information regarding the benefits of treatment and any expected adverse effects, which promote the appropriate use of medications.²

In this regard, psychiatric pharmacists can help fill an unmet need that cannot always be provided by busy primary care providers. Fifteen minute office visits in primary care do not allow the appropriate time to provide the care and counseling that is necessary to adequately help patients struggling with psychiatric and substance use disorders. For each patient that is considered for opioid therapy, pharmacists within advanced practice settings can help perform the necessary tasks which include evaluating past and current therapies, counseling and initiating a consent for long-term opioid therapy, identifying and recommending non-pharmacological and non-opioids that might be more appropriate for their disorder, ordering and evaluating baseline urine toxicology screens, providing and interpreting validated risk assessment tools for opioid abuse and misuse, assessing percent risk of opioid-induced respiratory depression, prescribing and counseling about naloxone therapy to prevent overdose, ordering and interpreting pharmacogenetic testing that can affect response and toxicity to opioid and other medications, and more. It is not realistic to expect any primary care provider to accomplish these tasks in a fifteen minute office visit. Pharmacists involved in the daily care of a mental health patient add significant value with regard to safety and appropriate therapies.

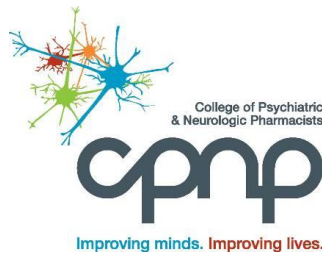
Similarly, psychiatric pharmacists also play a significant role in clinical activities in the inpatient setting, which directly contributes to the improvement of care for patients with psychiatric or neurologic disorders. Psychiatric pharmacists employed in the inpatient setting engage in multidisciplinary team rounds, reconciliation of medications, and patient discharge education. They also engage in patient interviews, review patients' medical records, and analyze medication use in an effort to provide recommendations for patients.³ Studies also have shown that pharmacist-led medication education groups are effective in reducing psychiatric hospital readmissions due to medication non-adherence.⁴

Psychiatric pharmacists are an underutilized resource that can help address the growing demand for mental health services. The mental health care system can better meet demand by utilizing psychiatric pharmacists as: (1) members of the treatment team in managing medications for patients with psychiatric and substance use disorders; (2) the authoritative experts on the optimal use of medications and patient care; and (3) indispensable resources for patients, physicians, and non-physician health care professionals in both inpatient and outpatient settings.

² Goldstone LW, DiPaula BA, Caballero J, Park SH, Price C, Slater MZ. Improving medication-related outcomes for patients with psychiatric and neurologic disorders: value of psychiatric pharmacists as part of the health care team. *Ment Health Clin* [Internet]. 2015;5(1):1-28. DOI: 10.9740/mhc.2015.01.001.

³ *Id.*

⁴ Arterbury, A., Bushway, A., Goldstone, L., Effect of a Pharmacist Led Medication Education Group on Hospital Readmissions due to Medication Non-Adherence for Patients with Previous Inpatient Psychiatric Admissions.



CPNP Comments on Draft Interim Report Recommendations

CPNP fully supports the recommendations included in this report to increase access and funding to treatment for mental health and substance use disorders, including opioid abuse. There is a lack of access to opioid addiction treatment programs, medication-assisted treatment programs and opioid-reversal devices (ie. naloxone), all of which have the potential to be life-saving approaches for those struggling with opioid use disorders. Opioid overdose is reversible through the timely administration of naloxone and other emergency care. **CPNP believes barriers to naloxone and buprenorphine should be removed and access to emergency care and treatment for opiate overdose should be expanded.**

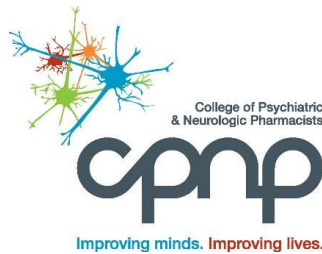
Specifically included in these provisions is the Commission's recommendation that the Centers for Medicare and Medicaid Services (CMS) require all federally-qualified health centers (FQHCs) possess waivers for staff physicians, physicians assistants, and nurse practitioners to possess waivers to prescribe buprenorphine. **We agree with this recommendation to expand prescribing authority and urge the committee to include psychiatric pharmacists in their recommended list of qualified, waived prescribers.**

Advanced practice pharmacists routinely provide medication therapy management services to patients with mental health illnesses including those receiving buprenorphine naloxone. Many states and the Department of Veterans Affairs (VA) permit pharmacists to prescribe medications. Currently, seven states allow for advanced practice pharmacist prescribing of controlled substances under a collaborative agreement and following DEA provider registration. However, psychiatric pharmacists are prevented from providing valuable treatment services due to overly broad federal restrictions on prescribing, which the Commission acknowledges have created significant barriers to access treatment. **We hope the Commission will recognize the under-utilized and much needed expertise of psychiatric pharmacists and will therefore incorporate these professionals into recommendations to expand access to treatment services.**

CPNP also agrees with the Commission's recommendation to expand training and continuing education courses for health care professionals prescribing opioids. We encourage the Commission to consider the role psychiatric pharmacists can play in assisting and growing these provider education initiatives. Psychiatric pharmacists, are expertly trained in pharmacologic treatments and the safe use of prescription medications. As such, they can be a vital resource as educators and developers of guidelines for safe opioid use, and as integral members of the health care team. As previously stated, many states and the VA permit pharmacists to prescribe medications. **CPNP believes psychiatric and neurologic pharmacists should have prescriptive authority for psychiatric medications including addiction treatments.**

CPNP Additional Comments and Recommendations for the Commission

In addition to the primary recommendations made by the Commission in the draft interim report, CPNP also encourages the Commission to explore the development of measures around opioid use and treatment. While opioids have a valuable role in treating pain, it is important to understand their use



outside of this role. It is important to establish and maintain an appropriate balance between restricting inappropriate opioid use and maintaining access to appropriate opioid prescribing for the treatment of acute pain. Furthermore, it is important to measure the rates of people denied admission/access to these treatments to assess the severity of the problem.

Conclusion

CPNP is grateful for the opportunity to provide comments to the Commission on the draft interim report. We hope the final report recommendations will take into consideration the unique role of psychiatric pharmacists in collaborating with members of the interprofessional health care team to prevent and treat mental health and substance use disorders; to address the immediate opioid epidemic, and to prevent similar crises from occurring in the future. Psychiatric pharmacists are a vital resource that should be recognized and utilized in the multidisciplinary approach to addressing the opioid epidemic. If you have any questions or require any additional information, please do not hesitate to contact our Health Policy Consultant, Jeremy Scott at Jeremy.Scott@dbr.com / 202-230-5197.

Sincerely,

A handwritten signature in black ink, appearing to read 'Deanna L. Kelly', is located below the 'Sincerely,' text.

Deanna L. Kelly, PharmD, BCPP
President