



September 13, 2013

Chairman Max Baucus
Senate Committee on Finance

Via email MentalHealth@finance.senate.gov

Dear Chairman Baucus,

As psychiatric pharmacists practicing patient centered, comprehensive medication management in Montana and California respectively, and representing psychiatric pharmacists across the country, we thank you for actively seeking ideas to improve mental health services in our country. We have addressed each of your questions below.

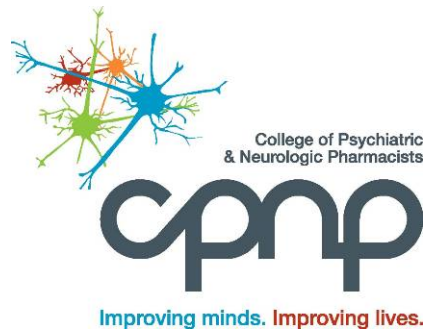
1. *What administrative and legislative barriers prevent Medicare and Medicaid recipients from obtaining the mental and behavioral health care they need?*

We believe that because clinical psychiatric pharmacists are not included as providers in the Social Security Act and therefore are not paid for their services, there is a lack of access for patients with mental illnesses to the valuable services that we provide. Psychiatric pharmacists ensure that each medication a patient takes is appropriate, effective, safe and convenient. Getting the medications right is essential for improving the outcomes and reducing overall costs for Medicare and Medicaid recipients with mental illnesses.

2. *What are the key policies that have led to improved outcomes for beneficiaries in programs that have tried integrated care models?*

Health systems that have included comprehensive medication management (CMM) provided by qualified clinical pharmacists within integrated models of care, such as patient-centered medical homes, have proven successful. Please see the attached article that summarizes the studies that have shown success with these innovative models. This information includes positive results of comprehensive medication reviews in the preliminary data analyses from the Medicare Part D Medication Therapy Management Program.

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3. *How can Medicare and Medicaid be cost-effectively reformed to improve access to and quality of care for people with mental and behavioral health needs?*

Recognizing psychiatric pharmacists as healthcare providers and paying for their services is necessary to modernize both programs. Patients with mental illnesses are among the highest cost and highest utilizers of the health system. They often die years younger than their peers due to undertreated medical illnesses, sometimes caused by the very medications that are used to treat their mental illness. Patients with mental illnesses have high rates of non-adherence to their medications resulting in high rates of symptoms relapse and hospitalization. Clinical pharmacists are underutilized healthcare professionals who have been shown to add a unique contribution to the team approach to care, increasing access, improving outcomes, and reducing costs.

We appreciate your leadership and collaboration toward our common goal of improving mental health care for our citizens. We welcome a continued dialogue with you and your staff at your earliest convenience.

Sincerely,

Julie Dopheide, Pharm.D., BCPP
CPNP President
Los Angeles, California

Carla Cobb, Pharm.D., BCPP
CPNP Past President
Billings, Montana

About CPNP

The College of Psychiatric and Neurologic Pharmacists is an association of specialty pharmacists who work to improve the minds and lives of those affected by psychiatric and neurologic disorders. These professionals apply their clinical knowledge in a variety of healthcare settings and positions ranging from education to research to clinical practice with the goal to apply evidence-based, cost efficient best practices in achieving patient recovery and improving quality of life.

Attachments:

Psychiatric Pharmacist Integration into the Medical Home, Primary Care Companion CNS Disorders, August 2013.

Available at: <http://cpnp.org/govt/medicalhome>

Cobb C. Comprehensive Medication Management for Patients with Mental Illnesses. *Ment Health Clin*.

2013;3(4):11. Available after October 7, 2013 at: <http://cpnp.org/resource/mhc/2013/10/comprehensive-medication-management-patients-mental-illnesses>

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