



May 29, 2020

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1225 Eye Street, NW
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Submitted via online portal

RE: Behavioral Health Integration Project Call for Comments

On behalf of the College of Psychiatric and Neurologic Pharmacists (CPNP), I am writing to provide recommendations to the Bipartisan Policy Center's Behavioral Health Integration Task Force that build upon the 2019 report "Integrating Clinical and Mental Health: Challenges and Opportunities." Specifically, we want to bring to your attention, a segment of the behavioral health workforce that works collaboratively with primary care providers but is underutilized due to inconsistent and generally inadequate reimbursement thus limiting patients and other health care providers access to their services across the hospital outpatient, physician office, and specialty treatment settings.

CPNP is a professional association of nearly 3,000 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. With a significant mental health care professional shortage in the US, psychiatric pharmacists offer another resource to improve outcomes for patients with psychiatric and/or substance use disorders.

Pharmacists today graduate with a Doctor of Pharmacy degree, requiring six to eight years of higher education to complete, and have more training specific to medication use than any other health care professional. Psychiatric pharmacists, a specialty within clinical pharmacy, are primarily board certified and residency-trained mental health care practitioners who have specialized training in providing direct patient care and medication management for the complete range of psychiatric and substance use disorders. Psychiatric pharmacists work as treatment team members but also in decision-making and leadership roles in state and federal organizations, academia, and industry.

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Filling the Gap and Improving Patient Outcomes

Patients with psychiatric and substance use disorders are currently confronted with a health care system which lacks behavioral health providers and is unable to meet their unique needs. These patients deserve the high-quality, evidence-based, measurement-driven, comprehensive care that psychiatric pharmacists can provide as integral members of interprofessional teams. Psychiatric pharmacists are an underutilized resource on the frontlines providing direct patient care, optimizing medication outcomes, and supporting fellow health care colleagues in primary care and mental health.

Psychiatric Pharmacists on the Health Care Team

Because of their specialized training in pharmacology, pharmacokinetics, and drug-drug and drug-disease interactions, psychiatric pharmacists are well positioned to partner, as a member of the health care team, with primary care providers, psychiatrists, and other health care professionals to make recommendations on initial prescribing and dosing, to identify and resolve medication-related problems, and to increase the number of patients who can be treated by providing medication management and counseling, monitoring, and routine follow-up visits for individuals with mental health and substance use disorders (SUDs), including medication assisted treatment (MAT). Psychiatric pharmacists also promote preventative health care, medication adherence, and lifestyle modification. Value provided by psychiatric pharmacists includes improvements in patient symptoms, increased medication adherence rates, increased patient satisfaction, and the potential to reduce health care costs.

As to SUDs, psychiatric pharmacists have a deep understanding of MAT that extends beyond that of most other health care providers. When included in the provision of MAT services, psychiatric pharmacist involvement has been demonstrated to improve patient adherence and success with buprenorphine treatment for opioid use disorders; reduce per patient dosing of buprenorphine through improved medication management, monitoring and titration; and reduce overall costs for treating patients with SUDs by relieving providers from delivering services including medication management, counseling, monitoring and follow-ups.

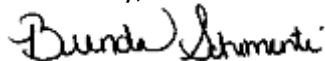
Reimbursement as a Barrier to Access

Despite these overwhelming benefits, sufficient reimbursement continues to stand in the way of many practices seeking to include a psychiatric pharmacist on the care team and as part of their provision of telehealth services. Medicare does not recognize clinical psychiatric pharmacists as providers and as such will not reimburse health care systems or providers who employ them for their services. In many states, this means that they also are not recognized by private insurers or Medicaid, and many health systems and providers are reluctant to adopt these practices without the ability to be reimbursed for the services provided by psychiatric pharmacists. This is to the detriment of those health systems successfully employing psychiatric pharmacists to reach rural patients in particular.

In order to expand the use of psychiatric pharmacists and to ensure they are included as part of the care team, we recommend reforming reimbursement through Medicare, Medicaid, and other federal programs to allow psychiatric pharmacists to directly bill for their services. At present, services provided by psychiatric pharmacists are billed incident to a supervising physician. However, despite psychiatric pharmacists' evaluations and documentation often meeting the criteria for higher-level visits, their services are often not reimbursed above a level one visit. Until billing and reimbursement are addressed, health care systems and providers who want to employ psychiatric pharmacists will have little incentive to bring them on-board.

CPNP appreciates the opportunity to provide comments to the Task Force. CPNP hopes our comments demonstrate the important role of psychiatric pharmacists and the potential for them, when fully integrated into the interprofessional health care team, to increase access and improve quality and costs of care for patients. Psychiatric pharmacists are a vital resource that should be recognized and utilized in the multidisciplinary approach to addressing the need for an affordable, accessible health care system. If you have any questions or require any additional information, please do not hesitate to contact me or our Health Policy Consultant, Laura Hanen at laura.hanen@faegredrinker.com.

Sincerely,

A handwritten signature in black ink that reads "Brenda Schimenti". The signature is fluid and cursive, with the first name "Brenda" and last name "Schimenti" clearly distinguishable.

Brenda K. Schimenti
Executive Director