


# Urging Payment For Comprehensive Medication Management (CMM) Provided By Psychiatric Pharmacists

*Improve Patient Outcomes and Reduce Health Care Costs*




## Patients With Psychiatric Disorders Have Complex Medical Needs

**FACT:** People living with mental illness have high rates of morbidity and mortality, frequently caused by modifiable risk factors<sup>1</sup>

 There is a **2-3X higher mortality rate** in individuals living with serious mental illness (SMI), dying 13-30 years earlier than individuals in the general population

**60%** of **early mortality** is due to inadequately treated medical conditions

 **Higher rates of obesity, heart disease, and diabetes** often result from adverse effects of psychiatric medications

**FACT:** People living with SMI have higher readmission rates resulting in increased health care costs<sup>2</sup>



**23.1%**

with SMI have a **medical readmission within 30 days** vs 13.8% without SMI



**19.3%**

with SMI **have a surgical readmission** vs 9.4% without SMI

## PSYCHIATRIC PHARMACISTS ARE UNDERUTILIZED EXPERTS IN PSYCHOPHARMACOLOGY



### WHO THEY ARE

Advanced practice, clinical pharmacists who specialize in optimizing medications for people living with mental health (MH) and substance use disorders (SUD)



### WHAT MAKES THEM UNIQUE

Extensive knowledge of medications plus skill in treating the whole patient



### WHERE THEY PRACTICE

Multiple clinical practice settings including public, private, outpatient clinics, inpatient hospitals



### HOW TO USE THEM

Include psychiatric pharmacists on the health care team working in collaboration with the patient and other health care providers including psychiatrists, other physicians, therapists, social workers, and nurses



### WHY USE THEM

Increase capacity of the health care team to care for patients with psychiatric and substance use disorders as well as improve patient outcomes and reduce overall health care costs

**What Can Congress Do?** Enact legislation to cover Comprehensive Medication Management (CMM) by Board Certified Psychiatric Pharmacists (BCPP) for Medicare beneficiaries with complex medical needs under Medicare Part B

### Obstacles Built Into The System

61 million seniors and people with disabilities enrolled in Medicare Part B currently have no access to CMM services that could advance achievement of the quadruple aim

Patient access to psychiatric pharmacists' services, including CMM, is currently limited by CMS' lack of recognition of pharmacists as providers which severely limits mechanisms for payment for these services

Only 10% of Medicare Part D beneficiaries receive covered Medication Therapy Management (MTM) services<sup>3</sup> and these services are limited in scope, medication centered, and indirectly delivered

### Psychiatric Pharmacists Address Obstacles and Bridge the Gap

as important members of the health care team, by providing expert, evidence-based CMM services for the most complex patients with mental health and substance use disorders. This can only happen if these psychiatric pharmacist services are covered.



## Psychiatric Pharmacists, As Part Of The Health Care Team, Use The Process Of CMM To:<sup>4,5,6</sup>



Assess all of a patient's medications – prescription, nonprescription, vitamins, and supplements



Assess each medication to ensure that it is appropriate, effective, safe, and can be taken as intended



Identify and address medication-related problems



Develop individualized care plans with therapy goals and personalized interventions



Prescribe medications and order laboratory or other diagnostic tests (varies by state)



Follow up to evaluate response, adverse effects, progress toward treatment goals, and to adjust medications as needed



Educate patient and family about medications and lifestyle modifications



Refer to other providers and specialists for services such as diagnostic clarification, psychotherapy, and dietary counseling



## CMM Services Provided By Psychiatric Pharmacists Benefit Patients:

- ✓ Needing complex care coordination between multiple providers
- ✓ With multiple chronic conditions
- ✓ On complex medication regimens
- ✓ Who are not meeting treatment goals
- ✓ Who have serious medication adverse effects
- ✓ Transitioning between health care settings
- ✓ Taking clozapine or long-acting injectable antipsychotic medications
- ✓ Who would benefit from genetic testing to optimize their medication regimen
- ✓ With tobacco, alcohol, opioid, or other substance use disorders (SUD) who may benefit from medication treatment
- ✓ Receiving antipsychotic medications as children

**FACT: Seniors take a large number of medications, leading to frequent drug interactions and adverse effects<sup>7</sup>**

**56.7%** of CMS beneficiaries are on 5 or more medications

**6.3** is the average number of medications



## FACT: Medicare Part D Covered Medication Therapy Management (MTM) is Not Enough<sup>8,9</sup>

- ✗ Focuses on medication instead of targeting treatment goals or outcomes
- ✗ Typically completed by a pharmacist working for the plan, unknown to the patient and provider
- ✗ Patient eligibility criteria vary from plan to plan
- ✗ Typically only targets poor adherence, duplications of therapy, and/or missing medications based on disease state
- ✗ Usually completed by phone not allowing for important in-person assessment
- ✗ Often done without access to patients' medical records or clinical data making the assessment incomplete
- ✗ Follow-up is missing with recommendations faxed to provider to implement

### FACT: CMM Results In

- ✓ Better care
- ✓ Reduced costs
- ✓ Improved access to care
- ✓ Improved provider work life
- ✓ Improved patient satisfaction
- ✓ Improved outcomes
- ✓ Improved quality of care