



January 20, 2023

Dr. Miriam Delphin-Rittmon
Assistant Secretary for Mental Health and Substance Use
Substance Use and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Re: Certified Community Behavioral Health Clinic Certification Criteria

Dr. Delphin-Rittmon:

On behalf of the American Association of Psychiatric Pharmacists (AAPP), we appreciate the opportunity to submit comments [Certified Community Behavioral Health Clinic \(CCBHC\) Certification Criteria](#). CCBHC's are an essential provider of mental health and substance use services and therefore the certification criteria are important in setting the standards.

AAPP is a professional association of nearly 3,000 members who envision a world where all individuals living with mental illness receive safe, appropriate, and effective treatment. Members are pharmacists with expertise in psychiatry, substance use disorders (SUDs), psychopharmacology, and neurology, and most are Board Certified Psychiatric Pharmacists (BCPPs). With a significant shortage of mental health care professionals, psychiatric pharmacists are important workforce members who improve outcomes for patients with psychiatric disorders and SUDs, as National Council noted.¹

Pharmacists today graduate with a Doctor of Pharmacy (PharmD) degree, requiring six to eight years of higher education, and they have more training specific to medication use than any other health care professionals. Psychiatric pharmacy, a specialty within clinical pharmacy, is composed of post-PharmD residency-trained and board-certified health care practitioners who have specialized training in providing direct patient care and medication management for persons with psychiatric disorders and SUDs.

Criteria 1.A: General Staffing Requirements

1.a.3 Medical Director Criteria

Note: If a CCBHC is unable, after reasonable efforts, to employ or contract with a psychiatrist as Medical Director, a medically trained behavioral health care professional with prescriptive authority and appropriate education, licensure, and experience in psychopharmacology, and who can prescribe and manage medications independently, pursuant to state law, will serve as the Medical Director. In addition, if a CCBHC is unable to hire a psychiatrist and hires another prescriber instead, psychiatric consultation will be obtained regarding behavioral health clinical service delivery, quality of the medical component of care, and coordination of behavioral health and primary care.

¹ Medical Director Institute. The Psychiatric Shortage: Causes and Solutions. The National Council for Mental Wellbeing [Internet]. [updated 2018 Mar 1; cited 2022 Feb 7]. Available from: https://www.thenationalcouncil.org/wp-content/uploads/2017/03/Psychiatric-Shortage_National-Council-.pdf?daf=375ateTbd56.

Psychiatric pharmacists are trained and credentialed in psychopharmacology and practice under a collaborative practice agreement with a physician. While psychiatric pharmacists are not allowed to prescribe independently, they collaborate with patients and other members of the health care team by using a process of care known as comprehensive medication management (CMM).² AAPP and other health care associations have called on CMS to recognize pharmacists as providers so that they are able to practice at the top of their license.

CMM is a standardized, systematic process that includes an individualized care plan that achieves the intended goals of therapy with appropriate follow-up to determine actual patient outcomes. A research team led by McClurg, Sorensen, and Carrol³ has developed a standardized framework for CMM that stakeholders can use to ensure consistency and fidelity and to the patient care process. Separately, the Pharmacy Quality Alliance has developed a framework to allow for the development of measures around CMM.¹

CMM is an evidence-based care process provided by psychiatric pharmacists that includes:

- Assessing all of a patient's medications— prescription, nonprescription, vitamins, and supplements for both psychiatric and other medical illnesses;
- Assessing each medication to ensure that it is appropriate, effective, safe, and can be taken as intended; identifying and addressing medication-related problems, including medication interactions and adverse effects;
- Developing individualized care plans with therapy goals and personalized interventions;
- Prescribing medications and ordering laboratory or other diagnostic tests when permitted by state regulations;
- Following up with appointments at regular intervals to evaluate response, adverse effects, progress toward treatment goals, and to adjust medications as needed;
- Educating patients and families about medications and lifestyle modifications; and
- Referring to other providers and specialists for services such as diagnostic clarification, psychotherapy, and dietary counseling.

CMM services benefit patients:

- Needing complex care coordination among multiple providers;
- With multiple chronic conditions or at risk for developing MCCs;
- With complex medication regimens;
- Who are not meeting treatment goals;
- Who have serious medication adverse effects;
- Transitioning between health care settings;
- Taking specialty medications like clozapine or long-acting injectable antipsychotic medications;
- Who would benefit from genetic testing to optimize their medication regimen;
- With tobacco, alcohol, opioid, or other SUDs who may benefit from medication treatment; and

² Comprehensive Medication Management. Optimizing Medications for Better Health. Accessed at <https://www.optimizingmeds.org/comprehensive-medication-management/>

³ CMM in Primary Care Research Team. The patient care process for delivering comprehensive medication management (CMM): optimizing medication use in patient-centered, team-based care setting. July 2018. Available at http://www.accp.com/cmm_care_process.

- Who have conditions that complicate psychiatric medication treatment such as pregnancy, advanced age, concomitant medical illness; and those receiving antipsychotic medications as children.

An Issue Brief from the Alliance for Addiction Payment Reform on “[Coordinated and Comprehensive Medication Management in Substance Use Disorder Treatment and Recovery](#)” highlights the positive impact of including pharmacist-provided CMM including the development of specific, patient-centered treatment goals. Additionally, the independent evaluation of Comprehensive Primary Care Plus (CPC+), supported by CMS, reported:

*Several deep-dive practices reported that, as a result of participating in CPC+, they created, expanded, or enhanced CMM services. Among deep-dive practices that reflected on the sustainability of CMM, most indicated that they wanted to maintain the changes made to CMM while participating in CPC+, **such as collaborating with a pharmacist.***⁴

Iturralde and colleagues⁵ describe and are evaluating a model of care implemented at six medical facility service areas within Kaiser Permanente Northern California in which clinical pharmacists lead a collaborative care team, providing patient assessment and education, medication adjustments, and care coordination for a large panel of patients with severe and persistent mental illness to improve access to high quality care. They anticipate that this model will also improve screening for the high preventive care needs for people with severe persistent mental illnesses (SPMI).

In addition, McFarland and colleagues⁶ review the increasing number of publications that support the impact of CMM, including improved outcomes, health care costs, patient experience, and provider well-being.

Although the CMM model is well accepted in some government funded health systems such as Veterans Affairs and federally qualified health centers, it has not gained widespread acceptance. The primary cause for this lag is the lack of recognition of psychiatric pharmacists as qualified health care providers by CMS and failure of Medicare to reimburse practices for CMM as a covered service.

Criteria 3.A: General Requirements of Care Coordination

3.a.5 Appropriate care coordination requires the CCBHC to make and document reasonable attempts to determine any medications prescribed by other providers for CCBHC clients. Upon appropriate consent to release of information, the CCBHC is also required to provide such information to other providers not affiliated with the CCBHC to the extent necessary for safe and quality care

The National Quality Forum convened the National Priorities Partnership to identify ways that 28 national health organizations could align to improve overall population health. Effective care coordination was identified as 1 of the 6 national priorities. Specific goals identified were to (1) assess

⁴ Mathematica. Independent Evaluation of Comprehensive Primary Care Plus (CPC+): Fourth Annual Report. CMS [Internet]. May 2022. Available at <https://innovation.cms.gov/data-and-reports/2022/cpc-plus-fourth-annual-eval-report>.

⁵ Iturralde E, et al. Closing the care gap for people with severe and persistent mental illness: collaborative care, telehealth, and clinical pharmacy. NEJM Catalyst Innovations in Care Delivery. May 2022. Vol. 3 No. 5. Available at <https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0417>.

⁶ McFarland MS, et al. Assessing the impact of comprehensive medication management on achievement of the quadruple aim. Am J Med 2021;134:456-461. Accessed at <https://pubmed.ncbi.nlm.nih.gov/33472055/>.

patient satisfaction of care coordination, (2) improve medication reconciliation among care transitions, (3) reduce 30-day readmission rates, and (4) reduce preventable emergency department visits.⁷ Improving care coordination and communication among various providers (behavioral health, primary care, specialists), settings and levels of care can significantly reduce harm, decrease costs, and improve outcomes for patients.⁸ Psychiatric pharmacists have a unique set of knowledge and skills and can perform medication reconciliation when patients transition between levels of care and with providers outside of CCBHCs to coordinate care. Such coordination helps reduce harm by avoiding common errors such as medication omissions or duplications, dosing errors, and potential interactions.

Criteria 4.D: Screening, Assessment, and Diagnosis

4.d.4 Comprehensive diagnostic and treatment planning evaluation is required for all CCBHC

Client. Evaluations to include:

7. A medication list including the client's prescriptions, over-the counter medications, herbal remedies, and other treatments or medications, including those identified in a Prescription Drug Monitoring Program (PDMP), that could affect their clinical presentation and/or pharmacotherapy, as well as information on allergies including medication allergies

Psychiatric pharmacists are trained medication experts who are especially suited and can accurately evaluate clients' medication histories. As stated above, CMM is an evidence-based care process which includes medication assessment. Pharmacists can provide a complete medication evaluation including prescriptions, prescribed controlled substances (using PDMP screening), over-the-counter medications, supplements as well as an assessment of the use of recreational or illicit substances. Pharmacists are able to make important clinical distinctions between allergies and medication intolerance. Such comprehensive medication assessment has been shown lead to safer and more effective medication use and treatment planning.²

Criteria 4.F: Outpatient Mental Health and Substance Use Services

4.f.1 The CCBHC directly, or through a Designated Collaborating Organization (DCO), provides outpatient behavioral health care, including psychopharmacological treatment.

As stated previously, psychiatric pharmacists can independently manage a case load of patients for psychopharmacologic therapy in collaboration with physicians, but sufficient reimbursement remain a barrier.

In summary, AAPP believes that CMM is an essential piece of a team approach to care to improve outcomes in the CCBHC model. If you have any questions, please do not hesitate to contact me or our Health Policy Consultant, Laura Hanen at lahanen@venable.com.

Sincerely,



Brenda K. Schimenti
Executive Director

⁷ National priorities and goals: aligning our efforts to transform America's healthcare. National Quality Forum. Washington, DC: National Priorities Partnership; 2008.

⁸ The Pharmacist: An Integral Component of the Care Coordination Team for High-Cost, Medically Complex Populations. Clinical Pharmacy Services, University of Massachusetts Medical School. Accessed at <https://commed.umassmed.edu/sites/default/files/publications/The-Pharmacist-White-Paper-2012%20Edited.pdf>.