Clinical Pharmacy Services in Behavioral Health in the VA

MICHELLE GRAVLIN TWITTY, PHARM.D., BC-PP
CLINICAL PHARMACY SPECIALIST, BEHAVIORAL HEALTH, TRUMAN VA
Disclaimer & Acknowledgements

- Not speaking on behalf of the federal government, opinions and perspectives are the speaker’s own.

- Speaker would like to acknowledge:
  - Heather Ourth, Pharm.D., BCPS, CGP and Anthony Anthony P. Morreale, PharmD, MBA, BCPS with Department of Veterans Affairs Pharmacy Benefits Management Services for providing data regarding mental health pharmacists and encounters in the VA system
  - Lori Golterman, Pharm.D., with VA PBM for providing residency information.
Objectives

- Describe medication-related needs and challenges for Veterans with mental health conditions
- Discuss strategies and successes in medication treatment for Veterans with mental health conditions by increasing utilization of clinical psychiatric pharmacists
Dept. of Veteran’s Affairs has increased # of psychiatric pharmacy positions exponentially in past 5 years
  - Memo from Office of Mental Health Services “Encouraging” each medical center to have a psychiatric pharmacist
  - Increased residency positions funded through Central Office under RFPs
  - Mandate to have pharmacy FTE in Residential Rehabilitation Treatment Programs
  - Mandate to have Academic Detailing programs, initially trialed & proven successful in improving quality and cost savings in Behavioral Health
VA Mental Health Pharmacist Scope of Practice - Growth Over Time

# Pharmacists with SOP

0
50
100
150
200
250
300


222%
VA Pharmacists with Scope of Practice in Mental Health

280 Pharmacists with SOP in Mental Health

Of those 280:

- 175 have at least one Certification
- 82 are BCPP Certified
- 215 are Residency Trained

Data as of January 2016
VA Clinical Pharmacy/Mental Health Encounters by Fiscal Year

Note: There is no way to get down to MH granularity for E-consults, Shared Medical Appts., or NF Consults
VA initiatives pertinent to outpatient psychiatric pharmacotherapy

- Increasing medication assisted therapy for opiate use disorders (ie buprenorphine/naloxone and methadone)
- Introducing use of naloxone kits for opiate overdose reversal for patients at risk of opiate misadventure (either illicit use or prescribed medication)
- Academic Detailing implementation throughout VA
- Psychotropic Drug Safety Initiative:
  - Phase I: 20 measures in a wide range of area mental illnesses and medications
  - Phase II: 8 measures of geriatric pharmacotherapy
- Antidepressant therapy for depression performance measure
VA models for clinical pharmacist services in Behavioral Health

- Wide inter-facility difference among VA psychiatric pharmacy positions & responsibilities

- Common roles
  - Inpatient psychiatric acute care units clinical pharmacist
  - Clozapine clinics: assisting prescribers in evaluation and monitoring of Veterans on clozapine through provider agreements
  - Academic Detailing: selected BH detailing campaign topics and key messages
  - Primary Care Mental Health Integration Consultants/Providers - PCHMI
  - Triage - initial evaluation of patients
  - Medication Management Providers: outpatient Behavioral Health, tele-psychiatry, smoking cessation, metabolic monitoring clinics
  - Behavioral Health Interdisciplinary Team Pharmacist

Williams T, Purvis T. Am J Health Syst Pharm 2012
VA models for clinical pharmacist services in Behavioral Health

- Consultant Pharmacists - Residential Rehabilitation Treatment programs, Community Living Centers, Home Based Primary Care, E-consults, Primary Care, inpatient medicine, outpatient primary care and Behavioral Health

- Assist in meeting MH measures
  - Providing follow-up from inpatient hospitalization within 14 days
  - Depression care management

- Quality improvement: Psychotropic Drug Safety Initiative education, interventions and monitoring to improve quality of care as directed by facility and VISN initiatives related to performance data.
Successes

- **Academic Detailing**
  - Reduction in benzodiazepine use
  - Opiate overdose reversals
  - Targeted campaigns unique to facility prescribing patterns

- **Clinical Pharmacy**
  - Improved patient care
  - Decreased inappropriate medications
  - Cost efficiency
Limitations:

- Culture & historical differences among VAs in psychiatry/pharmacy/administration can have significant impact
- FTE resources and willingness to support clinical pharmacy services
- More needs than pharmacy staffing: how to allocate time/priorities
- Availability of pharmacists with knowledge and skills in psychiatry
  - Demand for psychiatric pharmacists has exceeded supply in the past
  - Increasing through increased PGY-2 residencies in psychiatric pharmacy
- State pharmacy practice acts/controlled substance regulations provide different levels of autonomy for pharmacist medication management
References

- www.pbm.va.gov
  - Clinical pharmacy services, residencies, formulary

- Publications: