IOWA PHARMACISTS: UNTAPPED RESOURCE FOR BEHAVIORAL HEALTH SERVICES

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Vice President, Professional Affairs
“Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

~World Health Organization
US ADULTS WITH A MENTAL DISORDER IN ANY ONE YEAR

<table>
<thead>
<tr>
<th>Type of Mental Disorder</th>
<th>% Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety disorder</td>
<td>18.1</td>
</tr>
<tr>
<td>Major depressive disorder</td>
<td>6.8</td>
</tr>
<tr>
<td>Substance use disorder</td>
<td>8.1</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>2.8</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>5-10</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>0.3 – 0.7</td>
</tr>
<tr>
<td>Any mental disorder</td>
<td>18.5</td>
</tr>
</tbody>
</table>

Only 41% of people with a mental illness use mental health services in any given year

Source: National Council for Behavioral Health – Mental Health First Aid USA
BY THE NUMBERS

• 10.2 million people in US have co-occurring addiction and mental illness

• Only 41-43% of people suffering from a mental health disorder receive treatment in a given year
  • Time from 1st symptom to treatment: 10 years

• Total financial cost of mental illness in the US reached an estimated $467 billion in 2012

MENTAL HEALTH IN PRIMARY CARE

• Mental health treatment increasingly falls on primary care providers due to shortages of mental health professionals

• Significant increases in PCP visits for management of mood disorders between 1995-2010

• Rate of increase greater than that of outpatient visits to psychiatrists

SHORTAGE OF PROVIDERS = OPPORTUNITIES FOR PHARMACISTS

Unique knowledge and skill set  Advanced practice provider

Autonomous prescriber under scope of practice  Independent assessment and monitoring

Mental Health Clinical Pharmacist
• IPA convened a behavioral health ad hoc committee during the fall of 2017

• Reviewed current landscape
  – Scope of practice across all settings
  – Residency training programs

• Goals:
  – Identify opportunities and best practices for pharmacists related to behavioral health and mental illness
  – Provide recommendations to the Board of Trustees on necessary action steps to assist pharmacists to serve this patient population
• Ad Hoc Committee Recommendations
  – Education to all stakeholders
  – Equipping the profession
  – Overcome legislative and regulatory restrictions

• Timeline focuses on short-term and long-term goals
PHARMACY SERVICES IN BEHAVIORAL HEALTH

- Behavioral health screening
- Collaborative drug therapy management
- Metabolic monitoring
- Medication adherence
- Long-acting antipsychotic injectable programs
- Naloxone ordering and administering
- Medication assisted treatment
- Smoking cessation
- Acute/inpatient psychiatric services
• Pharmacist-conducted screening program in community pharmacies
  — Ohio case: 3,726 patients screened (1.8% positive w/ PHQ-2; 25% positive w/ PHQ-9)
  — [https://doi.org/10.1331/JAPhA.2013.11176](https://doi.org/10.1331/JAPhA.2013.11176)

• Screening and intervention in specific patient populations
  — Maryland case: 57 patients with diabetes (19.3% positive w/ PHQ-9)
  — [https://doi.org/10.1016/j.japh.2017.11.001](https://doi.org/10.1016/j.japh.2017.11.001)

• Employer wellness/disease management program
  — North Carolina case: 130 employees w/ 68% clinical response rate with a 56% remission rate
  — [https://doi.org/10.1331/JAPhA.2011.09147](https://doi.org/10.1331/JAPhA.2011.09147)
• Relationship in which a licensed provider (MD/DO) makes a diagnosis, maintains ongoing supervision of patient care, and refers the patient to a pharmacist under a protocol allowing the pharmacist to perform patient care functions authorized by the physician under specified conditions

• Collaborative care model to help alleviate some of the demand for physician-provided services, and facilitate access to care
METABOLIC MONITORING

• Impact of typical and atypical antipsychotic medications
  • Lipid abnormalities
  • Blood glucose
  • Blood pressure
• Clozapine monitoring
  • Risk of neutropenia
MEDICATION ADHERENCE
“THE LEAKY BUCKET”

MEDICATION ADHERENCE

• Compliance packaging
• Motivational interviewing
• Clinical medication synchronization
• Use of long-acting injectable products
LONG ACTING ANTIPSYCHOTIC INJECTABLE PROGRAMS

• Manufacturer-led programs
  • Janssen Connect/Cares
    • Invega Sustenna, Invega Trinza, Risperdal Consta
  • Aria Assure
    • Abilify Maintena
  • Alkermes
    • Aristada & Aristada Initio

• Advantages & disadvantages
  • Adherence and monitoring is improved
  • Manufacturers used to pay for injections
    • Lack of payment for service for pharmacy
<table>
<thead>
<tr>
<th>Authorizing Prescriber</th>
<th>Statewide Standing Order</th>
<th>Statewide Protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Caitlin Pedati</td>
<td>Local Pharmacist</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medications Included</th>
<th>Statewide Standing Order</th>
<th>Statewide Protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intranasal w/ atomizer kit</td>
<td>Intranasal w/ atomizer kit</td>
<td>Intranasal w/ atomizer kit</td>
</tr>
<tr>
<td>Narcan/intranasal spray</td>
<td>Narcan/intranasal spray</td>
<td>Narcan/intranasal spray</td>
</tr>
<tr>
<td>Evzio/intramuscular auto-injector</td>
<td>Evzio/intramuscular auto-injector</td>
<td>Evzio/intramuscular auto-injector</td>
</tr>
<tr>
<td>+ Intramuscular vial &amp; syringe kit</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coverage of Medications</th>
<th>Statewide Standing Order</th>
<th>Statewide Protocol</th>
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Goal: Have at least one pharmacy in every county participating in one of the two options for distributing naloxone
MEDICATION ASSISTED TREATMENT

• Pharmacists can reduce physician burden, improve patient outcomes, and reduce costs by monitoring patients

• Sample duties for a pharmacist:
  • Obtain patient history
  • Reviewing clinic procedures
  • Completing treatment contract
  • Medication adherence education
  • Present case summary to physician
  • Monitoring protocol (weekly, then reduce)

https://doi.org/10.1331/JAPhA.2015.14177
SMOKING CESSATION

• According to CDC, 32% of adults with any mental illness report current use of tobacco in 2016 (compared to 23.3% without mental illness).

• Pharmacist statewide protocol
  • Recognizes the role of pharmacists in providing tobacco cessation counseling
  • Provides access to nicotine replacement therapies
  • Allows for pharmacist to issue a prescription for insurance coverage of OTC therapies
# PHARMACISTS AS PART OF THE MENTAL HEALTH CARE TEAM

<table>
<thead>
<tr>
<th>Psychiatrist</th>
<th>WHERE’S THE OPPORTUNITY</th>
<th>Mental Health Clinical Pharmacist Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic evaluation/clarification</td>
<td>Medication management prescriber for new and established patients</td>
<td>Polypharmacy review and consultation</td>
</tr>
<tr>
<td>Prescribing of controlled substances</td>
<td>Serve as Mental Health Treatment Coordinators and team leader</td>
<td>Intensive medication education</td>
</tr>
<tr>
<td>Admission to inpatient psychiatry (in addition to discharge)</td>
<td>Complete mental health e-consults</td>
<td>Ongoing medication monitoring</td>
</tr>
<tr>
<td></td>
<td>Ongoing patient assessment, including suicide risk</td>
<td>Medication use evaluations and quality improvement projects</td>
</tr>
</tbody>
</table>
ACUTE/INPATIENT PSYCHIATRIC SERVICES

• Provides medication management for patients admitted to psychiatry
  • Reviews medication changes, labs, EKGs, vitals
  • Ensures appropriate monitoring is completed (i.e., metabolic labs, therapeutic drug monitoring, ECGs, etc...)

• Attends rounds and weekly treatment team meetings for each inpatient team

• Delivers weekly med ed group for inpatients

• May lead post-discharge clinic for specific patients
MOVING FORWARD

• AMA STEPSforward
• Mental Health First Aid
• CPESN Iowa
• Regulatory modernization
• Inclusion of pharmacist in payment reform
Embedding Pharmacists into the Practice

• Describes various roles of a pharmacist within a practice
• Provides the tools and resources to guide you through the process
• Describes case studies describing different approaches to collaboration

https://edhub.ama-assn.org/steps-forward/module/2702554
MENTAL HEALTH FIRST AID

“Mental Health First Aid is the help offered to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate treatment and support are received or until the crisis resolves.”

-National Council for Behavioral Health
• In Iowa, there are 234 trainers for MHFA
  — Over 34,000 have completed the training
• IPA-hosted MHFA trainings
  — Nine trainings since March 2018
  — Accredited for pharmacy-related CPE
  — Over 70 pharmacists and other pharmacy professionals trained
  — Research on impact pending
• CPESN pharmacies assist primary care physicians, care managers and others within the patient’s care team with patient engagement, patient management, and to:
  • Remove barriers preventing optimal medication adherence
  • Offer specialized medication-related services, such as specialized packaging
  • Support the patient’s understanding of medication administration and special store instructions

98% of patients utilizing CPESN Network pharmacies felt that their care was coordinated amongst their various providers
REGULATORY MODERNIZATION

• Limitations within collaborative drug therapy management
  • Only between a pharmacist & physician
  • Specific patients & authorization by patients to participate

• Lack of ability to perform services that pharmacists are trained to provide
INCLUSION IN QUALITY PAYMENT

• Formal recognition as providers is key step to ensure adequate payment
• Inability to bill Medicare and others for direct patient care services
• Efforts ongoing within Wellmark, Iowa Medicaid/MCO’s, and Medicare plans
• Federal legislative efforts for provider status recognition within the Social Security Act
QUESTIONS

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