



February 16, 2018

The Honorable Orrin G. Hatch
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden,

On behalf of the College of Psychiatric and Neurologic Pharmacists (CPNP), we thank you for the opportunity to share recommendations on policies to improve access to and quality of treatment for Medicare and Medicaid beneficiaries suffering from an opioid use or substance use disorder. We appreciate your commitment to addressing these shortcomings in our healthcare system and look forward to working with you and your colleagues on the Senate Committee on Finance (“the Committee”) as you move forward with these efforts.

CPNP is a professional association of more than 2,300 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. Most members are specialty pharmacists and Board Certified Psychiatric Pharmacists (BCPPs) who specialize in psychiatry, substance use disorder, psychopharmacology, and neurology.

CPNP believes that all individuals deserve access to affordable, meaningful healthcare coverage. While approaches to prevention, intervention, and treatment have improved, severe gaps in our system remain that obstruct healthcare for those struggling with an opioid use disorder (OUD) or other substance use disorders (SUDs). In 2016, an estimated 20.1 million people aged 12 or older suffered from a substance use disorder, with opioid use disorder accounting for approximately 2.1 million.¹ Despite these staggering figures, less than 4 million received treatment and fewer received treatment at a specialty facility. As a likely result, more than 64,000 Americans died in one year from drug overdose.²

As recognized by the Committee, the costs of the epidemic are enormous and cannot be continued – both in terms of the number of lives lost and also the strains it places on the economy. CPNP hopes the information and recommendations provided below are able to aid the Committee in understanding the value of psychiatric pharmacists and the policy changes that are needed to most successfully utilize them to address access to treatment, quality, and costs of care for those with OUD and SUDs.

¹ Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

² O’Donnell JK, Halpin J, Mattson CL, Goldberger BA, Gladden RM. Deaths Involving Fentanyl, Fentanyl Analogs, and U-47700 – 10 States, July–December 2016. MMWR Morb Mortal Wkly Rep 2017;66:1197-1202. DOI: <http://dx.doi.org/10.15585/mmwr.mm6643e1>. Retrieved from https://www.cdc.gov/mmwr/volumes/66/wr/mm6643e1.htm?s_cid=mm6643e1_w



The Underutilization of Psychiatric Pharmacists to Address the Opioid Epidemic and SUDs

Pharmacists today graduate with a Doctorate of Pharmacy degree – a required six to eight years of higher education to complete – and have more medication-related training than any other healthcare professional. Psychiatric pharmacists, a specialty within clinical pharmacy, are board certified and residency-trained mental healthcare practitioners who have specialized training in providing direct patient care and treatment for psychiatric disorders including OUD and other SUDs.

Given the challenges we face in addressing the opioid epidemic and other SUDs, it is tragic that the expertise of psychiatric pharmacists continues to be severely underutilized and misunderstood by many in the practice of healthcare. There are arguably few in the practice of healthcare who are more uniquely qualified to understand addiction as a mental health disorder and the risk potential for prescription drug induced conditions like OUD. However, federal limitations on reimbursement and prescriber authority currently impede psychiatric pharmacists' integration into the healthcare team and their abilities to provide care throughout the system. As a result, their scope of practice varies significantly across states and throughout certain healthcare systems, including the Veterans Affairs Administration (VA). Ideally, when included as an integrated member of the healthcare team, psychiatric pharmacists are able to (1) provide direct patient care, including treatment assessment, optimization of medication regimens, dosing and prescribing; (2) monitor patients for potential adverse drug reactions and interactions; (3) educate providers, patients, and families on psychiatric and addiction medications as well as psychiatric and substance use disorders and other related conditions; and (4) work to reduce medication costs and demonstrate cost savings to healthcare systems.

Many healthcare providers and policymakers are also grappling with how to safely and effectively expand medication-assisted treatment (MAT) for OUD and SUDs. For this reason, patients' access to MAT is often delayed or restricted. However, psychiatric pharmacists have a deep understanding of MAT beyond that of most other healthcare providers. When included, psychiatric pharmacists' involvement has been demonstrated to improve patient adherence and success with buprenorphine treatment; 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 services including medication management, patient counseling, monitoring and follow-ups.

As with MAT, more general studies have shown that when psychiatric or clinical pharmacists are able to provide the services described in collaboration with healthcare providers, including psychiatrists, they increase the rates of medication adherence, reduce the rates of over prescribing, improve patient satisfaction, increase patient knowledge, and reduce costs.³

³ Goldstone LW, DiPaula BA, Caballero J, Park SH, Price C, Slater MZ. Improving medication-related outcomes for patients with psychiatric and neurologic disorders: value of psychiatric pharmacists as part of the healthcare team. *Ment Health Clin* [Internet]. 2015;5(1):1-28. DOI: 10.9740/mhc.2015.01.001.



CPNP Response to Committee Questions

1. How can Medicare and Medicaid payment incentives be used to remove barriers or create incentives to ensure beneficiaries receive evidence-based prevention, screening, assessment, and treatment for OUD and other SUDs to improve patient outcomes? (Committee letter question #3)

Provide payment for psychiatric pharmacists' services: The most significant barrier that exists to impede the effective use and employment of psychiatric pharmacists on healthcare teams to help prevent and treat OUD and other SUDs is the inability to be reimbursed for their services. Medicare does not recognize clinical psychiatric pharmacists as providers and as such will not reimburse healthcare 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. *(Below are examples of practices where psychiatric pharmacists have been successfully integrated into healthcare teams and have improved patient outcomes and reduced overall healthcare costs.)*

Similar to the laws that allow nurse practitioners (NPs) and physician assistants (PAs) to be reimbursed by Medicare, we urge the Committee to consider building on this existing law for coverage of services delivered by pharmacists. We recommend allowing Medicare to reimburse pharmacists for providing Part B services, which would otherwise be provided by a physician, NP or PA. Allowing payment for psychiatric pharmacy services would increase OUD and SUD patients' access to treatment by engaging already trained experts in psychiatric and SUDs and addiction medicine.

Remove barriers for psychiatric pharmacists to prescribe buprenorphine: In addition, we recommend the Committee consider the barriers that prevent psychiatric pharmacists from prescribing addiction treatments buprenorphine. Psychiatric pharmacists educate providers and DATA waived NPs and PAs on the safe use and appropriate dosing when prescribing buprenorphine. Despite their unique expertise in this area which is relied on by other prescriber healthcare professionals, they are not the ones permitted to prescribe. We believe in order to assist providers in treating those with OUD, psychiatric pharmacists should be permitted to prescribe for medication-assisted treatments including buprenorphine.

2. What best practices employed by states through innovative Medicaid policies or the private sector can be enhanced through federal efforts or incorporated into Medicare? (Committee letter question #7)

In many states throughout the U.S. and within the Department of Veterans Affairs (VA) and the Department of Defense (DOD), psychiatric pharmacists are being used more effectively in collaboration with other healthcare professionals to reduce costs and improve patient care. Psychiatric pharmacists through collaborative practice agreements with the VA and DOD are allowed to prescribe and manage patient medications, just like nurse practitioners. Psychiatric pharmacists are particularly important for complex patients and in team based care where they are uniquely qualified in these instances to manage multiple medications and prevent adverse drug reactions or interactions.



Practice Models that Employ Psychiatric Pharmacists to Address SUDs or Mental Health Disorders

1. **Veterans Affairs Administration:** The Veterans Health Administration began a joint initiative between the VA Offices of Mental Health Services and Primary Care Services in 2007. The goal was to integrate evidence-based mental health services into the primary care setting under the Patient Aligned Care Team model. Clinical pharmacists served on care teams, and patients were referred to them for specialty services, including comprehensive medication management. In 2013, approximately 2,640 pharmacists were working in the VA system under advanced scopes of practice, as members of a clinical treatment team and with prescribing privileges. These pharmacists have been working as non-physician providers in nearly 40 subspecialty settings, including pain management and mental health. The value that clinical pharmacists can provide has been recognized, and the role of the clinical pharmacist in the VA system is being standardized. During a 6-month period from April to September, more than 35,000 pharmacy interventions were made and documented by pharmacists across 9 pilot sites. This initiative will continue to be deployed across the country as pharmacists, including psychiatric pharmacists, continue to bridge the gap between primary care and specialty care.⁴
2. **California Medi-Cal:** California's Medicaid program (Medi-cal) has a Short Doyle Program for mental health services. For Short Doyle Medi-cal, clinical pharmacists are recognized as providers in the clinic setting and are able to bill for medication support services. This allows reimbursement for psychiatric pharmacy for prescribing medications, assessing medication regimens and providing recommendations, patient education, and direct patient care.
3. **Montana Private Practice Group:** River Stone Health, a psychiatric medication management private practice group, provided comprehensive medication management for patients with psychiatric or neurologic disorders including depression, anxiety, and bipolar disorder. Data demonstrated cost savings of \$586 per patient, a 2.8:1 return on investment, and favorable patient outcomes, such as improvement in clinical status and patient satisfaction.⁵
4. **Montana Medicaid Waiver:** States are struggling with adequate access to care for people with behavioral health disorders. In response, some states, such as Montana, have recently received Medicaid waivers to allow reimbursement for patient care services as part of a team approach to care provided by pharmacists with advanced training clinical pharmacists⁶. Especially in rural or frontier areas these services are often provided in primary care clinics with integrated behavioral health programs. Allowing clinical pharmacists to provide direct patient care services should be assessed to determine the impact on access to care, outcomes, and cost of care.

⁴ *Id.*

⁵ *Id.*

⁶ Montana Healthcare Programs Notice July 3, 2017, <https://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2017/provnotice2744025556ClinicalPharmacistPractitioner07032017.pdf> Accessed 11/10/17



5. **Connecticut:** In a 1-year pilot project carried out in 2009 and 2010, pharmacists in Connecticut initiated a pharmacist network to contract independently for medication management services. The pharmacists met individually with patients and provided medication management services at 4 health centers in Connecticut. Pharmacist interventions resulted in estimated annual savings of \$1,123 per patient in medication claims and \$472 per patient in medical, hospital, and emergency department expenses. The estimated total savings were approximately 2.5 times the cost of the fees for the pharmacists and network administration.⁷

Conclusion

CPNP thanks the Committee for providing an opportunity for stakeholders to comment on the policy changes needed to help address the alarming opioid epidemic and continuing shortage of treatment services for those struggling with SUDs. CPNP hopes our comments provide new insight on the important role of psychiatric pharmacists and the potential for them, when fully integrated into the interprofessional healthcare team, to prevent and treat patients with OUD and SUDs. If you have any questions or require any additional information, please do not hesitate to contact me or our Health Policy Consultant, Sarah Mills at sarah.mills@dbr.com / 202-230-5182.

Sincerely,

Deanna Kelly, PharmD, BCPP
President

⁷ Goldstone LW, DiPaula BA, Caballero J, Park SH, Price C, Slater MZ. Improving medication-related outcomes for patients with psychiatric and neurologic disorders: value of psychiatric pharmacists as part of the healthcare team. Ment Health Clin [Internet]. 2015;5(1):1-28. DOI: 10.9740/mhc.2015.01.001.