JOINT COMMISSION OF PHARMACY PRACTITIONERS

May 3, 2019

Michael J. Missal, Inspector General
U.S. Department of Veterans Affairs
Office of Inspector General
810 Vermont Avenue, NW
Washington, DC 20420

Honorable Robert Wilkie
Secretary of Veterans Affairs
U.S. Department of Veterans Affairs

Dr. Richard Stone
Executive in Charge, VHA
U.S. Department of Veterans Affairs

Dear Inspector General Missal, Secretary Wilkie, and Executive in Charge Stone:

The Joint Commission of Pharmacy Practitioners (JCPP) appreciates the opportunity to provide comments on the Department of Veterans Affairs (VA) Office of Inspector General (OIG) report #17-02643-239, *Review of Two Mental Health Patients Who Died by Suicide, William S. Middleton Memorial Veterans Hospital, Madison, Wisconsin*.[1] We are concerned that the report's recommendations were largely based on misinformation and mischaracterizations of clinical pharmacy practice. We seek to clarify pharmacists' advanced practice role, provide a national perspective on pharmacists' professional practice, and highlight pharmacists' important contributions to improving patient outcomes.

JCPP is a collaborative of 13 national pharmacy organizations representing pharmacists in diverse practice settings and focused on achieving JCPP's vision that *patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers*

[1] Department of Veterans Affairs (VA) Office of Inspector General (OIG) report #17-02643-239, Review of Two Mental Health Patients Who Died by Suicide, William S. Middleton Memorial Veterans Hospital, Madison, Wisconsin. https://www.va.gov/oig/pubs/VAOIG-17-02643-239.pdf. Accessed April 19, 2019.

within patient-centered, team-based healthcare.[2] JCPP facilitates effective representation of pharmacists on professional, educational, legislative, and regulatory issues through analysis, interpretation, communication, and exchange of views on relevant issues. JCPP views the use of pharmacists in the Veterans Health Administration as an exemplary model of optimal pharmacy practice.

The role of pharmacists as advanced practice providers has a longstanding history of success and has been employed on a national scale. As essential members of the healthcare team, pharmacists enhance access to care, optimize medication management, and improve patient health outcomes. When delivering direct patient care, pharmacists follow a standard process of care[3] that includes:

- Collecting relevant information and history;
- Performing an assessment of the patient's medications, diagnosed conditions, and other factors that impact the patient's health;
- Developing and implementing a care plan collaboratively with the patient and other providers, where appropriate; and
- Conducting follow-up evaluation and monitoring.

Pharmacists' professional expertise and authority include assessing diagnosed conditions and prescribed medications. Through this clinical assessment, pharmacists can identify new symptoms and, as needed, collaborate with the patient's primary care or other specialty care provider for further evaluation.

Accordingly, mental health (MH) clinical pharmacists play an essential role on the healthcare team. Mental health clinical pharmacists are trained and prepared to extend care to those who otherwise lack access. The recommendations related to VA Mental Health Clinical Pharmacists in the OIG report, and the potential recommendations in an anticipated OIG follow-up report, are of significant concern to JCPP's member organizations. In sharing the following information, we hope to clarify pharmacists' role in healthcare delivery generally and provide insight into the high-quality care that mental health clinical pharmacists provide.

Clinical Pharmacists Practicing in Team-Based Care

Clinical pharmacists are an integral member of the healthcare team and play an important role in optimizing medication use and improving patient care. The underpinning of

[2] JCPP comprises the Academy of Managed Care Pharmacy, American Association of Colleges of Pharmacy, American College of Apothecaries, American College of Clinical Pharmacy, Accreditation Council for Pharmacy Education, American Pharmacists Association, American Society of Consultant Pharmacists, American Society of Health-System Pharmacists, College of Psychiatric/Neurologic Pharmacists, Hematology/Oncology Pharmacy Association, National Association of Boards of Pharmacy, National Community Pharmacists Association, and National Alliance of State Pharmacy Associations.

[3] Joint Commission of Pharmacy Practitioners. Pharmacists' Patient Care Process. May 29, 2014. Available at: https://jcpp.net/wp-content/uploads/2016/03/PatientCareProcess-with-supporting-organizations.pdf.

pharmacists' patient care practice is collaboration, communication, and documentation to facilitate coordinated care. Interprofessional teams value pharmacists' ability to assess patients and their medication regimens to identify needed interventions that improve the quality of care. Pharmacists in various practice settings are increasingly sought for their medication expertise and ability to expand access to care, especially given healthcare provider shortages. Given the growing focus on optimizing patient outcomes, pharmacists have a proven impact on meeting quality metrics and reducing costs, including in value-based payment models such as accountable care organizations and patient-centered medical homes.[4]

Clinical pharmacists positively impact both patient outcomes and the total cost of care by optimizing medications, particularly in chronic disease management. For example, one study showed that when patients with diabetes were managed by clinical pharmacists, the rate of achieving therapeutic goals increased from 21% to 45%.[5] In another study, 30-day hospital readmissions decreased by 33% when clinical pharmacists provided medication management services.[6] In an evaluation of clinical pharmacists' economic impact, researchers found, on average, a 12 to 1 return on investment in overall healthcare costs.[7] Maintaining and expanding access to clinical pharmacy services in patient care models is key to improving patient outcomes and overall health spending. These models use the principles of team-based care that have long been the precedent in the federal sector, including VA.

Clinical Pharmacists' Roles on Care Teams for Patients with Mental Health Conditions

One out of five (20.1%) adults with mental illness report they have tried to access treatment and services and have faced barriers keeping them from getting the treatment they need.[8] Factors contributing to this challenge include:

- No or limited insurance coverage;
- A lack of available treatment types (e.g., inpatient treatment, individual therapy, intensive community services);
- A disconnect between primary care systems and behavioral health systems; and
- An inadequate supply of psychiatrists and other mental health professionals.

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[4] Patient-Centered Primary Care Collaborative. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes 2012. https://www.pcpcc.org/sites/default/files/media/medmanagement.pdf. Accessed April 5, 2019.

[5] Brummel, A. "Optimal Diabetes Care Outcomes Following Face-to-Face Medication Therapy Management Services." *Population Health Management.* 2013 Feb; 16(1):28–34.

[6] Budlong H., et al. "Impact of Comprehensive Medication Management on Hospital Readmission Rates." *Population Health Management*. 2018 Oct; 21(5):395–400.

[7] Isetts et al. "Clinical and Economic Outcomes of Medication Therapy Management Services: The Minnesota Experience." *J Am Pharm Assoc*. 2008; 48(2):203–11.

[8] SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health. https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH. Accessed April 18, 2019.

VA has expanded its residency training of mental health clinical pharmacists and hiring of pharmacists to address these care needs. Clinical pharmacists use their extensive training (see **Appendix 1** for a description of pharmacist training, credentials, scope of practice, and credentialing and privileging) to ensure assessment of mental health conditions is based on evidence-based guidelines and standards that incorporate physical assessments, standardized testing, risk evaluation, and subjective evaluations. Essential to these assessments is the screening of suicide risk, a top priority of VA. Pharmacists with training in psychiatry provide increased access to care in a coordinated, collaborative manner with other members of the patient's healthcare team.

Pharmacists working in the field of mental health may have different titles such as psychiatric pharmacist, mental health clinical pharmacist (MHCP), or mental health clinical pharmacy specialist (CPS). Patients with severe and persistent mental illnesses are at risk for inadequate general medical care and therefore benefit from an optimized and comprehensive team-based approach. Healthcare systems have integrated mental health clinical pharmacists into primary care medical home models to assist the interprofessional healthcare team with mental health and/or substance use disorder treatment. As part of this team, mental health clinical pharmacists bring a unique set of knowledge and skills ideal for providing mental health services including comprehensive medication management services.

Mental health clinical pharmacists effectively identify and solve drug therapy problems to ensure that all medications are appropriate, effective, safe, and taken as intended. If a patient's health problems grow in complexity, mental health clinical pharmacists use their assessment skills to identify symptomatology that could change or potentially result in a new diagnosis and play an important role in recommending patient referral to the mental health team and collaborating with a provider authorized to diagnose. In these cases, the mental health clinical pharmacist acts as a bridge between primary care and behavioral health.

Types of Services: Role of Assessment and Evaluation

Mental health clinical pharmacists, like all healthcare professionals, operate within a scope of practice defined by the healthcare system and state pharmacy practice acts or federal policy. They practice in a variety of settings, including federal hospitals and clinics; government-supported hospitals; public, private, and academic hospitals; outpatient mental health clinics; outpatient primary care clinics; and correctional facilities.

Mental health clinical pharmacists provide a wide range of services in managing patients living with mental illness. They are involved in assessing patients through mental status exams, suicide assessments (e.g., Columbia Rating Scale), rating scales (e.g., PHQ-9, PCL-17, GAD-7, BPRS, CAGE), physical assessments, and obtainment of medication and health histories. They provide medication management, including prescribing of medications; monitoring medication efficacy, toxicity, and the potential for adverse drug reactions and interactions; and ordering, monitoring, and interpreting of laboratory and other diagnostic tests. Mental health clinical

pharmacists are also involved in the management of medications specifically used in the treatment of mental illness and substance use disorders (e.g., REMS monitoring for clozapine and esketamine, urine drug screens for buprenorphine, and initiations and continuations for long-acting injectable antipsychotics).[9,10,11,12,13,14,15,16] Mental health clinical pharmacists are qualified to make appropriate treatment and triaging decisions based on their education, skills, and the in-depth clinical assessment they perform.

Mental health clinical pharmacists work as members of interprofessional teams of healthcare professionals (e.g., psychiatrists, nurse practitioners, physician assistants, social workers, psychologists, case managers, and others) as the experts in the safe, effective, and well-informed use of medications. In addition to the services discussed here, mental health clinical pharmacists are involved in a host of additional activities that span a wide scope of practice and meet the needs of patients and healthcare systems. (See **Appendix 2** for a detailed review of activities and services provided by mental health clinical pharmacists.)

Collaborations and Communications

It is critical for all members of the healthcare team to collaborate and communicate in order to ensure optimal patient outcomes and continuation of treatment. Communications among providers occur via formal consults, progress notes, and documentation of interprofessional rounds. Mental health clinical pharmacists can treat patients that have a documented diagnosis and assist psychiatrists and other providers with the assessment of mental health conditions, including suicide risk. Mental health clinical pharmacists, just as any other healthcare provider, are responsible and accountable for the care they provide and

[9] Goldstone, L.W., DiPaula, B.A., Caballero, J., et al. "Improving medication-related outcomes for patients with psychiatric and neurologic disorders: value of psychiatric pharmacists as part of the health care team." *The Mental Health Clinician,* 2015; 5(1):1–28.

[10] Board of Pharmacy Specialties (BPS). Psychiatric Pharmacy. https://www.bpsweb.org/bps-specialties/psychiatric-pharmacy/. Accessed March 27, 2019.

[11] Cobb, C.D. "Optimizing medication use with a pharmacist-provided comprehensive medication management service for patients with psychiatric disorders." *Pharmacotherapy.* 2014; 34(12):1336–40.

[12] Griebe, K.M., Caniff, K.E., Bostwick, J.R. "Psychiatric pharmacists: key allies to improve antipsychotic metabolic monitoring." *Psychiatric Services.*2016; 67(4):469–70.

[13] Nazarian, P.K., Dopheide, J.A. "Psychiatric pharmacist management of depression in patients with diabetes." *Primary Care Companion for CNS Disorders*. 2013; 15*(*5).

[14] Suehs, B.T., Mican, L.M., Campbell, A.H. "Retrospective evaluation of an inpatient psychiatric pharmacist consultation service." *Journal of the American Pharmacists Association*. 2011; 51(5):599–604.

[15] Tomko, J.R., Ahmed, N., Mukherjee, K., et al. "Evaluation of a discharge medication service on an acute psychiatric unit." *Hospital Pharmacy*. 2013; 48*(*4):314–20.

[16] Gardner, K.N., Diefenderfer, L.A., Nelson, L.A., et al. "Cost-avoidance and qualitative analysis of clinical pharmacy interventions by psychiatric pharmacy residents at state psychiatric facilities." *American Journal of Health System Pharmacists*. 2016; 71(1):e46–53.

document a patient progress note in the patient's electronic medical record for communicating with the patient, authorized caregivers, and the patient's other healthcare providers.

Additionally, the mental health clinical pharmacist plays an important role in sharing information with other healthcare providers as the setting for care changes. This assists in ensuring continuity of care as the patient moves between the community setting, the institutional setting, and the long-term care setting. In a primary care setting, a mental health clinical pharmacist may help serve as a bridge between the primary care physician and psychiatrist to help eliminate the gaps in communication regarding the patient's medication(s) and treatment plan. Continuity of care and treatment adherence are critical in this population of patients who are underserved and face a system that is under-resourced.

Referrals: Description of Referrals by Pharmacists

Referrals to a mental health clinical pharmacist are initiated when a patient requires medication management services. The referrals will be specific to the practice area, health system, and/or hospital, in addition to the composition of the team caring for the patients. Referrals may be formalized in a chart consult and triaged through a general referral management process that determines if conditions are met for an appointment with the pharmacist, or they may go directly to the pharmacist to determine the care needs for the individual patient. According to internal data from the College of Psychiatric and Neurologic Pharmacists (CPNP), mental health clinical pharmacists report that the most common mechanisms for receiving referrals are through the electronic health record or verbally, with e-mail, a paper form, or fax being used in some instances. Referrals can be received from a variety of providers, including physicians, nurse practitioners, physician assistants, licensed social workers, clinical psychologists, and RN case managers.

In team-based care settings, often the referral practice is within the team through a warm handoff or interprofessional team meetings. Patients are not managed by one team member alone but collaboratively across the continuum. Mental health clinical pharmacists report that in most cases, patients continue treatment with the referring provider and other members of the team while they are seeing the pharmacist. This is consistent with care provided by VA mental health clinical pharmacists.

Patient referrals by the mental health clinical pharmacist are an important element of comprehensive care and are routinely made to other specialty providers or to a higher level of care. The pharmacist's training and expertise, as well as the clinical assessment of the patient, inform triaging and referral decisions. Mental health clinical pharmacists working directly with a primary or specialty care provider would refer the patient back to that provider when a higher level of care is warranted. Also, the collaborative practice or care coordination agreement often details the circumstances when the pharmacist would refer the patient to a higher level of care and/or when they would refer them to a corresponding team member or someone outside of the team. Regular team communication and collaboration are essential to ensure all

team members understand how to address when patient care issues arise. This is consistent among mental health clinical pharmacists, as well as other interprofessional team members.

Credentialing and Privileging of Clinical Pharmacists

As described in **Appendix 1**, credentialing and privileging of pharmacists practicing in advanced patient care roles is expanding. The percentage of health systems with pharmacist credentialing and privileging programs has increased from 15.5% in 2011 to 19.8% in 2018. Of these hospitals, 32% allow prescriptive authority pursuant to the patient's diagnosis.[19] Growing numbers of health systems have mirrored the credentialing and privileging of pharmacists to that of other medical providers. Such practice is intended to formalize and legitimize qualified pharmacists as medication experts who are directly responsible for patient outcomes. VA is a leader in this area, requiring the same credentialing and oversight (peer review processes) for pharmacists as for other licensed independent practitioners (LIPs) since 2012. This robust system of oversight and credentialing and privileging removes the requirements for direct supervision by specific LIPs that are frequently in short supply and in high demand for patient visits.

At the federal level, the VA, Department of Defense (DOD), and Public Health Service (PHS) are recognized leaders in the pharmacy profession in optimizing pharmacists' practice to improve access to care and patient health outcomes. The federal sector has well-defined clinical pharmacist scope of practice for comprehensive medication management services, credentialing and privileging processes, and integration of pharmacists effectively into team-based care. Through ongoing innovation and successful practice models, the federal pharmacy sector has been pioneering clinical pharmacist practice advancement that allows pharmacists to serve as advanced practice providers prescribing and managing drug therapy independently across a wide variety of patient care settings. These healthcare systems have greater flexibility in expanding their model of practice in a standardized manner across their systems through the utilization of system-wide policy that defines the scope of practice, as they are not necessarily bound by variable state pharmacy practice acts.

In the VA, the Clinical Pharmacist Scope of Practice provides the mechanism for a standardized advanced scope of practice that is used across the system. The functions permitted in this scope are outlined in VHA Handbook 1108.11, section 14. VA Care Coordination Agreements (CCA) provide further guidance for operational activities that support the optimization of pharmacist's practice at the local facility. VA's healthcare system authorizes the individual pharmacist scope of practice and permitted activities at the local facility level through the Executive Committee of the Medical Staff (ECMS) and the Medical Center Director and therefore does not require specific delegation requirements by the LIP. This is consistent with how clinical pharmacists are authorized through privileging processes (aligned with those of other providers) in health systems across the nation. It is JCPP's view that VA has met and exceeded the requirements outlined in state collaborative practice agreements through the formal process of approvals and oversight for a VA clinical pharmacist scope of practice.

Conclusion

Pharmacists have been and will continue to serve patients in many different roles, dispensing, educating, assessing, managing, referring, and vaccinating. Pharmacists' advanced practice role has demonstrated longstanding success, and pharmacists continue to contribute to improving access to care and patient medication and health outcomes as essential members on the healthcare team.

Mental health clinical pharmacists have a critical role on the healthcare team serving an under-resourced and high-risk patient population, working in a variety of practice settings to serve their patients. Scope of practice, collaborative practice agreements, and privileging processes allow the mental health clinical pharmacist the ability to serve the patient in an effective and efficient manner, often during vulnerable times. Mental health clinical pharmacists are trained and prepared to extend care to all patients with mental health conditions, providing the ability to increase access to care to those who so desperately need the care they deserve.

JCPP member organizations endorse the practice of the VA as a gold standard, paving the way for utilizing trained, qualified clinical pharmacists to the height of their licensure and training. The VA system has demonstrated impressive patient care outcomes that support the VA's utilization of:

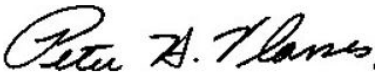
1. Mental health clinical pharmacists as key members of the treatment team involved in providing comprehensive medication management, assessing progression of disease, identifying symptomatology of new diseases and conditions, evaluating suicide risk, and much more.
2. Mental health clinical pharmacists as direct providers of safe and effective patient care.
3. Well-defined and robust scope of practice, policies, and processes (e.g., care coordination agreements) that clearly delineate the role, core responsibilities, and authority of the mental health clinical pharmacist for the provision of comprehensive medication management services.
4. Robust electronic health records used by the interprofessional team to document care, diagnoses, and corresponding actions taken by each member of the treatment team across the continuum of care.

JCPP organizations value and applaud the VA as leaders in clinical pharmacy practice and recognize the exemplary contributions that VA mental health clinical pharmacists make to improve access to care for our veterans. The mental health clinical pharmacist is a core team member providing comprehensive medication management services and expertise to both patients and MH teams. JCPP organizations appreciate the opportunity to detail, through this letter, the important role pharmacists play in the healthcare system, including in serving patients with mental health disorders. We strongly urge the VA to continue to support, maintain, and advance the roles of Mental Health Clinical Pharmacists within the VA system and

promote opportunities for expansion in areas where patient care gaps exist. Additionally, we welcome the opportunity to provide additional information at your request. Questions or requests can be addressed to JCPP Secretary Mitchel Rothholz at mrothholz@aphanet.org.

Respectfully submitted by the member organizations comprising the Joint Commission of Pharmacy Practitioners.

Academy of Managed Care Pharmacy
Susan Cantrell, Chief Executive Officer



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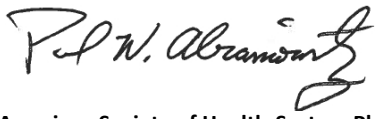

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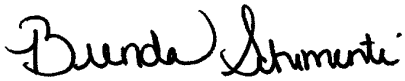

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Appendix 1: Pharmacist Training, Credentials, Scope of Practice, and Credentialing and Privileging

Pharmacists' Training

Pharmacists have extensive training in medication and disease management, starting with a minimum entry-level, 6-year Doctor of Pharmacy program (PharmD). The PharmD degree has been the standard for all graduates since 2004 and emerged in the 1960s at the first schools of pharmacy. For many pharmacists choosing careers as pharmacists working in direct patient care, the doctoral degree is often followed by postgraduate training and credentialing that can range from certificate programs to residency training and attaining board certification through the Board of Pharmacy Specialties (BPS) for those pharmacists working as specialists.

Pharmacists serving on teams providing care to complex patients, including mental health patients, have often completed additional postgraduate pharmacy residency training and attained board certification. The purpose of postgraduate pharmacy residency training is to enhance the clinical, leadership, and academic skills of licensed pharmacists. The main goal of this type of rigorous training is to enhance skills in providing "safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications [by] following a consistent patient care process … in collaboration and coordination with the healthcare team."[17] During the first postgraduate year (PGY1), residency programs emphasize a more general practice experience to produce well-rounded clinicians. To meet the need for further specialized trained pharmacists, second postgraduate year (PGY2) pharmacy residency programs have emerged, with over 900 American Society of Health-System Pharmacists (ASHP)-accredited programs as of 2018. The number of pharmacists seeking PGY1 and PGY2 residency training opportunities after graduation is growing exponentially. The number of pharmacy residency programs has increased from 32 in 1963 to 2,433 in 2018.[18] More than 60,000 pharmacists have completed ASHP-accredited residency programs.

Participants in both PGY1 and PGY2 training programs are fully licensed to practice pharmacy in their respective states. VA is a well-established leader in this area, graduating over 600 pharmacy residents annually, of which 75 complete a PGY2 psychiatric pharmacy residency on an annual basis. Further demonstrating the VA's role in training mental health specialized pharmacists, 44 (61%) of the 72 PGY2 psychiatric pharmacy residency programs are in VA settings.

As of 2016, 26.7% of inpatient pharmacists in U.S. hospitals have completed a PGY1 pharmacy residency, compared with 17.1% in 2010. The percentage of PGY2-trained

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[17]PGY1 Competency Areas. https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Directors/Residency-Accreditation/PGY1-Competency-Areas. Accessed on February 21, 2019.
[18]Summary Statistics for Previous Years. https://natmatch.com/ashprmp/stats.html. Accessed on February 27, 2019.

pharmacists has risen from 3.6% in 2010 to 7.6% in 2016.[19] Within VA, the number of clinical pharmacists with a scope of practice and completion of a postgraduate residency and board certification exceeds 81% (N = 3,328/4,145; pharmacists with a scope of practice in fiscal year 2018).

Pharmacy-specific board certification through BPS is often pursued by clinical pharmacists and is required by some organizations employing pharmacists. Currently, there are 12 recognized BPS specialties, including Board Certified Psychiatric Pharmacist (BCPP). There are currently 1,086 BCPPs in the United States, who must demonstrate competency in the three areas of person-centered care; translating evidence into practice and education; and healthcare policy, advocacy, and practice management. Twenty-eight percent of the 1,086 BCPPs practice in the VA system.

Pharmacists' Scope of Practice

In the private sector, pharmacists' practice authority is regulated at the state level through laws and regulations. Practice authority can vary from state to state, but all licensed pharmacists can dispense medications, perform assessments focused on managing and monitoring medication therapies, educate patients about their medications, and administer vaccines. Additional services pharmacists are authorized to provide in many states include prevention and wellness services, chronic disease management, and point-of-care testing. Depending on the state, pharmacists' practice authority can be enhanced through mechanisms such as collaborative practice agreements (CPAs), statewide protocols, and privileging processes. These mechanisms often authorize the pharmacist to prescribe, modify, and discontinue medication therapies and order laboratory tests. Pharmacist prescriptive authority occurs for patients with a documented diagnosis across a variety of patient care settings.

Collaborative Practice Agreements: In 48 states and the District of Columbia, pharmacists are authorized to enter into CPAs with another healthcare provider(s) or within a healthcare system of providers.[20] It's important to note that terminology for these agreements can vary based on the health system or state practice acts (e.g., collaborative drug therapy management agreements, collaborative agreements, scope of practice, collaborative care agreements, protocols, drug therapy management protocols). Under these agreements, the collaborating prescriber or healthcare system can delegate certain patient care functions to the pharmacist under the conditions of the agreement, often prescribing, modifying, and discontinuing therapy, and ordering laboratory tests. CPAs enhance access and coordination of care and leverage the expertise of the pharmacist in managing conditions such as diabetes, hypertension, chronic pain, cancer, and depression. In the VA, the Clinical Pharmacist Scope of Practice provides the mechanism for a standardized advanced scope of practice that is used

[19] Pederson CA, Schneider PJ, Scheckelhoff DJ. "ASHP national survey of pharmacy practice in hospital settings: Prescribing and transcribing—2016." *Am J Health-Syst Pharm*. 2017; 74:1336–52.
[20] High Reliability Healthcare. https://www.jointcommission.org/jc_physician_blog/oppe_fppe_tools_privileging_decisions/. Accessed on March 4, 2019.

across the system, similar to the CPA. VA's healthcare system authorizes the individual pharmacist scope of practice and permitted activities at the local facility level through the Executive Committee of the Medical Staff (ECMS) and the Medical Center Director, similar to processes in the private sector employed by health systems. Because many patients have co-existing conditions, the expertise of pharmacists is valued for their ability to comprehensively evaluate and coordinate not only the medications used for the referred specialty condition, but for all the patient's documented conditions that require medication therapies, following the needs of the healthcare system. Communication, coordination, and referral mechanisms are common components of these arrangements.[21]

Statewide protocols and category-specific prescribing: In recognition of pharmacists' value, states are using another mechanism, statewide protocols, to leverage the pharmacist's expertise and improve access to care. Under statewide protocols, all licensed pharmacists who meet the protocol requirements, such as a continuing education program, are authorized to prescribe certain medications under authority granted by the state. Statewide protocols recognize the value that pharmacists provide in improving access to preventive and essential care. Some states authorize pharmacists to prescribe certain categories of medications (category-specific prescribing) without a prescriptive regulatory protocol. Statewide pharmacist prescriptive authority includes medication categories such as tobacco cessation aids, hormonal contraceptives, vaccinations, naloxone, and others.[22] Also, pharmacists in many states can provide patients with a refill of their chronic medications.

Credentialing and Privileging: The credentialing process involves an initial and ongoing comprehensive review of provider qualifications, often including a background check, peer references, and verification of required credentials. The privileging process involves an application with supporting documentation followed by peer-reviewed Focused Professional Practice Evaluation (FPPE) to demonstrate initial competency in a specific field of clinical care and an ongoing process for evaluating quality of care. Providers demonstrate sustained competency through Ongoing Professional Practice Evaluations (OPPE), which are periodic peer reviews of their clinical decision making. Providers who fall below OPPE expectations must recomplete the FPPE process. These programs were introduced by The Joint Commission as a way for health systems to ensure a high standard of quality and safety from providers.[20] This privileging and credentialing process applies the same rigor to evaluating pharmacist clinical care as that for other healthcare providers, including physicians and advanced practice providers. It is important to note that, although VA does not use the term "privileging" for their pharmacists with a scope of practice, VA has outlined policy that mirrors the standards required for LIPs and sets forth robust professional practice expectations for its pharmacists.

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[21] Centers for Disease Control and Prevention. "Advancing Team-Based Care Through Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team." 2017. https://www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf. Accessed on February 24, 2019.

[22] Adams AJ and Weaver KK. "The continuum of pharmacist prescriptive authority." *Ann Pharmacother.* 2016; 50:778–784.

Healthcare systems have realized that the burden of direct supervision or co-signature on progress notes is limiting while not adding value to patient outcomes. Instead, healthcare systems are moving toward the credentialing and privileging models used for medical staff that guarantee ongoing and focused professional evaluation throughout the professional practice of a pharmacist. The movement to health-system privileging of pharmacists was spearheaded by a 2012 CMS regulation clarifying that "… *some States have established a scope of practice for certain licensed pharmacists who are permitted to provide patient care, services that make them more like the above types of non-physician practitioners, including the monitoring and assessing of patients and ordering medications and laboratory tests. In such States, a hospital may grant medical staff privileges to such pharmacists and/or appoint them as members of the medical staff. There is no standard term for such pharmacists, although they are sometimes referred to as "clinical pharmacists."*[23]

[23] Memorandum from Center for Clinical Standards and Quality/Survey & Certification Group on Revised Guidance Related to New & Revised Hospital Governing Body and Medical Staff Regulations. September 15, 2014. Available at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-45.pdf.

Appendix 2: Services and Activities Performed by Mental Health Clinical Pharmacists[24]

Mental health clinical pharmacists provide a wide variety of patient care services as a part of the interprofessional team. These services together allow the mental health clinical pharmacist to provide safe and effective comprehensive medication management and increase patient access to care. This appendix, while not all-inclusive, describes many common types of patient care services performed by this critical team member.

A. **Patient Assessment:** Mental health clinical pharmacists perform assessments to determine appropriate treatment modalities and to monitor efficacy and toxicity. The typical diagnoses of patients evaluated by mental health clinical pharmacists include schizophrenia, depressive disorders, bipolar disorder, ADHD, anxiety disorders, migraine and headache, dementia, sleep-wake disorders, and substance use disorders. They use the same assessment tools as do other mental health professionals, including:
   1. Mental status exams
   2. Suicide risk assessment (e.g., Columbia Rating Scale)
   3. Psychiatric rating scales (e.g., Patient Health Questionnaire-9, PTSD Checklist-17, Generalized Anxiety Disorder-7, Brief Psychiatric Rating Scale, CAGE)
   4. Physical assessments (e.g., weight, blood pressure)
   5. Ordering and interpretation of laboratory tests (e.g., lithium level, complete blood count, basic metabolic panel, hemoglobin A1C)

B. **Medication Prescribing and Monitoring:** Mental health clinical pharmacists provide medication prescribing (e.g. initiation, continuation, change in therapy, discontinuation) and monitoring for medications often utilized in the treatment of mental health disorders as allowed through scope of practice or collaborative practice agreements. These medications include:
   1. Antipsychotics (e.g., Risk Evaluation and Mitigation Strategies [REMS] with clozapine, metabolic adverse effects, abnormal involuntary movement scale)
   2. Antidepressants (e.g., REMS with esketamine, QTc prolongation with citalopram, drug–drug/food interactions with monoamine oxidase inhibitors)
   3. Mood Stabilizers (e.g., levels with lithium, valproic acid/divalproex sodium, carbamazepine, drug–drug interactions)
   4. Stimulants (e.g., verifying the prescription drug monitoring program [PDMP] and managing potential adverse effects)
   5. Antiepileptics (e.g., managing therapeutic levels and drug–drug interactions)
   6. Benzodiazepines (e.g., initiations and tapers, appropriate use evaluations)
   7. Triptans and Anti-Calcitonin Gene-related Peptide (CGRP) Monoclonal Antibodies (e.g., obtainment of medications and efficacy and toxicity of medications)

[24]Board of pharmacy specialties psychiatric pharmacy specialist certification content outline/classification system. 2017. https://www.bpsweb.org/wp-content/uploads/PSYContentOutline2017.pdf. Accessed April 19, 2019.

8. Cholinesterase Inhibitors and N-Methyl-D-Aspartate (NMDA) Receptor Antagonist (e.g., efficacy and toxicity of agents)
9. Non-Benzodiazepine Agents (e.g., verifying the PDMP and managing efficacy and toxicity)
10. Medications Used in Substance Use Disorders

C. **Utilization of Long-Acting Injectable Antipsychotics:** Mental health clinical pharmacists are instrumental in the utilization of long-acting injectable antipsychotics. In addition to the prescribing and monitoring of the injection, they assist in the planning of utilization of the injection, and administration in select states under state law.

D. **Utilization of Pharmacogenomics:** Mental health clinical pharmacists are involved in the utilization of pharmacogenomics to help guide treatment decisions. This includes recommending testing when indicated, interpreting and explaining the results to the patient and other members of the healthcare team, and using the results to make recommendations and optimize medication therapy.

E. **Patient and Caregiver Education:** Mental health clinical pharmacists are heavily involved in medication and treatment adherence education, through techniques such as motivational interviewing. Additionally, they provide medication and disease state education to patients and caregivers. Using the shared decision-making process, mental health clinical pharmacists provide information about various treatment options to patients and their caregivers. This allows for making an informed, collaborative decision that takes into account the patient's preferences, values, and beliefs.

F. **Trainee Education:** Mental health clinical pharmacists provide education to health care trainees (e.g., student pharmacists, pharmacy practice residents, medical residents, fellows) through both didactic education and experiential learning experiences.

G. **Management of Transitions of Care:** Mental health clinical pharmacists are involved in medication reconciliation during the transitions of care that patients with mental health disorders may experience over the course of their lifetime.

H. **Pharmacy-Specific Activities:** Mental health clinical pharmacists are involved in many activities in operating and directing pharmacies, including:
1. Management of formulary in health care facilities in addition to those for insurance and state Medicaid
2. Medication utilization review, drug utilization review, and policy standards. Mental health clinical pharmacists perform cost-effectiveness analyses, evaluate National Quality Standards, and fulfill National Accreditation and Regulatory requirements.
3. Drug information and literature review

I. **Substance Use Disorder Treatment:** Mental health clinical pharmacists have developed many practices in the treatment of those with substance use disorders, including:

1. Initiation and continuation of buprenorphine, in collaboration with DEA "X"-waivered provider
2. Monitoring patients on buprenorphine
3. Naltrexone initiation, monitoring, and continuation
4. Naltrexone administration in select states
5. Naloxone prescribing, education, and recommendation
6. Methadone maintenance therapy

J. **Treatment of Mental Health Disorders in Special and/or Vulnerable Populations**: These populations include:
   1. Pediatrics
   2. Geriatrics
   3. Pregnancy/lactation
   4. Ethnically diverse populations, including refugees
   5. Low-income and homeless
   6. Rural, underserved areas
   7. LGBTQ+ (lesbian, gay, bisexual, transgender, transsexual, 2/two-spirit, queer, questioning, intersex, asexual, ally)
   8. Patients with hepatic/renal impairment and/or absorption issues

K. **Health Promotion Strategies:** Mental health clinical pharmacists are involved in the planning and implementation of a diverse range of health promotion strategies.
   1. Wellness screening (e.g., depression screenings)
   2. Tobacco cessation
   3. Suicide prevention

L. **Development and implementation of models of care:** Mental health clinical pharmacists are leading the way in the utilization of varying models of care, including telepsychiatry, assertive community treatment (ACT) teams, and embedment in primary care clinics.

M. **Research:** Mental health clinical pharmacists are involved in all levels of research, including clinical and laboratory research, with some serving as lead investigators on many types of research, including federal studies.