Innovative Practice Models for Improving Access to Behavioral Health Services

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Disclosures

- Authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.
Learning Objectives

- Identify potential barriers to availability of comprehensive behavioral health services that exist within rural communities in Minnesota and nationally.
- Identify innovative practice models that utilize practitioner full scopes of practice to improve access to behavioral health services.
- Explore components of a comprehensive behavioral health workforce development program and potential mechanisms to deliver state-wide training and peer support.
- List components of a pharmacist behavioral health collaborative practice agreement to expand access to care for behavioral health clients.
Focus on Behavioral Health

- Prevalence of mental illness
- Response to needs identified within the community, state, and nation
  - Access to care in rural communities
  - Historical/intergenerational trauma for AI/AN communities
  - Substance use disorders
  - Relationship to chronic disease
- Often stigmatized, so those affected do not seek help

MDH. http://www.health.state.mn.us/divs/orhpc/pubs/mentalhealth.pdf
Prevalence of Mental Illness

- Approximately 1 in 5 adults diagnosed with mental illness
- High prevalence in the American Indian/Alaska Native population
Disproportionate Suicide Rates

Suicide Rates from 2005-2014

[Graph showing suicide rates from 2005 to 2014 for different categories, including US Suicide Rate (All Demographics), MN Suicide Rate (All Demographics), US Suicide Rates (AI/AN), and HealthyPeople 2020 Goal.]

Disproportionate Suicide Rates

Suicide Rates by Ethnicity from 2000 to 2014

Behavioral Health in Our Communities
Barriers to Behavioral Health Care in Rural Communities

- Access to medications
  - Cost barriers
  - Long-acting injectable antipsychotics
  - Good opportunity for pharmacist intervention

- Physical access to care
  - Transportation
  - Availability of providers

Specialty Provider Shortages

- HRSA designation: 1:30,000 psychiatrist to patient ratio
- 4,698 Health Professional Shortage Areas in the U.S. for mental health

HRSA. http://www.hrsa.gov/shortage/
Specialty Provider Shortages

- Rural Minnesota
  - Rural: 4.5 psychiatrists / 100,000 patients
  - Urban: 12.3 psychiatrists / 100,000 patients
  - 2,329,408 patients fall under these designated areas

Historical Trauma

• Definition:
  • Collective, complex trauma inflicted on a group of people who share specific group identity or affiliation
  • Numerous traumatic events over generations
  • Psychological impacts on the individual, family, and community

Evans-Campbell. *Jour Interper Viol.* 2008. 23(3): 316-338
Intergenerational Trauma

- Many Native peoples today carry trauma from their diverse histories.

- Native people carry share common histories of the epidemics of contact, the disenfranchisement of Native Nations from their ancestral territories, the imposed reserve and band systems, residential schooling, missionization, and bans on Native cultural, the child welfare system, and the continued marginalization of Native people.

Vicarious Trauma

- Vicarious trauma is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.
Substance Use Disorders

~20% of adults with psychiatric condition have co-occurring substance abuse disorder
  • Up to 43% in 26-49 year olds
• Costs the US $712 billion annually
  • Excluding prescription drugs
• Tobacco abuse prevalence:
  • 16.8% of US adults
  • 29.2% of US AI/AN adults
• Over 30,000 opioid-related deaths in US in 2014
  • Over ½ from prescription opioids
• Take the Surgeon General’s pledge!
  http://turnthetiderx.org/join/#

SAMHSA. http://www.samhsa.gov/disorders
NIH. https://www.drugabuse.gov/related-topics/trends-statistics
CDC. http://ncdd.cdc.gov/
CDC. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/
Turn the Tide. http://turnthetiderx.org
Behavioral Health & Chronic Disease

Patients with behavioral health condition **twice as likely** to have other chronic comorbidities.

Examples:
- Asthma
- Arthritis
- Cancer
- Stroke
- Myocardial infarction
- Diabetes
Stigma in Mental Health
Have you **ever** thought that people with mental illness are....

A. dangerous and unpredictable
B. victims of their upbringing (i.e., abusive childhood)
C. time consuming
D. over exaggerating their complaints and don’t seem all that bad
E. risk takers
F. None of the above
Stigma in Mental Illness

- What barriers does stigma create for people?
- Where do you see stigma?
- How do you address stigma?
- What is the impact of stigma in the pharmacist / patient relationship?
Gullekson (in Fink & Tasman, 1992) writes about her brother's schizophrenia:

“For me stigma means fear, resulting in a lack of confidence. Stigma is loss, resulting in unresolved mourning issues. Stigma is not having access to resources... Stigma is being invisible or being reviled, resulting in conflict. Stigma is lowered family esteem and intense shame, resulting in decreased self-worth. Stigma is secrecy... Stigma is anger, resulting in distance. Most importantly, stigma is hopelessness, resulting in helplessness.”
Factors Most Likely to Increase Stigma

- Gender: (Males)
- Appearance: (Unkempt)
- Behaviors: (acute)
- $ (Homelessness)
- Perceived course: Incurable/chronic
- Perceived txn: Need drugs to stay well

- Assumptions about the disorder: Many deficits
- Perceived responsibility: “....not responsible for actions”
- Severity: History of hospitalization
- Perceived origin: Self-inflicted
Evidence

- Schizophrenia RR of violence: 8% vs. 2% with no disorder. Risk associated with:
  - Substance use disorder
  - History of violence
  - Acute psychotic symptoms
  - Male gender, young age, low socioeconomic class
- No clear evidence that schizophrenia mental illness in general is higher than above

Public Perception of Stigma

Stigma by the numbers
Percentage of Americans reporting they are definitely or probably unwilling to have a person with mental illness:

- Move next door: 38%
- Spend an evening socializing with you: 56%
- Make friends with you: 33%
- Work closely with you: 58%
- Marry into your family: 68%


Are Providers Immune to Stigma?

- Provider’s negative attitudes predict providers assigning more diagnoses and poorer prognoses
- Survey of 2106 female physicians
  - 50% indicated meeting criteria for mental illness
  - Only 6% disclosed being diagnosed or treated

One physician who had left medical practice because of her experience after disclosure of a mental illness shared:

“All of my fears were realized when I did report it. I was placed in a very strict and punitive PHP that didn’t allow me to take meds written by my doctor for anxiety and insomnia. I am now not practicing at all because of this.”

Implications of Stigma

- Changes in government or public attitudes toward stigma
- Suicide?
Innovative Practice Models
Opportunities for Pharmacists

- Pharmacists are highly accessible health care professionals in rural communities, who communicate regularly with providers
- Can be utilized in response to workforce shortages

Opportunities for Pharmacists

- Education
- Access to medications:
  - Cost
  - Antipsychotics: Long-acting injectables (LAI)
- Addressing medication side-effects
- Addressing lack of medication effectiveness
- Reducing non-adherence
- Reducing poly-pharmacy
Northern Pines Mental Health Center

- Located in Brainerd, MN
- PGY-1 Pharmacy Resident imbedded in assertive community treatment team
  - Part of daily team rounds to discuss patient cases
  - Performs comprehensive medication management prior to psychiatrist appointments
  - Performs point-of-care testing and limited physical assessment
  - Provides medication consultation to providers
  - Improved patient safety through implementation of medication-related protocols
We're located to meet your needs.

HDC is a community mental health center with offices in four counties in northeastern Minnesota and one in northwestern Wisconsin. The goal of the community mental health center is to provide convenient local access to mental health services. By being local, we can be more responsive and in touch with the needs of the residents in the communities we serve.

Click on any of the locations on the left or the map below to find the office nearest you.
Programs

MN Crisis Number: 1-800-634-8775

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T-ACT

HDC
Human Development Center

HDC Community Portal
Self-Assessment
Donate Today

Check out the exciting menu at the Palace Diner!
Psychiatrist/Pharmacist Collaborative Practice Agreement

- Pharmacy Practice Act allows pharmacists to practice under a Collaborative Practice Agreement with licensed prescribers.
- Participate in the practice of managing and modifying drug therapy on a case-by-case basis according to a written protocol agreement.
- May initiate and modify treatment for all drug categories or therapeutic devices used in psychiatric care management.
- Exceptions: Initiating or starting benzodiazepine/hypnotic/stimulant orders, medical disease management (hypertension, hyperlipidemia, diabetes, etc), and other controlled substances.
Workforce Development Program
Novel Training Model

Mental Health Workforce Development Program:
- Collaboration between Indian Health Service & University of Minnesota College of Pharmacy
- Curriculum designed by University of Minnesota:
  - Self-study
  - Case-based reviews
  - Observation hours with Board Certified Psychiatric Pharmacist (BCPP)
- 34 CE credits awarded to pharmacists completing the training
Learning Outcomes

Pharmacists who complete this workforce development program will be able to:

- **Demonstrate a comprehensive understanding of psychotropic medications** and their clinical application
  - Switching within therapeutic classes
  - Assessing drug interactions
  - Clinical pearls
  - Monitoring recommendations
Pharmacists who complete this workforce development program will be able to:

- Develop assessment process for psychiatric disorders including:
  - Major depression
  - Anxiety disorders (including post-traumatic stress disorder),
  - Schizophrenia
  - Bipolar disorder
  - Substance use disorders
  - Suicide risk and appropriately intervene/triage
Learning Outcomes

Pharmacists who complete this workforce development program will be able to:

- **Recognize the need for additional services and develop a referral process** to provide interprofessional coordination of medication management services with other specialty psychiatric, case management, adult rehabilitative mental health services (ARMHS) and primary care services.

- **Provide comprehensive medication management** for patients with stable, chronic mental illness as well as other related and/or overlapping chronic health conditions.
Self-Study & Case Review Resources

- 2016 BCPP Examination Review and Recertification Guidebook
- Shea SC. The Practical Art of Suicide Assessment: A guide for mental health professionals and substance abuse counselors.
- Dipiro Pharmacotherapy 9th edition. eChapter 19 Evaluation of Psychiatric Disorders
- Pharmacist Online Psychiatric Pharmacy Toolbox (collection of just-in-time resources helpful for providing comprehensive medication management available ongoing without access expiration)
Implementation

- Memorandum of agreement for training signed by University of Minnesota & Red Lake Hospital
- 2 clinical pharmacists & 1 PGY1 pharmacy resident identified to participate in training roll out
  - Participate in ongoing post-training assessments
  - Identify patient cases for focused peer review
- University of Minnesota faculty to provide peer review consultation to clinical pharmacists
Red Lake Hospital Pharmacist-Delivered Behavioral Health Initiative
Background

Red Lake Hospital:

- Strong provider advocates for pharmacist-delivered care
- Clinical pharmacists provide chronic disease state management as credentialed members of medical staff
  - Cardiovascular / diabetes management
  - Anticoagulation
  - Asthma / COPD
  - Tobacco cessation
  - Naloxone co-prescribing
  - Medication assisted therapy
Research Questions

- How can accessible healthcare resources be leveraged to expand access to behavioral health care in rural communities?

- Can primary care pharmacists effectively integrate psychotropic medication management into chronic disease state management practices with appropriate training?
Objectives

- Expand access to behavioral health services
  - Optimize psychotropic medications
  - Improve patient psychiatric outcomes
- Create a sustainable business model that can be implemented in other practice settings
Framework

- Gap analysis of current resources
- 3 main elements to implementing clinical services:
  1. Appropriate training of clinical pharmacists
  2. Collaborative practice agreement
  3. Documentation & billing practices to generate reimbursement
Credentialing and Training

- Pharmacists are credentialed members of Red Lake medical staff
- Specialized behavioral health training program developed with local college of pharmacy
- 2 clinical pharmacists and PGY-1 resident trained and privileged to practice in clinic
- First 30 encounters peer reviewed by psychiatric clinical faculty or pharmacists practicing in the clinic

Collaborative Practice Agreement

- Scope of agreement identified
- PGY-1 resident developed collaborative practice agreement
- Collaborative practice agreement approved by Red Lake medical staff

Sustainable Business Model

- Referrals from behavioral health department, primary care, clinical pharmacists, patients
- MN Medical Assistance billed using “incident to” model with evaluation and management code 99212 (identifies pharmacists as physician extenders)
Credentialing & Training

- Pharmacists obtain Red Lake medical staff behavioral health credentials & privileges
- Completion of Mental Health Workforce Development Program
- OPPE/FPPE
  - Provided by University of Minnesota faculty on complex cases
  - Provided by other credentialed pharmacists within our facility
Collaborative Practice Agreement

- Focused on **medication optimization** NOT cognitive behavioral therapy or counseling
- Patient inclusion criteria:
  - Adult patients
  - Non-acute mental illness
  - Mental health conditions:
    - Anxiety disorders (including PTSD)
    - Bipolar spectrum disorders
    - Depressive disorders
    - Schizoaffective disorder and schizophrenia
    - Substance use disorder
Collaborative Practice Agreement

**Scope of the CPA:**
- Initiate, modify, and discontinue psychotropic medications
  - EXCLUDES controlled substances
- Order and interpret appropriate labs
- Assist with administration of psychiatric diagnostic assessment tools
- Conduct limited physical assessments and point of care testing
- Refer patients to primary care provider, behavioral health, emergency department, chemical health, etc.

**Agreement with facility clinical director/primary care providers**
**CPA approved by facility medical staff in December 2016**
Clinic Outcomes

- **Measured outcomes:**
  - Government Performance and Results Act (GPRA) quality measures
    - Alcohol, tobacco, and depression screenings
  - Unique pharmacist-delivered encounters
  - Documented suicide risk assessments & safety plans completed
  - Emergency department visits or hospitalization from acute behavioral health diagnoses
  - Re-hospitalization within 30 days of discharge from inpatient psychiatric care
Clinic Outcomes

- Assessed vs. standard of care
- Reported annually to:
  - Clinical director
  - Facility medical staff
  - National Clinical Pharmacy Specialist Committee
Referrals

- **Implement referral process to generate patient panel**
  - EHR referral can be placed by primary care provider, behavioral health department, pharmacists, social workers
  - Identification of patients requiring other pharmacy services; examples:
    - Due for depression screening
    - A1c > 8%
    - Current smoker, requesting cessation
    - Post-discharge medication review
Documentation

- **Standardized documentation to ensure continuity of care**
  - Template built to meet MTM documentation standards
  - Includes standardized rating scales, assessment tools
  - Includes suicide risk assessment
Billing

- **Identify appropriate codes to bill for services:**
  - Evaluation and management codes: 99212
    - “Established patient with a problem-focused history & examination with straightforward medical decision making”
    - “Incident to” provider services
  - Medication therapy management codes: 99605, 99606, 99607

- **Reimbursement will also be tracked & reported**
Future Directions

• Suicide risk assessment training (department-wide)
• National Clinical Pharmacy Specialist certification
• Board of Pharmacy Specialties certification for staff members
• Developing web-based training for other facilities
• Web-based interprofessional consulting and collaboration
• Utilizing technicians in expanded, case-management roles
Future Directions

- Revising MN legislation to reflect the pharmacist’s role in mental health teams
  - Including trained mental health pharmacist clinicians as a “mental health professional”
  - Including mental health pharmacist clinicians as a fidelity standard for ACT teams
  - Including mental health pharmacy training programs in the Primary Care and Mental Health Professions Clinical Training Grant Expansion Program
Discussion

- Mental illness is highly prevalent within our communities
  - Impacts treatment of patient as a whole, management of chronic disease
- Due to provider shortages, access to appropriate behavioral health care is a barrier for our patients
- Novel practice models must be developed to overcome these barriers
  - Community pharmacists are highly accessible
  - Clinical pharmacists can be trained to deliver behavioral health services in the primary care setting
    - Community partnerships are vital for this training
    - Expands access to care
Questions?