



The Pharmacy Department's Role in Mental Health Management: An FQHC Case Study

Presented as part of:

Addressing Workforce Challenges Across the Behavioral Health Continuum of Care: A Workshop

National Academies of Sciences, Engineering, and Medicine

The Forum on Mental Health and Substance Use Disorders

July 10, 2024

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- Key points for speaker to address:
 - Discuss how clinical pharmacists integrated into primary care
 - Clinical medication management and community health worker (CHW) screening for social determinants of health (SDoH)
 - Efforts to realign payment models





Henry J. Austin Pharmacy Department (HJAPD) lead by the Director of Pharmacy Services

Dispensing Pharmacy

- Pharmacist in Charge
- Pharmacy Manager
- Pharmacists
- Pharmacy Technicians
- Pharmacy Courier

340B

- 340B Manager

Clinical Pharmacy

- Clinical Pharmacists
- Pharmacy Residents
 - Ambulatory Care
 - Psychiatric
- Pharmacy Students
- Pharmacy Navigator
- Community Health Worker



Diabetes & Mental Health

Pharmacists were introduced to Henry J. Austin Health Center in a research partnership with the Ernest Mario School of Pharmacy at Rutgers, The State University of New Jersey

- To assess diabetes management in patients with **uncontrolled diabetes** with **Medicaid** insurance
- Intervention [Pharmacist + Provider] vs. Control [Provider] in a Randomized controlled trial

Medical Findings ¹	Mental Health Findings ²
Change in A1C %, percentage points : -1.96 vs. -0.6 ($P = 0.0004$) (time 6-mo) -1.85 vs. -0.94 ($P = 0.0293$) (time 12-mo) -1.39 ($P = 0.0007$) (time 18-month crossover)	Not Depressed -1.7 vs. -0.8 ($P = 0.0545$)
Additional glycemc outcomes at time 6-months: ≥1% A1C reduction: 70.8% vs. 46.5% Achieved A1C ≤8%: 48.6% vs. 28.2%	Depressed -2.4 vs. -0.1 ($P = 0.0081$)

Results reported as Intervention Group vs. Control Group



Non-Randomized Study

- Patients referred to the pharmacist for 6-mo of chronic disease management¹

Disease State	Clinical Endpoint	N	Baseline	Final	P-value
T2DM	A1C, %	96	10.8 ± 2.2	8.7 ± 2.3	<0.001
HTN	SBP, mmHG	32	167.7 ± 24.7	138 ± 21.0	<0.001
Anxiety	GAD-7, total score	25	16.5 ± 3.7	9.5 ± 6.0	<0.001
Depression	PHQ-9, total score	22	19.3 ± 6.6	8.2 ± 6.4	<0.001

T2DM = Type II Diabetes Mellitus, A1C = glycated hemoglobin, HTN = Hypertension, SBP = systolic blood pressure, GAD = Generalized Anxiety Disorder, PHQ = Patient Health Questionnaire

- Diabetes outcomes also reported in a joint manuscript with other *BD Helping Build Healthy Communities* awardees ²



- Adoption of Telehealth¹
 - Increase in pharmacists' productivity
 - 159.3 vs. 212.3 visits/month (33.3% increase) in the 7-months prior-to vs. immediately following the onset of COVID-19/telehealth adoption
 - No change in type of primary disease state
- During the COVID-19 pandemic, HJAHC reimaged the structure for clinical pharmacy services at HJAHC:
 - Align clinical pharmacy visits with the organization's strategic goals
 - E.g. Uniform data systems (UDS), financial sustainability



Uncontrolled Diabetes

- A1C of > 9%

Smoking Cessation

- Patients who smoke tobacco AND would like medication treatment for smoking cessation

Psychiatric medication, high risk population

- Patient prescribed a controlled substance PLUS:
 - Pregnant/planning to become pregnant
 - Patients who are tapering/planning to start taper
 - Patients who on combination of opioid + benzodiazepines



Project Hope

- Uncontrolled HTN PLUS
 - Resistant HTN, AND/OR
 - Chronic kidney disease, AND/OR
 - Heart failure
 - Acute coronary syndrome

Chronic Care Management (CCM)

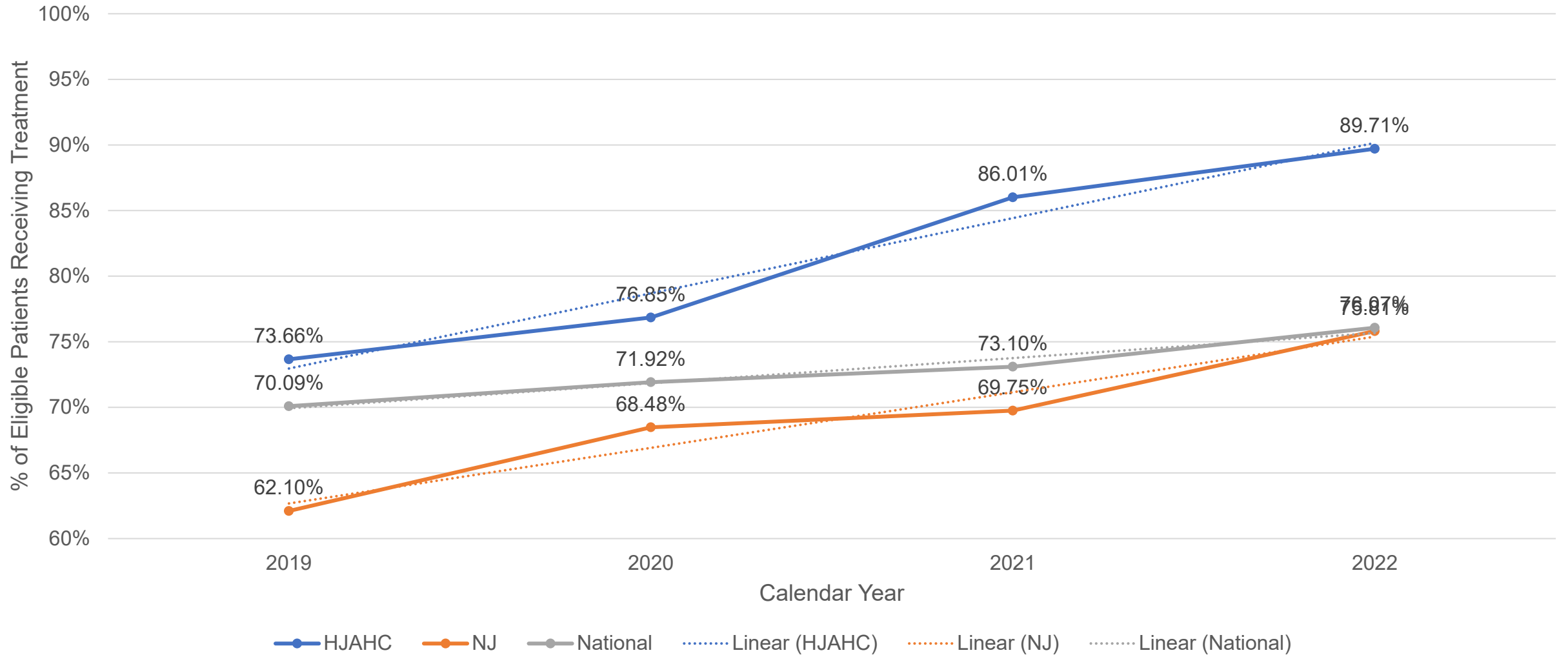
- Medicare with ≥ 2 chronic conditions

UDS Management

- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
- Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

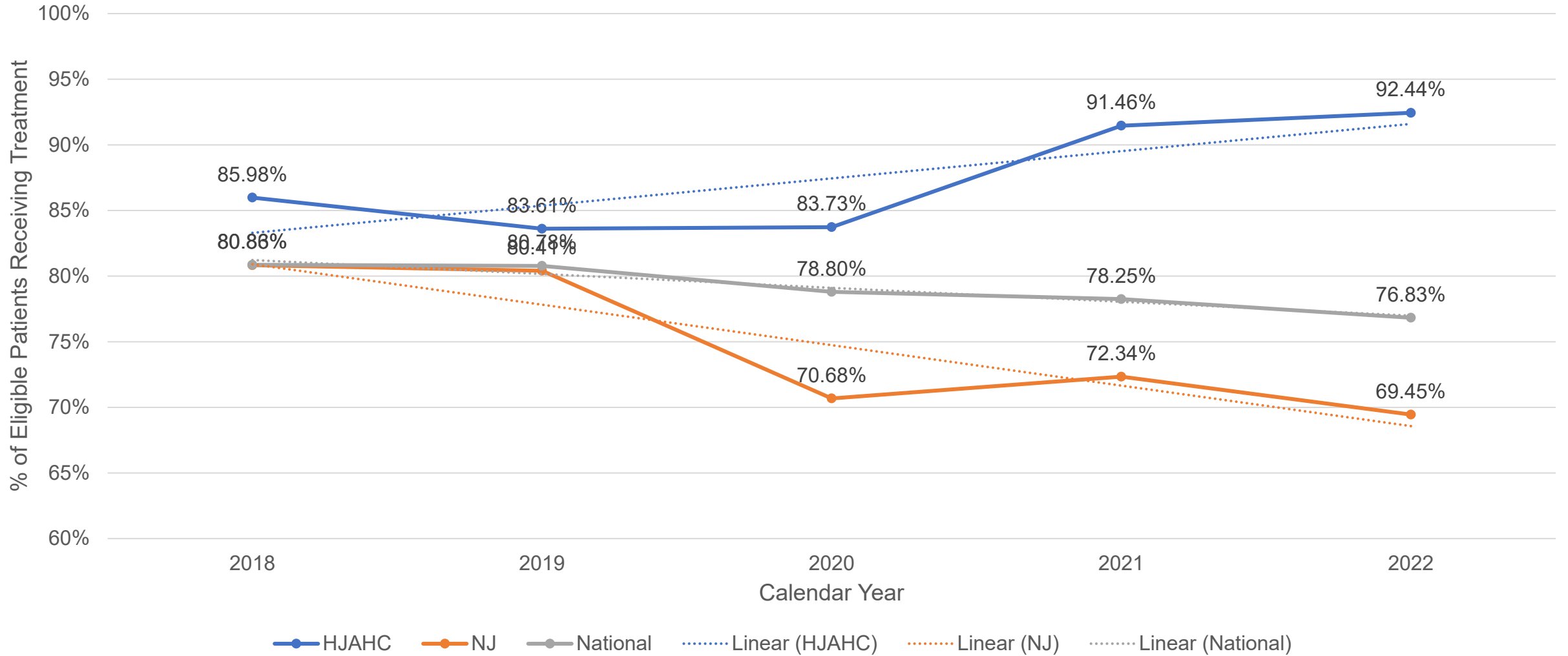


Statin Therapy for the Prevention and Treatment of Cardiovascular Disease





IVD: Use of Aspirin or Another Antiplatelet





Psychiatric Medication Management

- Conditions may include: major depressive disorder, generalized anxiety disorder, schizophrenia, schizoaffective disorder, alcohol use disorder, etc.
- Weekly psychiatric meetings with pharmacy and behavioral health team members to review case management

One time pharmacist visit:

- Prior to initial prescription of chronic, controlled substance
- Patients taking long-acting antipsychotics

Psychiatric pharmacy resident to begin managing patients:

- Treated with:
 - Lithium
 - Clozapine
 - Two or more antipsychotics



- PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences
 - Standardized risk assessment tool
 - Benefits: evidence-based, applicable nation-wide, available in multiple languages
- CHW completes PRAPARE® at baseline for patients within Project HOPE and CCM
- Often able to address SDoH
 - E.g. organize transportation, coordinate between specialists



Pre-appointment

- Reviews pharmacist referrals
- Screens for eligibility for pharmacist appointment
- Schedules with the appropriate pharmacy staff member
 - e.g. pharmacist, resident, student

Integration into daily workflow

- Participates in morning huddles
- Calls for appointment reminders
- Assists in connection to care
 - e.g. identifies a telehealth room if patient has another same-day appointment, connects to assessment of insurance status
- Schedules follow-up appointments



1. Referred patients

- Pharmacist + Provider

- Patient referred to PharmD, PharmD completes 1:1 visit with patient, provider completes visit

- Pharmacist

- 99211 visit through Medicaid wrap payment

2. Chronic Care Management

- ≥20 minutes of non-PCP care
- 99490 code

3. HJA Pharmacy Department

- Promotion of unique programs

- Integration with providers' EHR, compliance packaging, medication synchronization



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