CLINICAL PHARMACIST INVOLVEMENT WITH THE VA SAN DIEGO MHICM TEAM

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BACKGROUND

- Intensive case management (ICM) has been shown to reduce hospitalization rates and increase retention of care

- Criteria for patient enrollment
- Diagnosis of severe and persistent mental illness
- Severe functional impairment
- High hospital utilization
- Inadequately served by or unable to achieve a stability with conventional outpatient treatment

- Mental Health Intensive Case Management (MHICM) Teams have primarily consisted of social workers, nursing, and psychiatrists

1. Dieterich, M. Cochrane Database of Systematic Reviews, 2010, Issue 10.
2. Mohamed, S. Psychiatric Services.2009;60(7):914-921.
3. Mohamed, S. Am J Geriatr Psychiatry.2009;17(8):671-680.
4. Neale, M. MHICM: the seventh national performance monitoring report: FY 2003. Northeast Program Evaluation Center, 2004.

BACKGROUND

- Clinical pharmacist intervention has shown to be effective in disease state management but the role within MHICM is unclear
- Gable and Stunson, described clinical pharmacist interventions for an Assertive Community Treatment team
  - No published studies evaluating the effect of pharmacist involvement on ICM teams
- No published data describing pharmacist involvement with MHICM teams
- As of 2007, there were over 100 MHICM teams serving over 6,000 veterans[2]

5. Finley, P. Pharmacotherapy. 2003;23(12):1634-1644.
6. Gable, K. and Stunson, M. Community Ment Health J.2010;46(4):351-355.

OBJECTIVES

- Describe the role of a clinical pharmacist on a MHICM team

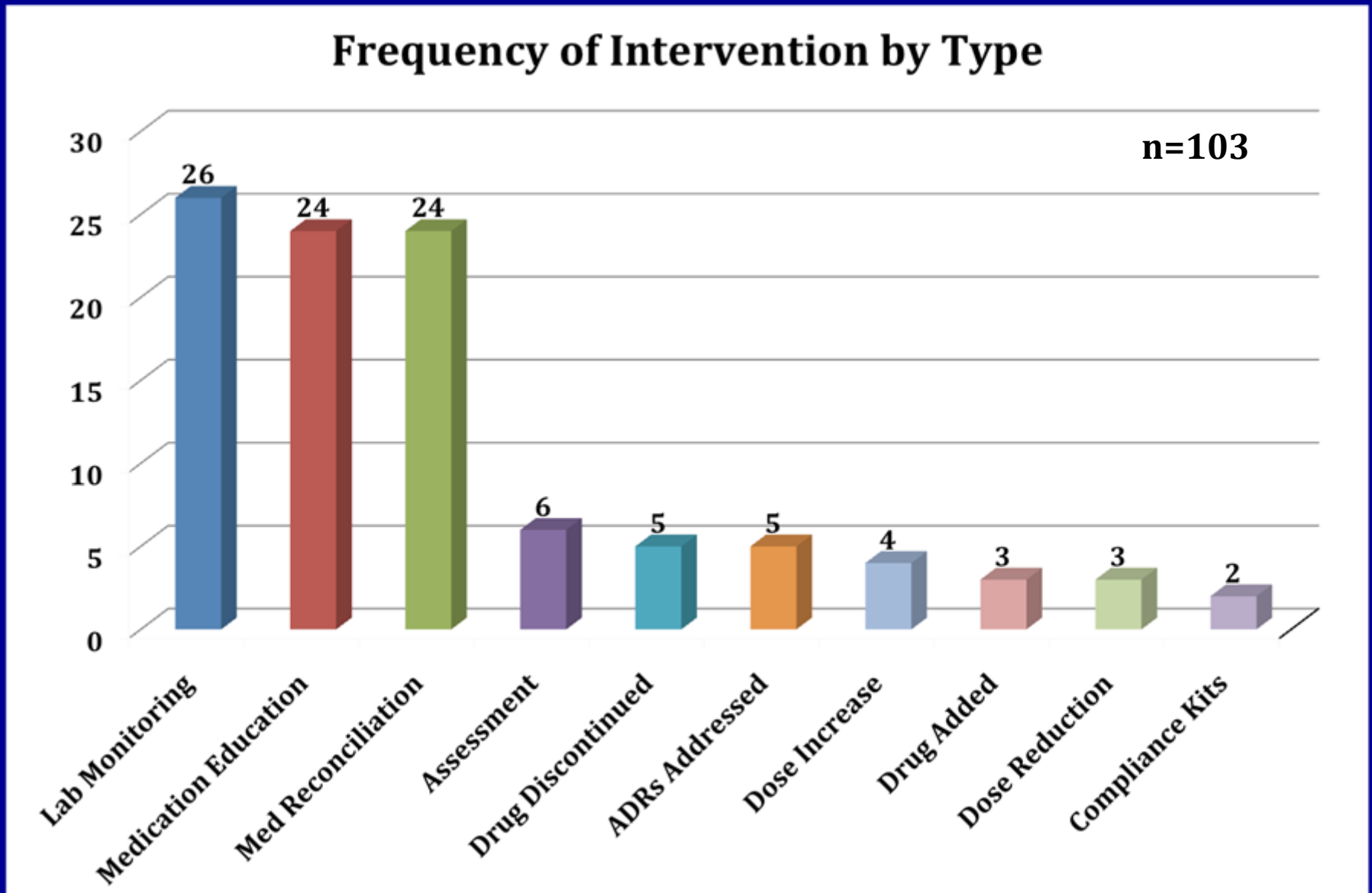
- Determine the benefits associated with pharmacist involvement in the following areas:
  - Laboratory monitoring for facility specified psychotropic medications
  - Influences on polypharmacy (defined as ≥9 medications)
  - Utilization of formulary agents

DESCRIPTION OF SERVICE

- Pharmacist involvement was initiated in October 2010 during a 4-week clinical rotation on the MHICM team
  - Assisted home visits with Social Workers and Nursing staff
  - Accompanied weekly psychiatrists appointments
  - Participated in weekly treatment team meetings
  - Provided individualized services to veterans
  - Served as drug information and education resource for treatment team
- Longitudinal involvement continued from November 2010 through March 2011 (n=71)
  - Chart review was conducted for each MHICM Client
  - Periodic meetings with attending psychiatrist to discuss intervention

DEMOGRAPHICS

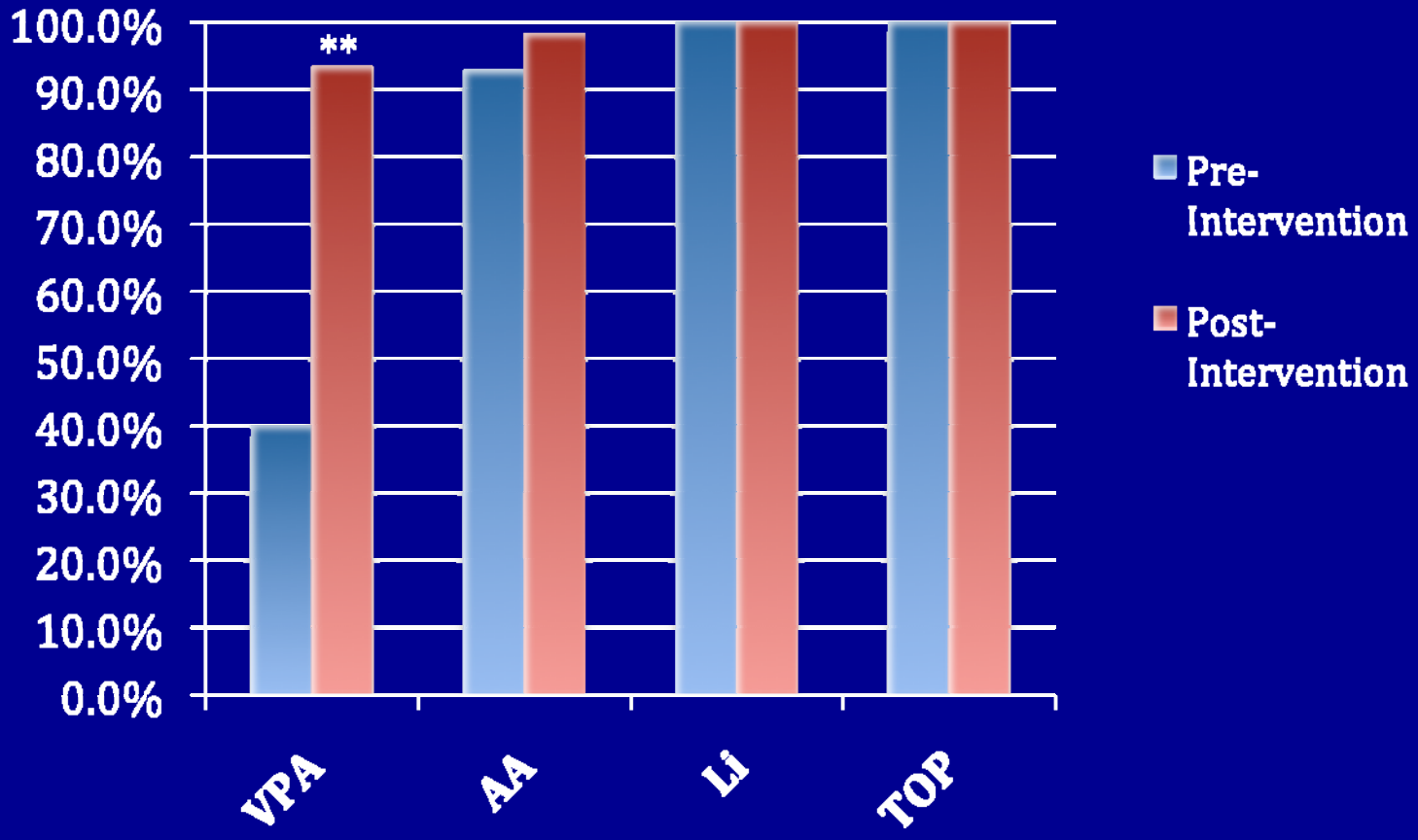
Characteristic	Value
Male, %(n)	87.7% (71)
Mean Age, years, (SD)	53.4 (±10.13)
Polypharmacy	39.5% (32)
Medical Comorbities, %(n)	
Hypertension	53% (43)
Dyslipidemia	45.7% (37)
Diabetes	18.5% (15)
Primary Psychiatric Diagnosis, %(n)	
Schizophrenia	48.1% (39)
Schizoaffective	22.2% (18)
Bipolar	14.8% (12)
Major Depressive	9.9% (8)
Other	4.9% (5)
Legal Status,%(n)	
Conservatorized	14.8% (12)
Fiduciary	39.5% (32)


Frequency of Intervention by Type
n=103
30
25
20
15
10
5
0
26
24
24
6
5
5
4
3
3
2
Lab Monitoring
Medication Education
Med Reconciliation
Assessment
Drug Discontinued
ADRs Addressed
Dose Increase
Drug Added
Dose Reduction
Compliance Kits

MPACT ON PATIENT CAR

VA SAN DIEGO HEALTHCARE SYSTEM
A Division of VA Desert Pacific Healthcare Network

Rates of Psychotropic Laboratory Monitoring Compliance Pre- and Post- Pharmacist Intervention



**p=0.008

MPACT ON PATIENT CAR

- Inconsistencies were discovered within 45.8% of the medication reconciliations performed by the pharmacist

- Missing medication was the most common inconsistency (73%)
  - Expired medication
  - Missing home supply/missed clinic administration
  - Medications from alternate sources not on VA profile

  - Incorrect administration comprised the remaining 27% of medication reconciliation errors

MPACT ON PATIENT CAR

- The majority of ADRs addressed were attributed to incorrect medication administration by the patient or duplication of therapy

- No differences were found in rates of polypharmacy or formulary agent utilization post-pharmacist involvement
  - On average each patient has ~8 active prescriptions

PECIAL CONSIDERATION

- Attending psychiatrist has been active with P&T committee and formulary groups
- VA San Diego has a designated pharmacoeconomics group dedicated to converting patients hospital-wide to formulary alternatives
- Established group of psychiatric pharmacists which MHICM team has historically consulted for pharmacy-related issues
- Limited face to face time commitment with patients

CONCLUSIONS

- The pharmacist successfully integrated with the MHICM team and was able to intervene on a variety of clinical areas
- Major areas of pharmacist intervention involved laboratory monitoring, medication reconciliation, and medication education
- Mandatory laboratory monitoring was improved overall but significantly in the valproic acid group (40% → 93.3%)
- A role for pharmacy exists in mental health intensive case management

UTURE CONSIDERATION

- Cost-benefit analysis
- Assessing for differences in local VA services
- Potential to provide MHICM patients established pharmacy medication management services for primary care and mental health issues

ASSESSMENT QUESTIONS

1. Which of the following statements best describe the role of pharmacy within the MHICM team as presented in this study?

   A. The pharmacist had both a direct and indirect role in patient care
   B. The pharmacist only had a dispensary related role
   C. The pharmacist does not belong on a MHICM team

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   C. The pharmacist does not belong on a MHICM team

ASSESSMENT QUESTIONS

2. Benefit of pharmacist involvement was demonstrated in which of the following primary measured objectives?

   A. Improved laboratory monitoring only
   B. Improved rates of polypharmacy and laboratory monitoring
   C. Improved utilization of formulary agents

ASSESSMENT QUESTIONS

2. Benefit of pharmacist involvement was demonstrated in which of the following primary measured objectives?

   A. **Improved laboratory monitoring only**
   B. Improved rates of polypharmacy and laboratory monitoring
   C. Improved utilization of formulary agents

REFERENCES

1. Dieterich, M. et al. Intensive case management for severe mental illness. *Cochrane Database of Systematic Reviews*, 2010, Issue 10. Art. No.:CD007906. DOI:10.1002/14651858.CD007906.pub2.

2. Mohamed, S. et al. VA intensive mental health case management in urban and rural areas: veteran characteristics and service delivery. *Psychiatric Services.*2009;60(7):914-921.

3. Mohamed, S. et al. Veteran affairs intensive case management for older veterans. *Am J Geriatr Psychiatry.*2009;17(8):671-680.

4. Neale, M. et al. Mental health intensive case management (MHICM): the seventh national performance monitoring report: FY 2003. West Haven, Conn, Northeast Program Evaluation Center, 2004.

5. Finley, P. et al. Evaluating the impact of pharmacists in mental health: a systematic review. *Pharmacotherapy*. 2003;23(12):1634-1644.

6. Gable, K. and Stunson, M. Clinical pharmacist interventions on an assertive community treatment team. *Community Ment Health J*.2010;46(4):351-355.

QUESTIONS?