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LETTER TO THE EDITOR Open Access

A Veterans Affairs' perspective in response to Best Practice Model Subcommittee attribute statements for outpatient psychiatric pharmacists

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Dear Editor:

We applaud the work published by Lee et al[1] and the best practice model subcommittee in their attribute statements for defining the optimal recommendations for outpatient psychiatric pharmacy practice. This serves as an excellent foundation in standardizing the expectations for clinical pharmacist practitioners (CPP) within outpatient mental health (MH) settings and our group believes these defined statements are being applied at the Department of Veterans Affairs (VA).[2] Measurement-based care, suicide assessment, and comprehensive medication management (CMM) are all standards of care for VA outpatient MH CPP.[3] The goal of our letter is to highlight the VA MH CPP model and the advancements in access, quality impact, and standardization.

Integrating the MH CPP into the team-based care model significantly improves access to care, primarily when the CPP is utilized as a primary MH provider. Many strong CPP practices within the VA have been identified, including CPP integration into primary care MH services, outpatient MH clinics, specialty MH, and residential rehabilitation programs. Other strategies utilized by VA MH CPP to optimize access include utilizing analytics to target specific clinical interventions (population management), posthospital discharge appointments, and enhanced patient care in suicide risk stratification.

In October 2017, the VA Pharmacy Benefits Management (PBM) partnered with the Office of Rural Health to increase access to care for veterans by utilizing MH CPPs as MH prescribers. Within 2½ years from its inception, 40 MH CPPs were hired, which increased direct patient care access and quality by providing CMM for 51 210 rural-residing patients.[4] Due to the initiative's positive impact on patient care, an additional 46 MH CPP were hired in FY20/21, which demonstrates the importance of optimizing the MH CPP role in the team-based care model.

MH CPP within the VA have established guidance for how to create a positive impact in the VA's internal performance metrics, including population management, continuity of care, experience of care, behavioral health screenings, and suicide risk management. They are also instrumental in serving as facility champions for psychotropic stewardship and safety. One of the attribute statements proposed by Lee et al[1] recommends prescriptive authority and/or a collaborative practice agreement. In collaboration with VA PBM, a care coordination agreement (CCA) was created for MH CPP and establishes a partnership between MH and pharmacy services. This CCA covers many of the attribute statements, including attribute statements 14-24 and 27. The CCA is approved by service leadership and the chief of staff to ensure these attribute statements are being upheld. The PBM has also developed a business rules document to guide standardization of MH CPP practice within the VA. This includes in-depth descriptions defining clinical pharmacy practice, patient care delivery, optimizing access and integration, and documentation of workload.

Overall, the VA has taken great strides to advance the practice of MH CPPs. Current practice by VA MH CPPs incorporates many of the attribute statements. We are hopeful that these well-developed attribute statements will help foster all psychiatric pharmacists to practice at the highest level of care, achieve reimbursement for clinical services, and bolster patient and provider satisfaction.

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