

ASHP BEST PRACTICES AWARD

Clinical Pharmacist Practitioner Led Substance Use Disorder Care Across an Integrated Health-System

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Authors of this presentation disclose the following relationships with commercial interests related to the subject of this poster:

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Introduction

Veterans Health Administration

Largest integrated healthcare system¹⁻²

- 1,380 healthcare facilities
- 9.1 million Veterans enrolled; 2.8 million rural Veterans
 - Higher rates of substance use disorder (SUD)
 - Higher suicide rates than urban areas
 - Rural Veterans 65% more likely to die from suicide
- Mental Health (MH) and SUD provider shortage in rural areas

Increasing Access to Rural Veterans³

- Partnership with the Office of Rural Health (ORH)
- Multi-year funding to increase evidence-based medication treatment for Veterans with alcohol use disorder (AUD) and opioid use disorder (OUD); project titled CPP Rural Veteran Access (CRVA) in SUD

Clinical Pharmacist Practitioners (CPP)

Pharmacy Workforce

- Of VA's 11,766 Clinical Pharmacists, 6,238 (53%) are Clinical Pharmacist Practitioners (CPP) with advanced practice prescriptive authority, provision of comprehensive medication management (CMM)

Essential Team Provider

- CPP delivers CMM; collaborative, patient-centered approach to optimize medications, disease conditions with members of healthcare team and patients
- Quintuple aim: better care, reduced healthcare costs, improved patient experience, provider well-being, promoting health equity
- Practice based, global scope of practice



Outlined in VA Policy since 1985

Autonomous CMM practice

Global, practice-area focused

CMM for patients with documented diagnoses

Collaboration for advanced care and new diagnoses

Controlled Substance Prescriptive Authority

- 14 states authorize pharmacist DEA registration
- CPP DEA prescriptive authority improves practice efficiency, reduces burden on other providers, improves guideline directed care, and improves patient experience⁴
- Consolidated Appropriates Act 2023 eliminated the DATA 2000 program

Description of the Program

Part 1: CPP Integration and Optimization

CPP Comprehensive SUD Care

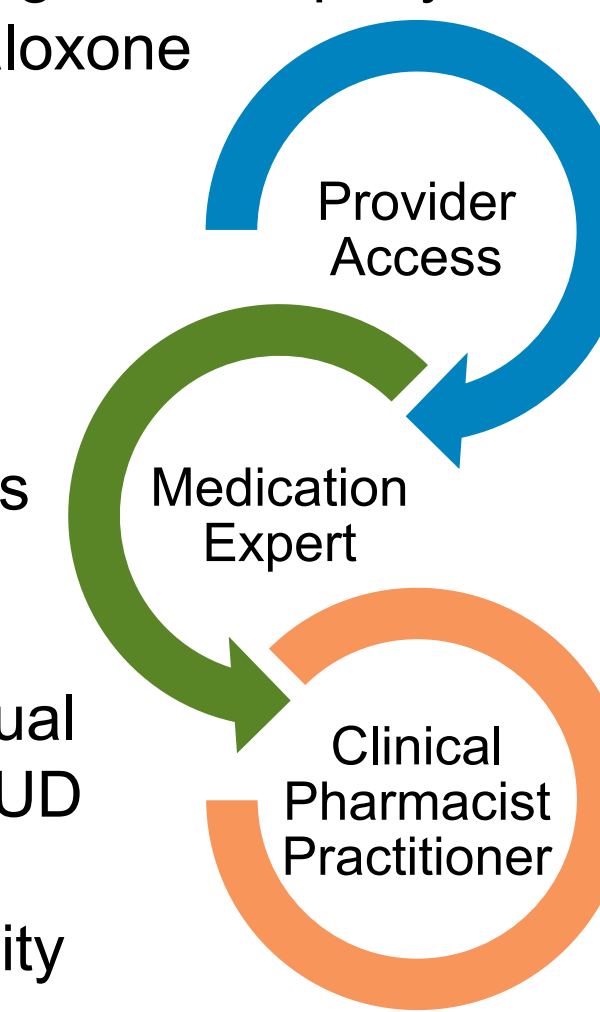
- Multimodal care: initiate, monitor, adjust medication and non-pharmacologic treatments
- Screening, brief intervention, referral to treatment (SBIRT)
- AUD, OUD, Stimulant Use Disorder care
- Withdrawal management
- Address other care needs: MH, Pain Care
- Monitor and respond to drug testing, PDMP query
- Overdose education, prescribe naloxone
- Screen for suicide risk
- Care Coordination, referrals

Funding Partnership with ORH

- 10/01/2019 to 09/30/2023
- 35 CPP funded/hired, 34 facilities

COVID-19 Pandemic

- Telehealth flexibilities and Ryan Haight exemptions increased virtual initiations of buprenorphine for OUD
- Increased unhealthy alcohol use during pandemic create opportunity



Part 2: CPP SUD Clinical Training & Field Support

Enterprise-Wide Clinical Training

- 234 CPP trained; 3-day virtual sessions in June/July 2020
- Curriculum: case-based, foundational SUD care, focus on barrier-free access to AUD and OUD prevention, medication treatment, recovery, harm and risk reduction
- CPP completed action plans focused on practice integration and expansion; office hours at 30- and 90-days post-training
- Additional teleconferences for education on DEA registration for CPPs and controlled substance prescriptive authority as part of the CPP scope of practice

Mentorship and Group Coaching

Small group (10 participants) one-hour weekly webinars, 6-7 weeks

- Pre-recorded topic overviews and live discussions
- Opportunity for 1:1 mentorship after coaching experience

Learn foundational elements of clinical pharmacy practice for optimization in ANY practice setting

- Share successful application strategies to promote and grow CPP practice
- Become familiar with resources for the CPP

Practice-based skill discussion with group of peers

- Opportunity to share experiences and build practice
- Networking opportunities (an on-going resource)

Part 3: Advocacy and Partnerships

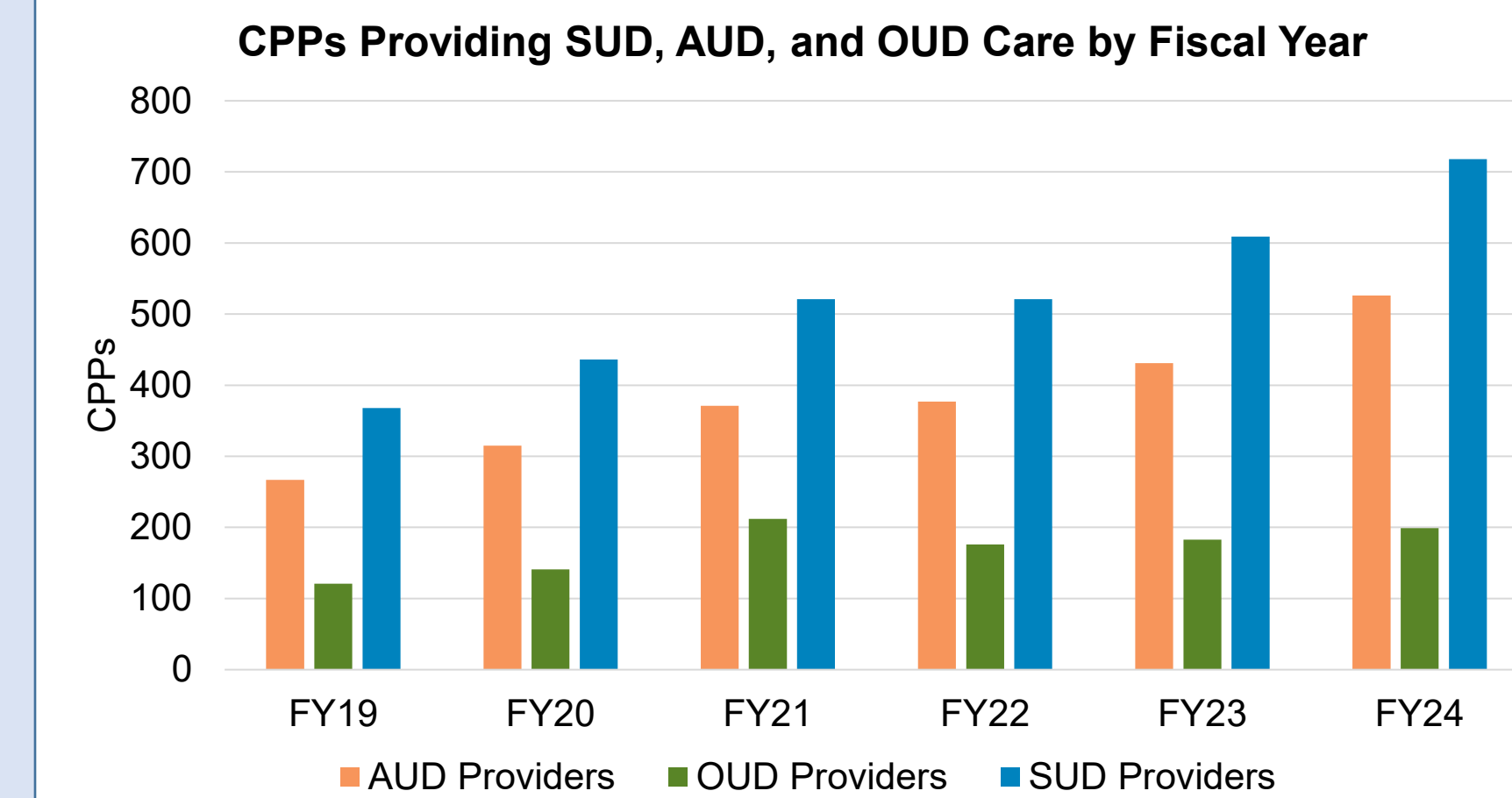
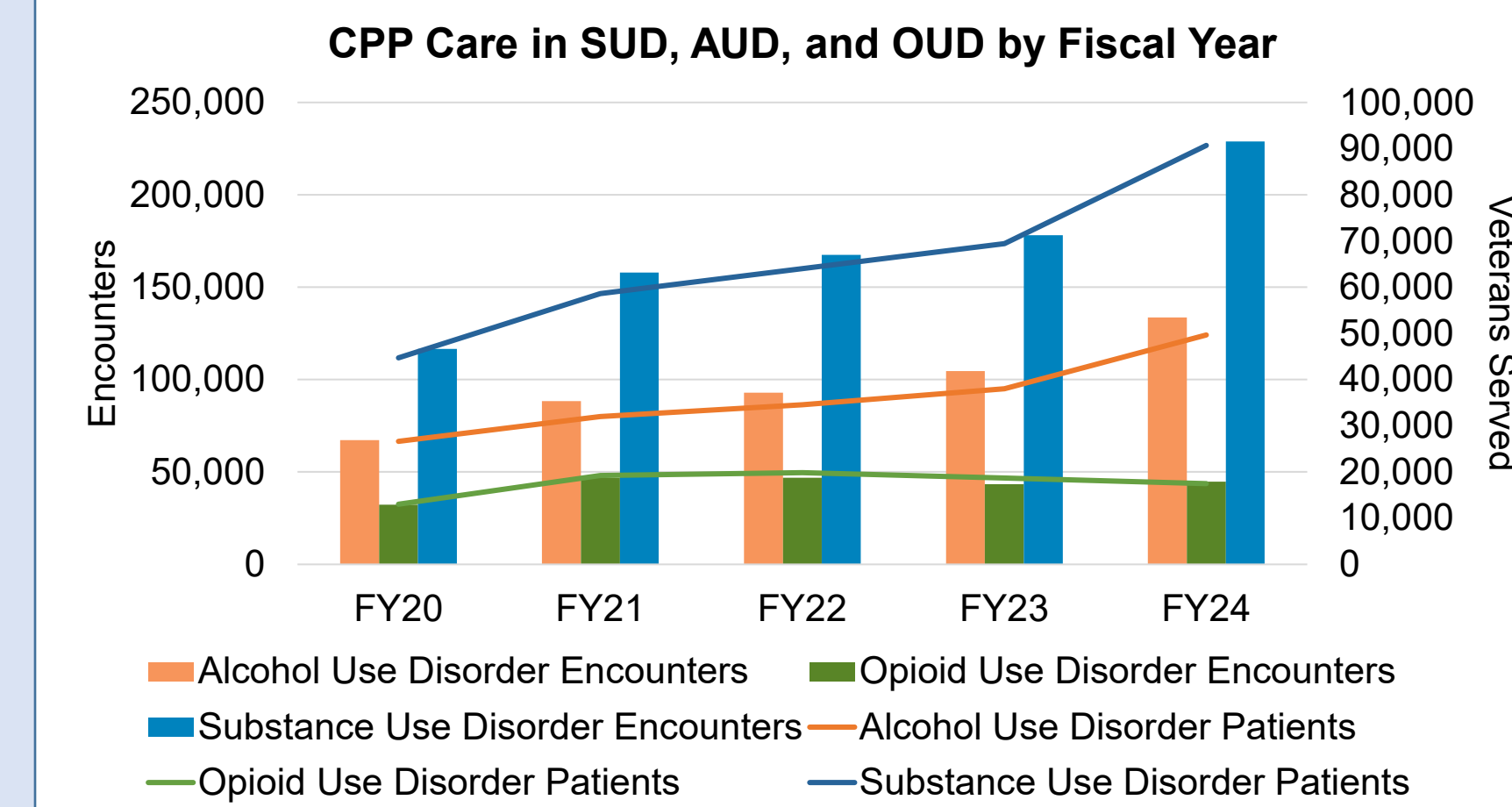
Strategic Alliances

- Active collaborations with MH, pain management, SUD, telehealth and primary care national VA leaders and Substance Abuse and Mental Health Services (SAMSHA)
- Advocacy for SUD care expansion by promoting access to MOUD, CPP controlled substance prescribing across, harm reduction strategies, improved access and support public health priorities

Telehealth Flexibilities

- Supported development of legislative proposals to streamline information from differing state practice standards across disciplines

Experience with the Program

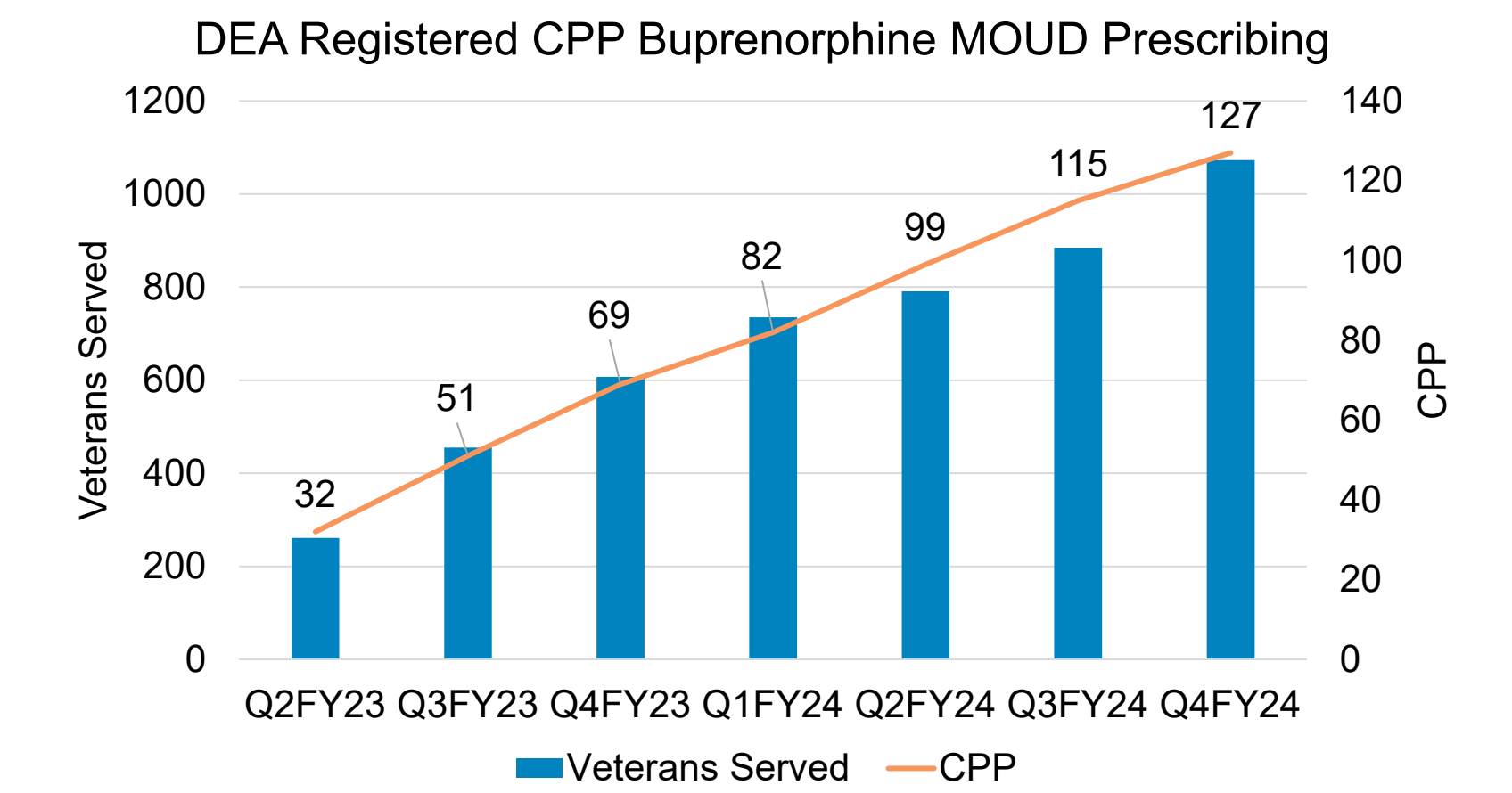


Change of CPPs incorporating AUD, OUD, and SUD into practice over time

Practice Area	% CPPs Incorporating AUD, OUD, or SUD	FY2019Q1*	FY2024Q4**	% Change
Primary Care	% Incorporating AUD	12.4%	22.8%	10.38%
	% Incorporating OUD	9.1%	5.5%	-3.63%
	% Incorporating SUD	21.8%	33.6%	11.8%
Pain Management	% Incorporating AUD	52.6%	61.4%	8.89%
	% Incorporating OUD	74.5%	73.0%	-1.41%
	% Incorporating SUD	80.3%	85.3%	5.0%
Mental Health	% Incorporating AUD	87.6%	92.9%	5.34%
	% Incorporating SUD	62.3%	64.7%	2.40%

*Fiscal Year (FY) 2019 Quarter 1: 10/01/2018-12/31/2018

**FY24 Quarter 4: 07/01/2024-09/30/2024



Discussion / Conclusion

CPP Increase Access to SUD Care

- System-wide SUD clinical training increased CPP competence and confidence to provide SUD care
- Majority of care delivered virtually
- FY2020 – F2023 – Project funded CPPs served 38,902 Veterans over 119,612 encounters (51.6% rural)

Veteran and Team Voices

- External qualitative analysis team surveyed and interviewed patients and team members
- 266/587 patients (45.3%) rated quality of care and services on five-point scale: 91% responded "I would recommend my pharmacist provider to a family member or friend."
- Veteran interview feedback related to empathy: "... when I got into the program, within a month or two, I realized it was changing my life" and another patient stating "She's awesome. She listens. She cares."



Pharmacist Providers Help Veterans Get Their Lives Back – YouTube



Driving Innovation and Scalability

- Demonstrates the readiness and passion that CPPs have to meet patients where they are and learn new skills to manage an expanding patient population
- Results can be replicated across any health system

Acknowledgements

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- VA Office of Rural Health
- CRVA SUD CPPs and Champions/facilities
- CRVA SUD steering committee
- VA Office of Mental Health and Suicide Prevention

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