

# Implementation of Telehealth Clinical Pharmacy Services in a Mental Health Intensive Case Management (MHICM) Program at a Veterans Affairs Health Care System (VAHCS)



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## BACKGROUND

- Mental Health Intensive Case Management (MHICM) teams provide care to Veterans who are appropriate to receive services in the outpatient setting but have severe mental illness (SMI) causing significant functional impairment, have a history of psychiatric hospitalizations, and are considered to be high resource users (ICMHR VHA Handbook 1163.06. 2016)
- The MHICM interdisciplinary team at Salisbury VAHCS consists of registered nurses, social workers, and psychiatrists. There are no pharmacy services incorporated into the program at this time
- A College of Psychiatric and Neurologic Pharmacists (CPNP) position paper concluded that all patients with psychiatric and neurologic disorders should have access to comprehensive medication management (CMM) provided by a psychiatric pharmacist (Goldstone et al. Ment Health Clin. 2015; 5(1):1- 28)
- The use of telehealth to provide health care has been expanding in the community and as one of the VA's major transformational initiatives focused on improving patient-centered care
  - Mental health services provided via telehealth reduced acute psychiatric VA bed days of care by 34% and decreased VA hospital admissions by 31% in Fiscal Year 2017 (VA Telehealth Services Fact Sheet)
- Multiple studies have found that a growing variety of telehealth technologies, including telephone and remote medication monitoring for adherence, are being used to provide effective services for patients with SMI (Lawes-Wickwar et al. JMIR Ment Health 2018;5(4):e62, Schulze et al. Psychiatr Serv. 2019;70(3):225-228)
- Providing a pharmacist CMM appointment through telehealth may allow for increased access to medical care and pharmacy interventions to be made while the Veteran remains in the community

## OBJECTIVES

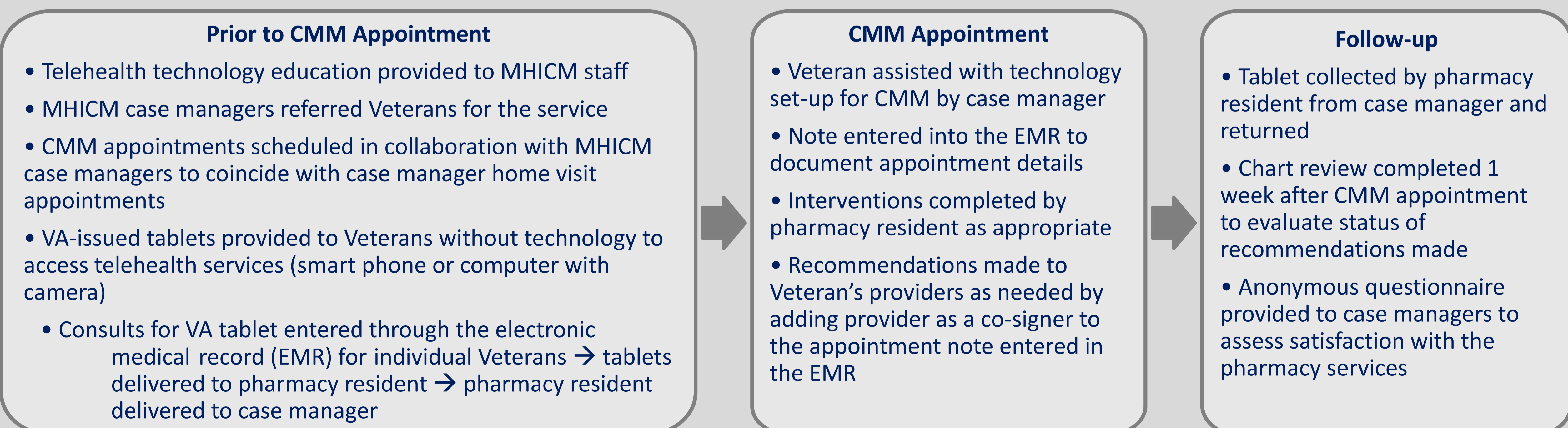
- Purpose:** Evaluate the impact of providing comprehensive medication management through video telehealth for Veterans enrolled in the MHICM program and report satisfaction of the service by MHICM staff
- Objective 1:** Record the number and types of interventions completed by the pharmacy resident and recommended to other providers
- Objective 2:** Record the number and types of interventions accepted by other providers
- Objective 3:** Evaluate MHICM team members' satisfaction with the service

## METHODS

### OVERVIEW

- Design:** Prospective quality improvement project at the Salisbury VAHCS
- Eligible subjects:** Veterans currently enrolled in the MHICM program
- Time period:** December 2019 – April 2020
- Intervention:** PGY2 Psychiatric Pharmacy Resident, supervised by a Clinical Pharmacy Specialist, provided CMM and medication education through a video telehealth appointment
- Technology:** VA Video Connect was used to provide an encrypted video session to ensure security and privacy
- Statistical analysis:** Descriptive statistics used to analyze data

### CLINICAL PROCEDURES



## RESULTS

Table 1: Demographics

Demographics (n=13)		
Mean age, years ± SD	54.2 ± 16.4	<b>Common mental health diagnosis, number (%)</b>
<b>Gender, number (%)</b>		a. Schizoaffective Disorder 6 (46.2)
Male	11 (84.6)	b. Schizophrenia 5 (38.5)
Female	2 (15.4)	c. Posttraumatic Stress Disorder 5 (38.5)
Total number of medications, mean (range)	14.5 (1-32)	e. Bipolar Disorder 4 (30.8)
Number of previous suicide attempts, mean (range)	1.5 (0-12)	d. Major Depressive Disorder 3 (23.1)
Number of previous psychiatric hospitalizations, mean (range)	6.9 (1-22)	f. Anxiety Disorder 1 (7.7)

Table 2: Interventions

	Completed or Recommended, n (%)	Completed by Pharmacist, n	Recommended to Other Provider, n	Accepted Recommendations, n (% of Recommended)
<b>TOTAL</b>	<b>112 (100)</b>	<b>68</b>	<b>44</b>	<b>35 (79.5)</b>
Medication adjusted (dosage/frequency)	10 (8.2)	3	7	4 (57.1)
Medication changed	0	0	0	0
Medication discontinued	11 (9.0)	6	5	5 (100.0)
Medication initiated	6 (4.9)	1	5	2 (40.0)
Monitoring updated	18 (14.8)	0	18	16 (88.9)
Drug interaction identified	0	0	0	0
Adverse drug event identified	4 (3.3)	3	1	1 (100.0)
Adherence issue identified	12 (9.8)	12	0	0
Referral ordered	3 (2.5)	1	2	2 (100.0)
Education provided	23 (18.9)	23	0	0
Renewal/refill ordered	25 (20.5)	19	6	6 (100.0)

Table 3: Recommendations by Provider

Type of Provider	Recommendations, n	Accepted, n (%)
Psychiatrist	19	18 (94.7)
Primary Care Provider	22	16 (72.2)
Other	2	1 (50.0)

Table 4: MHICM Staff Satisfaction

Question	Response
Pharmacist CMM improved quality of care for MHICM Veterans	TBD
Telehealth improved quality of care for Veterans	TBD
Would recommend incorporating pharmacists into MHICM teams	TBD

## DISCUSSION & CONCLUSIONS

- To date, a total of 13 CMM telehealth appointments with MHICM Veterans have resulted in 112 interventions completed (68) or recommended (44)
  - Average 8.6 interventions per appointment; range 2-18 interventions per appointment
- 79.5% of recommended interventions have been accepted and implemented by providers
  - Psychiatrists with highest recommendation acceptance rate
  - Recommendations not accepted may represent rejection or acceptance pending future appointment outside of timeframe of the project
- 2 out of the 13 telehealth appointments have had technology failures resulting in telephone versus video telehealth appointments with pharmacist
- Smaller than anticipated sample size due to appointment scheduling challenges
  - Coordinating between limited availability of pharmacy resident (one morning per week) and variability in MHICM case manager schedules
  - Unanticipated absences of MHICM staff or cancelled appointments by Veterans
  - Barriers to obtaining tablets for appropriate Veterans in a timely manner due to multiple step process
- The findings from this quality improvement project thus far support the value of pharmacists providing CMM through video telehealth for Veterans enrolled in the MHICM program