

CPNP Announcements

MEDICATION INTEREST MODEL (MIM) FEATURED AS ANNUAL MEETING KEYNOTE TOPIC

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In the world of psychiatry, it is difficult to find a clinician without a story of a patient successfully treated with a medication regimen who is later hospitalized upon discontinuation of their medications. Within this ever-changing medical climate, providers search for innovative ways to increase medication adherence. The benefits of patient compliance with appropriate treatment regimens have been well documented in the literature with the positive results ranging from improved patient outcomes to reduced direct and indirect financial burden.

During this year's CPNP Annual Meeting on Monday, April 22nd, Shawn Shea, MD, will be discussing the Medication Interest Model as a valuable asset to add to your clinician's toolbox ([The Medication Interest Model \(MIM\): Innovative Interviewing Techniques for Improving Medication Adherence](#)). The Medication Interest Model is an evidenced-based set of interviewing techniques practitioners use to increase patient adherence with medications across disciplines and medication classes. Although there are many external factors that may contribute to non-adherence, MIM focuses on the one aspect the patient can control, patient choice. Within Dr. Shea's article *The "Medication Interest Model": An Integrative Clinical Interviewing Approach Improving Medication Adherence – Part 1: Clinical Applications*, he describes the MIM as a tool the provider can use to learn the thought processes and emotional responses taking place with patients as they contemplate the addition of a new medication or discontinuing current medications. This process has been described as "the Choice Triad".

According to Dr. Shea, people navigate steps before deciding to take a medication--The Choice Triad¹:

1. They think there is something wrong with them for which they personally want relief.
2. They are motivated to try a medication because they believe the medication has the potential to help bring them this relief.
3. They personally believe the pros of taking the medication outweigh the cons.

Each step of the Choice Triad is composed of a variety of psychological nuances of importance in understanding patient choice regarding medication interest. Success depends on the practitioner's ability to uncover where each patient stands within the Choice Triad. Once this has been accomplished, the practitioner can then gently transform these beliefs utilizing approaches such as motivational interviewing.¹ Gaining the patient's trust and developing a therapeutic alliance is key in successfully implementing this approach. The patient must share and believe in the goals of treatment developed with the clinician. Without this step, the patient would not be able to successfully progress to step three in the Choice Triad. According to Dr. Shea, the single most pivotal principle of the MIM is to create an atmosphere of "going with" patients as allies against their illnesses, as opposed to "going against" them as antagonists to their beliefs.¹

Because this philosophy views the patient and the provider as a team "against" the illness, the terms non-adherence and non-compliance imply negativity toward the patient. Therefore, the term Medication Interest Model was coined leaving out such negative connotations. Its purpose is to facilitate patient interest in medication through motivational techniques and interviewing.

Plan to join us for Dr. Shea's session on the Medication Interest Model during this year's CPNP Annual Meeting on April 22nd to learn more about and practice this model as well as motivational interviewing techniques you can use in clinical practice. Learn more about the MIM in the links provided below.

- [Dr. Shea's MIM Article Featured in Counseling Points](#)
- Learn more about Dr. Shea's book, [Improving Medication Adherence: How to Talk with Patients About Their Medication](#)
- [Register](#) to purchase Dr. Shea's book on the MIM which Dr. Shea will sign at the 2013 Annual Meeting in Colorado Springs, Colorado

References

1. Shea SC. The "medication interest model": an integrative clinical interviewing approach for improving medication adherence--part 1: clinical applications. *Prof Case Manag*. 2008 Nov-Dec;13(6):305-15.

CPNP FOUNDATION OFFERING DOCUMENTARY SCREENING ON BIPOLAR DISORDER AT THE CPNP ANNUAL MEETING

Take your best day...and your darkest moment...and multiply by a million. Plan to attend the screening OF

TWO MINDS, an award-winning documentary screening that puts a human face on bipolar disorder, providing an intimate look at the illness and the daily struggles facing those who live in its shadows.

The CPNP Foundation is initiating what we hope to be an annual event at the CPNP Annual Meeting, a documentary screening focused on individuals living with mental illness. On Tuesday evening, April 23, the Foundation will be featuring the new, award-winning documentary [OF TWO MINDS](#).

Created by filmmakers Doug Blush and Lisa Klein, OF TWO MINDS showcases a three year journey into the lives of remarkable people living, struggling and triumphing with bipolar disorder. The following quote from the filmmakers and a [clip of the documentary](#) will provide you a taste of what you can expect to experience and learn by attending this documentary screening:

Our passion to make this film traces back to co-director Lisa Klein's sister Tina, who was diagnosed with bipolar disorder in the early 1990s. Manic shopping sprees, elaborate vacations and a larger-than-life sense of indomitability gave way to enervating depressions and a fatal abuse of alcohol. She died in 1994 at the age of 42. As a licensed therapist and social worker, Tina was acutely aware of the stigma attached to those suffering from mental illness. She struggled with the shame and discrimination that accompanied her diagnosis and ultimately felt both defined by, and erased by, her disorder. Tina's suffering was as real as that of any patient fighting a chronic illness, yet the understanding and compassion toward that suffering was nearly absent. Knowing what Tina faced in her struggle has motivated us to see how far we all have, and haven't, come since her death. We feel that a film that intimately follows the lives of people diagnosed bipolar can truly reduce the misconceptions and outdated thinking about this condition.

Separate registration and a modest fee of \$20 is required to attend this moving event supporting the CPNP Foundation and its mission. Registration is available within the Annual Meeting [registration form](#).

CPNP ANNUAL MEETING COUNTDOWN: ONLY 77 DAYS AWAY

Check out cpnp.org/2013 to view the excellent programming and speaker line-up awaiting you at the CPNP Annual Meeting in Colorado Springs, April 21-24.

Access tools to assist you in justifying your attendance to your employer.

Last year, 99% of CPNP Annual Meeting attendees indicated they would

- Recommend this meeting to their colleagues
- Rate the quality of the CPNP Annual Meeting as excellent
- Rate the speakers at this event as excellent
- Consider all stated learning objectives for the event to have been met

Here are just a few of the strong endorsements 2012 attendees provided:

"Amazing! Can't say enough good about it! The topics were timely and the speakers were excellent."

"Well-run conference with informative presentations that will have a positive impact on my practice."

"One of the best meetings I have attended. Comprehensive, very well organized. Loved the online resources."

With such a strong endorsement from your colleagues and peers, why wouldn't you plan to attend the [2013 CPNP Annual Meeting](#) scheduled for **April 21-24 in Colorado Springs**? After all, where else can you:

- Network with over 500 of your fellow colleagues working in the field of neuropsychopharmacology?
- Choose between 28 hours of ACPE approved educational programming focused on your area of specialty?
- Participate in educational sessions on issues you see in the news and encounter daily such as suicide assessment, PTSD, synthetic drugs of abuse, changes in the DSM, and drug repurposing and repositioning?
- Attend cutting-edge, industry supported symposia (offering an additional 4.5 hours of ACPE credit) and product theaters on topics such as investigational treatment options offering opportunities for symptom improvement in early stages of Alzheimer's, a comprehensive update on long-acting injectable (LAI) antipsychotic agents and their role in the treatment strategies for schizophrenia, and personalized treatment and improved adherence in patients living with major depressive disorder?
- Focus on and advocate for your patients by participating in the CPNP Foundation Documentary

screening on living with bipolar disorder and supporting the CPNP NAMI walk?

Perhaps you are already sold on attending the [2013 CPNP Annual Meeting](#) but you need assistance encouraging your employer to fund your trip? Maybe the CPNP Justification Toolkit can help. This [Justification Toolkit](#) includes:

- A benefits worksheet to help you quantify the benefits of your attendance. CPNP provides a [completed worksheet](#) to give you ideas but also provides a blank worksheet for you to customize for your uses.
- An [expenses worksheet](#) to quantify the cost of your attendance. Here you can show all of the ways you can save on costs including taking advantage of [pre-registration rates](#) through March 20.
- A [sample letter](#) to your supervisor bringing it all together—benefits, costs and value. Additional tips to selling your attendance are also provided.

Hopefully these strong endorsements from your peers and the justification toolkit service from the CPNP Program Committee will help to pave the way for your visit to Colorado Springs in April!

LONG-TERM CARE TECHNICAL EXPERT PANEL RECOMMENDS THREE MEASURE CONCEPTS

The Pharmacy Quality Alliance (PQA) is a multi-stakeholder, consensus-based membership organization created as a public-private entity in April 2006. The CMS Administrator at the time PQA was established was Dr. Mark McClellan, who remains on the PQA Board of Directors today. PQA's mission is:

To improve the quality of medication management and use across healthcare settings with the goal of improving patients' health through a collaborative process to develop and implement performance measures and recognize examples of exceptional pharmacy quality.

PQA convened a long-term care Technical Expert Panel (TEP) and Strategic Advisory Group in 2012 to consider development of performance measures to assess medication use by residents in long-term care facilities. Representing CPNP on this TEP was **Chris Thomas, PharmD, BCPP, Clinical Pharmacist in Psychiatry at the Chillicothe VAMC in Ohio**. The TEP was co-chaired by Frank Grosso and Dianne Tobias and included twenty experts in long-term care pharmacy services, consultant pharmacist services and quality measurement. This panel met multiple times from June through January of 2013.

TEP members reviewed existing medication related quality measures related to the long-term care setting, identified types of standard data that could be used to construct measures, and developed and discussed four measure concepts. The LTC TEP worked on five measure concepts and recommended three measure concepts to the Strategic Advisory Group. The measures are:

- **Psychopharmacological Polypharmacy Medication Use** – MDS data
- **Therapeutic Duplication within Three Medication Categories** – prescription claims data
- **Antipsychotic Use in Persons with Dementia** – MDS data

The Strategic Advisory Group was convened to review and guide the work of the TEP. The SAG is comprised of representatives from several stakeholder organizations including professional societies, long-term care providers and government agencies. This group met in August, September, November and January to review and act on the recommendations from the TEP. The SAG approved recommending the above three measure concepts for consideration by the PQA Quality Metrics Expert Panel. The recommended measure concepts will go through the PQA measure development process including member comment, testing, and reconsideration by the QMEP prior to a member vote for endorsement.

SAVVY PSYCHOPHARMACOLOGY FEATURE: DRUG INTERACTIONS WITH TOBACCO

Thanks to our partnership with [Current Psychiatry \(CP\)](#) published through Quadrant Healthcom Inc., another CPNP **Savvy Psychopharmacology** article was featured in the January 2013 edition of **Current Psychiatry**. The goal of this section is to present an evidence-based discussion to guide safe, effective prescribing of psychotropic medications. Martha Fankhauser, MS Pharm, FASHP, BCPP, authored last month's article on [Drug interactions with tobacco smoke: Implications for patient care](#).

A reminder that a [special subscription price](#) is available to **Current Psychiatry**, a monthly peer-reviewed publication, and the leading source of practical, evidence-based information for healthcare professionals treating psychiatric patients. Thanks to the CPNP partnership with **Current Psychiatry**, CPNP members can receive a year of **Current Psychiatry** at a cost of \$38.

Download the [subscription form](#).

STUDENT CHAPTER SPOTLIGHT: CPNP PURDUE

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CPNP Purdue Chapter National Representative

The CPNP Purdue chapter was formed to provide service and promote the interest of students in psychiatric pharmacy as explained in [Establishing and Promoting the CPNP Collegiate Chapter at Purdue University](#), an article published in the December issue of the *Mental Health Clinician*. With these goals in mind, this fall CPNP Purdue was involved in several community services, such as MHA (Mental Health America) shelter meals, MHA compeer circle, and tree decoration for the arthritis foundation.

The MHA shelter meals are prepared five times per semester by two to three Purdue chapter members. The meals are sponsored by the community service/service-learning student grant program, facilitated by Purdue's Office of Engagement. The MHA Compeer program allows for volunteers to help people return to happier, more productive lives by forming supportive friendships with those who are socially isolated and recovering from mental health challenges. The volunteers are matched with a buddy and spend a few hours every month with them. Purdue chapter secretary Dan Sage is a Compeer volunteer. In addition, MHA has a social event called Compeer Circle where all of the members get together every month to play games. Once a semester, the Purdue chapter hosts at this social event. The Purdue chapter also decorated a Christmas tree to be auctioned for the arthritis foundation while watching *Awakenings*, a movie review is to be featured in the *Mental Health Clinician*.

In addition, the Purdue chapter was fortunate to have several guest speakers throughout the semester. In September, we were joined by Dr. Carol Ott, Clinical Associate Professor of Pharmacy Practice, Purdue University College of Pharmacy and Psychiatric Pharmacy Specialist, Wishard Health Services, Indianapolis Indiana. In October, Jayme Zobrist, local MHA Compeer director, provided information about volunteer opportunities with MHA. Finally, during the week before finals week, along with Kappa Psi Pharmaceutical Fraternity, CPNP Purdue invited Mr. Richard Richardson, a hypnotist, sponsored by the Anderson Lecture fund. Mr. Richardson shared hypnosis techniques of use in improving study habits and relaxation, perfect timing right before finals week.

FEBRUARY 2013 MEMBER NEWS

Congratulations!

Carla Cobb, PharmD, BCPP and CPNP Legislative Chair, has been invited to serve on the PCMH Advisory Council in Montana providing her perspective as a clinical pharmacist. The Patient Centered Medical Home Advisory Council has convened to promote the development of the PCHM model in Montana. The council will work with the Office of the Montana State Auditor to offer advice on setting up a working model for a statewide PCMH in Montana. The council recognizes the importance of having the perspective of a clinical pharmacist regarding the vital role that pharmacists will play in the PCMH. The council will recommend procedures and policies for launching a PCMH project in Montana, including legal structure, governance, and payment model.

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