

## CPNP Announcements

### PSYCHOTROPICS AND TREATMENT OF THE CHILD-BEARING WOMAN: TALKING WITH YOUR PATIENTS

As a service to individuals living with mental illness and their caregivers, CPNP authors an *Ask the Psychiatric Pharmacist* column also available on the [NAMI website](#). Aligning with the MHC theme, this month's column provides a response to the commonly asked question of: "I have had depression since my early teens which has been treated with antidepressant medication. I am now 30, married and want to have children but worry about stopping the medication. Do you have any advice?" Read the answer on the NAMI web site at:

[http://www.nami.org/Template.cfm?Section=Ask\\_the\\_Pharmacist&template=/ContentManagement/ContentDisplay.cfm&ContentID=158517](http://www.nami.org/Template.cfm?Section=Ask_the_Pharmacist&template=/ContentManagement/ContentDisplay.cfm&ContentID=158517)

### PHYSICIAN PAYMENT REFORM IN THE WORKS: HOW THIS COULD IMPACT CLINICAL PHARMACISTS

Carey Potter, CPNP Government Affairs Consultant

The CPNP Weekly Update has kept you up to speed as Congress wrestles with the *Medicare Sustainable Growth Rate* (SGR), and the explosion of healthcare costs. The SGR is a method currently used by CMS to control spending by Medicare on physician services. The SGR was enacted by the Balanced Budget Act of 1997 which amended Section 1848(f) of the Social Security Act, replacing a previous methodology known as the *Medicare Volume Performance Standard* (MVPS). Generally, this is a method to ensure that the yearly increase in the expense per Medicare beneficiary does not exceed the growth in GDP. The most current draft of legislation is available [here](#). For the first time, it has some bipartisan support, making it much more likely to succeed.

CMS sends an annual report to the [Medicare Payment Advisory Commission](#), which advises Congress on the previous year's total expenditures and the target expenditures. The report also includes a conversion factor that will change the payments for physician services for the next year in order to match the target SGR. If the expenditures for the previous year exceeded the target expenditures, then the conversion factor will decrease payments for the next year. If the expenditures were less than expected, the conversion factor would increase the payments to physicians for the next year. On March 1 of each year, the physician fee schedule is updated accordingly. The implementation of this physician fee

schedule update to meet the target SGR can be suspended or adjusted by Congress, as has been done regularly in the past. Physician groups, including the AMA, lobby for a permanent reform to the SGR so that physician payment rates are not subject to annual cuts. The Commission has issued its [report](#).

Last month's PCPCC update call included Dr. Kavita Patel speaking about the efforts of the National Commission on Physician Payment Reform. She discussed the 5-year plan to reform payments, moving from fee-for-service (FFS) to a payment for performance model. Much of the discussion will, **eventually**, affect pharmacists who are practicing as providers within a healthcare team. For more on the conversation from Dr. Patel's talk, [click here](#).

In a July 18 letter to Senate Finance Committee Chair Max Baucus, D-MT, and ranking member Orrin Hatch, R-UT, the PCPCC urged Congress to support public policies that shift the current fee-for-service system to a fee-for-value system built on a strong foundation of patient-centered primary care. This is in-line with the recommendations of the National Commission of Physician Payment Reform, and there are some similarities recommended by the Medicare Payment Advisory Commission. Specifically, the PCPCC supports current proposals before Congress that recommend a phased-in approach to payment reforms, allowing for additional research on the best methodologies to support the medical home. These proposals include reforming Medicare over a multi-year period, and applying new payment models that move away from FFS as we learn which models are best suited for which types of care and in which environments. Once proven, these models should be scaled appropriately to allow for greater participation by providers, potentially including clinical pharmacy, throughout the entire health care system. Click [here](#) to read PCPCC CEO Marci Nielsen's statement.

In support of the ACCP/CPNP coalition effort, ACCP submitted a [letter of support](#) for Medicare payment reform, including the clinical pharmacist services of CMM. The goal of this communication is to begin the consideration of CMM as a provider service by clinical pharmacists and ensure it is included in the new payment methodologies recognizing healthcare teams. As discussions continue on Capitol Hill, the current SGR reform legislation could be a potential vehicle for amendment to reflect our goal. Of course, this is a long shot, as is any amendment. The Congressional Budget Office (CBO) would need to score legislation, or

potentially the amendment, to determine its fiscal impact on the federal budget. More information on the CBO scoring process is available [here](#).

As you would expect, the various pharmacy organizations are struggling with how to address provider status. As CPNP continues to work as a member of the Pharmacy Stakeholder's Provider Status Coalition, we will keep you updated via the Weekly Update on what, if any, mutual legislative ask could be pursued. This is an exciting time for you, as clinical psychiatric pharmacists, working to be recognized as members of healthcare teams in patient centered medical homes, ACOs and as providers of Comprehensive Medication Management services. If you are not yet a part of the CPNP CMM Network designed to share information and create a network of providers working to implement CMM, please [contact us](#) to learn more.

### **CPNP HAS LARGE PRESENCE AT NAMI NATIONAL CONVENTION**

The National Alliance on Mental Illness (NAMI) held their national convention in San Antonio, Texas, June 27 through 30th. CPNP members were once again involved in a variety of activities at the meeting. CPNP hosted a booth in the exhibit hall to increase awareness of psychiatric pharmacists and CPNP. CPNP volunteers also answered questions from consumers at the "Ask the Psychiatric Pharmacist" booth in the exhibit hall.

Consumer Relations Committee chair, Karen Moeller reported, "CPNP and NAMI have enjoyed a close relationship for a number of years now. It was very rewarding meeting numerous consumers and family members expressing their gratitude to CPNP for participating in the meeting and especially at the Ask the Psychiatric Pharmacist booth. Additionally, many leaders from local NAMI chapters asked how they could find a local psychiatric pharmacist to present at their local meetings." The Consumer Relations Committee encourages all members to reach out to their local NAMI chapters.

This year the Consumer Relations Committee had two workshops accepted for presentation during the meeting. CPNP members Karen Moeller and Jana Shultz presented a workshop on June 28<sup>th</sup> entitled "[The Rx Epidemic: Prescription and Over the Counter Drug Abuse.](#)" Drs. Moeller and Shultz discussed the dangers associated with abuse of prescription and over-the-counter medications. They also helped participants recognize characteristics that may suggest that an individual is abusing substances and implement strategies to reduce drug abuse.

CPNP members Angela Hughes Campbell and Tawny Smith presented "[Medications and Adolescents: Empowerment through Education](#)" on June 30. Drs. Campbell and Smith discussed the benefits and risks of medications in adolescents and provided strategies to help empower adolescents to take control of their medications. Both presentations were well received with non-stop questions from the audience. If you would like to view either presentation they are available to CPNP members on the CPNP website under the shared resources section.

CPNP's participation at NAMI would not have been possible without the help of numerous volunteers. Members providing their time and expertise as volunteers included: Chelsie Heesch, Rania Kattura, Marie-Therese Jackson, Lisa Mican, Troy Moore, Rosana Oliveria, Valerie Oji, Jana Shultz, and Shelley Spollen

The NAMI 2014 Convention is scheduled for September 3-6, 2014 in Washington D.C. We hope you will consider participating in this event next year especially if you are in or near Washington D.C.

### **CPNP FOUNDATION ANNOUNCES GRANT AWARD**

The CPNP Foundation is pleased to announce the awarding of a grant in the amount of \$7,500 to support the attendance of 15 pharmacy students to the 2014 CPNP Annual Meeting to be held April 27-30, 2014 in Phoenix, Arizona.

For the past 2, years the CPNP Student Committee has administered a student Annual Meeting registration grant program. Selection of award recipients is based on student committee evaluation of a personal essay, letter of recommendation and poster submission to the meeting.

The CPNP Foundation grant will enable the CPNP Student Committee to grant \$500 awards to 15 student pharmacists interested in the field of psychiatric pharmacy. Each recipient will be awarded a \$150 registration fee waiver and a \$350 travel stipend.

Student membership in CPNP numbers over 250 and there are currently 9 CPNP student chapters across the United States with several more in the formation stages. Read more about the [grant program](#).

The CPNP Foundation lives by their tagline of extending the reach of psychiatric pharmacists. This grant will help to grow the number of specialists in a field serving some of the most neglected members of our society.

## SAVVY PSYCHOPHARMACOLOGY FEATURE - LITHIUM-INDUCED DIABETES INSIPIDUS: PREVENTION AND MANAGEMENT

Thanks to our partnership with [Current Psychiatry \(CP\)](#) published through Quadrant Healthcom Inc., another CPNP *Savvy Psychopharmacology* article was featured in the April 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. Vicki Ellingrod and Arnold Andreasen authored last month's article on [Lithium-Induced Diabetes Insipidus: Prevention and Management](#).

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.

### AUGUST 2013 MEMBER NEWS

Congratulations!

**Eric Kutscher, PharmD, BCPP**, Assistant Director of Pharmacy, Clinical Services, University of Arizona Health Network, Tucson, AZ is 1 of 15 Board certified pharmacists given the title of "Fellow" by ASHP.

**Charles Caley, PharmD, BCPP**, was selected as the 2013 recipient of the Connecticut Pharmacists Association Upsher-Smith Laboratories Excellence In Innovation Award. This award recognizes Dr. Caley's involvement in Innovative Pharmacy Practice resulting in improved patient care.

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