

Clinical Pharmacist Practitioner (CPP) to Improve Access to and Quality of Care August 2021

Executive Summary:

This Fact Sheet highlights the critical role of the Clinical Pharmacist Practitioner (CPP) within the Department of Veterans Affairs (VA) as an Advanced Practice Provider and describes how full integration of the CPP significantly impacts access and quality of care for our Veterans.

Key Takeaways

VA CPP are highly trained Advanced Practice Providers (APP) that provide comprehensive medication management (CMM) services under a global, practice area based scope of practice or privileges with prescriptive authority as described in [VHA Handbook 1108.11 Clinical Pharmacy Services](#).

- Published evidence demonstrates that CPP improve clinical outcomes and lowers the overall cost of care.
- CPP are a critical part of the solution for provider shortages in both primary and specialty care settings.
- Increase in access can be achieved by diverting appointments from primary care and/or specialty care providers, at a lower cost, in areas where capacity is needed to meet Veteran Care demand or where it may be difficult to locate and hire physician providers.
 - The VA has developed a comprehensive overview of the CPP practice in the Patient Centered Medical Home called the Patient Aligned Care Team (PACT).
 - For a typical panel of 1,200 patients, PACT Primary Care Providers (PCP) only have enough appointment slots to see a patient 2.5 times per year. PACT CPP can help contribute to achieving an optimal revisit rate goal for a PACT PCP's panel of 1.7 for in person visits per year.
 - Implementation of the VA Gold Status Practice Diffusion of Excellence (DOE) Project "Improving Access to Primary Care Utilizing CPP" within the VA has shown:
 - 27% of PCP return appointments can be averted with CPP integration
 - 850 new appointment slots opened per quarter
 - Applying the outcomes of this project, the increase in access VA wide would result in over a quarter of a million newly opened appointments annually.
 - The MH CPP is a core team member providing CMM expertise to Veterans and MH teams. The MH CPPs are utilized in the VA primarily as primary MH providers across the continuum of care in general and specialty mental health clinics, behavioral health clinics embedded in primary care, residential rehabilitation facilities, specialty mental health programs, and on inpatient mental health units to improve access, quality and safety.
 - The Pain CPP plays a critical role in improving access to foundational pain management services across the stepped care model in primary care and specialty care settings. As an additional provider on interprofessional care teams, the Pain CPP performs CMM inclusive of risk mitigation strategies in alignment with opioid safety efforts and referrals for needed care, such as Opioid Use Disorder (OUD) or Mental Health treatment.
 - Nationwide, CPP have taken on expanded roles in Specialty Care Practice areas (e.g., Substance Use Disorder, Cardiology, Hepatitis C, Antimicrobial Stewardship, Geriatric Programs) across the system. These skilled advanced practice providers are under-utilized in their current capacity and offer an expanded opportunity for increased access for specialty services.

Background

Providing access to high quality care is a top priority for the Veterans Health Administration (VHA) with a focus on providing the Veteran with the right care, at the right time and right place, by the right provider. However, substantial shortages of providers in primary and specialty care settings exist across the nation and VA.¹ For nearly 45 years, Clinical Pharmacist Practitioners (CPP) have demonstrated their impact on improving medication safety, quality of care and clinical outcomes for Veterans as an advanced practice provider (APP). Non-optimized prescription medications cost patients and payors over \$528 billion in additional healthcare expenses annually.² Comprehensive medication management (CMM) is a patient-centered approach to optimizing medication use and improving clinical outcomes delivered by a clinical pharmacist working with the patient, physicians and other members of the healthcare team.³ McFarland et al. conducted a summative review, which included multiple studies from the VA, that evaluated the impact of pharmacist performing CMM on achievement of the quadruple aim of healthcare which was to provide better care, reduce costs, improve the patient experience, and improve clinician well-being.⁴ Specifically, CPP demonstrated improvement in clinical and humanistic components of patient care related to patient satisfaction, adherence, and knowledge of their medications. In a 2008 literature review of economic impact of a CPP, a more focused effort was made to quantify the benefit-to-cost ratio. Among studies reporting data necessary to determine a benefit-to-cost ratio (n=15), the pooled median value revealed that **for every \$1 invested in a CPP, \$4.81 was achieved in reduced costs or other economic benefits.**⁵ This strong body of evidence related to CPP clinical practice demonstrates the opportunity for VHA CPPs to not only promote access improvement, but also to promote achievement of performance metrics including but not limited to **Healthcare Effectiveness Data and Information Set (HEDIS)** clinical measures and a variety of domains within the **Strategic Analytics for Improvement and Learning (SAIL)** model.

VA Clinical Pharmacy Practice and the Clinical Pharmacist Practitioner (CPP)

Within the VA, CPP providers have practiced in advanced patient care roles since before 1995 working autonomously, but collaboratively, under a scope of practice that contains prescriptive authority as delineated in [VHA Handbook 1108.11 Clinical Pharmacy Services](#). The CPP Scope of Practice is the VA version of a collaborative practice agreement. The VA CPP practices comprehensively with a focus on integrating CMM using a whole health approach of care in many practice settings across VA from managing complex anticoagulation clinics, treatment of chronic disease states in primary care (e.g., diabetes, hypertension, dyslipidemia, COPD, heart failure, pain) to acute and chronic management of specialty care conditions in areas such as Hepatitis C, Mental Health, and Cardiology. As of June 2021 VA, employs more than 9,754 clinical pharmacists, of which 4,898 (50%) possess a scope of practice with prescriptive privileges allowing them to practice as an advanced practice provider. These VA CPP are highly trained with the majority having a Doctor of Pharmacy degree (Pharm.D.).

- Approximately 76.9% of VA CPP have residency training, 54.3% have board certification or another certification such as geriatrics or diabetes. In total 85.9% have advanced clinical practice training and/or certification.
- VA CPPs recorded over **6 million patient care visits** in fiscal year 2020 (FY20) with an essential role in improving access to care and significantly enhancing team performance in the treatment of many chronic diseases.

Key Facts:

- CPP are authorized in the VA as Advanced Practice Providers (APP) with a Scope of Practice that includes medication prescriptive authority.
- Strong published evidence exists that CPPs improve access and outcomes and lowers cost of care.
- CPPs are a critical part of the solution for provider shortages in both primary and specialty care settings.

Primary Care, Patient Aligned Care Teams (PACT) and the CPP

Access to primary care services across the country continues to be at a high demand with a significant shortage expected to continue through 2033.¹ Multiple studies have also documented provider burnout and “emotional exhaustion” with implementation of PACT.^{6,7} CPPs have been integrated throughout the VA to provide clinical care services, particularly so



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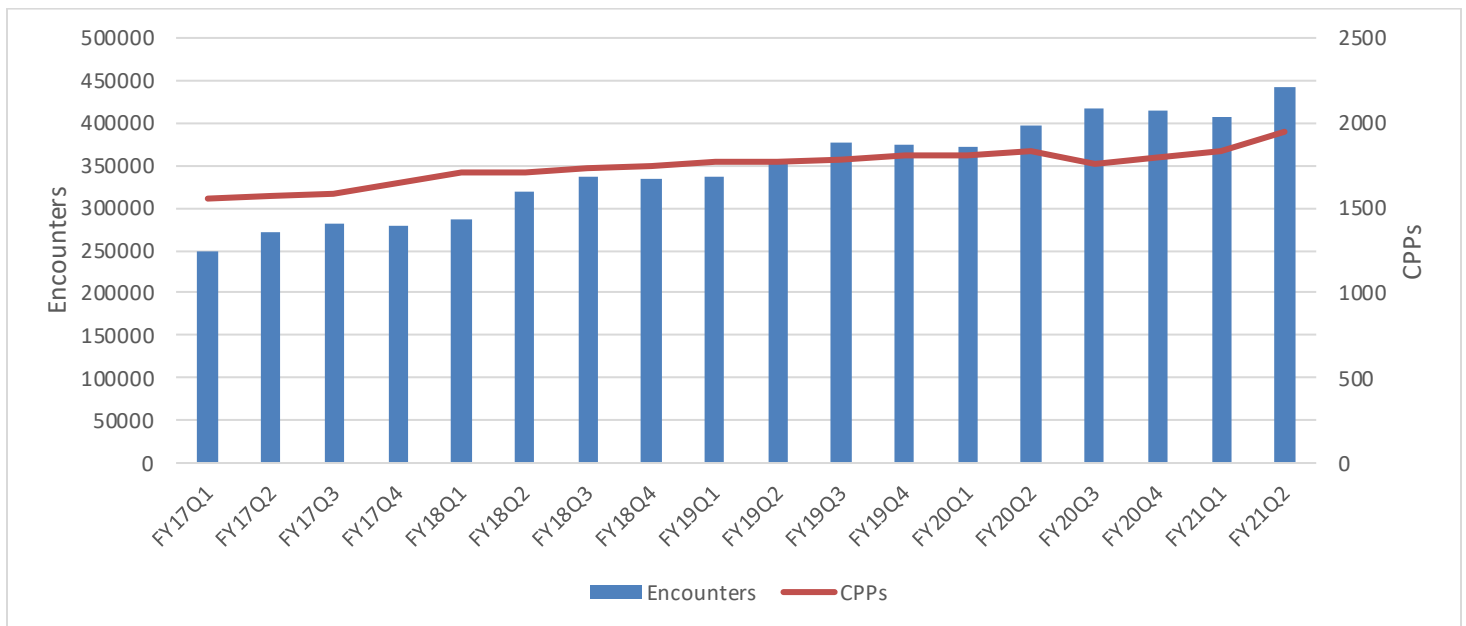
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in the primary care setting. The primary care medical home model in VA is known as a Patient Aligned Care Team (PACT) with each Primary Care Provider (PCP) typically caring for approximately 1,200 patients. CPPs in PACT provide comprehensive medication management (CMM) in between typical PCP visits to initiate, modify or discontinue medications, as well as providing disease management in foundational and high-volume areas such as diabetes, hypertension, anemia, chronic obstructive pulmonary disease (COPD), heart failure, hyperlipidemia, low complexity mental health and pain management. The [VHA Handbook 1100.10 Patient Aligned Care Team \(PACT\)](#) sets staffing requirements for discipline specific team members, which requires one full time PACT CPP for every 3,600 primary care patents (1 full time PACT CPP for every 3 PCPs). Due to the important role of the PACT CPP to unburden the PCP and improve access to care, the amount of their FTEE support is included in calculation of modeled capacity as part of the Patient Centered Management Module (PCMM).

- As of June 2021, there are over 1,030 CPPs VA-wide who have a “global” or practice area specific scope of practice and have dedicated assignment to a PACT team. This scope of practice authorizes prescriptive authority and allows the PACT CPP to be responsive to many chronic and acute care issues seen in the PACT setting when compared to a medication based or disease-based scope of practice.
- While staffing nationally for PACT CPP is at 62% of the recommended ratio, in FY20, CPPs performed 1,599,895 encounters in PACT indicating overall acceptance of CPP roles despite lower staffing allocations.
- Care modalities other than in person (telephone, clinical video telehealth, etc.) accounted for 74% of those encounters. It is critical to keep in mind that optimizing the role of PACT CPP and allocating appropriate CPP staff, support staff, space and infrastructure support will directly impact the integration of the CPP into PACT and improve access to primary care CMM services.

Since FY17, there has been a 12% increase in CPP practicing in primary care. Figure 1 shows the growth of patient care encounters by CPP practicing in PACT and the growth in the total number of CPP delivering care in the PACT setting.

Figure:1 CPP Encounters in PACT



Note: Graph includes all CPPs delivering care in the PACT setting regardless of dedicated PACT team assignment.



Key Facts:

- [VHA Handbook 1100.10](#) supports the role of PACT CPP with staffing requirements that recommend one CPP per 3,600 primary care patients, with an average panel size of 1,200 patients per primary care provider (PCP). PACT CPP support is a factor in determining modeled capacity for the PCP.
- Optimizing the roles of PACT CPP and allocating appropriate support staff, space and infrastructure support will directly impact the integration of the PACT CPP into the collaborative care team model. Ensuring this is the reality will improve access and optimize medication management services.

PACT CPP Impact on Access:

For a typical panel of 1,200 patients, PCPs only have enough appointment slots to see a patient 2.5 times per year. In addition, the VHA has set a goal reduction in PCP re-visit rates to 1.7 visits per year in order to achieve open access for the PCP. PACT CPP can help contribute to achieving this optimal revisit rate and improve access to care leveraging PCP time for more acute and urgent patient care issues. A VHA Diffusion of Excellence Gold Status Practice entitled “Increasing Access to Primary Care using CPPs” assigned PACT CPP to PCPP to deliver CMM and demonstrated that 27% of PCP return appointments could be averted following CPP integration. Applying this across the entire facility equated to over 850 new appointments per quarter created for the primary care service.⁸ Applying the increase in access VA wide would result **over a quarter of a million newly opened appointments annually**. In addition, substantial cost savings can be achieved with CPP implementation in primary care to increase access. The mean primary care physician salary with benefits equals \$231,400 with an average cost per 30-minute encounter of \$55.63. The average CPP salary with benefits is \$168,463 with an average cost per 30-minute encounter of \$40.50. This equates to \$15,130 saved per 1,000 primary care visits.

Figure 2: Cost Saving with a PACT CPP

Provider Type	Salary + 30% Benefits	Cost per 30-minute encounter
Primary Care Physician (PCP)	\$231,400	\$55.63
Clinical Pharmacist Practitioner (CPP)	\$168,463	\$40.50

% Visits Converted from PCP to CPP	\$ saved per 1000 visits
100%	\$15,130

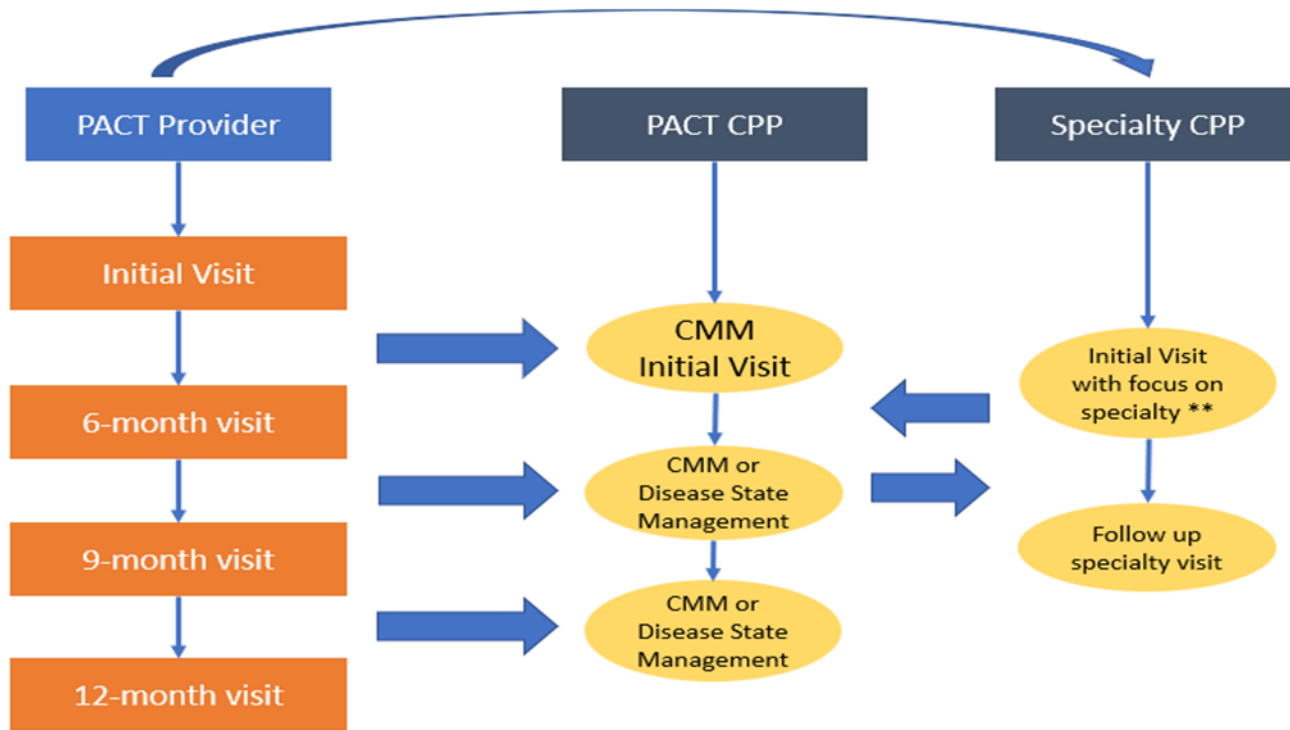
Simply put, the advanced role of the CPP improves access and reduces the burden on the PCP for chronic disease follow up by:

- Reducing PCP revisit rates by providing CMM for chronic disease states
- Improving PCP next third available appointments by offloading CMM patient visits
- Reducing new patient wait time for Veterans seeking primary care within individual PACT panels
- Increasing same day access to CPP care for chronic disease state management

It is important to note that specialty care access also benefits from PACT CPPs as focused CMM services often alleviates the need for specialty care referral.



Figure 3: How CPP Improve Access and Accelerate Patient Goal Attainment



*CMM begins at the initial PACT CPP visit and ongoing. However, disease state management based on Veteran need may also occur in between full CMM visits
 ** Specialty CPP works with PACT CPP if complete CMM is needed and has NOT been seen by PACT CPP. This includes both Inpatient and outpatient specialty CPP
 CMM = Comprehensive Medications Management, CPP = Clinical Pharmacist Practitioner, PACT = Patient Aligned Care Team, VA = Veterans Affairs

Optimizing PACT CPP to see patients between PCP visits increases patient access for CMM services.

Key Facts:

For a typical panel of 1,200 patients, PCPs only have enough appointment slots to see a patient 2.5 times per year. PACT CPP can help contribute to achieving an optimal revisit rate goal for a PCP panel of 1.7 Face-to-Face visits per year.

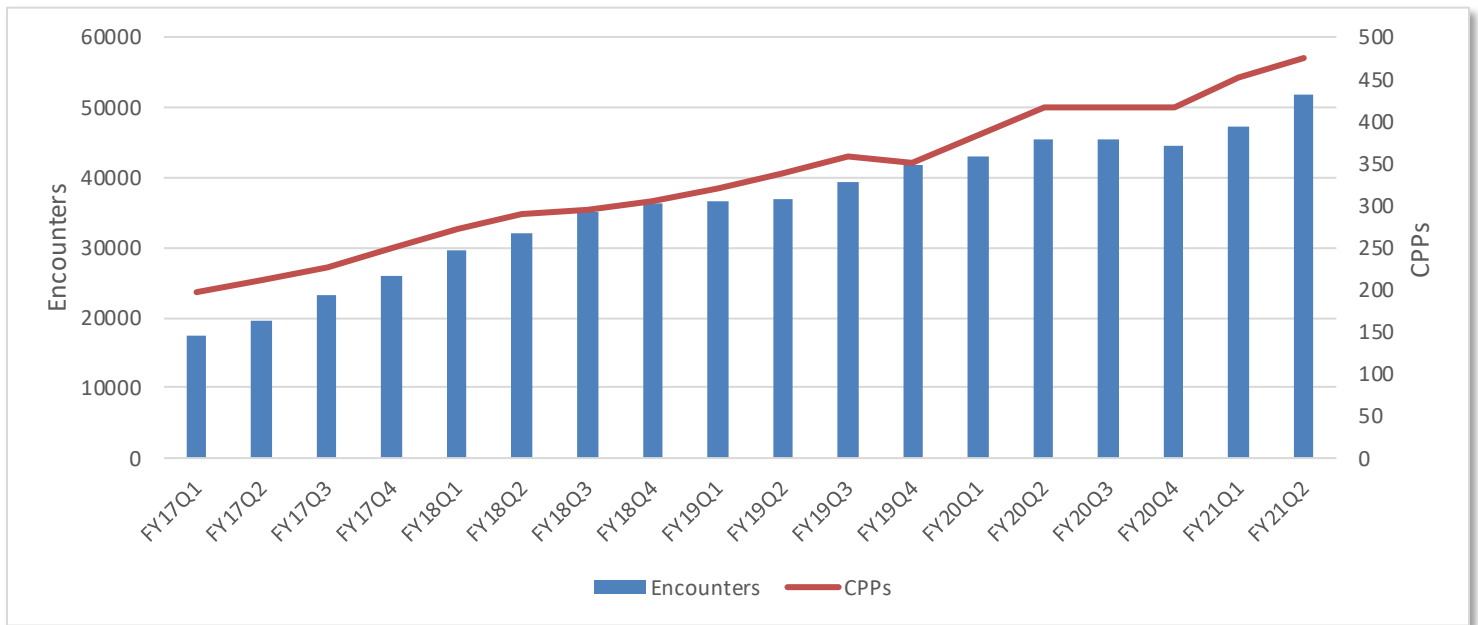
- By optimizing CPP services, the Diffusion of Excellence program validated that 27% of PCP return appointments were averted following CPP integration. Applying this across the entire facility equated to over 850 new appointments per quarter created for the primary care service.
- Applying the increase in access VA-wide would result over 250,000 newly opened PCP appointments annually.
- A cost saving of \$15,130 per 1,000 patient visits can be achieved with utilization of a CPP.
- CPP integration reduces primary care provider burden.

Pain Management and the CPP

Evidence shows pain management programs with CPP performing opioid stewardship and advanced pain management services have demonstrated the ability to improve opioid prescribing, avoid costs associated with opioid adverse effects and increase patient satisfaction ([Evidence Bibliography – Clinical Pharmacy Practice in Pain Management](#)). As such, many VA facilities have extensively utilized highly trained CPPs for chronic pain medication management in both PACT and specialty care settings. PCPs specifically benefit by having access to a CPP with medication expertise, skills, and training in both opioid and non-opioid CMM. In FY20, CPPs recorded 178,264 pain management encounters. While the number of CPPs performing pain management has grown from prior years (Figure 3), there is a clear opportunity to expand the

utilization of CPPs in pain management and opioid stewardship to address gaps in care and ultimately improve needed access to safe pain care. VA facilities often report difficulty in recruiting providers for pain medication management further highlighting this opportunity. Figure 4 shows the growth of CPP practicing in pain based on encounters and documentation of pain interventions. There are currently 475 CPPs performing pain management, a growth of more than 141% since FY17Q1.

Figure 4: CPP Encounters in Pain Management



CPP Impact on Access to Pain Care

Veterans suffer more often from chronic pain conditions than the non-Veteran population, with Veterans typically experiencing higher complexity pain conditions, resulting in higher healthcare utilization rates.¹⁹ [VHA Directive 2009-053, Pain Management](#) directs VA facilities to use the VHA stepped care model of pain management. [The Comprehensive Addiction and Recovery Act \(CARA\)](#) further outlines congressional requirements for the provision of VA pain care, to include expansion of the Opioid Safety Initiative (OSI) and implementation of pain medication management teams. While the VA has made improvements in access to pain management and opioid safety, access gaps still exist, partially due to the national shortage of providers. The Pain CPP is well positioned to improve scheduled and same day access to pain medication management services in both the primary and specialty care settings. It is important to note that in addition to expanding access to pain care and opioid safety, the Pain CPP utilizes population management dashboards and tools to target high-risk opioid patients for intervention. Population management strategies driven by Pain CPPs, include, but are not limited to, targeting high-risk patients for Overdose Education and Naloxone Distribution (OEND), high dose opioid dose reduction CMM, routine safety monitoring (Urine Drug Testing, Prescription Drug Monitoring Program queries, etc.), and other risk mitigation and harm reduction for Veterans and the community, including facilitating addiction treatment.

Key Facts:

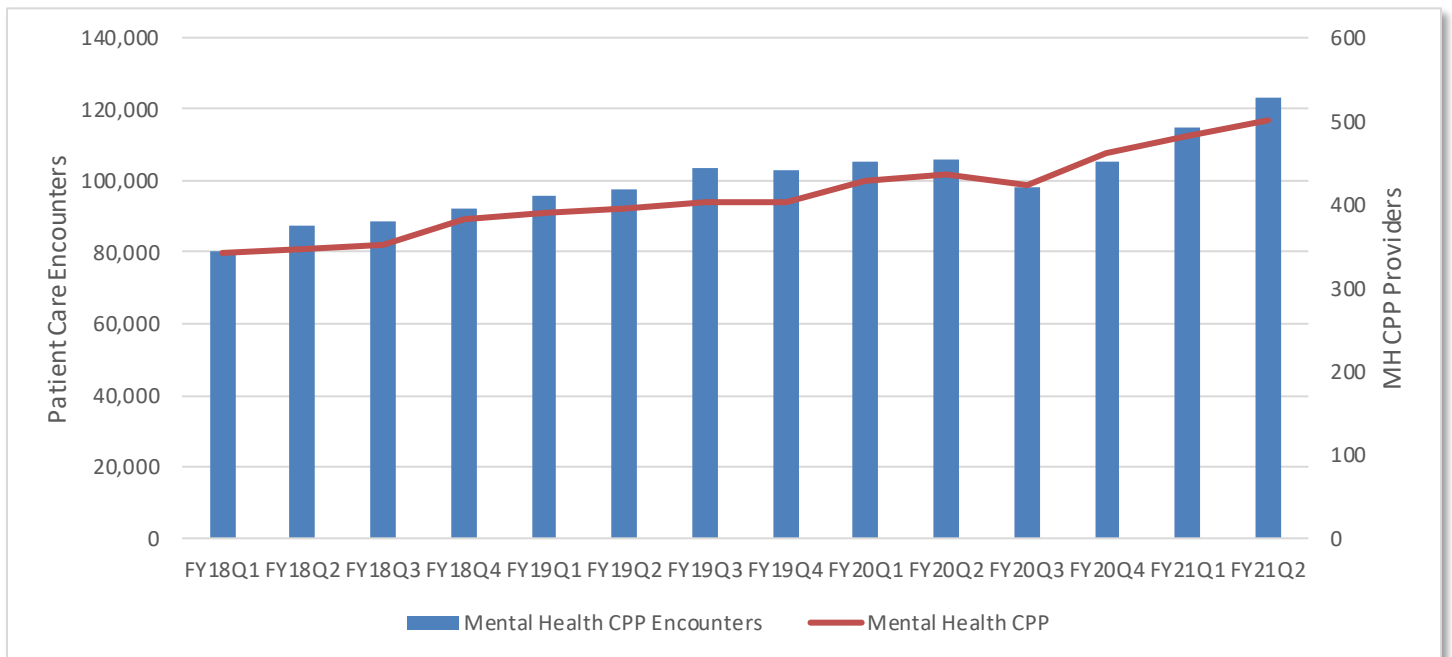
- VA facilities have a significant opportunity to increase access to VA delivered chronic pain care services by allocating sufficient resources to Pain CPP workforce expansion.
- In addition to direct patient care for pain management, the Pain CPP utilizes population health management strategies to improve opioid safety and risk mitigation.



Mental Health (MH) and the CPP:

Integrating MH CPPs and optimizing care roles across practice settings improves access and quality to CMM. The benefits of incorporating MH CPP in the management of patients with psychiatric illness has previously been reported in the literature ([Evidence Bibliography – Clinical Pharmacy Practice in Mental Health](#)). The MH CPP are utilized in the VA as MH providers in general and specialty mental health clinics, behavioral health clinics embedded in primary care, residential rehabilitation facilities, specialty mental health programs, and on inpatient mental health units to improve access, quality and safety. At the end of FY20, there are currently 501 CPP practicing in MH, a growth of 46.5% since FY18Q1 (Figure 5). In FY21Q2 MH CPP had more than 123,100 encounters. Additionally, VA graduates 87 PGY2 Mental Health Pharmacy Residents annually. The MH CPP provides timely access to CMM services and by using evidenced based pharmacotherapy, improves the overall quality of care. With expertise in addressing medication management needs of patients with defined diagnoses, management of medication-related adverse events, and ongoing and acute medication monitoring, and collaboration with other healthcare providers for management of new diagnoses, the MH CPP are in prime position to bridge gaps in the provision of mental health care. The MH CPP collaborates with the other members of the MH team, patients and caregivers in areas of medication management and applies the principles of team-based care and population management to identify patients who could benefit from services to improve access, quality and safety.

Figure 5: MH Encounters by a CPP and Number of MH CPPs by Quarter (Defined by $\geq 25\%$ of the encounters by a CPP in a MH clinic during the quarter)



MH CPP Impact on Access

The MH CPP impacts access primarily when utilized as MH providers in general and specialty mental health clinics, Primary Care Mental Health Integration (PCMHI), residential rehabilitation facilities, specialty mental health programs, and on inpatient mental health units. Wait times are reduced for new patients with a defined diagnosis and established patients. Additionally, the MH CPP in PCMHI provide CMM for depression, anxiety, and PTSD within Primary Care, which improves access general and specialty MH services. The CPP provides same day access for patient needs related to medication management and has been an integral MH provider for timely discharge follow-up appointments. The MH CPP provides a solution to psychiatrist shortages and resulting concerns about access to adequate mental health services.



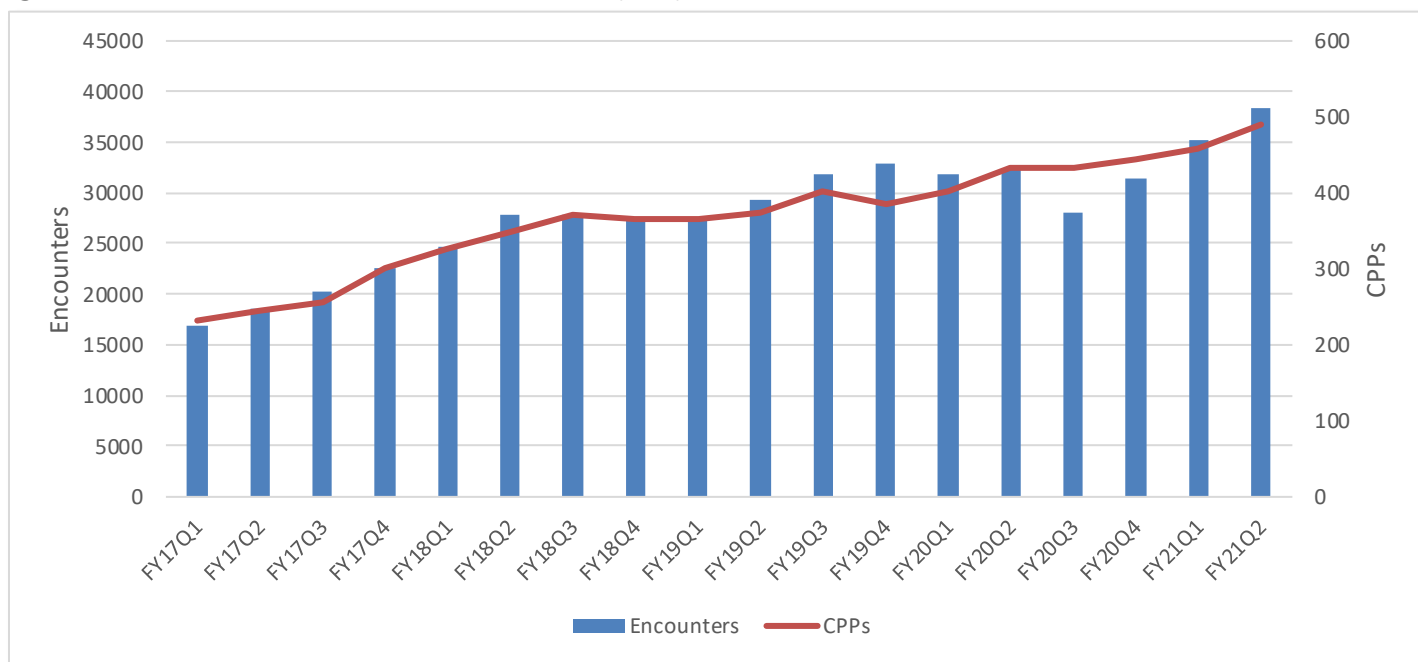
Key Facts:

- MH CPPs take on a variety of roles in VA, most often as primary MH providers within the interdisciplinary team.
- The MH CPP provides timely access as a primary MH provider and through evidenced-based pharmacotherapy as a component of CMM, improves the overall quality of care.
- With 501 CPPs practicing in Mental Health and an additional VA graduates 87 PGY2 Mental Health Pharmacy Residents annually, VA CPPs are a highly trained work force that impact access.
- Demand for MH providers with comprehensive medication management expertise will continue to increase across the nation because of increased Veteran care needs in MH. Facilities have a significant opportunity to utilize these highly trained MH CPPs to meet this demand.

Substance Use Disorder (SUD) and the CPP

Despite efforts to expand access to substance use disorder (SUD) care through legislation and other avenues, there continues to be substantial shortages of providers to deliver SUD care across the country. Evidence shows CPP-managed SUD care improves retention rates of medication for Opioid Use Disorder (MOUD), tobacco abstinence, prescribing rates for AUD pharmacotherapy and harm reduction strategy implementation ([Evidence Bibliography - Clinical Pharmacy Practice in Substance Use Disorder](#)). In light of access challenges and demonstrated value in SUD care, the CPP has become critical to the collaborative care team model to improve access to SUD treatment, particularly alcohol use disorder (AUD) and opioid use disorder (OUD). CPPs largely focused on addressing risky alcohol use and AUD, OUD, and tobacco use disorder (TUD), and in specialty SUD care settings, also address stimulant use disorder and other illicit use. This practice includes screening, prevention, ensuring needed treatment and fostering recovery for SUD. To accomplish this, CPPs perform SBIRT (screening, brief intervention, and referral for treatment) across primary and specialty care settings with Pain and MH CPP often directly providing SUD treatment as part of CMM services. In FY20, CPPs recorded more than 123,561 SUD care encounters. **Figure 6** shows the growth in SUD care by CPPs over time. There are currently 445 CPPs incorporating SUD care into their practice setting, a growth of more than 111% since FY17Q1.

Figure 6: CPP Encounters in Substance Use Disorder (SUD) Care



CPP Incorporating SUD into Practice Impact on Access

The VHA Initiative, SCOUTT (Stepped Care for Opioid Use Disorder Train the Trainer), was launched in 2018 with a primary focus of improving access to OUD care outside of SUD specialty care.⁹ This initiative employs a “no wrong door” approach to MOUD care by making MOUD available in primary care, pain and general mental health clinics. This Veteran centric approach aims to offer care where patients prefer to be treated. DeRonne, et al. described the Pharmacist Care Manager model that has been a key to the success of this initiative and implemented by more than 15 SCOUTT teams across the VA.¹⁰ While CPPs are not currently eligible for a DATA waiver to prescribe buprenorphine for OUD, after the OUD diagnosis has been made by the data waived practitioner, the CPP collaborates closely for MOUD initiation, stabilization and maintenance. The CPP also performs population management to identify at risk Veterans for engagement and intervention. And finally, the CPP may provide care coordination, such as risk monitoring, ensuring participation in psychosocial or psychotherapy, ensuring needed referrals and facilitating unscheduled appointments. Ultimately, CPPs are critical to improving access to SUD care and help the VHA meet the goal to provide on-demand, evidence-based addiction treatment to Veterans.

Key Facts:

- CPPs focus on CMM positions them to play a critical role in improving SUD care access by providing SBIRT (screening, brief intervention, and referral for treatment) across primary and specialty areas.
- VA facilities have a significant opportunity to increase access to SUD care services across practice settings by leveraging CPPs in the collaborative care team.

Anticoagulation and the CPP

Evidence shows that optimized anticoagulation care saves the healthcare system a tremendous amount of money in reduced strokes and myocardial infarctions as well as reduced adverse events like bleeds. [VHA Directive 1108.16, Anticoagulation Therapy Management](#) outlines the organization of an Anticoagulation Management Program. Anticoagulation services should be centralized, eliminating the need for PACT CPP to provide anticoagulation management. In evaluating facilities with strong practices in VHA, evidence suggests that anticoagulation providers achieve optimal clinical outcomes when patient ratios are maintained at approximately 425 to 500 anticoagulation patients per anticoagulation provider and facilities are required to provide adequate clinical and administrative support team members (e.g., 0.8 pharmacy technician FTEE and 0.2 administrative support FTEE per anticoagulation provider). Specific to this process, CPPO has partnered with VHA Office of Rural Health to implement an Enterprise Wide Initiative for a Centralized Anticoagulation Services Hub (CASH). The CASH uses a hub and spoke model of care to build a regional solution that provides virtual anticoagulation services. The CASH is expected to improve access, operational efficiency, clinical outcomes and lower overall costs while freeing up Primary Care providers, specialists, nursing and CPP time to provide additional care.

CPP Practice Expansion Scalability in Support of Full CPP Integration

The VA CPP workforce has advanced clinical practice training and is primed and ready to take on these roles system-wide. Many VA facilities report difficulty in recruitment of specialized and primary care physicians. It has been VA Pharmacy experience that recruiting CPP can be successful when coupled with VA recruitment tools. VA trained residents may be directly hired into available position through flexible hiring; it is recommended not to use USAJobs to hire trainees and is discouraged by the Office of Academic Affiliations and Workforce Management. Residents begin looking for employment in October of their residency year so it is important to seek approval to hire residents well before the residents graduate at the end of June. The VA trains 625 residents annually and in 2020 (pandemic) 52% of VA residents were hired into VA (30% to the training site and 22% to another VA site), another 17% were hired outside VA and 31% remained in VA seeking PGY2 programs. Any VA trained clinician may be directly hired through the flexible hiring process whether an individual was trained 2 year ago or 20 years ago. The Pharmacy Residency Program Office was involved in the development of the new recruitment system (TRE) and the goal is to build a database containing the names and contacts for previously VA



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trained CPP. Until this program is fully functional, it is recommended to contact Lori.Golterman@va.gov to find residents that seek VA employment. It is important to note that VA CPP workforce trainees yield a high retention rate helping to ensure the patient knows their CPP given the multiple appointments with a CPP directly results in high patient satisfaction and excellent communication between the patient and CPP.

In 2016, the VA Office of Rural Health (ORH) in conjunction with PBM successfully implemented an Enterprise Wide Initiative (EWI), Increasing Access to Care for Rural Veterans by Leveraging Clinical Pharmacist Practitioners Providers, otherwise known as the CPP Rural Veteran Access (CRVA) initiative. This project aims to provide greater access to CMM services provided by CPP, as well as chronic disease management services to Veterans living in rural areas in three foundational areas of identified need: primary care, pain management and mental health. The initial CRVA Initiative, also known as CRVA Legacy, supported the placement of 180 CPP positions across all 18 VISNs in primary care, mental health and pain management. The inaugural years of the project focused on integration and optimization of the CPP into the practice setting and demonstrating success. Over the last 4 years, CRVA CPP have performed over 850,000 visits, serving over 230,000 Veterans with 58% of this care provided to rural Veterans.¹¹ The success of the CRVA Legacy project has led to an expansion into 2 additional CRVA projects focused on expanding rural Veteran access in FY20. In the CRVA Diffusion initiative funding was provided to 32 VA facilities within 17 VISNs resulting in the hiring of 11 PACT, 15 MH and 14 Pain CPPs respectively. The CRVA SUD initiative provided funding to 34 VA facilities for hiring 35 CPPs focusing on greater access to SUD treatment with a particular emphasis on medication treatment for OUD (MOUD) as well as addressing and treating unhealthy alcohol use and Alcohol Use Disorder (AUD). The CRVA SUD project is a multi-dimensional approach to increase access to CMM for rural Veterans by integrating CPPs into collaborative care team models within or directly supporting primary care. In FY20, CPPs funded via CRVA Legacy, Diffusion, and SUD projects collectively impacted greater than a quarter of a million Veterans enterprise wide over almost 1 million patient care encounters.

Complimentary to adding CPPs focused on SUD treatment, this project aims to deliver system wide CPP education and training specifically targeting SUD screening, care and treatment. As access to SUD care continues to be a top VA priority, the training equipped CPPs with knowledge and resources to play a key role in improving access to OUD and AUD treatment across practice settings. The clinical boot camp occurred over a 3-day timeframe in June/July 2020 training CPPs from the following federal partners: 234 VA, 17 Bureau of Prisons, 15 Indian Health Services. Cased-based program content focused on SUD comprehensive medication management supporting prioritized, phased practice expansion post-training. All attendees completed a series of foundational knowledge pre-work, including 24-hour X-waiver training.

At the advent of the CRVA project, clinical pharmacy practice mentorship was prioritized for CRVA CPPs practicing in these new and emerging settings. The goal and vision for mentorship was to provide a peer to peer practice resource for newly hired CPP to promote team integration and optimization of their services. Due to the focus of the project on rural Veteran care, many of the CRVA CPP were not physically present at the same locations as their clinical pharmacy peers and team members which meant that they were often having to navigate practice issues independently while providing direct patient care. The mentorship program brought together experienced CPP in select practice settings with these CRVA CPP in a virtual setting, allowing for collegial relationships, strong practice sharing and development of a community of practice. The mentorship program was expanded to include CPP Group Coaching. The goal of Group Coaching is to support CPP in a broad range of foundational practice elements by using coaching on key topics and features a mix of pre-recorded topic overviews and live discussion-based webinars led by coaches with a maximum of 10 participants per series.



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Key Facts:

- In VA, CPP have high retention rates, leading to low vacancies and turnover.
- VA CPP positions are highly sought after by graduating pharmacy residents and pharmacists alike.
- VA trains over 600 PGY1 and PGY2 residents that are ready for employment each year in July to take on roles as CPP system wide. In addition, over 1,500 additional residents graduate from accredited programs nationally, assuring plenty of highly trained applicants to nationally scale clinical pharmacy practice programs.
- The CPP Rural Veteran Access (CRVA) Legacy initiative hired 180 CPPs at 63 different facilities using a standardized practice plan including mentoring to ensure overall success. Over the last 4 years, CRVA CPPs have performed over 850,000 visits, serving over 230,000 Veterans with 58% of this care provided to rural Veterans.
- In FY20, CPPs hired in CRVA Legacy, Diffusion, and SUD collectively impacted 146,094 Veterans served over 570,515 visits encounters by a PACT CPP, 56,952 Veterans served over 166,343 visits encounters by a MH CPP, 55,715 Veterans served over 142,719 visits encounters by a Pain CPP, and 6,564 Veterans served over 12,900 visits encounters by a SUD CPP.
- A 3-day virtual clinical boot camp program focused on increasing SUD screening, care and treatment trained 234 VA, 17 Bureau of Prisons, 15 Indian Health Services CPPs. All attendees completed a series of foundational knowledge pre-work, including 24-hour X-waiver training.

Conclusion

There is strong published evidence that CPPs improve access, clinical outcomes and cost effectiveness when properly deployed for direct patient care. The practice of clinical pharmacy within the VA, has set the standard for what the clinical pharmacist practicing at the top of their license can achieve. Specifically, CPPs in the VA focus on practice areas that can directly impact improvements in access, quality and safety. It is critical to note that the VA CPP plays a key role in unburdening direct patient care providers by offloading CMM visits and reducing revisit rates. To facilitate the expedited access to CMM services for high demand clinical care areas across the country, the CPP should be leveraged to maximize the ability of every healthcare system to accomplish this objective. An opportunity exists to encourage health care leaders to use the processes and system of care integrating the CPP within the VA to address access and quality care issues within their healthcare system. Integrating the CPP must be endorsed as a top priority to improve access and quality of care across the nation.

Questions related to this Fact Sheet may be directed to VHAPBM Ask PBM Clinical Pharmacy Practice Office
VHAPBMAskPBMCPPO@va.gov.

Relevant VHA Directives/Handbooks:

1. VHA Handbook 1108.11, Clinical Pharmacy Services; July 1, 2015.
https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3120
2. VHA Handbook 1100.10(1), Patient Aligned Care Team (PACT) Handbook; February 5, 2014.
https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2977
3. VHA Directive 2009-053, Pain Management; October 28, 2009.
https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2781
4. VHA Directive 1033, Anticoagulation Therapy Management; July 29, 2015.
https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3129

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