LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
PHARMACY & THERAPEUTICS COMMITTEE

DMH CLINICAL PHARMACIST COLLABORATIVE PRACTICE AGREEMENT

I. PURPOSE

This Collaborative Practice Agreement (CPA) was developed to establish a collaborative medication therapy management practice and framework for Department of Mental Health (DMH) clinical pharmacists to work with patients and treatment teams to optimize outcomes of medication therapy. The scope of this CPA includes Comprehensive Medication Management (CMM) of medical and psychiatric disease states as well as medication support services during transitions of care.

II. GOAL OF CLINICAL PHARMACIST SERVICES

A. PROVIDE EDUCATION – Clinical pharmacist shall provide education to empower and equip patients with a better understanding of their disease state, treatment options, appropriate use of psychotropic medications in context of their other medication regimens, side effect management, laboratory monitoring, lifestyle modifications, markers of progress toward treatment goals, and intervention plans if symptoms worsen.

B. IMPROVE AND SUPPORT ADHERENCE – Clinical pharmacist shall identify and correct medication misuse, particularly nonadherence, through education and monitoring. Clinical pharmacist shall issue bridge supplies when appropriate and safe to avoid interruptions in medication therapy.

C. ASSURE MEDICATION SAFETY – Clinical pharmacist shall monitor patients for medication-related problems, including potential adverse drug events (pADEs) and adverse drug events (ADEs) and take action to prevent, minimize, or resolve these. Clinical pharmacist shall order laboratory tests or studies related to medication monitoring and medication treatment decisions.

D. OPTIMIZE MEDICATION REGIMENS – For patients referred to Clinical pharmacist for medication management services, Clinical pharmacist shall implement drug therapy adjustments (e.g., addition, substitution, discontinuation, dose adjustment) that are focused on improving therapeutic outcome(s) consistent with evidence-based medicine and best practices. In consultation, clinical pharmacist may also conduct comprehensive medication regimen reviews and recommend drug therapy adjustments.

E. FACILITATE MULTIDISCIPLINARY COLLABORATION – Clinical pharmacist shall participate in team-based care decision-making, e.g. during huddles, case conferences, multidisciplinary patient visits, population health management, and quality improvement projects, etc. under direction of DMH Chief of Pharmacy and Laboratory. Clinical pharmacist shall also serve as a drug information resource to physicians, psychologists,

nurse practitioners, social workers, nursing staff, psychiatric technicians, and/or administrative staff, as applicable to optimize patient care.

F. SUPPORT LONG-TERM TREATMENT SUCCESS - Upon reaching treatment goals, clinical pharmacist may offer ongoing follow-up to ensure patients remain stable with safe and effective medication-related outcomes.

III. SCOPE OF PRACTICE

Services provided by clinical pharmacist shall include:

1. CMM of medical and psychiatric disease states:
   - Schizophrenia spectrum and other psychotic disorders
   - Bipolar and related disorders
   - Depressive disorders
   - Anxiety disorders
   - Obsessive-compulsive and related disorders
   - Trauma- and stressor-related disorders
   - Feeding and eating disorders
   - Sleep-wake disorders
   - Substance use and addictive disorders
   - Diabetes
   - Hypertension
   - Dyslipidemia
   - Other medical and psychiatric disease states approved by DMH Chief of Pharmacy and Laboratory and referring prescriber

2. To deliver CMM, clinical pharmacists shall:
   - Obtain a history relevant to medications and medication treatment plans and perform medication reconciliation
   - Monitor vital signs, order and interpret laboratory tests or studies that impact medication monitoring or medication treatment decisions
   - Perform mental status examinations and utilize appropriate standardized psychiatric rating scales to track symptom and side effect management
   - Initiate, modify, discontinue, and/or renew drug therapy in accordance with evidence-based medicine and best practices. Develop and recommend, or implement, medication treatment plan.
   - Authorize refills and bridge-supplies as clinically appropriate
   - Initiate therapeutic interchanges
   - Consult with referring prescriber or, if not available, another prescriber as needed
   - Refer for physician re-evaluation, intervention, and/or more intensive treatment as needed
   - Order consults/referrals (e.g. dietician, social work, specialty provider), as appropriate, to maximize positive drug therapy outcomes

- Document patient encounters and interventions in electronic health record system(s)
- Dispense medications and administer vaccines
- Provide patient and caretaker education
- Schedule follow-up appointments (frequency and modality based on patient's individual needs, resources, treatment plan, and clinical pharmacists' judgment)
- Utilize patient care registries for individual and population health management

3. Non-CMM medication support services:
   - Disease-specific individual medication management
   - (Disease-specific) group medication management - multi-provider and/or multi-patient appointment sessions for Clozapine Treatment, Smoking Cessation, Alcohol Use Disorder, Opioid Use Disorder, Depression, Anxiety, Diabetes, Hypertension, etc.)
   - Population health management
   - Medication reconciliation
   - Patient education
   - Authorization of medication bridge supplies as clinically appropriate and in accordance with guidance from DMH Chief of Pharmacy and Laboratory
   - Patient enrollment in medication cost assistance programs
   - Other pharmacy services authorized under California Business and Professions Code 4000 et seq.

4. Consultative services, including but not limited to:
   - Comprehensive medication regimen review and recommendations
   - Evaluation for drug-drug, drug-food, drug-disease interactions
   - Side effect management
   - Titration/tapering strategies
   - Polypharmacy minimization
   - Overcoming treatment barriers and medication non-adherence
   - Medication considerations in pregnancy and lactation
   - Formulary options and therapeutic equivalents
   - Medication access and cost assistance programs
   - Medical literature analysis/evaluation
   - Presentations and in-services
   - Pharmacogenomics considerations in drug selection
   - California pharmacy law compliance and audit preparedness

IV. REFERRAL

Inclusion Criteria:

- Participating Prescribers may refer any patient whom they believe will benefit from clinical pharmacist services. Clinical pharmacists may also proactively identify patients,

whom they believe will benefit from clinical pharmacist services, for review and referral by Participating Prescribers.

- Referral priority should be given to patients with comorbid psychiatric and medical conditions, comorbid psychiatric diagnoses and substance use disorders, complex medication regimens, potential for drug interactions, and/or those in need of extensive medication education to ensure therapeutic outcomes and safety.
- Participating Prescribers are responsible for ensuring diagnosis entry in electronic health records (EHR) is current and consistent with latest chart note(s) prior to or at time of patient referral.
- Clinical pharmacists will assume full scope (as defined in Section III) for all referred cases unless otherwise specified by Participating Prescribers. In the event that Participating Prescribers are unavailable, program managers or their designees can refer patients to Clinical pharmacists.

Exclusion Criteria:

- Referrals may be denied if any of the following apply to patient:
  1. Current violent or assaultive behavior
  2. Current need for inpatient psychiatric admission (i.e. imminent danger to self or others, or gravely disabled)
  3. Any mental health disorder that does not have evidence supporting pharmacotherapy and/or would require extensive psychotherapeutic intervention

V. PHYSICIAN COUNSEL

- Referring psychiatrist, supervising psychiatrist or other covering physicians, in that order, shall be available for consultation under the following circumstances:
  - If patient's signs, symptoms, or response to medications are inconsistent with current documented diagnoses
  - If a significant deterioration or significant change from patient's previous clinical status occurs
  - If a patient experiences a severe or unusual side effect or adverse drug reaction
  - If there is an unexpected finding by history, physical assessment, or laboratory
  - Multidisciplinary input requested

VI. DISCHARGE / REVERSE REFERRAL

- Patients may be discharged from clinical pharmacist services if:
  - Patient successfully reaches treatment goal(s) as agreed upon by clinical pharmacist, referring prescriber, and patient; or
  - Patient declines clinical pharmacist services; or
  - Patient fails to return for scheduled follow-up despite at least 3 contact attempts; or
- Clinical pharmacists may refer back to referring or covering prescriber any patient whom they believe will benefit from re-evaluation and/or more-intensive treatment.

VII. DOCUMENTATION

- Documentation – All visits will be documented in DMH EHR in accordance with DMH Policy.

VIII. QUALITY ASSURANCE THROUGH PEER REVIEW

- Peer review of medical records will occur annually as outlined in attached Procedures.
- Peer review results will be submitted to DMH Chief Medical Officer, CHS Chief Medical Officer, and peer review committee for review and feedback.

IX. PHARMACY TRAINEES

Any resident pharmacists and student pharmacists completing rotations under supervision of Clinical pharmacist shall also follow this agreement. Clinical pharmacists and pharmacy residents, both of whom are Doctors of Pharmacy, are able to fulfill all roles and responsibilities described in this document. Clinical pharmacists, may at their discretion, require pharmacy residents to submit all documentation and actions for their review and approval prior to implementation. Student pharmacists, under supervision of either a clinical pharmacist or pharmacy resident, are not able to perform any duties independently and must have all documentation and actions reviewed and approved by supervising clinical pharmacist prior to implementation.

X. PARTICIPATING PRESCRIBERS:

Participating Prescribers under this CPA include all psychiatrists, nurse practitioners and Advanced Practice Pharmacists, reporting to Department of Mental Health Chief Medical Officer and all prescribers reporting to Correctional Health Services Chief Medical Officer. Signatures from Chief Medical Officers constitutes legal agreement for all prescribers within the respective institutions to the contents of this CPA, if they choose to refer patients to collaborative pharmacist care in DMH. Clinical Pharmacist shall keep Participating Prescribers, who oversees care of patient, informed of care decisions through chart documentation in EHR system shared with Participating Prescribers.

XI. PERIODIC REVIEW OF CPA

This document will be reviewed by Chief Medical Officer of Department of Mental Health, Chief Medical Officer of Correctional Health Services and Chief of Pharmacy and Laboratory of Department of Mental Health when changes in medical practice, law, or regulatory requirements occur.

AUTHORITIES
California Business and Professions Code sections 4076, 4052.1-4052.9

ATTACHMENTS
DMH Clinical Pharmacy CPA Procedures: General
DMH Clinical Pharmacy CPA Procedures: CHS-DMH Prescriptions Bridging Service for Jail Release Patients

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COLLABORATIVE PRACTICE AGREEMENT APPROVED BY:

PHARMACIST(S):

Susana Sou 11/05/2024
Susana Sou, Pharm.D., MHA, BCPS Date
Chief of Pharmacy and Laboratory
Department of Mental Health, Los Angeles County

PHYSICIAN(S):

Curley L. Bonds, M.D. Digitally signed by Curley L. Bonds, M.D. Date: 2024.11.07 07:18:11 -08'00'
Curley L. Bonds, M.D. Date
Chief Medical Officer
Department of Mental Health, Los Angeles County

11/7/24
Sean Henderson, M.D. Date
Chief Medical Officer, Correctional Health Services
Department of Health Services, Los Angeles County

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