

CPNP position paper released: Integration of psychiatric pharmacy expertise into primary care is essential to our patients care

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As psychiatric pharmacy practitioners, we are all acutely aware that persons with severe and persistent mental illnesses often do not receive adequate general medical care for a variety of reasons. According to work published by Dross and colleagues, sponsored by the Robert Wood Johnson Foundation, more than 68 percent of adults with a mental illness have at least one medical disorder, and 29% of people with medical disorders have a comorbid mental health condition. Further, comorbid mental health and medical conditions are associated with substantial decreased quantity and quality of life, increased symptom burden, and increased healthcare costs. It is increasingly clear that optimizing healthcare outcomes requires effective management of medical and psychiatric illness.

Recognizing the significance of this matter, and the pace of change in the national healthcare landscape with multiple converging factors that make the advancement of pharmacy practice a real possibility, the CPNP Board of Directors appointed a task force to develop a [position statement](#) on integrating pharmacists with psychiatric and neurologic training into primary care settings. In this edition of the *Mental Health Clinician*, we are sharing this position with the membership. The goal of this position statement on integration of psychiatric pharmacists into the medical home model is to encourage the medical and pharmacy community to work together to improve access to care, improve healthcare-related outcomes, and decrease overall healthcare costs for patients with mental illness and medical comorbidities by taking purposeful action to move towards integrated care. Further, CPNP believes that this position statement will give guidance to our members regarding what is important in this rapidly evolving arena of behavioral health integration into the primary care medical home setting. By supporting healthcare reform in the manner outlined in the position statement, including recognizing pharmacists as providers, high quality, cost effective care can be more effectively delivered to this high risk patient group.

It is clear from well-established models that psychiatric pharmacists can provide holistic patient-centered care by integrating mental health and primary care. In this model, psychiatric pharmacists provide comprehensive medication management, consistent with the principles

outlined by the Patient Centered Primary Care Collaborative Medication Management Taskforce, as part of an integrated health care team. Board-certified psychiatric pharmacists are uniquely positioned to partner with primary care providers and generalist pharmacists to target complex patients who are high users of resources and optimize outcomes.

Our ultimate goal in promoting collaboration between mental health and medical care is to improve the lives of persons with chronic mental illness and their families. This position statement has been endorsed by NAMI, as a partner advocacy group seeking appropriate services for persons with mental diseases. Similar such positions on moving pharmacy practice forward have recently been taken by the United States Public Health Service and endorsed by the Surgeon General. Clearly, more effective utilization of pharmacists in healthcare to the benefit of patients is an idea whose time has arrived. George Bernard Shaw has a famous line that goes "Those who say it cannot be done get in the way of those who are doing it." I believe we are the doers.

[View the position paper](#)

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