



City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: **Clinical Pharmacists General Procedure and Protocol in BHS Clinics**

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Director of Behavioral Health Services

Date: May 9, 2017

Manual Number: 3.07-5
References:
California Codes
Business and Profession Code
Section 4050-4052
California Code of Regulations
1810.225

Substantive Revision. Replaces Policy 3.07-5 version September 17, 2013.

I. Purpose:

To formally recognize the role of pharmacists in the provision of medication management services in Behavioral Health Services and to fully utilize their skill set to support the wellness and recovery of clients, and to maximize the effectiveness of the medical-clinical team.

II. Scope:

This policy applies to BHS clinical pharmacists working in BHS behavioral health clinics including mental health programs, substance use disorder programs, and contracted agencies.

III. Clinical Pharmacist Protocol General Policy

1. For expanded clinical functions of pharmacists under Business and Professions Code sections 4050-4052 and the medication support services defined by California Code of Regulations Title IX section 1810.225, clinical pharmacists shall have a Medication Management Protocol, jointly signed by the Clinic Medical Director and the Clinical Pharmacist, for each practice site. (See Appendix A)
2. Any specific modifications to this protocol may be added as amendments to the protocol.
3. The original copy of the signed protocol shall be retained by the BHS Director of Pharmacy, and a copy retained by the Medical Director and Clinical Pharmacist.
4. If clients are being referred to a BHS clinical pharmacist for medication prescribing, then prior to referral the client will have been assessed by a psychiatrist, including a thorough diagnostic evaluation.
 - I. Upon referral, psychotropic medication will be co-managed by the clinical pharmacist under the supervision of a BHS psychiatrist.
5. If clients are being referred to a BHS clinical pharmacist for activities that do not include prescribing medication, then a client does not need to first be assessed by a psychiatrist.

IV. Clinical Pharmacist Supervision and Evaluation

1. Each individual pharmacist practicing under this protocol will be under the clinical supervision of a licensed BHS physician at each specific practice site. The supervising physician will meet as often as clinically indicated with the pharmacist to review cases.
2. A selection of cases managed by the clinical pharmacist will be included in the annual clinical pharmacist peer review.

3. The Director of BHS Pharmacy Services will report routinely to the BHS Medical Director on the status of the program.
4. The BHS Medical Director, Clinic Medical Director, and Director of Pharmacy Services, Psychiatric Clinical Pharmacist Supervisor will review the protocol and program periodically and report their findings to the Medication Use Improvement Committee.

V. Training:

1. BHS clinical pharmacist competence requirements will be determined by the clinic medical director and will include:
 - a) Conducting mental status exams
 - b) Treating acute extrapyramidal symptoms (EPS)
 - c) Medication treatment guidelines
 - d) Other areas deemed pertinent and in accordance with this policy.
2. Prior to performing any procedure authorized by this policy a pharmacist shall have demonstrated competence as determined by the BHS Clinical Pharmacist Supervisor and ONE of the following:
 - a) Successfully completed clinical residency training
 - b) Received Board Certification as a Psychiatric Pharmacist
 - c) Demonstrated clinical experience in direct client care delivery to the satisfaction of the clinic medical director.

VI. Role of the Clinical Pharmacist on the BHS Medical Team

The clinical pharmacist will function as part of a multidisciplinary collaborative medication therapy management team in accordance with this protocol. Pharmacists seek to find the best medication regimen for an individual client. This decision is based on targeted symptoms, current and past medication trials, adverse effects, and concurrent conditions. Once medications have been selected, pharmacists monitor for clinical response and the emergence of side effects and medication related problems. Pharmacists provide clients and caregivers with education on how and when medications should be taken. They discuss common concerns and set realistic expectations.

VII. Examples of Specific Clinical Pharmacist Services

1. Client Medication Management
 - a. Ongoing Medication Management Caseload
 - i. Ongoing medication management (including initiations, adjustments and discontinuations)
 - ii. Medication monitoring (including effectiveness, side effects, laboratory)
 - iii. Intensive follow-up
 - iv. Medication adherence
 - v. Side effect management
 - vi. Adherence counseling
 - vii. Medication education
 - viii. Dietary counseling
 - ix. Health education
 - b. Group Medication Management
 - i. Same services as ongoing medication management in a group format
 - ii. Examples of group topics: clozapine, smoking cessation, medication education, healthy living
 - c. Crisis (Unscheduled Visits)
 - i. Bridge medication to provider follow up after missed appointment

- ii. Evaluation of side effects
 - d. Gold Card
 - i. Bridge medication to medication evaluation after psychiatric hospitalization
 - e. Care Coordination
 - i. Transitions of care
 - ii. Medication planning for step down to primary care
- 2. Consultation Services
 - a. Prescriber consultation
 - i. Treatment resistance
 - ii. Side effect management
 - iii. Titration/tapering strategies
 - iv. Polypharmacy
 - v. Medication reconciliation
 - b. Drug information
 - i. Evaluation of drug-drug, drug-food, drug-herb interactions
 - ii. Medication use in pregnancy and lactation
 - iii. Assessment of adverse effects
 - iv. Literature analysis/evaluation
 - c. Client education
 - i. Medication counseling
 - ii. Medication/pharmacy access
 - d. Presentations and in-services
 - i. Providers
 - ii. Clients

Contact Person:

BHS Director of Pharmacy, CBHS Pharmacy Services, (415) 255-3659

Distribution:

BHS Policies and Procedures are distributed by the Behavioral Health Services Compliance Office

Administrative Manual Holders

BHS Programs

SOC Managers

BOCC Program Managers

CDTA Program Managers

APPENDIX A

CLINICAL PHARMACIST MEDICATION MANAGEMENT PROTOCOL

Refer to the Clinical Pharmacists General Procedure and Protocol in BHS Clinics for policy specifics

I. Medication Management Protocol

1. Criteria for Referral for Clinical Pharmacist Ongoing Medication Management Caseload:

i. Inclusion Criteria:

- a) Registered client in BHS
- b) Evaluated by an onsite BHS psychiatrist
- c) Referred by an onsite psychiatrist
- d) Diagnosis of a primary psychiatric or substance use disorder according to the current version of the Diagnostic and Statistical Manual

ii. Exclusion Criteria:

- a) Suicidal ideation with imminent danger to harm self
- b) Homicidal ideation with imminent danger to harm others
- c) Target psychiatric symptoms not amenable to drug therapy
- d) Those in need of additional diagnostic assessment to determine appropriate medication treatment (i.e. Mood Disorder, rule out Major Depressive Disorder vs Bipolar Affective Disorder).

2. Criteria for Referral for Clinical Pharmacist Groups, Consultations, Client Education, Crisis (Unscheduled Visits), Gold Cards

i. Inclusion Criteria:

- a) Registered client in BHS
- b) Evaluated by a physician if medications will be prescribed. If no medications will be prescribed, a client does not need to first be evaluated by a physician
- c) Referred by any BHS clinic staff
- d) Diagnosis of a primary psychiatric or substance use disorder according to the current version of the Diagnostic and Statistical Manual

ii. Exclusion Criteria:

- a) Suicidal ideation with imminent danger to harm self
- b) Homicidal ideation with imminent danger to harm others
- c) Target psychiatric symptoms not amenable to drug therapy
- d) Those in need of additional diagnostic assessment to determine appropriate medication treatment (i.e. Mood Disorder, rule out Major Depressive Disorder vs Bipolar Affective Disorder).

II. Disease States Managed

1. Psychiatric conditions diagnosed by the referring psychiatrist as listed in the current version of the Diagnostic and Statistical Manual that need non-emergent medication assessment and/or medication adjustments prior to the next physician re-evaluation.
2. Treatment emergent EPS and acute EPS, with appropriate referral.
3. Other treatment emergent side effects including but not limited to: constipation, xerostomia, incontinence, and sexual dysfunction.

III. History Obtained and Client Assessment Performed

1. The BHS clinical pharmacist will refer to client's BHS medical record, and will seek other sources of information to obtain additional medical, psychiatric, and medication history, laboratory results, and relevant findings.
2. The clinical pharmacist will assess and monitor psychiatric medication effects, adherence, adverse drug reactions, and outcomes related to treatment.
3. The pharmacist will evaluate the development of new, unanticipated, or recurrent problems and will consult with the physician supervisor and/or refer the client to the appropriate service or personnel.
4. The clinical pharmacist functions may include obtaining a medication history, and ordering laboratory tests as appropriate.

IV. Procedure and Criteria for Adjusting Drug Therapy

1. Medication management will include initiating or adjusting the medication regimen and dosage schedule to minimize adverse effects and optimize therapeutic response including managing medication titration and tapering schedules.
2. Adjusting the medication regimen may include substituting or selecting a different drug.

V. Clinical Intervention Algorithm

1. If there is no significant change in the client's symptoms or functional status: authorize and/or provide medication orders, and order laboratory tests as needed.
2. If the client needs a medication regimen adjustment: adjust medication regimen, and order medication and laboratory tests as needed. In addition, document medication changes in electronic medical record within 24 hrs.
3. If the client shows signs and symptoms of significant decompensation: consult with the supervising psychiatrist or available physician and refer for re-evaluation and more intensive treatment.
4. Counsel client on the therapeutic effects of medication, the use of the medication, and side effects.
5. Refer clients to appropriate clinician for additional services or consultation when needed.
6. Consult with supervising psychiatrist for any complications or areas of concern.
7. Schedule follow up appointments according to each client's individual needs and treatment plan.
8. Exceptions for Crisis: Only authorize enough medication to last until the next appointment with the client's provider
9. Exceptions for Gold Cards: Only authorize medications from the hospital discharge summary and only authorize enough medication to last client until their assigned medication evaluation.

VI. Drugs and Drug Classes Managed

1. Medications covered by this protocol: medications used in the treatment or management of mental illness or substance use disorders, and for the treatment of side effects of these medications.

VII. Laboratory Tests Ordered and Criteria for Ordering Such Tests

1. The clinical pharmacist may order routine laboratory tests to monitor the efficacy and safety of medications in the treatment or management of mental illness or substance abuse disorders.

VIII. Specific Criteria for Physician Referral and Consultation

1. The client's co-managing psychiatrist shall conduct a face-to-face client evaluation at least every 12 months.
2. The client's co-managing psychiatrist or, if not available, another physician will be consulted under the following circumstances:
 - i. When any significant deterioration or significant change from a client's previous clinical status occurs.
 - ii. If a client experiences a severe or unusual side effect or adverse drug reaction.
 - iii. If there is an unexpected finding by history, physical assessment, or laboratory result.

IX. Billing and Documentation in the Medical Record

1. All pharmacist medication assessments and interventions will be documented in the client's medical record following standards set forth in the BHS documentation manual.
2. Medication adjustments will be entered into the electronic prescribing database.

CLINIC NAME & LOCATION:

APPROVED BY:

Clinic Medical Director:

Print Name

Signature

Date

Clinical Pharmacist:

Print Name

Signature

Date

AMENDMENTS:

Any specific modifications to this protocol made by a specific site are to be placed here.
