

Clinical Pharmacy Specialist (CPS) Provider Role in Opioid Use Disorder
Department of Veterans Affairs
Veterans Health Administration

The Clinical Pharmacy Specialist (CPS) is an integral provider in the provision of comprehensive medication management (CMM) services in Opioid Use Disorder (OUD) Medication Assisted Treatment (MAT). Full integration of the CPS provider in collaborative care roles can significantly improve access to MAT for OUD throughout the VA.

Key Takeaways include:

- Nationwide, there are substantial shortages of providers to deliver MAT for OUD.²⁻⁴
- The CPS is an Advanced Practice Provider who provides comprehensive medication management (CMM) services under a scope of practice with independent prescriptive authority in accordance with [VHA Handbook 1108.11 Clinical Pharmacy Services](#).
- The CPS provider is uniquely trained to provide CMM services for Veterans with OUD due to their extensive knowledge of medications, clinical pharmacology, pharmacokinetics, pharmacodynamics, and therapeutics. This is a combined skill set that is unique to this group of health care professionals.
- The CPS provider is critical to the opioid epidemic in prevention and treatment of OUD and overdose.^{6,7}
- **Evidence shows that CPS providers increase access to OUD treatment and improve treatment retention rates.**⁸⁻¹⁰
- Integration of CPS providers into OUD MAT teams across the stepped care model significantly improves access by increasing the number of prescribers available to treat patients while also improving safety, costs and quality, positively impacting quality **SAIL metrics SUD16 and SUD4 and Opioid Safety Initiative (OSI) metrics**.
- As a key team member and the medication expert, the CPS provider collaborates with interdisciplinary team members to provide CMM services.
 - After an OUD diagnosis is made, the CPS provider initiates and manages naltrexone and collaborates with the qualifying practitioner for initiation and ongoing prescribing of buprenorphine and methadone maintenance in VA treatment facilities.
 - This includes managing MAT induction and stabilization and providing maintenance follow-up as needed.
 - Other CPS provider roles include risk mitigation implementation (OEND, UDS, PDMP, etc.) medication education, addressing co-morbidities with needed referrals, population management and may take on the role of care coordinator.
 - Since January 2018, **13% of naltrexone prescriptions for OUD have been prescribed by VA CPS Providers.**
- As the Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT) initiative grows, ensuring an adequate number of CPS providers will be critical to program goals.
- Successful efforts are being undertaken at several VA facilities around the country to integrate and optimize the roles of the CPS provider on OUD treatment teams in a variety of settings. Some of those **strong practices are outlined in Appendix A** and may be utilized for practice diffusion VA-wide.
- The VA, VISNs and facilities have a significant, and important, opportunity to expand the CPS provider workforce and optimize their roles in MAT for OUD to bridge gaps in care.

SEE FOLLOWING SECTION FOR FULL NARRATIVE OF THESE POINTS

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Background

The opioid crisis continues to challenge the nation with opioid-related overdose death rates rising again in 2017 totaling 49,000 with nearly half related to fentanyl or fentanyl analogs.¹ This is in part due to unintended consequences of addressing the opioid crisis in the U.S. (e.g. opioid dependence is untreated). Despite efforts to expand access to Medication Assisted Therapy (MAT) through legislation and other avenues, there continues to be substantial shortages of providers to deliver MAT for Opioid Use Disorder (OUD) across the country.²⁻⁴ This is particularly so in the rural Veteran population where it has been reported that more than 60% of rural counties nationwide lack a qualifying practitioner to prescribe buprenorphine, exacerbating the already present challenge of access to care in rural settings.⁵ Some vulnerable Veteran populations such as patients with psychiatric comorbidities and the elderly may not wish to seek care outside of their medical home, leading to considerable risk. In addition, medical comorbidities common to the Veteran population are associated with poorer outcomes in OUD and evidence suggests that treating these comorbid conditions may improve treatment, psychosocial, and functional outcomes associated with OUD. This further necessitates the need for a comprehensive, collaborative team of healthcare providers to treat this high-risk population. Simply put, the importance of increasing access to MAT for OUD cannot be overstated. As the medication expert, the CPS provider is in an excellent position to mitigate the opioid epidemic in the prevention and treatment of OUD and overdose.^{6,7} Evidence shows that CPS providers increase access to OUD treatment and improve treatment retention rates.⁸⁻¹⁰ Optimizing and expanding the CPS provider workforce and team integration with appropriate roles and responsibilities are critical to improving access to care for OUD.

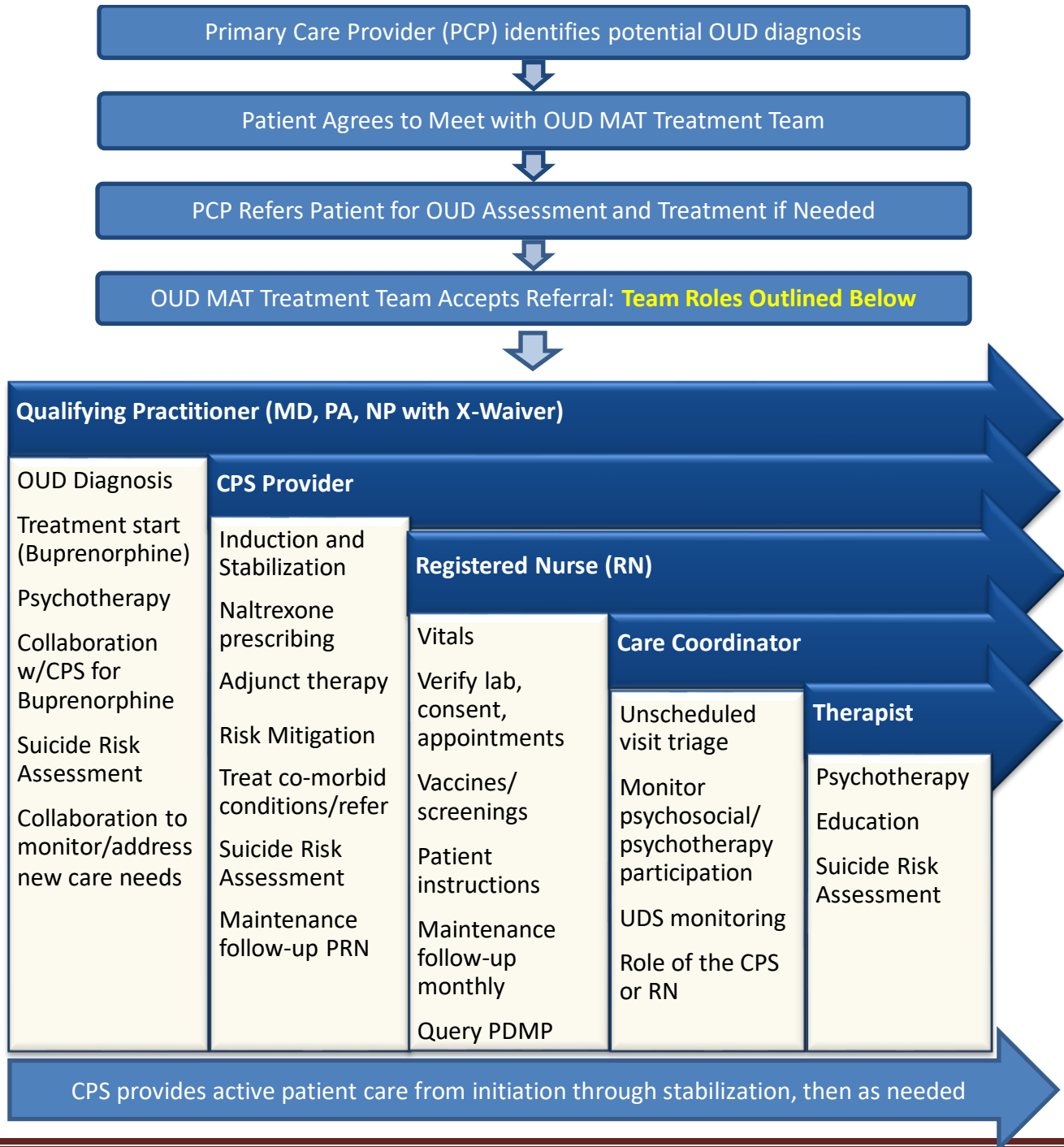
The CPS Provider and the Provision of MAT for OUD

The CPS is a highly trained Advanced Practice Provider who provides comprehensive medication management (CMM) under a scope of practice with independent prescriptive authority in accordance with [VHA Handbook 1108.11 Clinical Pharmacy Services](#). Integration of CPS providers on teams to provide CMM to patients with OUD significantly improves access by increasing the number of prescribers available to treat Veterans while also improving safety, costs and quality, positively impacting quality SAIL metrics SUD16 and SUD4 and Opioid Safety Initiative (OSI) metrics. As a key team member, the CPS provider collaborates with the team to provide CMM services. After the patient has been seen by a provider and an OUD diagnosis is made, the CPS provider can initiate and manage naltrexone or collaborate with a qualifying practitioner (X-waivered) for initiation and ongoing prescribing of buprenorphine. The CPS can also assist with methadone maintenance in a certified opioid treatment program (OTP). This includes MAT induction and stabilization and providing maintenance follow-up as needed. The CPS provider employs risk mitigation strategies, provides medication education, improves adherence, and assures co-morbidities are addressed, making needed referrals for care that may be critical to MAT retention and treatment outcomes, such as mental health and pain care. The CPS provider performs population management to identify at-risk Veterans for intervention, including OUD evaluation and treatment, risk mitigation and overdose education and naloxone. And finally, the CPS provider may take on the role of care coordinator to ensure risk monitoring and Veteran participation in and

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appointments for needed care. The CPS provider utilizes face-to-face and virtual care modalities. Figure 1 demonstrates the care delivery model of MAT for OUD with integration of the CPS provider.

Figure 1. OUD MAT Provision and Continuum of Care Model



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Current VA CPS Provider Practice in OUD MAT

One major VA initiative to improve access to OUD care is the Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT) Program. This program was launched through a face to face conference in August 2018 that was attended by one interdisciplinary team from each VISN, including a CPS Provider. These teams are tasked with developing action plans to implement a MAT for OUD model within their own facility. Once this initial phase is complete, the plan is to diffuse OUD MAT implementation to every VA facility over 3 years. As this program moves forward, ensuring an adequate number of CPS providers will be critical to success. CPS provider integration has grown in Mental Health, Pain Management and Substance Use Disorder teams, including OUD, in primary and specialty care settings. At the end of FY18, 218 CPS providers are delivering pain management care in the VA with another 426 CPS providers delivering mental health care with both practice areas growing by more than 500% over the last 5 years. Several of these CPS providers have expanded practice to deliver OUD MAT through integration into collaborative care treatment teams in primary and specialty care practice settings. Since January 2018, 13% of naltrexone prescriptions for OUD were prescribed by VA CPS Providers. Successful efforts are being undertaken at several VA facilities around the country to integrate and optimize the roles of the CPS provider on OUD treatment teams in a variety of settings. These efforts will prove to enhance much needed access to OUD MAT. Some of those strong practices are outlined in Appendix A of this document and may be utilized for practice diffusion VA-wide.

CPS Provider Practice Consideration

While CPS providers may obtain controlled substance prescriptive authority as outlined in [PBM Guidance Understanding Med Prescriptive Authority](#) in the VA, CPS providers are currently not identified as a qualifying practitioner by federal law and therefore are not authorized to obtain an X-waiver to prescribe controlled substances for MAT, such as buprenorphine and methadone. Despite this limitation, CPS providers often complete the valuable 24-hour X-waiver training when providing OUD care and are encouraged to do so. This free training is available at: <https://pcssnow.org/medication-assisted-treatment/>

Conclusion

As the efforts to combat and conquer the opioid crisis continues, the need to grow the number of providers who can adequately identify and treat OUD has never been more apparent. The CPS provider is uniquely trained to provide CMM services for Veterans with OUD due to their extensive knowledge of medications, clinical pharmacology, pharmacokinetics, pharmacodynamics, and therapeutics. This is a combined skill set that is unique to this group of health care professionals and has shown to be useful in this patient population. With substantial shortages of providers to deliver MAT for OUD continuing to plague the nation and the VA, integration of the CPS provider as part of the OUD treatment teams provides a critical avenue for addressing prescriber staffing needs. The VA, VISNs and Facilities have a significant and important opportunity to expand the CPS provider workforce and optimize their roles in MAT for OUD to bridge the gap in care in alignment with critical goals of the SCOUTT initiative.

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Questions related to this guidance may be directed to the Clinical Pharmacy Practice Office (CPPO) at VHAPBH Clinical Pharmacy Practice Office (CPPO) ClinicalPharmacyPracticeOfficeCPPO@va.gov.

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Appendix A: Strong Practices

MAT for OUD Care Models with CPS Integration by Practice Setting

Primary Care

Established July 2017, Location George E. Wahlen VA Medical Center in Salt Lake City, UT: The psychiatric CPS provider serves on the Vulnerable Veteran Innovative PACT team (VIP), an interdisciplinary team within primary care focusing on serving patients with SUD, homelessness, and complex chronic pain. The VIP team has grown to consist of three primary care physicians with board certification in addiction medicine, two psychiatric CPS providers, a mental health advanced practice nurse practitioner, a licensed clinical social work and two registered nurse care managers. The CPS provider dedicates 100% of clinical duties to the VIP team and performs comprehensive medication management for multiple disease states including tobacco use disorder, alcohol use disorder (AUD), OUD, and other mental health conditions. One important role of the CPS provider is building rapport and treatment engagement with the patient in the primary care setting—this may lead to eventual referral to mental health and SUD specialty treatment when indicated. Additionally, specialty MH/SUD will refer patients to the VIP team as a step down when patients no longer require specialty care. The CPS provider roles as part of the VIP team include:

1. Collaborates with x-waivered prescribers to manage patients on buprenorphine/naloxone and manage patients individually for OUD MAT induction, stabilization, and maintenance
2. Documents consent for buprenorphine treatment via iMED consent
3. Manages medication treatment for AUD
4. Completes routine monitoring of prescription drug monitoring programs (PDMP) and urine drug screen (UDS) interpretation
5. Provides opioid overdose education and naloxone distribution (OEND)
6. Helps other members of the team with opioid and benzodiazepine tapering
7. Conducts shared medical visits with VIP providers

Established May 2018, location Minneapolis VA Health Care System (MVAHCS) in Minneapolis, MN: One PACT CPS provider works collaboratively with two x-waivered primary care providers (PCP) to provide comprehensive medication management services as part of MAT for OUD. Once a PACT team identifies a Veteran may benefit from MAT for OUD and the Veteran agrees, a warm hand-off is completed with one of the primary care-based team members involved in OUD treatment. The x-waivered PCP completes an initial evaluation to confirm OUD diagnosis and discuss treatment. The PACT CPS provider joins the end of the appointment to meet the Veteran and establish a follow-up schedule. Inductions and maintenance appointments may be conducted in clinic or at home (phone, telehealth, etc.), determined by clinical judgement and Veteran preference. The x-waivered PCP sees the Veteran at least annually and is readily available as needed for collaboration. Approximately 2 new patients per month are started on MAT for OUD. The PACT CPS provider roles include the following:

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1. *Induction, sustainment and maintenance adjustments and monitoring (e.g. withdrawals, liver function tests, urine drug screens, prescription drug monitoring program query, etc.)*
2. *Referral to primary care or Addiction Recovery Services team members if the patient requires additional treatment services*
3. *Comprehensive medication management of co-morbid medical conditions including, but not limited to, pain, diabetes, and hypertension*

To improve access for patients needing OUD treatment, while still covering assigned PACT teams, the PACT CPS provider schedules the Veteran into pre-existing appointment slots in established clinic grid. The goal is to expand the number of x-waivered prescribers and extend OUD training for all PACT CPS providers to standardize this as part of PACT CPS practice and further improve access to MAT for OUD.

Mental Health

Established November 2018, Location Phoenix VA Health Care System in Phoenix, AZ: *Four 1.0 FTE CPS provider, one x-waivered prescriber and one RN manage Veterans with OUD in a shared-care model. The CPS provider performs buprenorphine medication management by assessing Veterans on treatment and making dose adjustments as needed, communicating the plan with the team and entering the prescription for the collaborating x-waivered prescriber to sign. Buprenorphine maintenance appointments are alternated between the three team members with the CPS provider seeing the patient 1-2 times monthly. These Veterans are discussed weekly at treatment team meetings and may be referred to the outpatient MH CPS provider clinic for management of AUD.*

In addition, SUD treatment is delivered by Psychiatric CPS providers within the general mental health (MH) setting as part of interdisciplinary treatment team care. The CPS provider works closely with psychiatrists, physician assistants, psychologists, RNs, and social workers to provide MAT. The CPS provider also manages co-morbid psychiatric conditions in Veterans with SUD.

Established in June 2017, Location VA Northern Indiana Health System in Fort Wayne, IN: *This program is similar in respect to the general mental health clinic model established at Phoenix. One 1.0 FTE mental health CPS provider is integrated as part of the SUD/MAT interdisciplinary team and provides comprehensive medication management for SUD (mainly AUD and OUD) through individual appointments and recommendations provided at weekly treatment team and treats comorbid mental health disorders as well.*

Specialty Pain Treatment

Established March 2018, West Palm Beach VA Medical Center in West Palm Beach, FL: *The CARA (Comprehensive Addiction and Recovery Act) clinic is a consult service managed by the pain CPS provider and mental health CPS provider. This team also includes a pain physician, pain psychologist, addiction psychiatrist, and suicide prevention coordinator with ancillary support from Nursing and Medical Administration Services (MAS). This clinic is designed to improve Veteran outcomes through comprehensive collaborative management of chronic pain while mitigating risk and addressing SUD. The*

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clinic schedules appointments one afternoon per week with future plans to expand to a second half-day per week as demand increases. The team meets once weekly for one hour to review active Veterans in the clinic and discuss treatment plans. Initially Veterans are seen in a dual appointment with the pain CPS provider and addiction psychiatrist with follow-up scheduled with the appropriate team member based on the Veteran's needs. Veterans are managed by the CARA team until they are considered stable and transferred back to referring service. Stability is defined as a urine drug screen (UDS) negative for illicit substances, without relapse and adequate pain control or improvement in physical activity/function for a period of 3-6 months. A future goal of the program includes development of a designated primary care team to treat Veterans with comorbid chronic non-malignant pain and SUD.

Established July 2018, Location Tennessee Valley Healthcare System in Nashville/Murfreesboro, TN: The CPS-led MAT for OUD program was originally implemented by the Pain CPS provider in collaboration with a Pain specialty physician one-half day per week to improve access to care for Veterans struggling with comorbid chronic pain and opioid use disorder (OUD) in the Pain Specialty Clinic setting. Referrals to clinic are coordinated with the substance abuse treatment program (SATP) with numerous referrals coming from SATP when pain management considerations are part of treatment. Initially, Pain CPS Providers focused on patient follow-up visits for maintenance therapy and those lost to follow-up, now Pain CPS Providers work with Veterans for induction and regimen stabilization through comprehensive medication management services. In addition to OUD, Veterans may be treated for complex persistent opioid dependence (CPOD) which is an emerging strong practice among those Veterans unsuccessful in efforts to taper from high dose opioid therapy but denying OUD. Traditional pain management modalities are offered with increased monitoring and follow-up that reflects overall risk. Based on needed access to this care, the clinic has grown to one full day per week and become a PGY2 Pain Pharmacy Resident longitudinal experience providing both increased access and concentrated training with a high-risk population. PGY2 Pain Residents, under supervision of Pain CPS Provider, coordinate care for Veterans and assure full access to all modalities offered by VA for chronic pain management including non-opioid pharmacologic, interventional procedures, and nonpharmacologic treatment options. PGY2 Pain Residents learn to address psychosocial considerations of Veterans to keep them engaged and actively participating in their recovery. Addiction therapy and OUD counseling are made available through SATP and MH to assure these needs are addressed as part of treatment.

Mental Health (MH) SUD Specialty

Established 2016, Location Loma Linda VA Healthcare System in Loma Linda, CA: The MH CPS provider was integrated into the Substance Treatment and Recovery (STAR) team 2 days a week, when there was only one licensed provider actively managing Veterans on buprenorphine-based products, which has since expanded to three x-waivered prescribers. The CPS provider performs comprehensive medication management for SUD and co-morbid mental health conditions working collaboratively with STAR interdisciplinary team members: addiction medicine physicians, addiction psychiatrist, nurses, licensed clinical social workers, a psychologist, addiction therapists, and peer support specialists. The CPS provider

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and x-waived STAR physicians co-manage Veterans on MAT for OUD. After initial assessment by the x-waivered physician, the CPS provider roles include:

- 1. Document consent for buprenorphine treatment via iMED consent*
- 2. Induction withdrawal monitoring and dose adjustments as needed during stabilization and maintenance treatment. The collaborating x-waivered prescriber reviews treatment recommendations and signs new orders for buprenorphine. (Veterans alternate between seeing the CPS provider and the x-waivered physician for stabilization/maintenance)*
- 3. Opioid overdose education and naloxone ordering, state prescription drug monitoring, urine drug screen monitoring*
- 4. Oversees nursing-run Naltrexone Injection Clinic (two days per week), reviews pertinent labs, ensures Veteran is appropriate to receive the injection and ordered timely (active in BCMA)*
- 5. Address side effects or Veteran treatment concerns (referral from nurse)*
- 6. Conducts medication education groups for Veterans in the STAR intensive outpatient program (IOP) who are receiving MAT for OUD, AUD, TUD and other psychiatric conditions.*

After CPS provider integration on the STAR team, access to same-day SUD services improved. Since 2016, the CPS provider has prescribed over 164 naloxone kits and was the facilities leading prescriber of naloxone in FH18, prescribing to 62 unique Veterans. SUD16 SAIL metric improved from 19.16% (FY18Q1) to 34.98% (FY18Q3).

Established July 2016, Location Providence VA Medical Center in Providence (PVAMC), RI: *The CPS provider has 0.4 FTEE of dedicated time (goal of future expansion) within the facility's interdisciplinary SUD specialty treatment team, or Collaborative Addiction Recovery Services (CARS). Team composition and CPS provider roles for comprehensive medication management and collaboration in SUD and common mental health conditions are almost identical to the Loma Linda VA STAR team design. Similar to other medication management providers, the CPS provider sees Veterans for 60-minute initial and 30-minute follow-up appointments, or 12 patient follow-up appointments per clinic day. In addition to running an IOP group education class, the CPS provider runs a walk-in medication management clinic for tobacco cessation in conjunction with a weekly walk-in tobacco cessation group. During FY2018, this part time CPS provider in CARS clinic, completed approximately over 490 encounters related to care of Veterans with SUD, with 220 encounters related to MAT for SUD and 138 encounters specifically for buprenorphine.*

Established August 2018, Location George E. Wahlen VA Medical Center in Salt Lake City, UT. *The CPS provider was integration as part of the Services for Outpatient Addiction & Recovery (SOAR), an interdisciplinary team assisting Veterans with substance use disorders (SUD) and co-occurring mental health disorders. The team is made up of psychiatrists, nurses, psychologists, social workers, and various trainees. Approximately 10/40 hours weekly is utilized for OUD management. The CPS provider roles for comprehensive medication management and collaboration in SUD and common mental health conditions are almost identical to the Loma Linda VA STAR team design and Providence CARS team*

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design. In addition, the CPS provider conducts access/bridge appointments for Veterans discharging from the Inpatient Psychiatry Unit (IPU). The CPS provider also evaluates acute decompensations regarding substance use relapse and/or suicidality to determine the need for medication changes, or referral to a higher level of care in conjunction with licensed independent practitioners. And finally, the CPS provider plays an important role in quality initiatives, helping lead implementation of immediate access to intranasal naloxone in the clinic by designing a process for dispensing the medication on demand.

Established 2010, Location West Palm Beach VA Medical Center in West Palm Beach, FL: The CPS provider in the SUD specialty clinic has 0.4 FTEE allocated time to provider comprehensive medication management services as part of the interdisciplinary team which is composed of board-certified addiction psychiatrists, physician assistant, nurses, clinical social workers, addiction therapists, case managers and peer support specialists. This team meets weekly to discuss Veterans and Veterans may be scheduled with the CPS provider if the patient has been evaluated by a psychiatrist within the past year. The CPS provider roles for comprehensive medication management and collaboration in SUD and common mental health conditions are almost identical to the Loma Linda VA STAR team, Providence CARS team, and Salt George E. Wahlen VA SOAR clinic designs. In addition, the CPS provider places appropriate referrals for contingency management for stimulant use disorder. For tobacco use disorder, Veterans can be treated during face to face visits as well as a walk-in smoking cessation clinic that is available two days per week.

Established October 2010, Location South Texas Veterans Health Care System (STVHCS) in San Antonio, TX: The MH CPS provider in SUD works alongside three psychiatrists, two physician assistants, nurses, psychologists, social workers, and licensed chemical dependency counselors. The CPS provider works in both the Substance Abuse Treatment Program (SATP) and the Domiciliary Care for Homeless Veterans (DCHV) programs. About 0.4 FTE is dedicated to SATP where the CPS provider assists in many aspects for the program, such as medication management of psychiatric and addiction medications, answering all consults for the service, and bed flow coordination for the residential programs. The comprehensive medication management roles of the CPS provider in this clinic are similar to descriptions already outlined in this strong practice section. In addition, the CPS provider oversees the STVHCS Opiate Overdose Education and Naloxone Distribution (OEND) program.