A Comment on the Midlevel Care Provider System in New York State

To the Editor: We read with interest the report "A Review of the Midlevel Care Provider System in New York State" by Mitra and colleagues published previously in the PCC.[1] We agree with the authors' assessment of a psychiatric provider shortage and would like to bring to your attention a provider type that was not included in the review.

Psychiatric pharmacists are part of the solution to the psychiatric shortage.[2] As of 2022, there were 1,423 board-certified psychiatric pharmacists (BCPPs) in the United States and 52 in New York State.[3] BCPPs typically complete 6–8 years of undergraduate- and doctorate-level education followed by 2 years of postgraduate residency training before becoming board certified by examination (and recertified every 7 years). BCPPs have extensive training in psychopharmacology, pharmacokinetics, pharmacogenomics, and patient assessment, including interview skills. BCPPs are represented by the American Association of Psychiatric Pharmacists (AAPP), which was established in 1998 as a means for psychiatric pharmacists to collaborate and advance best practices and now provides BCPP recertification programming.

Licensing and scope of practice varies depending on the state in which they practice. For licensure, pharmacists must pass the North American Pharmacists Licensure Examination and the Multi-State Pharmacy Jurisprudence Exam. In New York State, a minimum of 45 contact hours of continuing education (at least 23 live) is required in each 3-year registration period.

In 49 states (Delaware and Puerto Rico being the exceptions), BCPPs may practice through a formal collaborative drug therapy management (CDTM) protocol or collaborative practice agreement with a licensed provider (José García Toledo, PharmD, e-mail communication, February 2023).[4] Depending on the state, BCPPs may initiate, discontinue, or adjust a patient's drug therapy and order and evaluate clinical laboratory tests, as specified in the protocol. There is evidence that BCPP services, including as providers, have a positive impact on patient outcomes[5] and physician workload, which may address some of the factors that contribute to burnout.[6–8] Within the Veteran's Administration and other health systems like Kaiser Permanente, credentialed pharmacists already have established mental health services that include the management of clozapine recipients.[9–11]

In New York, pharmacists working in hospitals or hospital-based outpatient clinics may participate in CDTM, provided they have completed a residency program or achieved board certification, have been practicing for the required number of years, and have sought approval from the New York State Education Department.[12] If outlined in the patient-specific protocol, a pharmacist in New York may provide any of the services listed previously. Although 10 US states allow pharmacists to have a Drug Enforcement Administration license, New York State does not.[13]

A number of state Medicaid programs and local insurers pay for services provided by BCPPs; however, The Centers for Medicare and Medicaid Services (CMS) does not recognize pharmacists as providers and does not cover their services. This lack of recognition limits the numbers of practices that can employ BCPPs and thus impacts the numbers of BCPPs across the country.

Psychiatric pharmacists, namely BCPPs, should be considered part of the solution to the psychiatric shortage. The AAPP calls on CMS to officially recognize BCPPs as providers to expand the mental health workforce and improve population health.

Dr Mitra and colleagues were shown the letter and declined to comment.

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