

## 5 Ways the Consultant Pharmacist Contributes to Psychotropic Stewardship

Psychotropic stewardship takes a team, and everyone has a role to play. The consultant pharmacist actually has multiple roles, including teacher, advocate, investigator, and advisor. “The consultant pharmacist has to be somewhat aggressive and confident in dealing with these medications,” said Jeffrey Herr, PharmD, manager of clinical operations at PharMerica, adding, “We have to be ready to act as soon as we see someone on a psychotropic.”

The pharmacist can help make sure things are done right from the start. Here are 5 steps the consultant pharmacist can take that contribute to successful psychotropic stewardship:

*“Consultant pharmacists welcome the opportunity to partner with facilities on psychotropic stewardship.”*

– Matthew Palmer, PharmD, BCGP, manager of clinical operations at PharMerica

1. **Reviewing all orders.** This may seem like a no-brainer, but when staff are busy and overwhelmed, it can fall through the cracks. “The consultant pharmacist is available to the facility. We can review orders and look to see if indications match the diagnosis. If not, we can make recommendations to stop or change the medication. We also have oversight to double check all parameters; and we can do new admission reviews,” said Herr.
2. **Communicating with prescribers.** Consultant pharmacists can alert prescribers about any issues related to psychotropic prescriptions and make sure that processes are in place to monitor drug use and pursue opportunities for dose reductions, therapeutic alternatives, or eliminating the psychotropic altogether.

“It is important that prescribers have a good relationship with the consultant pharmacist and know that their recommendations are based on clinical evidence and best practices and are in the best interest of the resident,” said David Phillips, PharmD, manager of clinical operations at PharMerica.

Matthew Palmer, PharmD, BCGP, manager of clinical operations at PharMerica, added, “Too often, physicians feel like they are expected to order medications, or they may be pressured by family members who want a quick solution. At the same time, we tend to focus on what CMS requires us to do. We need to prioritize what is right for the resident first and look at compliance after.”

3. **Establishing goals of care.** “The care planning process is key, and the consultant pharmacist should be involved in this. They can help determine realistic goals of treatment and work with the team to help reach them,” said Palmer. “If we set expectations from the beginning, everyone knows what outcomes to expect when, and how to revisit the plan if it’s determined that the therapy isn’t accomplishing its goals,” he added.

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4. **Educating staff, families, and residents.** As a trusted member of the care team and a medication expert, the consultant pharmacist can provide staff, residents, and families with information and educational materials about psychotropics, helping them understand the risks and potential dangers of these drugs. This education also can include information about signs and symptoms to watch for, red flags that can suggest an adverse reaction, how to monitor for outcomes, and even what nonpharmacologic interventions might be useful.
5. **Participating in meetings to help care plan, problem-solve, and address QAPI.** Don't assume the consultant pharmacist is too busy to participate in quality improvement, care planning, behavioral management, or other meetings. Not only can they have input on medication-related issues, but they also can gather information from other team members that indicate a need to conduct focused reviews, change medications, manage symptoms, and more.

Consultant pharmacists welcome the opportunity to partner with facilities on psychotropic stewardship. As Palmer said, "We're not doing this because CMS told us to but because it is better for the residents and allows for the best information to be able to optimize residents' psychotropic medications."

The end result will be residents who are only on medications that work as well as a lower risk of survey citations and adverse drug events such as falls, hospitalizations, and ER visits.