



Essential Element #6:

Pharmacotherapy and Primary Care Coordination

OVERVIEW

Pharmacotherapy and primary care coordination are essential to the overall success of any Coordinated Specialty Care (CSC) team. Pharmacotherapy typically involves low doses of antipsychotic medication and monitoring for side effects including metabolic issues (Heinssen, Goldstein, & Azrin, 2014). Shared decision making can improve tailoring of medication and enhance adherence. Proper medication can optimize recovery and provide individuals with the support they need to pursue other goals (Heinssen et al., 2014).

In addition to medication issues, people with first episode psychosis (FEP) are at risk for medical problems typically seen in people 20–30 years older, but few receive medical care they need (Heinssen, 2017). Coordination with primary care can help link individuals to needed services to reduce risks of medical health issues.

MAJOR FUNCTIONS

While the pharmacotherapy and primary care coordination function may vary depending upon the local context, major responsibilities of any CSC psychiatric care provider (psychiatrist or advanced practice nurse) include:

- Provide comprehensive and continuous evaluation of psychosis and co-occurring behavioral health conditions
- Initiate and continue evidence-based medication treatment that is tailored for people with first episode psychosis and their own functional goals
- Engage in shared decision making around medication, including providing education and eliciting individuals and families' needs and goals (Nossel, 2017)
- Systematically tailor medication treatments based on efficacy and side effects including metabolic issues (Dixon, 2017)
- Help maintain or improve physical health by supporting healthy behaviors including avoiding tobacco and increasing physical activity

- Monitor and treat co-occurring medical and behavioral health conditions
- Coordinate with primary care providers (Heinssen et al., 2014)
- Obtain information from and collaborate with other team members to determine how medication might help each individual's ability to work toward goals (Nossel, 2017)
- Collaborate with other team members to support treatment strategies and services other team members offer
- Provide education and support to individuals and family members around medications (Nossel, 2017)

OUTCOMES

When pharmacotherapy and primary care coordination are strong, CSC programs will exhibit outcomes such as:

1. Optimized speed and extent of recovery (Heinssen et al., 2014)
2. Increased acceptance of pharmacologic interventions (Heinssen et al., 2014)
3. Reduced harms from medications
4. Improved physical health among individuals being served

OTHER CONSIDERATIONS

The role of the psychiatric care provider may vary across different CSC models. For example, most programs have part-time psychiatrists, and some may have nurses who help with medication and health issues (Heinssen et al., 2014). One program has recommended using a psychiatrist who is employed by the same agency and can be available for crisis situations (Heinssen et al., 2014). Regardless of staffing configurations, pharmacotherapy and primary care coordination is essential to recovery of people with first episode psychosis and the success of the program.

Resources

For further information to support CSC prescribers and primary care coordinators, please see:

- National Institute of Mental Health (NIMH) Recovery After an Initial Schizophrenia Episode (RAISE)
https://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml?utm_source=rss_readers&utm_medium=rss&utm_campaign=rss_full
 - “OnTrackNY: The Development of a Coordinated Specialty Care Program for Individuals Experiencing Early Psychosis”
<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201600512>
 - “Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes from the NIMH RAISE Early Treatment Program” <http://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2015.15050632>
 - OnTrack Coordinated Specialty Care for First Episode Psychosis Manual II: Implementation
https://www.nimh.nih.gov/health/topics/schizophrenia/raise/csc-for-fep-manual-ii-implementation-manual_147093.pdf
 - The NAVIGATE Team Members’ Guide <https://raiseetp.org/studymanuals/Team%20Guide%20Manual.pdf>
 - NAVIGATE Psychopharmacological Treatment Manual
<https://raiseetp.org/studymanuals/Psychopharmacology%20Manual.pdf>
 - OnTrackNY Medical Manual http://ontrackny.org/portals/1/Files/Resources/MedicalManual_2015.01.21.pdf
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References

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- Gingerich, S. (2017, March 3). *Susan Gingerich: Team leadership, family education, and case management* [Video file]. Retrieved from <https://www.youtube.com/watch?v=sUggtY-M3rA&feature=youtu.be>
- Heinssen, R. (2017, March 24). *Dr. Robert Heinssen: First episode psychosis and Coordinated Specialty Care* [Audio podcast]. Retrieved from <https://www.youtube.com/watch?v=OyjUgpoPSOQ&feature=youtu.be>
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- Nossel, I. (2017, March 24). *Dr. Ilana Nossel: Pharmacotherapy in CSC* [Audio podcast]. Retrieved from <https://www.youtube.com/watch?v=IU0dKjVqfs8&feature=youtu.be>