**Collaborative Practice Agreement**

**Hypertension Management**

{PHARMACY/INSTITUTION NAME}

Collaborative Practice Agreements (CPAs) are used to create formal relationships between pharmacists and physicians that allow for expanded patient care services the pharmacist can provide to patients and the healthcare team.

The authority to obtain patient history, collaborate on physical assessments, order and assess diagnostic tests, make medication related medical decisions, and modify therapy management options is derived from the delegation of that authority by the Wisconsin licensed physicians signed below, in accordance with Wisconsin Act 294, Pharmacy Chapter 450.033, which reads

**450.033 Services delegated by physician.** A pharmacist may perform any patient care service delegated to the pharmacist by a physician, as defined in s. 448.01 (5).

The Wisconsin licensed physician(s) signed below are working in collaboration with the following clinical pharmacists, licensed in Wisconsin, and agree to delegate and supervise delegated medical acts as defined in the attached Scope of Pharmacy Practice Guidelines and Treatment Protocols.

|  |  |  |
| --- | --- | --- |
| (Name, MD/DO, WI License #, Date) |  | (Name, PharmD, WI License #, Date) |
| (Name, MD/DO, WI License #, Date) |  | (Name, PharmD, WI License #, Date) |
| (Name, MD/DO, WI License #, Date) |  | (Name, PharmD, WI License #, Date) |
| (Name, MD/DO, WI License #, Date) |  | (Name, PharmD, WI License #, Date) |
| (Name, MD/DO, WI License #, Date) |  | (Name, PharmD, WI License #, Date) |

**Scope of Pharmacy Practice Guidelines**

**Purpose**

The goal of this agreement is to improve care, achieve optimal outcomes, and provide continuity of care to patients through the provision of pharmacy patient care services, which include therapy care plan development, medication management, education, monitoring, and follow-up, as it relates to hypertension management in adults.

**Organization**

**Guidelines for referral**

Any patients who have an MD or DO working at {PRACTICE LOCATION} listed as their Primary Care Provider (PCP) in {EHR}, whose PCP has signed this agreement may be referred for hypertension management by the pharmacist. An MD or DO may also refer a specific patient for pharmacist services through documentation in the patient’s chart in {EHR}.

For pharmacist-identified patients who have not had an office visit with PCP in over 1 year and does not have an office visit scheduled in the next 6 months, the pharmacist will offer an appointment to the patient for an office visit with PCP.

**Patient care services provided by the pharmacist include, but are not limited to,**

* Obtain patient medical history
* Order and evaluate laboratory results
* Make medical decisions including initiating, modifying, or discontinuing treatment
* Refill authorization
* Provide patient counseling on medications and lifestyle modification, including diet and exercise

**Documentation**

All patient encounters will be documented in the patient record and will be available to the supervising physician for review.

**Quality Improvement**

Data will be continuously monitored to ensure that patients are receiving optimal care. Clinical activities will be reviewed periodically by the clinical pharmacist and physician providers and revised as needed. This CPA will be valid for 2 years from the date it is signed and must be reviewed and resigned by all parties after 2 years to remain effective.

**Modifications**

Any modifications to this agreement must be dated and signed by all collaborative partners.

**Treatment Protocol**

The clinical pharmacist will apply nationally recognized evidence-based treatment guidelines, as well as up to date clinical research information when providing hypertension management services. The following treatment guideline(s) and resources will be utilized to help direct the treatment of patients.

* + 2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults (ACC/AHA, et al.)
	+ 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults – Report from the panel members appointed to the eighth Joint National Committee (JNC 8)
	+ American Heart Association – Controlling Hypertension in Adults

**Contraindications**

Patients diagnosed with the following will not be eligible for hypertension management by the pharmacist as afforded by this CPA:

* Patients with stage 4-5 kidney disease
* Patients on dialysis
* Pregnancy
* Patients with LV ejection fraction below 40%
* {pharmacy/institution may add, remove, or modify any contraindications}

**Prescribing Provider Consultation**

The supervising provider will be consulted for the presence of any potentially serious consequences of hypertension or its treatment, including, but not limited to the following:

* Abnormal vitals
	+ Systolic blood pressure > 180 mmHg or < 100 mmHg
	+ Diastolic blood pressure > 100 mmHg or < 60 mmHg
	+ Heart rate consistently < 55 BPM or > 100 BPM
* Patient experiences significant side effects/adverse reactions such as significant edema, chest pain, dyspnea, headache, vision changes, dizziness/lightheadedness
* Suspected undiagnosed secondary causes of hypertension
* {pharmacy/institution may add, remove, or modify any qualifications}

**Treatment Goals**

Antihypertensives will be initiated and/or titrated to the patient-specific blood pressure goal documented in {EHR} by the referring provider. This blood pressure goal will subsequently be documented in the patient’s problem list by the pharmacist.

Monitoring TBD

Disclaimer: This Collaborative Practice Agreement (CPA) Hypertension Management example template is intended to assist pharmacists in the development of a CPA for management of hypertension with a corresponding physician(s). This information is not intended to be a substitute for professional training and judgment. It is always best to consult additional references to confirm doses. Use of this information indicates acknowledgement that neither PSW nor its contributing authors will be responsible for any loss or injury, including death, sustained in connection with or as a result of using this information. PSW is under no obligation to update the information contained herein.