

# Pharmacotherapist Collaborative Practice Agreement

Monroe Clinic  
515 22<sup>nd</sup> Ave  
Monroe, WI 53566

The Wisconsin Medical Practice Act sec 448.03(2)(e) allows pharmacists to practice under a Collaborative Practice Agreement with individual physicians. It is the intent of this document to authorize the pharmacist listed below to work in a collaborative fashion with the physician listed below. The document sets forth guidelines for collaboration between the physician and pharmacist. This agreement is voluntary and may be terminated at any time by either party.

The referral process for patients is described in the workflow for referring a patient to the Pharmacotherapist. An important aspect of the process is to establish goals for each patient at the time of referral. Progress notes written by the Pharmacotherapist and all interventions are copied to the referring provider which must be closed in Epic by the referring provider. Clinical judgement must be used when other more expedient forms of communication are needed. The Pharmacotherapist will not refer patients to other providers but may make such recommendations. Once the predetermined goals are met the patient shall be discharged from the Pharmacotherapy service for continued care from the referring provider.

## **Guidelines**

### **Anticoagulation**

Provide education to patients regarding purpose for anticoagulation, correct way to take anticoagulants, precautions regarding medications that may interact with anticoagulants, diet considerations, the signs of anticoagulant toxicity, and the importance of monitoring therapy.

Monitor anticoagulant therapy by assessing compliance, initiation of other medications from other providers, response as per INR determinations, and therapeutic failure as evidenced by new clot formation. Monitoring will require assessing bruise status, as well as the progress toward resolution of treated clots or success in prevention of clots.

Dosing adjustments of anticoagulants shall be made to achieve therapeutic goals consistent with the guidelines set forth by the American College of Cardiology for antithrombotic and thrombolytic therapy published in the journal CHEST, September 2005 supplement.

Patient follow-up shall occur at a frequency as needed based on the patient's ability to comprehend therapy, patient's response to anticoagulation therapy, the complexity of the patient's medication regimen and its impact on stabilizing anticoagulation therapy, and the current status of the patient. Follow-up should occur either in person or via the telephone as needed.

Adjustments of other medications that may be complicating the success of anticoagulation therapy shall occur only with the approval of the prescribing provider.

All patient visits to the Pharmacotherapist shall be documented in Epic with all progress notes read by the referring physician. Telephone follow-up visits shall be documented in Epic with no need for the providing physician to sign the documentation.

Check desired anticoagulation services:

- Patient education
- Adjust warfarin dose as needed based on INR, new interacting drug therapy. Provide warfarin prescriptions (new and refill) as needed,
- Screen patients for potential problems introduced at different points of care.
- Assess current drug therapy and its impact on ability to achieve anticoagulation goals.

\_\_\_\_\_  
Primary Care Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Julie Bartell, PharmD  
Pharmacotherapist

\_\_\_\_\_  
Date

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## Guidelines

### Hypertension

Provide education to patients regarding the importance of blood pressure control.

Provide education to patients regarding lifestyle changes including diet and exercise.

Determine blood pressure goal based on history of diabetes, renal dysfunction, coronary artery disease, and race.

Assess blood pressure relative to goal and relative to current medication profile.

Make adjustments to anti-hypertensive therapy based on the following flow-charts as created from the World Health Organization-International Society of Hypertension (WHO-ISH) and the Joint National Committee on the Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC):

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Primary Care Physician

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Date

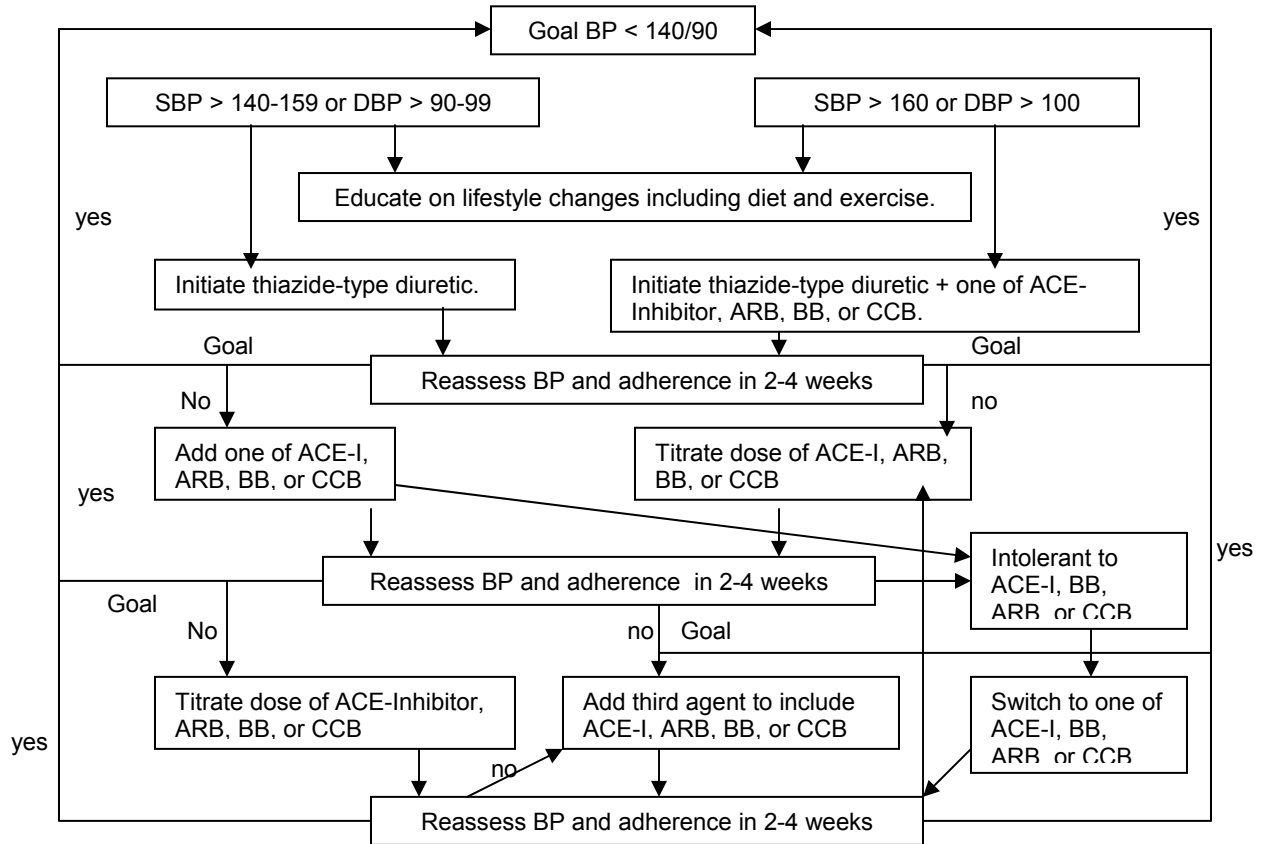
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Julie Bartell, PharmD  
Pharmacotheapist

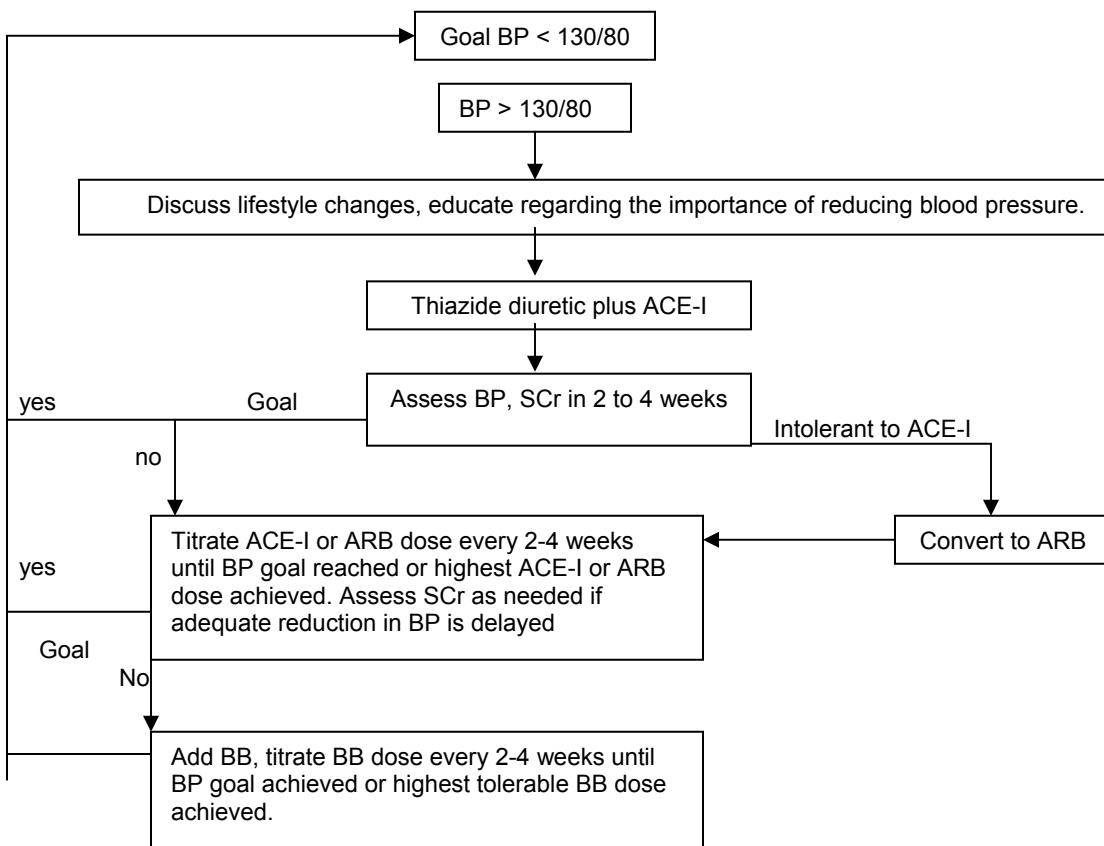
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Date

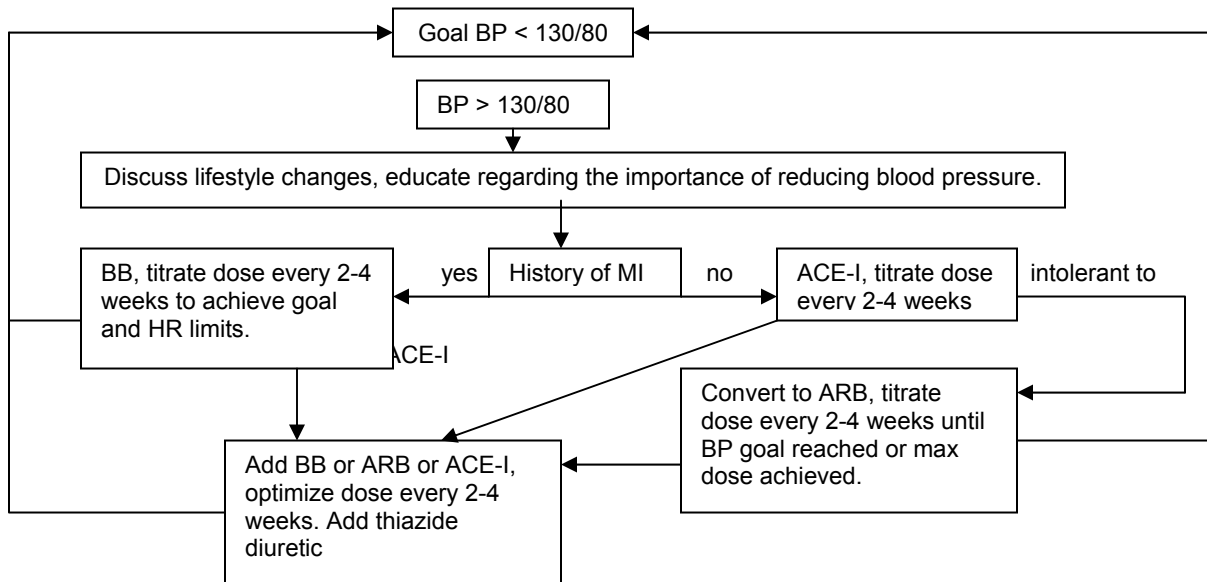
**1. Non-black patients with no history of CAD or diabetes, LVEF > 40%, or CrCl > 40ml/min**



**2. Patients with a history of diabetes**



### 3. Patients with a history of CAD



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## Guidelines

### Hyperlipidemia

Provide education to patients regarding the importance of obtaining cholesterol goals.

Provide education to patients regarding lifestyle changes including diet and exercise.

Assess CHD risk factors and determine and discuss LDL, HDL, and TG goals.

Assess cholesterol control, lifestyle, compliance and side effects.

Order relevant laboratory tests as needed (FLP, LFTs, CPK, glucose, UA, TSH, HgA1c), and make adjustments to anti-hyperlipidemic therapy based on response to medications and adverse effects. Adjustments will be based off of the following flow-charts as created from the Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Cholesterol in Adults (Adult Treatment Panel III):

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Primary Care Physician

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Date

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Julie Bartell, PharmD

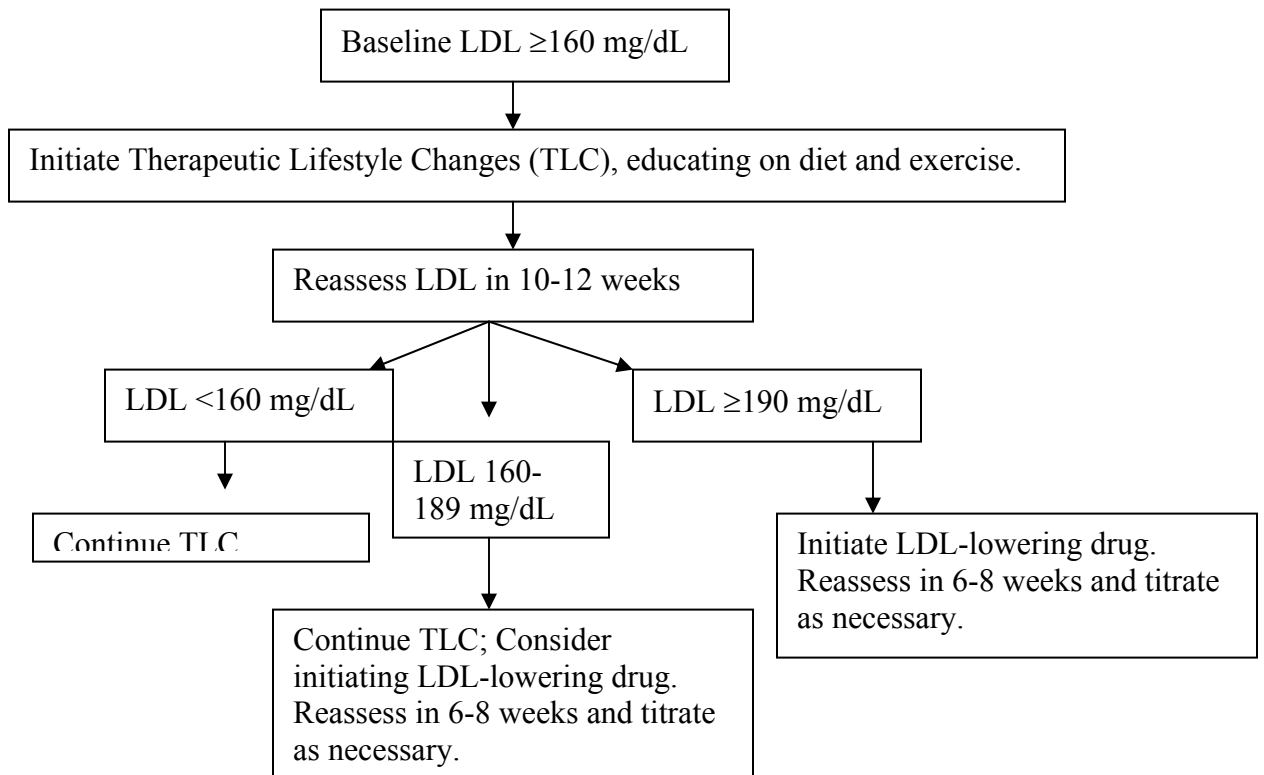
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Date

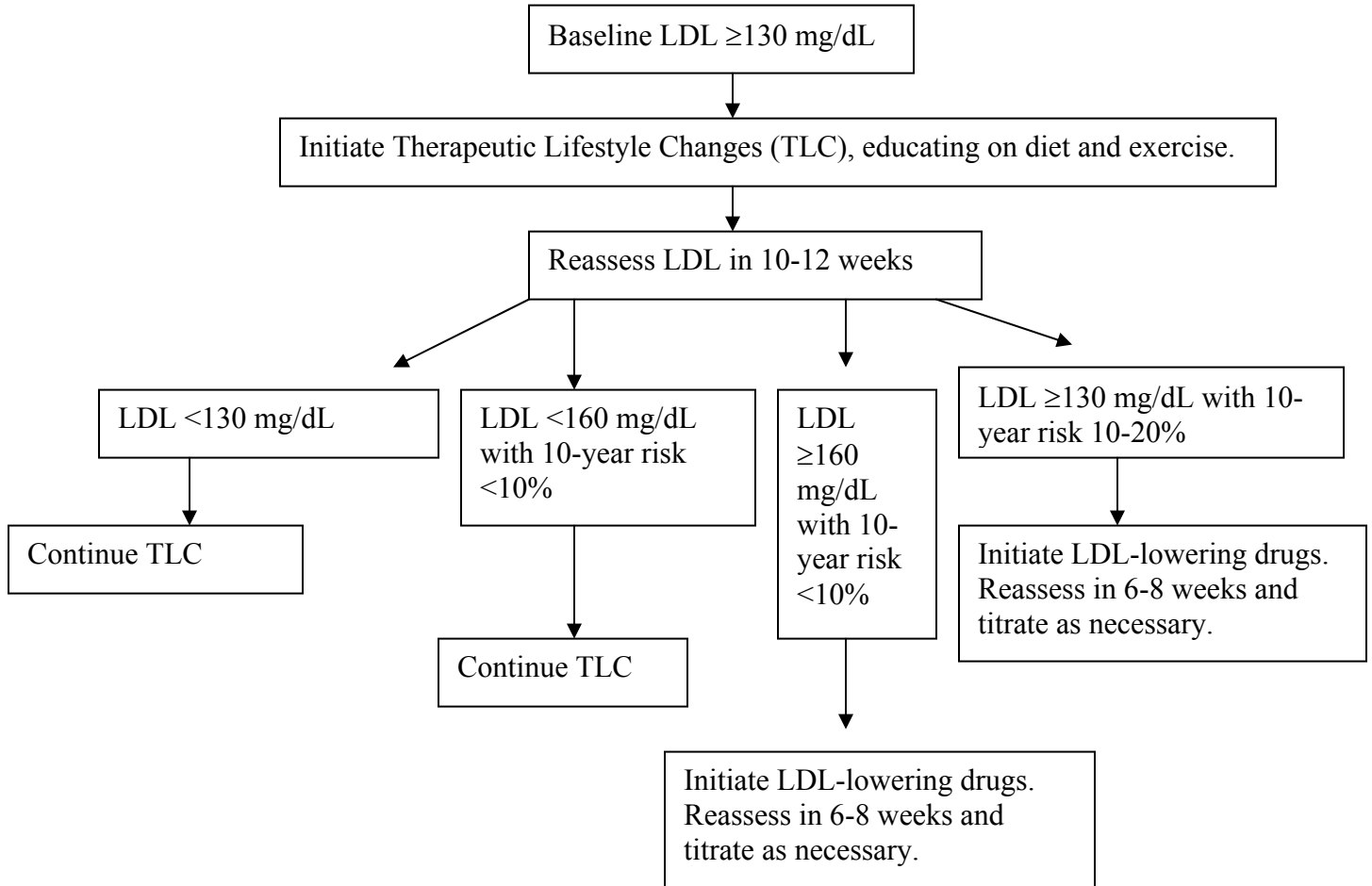
Pharmacotherapist

## Elevated LDL

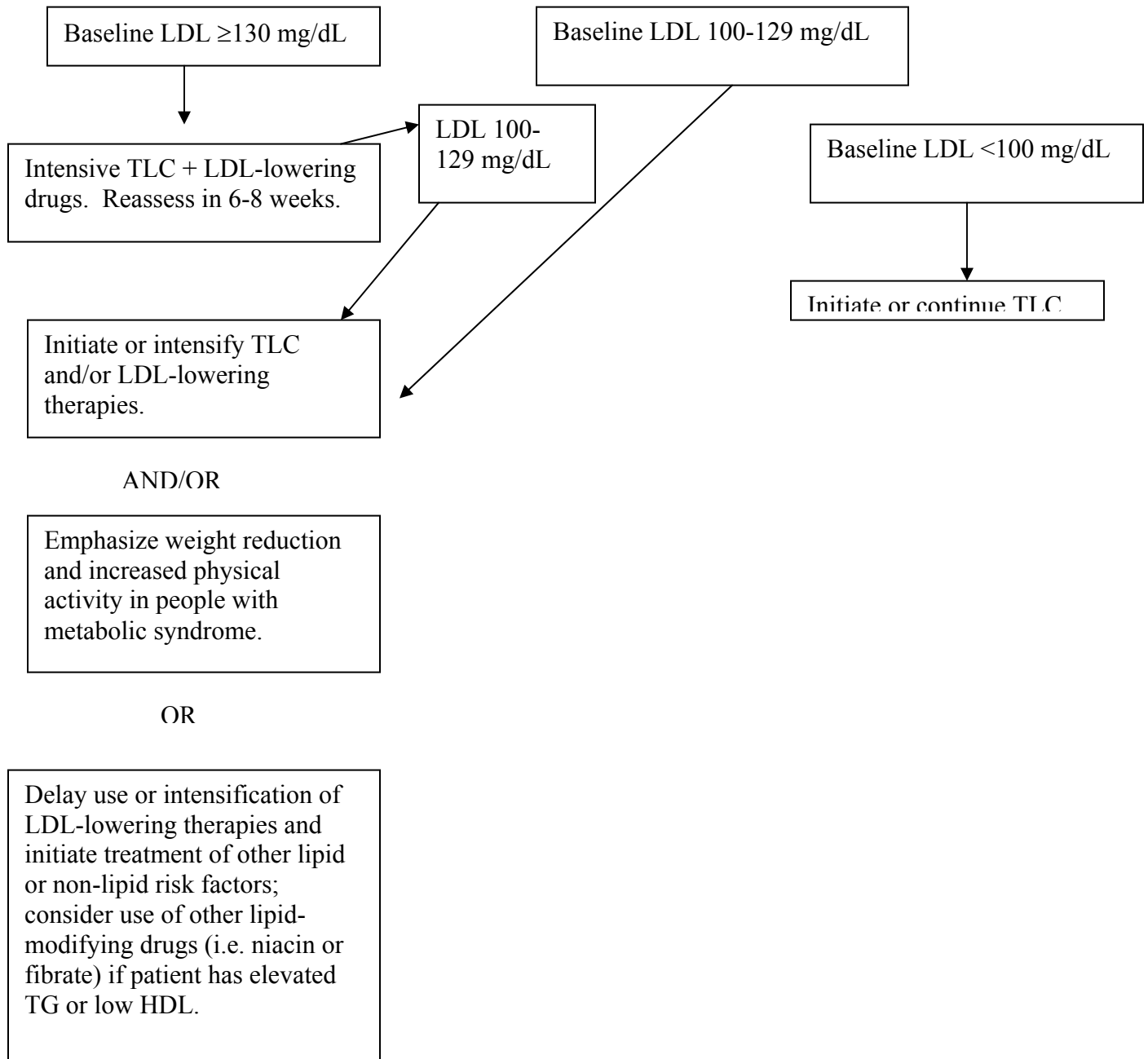
### 1. Patients with LDL goal <160 mg/dL (0-1 risk factor and 10-year risk <10%)



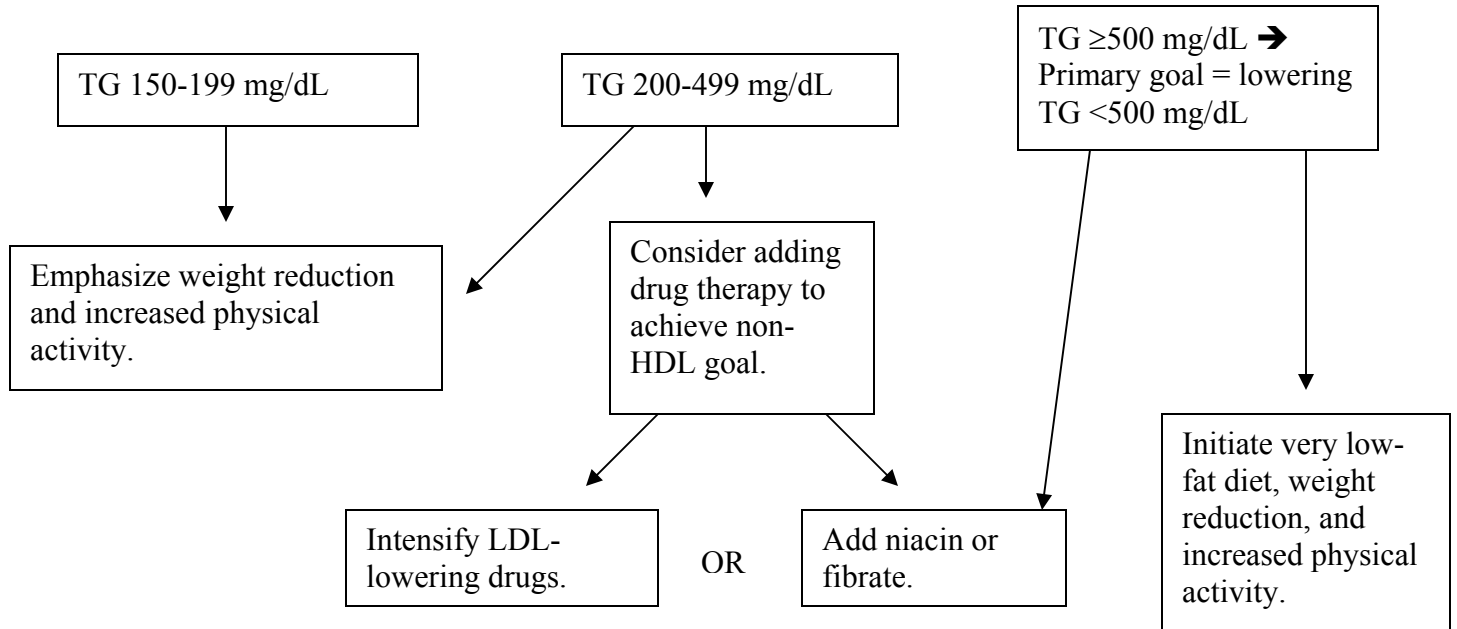
**2. Patient with LDL goal <130 mg/dL (2+ risk factors and 10-year risk ≤20%)**



**3. Patients with LDL goal <100 mg/dL (CHD, CHD equivalents, and/or 10-year risk >20%)**



**Elevated TG**



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## Guidelines

### Diabetes

Provide education to patients regarding diabetes and the importance of blood glucose, cholesterol, and blood pressure control.

Provide education to patients regarding lifestyle changes including diet and exercise.

Assess blood sugar control relative to goals and relative to current medication profile.

Perform foot exams, including monofilament testing, as indicated.

Order relevant laboratory tests as needed and make adjustments to therapy based on the following flow-charts based on guidelines provided from the American Diabetes Association (ADA)\*:

\* Cholesterol and Hypertension CPAs are highly encouraged so that the macrovascular complications and risks of diabetes can be better managed.

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Primary Care Physician

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Date

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Julie Bartell, PharmD  
Pharmacotherapist

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Date

1) Treatment Algorithm for Type 2 Diabetes:

