Collaborative Practice Agreement (CPA) for Anticoagulation Clinic Management at Froedtert Health

Operation:
Under The Wisconsin Medical Practice Act sections §§448.03(2)(e) and 450.033 and Wisconsin Administrative Code §Med17.06 pharmacists are permitted to practice under a Collaborative Practice Agreement with individual physicians. It is the intent of this document to authorize pharmacists to work in a collaborative fashion with and under the direct supervision of the physician(s) affiliated with Froedtert and the Medical College of Wisconsin (F&MCW). This document summarizes guidelines for collaboration between the pharmacists in the Froedtert Hospital Anticoagulation & Medication Therapy Clinic (AC&MT) and F&MCW physicians for specific medications (outlined below) necessary for treatment of patients taking warfarin or other anticoagulant medications. This agreement is voluntary and may be terminated at any time by any of the parties. This document will be reviewed by all parties at least annually.

Escalation Pathway:
In situations where the pharmacist utilizes their clinical judgment and feels that escalation is necessary to provide effective patient care, the pharmacist should follow the following pathway:

Pharmacist → Responsible Physician → Clinic Medical Director

If an APP is involved in the patient’s care:

Pharmacist → APP → Responsible Physician (Supervising Physician) → Clinic Medical Director

Objective:
To allow Froedtert Health AC&MT Clinic pharmacists, in collaboration with and under the supervision of Froedtert and the Medical College of Wisconsin physicians to write orders for and manage the use of anticoagulant medications.

Goals:
1. Provide standardized care and medication use for the anticoagulated patient within Froedtert Health AC&MT Clinic
2. Manage the safe, efficacious, cost effective and efficient use of medications for the anticoagulated patient
3. Provide patients with choices in the location of anticoagulation management services.
4. Communicate effectively with other departments when coordinating care.

Workflow:
1. The following is a list of requirements that must be met for the patient to be enrolled in the Froedtert Health AC&MT clinic:
   a. The AC&MT clinic must receive a complete and signed referral from the provider responsible for the anticoagulation oversight of the patient in order to activate the collaborative practice agreement.
   b. Patients must have regular follow up with the F&MCW provider that is the responsible provider for anticoagulant therapy.
c. The provider responsible for anticoagulation therapy must be willing and available to be contacted with questions about the patient’s care or if a patient presents with any sign or symptom requiring medical attention such as signs or symptoms consistent with bleeding or a thrombosis.

d. If the responsible provider terminates the medical care of a patient, the AC&MT clinic must be notified.

2. The AC&MT Clinic is a pharmacist and nurse managed consult service. There are no physicians or APPs staffing the AC&MT Clinic; therefore, a responsible provider is required for each patient. All lab and medication orders are placed under the name of the responsible provider and the complete visit note is routed to the provider on an as needed basis. Pharmacists may order the following medications on behalf of the provider: warfarin, low molecular weight heparins, direct thrombin inhibitors, and factor Xa inhibitors. Pharmacists may order the following labs on behalf of the provider: INR, CBC/platelet count, basic chemistry panel/creatinine, liver function tests and LMWH level.

3. For patients on warfarin, AC&MT clinic pharmacists will do the following for each encounter:
   a. Interview the patient during every office visit and as needed for telephone encounters
   b. Review the patient’s medical record to identify any problems or changes.
   c. During office visits, a pharmacist will obtain an INR using a finger stick blood sample which is processed with a point of care INR machine.
   d. For patients that go to the lab for INR venipuncture or tests their INR at home with a home meter, a pharmacist or nurse calls the patient as needed. Clinic nurses follow the organization’s approved protocol. If the INR result falls outside of the protocol, a pharmacist will review the plan before it is communicated to the patient.
   e. Adjust warfarin dosing as indicated based upon INR values and patient assessment.
   f. Document all encounters in the patient’s medical record.
   g. Ask the patient to return for follow-up at an interval no longer than every 6 weeks. If the AC&MT clinic pharmacist believes a patient can safely have a more extended interval between visits, he/she will contact the responsible provider for approval.
   h. Provide new and refill prescriptions for warfarin and, if applicable, for injectable anticoagulants such as low molecular weight heparins.
   i. Contact the responsible provider immediately in emergent situations such as a patient with symptoms consistent with a thrombosis or major bleeding. If the responsible provider cannot be reached, the patient will be sent to the emergency department for evaluation. The AC&MT clinic follows the F&MCW approved guideline for the Anticoagulation Associated Bleeding and Reversal of Anticoagulation.
   j. Notify the responsible provider for any INR > 5.0. If the situation is not deemed emergent, this may be done via a message in the medical record.

4. AC&MT clinic pharmacists will assist outpatient providers with selecting the appropriate therapy for patients diagnosed with acute deep vein thrombosis (DVT), following the DVT Treatment Guidance
   a. Interview the patient and review the patient’s medical record
   b. Determine the most appropriate treatment option and dosing based on the treatment guidance document
   c. Document encounters in the medical record
   d. Prescribe new prescription for the selected medication and ensure medication access for patients
   e. Communicate with providers via chart and/or paging system about plan of therapy
   f. If unable to contact patient within 48 hours, refer patient back to the referring provider

Guidelines for Therapy:
1. National consensus guidelines and FDA labeling information based on indication
2. Anticoagulation Associated Bleeding and Reversal of Anticoagulation
3. Anticoagulant Medications in the Periprocedural and Surgical Settings Guideline
4. DVT Treatment Guidance

Prepared by: Deborah Gillard, PharmD; Jen Hardman PharmD; Jordan Spillane, PharmD; Ben Jung, PharmD
Physician Consults: Lisa Baumann Kreuziger, MD
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