**Collaborative Practice Agreement:   
Physician Referral for Hypertension Focused**

**Comprehensive Medication Review and Assessment (CMR/A)**

**Introduction:**

Hypertension is a complex medical condition which often requires close monitoring, medication management, drug dose titration, and patient/caregiver education to meet blood pressure goals. The Million Hearts® campaign is a national initiative launched by the Department of Health and Human Services in September 2011 to prevent 1 million heart attacks and strokes by 2017. To achieve this goal the initiative looks to engage providers, patients, and other stakeholders to implement evidence-based policies and strategies to excel in areas of clinical prevention, one particular strategy is blood pressure control.1 The Million Hearts® campaignhas a specific interest in establishing patient-pharmacist relationships and has sponsored a nationwide program that focuses on building and fostering this relationship titled *Team Up. Pressure Down.*2 **[Insert Name of Pharmacy]** is part of the Wisconsin Pharmacy Quality Collaborative3 which is committed to improving health outcomes and reducing health care costs by aligning with evidence-based guidelines. Participating pharmacies and their pharmacists must adhere to a set of quality standards4 designed to increase the quality of pharmacy services provided and maximize patient safety in the medication use process. **[Insert Name of Pharmacy]** routinely provides Medication Therapy Management (MTM) services and is interested in entering into this CPA.

**Purpose**

Wisconsin state law allows pharmacists to practice under a Collaborative Practice Agreement with individual physicians (Statute 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).*

448.01  Definitions. In this chapter: (5) ”Physician” means an individual possessing the degree of doctor of medicine or doctor of osteopathy or an equivalent degree as determined by the medical examining board, and holding a license granted by the medical examining board.

It is the intent of this document to authorize the pharmacists employed by **[Insert Name of Pharmacy]** to work in a collaborative fashion with and under the direct supervision of the physician(s) listed below. This document establishes a framework and guidelines for collaboration between the physician and pharmacist.

**Goals**

The goals of this agreement are to:

1. Allow pharmacists to conduct a Comprehensive Medication Review and Assessment (CMR/A) session with patients who have a diagnosis of hypertension with blood pressure that may be sub-optimally controlled (as defined below).
2. Improve a patient’s hypertension regimen by monitoring blood pressure, adherence, and patient response to currently prescribed medications/therapies.
3. Enhance patient/caregiver understanding of their prescribed medication regimen.
4. Formulate recommendations to optimize therapy and decrease health care costs, when appropriate.
5. Assess and triage potential and significant adverse drug reactions to the physician(s) named in this agreement.
6. Increase collaboration between **[Insert Name of Pharmacy]** and the physicians named below.

**Policy:**

Patients who have blood pressure that is sub-optimally controlled according to their individualized goal or may require closer monitoring as defined by the statements immediately below may be evaluated by the pharmacist for an initial CMR/A. Patients who have received an initial CMR/A are automatically eligible to receive follow-up visits, if necessary.

* Patients with a systolic blood pressure > 140 mmHg or diastolic blood pressure > 90 mmHg despite treatment with antihypertensive medications for more than 30 days.
* Patients with any systolic blood pressure reading of > 160 mmHg or diastolic blood pressure reading of > 100 mmHg, indicating a classification of “Stage 2 hypertension” as defined by recent guidelines.5
* Patients who are non-adherent to prescribed antihypertensive medications.
* Controlled patients who require 3 or more antihypertensive medications to achieve goal blood pressure.
* Patients prescribed antihypertensive medications who may require close monitoring of heart rate for safety purposes.

The CMR/A consists of a face-to-face visit with the patient (and/or the patient’s caregiver) to:

* Obtain a complete medical history
* Perform blood pressure readings with verification in contralateral arm
* Establish a blood pressure self-monitoring plan (Appendix A, B, C)
* Assess/review prescription and over-the-counter medications
* Review and promote medication adherence
* Identify potential drug therapy problems
* Explore more cost effective medication regimens
* Monitor medication efficacy
* Discuss implementation of therapeutic lifestyle changes

At the conclusion of each visit, the patient receives a Medication Action Plan and an updated Personal Medication List (PML) (Example PML in Appendix D). The physician receives a visit summary and an updated list of all the medications/OTC’s the patient is taking. This communication may or may not include recommendations for change. Pharmacists are not allowed to make any changes to the patient’s medication regimen without health care prescriber approval. Pharmacists recommendations are based on recent hypertension management guidelines.5 Pharmacists strongly encourage patients to see their physician for follow-up care or when concerns arise. The care provided by the pharmacist is designed to complement, not replace, the usual and standard care provided by the patient’s physician.

This agreement is voluntary and may be terminated via written request at any time by either party. This document will be reviewed by both parties at least **[annually or insert other time frame here]**.

**Signatures of participating physicians:**

This agreement is effective date as of the dates set forth below:

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References:**

1. Million Hearts. Available at <http://millionhearts.hhs.gov/index.html>, Accessed June 16, 2015.
2. Team Up. Pressure Down. Available at <http://millionhearts.hhs.gov/resources/teamuppressuredown.html>, Accessed June 16, 2015.
3. The Pharmacy Society of Wisconsin. *Welcome to WPQC.* Available at [www.pswi.org/wpqc](http://www.pswi.org/wpqc), Accessed June 16, 2015.
4. Wisconsin Pharmacy Quality Collaborative (WPQC) Medication Therapy Management (MTM) Services Program. 23 April 2014. Available at <http://www.pswi.org/Portals/17/WPQC/Wisconsin%20Pharmacy%20Quality%20Collaborative%20Medication%20Therapy%20Management%20Services%20Program.pdf>, Accessed June 16, 2015.
5. Weber MA, Schiffrin EL, White WB, et al. Clinical practice guidelines for the management of hypertension in the community: a statement by the American Society of Hypertension and the International Society of Hypertension. *J Hypertens*. 2014;32:3-15.

**Appendix A**

**Guidance for Implementation of Home Self-Monitoring of Blood Pressure**

1. Eligible patients will have uncontrolled hypertension (HTN):
   1. Cases of Stage 1 HTN or higher where treatment has not achieved/maintained readings of < 140 mmHg systolic blood pressure (SBP) and < 90 mmHg diastolic blood pressure (DBP).
   2. Clients with HTN and either diabetes or chronic kidney disease should be treated to a SBP of < 140 mmHg, consideration may be given to lower targets for certain individuals.
   3. A lower BP target, SBP < 130 mmHg and DBP < 80 mmHg, may be appropriate for certain individuals, such as patients with a history of coronary artery disease, myocardial infarction, heart failure, stroke, transient ischemic attack, carotid artery disease, abdominal aortic aneurysm, or peripheral arterial disease.
2. Home self-monitoring of BP can be useful:
   1. To empower patients to manage their BP.
   2. To monitor patients who cannot get their BP under control with lifestyle changes and medication(s).
   3. To determine the effectiveness of patients starting antihypertensive treatment.
   4. To titrate medications.
   5. To screen for white-coat HTN.
   6. To evaluate variable BP.
3. Contraindication for home self-monitoring:
   1. If patients have atrial fibrillation or cardiac arrhythmias (home devices may not be able to give accurate measurements).
   2. If patients have physical and/or mental disabilities and limited caregiver support.
4. Who should be considered for home self-monitoring:
   1. Patients who are motivated to achieve control by following a medication regimen and lifestyle changes.
   2. Patients who understand the value of self-monitoring and are committed to monitoring long term to assess BP control.
   3. Patients who have the manual dexterity to self-monitor and can do so appropriately.
   4. Patients who are dependable and able to come to follow-up visits.
   5. Patients who are able to take measurements as recommended and will report BP measurements to their health care providers.

Based off resources obtained from the Wisconsin Department of Health Services. Available at <https://www.dhs.wisconsin.gov/publications/p00925.pdf>, Accessed June 16, 2015.

**Appendix B**

**Hypertension Self-Monitoring of Blood Pressure Agreement**

I understand that I have been diagnosed with hypertension or high blood pressure. After a discussion with my pharmacist, I have been offered the option to self-monitor my blood pressure to better my involvement in treating this condition.

As a participant in self-monitoring my hypertension, I understand and agree that:

* I will be trained to use the monitor and agree to follow the instructions provided to me by the pharmacist for measuring my blood pressure.
* I will record all of my readings in a blood pressure log.
* I will share my blood pressure log with my pharmacist and physician at each visit.
* I understand that taking my medication as directed is very important in order for me to gain and maintain control of my blood pressure.
* If I have a blood pressure reading of greater than 180 mmHg (top number) or greater than 110 mmHg (bottom number), I should immediately contact medical attention.
* I agree to attend all follow up appointments with my pharmacist, physician, and health care providers.
* I will be contacted by my pharmacists to discuss my progress and I will do my best to participate in all of the conversation.

I release my pharmacist from any claim arising or resulting from or relating in any way to my use of the self-monitoring blood pressure device or the impact of results of my blood pressure monitoring.

□ I have been offered the option to self-monitor my blood pressure and I choose to decline participation at this time.

□ I have been offered the option to self-monitor my blood pressure, and I choose to participate.

Participant name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based off resources obtained from the West Virginia Department of Health and Human Services. Available at <http://www.wvdhhr.org/wvwisewoman/pdf_forms/ww_hsmm_agreement.pdf>, Accessed June 16, 2015.

**Appendix C**

**Home Blood Pressure Log**

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**Appendix D** Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_ Pharmacy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_ Primary Care MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| PURPOSE | MEDICATION  NAME  (Alphabetical)  and  DOSE | CHECK APPROPRIATE BOX TO SHOW WHEN TO TAKE DRUG :  Write in number of tablets/capsules | | | | | | | SPECIAL INSTRUCTIONS or DOSING  For example:  -Avoid the Sun  -No alcohol  -Alternate days  -Once a week (day)  -Once a month-date |
| \_\_?\_\_  Minutes Before  Meal(s) | Breakfast  MCBD08078_0000[1] | Lunch  MCj04124640000[1] | Mid-  after-noon | Dinner  MCNA00661_0000[1] | Bedtime  MCj02989130000[1] | As  Needed |
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**PATIENT PILL CARD: a way to simplify your medication schedule** Include prescription and non-prescription medicines.