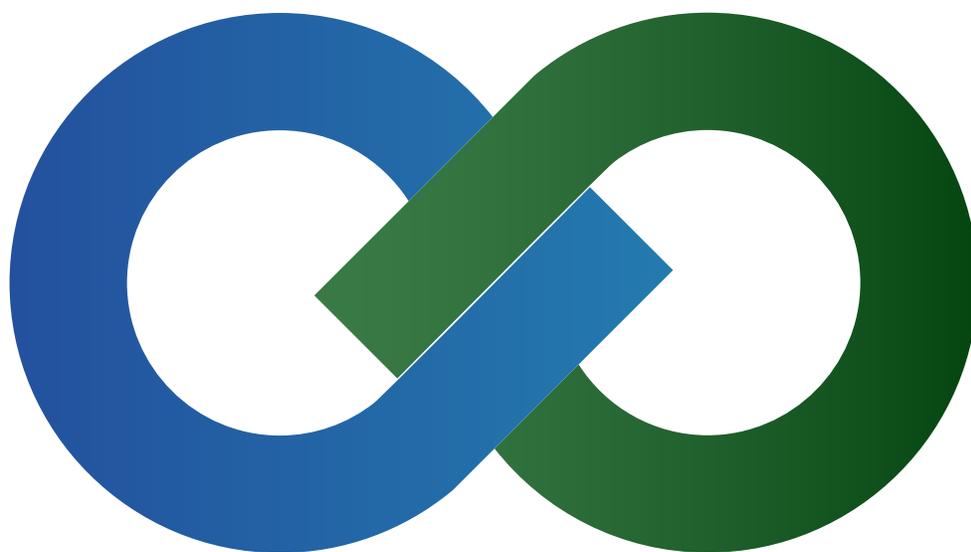


# Collaborative Practice Agreements

Advance Pharmacy Practice Across the State



**Pharmacy Society  
of Wisconsin**

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This Collaborative Practice Agreement (CPA) Toolkit is intended to assist pharmacists in development of CPAs with corresponding physician(s). This information is not intended to be a substitute for professional training and judgment. 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.

## New Opportunities for Team-Based Care through Collaborative Practice Agreements

Exciting changes are happening in the profession of pharmacy! On a national level, pharmacists are advocating collaboratively to achieve provider status. In Wisconsin, 2013 Wisconsin Act 294 clarifies that pharmacists may accept patient care services delegated by a physician, which expands opportunities to enact collaborative practice agreements (CPAs), also known as delegation protocols. The National Association of Boards of Pharmacy (NABP) defines “collaborative pharmacy practice” to mean “that practice of pharmacy whereby a pharmacist has jointly agreed, on a voluntary basis, to work in conjunction with one or more practitioners under protocol whereby the pharmacist may perform certain patient care functions authorized by the practitioner or practitioners under certain specified conditions and/or limitations.”<sup>1</sup> The NABP further defines “collaborative pharmacy practice agreement” to mean “a written and signed agreement between one or more pharmacists and one or more practitioners that provides for Collaborative Pharmacy Practice as defined by law and the Rules of the Board.”<sup>1</sup> Specifically, with the enactment of 2013 Wisconsin Act 294, Pharmacy Chapter 450.033 allows any pharmacist practicing in any setting to “perform any patient care service delegated to the pharmacist by a physician.” Through the enactment of this legislation, pharmacists are provided with a more robust scope of practice that will facilitate team-based care. As experts in medication therapy management and monitoring, medication reconciliation, and care coordination between multiple prescribers, pharmacists have the skills and knowledge to complement those of other health care professionals.

### Case for Team-Based Care

The integration of pharmacists into patient care teams is essential for optimizing medication management. In the primary care setting, approximately 75% of medication problems are related to inappropriate or ineffective prescribing, lack of care coordination, and inconsistent monitoring.<sup>2</sup> Physicians, on average, spend only 49 seconds talking to a patient about a new medication.<sup>3</sup> Patient education in the pharmacy is, therefore, very important to ensure patient understanding of medications. Community pharmacists frequently make point-of-care interventions that avoid potential medication-related hospital admissions, prevent likely harm, improve efficacy of the intended therapeutic plan, and improve clinical outcomes for patients.<sup>4</sup> In a study of 150 patients, physicians accepted 47% of the pharmacist recommendations for the 866 drug-related problems that were identified through pharmacist medication therapy management.<sup>5</sup> A study of the pharmacist run DiabetesCARE program found that out of 692 total recommendations, 61.4% were accepted by physicians.<sup>6</sup>

Pharmacist-based comprehensive medication reviews also improve clinical outcomes. Patients with diabetes who receive medication reviews from their pharmacist are more likely to achieve LDL cholesterol, hemoglobin A1c, and blood pressure goals.<sup>7</sup> Similarly, a team-based medication therapy management system in Minnesota, which included pharmacists, improved treatment goals for diabetic patients by 22% as compared to those sites that did not use team-based care.<sup>8</sup> In a 2001 study, pharmacist-based medication reviews resolved 637 medication therapy problems for 285 patients and improved the percentage of patients who met Healthcare Effectiveness Data and Information Set (HEDIS) criteria as opposed to the comparison group.<sup>9</sup>

In addition to positively impacting clinical outcomes, pharmacist activities can also provide cost savings for both the patient and the employer. Since the implementation of the Wisconsin Pharmacy Quality Collaborative (WPQC), Unity Health Insurance demonstrated that cost

effectiveness interventions provide a 10:1 (savings divided by cost) return on investment to Unity.<sup>10</sup> Outside of the WPQC initiative, pharmacists have reduced total health care costs by an average of \$725/patient/year for asthma patients and \$1,079/patient/year for diabetic patients through pharmacist-provided comprehensive medication reviews.<sup>7,11</sup> Other examples can be seen with pharmacist-run anticoagulation clinics. One clinic at an academic medical center was estimated to have saved \$162,058 in hospitalization and emergency department (ED) costs per 100 patients per year.<sup>12</sup> Another clinic in Canada not only saved \$11,415.46 in monthly hospital costs, but also saved 1225 ED hours and \$526,005.20 in events not believed to be related to anticoagulation at all.<sup>13</sup> Simply having regular contact with the pharmacists allowed other health care issues to be identified and addressed.



## Opportunity for Pharmacists

Participation in CPAs provides opportunities for pharmacists to demonstrate their value as an integral part of the health care team.<sup>14</sup> It also allows pharmacists to transition from a product-oriented delivery model to one that is service-oriented. Coordinating medication therapy changes through a CPA can result in improved patient outcomes, time-savings for physicians, and opportunities for complex chronic disease state management for pharmacists. Therefore, physicians will gain time to focus on diagnosis and

treatment of other patients with unmet needs and/or unresolved problems. Additionally, in areas where physician access is limited or patients are reluctant to seek health care, CPAs can provide services that may expand access to care. Essentially, CPAs make the process of medication therapy changes more efficient and convenient for the patient, pharmacist, and physician and reinforce the relationship between the physician and the pharmacist. CPAs may be appropriate for implementation in multiple settings, including long-term care pharmacy, primary care and specialty clinics, transitional care pharmacy (which improves medication management post-discharge and between different sites of health care), and community pharmacy.

## Example CPA Opportunities

### 90 Day Supply

A community pharmacy has a strong working relationship with a local ambulatory care clinic and pharmacists frequently call the clinic to request a change from a 30 day supply to a 90 day supply for patients on Medicaid. One of the pharmacists approaches a physician who strongly champions the role of pharmacists in medication management and suggests a CPA that would allow the pharmacy to change prescriptions to 90 day supplies under a well-defined protocol. The pharmacist drafts a policy and procedures that define specific requirements (e.g., duration of time on therapy, medication adherence, insurance coverage of 90 day supply) that must be met in order to make this change, maintain the patient-physician-pharmacist relationship, and ensure patient safety. The physician agrees to review the pharmacy's records on a monthly basis to verify that appropriate changes are made.

### **Therapeutic Interchange**

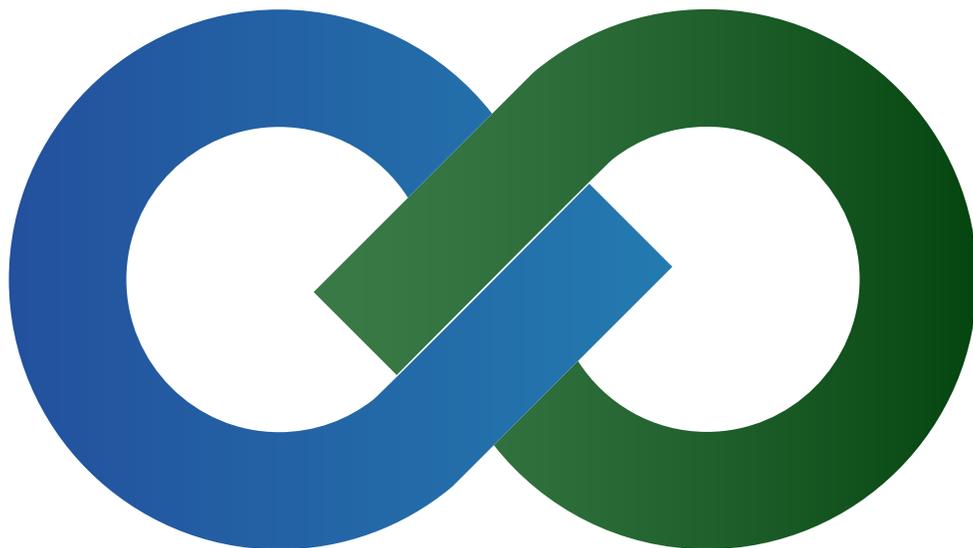
A patient was recently prescribed Aciphex 20 mg for their GERD. When the pharmacist billed the insurance, the claim was rejected because the medication was not on the formulary. Recently, the pharmacist signed a CPA with the patient's doctor that allows the pharmacist to change the medication to another PPI that is covered by the patient's insurance if the patient meets the criteria stated in the CPA. This team-based care allows the pharmacist to fill a prescription for the patient in a timely manner while reducing the physician workload caused by additional phone calls and faxes.

### **Anticoagulation**

Physicians at a private clinic in rural Wisconsin have decided that the number of their patients on warfarin and new oral anticoagulants has grown beyond what they can manage. They decide to hire a pharmacist to help manage the care of these patients. Together, the pharmacist and physician create a protocol that delegates authority to the pharmacist to manage point-of-care testing of INRs, dosing, and lab orders for these patients.

### **Asthma**

A pharmacy collects data and determines that many of their asthma patients are not being adequately controlled with their current medication regimens. The pharmacists have been in frequent contact with the local clinic, giving medication recommendations to the physicians. The pharmacists decide to propose a CPA with one of the physicians that would allow them to initiate controller inhaler therapy or adjust the controller inhaler dose as needed. The pharmacists draft a policy and procedures to specify which therapies can be initiated or changed and under what circumstances those changes can occur. The physician agrees to review the changes made on a monthly basis.



## Components of a Collaborative Practice Agreement

The following outlines the recommended goals and components of a collaborative practice agreement. Since Wisconsin law does not dictate the exact structure of a CPA, the sections outlined below may be included, but they are not a requirement.

### **A Collaborative Practice Agreement<sup>15</sup>**

- Contain mutual goals and common direction
- Be built upon trust and communication
- Include shared responsibility for care
- Be realistic and relevant to practice setting
- Aim for improvement of patient outcomes
- Outline procedures broad in scope

### **Purpose/Introduction:**

- State the purpose of the CPA or background information
- Describe the required qualifications of the pharmacist(s)
- Identify the physician(s) and pharmacist(s) who are parties to the agreement

### **Policy:**

- Method for initiating care through a CPA
- Patient inclusion and exclusion criteria for CPA
- Method for communicating clinical outcomes to physician
- Process for monitoring compliance with protocol
- Process for reviewing, revising, and renewing of CPA
- Option for physician to override pharmacist recommendation, when necessary
- Method for terminating CPA

### **Procedure/Protocol:**

- Authority allowed
- Clinical activities performed by pharmacist
- Guidelines for referral to physician
- Patient referral procedures/methods
- Services provided during a patient encounter
- Patient follow-up procedures to be established
- Patient documentation procedures
- Method for physician to monitor compliance and clinical outcomes
- Requirements for termination of patient care, when applicable
- Signatures of participating physicians•
- Effective date of CPA
- Signatures of all collaborating pharmacists and physicians (or directors, if appropriate)
- Dates of signing

### **Appendices may include:**

- Treatment algorithms
- Educational materials
- Forms

### **References**

## Developing a Business Case<sup>16</sup>

Prior to implementing a CPA, it may be helpful to reflect on the needs of the patient population at your practice site or collect baseline data so that you can discuss this with the physician. If you have already implemented other services at your practice site, make sure to document your history of success so you can clearly demonstrate the value of the service. There are many examples in the primary literature of successful pharmacy services. The combination of these components will aid in presenting your case to the physician.

When designing the CPA, you should involve the physician in deciding on measured and documented outcomes. Allowing the physician to actively provide input will create interest in the information that you will provide to them after the CPA is implemented. Ideally, clinical measures that have previously been standardized and validated will be used. The clinical measures you agree upon should also be outcome-based and process-based. Process measures assess outcomes associated with the CPA process (e.g., percentage of time medication adherence is documented during patient visit) and can be used to assist in measuring compliance with the terms of the CPA. Outcomes measures assess the effect of the CPA on the patient. These measures demonstrate the value of the CPA by measuring clinical outcomes (e.g., improvement in patient care), economic outcomes (e.g., cost savings), or humanistic outcomes (e.g., patient satisfaction). Documentation and communication of these measures to the physician is the best way to showcase the success of the CPA!

## Establishing Relationships with Physicians

Each pharmacist and pharmacy practice site may be at a different stage of relationship building with physicians in their area. The most important goal of this process is the development of TRUSTWORTHINESS which physicians think of as “pharmacists making consistent contributions to care that improve patient outcomes over time.”<sup>17</sup> Keep in mind that even though mid-level practitioners (e.g., nurse practitioners, physician assistants, etc.) have the authority to prescribe, they cannot sign and act as a physician for the provisions allowed in the Wisconsin Pharmacy Practice Act (Chapter 450.033). Only a licensed physician can delegate patient care services to a pharmacist.

### Relationship Initiation

Research suggests that physician-pharmacist relationships are more likely to develop and become successful when pharmacists initiate and reach out to the physician. Face-to-face meetings are most beneficial as this gives the physician an opportunity to associate a face with your name. Face-to-face interactions may also stimulate conversations about strategies that can be used to help one another provide optimal care.<sup>18</sup>

#### Do:

- Start within your own geographic area
- Consider surveying or evaluating physician needs and preferences for pharmacy services
- Assess whether there is a physician champion at the location of interest with whom you can coordinate
- Ask a colleague for an introduction if they already know the physician with whom you are interested in establishing a relationship
- Set up a face-to-face meeting with the physician
- Let the physician know your goals as a pharmacist (e.g., improvement in patient care)
- Consider including a brief biosketch or curriculum vitae, highlighting what you have been involved in and your areas of expertise

- Discuss the most effective methods for physician communication (e.g., fax, phone, electronic communication)

**DON'T:**

- Arrive without confirming that the physician is available to meet
- Immediately suggest that the physician enter into a CPA with you

**Relationship Building**

Once you have met the physician in person, start building the relationship by regularly communicating helpful information to the physician. Communication in this manner will contribute to building a trusting relationship.

**DO:**

- Communicate recommendations succinctly being mindful of respecting the physician’s relationship and knowledge of the patient
- Provide information on patient’s adherence and relevant medication history
- Make clinical recommendations if therapeutic goals are not met
- Triage recommendations based on urgency
- Consider documenting physician interactions for future reference

**DON'T:**

- Allow budding relationship with physician to lapse
- Make recommendations that could be seen as inefficient or unnecessary

**Relationship Achievement**

After you have developed a mutually respectful, working relationship, you are ready to approach the physician regarding their interest in entering into a CPA. Depending upon the physician and setting, it may be most successful to suggest a CPA for 90 day supply, formulary interchange, tablet splitting, refill authorization, or another CPA that may increase the physician-pharmacist team’s efficiency.

**DO:**

- Set up a face-to-face meeting with the physician
- Bring example documents to the meeting
  - » CPA document the physician would sign
  - » Example documentation of recommendations the physician can expect to receive under the CPA
  - » Examples of previous recommendations made and outcomes achieved (if available)
- Discuss the most effective and preferred method for physician communication (frequency and mode)
- Let the physician know how the CPA will benefit everyone involved (physician, pharmacist, patient)
- Allow the physician time to look over the CPA and ask any questions he or she may have

**DON'T:**

- Show up to the meeting unprepared
- Pressure or rush the physician into signing a CPA

## Collaborative Practice Agreement Follow-up

Congratulations, you have worked hard to develop physician relationships and you now have a signed CPA. As you start to focus on improving patient care through CPA activities, don't forget about the importance of continued communication with the physician. It is important to continue to document and share CPA clinical outcomes with the physician in whatever manner you agreed upon during previous discussions. This communication will strengthen your relationship and demonstrate to both you and the physician that the CPA results in enhanced patient care. Additionally, make sure you establish a system for organizing and storing your interventions. This will facilitate follow-up, when needed, and provide the documentation of the difference you are making. Once you have one successful CPA in place, physicians will likely be more interested in creating other CPAs with you!

## Team Building<sup>16</sup>

An engaged pharmacy team can help you secure a CPA that delivers positive humanistic, socioeconomic, and clinical outcomes. It is especially important to gauge staff attitudes early in the process if your team has not previously been regularly providing patient-care services, clinical interventions, or communications with physicians. Assess whether your team understands, believes in, and supports the new policies in the pharmacy. If they do not, identify reasons for apprehension and resistance among your staff. Include staff members who you suspect are not supportive in the planning and development stages. Utilize early adopters and supporters to assist you in piloting the policies and services in the pharmacy. If your practice relies heavily on float staff, it is important to ensure that these employees are also made aware of policy changes. Include them in decision making steps if appropriate, and provide any communications to them in a timely manner.

These recommendations also apply to the clinic staff who will play a crucial role in your communication with the physician who signs the agreement. They may include mid-level practitioners, nurses, medical assistants, or front desk staff. Try to address their questions and concerns along with your fellow pharmacy team members in order to implement a CPA that is accepted and supported by both parties.

To keep team members actively engaged once changes have been made, make a point of talking to each person regularly to determine what is going well, what can be improved, and whether your staff has the necessary resources to do their job. Ask or assess whether anyone should be recognized for their hard work or accomplishments and follow-up appropriately when someone deserves recognition.



## Resources

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