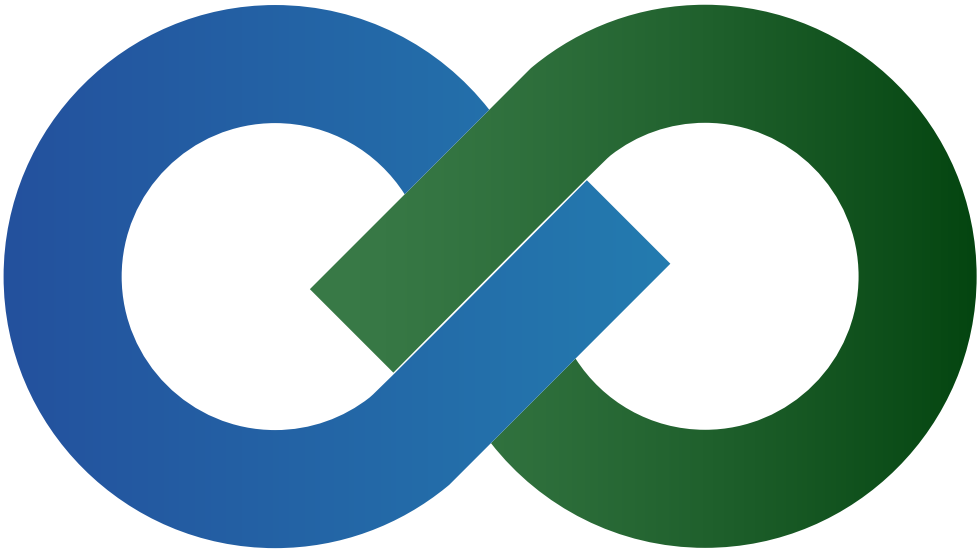
POCKETBOOK TOOLKIT

# Collaborative Practice Agreements

## 2026 Update



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.

## Team-Based Care through Collaborative Practice Agreements

Wis. Stat. 450.033 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."[1] 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."[2] Specifically, Wis. Stat.450.033 allows any pharmacist practicing in any setting to "perform any patient care service delegated to the pharmacist by a physician." 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.

### Wisconsin Act 98

In 2021, Wisconsin Act 98 was enacted into law, requiring the Wisconsin Department of Health Services (DHS) to reimburse licensed pharmacists for services delegated to them by a physician via CPA (Wisconsin Statute 450.033) or within the scope of the pharmacists' practice (Wisconsin Statute 450.01(16)). This adds pharmacists to the list of recognized healthcare providers whose services must be reimbursed by Wisconsin Medicaid, effectively creating the ability for pharmacists to bill for services. The DHS rules associated with CPAs for Medicaid recipients are reflected in the updated CPA templates. Keep in mind, WI Act 98 does not automatically enroll all pharmacists as providers with Medicaid. The choice to enroll is optional.

## 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.[3] Physicians, on average, spend only 49 seconds talking to a patient about a new medication.[4] 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.[5] 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.[6] A study of the pharmacist run DiabetesCARE program found that out of 692 total recommendations, 61.4% were accepted by physicians.[7]

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.[8] Similarly, a team-based medication therapy management system in Minnesota, which included

pharmacists, improved treatment goals for patients with diabetes by 22% as compared to those sites that did not use team-based care.[9] 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.[10]

A 2023 study found pharmacists within an outpatient renal transplant clinic practicing under a CPA placed 5,793 prescriptions and performed 3,852 interventions for 1,233 patients. The interventions included eliminating duplicative therapy, monitoring narrow therapeutic index medications, and identifying un- or under-treated health conditions.[11] Use of pharmacist-managed CPAs can extend into the inpatient setting. One study of pharmacists working under a CPA for glucose management found similar glycemic control for patients with diabetes as non-pharmacist providers.[12]

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 return on investment to the health plan.[13] Outside of the WPQC initiative, pharmacists have reduced total health care costs by an average of $725/patient/year for patients with asthma and $1,079/patient/year for patients with diabetes through pharmacist-provided comprehensive medication reviews.[8,14] Other examples can be seen with pharmacist-run anticoagulation clinics. One pharmacist-run 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.[15] Another pharmacist-run clinic in Canada not only saved $11,415.46 in monthly hospital costs, but also saved 1,225 ED hours and $526,005.20 in events not believed to be related to anticoagulation at all.[16] Simply having regular contact with the pharmacists allowed other health care issues to be identified and addressed. Pharmacists working under CPAs have the ability to positively impact patient care. This was demonstrated in 2023 by a review of 8 studies that found positive impact on the attainment of clinical and financial goals and provider satisfaction with pharmacist involvement in CPAs.[17]

## Opportunity for Pharmacists

Participation in CPAs provides opportunities for pharmacists to demonstrate their value as an integral part of the health care team. 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

**Therapeutic Interchange**
A patient was recently prescribed rabeprazole 20 mg for their Gastroesophageal Reflux Disease (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 Proton Pump Inhibitor (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 determined 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 physicians create a protocol that delegates authority to the pharmacist to manage lab orders, point of care testing (POCT) or venous INR results, and dosing for these patients.

**Asthma**
A pharmacy collects data and determines that many of their patients with asthma 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.

**Asthma Management Devices**
A patient was recently prescribed a new HFA controller inhaler. During consultation, the pharmacist identified that the patient was struggling with inhaler administration and would be a good candidate for a spacer. This prompted the pharmacist to create a CPA with a local family medicine clinic allowing pharmacists to initiate prescriptions for peak flow meters and spacers for patients with HFA inhalers for asthma and COPD. The physician agrees to review the changes made on a monthly basis.

**Diabetes**
Ambulatory care pharmacists working in a family medicine clinic put in place a CPA with the physicians there allowing them to interpret Continuous Glucose Monitor (CGM) results and subsequently make dosing regimen changes for referred patients with diabetes. The physicians have expressed appreciation for this service given the decreased workload they have experienced since implementation.

**Heart Failure**
A cardiology group notices a recent increase in hospitalization rates among their patients with heart failure. In an effort to improve patient outcomes, the physician group contacts the director of pharmacy for assistance with guideline-directed medical therapy (GDMT) management. Together, the physician group and pharmacy department develop a position and a CPA for an ambulatory care pharmacist who focuses on initiation, titration, and monitoring of GDMT for referred patients with heart failure.

**Hyperlipidemia**
At a local clinic, the number of patients that require hyperlipidemia management is growing, and the physicians seek the help of a trusted community pharmacist. Together, the pharmacist and physicians create a protocol that delegates authority to the pharmacist to manage lab orders and make medical decisions including initiating, modifying, or discontinuing treatment according to clinical guidelines.

**Hypertension**
Pharmacists in a community pharmacy notice that their patients being managed for hypertension are not filling prescriptions consistently, and are receiving new start hypertension medications. The pharmacists draft and propose a CPA to a physician who strongly supports pharmacist medication therapy management. This CPA allows pharmacists to modify patient medications based on monitoring blood pressure, adherence, lab results, and patient response to current therapies. The physician agrees to review changes on a monthly basis and receive a visit summary with the patients' updated medications and OTCs.

## 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 required.

**Collaborative Practice Agreement**[18]

- Contains mutual goals and a common direction
- Is built upon trust and communication
- Includes shared responsibility for care
- Is realistic and relevant to the practice setting
- Aims for improvement of patient outcomes

**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 or groups of patients eligible to receive delegated services under agreement including inclusion/exclusion criteria
- Method for communicating clinical outcomes to physician
- Process for monitoring compliance with protocol
- Process for CPA review, revision, and renewal
- Option for physician to override pharmacist recommendation, when necessary
- Method for terminating CPA

## Medicaid Rules for Collaborative Practice Agreements

Wisconsin law does not dictate the exact structure of a CPA; however, Wisconsin ForwardHealth requires CPAs for services billed to Wisconsin Medicaid to include the following items:

**Requirements**

The CPA must include:

- One of the following for enrolled physicians:
  - » The name and license number of any delegating physicians.
  - » The written protocol that identifies the organization's medical committee delegating the authority and is approved by the organization's physician staff.
- One of the following for enrolled pharmacists:
  - » The name and license number of any pharmacist who may perform the delegated acts.
  - » The written protocol from the delegating authority that identifies the authority delegated to the organization's pharmacist or pharmacists.
- The patient or groups of patients eligible to receive delegated services under the agreement, including any patient inclusion or exclusion criteria.
- The delegated services that the pharmacist may perform.
- The process for the physician or designee of the physician to monitor compliance with the delegation agreement by the pharmacist.
- The process for how the delegated services provided by the pharmacist will be documented or included in the patient's health record.

The physician(s) and pharmacist(s) are required to review the CPA, and it must be renewed no later than every three years for the pharmacist(s) to continue providing delegated services. Payments for services provided by a pharmacist without a current CPA may be recouped.

*ForwardHealth Handbook Topic #23317: "Pharmacists"*

**Procedure/Protocol:**

- Delegated services pharmacist may perform
- 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
- Process by which delegated services will be documented in patient's health record
- Process by which physician or designee of physician will monitor pharmacist compliance with delegation agreement
- Requirements for termination of patient care, when applicable
- Signatures of participating physicians
- Specific timeframe for which the agreement is in effect
- Signature and date of physician delegating services
- Signature and date of pharmacist entering agreement
- Date agreement signed

**Appendices:**

- Treatment algorithms
- Educational materials
- Forms

CPA templates appropriate for services provided to Wisconsin Medicaid recipients can be found in the Table of Contents and at www.pswi.org under Resources.

Pharmacists who receive Medicaid reimbursement for delegated services:

- May be subject to audit at any time.
- Are required to retain relevant documentation supporting adherence to program requirements and produce it for and/or submit it to ForwardHealth upon request.

ForwardHealth may deny or recoup payment for services that fail to meet program requirements.

## CPA Implementation Steps

1. **Review State Laws and Regulations**
   - State laws governing CPAs vary widely and may limit the types of practices, health conditions, or settings in which you can perform delegated services.
   - All services should be customized to the laws and regulations of the state where they will be used.

   **Tip:** Only licensed physicians can delegate patient care services to pharmacists in Wisconsin. Mid-level practitioners (e.g., nurse practitioners, physician assistants) may refer or prescribe but cannot sign CPAs.

2. **Establish Trust Between Pharmacist and Prescriber –** *role specification, professional interactions, effective communication*
   - Initial interactions could involve answering drug information questions, completing comprehensive medications reviews, and focusing on medication adherence and education.
   - Increasing professional interactions will lead to increased opportunities for collaboration.
   - Building relationships over time may elucidate CPA needs and roles for pharmacist delegation.

   **Tip:** Research shows physician–pharmacist relationships are more likely to succeed when pharmacists take the first step. Face-to-face meetings are especially valuable—bring a brief CV or biosketch and explain your goals. Consider asking a colleague for an introduction to a specific physician or practice. Take the time to develop trust with the individual or group before suggesting entering into a CPA.

3. **Build the Infrastructure and Process Changes to Integrate Pharmacists' Patient Care Services**

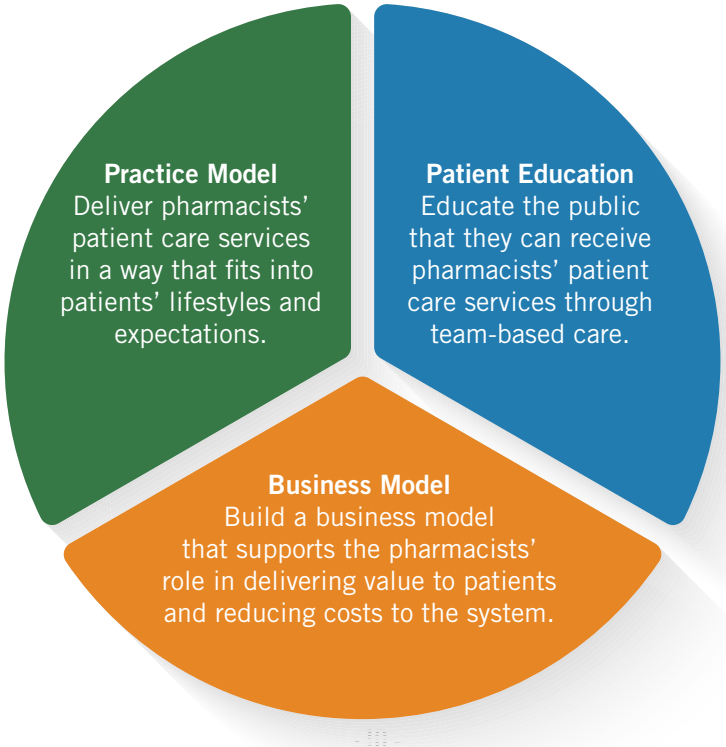
- **Practice Model** – Fit services to patient and provider expectations.
  - » Identify needs of the patient population at the practice site (collect baseline data when possible).
  - » Establish referral pathways and stakeholder involvement.
  - » Incorporate stakeholders involved in patient care.
  - » Plan communication methods between pharmacists and providers.
- **Business Model** – Support the role of the pharmacist while reducing health care costs.
  - » Scalable – match implementation and payment strategies to practice site and capacity.
  - » Sustainable – invest in resources and staff buy-in to provide high quality care.
  - » Profitable – demonstrate cost savings while delivering patient benefits.

**Tip:** When developing the business case, document past successes, use published literature examples, and highlight economic, clinical, and humanistic outcomes (e.g., improved patient and provider satisfaction; decreased provider burnout)

- **Patient Education** – Promote pharmacist services to patients.
  - » Explain pharmacists' role in collaborative care.
  - » Reinforce the pharmacist as a member of the health care team.

**Team Building Tip:** Engage both pharmacy and clinic staff

- Assess whether your staff understands and supports the new services.
- Include hesitant team members early in planning to reduce resistance.
- Provide timely updates to float staff or rotating team members.
- Engage clinic staff (nurses, medical assistants, front desk)—these individuals often facilitate communication with physicians and other health care providers.




*Centers for Disease Control and Prevention. Collaborative practice agreements and pharmacists' patient care services : a resource for pharmacists (cdc.gov).*[19]

### 4. Identify Services to be Delegated to a Pharmacist

- Start with services that can be provided without a CPA (e.g., adherence programs) to demonstrate success and build trust.
- Use simple terms when writing the CPA to promote understanding.

### 5. Allow Health Care Providers to Define CPA Details

- Prescribers increase liability when entering a CPA; let them voice concerns and shape the scope.
- As provider trust is established, they can adjust CPAs to meet the needs of their patients.
- Establish clear communication methods and decide how outcomes will be measured.

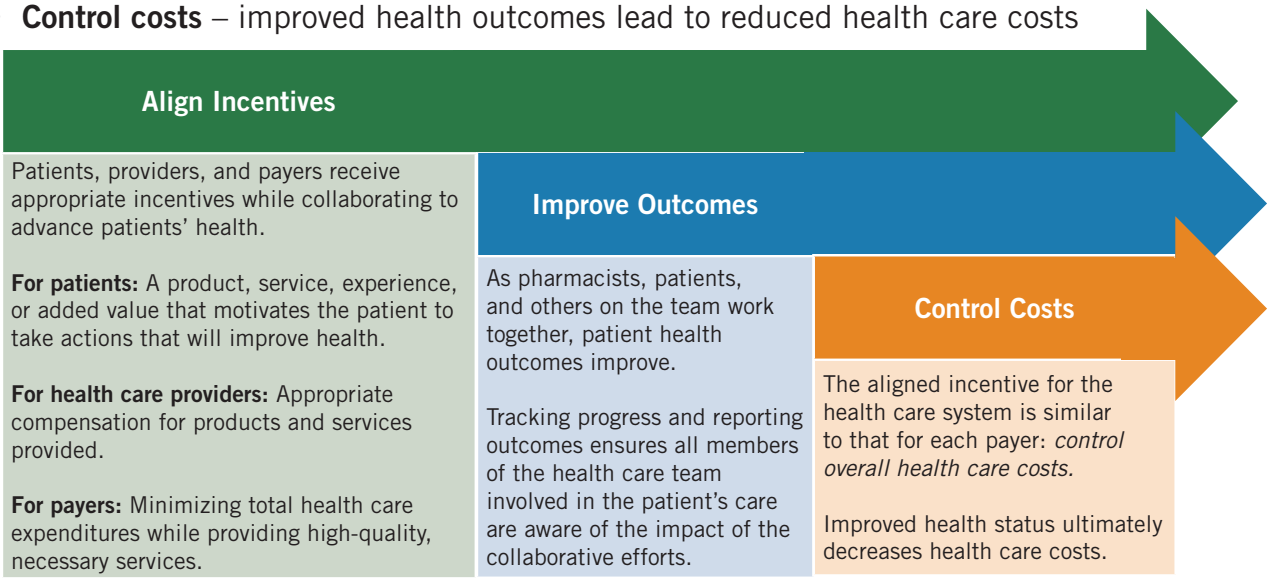
**Tip:** Share sample CPA documents and examples of past pharmacist recommendations or outcomes when meeting physicians. This makes the process concrete and reduces uncertainty.

### 6. Examine and Redesign Scope of Practice Laws, Education, and Policies to Develop Synergy and Enhance Collaboration

- Scope of practice laws can support successful CPAs and team-based care.
- Educating both staff and providers on laws and policies helps integrate pharmacist services effectively.

### 7. Align Incentives Based on Process and Outcome Measures

- **Align incentives** – focus on aligning incentives for patients, health care providers and payers.
- **Improve outcomes** – track progress and report outcomes to physician to demonstrate the impact of services.
  - » Use process measures to track CPA compliance.
  - » Use outcomes measures (clinical, economic, and patient satisfaction) to demonstrate success.
- **Control costs** – improved health outcomes lead to reduced health care costs




*Centers for Disease Control and Prevention. Collaborative practice agreements and pharmacists' patient care services : a resource for pharmacists (cdc.gov).*[19]

8. **Maintain Strong, Trusting Relationships with Patients, Physicians, and Other Providers**
    - Expand and promote pharmacist services by educating key stakeholders on the value of the services provided.
    - Positive patient and provider experiences will build momentum for additional CPAs.

## Post CPA Implementation

1. **Track Progress and Outcomes**
    - Monitor and present results to demonstrate the value of pharmacist services.
    - Use both process and outcome measures agreed upon during CPA design.

| | |
|---|---|
| **Clinical** | • Therapeutic Outcomes (Change in A1c, BP, lipids) |
| **Financial** | • Direct Revenue - Billing opportunities *(Fee-for-service, incident-to, value-based models)*<br>• Indirect Revenue - Readmission prevention |
| **Operational** | • Referrals<br>• Volume of patients/visits<br>• Patient/Provider satisfaction |

2. **Establish a Sustainability Plan**
    - Maintain clinic workflow and pharmacist support.
    - Identify potential payment streams and highlight value-added benefits.
    - Review and update CPAs annually or biannually (or as defined within the CPA) to reflect evolving needs (e.g., services, procedures).

3. **Follow-up**
    - Continue open communication with physicians.
    - Document and share clinical outcomes.
    - Evaluate processes with stakeholders.
    - Maintain pharmacist qualifications.
    - Recognize and celebrate team accomplishments to reinforce engagement.

Once you have one successful CPA in place, physicians will likely be interested in creating others!

**Resources**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