

**Increasing the Use of Collaborative Practice
Agreements Between Prescribers and Pharmacists**
A Brief for Decision Makers, Public Health
Practitioners, and Prescribers

Pharmacists are conveniently accessible health care professionals who are capable of playing a greater role in the delivery of health care services.



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Collaborative Practice Agreements (CPAs) are used to create formal relationships between pharmacists and physicians or other health care providers that allow pharmacists to offer expanded services. CPAs define certain patient care functions that pharmacists can provide on their own under specified situations and conditions, as delegated by the prescriber. CPAs are not required for pharmacists to perform many patient care services, such as medication review, patient education and counseling, disease screening, and referrals.¹

Purpose

This brief describes how CPAs can increase patient access to health care by empowering pharmacists to practice as an extension of physicians and other prescribers to help patients manage or prevent chronic diseases. It provides examples of how CPAs are used and the key elements needed to enter into a CPA. It also provides action steps and resources that health care decision makers, public health practitioners, and prescribers can take to develop CPAs.

Rationale

Chronic disease is a major public health problem in the United States. More than half of US adults have at least one chronic disease. In addition, 86% of health care spending and 7 in 10 deaths are associated with chronic disease. More than 1 in 3 adults and 1 in 5 young people are obese, while 1 in 5 adults use tobacco products.²

Millions of Americans lack adequate access to primary health care. This problem is expected to get worse as the demand for health care increases because of the growing number of people enrolling in Medicare, the increasing prevalence of chronic diseases, and the anticipated shortage of primary care physicians.^{2,3}

Pharmacists are accessible to the public and highly trained in medication therapy management. In coordination with other health care professionals, pharmacists are playing a greater role in the delivery of health care services. The pharmacist's role on a patient's care team continues to expand, in part because of the increasing body of evidence that shows medication adherence and health outcomes improve when pharmacists are involved. The use of CPAs between pharmacists and prescribers can accelerate this expansion and address many of the aforementioned public health concerns.⁴



Pharmacists offer an accessibility that is rare among health care professionals. The pharmacist has health knowledge on which to build and is often uniquely cited in the community to provide public health services, in some cases 24 hours per day.

– American Public Health Association



FUNCTIONS MOST OFTEN DELEGATED TO PHARMACISTS BY PRESCRIBERS UNDER A FORMAL CPA



**Initiating
Medication Therapy**



**Modifying
Medication Therapy**



**Discontinuing
Medication Therapy**



**Ordering
Laboratory Tests**



The American Public Health Association supports this approach by recognizing that pharmacists are one of the most underused public health resources in the United States.⁵ The Association states that pharmacists can play a key role in public health in the areas of assessment, assurance, prevention, and public health awareness.⁵ The US Department of Health and Human Services has also published evidence that shows that, when pharmacists are part of the health care team, patients' chronic disease outcomes improve.⁶

Recent publications that have recognized the value of CPAs between pharmacists and prescribers include *The Expanding Role of Pharmacists in a Transformed Health Care System*,⁴ *Improving Patient and Health System Outcomes Through Advanced Pharmacy Practice: A Report to the U.S. Surgeon General*,⁷ and *Exploring Pharmacists' Role in a Changing Healthcare Environment*.⁸

Benefits of CPAs

Pharmacists today provide a broad range of services within their scope of practice, including the following:

- Conducting health and wellness testing
- Managing chronic diseases
- Performing medication therapy management
- Obtaining and interpreting diagnostic tests
- Administering vaccinations
- Working in and partnering with hospitals and health systems to advance health and wellness
- Creating seamless transitions of care
- Helping reduce hospital readmissions⁹

CPAs can support the delivery of collaborative care by identifying which functions are delegated to pharmacists (beyond their typical scope of practice) by the collaborating prescriber.¹⁰ When used to their full potential, CPAs have the ability to increase access to care, expand available services to patients, increase the efficiency and coordination of care, and leverage pharmacists' medication expertise to complement the skills and knowledge of the other health care team members.¹¹ The terms used and functions provided

under these agreements vary from state to state according to the pharmacist's or prescriber's scope of practice and the state's collaborative practice laws.¹²

Examples of CPAs

The delivery of immunization therapy by pharmacists is perhaps one of the most effective examples of how CPAs have been used to help address a public health problem. Across the United States, local and state public health practitioners have used CPAs to give authority to pharmacists to provide annual influenza vaccinations. In support of this initiative, the Association of State and Territorial Health Officials released a tool kit to help public health practitioners deploy CPAs and standing orders to combat public health epidemics, such as the H1N1 pandemic of 2009.¹³

CPAs can also be used to address the management of chronic diseases such as high blood pressure.¹⁴ For example, a physician or other prescriber can authorize

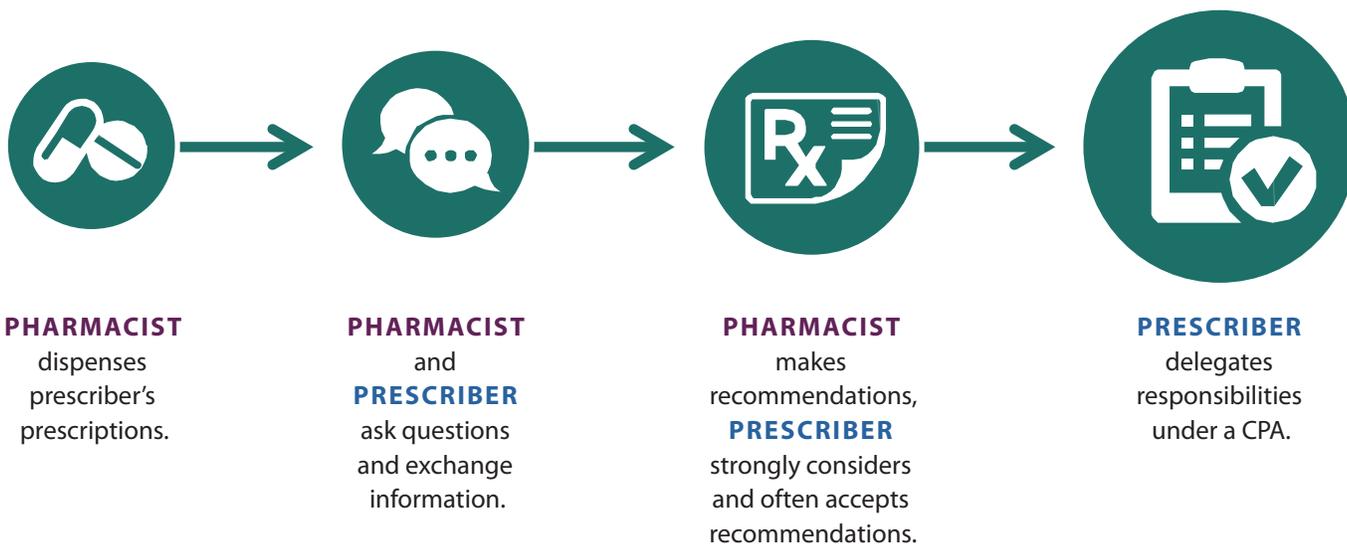
a pharmacist to adjust medication as needed to reach a patient's ideal dosage. The pharmacist follows a mutually defined treatment protocol and uses home and in-pharmacy blood pressure readings to monitor the patient's blood pressure. The pharmacist adjusts the dose, documents the changes, and communicates these actions to the collaborating prescriber as specified in the CPA.

Developing CPAs

Trust between pharmacists and prescribers is the critical element for developing CPAs. Trust is established over time and usually begins with several routine interactions between prescribers and pharmacists.

The figure below illustrates how the level of professional interaction reflects the degree of trust between the pharmacist and the prescriber. The desired result is the pharmacist assuming an enhanced role on the patient care team.

Level of Professional Interaction Reflects Degree of Trust Between the Pharmacist and the Prescriber



State Laws Governing CPAs

As of December 2015, a total of 48 states permit some type of pharmacist-prescriber CPA. State laws governing CPAs vary widely and may limit the types of practices, health conditions, or settings in which the pharmacist can perform delegated services. For example, in Alabama and Delaware, prescribers cannot delegate authority to pharmacists through a CPA. In Florida and Oklahoma, pharmacists are restricted to providing only limited services under a CPA. All CPAs should be customized to the laws and regulations of the state where they will be used. The key variables in state laws to consider when pursuing a CPA are illustrated [here in Appendix A: Collaborative Practice Agreement Authority Tables](#).¹⁵

Resources for Developing a CPA

The Centers for Disease Control and Prevention's Division for Heart Disease and Stroke Prevention collaborated with several partners to develop a resource guide to help pharmacists and prescribers develop and execute CPAs in order to advance team-based care. These partners include the National Alliance of State Pharmacy Associations, American Pharmacists Association, American Medical Association, American Association of Nurse Practitioners, Network for Public Health Law—Eastern Region, and University of Maryland Francis King Carey School of Law.

The [*Advancing Team-Based Care Through Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team*](#) includes a template that can be customized and used as a starting point to develop a CPA.¹⁵ For additional resources for developing CPAs and overcoming barriers, see the Reference section of this brief.



Action Steps for Developing and Expanding the Use of CPAs

The approach to developing or expanding the use of CPAs varies by stakeholder. Below are action steps that each stakeholder may take when developing of a CPA.

 Health Care Decision Makers	<ul style="list-style-type: none">• Review existing policies to determine how best to empower local health care professionals to collaborate and develop CPAs, particularly in rural areas where there is a shortage of health care providers.• Review scope of practice laws in your own, and other, jurisdictions to identify potential gaps and opportunities to align CPA policies to empower local collaborative care.
 Public Health	<ul style="list-style-type: none">• Evaluate the potential for authorized public health prescribers (e.g., chief medical officers) to enter into CPAs with pharmacists to help broadly address public health needs.• Encourage individual pharmacists and prescribers to work more collaboratively and enter into CPAs to formalize that partnership as permitted by state law.
 Prescribers	<ul style="list-style-type: none">• Review your state's laws and regulations for state-specific information, including who can enter into CPAs, which services can be delegated in a CPA, which services can be delivered pursuant to the pharmacist's regular scope of practice, and what components are required for the agreement.• Identify which services will be delegated to a pharmacist. Examples include modifying medication therapy, initiating medication therapy, discontinuing medication therapy, conducting physical assessment, ordering laboratory tests, interpreting laboratory studies, and performing laboratory tests.• Mitigate risk by talking with your pharmacist partner about how CPAs may reduce liability concerns.• Discuss with your pharmacy partner your preferred method(s) of communication, consider state requirements, and review opportunities for using health information technology to facilitate the exchange of information.• Talk with your pharmacist partner to understand their training, credentials, and previous experience delivering patient care services.• Ask your pharmacist partner to describe the major components of a CPA and discuss other agreements and approaches for collaborating effectively with your pharmacist partner. Examples include registering with state agencies, entering into business associate agreements for data sharing, obtaining National Provider Identification numbers, and forming business relationships that foster sustainability.



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Resources

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Disclaimer

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