

Collaborative Practice Agreements and Pharmacists' Patient Care Services

**A RESOURCE FOR DOCTORS, NURSES, PHYSICIAN
ASSISTANTS, AND OTHER PROVIDERS**



Pharmacists can improve patients' health and the health care delivery system if they are part of the patient's health care team. One way to achieve this goal is with a collaborative practice agreement (CPA) between pharmacists and other health care providers.¹ Patient care services provided by pharmacists can reduce fragmentation of care, lower health care costs, and improve health outcomes.¹ A 2010 study found that patient health improves significantly when pharmacists work with doctors and other providers to manage patient care.² The Community Preventive Services Task Force also found strong evidence that team-based care can improve blood pressure control when a pharmacist is included on the team.³

States regulate pharmacists' patient care services through "scope of practice" laws and related rules, including boards of pharmacy and medicine regulations. Depending on each state's laws, pharmacists can work with other health care providers through CPAs to perform an array of patient care services (Figure 1).

In January 2012, the American Pharmacists Association (APhA) Foundation brought together a group of 22 national subject

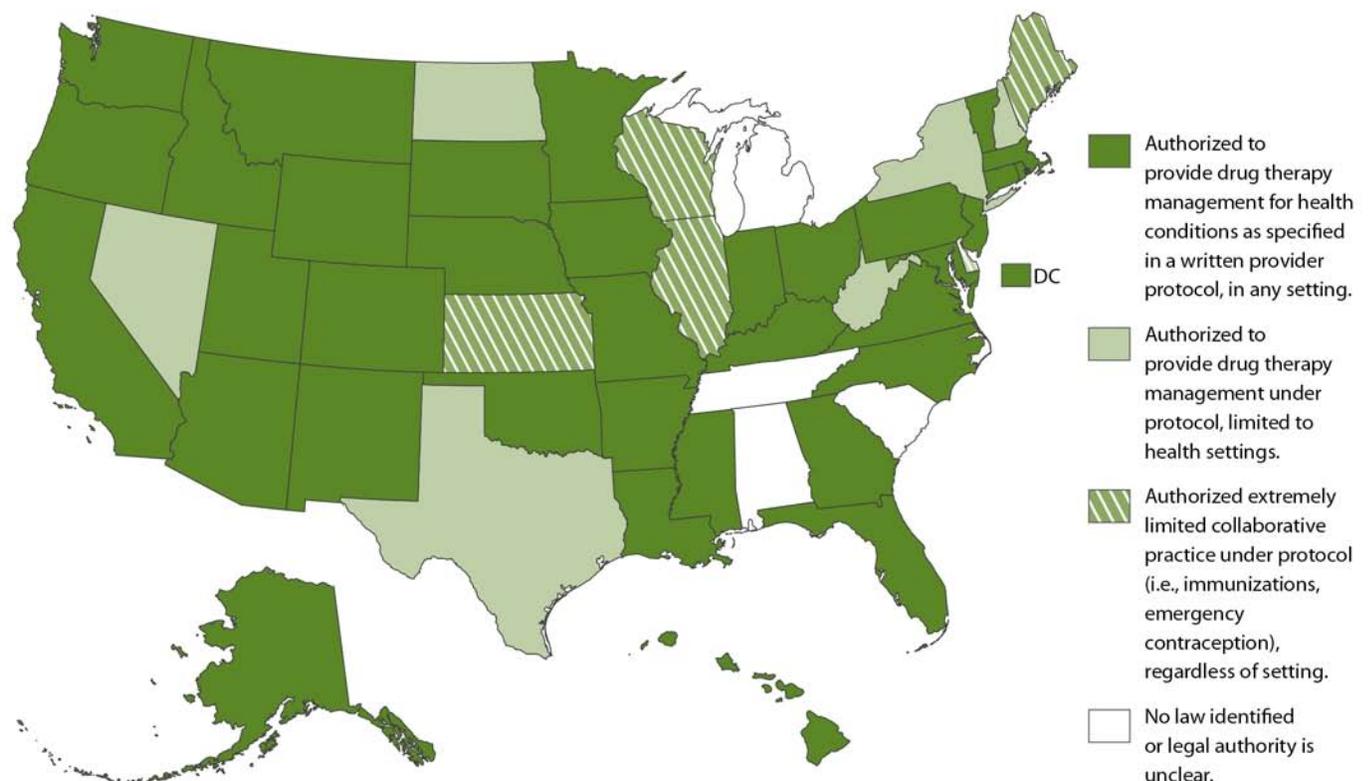
Pharmacist Collaborative Practice Agreement (CPA)

A formal agreement in which a licensed provider makes a diagnosis, supervises patient care, and refers the patient to a pharmacist under a protocol that allows the pharmacist to perform specific patient care functions.

matter experts to identify evidence for effective policies, practices, and key supports and barriers to expanding the role of pharmacists in delivering patient care services and entering into CPAs.⁴

Consistent with the findings of the Office of the Chief Pharmacist 2011 Report to the U.S. Surgeon General,¹ the group found that broad access to patient care services delivered by pharmacists is limited by policy and compensation barriers. The group proposed several strategies for expanding pharmacists' patient care services through team-based care and CPAs.⁴ Health care providers can use these strategies to build and strengthen partnerships with pharmacists to improve patient care.

Figure 1. Map of States with Laws Explicitly Authorizing Pharmacist Collaborative Practice Agreements, 2012



Note: Physician delegation is considered permissive in MI and WI, allowing physicians and pharmacists to enter into CPAs.

Strategies for Advancing Pharmacists' Patient Care Services

Create and expand an infrastructure that embeds pharmacists' patient care services and collaborative practice agreements into care, while creating ease of access for patients.

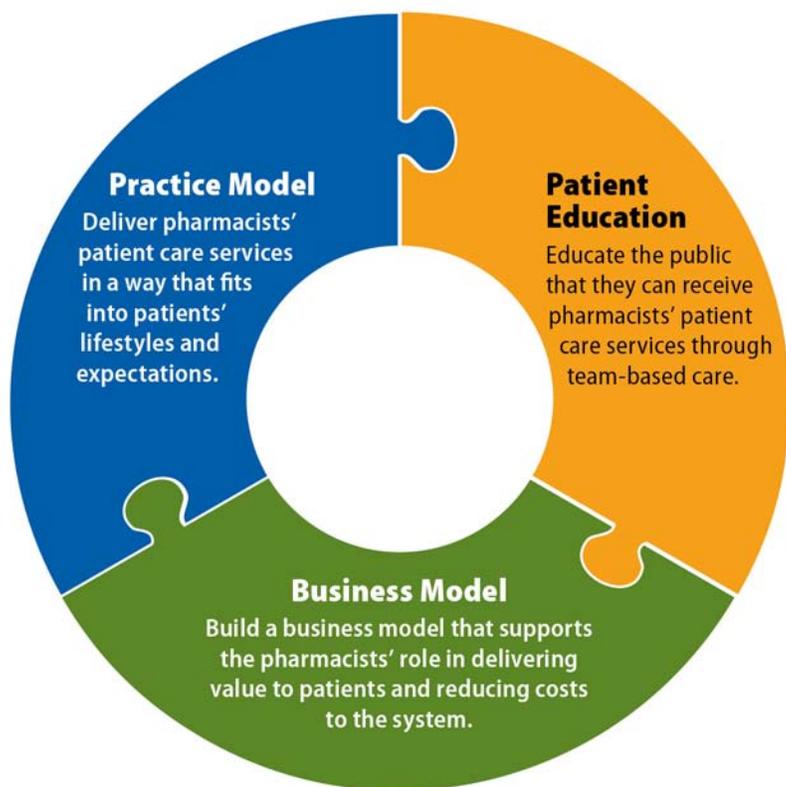
Pharmacists' patient care services, including those provided through CPAs, can reduce fragmentation of care and improve health outcomes if they are set up properly.¹ Infrastructure that embeds pharmacists' patient care services into current care processes and public education initiatives could help patients understand the services available to them. Processes may need to be changed within different practice settings to integrate pharmacists. Components of this infrastructure and associated process changes include the practice model, business model, and patient education (Figure 2).

Terms Used to Describe Pharmacists' Patient Care Services

Medication Therapy Management (MTM): A distinct service or group of services that optimizes therapeutic outcomes for individual patients. MTM includes five core elements: medication therapy review, personal medication record, medication-related action plan, intervention and/or referral, and documentation and follow-up.⁶

Collaborative Drug Therapy Management (CDTM): A collaborative practice agreement between one or more providers and pharmacists in which qualified pharmacists working within the context of a defined protocol are permitted to assume professional responsibility for performing patient assessments, counseling, and referrals; ordering laboratory tests; administering drugs; and selecting, initiating, monitoring, continuing, and adjusting drug regimens.⁷

Figure 2. Infrastructure and Process Changes to Integrate Pharmacists' Patient Care Services



Practice Model

- ▶ Effective implementation of CPAs.
- ▶ Referrals for pharmacists' patient care services.
- ▶ Well-informed medical and pharmacy teams.
- ▶ Meaningful communication between providers.

Patient Education

- ▶ Education on the potential for collaborative care with pharmacists.
- ▶ Use of every channel to distribute messages and generate public support for pharmacists' patient care services.
- ▶ Expectation for collaboration on the health care team.

Business Model

- ▶ **Scalable:** Implementation and payment mechanisms that work in different practice settings, creating market-driven care delivery.
- ▶ **Sustainable:** Payers investing in the resources needed to provide high-quality, integrated patient care.
- ▶ **Profitable:** Providers gaining the financial ability to focus on providing prevention, patient health, and disease management services while controlling health care costs.

Case Example: Iowa

Osterhaus Pharmacy in eastern Iowa provides immunizations to patients through CPAs with Maquoketa Family Clinic, a local medical group of family practice doctors and nurse practitioners. The pharmacy also provides MTM services to eligible Medicaid and Medicare Part D beneficiaries with chronic diseases. MTM services are provided through informal agreements with Maquoketa Family Clinic and another local clinic, Medical Associates of Maquoketa. To develop an effective process, the pharmacy created practice and business models that highlight the benefits of formal collaboration for those involved and build on existing informal relationships. For example, as part of the immunization protocol, pharmacists educate patients about their eligibility for these services by telephone, in person, or by fax, depending on which method is most convenient for the patient. The pharmacist administers the immunizations according to the terms of the CPA, documents these services in the pharmacy system, and communicates this information to the doctor as agreed. Osterhaus Pharmacy's staff believe this business model is sustainable because immunizations and MTM services are reimbursed by many private and public insurers.⁵

Use simple, understandable, and empowering language when referring to pharmacists' patient care services.

Different terms can be used to describe similar patient care services provided by pharmacists. Simple terms can promote understanding and help create meaningful CPAs that include pharmacists' services in routine patient care.

Pharmacists' clinical capabilities include the following:

- ▶ Communicating and collaborating with doctors and other prescribers to provide patient care.
- ▶ Improving the quality of medication management and health outcomes.²
- ▶ Improving public health outcomes.³

Allow the health care providers who enter into the collaborative practice agreement to define the details of each agreement.

Many successful collaborative relationships develop and evolve as pharmacists and other providers grow to trust each other.¹ As this trust grows, providers can modify CPAs to ensure that local partnerships are meeting patients' needs.

Successful CPAs include the following components:

- ▶ Established local relationships.
- ▶ Trust between providers that establishes the scope of collaboration and privileges.
- ▶ Demonstrated competence at providing services and sharing information from patient interactions.
- ▶ Commitments from all providers to provide the best patient care possible.
- ▶ CPAs that are written, executed, reviewed, and renewed according to the terms set between the collaborating health care professionals.
- ▶ Determinations by different types of providers of the best ways to set up these agreements and overcome local challenges.
- ▶ CPAs that allow all providers to practice to the fullest extent of their licenses when they work together.

Case Example: Minnesota

In the early 1980s, Goodrich Pharmacy, a locally owned community pharmacy in Minnesota, began entering into medication substitution agreements with local doctors. With the adoption and evolution of MTM services in the 1990s, Goodrich expanded to five sites around the Twin Cities by 2010. The pharmacy now provides extensive MTM and patient care services through CPAs for chronic disease care and patient education with the Anoka River Way Clinic.

Steve Simenson, president of Goodrich Pharmacy, stated that "patient-focused collaborative care has improved as a result of closer relationships that we established with other health care providers." Two to three patients are referred for MTM services each day. The majority of patients participate in the University of Minnesota's employee health plan, UPlan, which provides MTM services at no cost to eligible patients. According to Simenson, university officials support efforts to improve employee health, and they recognize pharmacists' contributions to better MTM services.^{11,12}

Case Example: Arizona

Since 2000, Arizona law has authorized CPAs between pharmacists and doctors in specified health facilities (ARS §32-1970 [A–D]). The law was amended in 2011 by Senate Bill (SB) 1298 (Ariz Sess Laws Ch 103 [2011]) to allow pharmacists in any setting to enter into CPAs with doctors and nurse practitioners.

Pharmacists at El Rio Community Health Center⁸ have worked with local doctors since 2000. El Rio is the largest local provider of medical services to uninsured and Medicaid patients in Pima County. Each pharmacist and provider negotiates the terms of the CPA to allow the pharmacist to care for patients with diabetes, high blood pressure, and high cholesterol. Compared with other health centers, El Rio reports lower costs, more screenings, and fewer emergency room visits among its patients.⁹

SB 1298 allowed health care providers at El Rio to set up CPAs without changing their diabetes care protocol. It removed requirements to renew CPAs annually or obtain Board of Pharmacy approval for each protocol. El Rio staff found this change reduced the administrative burden and cost for pharmacists and providers. The new law also removed a requirement for a separate CPA for each health condition for each individual patient. This change allows pharmacists to work more efficiently with other providers to provide care to patients with multiple chronic conditions.¹⁰

Examine and redesign health professional scope of practice laws, education curricula, and operational policies to create synergy, promote collaboration, and make the best use of support staff.

To make the best use of all providers on a health care team, different health professions can work together to examine and revise scope of practice laws. For example, in 2009, to reduce workforce shortages, Pennsylvania officials authorized changes in the scope of practice laws for nurses, physician assistants, and other licensed health care providers to allow them to practice to the full extent of their licensure and training.¹³

If properly written, scope of practice laws can create an environment that can lead to successful CPAs and interdisciplinary teams, allowing all professionals to practice at the top of their licenses and allowing support staff to take on more roles as appropriate.¹ Laws, education, and policies can foster the integration of pharmacists and the services they provide into team-based care models.

To help make CPAs and the team-based care approach an integrated part of health care practice,

- ▶ Providers and student health professionals need education about the value of team-based care.
- ▶ Students who work on interdisciplinary teams should be taught how to work with other health professionals to improve patient care.

Case Examples: Pharmacist-Provided Care for Controlling Diabetes, High Blood Pressure, and High Cholesterol

The Asheville Project, the Patient Self-Management Program for Diabetes (PSMP), and the Diabetes Ten City Challenge (DTCC) were efforts by self-insured employers to provide education and mentoring for employees with chronic health problems such as diabetes, high blood pressure, and high cholesterol. Patients were enrolled in collaborative care programs that included a community pharmacist on their health care team.^{14–18} When the programs were assessed, researchers found the following benefits:

Savings on Overall Health Spending

- ▶ **Asheville:** Average net savings of \$1,622–\$3,356 per person per year.^{14,15}
- ▶ **PSMP:** Average net savings of \$918 per person per year.¹⁶
- ▶ **DTCC:** Average net savings of \$1,079 per person per year.^{17,18}

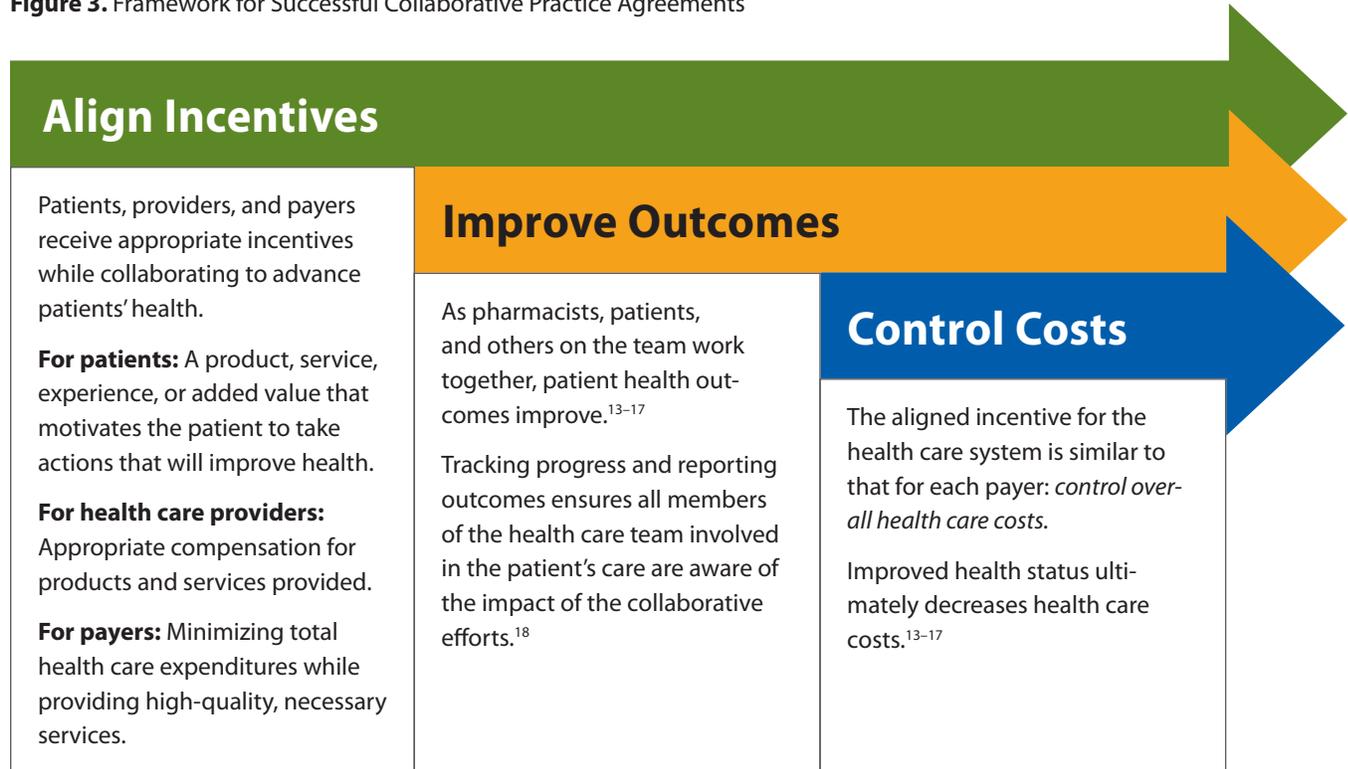
Improved Patient Health

- ▶ **Asheville:** 50% average reduction in number of sick days.^{14,15}
- ▶ **PSMP:** 100% of study participants had their glycosylated hemoglobin (A1C) level tested; 94% of patients met the Health Plan Employer Data Information Set (HEDIS) goal of 7% or less for A1C.¹⁶
- ▶ **DTCC:** A1C and screening rates improved to 97%; 91% of patients achieved an A1C level that met the HEDIS goal.^{17,18}

Increased Preventive Care

- ▶ **PSMP:** 78% of patients received flu shots and 82% received foot exams.¹⁶
- ▶ **DTCC:** 65% of patients received flu shots and 81% received foot exams.^{17,18}

Figure 3. Framework for Successful Collaborative Practice Agreements



Properly align incentives based on meaningful process and outcome measures for patients, payers, providers, and the health care system.

Successful CPAs include two core components: (1) appropriate incentives, which in turn are based on (2) meaningful process and outcome measures for all providers involved in patient care.⁶ A simple framework describes how this could be accomplished (Figure 3): *Align the incentives. Improve the outcomes. Control the costs.*

Provide incentives and support for the adoption of electronic health records and the use of technology in pharmacists' patient care services.

CPAs that bring together pharmacists and other providers depend on information being shared between all members of a health care team. Electronic health records (EHRs) and other health information technology (HIT) can support the expansion of this care model. Computer systems that can interact with each other and are integrated into current pharmacy and medical systems allow pharmacists to send and receive care notes, intervention records, lab and assessment values, and patient information.

A 2011 survey of Nebraska pharmacists found that only 8% of respondents could access the EHRs used by their patients' health care providers. In contrast, 80% thought they should be able to access these records.²⁰ Integrated systems allow for better medication reconciliation, hospital discharge, transitions of care, coordinated billing for services, patient referrals, and understanding of patient health status.²¹

Health Information Technology Legislation and Incentives

- ▶ Under the Health Information Technology for Economic and Clinical Health (HITECH) Act (PL 111-5), incentive payments are specifically tied to achieving advancements in health care processes and outcomes, also called "meaningful use" criteria.
- ▶ Pharmacists and pharmacies are not listed as eligible providers for aid through these incentive programs, which may impact their use of EHRs and HIT. Providing incentives to pharmacists could increase their use of EHRs, making it easier to participate in CPAs.

Maintain strong, trusting, and mutually beneficial relationships with patients, doctors, and other providers and encourage those individuals to promote pharmacists' patient care services.

Expanding and promoting pharmacists' patient care services at the local level can help key stakeholders understand the value of CPAs. Patients, doctors, nurse practitioners, physician assistants, and other health care providers can share their positive experiences with pharmacists to affirm and promote the value that pharmacists bring to the health care system. They can also champion policies that support collaborative practices.

**Case Example:
El Rio Community Health Center**

At Arizona's El Rio Community Health Center, switching to an EHR system helped providers set up CPAs with local pharmacists for the center's 800 patients who are receiving diabetes management services. Doctors and nurse practitioners refer patients to the pharmacist through the EHR. The pharmacist care plan is then documented in the EHR, along with a copy of the CPA. Changes to patients' medications—such as the introduction of a new medication or a change to a current prescription—are tracked in the system, and this information is accessible to the provider and pharmacist. The new system has created demand for more resources to be devoted to HIT services and data collection and storage.¹⁰

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Action Steps

State scope of practice laws can allow for broad, unrestricted CPAs between pharmacists and other health care providers. To build and strengthen collaborative practices, providers can implement the following strategies, which were proposed by the APhA Foundation's expert group:

- ▶ Learn about the types of patient care services that pharmacists can provide.
- ▶ Include pharmacists on health care teams.
- ▶ Talk with pharmacists and patients about entering into CPAs.
- ▶ Share appropriate health information with pharmacists through the use of EHRs.
- ▶ Encourage other health professional organizations to work together when proposing changes to scope of practice laws.
- ▶ Set up or participate in interprofessional committees to discuss how scope of practice laws can expand the role of pharmacists and other health professionals in team-based care.
- ▶ Show relevant stakeholders the value of aligning incentives and reimbursement for all health care team members involved in patient care to improve health and decrease costs.

Suggested Citation

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