



A CASE STUDY

Team-Based Care Advancing the Role of Pharmacists by Using Collaborative Practice Agreements and the Pharmacists' Patient Care Process to Manage High Blood Pressure

Background

The Centers for Disease Control and Prevention (CDC) and the National Association of Chronic Disease Directors (NACDD) are working with pharmacists and state public health practitioners from seven states to advance the pharmacist's role in helping patients manage high blood pressure through team-based care. Particular emphasis is placed on engaging state health department personnel and pharmacy leaders to work together to develop resource guides, implementing collaborative practice agreements, and utilizing the Pharmacists' Patient Care Process to manage high blood pressure.

Setting

Project Components

State public health practitioners and their associated pharmacy partners from Arizona, Georgia, Iowa, Utah, Virginia, West Virginia, and Wyoming attended a 2-day multistate workshop to develop action plans for disseminating resource guides that help pharmacists establish models that use the Pharmacists' Patient Care Process (PPCP) and collaborative practice agreements (CPA) to help patients manage high blood pressure. These state action teams hosted educational programs within their states for independent pharmacists and primary

"Public health practitioners can play an important role in accelerating team-based care by creating community clinical linkages among pharmacists and other health care providers."

— Hannah Herold, Chronic Disease Prevention Program manager with the Wyoming Department of Health

care physicians as one approach to create awareness and support using CPAs and the PPCP. Following this, three webinar meetings and a fireside chat were held for participants to share progress and success with CDC, NACDD, and peers from other states.

Implementation

Goals

The goals for this project were to advance the role of pharmacists in team-based care by (1) assisting public health practitioners with engaging and collaborating with practicing pharmacists, faculty from schools of pharmacy, and leaders of state professional pharmacist associations; (2) accelerating the use of the Pharmacists' Patient Care Process to help manage high blood pressure and other chronic conditions (e.g., smoking cessation, diabetes,

Problem:

Barriers prevent integration of the pharmacist in team-based care.

Project:

This project addresses barriers to advancing the role of pharmacists in team-based care, with tools needed to accelerate their role in team-based care for helping patients manage high blood pressure.

dyslipidemia); (3) providing pharmacists with the tools needed to develop, execute, and implement collaborative practice agreements; and (4) providing information to pharmacists about how to make team-based care pharmacy practice models sustainable.

Participants

State action team participants from each state included a representative from the state health department and at least one representative from a school of pharmacy, state professional pharmacist association, or health system.

Pharmacy Partner

-  University of Arizona College of Pharmacy (AZ)
-  South University School of Pharmacy (GA)
-  Iowa Pharmacists Association (IA)
-  University of Utah Medical Center (UT)
-  Virginia Pharmacists Association (VA)
-  West Virginia University School of Pharmacy (WV)
-  University of Wyoming School of Pharmacy (WY)

Web Links to Resource Guides

- [1. Methods and Resources for Engaging Pharmacy Partners](#)
- [2. Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists](#)
- [3. Advancing Team-Based Care with Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team](#)
- [4. Billing Primer: A Pharmacist's Guide to Outpatient Fee-for-Service Billing](#)

Program Expectations and Progress Reports

State action teams were expected to attend the multistate workshop in May 2017; three progress report webinars in June, July, and September of 2017; and a fireside chat in October 2017. Each participating state submitted progress reports in February 2018, and NACDD completed the Final Project Report in April 2018.

Actions Taken by State Teams

Each participating state action team worked in collaboration with their partners to develop and execute an action plan to help advance team-based care and sustainable practice models by disseminating resource guides and supporting the implementation of collaborative practice agreements and the Pharmacists' Patient Care Process. The table below illustrates some actions taken by each participating state.

Sample Actions Taken*

-  Included PPCP in pharmacy syllabi; surveyed CPA use. (AZ)
-  Hosted PPCP webinar; discussed sustainable model. (GA)
-  Sought CPAs with pharmacists and nurse practitioners. (IA)
-  Included PPCP in continuing education programs. (UT)
-  Formed partnership to use CPAs in retail pharmacy. (VA)
-  Increased use of CPAs in priority communities. (WV)
-  University of Wyoming School of Pharmacy (WY)

*See *Final Project Report* for a complete list of actions taken.

Program participants reported that the development of state action teams involving public health practitioners and pharmacists and the actions taken above prove to be effective in accelerating the dissemination and implementation of resources that help to integrate the role of the pharmacist in team-based care. Formation of these teams

Suggestions from the Field

1. **Identify** populations within the state where high blood pressure is undiagnosed or uncontrolled or where adherence to antihypertensive medication is below the quality threshold.
2. **Assess** the sociodemographic characteristics and the incidence of chronic diseases of the population, and its access to pharmacies where the PPCP is used to manage high blood pressure.
3. **Act** by disseminating resources and supporting implementation of the PPCP and CPAs in populations through community clinical linkages, education and training programs, and community awareness of the importance of blood pressure control and medication adherence.

and development of action plans resulted in initiatives in seven states, as the [Final Project Report](#) describes.

Barriers and Facilitators to Implementation

As reported by state action teams, the [Action Steps for Public Health and Pharmacy Partners](#) and the [Fireside Chat](#) offer information that others should consider before starting their own initiatives to help accelerate use of the PPCP and CPAs.

Barriers include evaluating the use of the PPCP, a lack of awareness about the PPCP among key stakeholders, physician and pharmacist relations, and regulatory concerns.

Facilitators include obtaining leadership buy-in, capitalizing on enthusiasm among many frontline pharmacists, leveraging prior existing collaborations, and working with state pharmacy associations to understand state regulatory barriers.

Lessons Learned

Lessons learned include framing the benefits of the PPCP and CPAs to both pharmacists

and prescribers; assessing pharmacy capacity to implement, using CPA templates as a starting point; and focusing efforts on high-priority populations by following the identify, assess, and act protocol—a three-step process, as described in the box above.

Summary and Conclusions

In conclusion, the role of the pharmacist in team-based care can be advanced and barriers to implementing the PPCP and CPAs can be overcome by creating partnerships between public health practitioners and pharmacists and by providing education.

For more information, please contact

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Resources

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