Collaborative Practice Agreements and Pharmacists’ Patient Care Services

A RESOURCE FOR GOVERNMENT AND PRIVATE PAYERS
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 meet this goal is with a collaborative practice agreement (CPA) between pharmacists and other health care providers. Patient care services provided by pharmacists can reduce fragmentation of care, lower health care costs, and improve health outcomes. A 2010 study found that patient health improves significantly when pharmacists work with doctors and other providers to manage patient care. 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.

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 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.

Consistent with the findings of the Office of the Chief Pharmacist 2011 Report to the U.S. Surgeon General, 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. Payers can use these strategies to build and
strengthen partnerships between pharmacists and other health care providers to improve patient care.

**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. 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, the business model, and patient education (Figure 2).

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

**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.

*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.

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**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.
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 quality of medication management and health outcomes.
- Improving public health outcomes.

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. A simple framework describes how this could be accomplished (Figure 3): Align the incentives. Improve the outcomes. Control the costs.
Figure 3. Framework for Successful Collaborative Practice Agreements

**Align Incentives**

Patients, providers, and payers receive appropriate incentives while collaborating to advance patients’ health.

**For patients:** A product, service, experience, or added value that motivates the patient to take actions that will improve health.

**For health care providers:** Appropriate compensation for products and services provided.

**For payers:** Minimizing total health care expenditures while providing high-quality, necessary services.

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**Improve Outcomes**

As pharmacists, patients, and others on the team work together, patient health outcomes improve.\(^{13-17}\)

Tracking progress and reporting outcomes ensures all members of the health care team involved in the patient’s care are aware of the impact of the collaborative efforts.\(^{18}\)

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**Control Costs**

The aligned incentive for the health care system is similar to that for each payer: control overall health care costs.

Improved health status ultimately decreases health care costs.\(^{13-17}\)

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**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.\(^{13-17}\) 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.\(^{13,14}\)
- **PSMP:** Average net savings of $918 per person per year.\(^{15}\)
- **DTCC:** Average net savings of $1,079 per person per year.\(^{16,17}\)

**Improved Patient Health**

- **Asheville:** 50% average reduction in number of sick days.\(^{13,14}\)
- **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 level.\(^{15}\)
- **DTCC:** A1C and screening rates improved to 97%; 91% of patients achieved an A1C level that met the HEDIS goal.\(^{16,17}\)

**Increased Preventive Care**

- **PSMP:** 78% of patients received flu shots and 82% received foot exams.\(^{15}\)
- **DTCC:** 65% of patients received flu shots and 81% received foot exams.\(^{16,17}\)
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 providers. In contrast, 80% thought they should be able to access these records. Integrated systems allow for better medication reconciliation, hospital discharge, transitions of care, coordinated billing for services, patient referrals, and understanding of patient health status.

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.

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.

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.
Action Steps

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

- Use simple, understandable terms to describe the patient care services that pharmacists can provide.
- Use viable business models to support pharmacists’ patient care services.
- Set up programs that educate patients about the pharmacist’s role on the health care team.
- Create meaningful ways to share health information electronically between health care providers.
- 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.

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