Creating Collaborative Practice Agreements

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Objectives - Pharmacists

- Define elements of a collaborative practice agreement
- Describe use of language in an agreement
- Discuss strategies to maintain relationships with patients, physicians, and other providers
- Construct a draft a collaborative practice agreement
- Identify resources to develop and implement a collaborative practice agreement

Collaborative Practice Agreements

- Formal practice relationship between a pharmacist and prescriber
  - Usually physician
- Define functions pharmacist can perform autonomously
Collaborative Practice Agreement

- Other terms:
  - Collaborative Pharmacy Practice Agreement
  - Collaborative Care Agreement
  - Consult Agreement
  - Physician-pharmacist Agreement
  - Standing Order or Protocol
  - Delegation of Authority by Physician

CPA Variables

- Participants
- Authorized Functions
- Requirements and restrictions

CPA Variables: Participants

- Number
  - Pharmacists
  - Prescribers
  - Patients
- Type of prescriber
- Prescriber:patient relationship
- Prescriber:pharmacist ratio
CPA Variables: Authorized Functions

- Changes to medication therapy
  - Initiate
  - Modify
  - Discontinue
- Patient assessment
  - Physical assessment
- Laboratory tests
  - Order
  - Interpret
  - Perform

Components of a CPA

- Authority and purpose
- Parties to the agreement
- Patient care functions authorized
- Training and education
- Liability insurance
- Informed consent of the patient

Components of a CPA

- Documentation
- Communication
- Quality assurance
- Review and period of validity
- Rescindment or amendment
- References
- Signatures
Authority and Purpose

• "Under CA B&P 4052.X, pharmacists can collaborate with other health care professionals to manage patients’ health."
• “The purpose of this agreement is to facilitate timely insulin titration in patients with diabetes to a target A1c”

Purpose

• Achieve definite outcomes that improve a patient’s quality of life.
• These outcomes are
  1. optimal management of a disease
  2. elimination or reduction of a patient’s symptoms
  3. arresting or slowing of a disease process
  4. preventing a disease or symptoms
Parties to the Agreement

• “This agreement includes all physicians at Hanover Internal Medicine and all qualified pharmacists at Willowcreek Pharmacy.”

Patient Care Functions Authorized

• “Pharmacists may perform the following functions:
  – Initiate order for fingerstick INR
  – Perform fingerstick INR
  – Adjust dose of warfarin
  – Refill warfarin

Patient Care Functions Authorized

• “Pharmacists may perform the following functions:
  – Initiate, adjust, and discontinue medications for cardiovascular disease
  – Order tests to monitor cardiovascular medications
  – Refer patients to other providers as necessary
Training and Education

• “Pharmacists practicing under this agreement will have completed a post-graduate residency”
• “Pharmacists practicing under this agreement will complete 5 hours of relevant continuing education each year.”

Liability Insurance

• “Liability insurance for pharmacists and physicians is provided by the employing institution”
• “Pharmacists will maintain ongoing professional liability coverage of $1 million per claim”

Informed Consent of the Patient

• “Physicians or their designee will inform patients of this agreement upon referral.”
• “At the first visit, the pharmacist will explain the nature of the agreement to a patient”
Documentation

• “Progress notes on specific patient visits as well as general information taken on entry into the Diabetes Disease Management Clinic will be documented in the electronic health record.”
• “The clinical pharmacist shall document according to relevant Medical Center Policies.”

Communication

• “The pharmacists shall provide the patient’s original prescriber with notification in the form of fax or secure email when their patient’s therapy is continued or therapeutically interchanged pursuant to this agreement.”
• “Communication regarding therapy changes will occur via documentation in the electronic health record.”

Quality Assurance

• “Care provided as a result of this CPA will be routinely evaluated to assure delivery of high-quality care.”
• “For each visit with the patient, parties to this agreement will collect and share information, including clinical outcomes, number of patients, and surveys of patient and provider satisfaction.”
Review and Period of Validity

- “This agreement shall be valid for a period not to exceed two years from the effective date of the original agreement or signed subsequent amendments. However, it may be reviewed and revised at any time at the request of any of the physicians.”
- “The agreement will be reviewed by pharmacist, physician supervisor(s), and Pharmacist-In-Chief annually, or when changes in medical practice, law, or regulatory requirements occur.”

Rescindment or Amendment

- “All parties signing the agreement or a patient under the care of the CPA, may withdraw from the agreement at any time. Prescribers may override this agreement whenever they deem such action necessary or appropriate.”
- “The physician may withdraw from the agreement at any time or may override this agreement whenever deemed appropriate for a specific patient.”

References

- List clinical guidelines relevant to the CPA – Update as appropriate
- Example:
  - “Standards of Medical Care in Diabetes – 2018. Diabetes Care January 2018; 41 (Supplement 1): S1-S159”

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Pharmacist-Physician Relationships

“Collaborative care in health care occurs when multiple health providers from different professional backgrounds provide comprehensive services by working with patients, their families, care providers, and communities to deliver the highest quality of care across settings.”

- World Health Organization
Foundation of Success

- Shared goals
- Clear roles
- Effective communication
- Measurable processes and outcomes

Align Incentives

- Patients, providers, and pharmacies receive appropriate incentives while collaborating to advance patient health.
- Far: Impact product, service, and pricing decisions, or include a financial cost of a drug for the patient.
- Near: Reward providers for improving upon health and wellness goals.
- Far: Rewards for health and wellness goals.
- Near: Reward for providing high-quality care.

Improve Outcomes

As pharmacists, patients, and others on this team work together, adverse health outcomes improve.

Control Costs

- The aligned incentive further reduces health care costs to both the payer: control overall health care costs.
- Improved health status ultimately decreases health care costs.

Level of Professional Interaction

- Prescriber delegates responsibility to pharmacist under a CPA
- Pharmacist makes recommendations to prescriber
- Prescriber exchanges information with pharmacist
- Dispenser receives prescription
Trustworthiness

• Requires time and the demonstration of competence
• Patients also benefit from developing trust with the members of their care team.
  – Meet with patients along side the prescriber

Identifying Partners

• Approach prescribers you already know
  – Delivery of immunizations
  – Through mutual involvement in community organizations or local coalitions.
• Look for opportunities where common goals exist.

Identifying Partners

• Meet with the leaders from local hospitals to explore collaboration on transitions of care
  – State and local public health agencies, ACOs, PCMH, others
• Know the metrics potential collaborators are tracking
Formalizing the Relationship

- Once trust is built, bring up a CPA
- Be prepared to make the case for the value of formalizing the relationship
- Collaborating prescriber will increase liability by entering into a CPA

Resources
Thank You!

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