Pharmacist-Physician Collaborative Practice Agreements

Kansas Association of Osteopathic Medicine (KAOM)
April 9, 2016

Tiffany Shin, PharmD, BCACP

shin@ku.edu

Clinical Assistant Professor
University of Kansas School of Pharmacy - Wichita
Objectives

- Describe basic concepts of collaborative practice
- Review Kansas Laws and Regulations related to collaborative practice agreements
- Provide example of collaborative practice successes in an ambulatory care clinic
- Discuss CPA development and barriers
Traditional Healthcare: Insufficient Collaboration

- PCP (Clinic A)
- ER Physician (Hospital B)
- Cardiologist (Clinic C)
- Pharmacist (Pharmacy D)
Traditional Healthcare: Insufficient Collaboration

Third Party Payers
Traditional Healthcare: Insufficient Collaboration

- Consequences may include:
  - Increased time to care
  - Duplication of care
  - Increased costs
  - Decreased safety

Crossing the Quality Chasm, 2001 IOM.
Interprofessional Collaborative Practice and Patient Centeredness
Core Competencies for Interprofessional Collaborative Practice

- Domain 1 - Values/Ethics for Interprofessional Practice
- Domain 2 - Roles/Responsibilities
- Domain 3 - Interprofessional Communication
- Domain 4 - Teams and Teamwork

Collaborative Practice

Key terms/phrases:
- Mutual respect
- Understanding other’s roles and abilities
- Planned approach to patient care
- Frequent communication
- Teamwork

What does collaborative practice between a physician and pharmacist look like?
Physician-Pharmacist Collaboration in Different Settings

- Hospital
  - Central pharmacy
  - Rounding “on the floor”
- Clinic (ambulatory care)
- Long-term care
- Community pharmacy

What do pharmacists in these settings all have in common?
Pharmacists: Medication Experts

- Optimize medication use for patients
  - Identify real or potential medication related problems
    - Indication
    - Efficacy
    - Safety
    - Adherence
  - Based on patient-specific factors, provide and discuss medication recommendations with the providers
  - Provide education and counseling to patients
Evidence-Based Practice: Benefits of Pharmacist Collaborative Practice on Patient Care

- **Clinical outcomes**
  - Increased number of patients achieve treatment goals
  - Improved adherence to medication regimens
  - Fewer adverse drug events and medication errors
- **Humanistic outcomes**
  - Improved patient satisfaction, quality of life, improvements in patient knowledge
- **Economic outcomes**
  - Decreased medication costs, medical costs, and visits to emergency room or hospital

Physician-Pharmacist Collaborative Practice Agreements (CPAs)

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

Collaborative Drug Therapy Management (CDTM)

Specific type of CPA in which qualified pharmacists working within the context of a defined protocol are permitted to assume professional responsibility

Support the physician and improve patient care by maximizing the medication expert

What Can a Pharmacist Do Without CDTM?

- Collect information
  - Comprehensive medication reviews
  - Identify medication related problems
    - Indication
    - Efficacy
    - Safety
    - Adherence

- Educate/Counsel
  - Medications
  - Disease states (“coaching”)

- Substitute AB rated medications (generics)

- Notify provider of medication problems and provide recommendations
Potential CDTM Delegated Functions

- Perform patient assessments (e.g. BP, foot exam)
- Conduct counseling
- Place referrals
- Order laboratory tests
- Administer drugs and immunizations
- Select, initiate, monitor, continue, and adjust drug regimens

Specific functions outlined in individual CPA
CPA Complexities and Levels of Responsibility

- **Broad to specific scope**
  - Medication or disease state limitations

- **Levels of management**
  - Monitoring of medication (e.g. lab orders)
  - Modify existing therapy
  - Initiate therapy

- **Specific requirements**
  - Training, experience, certification, competencies

**Dependent on:**
- Physician needs and willingness
- Pharmacist ability, time, and willingness
Kansas CPA Law and Regulations
As of 2012, how many states did not have laws explicitly authorizing pharmacist collaborative practice?
A. None
B. 4 states
C. 8 states
D. 16 states
Laws on Collaborative Practice, 2012

Senate Sub. for HB 2146

- Amended Kansas Pharmacy Act
  - Effective July 1, 2014

- Added definitions
  - Collaborative drug therapy management (CDTM)
  - Collaborative practice agreement (CPA)
  - Practice of pharmacy (definition expanded)

- Created ‘Collaborative Drug Therapy Management Advisory Committee’
Collaborative Practice Regulation (K.A.R. 68-7-22)

- Finalization and approval pending
- Public Hearing on April 21, 2016 at 8:30am in Lawrence at the KU School of Pharmacy
- Full regulations available on BOP website
  - [www.pharmacy.ks.gov](http://www.pharmacy.ks.gov)
Collaborative Practice Regulation
(K.A.R. 68-7-22) – pending approval

- Physician ultimately responsible for care of patient
- Pharmacist responsible for all aspects of CDTM they perform
- May not authorize pharmacist to “engage in any CDTM function that is not appropriate to the training and experience of the pharmacist or physician, or both.”
Collaborative Practice Regulation (K.A.R. 68-7-22) – pending approval

- **Each** physician & pharmacist must date and sign CPA
- May only provide CDTM to patient being treated by the physician who signed the CPA
- Update and review CPA every 2 years
- Does not preclude hospital P&T or medical staff executive committees
Collaborative Practice Regulation (K.A.R. 68-7-22) – pending approval

- CPA includes:
  - Methods, procedures, and decision criteria
  - Procedure of documentation of CDTM decisions
  - Procedure of communication to physician
    - Each change in patient’s condition identified
    - Each CDTM decision
    - Identify situations in which physician must be contacted
    - **Required**: change in drug therapy must be communicated to physician within 48 hours
  - Procedure to follow in urgent situations, including identification of alternative physician/provider
Ambulatory Care Example

PharmD (4 years) → PGY1 (General) → PGY2 (Amb Care) → Board Certification (Amb Care)

Optional
Via Christi Family Medicine Resident Clinic

- Joined clinic and residency faculty in September 2013
  - No prior ambulatory care clinical pharmacist presence
  - Partnership with:
    - KU School of Pharmacy
    - KU School of Medicine

- Collaborative practice agreement approved May 2014
VCFM Collaborative Practice Agreement

- Purpose
- Mission
- Identification and Referral of Patients
- Accountability to the Physicians
- Communication Plan
- Documentation
- Pharmacist’s Scope of Practice
VCFM Collaborative Practice Agreement

- Broad scope
  - No disease state or medication limitations

- Collaboratively modify therapy

- 22 physicians
- 2 pharmacists

- Maximize PharmDs:
  - Pharmacy Referral Services
  - Collaborative Care Planning
Purpose
To outline the patient care activities in which ambulatory care clinical pharmacists practicing in Via Christi Family Medicine Clinics may participate.

Our Mission
The ambulatory care clinical pharmacists at Via Christi Health seek to enhance patient care through the provision of clinical pharmacy services that, in collaboration with other health care providers, improves patient overall health, wellbeing, and health outcomes. The clinical pharmacists also aim to provide a quality interprofessional teaching and research environment for students and residents to foster collaboration and advance the profession of pharmacy.

Identification and Referral of Patients
Patients who could benefit from clinical pharmacy services will be identified in a variety of ways, including but not limited to:

- By their primary care physician or extender (i.e. nurse practitioner or physician assistant)
- By the Patient Care Coordinator, Behavioral Health, or Social Work
- By a nurse or medical assistant
- Through data analytics (population health management)
- Through patient self-referral

In instances when the primary care physician is not the immediate referring provider, the primary care physician will be notified of the referral to the clinical pharmacist.
Accountability to the Physician

The referring physician is the responsible provider for the patient. The pharmacist will work collaboratively with the physician (and their extender where appropriate) and will maintain effective communication regarding patient care by:

- Discussing urgent issues with the referring physician in person or via phone. When the patient’s physician is unavailable in urgent situations, the physician on call or an attending physician will be contacted.
- Routing all visit notes to the referring physician for review within 2 business days. All medication modifications executed by the pharmacist will be documented in the electronic medical record (EMR).
- Referring patients for a follow-up visit with the physician as necessary (at least yearly).

Documentation

The pharmacist will document all patient encounters in the EMR and route the document electronically to the patient’s physician for review within 2 business days. The documentation will include pertinent details related to the drug therapy regimen, drug therapy modifications which occurred during the encounter, and the decision criteria and/or clinical reasoning for drug therapy modifications.
Pharmacist Scope of Practice

With respect to clinical services within Via Christi Clinics and Via Christi Family Medicine Clinics, the clinical pharmacist is authorized to perform any of the following activities for patients referred to the pharmacist’s service:

1. Review patient charts to assess current medical conditions and medication therapy
2. Interview patients and/or patient caregivers to obtain information necessary to assess patients’ need for, response to and compliance with medications
3. Perform limited physical assessments and point-of-care testing as deemed necessary to assess patient response to medications
4. Order appropriate laboratory tests to aid in monitoring medications and disease states
5. Evaluate patients’ medication regimens based on efficacy, safety, tolerability, drug interactions, cost, patient preference and professionally recognized clinical guidelines
6. Initiate, discontinue, or adjust doses of medications as clinically indicated based on professionally recognized clinical guidelines and patient-specific factors
7. Verbally or electronically order or renew prescriptions for patients being monitored by the clinical pharmacist based on medical home chronic disease management protocols, professionally recognized clinical guidelines, and patient-specific factors
8. Provide patient education regarding disease states, self monitoring, and medication therapy
9. Order and/or administer immunizations based on professionally recognized clinical guidelines and patient-specific factors
10. Document patient encounters in the electronic medical record
11. Maintain close communication with patient’s primary care physician, acting at all times as an additional expert member of the patient’s medical home care team and an agent of the physician

The above items will be reviewed every two years and modified as deemed necessary.
Any clinic patient may be referred

<table>
<thead>
<tr>
<th>Disease State/Concern</th>
<th>Pharmacist Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polypharmacy</td>
<td>Education</td>
</tr>
<tr>
<td>Diabetes</td>
<td>• Medications</td>
</tr>
<tr>
<td>Gestational Diabetes</td>
<td>• Devices</td>
</tr>
<tr>
<td>Asthma/COPD</td>
<td>• Disease states</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>• Medication management</td>
</tr>
<tr>
<td>Anticoagulation</td>
<td>• Monitor safety</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>• Monitor efficacy</td>
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<tr>
<td>And more</td>
<td>• Initiate</td>
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<tr>
<td></td>
<td>• Adjust</td>
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<td></td>
<td>• Renew</td>
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Any clinic patient may be referred

**Disease State/Concern**
- Polypharmacy
- Diabetes
- Gestational Diabetes
- Asthma/COPD
- Smoking Cessation
- Anticoagulation
- Chronic Pain
- And more

**Pharmacist Activities**
- Education
  - Medications
  - Devices
  - Disease states
- Medication management
  - Monitor safety
  - Monitor efficacy
  - Initiate
  - Adjust
  - Renew
Pharmacotherapy Clinic Workflow

**Referral**
- From PCP, other provider, or nursing staff
- Pharmacotherapy appointment scheduled by clinic staff

**Prior to appointment**
- Chart review (labs, provider encounters, etc.)
- Comprehensive medication review
- Prepare anticipated educational materials as necessary

**Appointment**
- Medication reconciliation
- Vitals & limited physical assessment
- Patient interview
- Assessment of barriers to care
- Education (chronic diseases, medications, lifestyle)
- Therapy modification as indicated

**After Appointment**
- Note to provider through EMR
- Face-to-face consult with provider if indicated
- Complete referrals (as needed)
- Pharmacotherapy follow up appointments as needed
Collaborative Care Planning
(Pharmacy Consults, Curb-Side Consults)

- Be a medication resource for the clinic and patients
  - Answer questions from providers
  - Look up drug information questions
  - Provide education and counseling to patients

- Pro-actively look at select patient charts and optimize medication use

Potential Outcomes:
- Therapeutic recommendation or education
- Patient evaluation or education by pharmacy
- Referral for pharmacy visit and management
## Collaborative Care Planning

<table>
<thead>
<tr>
<th></th>
<th>Pre-MD Visit</th>
<th>MD Visit</th>
<th>MD Resident Precepting</th>
<th>Follow-up</th>
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<tbody>
<tr>
<td>Physician/PCP</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>If referred</td>
</tr>
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<td>Student Pharmacist</td>
<td>X</td>
<td>X</td>
<td>X</td>
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### Diagram:
- **MD Resident** + **Pharmacist** → **Patient** → **MD Attending**
- **MD Resident** + **Pharmacist** → **MD Resident**
- **MD Resident** + **Pharmacist** → **Pharmacist**
Collaborative Care Planning Results

- Data from 27 clinic half-days*:
  - 218 patients precepted and/or charts reviewed
    - 29 (13%) pediatrics
    - 29 (13%) obstetrics
    - 130 (58%) adult
  - 112 total contributions or recommendations from pharmacist
    - 56 pharmacist-initiated recommendations

*Does not include individual pharmacist visits or phone follow-up encounters
Case Study: Patient DM – Prior to Collaboration

- 48yAAM with uncontrolled Type 2 DM
  - Other PMH: HTN, stroke, glaucoma, adenocarcinoma of colon, hx of falls
  - Barriers to care:
    - Low health literacy
    - Poor memory
    - Poor dexterity
    - Finances
    - Lives alone
Patient DM – Prior to Collaboration

<table>
<thead>
<tr>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
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<tr>
<td>13.2%</td>
<td>8.3%</td>
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<td></td>
<td></td>
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<td>12.9%</td>
</tr>
</tbody>
</table>

- **po med**: po med
- **Insulin started**: Insulin started

Legend:
- **MD Visit**
- **MD + PharmD Visit**
- **PharmD Phone**
- **PharmD Visit**
- **Insulin dose increase**
Patient DM - During Collaboration

- March 2014 during PCP visit
- PCP asks clinic pharmacist to provide patient education on meter use
  - Identify difficulty of checking blood sugar at home
- Referral to pharmacist for DM co-management
Patient DM - During Collaboration

Legend

- Red up arrow: MD Visit
- Yellow up arrow: MD + PharmD Visit
- Green up arrow: PharmD Phone
- Blue up arrow: PharmD Visit
- Star: Insulin dose increase

March: 13.4%
April: 5 stars
May: 5 stars
June: 1 star
July: 1 star

6.8%
Keys to Success

- Strong physician and clinic staff relationships
- Multiple options for communication
- High risk patient population
- Foster long-term patient relationships
- Academic teaching environment
- Being both proactive and reactive
CDTM Can Happen in Any Setting

- Hospital
- Clinic (ambulatory care)
- Long-term care
- Community pharmacy
Establishing Your Own CPA
Ready to Develop Your Own CPA?

- Essential ingredients:
  - Physician
  - Pharmacist
  - Physician-pharmacist relationship
  - Trust
  - Ability
  - Communication methods
  - Documentation methods
CPA Template #1

- Developed to match pending Kansas regulations
Massachusetts Template Example
Barriers to Physician-Pharmacist CPAs

- Awareness
- Knowledge/understanding
- Information Exchange Methods
- Reimbursement
Barriers to CPA: Information Exchange

- Access to patient information
  - Medical records (med list, labs, notes, etc.)
  - Pharmacy records (fill history, cost, etc.)
- Documentation and updating physician EMR

- Possible solutions:
  - HIPAA Business Associate Agreement (BAA)
  - Health Information Exchange
    - [www.healthit.gov](http://www.healthit.gov)
  - Faxing
Barriers to CPA: Reimbursement

- Poor reimbursement in clinic setting
- No method of billing for CDTM services in community setting available

Possible solutions:
- Cash pay
- Contract with 3rd party payer
- Utilize pharmacy MTM billing
- No direct compensation
Conclusion

- Collaborative practice is occurring in Kansas and across the US
- Communication and building relationships is key to collaborative care
- Successful implementation can improve patient outcomes

Stay Tuned for Approved Regulations
Attention Sedgwick County Physicians and Pharmacists!

Save the Date!

June 24, 2016
Wichita, KS

Registration open soon

BUILDING A MORE SATISFYING PRACTICE
PHYSICIAN/PHARMACIST COLLABORATION

Save the Date: 8:30 a.m. - 3 p.m. June 24
Kansas Leadership Center

- **LEARN** the advantages, both financially and in patient outcomes, of collaborative practice agreements
- **HEAR** from physicians and pharmacists currently practicing collaboratively
- **WORK** on a plan to set up a collaborative agreement in your practice

Jointly sponsored by

KANSAS ACADEMY OF FAMILY PHYSICIANS CARING FOR KANSANS

Health ICT

Worlds Away in Pharmacists

Questions about the symposium? Email beckytuttle@medsoc.org
Questions??

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4) **Order appropriate laboratory tests** to aid in monitoring medication therapy

5) **Evaluate patients’ medication regimens** based on efficacy, safety, tolerability, drug interactions, cost, patient preference and professionally recognized clinical guidelines

6) **Initiate, discontinue, or adjust doses** of medications as clinically indicated based on professionally recognized clinical guidelines and patient-specific factors
8) **Provide patient education** regarding disease states, self monitoring, and medication therapy

10) **Document patient encounters** in the electronic medical record

11) **Maintain close communication with patient’s primary care physician**, acting at all times as an additional expert member of the patient’s medical home team and an agent of the physician
# Pharmacy Referral Services

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**Diagram:**
- **MD Resident or Attending** → **Patient** → **Pharmacist**
"A practice of pharmacy where a pharmacist performs certain pharmaceutical-related patient care functions for a specific patient which have been delegated to the pharmacist by a physician through a collaborative practice agreement."

-Senate Sub. for HB 2146
Collaborative Practice Agreements

“\textit{A written agreement or protocol between one or more pharmacists and one or more physicians that provides for collaborative drug therapy management. Such collaborative practice agreement shall contain certain specified conditions or limitations pursuant to the collaborating physician’s order, standing order, delegation or protocol. A collaborative practice agreement shall be:}

- (A) Consistent with the normal and customary specialty, competence and lawful practice of the physician; and
- (B) appropriate to the pharmacist’s training and experience.”

-Senate Sub. for HB 2146
Practice of Pharmacy

- "performance of collaborative drug therapy management pursuant to a written collaborative practice agreement with one or more physicians who have an established physician-patient relationship"

-Senate Sub. for HB 2146
Bob is a 56yoM on metformin 1000mg BID with a recent A1c increase from 6.9% to 10%
Dr. Jones (PCP) starts Bob on Lantus 10 units qhs with a 2 week follow-up
Lantus is Tier 3 and $80 per month, Bob doesn’t pick up prescription
Pharmacy calls clinic to notify of PA
Nurse contacts physician
Dr. Jones switches to Levemir
Nurse sends in new prescription for Levemir
Pharmacy notifies Bob that prescription is ready
Bob picks up prescription
How could this be improved?

- Dr. Jones and Pharmacist Tiffany have a CPA, including co-management of diabetes medications
- Dr. Jones writes prescription for Lantus and refers patient for pharmacist co-management
  - Pharmacist has the authority to adjust medication if needed to help Bob manage his DM
  - Could switch Lantus once initial problem identified and get patient started on the medication
  - Write a note/communication to Dr. Jones, notifying of switch
  - Patient would receive education on insulin injections
Traditional Healthcare: Insufficient Collaboration

PCP
PharmD
Hospital
Rx Insurance
Nephro
Medical Insurance
Cards
Derm
Neuro
Pharmacists’ Patient Care Process

Collect
The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

Assess
The pharmacist assesses the information collected and analyzes the clinical effects of the patient’s therapy in the context of the patient’s overall health goals in order to identify and prioritize problems and achieve optimal care.

Plan
The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

Implement
The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

Follow-up: Monitor and Evaluate
The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.
What types of pharmacists have you worked with? (raise your hand)

A. Hospital clinical pharmacist
B. Hospital staff pharmacist
C. Long-term care pharmacist
D. Community pharmacist
E. Clinic (ambulatory care) pharmacist