Pharmacist Collaborative Practice Agreements: Who, What, Why, and How

Full Script

Slide 1

Welcome to the training, Pharmacist Collaborative Practice Agreements: Who, What, Why, and How. The content for this training was originally developed by ChangeLab Solutions and the Centers for Disease Control and Prevention for the Public Health Law Academy.

Slide 2

Content for this training comes from CDC's toolkit: "Advancing Team-Based Care through Collaborative Practice Agreements." This resource was developed by the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention, in collaboration with ChangeLab Solutions, the National Alliance of State Pharmacy Associations, the American Pharmacists Association, the Network for Public Health Law – Eastern Region, and the University of Maryland Francis King Carey School of Law.

Slide 3

We will review sections of this toolkit during today's training. After today, if you would like to access an electronic version of this toolkit, visit https://www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf.

Slide 4

ChangeLab Solutions would like to remind us that the information provided in this training is for informational purposes only and does not constitute legal advice. ChangeLab Solutions does not enter into attorney-client relationships. ChangeLab Solutions is a non-partisan, nonprofit organization that educates and informs the public through objective, non-partisan analysis, study, and/or research. The primary purpose of this discussion is to address legal and/or policy options to improve public health. There is no intent to reflect a view on specific legislation.

Slide 5

Again, these course materials are for instructional use only and are not intended as a substitute for professional legal or other advice. While every effort has been made to verify the accuracy of these materials, legal authorities and requirements may vary from jurisdiction to jurisdiction. Always seek the advice of an attorney or other qualified professional with any questions you may have regarding a legal matter. The contents of this presentation do not necessarily represent the official position of the Centers for Disease Control and Prevention, and should not be construed to represent any agency determination or policy.

Slide 6

At the end of this training, you will be able to:

- Define collaborative practice agreements, also known as CPAs, and identify their role in providing team-based care;
- Describe when and how to use CPAs in the outpatient setting;
- Consider approaches for developing a trusting relationship with another health care professional that may lead to the development of a CPA; and
- Identify resources available for pharmacists looking to establish a CPA.

It's important to note that throughout this training, we use cardiovascular disease and its risk factors as an example. But the information provided is useful for the management of any chronic condition, such as diabetes, asthma, or osteoporosis. And although the training focuses on the pharmacist's perspective, other health care professionals – like physicians or health department staff – may also benefit from learning about collaborative practice agreements.

Slide 7

To achieve these outcomes, we will explain how CPAs work and explore how pharmacists can use them to improve health care. Specifically, this training will:

- provide an overview of the impact of chronic disease and the opportunity for pharmacists to improve patient outcomes;
- define and explain collaborative practice agreements and the variations in state authority;
- provide helpful tips for getting started with a CPA;
- show sample language that can be used when developing an agreement;
- provide information on practical considerations; and
- finally, identify additional resources available.

Slide 8

To get started, let's take a look at the impact of chronic disease in the United States and consider the role that pharmacists can play in working with other health care professionals.

According to 2015 mortality data, about half of all adults in the United States have one or more chronic health conditions, and seven of the top 10 causes of death are due to chronic diseases.

This burden of illness is significant. It is estimated that 25% of American adults with chronic conditions struggle with one or more limitations in daily activities.

Slide 9

In 2015, cardiovascular disease alone contributed to one in three deaths in the United States. Today, about 75 million adults have hypertension. Of those 75 million, 64 million are aware they have it, 11 million are unaware, and 57 million are treated. Only 41 million – or 54% – have their hypertension controlled.

In addition to hypertension, other risk factors for cardiovascular disease, hyperlipidemia, and cigarette smoking are prevalent and inadequately treated. Improved control of the risk factors for cardiovascular disease, also known as CVD, requires an expanded effort from all health care professionals, including pharmacists.

Slide 10

So, why include pharmacists in team-based care?

In our cash-strapped health care environment, pharmacists can bring valuable resources and expertise to the table. Collaborative interventions to reduce the incidence and prevalence of hypertension and other risk factors for cardiovascular disease can make health care delivery more efficient. A team-based, patient-centered approach results in personalized, timely, and empowered patient care and facilitates communication and coordination among team members.

Pharmacists are well positioned to assist the health care team in the treatment and management of chronic disease due to their expert knowledge and training in medication management and their high accessibility to the public.

Slide 11

An estimated 86% of the US population lives within 5 miles of a community pharmacy. As a result, pharmacists are some of the most accessible health care professionals in the country. Evidence shows that when pharmacists are part of a patient's health care team, medication adherence and outcomes related to managing chronic disease improve.

There have also been many public calls for increased use of pharmacists' services. More than 35 years ago, the American Public Health Association declared that pharmacists were an underutilized resource in promoting public health. Since then, community pharmacists have helped address several public health needs, such as increased access to immunizations.

Slide 12

In 2011, the chief pharmacist officer of the US Public Health Service authored a report to the US surgeon general. It was titled "Improving Patient and Health System Outcomes through Advanced Pharmacy Practice."

The report highlights the benefits of giving pharmacists advanced roles in practice, citing many years of success within the Department of Veterans Affairs and the Indian Health Service. For decades, these federal pharmacists have contributed to the prevention and management of disease as part of the primary care team.

The report advocates for increasing the use of pharmacists in order to alleviate our nation's primary care provider shortage. It calls for increased use of pharmacists because pharmacists' expertise in managing disease outcomes through medication use and other patient care services can supplement physician care. While there are examples of pharmacists practicing in team-based environments throughout the health care system, additional opportunities exist to increase pharmacist participation and inclusion on healthcare teams. CPAs play an important role in facilitating this work.

Slide 13

Before we look at the steps to implementing a collaborative practice relationship, let's talk about what CPAs are, the purpose they serve, and their applications.

Slide 14

At its core, a collaborative practice agreement creates a formal practice relationship between a pharmacist and a collaborating prescriber. The collaborating prescriber is most often a physician. But, depending on state laws, a collaborating prescriber could also be a nurse practitioner or other health care professionals.

During this training, we will use the term "prescriber" to refer to any health care professional who is delegating patient care services to a pharmacist under a CPA.

Slide 15

So, how does a CPA work? A CPA specifies which patient care functions are delegated to the pharmacist by the collaborating prescriber. These functions extend beyond the pharmacist's scope of practice.

Slide 16

Before entering into a CPA, pharmacists and prescribers must discuss what kinds of care pharmacists can provide to patients and in what circumstances they can provide that care. Once pharmacists and prescribers agree, they should include these functions in the CPA.

Slide 17

The types of conditions that are included in the agreement depend on state law, the practice environment, and the health care professionals' personal preferences. The specific components of a collaborative practice agreement will be discussed in more detail later in this training.

However, it's worth noting here that state law helps determine the patient care functions that are delegated under a collaborative practice agreement. Regardless, CPAs are typically used in the context of authorizing pharmacists to initiate, modify, or discontinue medication therapy.

Slide 18

Let's take a moment to review what we just covered. See if you can use your new knowledge to answer this question: What exactly is a collaborative practice agreement?

A. It is an informal delegation of authority from a pharmacist to a technician.

B. It is a formal collaboration in which a prescriber delegates authority to a pharmacist under negotiated conditions.

C. It is an informal collaboration between a physician and a pharmacist.

Slide 19

If you picked B, you're correct! A CPA is a formal collaboration in which a prescriber delegates authority to a pharmacist under negotiated conditions.

Slide 20

It's important to note that in this training and throughout the CPA toolkit, we use the terms "collaborative practice agreement" or "CPA."

Although this is the most common terminology, some states use different terms to describe the authority of a prescriber to delegate responsibilities to a pharmacist within a formal agreement. For example, some states use terms like "collaborative pharmacy practice agreement" or "physician-pharmacist agreement" to describe the same concept as a collaborative practice agreement.

Slide 21

Now that we have the basic concepts and terminology covered, let's discuss why pharmacists and prescribers would want to develop CPAs. A common misconception is that CPAs are the first step in providing collaborative care. But this is not the case. Health care providers can, and should, be practicing collaboratively and working toward providing team-based, patient-centered care, regardless of whether a CPA is in place.

Slide 22

So, the real benefit of collaborative practice agreements is that, when designed correctly, they can increase the efficiency of team-based care delivery.

Slide 23

Here is an example of what this would look like in practice.

Let's say a pharmacist and a physician are working together without a CPA. Together, they're managing their shared patients' hypertension. The physician refers her patients to the pharmacist for regular medication management visits. The pharmacist then consults with each patient, measures their blood pressure, discusses any home measurements that are available, and assesses the patient's drug therapy.

With some patients, the pharmacist may need to adjust the medication regimen based on their blood pressure reading, medication side effects, and so on. When this happens, the pharmacist calls the physician with his recommendation, which the physician then implements with the patient.

Slide 24

Without a collaborative practice agreement in place, the pharmacist must call his physician colleague so she can authorize the appropriate changes in the medication regimen. Unfortunately, it can be difficult for these colleagues to connect immediately over the phone, so the patient must wait a day or more to fill the new medications.

Though this is better than waiting for the next appointment with the physician, it does cause a delay and results in an extra trip to the pharmacy, which can affect the patient's quality of life. For example, some patients may not return for the new prescription due to transportation or scheduling challenges, so they stay on the previous medication regimen or become non-adherent, resulting in poor health outcomes or ongoing side effects.

Slide 25

Over time, as the physician and pharmacist work together, they will likely develop trust in one another's professional judgment. At some point, they may decide to enter into a collaborative practice agreement to streamline the care delivery process.

Under a CPA, the physician delegates to the pharmacist the ability to modify her patients' medication therapy based on each patient's response to therapy and side effects. The agreement should specify that the pharmacist will send weekly updates to the physician regarding any medication regimen changes so that all the patients' records are maintained and up to date. The frequent back-and-forth calls between the pharmacist and physician are reduced, and their patients are now able to immediately fill their updated medications without an extra trip to the physician's office or the pharmacy.

Slide 26

In this example, the pharmacist and physician were working collaboratively both before and after the collaborative practice agreement was put in place. So, you might be wondering: What changed after the collaborative practice agreement was established?

Under the CPA, the pharmacist could implement drug therapy changes immediately based upon his assessment of the patients' needs. The number of phone calls between team members decreased, leaving both professionals with more time to provide direct patient care.

Under this model, each member of the health care team can complement the skills and knowledge of the others. Together, they can more effectively facilitate patient care, resulting in improved health outcomes.

Slide 27

To review what we just discussed, let's try another short quiz. Based on what you've learned today, what do collaborative practice agreements do?

A. They enhance team-based care and create efficiencies in care delivery.

B. They serve as the first step in providing collaborative care.

C. They cause more administrative burden than they are worth.

D. They facilitate a new business arrangement between a pharmacist and a prescriber.

Slide 28

If you picked A, then you're correct! Developing a collaborative practice agreement is never the first step in delivering collaborative, team-based care. Instead, a CPA can be developed to increase the efficiency of team-based care by delegating certain patient care functions to pharmacists, beyond their typical scope of practice.

However, this occurs after the team has developed a trusting relationship. Though pharmacists and prescribers may enter into agreements related to business arrangements, CPAs are focused on the delegation of patient care functions.

Slide 29

Although the example we discussed couldn't be implemented in every state, as of December 2015, 48 states plus the District of Columbia authorize some degree of delegation from prescribers to pharmacists through collaborative practice agreements. Some of these states have laws and regulations that are restrictive and determine what CPAs can look like in community settings. For example, in Oklahoma, only certain services can be delegated to a pharmacist. In New York, CPAs are limited to the inpatient setting.

Even in states where delegation in a community pharmacy is allowed, the specifics of the laws are highly variable. In the next few slides, we will explore what some of those variations may entail.

Keep in mind that the terms of your CPA must be customized to comply with your state's laws and regulations. Consulting with a local, licensed attorney is advised.

Slide 30

Let's take a moment to recap. As of December 2015, there are 48 states that allow for some form of collaborative practice authority. As indicated on the map, Delaware and Alabama have not yet established collaborative practice authority.

Slide 31

In three states that do have collaborative practice authority, Texas, New York, and New Hampshire, CPAs can be used only in an inpatient setting, such as a hospital or a long-term care facility. This means that pharmacists practicing in a community pharmacy wouldn't be able to enter into a CPA with a prescriber.

Additionally, at the time of writing, Kansas had not yet approved their regulations related to collaborative practice. Please refer to the website of your state board of pharmacy for the most current laws and regulations for your state.

Slide 32

In nine of the 48 states, the initiation of medication therapy cannot be delegated under a CPA. In most of these states, the main patient care function that can be delegated is modification of existing therapy.

For example, if a patient has high blood pressure, a CPA could authorize the pharmacist to increase the dose of hydrochlorothiazide from 12.5 milligrams to 25 milligrams. However, the CPA would not allow the pharmacist to start the patient on a new medication, such as lisinopril.

Although the pharmacist can't initiate therapy, he can modify existing therapy. This is still a valuable patient care function, especially in the management of chronic disease.

Slide 33

So, what does this mean for the remaining 36 states? These states allow for prescribers to delegate the initiation of medications to community pharmacists. In these jurisdictions, the example we discussed earlier could be reasonably implemented in a community pharmacy setting.

Next, we'll take a look at the various services that can be facilitated with a collaborative practice agreement.

Slide 34

But before moving forward, let's review what we've discussed with a short quiz.

Is the following statement true or false? Nearly all states currently have some level of collaborative practice authority for pharmacists.

Slide 35

The answer is: True. All states except Delaware and Alabama have established some level of collaborative practice authority.

Slide 36

Now, you may be wondering: What specific types of care can a pharmacist provide once a CPA is in place? A CPA can delegate a variety of patient care functions to a pharmacist. There are several services and functions that are useful in the treatment and management of cardiovascular disease, including refill authorization, therapeutic interchange, chronic care management, and order laboratory tests.

Because of the variations in state laws, some of these functions may not need to be formally delegated. In some states, they may already be permitted under the regular pharmacist scope of practice.

Slide 37

Prescribers may choose to delegate to pharmacists the authority to extend refills of chronic disease medications. For example, under the terms of a CPA, a pharmacist may be permitted to extend refills of a patient's medications for treating chronic hypertension and hypercholesterolemia.

Let's look at another example. An eligible patient comes to her pharmacist for her medication, but no refills are currently authorized. Under the CPA, the pharmacist can assess the patient to determine if a refill extension is appropriate. If it is, the pharmacist can implement an additional refill.

By removing delays in therapy and administrative barriers, the CPA can ensure consistent access to needed medications and improve medication adherence. In most states, pharmacists without a CPA would need to contact the prescriber to obtain authorization for a refill.

Slide 38

Let's take a look at how this works with therapeutic interchange, which is one possible patient care function. Under a CPA, the prescriber authorizes the pharmacist to substitute another drug in the same drug class for the medication originally prescribed. This usually happens because of the policies in a particular health plan's formulary of accepted drugs.

In this scenario, the pharmacist's clinical knowledge informs the choice of medication within a particular class of drugs. For example, consider a patient with high cholesterol who has never before taken a statin medication. The patient has been prescribed Livalo, a brand name medication with no generic.

When the pharmacist submits the prescription to the patient's insurance, he may receive a rejection that indicates the patient must first try a generic medication before the brand name drug will be covered. If a CPA is in place that allows therapeutic interchange, the pharmacist can switch the patient to a generic statin, such as atorvastatin. In this example, the pharmacist would then explain the change to the patient, dispense atorvastatin, and communicate the change to the physician so that the patient's medication list is kept up to date.

Slide 39

Now, let's examine chronic disease management, which is another possible patient care function. Under a CPA that allows chronic disease management, the prescriber authorizes the pharmacist to initiate, modify, or discontinue medications.

For example, a CPA may allow a pharmacist to add therapies if a patient's condition is uncontrolled, adjust doses of medications, or discontinue medications that are not working or are causing intolerable side effects. The medications or medication classes that pharmacists are permitted to initiate, modify, or discontinue may be indicated in the agreement.

However, without a CPA, the pharmacist would have to assess the patient and make a recommendation to the prescriber. The prescriber would then have to act on the recommendation in order for the pharmacist to make a change in therapy. A CPA improves this process by leveraging the pharmacist's medication and health-related expertise and coordinating care with the prescriber.

Slide 40

Another patient care function involves lab tests. A CPA may authorize a pharmacist to order and interpret laboratory tests that are essential for effectively monitoring patients' medications or the status of their chronic conditions.

For example, as part of a hypertension CPA, a pharmacist could order urine and blood analyses to test for infection, electrolyte levels, glucose, fluid balance, and kidney function. It's worth noting that in some states, ordering and interpreting laboratory tests is within the normal scope of practice of a pharmacist, and thus would not require delegation under a CPA.

Slide 41

Other patient care functions that pharmacists regularly perform in the management of cardiovascular and other diseases are within pharmacists' regular scope of practice, and therefore do not require delegation under a CPA. These functions could include assessing medication therapy for medication-related problems, performing hypertension and cholesterol screenings, and educating patients on their medications and disease self-management techniques.

Slide 42

Let's take a moment to review what we just covered. Based on what you've learned, is the following statement true or false?

Collaborative practice agreements can be used for refill authorization, formulary management, and hypertension management.

Slide 43

If you picked true, you're correct! Depending on state law, collaborative practice agreements can be used for refill authorization, formulary management, hypertension management, and many other applications.

Slide 44

Now, let's discuss the nuts and bolts of establishing a CPA.

Even before proposing a CPA to a prescriber, a pharmacist should have a thorough understanding of their state laws and regulations pertaining to CPAs. Typically, the most current laws and regulations are outlined on the state board of pharmacy's website.

When researching your state's CPA provisions, remember to look for different things, such as statutes, rules, regulations, laws, or other legal provisions, like state attorney general opinions. Sometimes, these appear in different places. As a starting point, visit the National Associations of Boards of Pharmacy's website, which links to all the state board of pharmacy websites. The website is www (dot) nabp (dot) pharmacy (backslash) boards (dash) of (dash) pharmacy.

Slide 45

Additionally, Appendix A of the CPA Toolkit contains a series of tables with a summary of state provisions governing collaborative practice agreements. After today's training, you can access an electronic version of that table at https://www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf.

This table is up to date as of December 2015. Because state laws and regulations are constantly evolving, this information should be used only as a starting point as you begin to research your state's CPA provisions. Be sure to also monitor the website for your state board of pharmacy for additional changes to the CPA laws.

Slide 46

Now, we have a solid understanding of what collaborative practice agreements are, how they are regulated, and how they can be used. We're finally ready to discuss how to get a CPA started in your pharmacy practice, including identifying partners, initiating relationships, and anticipating prescriber questions.

Slide 47

Let's start with identifying partners. Finding and approaching a potential collaborating prescriber has been reported to be one of the most challenging tasks for many pharmacists.

Slide 48

One of the best ways to overcome this challenge is to start with prescribers you already know. For example, you may already have relationships with prescribers through personal activities like volunteering or groups like community organizations. Or maybe you know prescribers through professional initiatives, such as efforts to increase immunization rates or local health coalitions.

Slide 49

But let's say you're looking to develop relationships with prescribers you don't already know. If this is the case, one option is to look for prescribers in your community with whom you share common goals or many patients.

Outreach to these prescribers can be challenging. Be ready to explain why collaborating with you is beneficial. For example, you may mention the number of patients who come to your pharmacy from the prescriber's facility.

Slide 50

Pharmacists' ability to improve quality metrics—both clinical and financial—can also create opportunities for collaboration. Hospitals, for example, are under increasing pressure to reduce readmissions.

Because readmissions can be reduced with improved medication management, pharmacists in the community can help by providing medication reconciliation services after patients are discharged from the hospital. Pharmacists can meet with the medical director and pharmacy director from local hospitals to discuss opportunities for collaboration on transitions of care programs.

Slide 51

Clinics and primary care practices are held to their own quality measurements, and increasingly, their payment structures depend on maintaining high quality measures. Pharmacists' services can help streamline care and improve quality metrics.

Other potential collaborators include state and local public health agencies, accountable care organizations, and patient-centered medical homes. It can be helpful for pharmacists to understand the metrics for which potential collaborators are responsible and then think of ways to help them improve those scores.

It's important to note that certain states prohibit some kinds of prescribers from entering into a CPA with a pharmacist. Though all states with CPA authority allow physicians to serve as collaborators in a CPA, only certain states allow other prescribers, like nurse practitioners. Before approaching a non-physician prescriber, check your state's laws to confirm that the prescriber you have in mind may enter into a CPA.

Slide 52

Once a potential collaborator has been identified, pharmacists seeking to start a collaborative model of care delivery should be ready to take the first step in initiating the relationship. To get started, a face-to-face meeting may be helpful.

Slide 53

During the initial meeting with a potential collaborator, the pharmacist should be prepared to share specific goals and explain the benefits of working together. Be sure to focus on the big opportunities, like how collaboration can improve quality metrics in the prescriber's practice and patient outcomes in the community. Remember to ask potential collaborators about any concerns they have or barriers that may exist, and be ready to brainstorm ways to address those issues through collaborative care delivery.

If you have worked with other prescribers in the past, mention examples of how that collaboration worked in order to spark conversation. If this is your first potential collaboration, one place to start is by identifying opportunities to improve medication adherence. Most medication adherence-related services, such as medication synchronization, can be provided by pharmacists without a CPA. By starting with a service that does not require delegation of any patient care functions, you and your prescriber can work collaboratively and build trust before initiating a CPA.

A 2011 study showed that when physicians believed collaboration with pharmacists could result in increased medication adherence, they were more likely to have a positive attitude about collaboration. So, it makes sense to leverage medication adherence interventions. These services are a good place to start.

Slide 54

Prescribers, especially those who have not yet worked in collaborative relationships with pharmacists, will likely have many questions for you. To prepare for the conversation, it's important to think through what questions may come up and how to answer them.

Slide 55

Let's take a moment to review what we've discussed. Try answering this question: When a pharmacist wants to develop a CPA, what should you NOT do?

A. Reach out to a prescriber you already know

B. Wait for a physician to take the first step

C. Identify ways to help potential collaborators with quality metrics

Slide 56

If you picked B, you're correct! Pharmacists should reach out to prescribers they already know and identify ways to help collaborators with quality metrics. Also, pharmacists should be ready to take the first step rather than wait for a potential collaborating prescriber to do so.

Slide 57

It's impossible to know all the questions a potential collaborator may ask a pharmacist. However, it's likely you will be asked about your experience, relevant state regulations, and what the collaboration might look like.

To help prepare you, we're going to discuss six questions that may come up during an initial conversation with a prescriber.

Slide 58

Let's look at the first question: What kind of training and credentials does the pharmacist have?

If asked this question, you should discuss your education, additional training, and special skills, expertise, and credentials. Prescribers are not always familiar with pharmacists' rigorous education requirements. In these cases, it's important to explain these requirements and avoid feeling defensive.

Slide 59

The second question is: What experience does the pharmacist have in delivering various patient care services?

If asked this question, describe your relevant experiences and explain how your work meets the needs of the patient population you and the prescriber care for. You may also identify the services you could provide together.

Slide 60

Let's discuss the third question: What is the pharmacist scope of practice in our state?

If this question comes up, be prepared to educate the prescriber about what patient care functions pharmacists can already perform under state law, as well as the functions that can be authorized in a CPA. Providing specific examples can be very helpful.

Slide 61

The fourth question is: What costs will be involved in this collaboration?

Costs may vary depending on how the relationship is structured. For example, will you be working within the physician's office, or will you be collaborating remotely from a nearby pharmacy? Be prepared to discuss resource and payment needs.

During this discussion, it may be important to include the value pharmacists can bring to the practice. Appendix B of the CPA toolkit provides general information about payment for pharmacist services.

Slide 62

Let's look at the fifth question: Will the collaborating prescriber be taking on additional liability?

Concerns related to liability can be addressed in the CPA. To mitigate risk, both parties should have and understand their liability insurance policy. Consider consulting with the insurance provider and a local attorney regarding liability concerns.

Slide 63

And finally, let's discuss the sixth question: How will the pharmacist communicate with the prescriber?

If this question comes up, ask the prescriber what his or her preferred method of communication is. Discuss opportunities for the use of health information technology to facilitate information exchange, if this is possible in your practice. Be ready to provide examples of how you can communicate with one another.

Slide 64

At this point in the training, we've discussed what collaborative practice agreements are, how they can be used, and ideas for finding a collaborating prescriber.

Next, we'll discuss how to get a CPA started in your pharmacy practice through building trusting relationships. We'll specifically address trustworthiness, role specification, and professional interactions.

Slide 65

Let's start with trustworthiness. The development of trust requires time and a mutual demonstration of competence. Prescribers may be more trusting when they know the pharmacist's training, experience, and credentials. Recognize this up front and be open to sharing information about your training and experiences.

Patients also benefit from developing trust with the members of their care team. One way to build trust is for the prescriber and pharmacist to meet the patient together to explain how collaborative care delivery works. If a joint appointment is not possible, the prescriber can advise the patient that he or she will benefit from seeing the pharmacist.

Slide 66

Another important task is to specify each party's role. Role specification requires identifying who will perform various activities. These specifications allow everyone involved to know what they're responsible for, and they establish shared expectations about how the collaboration will work.

As we've discussed, when first establishing a collaborative relationship, you may choose to begin with basic services, such as medication adherence interventions, until trust is established. As you work together and understand each other's skills and competencies, trust will grow, and more complex services can be introduced. Many pharmacists have reported that as prescribers experience pharmacists' skills firsthand, prescribers begin to offer ideas for more collaboration.

Slide 67

Finally, let's discuss professional interactions. Effective communication is key to building professional relationships and demonstrating trustworthiness.

When pharmacists and prescribers first start their collaborative relationship, frequent in-person communication may be best. For example, pharmacists may consider practicing in the prescriber's office for a specific amount of time in order to learn the prescriber's approach to patient care and style of communication. This could be as little as a half-day per week for a couple months.

Other professional interactions could include sharing relevant patient information or discussing medication-related problems. A prescriber requesting a consult from the pharmacist would also fall into this category. Generally speaking, professional interactions allow the team members to synchronize their work.

Slide 68

As trust grows, so does the degree of collaboration between the pharmacist and the prescriber.

This diagram depicts how a relationship can grow from one with few professional interactions to one with many. And as trust grows between the health care professionals, the relationship can lead to the development of a collaborative practice agreement.

This is a simplified model of how the relationship can develop. But it serves as a reminder that it may be unrealistic to assume a prescriber will be willing to delegate patient care functions before working with the pharmacist for some time.

Slide 69

Let's review what we've covered with a quick quiz. Is the following statement true or false?

Signing a collaborative practice agreement is usually the first step for collaborative care delivery.

Slide 70

If you picked false, you're correct. It's unlikely that signing a CPA would be the first step in collaborative care delivery. Before that happens, the pharmacist and collaborating prescriber need to work together and develop trust in one another.

Slide 71

Once a pharmacist and prescriber have established a collaborative relationship built on trust, they may choose to enter into a formal CPA to facilitate the pharmacist's ability to care for the prescriber's patients in accordance with mutually established role specifications. The pharmacist will likely be the one to initiate a conversation regarding the development of a CPA.

When you talk to a prescriber about establishing a CPA, make the case for the value of formalizing the relationship and the practice efficiencies that can be gained through the delegation of certain patient care functions in a written agreement. Be sensitive to the fact that the prescriber may be concerned about increasing her liability by entering into a CPA. It's important to let the prescriber ask questions, voice concerns, and help shape the scope of the CPA.

Once your collaborating prescriber is ready to enter into a CPA, you should provide the first draft of the agreement for her to review. The next part of this training will help you consider what to include in your collaborative practice agreement.

Slide 72

In the following section, we're going to look at examples of language that can be used to draft a CPA.

The sample language was adapted from CPAs that are currently in use. We also collected feedback from roundtable meetings with pharmacists, prescribers, and others.

The language is provided solely for educational purposes and is only for use as an example. When drafting a CPA, pharmacists may benefit from consulting with a local attorney who is licensed to practice in their state. Existing laws and regulations may change and affect specific provisions in the CPA. An attorney who has expertise in these laws can help draft a CPA that complies with current laws and regulations in the jurisdiction.

Slide 73

Let's review the tables in Appendix A to get a better understanding of the laws and regulations governing CPAs in your state. Keep in mind that this information was current as of December 2015. The laws and regulations in your state may have changed since then, and Appendix A may not contain all the details you need to execute a CPA. Be sure to review your state's laws and regulations and consider consulting with a licensed attorney in your state.

Not every state addresses every component included in these tables. In the appendix, the word "silent" indicates that the state has not addressed that particular issue in its laws and regulations. In these cases, pharmacists and prescribers should work within their scope of practice, use their judgment when developing a CPA, keep the patients' best interests in mind, and when in doubt, consult a local attorney.

Slide 74

We are now going to walk through a sample of a CPA that could be used in practice. This sample was developed based on the laws and regulations in the state of Virginia. This sample can also be found in the CPA toolkit.

After the training, you can access an electronic version of this agreement on pages 15 and 16 of the Advancing Team-Based Care through Collaborative Practice Agreements available at https://www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf

Slide 75

We have a list of suggested content areas to put in your CPA, which include:

- Authority and Purpose
- Parties to the agreement
- Patients
- Patient Care Functions Authorized
- Training and Education
- Liability insurance
- Patient informed consent
- Documentation
- Communication
- Quality improvement
- Duration
- Record retention
- Rescindment
- References
- Signature

Remember that some of these sections, and perhaps others, may be required by your state's laws and regulations. Be sure to include all the required content along with any other provisions that you and your collaborating prescriber identify.

As we look at each of these sections in more detail, we encourage you to pause the training and read each example. We also encourage you to think about what your ideal CPA would look like as allowable under your existing state laws.

Slide 76

One of the first sections of a CPA is often called "Authority and Purpose." While a purpose statement is not required by law to be included in a collaborative practice agreement, it may help you and your collaborator establish your vision for the purpose of the agreement. Two examples of purpose statements are provided within the CPA toolkit, though you may choose to develop your own variation.

Slide 77

Another common section is the "Parties to the Agreement." Both the pharmacists and the prescribers who are participating in the CPA should be identified in this section.

In some states, a medical director may be authorized to sign onto an agreement on behalf of the providers in a given practice. In these cases, each prescriber may or may not have to individually sign the agreement, depending on state laws and regulations. State law also determines which prescribers may authorize a CPA and how many pharmacists and prescribers may be on an agreement. Remember that Appendix A provides a summary of the kinds and number of prescribers and pharmacists that may be included in an agreement.

Slide 78

The next section is labeled "Patients." In this section, the CPA should indicate either the specific patients or the defined population of patients that will receive care under the agreement.

Some state laws restrict patient eligibility to only those patients who are actively being treated by the collaborating prescriber. Others require that each patient be listed in the agreement. Others may even require that the agreement be specific to a single patient. Provided here and within the CPA toolkit are three variations that you can adapt for your agreement. You will see that the sample CPA utilizes the language in the first example.

Slide 79

Typically, CPAs also have a section that specifies which patient care functions the agreement authorizes. A core component of a collaborative practice agreement is the specification of the patient care functions that the prescriber is delegating to the pharmacist. Remember that role specification allows for mutual understanding of each collaborator's complementary role in care delivery. As trust develops and the relationship grows, collaborators will become interdependent and the roles may shift and evolve. By using the CPA to establish expectations up front, all parties will feel comfortable moving forward.

It may also be helpful to determine when the delegated patient care functions and team member roles will be assessed and adjusted. This is key for open communication and continual process improvement.

All CPAs must define the scope of the patient care functions that pharmacists are authorized to provide pursuant to the agreement. State laws vary regarding how specifically defined the patient care functions must be. Not all states require that a treatment protocol be included as part of a CPA.

For example, in Michigan and Wisconsin, prescribers can delegate any patient care service to a pharmacist, and their authority does not require the use of a treatment protocol. Even

in states where treatment protocols are not required, providing general guidance, such as referring to evidence-based guidelines, may be appropriate. Additionally, some states require that the CPA specify which drugs the pharmacist may initiate or modify. If this is required, the list of drugs could be included in this section of the agreement or in an appendix to the agreement.

It may also be important to include language about what the pharmacist should do when issues arise that are outside the scope of the agreement. For example, in the sample agreement on pages 15 and 16 of the toolkit, it is specified that the pharmacist will refer the patient back to the prescriber for issues that are outside the scope of the CPA.

Slide 80

"Training and Education" is another common section of a CPA. Some states require that specific education or training be completed before a pharmacist is allowed to enter into a CPA. In other jurisdictions, the pharmacist and collaborating prescribers determine the education and training that is appropriate for their CPA.

The language used in the sample CPA would be appropriate in a state that does not require any specific education or training. Even if state law requires nothing specific, it is still important for the parties to maintain their clinical competencies. These competencies can be reflected in the agreement.

Slide 81

Before moving forward, let's review what we just covered with a quick quiz.

To the best of your knowledge, which of the following is false regarding pharmacist education and CPAs?

A. Additional training may be needed depending on the patient care services

B. Advanced education is always required to enter into a CPA

C. Some states require additional training in order to enter into a CPA

Slide 82

If you selected B, you are correct. It is true that a pharmacist may need additional training to provide certain patient care services and in states that require additional training to establish a CPA. But advanced education is not always required to enter into a CPA. Pharmacy graduates are well-trained medication experts who are qualified to provide many patient care services.

Slide 83

Let's take a look at the next suggested content area. In your CPA, you will likely want to address "Liability Insurance." A select number of states require that pharmacists maintain professional liability insurance in order to qualify to participate in a CPA. Regardless of whether it is required by law, prescribers should maintain liability insurance and may consider including that as a requirement for both parties in the CPA.

Slide 84

Another common content area is related to "Patient Informed Consent." Although written patient consent is not required in all states, it is important to ensure patients understand how their care is being delivered. Even in states that don't require a specific form of patient consent, collaborators should discuss whether they need to obtain patient consent and how they will obtain it.

As you can read in the sample CPA provided in the toolkit, the pharmacist will obtain written informed consent from the patient upon first meeting with the patient.

Slide 85

Another suggested section addresses "Documentation." Documentation is a critical component of health care delivery. Several states have very specific laws and regulations pertaining to the documentation of care delivered under a CPA. Regardless of whether it is required by law, thorough documentation of clinical activities is considered standard practice. Documentation of clinical encounters with patients is a somewhat new concept for the community pharmacy setting, especially beyond the medication therapy management platforms.

When first determining the services a prescriber will delegate to a pharmacist, the parties should carefully consider how documentation will be handled and incorporated into the workflow. Documentation can be done using electronic software systems. It can also be done using a paper chart at the beginning, though some states do require that services provided under a CPA be documented in an electronic health record. Furthermore, it is sometimes required that the collaborating prescriber and pharmacist both have access to the patients' medical records.

Documentation can be done in the traditional Subjective, Objective, Assess, and Plan method, also known as SOAP note. A pharmacist could also use forms that are tailored to the specific services he is providing. Some states and many insurance contracts also require that records be retained for a minimum length of time, which we will discuss more in a few minutes.

Appendix A lists state requirements for documentation and maintenance of records associated with CPAs. Provisions related to documentation are often complex, so it is especially important to refer to the legal language in your state to ensure you are in compliance with the requirements.

Slide 86

Now, let's discuss "Communication," which is another common section of a CPA. As mentioned earlier, communication among collaborators is essential for building trust. It's also essential for providing high-quality, coordinated health care. Without efficient and consistent communication, care can become fragmented, duplicative, ineffective, and even harmful.

Communication can occur through a variety of mechanisms and channels, depending on the technologies available. This could include mutually accessed patient records, conversations via telephone or in person, email, text messages, or instant messaging. Expectations for communication methods, frequency, and timing should be discussed among collaborators and, when appropriate, outlined in the CPA.

When first starting work under a collaborative agreement, the pharmacist and prescriber may need to communicate frequently about individual clinical decisions. Once both parties are comfortable with the care plan and understand one another's communication needs, the communication procedures outlined in the CPA could be reexamined.

Slide 87

Let's take a moment to review what we just covered. Based on what you've learned, is the following statement true or false?

Communication between the pharmacist and collaborating prescriber is critical to care coordination and should be discussed when developing a CPA.

Slide 88

If you selected true, you are correct! Communication between the pharmacist and collaborating prescriber is critical to care coordination and should always be discussed when developing a CPA.

Slide 89

Let's look at another common section of a CPA. In your agreement, you will likely want to address "Quality Improvement." Though most states do not require a specific plan for quality improvement to be included in a CPA, it is considered a best practice to implement a system for continuous quality improvement.

Additionally, you may consider collecting and analyzing data related to patient outcomes. This information can be used to assess the effectiveness of interventions, market your services in the future, and demonstrate value to payers, patients, and potential collaborating prescribers. It is important to consider a variety of outcomes, including economic measures like overall health costs and clinical measures like blood pressure. You may also assess humanistic measures like patient satisfaction and quality of life.

More information about quality improvement measures related to pharmacy and health care can be found on the Pharmacy Quality Alliance website and the Agency for Healthcare Research and Quality website.

Slide 90

The next suggested content area to include in your CPA addresses "Agreement Review and Duration." About half of the states have set a maximum length of time that agreements are valid, and typically that length of time is one to two years. Even in those states without a time requirement, it is recommended that the parties to the agreement discuss and agree upon a time frame for review and renewal of the agreement.

In the beginning of your collaborative relationship, it may be best to include a shorter time frame for review. This is especially appropriate if you are starting with limited patient care functions or have included provisions for frequent communication or prescriber review.

Slide 91

Most CPAs also have a section called "Record Retention." As mentioned previously, some states have provisions specifying the amount of time and ways in which patient records should be maintained. In addition to any state requirements, insurer contracts may also have separate requirements for maintenance of records.

Slide 92

Another common section of a CPA is called "Rescindment or Amendment of Agreement." As in any agreement, a CPA should provide a method for collaborators to withdraw participation from the agreement and establish a procedure for altering the terms of the agreement. This allows for the structure of the collaboration to evolve over time. Be sure to check if you are required to send amendments to your agreement to the state board of pharmacy.

Slide 93

In your CPA, you may also consider citing references. If any clinical guidelines are referenced within the text of the agreement, it may be appropriate to include the sources so that collaborators can quickly locate those guidelines and ensure the most up-to-date resources are being used.

Slide 94

Finally, all collaborators who are part of the agreement should sign the CPA. However, as discussed earlier, that may not be necessary in states that allow the medical director to sign on behalf of prescribers in their practice.

It's worth noting that some states also require that patients who will be treated under the agreement sign the CPA as well. This may make implementation of the agreement challenging in the community setting because of the paperwork and coordination required. When patient signatures are necessary, collaborators should work together to create a procedure that makes it easy for patients, pharmacists, and prescribers to comply with this this requirement.

Slide 95

This concludes our overview of the various sections that may be included in your agreement. Remember that in most states, there is flexibility regarding the content of the agreement. As you draft a CPA, it's important to review state requirements and customize the CPA language to fit your individual practice settings.

Also remember that writing the CPA language may be an iterative process. Pharmacists may want to take the first step in drafting an agreement and then share it with a collaborating prescriber. Pharmacists should be prepared for some back and forth while the language is being finalized. Remember that the terms of the agreement are negotiable and compromise may be necessary, especially when you're first developing a CPA.

To get started, review the sample agreement in the CPA toolkit available at https://www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf.

It was adapted from an actual CPA used in practice in the state of Virginia. The names have been changed and practice-specific information has been removed.

Slide 96

Beyond establishing the specific language of your collaborative agreement, you and the prescriber may have other steps to complete in order to move forward with service delivery. In the following slides, we will briefly discuss some of these considerations.

Slide 97

The first consideration involves registering with state agencies. Some states require the pharmacist and sometimes the prescriber to register with the board of pharmacy in order to qualify for participation in a CPA. Other jurisdictions require that the CPA be submitted to or approved by such a body. Review Appendix A in the CPA toolkit to get an idea of your state's requirements and be sure to refer to your state board of pharmacy's website for the full requirements.

Slide 98

The second consideration involves the use of patient information. Under the Health Insurance Portability and Accountability Act, protected health information can be shared with a health care provider for treatment of an individual patient. Covered entities include health plans, health care clearinghouses, and certain health care providers. According to the US Department of Health & Human Services, "The Privacy Rule does not require you to obtain a signed consent form before sharing information for treatment purposes. Healthcare providers can freely share information for treatment purposes without a signed patient authorization."

However, if patient health information will be used by or be accessible to an organization that is not a covered entity, such as legal counsel or a firm of certified public accountants, a business associate agreement may need to be implemented. Sample business associate agreements are available from the US Department of Health & Human Services.

Before beginning your collaborative care delivery, have an open conversation with your prescriber about what entities may access patient information and whether those entities require a business associate agreement.

Slide 99

A third consideration relates to the pharmacist's National Provider Identifier, or NPI. If a CPA provides a pharmacist with prescriptive authority and allows her to be the provider listed on a prescription, his NPI must be updated to reflect the appropriate taxonomy code.

The updated NPI will indicate to pharmacy benefit managers that the pharmacist has an expanded scope of practice that may include authority to write prescriptions. Although updating the NPI does not ensure coverage of prescriptions written with that NPI number, it may increase the likelihood that the pharmacy benefit manager identifies the pharmacist as a valid prescriber.

To update your NPI, visit the NPI website listed on the slide, and log into your NPI account. Note that because passwords on this site expire every 60 days, you may need to go through the "lost password" process.

Once you are logged in, select "view/modify" NPI data.

The next step is to update the taxonomy. This is the most important step. You can add multiple taxonomies, but you should choose the taxonomy code for the primary taxonomy that most appropriately fits your position. For instance, pharmacists who are participating in medication initiation or modification should consider the pharmacist clinician or clinical pharmacy specialist as their primary taxonomy.

While you are logged in, you can also update other information like your password or mailing address. Before submitting, remember to complete the certification statement.

Finally, submit and log out.

Slide 100

One final thing to consider is the "Sustainability of Services." Although reimbursement is beyond the scope of this training, pharmacists are encouraged to work with payers, prescribers, and purchasers of health care to negotiate sustainable business agreements that support CPAs and pharmacy services. Without a sustainable business model, it will be difficult to consistently provide high-quality services over time.

Appendix B of the CPA toolkit provides an overview of potential payment opportunities and briefly discusses the formation of a value proposition. It also explains the importance of monitoring the return on investment provided to any payers that are covering the services provided.

Slide 101

Now, let's take a moment to review what we've covered in this training. As you have learned, CPAs offer a unique opportunity for pharmacists and prescribers to collaborate in a formal way that allows for increased efficiency in team-based care delivery.

The goal of this training and the accompanying CPA toolkit is to provide pharmacists with information and resources to empower them to initiate CPAs with collaborating prescribers. Although this training focuses on community pharmacists, it's important to note that CPAs can be used in all pharmacy practice settings, including long-term care facilities, primary care offices or clinics, specialty clinics, and general and specialty hospitals. Each of these practice settings has its own nuances, challenges, and opportunities that should be considered in the development of a collaborative practice agreement.

Cardiovascular disease and hypertension were used in this training and the toolkit as examples of chronic diseases that can be managed using a CPA. However, the concepts presented here can also be applied to many other chronic conditions, treatments for acute illness, and preventive health measures, depending on the laws and regulations in each state.

It's important to note that no two collaborative relationships look exactly the same and that each process for developing a collaborative relationship and CPA will be unique. The information presented here is intended to provide ideas and inspiration, but it is not intended to be a set of rigid procedural steps.

When pursuing collaborative relationships, remember to be flexible and patient. Both the collaborative relationship and the CPA are likely to change over time. By keeping patient outcomes the central goal, collaborative care delivery, facilitated by CPAs, can produce improved health, efficiency, and patient and provider satisfaction.

Slide 102

For more details on the information covered in this training, download the CPA toolkit at https://www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf. The toolkit also provides additional resources on developing a CPA, including the full list of references for the information contained in this training.

Additionally, we encourage you to download the "Brief for Decision Makers, Prescribers, and Public Health Practitioners." This brief describes how CPAs can empower pharmacists to practice as an extension of physicians and other prescribers in order to help patients

manage or prevent chronic diseases. It provides examples of how CPAs are used and the key elements needed to enter into a CPA. It also provides steps and resources that health care decision makers, public health practitioners, and prescribers can use to develop CPAs. Download the brief today at https://www.cdc.gov/dhdsp/pubs/docs/CPA-Translation-Guide.pdf.

Slide 103

The views expressed in this training, including written training materials or publications, do not necessarily reflect the official policies of the CDC or the Department of Health and Human Services or the Centers for Disease Control and Prevention, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the US Government.

This training provides legal information, but not legal advice, and no attorney-client relationship is created. Please contact an attorney in your state if you need legal advice.

Slide 104

Thank you for attending our training!