

Advancing Team-Based Care Through Collaborative Practice Agreements

Facilitator's Guide



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Who Should Use Our Facilitator's Guides?

The Public Health Law Academy's facilitator's guides are intended for anyone who needs to provide training to public health practitioners about our legal system and its role in improving overall population outcomes. This facilitator's guide is specifically geared to teach pharmacists, providers, and other relevant public health practitioners about collaborative practice agreements between pharmacists and prescribers. To access facilitator's guides for our other trainings, visit www.publichealthlawacademy.org.

Training Overview

About This Training

Collaborative Practice Agreements (CPAs) create formal practice relationships between pharmacists and prescribers. CPAs can benefit collaborative care delivery by identifying what functions – in addition to the pharmacist’s typical scope of practice – are delegated to the pharmacist by the collaborating prescriber, under negotiated conditions outlined in the agreement.

While CPAs are not a prerequisite for collaborative care delivery, they can improve the efficiency and effectiveness of collaborative care delivery. When used to their full potential, CPAs have the ability to increase access to care, expand available services to patients, increase the efficiency and coordination of care, and leverage pharmacists’ medication expertise to complement the skills and knowledge of the other health care team members.

Although CPAs are currently authorized in 48 states and the District of Columbia, relatively few pharmacists are practicing with one. The goal of this training, Advancing Team-Based Care Through Collaborative Practice Agreements, is to demonstrate the value of CPAs, explain their function, and decrease barriers to facilitate uptake.

Target Audience

This training has been developed for community pharmacists; however, pharmacists in all practice settings can benefit from utilizing CPAs. Other practitioners and public health professionals will also benefit from this information.

Learning Objectives

- Define collaborative practice agreements (CPA) and identify their role in providing team-based care.
- Describe when and how to use collaborative practice agreements 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.
- Identify resources available for pharmacists looking to establish a CPA.

Materials

- Facilitator’s Guide – This document can be adapted to provide a training that is customized for your community.
- Slide Presentation & Script – Separate files, the slides and script can be modified to reflect your audience, training content, and speakers.
- Facilitator’s Checklist – This is a separate file that will prepare you to deliver any training offered by the [Public Health Law Academy](http://www.publichealthlawacademy.org).

Equipment

- Laptop
- Projector
- Wireless clicker (optional)

Instructions for Facilitators

Before starting, we recommend that you download the [Facilitator's Checklist](#), which is intended to help you prepare to deliver any training offered by the [Public Health Law Academy](#). Below we have identified options for tailoring our training, [Pharmacist Collaborative Practice Agreements](#), for your audience and venue.

Prepare for the presentation

As the facilitator, you should first go through the materials to familiarize yourself with the content. We recommend that you watch the entire [Pharmacist Collaborative Practice Agreements](#) training and read the toolkit [Advancing Team-Based Care Through CPAs](#). Once you are familiar with these items, you can modify the content, images, and length of the training to suit your audience, available time, and venue.

Before starting the presentation

We suggest that you have participants complete the following:

- *The Q&A Handout found on page 12 of this guide.* The Q&A Handout will help participants assess their knowledge before and after the training. An answer key for the Q&A is also provided (pp. 13-15).
- *The Pre-Training Survey included in this guide on page 17.* The Pre-Training Survey will provide information about the quality of the session.

Additionally, we recommend handing out one copy per attendee of the following handouts. The audience will need to refer to these handouts during the presentation.

- *Appendix A: Collaborative Practice Agreement Authority Tables* available on pages 30-35 of the toolkit [Advancing Team-Based Care Through CPAs](#).
- *Figure 2: Sample Collaborative Practice Agreement for Hypertension/Cardiovascular Disease* available on pages 17-18 of the toolkit [Advancing Team-Based Care Through CPAs](#).

If you are not giving the presentation in person, you could distribute these handouts electronically prior to the training (and distribute the answer sheet electronically after the training).

During the presentation

Depending on the length of your presentation, you'll want to decide how to engage participants using the *Q&A Handout*. Below are summaries of two options. These approaches not only reemphasize key points, but also create a more interactive experience.

- *Option 1: Poll the Room*
One approach is to weave the questions throughout the presentation. (This is how the presentation is currently set up.) You can stop after each question and ask the audience to answer it before moving to the next appropriate slide.
- *Option 2: Discussion Activity*
You can save all the answers for a longer discussion at the end of the presentation. This can either be done as a full group or in small groups. If you choose this option, you'll want to move all of the questions to the end of the presentation.

Similarly, depending on the length and format of the presentation, you should determine whether to allow the audience to ask questions during the training or save them until the end. Our sample agenda suggests allowing 10 minutes at the end of the presentation for closing remarks and general questions. However, this time can be adjusted to suit the needs of the presentation setting and your audience.

After the presentation

When the presentation is complete, participants should fill out the post-training survey (pp. 18–19).

Finally, we are interested in your experience using this curriculum. Please let us know if you have any questions or feedback on how to improve these materials at PHLAcademy@changelabsolutions.org.

Training Agenda

PRE-TRAINING SURVEY AND Q&A ACTIVITY

10 MIN*

OBJECTIVES

- Have participants complete the pre-training survey and answer questions in the Q&A Handout.

RESOURCES

- Pre-training survey (pp. 17 of this guide)
- Q&A Handout (pp. 12 of this guide)

LEGAL COMPETENCIES FOR PUBLIC HEALTH PRACTITIONERS ADDRESSED

- [Public Health Law Competency Model](#) 1:1, 1:2, and 2:3
-

INTRODUCTION AND PRESENTATION OVERVIEW

6 MIN*

OBJECTIVES

- Provide background on CDC and NCCDPHP.
- Describe the goals for the presentation and road map.
- Provide any additional high-level introductory comments.

RESOURCES

- Slide presentation (slides 1–11)
-

CHRONIC DISEASES AND PHARMACIST CARE

4 MIN*

OBJECTIVES

- Discuss the prevalence of chronic disease and the role pharmacists can play in prevention and treatment.

RESOURCES

- Slide presentation (slides 12–16)

LEGAL COMPETENCIES FOR PUBLIC HEALTH PRACTITIONERS ADDRESSED

- [Public Health Law Competency Model](#) 1:1 and 2:3

ABOUT COLLABORATIVE PRACTICE AGREEMENTS**10 MIN*****OBJECTIVES**

- Define collaborative practice agreements and explain their purpose.
- Demonstrate the usefulness of a CPA using a case study.
- Identify the variations in state CPA authority.
- Provide examples of how CPAs are used in practice.

RESOURCES

- Slide presentation (slides 17–49)
- Appendix A: Collaborative Practice Agreement Authority Tables available on pages 30-35 of the toolkit [Advancing Team-Based Care Through CPAs](#)

LEGAL COMPETENCIES FOR PUBLIC HEALTH PRACTITIONERS ADDRESSED

- [Public Health Law Competency Model](#) 1:1 and 2:3

GETTING STARTED WITH A CPA**15 MIN*****OBJECTIVES**

- Explain ideas for identifying and initiating relationships with CPA partners.
- Discuss the process and importance of building trust with partnering providers.

RESOURCES

- Slide presentation (slides 50–74)

LEGAL COMPETENCIES FOR PUBLIC HEALTH PRACTITIONERS ADDRESSED

- [Public Health Law Competency Model](#) 1:1, 1:2, and 2:3

ADAPTING A TEMPLATE CPA**15 MIN*****OBJECTIVES**

- Describe the components of a CPA and where to find sample language.

RESOURCES

- Slide presentation (slides 74–98)
- Figure 2: Sample Collaborative Practice Agreement for Hypertension/Cardiovascular Disease available on pages 17-18 of the toolkit [Advancing Team-Based Care Through CPAs](#)

LEGAL COMPETENCIES FOR PUBLIC HEALTH PRACTITIONERS ADDRESSED

- [Public Health Law Competency Model](#) 1:1, 1:2, and 2:3

OTHER CONSIDERATIONS**5 MIN*****OBJECTIVES**

- Provide examples of other considerations necessary to the development of a CPA, including registering with state agencies, data sharing, updating an NPI, and sustainability.

RESOURCES

- Slide presentation (slides 98–103)

LEGAL COMPETENCIES FOR PUBLIC HEALTH PRACTITIONERS ADDRESSED

- [Public Health Law Competency Model](#) 2:1 and 2:2
-

RESOURCES**5 MIN*****OBJECTIVES**

- Provide links to other CDC resources relevant to CPAs.

RESOURCES

- Slide presentation (slide 104)
-

OPTIONAL Q&A ACTIVITY: DISCUSSION ACTIVITY**15 MIN*****OBJECTIVES**

- (As appropriate) have participants break into small groups to discuss Q&A handout.
- Provide answers to Q&A activity.

RESOURCES

- Q&A Handout (pp. 13-15 of this guide)

LEGAL COMPETENCIES FOR PUBLIC HEALTH PRACTITIONERS ADDRESSED

- [Public Health Law Competency Model](#) 1:1, 1:2, and 2:3
-

WRAP-UP AND QUESTIONS**5 MIN*****OBJECTIVES**

- Allow participants to ask general questions.
- Provide concluding remarks and have participants complete the post-training survey.

RESOURCES

- Slide presentation (slides 63–65)
 - Post-training survey (pp. 18–19 of this guide)
-

** All times are approximate; total training time is about 90 minutes.*

Additional Resources

As you prepare to tailor content from the training [Pharmacist Collaborative Practice Agreements](#), we recommend familiarizing yourself with the following list of resources. These resources informed the development of the content found in this training. They can provide additional background information as you prepare to tailor content for your presentation. Finally, as questions arise from the audience during and after the training, you can refer audience members to these resources for additional information.

ORGANIZATIONS

CDC, Division for Heart Disease and Stroke Prevention:

www.cdc.gov/dhdsp/index.htm

The mission of the Division for Heart Disease and Stroke Prevention (DHDSP) is to provide public health leadership to improve cardiovascular health for all, reduce the burden, and eliminate disparities associated with heart disease and stroke. For a list of their pharmacy resources, visit www.cdc.gov/dhdsp/pubs/toolkits/pharmacy.htm.

CDC, Public Health Law Program

www.cdc.gov/phlp

The Public Health Law Program (PHLP) – part of the CDC’s Center for State, Tribal, Local and Territorial Support – works to improve the health of the public by developing law-related tools and providing legal technical assistance to public health practitioners and policymakers.

ChangeLab Solutions

www.changelabsolutions.org

ChangeLab Solutions works across the nation to advance equitable laws and policies that ensure healthy lives for all. Their interdisciplinary team of lawyers, planners, policy analysts, and more, works with neighborhoods, cities, and states to create thriving communities. ChangeLab provides technical assistance and resources on various subtopics discussed in this training.

The National Alliance of State Pharmacy Associations

<https://naspa.us/resource/cpa/>

The National Alliance of State Pharmacy Associations is dedicated to enhancing the success of state pharmacy associations in their efforts to advance the profession of pharmacy. Their [Collaborative Practice Agreement Resource](#) page provides an overview of collaborative practice agreements plus the CPA toolkit, a CPA overview webinar, more resources on CPAs, and support for pharmacist services.

BACKGROUND READING AND REFERENCES

Advancing Team-Based Care Through Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team

www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf

The training is based on the content found in this toolkit. The toolkit was created for pharmacists who are looking to develop a collaborative practice agreement and who may need assistance figuring out where to start. The toolkit is a resource for pharmacists to use in developing and executing collaborative practice agreements in the spirit of advancing team-based care. It provides a customizable template that can be used as a starting point for developing a collaborative practice agreement.

Increasing the Use of Collaborative Practice Agreements Between Prescribers and Pharmacists: A Brief for Decision Makers, Public Health, Practitioners and Prescribers

www.cdc.gov/dhdsp/pubs/docs/CPA-Translation-Guide.pdf

This brief describes how CPAs can increase patient access to health care by empowering pharmacists to practice as an extension of physicians and other prescribers, helping 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 action steps and resources that health care decisionmakers, public health practitioners, and prescribers can take to develop CPAs.

Welcome Activity - The Q&A Handout

Expected time: 25 minutes total (approximately 10 minutes before the presentation and 15 minutes at the end of the presentation)

INSTRUCTIONS FOR FACILITATORS

Key points:

- Welcome the participants and introduce yourself.
- Explain housekeeping items, such as estimated length of the training, break times, and restroom locations.
 - Ask participants to complete the **Q&A Handout**. Remind participants that they are not expected to know all of the answers to all of the questions. Encourage them to do their best and explain that some of the answers to the questions will be addressed throughout the presentation.
- Where applicable, the Answer Key (starting on p. 13) references the slide(s) in the presentation where each of these concepts is expressly addressed or implied.
- Review answers to the questions in the **Q&A Handout** by either:
 - weaving the questions throughout the presentation and stopping after each question to ask the audience for the answer before moving to the next slide; or
 - at the end of the presentation, having participants discuss the questions as a group or in small groups.

Advancing Team-Based Care Through Collaborative Practice Agreements

Q&A HANDOUT

Instructions: Individually, circle the correct choice for each of the following statements.

1. **TRUE or FALSE:** In the United States about half of all adults have 1 or more chronic health condition.
2. **Which of the following statements about pharmacist care is true?**
 - a. An estimated 86% of the US population is living within 5 miles of a community pharmacy.
 - b. Pharmacists have long been cited as an underused resource.
 - c. For decades, federal pharmacists have been an integral part of the primary care team, contributing to the management and prevention of chronic disease.
 - d. All of the above are true.
3. **Collaborative practice agreements are:**
 - a. An informal delegation of authority from a pharmacist to a technician
 - b. A formal collaboration where a prescriber delegates authority to a pharmacist under negotiated conditions
 - c. An informal collaboration between a physician and a pharmacist
4. **Collaborative practice agreements do which of the following?**
 - a. Enhance team-based care and create efficiencies in care delivery
 - b. Serve as the first step in providing collaborative care
 - c. Cause more administrative burden than they are worth
 - d. Facilitate a new business arrangement between a pharmacist and a prescriber
5. **TRUE or FALSE:** Nearly all states currently have some level of collaborative practice authority for pharmacists.
6. **TRUE or FALSE:** Collaborative practice agreements can be used for refill authorization, formulary management, and hypertension management.
7. **When a pharmacist wants to develop a CPA, what should she 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
8. **TRUE or FALSE:** Signing a collaborative practice agreement is usually the first step for collaborative care delivery.
9. **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.
10. **TRUE or FALSE:** Communication between the pharmacist and collaborating prescriber is critical to care coordination and should be discussed when developing a CPA.

Advancing Team-Based Care Through Collaborative Practice Agreements

Q&A HANDOUT

ANSWER KEY

1. **TRUE or FALSE:** In the United States about half of all adults have 1 or more chronic health condition.

True. In the United States, about half of all adults have 1 or more chronic health condition, and 7 of the top 10 causes of deaths are due to chronic diseases, according to 2015 mortality data. In 2015, cardiovascular disease alone contributed to 1 in 3 deaths.

➤ Discussed on slides 8 and 9

2. **Which of the following statements about pharmacist care is true?**

- a. An estimated 86% of the US population is living within 5 miles of a community pharmacy.
- b. Pharmacists have long been cited as an underused resource.
- c. For decades, federal pharmacists have been an integral part of the primary care team, contributing to the management and prevention of chronic disease.
- d. All of the above are true.

(d) Choice d. With an estimated 86% of the US population living within 5 miles of a community pharmacy, pharmacists are one of the most accessible health care professionals in the United States. Over 35 years ago, the American Public Health Association declared that pharmacists were an underused resource in promoting public health. Federal pharmacists have been contributing to the prevention and management of disease as part of the primary care team for several decades. Their work is highlighted in the 2011 report to the US surgeon general, “Improving Patient and Health System Outcomes through Advanced Pharmacy Practice,” authored by the chief pharmacist officer of the US Public Health Service. The report advocates for increased use of pharmacists because pharmacists’ expertise in managing disease outcomes through medication use and other patient care services can supplement physician care.

➤ Discussed on slides 11 and 12

3. **Collaborative practice agreements are:**

- a. An informal delegation of authority from a pharmacist to a technician
- b. A formal collaboration where a prescriber delegates authority to a pharmacist under negotiated conditions
- c. An informal collaboration between a physician and a pharmacist

(b) Choice b. A CPA is a formal collaboration in which a prescriber delegates authority to a pharmacist under negotiated conditions.

➤ Discussed on slides 18–19

4. Collaborative practice agreements do which of the following?

- a. Enhance team-based care and create efficiencies in care delivery
- b. Serve as the first step in providing collaborative care
- c. Cause more administrative burden than they are worth
- d. Facilitate a new business arrangement between a pharmacist and a prescriber

(a) Choice a. 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.

➤ Discussed on slides 27–28

5. TRUE or FALSE: Nearly all states currently have some level of collaborative practice authority for pharmacists.

True. As of December 2015, all states except Delaware and Alabama have established some level of collaborative practice authority.

➤ Discussed on slides 34–35

6. TRUE or FALSE: Collaborative practice agreements can be used for refill authorization, formulary management, and hypertension management.

True. Depending on state law, collaborative practice agreements can be used for refill authorization, formulary management, hypertension management, and many other applications.

➤ Discussed on slides 42–437.

7. When a pharmacist wants to develop a CPA, what should she 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

(b) Choice b. 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.

➤ Discussed on slides 55–56

8. TRUE or FALSE: Signing a collaborative practice agreement is usually the first step for collaborative care delivery.

False. 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.

➤ Discussed on slides 69–70

9. 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.

(b) Choice b. 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.

➤ Discussed on slides 81 –82

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

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

➤ Discussed on slides 87–88

Pre- and Post-Training Surveys

INSTRUCTIONS FOR FACILITATORS

Key points:

- Below are two sample surveys (pre- and post-training evaluation tools*) that you can use to gather feedback on the content and quality of the presentation.
- Depending on the format of your presentation (in person or online), you may provide hard copies at the presentation or make these surveys available electronically.
- Please update the pre-and post-training surveys with the training date and facilitator's organization.

* Please note before asking participants to complete the pre- and post-training surveys, the Paperwork Reduction Act has specific requirements for federal agencies with regard to the collection and housing of data and may require permission from the Office of Management and Budget before collecting information from 10 or more members of the public.

Collaborative Practice Agreements

PRE-TRAINING SURVEY

Thank you for completing the following survey!

Learning Objectives:

Please indicate your current confidence level for each of the following learning objectives.

1. I can define collaborative practice agreements (CPA) and identify their role in providing team-based care.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

2. I can describe when and how to use collaborative practice agreements in the outpatient setting.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

3. I can consider approaches for developing a trusting relationship with another health care professional that may lead to the development of a CPA.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

4. I can identify resources available for pharmacists looking to establish a CPA.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

Additional feedback:

5. What questions do you have about collaborative practice agreements?

Thank you for your feedback!

Collaborative Practice Agreements

POST-TRAINING SURVEY

Thank you for completing the following survey!

Learning objectives:

As a result of attending the session Pharmacist Collaborative Practice Agreements, please indicate your current confidence level for each of the following course learning objectives:

1. I can define collaborative practice agreements (CPA) and identify their role in providing team-based care.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

2. I can describe when and how to use collaborative practice agreements in the outpatient setting.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

3. I can consider approaches for developing a trusting relationship with another health care professional that may lead to the development of a CPA.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

4. I can identify resources available for pharmacists looking to establish a CPA.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

Overall impression:

Please rate your level of agreement with the following statements regarding the session Pharmacist Collaborative Practice Agreements.

5. How would you rate the overall session?
 - a. Poor
 - b. Fair
 - c. Good
 - d. Very good
 - e. Excellent

6. I would recommend this session to others.
 - a. Disagree
 - b. Somewhat disagree
 - c. Neither agree nor disagree
 - d. Somewhat agree
 - e. Agree

Additional feedback:

7. What was the most valuable part of the session?

8. How could this session be improved?

9. What topics would you like to see addressed in future sessions?

Thank you for your feedback!