Advancing Pharmacy Practice through Collaborative Agreements

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Pharmacist Objectives

- Define collaborative practice agreements and apply to South Dakota law.
- Explain the benefits of collaborative practice agreements.
- Summarize the barriers to establishing practice agreements.
- Describe the reimbursement for collaborative services.
- Identify examples and locations for expanding collaborative practice.
Technician Objectives

- Define collaborative practice agreements.
- Identify locations for collaborative practice agreements.
- Name the components of a collaborative practice agreement.
“I have had no financial relationship over the past 12 months with any commercial sponsor with a vested interest in this presentation.”
Collaborative Practice Agreements (CPAs)

- Formal agreement between licensed provider and pharmacist
- Licensed provider – makes diagnosis, supervises patient care, refers patient
- Pharmacist – performs specific patient care functions under a protocol

CDC. 2013
States Authorizing Collaborative Practice Agreements

*Physician delegation is considered permissive in MI and WI

CDC. 2013.
Authority of registered pharmacists. Registered pharmacists may:

6. Initiate or modify drug therapy by protocol or other legal authority established and approved within a licensed health care facility or by a practitioner authorized to prescribe drugs
Benefits of Collaborative Practice Agreements

• Lower health care costs

• Improve health outcomes

• Improve care coordination
Lower Health Care Costs

- Decrease hospital and clinic visits
- Reduce adverse events
- Decrease medication costs
- Increased patient productivity
Improve Health Outcomes

• Increased lab values to goal or normal range
• Reduced number of adverse events
• Increased compliance
• Disease prevention
• Health-related quality of life
• Safety
Improve Care Coordination

• Team-based care
• Increased access to care
• Medication reconciliation
• Transitions of care
• Patient and provider satisfaction
Barriers to Collaborative Practice Agreements

- Laws and rules
  - Pharmacy and medicine regulation
- Provider and patient education
- Funding/Compensation
Laws/regulation

- Expand scope of practice
- Provider status
- Continue to make improvements
Provider Education

• “Turf” issues???
• Physician survey results – 96% reported benefit and 88% improved patient care
• Establish relationships and trust
• Demonstrate competence
• Commitment and communication
• Inform all healthcare providers

CDC. 2013.
Patient Education

• Gain support of healthcare providers
• Generate public support of programs
• Deliver care that fits into patients’ lifestyle and expectations
• Provide team-based care
• Show positive examples

CDC. 2013.
Funding/Compensation

- Fee-for-service
- Fee-for-performance
- Capitation
- Care management
- Medication Therapy Management (MTM) services
- New models
Compensation

**Fee-for-service**
- Office visit
- Clinic setting
- Per patient
- Per visit
- Incident to
- Home monitoring

**Fee-for-performance**
- Insurance companies
- Set goals to achieve
- Achievement of goals for payment
- Individual and group goals
- Can be difficult to achieve
Compensation

- Medicare – Transitional and Chronic care management
- SD Medicaid – Medicaid health home program
- MTM programs – Standard reimbursement or MN and ND Medicaid
- New models – scalable, sustainable, profitable

CDC. 2013.
Chronic and Transitional Care Management

• CCM Requirements:
  – Receive written consent from the beneficiary to receive the service
  – Provide 20+ minutes of non-face-to-face care monthly
  – CCM reimbursement:
    • National average = 40.39/beneficiary/month
  – Eligible beneficiaries must have:
    • ≥2 chronic conditions
  – Fulfill all specified capabilities
    • Use a certified EHR
    • Maintain an electronic care plan
    • Ensure beneficiary access to care
    • Facilitate transition of care
    • Coordinate care

• TCM Requirements:
  – Communication with patient or caregiver within two business days of discharge
  – Face-to-face visit with 7 days (99496) or 14 days (99495)
  – TCM reimbursement: Average $135 - $231
  – Medication reconciliation and management performed no later than date of face-to-face visit.
  – Non-face-to-face care management services
Locations of Collaborative Practice Agreements

- Indian Health Service
- Veterans Administration
- Hospitals
- Clinics
- Retail pharmacies
Examples of Collaborative Practice Agreements

- Disease state management – Collaborative Drug Therapy Management (CDTM)
- Immunizations
- Therapeutic interchange
- Refills
- Emergency contraception
- Point of care testing and treatment
- The sky is the limit!
Expanding Collaborative Practice Agreements

• Align incentives – patients, providers, payers
• Enhancements in technology
• Interprofessional education
• Look for opportunities – clinics, hospital, retail

CDC.2013.
Components of Collaborative Practice Agreements

- Identify physician(s) and pharmacist(s)
- Decisions pharmacist is allowed to make
- Monitor compliance and outcomes
- Quality improvement or effectiveness evaluation
- Authority for physician to override pharmacist
- Ability to cancel agreement
- Dates and signatures

http://dcp.psc.gov/osg/pharmacy/cpharm_cguide_cpa.aspx
Pharmacist Post-Test

• Collaborative practice agreements are allowed in all 50 states. True or False

• Collaborative practice agreements are only allowed in hospital or clinic settings in South Dakota. True or False

• Medicare provides reimbursement for pharmacist services provided via collaborative agreements. True or False
Pharmacist Post-Test

• Which of the following are benefits to establishing collaborative practice agreements?

A. Increased patient satisfaction
B. Improved clinical outcomes
C. Increased revenue
D. All of the above
E. None of the above
Pharmacist Post-Test

Which of the following are barriers to establishing collaborative practice agreements?

A. Physician “turf” issues
B. Laws
C. Reimbursement
D. All of the above
E. None of the above
Technician Post-Test

• A collaborative practice agreement is an agreement between two pharmacists. True or False

• In South Dakota, pharmacists and physicians are allowed to have collaborative practice agreements in retail pharmacies. True or False

• Collaborative practice agreements should contain the signatures of the physician and pharmacist. True or False
Questions
References


• [http://dcp.psc.gov/osg/pharmacy/cpharm_cguide_cpa.aspx](http://dcp.psc.gov/osg/pharmacy/cpharm_cguide_cpa.aspx)