Practice Advancement Issue Brief
American College of Clinical Pharmacy

Collaborative Practice Agreements in Outpatient Team-Based Clinical Pharmacy Practice

Purpose

ACCP Practice Advancement Issue Briefs are developed and published to provide concise information and insights for clinical pharmacists and their medical and practice administration colleagues involved in direct patient care. They are intended to help support the development, advancement, and positioning of clinical pharmacists as integrated direct patient care providers within team-based medical practices and delivery systems. They are regularly updated to ensure alignment with developments in the advancement of clinical pharmacy practice.*

This issue brief provides a summary of key considerations when developing collaborative practice agreements (CPAs) for collaborative drug therapy management (CDTM) by qualified clinical pharmacists who provide comprehensive medication management (CMM) in team-based care settings.

The information presented is intended for use in both initial and ongoing discussions about the scope of services and collaborative practice responsibilities of clinical pharmacists, particularly when physicians or medical administrators are exploring or being encouraged to consider incorporating or expanding clinical pharmacists within practices. This issue brief is intended to support specific conversations with medical directors, practice managers, compliance officers, information technology staff, and others involved in the operations of practices once the decision to incorporate or increase the number of clinical pharmacists within the practice has been made.

Background

A CDTM CPA between one or more physicians and qualified clinical pharmacists who work within the context of defined protocols and/or approved clinical privileges permits the clinical pharmacist to assume professional responsibility for performing patient assessments; ordering medication-related laboratory tests; administering medications; and selecting, initiating, monitoring, continuing, and adjusting medication regimens.[1,2] Privileging processes, together with the applicable state pharmacy practice act, confer certain authorities, responsibilities, and accountabilities to the clinical pharmacist and contribute to the enhanced efficiency and effectiveness of team-based care.[3] In addition, a CPA designates the level of oversight and physician involvement required in the clinical pharmacy service. Because a CPA cannot include all activities that may occur in the care setting, providers should discuss policies and procedures regarding team-based strategies for managing patient-centered care in these instances.

Many have recognized the essential contributions of clinical pharmacists to team-based patient-centered care while also noting barriers to fully integrating services such as CMM into practice. One strategy for overcoming these barriers is to develop a CPA that defines agreed-on clinical pharmacists' scope and services.[1,2,4-6] In providing CDTM on interprofessional care teams, clinical pharmacists apply specific drug therapy knowledge, skills, and experience to complement the care provided by collaborating professionals. Therefore, clinical pharmacists enhance

*ACCP Clinical Practice Advancement Resources include issue briefs, products, services, and educational resources essential for integration of clinical pharmacy services into contemporary team-based health care delivery. Topic areas include, but are not limited to, Standards of Practice; Clinical Services Operations (e.g., payment mechanisms, collaborative practice agreements and business structures); Medication Use Quality Improvement through Outcome Measurement; and Leadership in Practice Advancement and Transformation.

the care provided to patients rather than serving as physician substitutes or extenders.[1]

State-to-state variations in CPA laws and regulations create challenges in advancing practice uniformly, particularly in states with highly restrictive requirements and limitations.[1,4] Clinical pharmacists should consider existing practice and organizational processes, standards for direct patient care and processes of care, and the implications of forthcoming changes in practice models such as patient-centered medical homes (PCMHs) and accountable care organizations (ACOs) as they construct a CPA and define scope of practice.[2,3,7,8]

Summary of Considerations for CPA Development

The following conditions are necessary for a clinical pharmacist to effectively participate in CDTM.

- An understanding of state regulations[2]
- A consistent CMM practice model[3,7,8]
- A collaborative practice environment[1]
- Access to patients[1]
- Access to medical records[1]
- A defined level of education, training, knowledge, skills, and experience[1]
- Documentation of clinical activities[1]
- Payment for services[1]

Table 1 summarizes fundamental components of a CPA, defining the scope of practice, oversight, and accountability that should be discussed with collaborating physicians and other stakeholders involved in facilitating and supporting the integration of CMM. General topic areas are listed on the left, and specific components for consideration within each area appear in each row on the right side of the table. Readers should recognize that not all items may be necessary because of variance in practice organization and/or state regulations; however, all should be discussed and considered to ensure that a comprehensive and accurate scope is defined. Although some items listed may seem to be related to policies and procedures, including such items in a CPA permits a clinical pharmacist to assume specific responsibilities of direct patient care. General strategies for expanding CPAs are listed in Box 1.[5] Box 2 contains titles of additional recommended readings (some include CPA examples).

References

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www.accp.com/PAIB2

Table 1. Fundamental Considerations in Establishing a Collaborative Practice Agreement (CPA)	
CPA Category	Potential CPA Content
Existing scope of practice guidance	
Local, state, and national pharmacy practice statutes and regulations Institutional policies and procedures	Clinical pharmacist's: Education, training, certification Credentialing and privileging Professional development Maintenance of competence/peer review
Health information technology	
Referrals	Criteria for referral
	Requested services Diagnosis/active problem(s) Number of encounters/duration of referral Time frame to initial encounter
Electronic health record	Use of patient records to provide care
	Use of standard note template
Patient and population health data	Defined quality metrics for accountability on care team
	Access to outcomes and performance metrics data
	Assess individual patient medication-related outcomes
Encounter schedule	Collaborate with support staff to schedule patients referred to clinical pharmacist
Process of care	
Assess	Review patient medical records
	Interview patient to gather pertinent history
	Perform physical examination pertaining to medication efficacy and safety outcomes
	Retrieve external health information (e.g., pharmacy records, laboratory results, insurance information)
Evaluate	Interpret and analyze subjective and objective information to determine the clinical status of the patient
	Assess patient medication-related needs and problems (evaluate medications for indication, efficacy, safety, and adherence)
	Assess patient for achievement of therapeutic and patient-centered goals
	Apply evidence-based medicine, practice standards and guidelines, and clinical judgment
Plan and implement	Develop patient-centered plan for medication (drug, dose, formulation, route, frequency) to improve therapeutic outcomes
	Initiate, modify, discontinue, and administer medication therapy
	Initiate, modify, discontinue, and administer medication-related supplies and devices
	Order and interpret medication-related laboratory tests
	Provide education and self-management training to patient and/or caregiver
	Contribute to coordination of care, including referral or transition of patient to another health care professional
	Submit charge for clinical services provided
Follow-up	Schedule follow-up care as needed to achieve therapeutic and patient-centered goals (as clinically indicated)
	Triage and/or refer patients to other health profession and/or support services
	Establish criteria for discharging patient back to referring physician
	Communicate medication-related laboratory test results to patient
Documentation and communication	
Document clinical pharmacy services provided in medical record (encounter note)	Include: Medication history Patient medication experiences and beliefs Active problem list with assessment of each problem Status of clinical goal achievement Plan of care to optimize therapy and improve patient outcomes
Encounter note transmission	Timing of documentation submission in electronic health record
	How details should be communicated to collaborating physician/prescriber
	Required physician co-signature on documentation

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Table 1. Fundamental Considerations in Establishing a Collaborative Practice Agreement (CPA) *(continued)*	
CPA Category	Potential CPA Content
Miscellaneous	
Record keeping	Process for approval and periodic review of CPA Internal (e.g., health system, department) External (e.g., board of pharmacy)
	How signature(s) for collaborating physician(s) will be obtained
Medication use systems	How medication use systems will be evaluated
	How medication use system changes will improve safety and efficiency
Educator responsibilities	How pharmacy students will be supervised and mentored
	How pharmacy post-graduate trainees will be supervised and mentored
Conduct scholarly work and quality improvement	Permissions to use population and patient data for scholarship and quality improvement in compliance with respective IRB approval when required

CPA = collaborative practice agreement; IRB = institutional review board.

Box 1. Strategies for Expanding CDTM and CMM CPAs in Team-Based Care[a]

- Create CPAs and expand an infrastructure that embeds clinical pharmacists' services into practice while creating ease of access for patients.
- Use simple, understandable, consistent, and empowering language when referring to clinical pharmacists' services with stakeholders.
- Maintain strong, trusting, and mutually beneficial relationships with patients, clinicians, and other team members and encourage those individuals to promote clinical pharmacists' services.
- Collaborate with clinicians who enter into the CPA to develop the details of each agreement.
- Examine and advocate for redesign of health professional scope of practice laws, education curricula, and operational policies to create synergy, promote collaboration, and optimize utilization of all care team members.
- Properly align incentives according to meaningful process and outcome measures for patients, payers, prescribers, and the health care system.
- Provide incentives and support for the adoption of electronic health records and the use of technology in clinical pharmacists' services.

[a]Adapted from Centers for Disease Control and Prevention (CDC). Collaborative practice agreements and pharmacists' patient care services: a resource for pharmacists. Atlanta: U.S. Department of Health and Human Services, CDC, 2013.
CDTM = collaborative drug therapy management; CMM = comprehensive medication management; CPA = collaborative practice agreement.

Box 2. List of Recommended Readings

- ACCP Ambulatory Care Pharmacist's Survival Guide 3rd Ed., Collaborative Practice Agreement[a]
- ACCP Ambulatory Care Pharmacist's Survival Guide 3rd Ed., Collaborative Drug Therapy Management: Pharmacotherapy Clinic[a]
- ACCP Ambulatory Care Pharmacist's Survival Guide 3rd Ed., Collaborative Drug Therapy Management: Pharmacist-Managed Cardiovascular-Risk Reduction Clinic[a]
- ACCP Clinical Faculty Survival Guide, Collaborative Practice[a]
- ACCP White Paper, Collaborative Drug Therapy Management and Comprehensive Medication Management—2015
- ACCP Position Statement, Collaborative Drug Therapy Management by Pharmacists—2003
- APhA Consortium Recommendations for Advancing Pharmacists' Patient Care Services and Collaborative Practice Agreements
- ASHP Collaborative Drug Therapy Management Handbook[a]
- ASHP Statement on the Pharmacist's Role in Primary Care
- CDC Collaborative Practice Agreements and Pharmacists' Patient Care Services: a resource for pharmacists
- NASPA Pharmacist Collaborative Practice Agreements: key elements for legislative and regulatory authority
- NGA The Expanding Role of Pharmacists in a Transformed Health Care System
- USPHS Improving Patient and Health System Outcomes through Advanced Pharmacy Practice: a report to the US Surgeon General 2011

[a]Contains collaborative practice agreement examples.
ACCP = American College of Clinical Pharmacy; APhA = American Pharmacists Association; ASHP = American Society of Health-System Pharmacists; CDC = Centers for Disease Control and Prevention; NASP = National Alliance of State Pharmacy Associations; NGA = National Governors Association; USPHS = US Public Health Service.