

WPQC UPDATE:

## Collaborative Practice Agreements: Implementation Experience and New Templates

by Carlie Wilke, 2020 PharmD Candidate, Lindsey Skubitz, 2020 PharmD Candidate, Kari Trapskin, PharmD

Enacted in April 2014, Wisconsin Act 294 provided the legislative authority for pharmacists to collaborate with physicians through statute 450.033. This statute reads “a pharmacist may perform any patient care service delegated to the pharmacist by a physician, as defined in s. 448.01 (5).” The result of this legislation was that physicians and pharmacists could enter into collaborative practice agreements (CPAs), also known as delegation protocols, which are formal contracts that allow the pharmacist to perform specific patient care functions on behalf of the physician. Historically, pharmacists outside of health systems were limited to collaboration with physicians on protocols for the purpose of providing immunizations, a service that

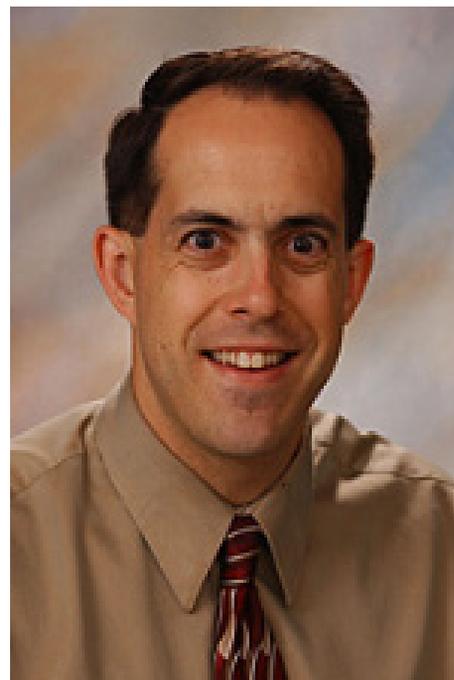
could be delegated to pharmacists per legislation that was passed in 1997.

### Current CPA Practice and Testimonials

Over five years since Wisconsin Act 294 was enacted, many pharmacists across Wisconsin are practicing at the top of their licenses by utilizing CPAs to improve patient care. Pharmacists are now engaging in medication management services for chronic disease states ranging from anticoagulation to hypertension, as well as conducting therapeutic interchange and providing tobacco cessation. These services have enhanced patient care and changed the practice of pharmacy for pharmacists in multiple settings. Three pharmacists share their unique experiences using CPAs below.

#### Rachel Nault, Ambulatory Care Pharmacist – ThedaCare

Rachel practices in an ambulatory care setting that is independent of a licensed pharmacy. Initially, she engaged in CPAs with providers to improve indirect patient care and over time has progressed to collaborating with physicians through CPAs focused on direct patient care. Through the use of CPAs, Rachel is now able to independently conduct medication management telephone appointments for patients with diabetes and hypertension. These telephone visits may consist of medication adjustments, ordering labs, and interpretation of lab values. Providers at ThedaCare continue to refer their patients that could benefit from additional medication management to Rachel. For those looking to create or expand CPAs, Rachel recommends finding a physician champion within the



Above: Chris Klink, Advocate Aurora Health

organization who is willing and able to advocate for the pharmacist as a critical part of the primary health care team. Additionally, when developing a CPA in collaboration with a physician, take into consideration the collection of pre- and post-intervention data. She states, “It’s great to show improvement in quality metrics over time, but it’s even better if you can identify specific factors that would only be impacted by pharmacist expertise and involvement.”

#### Chris Klink, Ambulatory Care Pharmacist – Advocate Aurora Health

The use of CPAs at Chris’ practice site, the Aurora St. Luke’s Medical Center (ASLMC) Family Practice Center, has allowed for the provision of more effective

Below: Rachel Nault, ThedaCare





Above: Michelle Farrell, Boscobel Pharmacy

and efficient patient care. Their original CPA covered diabetes, hypertension, hyperlipidemia, and smoking cessation, which allowed Chris to make medication adjustments and order necessary labs for monitoring. The CPA has since been expanded to include additional disease states and pharmacotherapy options. Chris' ability to positively contribute to the care of complex patients has strengthened the respect and trust amongst the family medicine care team. As a first step towards developing a CPA, Chris recommends building rapport with providers by helping them where they need assistance the most. Chris shared, *"Success really breeds success - with each of the patients you help, the medical team's trust and respect in you grows and allows you more opportunities."*

### **Michelle Farrell, Community Pharmacist and Owner – Boscobel Pharmacy**

Boscobel Pharmacy started off with a refill protocol CPA and has since grown to include smoking cessation and OTC medication/supply initiation for insurance submission. The utilization of CPAs in the community setting has allowed the pharmacists to become more connected with local providers. Michelle is able to monitor medication adherence, provide nicotine replacement therapy, and engage in therapeutic substitution to reduce medication costs for patients. Boscobel Pharmacy has improved patient care in their community and their contributions have not gone unnoticed. One local provider remarked, *"I could never imagine*

*practicing in a community without a pharmacy like yours – you help me in so many facets of patient care."* For community pharmacies looking to develop or expand their CPAs, Michelle recommends identifying mutual obstacles to patient care for both providers and pharmacists. *"Once you have identified an area where you could have a positive impact, be the go-to problem solver!"*

It is evident from these three pharmacists' experiences that implementing CPAs has both enhanced patient care as well as advanced their ability to practice at higher levels. In addition, utilizing CPAs further integrates pharmacists into the primary health care team, whether embedded or virtual.

## **Benefits of CPAs**

Including a pharmacist in the management of chronic disease states leads to the optimization of patient treatment plans.<sup>1</sup> Coordinating medication therapy changes through use of a CPA can result in improved patient outcomes, time-savings for physicians, and opportunities for complex chronic disease state management for pharmacists. Implementing CPAs also provides opportunities for pharmacists to transition from a product-oriented delivery model to a service-oriented delivery model. This model strengthens patient care coordination, the relationship between the patient and the pharmacist, and may also increase a patient's comfort level in asking pharmacists more questions about other aspects of their health. In addition to improving efficiency in the pharmacy, CPAs also provide physicians more time to focus on diagnosis and treatment of other patients with unmet needs. Collaborative Practice Agreements are appropriate for implementation in multiple settings as they make the process of medication therapy management more efficient and convenient for the patient, pharmacist, and physician while reinforcing the relationship between physicians and pharmacists.<sup>2</sup>

## **Barriers to CPAs**

Barriers to developing and implementing CPAs have been identified. The most common challenges include: reimbursement, stakeholder interest, and lack of time or resources.<sup>3</sup> Although some

providers may be hesitant to transfer services to a pharmacist with whom they do not already have a working relationship, pharmacists may facilitate conversations focused on enhancing transparency of CPA goals and logistics to lessen this resistance. Suggestions include focusing on mutual patient care goals and quality metrics that pharmacists can impact; and ensuring regular data analysis, follow up and communication between the parties. As Rachel Nault mentioned above, identifying a provider champion to help promote the benefits of having pharmacy CPA services is essential to supporting organizational change and creating movement towards developing a CPA. Once a CPA is established and physicians see the benefit pharmacists can provide, an increase in stakeholder buy-in and shared trust occurs.

## **New Cardiovascular-focused CPA Templates Available**

If you are interested in taking steps towards developing CPA(s) at your practice site, PSW has a "Collaborative Practice Agreement Toolkit" available as a resource to support your efforts. Additionally, in collaboration with institutions across the state, PSW has developed three new cardiovascular-focused CPA templates that can be used as the framework to assist in developing the formal written agreement between your pharmacy and physicians. The three disease states for which templates are available include diabetes, hyperlipidemia, and hypertension. The templates are available within the toolkit on the PSW website located under Resources→Professional Resources.

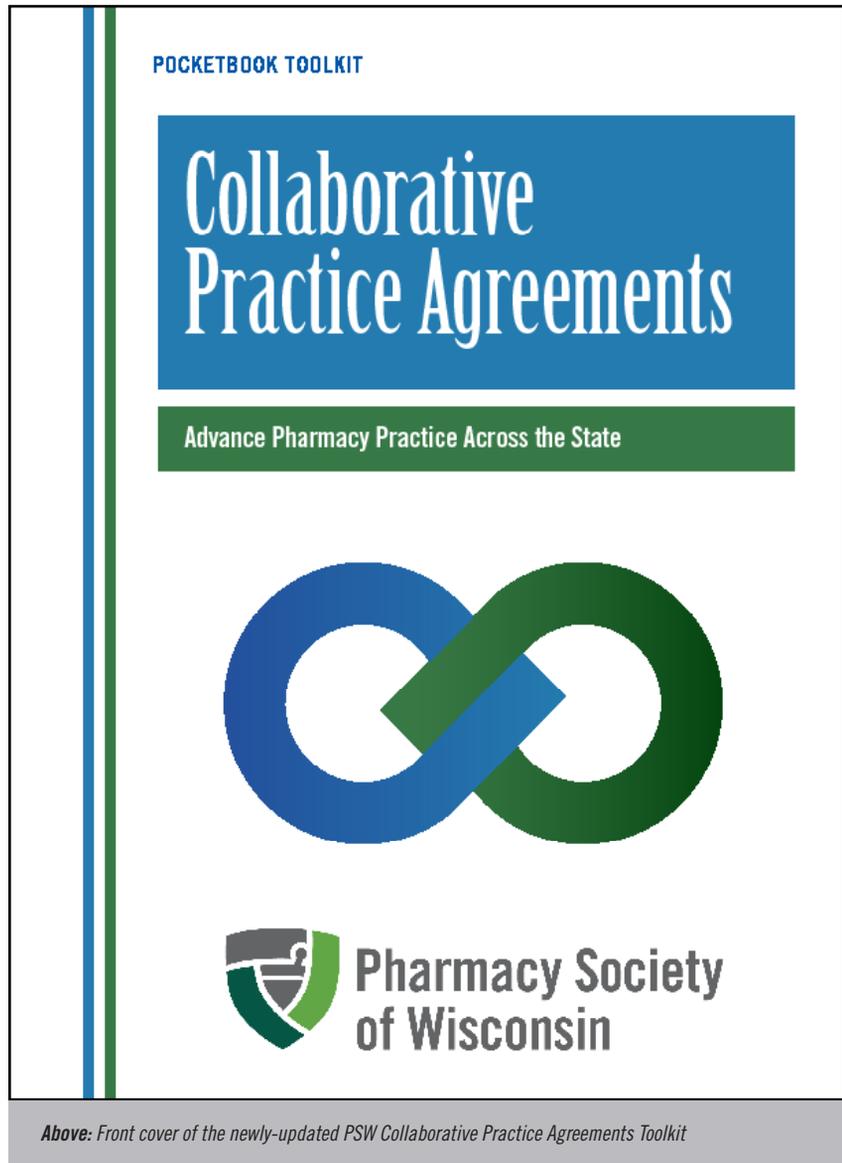
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At the time of this article, Carlie Wilke and Lindsey Skubitz were 4th Year Doctor of Pharmacy Candidates at the University of Wisconsin-Madison School of Pharmacy and were both on APPE rotations at PSW in Madison, WI. Kari Trapskin is the Vice President of Health Care Quality Initiatives at the Pharmacy Society of Wisconsin in Madison, WI.

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## Additional Resources

Centers for Disease Control and Prevention. Advancing team-based care through collaborative practice agreements: a resource and implementation guide for adding pharmacists to the care team. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. <https://www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf>. Published 2017. Accessed June 18, 2020.

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