Collaborative Practice Agreements: Extending Pharmacy Services, Scope, and Patient Access into the Community

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Primary Intended Outcomes
1. Become a more valuable asset to the clinical team in providing optimal patient care.
2. Expand clinical pharmacy services to the outpatient setting and provide more opportunities for enhanced pharmacy involvement in patient care.

Relevant PPMI Recommendations
B14. Through credentialing and privileging processes, pharmacists should include in their scope of practice prescribing as part of the collaborative practice team.


Situation Analysis
Wishard consists of a primary care center, a 339-bed hospital on the Wishard campus, and nine community health centers located throughout Indianapolis that focus on treatment of the vulnerable patient population (uninsured or under-insured) of Marion County. The county hospital is government-funded and serves as an academic teaching hospital through its affiliations with the Purdue University College of Pharmacy, Butler University School of Pharmacy, and Indiana University School of Medicine. The environment at Wishard is conducive for interdisciplinary practices among pharmacists, physicians, and other health care providers, which enable the hospital to offer progressive clinical services to its community. There are about 60 pharmacists at Wishard, a third of which are clinical specialists, and a number who are faculty members at Purdue University or Butler School of Pharmacy.

Service Description
Located at various Wishard clinics in the community, a number of clinical pharmacy specialists established collaborative practice agreements.
that allow them to serve as physician extenders. Through these agreements, the pharmacists work with physicians to optimize patients’ medication regimens and attain therapeutic goals, managing patients with diabetes, hypertension, dyslipidemia, and anticoagulation services.

Prior to the implementation of the service, a team of pharmacists and physicians developed a collaborative agreement document outlining the scope of practice. The document was then presented to the Wishard Pharmacy and Therapeutic Committee for approval. Once the collaborative practice agreement was approved, it served as the foundation for ambulatory care clinical pharmacy collaborative drug therapy management (CDTM) services in both primary and specialty care clinics. An individual agreement was used for each clinical pharmacist at his or her individual clinic site(s). The collaborative practice agreement is tailored for a particular clinic site and contains the names of the pharmacist and physicians, treatment algorithms based on hospital formulary, guidelines for medication adjustments, and any other quality parameters specific to the practice site (i.e. referrals for diabetes patients to have an eye exam, etc.).

Once a collaborative practice agreement is established, the pharmacist sets up his or her practice at the respective clinic site. Patients are then scheduled office visits with the pharmacists through a physician referral system. The scheduling procedure is similar to what is already being used to schedule appointments for other providers, requiring no additional training for administrative and clerical staff. As mentioned above, a number of clinical specialists hold faculty positions at Purdue University, and their clinic hours are supported by their service and engagement requisite of the school. Each faculty pharmacist may work different days out of the week and have a collaborative practice agreement at multiple clinics. For example, one faculty member may work Monday at one clinic and Wednesday at another, while a colleague may work Tuesdays and Fridays at an additional Wishard clinic site.

Key Elements for Success
1. Rapport with physicians and willingness to compromise on both sides is important.
2. Complete support from all levels of hospital administration (our hospital CEO was kept informed and was in full support).
3. Set up your practice to mirror that of the physicians as much as possible. The logistics (flow, schedule, etc.) really make the difference between your staff feeling overburdened and a streamlined process.
4. Support and buy-in from all members of staff at the clinical sites, including clinical, clerical, and administrative, is critical.
5. Establish a standard process for pharmacy services in a clinic. We recommend structuring a process similar to the process already existing with the physicians.
Resource Utilization

Personnel: No significant personnel allocated other than the pharmacist and physician writing up the terms to the collaborative practice agreement.

IT and other infrastructure: All documentation and the referral procedure were the same as existing. Only addition is the pharmacist schedule to the electronic scheduling program.

Return on Investment: Neutral; at Wishard in particular, the clinical specialists who practice in the clinics under the collaborative practice agreement are employed by Purdue, so there were no additional costs to the hospital. No official study has yet been done on the rate of readmissions after the implementation of the collaborative practice.

Recognized Intangible Benefits
1. Wider recognition of clinical pharmacy services, outside of inpatient area.
2. Clinic sites serving as study sites for various research studies. The pharmacists involved are consistently contacted to review other CDTM practice models for the expansion of ambulatory care pharmacy services at other institutions.
3. With a progressive nature, this program would be very appealing from a recruitment standpoint.

Outcome Measures
1. Clinical outcomes: Reductions in A1C levels of 10.5 percent to 8.5 percent over course of six months; LDL decreased from 105 to 85 after six months.
2. A qualitative analysis was done based on transcript analysis of 30 patient interviews to assess patient perceptions of pharmacist-managed clinics. The following emerging themes were identified: disease state management expertise, patient alliance, practice novelty, accessibility, increased sense of patient well-being, compassion, comparable care, collaborative Pharm.D./M.D. relationship, coordination of care, and intensified care.

Lessons Learned
1. Regardless of the position, in addition to establishing a collaborative agreement, set up a billing structure from the beginning. Until recently in Indiana, pharmacists were not recognized as providers in state legislation. Similarly, there is no standard format or structure to follow for pharmacist billing. This lack of provider recognition status and standard billing structure has made many practices hesitant to allow for pharmacists to bill. In order to bill, each institution must have an approved billing format. The best billing format would be for pharmacists to bill incident-to-physician (using CPT codes 99211 through 99215). When entering a new practice, it is always easiest to establish a billing structure from the beginning to allow for financial justification of the pharmacist’s role in the new clinic site.

Other Considerations
Since the Collaborative Practice Agreement involves other parties, such as physicians, bear in mind that during the drafting process of agreement terms, the physician may need additional time to review the document and make revisions. This piece can become the rate-limiting step, so patience in the collaborative agreement development is important.
Suggestions for Other Hospitals/Health Systems

The affiliations with Purdue and Butler make Wishard an academic teaching center, allowing for progressive models and a willingness to expand practice. As mentioned above, support from all levels of hospital administration is essential in implementing a collaborative practice at your institute. Additionally, for smaller community hospitals with a small pharmacy staff, you may want to consider first drafting a proposal to your hospital outlining the benefits of having a collaborative practice with goals of hiring an additional pharmacist to facilitate the model.

Also, make sure to assess the need for the collaborative practice service in your community. Wishard is an institute set up to serve the uninsured and under-insured.

Helpful References

