

## Collaborative Practice Agreement

### **Purpose/Background**

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In order to enhance collaborative patient care, clinical pharmacists will be given authority to conduct the clinical services as selected by the physician under this agreement to provide personalized preventive care.

### **Policy**

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The clinical pharmacists, any pharmacy residents, and pharmacy students completing rotations under the supervision of the clinical pharmacist, will also follow this agreement.

The physician, any physician residents, and nurse practitioners shall supervise the performance through annual reviews and will be available for any referrals or incidences that are outside the scope of this agreement.

### **Organization**

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***Guidelines for referral:*** The provider can refer any patient they feel would benefit from pharmacy services and document the referral in the EMR.

#### ***Clinic visits:***

Patients can be seen on the same day as the physician or on a separate day  
Rx Clinic Pharmacy's Patient Care Coordinator will set up appointments at the physician's clinic or at any of the offsite facilities associated with the physician's care

#### ***Scope of Practice - Clinical activities provided by the clinical pharmacist under general or direct supervision of the primary care physician:***

Assess the patient's medical profile from an EHR/EMR for the purpose of providing patient care activities as defined by this agreement  
Obtain medical histories to identify changes in medication regimens, recognize drug-related problems, including drug interactions, adverse drug reactions and issue with adherence  
Collect self-reported demographic and medical/family history information from the patient  
Collect vitals and routine measurements  
Perform screening tests as appropriate to assessing or monitoring drug therapy or to determine the patient's health risk assessment  
Perform health risk assessments, cognitive function tests, depression screenings, alcohol screenings or other risks assessments as deemed necessary  
Assess medication therapies to identify medication-related problems

Monitor regimens for efficacy, adverse side effects and appropriateness of therapy based on current evidence-based guidelines and meaningful use measures  
Provide immunizations and other clinical activities appropriate for a pharmacist to assist in meeting meaningful use measures  
Provide patient education on disease state management and therapeutic lifestyle changes to support the goals and outcomes of medication therapy  
Provide group education to patients/caregivers related to chronic disease state management  
Provided Medication Therapy Management as directed by the physician and/or providers  
Coordinate home care visits including medication delivery and home care services to special needs patients  
Recommend medication administration or emergency care for elevated/depressed glucose and hypertensive urgency/emergency following a physician protocol  
Develop a prioritized list of medication-related problems and create a plan to resolve them  
Pharmacist may make recommendations for modifications to drug therapy or therapeutic interchange in accordance with clinical guidelines with provider approval (Appendix A)  
Place referrals to the primary provider as necessary  
Recommend nutrition counseling for weight loss and/or various disease states following a physician protocol

**Documentation:** All activities will be documented in the patient chart/EMR and will be given to the primary care provider for review.

### **Quality improvement**

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Clinical activities will be reviewed at least quarterly by the clinical pharmacist(s) and physician providers, and revised as needed.  
Changes to this collaborative agreement may be made at anytime upon agreement between the clinical pharmacist(s) and thy physician(s)/provider(s).  
Quality improvement shall be measured by metrics agreed upon by the clinical pharmacist(s) and the physician(s)/provider(s).

### **Contract payment agreement**

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Appendix B is attached hereto and made a part hereof.

## Appendix A

### 1. **Anticoagulation**

The ACCP Conference on Antithrombotic and Thrombolytic Therapy, CHEST Supplement

### 2. **Arthritis**

Pain in Osteoarthritis, Rheumatoid Arthritis, and Juvenile Chronic Arthritis. American Pain Society - Professional Association

### 3. **Asthma**

National Asthma Education and Prevention Program Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma

### 4. **Chronic Heart Failure**

ACC/AHA Guideline for the Diagnosis and Management of Chronic Heart Failure in the Adult

### 5. **Cholesterol**

ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults

### 6. **COPD**

Global Strategy for Diagnosis, Management, and Prevention of COPD

### 7. **Diabetes**

American Diabetes Association Clinical Practice Guidelines, Diabetes Care American Association of Clinical Endocrinologists and American College of Endocrinology

### 8. **Gastroesophageal Reflux Disorder**

### 9. **Hypertension**

The Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure

10. **Immunizations**

CDC

11. **Latent Tuberculosis**

Minnesota Department of Health Tuberculosis Prevention and Control Program CDC

12. **Smoking Cessation**

Treating Tobacco Use and Dependence. Quick Reference Guide for Clinicians. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.

Appendix B

**Contract Payment Agreement**

Annual Wellness Visits:	50% of receivables
Chronic Care Management:	50% of receivables
Incident-to:	50% of receivables
Intensive Behavior Therapy:	50% of receivables
Transitions of Care Management:	50% of receivables

Pharmacy: Star Discount Pharmacy, Inc.

