Collaborative Practice Agreement (CPA) for the Provision of Comprehensive Medication Management (CMM)

Effective Date: October 1, 2015
Renewal Date: October 1, 2016

1. **Practitioners Responsible for the Delegation of Comprehensive Medication Management:**
   - James Nichols, MD
   - Robert Wagenaar, MD
   - Adam Zelka, MD
   - Stephanie Thomas, MD

2. **Pharmacists Authorized to Engage in Comprehensive Medication Management:**
   - Amber Gilbert, Pharm.D., BCACP
   - Hanna Delaney, Pharm.D.
   - Kristyn Gutowski, Pharm.D.

3. **Pharmacists’ Privileges for Comprehensive Medication Management**

   **Types of Diseases and Medications Involved**
   The pharmacist is authorized to:
   - Perform medication management, patient monitoring, and education for individuals 18 years of age and older, with the following disease states: hypertension, hypercholesterolemia, type 2 diabetes mellitus, pre-diabetes, heart failure, coronary heart disease, anticoagulation, respiratory conditions, depression, anxiety, hypothyroidism, gastroesophageal reflux disease, gout, and smoking cessation.

   **Comprehensive Medication Management**
   The pharmacist is authorized to:
   - Determine the indication for, effectiveness and safety of, and adherence to medication therapy.
   - Initiate medications, adjust doses and dosing frequencies, and discontinue prescription and nonprescription medications, in accordance with selected guidelines (see Appendix).
   - Change medication therapy to improve efficacy, ensure availability, decrease toxicity, or decrease cost of a medication when necessary.
**Patient Care**
The pharmacist is authorized to:

- Administer, monitor, and evaluate: vitals, rating scales, risk scores, and other relevant objective data.
- Order laboratory tests relevant to authorized medication management according to guidelines (see Appendix).
- Educate patients concerning disease states and self-monitoring methods, medication education and adherence, and life-style modifications.

**Procedures, Methods, Decision Criteria, and Plan for CPA-Privileged Pharmacist**

- Pharmacists will provide comprehensive medication management to provider-referred patients.
- Written informed consent will be obtained from the patient prior to participating in comprehensive medication management. The original signed copy of the consent will be maintained in the patient’s medical record.
- Laboratory work will be ordered and billed under the provider’s name.
- Clinical decisions will be based on current clinical practice guidelines (see Appendix).
- Pharmacists will document interventions, clinical outcomes, and adverse effects or toxicities in the patient’s medical record.
- Pharmacists will complete documentation and electronically route to provider within 24 hours of patient visit.
- In the case of a severe adverse event or toxicity, the patient will be immediately referred to a provider involved in the CPA. During such events, the pharmacist shall contact the provider via face-to-face communication; however, electronic or telephonic communication is acceptable for non-emergent cases.
- The provider has the authority to override the protocol agreement if such action is deemed necessary or appropriate for a specific patient.
- Pharmacists will have the authority to prepare new prescriptions and authorize refills for medications and testing supplies for conditions listed in this CPA. This CPA authorizes pharmacists to prepare prescriptions using the provider’s name.

**Collaborative Practice Agreement Features**

- This agreement will be effective from ___/___/2015 for a period of 1 year.
- Annual review, renewal, or revision if necessary of this agreement will be completed by ___/___/2016.
- The provider or pharmacist may terminate this agreement upon 30 days’ written notice to the other party.
• Should a provider(s) or pharmacist(s) choose to terminate their participation in the CPA, the CPA shall remain active with the other provider(s) or pharmacist(s) listed in this document. This document shall remain active as long as one provider and pharmacist remain in this binding relationship. The Montana Board of Pharmacy shall be notified in the case of CPA termination.

• Collaborative practice records will be maintained in the patient’s medical record at St. Vincent Healthcare for at least 7 years.

I hereby agree to the provisions, methods, and terms of this Collaborative Practice Agreement.

Authorizing Providers:

Provider Signature: ___________________________ Date: ___________________________
Printed Name: James Nichols, MD License Number: ___________________________

Provider Signature: ___________________________ Date: ___________________________
Printed Name: Robert Wagenaar, MD License Number: ___________________________

Provider Signature: ___________________________ Date: ___________________________
Printed Name: Adam Zelka, MD License Number: ___________________________

Provider Signature: ___________________________ Date: ___________________________
Printed Name: Stephanie Thomas, MD License Number: ___________________________

Authorized Pharmacists:

Pharmacist Signature: ___________________________ Date: ___________________________
Printed Name: Amber Gilbert, Pharm.D., BCACP License Number: ___________________________

Pharmacist Signature: ___________________________ Date: ___________________________
Printed Name: Hanna Delaney, Pharm.D. License Number: ___________________________

Pharmacist Signature: ___________________________ Date: ___________________________
Printed Name: Kristyn Gutowski, Pharm.D. License Number: ___________________________

Submit to: Montana Board of Pharmacy • 301 South Park Ave., 4th Floor •
P.O. Box 200513 • Helena, MT 59620-0513
Appendix

- **Anticoagulation; Coronary Heart Disease:**
  - Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: CHEST Evidence-Based Clinical Practice Guidelines
- **Asthma:**
  - National Asthma Education and Prevention Program Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma
- **Cholesterol:**
  - 2013 American College of Cardiology/ American Heart Association (ACC/AHA) Guideline on Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults, NCEP ATP-IV
- **COPD:**
  - Global Initiative for Chronic Obstructive Lung Disease (GOLD) Workshop Executive Summary: Global Strategy for Diagnosis, Management, and Prevention of COPD
- **Type 2 Diabetes:**
  - American Diabetes Association (ADA) Clinical Practice Guidelines
  - Coronary Heart Disease: U.S. Preventive Services Task Force (USPSTF)
  - Renal Function: Kidney Disease Improving Global Outcomes (KDIGO) 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease
- **GERD:**
  - American Gastroenterological Association (AGA) Clinical Practice Guidelines
- **Gout:**
  - 2012 American College of Rheumatology (ACR) Guidelines for Management of Gout
  - European League Against Rheumatism (EULAR) Clinical Practice Guidelines
- **Heart Failure:**
  - 2013 American College Cardiology Foundation/American Heart Association (ACCF/AHA) Guidelines for the Management of Heart Failure
- **Hypertension:**
  - 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8)
- **Hypothyroidism:**
  - American Association of Clinical Endocrinology (AACE) Clinical Practice Guidelines
- **Immunizations:**
  - Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP)
- **Psychiatric- Anxiety and Depression:**
  - American Psychiatric Association (APA) Clinical Practice Guidelines
- **Smoking Cessation:**
  - Treating Tobacco Use and Dependence Clinical Practice Guidelines. U.S. Department of Human and Health Services