CDTM Update
March 5, 2015

New York’s statewide pharmacy associations and colleges of pharmacy look forward to working toward passage of legislation that will build upon the overwhelming success of the Collaborative Drug Therapy Management (CDTM) Demonstration projects underway for the past three years in several teaching hospitals in New York. When pharmacists collaborate with primary care providers, the quality of healthcare is improved for individuals with chronic medical conditions in three measurable areas: (1) clinical outcomes; (2) patient satisfaction; and (3) greater efficiency in the delivery of care.

Assemblyman John McDonald (D-Albany, Rensselaer and Saratoga) has been developing legislation that will expand the existing law that currently limits CDTM to teaching hospitals. The bill he introduced in 2014 removed the practice-setting restriction in the current law, and the new legislation is expected to do the same.

Early drafts of the new McDonald bill create a new certification to be granted by the NYS Board of Pharmacy that will qualify licensed pharmacists to enter into written voluntary Collaborative Drug Therapy Management (CDTM) agreements with physicians, physician assistants and nurse practitioners. These CDTM protocols will authorize SED-credentialed CDTM pharmacists to manage patients who are assigned to their care by the authorizing primary care provider. Diagnosis and oversight remain the purview of the physician and other primary care provider, while managing the drug therapy would be the responsibility of the CDTM-certified collaborating pharmacist. Given that pharmacists must qualify for the CDTM certification, it is clear that patient safety and high standards of healthcare are primary considerations. Today most states allow qualified pharmacists to collaborate with primary care providers to provide comprehensive drug therapy management. Since the passage of the law authorizing CDTM in teaching hospitals in 2012, pharmacists have been successfully collaborating with physicians in managing drug therapies for patients with a broad range of disease states.

In May, 2014 the NYS Board of Pharmacy releases a comprehensive Report to the Legislature that presents detailed, positive results of the CDTM demonstration programs that were initiated in several of the state’s teaching hospitals. The state-based, site-specific and disease-specific results in the Report to the Legislature corroborate findings in a substantial volume of peer-reviewed studies measuring evidence-based outcomes, performance-based criteria and the economic benefits of pharmacist-provided CDTM. Against every measurement, results are consistently better when pharmacists manage patients’ drug therapies in collaboration with the treating primary care provider. The NY report highlights results with patients with diabetes, asthma, heart failure, cancer and HIV. The findings in this exhaustive report are consistent with recommendations made in the 2011 Report to the U.S. Surgeon General that recommended that pharmacists should be recognized as health care providers. Consistent with the triple aim of improving healthcare quality and patient satisfaction while controlling overall healthcare costs, the evidence is clear and compelling that Collaborative Drug Therapy Management practiced by qualified pharmacists represents sound value and solid public policy.

To become fully operational, new legislation should eliminate any site-specific restrictions. A CDTM-certified pharmacist should be able to collaborate with any willing physicians or other primary care practitioners. The Education Department, specifically the NYS Board of Pharmacy, will determine if pharmacist applicants meet both the clinical experience and educational requirements to qualify for a certificate in Collaborative Drug Therapy Management. The State Board is expected to accept nationally accredited post-graduate residencies, board-certification and other credentials in pharmacy clinical services in this growing area of healthcare.