Advancing Team-Based Care Through the Use of Collaborative Practice Agreements and Using the Pharmacists’ Patient Care Process to Manage High Blood Pressure

May – August 2017
Implementing the PPCP:

• Where are you today? What have been your biggest successes?
• What do you want to accomplish over the next 6 months?
• What are the barriers and challenges you have experienced and/or anticipate?
• What are lessons learned for other states?
• **Sharing the PPCP:**
  
  - Current Rural Health program promotion of PPCP within group clinics and project members
  
  - Speaking engagements planned:
    - Diabetes Leadership Council
    - APhA Telehealth Committee - completed 8/15/17
    - Local ACO group – Abacus 11/20/17
    - CQI symposium
    - AzPA Spring conference
• State Task Force planning:

• Committee current members:
  • HSAG representative
  • Regional VP for AHA
  • Dave + Stephanie

• Committee pending members:
  • AzPA board members

• Will meet when Dave returns from Japan
ARIZONA UPDATES

- **CQI Symposium:**
  - Learning collaborative objective – dual tracks now to include pharmacy

- **Pending items:**
  - Survey from State Board and annual report for CPA’s
  - College Curriculums related to PPCP (Midwestern University-Phoenix and University of Arizona COP)
CPA Expansion in Iowa

• Board of Nursing regulations
  • Delays due to complete rewrite of ARNP regulatory chapter
  • Plan to mimic Board of Pharmacy (BOP) regulations

• Opportunity arises
  • BOP & Board of Medicine convene discussion to determine if joint rules are required
  • BOP seeks expansion of CPA regulations to align with NASPA guidelines
Ongoing Collaboration is Essential

- Support for statewide protocols grow within public health
  - Aligns with tobacco reduction and immunization promotion strategies
  - Collaboration with Director of Public Health

- Opportunities on the horizon
  - Screenings and initiate/refer to treatment
    - HIV
    - Diabetes Prevention Program
  - 1305 grant
    - CPESN & Value-Based Pharmacy Program (VBPP)
    - Practice Advancement Forum
Georgia

• Baseline survey of PPCP, CPAs and Collaborative Relationships in Providing Patient Care underway
  • Includes medical providers, pharmacists, and chronic disease staff in public health

• Initial state webinar on PPCP, CPAs and Collaborative Relationships scheduled for August 24\textsuperscript{th} at 2 PM EST

• Evaluation and follow-up assessment surveys to be distributed on August 25\textsuperscript{th}
  • Survey and webinar participants will be connected to aid in establishing use of the PPCP, CPAs and collaborative relationships in patient care
  • Supplemental material will be distributed to help establish PPCP and CPAs
  • Based on potential feedback subsequent webinars may be scheduled
Utah

- Identified eligible patients and pharmacies to participate
  - Narrowing down list of pharmacies and will draft letter to be sent to patients informing them of enhanced services
- Draft algorithm created following PPCP to be used by participating pharmacies
- Created workgroup to identify metrics and method of data collection to be used by pharmacists
  - Follow patients over time to track progress
  - Track costs to payers to show clinical value
Utah

• High level meetings and staff meetings to educate and ask for support and commitment have been successful

• In the next 6 months we want to have a standardized template developed integrating PPCP with outcomes; also to integrate and collaborate with community pharmacy partners within system

• Difficulty establishing with payer and in developing the right tool (documentation) to catalyze the work flow
All day CE offering 6.5CE units; 81 attendees

Started with review of hypertension and lipid guidelines, introduction and review of pharmacist patient care process, how to develop and build a collaborative practice agreement in WV and get it approved through the appropriate channels, finished with panel discussion of two providers with specialties CPAs

Some comments from attendees:
• “It's a rare treat to attend CE that is actually interesting and applicable to real life goals.”
• “It really was good. Answered a lot of questions I had and made CP seem much more realistic.”
• “Thank you for organizing such a wonderful event.”
WV Developments with CPAs

• Since the date of the program
  • 3 additional pharmacists have received approval from WV BOP for CPA
  • ~10 more are working on their application or have already submitted to BOP
  • 2 Hospital facilities have contacted Wigner Institute and working to complete their protocols and CPAs

• Prior to the program there were ~9 CPAs in WV with about 17 pharmacists on them (more than one pharmacist on an agreement).
• Appears we are on track to add about 9/10 more CPAs as a direct result of this program (doubling the number) in just a few months!
WV Developments with CPAs

• Since the date of the program:
  • Working with WV Board of Pharmacy to facilitate a more fluid approval process so applicants do not have to wait 3 months for BOP approval
  • Also, examining other types of CPA protocol templates to improve access to care and improved health outcomes
• 10 counties identified as not having sufficient providers for hypertension education and training
• The patients will be referred to the pharmacists who will provide the training and educations to the participants
Virginia progress and outcomes

- Thinkers in Residence Collaborative
  - Review of materials and workplan
  - Training opportunities and key stakeholders identified
- Board of Pharmacy
  - Questions presented and approved for annual Pharmacist Healthcare Workforce Survey

Do you provide any of the following services at this location (check all that apply):
- Central filling
- Compounding
- Comprehensive Medication Reviews
- Remote consulting
- Remote order processing
- Immunization administration
- Medication synchronization
- Point-of-care testing

If you participate in a collaborative practice agreement for disease state management, which disease states are being managed? (check all that apply)
- Hypertension
- Hypercholesterolemia
- Asthma
- Tobacco cessation
- Travel medications
- Anticoagulation
- Diabetes
- Pain Management
Virginia progress and outcomes (cont.)

- PPCP incorporated into four (4) schools of pharmacy curricula
- Virginia Academy of Family Physicians Annual Meeting
  - Surveyed physicians (n=61) attending meeting on use of CPAs and interest in resources
    - 44% respondents do not have a CPA in place but would like to put one in place
    - 8% respondents have CPA with a pharmacist outside practice/clinic
    - 16% respondents have CPA with a pharmacy in community
    - 50.8% respondents requested information on CCM or CPAs
Virginia progress and outcomes (cont.)

- Virginia Pharmacists Association Annual Convention (September 8 – 10)
  - Panel presentation, “Chronic Care Management Team – Improved Patient Outcomes and Compensation,” highlighted CPAs and PPCP
  - Surveyed pharmacists (n=53) attending the meeting on use of CPAs and interest in resources
    - **60%** respondents do not have a CPA in place but would like to put one in place
    - **6%** respondents have CPA work within a primary care setting
    - **2%** respondents have CPA with a primary care office in community
    - **8%** respondents have CPA with provider/prescriber in my community
    - **39.6%** requested information on PPCP
    - **52.8%** requested information on CPAs
    - **54.7%** requested information on CCM
Virginia next steps

- Virginia Community Pharmacy Enhanced Services Network (CPESN) (n = 25 pharmacies)
- Provider ↔ Pharmacist Connections and Relationships
- Review results of the Pharmacist Healthcare Workforce Survey
- Reconvene the *Thinkers in Residence Collaborative*
- Barriers
  - Silos
  - Lack of communication
- Lessons Learned
  - partnership opportunities, professional development and organization structures, schools of pharm
Wyoming Progress and Outcomes

Successes:

• Wyoming Pharmacy Association – 100\textsuperscript{th} Annual Convention
  • Developed connections with WyPhA, WY Board of Pharmacy, and many pharmacists

• Disseminating information on PPCP
  • Printed multiple CDC guides and distributed along with APHA PPCP book

• Empowering pharmacists with information needed to build CPAs
  • Data on clinical quality measures for prescribers in their area
Wyoming Progress and Outcomes

Challenges:
• Recruiting big-name pharmacies into efforts
• Rural/frontier areas
• Lack of standardized EMR system

Goals for Next 6 Months:
• Continue collecting survey
• Assist recruited pharmacies with transitioning into CPA model of practice
• Continue to recruit additional pharmacies

Lessons Learned:
• Speak to both sides – pharmacist AND prescriber