Using Collaborative Practice Agreements to Support Medicaid Prevention Interventions: Models and Resources to Engage Pharmacists

Pharmacists are uniquely positioned to increase access and reduce barriers to evidence-based interventions. As such, Medicaid and public health teams pursuing CDC's 6|18 Initiative prevention interventions may consider partnering with pharmacists to make progress toward their goals. This resource outlines how collaborative practice agreements (CPA) could help support such prevention intervention activities and reviews current models. A CPA is "an agreement between one or more prescribers and one or more pharmacists who work within the context of a defined protocol that is site and practice specific. The CPA permits the pharmacist to assume responsibility for performing certain services that are otherwise outside his or her scope of practice, including selecting, initiating, monitoring, continuing, and adjusting medication regimens."[1]

Collaborative Practice Agreement Laws

The majority of states have CPA laws; however, there is great variation in their type and authority. Two different models have emerged:

- **Patient-specific CPA:** Pharmacists can only provide services dictated by the CPA to patients: (1) identified in the agreement; (2) who were already seen by a health care provider (or group of health care providers); or (3) who require post post-diagnostic care (i.e., the patients must specifically be referred to the pharmacist). Patient-specific CPAs in practice are typically used for chronic disease management, allowing the pharmacist to work closely with the collaborating prescriber.

- **Population-based CPA:** There is no delineation of specific patients in the agreement; instead, the pharmacist can provide services to patients who meet inclusion criteria specified in the agreement. Population-specific CPAs are typically used for acute care, preventive services, or public health services (e.g., birth control, naloxone, bee stings, tobacco cessation, and vaccinations).

Statewide Protocols

Statewide protocols are a model similar to population-specific CPAs, but with a few key distinctions. In this model, there are specific circumstances under which a pharmacist can prescribe related to populations; however, the agreement is not between pharmacists and providers. Instead, this agreement is between the pharmacist and an authorized body of state government (e.g., Board of Pharmacy, Department of Health, and Board of Nursing). Benefits to statewide protocols include: fewer liability concerns than a CPA that is negotiated; reduced barriers to implementing a covered service, as the pharmacist does not need to identify a collaborating provider and negotiate the terms of a CPA; and greater consistency across the state. As an example, Colorado passed legislation in June 2016 that allows the state to create a statewide protocol for pharmacists.

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Resources on CPAs and Statewide Protocols

- **The Expanding Role of Pharmacists in a Transformed Health Care System.** This issue brief from the National Governors Association (NGA) discusses the current scope of practice for pharmacists, alternative approaches (including CPAs), and different state models.
- **Pharmacist Collaborative Practice Agreements: Key Elements for Legislative and Regulatory Authority**. This report produced by a workgroup convened by the National Alliance of State Pharmacy Associations provides recommendations following the NGA report. The National Alliance created multiple additional resources that are available on their webpage.
- **Select Features of State Pharmacist Collaborative Practice Laws.** This CDC fact sheet summarizes state legislation as of 2012 regarding CPAs and key features of their implementation.
- **Practice Advisory on Collaborative Drug Therapy Management.** This advisory from the Academy of Managed Care Pharmacy discusses collaborative drug therapy management (another term for CPAs) and its benefits to health plans.
- **Access to Tobacco Cessation Medication through Pharmacists.** This issue brief from ASTHO and the Tobacco Control Network describes strategies to expand access to tobacco cessation therapies through pharmacists.
- **Advancing Team-Based Care Through Collaborative Practice Agreements.** This resource from CDC serves as an implementation guide for adding pharmacists to the care team.
- **Collaborative Practice Agreements and Pharmacists' Patient Care Services.** This resource for pharmacists from the CDC describes strategies for advancing pharmacists patient care services.
- **Pharmacy Society of Wisconsin CPA Toolkit.** This toolkit includes sample referrals and agreements for asthma, hypertension, and other conditions.
- **Legislation**:
  - California Collaborative Practice Legislation
  - New Mexico Collaborative Practice Legislation
  - Wisconsin Collaborative Practice Legislation

Published Literature

- A.J. Adams and K.K. Weaver. (2016). "The Continuum of Pharmacist Prescriptive Authority." *Annals of* Pharmacotherapy, 50(9):778-84.
- L. A. Dent, K.J. Harris and C.W. Noonan. (2007). "Tobacco interventions delivered by pharmacists: a summary and systematic review." *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*, 27(7), 1040-1051.

Key Conclusions

This systematic review of the literature strongly suggests that pharmacists are effective in helping smokers to quit when they deliver tobacco cessation-interventions. The literature notes the opportunity for testing and disseminating evidence-based interventions with pharmacists given expanded availability and training.

ADVANCING IMPLEMENTATION OF THE CDC'S 6|18 INITIATIVE

Through support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies, in collaboration with a number of partners, is coordinating technical assistance to facilitate state Medicaid and public health implementation of the Centers for Disease Control and Prevention's (CDC) 6|18 Initiative. The CDC's 6|18 Initiative promotes the adoption of evidence-based interventions that can improve health and control costs related to six high-burden, high-cost health conditions — tobacco use, high blood pressure, inappropriate antibiotic use, asthma, unintended pregnancies, and type 2 diabetes. For more information and additional resources, visit www.618resources.chcs.org.

ENDNOTES

[1] A. Adams and K. Weaver. "The Continuum of Pharmacist Prescriptive Authority." *The Annals of Phamacotherapy*. 1-7. 2016.