Collaborative Drug Therapy Agreements
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Introduction

- Provide an overview of collaborative drug therapy agreements
- Pharmacist Consultant, Washington State Board of Pharmacy

Key Points

- Terms that define collaborative agreements
- Pharmacist behaviors required
- Impacts
- Components of pharmacist prescribing
- Experience in Washington state
- Outcomes from agreements
- Applications
Definitions

- Prescriptive authority (legal)
- Protocol (common)
- Collaborative drug therapy agreements (current); first defined in 1995!
- Collaborative drug therapy management (entire process)

Tim Fuller’s definition

- CDTM includes all processes required for the pharmacist to assume responsibility for the drug therapy of a patient in a collaborative agreement with a medical provider with independent authority to prescribe.

Campagna’s Drug Therapy Decision-Making Model

- Action
  - Prescription
  - Consultation
  - Corrective
  - Submissive
- Frequency
  - Clarify
  - Recognize Drug Problems
  - Drug Information
  - Judgement or Choice
  - Action

AJHP 52:640-645 (March 15) 1995
Pharmacist behaviors

- An expectation that the pharmacist actively makes changes in a patient's drug therapy,
- Shares in the risks of drug therapy decisions, and
- Maintains a patient record system of clinical data and assesses drug treatment.

Impacts on Care

- Access: simplify care for patients
- Focus on drug-related problems
  - Billions of dollars of direct and indirect costs
- Collaborative efforts with primary care providers and specialists reduces duplication and gaps in care
- Unique knowledge and skills added to enhance drug treatment of patients

Categories of drug therapy decisions

- Drug therapy initiation
- Monitoring of drug therapy
- Modification
- Continuation or discontinuation of drug therapy
Experience with CDTM

- Expansion from 3 states in 1980 to 11 in 1995 to 40 in 2004
- All other states pursuing
- Washington state is unique in application
  - Works in all patient care settings
  - Clear agreements
  - History of leadership

Increasing agreements

- On file at the Board of Pharmacy
  - 1993  57 agreements
  - 1997  110 agreements
  - 1999  358 agreements
  - 2004  659 agreements
  - 225/659 immunization

Applications

- Anticoagulation
- Refill
- Nicotine replacement
- TPN
- Pharmacokinetic drug mgt
- Pain management (hospice symptom mgt)
- Dyslipidemias
- ECP
- Diabetes
- Hypertension
Applications cont’d

- Allergic rhinitis
- Fluoride and vitamin
- OTC
- Travel meds and vaccines
- Anemia
- Conscious sedation
- Motion sickness
- And many, many more!!!

1993 and 1999 Survey

- High rate of satisfaction both from physicians and pharmacists 90+%.
- Positive response for increased patient convenience (90%) and quality of care (85%).
- Cost of care unchanged.
- Activities, quality assurance measures, and outcome data determined.

Pharmacist activity

- Shift in activity within agreements from 1993 to 1999:
  - Initiation of drug therapy increased from 50 to 80%.
  - Modification of therapy performed in 50% of agreements, and
  - Continuation of decreased to 40% of the agreements.
Examples of Outcomes

- Increase quality of anticoagulant therapy and pain management
- Decreased time of patient suffering in home and hospice care through symptom algorithms
- Increased access to care with immunization and emergency contraception agreements

Quality Assurance Measures

- Case review 50%
- Chart audit 40%
- ADRs 45%
- Complaints 40%
- Progress note review 34%

Outcome data collected

- Clinical measures 48%
- Satisfaction 44%
- Access to care 18%
- Adverse events 64%
- “None” 24%
Collaborative drug therapy impact

- Clear demonstration of pharmacist's ability to provide direct patient care service
- Development of critical relationships with Medicine and other health care providers
- Board of Pharmacy has yet to receive a complaint!

2003 Board changes

- Register agreements under individual pharmacists
  - Recognize as providers of care
  - Provide mobility
  - Allow Board to verify for insurance, DEA, and others
  - Implications for sites

2004 Board Change

- We have a new Executive Director
- Steven Saxe
- A cougar grad but
- Energetic, positive, and learning fast
Class assignment

- Let's see how it works with immunizations.
- Any questions at this point?
- I expect more during our discussion.