

Collaborative practice agreements: Stimulating increased integration

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In January 2012, the APhA Foundation convened a roundtable consortium in Washington, DC, for the purposes of stimulating increased integration of collaborative practice agreements (CPAs) and pharmacist patient care services into practice. The consortium's seven recommendations, which are described below, provide methods and infrastructure for empowering collaborative, interdisciplinary care. For more in-depth coverage, see the Mar/Apr 2013 *Journal of the American Pharmacists Association* article, "Consortium recommendations for advancing pharmacists' patient care services and collaborative practice agreements," available online at www.japha.org.

1. Use consistent terminology and language that is readily understandable by all potential audiences. Because various terms are used to describe similar activities related to pharmacists' patient care services, people outside of the health care system, including legislators, may have trouble distinguishing among them. Advocates for CPAs and

each agreement should be written, executed, reviewed, and renewed based on the terms set by the collaborating health professionals.

3. Create and expand an infrastructure that embeds pharmacists' patient care services and CPAs into care, while creating ease of access for patients. If implemented and legislated properly, CPAs and pharmacists' patient care services can serve to reduce fragmentation and optimize outcomes. The provision of pharmacists' patient care services must be seamless for patients and other providers to recognize its value. Building a business model that is scalable, sustainable, and financially viable will be essential to supporting the pharmacists' role in delivering value to patients and reducing costs to the system.

4. Incentivize and facilitate the adoption of electronic health records and the use of technology in pharmacists' patient care services. CPAs are highly dependent on multidirectional sharing of information among providers, and electronic health records and other health information technology can greatly facilitate this process. Interoperable systems must be integrated into current pharmacy platforms to ensure that pharmacists can send and receive care notes, intervention records, lab and assessment values, and patient information.

5. Encourage pharmacists to main-

tain strong, trusting, and mutually beneficial relationships with patients, physicians, other providers; encourage those individuals to promote pharmacists' patient care services. Cultivating local relationships is crucial, as people outside of pharmacy can serve as powerful advocates to help policy makers and others understand the value of CPAs and pharmacists' patient care services.

6. Properly align incentives based on meaningful process and outcome measures for patients, payers, providers, and the health care system. Patients, providers, and payers must receive appropriate incentives while collaborating to advance patient health. Patient incentives can be reduced out-of-pocket costs and improved health. Pharmacists and other providers are incentivized through compensation as they provide better health care. For payers, the overall incentive is reduced total health care spending because beneficiaries are healthier.

7. Examine and redesign health professionals' practice acts, education curriculums, and operational policies to create synergy, promote collaboration, and optimize support staff. The health care system needs to be realigned to develop the complementary skills of various health professionals into operational collaboration. Although some practice acts create an environment that has led to successful CPAs, other areas of the country could benefit from creating interdisciplinary teams to ensure that each professional is practicing at the top of his or her license and enable support staff to take on more roles as appropriate.

Consistency, flexibility

U.S. health care is undergoing unprecedented change with an array of health care reform initiatives, mounting evidence of the positive contributions of pharmacists, and federal government interest in pharmacist-provided services. The consortium participants provided insight that could lead to consistency and standardization of care at a national level while allowing for flexibility to enable or expand local interdisciplinary processes of care.

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■ A consortium convened by the APhA Foundation devised recommendations for collaborative practice agreements.

■ Standardization of collaboration to advance patient care is needed at a national level while allowing flexibility to enable local interdisciplinary processes of care.

pharmacists' patient care services must find a simple, consistent way to describe the relationships and processes used to help patients in these models.

2. Allow health care providers who enter into the CPA to define the details of each agreement. Many participants had experiences in which state laws limited the activities that could be performed under CPAs, which ultimately restricted an otherwise flourishing patient-centered partnership among pharmacists, physicians, and other providers on the health care team. They agreed that for CPAs to be successful,