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American Pharmacists Association
House of Delegates – Seattle, Washington

NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Jennifer Adams (ID) and Lorri Walmsley (AZ)
(Name)

02/20/19 **(Date)**

Idaho, Virginia, Arizona **(Organization)**

Subject: Collaborative Practice Agreements

Motion: Amend the APhA Pharmacy Practice policy – 1997 Collaborative Practice Agreement to add the following 5 statements:

Collaborative Practice Agreements
2. APhA supports the establishment of collaborative practice agreements between one or multiple pharmacists and one or multiple prescribers.
3. APhA supports collaborative practice laws that are inclusive of patients lacking a primary care provider.
4. APhA opposes state laws that limit collaborative practice agreements to specific patients.
5. APhA supports state laws that allow for delegated pharmacist prescriptive authority.
6. APhA supports state collaborative practice laws that allow all licensed pharmacists, in all practice settings, to establish collaborative practice agreements with other healthcare professionals.

Background:
The intent of this New Business Item is not to modify the existing two policy statements but add additional relevant statements to this policy category. The current APhA policy statements under this policy category are:

1997 Collaborative Practice Agreements

1. APhA supports the establishment of collaborative practice agreements between pharmacists and other health care professionals designed to optimize patient care outcomes.
2. APhA shall promote the establishment and dissemination of guidelines and information to pharmacists and other health care professionals to facilitate the development of collaborative practice agreements.
(JAPhA NS37(4):459 July/August 1997) (Reviewed 2003)(Reviewed 2007)(Reviewed 2009)(Reviewed 2011)(Reviewed 2012)(Reviewed 2017)

These two statements would not be debated in the 2019 House of Delegates session per House Rule 4, which describes "Re-statements of existing policy are discouraged". As an additional note, each whole numbered statement needs to stand on its own, but we would request staff reorder the statements to reflect how they are ultimately listed in the policy manual with the 2nd existing policy statement becoming the last numbered item.

Collaborative practice agreements (CPAs) create a formal practice relationship between pharmacists and other health care practitioners, whereby the pharmacist assumes responsibility for specific patient care functions that are otherwise beyond their typical "scope of practice," but aligned with their education and training. These patient care services can include initiation and modification of drug therapy. The extent of the services authorized under the collaborative agreement depends on the state's statutory and regulatory provisions for collaborative practice authority, as well as the terms of the specific agreement between the pharmacist and other health care practitioners. State laws and regulations authorizing CPAs are highly variable. Some states specify the practitioners able to participate in CPAs, restrict the services that may be provided under a CPA, or include extensive logistical barriers that limit the utility of such agreements. In their 2015 paper, The Expanding Role of Pharmacists in a Transformed Health Care System, the National Governors Association (NGA), presented the following state policy considerations in regards to collaborative practice provisions:

- Enact broad collaborative practice provisions that allow for specific provider functions to be determined at the provider level rather than set in state statute or through regulation.
- Evaluate practice setting and drug therapy restrictions to determine whether pharmacists and providers face disincentives that unnecessarily discourage collaborative arrangements.
- Examine whether CPAs unnecessarily dictate disease or patient specificity.[1]

The National Alliance of State Pharmacy Associations' (NASPA's) Executive Committee directed staff to convene a workgroup to build upon the NGA policy considerations with additional specificity. The workgroup was charged with examining existing state CPA laws and regulations. The workgroup was tasked with developing recommendations for what elements of collaborative practice authority should appropriately be defined under state law and/or regulation, and what elements are best left to be determined between pharmacists and other practitioners when developing their specific collaborative practice arrangement. Using a modified Delphi method, the Collaborative Practice Workgroup conducted this work with two key questions in mind:

- Is this recommendation in the best interest of the patient receiving care under a collaborative agreement?
- Is this recommendation aligned with pharmacists' education and training?

<u>WORKGROUP RECOMMENDATIONS</u>

The workgroup took the approach that rapid innovation in education, training, technology, and evidence-based guidelines necessitate a collaborative practice framework that is flexible and facilitates innovation in care delivery. Thus the following statements include two levels of recommendations:

1. Elements of collaborative practice authority that should be codified in state law and/or state regulations; and
2. Elements that are more appropriately determined by the parties at the practice level who voluntarily enter into a CPA, and thus for which the laws and regulations should be silent.

The workgroup views both levels of recommendations as needed and synergistic. State law and/or regulations, if too restrictive, can impede innovative team-based care models.

The following is a report of the workgroup's collaborative practice recommendations to specify in laws and/or regulations:

- Any practitioner with prescriptive authority may collaborate with pharmacists using a CPA.
- CPAs may be between a single or multiple pharmacists and a single or multiple prescribers.
- CPAs may apply to a single patient, multiple patients, or patient populations as specified in the agreement.
- The initiation and modification of drug therapy may be authorized under a CPA with a prescriber
- All prescription drugs, including controlled substances, may be included within pharmacists' collaborative practice authority.
- CPAs should be maintained by the pharmacist(s) and collaborating prescriber(s) and be available upon request or inspection

The workgroup recommended that all other CPA considerations may be determined within the individual CPAs or state laws and/or regulations should be silent.

This report entitled – Pharmacist Collaborative Practice Agreements: Key Elements for Legislative and Regulatory Authority. A Report of the Collaborative Practice Workgroup Convened by the National Alliance of State Pharmacy Association.[2] The final report has been supported by the following organizations: American Association of Colleges of Pharmacy (AACP), American Pharmacists Association (APhA), College of Psychiatric and Neurologic Pharmacists (CPNP), and National Association of Chain Drug Stores (NACDS).

We believe the APhA Policy and Bylaws which passed the House of Delegates in 1997, should be updated to reflect the national recommendations put forth by pharmacist collaborative practice subject matter experts.

References:
1. National Governors Association. The Expanding Role of Pharmacists in a Transformed Health Care System. Available from: http://www.nga.org/files/live/sites/NGA/files/pdf/2015/1501TheExpandingRoleOfPharmacists.pdf. (Accessed February 20, 2019).
2. NASPA. Pharmacist Collaborative Practice Agreements: Key Elements for Legislative and Regulatory Authority. 2015. Available from: https://naspa.us/wp-content/uploads/2017/01/CPA-Workgroup-Report-FINAL.pdf (Accessed February 20, 2019).

Current APhA Policy & Bylaws:

1997 Collaborative Practice Agreements

1. APhA supports the establishment of collaborative practice agreements between pharmacists and other health care professionals designed to optimize patient care outcomes.
2. APhA shall promote the establishment and dissemination of guidelines and information to pharmacists and other health care professionals to facilitate the development of collaborative practice agreements.

(JAPhA NS37(4):459 July/August 1997) (Reviewed 2003)(Reviewed 2007)(Reviewed 2009)(Reviewed 2011)(Reviewed 2012)(Reviewed 2017)

2017 Patient Access to Pharmacist-Prescribed Medications

1. APhA asserts that pharmacists' patient care services and related prescribing by pharmacists help improve patient access to care, patient outcomes, and community health, and they align with coordinated, team-based care.
2. APhA supports increased patient access to care through pharmacist prescriptive authority models.
3. APhA opposes requirements and restrictions that impede patient access to pharmacist-prescribed medications and related services.
4. APhA urges prescribing pharmacists to coordinate care with patients' other health care providers through appropriate documentation, communication, and referral.
5. APhA advocates that medications and services associated with prescribing by pharmacists must be covered and compensated in the same manner as for other prescribers.
6. APhA supports the right of patients to receive pharmacist-prescribed medications at the pharmacy of their choice.

(JAPhA 57(4): 441 July/August 2017)