Chapter 1

Scope of Clinical Pharmacy

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Objectives

- Describe how pharmacists can assist in your disease management programs
- Define the roles and responsibilities of a clinical pharmacist
- Provide evidence supporting the use of pharmacists in disease management programs
- Discuss the credentialing process for clinical pharmacists and provide a sample collaborative practice agreement
"I’m not trying to change you
—I’m trying to enhance you."
“Don’t anybody move: this is a merger.”
Disease State Management

- A continuous, coordinated, evolutionary process that seeks to manage and improve the health status of a carefully defined patient population over the entire course of a disease.
- A successful DSM program achieves this goal by identifying and delivering the most effective and efficient combination of available resources.
- Encompasses the entire spectrum of health care.
- Includes *prevention* efforts as well as patient *management* after the disease has developed.
Collaborative Drug Therapy Management (CDTM)
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“A collaborative practice agreement between one or more physicians and pharmacists wherein qualified pharmacists working within the context of a defined protocol are permitted to assume professional responsibility” for certain tasks.

Pharmacotherapy 2003; 23: 1210-1225.
Collaborative Drug Therapy Management (CDTM)

Tasks include:

- Performing patient assessments
- Ordering and evaluating drug therapy-related tests
- Selecting, initiating, monitoring, continuing and adjusting drug regimens
- Assessing patient response to therapy
- Counseling and educating a patient on medications
- Administering medications

Pharmacotherapy 2003; 23: 1210-1225.
Collaborative Practice

- **Collaborative Drug Therapy Management (CDTM)**
  - 43 states have some form of CDTM or collaborative practice
  - Authority is generally incorporated in the state pharmacy practice act
  - Describes the authorized scope of practice
Components of a Collaborative Practice Agreement

1. A pharmacist agrees to work with prescriber(s) under a written, signed agreement
   - Agree to perform certain patient care functions under specified conditions

2. The pharmacist must possess the knowledge, skills and ability to perform the authorized functions
   - Determination of competence is usually left up to the individuals who are party to the agreement
Components of a Collaborative Practice Agreement

3. Authority to document activities in a medical record

4. Accountability for the same quality measures for all those involved in the collaborative agreement

5. Provisions to allow compensation for drug therapy management activities
Roles and Responsibilities of a Clinical Pharmacist

- Assuring **safe, accurate, rational and cost-effective** use of medications
- Engage in **collaborative practice** with other healthcare practitioners for the purpose of improving care and conserving resources
- Make **patient-focused transitions** into and out of acute care practice settings, ambulatory care or alternative site settings with the patient’s best interest in mind
- Possess **in-depth knowledge of medications** that is integrated with a foundational understanding of the biomedical, pharmaceutical, sociobehavioral, and clinical sciences
Roles and Responsibilities of a Clinical Pharmacist

- To achieve desired therapeutic goals, the clinical pharmacist applies evidence-based therapeutic guidelines, evolving sciences, emerging technologies, and relevant legal, ethical, social, cultural, economic and professional principles.

- Assume responsibility and accountability for managing medication therapy in direct patient care settings, whether practicing independently or in consultation/collaboration with other health care professionals.

- Within the system of health care, clinical pharmacists are experts in the therapeutic use of medications.

- Routinely provide medication therapy evaluations and recommendations to patients and health care professionals.
Other roles

- Clinical pharmacist researchers generate, disseminate, and apply new knowledge that contributes to improved health and quality of life.
The Process

- Pharmacists – find a physician
- Physicians – find a pharmacist
- Discuss the role the pharmacist will play
- Each command’s credentialing committee determines pharmacists’ scope of practice
- Not necessary, but strongly encouraged to have collaborative practice agreements with providers
Medication Management Services

- Identify a need
- Build support for services
- Determine the focus of the service
- Develop patient care protocols
- Market the service
- Receive additional training if needed
- Provide care and document outcomes

Identify a Need

- Focus group discussions
- Networking with opinion leaders
- Surveys of physicians within a practice
- Identify high risk patients
- Identify costly disease states

Pharmacotherapy 2003; 23: 1153-1166.
Build Support for Services

- Identify practice champions
- Build relationships with key people such as nurses, billing specialists, and lab personnel
- Market what you can do for patients

Pharmacotherapy 2003;23:1153-1166.
Determine the Focus of the Service

- Use needs assessment data to decide what services will be offered
- Determine how you can enhance what services are already being provided
- Other Considerations
  - Your patient population
  - Pharmacy staff expertise
  - BUMED requirement and MedIG checklist


Develop Patient Care Protocols

- Develop practice-specific standards for care
- Network with colleagues
- Base protocols on national standards
- **Sample Protocol**

Market the Service

- Market to physicians, clinic champions and patients
- Share the benefits of the service 1:1 and at staff meetings
- Marketing ideas include flyers, posters, and mailings

Receive Additional Training

- Opportunities include additional education through residencies, traineeships, certificate programs, and CE.
- Certification examinations include BPS, CGP, disease management, and various multidisciplinary examinations.

Pharmacist’s Credentials
Certifications

- Pharmacists need to demonstrate that they possess the knowledge to manage certain disease states

- Board of Pharmaceutical Specialties
  - BCPS, BCOP, BCPP, BCNSP, BCNP

- Diabetes
  - Certified Diabetes Educator (CDE)
  - Certified Disease Manager (CDM)

- Asthma
  - Certified Asthma Educator (AE-C)
Pharmacist’s Credentials
Certificates

Certificate Programs
- State associations
- Colleges of pharmacy
- Regional AHEC’s
- National associations
- National meetings (APhA)
  - Pharmacy-Based Immunization Delivery
  - Pharmaceutical Care for Patients with Diabetes
  - Pharmacy-Based Lipid Management
  - OTC Advisor: Pharmacy-Based Self-Care Services
  - Delivery Medication Therapy Management Services in Your Community
Provide Care and Document Outcomes

- Provide pharmaceutical care
- Document the visit appropriately for the level of service provided
- Evaluate humanistic, financial and therapeutic outcomes

Pharmacotherapy 2003; 23: 1153-1166.
Supporting Evidence

- American Pharmacists Association
  - Listed by disease state
  - Referenced primary literature
Supporting Evidence

Precedents

- Veterans Health Administration
  - VHA Directive 2003-004
- Department of the Army
  - AR 40-68, Chapter 7, Subparagraph 8
- North Carolina
  - 21 NCAC 46.3101 Clinical Pharmacist Practitioner
- Maryland
  - 12-6A-01 – 12-6A-10 Drug Therapy Management
The Asheville Project

1997 – 2007
- 2 self-insured employers
- Many spin-off projects
- > 900 patients
- Diabetes
- Asthma
- Hyperlipidemia
- Hypertension
- Depression pilot study

Keys to Success in Replicating the Asheville Model

- Focus on the patient and desired outcomes
- Include all “stakeholders” in planning and implementation
- Maintain open communication, sharing information in a timely fashion
- Ensure that the role of each team member is clear
- Health care team members should be supporting each other—not duplicating efforts
- Respect, integrity, trust, and excellence of each provider
- Coordination of patient referrals
- Education of patients and providers
- Aligned incentives for seeking and providing care

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Evidence has shown that pharmacists’ involvement in disease management improves outcomes.

Pharmacists are uniquely positioned to play a role in disease state management.

We can help commands meet BUMED requirements.

Publishing and presenting our successes will support future endeavors.