Objectives

- Understand the need for collaboration utilizing a diabetes case example
- Discuss the value of pharmacists’ collaboration with physicians and other prescribers and the role of each provider
- Identify the necessary components of a formal collaborative care agreement in Kentucky
The Case of Mrs. H-Part 1

- Mrs. H is a 67 year-old widow who returns for a routine follow up visit.
- COPD, coronary artery disease, s/p stint placement in RCA, hx of L hemispheric CVA with minimal residual, HTN, hyperlipidemia, and depression; smokes 1.5 PPD x 40 years
- Metoprolol 25 mg BID, Combivent MDI QID prn, ASA 81 mg QD, HCTZ 12.5 mg QD, and Celexa 20 mg QD
- C/o increased pain and difficulty moving her R shoulder. Her appetite has been poor and she has lost 7 pounds since last visit. Her grandson has been in a serious motor vehicle accident and she is very worried about him.
- FPG = 158 mg/dL; A1c is 8.3% (FPG = 165 mg/dL one month ago)

The Case of Mrs. H-Part 1

- Appointment scheduled for 15 minutes
- 13 other patients to see before noon
- Next available appointment is 6 weeks
The problem

- Inadequate management of chronic illness
  - 27% HTN adequately treated
  - 54% DM A1c > 7%
  - 14% CAD LDL at standard

- Inadequate preventive services
- Inability to provide prompt access and reliable continuity of care
- Physician stress


The problem

Inadequate time

- 7.4 hours of a physician’s working day is needed for the provision of preventive services
- 3.5 hours/day for chronic disease management (stable and well-controlled)
- 10.6 hours/day for chronic disease management (uncontrolled disease)
- 40 to 50 minutes/day administrative hassles
- 4.6 hours/day acute problems and follow up for acute problems
- So, working 21 hours/day is needed

Ostbye et al. Ann Fam Med, 2005
The problem

“Hamster Healthcare”

“Across the globe doctors are miserable because they feel like hamsters on a treadmill. They must run faster just to stay still… But systems that depend on everybody running faster are not sustainable. The answer must be to redesign healthcare… The result of the wheel going faster is not only a reduction in the quality of care but also a reduction in professional satisfaction and an increase in burnout among doctors”


The problem

• Healthcare system is not designed to adequately provide preventive services and care for patients with chronic diseases.
A potential solution

The Chronic Care Model

Community
- Resources and Policies
- Self-Management Support

Health Systems
- Organization of Health Care
- Delivery System Design
- Decision Support
- Clinical Information Systems

Improved Outcomes

A beginning

- Delivery system design
- Patient care teams
  - Physician/pharmacist collaborative practice

Teamwork is the answer
IOM Statement on Collaboration

- Institute of Medicine of the National Academies
- Mission: To serve as an adviser to the nation to improve health
- Strong need for patient-centered care
- Team of interdisciplinary health care professionals
- “Cooperate, communicate, collaborative, integrate”

Crossing the Quality Chasm: A New Health System for the 21st Century, National Academy of Sciences Institute of Medicine, 2001, www.iom.edu
Health Professions Education: A Bridge to Quality, National Academy of Sciences Institute of Medicine, 2003, www.iom.edu

The Case of Mrs. H-Part 2

- Mrs. H receives MTMS and diabetes education. The pharmacist has regular follow-visits with the patient (quarterly) for medication review and reinforcement of diabetes education as well as biannual visits with the physician.
- During one of these pharmacist visits, Mrs. H reveals that she has self-discontinued Avandia because of “all the bad things she heard on the news.” She has not discussed with Dr. Rudy and has next follow-up with him in 3 months.
- Role of pharmacist?
- Role of physician?
Most Patients With Type 2 Diabetes May Fail to Attain A1C Goal With Conventional Treatment Paradigm

**Published Conceptual Approach**

![Graph showing A1C over duration of diabetes with various treatment steps indicated, such as diet and exercise, OAD monotherapy, OAD up-titration, and OAD + multiple daily insulin injections. Mean A1C of patients is shown with varying A1C levels.]


Earlier and More Aggressive Intervention May Improve Treating to Target Compared With Conventional Therapy

**Published Conceptual Approach**

![Graph showing A1C over duration of diabetes with various treatment steps indicated, such as diet and exercise, OAD monotherapy, OAD up-titration, and OAD + multiple daily insulin injections. Mean A1C of patients is shown with varying A1C levels.]

Resources for Collaboration

- Drivers for collaboration
  - Relationship initiation
    - Pharmacists typically initiate; show interest in physician practice
    - Focus on opportunities that save time and demonstrate value
  - Trustworthiness
    - Demonstrate knowledge and clinical competence over time
  - Role specification
- Good communication
  - Determine best method (email, phone, page, notes)
  - Access to patient information (medical record)
- Access to drug therapy assessments for safety and efficacy
  - Blood pressure, A1c and lipid point of care, glucose downloading, protocols for lab ordering


Case-Part 3

- Patient has been followed by Dr. Rudy and Dr. Divine for 5 years
- Now maximized on oral therapy for diabetes control with diabetes goals not obtained. Dr. Rudy wants to initiate insulin therapy. Refers patient to Dr. Divine for insulin initiation, teaching, and adjustments
- Role of physician?
- Role of pharmacist?
ACCP Position Statement

- Collaborative Drug Therapy Management by Pharmacists
- Interdisciplinary approach to patient care
- “Collaborative practice maximizes physician training and expertise in diagnosis and pharmacist training and expertise in drug therapy and disease management.”
- CDTM = “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 performing patient assessments; ordering drug therapy-related tests; administering drugs; and selecting, initiating, monitoring, continuing and adjusting drug therapy regimens”
- “pharmacists act, not as physician substitutes or extenders, but as physician enhancers”


Collaborative Care Agreements in Kentucky

- "Collaborative care agreement" Key Points
  - Written agreement
  - Specifically identified individual practitioner (not limited to physician)
  - Specifically identified pharmacist
  - Individual patient
  - Plan of management
  - Identify drug regimen, tests ordered, conditions for initiating, continuing, or discontinuing drug therapy; monitoring and conditions to modify medications

KRS 315.010 (4)“Definitions for chapter” http://www.lrc.ky.gov/krs/315-00/010.PDF
Collaborative Care Agreements in Kentucky

- Regs
  - CCA
    - In writing, signed and dated by practitioner, pharmacist, and patient
- Patient Information
  - Name, address, emergency contact, medications, etc.
  - Protocol, criteria, standing orders, lab tests, etc.
- Information maintained by pharmacist
  - Labs ordered and results, assessments of outcomes, documentation records, etc.
- CCA storage
  - At pharmacist’s practice site
  - For at least 5 years after termination

Conclusion

- Patients need physicians and pharmacists to collaborate
  - "patient centered care"
- Pharmacists have a responsibility to be medication experts and know major chronic disease guidelines
- Establish collaborative relationships with practitioners through a variety of ways
- CCAs can be utilized, if needed, as another step in collaboration