

**STANFORD COORDINATED CARE**  
**COLLABORATIVE PRACTICE AGREEMENT**  
**MEDICATION THERAPY MANAGEMENT SERVICES**

**I. PURPOSE**

In order to enhance patient care and continuity of care, Medication Therapy Management Services will be provided by an ambulatory care clinical pharmacist to initiate, modify, or discontinue medication therapy when appropriate; perform basic physical assessments for medication-related issues; order labs for the purpose of medication monitoring; participate in multidisciplinary reviews of patients' progress; order or renew medications; and provide information, education and counseling to patients or their caregivers. The Pharmacist will adhere to approved Disease State Management Protocols and a signed collaborative practice agreement.

**II. POLICY**

The ambulatory care clinical pharmacist, pharmacy residents and pharmacy students, completing rotations under the supervision of the clinical pharmacist, will also adhere to this agreement.

**III. PROCEDURE**

A provider can refer a patient they feel would benefit from pharmacy services and document the referral in the patient medical record. Patients can also self-refer if they would like to receive medication therapy management services.

The ambulatory care clinical pharmacist may perform the following functions in collaboration with physicians and other members of the primary care team:

1. Initiate or modify medication therapy care plans on the basis of patient responses using cost-effective therapy and/or professionally recognized treatment guidelines (Appendix A).
2. Order appropriate laboratory tests necessary for monitoring outcomes of medication therapy according to an established protocol or in consultation with the primary physician(s).
3. Interpret data related to medication safety and effectiveness.
4. Provide information, education, and counseling to patients or patients' caregiver about medication-related care.
5. Document the care provided in patients' records.
6. Identify any barriers to patient compliance.
7. Participate in multidisciplinary reviews of patients' progress.
8. Provide individualized or group classes on health promotion and disease prevention education.
9. Communicate with payers to resolve issues that may impede access to medication therapies.
10. Communicate relevant issues to physicians and other team members.

11. Verbally or electronically order or renew prescriptions for patients according to an established protocol or in consultation with the primary physician(s).
12. Perform limited physical assessment for medication-related factors.
13. Supervise medication therapy with appropriate collaborative medication therapy management authority.
14. Provide staff education and development.
15. Evaluate drug information resources and update as necessary.
16. Precept pharmacy residents and pharmacy students.

All activities will be documented in the patient's electronic medical record and will be routed to the primary care provider and the care coordinator at close of visit.

#### **IV. DOCUMENTATION**

A. Original Author/Date:

Susan G. Shughrue, RPh, BCACP, CDE 11/01/2012

B. Approval /Date:

Dr. Alan Glaseroff, Co-Director, Stanford Coordinated Care 12/19/12

Dr. Ann Lindsay, Co-Director, Stanford Coordinated Care 12/19/12

Timothy Engberg, VP Ambulatory Services, Stanford Hospital and Clinics 5/12

## **Appendix A: Clinical Guidelines**

### **Asthma**

- National Asthma Education and Prevention Program Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma

### **COPD**

- The Global Initiative for Chronic Obstructive Lung Disease (GOLD)

### **Diabetes**

- American Diabetes Association Clinical Practice Guidelines, Diabetes Care
- American Association of Clinical Endocrinologists/American College of Endocrinology Guidelines

### **Hyperlipidemia**

- NCEP: Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III)

### **Hypertension**

- The Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure

### **Smoking Cessation:**

- Treating Tobacco Use and Dependence. Quick Reference Guide for Clinicians. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.

**COLLABORATIVE PRACTICE AGREEMENT  
MEDICATION THERAPY MANAGEMENT SERVICES**

Under California State law, the Pharmacy Practice Act allows pharmacists to practice under a Collaborative Practice Agreement with individual physicians. Clinical pharmacists may participate in the practice of managing and modifying drug therapy on a case-by-case basis according to written protocols between the specific pharmacist and the individual physician(s) who is/are responsible for the patient's care and authorized to prescribe drugs.

By signing this document, the named physician(s) agree that the named pharmacist(s) may enter into a Collaborative Practice with them to provide Medication Therapy Management Services according to established protocols. If a patient was referred by other sources or self-referred, but not by a Stanford Coordinated Care physician(s), the named pharmacist will inform the patient's primary care physician(s) or specialist(s) that Medication Therapy Management Services were provided.

This agreement is valid for one year but can be rescinded at any time, by any party involved, if all parties are notified in writing.

**Clinical Pharmacist:**

Susan G. Shughrue, RPh, BCACP, CDE	Date

**Physicians:**

Alan Glaseroff, MD, ABFM	Date

Ann Lindsay, MD, ABFM	Date

Kathan Vollrath, MD	Date