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RESEARCH

Strategies to facilitate the implementation of collaborative practice agreements in chain community pharmacies

Jennifer L. Bacci*, Kim C. Coley, Kyle McGrath, Olufunmilola Abraham, Alex J. Adams, Melissa Somma McGivney

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ABSTRACT

Objectives: The objectives of this study were to describe (1) key factors affecting the implementation and scalability of collaborative practice agreements (CPAs) and (2) CPA implementation strategies that have been used by chain community pharmacy organizations.
Design: Qualitative analysis using a work system approach.
Setting: Eight chain community pharmacy organizations with at least one pharmacy location in New York, Ohio, Pennsylvania, or West Virginia from August 2014 to March 2015.
Participants: Ten clinical pharmacist managers and nine practicing community pharmacists.
Intervention: Semistructured interviews with study participants. Interview transcripts were thematically analyzed using the Systems Engineering Initiative for Patient Safety (SEIPS) 2.0 model of work system and patient safety.
Main outcome measures: Clinical pharmacist managers' and community pharmacists' perceptions of key factors and strategies for implementing and scaling CPAs, tools, and resources that could facilitate the implementation of CPAs.
Results: Seven themes emerged as key factors for the implementation and scalability of CPAs within the person, organization, external environment, and task domains of the SEIPS model, which include the need for building relationships with physicians and other health care providers, optimizing pharmacists' education and training, addressing patient perceptions', ensuring consistent operations, developing a sustainable business model, advocating for permissive state and federal legislation, and structuring time and workload. Examples of specific strategies included using existing physician relationships, identifying pharmacy- and regional-level champions, and allocating staffing based on prescription volume and clinical services.
Conclusion: A number of key factors were identified that, when addressed, can facilitate the implementation and scalability of patient care services and CPAs. Chain community pharmacies should use the specific strategies for addressing each key factor that match the needs of their organization.

The Patient Protection and Affordable Care Act of 2010 was enacted to ensure access to quality, affordable health care for all Americans.[1,2] This law calls for a transformed health care system that employs interdisciplinary, collaborative practice models to improve the quality and efficiency of care, prevent chronic disease, and improve public health. Pharmacist participation in these new interdisciplinary models of patient care has been shown to improve patient outcomes, increase patient access to care, enhance care coordination, and reduce overall health care costs.[3-7] The U.S. Surgeon General, Centers for Disease Control and Prevention, and American Academy of Family Physicians, among others, have recommended the inclusion of pharmacists as members in the health care team.[8-10]

Collaborative drug therapy management (CDTM) is one tool that facilitates the provision of pharmacists' patient care services as part of a collaborative health care team. CDTM is enabled by a collaborative practice agreement (CPA) wherein a licensed prescriber delegates to a pharmacist the authority to

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* Correspondence: Jennifer L. Bacci, PharmD, MPH, BCACP, School of Pharmacy, University of Washington, Box 357630, 1959 NE Pacific St., Seattle, WA 98195.
E-mail address: jbacci@uw.edu (J.L. Bacci).

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Key Points

Background:

- Collaborative drug therapy management is one tool that facilitates the efficient provision of pharmacists' patient care services as part of a collaborative health care team. Collaborative drug therapy management is enabled by a collaborative practice agreement (CPA) wherein a licensed prescriber delegates to a pharmacist the authority to perform specific patient care functions.
- Broad implementation of CPAs has been limited in community pharmacies to date, due to financial, physical, policy, and other barriers. Overcoming these implementation barriers is critical for widespread implementation and sustainability; however, evidence-based strategies for addressing these barriers are currently lacking.
- This study advances our knowledge on CPAs by describing tangible strategies that can be utilized by community pharmacy organizations to overcome existing barriers to implementation.

Findings:

- Key factors for implementing and scaling patient care services and CPAs include: building relationships with physicians and other healthcare providers, optimizing pharmacists' education and training, addressing patient perceptions, ensuring consistent operations, developing a sustainable business model, advocating for permissive state and federal legislation, and structuring pharmacist time and workload.
- Multiple strategies to approaching each key factor were identified such as utilizing existing relationships, identifying pharmacist champions, and adapting the staffing allocation model to include clinical services. Chain community pharmacies should employ specific strategies for addressing each key factor that are most fitting for their organizational structure.

perform specific patient care functions.[2,11] These functions may include performing patient assessments, ordering or interpreting drug-related laboratory tests, and selecting, initiating, monitoring, continuing, or adjusting patients' drug regimens. CPAs facilitate patient access to pharmacists' patient care services by operating as a mutually agreed upon written plan between prescribers and pharmacists delineating the medication-related functions of pharmacists within a collaborative, interdisciplinary health care team. Pharmacists' abilities to enter into and provide services under a CPA vary substantially by state.[2,11] Both the Centers for Disease Control and Prevention and National Governors Association have advocated for providers and payers to partner with pharmacists through CPAs and for state legislation that expands pharmacists' abilities to enter into these agreements.[12-16]

Community pharmacists are particularly well positioned to care for patients as part of an interprofessional collaborative team with more than 60,000 community-based pharmacies employing more than 170,000 pharmacists in patients' own neighborhoods.[17] Pharmacists are among the most accessible health care practitioners because more than 93% of Americans live within 5 miles of a community pharmacy.[18] Broad implementation of CPAs has been limited in community settings because of financial, physical, and policy barriers.[5,19] Other barriers to implementing CPAs in the community setting include lack of access to patient information, time constraints, inadequate compensation, slow adoption and referral rate of patients from physicians, identification of patients appropriate for the service, and consumer awareness.[20-23] Overcoming these barriers is critical for widespread implementation and sustainability; however, evidence-based strategies for addressing these barriers are needed.

The American Pharmacist Association Foundation convened a consortium of experts in 2012 to develop recommendations for advancing patient care services and CPAs. The consortium identified the need for "infrastructure that embeds pharmacists' patient care services and CPAs into care."[19] This infrastructure includes patient education, the practice model practice model, and the business model.[12,19] We sought to inform this infrastructure by examining community pharmacies that have established or are attempting to establish CPAs for pharmacists' patient care services.

Objectives

The objectives of this study were to describe (1) key factors affecting the implementation and scalability of CPAs and (2) CPA implementation strategies that have been used by chain community pharmacy organizations.

Methods

Study participants, recruitment, and setting

Study participants were recruited from chain pharmacies with at least one pharmacy location in New York, Ohio, Pennsylvania, or West Virginia. These 4 states were selected for their large geographic footprint within the research team's region of the country and variability in their CPAs laws and regulations.[2,11] A *chain pharmacy* was defined as a company that operates four or more pharmacies open to the general public. These pharmacies included traditional drug store formats, as well as pharmacies located in supermarkets and mass merchants. Participants had to be employed by a chain community pharmacy organization that met the inclusion criteria described above and be either a clinical pharmacist manager or practicing community pharmacist providing patient care. A *clinical pharmacist manager* was defined as a licensed pharmacist holding a management position with the primary responsibility of overseeing clinical services within their organization. A *community pharmacist providing patient care* was defined as a licensed pharmacist at the pharmacy or local level regularly providing direct patient care, which was defined as activities that directly influence the care of a specific patient and are outside of the provision of product and counseling as required by law.