Pharmacist Consult Agreement 

with Family Health Services Providers

Family Health Services (FHS) does hereby authorize the clinical pharmacist(s) employed by FHS to participate in the practice of managing medication therapy for tobacco dependence according to the Pharmacist Consult Agreement (PCA). The collaborative practice details are defined by the Ohio Administrative Code

4729:1-6-02 and Ohio Revised Code 4729.39. Authority is limited to patients under the care of FHS providers or their designees, and only under the scope of their current practice. Practice under this Pharmacist Consult Agreement will be granted for a period of 2 years from this date, unless rescinded earlier in writing to the Ohio State Board of Pharmacy. Changes in this Pharmacist Consult Agreement will be reported to the Board of Pharmacy via resubmission or an addendum signed by the FHS Director of Clinical Pharmacy and the Medical Director.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

FHS Director of Clinical Pharmacy

Rachel Barhorst, RPh, PharmD, BCACP

OH State License Number: \_\_\_\_\_\_\_\_\_\_

<Facility Phone number>

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

FHS Medical Director

Carlos Menendez, MD

DEA Number: \_\_\_\_\_\_\_\_\_\_

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Introduction to Family Health Services Pharmacist Consult Agreement (PCA)

1. Overview
2. Given the growing impact of chronic disease, the benefits of a team-based approach to patient care, and the pharmacist’s unique expertise in optimizing and individualizing medication therapy for patients, FHS wishes to formalize collaboration among pharmacist(s), providers, and patients. The FHS Pharmacist Consult Agreement (PCA) will allow clinical pharmacists at FHS to work with providers, nurses, and staff to provide quality care for patients with tobacco dependence upon provider referral to the collaborative drug therapy management program. The PCA will give the pharmacist(s) authority to educate patients and caregivers; obtain vital signs; order testing and evaluate results that have been reviewed by the provider; refer to ancillary services; monitor for therapeutic efficacy and adverse effects; and initiate, discontinue, administer or adjust the strength, dose, dosage form, frequency of administration, or route of administration of medication therapies related to the disease states outlined in the appendix. Preventative care such as CDC recommended immunizations will be addressed without the provider’s referral at all appointments with the pharmacist.
3. The PCA will be subject to annual review by the providers at Family Health Services as described in the section “Quality Assurance Measures”.
4. Mission
5. Mirroring the mission of building healthy lives together, the mission of the FHS Pharmacist Consult Agreement is to assist FHS patients in successfully and safely managing tobacco dependence.
6. Objectives
7. Decrease disease exacerbations and complications as evidenced by hospitalizations, emergency department visits by providing coordinated and timely care, improving patient adherence to guideline-driven therapy, and development of anticipatory action plans. Reduce readmission through contact/follow up within 48 hours of patients undergoing a transition of care (i.e. emergency department, hospital or nursing home discharge). Improve rates of tobacco cessation and vaccination.
8. Improve drivers of health-related behavior. Increase patient and caregiver knowledge of treated conditions through individualized education about associated risk factors and complications. Teach skills to improve adherence to the treatment plan. Work collaboratively with patients to increase self-efficacy (confidence in one’s ability to succeed) in managing the condition and explore barriers to success and potential solutions.
9. Improve provider prescribing habits through education, including a guide to appropriate drug classes, proper dosing schedules, preferred medications for specific disease states, etc. Education will be communicated to providers at monthly provider meetings, one-on-one consultation, handouts, and provider education documents in Family Health order sets. Education may include case-based illustrations of prescribing error/success and presentation of key points from clinical guidelines.
10. Advance the health care system through education of patients, providers, staff, and the community as a whole. Specifically model collaborative care delivery, and share our experience of PCA development and implementation with colleagues who may benefit.
11. Encourage patient participation in program development and refinement.
12. Responsibilities
13. The PCA will be a combined effort of primary care providers, pharmacists, MA, LPN and RN staff, administrative staff and patients.
14. Referring Physician Responsibilities:
* Assist in protocol development with guideline review.
* Refer appropriate patients to the PCA. Communicate any specific consult question, reason for referral, and goals.
	1. Patients who may particularly benefit from the program include patients with tobacco dependence; polypharmacy; history of noncompliance; and elderly patients or those on high risk medication.
* Provide prescriptive authority for testing and medication orders.
* Routinely review PCA activities including medication management notes and be available for prompt consultation when needed.
* Provide electronic signature of all medication management notes.
* Assist in reviewing quality assurance data with staff.
* Override this agreement when appropriate for a specific patient without affecting the agreement relative to other patients.
1. Pharmacist Responsibilities
* Supervise PCA staff.
* Assist in protocol development and review (as above).
* Provide individualized patient education, including knowledge and skills building.
* Attempt contact with participating patients within 48 hours of being made aware of a transition of care, and alert PCP of any concerns.
* Assess for potential drug interactions and side effects throughout the course of therapy.
* Plan, monitor, and adjust therapy according to guidelines, patient preferences, and clinical response.
* Schedule patients for follow-up visits according to pertinent guidelines.
* Maintain records for each referred patient for continuity and progress of care, as well as billing and legal purposes.
* Communicate with primary care physicians routinely regarding progress of patients through the use of the electronic medical record.
* Assist with supervision and training of medical residents, nursing staff, and pharmacy students.
* Review quality assurance data.
* Override this agreement whenever he or she deems such action appropriate for a specific patient without affecting the agreement relative to other patients.
1. Patient responsibility
2. Consent to participate in the PCA. Be honest about level of desire and ability to participate in treatment plan.
3. Inform the pharmacist or provider of barriers to following the treatment plan.
4. Keep scheduled appointments or call if an appointment must be changed.
5. Learn about how to promote personal wellness. Learn about applicable chronic condition(s) and how to manage. Ask questions when needed.
6. Make personal goals regarding care, and actively participate in creating the plan of care.
7. Work to reduce or eliminate unhealthy habits, and, as needed, to improve healthy stress relief, regular exercise, and balanced diet.
8. Know current medications, treatment team, and medical history. Inform the pharmacist or physician of any changes to these.
9. Notify the pharmacist and/or provider of any questions or concerns related to therapy.
10. Inform the pharmacist or provider of any reasons which may limit compliance to therapy.
11. Follow the treatment plan once it is agreed upon. Take medications as prescribed, and complete testing in a timely fashion.
12. Training and Competencies
13. The clinic pharmacist must successfully complete the following to be part of the consult agreement:
	1. Doctorate of Pharmacy degree from an accredited school of pharmacy.
	2. Ohio State Board of Pharmacy licensure.
	3. The clinic pharmacist will complete the required continuing education for Ohio State licensure and board certification, with a focus on ambulatory care related topics mentioned in this consult agreement.

Scope of Practice

1. Preventative Care
2. The clinical pharmacists will have authority to define therapeutic goals and manage medication therapy as outlined by the most updated version of guidelines published by Human Services, Treating Tobacco Use and Dependence, Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP), and other nationally recognized standards of care as supported by current literature. In doing so, they will have authority to manage the use of drugs FDA approved for smoking cessation and all CDC recommended vaccines.

Referral and Dismissal Criteria

1. Physician Referral and Informed Consent
2. Any provider who practices at FHS will have the option to refer their patients in whom a desire for smoking cessation has been made. Providers who refer patients to the PCA agree for the plan of care to be directed as defined by this consult agreement.
3. Communication between a pharmacist and provider acting under the consult agreement shall take place at regular intervals specified by the primary provider acting under the agreement.
4. Physicians enrolling new patients into the program must document the referral in the electronic health record and have the patient schedule a PCA appointment.
5. Patients who are referred to the program and qualify to receive care under the pharmacist consult agreement will sign an informed consent document (Appendix E) A copy of the informed consent shall be maintained in the patient’s medical record and a copy made available to the pharmacist to be kept on file for reference in a way that is readily retrievable.
6. Criteria for Admission and Denial into Consult Agreement
7. Patients referred to the PCA must meet the following criteria in order to be accepted into the program:
8. Must be reliable, sign informed consent document, and willing to follow the therapeutic plan.
9. Must be able to attend PCA appointments either in person or by phone.
10. Have the capacity to understand their condition and implications of therapy.
11. Have transportation to the facility.
12. Must be accessible by telephone or have a designated person that FHS can call if required. If telephone number changes, notification of new telephone number is requested within 48 hours.
13. Must have a documented need for tobacco dependence therapy management and a referral by primary care physician in the electronic health record.
14. Patients may be denied admission into the PCA if they do not meet the above criteria.
15. Discharge from Program
16. Patients will be discharged from the PCA based upon one of the following:
	1. Request from the referring physician or pharmacist.
		1. The pharmacist or physician who terminates the patient's involvement shall provide written notice to all parties in the agreement and document the termination in the electronic medical record.
	2. Excessive noncompliance with therapy and/or clinic appointment
		1. If a patient fails to keep a scheduled appointment, the following action will be taken: The patient will be contacted by telephone and/or mail to assess the patient’s condition and schedule a follow-up appointment (Appendix F). An attempt will be made to identify barriers to compliance and address collaboratively with the patient.
		2. If the patient fails to keep three scheduled appointments in a row, the following action will be taken: The patient will receive a letter (Appendix G) via mail notifying them they will be discharged from the PCA signed by the primary care physician. This will be recorded in the patient’s medical record.
		3. After these steps have been taken, patients will only be rescheduled for appointments with the PCA upon notification from their physician.
	3. Patient or individual authorized to act on behalf of the patient requests termination from the PCA.
		1. The pharmacist or physician who receives notice of the patient's termination shall provide written notice to all parties in the agreement and document the termination in the electronic medical record.

Documentation of Clinical Activities

1. Documentation in Electronic Medical Record
2. The clinical pharmacist shall document each patient encounter in the permanent clinic medical record as an office visit note. That documentation will include at a minimum:
	1. The reason for the encounter
	2. Patient history
	3. Changes in the patient’s condition
	4. Test results
	5. Assessment
	6. Changes made to the patient’s treatment plan
	7. Plan for follow-up
3. All notes will be tasked to the primary care physician for review and electronic signature.
4. Reporting of New Complaints or Worsening Condition
5. The pharmacist shall report any new patient complaints and/or deterioration in the patient’s condition and any resulting change in the patient’s treatment plan in person or by phone to the medical director or designee immediately after learning of the new condition or as soon as possible thereafter.

Quality Assurance Measures

1. Quality Assurance Plan
2. Care provided as a result of this PCA will be routinely evaluated to assure delivery of high quality patient care.
	1. Custom Reports:
		1. A provider may request a report of their patients being treated through the PCA at any time.
	2. Annual Reports:
		1. The pharmacist shall provide each provider with a report of their patients being treated under the PCA. This should include, but is not limited to, the number of patients, outcome measures, and patient-specific issues to be addressed.
	3. Surveys:
		1. Surveys regarding the satisfaction of pharmacists, providers with the PCA will be distributed if deemed useful.
3. Record Retention
4. Each participating provider shall keep a signed copy of this agreement on file at their primary place of practice. A copy of each order from the medical director or designee authorizing therapy for a specific patient shall be maintained in the patient’s medical record.
5. Rescindment or Alteration of Agreement
6. A participating provider may rescind from this agreement or a patient may withdraw from treatment under this agreement at any time. The practitioner may override this agreement whenever he or she deems such action necessary or appropriate for a specific patient without affecting the agreement relative to other patients (per Referral/Dismissal Criteria III).

**Appendix A - Smoking Cessation Products**

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| --- |
| Smoking Cessation Products |
| **Class** | **Generic Name** | **Brand Name** |
| **Nicotine Replacement** | Nicotine patches | Nicoderm, Nicoderm CQ |
| Nicotine Gum | Nicorette |
| Nicotine Lozenges | Nicorette, Commit |
| Nicotine Inhaler | Nicotrol |
| Nicotine Nasal Spray | Nicotrol NS |
| **Nicotine Receptor Agonist** | Varenicline  | Chantix |
| **Antidepressant** | Bupropion | Zyban, Wellbutrin SR, Wellbutrin XL |

**Appendix B - Physician Information and Referral Form**

INFO FOR PROVIDER: Collaborative drug therapy management is a team approach to help patients with medication therapy for chronic disease and preventive care. Our program also offers assistance with tobacco cessation and vaccinations. Once a referral from the primary care physician is received, the pharmacist will contact the patient to schedule an appointment to obtain consent for the program and develop a treatment plan. The medication therapy visit note will be forwarded to the referring provider for collaboration and co-signature. Orders will be generated by the pharmacist under the PCA. The patient will follow up as needed to monitor progress and make adjustments to the plan. Each consultation with the pharmacist will be documented and forwarded to the PCP. Any acute issues will be communicated to the PCP urgently.

Benefits: The pharmacist will review the patient’s medical history and make an individualized treatment plan. Pharmacists are experts in dispensing medication and monitoring patients to ensure medications are safe and effective. This expertise can be particularly helpful for patients with uncontrolled conditions, numerous chronic diseases, high risk medications, polypharmacy and elderly patients. This program also offers the ability to ensure timely follow up during transitions of care.

Costs/risks: Time spent reviewing and collaborating with pharmacist. Patient time required for visits and follow up. Risk of adverse event if poor coordination. Need for development of trust between collaborating pharmacist and provider.

FAQ:

Why should I refer? Who?

What do I tell patient? What is referral process?

How much does the program cost?

How will I be updated?

What is the pharmacist able to order? What is prescriptive authority?

What is the pharmacist’s training?

Referral

1. I understand I am providing prescriptive authority for testing and medication orders, specifically those defined by the PCA.

2. I will routinely review PCA activities including medication management notes and be available for prompt consultation when needed.

3. I understand I can override this agreement whenever appropriate for a specific patient without affecting the agreement relative to other patients.

4. I will refer my patients to the clinic pharmacist through the electronic health record with documentation of patient name and date of birth, diagnosis of tobacco dependence, special considerations or reasons for referral, clinical questions if applicable, goals if applicable.

5. I will specify in my referral if I would only like recommendations and referral back rather than management for tobacco dependence.

Appendix C - Patient Informed Consent

**Family Health Services**

**Pharmacist Consult Agreement**

**5735 Meeker Road Greenville, OH 45331**

**Phone: 937-548-2953**

Patient Informed Consent

INFO FOR PATIENT: Collaborative drug therapy management is a team approach to help patients use medicine in a safe and effective way to control long term medical problems. Our program also helps patients quit smoking and prevent illnesses through getting vaccines. Once referred to the program by your primary care physician, you will meet with the pharmacist to learn more, provide consent, and develop a treatment plan. You will follow up as needed to monitor your progress and make adjustments to the plan.

Benefits: The pharmacist will review your medical history and make an individualized treatment plan. Pharmacists are experts in dispensing medication and monitoring patients to ensure medications are safe and effective.

Costs/risks: You will need to be available to actively participate in providing history, developing a plan, following the plan, and returning for monitoring with the pharmacist and your PCP.

FAQ:

Why did my doctor refer me?

Will my doctor still see me?

How much does the program cost?

Will you update my doctor about any changes?

Who /where is the pharmacist located and how do I communicate with her?

What is the pharmacist’s training?

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1. I understand that, as a patient at Family Health, I am required to be at all clinic appointments
2. I am able to travel to the clinic for my appointments or be reached by phone.
3. I will make personal goals regarding my care, and actively participate in creating and following the plan of care. I will ask questions when I don’t understand something.
4. I am willing to follow instructions with my medications, proper diet, and the drugs
5. I am taking (prescription, over-the-counter and herbal/vitamin products) and will call the clinic if anything changes.
6. I have access to a telephone and can be reached by telephone if necessary.
7. I agree to have the clinical pharmacist participate in the management of my disease state(s), and may leave the program at any time.
8. I agree to provide another person’s information, whom I authorize Family Health Services to contact and give information to regarding my medication therapy.
9. I know that I can stop participating in the program at any time by telling my primary care physician or pharmacist.

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Patient Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature Date

Person authorized to contact and leave information with:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Phone number

Appendix D - Missed Appointment Mailer

**Family Health Services**

**Pharmacist Consult Agreement**

**5735 Meeker Road Greenville, OH 45331**

**Phone: 937-548-2953**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

We missed you at your appointment with the Pharmacist as part of the

Pharmacist Consult Agreement on \_\_\_\_\_\_\_\_\_\_\_\_\_\_. We have been

unable to contact you by phone and wanted to make sure everything was okay.

We want you to know that it is important for us to see you in clinic to be able to monitor your medication(s). We need to see you soon so we can make sure your \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is under control.

Please contact us as soon as possible to reschedule your appointment at:

937-548-2953

Thank you,

Rachel Barhorst, RPh, PharmD, BCACP

Pharmacist Consult Agreement Coordinator

Appendix E - Dismissal Mailer

**Family Health Services**

**Pharmacist Consult Agreement**

**5735 Meeker Road Greenville, OH 45331**

**Phone: 937-548-2953**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Re: Pharmacist Consult Agreement

We regret to inform you that as a result of your lack of cooperation and missed appointments, the pharmacists at Family Health Services will no longer be able to assist with management of your medication therapy. We will, therefore, no longer schedule appointments for you as part of the Pharmacist Consult Agreement.

Please realize that there are potentially serious risks involved with your disease states without careful monitoring and control. We feel that your medication therapy requires further care and monitoring. You will still be seen by your primary care physician at Family Health Services, but the clinical pharmacist will not be providing medication management for you.

Please let us know what questions that you may have.

Sincerely,

Rachel Barhorst, RPh, PharmD, BCACP and Carlos Menendez, MD

Pharmacist Consult Agreement Coordinator and Medical Director