Alliance for Pharmaceutical Care
Pharmacists for Quality Patient Care

Collaborative Drug Therapy Management: A Coordinated Approach to Patient Care

Collaborative drug therapy management (CDTM) is a team approach to healthcare delivery whereby a pharmacist and prescriber establish written guidelines or protocols authorizing the pharmacist to initiate, modify or continue drug therapy for a specific patient.

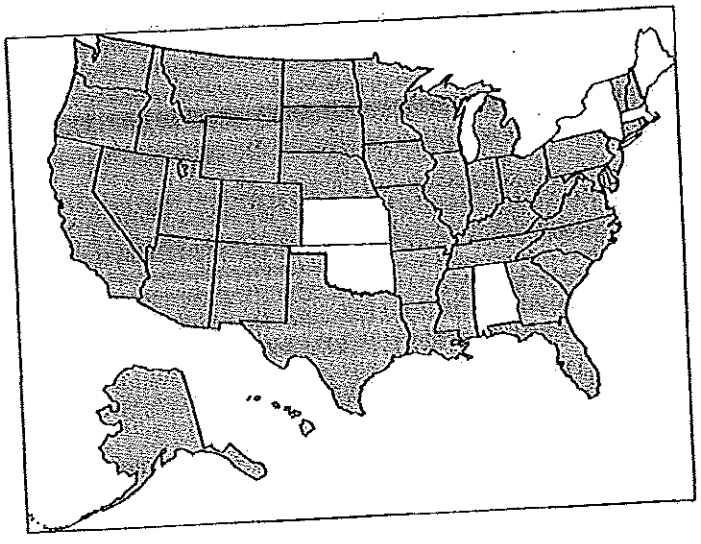
CDTM maximizes the expertise of pharmacists and physicians or other prescribers to achieve optimal patient care outcomes through appropriate medication use and enhanced patient care services. Authority for CDTM is generally incorporated in state pharmacy practice acts within the section describing pharmacists' scope of practice.

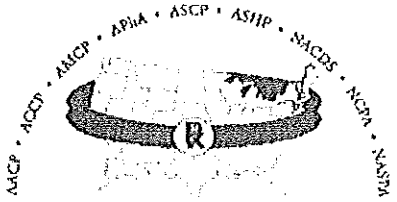
CDTM reduces delays in modifying drug regimens and unnecessary physician office visits, and increases patient compliance and adherence to drug therapy plans, all of which increases the likelihood that drug therapy problems will be averted.

- When pharmacists and physicians work closely together, patients consistently achieve better results from their drug therapies, in part because they are more likely to take their medicines – and take them correctly.
- When physicians and pharmacists work together to monitor a patient's reaction to a particular drug therapy, they are able to detect adverse reactions more quickly, which ultimately saves lives and unnecessary costs.
- By informing patients and prescribers of possible adverse effects and/or drug interactions, pharmacists keep their patients healthy and safe – as well as avoid unnecessary costs from complications or hospitalizations.

Private health plans and self-insured employers have long recognized the value of CDTM in improving health outcomes and reducing health costs. States facing the ongoing struggle to reduce health costs while improving clinical outcomes should expand collaborative practice protocols to improve patient care.

States that Authorize Pharmacists to Collaborate with Physicians (Shown in Blue)





The Alliance for Pharmaceutical Care is a consortium of nine national organizations working together to educate the public, policy makers and other key decision makers about the important role that pharmacists play in the ever-evolving healthcare system.

American Association of Colleges of Pharmacy (AACP) www.aacp.org
Contact: Will Lang • wlang@aacp.org
1426 Prince Street, Alexandria, VA 22314-2841. Phone: (703) 739-2330

American College of Clinical Pharmacy (ACCP) www.accp.com
Contact: John McGlew • jmcglew@accp.cpm
1101 Pennsylvania Ave., NW, Suite 600. Washington, DC 20004-2514.
Phone: (202) 7566-2227

Academy of Managed Care Pharmacy (AMCP) www.amcp.org
Contact: Mark Brueckl • mbrueckl@amcp.org
100 North Pitt Street Suite 400. Alexandria, VA 22314.
Phone: (703) 683-8416

American Pharmacists Association (APhA) www.aphanet.org
Contact: Hrant Jamgochian • hjamgochian@aphanet.org
1100 15th Street, NW, Suite 400. Washington, DC 20037-2985.
Phone: (202) 429-7575

American Society of Consultant Pharmacists (ASCP) www.ascp.com
Contact: Tom Clark • tclark@ascp.com
21 Duke Street, Alexandria, VA 22314-3563. Phone: 703-739-1316, ext. 123

American Society of Health-System Pharmacists (ASHP) www.ashp.org
Contact: Joe Hill • jhill@ashp.org
7272 Wisconsin Avenue, Bethesda, MD 20814. Phone (301) 664-8710

National Alliance of State Pharmacy Associations (NASPA) www.naspa.us
Contact: Rebecca Snead • becky@naspa.us
5501 Patterson Ave., Suite 202, Richmond, VA 23226.
Phone: (804) 285-4431

National Association of Chain Drug Stores (NACDS) www.nacds.org
Contact: Anne Fellows • AFellows@nacds.org
413 N. Lee Street Alexandria, VA 22313-1480. Phone: (703) 549-3001

National Community Pharmacists Association (NCPA) www.ncpanet.org
Contact: Reginia Benjamin • reginia.benjamin@ncpanet.org
100 Daingerfield Road, Alexandria, VA 22314. Phone: (703) 683-8200

Collaborative Drug Therapy Management (CDTM):
Improving Patient Outcomes; Reducing Health Care Costs

Collaborative Drug Therapy Management (CDTM) enables pharmacists and physicians to ***voluntarily*** enter into agreements to jointly manage a patient's drug therapy. However, it ***does not*** authorize independent prescriptive authority for pharmacists.

Currently, there are 41 states with specific laws that authorize CDTM. Most recently, West Virginia became the latest state in the country to enact CDTM. The few remaining states are others developing or reviewing proposed legislation or regulations that would allow pharmacists to participate in CDTM.

The pharmacist's role in CDTM would include:

- Assisting physicians to improve medication management and continuity of care by initiating, modifying, continuing, discontinuing, and monitoring a patient's drug therapy;
- Ordering, performing, and interpreting medication-related laboratory tests;
- Assessing patient response to therapy;
- Counseling and educating a patient on medications and medical devices;
- Administering certain medications such as vaccines;
- Improving drug therapy outcomes;
- Improving patient quality of life;
- Reducing delay in modifying drug regimens;
- Increasing patient adherence to their drug therapy plan;
- Reducing adverse drug reactions through early detection; and
- Reducing health care costs by improving medication utilization and positive patient outcomes

Adverse drug reactions and treatment failures caused over 200,000 deaths leading to costs of $121.5 billion in hospital admissions and $13.8 million in physician office visits in the U.S.[1] It is now reported to be the fourth leading cause of death, behind only heart disease, cancer and stroke[2]. A recent study has shown that Americans spend more on the costs of addressing adverse drug reactions than on the medications themselves.[3]

The value of CDTM would improve disease and drug therapy management, greater patient satisfaction, and improved quality of life. Furthermore, many studies have shown that pharmacists can provide a significant impact on health care cost and savings. The following are results from key studies:

- A report to the Massachusetts Legislature concluded, "In the short-run, the establishment of collaborative drug therapy management could potentially result in an increase to pharmacies cost of pharmacies' (non-pharmaceutical acquisition) cost of providing services. However, in the long-run it could potentially reduce overall costs to the health care system, as well as improve the quality of care, as drug therapies and costs become better managed among collaborating physicians and pharmacists."[1]
- The Centers for Medicare and Medicaid Services estimates that Net Savings from Pharmaceutical Care Services in Massachusetts could reach $179,849,444[2]
- Pharmacists providing pharmaceutical care services in long-term care facilities increased the number of patients receiving optimal care by 45% - resulting in an estimated **$3.7 billion** in cost avoidance.[4]
- Pharmacists collaborating with physicians to care for high-risk patients reduced the number of prescriptions per patient and saved nearly **$600** per year per patient in drug costs.[4]
- Pharmacist services saved over **$75,000** in 3 months time and prevented additional medical problems from occurring by identifying prescribing errors.[5]
- Pharmacists providing pharmaceutical care services in 1000 hospitals saved nearly 400 lives and **$5.1 billion** in health care costs.[6]
- In one month, six pharmacists providing pharmaceutical care decreased the drug costs from a cohort of patients by **41%**.[7]

While this bill neither allows pharmacists to diagnose an illness nor prescribe independently, CDTM would allow pharmacists to elevate patient care by reducing medication-related problems, hospital and emergency room visits and time-off from work, all of which reduce health care costs.

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[1] Report to the General Court: Payments for Prescribed Drugs; April 1, 2004. Executive Office of Health and Human Services, Office of Health Services, Division of Health Care Finance and Policy.

[2] Centers for Medicaid and Medicare Services

[3] Journal of APhA 2001; 41(2): 192-199.

[4] JAMA 1998; 279: 1200-5.

[5] The Fleetwood Project, American Society of Consultant Pharmacists.

[6] Journal of Family Practice 1995; 41(5): 469-72.

[7] Annals of Pharmacotherapy 1992; 26(12): 1580-4.

May 2, 2007

The Massachusetts General Court
Joint Committee on Public Health
State House, Room 130
Boston, MA 02133

Re: Letter in Support of House Bill 2166, Establishing Collaborative Drug Therapy Management to Improve Pharmaceutical Care For Patients in Massachusetts

Dear Chairman Koutoujian, Chairwoman Fargo and Honorable Members of the Committee,

This letter is in support of House Bill 2166 entitled "An Act to Establish Collaborative Drug Therapy Management to Improve Pharmaceutical Care for Patients in Massachusetts". This bill is a petition by Representative Peter J. Koutoujian. Representatives Richardson and Timilty are co-sponsors.

As a ~~a~~ primary care physician practicing at Tufts-New England Medical Center and as an ambulatory clinical pharmacist at Tufts-New England Medical Center we have worked together in taking care of patients for many years. We have developed a model of collaborative practice in primary care in which a clinical pharmacist assists a 40 person practice with a volume of approximately 60,000 primary care visits per year. The pharmacist serves as an educational resource for our practitioners on evidence-based cost effective prescribing. He assists patients with adhering to and understanding their often complex drug regimens and ensures patients are able to afford the cost of their medications.

Our understanding of the bill is that it would permit a pharmacist to act on a protocol with a supervising physician's collaboration. We believe this bill would positively impact our practice and practices similar to ours and be in the best interests of patients.

The pharmacist's role has become increasingly important as the healthcare environment has become more competitive and demanding. Patients are older, physicians are delegated less time to spend with them, medications are numerous, and regimens are complex. Collaborative monitoring of therapy, drug utilization, and medication management between physicians and pharmacists improves outcomes, reduces errors, and saves money.

Please let us know if we can be of further assistance on this issue.

Sincerely,

Joan Kross, M.D.
Tufts-New England Medical Center
Telephone: 617-636-0201
jkross@tufts-nemc.org

Paul Abourjaily, Pharm.D.
Tufts-New England Medical Center
Telephone: 617-636-0743
pabourjaily@tufts-nemc.org

Written Testimony of the
Massachusetts Society of Health-System Pharmacists
Submitted to the Joint Committee on Health Care Financing
Senate Bill 420: An Act to Establish Collaborative Drug Therapy Management to Improve Pharmaceutical Care for Patients in Massachusetts
Submitted by: David E. Seaver, Chair, Legislative Committee of the Massachusetts Society of Health-System Pharmacists

June 13, 2007

The Massachusetts Society of Health-System Pharmacists ("MSHP"), on behalf of over 900 pharmacists and pharmacy technicians working in health care settings throughout the Commonwealth, submits this testimony in strong support of Senate Bill 420. We commend Senate Chairman Richard Moore for filing this important patient care legislation.

This bill seeks to add pharmacists to the groups of health care providers in the Commonwealth having dependent prescriptive authority, in collaboration with a supervising physician. The following mid-level practitioners enjoy dependent prescriptive authority, Physician's Assistants, Certified Nurse-Mid-wives and Psychiatric Nurse Mental Health Clinical Specialists. Forty-three states nation wide have granted pharmacists some measure of dependent prescriptive authority.

Collaborative drug therapy management (CDTM) is defined in S.420 as, "the initiating, monitoring, modifying and discontinuing of a patient's drug therapy by a pharmacist in accordance with a collaborative practice agreement. Collaborative drug therapy management may include: collecting and reviewing patient histories, obtaining and checking vital signs, including pulse, temperature, blood pressure and respiration; and under the supervision of, or in direct consultation with a physician, ordering and evaluating the results of laboratory tests directly related to drug therapy when performed in accordance with approved protocols applicable to the practice setting and providing such evaluation does not include any diagnostic component." CDTM sets out a relationship between the pharmacist, physician and patient whereby the physician supervises the patient's therapy and the pharmacist manages the patient's medication treatment.

The relationship between the physician and the pharmacist is set by an agreement. The Collaborative Practice Agreement is defined in S.420 as, "a written and signed agreement, entered into voluntarily, between a pharmacist with training and experience relevant to the scope of collaborative practice and one or more supervising physicians that defines the collaborative pharmacy practice in which the pharmacist and supervising physician(s) propose to engage.

The collaborative practice must be within the scope of practice of the supervising physician(s). Each collaborative practice agreement shall be subject to review and renewal on a biennial basis." The voluntarily made agreement sets out the limitations under which the pharmacist may prescribe medications to the patients of the physician, under the supervision of the physician. The physician is responsible for the diagnosis of the patient's medical conditions and the pharmacist, within the bounds of the agreement and the scope of practice of the physician, is responsible for the medication management of that patient. The pharmacist may initiate, modify and discontinue medication therapy. The pharmacist may also order any relevant laboratory testing to monitor the medication therapy. The activities of the prescribing pharmacist are reported back to the supervising physician and documented in the patient's medical record. Each patient must be notified of and make an informed consent to this treatment.

The Massachusetts Medical Society has raised a concern that CDTM has been identified as a possible factor that could lead to higher medical malpractice premiums and increased legal risk to both physicians and pharmacists. Karl Williams, Assistant Professor of Pharmacy and Administrative Sciences at St. Johns University, researched this very issue. He found that in the twenty-five years CDTM has been practiced, there are no published cases of pharmacists or physicians being sued for malpractice, or any other legal theory, in the context of a collaborative drug therapy agreement. Indeed, the very existence of a CDTM agreement may in fact decrease malpractice risk. The agreements are typically based upon peer reviewed, evidence based criteria. The agreements are then subject to independent review by a regulatory agency. These added layers of protection help to assure the integrity, validity and rigor in the system. Despite the data that demonstrate CDTM prescribing practices are safer, each and every pharmacist participating in a CDTM agreement with a collaborating physician must carry a minimum of a million dollars of medical malpractice insurance.

A pharmacist would not be authorized to participate in a CDTM agreement without documented advanced training or the equivalent in experience. Pharmacists must have either earned a six-year Doctorate of Pharmacy degree or have earned a five-year Bachelor of Science in Pharmacy degree with an additional three years of work experience to practice in collaboration with a physician.

Any pharmacist practicing CDTM must also earn five additional continuing education credits, above and beyond the Board of Registration in Pharmacy mandated fifteen credits each year. The subject matter of these additional credits must be in the area of the practice relating to the CDTM agreement.

Part D of the Medicare Modernization Act of 2003 recognizes Medication Therapy Management (MTM) by pharmacists as a reimbursable service. In order for pharmacists and their institutions to receive reimbursement for MTM, the state in which they practice must have CDTM. The Center for Medicare and Medicaid Services estimates that MTM will save the Commonwealth of Massachusetts 179 million dollars per year. National CDTM savings was pegged at 45 billion dollars. Any reimbursement and potential savings will not be realized without passing Senate Bill 420.

Finally, let me address the issue of pharmacist competencies and continued hospital pharmacist shortages in Massachusetts. Graduating pharmacists earn a six-year entry-level Doctor of Pharmacy degree. Pharmacists are now becoming board-certified in sub-specialty areas and many pursuing a post-graduate residency. Pharmacists are the only profession with four complete years of medication training, both didactic and experiential training. How will Massachusetts' hospitals continue to attract the best and brightest of the pharmacy profession if those practicing in this state cannot practice as their colleagues do in neighboring New England states or in any of the 43 other states that do have some measure of CDTM? Hospital pharmacy directors throughout the state are struggling to attract clinically trained pharmacists. Our goal is that CDTM and S.420 will increase the value a pharmacist can deliver to the health care system, improve patient outcomes, reduce the overall cost of medication management and provide a challenging and rewarding professional environment in which to practice pharmacy.

Thank you for the opportunity to provide testimony in support of Senate Bill 420. Please feel free to contact David Seaver, Chair of the Legislative Committee for the Massachusetts Society of Health-System Pharmacists (MSHP).

Collaborative Drug Therapy Management Core Concepts

Background:

We want to state very clearly that Collaborative Drug Therapy Management is strictly voluntary and dependent collaborative practice. We firmly believe that any legislation or regulation must maintain the primacy of the physician as the health care provider with ultimate decision-making authority in terms of the diagnosis, treatment and care of his or her patients. The goal of CDTM as set forth in legislation now pending in the Massachusetts Legislature is to assist physicians in their primary health care role, not to diminish or interfere with their decision-making authority.

Collaborative Drug Therapy Management is a voluntary, collaborative, team approach to health care delivery that seeks to maximize the expertise of the physician and the pharmacist with the goal of achieving optimal patient care outcomes through appropriate medication use and improved patient drug therapy management.

Collaborative Drug Therapy Management or CDTM is a voluntary agreement entered into, between one or more physicians and pharmacists allowing for collaborative practice under defined conditions and limitations mutually agreed upon, in writing, to facilitate optimal drug therapy management and improved outcomes for the physician(s) patients. Collaborative monitoring of a patient's drug therapy, drug utilization, drug interactions including patient medication self-management and device training by pharmacists in partnership with physicians has been shown to be beneficial to all: the physician, the pharmacist and most importantly, the patient.

Currently, 43 states have authorized some form of collaborative drug therapy management between physicians and pharmacists due to the demonstrated benefits including but not limited to: improved clinical outcomes for the patient; improved medication safety and through better medication management; economic savings for the health care delivery system overall; and improved access to timely health care interventions through pharmacist/physician collaboration.

CDTM Core Concepts for Discussion:
Our goal in filing the CDTM legislation was to acknowledge and improve the collaborative drug therapy management activities that pharmacists currently perform under strictly limited protocols in health care facilities and to encourage increased collaboration between physicians and pharmacists in all settings, while maintaining the physician's primacy, as the health care provider with ultimate decision-making authority for his or her patient.

In an attempt to facilitate the discussion regarding Collaborative Drug Therapy Management in Massachusetts, we have outlined 3 core concepts that we believe are essential to frame the issue and discussion. Note, the second concept outlined below represents a significant change from the construct of the pending legislation.

1. Pharmacists who practice in licensed health care facilities would be allowed to enter into CDTM agreements with physicians as specified in the pending legislation.

2. Community pharmacists activities in CDTM would be limited to the disease states listed in the legislation and the specific activities would be limited to;

    - Authorizing additional refills of medication currently being taken by the patient
    - Changing the dose of medication currently being taken by the patient
    - Changing medications because of formulary coverage in the patient's health insurance.

3. An evaluation of CDTM activities with recommendations for change and potential expansion for community pharmacists with a written report after 3 years but prior to 4 years after the legislation has been approved.

The above-mentioned core concepts are not intended to be all-encompassing but rather represent an effort to frame and move the discussion forward. It is our desire to work collaboratively with the Massachusetts Medical Society to craft legislation that incorporates and builds off these core concepts as well as other key elements in the original legislation filed this session. We appreciate the opportunity to discuss collaborative drug therapy management and to work with our colleagues at the Massachusetts Medical Society to move this important patient care initiative forward.