

Heart and Vascular Center Pharmacist Collaborative Practice Agreement

Nebraska Medicine
988138 Nebraska Medical Center
Omaha, NE 68198-8138
800-922-0000

Effective: October 1st, 2021

Expiration: September 30th, 2023

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1.0 Introduction

1.1 Background

- According to Nebraska State Statute (128-013) pharmacists may practice pharmaceutical care under Collaborative Practice Agreement with individual providers. Pharmaceutical care is defined as the process through which the pharmacist works in concert with the patients and his or her caregiver, physician, or other professionals in managing and monitoring drug therapy to produce specific therapeutic outcomes.
- It is the intent of this document to authorize the pharmacists at the Nebraska Medicine Heart and Vascular Center clinics to practice collaboratively with physicians, advanced practice providers, and healthcare professionals to provide comprehensive patient care and associated disease state management.

1.2 Authority and Purpose

- Nebraska Medicine is committed to providing high quality care in the most affordable and efficient way. Pharmacists within the Heart and Vascular Center clinics are an integral part of multi-disciplinary teams. They can function as physician extenders to achieve these goals and to provide excellent patient care. The purpose of this agreement is to enhance collaborative patient care and optimize patient outcomes
- Per this agreement the pharmacists named herein, who hold an active license to practice issued by the state of Nebraska, are authorized to manage and/or treat patients pursuant to the parameters outlined in this agreement. This authority follows the laws and regulations of the state of Nebraska.
- This agreement authorizes the pharmacist to:
 - Review patient charts to assess current medical conditions and medication therapy
 - Interview patients and/or patient caregivers to obtain information necessary to assess patients' need/indication for, response to, effectiveness and safety of, and compliance with medication therapy
 - Conduct a comprehensive medication review and assessment
 - Perform limited physical assessments and point-of-care testing as deemed necessary to assess patient response to current medication therapy
 - Monitor and evaluate vitals, rating scales, risk scores, and other relevant objective data
 - Select, initiate, or modify medication regimens based on efficacy, safety, tolerability, drug interactions, cost, or patient preference in accordance with established clinical practice guidelines (see Appendix), patient specific factors, and/or medication package labeling
 - Change medication therapy to improve efficacy, ensure availability, decrease toxicity, decrease cost, or improve adherence of medication when necessary
 - Order and evaluate laboratory tests relevant to medication monitoring or disease management according to guidelines or medication package labeling

- Monitor and follow-up on medication therapies and related disease states as per guidelines or medication package labeling
 - Refer and coordinate care to other health care professionals
 - Verbally or electronically order or renew prescriptions for patients being monitored by the clinical pharmacist based on clinic protocols, professionally recognized clinical guidelines, and patient-specific factors
 - Order immunizations per guidelines
 - Educate patients concerning disease states and self-monitoring methods, medication education and adherence, and life-style modifications
 - Document the clinic visits/encounters and education in medical records
 - Maintain close communication with patient's physician, acting at all times as an additional expert member of the patient's health care team and an agent of the physician
- This agreement authorizes the pharmacist to manage Care Gaps and initiate Population Health Management to improve patient care and outcomes. Authority is given to order medications, laboratory tests, immunizations, screening exams, and other testing as identified per Heart and Vascular Center initiatives or via referral from a Heart and Vascular Center physician or advanced practice provider.
 - This agreement provides the same authority and scope of practice to the pharmacy residents rotating in the Heart and Vascular Center clinics. Heart and Vascular Center pharmacists will supervise all pharmacy resident activities.

1.3 Collaborating Professionals

- All Heart and Vascular Center Physicians and Advanced Practice Providers:
 - General Cardiology
 - Invasive Cardiology
 - Heart Failure
 - Electrophysiology (EP)
 - Adult Congenital Heart Disease (ACHD)
 - Adult Cardiac Surgery
 - Vascular Surgery

1.4 Patients

- Patients whose therapy may be managed pursuant to this agreement must be currently receiving care by a provider at the Nebraska Medicine Heart and Vascular Center clinics.
- Patients may be identified by the following methods:
 - Provider Referral
 - The provider may refer any patient to whom they determine pharmacy services would be beneficial
 - Referral/identification of patients whom the provider would like to receive clinical pharmacist services can happen via the following:
 - Referral/communication from inpatient cardiology services (physician, advanced practice provider, or pharmacy) at the time of discharge
 - Referral during outpatient follow up visit

- Scheduling a patient into the pharmacist template will also be considered as a referral. This may also be accompanied by documentation in the electronic medical record and/or additional communication with the pharmacy team via verbal, telephone, or electronic means.
- Usual Pharmacist Service
 - A provider or patient specific referral is not needed for the pharmacist to initiate the following services
 - Medication Reconciliation
 - Formulary or Therapeutic Interchange
 - Medication management due to availability, cost, efficacy, and toxicity
 - Medication Access
 - Care Gap management
 - Pharmacotherapy consultation
 - Medication Education
- Patient Self-Referral
 - Any patient that would like to receive pharmacy services
- Heart and Vascular Center Initiatives
 - A referral is not needed for any Heart and Vascular Center initiatives
 - Patients identified per specific projects, pathways, database/dashboard, or other resources
- Population Management
 - A referral is not needed for any projects that are part of Population Health management
 - Reports from medical records are utilized to initiate pharmacy services per Heart and Vascular Center clinic initiatives
- Discharge from Pharmacist Services:
 - The following are examples of reasons that patients may be discharged from pharmacist-managed service.
 - Medication therapy for the referred disease state is no longer indicated or has been discontinued by the referring provider or another provider involved in the patient's care (example: anticoagulation management)
 - Medication therapy management has been transferred to another provider or clinic.
 - In the event of continued patient noncompliance with either prescribed therapy or monitoring plan.
 - As otherwise determined by the pharmacist in collaboration with the referring provider.
 - Termination/Discharge from pharmacist services will be documented in the patient's electronic medical record and the note will be routed electronically to the patient's referring provider and/or care team as appropriate.

1.5 Goals

- To optimize drug therapy
- To reach clinical health targets and quality metrics
- To improve patient adherence and medication access
- To decrease preventable emergency room visits and hospital readmissions

- To improve the health of patients and their quality of life

2.0 Management

2.1 Clinical Practice Guidelines

- Pharmacist will utilize most current and up to date guidelines and literatures to guide medication management for specific disease states (See Appendix)
- Disease states and its associated medication therapies commonly managed by pharmacists are listed below. This is not an exhaustive list

Disease State or Service*	Medication Therapies
Comprehensive Medication Review and Management	Based on disease states
Anticoagulation	All anticoagulants
Antiarrhythmics	All antiarrhythmic medications
Hypertension	All blood pressure modifying agents
Cholesterol	All cholesterol modifying agents
GERD	Antacids, H2 blockers, PPIs
Hypothyroidism	All thyroid replacement agents
Immunization***	All vaccinations
Smoking Cessation	All pharmacologic agents
Others: Specific medication management referred by the provider	Per provider

*Pharmacist will follow the most current published version of the guidelines and use clinical judgment.

***Immunization management for chronic disease states

2.2 Management Guide

- Specific management will be based on current guidelines, medication package labeling, and Nebraska Medicine policies.

2.3 Procedure

- As stated above, pharmacists may be authorized to select, initiate, modify, or discontinue medications as part of management. Authority is also given to order laboratory tests or screening procedures for management or monitoring purpose.
- Prescriptions, immunizations, and laboratory tests will be ordered under the referring or treating provider's name. Refills are authorized under providers as deemed appropriate
- Consultation with the collaborating physicians or their designated back-up will occur either on-site, by pager, telephone, or electronically when consultation is needed for any reason
- In the case of any severe event or toxicity, the patient will be discussed with referring provider if available. If the provider is unavailable, an advanced practice provider or another member of their specialty team will be contacted for discussion/guidance or patient will be referred to seek care in the Emergency Room.
 - The pharmacist shall contact the provider via face-to-face communication or telephone in urgent/emergent situations.
 - Electronic communication is acceptable for non-emergent cases
 - Providers will be contacted via face-to-face, telephone, or electronic communication with any INR > 6.0 or any patient on anticoagulation with severe bleeding symptoms.
- The provider has the authority to override this agreement if such action is deemed necessary or appropriate for a specific patient

3.0 Organization

3.1 Provider Eligibility

- Physicians and pharmacists of The Nebraska Medicine Heart and Vascular Center clinics listed in this agreement are considered qualified providers to participate in patient-care activities related to this agreement.
- All providers must be licensed in good standing with their respective board and follow established standards for entering and managing a collaborative practice agreement.

3.2 Training/Education

- All listed parties will receive sufficient training and education for their role.
- All listed parties are expected to maintain up-to-date competencies and knowledge of current guidelines for disease states covered under this agreement.

3.3 Documentation and Communication

- Pharmacists will document interventions in the patient's electronic medical record after the patient encounter. Pharmacists will electronically route a note to the provider as deemed appropriate

3.4 Period of Validity

- This agreement is valid for up to 2 years following signatures of all parties.

3.5 Amendment

- This agreement may be amended prior to the 2-year expiration date.
- Amendments must include detailed changes to this agreement. Amendments must be provided to both parties prior to implementation and signed by Medical Director

4.0 Signatures of Approval

This agreement will be in effect for two years unless rescinded earlier in writing by either party. Any addendums to this agreement or modification to the CPA shall require signature approval from Medical Director.

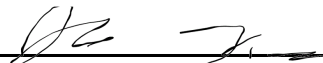
When new pharmacists join participating Nebraska Medicine Heart and Vascular Center clinics during the agreement cycle, new pharmacists will be required to sign the CPA and the CPA will be submitted to the Nebraska Board of Pharmacy.

When new providers join participating Nebraska Medicine Heart and Vascular Center clinics during the agreement cycle, new providers will be informed of this agreement and all medications and laboratory orders will be ordered under the clinic's Medical Director until the agreement is reviewed and new provider signatures are obtained. In the event that a provider leaves the practice during the agreement cycle, if no other provider on the current collaborative practice agreement has been identified as the new responsible prescriber for their patients, all medications and laboratory orders will be ordered under the clinic's Medical Director until the patient establishes care with a new provider.

The Nebraska Medicine Heart and Vascular Center Medical Director

The Heart and Vascular Center Medical Director is responsible for periodically evaluating the clinical services, reviewing the above agreement, and reviewing quality data or metrics.

Heart and Vascular Center Medical Director:



John V Higgins, MD

Effective October 1, 2021

The Nebraska Medicine Heart and Vascular Center Ambulatory Care Pharmacist Signatures:

Andrew Bendlin, RP

Andrew Bendlin, PharmD BCACP

Sara Bisanz, RP

Sara Bisanz, PharmD

Margaret (Maggie) Hitzeman, RP

Margaret (Maggie) Hitzeman, PharmD, BCPS

Angie Kinney, RP

Angie Kinney, PharmD

Meghan McComb, RP

Meghan McComb, PharmD, BCPS, CACP

Natalie Tiefenthaler, RP

Natalie Tiefenthaler

Tionna Trarbach, RP

Tionna Trarbach, RPh

Caressa Trueman, RP

Caressa A Trueman, RP

Heidi Brink, RP

Lindsey Safley, RP

The Nebraska Medical Center Heart and Vascular Center Providers:

As an authorizing/participating physician of this collaborate practice agreement, I will review the activities of the Heart and Vascular Center Ambulatory Care Pharmacists at Nebraska Medicine while my patients are being managed under this agreement. This authorization shall remain in effect for any patients I refer to their management until they are discharged back to my care or this agreement is rescinded. I realize that this agreement will be reviewed and renewed at least every two years.

General Cardiology

Authorized Providers:


<u>William Paul Biddle, MD</u> William Paul Biddle, MD	<u>9/23/2021</u> Date
<u>Ward Chambers, MD</u> Ward Chambers, MD	<u>9/28/2021</u> Date
<u>Kiran Gangahar, MD</u>	<u>Date</u>
<u>Neha Goyal</u> Neha Goyal, MD	<u>9/20/2021</u> Date
<u>John T Haas, MD</u> John T Haas, MD	<u>9/23/2021</u> Date
<u>John V Higgins, MD</u> John V Higgins, MD	<u>9/16/2021</u> Date
<u>Furqan Khattak, MD</u> Furqan Khattak, MD	<u>9/17/2021</u> Date
<u>Thomas Porter, MD</u> Thomas Porter, MD	<u>10/1/2021</u> Date
<u>Samer Sayyed, MD</u> Samer Sayyed, MD	<u>9/20/2021</u> Date
<u>Amber Gantz, APRN-NP</u> Amber Gantz, APRN-NP	<u>9/23/2021</u> Date
<u>Barbara E Roessner, PA-C</u> Barbara E Roessner, PA-C	<u>9/27/2021</u> Date

Invasive Cardiology

Authorized Providers:



Ionnis Chatzizisis, MD
Date 9/16/2021



Andrew Goldsweig, MD
Date 9/16/2021




Shabaz Malik, MBBS
Date 9/28/2021

Edward L O'Leary, MD
Date



Gregory Pavlides, MD
Date 9/28/2021





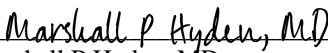
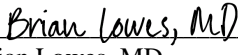

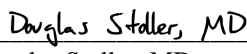
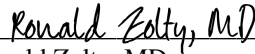



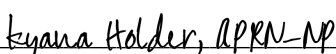
Poonam Velagapudi, MD
Date 9/16/2021



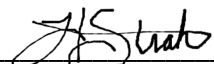
Nicole Lopez-Schaecher, APRN-NP
Date 9/16/2021

Heart Failure

Authorized Providers:



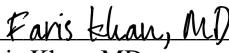


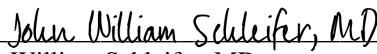


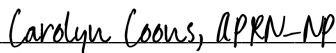
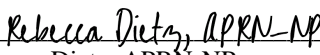
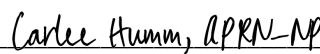

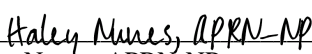
 _____	9/17/2021 _____
Arif Albulushi, MD	Date
 _____	9/28/2021 _____
Adam Burdorf, DO	Date
 _____	9/28/2021 _____
Marshall P Hyden, MD	Date
 _____	9/16/2021 _____
Brian Lowes, MD	Date
 _____	9/23/2021 _____
Scott Lundgren, DO	Date
 _____	9/16/2021 _____
Douglas Stoller, MD	Date
 _____	9/16/2021 _____
Ronald Zolty, MD	Date
 _____	9/23/2021 _____
Theresa Diederich, APRN-NP	Date
 _____	9/28/2021 _____
Kelly Ferguson, APRN-NP	Date
 _____	9/16/2021 _____
Jason Hennessey, PA-C	Date
 _____	9/23/2021 _____
Kyana Holder, APRN-NP	Date

Pulmonary

 _____	9/27/2021 _____
Heather Strah	Date


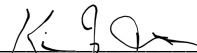


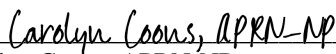
Electrophysiology (EP)

Authorized Providers:

 _____ Daniel Anderson, MD	9/16/2021 _____ Date
 _____ Arthur Easley, MD	9/23/2021 _____ Date
 _____ Faris Khan, MD	9/23/2021 _____ Date
 _____ Niyada Naksuk, MD	9/23/2021 _____ Date
 _____ Jason Payne, MD	9/27/2021 _____ Date
 _____ John William Schleifer, MD	9/16/2021 _____ Date
 _____ Shane Tsai, MD	9/23/2021 _____ Date
 _____ John Windle, MD	9/16/2021 _____ Date
 _____ Carolyn Coons, APRN-NP	9/16/2021 _____ Date
 _____ Rebecca Dietz, APRN-NP	9/17/2021 _____ Date
 _____ Carlee Humm, APRN-NP	9/16/2021 _____ Date
 _____ Ashley Korth, APRN-NP	9/23/2021 _____ Date
 _____ Haley Nunes, APRN-NP	9/16/2021 _____ Date

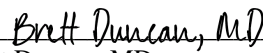
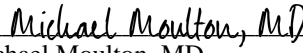

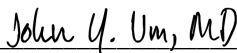
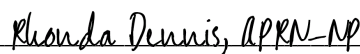

Adult Congenital Heart Disease

Authorized Providers:

 Jonathan Cramer, MD	9/28/2021 Date
 Kim Duncan, MD	9/23/2021 Date
 Shane Tsai, MD	9/23/2021 Date
 Angela Yetman, MD	10/4/2021 Date
 Carolyn Coons, APRN-NP	9/16/2021 Date

Adult Cardiac Surgery

Authorized Providers:

Anthony Castleberry, MD	Date
 Brett Duncan, MD	9/23/2021 Date
 Michael Moulton, MD	9/21/2021 Date
 Aleem Siddique, MBBS	9/16/2021 Date
 John Um, MD	9/21/2021 Date
 Rhonda Dennis, APRN-NP	10/1/2021 Date
 Felicia Wessel, APRN-NP	9/16/2021 Date

Vascular Surgery

BT Baxter 9/16/2021
Bernard T Baxter, MD Date

Jason R Cook, MD 9/16/2021
Jason Cook, MD Date

Jason Johanning, MD 9/16/2021
Jason Johanning, MD Date

G Matthew Longo, MD 9/29/2021
G Matthew Longo, MD Date

Jason MacTaggart, MD Date

Iraklis Pipinos, MD 9/23/2021
Iraklis Pipinos, MD Date

Jonathan B Thompson, MD 9/16/2021
Jonathan Thompson, MD Date

Sherri Heavey, APRN-NP 9/16/2021
Sherri Heavey, APRN-NP Date

Kate Hueftle, APRN-NP 9/24/2021
Kate Hueftle, APRN-NP Date

Jillian Negri, APRN-NP 9/16/2021
Jillian Negri, APRN-NP Date

Anna Swartz, APRN-NP Date

Appendix

Anticoagulation

- Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: CHEST Evidence-Based Clinical Practice Guidelines. 2012
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 - Updated Antithrombotic Therapy and Prevention of Thrombosis: CHEST Evidence-Based Clinical Practice Guidelines. 2016. Antithrombotic Therapy for VTE Disease: CHEST Guideline and Expert Panel Report. Chest 2016;149(2):315-352
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- 2014 AHA/ACC/HRS Guideline for the Management of Patients with Atrial Fibrillation. Circulation 2014;130:e199-e267
<https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000041>
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 - Summary of evidence-based guideline update: Prevention of stroke in nonvalvular atrial fibrillation. Report of the Guideline Development Subcommittee of the American Academy of Neurology. Neurology 2014;82:716-724
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Cholesterol

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Comprehensive Medication Management

- The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes. Resource Guide. Second Edition, June 2012.
<https://www.pcpcc.org/sites/default/files/media/medmanagement.pdf>
- Collaborative Drug Therapy Management and Comprehensive Medication Management 2015. ACCP White Paper. American College of Clinical Pharmacy. Pharmacotherapy 2015;35(4):e39-e50.
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GI

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Heart Failure

- 2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America
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- 2013 ACCF/AHA Guideline for the Management of Heart Failure: Executive Summary. J Am Coll Cardiol 2013;62:1495-539
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- 2016 ACC/AHA/HFSA Focused Update on New Pharmacological Therapy for Heart Failure: An Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America. Circulation 2016;134: e282-e293
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Hypertension

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