Patient Centered Medical Home (PCMH) Pharmacist Collaborative Practice Agreement

Nebraska Medicine
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Effective: October 1st, 2021

Expiration: September 30th, 2023

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APPENDIX: Clinical Practice Guidelines

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 pharmacist at the Nebraska Medicine
 Patient Centered Medical Home (PCMH) clinics to practice collaboratively with physicians
 and healthcare providers 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, efficient way. Pharmacists at the PCMH clinics are integral part of multi-disciplinary teams who 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 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 Nebraska.
- This agreement authorizes the pharmacist to:
 - o Conduct a comprehensive medication review and assessment
 - Determine the indication for, effectiveness and safety of, and adherence to medication therapy
 - Perform, administer, monitor, and evaluate vitals, rating scales, risk scores, and other relevant objective data
 - Select, initiate, modify, or discontinue treatment related to the disease states and medication therapies in accordance with established practice guidelines (see Appendix)
 - o 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
 - Monitor and follow-up on medication therapies and related disease states as per guidelines
 - Refer and coordinate care to other health care professionals
 - o Refill medications pertinent to the disease state or medications being managed
 - 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
- This agreement authorizes the pharmacist to manage Care Gaps and initiate Population Health Management to improve patients' care and outcome. Authority is given to order medications, laboratory tests, immunizations, screening exam (diabetes ophthalmology), and others as per PCMH initiatives
- This agreement provides the authority and scope to the Pharmacy Residents and Fellows rotating in the PCMH clinics. PCMH Pharmacists will supervise Pharmacy Residents' activities.

1.3 Collaborating Professionals

- Medicine Providers at the following practice sites/clinics:
 - Brentwood Health Center
 - Chalco Health Center
 - Eagle Run Health Center
 - Elkhorn Health Center
 - Family Medicine Clinic at Bellevue Health Center
 - Family Medicine Clinic at Durham Outpatient Center
 - Fontenelle Health Center
 - Home Instead Center for Successful Aging (HISCA)
 - Internal Medicine Clinic at Durham Outpatient Center
 - Internal Medicine Clinic at Village Pointe Health Center
 - o Midtown Health Center
 - Old Market Health Center
 - o Primary Care Clinic at Oakview Health Center

1.4 Patients

- Patients whose therapy may be managed pursuant to this agreement are currently receiving care by a provider at Nebraska Medicine PCMH 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
 - Usual Pharmacist's 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
- Patient Self-Referral
 - Any patient that would like to receive pharmacy services
- o PCMH Initiatives
 - A referral is not needed for any of PCMH 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 PCMH or clinic initiative

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
Diabetes**	All oral, injectable, and inhaled antidiabetic agents
Hypertension**	•All BP modifying agents
Cholesterol**	•All cholesterol modifying agents
Asthma	 Inhaled and oral agents for Asthma
COPD	●Inhaled and oral agents for COPD
GERD	·Antacids, H2 blockers, PPIs

Hepatitis C	•All agents
Hypothyroidism	•All thyroid replacement agents
Osteoarthritis	Oral and topical agents for OA
Osteoporosis	All agents for osteoporosis
Anxiety and Depression	All non-controlled agents for anxiety and depression
Immunization***	•All vaccinations
Smoking Cessation	All pharmacologic agents
PrEP	PrEP 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.

2.2 Management Guide

 Specific management guides based on current guidelines, evidence, and Nebraska Medicine policies are developed to assist with management: Anticoagulation, COPD, Diabetes, Hypertension, PrEP, Smoking Cessation, Hepatitis C (See Attachments)

2.3 Procedure

- As stated above, pharmacist is 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, laboratory tests will be ordered under provider's name. Refills are authorized under the providers as deemed appropriate
- Consultation with the collaborating physicians or their designated back-up either on-site, by pager, telephone, or electronically when consultation is needed for any reason
- In the case of a severe event or toxicity, the patient will be immediately referred to a provider or their designated back-up involved in the CPA. The pharmacist

^{**}Referral for diabetes includes management of diabetes, blood pressure, and cholesterol medications. It also addressed diabetes complications and CV risk reduction

^{***}Immunization management for chronic disease states

- shall contact the provider via face-to-face communication; however, electronic, or telephonic communication is acceptable for non-emergent cases
- 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 in PCMH 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 PCMH 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 PCMH clinics during the agreement cycle, new providers will be informed of this agreement and all medication changes will be ordered under the clinic's Medical Director until the agreement is reviewed and new provider signatures are obtained.

The Nebraska Medicine PCMH Medical Director

The PCMH Medical Director/Primary Care Clinical Program Chair is responsible for periodically evaluating the clinical services, reviewing the above agreement, and reviewing quality data or metrics.

Primary Care Clinical Program Chair:

Andrew J. Vasev. MD

Effective October 1, 2021

The Nebraska Medicine PCMH Ambulatory Care Pharmacist Signatures

Emily Shin, RP Emily Sluin
Chia (Lily) Chang, RP (lia (lily) (liang
Canice Coan, RP
Kristen Cook, RP knistun (ook
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Karen Knoell, RP <u>karen knoell</u>
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Natalie Tiefenthaler, RP <u>Natalie Tiefenthaler</u>		
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Phil Van De Velde, RP fluit Van De Velde		
Carrie Nixon, RP Corrie Nixon		
Nolan Persson, RP Nolan Persson		
Sara Bisanz, RP Sara Bisanz, flarm)		
Angie Kinney, RP lingie kinney		

The Nebraska Medical Center Providers:

As an authorizing/participating physician in this collaborate practice agreement, participating I will review the activities of the PCMH 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. This agreement is rescinded or until, or after two years when the agreement must be re-reviewed.

Family Medicine Clinic at Bellevue Health Center

Authorized Providers: 9/29/2021 Ivan aldouch, MD Ivan Abdouch, MD Date Tammy Burke, MD 9/21/2021 Date Jayme Clara, APRN Date 9/30/2021 Date laron lanik 9/17/2021 Aaron Lanik, MD Date Jeffry D Harrison Jeffery Harrison, MD 9/17/2021 Date Natalie Lynch, DO Natalie Lynch, DO 9/20/2021 Date <u>Emily Hill Bowman, MD</u> Emily Hill-Bowman, MD 9/20/2021 Date 9/17/2021 Jeremy king, DO Jeremy King, DO Date 9/17/2021 David O'Dell, MD Date 9/28/2021 Robert Schwab, MD Robert Schwab, MD Date 9/20/2021 Date 9/17/2021 __lmber Tyler, MD Amber Tyler, MD Date

Family Medicine Clinic at Bellevue Health Center

Authorized Providers: Jeffrey Akerson, MD	9/17/2021
Jeffrey Akerson, MD	Date
Patrick Anderl, MD	9/17/2021
Patrick Anderl, MD	Date
tara Burleigh, MD	9/17/2021
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keely Hagerty, APRN	9/17/2021
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Monty Mathews, MD	Date
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Kara Markin, MD	Date
T. Jason Meredith, MD	9/17/2021
(Thomas) Jason Meredith, MD	Date
Lory Kolelfsen, MD	9/17/2021
Cory Rohlfsen, MD	Date
Timal Vinter	9/19/2021
Tesia Winter, DO	Date

Brentwood Village

Authorized Providers:	
Brent (rouse, MD)	9/18/2021
Brent Crouse, MD	Date
Emilia Hill-Bowman, MD	9/20/2021
Emily Hill-Bowman, MD Emily Hill Bowman, MD	Date
Susan Schwerdtfeger, MD Susan Schwerdtfeger, MD	9/17/2021
Susan Schwerdtfeger, MD	Date
Mary Couture, Pl-C	9/20/2021
Mary Couture, PA-C	Date
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Kimberley Meyer, PA-C	Date
Chalco	
Authorized Providers:	
Bestoneer	9/17/2021
Brynn Lastovica, MD	Date
alberto Marcelin, MD	9/27/2021
Alberto Marcelin, MD	Date
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Clarkson Family Medicine

Authorized Providers:	
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Dale Agner, MD	Date
Sarah Howard, MD	9/17/2021
Sarah Howard, MD	Date
any Jespersen, MD	9/17/2021
Amy Jespersen, MD	Date
front m Phanes m 1	9/20/2021
Scott McPherson, MD	Date
Leslie Veskma, MD	9/17/2021
Leslie Veskrna, MD	Date

Family Medicine Clinic at Durham Outpatient Center

Authorized Providers:

Hannalı Cliristiansen	9/20/2021
Hannah Christiansen, MD	Date
Patrick Cronican, MD	Date
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Susan Evans, MD	Date
David Harnisch, MD	9/17/2021
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<u>Limberly Jarzynka, Ml)</u> Kimberly Jarzynka, MD	Date
Christopher Jensen, MD	9/17/2021
Christopher Jensen, MD	Date
Abil bala AAD	9/19/2021
Mil kalsi, MI) Neil Kalsi, MD	Date
A	9/17/2021
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Jessica Kappie I A-C	Date
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Birgit Khandalavala, MD	Date
	9/20/2021
Mindy Lacey, MD Mindy Lacey, MD	Date
Timothy Malloy, MD Timothy Malloy, MD	9/17/2021
Timothy Malloy, MD ('	Date
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Monty Mathews, MD	Date

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Douglas Wheatley, MD	9/17/2021
Douglas Wheatley, MD Douglas Wheatley, MD	Date
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Primary Care Clinic at Oakview Health Center

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Elisabeth Backer, MD	Date
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Durham Outpatient Center Internal Medicine Clinic

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Laura Boon, APRN-NP Laura Boon, APRN-NP	Date
Radine in Cardson, PA-C	9/27/2021
Rodney Carlson, Ph-C Rod Carlson, PA-C	Date
P0 L	9/17/2021
Devin Nickol, MD	Date
Nathan Anderson, MD	9/17/2021
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David O'Dell, MD	9/17/2021
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Stephen Mohring, MD Stephen Mohring, MD	9/17/2021
Stephen Mohring, MD	Date
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Carrie Hoarty, MD (7	Date
Mel Huber, APRN-NP	9/28/2021
Mel Huber, APRN-NP	Date
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Lydia Kang, MD	Date
Scott Neumeister, MD	9/17/2021
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Doey	9/17/2021
Andrew Vasey, MD	Date
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Chelsea Navarrette, MD	9/17/2021
Chelsea Navarrette, MD	Date
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	Date
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Mary Gallagher-Jansen, MD	Date
Regan Taylor, MD	9/17/2021

Regan Taylor, MD Date

Eagle Run Clinic

Authorized Providers:

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Andrew Camamo, DO	Date
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Emily Hill, APRN	Date
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Brandon J. Miller, MD	Date
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Cory Rohlfsen, MD	Date
Clade de	9/17/2021
Megan Willet, MD	Date
Tural 1 Souther	9/19/2021
Tesia Winter, DO	Date
Darby Luckey, DO	9/17/2021
Darby Luckey, DO Darby Luckey, MD	Date

Elkhorn Clinic	
	9/20/2021
Jason Patera, MD	Date
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Riki Rutz, PA	Date
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Rebecca Ellsworth, PA	Date
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Mandy Byers, MD	Date
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Alfred Fisher, MD	Date
Kelly Godfrey, APRN	9/20/2021
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Elizabeth Harlow, MD	Date
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Tonya Mdeay, APRN Tonya Mcleay, APRN	Date
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Brandi Flagg, MD Brandi Flagg, MD	Date
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Cassandra Welling, MD	Date
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Midtown Clinic

Authorized Providers:	
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Munifer Parter. MD	9/20/2021
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Chad Vokoun, MD	Date
Carrie A B Hoarty, MD	9/20/2021
Carrie A B Hoarty, MD Carrie A B Hoarty, MD	Date
Pennilee (medders, MD	9/20/2021
Jennilee Luedders, MD	Date

Village Pointe Internal Medicine Clinic

Authorized Providers:	
OL My	9/20/2021
Joel Armitage, MD	Date
Michelle Johnson, MD	9/20/2021
Michelle Johnson, MD	Date
Nancye Hasiak, APRN Nancye Hasiak, APRN	9/28/2021
Nancye Hasiak, APRN	Date
	0 /20 /2021
Stephanie Hartman, MD Stephanie Hartman, MD	9/20/2021
Stephanie Hartman, MD	Date
<an maylor<="" th=""><th>9/20/2021</th></an>	9/20/2021
Kara Markin, MD	Date
Urmila Mukhenee, MD	9/21/2021
Urmila Mukherjee, MD	Date
Nebraska Medicine-Pulmonary (Anti-coagulation CPA only)	
Jammy Wichman MD	9/20/2021
Tammy Wichman, MD	Date

Appendix

<u>Anticoagulation</u>

 Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: CHEST Evidence-Based Clinical Practice Guidelines. 2012

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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 http://n.neurology.org/content/neurology/82/8/716.full.pdf
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Asthma

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Cholesterol

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Comprehensive Medication Management

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<u>GI</u>

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Heart Failure

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