

# Action Steps for Public Health and Pharmacy Partners



**Advancing Team-Based Care Through the  
Use of Collaborative Practice Agreements and  
Using the Pharmacists' Patient Care Process  
to Manage High Blood Pressure**



NATIONAL ASSOCIATION OF  
**CHRONIC DISEASE DIRECTORS**  
Promoting Health. Preventing Disease.



## Overview

The National Association of Chronic Disease Directors (NACDD), in partnership with CDC's Division for Heart Disease and Stroke Prevention (DHDSP), worked with state teams of public health and pharmacy partners from Arizona, Georgia, Iowa, Utah, Virginia, West Virginia, and Wyoming to participate in a learning program designed to accelerate team-based care using the Pharmacists' Patient Care Process (PPCP) and collaborative practice agreements (CPA) as a means to help manage high blood pressure.

The departments of health from each state partnered with a college of pharmacy, state pharmacy association, or regional health system to implement the project. Public health served as a vital connector for pharmacists to other health care providers and resources across the state to contribute to the care of patients and to develop new, team-based care delivery models to increase access to care.

## Facilitators, Barriers, and Lessons Learned

Participating state teams noted multiple lessons learned, as well as barriers and facilitators that helped them to support PPCP implementation and CPA development:

- Facilitators to the successful dissemination and implementation of team-based care strategies included obtaining leadership buy-in; capitalizing on enthusiasm among many frontline pharmacists; leveraging prior existing collaborations; and working with state pharmacy associations to remove state regulatory barriers.
- Barriers encountered included monitoring and tracking the use of the PPCP; a lack of awareness about the PPCP from all key stakeholders; the evolving relationship between physicians and pharmacists; and regulatory concerns.



- Lessons learned were numerous and included: framing PPCP and CPA benefits to both pharmacists and prescribers; assessing pharmacy and practice capacity to implement PPCP before pursuing it; laying the ground work by developing CPA templates and sharing experiences; preparing tools to help measure PPCP implementation and to track patients; and continuing / pursuing national-level organization collaboration to promote PPCP implementation through a variety of communication channels.

## Action steps

Based on the lessons learned from the learning collaborative, the following action steps were identified to help other states who are or who wish to pursue similar collaborations:

- Create the partnership
- Design, administer, and analyze practice survey tools to understand use of PPCP and CPAs
- Develop and deliver education and training sessions on PPCP and CPAs
- Transfer skills into sustainable practice models

## Create the partnership: Cross-sector relationships were established and defined

State Health Departments and their state pharmacy partners developed and/or solidified collaborations with schools of pharmacy, state pharmacy associations, pharmacy boards, and other provider professional organizations. Several states also developed task forces and/or committees to support and formalize the pharmacy-public health collaboration within the state. Pharmacists were connected to team-based committees and projects already in existence as well as being identified in new venues to expand hypertension and medication therapy management (MTM) services within the state or practice. Partnerships led to the development of processes to

## Benefits of Pharmacy and Public Health Partnerships

### Public Health can:

- Help pharmacists frame themselves as an integral part of supporting patient health and medication management to providers, patients, and families.
- Promote pharmacists' services and resources to establish relationships with other healthcare provider associations and healthcare practices.
- Increase awareness of the role of pharmacists and support models that broaden pharmacists' ability to be compensated for their time.
- Collaborate with pharmacists to address wider systems change and work with additional partners to develop sustainable models that go beyond a grant or project.

track outcomes and access data to measure the quality of services using the PPCP and CPAs.

Overall, the partnerships increased collaboration across the states or practices to provide and improve patient care.

## Design, administer, and analyze practice survey tools to understand the use of PPCP and CPAs: Public health and pharmacy surveys were developed or adjusted to capture use of the PPCP and its elements, as well as the establishment and intended implementation of CPAs

To gain more insight into this work, many state teams collaborated with pharmacy associations and schools of pharmacy to survey pharmacists, physicians, and/or chronic disease state staff about their knowledge of and capacity to provide comprehensive patient services using PPCP and utilizing CPAs.

One state used the American Society of Health System Pharmacists Practice Advancement Initiative (ASHP PAI) for Ambulatory Care tool to survey practices. Another state added questions to the Pharmacist Healthcare Workforce Survey administered at the time of license renewal, including the type of services that a pharmacist provides and if / how they participate in a CPA for disease state management. Surveys also included information on who to contact for more information and to establish collaboration between pharmacy and providers.

The survey results aided in the development of continuing education (CE) programs and training. Post CE activity assessments were used to determine willingness to change and follow-up surveys will be used to assess what types of change occurred. Surveys administered annually, like the Pharmacist Healthcare Workforce Survey, can be tracked to show change over time within the state. The developed survey tools will assist in connecting pharmacists with providers and chronic disease staff within the state to collaborate and build sustainable models.

### **Develop and deliver education and training sessions on PPCP and CPAs: Trainings and dissemination meetings were held with a focus on the use of PPCP and CPAs within all participating states**

State teams held both virtual and in-person trainings and seminars by adding pharmacy-specific tracks to existing meetings, presenting at annual conferences of pharmacy associations and partners, and holding state-wide webinars/teleconferences. Participants included college of pharmacy faculty, pharmacists, health department staff, and other healthcare providers. Training often occurred across disciplines, in some cases by including a pharmacy track in a public health-related training or conference, in others through

public health presentations at pharmacy association meetings. In some practice settings, the use of PPCP and CPAs is now a part of routine team discussions and ongoing trainings.

### **Training and education sessions on the use of PPCP and CPAs also led to changes in the agenda and curricula of schools of pharmacy**

State Health Departments and their state pharmacy partners worked with academic partners and schools of pharmacy to incorporate the PPCP into curriculum requirements and presented to students about the use of PPCP and CPAs. The partnerships helped to create innovative methods for curriculum adjustments and experiential rotations for student pharmacists, as well as to continue developing programs for pharmacists in the participating states.

### **Transfer skills into sustainable practice models: Sustainability was sought through regulatory changes (including adjustment to CPA protocols), as well as through payer engagement**

State teams worked with pharmacy associations and boards of pharmacy to incorporate CE opportunities, develop CPA templates, and to change board of pharmacy regulations to ease CPA establishment. Opportunities are moving forward with state boards of nursing for agreements between advanced practice registered nurses and pharmacists. In addition, committees are in development to work with boards of pharmacy and medicine to update CPA rules and processes. One pharmacy association is requiring all CE opportunities to include PPCP if they have a therapeutics component and the Association also is developing a network to support the role of pharmacists as part of the healthcare team.

State Health Departments and their state pharmacy partners continue to engage payers to support the role of pharmacists and to seek compensation for comprehensive care coordination. Programs are discussing opportunities for pharmacies to partner with self-insured employers, Medicaid, and other payers to establish financial agreements and reimbursement.

## Opportunities for Innovation

This learning program also shed light on innovative efforts being pursued by participating state teams. Several states are working with health information exchange (HIE) vendors to evaluate mechanisms to

track and showcase the services pharmacists provide. This includes tracking how many medication therapy problems were identified and resolved as a result of using the PPCP and serves to demonstrate the value of pharmacist-delivered care throughout their current scope of work. In addition, one state worked with practices to incorporate PPCP and CPAs into a telephonic consult, and another explored how to utilize community health workers to supplement pharmacy and clinical care without the establishment of CPAs.

For more information about the state teams, resources used to guide this work, and a summary report from the state teams, please visit <http://www.chronicdisease.org/?page=PPCPandCPAProject>.



## Toolkit

The following resources help to support the action steps identified above:

### Create the partnership

- For more information about health departments and pharmacy partnerships, please visit [Methods & Resources for Engaging Pharmacy Partners](#)
- For more information on pharmacist/prescriber partnerships, please visit, [CDC Coffee Break: Resources for Engaging Pharmacists with Managing Hypertension, Improving Hypertension Control through Clinical Pharmacy Service Integration](#), and [Toolkit for Marketing MTM to Prescribers](#).

### Understand the purpose and use of Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists' Patient Care Process

- For JCPP PPCP resources, please visit <https://jcnp.net/>.
- For more information about the Pharmacists' Patient Care Process (PPCP), please visit The American Pharmacists Association (APhA) guidebook, "[How to Implement the Pharmacists' Patient Care Process](#)."
- For more information about PPCP and the management of hypertension, please visit [Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists](#).

### Understand the purpose and use of collaborative practice agreements (CPA) in your state

- For more information about Collaborative Practice Agreements (CPA), please visit [Advancing Team-Based Care Through Collaborative Practice Agreements](#).

- For state pharmacy resources, please visit <https://naspa.us/>.

### Create, administer, and analyze practice survey tools / Create and deliver education and training materials

- For a guide for the process of change to a value-based model in community pharmacy (contains a self-assessment survey), please visit <https://pharmacy.unc.edu/research/centers/cmopp/resources/>.
- For more information about the ASHP PAI for Ambulatory Care, please visit <http://www.ashpmedia.org/pai/>.

## Transfer skills into sustainable practice models

### Clinical tools

The benefits of partnering with public health agencies to strengthen community-clinical linkages include:

- [How to Conduct a Comprehensive Medication Review: A Guidebook for Pharmacists](#)
- [How to Start an MTM Practice: A Guidebook for Pharmacists](#).

For other patient care and practice management resources, please visit <http://www.pharmacist.com/>.

### Billing and reimbursement

For billing and reimbursement resources, please visit:

- <http://www.pharmacist.com/billing-primer>
- <http://www.pharmacist.com/chronic-care-management>





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