

Making Connections: Medication Therapy Management (MTM) through Collaborative Practice

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Terms and Definitions



+ Medication Therapy Management (MTM)

+ Collaborative Practice –New Jersey



Medication Therapy Management

Utilizing the Pharmacists to Control Our Health Care Costs

Timothy Ulbrich, Pharm.D.

Ohio Northern University

President and Founder of PharmForward

https://www.youtube.com/watch?feature=player_detailpage&v=QnCGD05U58k



Summary

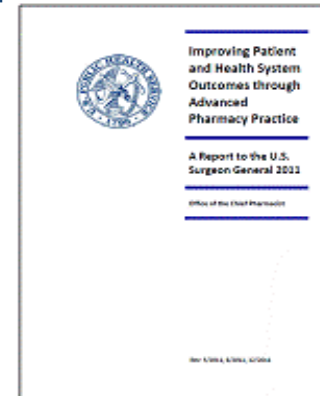
- + Maximize patient's health-related quality of life
- + Reduce frequency of avoidable drug-related problems
- + Improve benefits from medications
- + Cost-savings of overall health-care



- Collaborative Culture –Key Components
 - + Passion for the purpose
 - + Shared Values
 - + Communication
 - + Trust
 - + Variety of perspectives –everybody understanding everyone else

Collaborative Practice

+ “Practice whereby one or more physicians have jointly agreed to work in conjunction with one or more pharmacists for the purpose of collaborative drug therapy management of patients, consistent with the requirements of this subchapter.”



NJ Volume 35, Issue 3, Chapter 35 Board of Medical Examiners, Subchapter 6 General Rules of Practice, Feb 4, 2013.

Collaborative Drug Therapy Management

- + “Collaborative drug therapy management” means the cooperative management of a patient’s drug, biological, and device-related health care needs, pursuant to a written protocol directed on a voluntary basis by a patient’s physician with the patient’s informed consent, by the patient’s physician and a pharmacist who has signed a collaborative practice agreement with the physician.”

NJ Volume 35, Issue 3, Chapter 35 Board of Medical Examiners, Subchapter 6 General Rules of Practice, Feb 4, 2013.



New Jersey Collaborative Practice

VOLUME 45, ISSUE 3 ISSUE DATE:

FEBRUARY 4, 2013 RULE ADOPTIONS

**LAW AND PUBLIC SAFETY DIVISION OF CONSUMER AFFAIRS STATE
BOARD OF MEDICAL EXAMINERS BOARD OF PHARMACY**

**Jointly Adopted New Rules: N.J.A.C. 13:35-6.27 and 13:39-13
Collaborative Practice**

Proposed: March 19, 2012 at 44 N.J.R. 655(a).

**Adopted: September 12, 2012 by the State Board of Medical Examiners,
George Scott, DPM, M.D., President and August 22, 2012 by the State
Board of Pharmacy, Edward G. McGinley, R.Ph., President.**

Components of Collaborative Practice

Physician-patient relationship

- 1 year
- 4 visits
- Responsible for providing management and care



Components of Collaborative Practice



Collaborative Practice Agreement with one or more licensed pharmacists

- Written agreement (effective date, signatures)
- Specifications of functions and responsibilities
- Copies of protocols to be used
- Restrictions –classes of drugs, any diagnosis or types of diseases that are included or excluded.
- Any changes, additions or deletions shall be submitted to Board upon request
- Method for monitoring both the compliance with the collaborative practice agreement and clinical outcomes

Components of Collaborative Practice

Protocols

- Be jointly developed by physician and pharmacist
- Be initiated and utilized at the sole discretion of the physician for a specific patient
- Written informed consent of the patient
- Be available at the practice sites of the pharmacist and physician
- Patient has the right to elect to participate in and withdraw from the collaborative drug therapy management.

Components of Collaborative Practice

Protocols

- Pharmacist communication to the physician in an appropriate time frame—Rx change: written notification by FAX no later than 8 hours after change.
- Notification about adverse events
- Protocol should be renewed, modified or terminated at least once per year by the parties.

Name: _____ Title: _____

Address: _____

Phone Number: _____ License Number: _____

Type of Practice/Specialty: _____

Pharmacist:

Name: _____

Address: _____

Phone Number: _____ License Number: _____

Qualifications for Collaborative Practice: _____

Describe the functions and responsibilities, including scope and authority, to be exercised by the pharmacist (attach extra sheets if needed):

Indicate any restrictions placed on the use of certain types or classes of drugs or drug therapies under this agreement (attach extra sheets if needed):

[page=218] *[If appropriate, indicate]* ***Indicate*** any diagnosis, or types of diseases which are specifically included or excluded under this agreement (attach extra sheets if needed):

Attach any protocols to be used in decision making or other activities contemplated under this agreement. This must include a protocol for treating an acute allergic or other adverse reaction related to drug therapy. Each protocol must establish when physician notification is

Patient's Informed Consent

- Identify the risks and benefits of collaborative drug therapy management including payment for services that may not be covered by the insurance provider.
- Covering physicians and/or pharmacists may be utilized.
- Identifying the patient's right to elect to participate or withdraw from drug therapy management
- Signature and date by the patient

Pharmacist Qualifications

- + A licensed pharmacist shall be pre-approved by the Board to engage in such activity:
 - + A certificate training program (ACPE)
 - + A post-graduate residency program (ASHP)
 - + A certification program from Board of Pharmacy Specialties
 - + Completion of 10 credits of CE every biennial renewal period

Benefits of Collaborative Practice Agreement

- + Foster collaboration that are likely to improve patients' health outcomes.
- + Benefit from the unique expertise of both types of healthcare professionals
- + May reduce healthcare costs by preventing unnecessary absenteeism from work
- + Help to avoid complications that may result in higher-cost hospital visits and readmissions.
- + Help to identify individuals with non-adherence to drug therapy and possible drug addictions.

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