

# National Clinical Pharmacy Specialist Committee



## Comprehensive Pharmacy Services Handbook



October 11, 2018

## **A Message from the Chief Pharmacy Officer of the United States Public Health Service**

On behalf of the United States Public Health Service (USPHS), its constituent pharmacy programs, and their proud history of innovation and excellence, I welcome your interest in the National Clinical Pharmacy Specialist (NCPS) program and the clinical distinction for which it stands. The NCPS program has served to further the advancement of clinical pharmacy for over two decades and continues to fulfill its mission today.

With the transitioning healthcare system to be more patient-centered, team-based care, pharmacists play a critical role in optimizing patient outcomes through more comprehensive direct patient care roles. As artificial intelligence, automation, use of pharmacy technicians, centralized refill centers, and mailing programs improve efficiency of traditional pharmacy staffing roles, a greater focus on the clinical roles of pharmacists is crucial to the advancement of our profession. Universal recognition of pharmacists as providers and the strategic placement of pharmacists into key clinical roles is bridging the gap of access to care for our overburdened healthcare systems. Graduating pharmacists have four or more years of specialized education and training (Doctor of Pharmacy degree) and in many instances are board certified in a specialty and have completed a one or two year general or specialty residency. Pharmacists are ideally suited to managing therapy for chronic disease as the vast majority of chronic diseases are managed using medications.

The Centers for Medicare & Medicaid Services estimates approximately two-thirds of Medicare patients have two or more chronic conditions. The profession of pharmacy has the opportunity to take a step forward into the very center of this chronic disease crisis. As your USPHS CPO, I am calling upon the pharmacists of the Indian Health Service (I/T/U), the Federal Bureau of Prisons, the Immigration and Customs Enforcement Health Service Corps, and the Coast Guard to take that step forward and lead the Nation by transitioning to a more comprehensive patient care model and becoming NCPS certified. The clinical outcomes submitted by NCPS certified pharmacists and collated by the NCPS Committee (NCPSC) will serve to validate the role pharmacist play as patient care providers.

I would like to thank the NCPSC for their commitment and persistence over the past few years in inspiring pharmacists across our agencies to expand into practices that are more comprehensive. This transition will ultimately improve patient outcomes, enhance the patient experience, improve population health, improve the health system, and enhance the work environment of health care providers and staff. Those that pursue the new NCPS certification are visible leaders positively influencing the pharmacy profession. Thank you for raising the bar and being an example of what is both possible and necessary to assure integrity and accessibility of care.

Sincerely,

Ty Bingham, Pharm.D.  
Rear Admiral, U.S. Public Health Service  
Assistant Surgeon General  
Chief Professional Officer, Pharmacy



**Table of Contents**

**NCPSC Background and Evolution ..... 1**

**Reformation ..... 2**

**Certification Process .....4**

**Collaborative Practice Agreements.....8**

**Credentialing and Privileging..... 28**

**Forms..... 43**

**Definitions ..... 47**

**NCPSC Members .....48**

## NCPS Background and Evolution

The October 18, 1996 memorandum from the Indian Health Service (IHS) Director established IHS pharmacists as primary care providers (PCPs) and allowed privileges to include prescriptive authority. In response to a growing interest in clinical practice nationwide and meetings with key stakeholders such as the Centers for Medicare and Medicaid Services (CMS), the National Clinical Pharmacy Specialist Committee (NCPSC) was established by the IHS Principal Pharmacy Consultant in 1997 to provide a mechanism to assure all IHS National Clinical Pharmacy Specialists (NCPS) display a uniform level of competency.

The provision of advanced pharmacy care follows the IHS Pharmacy Standards of Practice as outlined in Chapter 7 of the Indian Health Manual. In 2008, the certification of National Clinical Pharmacy Specialists was expanded to include clinical pharmacists within the Federal Bureau of Prisons (BOP) in an effort to further promote innovation and excellence in professional practice. Further development in the roles of clinical pharmacists across the federal spectrum has resulted in establishing directives and MOUs to permit all Public Health Service (PHS) clinical pharmacists to receive NCPS recognition as of 2013.

In 2016, the Chief Pharmacy Officer (CPO) requested the NCPS Committee change its focus on accepting submissions from the field on single disease state focused “silo model” clinics to a comprehensive care management program including preventative care. An additional emphasis on quality of care accompanied this practice change to include the importance of interactions with facility medical staffs through adoption of expanded local formal pharmacist credentialing and privileging process. With this official change and history of advanced clinical care spanning nearly 50 years, the scope of NCPS care includes all criteria and responsibilities covered in the IHS Standards of Practice, as well as, focused management of disease states for selected patients in whom medications are the principle method of treatment. Patient care may include a patient interview, chart review, ordering and interpreting of laboratory tests, limited physical assessment, prescribing medications, providing patient education, motivational interviewing, and patient follow-up. Treatment and management are performed through collaborative practice agreements (CPA) approved by the local medical staff. If the pharmacist is a certified NCPS provider, the CPA will also have been approved by the NCPSC.

The NCPS certification is intended to uniformly recognize an advanced scope of practice aimed at managing disease states and/or optimizing specific drug therapy to improve patient outcomes. Pharmacists may practice comprehensive medication and disease state management at a facility after meeting local requirements. NCPS certification will be granted only after completing the appropriate application and after the fulfillment of all requirements. In order to promote uniform competency and consistency in the certification process, it is strongly recommended all facilities adopt, at a minimum, the national (NCPS) standards for local credentialing of pharmacists for disease state management.

## Reformation

When the NCPS Committee began, it focused on pharmacist-run clinic outcomes for specific disease states, such as diabetes and hypertension. This was done to demonstrate pharmacists across the Indian Health Service were able to help patients achieve clinical outcome goals through optimal pharmaceutical care.

Over time, the NCPS committee expanded this certification to include pharmacists in all agencies within the PHS, but remained focused on individual disease-state management. Over the last decade, pharmacists have adopted an expanded scope of practice, increased recognition as providers, and are well-positioned to provide direct patient care and assistance as the community undergoes a growing shortage of primary care providers. In concert with this expanded scope of practice and as directed by the USPHS Chief Professional Officer (Pharmacy), the NCPSC has modified the NCPS certification criteria from a focus on disease-state management to comprehensive care.

As of August 2017, all protocols submitted to the NCPSC for review must include privileges or the authority to provide comprehensive care. Comprehensive care entails not only disease-state focused care, but preventative care and care for associated conditions or complications of treatment. Silo clinics such as hypertension or hyperlipidemia are no longer eligible for NCPS certification, but broader and specialty care areas like HIV care will be recognized, provided they meet the above conditions of a comprehensive care program.

Pharmacists applying for NCPS certification must also provide documentation of certification in tobacco cessation as well as immunization. Acceptable programs are listed below.

### Immunization Programs

Evidence of current or historical certification or completed trainings from the following programs will be accepted for immunization certification. This is based upon input from the PHS Pharmacists Expanding Vaccine Access Workgroup.

1. American Pharmacists Association (APhA) Pharmacy-Based Immunization Delivery  
<http://pharmacist.com/pharmacy-based-immunization-delivery>
2. Pharmacists Prescribing Vaccines - The New Mexico Program  
<https://www.nmpharmacy.org/>
3. Arizona Pharmacy Association (AzPA) Immunization Training Program  
<http://www.azpharmacy.org/?page=Immunization>
4. Pharmacist Training Program for Immunizations offered by Ohio Pharmacists Foundation (OPF)  
[https://associationdatabase.com/aws/OPA/pt/sp/education\\_immunization](https://associationdatabase.com/aws/OPA/pt/sp/education_immunization)
5. A state issued or school of pharmacy training certificate in immunization

If there is another immunization program which is equivalent to the above programs and includes a live component covering injection technique, please notify a NCPS Committee member and NCPS Committee will evaluate the program for inclusion.

The American Society of Health-System Pharmacists (ASHP) has developed guidelines on the pharmacist's role in immunizations.

(<http://www.ashp.org/doclibrary/bestpractices/specificgdlimmun.aspx>)

### Tobacco Cessation Programs

Evidence of current or historical certification or completed trainings from the following programs will be accepted for tobacco cessation certification. This is based upon input from the PHS Tobacco Cessation Services Access Workgroup.

1. USPHS Rx for Change\_  
<http://rxforchange.ucsf.edu/> or  
[https://dcp.psc.gov/OSG/pharmacy/sharedresources/tctp\\_modules.aspx](https://dcp.psc.gov/OSG/pharmacy/sharedresources/tctp_modules.aspx)  
\*Recommend using the Purdue link in order to receive a certificate
2. Mayo Clinic Nicotine Dependence Education Program\_  
<http://ndceducation.mayo.edu/hubcap/tobacco-treatment-specialist-certification/>
3. University of Arizona, HealthCare Partnership – Basic Tobacco Intervention Skills\_  
<http://www.healthcarepartnership.org>
4. A state issued or school of pharmacy training certificate in tobacco cessation

If there is another tobacco cessation program which is equivalent to the above programs, please notify a NCPS Committee member and NCPS Committee will evaluate the program for inclusion.

## Certification Process

### Eligibility for Application

Any USPHS pharmacist with an unrestricted pharmacy license and meeting the criteria for NCPS is eligible to apply. Completed applications received at least thirty days prior to the next scheduled protocol review meeting will be evaluated for certification. The NCPS Committee meets quarterly to review applications on the second Wednesday in February, May, August, and November.

Applications are available at the PharmPAC website:

[https://dcp.psc.gov/osg/pharmacy/ncps\\_certifications.aspx](https://dcp.psc.gov/osg/pharmacy/ncps_certifications.aspx). Additional inquiries should be directed to agency-specific representatives of the NCPSC.

### Application Requirements

- Completed and signed Application for USPHS National Clinical Pharmacy Specialist.
- Copy of current state pharmacy license(s) and any other advanced practice license(s).
- Evidence of 2 years at a public health facility (IHS, ICE, BOP, CG), one of which the pharmacist has practiced as an advanced practice pharmacist at their local facility.
- Evidence of 15 hours of clinically pertinent continuing education from the previous year or documentation of an equivalent number of contact hours with a medical staff provider.
- Evidence of 45 patient encounters within the past 12 months from NCPS application date.
- Letter of attestation, filled out and signed by the NCPS clinic coordinator or collaborating physician, stating how the pharmacist meets the criteria for NCPS and certifying local disease state management credentialing has been obtained.
- Copy of one of the five postgraduate documents listed:
  - Residency certificates
  - Specialty board certifications
  - Disease state management certificates relevant to the area(s) in which the pharmacist has authority to practice
  - State issued clinician's license

- Narrative detailing experience (if using clinical experience in lieu of additional certification or licensure)
- A copy of the facility’s collaborative practice agreement(s) or privileging documentation which must include:
  - A comprehensive clinic practice; not a “silo” clinic.
  - Appropriate signatures (Clinical Director, Chief of Pharmacy or Acting Chief of Pharmacy)
  - Signed within the last 2 years
  - Original date approved and revision dates if applicable
- A completed critical elements checklist with protocol submission.
- A completed Summary of Local Advanced Practice Authority.
- Credentialed and Privileged through your local facility’s medical staff beginning January 2019
  - If NO, applicant must complete a waiver. Waiver must include: steps taken to credential and privilege pharmacists, barriers encountered, and future plans to accomplish this. (attached to application)
- Clinic outcomes data reflecting most recently completed fiscal year (October 1 through September 30) for the most frequent disease states managed in the clinical practice.

### **CPA/Protocol Approval**

Collaborative Practice Agreements will be evaluated by the NCPSC utilizing the “NCPS Critical Elements in Designing a CPA/Clinical Protocol Checklist”. Approval of CPA/protocols will be granted for a 2 year period. CPA/protocols not recommended for approval as a NCPS certified program will be provided feedback by the NCPSC on areas of improvement and be encouraged for resubmission.

Applications for provider certification utilizing a CPA/protocol that has been approved by the NCPSC within the last two years will not require complete protocol review at the time of their application submission. The applicants will still need to provide a copy of their approved protocol with current signatures, dates, and outcomes as part of the application.

CPAs/protocols should be reviewed locally and submitted for approval every 2 years even if no applications for providers are required.



## **Storage of Applications**

A file containing the completed application and related documents of a pharmacist seeking NCPS certification shall be stored by the NCPSC for a period of at least 5 years. There shall be an individual file for each applicant, and all files shall be kept in a lockable file cabinet or in digital format.

This system of records is voluntary and therefore is not considered a part of the IHS Credentials and Privileges Records. All submitted documentation will be maintained in a confidential manner with the exception of collaborative practice agreements which will be freely shared to further the advanced practice of pharmacy.

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## **Committee Decisions**

The NCPSC will notify applicants by e-mail of Committee results within 14 days of the Committee's meeting. If the applicant is not granted a certification by the Committee, they will receive a detailed explanation of the Committee's decision.

The NCPSC will issue an official certificate if the applicant successfully meets the requirements for NCPS certification. The certificate is valid for a period of three years. The pharmacist may apply for recertification at that time.

Certified pharmacists must notify the NCPSC in writing if local Clinical Pharmacy Specialist (CPS) privileging or authority status changes.

## **The Recertification Process**

Every three years, the applicant shall reapply for certification using the recertification application. Requirements for recertification include:

- Completed and signed Application for USPHS National Clinical Pharmacy Specialist.
- Copy of current state pharmacy license(s) and any other advanced practice license(s).
- Evidence of 45 hours of clinically pertinent continuing education from the previous three years.

- Evidence of 30 patient encounters within the past 12 months from NCPS application date.
- Letter of attestation, filled out and signed by the NCPS clinic coordinator or collaborating physician, stating how the pharmacist meets the criteria for NCPS and certifying local disease state management credentialing has been obtained.
- Credentialed and Privileged through your local facility's medical staff beginning January 2019
  - If NO, applicant must complete a waiver. The Brief wavier narrative should include the following: department actions to expand adoption of credentialing and privileging of pharmacist, the barriers encountered, and future plans to accomplish this. (attached to recertification application)
- A copy of the facility's collaborative practice agreement(s) or privileging documentation including all the requirements listed above in the original application.
- A completed critical elements checklist with protocol submission.
- Completed Summary of Local Advanced Practice Authority.
- Clinic outcomes data reflecting most recently completed fiscal year (October 1 through September 30) for the most frequent disease states managed in the clinical practice.

If the pharmacist's certification has expired for a period greater than 12 months, then they must apply using the initial certification process instead of the recertification process.

## Collaborative Practice Agreements

Collaborative practice agreements (CPAs) create a formal practice relationships between pharmacists and prescribers. CPAs can benefit collaborative care delivery by identifying what functions, in addition to the pharmacist's typical scope of practice, are delegated to the pharmacist by the collaborating prescriber, under negotiated conditions outlined in the agreement. The protocol is a clinical practice guideline used to assist the practitioner about appropriate healthcare for specific clinical circumstances. The Indian Health Service was the first federal agency to allow pharmacists to collaboratively practice with other health care providers beginning in the 1960s. Today many public and private institutions utilize CPAs in the provision of high quality, patient centered care.

A Collaborative Practice Agreement and/or local medical staff credentialing and privileging should be in place for all pharmacists prescribing medications or performing other advanced practice functions in the delivery of patient care.

Critical elements that should be addressed in a high-quality CPA include, but are not limited to, the following:

1. A **Statement of Need** providing a rationale and purpose for the clinic. This element should include local data to support the clinic.
2. **Clinic Information** should include the process for obtaining referrals, how clinic eligibility is determined, clinic procedure, and the process for referring patients back to the primary care provider (PCP) for advanced care or upon discharge from the clinic.
3. **Comprehensive Care** should be supported with sections describing the process for managing associated comorbidities, including a list of the more common comorbid conditions to be monitored and treated when appropriate. A section should also be included to describe a health care maintenance program based on local need. Examples may include, but are not limited to, programs such as immunizations, tobacco cessation and associated screening tests.
4. All CPAs should include a **Clear Statement that the Pharmacist is Authorized to do ALL of the following:**
  - a. Order laboratory tests;
  - b. Interpret laboratory tests;
  - c. Perform limited physical assessment;
  - d. Prescribe (initiate, modify, and discontinue) medications as authorized by the CPA;
  - e. Provide and document patient education;
  - f. Provide patient follow-up
5. **Collection and Submission of Outcome Data** is essential to document the impact pharmacists have on patient care and are required when being considered for NCPS

initial certification and renewal. The CPA should identify the administrative and clinical outcome measures to be collected and the process for obtaining, documenting and reporting outcomes data. The process for obtaining, documenting and reporting annual outcomes to local leadership and NCPSC should be described.

6. **Performance Improvement** programs are considered essential processes for all pharmacist-run clinics in order to identify, track, and improve the future performance of problem-prone, high-risk and/or high-cost aspects of care. Clinic-specific performance measures should be identified and tracked in order to mark progress and improve future performance. In order to assess, track and improve the pharmacist's performance, a peer review process should be described. Performance Improvement activities should be reported to local leadership annually.
7. **Training and Certifications** required locally to participate in the pharmacist-run clinic should be described. All relevant training and certifications the pharmacist has received should also be listed on the CPA. In order to help assure pharmacists practicing under this CPA remain qualified, a process for evaluating competencies should be described and required annually.
8. Clinical decisions should be based on evidence based, nationally or locally accepted **clinical treatment guidelines**. The guidelines utilized should be referenced in the CPA.
9. All CPAs will need to include the appropriate signatures with their titles. Required signatures may vary but should adhere to local or agency approved standards. The original CPA approval date and the revision and/or review date(s) should be listed.

Depth and breadth of clinical practice authorized by a CPA may be limited by federal, state, or local regulations. In the following pages, you will find a listing of elements deemed critical to a high-quality CPA as well as CPA templates and examples.

## **National Clinical Pharmacy Specialist Critical Elements Checklist**

# National Clinical Pharmacy Specialist (NCPS) Critical Elements in Designing a Collaborative Practice Agreement (CPA) / Clinical Protocol Checklist

Facility: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Reviewer’s Contact Information: \_\_\_\_\_

Date of Review: \_\_\_\_\_

**Recommendation:**    Approved    Not Approved

<p><b>1. Statement of Need</b></p> <ul style="list-style-type: none"><li>○ Rationale/Purpose for Clinic</li><li>○ Include <b>local</b> data to support clinic</li></ul> <p><b>2. Clinic Information</b></p> <ul style="list-style-type: none"><li>○ Process for obtaining referrals and determining clinic eligibility</li><li>○ Clinic Procedures</li><li>○ Process regarding referral back to primary care provider and/or discharge back to the primary care provider</li></ul>	<ul style="list-style-type: none"><li>○ _____</li><li>○ _____</li><li>○ _____</li><li>○ _____</li><li>○ _____</li></ul>
<p><b>3. Comprehensive Care</b></p> <ul style="list-style-type: none"><li>○ Process for managing associated comorbidities<ul style="list-style-type: none"><li>○ Comorbidities identified</li></ul></li><li>○ Health care maintenance program based on local need (examples may include but not limited to these programs: immunizations, tobacco cessation, associated screening tests, etc.)</li></ul>	<ul style="list-style-type: none"><li>○ _____</li><li>○ _____</li></ul>
<p><b>4. Clear Statements that the Pharmacist is Authorized do ALL of the following (required for consideration of approval/certification)</b></p> <ul style="list-style-type: none"><li>○ Order laboratory tests</li><li>○ Interpret laboratory tests</li><li>○ Perform limited physical assessment</li><li>○ Prescribe (initiate, modify, and discontinue) medications per CPA and/or privileging</li><li>○ Provide and document patient education</li><li>○ Provide follow-up of the patient</li></ul> <p><b>5. Outcomes (required for consideration of approval/certification)</b></p> <ul style="list-style-type: none"><li>○ Identification of clinical and administrative outcome measures to be collected</li><li>○ Annually obtain, document, and report outcomes to local leadership and NCPSC</li></ul>	<ul style="list-style-type: none"><li>○ _____</li><li>○ _____</li><li>○ _____</li><li>○ _____</li><li>○ _____</li><li>○ _____</li><li>○ _____</li><li>○ _____</li><li>○ _____</li></ul>

<p><b>6. Performance Improvement</b></p> <ul style="list-style-type: none"> <li>○ Description of how outcome measures will be utilized to improve future performance</li> <li>○ Description of peer review process</li> <li>○ Report performance improvement annually</li> </ul> <p><b>7. Training and Local Certification</b></p> <ul style="list-style-type: none"> <li>○ Define pharmacist training requirements and other qualifications to practice in this comprehensive care clinic</li> <li>○ Describe process for annual evaluation and documentation of competencies</li> </ul>	<ul style="list-style-type: none"> <li>○ _____</li> <li>○ _____</li> <li>○ _____</li> <li>○ _____</li> <li>○ _____</li> </ul>
<p><b>8. Treatment Guidelines</b></p> <ul style="list-style-type: none"> <li>○ Current National Clinical Practice Guidelines, if available, are referenced</li> </ul>	<ul style="list-style-type: none"> <li>○ _____</li> </ul>
<p><b>9. Protocol Approval</b></p> <ul style="list-style-type: none"> <li>○ Appropriate signatures with position titles</li> <li>○ Original date of approval</li> <li>○ Revision and/or review dates</li> </ul>	<ul style="list-style-type: none"> <li>○ _____</li> <li>○ _____</li> <li>○ _____</li> </ul>

**Comments:**

## **Sample Collaborative Practice Agreement (CPA)**



**National Clinical Pharmacy Specialist (NCPS)  
Pharmacist-Delivered Patient Care Services  
Pharmacist-Physician Collaborative Practice Agreement (CPA)**

**General Information/Scope of Practice:**

- A CPA refers to a written document, jointly agreed upon by the collaborating professionals that describe a specific plan, arrangement, or sequence of orders, steps, or procedures to be followed or carried out while providing patient care in the capacity of pharmacist-delivered patient care services. Patient care decisions will normally follow the Agency Specific Clinical Guidance documents<sup>1</sup> (CPG) and/or other nationally recognized treatment guideline when appropriate or when an agency CPG is not available.
- “Pharmacist-delivered patient care services” within the auspices of a collaborative practice agreement is defined as a review of a patient’s drug therapy regimen by a pharmacist for the purpose of evaluating and rendering drug therapy decisions necessary to optimize patient outcomes and meet treatment goals commensurate with the Primary Care Provider’s (PCP) diagnosis and desired patient outcome(s). Pharmacist-delivered patient care services includes:
  - Collecting and reviewing a patient’s medical record to include past drug use history;
  - Measuring and reviewing routine patient vital signs; to include a limited physical assessment;
  - Ordering, interpreting, and monitoring the results of laboratory tests relating to drug therapy, e.g. blood chemistries and cell counts, drug levels, culture and sensitivity tests, organ function tests;
  - Developing therapeutic plans and initiating, adjusting, and discontinuing medication regimens;
  - Appropriate preventative health services necessary to care for patients enrolled in pharmacist-run clinics;
  - Addressing and treating comorbidities associated with the disease state covered with this CPA. This should also include a process for referring patients to specialty providers when appropriate.
  - Patient counseling/education and developing partnerships with patients in reference to drug therapy decisions/concerns, and provide care coordination and other healthcare services for wellness and prevention;
  - Documenting clinical encounters in the Agency’s medical record. Medical documentation will include subjective data, objective data, assessment, medication treatment plan, referral to the PCP, patient education, and/or follow-up as appropriate.
- CPA must be approved by the appropriate local health services leadership, collaborating physician, and local Governing Body representative or credentialing body.
- CPAs will be reviewed and updated regularly by the pharmacist in consultation with the collaborating physician.
- CPA modification will require a new CPA approved by the collaborating physician and local health services leadership.
- When a CPA has been approved the pharmacist will receive associated prescribing rights.

- This CPA may be terminated upon written notice by the collaborating physician or pharmacist; or local leadership. Pharmacist must notify the national leadership, within 30 days after local level termination when agency applicable.

**Physicians and Pharmacist entering into this Collaborative Practice Agreement**

<b>Institution Name:</b>	<b>Date:</b> <input type="checkbox"/> New CPA <input type="checkbox"/> Renewal
<b>Title of CPA (Areas of Care):</b>	
<b>Pharmacist Name:</b>	
<b>Clinical Director (CD) Name:</b>	
<b>Collaborating Physician (if CD has delegated collaborative responsibilities)</b>	
<b>Physician Name:</b>	

Physician with collaborative responsibilities will conduct clinical competency assessments.

Time period during which the approved CPA will be in effect: \_\_\_\_\_

**STATEMENT OF NEED**

Optimal patient care is best accomplished through a team management process involving all health care disciplines. Advanced pharmacy practices have been shown to improve patient and health system outcomes and should be considered as an integral part of the team management delivery model<sup>2</sup>.

*[Utilize this section to describe why you need this clinic. Justifications should be institution specific and describe current patient outcomes data relevant to requested prescribing rights and related disease states(s). This data should reflect baseline outcomes for new CPAs and maintenance outcomes for CPA renewals. Local outcomes can be compared with related Agency Specific National Performance Measures or other national outcomes database in order to justify need for improved patient care.]*

This CPA is intended to effectively integrate clinical pharmacy services into the team medicine approach and to help patients reach their outcomes goals, e.g., blood pressure, hemoglobin A1C, LDL cholesterol, CD4 count, viral load, INR.

**CLINIC INFORMATION**

Under the auspices of this CPA, the pharmacist will follow and treat a select patient population based on patient needs and available pharmacy resources. The pharmacist will organize a pharmacist-run clinic to address specific patient care needs according to the pharmacist’s competency in the management of the respective medications and related disease state(s). Per local preference, patients with applicable pharmacist-delivered patient care services needs will be:

- (1) Referred to the pharmacist-run clinic by the primary care provider (PCP) in consultation with the pharmacist and via electronic or written request, or;
- (2) Automatically enrolled in the specialty-based clinic managed by the pharmacist.

A PCP will normally provide diagnoses and targeted clinical/outcomes goals. The pharmacist will provide patient care functions necessary to help the patient achieve these goals. Pharmacist will provide related Health maintenance/preventative care services as well as addressing and treating, as appropriate, associated comorbidities.

*[Utilize this space to describe the health maintenance/preventative care process this clinic will be providing as part of a comprehensive practice. This should describe a care services based on local need, e.g., immunizations, smoking cessation, associated screening tests. These services will vary depending*

*on agency or tribal priorities, risks associated with varied patient populations, and the breadth of disease states being covered by this CPA.]*

*[Utilized this space to describe the process for addressing and treating comorbidities associated with the disease states covered by this CPA. This section should also describe the process for referring patients with more complicated comorbidities to the appropriate provider. A sample list of major comorbidities should be included with the understanding it is not possible to list all comorbid conditions.]*

Patients can be discharged from the clinic as deemed appropriate by the pharmacist for legitimate reasons, e.g., refusal of treatment, end of treatment, reached outcome goals. Patients being discharged when reaching outcome goals will continue to be followed in the appropriate chronic care clinic by the PCP and may be referred back to this clinic as needed. Patients will be discharged in consultation with the PCP and will be documented in the medical record.

Pharmacist will refer patients to the PCP for treatment challenges or complications outside the pharmacist’s scope of expertise. The PCP will be notified by the pharmacist via verbal notification, medical record note or email based on the situation urgency.

#### TRAINING AND LOCAL CERTIFICATION

Pharmacist will acquire training or experience commensurate with the level of prescribing authority granted by the collaborating physician. The level of training obtained inherently as a pharmacist should justify competency for basic pharmacist-delivered patient care services functions for a variety of disease states. The pharmacist will review and be familiar with the respective agency CPGs and other nationally recognized treatment guidelines. Advanced training/experience or certifications should be documented below:

Date:	Training/certification:
Date:	Training/certification:
Date:	Training/certification:
Experience, to include previous practice agreements:	

The pharmacist will continue to receive education based on the latest advancements in care respective to the clinics being provided.

The collaborating physician will conduct peer review by sampling the decisions made by the pharmacist at least quarterly and will be available for ongoing collaboration with the pharmacist either in person or electronically as needed to discuss specific cases. The collaborating physician will perform annual competency assessments as outlined by the respective agency and this documentation will be placed in the pharmacist’s credential file.

#### PERFORMANCE IMPROVEMENT

A performance improvement (PI) program will be developed in conjunction with the local health care services PI program. This program will include a plan to continually monitor outcomes and identify problems in patient care processes with the intent of implementing measures to improve these processes on an on-going basis. The pharmacist will follow-up on implemented improvement measures to assure outcomes continue to improve and desired outcomes are maintained. Outcomes data will be collected by the pharmacist using the applicable NCPS disease specific outcome templates. Agency and

local data reporting may also be required. This data will be collated and submitted to the local P&T Committee regularly and to the Agency chief annually if applicable. Data will also be submitted to the NCPS committee (using the NCPS approved template) annually if NCPS certified.

**PHARMACIST COLLABORATIVE PRACTICE AGREEMENT AUTHORITY**

List of disease states for which pharmacist has prescribing rights:

**Aminoglycosides** ; **Anticoagulation** ; **Asthma** ; **COPD** ; **Diabetes** ; **Hepatitis** ; **HIV** ; **Hyperlipidemia** ; **Hypertension** ; **Pain Management** ; **Psychiatric** ; **Smoking Cessation** ; **Vaccinations** ;

**Other**  (list specific diseases not covered above):

**OR**

**Universal Prescribing Rights**

The Pharmacist has authority to modify, discontinue or add medication therapy and/or order laboratory tests for diagnoses clearly documented in the medical record. Prescribing should be in accordance with the pharmacist's competency and training.

**Limited Diagnosing Rights**

Additionally the pharmacist may prescribe medications for symptomatic UTI and STDs with documented urinalysis results in accordance with local antibiotic stewardship program. The pharmacist may also prescribe antifungals for symptoms of yeast infections. The pharmacist may prescribe symptomatic treatment for acute URI with symptom onset less than 7 days. Such decisions are based on patient specific factors and in accordance with current guidelines and research. Each encounter is documented in the form of a SOAP note explaining the rationale for therapy. Current evidence-based guidelines will be the primary decision making tool in regards to disease state management.

The following DUEs will be utilized to track and submit outcome measures corresponding with above prescribing rights:

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Anticoagulation  | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> HCV          |
| <input type="checkbox"/> HIV              | <input type="checkbox"/> Hyperlipidemia  | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Psychiatric Care | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Other _____  |

By signing this document, the above named physician(s) and pharmacist enter into a Collaborative Practice Agreement for their patients and, as such, may participate in pharmacist-delivered patient care services as described above, and authorize the pharmacist to prescribe the medications necessary to treat the above disease states.

*Signatures as required by respective agency. (Adjust as necessary)*

**Collaborative Practice Agreement Approved by:**

**Acknowledged by:**

**Advanced Practice Pharmacist <sup>a</sup>:**

**Health Services Administrator:**

Signature

Date

Signature

Date

**Clinical Director <sup>a</sup>:**

**Governing Body Chairperson:**

\_\_\_\_\_  
Signature Date

***Collaborating Physician (if other than CD)***

\_\_\_\_\_  
Signature Date

<sup>a</sup>Signatures required for CPA modification.

\_\_\_\_\_  
Signature Date

***Agency Chief Pharmacist or designee<sup>a</sup>:***

\_\_\_\_\_  
Signature Date

References

1. Agency Clinical Practice Guidelines
2. Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011.

Annual CPA Reviews – Date of original CPA approval: Month \_\_\_\_\_ Year \_\_\_\_\_

	Date	Pharmacist Signature	Comments/Updates
1			
2			
3			
4			

**Example of a NCPSC approved Collaborative Practice Agreement:  
Red Lake Pharmacy Primary Care Clinic (PPCC) Protocol**

RED LAKE  
Pharmacy  
Primary Care  
Clinic (PPCC)

January

2017

---

Approved:

\_\_\_\_\_  
Clinical Director

\_\_\_\_\_  
Director, Pharmacy Services

Red Lake  
Hospital

Original: 1/2017

# Red Lake Pharmacy Primary Care Clinic (PPCC) Protocol

## I. RATIONAL, PURPOSE AND GOALS

The Red Lake Hospital Pharmacy seeks to improve access and care to clinical and preventive services through a patient centered Medical Home Model. The Medical Home Model is a concept in the medical community which encompasses a patient-centered approach in the environment of a team-based model. Through patient care services such as medication and disease state education, pharmacotherapy management and therapeutic monitoring, pharmacist-delivered primary care maximizes the team approach with the following goals:

- Expand patient access to care
- Allow timely follow up of medication management
- Maximize medication use monitoring
- Maximize medication safety
- Improve patient satisfaction
- Consistently meet GPRA quality indicators
- Improve patient care outcomes through a team approach

## II. PATIENT ELIGIBILITY, REFERRAL PROCESS AND PROVIDER COMMUNICATION

Adult, non-pregnant patients that have been diagnosed with any of the conditions listed below may be referred to the PPCC for disease state management by submitting a referral through EHR. The referral may be submitted by any health care provider, but will need to be approved and signed by a physician or mid-level provider.

Based on maintaining a level of competency in areas of disease management, the pharmacist may provide care to adult, non-pregnant patients referred for care through EHR for the following disease state(s):

- Hypertension
- Hyperlipidemia
- Type 2 Diabetes
- Nicotine Dependence
- Asthma
- Immunizations
- COPD
- Hypothyroidism
- Spirometry

PPCC Pharmacist clinicians will communicate via telephone or EHR to collaborate with the patient's PCP anytime an issue or question in care arises. The pharmacist will refer



the patient back to their PCP if patient care will need to extend beyond this CPA or if the patient reaches their disease state goals and will be discharged from the clinic. If the patient no-shows for multiple appointments, the pharmacist clinician may choose to refer the patient back to the primary care provider, at their discretion. This will be communicated via EHR note.

To communicate patient care plans, PPCC pharmacist clinicians will add the patient's PCP as an additional signer to each EHR note encounter.

### **III. CLINIC ACTIVITIES**

This Collaborative Practice Agreement (CPA), in accordance to standards of care and/or clinical practice guidelines, allows the pharmacist to perform the following for disease states listed below:

- Obtain histories from patients and review patient health records to document medication use patterns, detect adverse drug effects, uncover potential drug interactions, contraindications to therapy, and identify evidence of drug efficacy.
- Perform appropriate, limited physical examination of patients (which may include vitals, weight, height, assessment of extremities, and routine foot checks).
- Administer appropriate immunizations.
- Provide comprehensive medication reviews.
- Order and interpret pertinent laboratory tests to monitor drug therapy for efficacy and toxicity.
- Prescribe (initiate, modify, renew or discontinue) medications used to treat the chronic conditions within this CPA.
- Provide patients with educational materials and counseling concerning their risk factors, therapeutic lifestyle change recommendations, medication regimens, safe and appropriate use of prescribed pharmacotherapy and monitoring parameters.
- Initiate and document appropriate internal facility referrals (dietary, fitness, etc.)
- Document drug regimen, significant findings and services rendered in the patient's health record.
- Evaluate, assess, and institute appropriate treatment plans.
- Refer patients back to their primary care provider for follow-up of chronic disease, annual physicals, and evaluation or treatment of acute or abnormal findings.
- Consult with the patient's primary care physician or an emergency department provider if a patient presents to the DSM clinic with any emergency symptoms. The patient will be escorted to the emergency department for further evaluation when recommended by consulting physician or DSM pharmacist.

### **IV. PHARMACOTHERAPY AND THERAPEUTIC MANAGEMENT**

The PPCC pharmacist clinician may initiate, modify or discontinue prescription therapy based upon this CPA in those individuals with diagnoses related to the guidelines listed below, and within local formulary procedures. Therapeutic goals will be determined and

communicated by the provider in the referral, specified as individually tailored goals or per national guidelines. Indian Health Service standards of care or national practice guidelines will be utilized to determine pharmacotherapy and therapeutic monitoring for the following:

**Hypertension:**

James PA, Oparil S, Carter BL, et al. 2014 Evidence-Based guideline for the management of high blood pressure in adults: Report from the panel members appointed to the eighth Joint National Committee (JNC 8). JAMA. 2014; 311(5):507-520.

**Dyslipidemia:**

American Heart Association. Guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular disease risk in adults: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation. 2014; 129: S1-S45.

**Type 2 Diabetes:**

American Diabetes Association. American Diabetes Association standards of medical care in diabetes- 2015. Diabetes Care. 2015; 38(Suppl 1):S1-S94.

IHS Division of Diabetes Treatment and Prevention, Indian Health Service Diabetes Standards of Care

[https://www.ihs.gov/diabetes/includes/themes/newihstheme/display\\_objects/documents/algorithms/DM\\_algorithm\\_Insulin\\_508c.pdf](https://www.ihs.gov/diabetes/includes/themes/newihstheme/display_objects/documents/algorithms/DM_algorithm_Insulin_508c.pdf)

**Nicotine Dependence:**

US Department of Health and Human Services. Treating tobacco use and dependence: 2008 update – clinical practice guideline. Washington, DC: Public Health Service. 2008 May.

**Asthma:**

National Asthma Education and Prevention Program. Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma-Summary Report 2007. J Allergy Clin Immunol 2007 Nov; 120(5 Suppl):S94-138.

**COPD:**

Global Strategy for the Diagnosis, Management and Prevention of COPD. Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2014. Available from:

<http://www.goldcopd.org/>.

**Immunizations:**

Centers for Disease Control and Prevention. Immunization schedules [updated 2014 Jan 31; accessed 2015 Jan 19]. Available at:

<http://www.cdc.gov/vaccines/schedules/index.html>.

**Hypothyroidism:**

Clinical Practice Guidelines for Hypothyroidism in Adults: Cosponsored by the American Association of Clinical Endocrinologist and the American Thyroid Association. <https://www.aace.com/files/final-file-hypo-guidelines.pdf>

## **V. OUTCOMES**

PPCC outcomes will be assessed every 6 months and reported to the chief pharmacist, the clinical director and Red Lake Pharmacy and Therapeutics Committee every 6 months. Outcomes will be assessed annually for NCPS Committee. Additional information such as evaluation of clinic access, no-show rates, adverse medication outcomes or other pertinent measures will also be collected, as appropriate. The following GPRA measures may be addressed every 6 months:

- Depression screening
- Tobacco use assessment and cessation
- BMI assessment
- Immunizations
- Alcohol screening
- Nephropathy assessment
- IPV/DV screening
- BP assessment and control
- Glycemic control
- LDL assessment
- Lifestyle counseling

## **VI. CREDENTIALING AND PRIVILEGING AND PERFORMANCE IMPROVEMENT**

All pharmacists seeking to practice within the PPCC will be required to be fully credentialed and privileged by the Red Lake Medical Staff. Ongoing Professional Practice Evaluation and Focused Professional Practice Evaluation will be conducted in accordance with medical staff requirements. Each privileged pharmacist will be required to participate in monthly peer reviews to assess individual pharmacist performance and competency and ensure patient safety.

## **VII. TRAINING AND ORIENTATION**

To consider practicing within the PPCC, pharmacists must:

- meet the medical staff membership requirements (Pharmacists must have obtained a Bachelor of Science in Pharmacy (B.S. Pharm) or a Doctor of Pharmacy (Pharm.D.) degree from a program accredited by the Accreditation Council for Pharmacy Education, or have passed the appropriate U.S. sponsored foreign pharmacy graduate qualifying exam. Additionally, an applicant with only a B.S. Pharm must have at least five years of verifiable clinical pharmacy experience. An applicant with a Pharm.D. who is not a new graduate (within the past year), must have at least six months of verifiable clinical

experience within the past year, or successfully completed a one year American Society of Health System Pharmacists accredited residency within the past year.)

- possess basic life support certification
- practicing as a pharmacist for at least 6 months
- be employed for at least three months at the Red Lake Pharmacy
- be fully credentialed and privileged by the Red Lake Medical Staff
- submit requests for appropriate clinic privileges

Pharmacists will undergo competency assessments prior to independently practicing in the PPCC. Competency is demonstrated through a clinic orientation process that includes passing written exams, skills tests, and completion of the patient care clinic competency evaluation. Competency assessment information for each pharmacist practicing in the PPCC is kept on file with the pharmacy clinic coordinator. Pharmacists will seek at earliest possible opportunity and maintain NCPS certification.

Subject matter related continuing education of 1 hour for each disease state will be required annually to maintain competency.

## **VIII. BUSINESS PLAN**

Any patient visits meeting the requirements for insurance reimbursement will be billed by the pharmacy through CPT codes. Collections will be assessed and reported to the chief pharmacist annually.

This collaborative practice agreement supersedes the Red Lake Pharmacy IPC protocol, Asthma/COPD protocol, and Tobacco Cessation protocol.

**Example of a Collaborative Drug Therapy Management Form:  
Whiteriver Pharmacist – Physician Practice and Collaborative Drug  
Therapy Management Form**

**Whiteriver Pharmacist – Physician Practice and Collaborative Drug Therapy Management**

<b>Pharmacist:</b>						
<b>Approved Protocols</b>		<b>Agreement expires two years from date signed.</b>				
<b>Anticoagulation</b>						
<b>CDTM</b>						
<b>Dialysis</b>						
<b>Epoetin</b>						
<b>Pain</b>						
<b>Immunizations</b>						
<b>Hepatitis C/HIV</b>						
		<b>Special Limitations</b>	<b>Request</b>		<b>Approved</b>	
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Formulates and records patient care plan related to pharmaceutical care.						
Orders and monitors laboratory and other procedures to assess pharmacotherapy safety and efficacy		Within approved Protocol(s)				
Provides pharmacotherapy and management of patients						
Recommends and makes therapeutic substitutions for medications based on local formulary and pharmaceutical literature						
Initiates, monitors, and adjusts medications based on approved disease state management protocols. Approved medications provided in protocols.		Within approved Protocol(s)				
Administers ACLS Medications		With current ACLS Certification				
Make dosing recommendations on Adult and Pediatric OTC Medications based on current guidelines.						
Other approved activities in accordance with training and education						

**This document shall in no way limit those practices normally performed by a pharmacist as described by Pharmacy Practice Acts, Federal Law, IHS Policy, or activities authorized by the local Pharmacy and Therapeutic Committee.**

	<b>Print</b>	<b>Signature</b>	<b>Date</b>
Pharmacist			
Pharmacy Director			
Clinical Director			

## Credentialing and Privileging

As the quest for universal recognition of pharmacists as providers comes ever closer to its goal, it is more important than ever to align with other recognized medical providers. One avenue in which pharmacists may pursue this goal is to seek credentialing and privileging through, and as a part of, their local medical staff. Twenty years ago, in the October 1996 memorandum, Director Trujillo directed that "Clinical privileges for CPS may be authorized via standing orders or the facility credentialing/privileging process."

In practice, most facilities with CPS pharmacists have utilized collaborative practice agreements as a form of "standing orders" to delineate pharmacists' privileges. These CPAs have historically had varying degrees of medical staff review which may range from review and collaboration with a single physician from the medical staff to full review and collaboration with the entire medical staff. However, at the time of this writing, some IHS facilities have already begun including pharmacists as members of their local medical staff and implemented credentialing and privileging through the same process as any other member of the medical staff.

Starting January 1, 2019, all CPS pharmacists must be credentialed and privileged through their local medical staff to receive NCPS certification. Facilities not in compliance with the deadline may request a waiver be granted. Documentation needed for a waiver must include the following: Steps taken to credential and privilege pharmacists. Barriers encountered to credential and privilege pharmacists. Future plans to accomplish credentialing and privileging pharmacists.

### Explanation of Forms:

The following forms are generally used in requesting local privileges and regularly evaluating the performance of new and established medical staff providers:

- Initial Privileges Request
  - Used to request privileges to practice the art of medicine at the local facility. Privileges are generally granted on a provisional basis pending Focused Professional Practice Evaluation (FPPE) findings
- Focused Professional Practice Evaluation (FPPE)
  - The more intense or in-depth of the two professional practice evaluations used to determine the providers clinical competence and ability to perform the requested privileges. The initial FPPE period generally last for six months to one year. Generally used for one of three purposes:
    - To evaluate the performance of all individual providers requesting initial privileges.
    - To evaluate the performance of an existing provider (already

appointed to the medical staff) requesting new or expanded privileges.

- To evaluate the performance of a provider when issues are identified that may affect the provision of safe, high quality care.
  - See your facilities local medical staff bylaws for details.
- Ongoing Professional Practice Evaluation (OPPE)
  - Upon completion of the FPPE period, the OPPE is used to evaluate the performance of all providers with privileges on an ongoing basis, generally every six months. See your facilities local medical staff bylaws for details.
- Peer Review
  - The evaluation of the provision of care or practice of the art of medicine by a colleague (i.e. another medical provider).
  - Results are generally incorporated into ongoing professional practice evaluations and findings may trigger a focused professional practice evaluation.



## **Sample Clinical Pharmacist Privileges Form**



## CLINICAL PHARMACIST PRIVILEGES

---

**APPLICANT NAME:**

**DATE:**

Applicant Instructions:

1. Print/type your name and date on the top of the form.
2. Check (✓) each item in the appropriate location to indicate the level privilege you are requesting.
  - NONE means that you are not requesting privileges for this item.
  - FULL means that you are entitled to function following standards consistent with the scope of practice of the medical community at large.
3. Sign and date your request for privileges on the section marked *Applicant signature*.

Supervisory Instructions:

1. Indicate your recommendation for each individual clinical privilege by placing a check (✓) mark in the appropriate location.
2. In the Comment section, please explain any time your decision varies from the request of the applicant.
3. Sign and date your review of requested privileges on the section marked *Supervisor signature*.

**Qualifications:** Hold a current, valid license to practice pharmacy in one of the US states or territories.

### Clinical Pharmacist Core Privileges

Provides initial and ongoing assessment of patients' medical, physical, and psycho social status including the following:

- Conduct comprehensive patient health and medication histories
- Perform physical examination
- Order, interpret, analyze, and monitor laboratory and other appropriate tests
- Formulate therapeutic treatment plans
- Initiate, continue/renew, modify, discontinue, and administer medications as appropriate
- Provide relevant patient education
- Provide medication reconciliation and comprehensive medication review services as appropriate
- Provide care coordination for complex or chronic health problems requiring interdisciplinary management
- Refer patient for care beyond pharmacist scope of practice



## CLINICAL PHARMACIST PRIVILEGES

Clinical Practice: The Clinical Pharmacist is requesting to manage patients for the following clinical practice areas.

Scope of Practice (patient age)	Requested by pharmacist		Recommended by supervisor		Comments
	FULL	NONE	FULL	NONE	
Pediatrics (0-12)					
Adolescent (12-18)					
Adult (19-64)					
Geriatric (65 and older)					

Primary Care Clinical Pharmacy Practice – Pharmacist has the authority to provide post-diagnostic care for patients for any existing diagnosis or condition clearly documented in the medical record.

Clinical Practice Area	Requested by pharmacist		Recommended by supervisor		Comments
	FULL	NONE	FULL	NONE	
Primary Care Clinical Pharmacy Practice					

Specialty Clinical Pharmacy Practice – Pharmacist has the authority to provide post-diagnostic care for patients for specialty practice area(s).

Clinical Practice Area	Requested by pharmacist		Approved by supervisor		Comments
	FULL	NONE	FULL	NONE	
Asthma					
Anticoagulation					
Diabetes					
HCV					
HIV					
Oncology					
Pain Management					
Other:					
Other:					
Other:					



## CLINICAL PHARMACIST PRIVILEGES

I have requested only those privileges for which I am qualified to perform and wish to practice.

If I wish to execute privileges not defined in this document, I must apply for and be granted those privileges, prior to practicing in the clinical practice area.

Any restrictions of the clinical privileges granted to me are waived in an emergency situation and in such situation; my actions are governed by the relevant Medical Staff policies.

\_\_\_\_\_  
Applicant Signature and Title

\_\_\_\_\_  
Date

The following have reviewed the requested privileges and appropriate documentation and confer them as indicated.

**Clinical Privileges Approved by Applicant's Supervisor:**  Yes  No

Comments:

(Institution Use Only)

**RECOMMENDED:**  As requested

As requested with the following changes:

\_\_\_\_\_  
Applicant's Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title



## CLINICAL PHARMACIST PRIVILEGES

Clinical Privileges Approved by Clinical Director:  Yes  No

Comments:

(Institution Use Only)

**RECOMMENDED:**  As requested

As requested with the following changes:

\_\_\_\_\_  
Clinical Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

Clinical Privileges Approved by Governing Board or Designee:  Yes  No

Comments:

(Institution Use Only)

**RECOMMENDED:**  As requested

As requested with the following changes:

\_\_\_\_\_  
Governing Board or Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

Approved by Medical Staff:  Yes  No Date: \_\_\_\_\_

Approved by Governing Board:  Yes  No Date: \_\_\_\_\_

Document Change History Version #	Date	Summary Of Changes
Created	06-2016	

**Sample Clinical Pharmacist Focused Professional Practice Evaluation  
(FPPE) Summary Form**

## Clinical Pharmacist Focused Professional Practice Evaluation (FPPE) Summary

Practitioner Being Evaluated: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluation is to be completed by Pharmacy department supervisor or Pharmacy Clinical Coordinator. Results are to be forwarded to the Clinical Director for review.

General Competency Element(s)	Acceptable	Marginal (please explain)	Unacceptable (please explain)	N/A
<b>Patient care</b>				
Documentation appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab ordering and interpretation are appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate meds ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications appropriately dosed (renally/hepatically adjusted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended follow-up (including referrals back to designated provider) appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments (if any):				
<b>Medical knowledge</b>				
Use of clinical guidelines/evidence-based medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments (if any):				
<b>Interpersonal / communication skills</b>				
Interaction with colleagues, staff, and patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments (if any):				
<b>Professionalism</b>				
Timely completion of medical records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abides by Medical Staff Bylaws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical standards in treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient and/or peer complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments (if any):				
<b>Systems-based practice</b>				
Abides by formulary medication use policy(s), CPAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments (if any):				
<b>Overall impression of care provided</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

## Clinical Pharmacist Focused Professional Practice Evaluation (FPPE) Summary

Practitioner Being Evaluated: \_\_\_\_\_ Date: \_\_\_\_\_

### **Recommendations:**

- Recommend continuing current privileges
- Recommend limiting the following privilege(s): (please use attachment if necessary)  
\_\_\_\_\_
- Recommend revoking the following privilege(s): (please use attachment if necessary)  
\_\_\_\_\_

Chief of Service Signature \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Director Signature \_\_\_\_\_ Date: \_\_\_\_\_



## **Sample Ongoing Professional Practice Evaluation (OPPE) Form**

# BIANNUAL ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) FORM Clinical Pharmacist

Pharmacist Name:		Date range (6-month time frame):			
Performance Aspect	Comments	Satisfactory	Needs Improvement	Unsatisfactory	Not applicable
<b>Professionalism:</b>					
Professional Committee Involvement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing Education		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Local Trainings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Record Delinquencies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Patient Care:</b>					
Number of Provider Visits (per clinic)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic Outcomes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Reviews Assessed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results of Peer Reviews		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abides by medication formulary, policies, & CPAs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interpersonal/Communication Skills:</b>					
Interaction with colleagues and staff		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Complaints or Compliments		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b>					
Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Recommendations:**

- Recommend continuing current privileges.
- Recommend FPPE.
- Recommend limiting privilege(s).
- Recommend revoking privilege(s).

Comments/Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Clinical Coordinator Name**

\_\_\_\_\_  
**Clinical Coordinator Signature**

\_\_\_\_\_  
**Date**

Comments/Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Department Supervisor Name**

\_\_\_\_\_  
**Department Supervisor Signature**

\_\_\_\_\_  
**Date**

Comments/Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Clinical Director Name**

\_\_\_\_\_  
**Clinical Director Signature**

\_\_\_\_\_  
**Date**

## **Sample Peer Review Form**

## PEER REVIEW FORM Clinical Pharmacist



<b>Pharmacist Name (please print):</b>			
<b>Chart #:</b>	<b>Note Date:</b>	<b>Patient Name:</b>	<b>DOB:</b>
<b>Clinic Type:</b>		<b>Visit Type:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> Walk-in <input type="checkbox"/> Phone	
<b>CRITERIA</b>	<b>SCORING AND COMMENTS:</b> Score criteria as indicated. If care and/or interventions are inappropriate or outside of protocol, policy, or guidelines, please give reasons and/or suggestions for improvement.		
<b>Documentation:</b>			
<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Appropriate patient screenings (tobacco, depression, alcohol, etc.)</li> <li>• CPT code</li> <li>• Purpose of visit</li> <li>• Allergies</li> <li>• Vitals</li> <li>• Labs</li> <li>• Medication Reconciliation</li> <li>• Therapeutic goals</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Patient Care:</b>			
Clinical Assessment: <ul style="list-style-type: none"> <li>• Assessment appropriate</li> <li>• Vital/Lab abnormalities addressed</li> </ul> Clinical Plan: <ul style="list-style-type: none"> <li>• Therapeutic goals appropriate</li> <li>• Pharmacotherapy appropriate</li> <li>• Follows guidelines/evidence-based medicine</li> <li>• Monitoring appropriate</li> <li>• Follow-up plan appropriate</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Miscellaneous:</b>			
<ul style="list-style-type: none"> <li>• Referral to clinic/service in place</li> <li>• Referral to provider, if appropriate</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Additional Comments (note strengths and weaknesses of this visit):



<b>Reviewer Name: (please print)</b>	<b>Date:</b>	<b>Email address:</b>
<b>Signature:</b>	<b>Facility:</b>	

## Forms

Use the following pages as a guide to complete the requested information for the NCPS application.

 APPLICATION FOR THE USPHS NATIONAL CLINICAL PHARMACY SPECIALIST CERTIFICATION CHECKLIST			
ITEM / DOCUMENTATION	YES	NO	COMMENTS
NCPS application (completed and signed)	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of current pharmacy license(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of 2 years at any public health facility (IHS, ICE, BOP, CG), one year of which applicant practiced as an advanced practice pharmacist at local facility (e.g. copy of personnel orders, OF-8, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	HINT: Use the CPE report and highlight
Evidence of 15 hours of clinically pertinent CE from previous year or documentation of an equivalent number of contact hours with a medical staff provider	<input type="checkbox"/>	<input type="checkbox"/>	
Letter of attestation, filled out and signed by your NCPS clinic coordinator or collaborating physician	<input type="checkbox"/>	<input type="checkbox"/>	
Postgraduate document(s) (at least 1 of the 5; please send documentation for each one you possess)			
-Residency certificate(s) and/or	<input type="checkbox"/>	<input type="checkbox"/>	
-Specialty board certification(s) and/or	<input type="checkbox"/>	<input type="checkbox"/>	
-State issued Clinician's license and/or	<input type="checkbox"/>	<input type="checkbox"/>	
-Disease state management certificate(s) relevant to the area(s) in which the applicant has authority to practice and/or	<input type="checkbox"/>	<input type="checkbox"/>	
-Narrative (detailing experience if using clinical experience in lieu of additional certification or licensure)	<input type="checkbox"/>	<input type="checkbox"/>	
Required certifications (both required, must be NCPS approved training)			
-Immunization Certification	<input type="checkbox"/>	<input type="checkbox"/>	
-Tobacco Cessation Certification	<input type="checkbox"/>	<input type="checkbox"/>	See list of approved trainings on page 2 & 3 of this handbook.
Copy of local facility's collaborative practice agreement(s) or privileging documentation which must include: <ul style="list-style-type: none"> <li>A more comprehensive clinical practice; not a "silo" clinic.</li> <li>Appropriate signatures (Clinical Director, Chief of Pharmacy or Acting Chief of Pharmacy)</li> <li>Signed within the last two years</li> <li>Original date approved and any renewal dates, if applicable</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Completed critical elements checklist filled out by applicant with protocol submission	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of 45 patient encounters within the past 12 months from NCPS application submission date	<input type="checkbox"/>	<input type="checkbox"/>	See appropriate forms on the PharmPAC/NCPS website.
Clinic outcomes data reflecting most recently completed fiscal year (October 1 through September 30) for the most frequent disease states managed in your clinical practice	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of being Credentialed and Privileged through your local facility's medical staff (beginning Jan 2019). If NO, please complete attached Credentialing and Privileging Waiver.	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist - Pages 3-6 are self-explanatory. Checklist - Page 7:

	<b>APPLICATION FOR THE USPHS NATIONAL CLINICAL PHARMACY SPECIALIST CERTIFICATION SUMMARY OF LOCAL ADVANCED PRACTICE AUTHORITY</b>		
Applicant's Name: <input type="text"/>			
List the areas of care in which the applicant is currently approved at the local facility to provide care therein. Submit to NCPS Committee with application and annually thereafter along with outcomes reports. Use an additional attachment if more space is needed.			
	<u>Area of Practice Authority</u>	<u>Date Authorized</u>	<u>Description (if not self-explanatory)</u>
1.	<input type="text" value="CVD Risk Reduction"/>	<input type="text"/>	Antithrombotic therapy, Diabetes, Hypertension, and Dyslipidemia
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rxc99c, 03/01, 04/02, 04/05, 2/09, 10/11, 8/12, 1/13, 11/13, 7/14, 12/16			Page 7 of 7



Critical Elements Form:

**National Clinical Pharmacy Specialist (NCPS) Critical Elements in Designing a Collaborative Practice Agreement (CPA) / Clinical Protocol Checklist**

Facility: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_  
 Reviewer's Contact Information: \_\_\_\_\_  
 Date of Review: \_\_\_\_\_

Please enter the page number of the CPA in which the following information may be found and submit this document with your CPA for NCPS Committee review.

<b>1. Statement of Need</b> <input type="checkbox"/> Rationale/Purpose for Clinic <input type="checkbox"/> Include local data to support clinic	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 5px;">Page 2</div> <hr/> <hr/>
<b>2. Clinic Information</b> <input type="checkbox"/> Process for obtaining referrals and determining clinic eligibility <input type="checkbox"/> Clinic Procedures <input type="checkbox"/> Process regarding referral back to primary care provider and/or discharge back to the primary care provider	<hr/> <hr/> <hr/>
<b>3. Comprehensive Care</b> <input type="checkbox"/> Process for managing associated comorbidities <ul style="list-style-type: none"> <li><input type="checkbox"/> Comorbidities identified</li> </ul> <input type="checkbox"/> Health care maintenance program based on local need (examples may include but not limited to these programs: immunizations, tobacco cessation, associated screening tests, etc)	<hr/> <hr/>
<b>4. Clear Statements that the Pharmacist is Authorized to <u>ALL</u> of the following (required for consideration of approval/certification)</b> <input type="checkbox"/> Order laboratory tests <input type="checkbox"/> Interpret laboratory tests <input type="checkbox"/> Perform limited physical assessment <input type="checkbox"/> Prescribe (initiate, modify, and discontinue) medications per CPA and/or privileging <input type="checkbox"/> Provide and document patient education <input type="checkbox"/> Provide follow-up of the patient	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 5px;">Page 6</div> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>5. Outcomes (required for consideration of approval/certification)</b> <input type="checkbox"/> Identification of clinical and administrative outcome measures to be	<hr/>

## Definitions

Collaborative Practice Agreements (CPAs): A formal agreement in which a licensed provider makes a diagnosis, supervises patient care, and refers patient to a pharmacist under a protocol that allows the pharmacist to perform specific patient care functions. A CPA may be utilized by some agencies to describe and approve scope of practice, credentialing and privileging.

Credentialing: An ongoing process of collecting and verifying a medical staff applicant's education, training and background. The information is utilized by the medical staff to evaluate an applicant's qualifications and previous experience to determine if he or she is competent for appointment and/or clinical privileges.

Privileging: The act of a health care organization granting a privilege to an individual.

Scope of Practice: The procedures, actions and processes a pharmacist is permitted to undertake, as part of collaborative medication management, includes the clinical pharmacist's medication prescriptive authority, as well as a description of routine and non-routine duties to be performed, expectations, and the general areas of responsibility.

## NCPSC Members

Agency - Area	Member	e-mail address
<b><u>Pharmacists</u></b>		
IHS – Alaska Area	CDR Kristen Maves	<a href="mailto:klmaves@scf.cc">klmaves@scf.cc</a>
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IHS – Bemidji Area	CDR DeAnne Udby (Secretary)	<a href="mailto:deanne.udby@ihs.gov">deanne.udby@ihs.gov</a>
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