

FACT SHEET

AN ACT TO ESTABLISH COLLABORATIVE DRUG THERAPY MANAGEMENT TO IMPROVE PHARMACEUTICAL CARE FOR PATIENTS IN MASSACHUSETTS

Lead Sponsor House: Public Health Chairman, Peter Koutoujian

Lead Sponsor Senate: Health Care Finance Chairman, Richard Moore

Summary:

This legislation would authorize pharmacists to engage in collaborative drug therapy management practice under the supervision and direction of a physician or group of physicians. Collaborative Drug Therapy Management (CDTM) combines the skill and expertise of physicians and pharmacists to improve pharmaceutical care for patients. Participation in CDTM practice is voluntary. Only pharmacists and physicians who agree to collaborate would enter into an agreement and develop mutually agreed upon collaborative practice protocols. Based upon the written protocol with the physician, the activities of the pharmacist may include the authorization to implement, modify, discontinue or administer drug therapy and to order the appropriate laboratory tests necessary to monitor the drug therapy.

Highlights of Collaborative Drug Therapy Management: What CDTM Does and Does Not Allow

- Allows **voluntary** arrangements between physicians and pharmacists in which the pharmacist will be delegated authority by the physician to manage drug therapy under collaborative (protocol) agreements.
- Collaborative agreements will be for specific consenting patients with a specific diagnosis made by their physician.
- Collaborative agreements can include the pharmacist's authority to implement, modify and monitor patient's medications, to order and perform laboratory and other related tests, to provide counseling and education to patients about their medications and to administer drug therapy when necessary.
- CDTM does **not** authorize independent prescriptive authority for pharmacists.
- CDTM does **not** authorize a pharmacist to make a diagnosis of a patient.

What is required of a Pharmacist to practice CDTM:

- Hold a current license to practice pharmacy in Massachusetts;
- Have at least \$1,000,000 of professional liability insurance;
- Have earned a Pharm. D. degree or completed three (3) years of experience as a licensed pharmacist, or the equivalent; and
- Complete at least five (5) additional contact hours or 0.5 continuing education units of board-approved continuing education each year. Such continuing education shall address the area(s) of practice generally related to the CDTM practice.

In what settings may CDTM be practiced:

- Hospitals;
- Long term care facilities;
- Inpatient or outpatient hospice;
- Ambulatory care clinics; and
- Community retail pharmacies limited to CDTM in the following diseases: asthma, chronic obstructive pulmonary disease, diabetes, hypertension, hyperlipidemia, congestive heart failure, HIV/AIDS and osteoporosis, and all co-morbidities associated with the primary diagnosis.

Why Massachusetts Should Enact This Legislation:

In 2006, New Hampshire became the 43th state to authorize collaborative drug therapy management (CDTM) by pharmacists. Rhode Island also recently passed CDTM legislation. State policy makers across the country have embraced CDTM because data has shown that CDTM provides the best outcome for patients by increasing patient safety, reducing medication errors and health care costs associated with such errors, and improving patient quality of life. As a recognized leader in the provision of quality health care, it is time for Massachusetts to adopt this well-established and successful pharmaceutical care initiative.

CDTM has been well studied and the results of many trials clearly demonstrate that patient outcomes are improved and health care costs are reduced or avoided. The following studies demonstrate the effectiveness of CDTM. The Ashville study demonstrated that diabetes patients enrolled in CDTM programs had improved control of blood glucose levels and many fewer emergency room visits. Patient outcomes were improved and many less dollars spent on emergency room care. *Journal of the American Pharmaceutical Association. 43(2):185-90, 2003 Mar-Apr.* Also, HIV patients have shown a great benefit from pharmacist lead CDTM clinics where patients enrolled in the clinics had improved medication compliance and a reduced viral load as compared to HIV patients not attend the clinic. HIV patients that adhere fully to their complex drug regimes are less likely to contract opportunistic infections that lead to long and costly hospitalizations. *American Journal of Health-System Pharmacy. 59(5): 447-52, 2002 Mar 1.*