



Development and Implementation of Collaborative Pharmacy Practice Agreements in an Integrated Health System Specialty Pharmacy: A Qualitative Analysis

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Purpose

Describe the development and implementation of collaborative pharmacy practice agreements (CPPAs) within an integrated health system specialty pharmacy (IHSSP) based on the Consolidated Framework for Implementation Research (CFIR)

Figure 1. Study Methods

Participant Recruitment

Participants were identified based on criterion sampling. All clinical pharmacists, leadership, and physician champions involved in implementation were recruited regardless of data saturation.

Data Collection

Questions for the semi-structured guide were developed based on CFIR1 (Table 1). Focus groups and interviews were conducted by two members of the research team and lasted approximately 30 minutes in length.

Data Analysis

Focus groups and interviews were recorded and transcribed using Microsoft Teams. A deductive coding approach using CFIR was performed by two members of the research team using Dedoose® (Manhattan, CA, USA).

Study Design and Participants

Phenomenological qualitative study design

Focus groups were conducted with IHSSP leadership and clinical pharmacists where a CPPA had been implemented. Semi-structured interviews with physician champions who were involved in the development and implementation of the CPPAs were also conducted.

Table 1. CFIR Implementation Domains with Definitions¹

| Implementation Domains | Definition and Associated Constructs ^a | |
|--|--|--|
| Intervention characteristics | Aspects of an intervention that may impact implementation success, including its perceived internal or external origin, evidence quality and strength, relative advantage, adaptability, trialability, complexity, design quality and presentation, and cost | |
| Outer setting | External influences on intervention implementation including patient needs and resources, the level at which the implementing organization is networked with other organizations, peer pressure, and external policies and incentives | |
| Inner setting | Characteristics of the implementing organization such as team culture, compatibility and relative priority of the intervention, structures for goal-setting and feedback, leadership engagement, and the implementation climate | |
| Characteristics of individuals individuals Individuals personal attributes that may affect implemental | | |
| Stages of implementation such as planning, executed reflecting and evaluating, the presence of keep intervention stakeholders and influencers incluons champions | | |

Conclusion

Implementation of a CPPA in a specialty clinic was thought to improve the quality and efficiency of patient care and was favorably accepted by clinic staff.

The structure of an IHSSP, where pharmacists and pharmacy technicians are embedded within clinics to manage specialty medications, allows CPPAs to be easily integrated into workflow.

Table 2. Clinic Demographics

| Clinic | Length of CPPA at Focus Group | Number of Medication Orders at 6 months ^b | Number of Laboratory Orders at 6 months ^b |
|---------------------------------------|-------------------------------------|---|---|
| Multiple Sclerosis | 14.5 months | 803 | 512 |
| Infectious Diseases | 13 months | 91 | 83 |
| Adults and Pediatric Hepatology | 7 months | 111 | 169 |
| Adults and Pediatric Hemophilia | 6 months | 292 | 0 |
| Neurology | 5.5 months | 374 | 0 |
| Cystic Fibrosis | 5 months | 717 | 0 |

bIndicates the amount of time since CPPA was active in the electronic health record.

Figure 2. Interview and Focus **Group Demographics**



IHSSP Leadership



Physician Champions

Clinical Specialty

Results

Figure 3. Identified Themes with Illustrative Quotations

helped us get the patient the drug sooner It also helped reduce the frequency of times that we were reaching out to providers to get a new prescription for a refill." – IHSSP

armacists are able t

can deliver. If it were just

myself independently...

would have to drastically

decrease the quantity o

care." - Physician

Champion

'It's been one of the few

changes in clinic that has

been universally accepted by our group" – Physician Champion

Patient Care

having a CPPA made workflow more efficient and allowed them to provide **higher quality care**

Acceptability

ordering labs and writing

Compatibility

rapport and relationships to be built between imbedded clinical pharmacists, physicians, and clinic staff prior to CPPA implementation.

Implementation Support

The CPPA has been accepted The **need for support** during implementation from those by physicians and clinics, as pharmacists are able to help by outside of the clinic workflow (i.e., IHSSP leadership, PGY1 resident, clinic leads) was noted prescriptions, among other clinic as being important for implementation.

"Our clinic lead was able to educate him [Medical Director] about the logistics of the CPPA, how it works, and what it meant." Clinical Specialty Pharmacist

"We've always set up the prescriptions for our providers

to sign. So honestly, it's just

been adding a few extra

steps...other than that, the

process has been the same. Clinical Specialty

"If we hadn't had [former PGY1 resident] to help us get it all set up, given our other things we have to deal with in clinic, it would have been hard to do." - Clinical Specialty Pharmacist

"I was already very actively engaging and relying

on a pharmacist within my workflow." – Physician

"Our physicians have expressed interest in spreading the good news to other disciplines that don't have a consistent pharmacist presence to be able to help them not only have pharmacy support but help them to outline what a collaborative practice looks like from a provider standpoints and what ways you should utilize a pharmacist." - Clinical Specialty Pharmacist

^aFor associated construct definitions, please view the complete codebook using the QR code

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