



## North Carolina Association of Pharmacists

# Improving Patient Outcomes & Access To Care Collaborative Practice Reform

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### Current State of Collaborative Practice

Strong evidence demonstrates the benefits of pharmacist-physician collaboration on patient care. Since 1998 North Carolina has had a form of physician-pharmacist collaborative practice in which the pharmacists are known as clinical pharmacist practitioners (CPP). Despite being a pioneer in this type of practice, North Carolina has now been surpassed by most other states.

The National Alliance of State Pharmacy Associations now ranks North Carolina among the bottom 10% of the nation due to the restrictive nature of our current collaborative practice statutes. Today 34 states, including all of NC's neighbors, allow any licensed pharmacist & physician to enter into collaborative practice agreements, and over ½ of all states allow other health professionals, such as physician assistants and nurse practitioners, to practice collaboratively with pharmacists.

### How this Bill Enhances Patient Care

- Reduces regulatory burden on physicians and pharmacists, allowing them to practice patient care as needed
- Current law and regulations are very restrictive:
  - Inhibits effectiveness and efficiency of care due to agreement limitations
  - Does not allow collaboration with physician designees like nurse practitioners and physician assistants
  - Restrict the number of pharmacists a physician can supervise
- As a result of this bill, our state could more easily expand collaborative care to help:
  - Physicians provide quality, value-based care;
  - Provide better care for patients with chronic diseases
  - Enhance transitions of care and population health via greater access
  - Reduce medication risks via closer monitoring and improve interprofessional communication

### Key Proposed Changes

- Any licensed physician and pharmacist can enter into a collaborative practice agreement.
- Agreement is limited to patient care services allowed and identified by the supervising physician in the written agreement.
- Allows for multiple physicians and pharmacists to sign onto a single agreement.
- Allows for physicians who have nurse practitioners and physician assistants in their practice or on their care teams to also participate in the collaborative practice agreement with the pharmacist(s).
- Gives the physician greater flexibility in the number of collaborative practice agreements in which he/she wishes to participate.
- Changes current process from committee approval to a state-wide registry, thereby reducing unneeded regulatory hurdles.

### This Bill ...

- **DOES NOT** seek autonomy of practice for pharmacists.
- **DOES NOT** create any new clinical acts or patient care services that are not already allowed under our existing collaborative practice rules.
- **DOES NOT** interfere or force a change within hospitals or other institutions' internal requirements for collaborative practice.

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1. Source: Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, [Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of December 31, 2017](#)
  2. Source: National Association of Chain Drug Stores 2018 Pharmacy Opinion Research. Access: <https://accessagenda.nacds.org>