

Collaborative Drug Therapy Management

AMCP supports the concept of collaborative drug therapy management (CDTM), a formal partnership between a pharmacist and a prescriber that allows the pharmacist to manage a patient's drug therapy. CDTM, also referred to as collaborative practice, allows pharmacists to use their unique skills and abilities to complement other types of care provided by collaborating professionals to optimize patient outcomes. As health care delivery in the United States continues to evolve through such models as accountable care organizations and medical homes, it is in the best interest of patient care that pharmacists are recognized as an integral part of the health care team.

Pharmacists are able to demonstrate and maintain the knowledge and competence needed to meet the standards of practice required to participate in CDTM agreements, which can include the authority to initiate, modify, or continue drug therapy. When pharmacists practice under CDTM agreements, equivalent or superior levels of health care services and outcomes are demonstrated when compared with settings where pharmacists were not involved.^{1,2} CDTM agreements can help managed care organizations achieve their goals for medication therapy management (MTM) and in managing the health of their enrollees through improving the quality of patient outcomes, increasing patient satisfaction and managing costs.³

Authority for CDTM agreements is generally regulated at the state level, with each state establishing the criteria for participation and the range of services that a pharmacist may provide when working under such agreements. It is essential that regulations allow for the full participation of pharmacists in order for CDTM agreements to meet their potential. AMCP strongly recommends the following core elements for CDTM programs:

- The authority to initiate, modify, or continue drug therapy, including ordering and evaluating laboratory tests directly related to drug therapy, as well as administering vaccinations. This authority should be delegated to pharmacists based on educational training or background.
- A written protocol should be established which clearly defines the arrangement with respect to initiating, modifying or continuing drug therapy.
- The quality of care provided to patients who are treated using the protocol treatment guidelines should be periodically evaluated.
- Pharmacists must maintain continued competence to meet the standards of practice that have been defined and are required by law.

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Please see AMCP's website for the *Where We Stand* series: www.amcp.org/positionstatements.

¹ Finley PR, Rens HR, Pont T, Gess SL, Louie C, Bull SA, Bero LA. Impact of a collaborative pharmacy practice model on the treatment of depression in primary care. *Am J Health-Syst Pharm.* 2002; 59:1518-26.

² Kiel PJ, McCord AD. Collaborative practice agreement for diabetes management. *Am J Health-Syst Pharm.* 2006; 63:209-210.

³ Brian Isetts, et al. "Effects of collaborative drug therapy management of patients' perceptions of care and health-related quality of life." *Research in Social and Administrative Pharmacy.* 2(2006) 129-142.