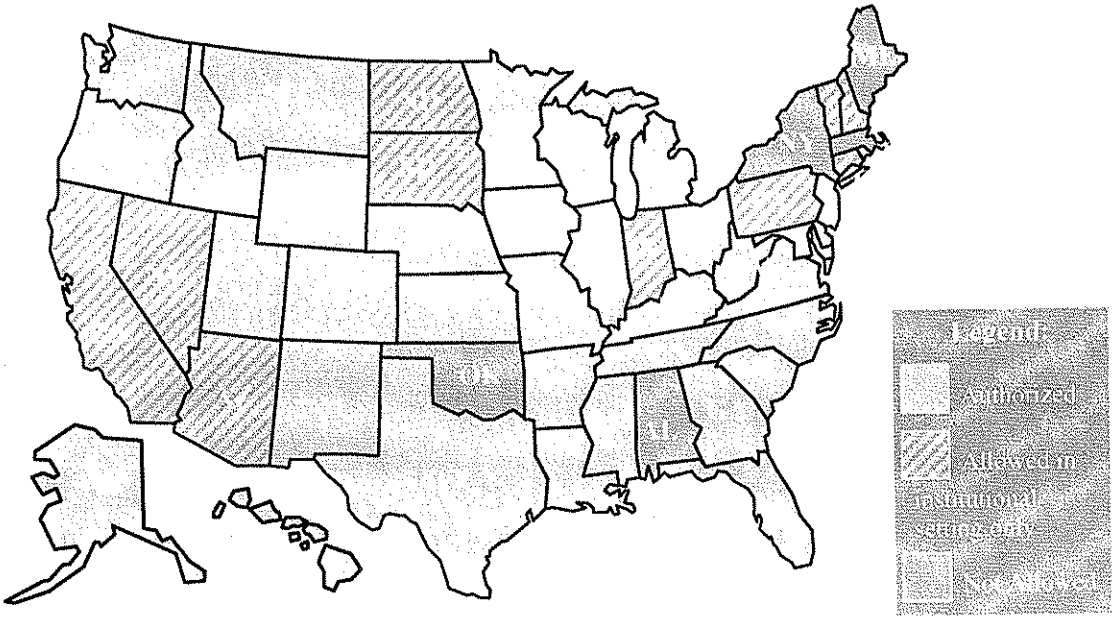
ISSUE BRIEF

Collaborative Drug Therapy Management



Background

Currently, 45 states and the territory of Guam have authorized **collaborative drug therapy management (CDTM)** between pharmacists and physicians. CDTM is a team approach to health care delivery that seeks to maximize the expertise of the pharmacist and the physician in order to achieve optimal patient care outcomes through appropriate medication use and enhanced patient care services.

CDTM authority is generally incorporated in State Pharmacy Practice Acts within the definition section describing pharmacists' scope of practice. Additionally, Boards of Pharmacy, in their role as regulators, have promulgated regulations creating CDTM.

Generally, CDTM is provided under mutually agreed upon practice protocols and guidelines. CDTM activities may include, but are not limited to, the following pharmacist activities:

- Initiating, modifying, and monitoring a patient's drug therapy;
- Ordering and performing laboratory and related tests;
- Assessing patient response to therapy;

- Counseling and educating patients about their medications;
- Administering medications.[1]

Benefits of CDTM

CDTM may reduce delays in modifying drug regimens and unnecessary physician office visits, and increase patient compliance and adherence to drug therapy plans, all of which increases the likelihood that drug therapy problems will be averted. Some of the benefits of CDTM include:

- When pharmacists and physicians work closely together, patients consistently achieve better results from their drug therapies, in part because they are more likely to take their medications – and take them correctly.

- When physicians and pharmacists work together to monitor a patient's reaction to a particular drug therapy they are able to detect adverse reactions more quickly, which ultimately saves lives and unnecessary costs.

- By informing patients and prescribers of possible adverse effects and/or drug interactions, pharmacists help to keep their patients healthy and safe – as well as avoid unnecessary costs from complications or hospitalizations.

Private health plans and self-insured employers have long recognized CDTM as a way to potentially improve health outcomes and reduce health costs. States facing the ongoing struggle to reduce health care costs while improving clinical outcomes should consider expanding collaborative practice protocols.

APhA Position

1. APhA supports the establishment of collaborative practice agreements between pharmacists and other health care professionals designed to optimize patient care outcomes.

2. APhA shall promote the establishment and dissemination of guidelines and information to pharmacists and other health care professionals to facilitate the development of collaborative practice agreements.[2]

Resources

- National Conference of State Legislatures (NCSL): http://www.ncsl.org/lrl/50statetracking.htm
- APhA House of Delegates: www.pharmacist.com/HoD
  APhA Government Affairs Resources
  www.pharmacist.com/GA

[1] The Alliance for Pharmaceutical Care. Race for Your Health. Pharmacists Finding Solutions Through Collaborations. NCSL 1999.
[2] JAPhA NS37(4): 459. July/August 1997.