

## **Development and implementation of collaborative pharmacy practice agreements in an integrated health system specialty pharmacy: A qualitative analysis**

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**Purpose:** A growing number of health systems are developing integrated specialty pharmacies that provide comprehensive specialty medication management. In this setting, pharmacists and pharmacy technicians work alongside physicians and clinic staff to provide patient care. Developing and implementing collaborative pharmacy practice agreements (CPPA) within an integrated health-system specialty pharmacy (IHSSP) may be able to further improve specialty medication management. Limited research exists on the development and implementation of CPPAs within IHSSP. Therefore, the objective of this study is to describe the development and implementation of CPPAs in an IHSSP based on the Consolidated Framework for Implementation Research (CFIR).

**Methods:** A phenomenological qualitative study design was used to conduct focus groups with IHSSP leadership and clinical pharmacists in each clinic where a CPPA has been implemented (adult and pediatric hemophilia; cystic fibrosis; infectious disease; adult and pediatric hepatology; movement disorders; and multiple sclerosis). Semi-structured interviews with physician champions who were involved in the development and implementation of the CPPAs were also conducted. Participants were identified based on criterion sampling. All clinical pharmacists, leadership, and physician champions involved in implementation were interviewed regardless of data saturation. Questions for the semi-structured guide were developed based on CFIR. Focus groups and interviews were conducted by two members of the research team and lasted approximately 30 minutes in length. Focus groups and interviews were recorded and transcribed using Microsoft Teams. A deductive coding approach was performed by two members of the research team using Dedoose® (Manhattan, CA, USA), a web-based qualitative analysis platform.

**Results:** A total of 14 clinical pharmacists participated in focus groups across six different specialty clinics. The average length of time the clinic had been participating in a CPPA at the time of the focus group was 8.33 months (SD = 4.08). One director and two managers participated in the leadership focus group. Four physician champions participated in semi-structured interviews. This study found that clinic pharmacists, physicians, and IHSSP leadership believe having a CPPA in place has improved the time from treatment decision to patient receiving the specialty medication. Clinic pharmacists and IHSSP leadership also feel that the CPPA is compatible with current clinic process and being integrated into a clinic allowed for rapport and relationships to be built between imbedded clinical pharmacists, physicians, and clinic staff. The need for support during implementation from those outside of the clinic workflow (i.e., IHSSP leadership, PGY1 resident, clinic leads) was noted as being important for implementation. The CPPA has been accepted by physicians and clinics, as pharmacists are able to help by ordering labs and writing prescriptions, among other clinic tasks. Physicians believed that having a CPPA in place made workflow more efficient and allowed them to provide higher quality care.

**Conclusion:** The structure of an IHSSP, where pharmacists and pharmacy technicians are embedded within clinics to manage specialty medications, allows for CPPAs to be easily integrated into workflow. The CPPA, with current practices, allows pharmacists to work to the top of their license. The integration also allows for relationships between the clinical pharmacist, physician, and clinic staff to be developed prior to the implementation of the CPPA.