

A home infusion therapy company’s implementation of a collaborative practice agreement to expedite home parenteral nutrition recommendations



Wendy Raissle RD CNSC; Hannah Heredia MS RD; Lawrence Moore RPh; Penny Allen RD CNSC FASPEN FNHIA; Optum Infusion Pharmacy

Background

Initiating home parenteral nutrition (HPN) therapy recommendations under current Arizona pharmacy board regulations is time consuming for the home infusion therapy (HIT) pharmacist; often resulting in delay of care for the patient, abnormal lab values, unmet nutrient requirements, need for intravenous (IV) electrolyte or fluid replacement and hospitalization. A collaborative practice agreement (CPA) can bridge the communication gap between physician and HIT pharmacist to expedite HPN order changes. The CPA contract outlines terms for pharmacist management of a patient’s HPN on behalf of the physician with the goal to provide timely, collaborative, and optimal patient care.

Purpose

Reasons for creating the CPA included:

- Enhanced collaboration and improved trust between physician and pharmacist
- Timely clinical interventions: reduction in pharmacist time to call/fax and follow up to obtain minor HPN order changes
- Cost savings by reallocation of pharmacist labor to other functions, avoidance of multiple deliveries and reduction in the need for supplemental IV electrolyte or hydration therapies
- Reduction in adjustments to patient delivery schedules
- Reduction in patient inconvenience
- Reduction of therapy delay with timely HPN order changes
- Removal of barriers to obtain orders

Methods

The CPA development team included: Arizona pharmacists, Arizona nutrition support dietitians and national leadership for pharmacy and nutrition within a national home infusion provider. State specific Board of Pharmacy regulations in relation to Collaborative Practice served as a resource to develop the document. Before implementation of the CPA, pharmacy used a data collection tool to record telephone time attempting to obtain verbal orders for HPN changes. Time tracked included: time on hold, time spent talking to provider/provider representative and call backs with orders. Data was collected for 53 days between April 15, 2022, and July 19, 2022.

Results

Total time attempting to obtain verbal orders	861.5 minutes
Daily average time	16.25 minutes
Daily average calls	4
Time spent on the phone	1-28 minutes, average of 4.5 minutes
PN orders	Not always obtained

Discussion

Limitations in data collection included: time spent faxing orders, pharmacist restarting tasks multiple times per day, adjustments to deliveries and increased risk of pharmacy error with focus interruptions. Data does not represent the monetary impact of additional deliveries or time required to reschedule deliveries. Data does not represent the clinical delay in patient care. A CPA limits the need for physician calls and allows the HIT pharmacist to initiate changes outlined in the document. The implementation of the CPA allows for immediate HPN changes and ideally improved clinical care. Further, the CPA allows the pharmacist to allocate time towards other patient care functions to further improve patient care in the infusion branch setting.

Conclusion

CPAs are tools that enhance clinical, safety and financial quality metrics. Through a collaborative team-based approach the ongoing relationship of trust between the HIT Pharmacist and Physician(s) involved are developed and value is added to overall patient care. The efficiency of HPN adjustments is improved, allowing faster response to therapy changes and possible decreased risk of errors contributing to patient safety.

