

The Cleveland Clinic Foundation
Department of Pharmacy
POLICIES AND PROCEDURES

Title: Consult Agreement: Consults Between Physicians and Qualified Pharmacists for Patients in the Cleveland Clinic

Policy Number: 14-035

Section Name: Clinical Services Foundation Outpatient Setting

Effective Date: 8/24/01

PURPOSE:

To describe the mechanism by which consults are established between physicians and qualified pharmacists at CCF.

AUDIENCE:

Pharmacy personnel, physicians

POLICY:

As required by paragraph C of section 4729.39 of the Ohio State Board of Pharmacy Revised Code, this policy shall act as the established consult agreement between Cleveland Clinic Foundation (CCF) physicians and Cleveland Clinic Foundation qualified pharmacists to perform the scope of privileges for CCF approved disease-specific standard operating procedures.

PROCEDURE/GUIDELINES:

I. Methods for Consultation

1. Patients

- a. Must have a CCF issued identification number and be referred by a CCF physician.

The Cleveland Clinic Foundation includes:

- (1) Main campus outpatient areas providing ambulatory care services
- (2) Family Health Centers providing ambulatory care services
- (3) CCF owned physician practices

2. Initiation

- a. A consult shall be initiated by a CCF physician in accordance with standard CCF consult procedures and communicated in writing or electronically to a CCF qualified pharmacist.
- b. The consult shall include but is not limited to:
 - 1) Purpose of the consult (Must be for a CCF approved disease-specific standard operating procedure when a qualified pharmacist is performing the scope of privileges in accordance with this policy)
 - (2) Desired outcomes (Treatment goals)

3. Termination

- a. A consult terminated by a physician shall be made in writing and communicated to the patient or legal guardian and a qualified pharmacist.
- b. A consult terminated by a qualified pharmacist shall be made in writing and communicated to the patient or legal guardian and the Referring Physician.
- c. A consult may be terminated by the patient or legal guardian and shall be communicated to the physician or qualified pharmacist who shall document the

patient or legal guardian's request in writing and communicate their request to the other party participating in the consult .

II. Qualified Pharmacists

1. A qualified pharmacist must be a graduate of an accredited school of pharmacy and meet at least one of the following requirements:
 - a. Pharm.D. graduate plus completion of an accredited pharmacy residency.
 - b. Board-certified (BCPS, BCNSP, etc.) by the Board of Pharmaceutical Specialties.
 - c. Attain disease-specific credentialing.
 - d. Otherwise outlined in the disease-specific standard operating procedures.

III. General Scope of Privileges for Qualified Pharmacists

1. Conduct comprehensive appraisals of patients' health status by taking health histories, drug histories and performing appropriate physical examinations necessary to assess drug therapy.
2. Document relevant findings of a patient's health status in the patient's medical record.
3. Evaluate drug therapy through direct patient care involvement, with clinical assessment, subjective and objective findings relating to the patients' responses to drug therapy and documenting those findings in writing or an electronic medical record.
4. Develop, document and execute therapeutic plans utilizing the most effective, least toxic, and most economical medication treatments as per disease-specific standard operating procedures.
5. Provide ongoing care for medical conditions as delineated in disease-specific standard operating procedures.
6. Provide patient and health care professional education and medication information.
7. Evaluate and document patients' and caregivers ability to understand medication instructions and provide oral and written counseling on their medications.
8. Refer patients by consult to specialty clinics, order appropriate laboratory tests and other diagnostic studies necessary to monitor and support the patients' drug therapy per disease-specific standard operating procedures.
9. Perform point-of-care testing for the purpose of withdrawing blood for clinical laboratory tests if indicated in disease-specific standard operating procedures.
10. Recommend the appropriate use of medications including initiating, continuing, discontinuing, and altering therapy based upon a patient's formulary and/or per disease-specific standard operating procedures.
11. Analyze laboratory and diagnostic test data so as to modify drug therapy and dosing as necessary and in accordance with disease-specific standard operating procedures.
12. Identify and take specific corrective action for drug-induced problems.

IV. Responsibilities

1. Referring Physician
 - a. Initiate a consult in accordance with standard CCF consult procedures.
 - b. Review performance of qualified pharmacists as indicated in standard operating procedures or at physician discretion.
 - c. Communicate either verbally or in writing to the patient or legal guardian the purpose of the consult.

- d. Be available on-site during scheduled clinic visits when patients are seen by a qualified pharmacist (normal operating hours) to address urgent situations or questions.
- e. Be available by telephone during normal operating hours to address urgent situations or questions by a qualified pharmacist for patients requiring telephone follow up.
- f. Be available by pager outside of normal operating hours to address urgent situations or questions by the qualified pharmacist.
- g. Designate a Directly Supervising Physician in their absence or unavailability.
- h. Terminate a consult as deemed necessary or appropriate.

2. Qualified Pharmacist

- a. Perform scope of privileges only for CCF approved disease-specific standard operating procedures.
- b. Document in the patients' medical record each action taken under the consult.
- c. In select situations a qualified pharmacist may need to contact or be contacted by a patient outside of normal clinic hours and in the absence of a physician. Such situations will be managed in accordance with the disease-specific standard operating procedures that have been agreed upon by the physician(s) and the qualified pharmacist. The Referring Physician or Directly Supervising Physician shall be available via pager in these situations.
- d. Verify and document in the patients' medical record their willingness to participate in the consult.
- e. Provide updates of the patients' status in writing to the Referring Physician as indicated in the standard operating procedure (if indicated), upon physician request, as deemed clinically necessary by the qualified pharmacist, or at least semi-annually.
- f. Terminate a consult as deemed necessary or appropriate.

V. Quality Assurance

1. Qualified Pharmacists

- a. Each action taken under a consult by a qualified pharmacist shall require the manual or electronic signature of the pharmacist and the designation of the qualification (e.g, board certification, disease-specific credentialing, etc.)
- b. Each practice site shall maintain a list of appropriately qualified pharmacists and any restrictions on consults that they may perform. For example, a Qualified Pharmacist with only disease-specific credentialing in anticoagulation (CACP) may only practice under the consult agreement for management of anticoagulation therapy.