Meeting Minutes	**Oregon Board of Pharmacy – Workgroup** **Collaborative Drug Therapy Management/** **Clinical Pharmacy Agreements** **May 4, 2023 1:00pm** The workgroup will meet virtually. **Public Attendance Options:** **Virtually via Teams: Link** **Audio Only: 503-446-4951 Phone Conference ID:824 009 989#** *To sign up for Public Comment, email your request to pharmacy.rac@bop.oregon.gov by **12:00PM on 5/4/2023**.* *If you need accommodations under the Americans with Disabilities Act (ADA), complete and submit the online OBOP Request for ADA Accommodations for Public Meetings form located on our website.*

Agenda Item	**Content**

The meeting convened @ 1:00PM

- Mission
- Roll Call

WORKGROUP MEMBERS	**Here**	**Absent**
Workgroup Member Robert Davis		**Excused**
Workgroup Member Tabitha Fridriksson, RPH	**X**	
Workgroup Member Andrew Hibbard, RPH	**X**	
Workgroup Member Adriane Irwin, RPH	**X**	
Workgroup Member Michele Koder, RPH	**X**	
Workgroup Member Edward Saito, RPH	**X**	
Workgroup Member Adam Saulles, RPH	**X**	
Workgroup Member Colleen Shipman, RPH	**X**	
Workgroup Member Andrew Sowles (AJ), RPH	**X**	
Board Member Shannon Beaman, RPH	**X**	
Board Member Rachael DeBarmore, RPH	**X**	
Staff Member Jennifer Davis, RPH	**X**	
Staff Member Brianne Efremoff, RPH	**X**	
Staff Member Rachel Melvin	**X**	
Staff Member Joseph Schnabel, RPH	**X**	
Board Counsel, Joanna Tucker Davis	**X**	

- Reviewed housekeeping items, meeting etiquette and public comment information
- May 4, 2023 CDTM / CPA Workgroup Presentation
- Workgroup – Purpose & Responsibilities

Staff member Davis reviewed the definition and purpose of a workgroup and stated that their role is advisory. She reviewed the definition of a rule and when a rule is required and where to find rules.

❖ Rulemaking Process - Anticipated Timeline

Staff member Davis reviewed the rulemaking process, the Division Vision draft for new organization of divisions in Chapter 855, and a proposed timeline with some context on proposed rules for CDTM/CPA and board directive of why a workgroup was requested for this rule. Board staff anticipates reviewing the proposed rule at the June 2023 board meeting with the potential of the board sending the rule to the July 2023 rulemaking hearing with potential board adoption in August 2023, with the effective date to be determined.

❖ Workgroup Member Introductions

Staff member Davis asked each workgroup member to introduce themselves and asked that they provide their name, license type, current practice setting, previous experience with CDTM/CPAs and why they wanted to serve on the workgroup.

- Tabitha Fridriksson, RPH, Director, Pharmacy Quality & Medication Safety – Kaiser Permanente
  - Managed and worked with CPA/CDTM for over 15 years, wanted to serve on the workgroup because she's accountable for these processes and wants to ensure new rules work for her setting.
- Andrew Hibbard, RPH, Ambulatory Care Clinical Coordinator – CareOregon (Appointed by OSPA)
  - CPA experience in OR and multiple states in collaborative practice providing clinical support and technical services, credentialing and contracting. HB 2028 allowed his organization to grow from 12 -> 200 clinical pharmacists able to provide covered health services, has concerns about revising rules, shift of liability in the contract.
- Adriane Irwin, RPH, Associate Professor – OSU College of Pharmacy
  - Faculty at OSU, works in a variety of agreements (FQHC CPA), and joined because OSU is interested in the revised rules for teaching students to ensure they are prepared in the future.
- Michele Koder, RPH, Pharmacy Director – Multnomah County Health Department – Community Health Center
  - Has created programs over the years (since 1998) and views CDTM differently than CPA, joined because she wants to ensure clarity.
- Edward Saito, RPH, Clinical Pharmacist – Virginia Garcia Memorial Health Center
  - RPH in FQHC for 10 years, works under CDTM and CPAs which have been critical to provide care to patients and allow access to care.
- Adam Saulles, RPH, Senior Clinical Manager– Providence/Credena Health
  - Clinical Pharmacist with experience in working with CDTM/CPAs in community and specialty settings, wanted to provide a voice for the community.
- Colleen Shipman, RPH, Inpatient Adult Clinical Director, Pharmacy Services – OHSU (Appointed by OSHP)-
  - Been with OHSU for 15 years, inpatient clinical director, utilizes CPA on the inpatient side and CDTM that supports the discharge process. She sees value in these activities and is

	nervous about combining both into one because it may possibly eliminate practice abilities, negatively impact patient care. ➢ Andrew Sowles, RPH, Manager Ambulatory Care Clinical Pharmacy Services – Salem Health Hospitals & Clinics ▪ Clinical Pharmacist at current health system for 10 years, has experience crafting numerous CDTMs and serves as primary pharmacist on the clinical agreements. He believes that CPAs are important for a pharmacist to practice at the top of their license and can amplify patient safety to ensure the agreements work. ➢ Shannon Beaman, RPH, Board Member ▪ Pharmacist, 2nd term on the board, works in compounding and background in community pharmacy, no CDTM/CPA experience. ➢ Rachael DeBarmore, RPH, Board President ▪ Pharmacist for 25 years, 2nd term on the board, various practice setting with majority in community with the last 6 years in health system regulatory.
Committee Business	❖ Workgroup Training – Statutory Review (*Tucker Davis*) *See presentation hyperlinked above Board counsel Tucker Davis provided a presentation that included review of items such as the three branches of government, the difference between statutes (ORS) laws enacted by the legislature and rules (OARs) promulgated by the board within the given authority by the law, agency authority, AG Opinion 40 OR Op Atty Gen 474 1980, timeline of laws from 1980 to 2015 HB 2028, ORS 689.005(4)(30)(c) CPA and the Practice of Clinical Pharmacy, and ORS 414.764(1)(b), (2)(a)(b). ❖ History of proposed rule review by the board Staff member Davis provided a timeline of proposed rule review for the Oregon Board of Pharmacy Collaborative Drug Therapy Management rule in OAR 855-019-0260 and reviewed the Oregon Medical Board Collaborative Drug Therapy Management rule in OAR 847-015-0040. The proposed rule is OAR 855-115-0315. o October 2022- Board did not discuss this rule due to meeting time constraints but sent to November 2022 rulemaking hearing for the purpose of requesting public comment on proposed rules. o December 2022- Board did not discuss the entire rule due to meeting time constraints. See mailing #A (pg. 5-226) for rulemaking hearing comments. o February 2023- Board discussed the rule and requested workgroup. o April 2023- Proposed 2nd Draft Rule Review Divisions 006/115 (April 2023). Board did not discuss due to time constraints. ❖ Review of Proposed Rules Staff member Davis stated that board staff were gathering information on the currently proposed rules for CDTM/CPA and that the workgroup would be reviewing the 2nd draft of proposed rules starting on line 118 to guide the discussions. Staff member Davis stated that under current and proposed rules, collaborative drug therapy management (CDTM) remains an important part of the practice of pharmacy. Collaborative drug therapy management is a patient care service under the practice of clinical pharmacy as defined in ORS 689.005(30). Since CDTM is based on a clinical pharmacy agreement (defined in ORS 689.005(4)) that

	results in a prescription when authorized for a patient by a participating provider acting in the usual course of their practice, there is no change to existing authority under current CDTM rules and no need to change the name of the practice. The proposed rules under OAR 855-115-0315 retain the authority for CDTM as currently practiced. ➢ OAR 855-006-0005 Definitions Staff member Davis reviewed the proposed definition of "Collaborative Drug Therapy Management" (CDTM) and stated that the board adopted the statutory definition of "Clinical Pharmacy Agreement" (CPA) in ORS 689.005(4) into OAR 855-006-0005 at the December 2022 board meeting. Board staff are proposing an updated definition for CDTM that aligns with the statutory authority for CPAs in ORS 689.005(4). She provided background on why board staff removed CDTM completely because of the confusion it is potentially causing and by leaving CPA language which is broader vs. CDTM which is narrower. She asked the workgroup for comments, concerns or feedback related to the proposed definitions. The workgroup discussed and provided comments such as CDTM is individual or per patient and CPA is for a group of patients, proposed rule provides clarity and alleviates concerns of confusion in the pharmacy community, believes there could just be a definition for CPA to encompass everything after reviewing the statute, CDTM is a type of CPA, important to delineate the difference between CDTM and CPA, widen the scope without being so prescriptive, ensure that the terminology is used correctly and works in conjunction with the medical board. ➢ OAR 855-115-0315 Services: Clinical Pharmacy Agreement Staff member Davis reviewed proposed rule language for Clinical Pharmacy Agreement and stated that the proposed revisions were made to maintain language related to CDTM and to nest it within the CPA rules. Board staff believes this will ensure continuing care for patients who are currently provided care by a RPH using a CDTM. She stated that the proposed language in OAR 855 -115-0315(1)(a) – (k) was the current language for CDTMs modified for CPAs and she asked the workgroup to consider how specific the rule for CPAs should be with the understanding that there are some general parameters that need to be spelled out, but does it need to be as specific as the CDTM portion of the rule. She stated that (1)(a)-(c), contained information on who can be involved in a CPA per ORS 689.005(4). She asked the workgroup members for feedback regarding (1)(a)-(c). The workgroup discussed and provided feedback such as the law needs to be changed by adding nurse practitioner and physician assistant, prefers less prescriptive language, be sure to communicate clearly the limitations of the law related to who is permitted to use these agreements, concerned language is too prescriptive and that Medicaid population is disproportionately affected, believes rule is asking payors to be liable for services and cannot unwind the CPA with the reimbursement pathway (ORS 414.764), ok with language as long as it does not exclude the RPH ability to enter into agreements with non-physician providers, the definition of provider is important as practitioner is not the same as provider, and could impact payment path. Staff member Davis stated that (1)(d)-(e) address the requirements for entering a patient into the CPA and what types of clinical pharmacy activities the clinical pharmacist can perform under the CPA. The specificity language in (A) and (B) is removed as CPAs can be much broader than a CDTM. She asked the workgroup for feedback on (1)(d)- (e).

	The workgroup discussed and provided comments such as CPA language may be overly restrictive and if (d) was necessary at all, believes the medical board should assist in the rule revision and discussion based on their delegated authority, too prescriptive and most of the workgroup agreed that this rule should be moved under section (2) CDTM. Staff member Davis stated that language in (1)(f)-(g) states that the CPA must provide for required documentation of decisions made and how and when the pharmacist must communicate with the practitioner concerning circumstances that require communication with the practitioner and specific decisions made by the pharmacist. She asked the workgroup for feedback. The workgroup discussed and provided comments such as let the organization govern documentation, documentation is important and should keep some of the language but prefers less descriptive rule, decide on single and universal term for practitioner/provider/clinician – it should be the same when referenced in rule. Staff member Davis stated that language in (1)(h)-(i) will require that the CPA outline training requirements/competency if necessary and QI/periodic review of patient panel. She asked the workgroup members for feedback on (1)(h)-(i). The workgroup discussed and provided comments such as consider rephrasing the language related to quality improvement (medical peer review vs. process QI), keep the training requirements, the language in (k) covers the review process in (i) and is duplicative, the PIC is already responsible for QI of programs in place. Staff member Davis stated that the language in (1)(j)-(k) would require that the CPA authorizes RPH to participate in collaborative drug therapy and that the agreement be reviewed, updated, or revised every two years. She stated that there was an error in the version provided and that (j) should read: Authorization by the practitioner for the Pharmacist to participate in the clinical pharmacy collaborative drug therapy agreement instead of collaborative drug therapy. She asked the workgroup if they had feedback on (1)(j)-(k). The workgroup discussed and provided comments such as (j) should only be under CDTM, and a few workgroup members questioned if (j) is necessary at all due to language in statute. Staff member Davis stated that the revised language in (2) utilizes the same language that is shown in (1) but adds additional language for requirements in a CDTM instead of CPA and asked the workgroup members for feedback. The workgroup discussed and provided a few comments such as the detailed specificity is not needed in regard to "duration" and consider borrowing language for "detailed description of diseases, drug categories, etc., instead of drug dosage. Staff member Davis stated that (3) and (4) are related to the documentation and record keeping for both practices and asked the workgroup for feedback. The workgroup discussed and provided comments such as "keep a record" seems duplicative with (4), the organization should develop QI, "electronic medical record" is antiquated, should be "electronic health record", records and records retention is already accounted for in other OARs, be sure that language works in harmony with board of nursing language, "pharmacist must document all clinical activities in appropriate system" as a simplified suggestion, and suggested to combine (3) and (4) to simplify. ➢ Committee Member Final Comments After reviewing the entire ruleset, staff member Davis asked the workgroup if they had anything additional to provide related to the discussion. The workgroup discussed and a few members provided comments:

	Workgroup member Irwin suggested the board make sure the language harmonizes with nursing rules. Workgroup member Sowles stated he has concerns about statutory language. Workgroup member Saulles stated that since Nurse Practitioners work closely with RPH, he would hate to see where that is not feasible or barriers.
	❖ Public Comment (if applicable) Nobody signed up to provide public comment.
	❖ Closing Remarks Staff member Davis thanked the workgroup for their expertise and for volunteering their time. The meeting adjourned at: 3:59PM

Resources:

ORS 689.005, ORS 414.764, OAR 855-019-0260, OAR 847-015-0040

- Rulemaking Hearing Comments – December 14-16, 2022 Board Meeting mailing #A – (pg. 5-226)
- Board meeting minutes related to discussion of CDTM/CPA rules – Divisions 019/020/031/041/115 – Pharmacists
  - October 2022 Bd Mtg Minutes (pg. 15-16)
  - December 2022 Bd Mtg Minutes (pg. 16-17)
  - February 2023 Bd Mtg Minutes (pg.5)

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