

## CDTM in New York State: Current Status and FAQs

NYS Board of Pharmacy  
CDTM II Summit  
February 27, 2013

### What facilities are eligible to participate in CDTM?

- Teaching hospitals, including any diagnostic center, treatment center, or hospital-based outpatient departments (including outpatient clinics), are included. *However, residential health care facilities and nursing homes are excluded.*
  - A "teaching hospital" is any hospital licensed pursuant to article twenty-eight of the public health law that is eligible to receive direct or indirect graduate medical education payments pursuant to article twenty-eight of the public health law.
  - The collaborating physician must be employed by or otherwise affiliated with the same facility with which the pharmacist is also *employed or affiliated.*

### What are the experience and/or qualifications required for a pharmacist to enter into a written agreement or protocol with a physician authorizing collaborative drug therapy management?

- master of science in clinical pharmacy or a doctor of pharmacy degree;
- maintain a current unrestricted license; and
- have a minimum of two years of experience, of which at least one year of such experience shall include clinical experience in a health facility, which involves consultation with physicians with respect to drug therapy and may include a residency at a facility involving such consultation
- bachelor of science in pharmacy; maintain a current unrestricted license; and
- within the last seven years, have a minimum of three years of experience, of which at least one year of such experience shall include clinical experience in a health facility, which involves consultation with physicians with respect to drug therapy and may include a residency at a facility involving such consultation.

### Will qualified pharmacists be required to obtain an additional certification or documentation from the State Education Department (SED)?

- No. Qualified pharmacists may engage in CDTM without specific approval from SED.
- We note that for all licensed professionals unprofessional conduct includes "practicing or offering to practice beyond the scope permitted by law, or accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform...."

### What patient notice and consent are required by the law?

- Each eligible patient who to receive CDTM must be notified:
  - there is a written agreement or protocol on CDTM
  - participation in CDTM is voluntary and they may choose not to participate
- CDTM will not be utilized unless the patient or patient's authorized representative consents, *in writing*, to such management;
  - the consent to such management will be noted on the patient's medical record;
  - the patient or the patient's authorized representative may choose to discontinue CDTM at any time
  - if such management is discontinued, the discontinuance will be promptly noted on the patient's medical record
- The existence of a written agreement or protocol on CDTM and the patient's consent will be disclosed to the patient's primary care physician and any other treating physician or healthcare provider.
- The law does not preclude incorporation of the elements of the CDTM consent into the general patient consent

### What activities does the law allow pharmacists engaged in CDTM to undertake?

- In accordance with the required written agreement or protocol, a pharmacist may adjust or manage a drug regimen of a patient who is being treated by the participating physician for a specific disease or disease state. Such adjustment or management shall be done only pursuant to a patient specific written order or protocol made by the patient's physician, and may include adjusting:
  - drug strength
  - frequency of administration; or
  - route of administration.
- The participating pharmacist may not substitute or select a drug which differs from that initially prescribed by the patient's physician, unless such substitution is expressly authorized in the written order or protocol.

**Is a prescription from a pharmacist engaged in CDTM acceptable?**

- A pharmacist engaged in CDTM may write prescriptions using a facility issued Official New York State Prescription, provided that the collaborating physician is identified on the prescription.

**Must adjustments to a prescribed drug regimen be counter-signed by a collaborating physician?**

- The adjustments must be in accordance with the written agreement or protocol between the participating physician and pharmacist and with the patient specific written order.
  - *If those documents do not require a counter-signature by a collaborating physician, the new law does not otherwise require one.*
- The name of the collaborating physician should be provided to the pharmacist dispensing the medication.

**Is physician notification is required?**

- The pharmacist shall be required to
  - Immediately enter into the patient record any change or changes made to the patient's drug therapy and
  - Shall use any reasonable means or method established by the facility or the department to notify any of the patient's other treating physicians with whom he or she does not have a written agreement or protocol regarding such changes.

**Must CDTM protocols be submitted to the Department?**

- No. Protocols should be made available for review upon request of the Department, but need not be routinely submitted to the Department.

**If we have legally permissible facility-approved procedures in place already, do we need to suspend them until the law is fully implemented or otherwise cease clinical activities?**

- No. The law specifically allows current legally permissible processes to continue.

**Does the new law allow participating pharmacists to order and evaluate the results of laboratory tests?**

- Participating pharmacists may evaluate clinical laboratory tests related to the drug therapy management for the specific disease or disease state specified within the protocol.
- They may order such tests only:
  - If specifically authorized by the protocol AND
  - To the extent necessary to discharge their responsibilities under the new law.

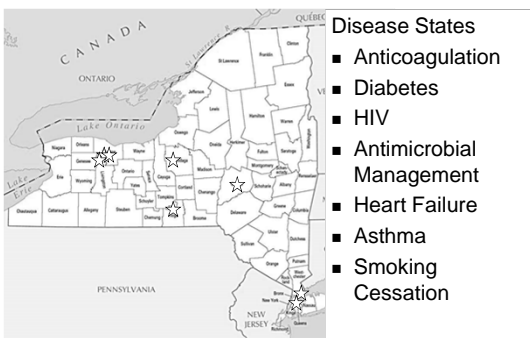
Are there any specific continuing education requirements for pharmacists participating in CDTM?

- Any pharmacist participating in CDTM shall complete at least five hours of acceptable formal continuing education in the area or areas of practice generally related to any CDTM protocols to which the pharmacist may be subject

Will participating pharmacists and institutions be required to report results of implementation of CDTM to the State Education Department?

- Yes. As part of the legislation, the Department is required to submit a report to the legislature documenting the impact of CDTM on patient care.
- This report is due no later than May of 2014.

### Current Sites



### Data Reporting

- Not mandatory BUT...
  - Without a complete accounting of the activities and outcomes of the current CDTM programs the legislative report will be incomplete
  - Legislative report must:
    - Describe the extent to which CDTM has been implemented
    - Examine whether and the extent to which CDTM:
      - Contributed to the improvement of quality of care for patients
      - Reduced the risk of medication error
      - Reduced unnecessary health care expenditures
      - Was otherwise in the public interest.
  - It may also make recommendations regarding the extension, alteration and/or expansion of the current law and make any other recommendations related to the implementation of CDTM
- Currently 4 of the 8 sites have reported
- Submit to:
  - CDTM@mail.nysed.gov

### Data Reporting Instrument

	2011	January	February	March	April	May	June	July	August	September	October	November	Dec
1. # patients followed in the region													
2. Average Age (Range)													
3. Male (count) total													
4. Female total													
5. Successful with complications													
6. Failure													
7. Complications													
8. Anticoagulation appropriate													
9. Anticoagulation inappropriate													
<b>Other Outcomes</b>													
10. Hospital readmission rate													
11. Qualitative Therapy													
12. Medication being used to treat an avoidable acute													
13. Drug added for wrong													
14. Unnecessary medication (i.e. ACE in Care)													
15. Inappropriate Treatment													
16. Medication error													
17. Wrong dose or administration													
18. Wrong time or administration													
19. Wrong drug													
20. Needs additional drug monitoring													
21. Wrong interval and frequency enough													
22. Incomplete administration (please list)													
23. Total Effectiveness Value													
<b>Adverse Drug Reaction Identified (Event)</b>													
1. Unsafe drug for patient													
2. Significant medication - occurrence absent													
3. Drug interaction													
4. Incomplete administration (please list)													
5. Excessive dose (over ADOS) (Event)													
6. Dose too high													
7. Needs additional monitoring													
8. Frequency inappropriate (occurring in high dose)													
9. Incomplete administration (please list)													

### Data Reporting Instrument

**NYSCHP.org**

New York State Council of Health-system Pharmacists

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CALENDAR

03 NYSCHP Recognition Ceremony  
Presenting Outstanding Pharmacist  
Presenting Outstanding Pharmacist

05 Pharmacy Practice Based  
Leadership Challenge

06 Pain Management Practice Based  
Leadership Challenge

07 NYSCHP 2013 Annual Assembly  
Medication Safety  
and Compliance

## Data Reporting Instrument

NYSCHP.org

New York State Council of Health-system Pharmacists

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Collaborative Drug Therapy Management (CDTM) Law 6801

CDTM Demonstration Program

The purpose of this data collection project is to gather the information needed to prepare a report that will describe the extent and effect of collaborative drug therapy management (CDTM) implementation in New York State. This report is mandated in the current legislation and will be necessary to allow CDTM to continue beyond the 3 year sunset.

CDTM Outcomes Data Collection Instructions

CDTM Outcome Spreadsheet

Consent Forms

Protocols

Anticoagulation

CDTM Summit II, February 27, 2013, GNYHA 555 W 57th St 15th Floor, NY, NY. Videostreaming will be made possible by GNYHA Services, Inc.

CDTM Summit II AGENDA

CDTM Summit February 16, 2012, NYC, NY. Videostreaming made possible by GNYHA Services Inc. at <http://gnyhawebcast.reg.meeting-stream.com>

## Data Reporting Instrument

### Site Demographics

	A	B	C	D	E	F
1	Institution Name		Q1	Q2	Q3	Q4
2	Pharmacy Registration Number					
3	Number of licensed beds					
4	Primary specialties serviced					
5	Director of Pharmacy (name)					
6	Director of Pharmacy (email)					
7	Site CDTM contact (name)					
8	Site CDTM contact (email)					
9	Site CDTM contact (phone)					
10	Pharmacy Residency Program (Y or N)					
11	PGY-1 (number)					
12	PGY-2 (specialty, number)					
13	# of Prescriptions written					
14	# Pharmacists with CDTM Agreements					
15	CDTM Pharmacist education highest degree (number)					
16	Bachelors					
17	Masters					
18	PharmD					
19	Other (specify)					
20	CDTM Pharmacist post graduate training (number)					
21	No post graduate training					
22	PGY-1					
23	PGY-2 or Specialty					
24	Fellowship					
25	Other (specify)					

## Data Reporting Instrument

### Site Demographics

26	CDTM Pharmacist credentials (number):	
27	No additional credentials	
28	BPS board certification (BCPS, BCOP, etc.)	
29	CACP	
30	CDE	
31	CGP	
32	Fellowship status (FASHP, FCCP, etc.)	
33	Other (specify)	
34	CDTM Pharmacist experience (number):	
35	<5 years	
36	5 - 9 years	
37	10 - 14 years	
38	15 - 20 years	
39	>20 years	
40	CDTM Disease States managed	Month / Year established
41		
42		
43		
44		
45		
46		

Home | Site Demographics | HTM | Anticoagulation | Asthma | Outpatient IV Antimicrobial | Antimicrobial Stewardship | Diabetes | OAD | Ready

## Data Reporting Instrument

### Disease State Reporting – Clinical Outcomes

	A	B	C	D	E	F	G
1	Total # new patients	2012 Jan	Feb	March	April	May	June
2	% of total patients managed by CDTM						
3	# of visits						
4	# no show for visit						
5	Average Age (Range)						
6	Male (number) total						
7	# Medicaid						
8	# Medicare						
9	# Commercial insurance						
10	# Uninsured / indigent						
11	Total # of INRs managed						
12	(i.e. visits and/or blood tests)						
13	Total # of patients on oral anticoagulants other than warfarin						
14	Total # of patients bridging						
15	INR in target (Boissard method) PREFERRED METHOD						
16	INR in target (Duxbury method)						
17	INR in target (Number of values in range)						
18	# Major bleeds while on anticoagulation						
19	# Thrombotic events while warfarin in target range						
20	# Thrombotic events secondary to warfarin ADE while on anticoagulation						

**Kim Zambit:**  
(Major defined as hospital/ER admission secondary to warfarin ADE, intubation of therapy due to bleeding, reversal required, fatal bleeding or 2 g/dL drop in Hemoglobin)

## Data Reporting Instrument

### Disease State Reporting – MTM Endpoints

22	Unnecessary Drug Treatment (Total)	53	Potential Medication Errors (Total)
23	1. No valid Medication Indication	52	1. No med error / event, but potential for ADE identified
24	2. Duplicative Therapy	53	2. Med error/event DID NOT reach patient
25	3. Medication being used to treat an avoidable ADR	54	3. Med error/event reached patient, but no harm
26	Need for Additional Treatment (Total)	55	4. Med error/event reached patient, monitoring or intervention required to confirm no harm
27	1. Drug added for synergy	56	5. Event occurred, resulting in temporary harm and requiring intervention
28	2. Untreated Indication (i.e. ACEI in CHF)	57	2. Event occurred, resulting in temporary harm and requiring hospitalization
29	3. Preventative Treatment	58	3. Event occurred, resulting in permanent harm / disability
30	Total Indication DRPs	59	4. Event occurred, life-threatening
31	Ineffective Drug (Total)	60	5. Event occurred, resulted in death
32	1. More effective drug available	61	Total Medication Errors
33	2. Dosage form is inappropriate	62	63
34	Inadequate Dose (Total)	64	1. Patient doesn't understand directions
35	1. Dose too low	65	2. Patient prefers not to take medication
36	2. Needs additional drug monitoring	66	3. Patient forgets to take medication
37	3. Dosing interval not frequent enough	67	4. Drug is unavailable
38	4. Incorrect administration (dose too low)	68	5. Patients can't afford medication
39	Total Effectiveness DRPs	69	6. Patient can't swallow/administer
40	Adverse Drug Reaction Identified (Total)	70	Total Adherence problem identified
41	1. Unsafe drug for patient (includes drug/disease interaction, excessive dose)	71	Total Adherence problem resolved
42	2. Drug interaction	72	Cost Avoidance (Total Identified)
43	3. Incorrect administration (unstable)	73	Less expensive equivalent alternative (estimated annual savings)
44	Excessive Dose (No ADR) (Total)	74	Alternative route (IV to PO) (estimated annual savings)
45	1. Dose too high	75	Comments (number submitted)
46	2. Needs additional monitoring	76	
47	3. Frequency inappropriate (resulting in high dose)		
48	4. Duration too long		
49	Total Safety DRPs		