Lawton Service Unit
Pharmacy Ambulatory Care Service (PACS)

Comprehensive Collaborative Practice Agreement

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LAWTON SERVICE UNIT PHARMACY AMBULATORY CARE SERVICE

I. STATEMENT OF NEED

Clinical pharmacy specialists within the Lawton Service Unit have become an integral part of the comprehensive health care delivery system. They have provided accessible and efficient health care with expanded clinical roles under Collaborative Practice Agreement (CPA) with primary care providers. The primary purpose of the Pharmacy Ambulatory Care Service (PACS) within the Lawton Service Unit (LSU) is to ensure efficacy and safety of medication therapy and achieve optimal patient health outcomes in managing chronic diseases. PACS also seeks to increase access to care, decrease medical provider workload, and improve patients' quality of life through collaborative effort with providers.

II. PATIENT ELIGIBILITY AND REFERRAL PROCESS

A. Eligibility criteria
   a. At least 18 years of age; patients under the age of 18 may be eligible for the Pediatric Asthma service and Intensive Diabetes Management service if a consult is approved and submitted by provider in the pediatrics department on a case-by-case basis.
   b. Have established care at the Lawton Service Unit with a primary care provider (PCP) and must maintain an active patient/provider relationship with the primary care provider for the duration of the PACS consult period as directed by the PCP
   c. Have a documented diagnosis for one of the specialized practice areas defined within the collaborative practice agreement approved by medical staff

B. Consult Process and Scheduling
   a. May be placed via electronic health record (EHR) by any provider including a PCP, surrogate provider on the care team of the PCP if the PCP is unavailable, or a collaborating provider.
   b. Consults placed by a non-PCP (i.e. dental, hospitalist, emergency department, surgery)will be forwarded or deferred to a PCP or an available surrogate provider for review/concurrence, empanelment decision, and/or establishment of care. A consult placed by a surrogate provider will be honored under that provider until a new consult can be reviewed/placed by a PCP and care transitioned as appropriate. A PACS pharmacist will proactively coordinate with providers, nursing, or integrated pharmacists to facilitate this process for eligible patients with a consult.
   c. Once consults are placed by a provider and received, the PACS will start the pre-visit process that may include ordering baseline labs, facilitating patient benefits screening, and completing any necessary documents for medication procurement.
   d. Patients will be scheduled for an initial clinic appointment and be enrolled into the PACS by providing informed consent and having the patient sign the Consent Form. PACS pharmacists will discuss clinic procedures such as no-show procedures, follow-up scheduling, lab schedules, and discharge process with the patients. If a benefits screening is indicated, the initial visit may be postponed until the benefits screening process is complete and medication procurement has been ensured.
   e. It is recommended that PACS-enrolled patients follow-up with a PCP regularly for a Care Plan review to ensure provider awareness of current therapeutic plan. Providers can suggest continuation/discontinuation/changes to therapeutic plans at any time. PACS pharmacists will assist with facilitating Care Plan review appointments through collaboration with providers or nursing.
   f. PACS will communicate with the PCP or referring provider for any significant health status changes of a patient or if a higher level of care is needed.

g. Once the specialty practice area goals are accomplished, or if there is a change in the patient's health status which signals a need for higher level of care, patients will be released back to the provider which will complete the consult.

III. DEFINITIONS

a. Direct Supervision: a PCP, surrogate provider for the PCP, or a collaborating provider being present on site where the pharmacy clinical services are being provided and should be available immediately for clinical assistance if needed
b. General Supervision: a PCP, surrogate provider for the PCP, or a collaborating provider overseeing and providing clinical guidance if needed but not required to be present in the examination room during the patient care visits
c. Supervising Provider/Physician: a designated physician or provider who is responsible for providing general and direct supervision of all clinical activities including making final decisions in complex clinical cases or therapy, monitoring significant changes in patients' clinical status, or communicating and referring to a higher level of care if needed.
d. Collaborating Provider: any provider, including mid-level practitioners, that may enter consults for patients to PACS for comprehensive medication therapy focused on certain specialty practice areas and disease states; he/she may serve as a Supervising Provider/Physician who is responsible for general and direct supervision for all activities.
e. Pharmacist-In-Training (PIT): pharmacists requesting clinical privileges under collaborative practice agreement actively in training; this includes pharmacists who have completed competency assessments and are in their 1-year provisional period post-competency approval.
f. Pharmacy Clinical Coordinator (PCC): clinical pharmacy specialist providing general clinical oversight of the collaborative practice agreement and pharmacy clinical services provided within the specialized practice areas approved via CPA.
g. Pharmacy Clinic Managers: clinical pharmacy specialists who serve as subject matter experts within their respective specialty practice area. These pharmacists aid in clinical competency assessment, serving as a treatment resource for providers, and aid in outcomes data collection/analysis.
h. Ongoing Professional Practice Evaluation (OPPE): a routine evaluation, at least every six months, of professional performance of a clinical pharmacy specialist in well-defined objective criteria, commonly referred to as "Peer Review".
i. Focused Professional Practice Evaluation (FPPE): involves more specific and focused monitoring of clinical pharmacists' competency and performance annually using well-defined objective criteria.
j. Specialty Practice Area: a specific acute or chronic disease state or service that are approved for PACS pharmacists to provide medication therapy management under the CPA under general and direct supervision

IV. CLINICAL COMPETENCY TRAINING

A. Pharmacists requesting clinical privileges in the PACS must complete the orientation process and competency training prior to providing direct patient care. Pharmacist-In-Training (PIT) should coordinate with pharmacy clinic manager(s) and the Pharmacy Clinical Coordinator (PCC) to complete this process in a timely manner. Competency assessments are individualized to each service.

B. Competency and Peer Review documents will be kept on file with the Pharmacy Clinical Coordinator in the Pharmacy Department.

C. Director of Pharmacy will review all professional practice evaluation activities on an ongoing basis and report to medical staff, as appropriate.

D. Mentorship is required for:
   a) Currently employed clinical pharmacists with less than one year post-graduate experience
   b) Clinical pharmacists requesting initial or expanded privileges in a specialized practice area when there is insufficient evidence of education, training, or experience.
   c) Clinical pharmacists seeking privileges who have completed their PACS application which has been endorsed by the Pharmacy Clinical Coordinator, Pharmacy Director, and Clinical Director who is within the 1-year provisional period of initial competency.

E. PACS Orientation and Clinical Competency Assessment

   a. Completion of the Pharmacy Ambulatory Care Services Application document
      i. Required documents/records
         1. Bachelor of Science in Pharmacy or Doctor of Pharmacy (PharmD) degree from an Accreditation Council for Pharmacy Education (ACPE) accredited pharmacy program in the United States
         2. Valid pharmacy practice license in the United States
         3. Basic Life Support (BLS) certification
      ii. Qualifications
         1. Practiced pharmacy for at least one year, or practiced in a verifiable clinical pharmacy setting for at least six months, **OR**
         2. Successful completion of an ASHP-accredited PGY-1 Pharmacy Residency program, **OR**
         3. Nationally recognized advanced pharmacy practice certifications (i.e. BCPS, NCPS)
      iii. PACS Application
         1. This will serve as an initial application for requesting to provide patient care in PACS and perform clinical activities under the CPA
         2. If additional clinical practice areas are desired, pharmacist may complete this application again and indicate desired clinical practice area
      iv. Clinical Competency Training
         1. Pharmacist must complete Ongoing and Focused Professional Practice Evaluations, written and observed competency exams, and two separate Peer Review sessions (consisting of two case reviews per service area) twice annually (minimum of four cases annually).
         2. Intensive DM Management requires 4 diabetes-focused continuing education credits per year, which will be tracked by the Diabetes Clinic Manager during the annual peer review process.

F. Initially, a pharmacist-in-training (PIT) will be oriented to the specialized practice area under supervision of a pharmacy clinic manager, trained pharmacist, and/or Pharmacy Clinical Coordinator. This will include American Society of Health System Pharmacist recommended preceptor roles of one-on-one instruction, modeling, coaching, and facilitating of skills between a trained clinical pharmacist and a pharmacist-in-training. The pharmacist-in-training will complete written and observed clinical competency assessments as well as review pertinent clinical guidelines. The pharmacist-in-training will shadow clinical pharmacists in visits to include both

initial and follow-up visits. The trainer will provide opportunity for the pharmacist-in-training to practice with direct supervision, and provide guidance as necessary.

a. Associated documents:
Pharmacy Ambulatory Care Services Application
Written, simulated, and clinical competency documents individualized to each service
PACS Training Evaluation and Validation document

No areas may be marked as "needs improvement" to qualify as satisfactory completion. Initial privileges are approved for a 1-year provisional period during with qualifications and clinical skills are assessed.

b. Associated documents:
Clinical Pharmacist Competency Evaluation (focused professional practice evaluation)

PACS pharmacists will be responsible to maintain their clinical competency by completing two Peer Review processes per year for each specialty practice area, Clinical Pharmacist Competency Evaluation annually, and any necessary Continuing Education trainings in the specialty practice area in which they are practicing.

c. Associated documents:
Clinical Pharmacist Competency Evaluation (annually)
Peer Review Form (two for each service twice per year -)

G. PACS pharmacists must have the annual Clinical Pharmacist Competency Evaluation form (focused) completed by the Clinic Manager, Supervising Physician, PCC, and/or the Chief Pharmacist once annually. This will satisfy the requirements of the Focused Professional Practice Evaluation (FPPE) as defined in the IHS Manual Chapter 7 for Pharmacy Practice. Reviewer will provide timely and constructive feedback to the pharmacist and privileges will be initiated, renewed, or limited/revoked pending further evaluation based upon assessment. Professional practice evaluation forms are reviewed with each pharmacist prior to the start of the first evaluation period and anytime the indicators are changed.
H. PACS pharmacists must undergo two Peer Review processes annually for each specialized practice area consisting of at least two chart reviews and/or direct observation completed by a PACS Clinic Manager or Pharmacy Clinical Coordinator twice annually (Spring/Fall). This will satisfy the requirements of the Ongoing Professional Practice Evaluation (OPPE) as defined in the IHS Manual Chapter 7 for Pharmacy Practice. Feedback will be timely and constructive. Specific items associated with strengths and areas of improvement will be documented. The Pharmacy Clinical Coordinator will undergo Peer Review by a supervising physician.

a. Peer Review Components
    i. Documentation: clinical visit summary, medication reconciliation performed, appropriate physical assessment if indicated, patient education documented, POV/Superbill/Wellness, appropriate labs (ordering and interpretation), therapeutic goals
    ii. Patient Care items: appropriate clinical assessment based upon patient history and current presentation, comprehensive care, pharmacotherapy and interventions, lab monitoring, follow-up plans, appropriate referrals if necessary or referral to higher level of care if indicated (primary care provider, urgent care or emergency department, integrated behavioral health)

iii. Administrative and professionalism: compliance to clinic policies and procedures, Care Plan review facilitation
iv. Comments: strengths and areas of improvement, follow-up review if necessary

V. PHARMACY AMBULATORY CARE SERVICES POLICY AND PROCEDURES

A. Approved services
   i. Anticoagulation (warfarin and perioperative bridging management)
      1. Pharmacotherapy
         a. warfarin and perioperative bridging with enoxaparin per guidelines and local policy
      2. Labs
         a. Chemistry, LFT, PT/INR, CBC, occult blood, urine dipstick every 6 months if not already ordered by PCP during 90-day care plan review period
   ii. Adult/Pediatric Asthma
      1. Pharmacotherapy
         a. All IHS formulary medications for asthma indications
         b. IHS formulary options for allergy management
         c. Non-formulary options will be routed to the PCP for review of non-formulary request
         d. Case management to include facilitating benefits screenings and non-formulary review of biologic options
      2. Labs/Pulmonary Function Testing
         a. Chemistry, LFT, CBC
         b. Allergy panels and other pertinent labs will be routed to a PCP
         c. Respiratory Therapy has authorized scheduling of pulmonary function testing in the PFT scheduler once a consult is entered by a provider. Patients are to be reminded not to use inhalers prior to the appointment. Respiratory therapist and a provider must review/approve any pulmonary function test results.
   iii. Chronic Hepatitis C
      1. Pharmacotherapy
         a. All IHS formulary options for Chronic Hepatitis C management
         b. IHS formulary options for itching, nausea/vomiting
      2. Labs
         a. Chemistry, CBC, LFT, PT/INR, HCV viral load, HCV Genotype, Hep Panel, Vit D, Hep B AB, Hep B Ag, Hep B Total Core, Urine drug screen, HCG, Lipase
   iv. Human Immunodeficiency Virus Pre-Exposure Prophylaxis
      1. Pharmacotherapy
         a. All IHS formulary options for HIV Pre-Exposure Prophylaxis
         b. Condoms
      2. Labs
         a. Asymptomatic STI testing to include HIV ab and viral load, syphilis, gonorrhea, chlamydia; swabs will be routed to PCP for ordering
         b. Chemistry, CBC, Hep Panel
   v. Intensive Diabetes Management (including CGM)
      1. Pharmacotherapy
         a. All IHS formulary options for a diabetes indication
         b. CGM placement and monitoring

2. Labs

vi. Nicotine Dependence
    1. Pharmacotherapy
        a. All IHS formulary options for a tobacco cessation indication including varenicline, bupropion, nicotine patches, nicotine gum, and nicotine lozenges
    2. Labs
        a. Chemistry, LFT, CBC

B. Guidelines and Protocols

All clinical activities provided by PACS will be under general and direct supervision of a provider. The comprehensive collaborative practice agreement will be reviewed at a minimum of every 2 years for approval by Pharmacy Clinical Coordinator, Director of Pharmacy, Clinical Director, and supervising providers. The following clinical activities will be performed by PACS pharmacists in accordance with the Indian Health Service (IHS) Manual Chapter 7 for Clinical Pharmacy Services, local IHS policy, IHS formulary availability, and current evidence-based clinical practice guidelines:

- Obtain medical histories and review necessary health records to document medication use patterns, identify adverse effects, and address potential drug interactions
- Optimize medication therapy by initiating, modifying, or discontinuing medication with authorization of a PCP or a collaborating provider within the scope of practice of the specialized practice area. Provide/apply/monitor CGM devices.
- Provide counseling on safe and effective medication use, non-pharmacologic treatment plans, compliance, monitoring parameters, and therapeutic lifestyle modifications
- Provide regular follow-up care including scheduling follow-up appointments, ordering and interpreting pertinent lab tests to monitor drug efficacy and safety, and provide mitigation therapies for potential side effects from the initial medication therapy for specialty practice areas approved via CPA.
- Perform appropriate physical examination including, but not limited to, obtaining vital signs, performing diabetic foot exams, and facilitating pulmonary function testing or spirometry testing
- Initiate non-formulary medication process with documented agreement of a provider
- Provide drug information and consultation services to providers as requested
- Facilitate appropriate emergency responses including administering appropriate emergency medications (i.e. epinephrine intramuscular injection, naloxone nasal spray in the event of suspected accidental overdose, or glucagon injection/nasal spray for suspected hypoglycemia) and escorting/guiding patients to the urgent care or emergency department.
- Consult with a provider for any health status changes, significant therapeutic changes, or if higher level of care is indicated

C. Scheduling and appointments
    i. PACS will make at least two verifiable attempts for initial scheduling and may decide to discontinue the consult or refer back to PCP if patient is unavailable. Comments will be added within the consult for consult tracking of contact attempts as well as whether a patient declines services or accepts an initial appointment. The consult will be administratively completed once the patient is addressed.

ii. All initial clinic appointments are allotted for one hour and follow-up appointments are allotted for 30 minutes. Scheduling adjustments may be provided at clinical pharmacist discretion.
iii. Clinic visits are conducted in a pharmacy clinical consultation office and the door will be closed for patient privacy. Patients under the age of 18 must be accompanied by a parent, guardian, or a designated caregiver and the presence must be documented in the Electronic Health Record (EHR).
iv. Clinic visits may be conducted over the phone only if it benefits the patient based upon the clinical judgement of the pharmacist, or if unforeseen circumstances limit the face-to-face encounter. Patients must present for a face-to-face encounter if the pharmacist deems it necessary for patient assessment or compliance.
v. Patients may check-in at the registration desk or at the pharmacy kiosk at their scheduled appointment time. If the appointment is conducted via telephone, PACS will call the patient at the scheduled time and the patient will be expected to answer the phone at that time and be available for the entire allotted appointment time for assessment. Patients should call or notify PACS at least 24 hours prior to scheduled appointments if they need to reschedule.
vi. No-Show policy: if a patient has not physically arrived to the appointment, has not answered the scheduled phone visit without prior notification, or is more than 30 minutes late to the appointment time without prior notification, the patient will be considered no-show. In certain unforeseen circumstances such as inclement weather, personal emergency, or travel difficulties, patients may be accommodated same-day or rescheduled based upon discretion of a PACS pharmacist. Every effort within reason will be made to accommodate patients who present for an appointment as scheduling allows.

D. Discharge procedure: patients may be discharged from the PACS if they
    1. Have met the clinical goal(s) and provider agrees to follow-up with care
    2. Have not met the clinical goal(s) and requires a higher level of care determined by the collaborating provider, PCP, or supervising provider
    3. Have three consecutive no-shows or more than five no-shows within six month time period
    4. Demonstrate non-compliance to clinic policy/procedures
    5. Are unable to or are not following recommended medication therapy instructions given by the PACS pharmacist
    6. Wish to stop receiving clinical services from PACS
    7. Supervising physician has the final say in whether PACS can discharge a patient.

E. Clinic Room Maintenance and Patient Safety
    1. PACS pharmacists are responsible for maintaining the clinic office clean and safe for patient care. This includes daily surface and equipment sanitization, ensuring free of visible sharps or stains, and monitoring of sharps containers.
    2. PACS pharmacists are responsible to follow the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. This applies to sharing or discussing patient information over the phone, conversations outside the clinic office, and protecting information on the computer screen or on the desk.
    3. Pharmacists should monitor and contact the Environmental Service (EVS) for any maintenance requests such as accidental spillage in the clinic room or requesting a new sharps container when contents reach the designated fill line.
    4. Food and drinks are prohibited in the clinic office at all times by staff and patients

II. OUTCOMES AND PERFORMANCE IMPROVEMENT

Clinical outcomes data and performance improvement initiatives will be collected and reported to the Director of Pharmacy quarterly. The Director of Pharmacy will review the PACS outcomes and may share with pertinent administrative and clinical leadership including but not limited to: performance improvement committee, medical staff, and governing board. If needed, annual report will be sent to National Clinical Pharmacist Specialist Committee (NCPSC).

GPRA and non-GPRA clinical outcomes may include, but no limited to: asthma control status, time in therapeutic range (TTR) percentage for anticoagulation management, tobacco use and cessation rates, naloxone co-prescribing rates, and cure rate for Chronic Hepatitis C patients. In addition, clinical workload (i.e. total number of patients, clinic visits, no-show rates) and pharmacy interventions may be included in reports.

III. BUSINESS PLAN

PACS clinic visits that meet requirements for third-party reimbursements will be screened and billed through appropriate CPT codes. PACS pharmacists will collaborate with benefits coordinators and third party insurers for medication procurement. Assessments and collections will be reported to pharmacy leadership to be shared with medical/executive leadership at a minimum of every 6 months.

IV. APPROVALS

Pharmacy Clinical Coordinator	Date
Director of Pharmacy	Date
Supervising Physician, Pediatric Department	Date
Supervising Physician, Adult Care Department	Date
Clinical Director	Date

PHARMACY AMBULATORY CARE SERVICES APPLICATION

NAME:	DATE:

☐ Initial application (continue to **Section I**)
☐ Requesting additional Clinical Practice Area (skip to **Section III**)

Section I: Background Information

Name of Pharmacy School	Graduation Year	License number/State(s)

Is your license in good standing without any probation or pending disciplinary actions? ☐Yes ☐ No, explain

Post-graduate trainings or degrees (if applicable) and completion year	Board Certification(s)
☐ PGY-1 _____ ☐ PGY-2 _____ ☐ Disease-specific certificate(s) ☐ Advanced Degree (i.e. Masters, PhD) _____ _____	☐ BCPS ☐ BC-ACM ☐ BCACP ☐ OTHER ☐ BCGP _____

Section II: Qualifications – please select at least one item from each criteria

Basic qualification	Immunization certification
☐ PGY-1 Pharmacy Residency ☐ Clinical practice ≥6 months (please list area of practice): ☐ Active NCPS (National Clinical Pharmacy Specialist) ☐ Any relevant certifications/training (please list):	☐ APhA Pharmacy-based Immunization Delivery ☐ State-approved program/certification ☐ Other (specify): Emergency Life Support certification ☐ BLS ☐ ACLS ☐ PALS

Section III: Clinic Practice Area – please select clinical practice area(s) being requested

☐ Anticoagulation ☐ Asthma/COPD ☐ Chronic Hepatitis C ☐ Diabetes Mellitus ☐ Dyslipidemia	☐ HIV PrEP ☐ Hypertension ☐ Immunizations ☐ Nicotine (Tobacco) Cessation

Section IV: Approval and Signature

☐ I understand that I must complete all required orientation and competency trainings to prior to performing clinical activities for the practice area(s) requested above
☐ I understand it is my responsibility to ensure all required licenses and certifications are in good standing, otherwise my clinical privilege may be revoked
☐ I have provided or I am able to provide required documents and certifications if requested

APPLICANT SIGNATURE : _____ **DATE**: _____
PHARMACY CLINICAL COORDINATOR: _____ **DATE:** _____
PHARMACY DIRECTOR:_____ **DATE:**_____

PACS TRAINING EVALUATION AND VALIDATION

Pharmacist-in-Training:	Clinical Practice Area

N/A = Not applicable 1 = Needs Assistance 2 = Needs Minimal Assistance 3 = Perform Independent/Competent	This form is used for the self-evaluation and the Clinic Manager or Pharmacy Clinical Coordinator evaluation of the pharmacist-in-training for each clinical practice area. Score of 1 will indicate requirement of additional training as needed.

Training Criteria	**COMPETENCY EVALUATION**			
	Pharmacist self-evaluation score	**Date**	**Evaluator Score**	**Date**
▪ Understanding of Collaborative Practice Agreement (CPA) and Clinic Policy and Procedure				
▪ Able to utilize and research clinical guidelines and supplemental resources				
▪ Completed competency written exam (≥ 80%)				
▪ Completed Clinic Simulated Patient Training				
▪ Knowledge of basic pathophysiology				
▪ Appropriate pharmacotherapy selection				
▪ Follow-up management and scheduling				
▪ Culturally sensitive and non-judgmental				
▪ Effective communication with patients and providers				
▪ EHR documentations and post-document checklist				

PATIENT CARE COMPETENCY

	Patient Care Observation Clinician-in-training will observe face-to-face clinic visits with a privileged pharmacist provider.		
	Patient chart #	**Date of visit**	**Proctor initials**
1			

EVALUATION SCORE: N/A= Not applicable 1 = Needs Assistance 2 = Minimal Assistance 3 = Perform Independent/Competent	This form is utilized for evaluation of the pharmacist-in-training's face-to-face patient visits. If an evaluation score of "1" is given on any patient visit, this will signal a need for evaluation of additional clinic visits and/or training and recommendations for a follow-up plan.

	Case Report Patient Care Competency Evaluations A privileged pharmacist will observe face-to-face patient care visits performed by the pharmacist-in-training.				
	Patient chart #	**Date of visit**	**Evaluation score**	**Notes** **(areas needing improvement, additional training, etc.)**	**Proctor initials**
1					
2					
3					
4					

5					

PHARMACIST-IN-TRAINING SIGNATURE: _____Date: _____

CLINIC MANAGER SIGNATURE: _____Date:_____

PHARMACY CLINICAL COORDINATOR SIGNATURE:_____Date:_____

PHARMACY DIRECTOR SIGNATURE: _____Date: _____

CLINICAL PHARMACIST COMPETENCY EVALUATION

FOCUSED PROFESSIONAL PRACTICE EVALUATION

PHARMACIST NAME:	DATE:
EVALUATOR NAME (PRINT): TITLE: ☐ Clinic Manager ☐ Pharmacy Clinical Coordinator ☐ Chief of Pharmacy	
☐ Annual Evaluation (Year: _____) ☐ Follow-up Evaluation	

Competency Elements	**Satisfactory**	**Needs Improvement**	**N/A**
Patient Care			
Complete and accurate documentation of patient encounter	☐	☐	☐
Appropriate lab ordering and interpretation	☐	☐	☐
Effective pharmacotherapy and interventions	☐	☐	☐
Appropriate follow-up plans	☐	☐	☐
Clinical Knowledge			
Knowledge of most recent clinical guidelines	☐	☐	☐
Ability to apply clinical knowledge in decision making	☐	☐	☐
Evidence of providing comprehensive care	☐	☐	☐
Communication Skills			
Effective communication with patients and providers	☐	☐	☐
Interaction with others through non-verbal communication	☐	☐	☐
Presentation skills (i.e. professional or community events)	☐	☐	☐
Administrative and professionalism			
Patient management and scheduling	☐	☐	☐
Time management	☐	☐	☐
Understanding of clinic policies and Peer Review completion	☐	☐	☐
Patient or provider complaints (Satisfactory if none)	☐	☐	☐
Comments			

☐ I approve continuation of practicing in the PACS in the approval Clinical Practice Area
☐ I recommend limiting the practice or renewing the competency training process in the following area(s), explain:

Evaluator Signature:_____ Date of Evaluation:_____
Clinical Pharmacist Signature: _____Date Reviewed/Discussed_____
Pharmacy Clinical Coordinator Signature:_____Date Reviewed:_____

PEER REVIEW FORM

ONGOING PROFESSIONAL PRACTICE EVALUATION

Pharmacist Name:	Chart Number:	Clinic Visit Date:
Clinical Service:	Visit Type: ☐ Initial visit ☐ Follow-up visit ☐ Initial visit (phone) ☐ Follow-up visit (phone)	

Check "Unsatisfactory" if criteria are inappropriate or missed, check "N/A" if Not Applicable

Documentation	Satisfactory	Unsatisfactory	N/A
1. Clinical visit summary	☐	☐	☐
2. Medication Reconciliation	☐	☐	☐
3. Appropriate physical assessment (i.e. vitals)	☐	☐	☐
4. Patient education documented	☐	☐	☐
5. POV/Superbill/Wellness	☐	☐	☐
6. Appropriate labs (ordering and interpretation)	☐	☐	☐
7. Therapeutic goals	☐	☐	☐
Patient Care	**Satisfactory**	**Unsatisfactory**	**N/A**
8. Appropriate clinical assessment	☐	☐	☐
9. Comprehensive care	☐	☐	☐
10. Pharmacotherapy and interventions	☐	☐	☐
11. Labs monitoring	☐	☐	☐
12. Follow-up plans	☐	☐	☐
13. Appropriate referrals (if necessary)	☐	☐	☐
Administrative and professionalism	**Satisfactory**	**Unsatisfactory**	**N/A**
14. Compliance to clinic policies and procedures	☐	☐	☐
15. Care Plan review	☐	☐	☐

Comments (i.e. strengths, area of improvement)	
Evaluator Name (Print and Sign):	Date of review
Pharmacist Signature:	Date:
Pharmacy Clinical Coordinator Signature:	Date:

Lawton Indian Hospital Pharmacy Department
Patient Enrollment Consent Form

I understand that by signing this form, I agree to enroll to the Pharmacy Ambulatory Care Service (PACS) for

☐ Anticoagulation	☐ Nicotine Dependence
☐ Asthma	
☐ Chronic Hepatitis C	
☐ Diabetes Mellitus	
☐ HIV Pre-Exposure Prophylaxis (HIV PrEP)	

I understand that my primary care provider has referred me to a pharmacist for my care. The pharmacist will work in collaboration with my primary care provider to provide team-based care.

I understand that by signing this form and enrolling in the PACS, it is my responsibility to:

- Keep each appointment and contact the pharmacy clinic if I cannot keep the appointment as soon as possible
  (Pharmacy Ambulatory Care Service phone number: _____)
- Follow the recommendations provided for treatment plans including non-medication therapy, and ask questions for any clarifications or further explanation
- Call 911 or go to the emergency department when experiences any life-threatening episodes or symptoms

I understand that it is my responsibility to adhere to my treatment plans to achieve the goals established for this service.

I understand that my medical information may be discussed among other healthcare professionals for care purposes.

I understand that I can revoke this consent at any time and my revocation will be documented for record.

I understand that any release of pertinent medical information prior to my revocation shall not constitute as a breach of my rights to confidentiality.

By signing this agreement, I acknowledge that I have been informed of the service policy and procedures.
I was given an opportunity to ask questions and they have been answered to my satisfaction.

Patient Name (print)_____

Patient Signature:_____

Date:_____

Continuous Glucose Monitoring Agreement

Continuous Glucose Monitoring (CGM) is one of the newest technologies used in assisting a person with diabetes (PWD) in attainment of glycemic goals. It measures the glucose in the fluid around the cells rather than capillary blood like traditional blood glucose monitors. When consulted to the Lawton Service Unit Pharmacy Diabetes Service, this is one therapy option that may be considered for an appropriate candidate. As outlined in the American Diabetes Association (ADA) Standards of Diabetes Care, "use of technology should be individualized based on a patient's needs, desires, skill level, and availability of devices."

CGM Personal may be considered in the following situations:

- Type 1 or 2 PWD on multiple daily injections not meeting glycemic goals AND
- Clinical diabetes staff** is confident in patient's ability to actively engage in utilization of CGM
    - Patient's % Time CGM is Active is >70% AND
- PWD has been compliant with the appointments with the Pharmacy Diabetes Service in addition to primary care provider appointments
    - Patient attended 3 or more of the last 5 scheduled visits with clinical diabetes staff AND
- PWD is motivated and engaged in diabetes management and is making efforts to reach glycemic goals (e.g. setting and meeting goals for lifestyle changes) AND
- PWD has the physical and intellectual ability to operate the CGM based on clinical diabetes staff judgement AND
- PWD meets all criteria set forth including minimum of scanning every 8 hours to capture and utilize all data possible

iCGM (integrated continuous glucose monitoring) may be considered in patients meeting all criteria set forth for CGM with addition of the following situations, or at the discretion of a clinical diabetes staff:

- Type 1 or 2 PWD struggling with hypoglycemia or extreme glucose variability
- Type 1 PWD age 4 or older, who have a referral for an outside specialist and awaiting appointment with the specialist

PWD may or may not be identified as a candidate for CGM per professional discretion of a clinical diabetes staff.

Ordering of CGM sensors and supplies is variable secondary to budget, purchasing process, demand, and expiration date on product. There may be times that the product is not available to the patient. Initiation of CGM in diabetes management does not confer continued utilization or availability of the product. Any patient who does not meet pharmacy diabetes service criteria to receive a CGM on site will be connected to a patient benefits coordinator to help attain one from an outside source, if eligible (through insurance or patient assistance program).

We are very excited to participate in your care and share your desire for attaining glycemic goals with anticipation of mitigating complications. Please let us know if you have any concerns that are not being addressed.

_____	_____	_____
Lawton Service Unit Clinical Diabetes Staff	CGM Recipient	Date

**Clinical diabetes staff includes, but is not limited to, registered dietician, registered nurse, clinical diabetes pharmacist