VANDERBILT UNIVERSITY MEDICAL CENTER

Development and Implementation of Collaborative Pharmacy Practice Agreements in an Integrated Health System Specialty Pharmacy: A Qualitative Analysis

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Purpose

Describe the development and implementation of collaborative pharmacy practice agreements (CPPAs) within an integrated health system specialty pharmacy (IHSSP) based on the Consolidated Framework for Implementation Research (CFIR)

Study Design and Participants

Phenomenological qualitative study design

Focus groups were conducted with IHSSP leadership and clinical pharmacists where a CPPA had been implemented. Semi-structured interviews with physician champions who were involved in the development and implementation of the CPPAs were also conducted.

Figure 1. Study Methods

Participant Recruitment

Participants were identified based on criterion sampling. All clinical pharmacists, leadership, and physician champions involved in implementation were recruited regardless of data saturation.

Data Collection

Questions for the semi-structured guide were developed based on CFIR[1] (Table 1). Focus groups and interviews were conducted by two members of the research team and lasted approximately 30 minutes in length.

Data Analysis

Focus groups and interviews were recorded and transcribed using Microsoft Teams. A deductive coding approach using CFIR was performed by two members of the research team using Dedoose® (Manhattan, CA, USA).

Table 1. CFIR Implementation Domains with Definitions[1]

Implementation Domains	Definition and Associated Constructs[a]
Intervention characteristics	Aspects of an intervention that may impact implementation success, including its perceived internal or external origin, evidence quality and strength, relative advantage, adaptability, trialability, complexity, design quality and presentation, and cost
Outer setting	External influences on intervention implementation including patient needs and resources, the level at which the implementing organization is networked with other organizations, peer pressure, and external policies and incentives
Inner setting	Characteristics of the implementing organization such as team culture, compatibility and relative priority of the intervention, structures for goal-setting and feedback, leadership engagement, and the implementation climate
Characteristics of individuals	Individuals' beliefs, knowledge, self-efficacy, and personal attributes that may affect implementation
Process	Stages of implementation such as planning, executing, reflecting and evaluating, the presence of key intervention stakeholders and influencers including opinion leaders, stakeholder engagement, and project champions

[a]For associated construct definitions, please view the complete codebook using the QR code.

1. Damschroder et al. Implementation Science (2022) 17:75

Conclusion

Implementation of a CPPA in a specialty clinic was thought to improve the quality and efficiency of patient care and was favorably accepted by clinic staff.

The structure of an IHSSP, where pharmacists and pharmacy technicians are embedded within clinics to manage specialty medications, allows CPPAs to be easily integrated into workflow.

Results

Table 2. Clinic Demographics

Clinic	Length of CPPA at Focus Group	Number of Medication Orders at 6 months[b]	Number of Laboratory Orders at 6 months[b]
Multiple Sclerosis	14.5 months	803	512
Infectious Diseases	13 months	91	83
Adults and Pediatric Hepatology	7 months	111	169
Adults and Pediatric Hemophilia	6 months	292	0
Neurology	5.5 months	374	0
Cystic Fibrosis	5 months	717	0

[b]Indicates the amount of time since CPPA was active in the electronic health record.

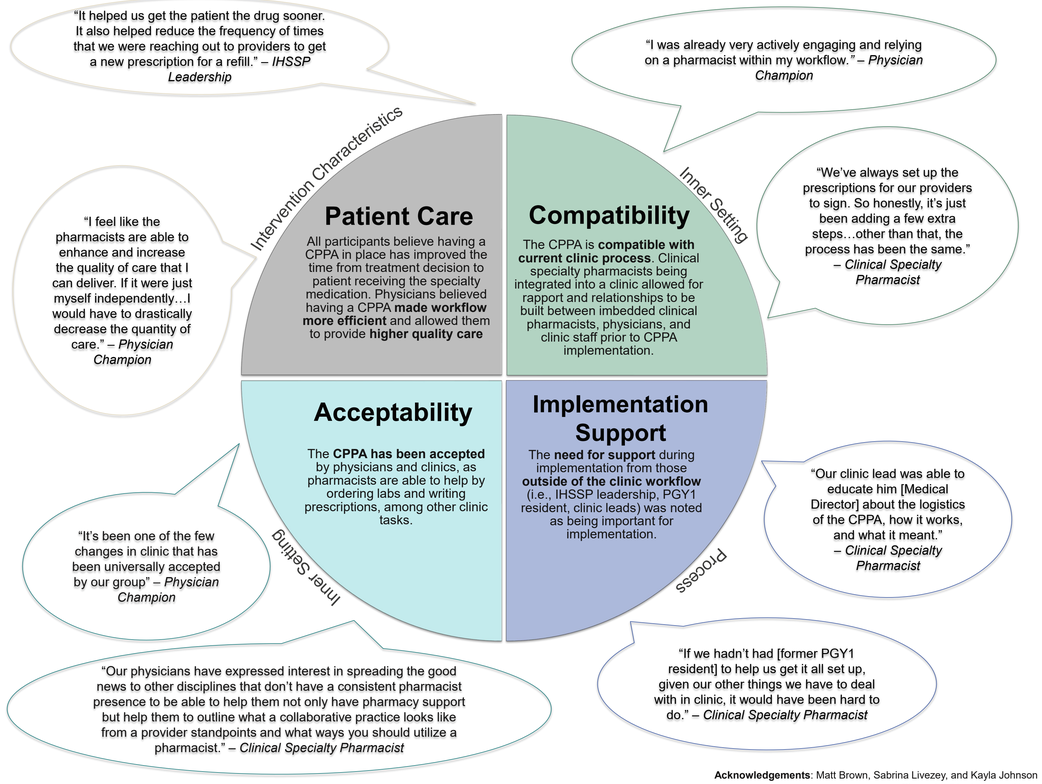
Figure 2. Interview and Focus Group Demographics

3 IHSSP Leadership

4 Physician Champions

14 Clinical Specialty Pharmacists

Figure 3. Identified Themes with Illustrative Quotations



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