



SASKATCHEWAN  
COLLEGE OF  
PHARMACISTS

**The Saskatchewan College of Pharmacists**

**Framework for Developing a Safe and Functional Collaborative  
Practice Agreement**

## **Introduction**

Interdisciplinary collaboration is a positive interaction between and among two or more health professionals from different modalities working together to each apply their unique skills, training, and knowledge in order to achieve the best health outcome for their patients. The concept of team is both crucial and fundamental. Each health professional works within their own scope of practice and must recognize the strengths and weaknesses of their profession. By trusting other members and maximizing the roles of their profession, within the realms of individual scopes of practice, health care professionals will value their role and the contributions of other practitioners, thus improving practitioner satisfaction and contributing to optimal patient health outcomes. The public will also begin to view the health care system as more cohesive, rather than disjointed, while benefiting from the improved access to all health professionals. Ultimately, the goal of collaborative practice is to develop and achieve the most effective and efficient practice, that produces the best health outcomes for patients. One of the major benefits of a collaborative approach is that it enhances patient access to care. By involving professionals from numerous health disciplines, it also encourages the most efficient use of human health resources.

## **The Purpose**

Certain critical principles must be established in order for a collaborative health care team to achieve optimal health outcomes. This document illustrates those critical principles and recommends a structured, process driven approach towards the development of collaborative health care. By providing guidance to health professionals who seek to work collaboratively, this framework document encourages the development of such teams, removing anticipatory barriers perceived by many health care professionals. The principles help promote and sustain a health system that optimizes the individual knowledge and skills of each professional, which ultimately maximizes the benefits of a collaborative work environment. The Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative has published their own principles, based on extensive research that confirms the benefits of interdisciplinary collaboration. The Saskatchewan College of Pharmacists acknowledges the EICP initiative and implements it as a starting point for the framework principles suggested in this document. It is important to systematically approach the development of the collaborative teams because it leads to properly functioning teams with the highest degree of safety for the patient. A poor functioning or poorly communicating team can increase the safety risk for its patients. For collaborative care to be safe and effective, all real or potential risks to the patient must be realized and mitigated, ensuring provider accountability and liability. Patient safety and practitioner liability risks can be barriers and must be addressed in order to encourage the development of collaborative practice environments. Collaborative practices are more likely to be formed if the best interests of patients and health care professionals are well protected. Many studies conclude that numerous health care workers from all professions have the desire to work as integrated, collaborative primary health care teams. If this is the method of practice that is proven to improve patient outcomes, why are health care professionals not taking initiative in the formations of these teams? Many deem that the integrated approach is impeded by perceived barriers and varying perceptions that each health care professional may have towards the organization of such teams. By developing a systematic framework for the development of an interdisciplinary collaborative primary

health care practice, the hope is to remove one of the largest deterrents, perceived barriers towards team organization, and thus increase the willingness of health professionals to participate in such teams. The systemic structure also provides some form and suggestion to what principles are needed in the foundation of any collaborative health team, thus providing direction for those that fear of the unknown.

## **Definitions**

### **1. Collaboration**

Collaboration is a joint communication and decision making process with the goal of satisfying the health care needs of a target population. The basis of collaboration is the belief that quality patient care is achieved by the contribution of all care providers. A true collaborative practice has no hierarchy and it is assumed that the contribution of each participant is based on knowledge or expertise brought to the practice rather than the traditional employer employee relationship.<sup>6</sup>

### **2. Interdisciplinary Health Care Team**

An interdisciplinary health care team is a group of individuals, with diverse training and backgrounds, who work together as an identified unit or system. The team members consistently collaborate to solve patient problems that are too complex to be solved by one discipline or may disciplines in sequence.<sup>6</sup>

### **3. Primary Health Care**

Primary health care is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at the cost the community and the country can afford to maintain at every stage of their development in the spirit of self reliance and self determination. It forms an integral part of both of the country's health system of which it is the central function and main focus and of the overall social and economic development of the community. It is the first level of contact of individuals, the family, and community with the national health system bringing health care as close as possible to where people live and work and constitutes the first element of a continuing health care process.<sup>7</sup>

## **Template**

### **1. The Practice Model and Organization of Care**

The collaborative team must determine what practice model they would like to adopt and establish on their team. Four primary care collaborative practice models have been proposed in the literature and are listed below. The team may decide to use one of the models, to adapt parts of the model, or to completely develop their own model, but it must be documented to ensure that every member of the team understands the context under which they are operating. Creating a clear practice model and adhering to it improves health professional satisfaction within members and trust among team members.

#### **1. The parallel model**

A non-physician provider, who could be defined as but not limited to a pharmacist, a nurse, or a physiotherapist, provided care to stable patients, whereas the physician provides care for the more medically complex patients.<sup>6</sup>

## 2. The sequential model

A nurse practitioner or physician assistant performs an initial history and physical exam while the physician assumes the responsibility for differential diagnosis and management. Alternatively, the physician may see patients initially to screen for treatment complexity, with the less complex patient being assigned to the non-physician health professional.<sup>6</sup>

## 3. The shared model

The shared model describes care is provided to patients by all providers on an alternating basis regardless of diagnosis and complexity.<sup>6</sup>

## 4. The collaborative model

The collaborative model is an extension of the concept of team practice and the leadership focus is modified. Patients chose their provider as desire, regardless of the complexity of their problems. All providers corroborate as needed to provide safe, high quality care, yet each provider practices autonomously.

Developing and documenting a clear practice model for the organization of care helps establish a clear approach for collaborative problem solving. The practice model should specifically include how each professional is going to see and be involved in each patient's care. It should be determined if each health professional will see each patient or if a team leader, potentially the physician, will see the patient first and direct the patient's care therein, which would result in other team members being involved in the patient's care on a referral basis. If each health professional in the collaborative practice is to see the patient, it should also be determined on what type of schedule this will occur. This will most likely depend on the environment in which the health care professionals operate in. If all professionals are located within the same facility, the option of joint rounds or scheduled discussions may be beneficial. If all practitioners operate collaboratively but out of their own work sites, there must be a system in place outlining how communication will occur in a collaborative manner. The most appropriate practice method will likely be specific to each team depending on their practice environment and is agreed upon by all members.

The collaborative team also needs to determine what population, often depending on where the team is located, the collaborative practice team serves. A collaborative team could work together in a facility such as an after hours medi-clinic, they could work as a satellite team that travels to remote locations to provide comprehensive care, just to name a few examples. The team may deal with all aspects of patient health and all disease states and conditions. Alternatively they may decide to focus on a particular patient group, such as heart disease patients or HIV infected patients and relate all their services to this type of demographic. If the team targets a specific patient population, it may be strategic to consider if the location of the clinic, placing it in the most optimal site.

## **2. Written Declaration**

A written and signed declaration ensures that there is a contractual understanding and agreement between all health care practitioners regarding the shared responsibility, delegated duties, and liabilities for all activities occurring within the collaborative team model. This section should include all the names, designations, qualifications, hours of work, on call schedules, and specified contact information for all health care members involved in the collaborative practice agreement. The written and signed declaration should be valid for only a specified time, as determined by the group, at which the

covenant will expire. Should any changes to team members or any details outlined within the declaration occur, the contract is void and a revised agreement must be executed.

### **3. Common Goals for the Patient**

A collaborative practice team must share the same goals for their patients. For example, if the physician deems that a patient is palliative, there must be coordination with all the other professionals on the team to ensure that all therapy from different modalities is on a palliative basis. A range of acceptable common patient goals should be documented in order to allow for flexibility in patient treatment and respect for a patient's right to treatment options.

Acceptable common goals may be to prevent, promote, cure, support, or rehabilitate patients by delivering the best care and services possible through the provision of the expertise provided by a range of professionals. The patient must be the center of any collaborative team and the principle decision maker for all health outcomes.

### **4. Roles and Responsibilities of Team Members**

The patient ultimately benefits from distinct, therapeutic contributions from various health professionals and their treatment modalities. Each health care professional that is part of a collaborative team has an inherent right, based on their duty and responsibility to the patient, to be a full partner in their patient's care. Their actions and expertise should respectively, within the scope of their individual practice, be involved in all aspects of care such as assessment, intervention, decision making and management. Joint decision making allows for shared responsibility in patient care outcomes and liability practice issues within the organization. Each practitioner's agreed upon scope of practice within the team should be documented. If traditional scopes of practice are expanded upon or if any activities are delegated to other practitioners, it must be explicit and clear to all participants. Additionally, if professionals other than the physician are granted drug prescribing privileges, specific criteria should be outlined regarding which professionals are allowed to prescribe and under what conditions. The disease states and allowable medications for treating the specified disease states under collaborative prescribing agreements must be documented. There should also be a section outlining which practitioners may order medical and laboratory diagnostic tests. By clearly outlining each practitioner's scope of practice, this will ensure each practitioner's time and skill is optimally used by not overlapping duties. Clear responsibilities and accountabilities also reduce the risk of liability.

Consider the following questions to help outline scopes of practice<sup>9</sup>:

1. Are the roles and responsibilities of each team member clearly defined and does every team member know their role and the role of the other team members?
2. How will health care decisions be made and how will they be communicated and delivered?
3. Does the team have sufficient human health resources and enough representatives from each profession to achieve the desired health outcomes?
4. Is there a sound policy and procedural framework in place to define and support the team function?

## **5. Leadership**

When health care professionals develop collaborative practice teams, there inevitably needs to be coordination of care and team leadership.<sup>9</sup> Ideally, team leadership should constantly change and be shared among all members of the team in the true spirit of interprofessional relationships. A team leader or schedule for the rotation of leadership duties needs to be established to ensure job satisfaction. Management and leadership are important! Any team manager must have strong skills in communication, change management, teamwork, and leadership in order to successfully strengthen and promote the operation of interdisciplinary teams.

Effective leadership is able to answer the following question<sup>9</sup>:

1. Who will coordinate care, manage the team, and ensure efficient and effective communication among team members and between teams?

## **6. Trust and Respect**

No team can function safely without trust and respect for the other health care professionals that they work with. Each profession brings its own unique subset of knowledge and skills, which is the result of extensive education, training, and experience, to their practice in a collaborative care setting. A supportive and collegial environment must exist that recognizes individual participation and a commitment to team work. Each member should favor shared decision making, by providing their own input and honoring the input of their colleagues, which ultimately results in a creative and innovation approach to patient care. There must be a commitment to shared learning, with the patience to teach and learn from other members. Trust among all parties establishes a quality working relationship and a mutual respect for the expertise of all members of the team is the norm. This respect is communicated to the patients and fosters their perception of a coherent and collaboratively functioning health care system.<sup>5</sup>

## **7. Location**

All health care professionals involved in collaborative practice agreements do not have to be working together under one roof or within the same facility. Collaborative health care simply requires that all members of the well functioning team communicate effectively and are transparent in their decision making, working together to achieve the best health outcomes for patients. Location can be a barrier to effectively functioning teams, and as such a comprehensive agreement must be made with how to deal with and overcome this potential obstacle.

## **8. Barriers**

The collaborative team should determine in advance what potential barriers may hinder their approach to primary health care. Discussing and implementing ways to approach potential situations before they occur is proactive and may prevent them from occurring. By going through this process, all members are forced to think about what actual and potential barriers exist and come up with ways to either prevent or handle them. This strengthens the team's collaborative foundations and ensures that all members are under the same understanding. Each practitioner can bring forward their own previous practice experiences and provide a variety of perspectives on how to approach an issue.

Some commonly identified barriers to collaborative practice are: communication, documentation, leadership, statutory regulation, financial, physical, technological, and reimbursement barriers.

Another major barrier of increasing importance is human health resources. This includes determining which professionals are needed on a team and how many representatives from that profession are required for the estimated work flow of the team. Discuss ways to ensure when and how each professional group will be available at what times, and most importantly determine how many members of each profession need to be present in order to make decisions as a team. Discuss what types of special education each practitioner must have or need to have to operate on the team. Discuss action plans for suggestions on what appropriate actions can be taken if one team member leaves, and how the team will function under those circumstances. This is all necessary to ensure that patient care from a collaborative team is never fragmented.

Access to health services is also another very real barrier. To help forgo this problem, decide on the best way under your specific circumstances to organize the physical location of your practice. Are all your services available within one location? This could mean that all health professionals on the team operate solely within the clinic or facility or it could mean that all daily patient consultation and corroboration occurs in the same building thus meaning that the health care professional, if they have a practice off site, would have to make visit to the facility as scheduled. If a collaborative team chooses to practice at individual practice sites, communication and the patients' ability to transport themselves to different locations becomes a potential obstacle.

Another barrier is health care professional exposure to recently expanded scopes of practice both in their own professions and in the professions of their colleagues on a collaborative team. To establish an effective collaborative team, each team member must be familiar with and support the scopes of practice of the members on their team. Many health professionals have worked in numerous settings, and as a result of the locations where they have worked and the facilities that they have worked in, each team member may have a slightly different idea of what the full scope of practice is of the other professions. For example, a nurse from a small town may not be familiar with the clinical expertise of a pharmacist regarding counseling or prescriptive rights as in the example of pharmacists prescribing medications such as emergency contraception. This may be because in small, rural settings, there is only one pharmacist and they are usually only involved in drug distribution due to time factors. A physician from Alberta or Ontario may be familiar with these rights. Alternatively, if you have a pharmacy from a remote, rural area on the team who is used to drug distribution, this health care professional may feel slightly not prepared if the team has deemed that the expanded role of the pharmacist involved in depth patient interaction and actively providing therapeutic suggestions to the physician. The bottom line is that all health care professionals on the team should educate each other on their experiences, previous practice backgrounds, their own comfort level with their scope of practice as well as their expectations of others and beliefs about other professional scopes of practice. This could perhaps best be integrated as a professional in service. To make best use of a planned in service, discussion could also include an inventory of the competencies common to and possessed by all professionals and which ones are only specific to other professionals. Each professional may also have extracurricular training in specific areas and this should be inventoried as well. This may also be useful during times when one team member is lost and while waiting to retain another member from that field, some common duties that are shared with other professions can be re-delegated by transferring the function to the other members of the team.

## **9. Liability**

All health professionals involved in a collaborative practice agreement share the risks and responsibilities for patient outcomes, and ultimately each team member has individual accountability to the patient. By co-providing care, the team should collectively share the responsibility for patient outcomes. However, retributive, Canadian law focuses on individual responsibility and there is no precedent for team accountability. Liability usually is handed down to the professional who is most responsible, rather than accepting a team model where multiple parties may have contributed to, and amalgamated an error. The law does not recognize teams as entities that can be sued. Clearly established scopes of practice help mitigate accountability risks within collaborative practices of regulated health professionals. As long as all health professionals on the collaborative team have clearly defined and clearly understood scopes of practice, along with their own adequate professional liability protection to cover both their individual contribution to patient care, as well as their contribution as a member of the team, then the current system effectively addresses medical liability within a collaborative care setting.<sup>9</sup>

Accountability and liability become much more complicated when non-regulated health care professionals are included in a collaborative team. Adequate liability insurance for each team member must be included for the collaborative practice agreement to be functional. The team must consider their collaborative practice and consider what constitutes an adequate level of individual and overall protection. When determining what level of coverage is adequate, consideration must be given to responsibilities that were previously performed by other health professionals but within the team environment have been delegated or assigned to other professionals. In this situation, perhaps the level of protection should be adjusted to mitigate the level of risk, if the health professionals are taking on expanded duties of higher risk. Failure to do so may discourage these professionals from entering into collaborative practice.<sup>9</sup>

The question of “who is accountable” may also cause hesitancy among health professionals who are considering becoming part of an interdisciplinary team. The emphasis should be on what works best for the collaborative team that is formed and agreed upon by its’ members. Each circumstance will be different; in some situations a physician led team, where the doctor retains much of the decision making responsibility, and delegates responsibility to other health professionals, the physician may accept the majority of patient accountability. In the case of a true interdisciplinary team where each health professional manages the patient within their scope of practice, it may be more appropriate for potential liability to fall on each individual, where each team member accepts partial liability for their contribution and independent decisions. Generally, each team member is ultimately accountable for the care they provide within a collaborative team model and are accountable for their role in the team’s health care outcomes.<sup>9</sup> This is especially true if health care professionals are allowed independent prescribing authority within the team setting.

## **10. Regulatory Bodies**

Individual health regulatory bodies usually support interdisciplinary and collaborative approaches to the provision of health care. The respective bodies for each profession should be made aware of such collaborative initiatives, as they may be useful in establishing mechanisms or revising legislation that may help foster an interdisciplinary collaborative practice team.

## **11. Documentation procedure**

Documentation and communication are key components of collaborative practice and will be instrumental to the success of pharmacist prescribing.<sup>3</sup> All elements of a patient interaction must be documented and be accessible to all member of the team. This should include information involving but not limited to: the patient's name and Saskatchewan Health Services number, documentation or a copy of prescriptions ordered, patient health information, rationale for prescribing, previous or planned interventions, recommendations for follow-up, consultations and referrals to other members of the health care team, a treatment plan, and anything else that is pertinent to the patient's care. Lab result information should be documented in a consistent and agreed upon place where every practitioner may have access as necessary if it pertains to their practice and treatment of the patient. Each practitioner's assessment and treatment of the patient must be on record as well. Clear procedures should be outlined for documenting each health professionals practice decisions and the patient care that they provided. Such procedures must exist to ensure that adequate communication of patient care between all health professionals occurs.<sup>3</sup> It also serves as a resource when determining financial reimbursement of team members, depending on the reimbursement strategy in place. At the initial development of the collaborative practice team and on an ongoing, reassessment basis, it should be decided where all the patient's health information from all health professionals on the team that is collected individually will be stored. This also stimulates discussion on what technology will be used to collect, store, disclose and ensure the privacy of the patient's health information. The information may be stored in paper files, on a common computer network with secured patient files, in a chart, or using other innovative systems. It should also be determined where inside each program, chart, or document certain information will be stored, so that information is organized and easily accessible to all members in the future.

## **12. Communication**

Communication is another key component of collaborative practice that is fundamental to a team's success. Effective communication at both an organizational and interpersonal level is the hallmark of a safe and effective interdisciplinary health care team. Health professionals must be skilled in active listening and effective conversation where they are interacting with patients or colleagues.<sup>3</sup> Planning for communication is crucial, especially if the team is not located or practicing out of the same facility. In this situation, the team can still be effective if they plan to regroup regularly to discuss patient care, make adjustments to plans, and problem solve together.<sup>3</sup>

Communication within an interdisciplinary collaborative health care team is most effective if it is non hierarchical. All forms of communication should focus on sharing information in a transparent manner. Continuity of information leads to continuity of care. All members of the team must share information to foster an environment of continuous and comprehensive care between health care providers. It is important to remember that the requirements for information sharing will vary greatly between patient situations and collaborative practice environments and it will be dependent on a vast number of variables. It is important for all parties involved to use professional judgment and communicate regarding expectations for sharing patient information prior to commencing prescribing.<sup>3</sup> Communication can form a major barrier due to the traditions of one's practice along with individual personalities and attitudes.<sup>7</sup> Clear, straightforward protocols that address when and how communication should occur must be documented and agreed to by all members.

### **13. Technology**

Based on the special circumstances of the team's location and organization, it should be discussed what form of technological communication supports will be used to facilitate communication. Possible forms of technology for communication include: email, tele-health, the pharmaceutical information system, voice recording devices, memorandums, electronic health records, etc. Learning about and adapting to communications technologies is a key challenge for health professionals. Hastening their comfort with electronic information systems, through education and training is a priority if collaborative teams are to become more commonplace. Education in-services to enhance a practitioner's ability to use new forms of technology or new programs is essential, and it should be agreed where certain information is recorded in each system. To help facilitate easy and immediate documentation, the team may consider putting computers with certain data programs on them in each exam room and in each professional's office. All professionals should use the same system to ensure universality. It is not recommended for one practitioner to use a paper and pen chart format and to have another using computer technology, for example. Inevitably information will be lost or overseen when the information is amalgamated. Assessing common information and contributing to a common record are critically important in situations where practitioners cannot be located in the same physical location.<sup>3</sup>

### **14. Compensation**

Plans for compensation must be discussed to determine a compensation arrangement that suits all members of the team in a collaborative and fair manner. Discussion should include which services provided by health care professionals on the team are covered under public or privately funded health care plans, which ones typically have to be paid for, and what the fee schedule will be for these services. The team should also consider issues such as how each professional themselves gets paid, including whether or not to share payments, on a per service, per capita or other basis, and consultations with or without seeing the patient. By agreeing on a fee and payment mechanism, all health providers will be satisfied with how payments are distributed among all team members and it will also help patients gain access to all health professionals and their services instead of only the ones that their insurance plan or government health benefits cover. For example, to truly work as a team and provide all health professional modalities to a patient to improve their quality of care, it is important to ensure that the patient has access and can afford to have certain professionals involved in their care. If a patient has no drug coverage or health benefits outside of what is universally provided by Health Canada, they may only have access to the physician and the nurse practitioner. In order to improve their access to other professions whose fees are not covered by the government, an alternative method of compensation for these practitioners should be developed consistent with a true collaborative team approach. Compensation strategies should fairly compensate all health service providers for their contribution to a collaborative initiative and should be well aligned with the goals for the initiative. No practitioner should be penalized economically for engaging in collaborative practice and no practitioner should stand to profit inordinately from such arrangements.<sup>7</sup> Payment methods such as: salary, fee for service, capitation, and rostering all have limitations and or incentives that can both enhance and inhibit collaborative practice. Based on the unique circumstances of the collaborative team, the strengths and weaknesses of each method should be discussed and an agreed upon method of reimbursement that is representative and fair for all health professionals within the team should be adopted.

## **15. Boundaries**

The boundaries of each professional's scope of practice and the actions that should be taken if those boundaries are encountered must be discussed and documented. For example, if a pharmacist within the collaborative team is granted expanded scope prescribing duties, the limitations of this expanded scope must be understood so that the pharmacist knows when to refer to another health care professional on the team. This enhances safety for the patient and it also helps mitigate liability, thus protecting the expanded privileges of the health professional within a collaborative team in the future. No health professional on a team should ever perform any activity beyond their own knowledge, skills or abilities.<sup>7</sup>

## **16. Funding**

Innovative funding models have the potential to create a positive incentive for health professionals who are considering interdisciplinary collaboration.<sup>7</sup> Petitioning governments or professional advocacy and regulatory bodies may enhance support for collaborative health care teams and may lead to funding options in the future.

## **17. Contract Expiry**

A collaborative practice agreement is not valid forever. A contract expiry date should be determined; an annual expiry is common and at this time a new contract should be made. Reasons for which a contract may become void before the time limit may include: a change in type of health care practitioners, a change in a practitioner's scope of practice, or any changes that may pertain to any of the aforementioned fundamental topics. At the time of contract expiry and at designated intervals throughout, the entire collaborative practice agreement should be evaluated. Evaluation frameworks and assessment tools to measure the performance of interdisciplinary collaborative practices have been developed and can be found abundantly in literature. Developing team benchmarks and evaluation tools, then regularly checking in with team members will help identify areas where the team functions well as well as areas that need to be improved on.<sup>7</sup> Ultimately, this improves the continuity of the team and ensures that all members are able to provide input. Functioning as a quality assurance mechanism, the services provided to patients by the collaborative team can be continuously evaluated to measure health outcomes. With checks and balances in place the team strives for a high standard of care, with an overall commitment to continuous improvement and improved patient outcomes.

When designing evaluations, the team should consider including assessments of individual work relationships, information regarding how the team operates as a whole, level of patient and practitioner satisfaction, evaluation of information and communication processes. Include aspects of the entire process of interdisciplinary collaboration and patient care; meaning the team should not solely focus on just hard end points such as improved patient care or a reduction in patient morbidity and mortality. While these are very important evaluative end points, the team should not overlook the overall processes a team must go through to get to the point where patient care is improved such as practitioner satisfaction and communication efficacy. By deciding on end point and interim goals initially as a team, the chance of meeting these goals is increased because every team member is aware of the goals and is constantly working towards them. Evaluation can also be reaffirming to a team.

To create an effective evaluative process, the team should consider the following questions<sup>9</sup>:

1. What processes are in place to ensure that a team manages both patient expectations and practitioner concerns?
2. Is there a quality assurance mechanism to monitor the team function and health outcomes?

## **Conclusion**

While this document provides an overview to guide the establishment of safe and functional collaborative practice agreements, the success of such agreements in achieving appropriate health outcomes for the patient will ultimately depend upon the relationships between the members of the team. The Saskatchewan College of Pharmacists believes that following the principles in this overview will aid in establishing and sustaining effective relationships. If further assistance or detail is needed, we recommend consulting the references noted herein.

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