

Carolina Family Health Centers, Inc.

Supervisory/Protocol Agreement for Clinical Pharmacist Practitioners

Name of the Primary Supervising Physician: _____

Name of the Clinical Pharmacist Practitioner: _____

LOCATION OF PRACTICE

The Clinical Pharmacist Practitioner (CPP) shall limit practice to:

- Wilson Community Health Center, located at 303 Green Street East, Wilson, NC 27893; 252-243-9800 (phone); 252-243-9888 (fax)
- Harvest Family Health Center, located at 8250 South NC Hwy 58, Elm City, NC 27822; 252-443-7774 (phone); 252-443-7611 (fax)
- Freedom Hill Community Health Center, located at 162 NC 33 East, Tarboro, NC 27886; 252-641-0514 (phone); 252-641-1668 (fax)

The following protocol summarizes medication and laboratory prescribing privileges granted to the above-listed Clinical Pharmacist Practitioner (CPP) by the above-listed supervising physician(s) for patients of the above-listed practice site(s).

LICENSURE

The CPP and supervising physician shall hold a current license with the North Carolina Board of Pharmacy and the North Carolina Medical Board, respectively, at all times. Documentation of the current license is maintained in credentialing files.

SCOPE

The scope of practice of the CPP includes, but is not limited to:

- Perform basic life support (BLS required)
- Obtains patient history
- Formulates and implements treatment plans, including the prescription of medications, based on the patient's medical conditions
- Performs laboratory tests as allowed under law, as a means of appropriately dosing and monitoring the efficacy and safety of medication therapy
- Evaluate and monitor patients for improvement and outcomes

Privileges are assessed and renewed every two years based on the Advanced Practitioner's assessed competencies and skills. The Chief Medical Officer, in conjunction with the supervising physician's assessment, approves the clinician's privileges. Refer to *HR-402.01 Credentialing and Privileging*.

The CPP documents all patient encounters (office visits, procedures, phone calls, etc.) in the patient's electronic health record, provides sufficient documentation for each clinical diagnosis and E/M code, and documents a comprehensive list of each patient's medical problems.

PRESCRIBING INSTRUCTIONS

Each prescription written by the CPP must always be documented in the patient's electronic health record and prescribed electronically unless there is a system failure, or a facsimile and/or call is required. The documentation includes the medication name, dosage, amount prescribed, directions for use, and the number of refills. Each prescription issued shall contain the CPP's name, practice address, telephone number, license number, and a supervising physician's name and telephone number.

MEDICAL CONDITIONS

Patients seen at the above-listed practice sites and evaluated by the supervising physician, or backup supervising physician, or mid-level practitioner may be referred to the above-listed CPP for drug therapy management of the following medical conditions.

Diabetes	Hypertension	Hyperthyroidism	Tobacco use disorder
Hyperlipidemia	Hypothyroidism	Osteoporosis	Vaccines
Prep	HIV	Chlamydia	Gonorrhea
Anticoagulation	Asthma	COVID-19	COPD

MEDICATION THERAPY

The following medication classes/medications are authorized by the above-listed supervising physicians for prescription orders by the above-listed CPP.

Insulins	HMG-CoA Reductase	Bisphosphonates
Sulfonylureas / Meglitinides	Inhibitors	Calcitonin
Thiazolidinediones	Fibric Acid Derivatives	Vitamin D Analogs
Biguanides	Cholesterol Absorption	Serum Estrogen Receptor
Alpha-Glucosidase Inhibitors	Inhibitors	Modulators
Incretin Mimetics	Bile Acid Sequestrants	Parathyroid Hormone
Amylin Mimetics	Niacin	Analogs
SGLT2 Inhibitors	Ezetimibe	Monoclonal Antibody to
Glucagon	Omega-3 Fatty Acids	RANKL
Aspirin	PCSK9 Inhibitors	Calcium
DME testing supplies	Diuretics	Vitamin D
Antineuropathic Agents	Beta Blockers	Multivitamin
Thyroid Hormones	Alpha Blockers	Macrolides
Antithyroid Agents	ACE Inhibitors	Cephalosporins
Nicotine Replacement	Angiotensin Receptor Blockers	Tetracyclines/doxycycline
Therapy	Direct renin inhibitors	Bactrim
Tobacco Cessation Therapy	Calcium Channel Blockers	Dapsone
Pneumococcal vaccines	Alpha 2 Adrenergic Agonists	NRTIs
COVID vaccines	Vasodilators	NNRTIs
Shingles vaccines		Protease inhibitors
Hepatitis A vaccines		Integrase inhibitors
Hepatitis B vaccines		Chemokine receptor antags
Rabies vaccines		Fusion inhibitors
Typhoid vaccines		Attachment inhibitors
Meningococcal ACWY		Vitamin K antagonist

vaccines
Meningococcal B vaccines
Td and Tdap vaccines
Flu Vaccines

Factor Xa inhibitor
Direct thrombin inhibitor
Low molecular weight
heparin
Vitamin K
Long-acting beta agonist
Short-acting beta agonist
Inhaled corticosteroids
Long-acting muscarinic
antagonist

Medication dosage forms include oral, intravenous, transdermal, inhaled, intranasal, and subcutaneous therapies. Dose and schedule are determined according to standard medical, pharmacy, and drug information references as well as primary literature sources, including consensus guidelines.

Substitution of chemically dissimilar products is not permitted without written physician authorization.

TESTS AND MONITORING

The following tests are authorized by the above-listed supervising physician(s) for ordering by the above-listed CPP. Tests are used as a means of appropriately dosing and monitoring the efficacy and safety of medication therapy.

Blood glucose	Fructosamine	Alkaline phosphatase
Hemoglobin A1C	Lipid panel	Uric acid
C-peptide	PT/INR/PTT	
Liver enzymes	Creatine phosphokinase	Electrocardiogram
Complete metabolic panel	Apolipoprotein B	Bone mineral density (DXA)
Complete blood count	Thyroid-stimulating hormone	Urine toxicology
B12	Free/total triiodothyronine	Urine microalbumin /
Folate	(T3)	creatinine
COVID-19 PCR	Free/total thyroxine (T4)	Urinalysis
Rapid COVID-19		
O2 saturation		

CONSULTATION AND SUPERVISION

Physician consultation is sought by the CPP for all of the following situations, as well as any other deemed appropriate.

- Any situation extending beyond the protocol intent, scope of practice, or CPP experience level
- A patient's condition fails to respond to the management plan in an appropriate time frame
- Any uncommon, unfamiliar, or unstable patient condition is encountered
- Any condition that does not fit the commonly accepted diagnostic pattern for a disease/condition
- All emergency situations (after initial stabilizing care has been started)

Notation of the physician consultation, including the physician's name, is made in the encounter note included in the patient's health record.

PATIENT NOTIFICATION

Patients are notified of their referral to the CPP at the time of the referral. The practice agreement is explained to the patient at the beginning of the first encounter with the CPP.

QUALITY IMPROVEMENT

The CPP and supervising physician follow Carolina Family Health Centers, Inc.'s (CFHC, Inc.'s) policies, procedures, and protocols. The CPP strives to meet the quality performance indicators as established by the Health Resources and Services Administration, the Patient Centered Medical Home certification, and other federal and state program requirements. Performance is monitored through the periodic assessment of the clinician's performance and peer reviews.

SUPERVISION

For the first six months of the agreement, the CPP meets at least monthly with the Primary Supervising Physician (or Back-Up Supervising Physician if the Primary is unavailable). Subsequently, these meetings occur at a frequency of at least every six months. The purpose of these meetings is to discuss practice-relevant clinical issues and quality improvement measures. Documentation of these meetings will:

1. Outline clinical issues discussed and actions taken;
2. Include signature and date of those in attendance;
3. Be retained by both the Advanced Practitioner and the Primary Supervising Physician

A copy of the meeting documentation is sent to the Administrative Assistant-Medical for filing within one week of the meeting. Documentation of the meetings must be kept for five calendar years, in the event of a request for inspection by members or agents of either the North Carolina Board of Pharmacy or the North Carolina Medical Board.

The CPP is authorized to practice under the established guidelines without direct (on-site) supervision of the primary or back-up physicians. Supervision will be available by phone, text, or email for consultation and collaboration.

EMERGENCY SERVICES

For all emergency situations, the CPP assesses, stabilizes, and treats the patient. The Advanced Practitioner or his/her designee activates emergency medical services (EMS) as outlined in CFHC, Inc.'s. Emergency Plan for patients needing advanced assessment and treatment in a hospital setting. Refer to *RM-200 Emergency Plan*.

PATIENT NOTIFICATION

Patients will be notified of their referral to the CPP at the time of the referral. The practice agreement will be explained to the patient at the beginning of the first encounter with the CPP.

TERM AND TERMINATION

This agreement is reviewed at least annually and is available at all practice sites. The review shall be acknowledged by a dated signature sheet, signed by both the primary supervising Physician and the CPP, appended to the collaborative agreement and available for inspection by members or agents of the

board of pharmacy or medical board. This agreement automatically expires upon either party's termination of employment from CFHC, Inc. Termination of this agreement is not related to either party's termination of employment, if either the CPP or the supervising physician resigns from the agreement, and must be approved by the Chief Medical Officer.

REPRESENTATION AND WARRANTIES

The undersigned have read this form and certify that the information contained herein is correct to the best of their knowledge.

The undersigned further certify that they have carefully read and understand the law and regulations regarding CPP. The undersigned agree to fully comply with such statutes and regulations.

The supervising physician accepts responsibility for the CPPs and understands that conduct which violates the laws and regulations governing CPP may subject the supervising physician to sanctions, including suspension or revocation of the physician's license to practice medicine in North Carolina.

The supervising physician hereby represents and warrants that she/he is duly licensed in the State of North Carolina to provide medical services. The supervising physician certifies that the supervision provided is solely for the clinical sites listed above and does not extend to any other organization or location.

The CPP hereby represents and warrants that he/she is duly licensed in the State of North Carolina to provide medical services listed in the agreement and designated in approved privileges. If secondary employment outside of CFHC, Inc. is conducted, the CPP notifies his/her supervisor and follows the process of notification to CFHC, Inc. as outlined in his/her employment contract.

The following providers have read and understand the above Practice Agreement.

Clinical Pharmacist Practitioner

Signature

Date

Printed Name

Primary Supervisor

Signature

Date

Printed Name

NC Medical License Number

Annual Review Signature Page

We acknowledge that the above Practice Agreement has been reviewed and renewed.

Clinical Pharmacist Practitioner

Signature

Date

Printed Name

NC Medical License Number

Primary Supervisor

Signature

Date

Printed Name

NC Medical License Number

Advanced Practitioner

Signature

Date

Printed Name

NC Medical License Number

Primary Supervisor

Signature

Date

Printed Name

NC Medical License Number

Back Up Supervising Physician(s)

Name of Clinical Pharmacist Practitioner: _____

Signature Date

Printed Name NC Medical License Number

Signature Date

Printed Name NC Medical License Number

Signature Date

Printed Name NC Medical License Number

Signature Date

Printed Name NC Medical License Number

Signature Date

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