Stamford Health Anticoagulation Clinic
Collaborative Drug Therapy Management Agreement

Under this Collaborative Drug Therapy Management Agreement ("Agreement"), Stamford Health pharmacists who specialize in anticoagulation therapy and are qualified pursuant to R.C.S.A. §20-631-1 ("Anticoagulation Specialists") may design, implement, and monitor a therapeutic medication plan to manage anticoagulation therapy for the patient identified below in collaboration with the referring Stamford Health physician or advanced practice registered nurse identified below ("Collaborating Provider").

Pursuant to this Agreement, the Anticoagulation Specialist(s) may initiate, discontinue, or adjust anticoagulation therapies in accordance with the Stamford Health Anticoagulation Clinic Anticoagulation Management Service Protocol (the "Protocol") which is specifically incorporated by reference herein and made a part of this Agreement. These services may include making warfarin dose adjustments, making recommendations regarding other medications, and ordering prescriptions for anticoagulation-related medications, as set forth in the Protocol. The Anticoagulation Specialist(s) may also order laboratory tests appropriate to the disease or medication therapy. The Anticoagulation Specialist(s) shall provide appropriate counseling on all new medications and may also provide education on disease state and lifestyle management. The results of all lab tests ordered shall be reviewed and managed by the Anticoagulation Specialist(s) to assess efficacy of treatment and necessity for medication and/or therapeutic lifestyle change. Lab results will be relayed to clinic patients by a patient-specific predetermined method which may include face-to-face encounter, written communication, secure electronic, or telephone communication. With respect to any lab outliers that require further investigation, the Anticoagulation Specialist(s) will notify the Collaborating Provider or the patient's primary care provider in accordance with the Protocol. If neither is available, the patient may be directed to the Stamford Hospital Emergency Department when deemed appropriate by the Anticoagulation Specialist(s).

Anticoagulation Specialists may also sign orders for visiting nurses.

A patient whose medication therapy is managed pursuant to this Agreement must have an established relationship with the Collaborating Provider, and the patient's medication management will be followed by the Collaborating Provider. The Anticoagulation Specialist(s) shall report at least every thirty (30) days to the Collaborating Provider, who will review the patient's medication therapy management. In addition, the patient must be seen by the Collaborating Provider at least once per year. Where drug therapy is discontinued, the Anticoagulation Specialist(s) shall notify the Collaborating Provider of such discontinuance within twenty-four (24) hours. Cases may also be reviewed by the Anticoagulation Clinic Medical Director as necessary. All issues outside of the scope of anticoagulation medication management shall be referred by the Anticoagulation Specialist(s) to the Collaborating Provider or the Anticoagulation Clinic Medical Director.

The Anticoagulation Specialist(s) will assure documentation of adverse drug reactions prior to initiation of the anticoagulation service and, in the course of the above-mentioned therapy, shall

document lab results, warfarin dose adjustment, medication recommendations, and other related activities appropriately in the patient's medical record.

Referral for this service constitutes agreement by the referring provider with this Agreement and the Protocol, which further details the management of anticoagulation therapy for the patient identified below. The Protocol is accessible through the Stamford Health intranet, going to 'Policies and Procedures', signing in, going to 'Browse Manual', and selecting 'Anticoagulation Clinic'. The Anticoagulation Clinic Referral Form on the following page of this Agreement must be completed for the patient identified below prior to commencing medication therapy. This Agreement satisfies all state legal requirements of a pharmacist collaborative practice agreement under Connecticut state law and CMS requirements. The Agreement and referral must be renewed yearly by each referring provider by signing a new collaborative agreement.

Referring Provider: _____ Signature:_____ Date: _____

This Agreement was enacted for: _____ on _____.
Patient Name Date

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Anticoagulation Clinic Referral

Referred patients will be managed according to the Anticoagulation Clinic Protocol approved by the P&T Committee as part of a collaborative practice agreement with the referring physician

Patient Name:
Date of Birth: Phone #:
Address:

Primary Care Physician
Name: Phone #:

Indication for Anticoagulation therapy:

Diagnosis #1: Check appropriate diagnostic box:

	Stroke prevention		Treatment of DVT/PE
	Atrial fibrillation		DVT / orthopedic surgery prophylaxis
	Prosthetic mitral valve		Thrombophilia disorder
	Prosthetic aortic valve		History of multiple thrombotic events
	Bioprosthetic valve		Cancer
	Myocardial infarction		OTHER (please be specific)

Diagnosis #2:

Long term use of anticoagulation therapy (V58.61)

Warfarin Therapy:
Desired INR range (Please check): 2.0-3.0 ___ 2.5-3.5 _____ Other
Most recent INR:----------Date obtained:----------Next due date:
Current Warfarin tablet strength: _____Current dose regimen: _____
Expected duration of therapy: 6 months_____, 1 year, indefinitely _____ , Other_____
Patient currently on LMWH: _____Dose: _____ Expected duration of LMWH therapy:

Past Medical History:

Heart failure	Seizure Disorders	Hypercholesterolemia
Hypertension	Arthritis	Thyroid Disease
Diabetes Mellitus	Anemia	GI Bleed
Peptic Ulcer Disease	Renal Insufficiency	Alcohol Abuse
Cancer	Coronary Artery Disease	Smoker
Lupus	Pulmonary disease	History of falls

Please attach full medication list

Referring Physician Signature: Date:

Referring Physician Print Name: _____ Phone # _____
Address: _____Fax # _____

Please FAX to: (203) 276 6141