Q: Who can refer to a Care Management program?
A: Anyone can identify a candidate for care management, however, there are more specific authorization requirements for pharmacists and nurses to provide medication management under standardized procedure/protocol.

Q: Which professionals perform drug therapy management in a Care Management program?
A: Registered nurses, pharmacists, nurse practitioners, or physician assistants may all perform drug therapy management, depending on local staffing.

Q: Who can authorize medication management under standardized procedure/protocol?
A1. An RN must have a physician order to adjust medication and treatment under standardized procedure and a drug order from a physician to initiate administration of a drug.
A2. A Pharmacist must be authorized to initiate and adjust medication by the patient’s prescriber, which may include a physician, Registered Nurse Practitioner (RNP), or Physician Assistant (PA).
A3: An RNP or PA may initiate and adjust medication under standardized procedure or protocol and consistent with an approved formulary. NPs and PAs are authorized by state law to furnish drugs or issue drug orders.

Q: What are the primary scope of practice differences between the Pharmacist and Registered Nurse related to initiation and adjustment of medications per standardized procedure/protocol?
A: A Pharmacist may initiate (independently order) and adjust a medication under an approved protocol when authorized by the patient’s prescriber.

An RN’s scope of practice is more restrictive in requiring physician orders to implement a plan of care. An RN must have a patient specific, drug specific physician order to administer a particular medication to a patient and to adjust the medication under standardized procedure. The standardized procedure will indicate the appropriate drug dosage for the patient based on nursing assessment.

Q: In team-based care, how do the different professionals transition care to each other?
A: In team-based care, the physician is considered to be the team lead with responsibility for the patient’s overall care. The physician’s order or authorization to each practitioner determines their role on the team. Each practitioner’s standardized procedure or protocol further defines his or her role with more specificity. A pharmacist must have authorization from a prescriber to provide drug therapy, and an RN must have a physician order and standardized procedure that is clear as to the RN’s role and when the RN is to begin and end functions under the standardized procedure. Some transitions may require physician notification or approval.

Pharmacist Scope of Practice

Q: How is the prescriber authorization documented?
A: Since prescriber authorization comes in different ways, it may be documented in different forms (in computer system used by the pharmacist, on the progress notes, hard copies of referrals, and others).

Q: Which providers are prescribers?
A: A prescriber can be a physician, RNP, or PA.
Q: Can the pharmacist order a drug outside of an authorized drug protocol? (e.g. any oral hypoglycemics on the protocol)
A: No. Pharmacists can initiate and adjust drugs as determined by their protocol. Protocols may define either specific drugs or categories of drugs. The Pharmacist may consult with a physician prior to performing drug therapy management outside of protocol.

Q: Is the Pharmacists limited to specific drug classifications?
A: No. except that Pharmacists may not initiate controlled substances. For non-controlled substances, pharmacists are limited only by Kaiser Permanente approved protocols. In addition, the patient’s physician may prohibit, by written instructions, any adjustment or change in the patient’s drug regimen by the pharmacist.

Q: Can a Pharmacist make dietary recommendations related to medication therapy?
A: Yes.

Q: Does the authorizing physician need to co-sign the pharmacist’s drug order under protocol?
A: No. Under state law, a co-signature is not required, however, KP pharmacy systems require a supervising physician’s name to be included on the prescription and label.

Q: Can a pharmacist authorize an RN to implement a standardized procedure to adjust medication?
A: No. A physician must authorize the RN to adjust medication under the standardized procedure. A pharmacist cannot authorize an RN to implement a standardized procedure.

Q: Can a pharmacist ask an RN to communicate medication changes initiated by a Pharmacist under protocol to a patient?
A: Yes.

Q: Can pharmacists perform physical assessments, order labs, and provide patient education?
A: Yes.

Q: What is the approval process for Pharmacy Policies and Procedures?
A: The Ambulatory Pharmaceutical Care Pharmacist Managed Drug Therapy policy and procedures are approved by Regional Pharmacy Operations. All ambulatory care pharmacist’s protocols used in the Medical Office Buildings are approved by the local P&T committee functioning in it’s non-hospital role.

Scope of Practice of Registered Nurses

Q: Can an RN prescribe a drug under standardized procedure?
A: No.

Q: Can an RN transmit a physician’s prescription to the pharmacy for dispensing?
A: Yes.

Q: May an RN order a prescription refill?
A: No. However, an RN may transmit a physician order for a refill.
Q: May an RN discontinue administration of a drug?
A: Yes, in accordance with the standardized procedure.

Q: May an RN dispense a drug (provide the drug to the patient to take home)?
A: No.

Q: May an RN adjust the drug dosage?
A: Yes, with a Patient Specific, Medication Specific (PSMS) physician order and a standardized procedure.

Q: May an RN adjust medication under a pharmacy protocol when authorized by the physician?
A: No. A pharmacy protocol authorizes a pharmacist to initiate and adjust medication. An RN may adjust medication only under a standardized procedure that meets the requirements of the Board of Registered Nursing, and as ordered by a physician.

Q: Can any RN follow a standardized procedure to adjust medications?
A: No. An RN must meet the qualifications required by the standardized procedure, have documented current competence to perform the functions required by the standardized procedure, and be approved by KP to function under the standardized procedure.

Q: Can a standardized procedure be a drug order?
A: No. A prescription from a physician is needed to order a new drug or refill. If a nurse gets a verbal order for prescription and verbal order to work under the protocol, both need to be documented.

Q: How is the physician order documented?
A: The physician order may be written (electronic or paper) or verbal (and documented by the RN).

Q: Does an RN need a patient-specific, medication-specific order from a physician to implement the standardized procedure to adjust medication where the medication was started by a pharmacist, RNP, or PA?
A: Yes.

Q: Can an RN take an order to administer a drug from a pharmacist?
A: Yes. The Board of Registered Nursing has opined that an order from a pharmacist to perform nursing services (not requiring a standardized procedure) is considered to be an order transmitted by the physician, if the pharmacist is acting under protocol and with the authorization of the physician.

Q: Can an RN take an order from a pharmacist to implement a standardized procedure to adjust medication?
A: No. A physician must authorize an RN to perform functions under standardized procedure, because these functions overlap the practice of medicine.

Q: Can an RNP or a PA authorize an RN to adjust medication under standardized procedure?
A: No.

Q: Can a covering physician order a refill on behalf of another physician?
A: Yes
Q: If a covering physician authorizes a refill on behalf of the ordering physician, may the RN continue to adjust medication under standardized procedure?
A: Yes.

Q: May an MD sign a general authorization for team care and permit the pharmacist and RN to independently determine their respective roles?
A: No. Because the scopes of practice for RNs and pharmacists differ, there must be separate authorizations and orders that, together with the standardized procedure and protocol, define the role of each practitioner.

Q: What is a patient specific, medication specific order?
A: The physician order must specify the individual patient, the drug to be administered and the dosage range within which the RN may adjust medication under standardized procedure. The standardized procedure must have specific assessment parameters and direct the RN specifically what to do based upon assessment findings. The standardized procedure must not require the RN to exercise medical judgment to make prescribing decisions, e.g. to choose among drugs in a class or determine that a particular drug is appropriate for that patient. The initial physician order must be clear as to what drugs will be given and which drugs are appropriate for the patient. The standardized procedure instructs the RN as to when to administer the drug and at what dosage.

Q: How is the standardized procedure for the RN different from the Pharmacist’s protocol?
A: An RN may not order a drug independently and therefore must have a physician order for a drug, apart from the standardized procedure. The RN standardized procedure directs the nurse to adjust the ordered medication within a specified dosage range based on specific nursing assessments. State law permits a pharmacist to independently order a drug if a prescriber has authorized drug therapy management under an approved protocol. Unlike an RN, a pharmacist does not require a physician drug order to begin drug therapy management. A pharmacist may determine that a particular drug is appropriate for a particular patient, and may choose among drugs in a class of drugs, within the parameters of the protocol.

Q: What is the approval process for Standardized Procedures?
A: RN Standardized Procedures are approved through the physician champion group and Interdisciplinary Practice Committee at each Medical Center. The local medical center Pharmacy and Therapeutics Committee approves protocols that involve the administration of medication. A Regional process for revising, approving and housing the Standardized Procedures for Population Care Management is being discussed.
Supervision Required

Q: What level of physician supervision is required for RNs and pharmacists performing medication management?
A: A physician must have overall responsibility for the patient’s care and be a member of the care team. Medicare coverage rules require that a physician provide direct, personal supervision of the services, meaning that a physician is physically present “in-suite” while the services are being provided. Documentation must also reflect ongoing physician involvement in the patient’s care.

Q: Must the supervising physician be onsite to allow telephone management by RNs?
A: No.

Q: Must the supervising physician be onsite for the clinic visit.
A: Yes, Medicare requires the physician to be “in suite” during clinic visit.

Q: What does it mean for a physician to be “in suite” for office visits?
A: A definition of “in suite” may vary based on local configurations. A physician does not need to be in the same room when services are provided, but must be in the same physical area or department and be immediately available to assist if needed.

Q: What level of physician supervision is required for NPs and PAs performing medication management?
A: A physician must be available, either in person or electronically, while the RNP and PA provide services. If the RNP and PA meet Medicare qualifications, a physician does not have to be “in-suite” when services are provided. A physician must countersign PA drug orders and a percentage of PA charts to meet state supervision requirements.

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