State of New Hampshire
Board of Pharmacy
7 Eagle Square
Concord, NH 03301
Tel: (603) 271-2350 Fax: (603) 271-2856
Website: www.oplc.nh.gov/pharmacy/

COLLABORATIVE PHARMACY PRACTICE APPLICATION

PLEASE PRINT CLEARLY - ILLEGIBLE, INCOMPLETE OR APPLICATIONS WITHOUT THE REQUIRED ATTACHMENTS AS NOTED ON PAGE 2 CANNOT BE ACCEPTED.

1. GENERAL INFORMATION

Applicant's Name First	Middle	Last
Samantha	Ann	Hoffberg

Mailing Address: PO Box 526 Hartland, VT 05048

NH Pharmacist License Number	Home or Cell Phone #	Work Phone #	E-mail Address(Must be entered to receive your updated license with CPP endorsement):
PHCY-01377	(603) 247-2515	(603) 542-1805	Samm42890@aol.com

2. CURRENT PHARMACY EMPLOYMENT ASSOCIATED WITH THIS COLLABORATIVE AGREEMENT

Name of NH Pharmacy: Valley Regional Hospital

Complete Mailing & Physical Address of NH Pharmacy: 243 Elm Street Claremont, NH 03743

3. PROFESSIONAL LIABILITY INSURANCE AND CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATION

I have at least $1,000,000 of professional liability insurance with the following insurance provider Liberty Insurance Underwriters Inc.

*** You must attach a copy of your certificate of insurance to this application.**

If also administering vaccines, I have current CPR certification, which includes the required 'hands-on' training which **must be completed every 2 years**, from (please check one):

☑ American Heart Association ☐ American Red Cross ☐ Not Applicable – I Do Not Administer Vaccines

*** If administering vaccines, you must attach a copy of your certificate of completion of CPR training or a copy of the back & front of your signed CPR Card, which show it was completed in the past 2 years (i.e. has not passed the 'recommended date for refresher training').**

4. PRACTICE DISCIPLINE FOR THIS COLLABORATIVE PRACTICE AGREEMENT (ONLY ONE PRACTICE DISCIPLINE ALLOWED PER APPLICATION)

Check **only one**:

☐ Asthma ☐ Anticoagulation ☐ COPD ☑ Diabetes ☐ Hyperlipidemia ☐ Hypertension

☐ Other (Describe): _____

APPLICATION CONTINUED ON NEXT PAGE

5. SUMMARY OF EDUCATION, TRAINING, AND EXPERIENCE RELATED TO RESPONSIBILITIES TO PERFORM VIA THE COLLABORATIVE PRACTICE AGREEMENT:

- Received PharmD from MCPHS University, 2022
- Completed APhA's "The Pharmacist and Patient-Centered Diabetes Care" Certificate
- Completed APhA's Medication Therapy Management Services Certificate, April 2021
- Completed Ambulatory Care APPE rotation, 2022
- Worked in direct patient care pharmacy settings since 2012
- Trained on point of care glucose monitor
- Participated in Walmart Wellness Events focused on immunization, cholesterol, and glucose monitoring

6. APPLICANT ATTESTATION STATEMENT:

My signature below affirms that the answers and statements made on this application are true and correct to the best of my knowledge and belief. I also understand that pursuant to RSA 318:26-a, **the Board must be notified within 15 days of any changes** related to your collaborative practice agreement or in the information contained on this form. Failure to notify the Board could result in disciplinary action and/or sanctions.

Signature: _____ Date: 9/14/22

7. EMPLOYER ATTESTATION STATEMENT:

As owner / chief administrative officer of Valley Regional Hospital (Name of Facility / Pharmacy) I certify that my Company agrees to be in compliance with all federal, state, and local laws related to this agreement. I have read this application and all of the statements made on it, reviewed all submitted supporting documents, attest that to the best of my knowledge, all provided information is true and accurate. As the owner/corporate representative of this organization, my signature below acknowledges my/the corporation's responsibilities as the permit holder, including all of the corporate/permit holder duties and responsibilities noted in NH RSA 318:38 and Ph 704.11(d).

Signature Of Organization Representative: _____ Title: Director of Pharmacy Date: 15 Sept 2022

*** LIST OF SUPPORTING DOCUMENTS WHICH MUST BE INCLUDED WITH THE APPLICATION:**

Attach each of the following and label the top right of each attachment with the corresponding letter below (i.e. "Attachment A", "Attachment B", etc.)

A. Copy of Signed Collaborative Agreement;
B. Copy of Professional Liability Insurance Coverage/Certificate;
C. Copy of Policy and Procedures governing the Collaborative Practice Agreement;
D. Copy of Policy and Procedures for QA/CSI program
E. Copy of Patient Consent Form;
F. List of all Providers Whom Are Party to the Agreement – Full Name, Address and NH License;
G. If administering vaccines, a copy of your certificate of completion of CPR training or a copy of the back & front of your signed CPR Card, which shows it was completed in the past 2 years (i.e. has not passed the 'recommended date for refresher training').

ADVANCED CARDIOVASCULAR LIFE SUPPORT

HeartCode® Complete ACLS Provider

American Heart Association.

Samantha Hoffberg

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

Issue Date
08/05/2022

Renew By
08/31/2024

HeartCode Complete Location
Valley Regional Hospital

eCard Code
1iv1i8u6kyz51qzwhzurxfnz

The HeartCode Program is provided by:
American Heart Association
RQIQuestions@heart.org

QR Code

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to https://certificates.rqi1stop.com/certificates/us//verify_certificate

BASIC LIFE SUPPORT

HeartCode® Complete BLS Provider

American Heart Association.

Samantha Hoffberg

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date
08/05/2022

Renew By
08/31/2024

HeartCode Complete Location
Valley Regional Hospital

eCard Code
qe3tpg1i1dthyzeiurispyiu

The HeartCode Program is provided by:
American Heart Association
RQIQuestions@heart.org

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Valley Regional Healthcare

Ambulatory Pharmacist Collaborative Practice Agreement

Samantha Hoffberg , PharmD

Diabetes Mellitus Management

Valley Regional Hospital 241 Elm St Claremont, NH 03743

Table of Contents

Introduction

1. This Collaborative Pharmacy Practice Agreement (CPA) follows the New Hampshire Board of Pharmacy (NH BOP) **Administrative Rules Chapter Ph 1100**, titled ***Collaborative Pharmacy Practice*** and **NH RSA 318:16-a**, titled ***Standards for Collaborative Pharmacy Practice***. A copy of the current version of the law and rules will be given to each pharmacist and provider signing this CPA, as listed in **Appendix A**.
2. By entering into this CPA, each Valley Regional Hospital (VRH) pharmacist signing below (the "pharmacist") is authorized to provide disease state management services as described in this CPA for the specified chronic disease state identified on the cover page.

Purpose

In order to enhance the quality of patient care and improve patient access, the pharmacist will complement the care provided by the providers, for the specific disease state named in this CPA. Upon receipt of a patient and disease-state specific referral order, the pharmacist will order appropriate and necessary labs, authorize appropriate medication refills, implement, modify, or discontinue medications, facilitate referrals, and provide education as appropriate for the referred patient.

Goals

1. To improve the patient's overall health and, specifically, the disease state for which the patient was referred by providing evidence-based, patient-centered care for optimal drug therapy results and improved patient outcomes;
2. To increase patient and provider access;
3. To provide cost-effective care to the patient; and
4. To improve patient/caregiver self-management skills and adherence to drug therapy related to the referred disease state.

Services

1. Under this CPA, the pharmacist is authorized to initiate, modify, and discontinue the specific drugs listed in **Appendix B, Table 1.**
2. The frequency of visits and follow-up for the patient with the pharmacist is dependent on the clinical needs and management of the patient's chronic disease state and may vary from days to months.
3. The pharmacist will provide services to the patient under this CPA only in a private exam room, office or secluded area away from the hearing of other persons in compliance with the requirements of the Health Information Portability and Accountability Act of 1996 and the associated regulations ("HIPAA").
4. The pharmacist will have dedicated time scheduled for each type of CPA service for the patient. The expected amount of time the pharmacist will devote to these CPA services will depend on the needs of the clinic, size of the patient population, the patient and the availability of HIPAA compliant space in which to provide services to the patient at the applicable division site.

Scope

- General

This CPA applies to the practice site included under the umbrella of care and administration of Valley Regional Hospital. The practice site details below:

1. Associates in Medicine
   241 Elm St
   Claremont, NH 03743

This CPA authorizes the named pharmacist to monitor and assess the patient's chronic disease state by:

1. Interviewing the patient and gathering health information that may include, but is not limited to the following:
   a. Medical and drug history
   b. Social and family history
   c. Lifestyle history
   d. Self-monitoring results (e.g. blood pressure, blood glucose, etc.)
   e. Review of recommended exams (e.g. eye, foot, pulmonary function tests, etc.)
   f. Vaccination history
   g. Drug allergies and intolerances
   h. Prescription insurance

2. Performing physical assessments including the use of devices (e.g. vitals, point of care tests);
3. Ordering and assessing the drug therapies through the utilization of appropriate laboratory monitoring, as detailed in Appendix B.
4. Initiating, refilling, modifying and/or discontinuing the medications detailed in **Appendix B, Tables 1**

- Drug Therapy Management

Decisions regarding modifications of the patient's drug therapy and selection of drug therapy will be consistent with the metrics based upon disease-state specific best practice guidelines detailed in **Appendix D** and/or Valley Regional Hospital Policies detailed in **Appendix E**. The specific goals for the patient may differ based upon the patient's specific needs and condition and will be specified in the patient's chart. If the pharmacists recommends altering a goal of the drug therapy based on the pharmacist's clinical judgement, the pharmacist will document his/her recommendation change in the electronic medical record (eMR), which will be sent to the ordering provider within 72 hours for co-signature.

1. The pharmacist may order the laboratory tests listed as they pertain to the patient's specific medications and chronic disease state(s) (See appendix C)

- Documentation and Record Keeping

1. Documentation for each CPA visit with the patient will occur in the patient's eMR. The pharmacist will have access to the patient's eMR and may access the patient's record as appropriate.
2. A summary of each visit containing all drug therapy initiations, modifications, discontinuances and refills and individualized patient care plans will be documented by the pharmacist in the patient's eMR and routed to the provider no later than three (3) days after the patient's visit.
3. A copy of this CPA and associated protocols will be kept on file and be available on request. A copy will be retained at the pharmacist's place of practice.
4. If the CPA is terminated by either the pharmacist or provider, the patient must receive prompt written notification with details as to allow for uninterrupted continuation of their therapy management program.

- Communication

Documentation by the pharmacist through the patient's profile in the patient's eMR will be the primary method of communication by the pharmacist to the provider. Notification by the

pharmacist to the provider may also be completed by the pharmacist via in-basket message, phone, fax, pager, email, or mail, as appropriate to the issue, the urgency and protecting the privacy and confidentiality of the patient's information as required under applicable law. Provider modifications of the patient's care plan and notice to the pharmacist of the same may occur by all the same routes of communication noted above. The pharmacist will implement the changes as specified by the provider or promptly will contact the provider for additional information/recommendations.

- Quality Assurance

1. An annual review of the CPA will be performed by the pharmacist to determine whether edits to the document need to be made. If an edit is warranted, the pharmacist will notify the patient and the attending provider. A material amendment to the CPA must be signed by the pharmacist and the providers(s) to reflect any changes to or under this CPA. No changes will be effective until the amendment or a new CPA is signed by all applicable parties. The pharmacist will provide written or electronic notification in accordance with applicable law and rules to the NH BOP within 15 days of the changes being made to the CPA, documentation and/or the original CPA application.
2. The quality metrics of this CPA will be reported to the NH BOP annually or as otherwise instructed.
3. The CPA will be renewed at a minimum of two years.
4. The pharmacist will maintain the qualifications to participate in the CPA, as required under applicable law and rules.
5. The pharmacist will maintain basic cardiopulmonary resuscitation (CPR), from a nationally recognized organization and documentation of this certification.
6. The patient's chronic disease states goals will be continually monitored for improvement as part of quality performance metrics detailed in **Appendix F.**
7. Neither the provider nor the pharmacist shall seek to gain personal financial benefit by participating in any incentive-based program or accept any inducement that influences or encourages therapeutic, product changes, or the ordering of tests or services.

By signing this CPA, the pharmacist named below agrees to all of the terms and conditions of this CPA with the named provider(s) and patient who are signing below.

1. Pharmacist signature and date:

_____	_____
First name MI Last name, credentials	Date

Appendix A: Pharmacist Collaborative Practice Provider Signature Page

_____	_____
Juliann Barrett, DO (Medical Director)	Date
_____	_____
Katherine Cooper, APRN	Date
_____	_____
Marcella Meier, APRN	Date
_____	_____
Fernanda Miletto, MD	Date
_____	_____
Jillian Rafter, APRN	Date
_____	_____
Robert Dayer, MD	Date
_____	_____
Richard Cappello, DO	Date

Appendix B, Table 1: Pharmacological Agents for Diabetes

Sulfonylureas
Chlorpropamide
Tolazamide
Tolbutamide
Diabeta®, Micronase® (glyburide)
Glynase PresTab® (micronized glyburide)
Glucotrol® (glipizide)
Glucotrol XL ® (glipizide GITS)
Amaryl® (glimepridie)

Other Secretagogues (Meglitinides)
Prandin® (repaglinide)
Starlix® (nateglinide)

Biguanides
Glucophage® (metformin)
Glucophage XR® (metformin)
Riomet® (metformin solution 500 mg/5 mL)
Glumetza® (metformin extended-release tablets)
Fortamet® (metformin extended-release tablets)

Thiazolidinediones
Avandia® (rosiglitazone)
Actos® (pioglitazone)

Alpha-Glucosidase Inhibitors
Precose® (acarbose)
Glyset® (miglitol)

Amylin Analogue
Symlin ® (pramlintide)

Dipeptidyl Peptidase IV Inhibitors
Januvia ® (sitagliptin)
Onglyza® (saxagliptin)
Tradjenta® (linagliptin)
Nesina® (alogliptin)

Dopamine Agonist
Cycloset® (bromocriptine mesylate)

Bile Acid Sequestrant
Welchol® (colesevelam)

Combination Products

Glucovance® (metformin/glyburide)
Metaglip® (metformin/glipizide)
Actoplus Met®, Actoplus Met XR® (metformin/pioglitazone)
Duetact® (pioglitazone/glimepiride)
Janumet®, Janumet XR® (metformin/sitagliptin)
PrandiMet® (metformin/repaglinide)
Kombiglyze XR® (saxagliptin/metformin)
Duetact® (pioglitazone/glimepiride)
Jentadueto®, Jentadueto XR® (linagliptin/metformin)
Kazano® (alogliptin/metformin)
Oseni® (alogliptin/pioglitazone)
Invokamet® Invokamet® XR (canagliflozin/metformin)
Xigduo® XR (dapaglifloxin/metformin)
Glyxambi® (empagliflozin/linagliptin)
Synjardy® (empagliflozin/metformin)
Qtern® (dapagliflozin/ saxagliptin)
Segluromet® (ertugliflozin/ metformin)
Steglujan® (ertugliflozin/ sitagliptin)

Glucagon-Like Peptide 1 (GLP) Agonists

Byetta® (exenatide)
Victoza®, Saxenda® (liraglutide)
Bydureon® (exenatide once-weekly suspension)
Bydureon® BCise (exenatide once-weekly suspension)
Adlyxin® (lixisenatide)
Trulicity® (dulaglutide)
Ozempic® (semaglutide)

Sodium-Glucose Co-Transporter-2 Inhibitors

Invokana® (canagliflozin)
Farxiga® (dapagliflozin)
Jardiance® (empagliflozin)
Steglatro® (ertugliflozin)

Insulins

Humulin R®, Novolin R® (regular insulin)
Humulin R Concentrated U-500® (regular insulin 500 units/mL)
Humulin N®, Novolin N® (NPH)
Humulin 70/30®, Novolin 70/30® (70% NPH/30% regular insulin)

Humalog® (insulin lispro)
Humalog Mix 75/25® (75% lispro protamine/25% lispro)
Humalog Mix 50/50® (50% lispro protamine/50% lispro)
NovoLog® (insulin aspart)
NovoLog Mix 70/30® (70% aspart protamine/30% aspart)
Lantus® (insulin glargine)
Apidra® (insulin glulisine)
Levemir® (insulin detemir)
Afrezza® (inhaled human insulin/afresa)
Toujeo® (insulin glargine 300 units/mL)
Humalog® U-200 (insulin lispro 200 units/mL)
Tresiba® 100 unit/mL, Tresiba® 200 unit/mL (insulin degludec)
Ryzodeg® 70/30 (insulin degludec/insulin aspart)
Basaglar® (insulin glargine)
Fiasp® (insulin aspart)
Admelog® (insulin lispro)

Insulin-Glucagon-Like Peptide 1 (GLP) Agonist Combination Products

Xultophy (insulin degludec/liraglutide: 100 units/3.6 mg per mL) 2016
Soliqua (insulin glargine/lixisenatide: 100 units/33 mcg per mL) 2016

Appendix B, Table 2: Pharmacologic Agents for Hypertension

Alpha-1 Blocker

Cardura®, Cardura XL® (doxazosin)
Minipress® (prazosin)
Terazosin

Alpha-2 Adrenergic Agonists

Catapres®, Catapres-TTS-1®, Catapres-TTS-2®, Catapres-TTS-3®, Duraclon®, Kapvay® (clonidine)
Intuniv®, Tenex® (guanfacine)
Methyldopa

Angiotension-Converting Enzyme (ACE) Inhibitors

Accupril® (quinapril)
Aceon® (perindopril)
Altace® (ramipril)
Captopril
Epaned®, Vasotec® (enalapril)
Fosinopril
Lotensin® (benzepril)
Mavik® (trandolapril)
Moexipril
Privinil®, Qbrelis®, Zestril® (lisinopril)

Angiotensin II Receptor Blockers

Atacand® (candesartan)
Avapro® (irbesartan)
Benicar® (olmesartan)
Coxaar® (losartan)
Diovan® (valsartan)
Edarbi® (azilsartan)
Micardis® (telmisartan)
Teveten® (eprosartan)

Beta Blocker with Alpha Blocking Activity

Coreg®, Coreg CR® (carvedilol)
Labetalol

Beta Blocker, Beta-1 Selective

Brevibloc® (esmolol)
Bystolic® (nebivolol)
Kerlone® (betaxolol)
Lopressor® (metoprolol tartrate)
Sectral® (acebutolol)
Tenormin® (atenolol)
Toprol XL® (metoprolol succinate)
Zebeta® (bisprolol)

Beta Blocker, Nonselective

Corgard® (nadolol)
Hemangeol®, Inderal LA®, Inderal XL®, InnoPran XL® (propranolol)
Timolol

Calcium Channel Blocker, Dihydropyridine

Adalat CC®, Procardia®, Procardia XL® (nifedipine)
Cleviprex® (clevidipine)
Felodipine
Norvasc® (amlodipine)
Sular® (nisoldipine)

Calcium Channel Blocker, Non-Dihydropyridine

Calan®, Calan SR®, Verelan®, Verelan PM® (verapamil)
Cardizem®, Cardizem CD®, Cardizem LA®, Cartia XT®, Dilt-XR®, Matzim LA®, Taztia XT®, Tiazac® (diltiazem)

Combination Products

Accuretic® (quinapril/hydrochlorothiazide)
Aldactazide® (hydrochlorothiazide/spironolactone)
Amturnide® (aliskiren/amlodipine/hydrochlorothizide)
Atacand HCT® (candesartan/hydrochlorothiazide)
Avalide® (irbesartan/hydrochlorothiazide)
Azor® (amlodipine/olmesartan)
Benicar HCT® (olmesartan/hydrochlorothiazide)
Byvalson® (nebivolol/valsartan)
Caduet® (amlodipine/atorvastatin)
Captopril/hydrochlorothiazide
Cilazapril/hydrochlorothiazide
Clorpres® (clonidine/chlorthalidone)

Corzide® (nadolol/bendroflumethiazide)
Diovan HCT® (valsartan/hydrochlorothiazide)
Dutoprol®, Lopressor HCT® (metoprolol/hydrochlorothiazide)
Dyazide®, Maxzide®, Maxzide-25® (hydrochlorothiazide/triamterene)
Edarbyclor® (azilsartan/chlorthalidone)
Entresto® (sacubitril/valsartan)
Exforge® (amlodipine/valsartan)
Exforge HCT® (amlodipine/valsartan/hydrochlorthiazide)
Fosinopril/hydrochlorothiazide
Hyzaar® (losartan/hydrochlorothiazide)
Lotrel® (amlodipine/benazepril)
Lotensin HCT® (benazepril/hydrochlorothiazide)
Methyldopa/hydrochlorothiazide
Micardis HCT® (telmisartan/hydrochlorothiazide)
Moexipril/hydrochlorothiazide
Perindopril/indapamide
Pindolol/hydrochlorothiazide
Prestalia® (perindopril/amlodipine)
Propranolol/hydrochlorothiazide
Ramipril/hydrochlorothiazide
Tarka® (trandolapril/verapamil)
Tekamlo® (aliskiren/amlodipine)
Teveten HCT® (eprosartan/hydrochlorothiazide)
Tenoretic® (atenolol/chlorthalidone)
Tribenzor® (olmesartan/amlodipine/hydrochlorothiazide)
Twynsta® (telmisartan/amlodipine)
Vaseretic® (enalapril/hydrochlorothiazide)
Zestoretic® (lisinopril/hydrochlorothiazide)
Ziac® (bisoprolol/hydrochlorothiazide) 13

Mineralocorticoid (Aldosterone) Receptor Antagonists

Aldactone®, CaroSpir® (spironolactone)
Inspra® (eplerenone)

Potassium Sparing Diuretic

Amiloride
Dyrenium® (triamterene)

Renin Inhibitors

Tekturna® (aliskiren)

Thiazide Diuretics

Chlorthalidone
Diuril®, Sodium Diuril® (chlorothiazide)
Indapamide
Microzide® (hydrochlorothiazide)
Methyclothiazide

Vasodilators

Hydralazine
Minoxidil

Appendix B, Table 3: Pharmacologic Agents for Hyperlipidemia

2-Azetidinone
Zetia® (ezetimibe)

Apolipoprotein B Antisense Oligonucleotide
Kynamro® (mipomersen)

Bile Acid Sequesterants
Prevalite®, Questran®, Questran Light® (cholestyramine resin)
Welchol® (colesevelam)
Colestid®, Colestid Flavored® (colestipol)

Combination Products
Advicor® (niacin/lovastatin)
Caduet® (amlodipine/atorvastatin)
Simcor® (niacin/simvastatin)
Vytorin® (ezetimibe/simvastatin)

Fibric Acid Derivatives
Antara®, Fenoglide®, Fibricor®, Lipofen®, Lofibra®, Tricor®, Triglide®, Trilipix® (fenofibrate)
Lopid® (gemfibrozil)

HMG-CoA Reductase Inhibitors
Altoprev®, Mevacor® (lovastatin)
Crestor® (rosuvastatin)
Lescol®, Lescol XL® (fluvastatin)
Lipitor® (atorvastatin)
Livalo®, Zympitamag® (pitavastatin)
Pravachol® (pravastatin)
Zocor® (simvastatin)

Microsomal Trigylceride Transfer Protein (MTP) Inhibitor
Juxtapid® (lomitapide)

Omega-3 Fatty Acids
Lovaza® (omega-3 fatty acid)

PCSK9 Inhibitors
Praluent® (alirocumab)
Repatha®, Repatha Pushtronex System®, Repatha SureClick® (evolocumab)

Vitamin B3: Nicotinic Acid
Niaspan® (niacin)

Appendix B, Table 4: Pharmacologic Antiplatelet Agents

- Aspirin
- Clopidogrel

Appendix C: Laboratory Monitoring Order

- Hemoglobin A1c
- Basic Metabolic Panel
- Comprehensive Metabolic Panel
- Fasting Lipid Panel
- Liver Function Tests
- Complete Blood Count +/- Differential
- Creatine Phosphokinase
- Urine Microalbumin to Creatinine Ratio
- Fructosamine
- C-peptide
- Insulin Level

Appendix D: Practice Guidelines

- American Diabetes Association's (ADA) Standards of Medical Care in Diabetes (updated annually)
- American Heart Association's (AHA) 2017 Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults
- American College of Cardiology's (ACC) ASCVD Risk Estimator Plus; https://tools.acc.org/ASCVD-Risk-Estimator-Plus

Appendix E: Quality Metrics: Diabetes

- Hemoglobin A1C
- Annual Urine Microalbumin to Creatinine Ratio
- Annual Dilated Eye Exam
- Percentage of patients w/DM >50 y/o on an Antiplatelet Agent
- Percentage of Patients w/ DM from 40-80 years of age on a statin
- Percentage of Patients w/ DM and Hypertension or an Elevated Urine Microalbumin to Creatinine Ratio on Chronic ACE/ARB Therapy

APhA
AMERICAN PHARMACISTS ASSOCIATION
Improving medication use. Advancing patient care.

Pharmacy-Based Immunization Delivery

Certificate of Achievement

This acknowledges that

Samantha Hoffberg

has successfully completed the ***APhA Pharmacy-Based Immunization Delivery*** certificate training program focusing on the knowledge and skills associated with vaccine information and administration. The training associated with this APhA Certificate of Achievement is based on current immunization standards and recommendations at the time of training. It is the responsibility of the immunizer to engage in continuing professional development and education to meet the immunization standards and practice expectations set forth by the immunizer's state board of pharmacy and/or the policies and procedures of the organization that employs the immunizer. This Certificate of Achievement does not expire, but in accordance with existing immunization standards, immunizers should maintain and have accessible proof of current continuing professional development in the area of immunizations and a certification in Cardiopulmonary Resuscitation (CPR) or Basic Cardiac Life Support (BCLS).

Date of Issue: 8/14/2020

ACPE Information:
Practice-Based Activity
Home Study 12 hours of CPE credit
Live Seminar 8 hours of CPE credit

APhA EDUCATION

Thomas E. Menighan, BSPharm, MBA, ScD(Hon), FAPhA
Executive Vice President and CEO
American Pharmacists Association

Valley Regional Healthcare

Ambulatory Pharmacist Collaborative Practice Agreement

Samantha Hoffberg , PharmD

Diabetes Mellitus Management

Valley Regional Hospital 241 Elm St Claremont, NH 03743

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Services

1. Under this CPA, the pharmacist is authorized to initiate, modify, and discontinue the specific drugs listed in **Appendix B, Table 1.**
2. The frequency of visits and follow-up for the patient with the pharmacist is dependent on the clinical needs and management of the patient's chronic disease state and may vary from days to months.
3. The pharmacist will provide services to the patient under this CPA only in a private exam room, office or secluded area away from the hearing of other persons in compliance with the requirements of the Health Information Portability and Accountability Act of 1996 and the associated regulations ("HIPAA").
4. The pharmacist will have dedicated time scheduled for each type of CPA service for the patient. The expected amount of time the pharmacist will devote to these CPA services will depend on the needs of the clinic, size of the patient population, the patient and the availability of HIPAA compliant space in which to provide services to the patient at the applicable division site.

Scope

- General

This CPA applies to the practice site included under the umbrella of care and administration of Valley Regional Hospital. The practice site details below:

1. Associates in Medicine
   241 Elm St
   Claremont, NH 03743

This CPA authorizes the named pharmacist to monitor and assess the patient's chronic disease state by:

1. Interviewing the patient and gathering health information that may include, but is not limited to the following:
   a. Medical and drug history
   b. Social and family history
   c. Lifestyle history
   d. Self-monitoring results (e.g. blood pressure, blood glucose, etc.)
   e. Review of recommended exams (e.g. eye, foot, pulmonary function tests, etc.)
   f. Vaccination history
   g. Drug allergies and intolerances
   h. Prescription insurance

2. Performing physical assessments including the use of devices (e.g. vitals, point of care tests);
3. Ordering and assessing the drug therapies through the utilization of appropriate laboratory monitoring, as detailed in Appendix B.
4. Initiating, refilling, modifying and/or discontinuing the medications detailed in **Appendix B, Tables 1**

• Drug Therapy Management

Decisions regarding modifications of the patient's drug therapy and selection of drug therapy will be consistent with the metrics based upon disease-state specific best practice guidelines detailed in **Appendix D** and/or Valley Regional Hospital Policies detailed in **Appendix E**. The specific goals for the patient may differ based upon the patient's specific needs and condition and will be specified in the patient's chart. If the pharmacists recommends altering a goal of the drug therapy based on the pharmacist's clinical judgement, the pharmacist will document his/her recommendation change in the electronic medical record (eMR), which will be sent to the ordering provider within 72 hours for co-signature.

1. The pharmacist may order the laboratory tests listed as they pertain to the patient's specific medications and chronic disease state(s) (See appendix C)

• Documentation and Record Keeping

1. Documentation for each CPA visit with the patient will occur in the patient's eMR. The pharmacist will have access to the patient's eMR and may access the patient's record as appropriate.
2. A summary of each visit containing all drug therapy initiations, modifications, discontinuances and refills and individualized patient care plans will be documented by the pharmacist in the patient's eMR and routed to the provider no later than three (3) days after the patient's visit.
3. A copy of this CPA and associated protocols will be kept on file and be available on request. A copy will be retained at the pharmacist's place of practice.
4. If the CPA is terminated by either the pharmacist or provider, the patient must receive prompt written notification with details as to allow for uninterrupted continuation of their therapy management program.

• Communication

Documentation by the pharmacist through the patient's profile in the patient's eMR will be the primary method of communication by the pharmacist to the provider. Notification by the

pharmacist to the provider may also be completed by the pharmacist via in-basket message, phone, fax, pager, email, or mail, as appropriate to the issue, the urgency and protecting the privacy and confidentiality of the patient's information as required under applicable law. Provider modifications of the patient's care plan and notice to the pharmacist of the same may occur by all the same routes of communication noted above. The pharmacist will implement the changes as specified by the provider or promptly will contact the provider for additional information/recommendations.

- Quality Assurance

1. An annual review of the CPA will be performed by the pharmacist to determine whether edits to the document need to be made. If an edit is warranted, the pharmacist will notify the patient and the attending provider. A material amendment to the CPA must be signed by the pharmacist and the providers(s) to reflect any changes to or under this CPA. No changes will be effective until the amendment or a new CPA is signed by all applicable parties. The pharmacist will provide written or electronic notification in accordance with applicable law and rules to the NH BOP within 15 days of the changes being made to the CPA, documentation and/or the original CPA application.
2. The quality metrics of this CPA will be reported to the NH BOP annually or as otherwise instructed.
3. The CPA will be renewed at a minimum of two years.
4. The pharmacist will maintain the qualifications to participate in the CPA, as required under applicable law and rules.
5. The pharmacist will maintain basic cardiopulmonary resuscitation (CPR), from a nationally recognized organization and documentation of this certification.
6. The patient's chronic disease states goals will be continually monitored for improvement as part of quality performance metrics detailed in **Appendix F.**
7. Neither the provider nor the pharmacist shall seek to gain personal financial benefit by participating in any incentive-based program or accept any inducement that influences or encourages therapeutic, product changes, or the ordering of tests or services.

By signing this CPA, the pharmacist named below agrees to all of the terms and conditions of this CPA with the named provider(s) and patient who are signing below.

1. Pharmacist signature and date:

Samantha A Hoffberg, PharmD	9/14/22
First name MI Last name, credentials	Date

Appendix A: Pharmacist Collaborative Practice Provider Signature Page

Juliann Barrett, DO (Medical Director)	Date: 6/27/22
Katherine Cooper, APRN	Date: 6/28/22
Marcella Meier, APRN	Date: 6/28/22
Fernanda Miletto, MD	Date: 6/27/2022
Jillian Rafter, APRN	Date: 6/27/2022

Appendix B, Table 1: Pharmacological Agents for Diabetes

Sulfonylureas
Chlorpropamide
Tolazamide
Tolbutamide
Diabeta®, Micronase® (glyburide)
Glynase PresTab® (micronized glyburide)
Glucotrol® (glipizide)
Glucotrol XL ® (glipizide GITS)
Amaryl® (glimepridie)

Other Secretagogues (Meglitinides)
Prandin® (repaglinide)
Starlix® (nateglinide)

Biguanides
Glucophage® (metformin)
Glucophage XR® (metformin)
Riomet® (metformin solution 500 mg/5 mL)
Glumetza® (metformin extended-release tablets)
Fortamet® (metformin extended-release tablets)

Thiazolidinediones
Avandia® (rosiglitazone)
Actos® (pioglitazone)

Alpha-Glucosidase Inhibitors
Precose® (acarbose)
Glyset® (miglitol)

Amylin Analogue
Symlin ® (pramlintide)

Dipeptidyl Peptidase IV Inhibitors
Januvia ® (sitagliptin)
Onglyza® (saxagliptin)
Tradjenta® (linagliptin)
Nesina® (alogliptin)

Dopamine Agonist
Cycloset® (bromocriptine mesylate)

Bile Acid Sequestrant
Welchol® (colesevelam)

Combination Products

Glucovance® (metformin/glyburide)
Metaglip® (metformin/glipizide)
Actoplus Met®, Actoplus Met XR® (metformin/pioglitazone)
Duetact® (pioglitazone/glimepiride)
Janumet®, Janumet XR® (metformin/sitagliptin)
PrandiMet® (metformin/repaglinide)
Kombiglyze XR® (saxagliptin/metformin)
Duetact® (pioglitazone/glimepiride)
Jentadueto®, Jentadueto XR® (linagliptin/metformin)
Kazano® (alogliptin/metformin)
Oseni® (alogliptin/pioglitazone)
Invokamet® Invokamet® XR (canagliflozin/metformin)
Xigduo® XR (dapaglifloxin/metformin)
Glyxambi® (empagliflozin/linagliptin)
Synjardy® (empagliflozin/metformin)
Qtern® (dapagliflozin/ saxagliptin)
Segluromet® (ertugliflozin/ metformin)
Steglujan® (ertugliflozin/ sitagliptin)

Glucagon-Like Peptide 1 (GLP) Agonists

Byetta® (exenatide)
Victoza®, Saxenda® (liraglutide)
Bydureon® (exenatide once-weekly suspension)
Bydureon® BCise (exenatide once-weekly suspension)
Adlyxin® (lixisenatide)
Trulicity® (dulaglutide)
Ozempic® (semaglutide)

Sodium-Glucose Co-Transporter-2 Inhibitors

Invokana® (canagliflozin)
Farxiga® (dapagliflozin)
Jardiance® (empagliflozin)
Steglatro® (ertugliflozin)

Insulins

Humulin R®, Novolin R® (regular insulin)
Humulin R Concentrated U-500® (regular insulin 500 units/mL)
Humulin N®, Novolin N® (NPH)
Humulin 70/30®, Novolin 70/30® (70% NPH/30% regular insulin)

Humalog® (insulin lispro)
Humalog Mix 75/25® (75% lispro protamine/25% lispro)
Humalog Mix 50/50® (50% lispro protamine/50% lispro)
NovoLog® (insulin aspart)
NovoLog Mix 70/30® (70% aspart protamine/30% aspart)
Lantus® (insulin glargine)
Apidra® (insulin glulisine)
Levemir® (insulin detemir)
Afrezza® (inhaled human insulin/afresa)
Toujeo® (insulin glargine 300 units/mL)
Humalog® U-200 (insulin lispro 200 units/mL)
Tresiba® 100 unit/mL, Tresiba® 200 unit/mL (insulin degludec)
Ryzodeg® 70/30 (insulin degludec/insulin aspart)
Basaglar® (insulin glargine)
Fiasp® (insulin aspart)
Admelog® (insulin lispro)

Insulin-Glucagon-Like Peptide 1 (GLP) Agonist Combination Products

Xultophy (insulin degludec/liraglutide: 100 units/3.6 mg per mL) 2016
Soliqua (insulin glargine/lixisenatide: 100 units/33 mcg per mL) 2016

Appendix B, Table 2: Pharmacologic Agents for Hypertension

Alpha-1 Blocker

Cardura®, Cardura XL® (doxazosin)
Minipress® (prazosin)
Terazosin

Alpha-2 Adrenergic Agonists

Catapres®, Catapres-TTS-1®, Catapres-TTS-2®, Catapres-TTS-3®, Duraclon®, Kapvay® (clonidine)
Intuniv®, Tenex® (guanfacine)
Methyldopa

Angiotension-Converting Enzyme (ACE) Inhibitors

Accupril® (quinapril)
Aceon® (perindopril)
Altace® (ramipril)
Captopril
Epaned®, Vasotec® (enalapril)
Fosinopril
Lotensin® (benzepril)
Mavik® (trandolapril)
Moexipril
Privinil®, Qbrelis®, Zestril® (lisinopril)

Angiotensin II Receptor Blockers

Atacand® (candesartan)
Avapro® (irbesartan)
Benicar® (olmesartan)
Coxaar® (losartan)
Diovan® (valsartan)
Edarbi® (azilsartan)
Micardis® (telmisartan)
Teveten® (eprosartan)

Beta Blocker with Alpha Blocking Activity

Coreg®, Coreg CR® (carvedilol)
Labetalol

Beta Blocker, Beta-1 Selective

Brevibloc® (esmolol)
Bystolic® (nebivolol)
Kerlone® (betaxolol)
Lopressor® (metoprolol tartrate)
Sectral® (acebutolol)
Tenormin® (atenolol)
Toprol XL® (metoprolol succinate)
Zebeta® (bisprolol)

Beta Blocker, Nonselective

Corgard® (nadolol)
Hemangeol®, Inderal LA®, Inderal XL®, InnoPran XL® (propranolol)
Timolol

Calcium Channel Blocker, Dihydropyridine

Adalat CC®, Procardia®, Procardia XL® (nifedipine)
Cleviprex® (clevidipine)
Felodipine
Norvasc® (amlodipine)
Sular® (nisoldipine)

Calcium Channel Blocker, Non-Dihydropyridine

Calan®, Calan SR®, Verelan®, Verelan PM® (verapamil)
Cardizem®, Cardizem CD®, Cardizem LA®, Cartia XT®, Dilt-XR®, Matzim LA®, Taztia XT®, Tiazac® (diltiazem)

Combination Products

Accuretic® (quinapril/hydrochlorothiazide)
Aldactazide® (hydrochlorothiazide/spironolactone)
Amturnide® (aliskiren/amlodipine/hydrochlorothizide)
Atacand HCT® (candesartan/hydrochlorothiazide)
Avalide® (irbesartan/hydrochlorothiazide)
Azor® (amlodipine/olmesartan)
Benicar HCT® (olmesartan/hydrochlorothiazide)
Byvalson® (nebivolol/valsartan)
Caduet® (amlodipine/atorvastatin)
Captopril/hydrochlorothiazide
Cilazapril/hydrochlorothiazide
Clorpres® (clonidine/chlorthalidone)

Corzide® (nadolol/bendroflumethiazide)
Diovan HCT® (valsartan/hydrochlorothiazide)
Dutoprol®, Lopressor HCT® (metoprolol/hydrochlorothiazide)
Dyazide®, Maxzide®, Maxzide-25® (hydrochlorothiazide/triamterene)
Edarbyclor® (azilsartan/chlorthalidone)
Entresto® (sacubitril/valsartan)
Exforge® (amlodipine/valsartan)
Exforge HCT® (amlodipine/valsartan/hydrochlorthiazide)
Fosinopril/hydrochlorothiazide
Hyzaar® (losartan/hydrochlorothiazide)
Lotrel® (amlodipine/benazepril)
Lotensin HCT® (benazepril/hydrochlorothiazide)
Methyldopa/hydrochlorothiazide
Micardis HCT® (telmisartan/hydrochlorothiazide)
Moexipril/hydrochlorothiazide
Perindopril/indapamide
Pindolol/hydrochlorothiazide
Prestalia® (perindopril/amlodipine)
Propranolol/hydrochlorothiazide
Ramipril/hydrochlorothiazide
Tarka® (trandolapril/verapamil)
Tekamlo® (aliskiren/amlodipine)
Teveten HCT® (eprosartan/hydrochlorothiazide)
Tenoretic® (atenolol/chlorthalidone)
Tribenzor® (olmesartan/amlodipine/hydrochlorothiazide)
Twynsta® (telmisartan/amlodipine)
Vaseretic® (enalapril/hydrochlorothiazide)
Zestoretic® (lisinopril/hydrochlorothiazide)
Ziac® (bisoprolol/hydrochlorothiazide) 13

Mineralocorticoid (Aldosterone) Receptor Antagonists

Aldactone®, CaroSpir® (spironolactone)
Inspra® (eplerenone)

Potassium Sparing Diuretic

Amiloride
Dyrenium® (triamterene)

Renin Inhibitors

Tekturna® (aliskiren)

Thiazide Diuretics

Chlorthalidone
Diuril®, Sodium Diuril® (chlorothiazide)
Indapamide
Microzide® (hydrochlorothiazide)
Methyclothiazide

Vasodilators

Hydralazine
Minoxidil

Appendix B, Table 3: Pharmacologic Agents for Hyperlipidemia

2-Azetidinone
Zetia® (ezetimibe)

Apolipoprotein B Antisense Oligonucleotide
Kynamro® (mipomersen)

Bile Acid Sequesterants
Prevalite®, Questran®, Questran Light® (cholestyramine resin)
Welchol® (colesevelam)
Colestid®, Colestid Flavored® (colestipol)

Combination Products
Advicor® (niacin/lovastatin)
Caduet® (amlodipine/atorvastatin)
Simcor® (niacin/simvastatin)
Vytorin® (ezetimibe/simvastatin)

Fibric Acid Derivatives
Antara®, Fenoglide®, Fibricor®, Lipofen®, Lofibra®, Tricor®, Triglide®, Trilipix® (fenofibrate)
Lopid® (gemfibrozil)

HMG-CoA Reductase Inhibitors
Altoprev®, Mevacor® (lovastatin)
Crestor® (rosuvastatin)
Lescol®, Lescol XL® (fluvastatin)
Lipitor® (atorvastatin)
Livalo®, Zympitamag® (pitavastatin)
Pravachol® (pravastatin)
Zocor® (simvastatin)

Microsomal Trigylceride Transfer Protein (MTP) Inhibitor
Juxtapid® (lomitapide)

Omega-3 Fatty Acids
Lovaza® (omega-3 fatty acid)

PCSK9 Inhibitors
Praluent® (alirocumab)
Repatha®, Repatha Pushtronex System®, Repatha SureClick® (evolocumab)

Vitamin B3: Nicotinic Acid
Niaspan® (niacin)

Appendix B, Table 4: Pharmacologic Antiplatelet Agents

- Aspirin
- Clopidogrel

Appendix C: Laboratory Monitoring Order

- Hemoglobin A1c
- Basic Metabolic Panel
- Comprehensive Metabolic Panel
- Fasting Lipid Panel
- Liver Function Tests
- Complete Blood Count +/- Differential
- Creatine Phosphokinase
- Urine Microalbumin to Creatinine Ratio
- Fructosamine
- C-peptide
- Insulin Level

Appendix D: Practice Guidelines

- American Diabetes Association's (ADA) Standards of Medical Care in Diabetes (updated annually)
- American Heart Association's (AHA) 2017 Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults
- American College of Cardiology's (ACC) ASCVD Risk Estimator Plus; https://tools.acc.org/ASCVD-Risk-Estimator-Plus

Appendix E: Quality Metrics: Diabetes

- Hemoglobin A1C
- Annual Urine Microalbumin to Creatinine Ratio
- Annual Dilated Eye Exam
- Percentage of patients w/DM >50 y/o on an Antiplatelet Agent
- Percentage of Patients w/ DM from 40-80 years of age on a statin
- Percentage of Patients w/ DM and Hypertension or an Elevated Urine Microalbumin to Creatinine Ratio on Chronic ACE/ARB Therapy

Policy Title: Pharmacist-Managed outpatient Diabetes Self-Management Education and Support (DSMES) clinic.

Policy Manual Name: Medication Management

Last Revised: July 2022

Purpose: Diabetes Self-Management Education and Support (DSMES) services provide information and skills for pateints to manages their diabetes and other related conditions. DSMES is tailored to individual needs, goals, and life experiences and is guided by evidence-based guidlelines.

Policy Scope: Pharmacy, Valley Regional Hospital Outpateint Provider Practices

Procedure:

1. Eligible patients:
    a. Patients will be eligible for this program if a provider has requested they be scheduled to meet with the DSMES pharmacist. Documentation of this may be found in the patient's electronic record.
    b. Patients included in this protocol are adults 18 years of age or older
2. Patients will be provided with DSMES services by the pharmacist. This service will include the initial evaluation, monitoring, dosing adjustment, education, and documentation in a standard visit format in the electronic patient record.
3. Patients will be required to sign a contract between the patient and pharmacist that will outline expectations (see attached Template_DSME clinic PATIENT CONSENT FORM_VRH)
4. Expectations of the Clinical Pharmacist are:
    a. Complete all require documentation for the DSMES certification annually
    b. Assume responsibility for the pateint's diabetes medications and monitoring
    c. Obtain adequate patient demographic medical and medication history in order to idenofy factors that could affect diabetes education and monitoring. Documentation of such factors will be entered into the electronic medical record as part of the DSMES visit
    d. Each visit, document the following in te patient's electronic medical record:
        i. Medication reconciliation
        ii. Diabetes Chronic Care Checklist

iii. Most recent labs as applicable
iv. Diabetes Distress Screening Scale
v. Focus Area Needs Evaluation
vi. DSMES Process and Content
vii. Barriers to Effective diabetes seld-management
viii. Patient goals, instructions, and/or education if applicable

5. In the event of the pharmacist absence, the pharmacist will communicate the coverage plan or the need for provider coverage.
6. Annually, the pharmacist must have on record signed consent from the patient agreeing to the monitoring of their warfarin therapy by that pharmacist. In addition, a yearly collabortative practice agreement will be signed by both the pharmacist and Valley Regional Hospital primary care providers.
7. Expectations of the provider when delegating the authority to monitor diabetes and dose medications list within the collabractive practice agreement (CPA) for diabetes:
    a. Provider/PCP will maintain all ability to prescribe and dose all medications within the CPA
    b. Provider is still responsible for the overall diabetes needs of the patient, however, the pharmciast will assist the provider in this regard
    c. Provider should communicate directly with the pharmacist anytime they are concerned with how the pharmacist is managing diabtes education and medication moitoring for a patient
    d. Provider is expected to communicate to the pharmacist any pressing clinical concerns they have that could contribute to the pharmacist's clinical decision making
    e. The referring provider/PCP must sign an annual contract with the pharmacist granting permission for that specific pharmacist to monitor diabetes and dose medications listed in CPA for diabetes for their patient
8. Point of care testing (POC)
    a. The POC testing will be performed in the outpatient setting
    b. AiC results will be documented in the electronic medical record
9. Qualifactions of pharmacist
    a. DSMES will be proved by a ;icensed pharmacist possessing core competency related to diabetes education
    b. Competency can be demonstrated by:
        i. Documentation of a minimum of five hours of ACPE-certified continuing education per year in diabetes and medication therapy management

Reference(s):

1. *Diabetes Care* 2022;45(Supplement_1):S1–S2. https://doi.org/10.2337/dc22-Sint

Attachement:

1. Template_DSME clinic PATIENT CONSENT FORM_VRH
2. CPA-DM_VRH

Cross Reference(s):

1. CLIA Waived and Point of Care testing (POCT)

Client # 3162884

MEMORANDUM OF INSURANCE | Date Issued 08/19/2022

Producer

Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
P.O. Box 14576
Des Moines, IA 50306-3576
1-800-375-2764

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Company Affording Coverage
Liberty Insurance Underwriters Inc.

Insured

Samantha A Hoffberg
11 Quechee Rd
HARTLAND, VT 05048

This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.
The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Pharmacist E Pharmacist	AHY-1103226101	08/22/2022	08/22/2023	Per Incident/ Occurrence Annual Aggregate	$1,000,000 $3,000,000

PROOF OF INSURANCE

Memorandum Holder:

PROOF OF COVERAGE ONLY

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative
Mark Brostowitz

Mark A. Brostowitz

Pharmacist Collaborative Practice Provider List

Valley Primary Care
7 Dunning St, Claremont, NH 03743

Juliann Barrett, DO (Medical Director)
NH License 18303

Marcella Meier, APRN
NH License 080523-23

Jillian Rafter, APRN
NH License 056514-23

Associates in Medicine
241 Elm St, Claremont, NH 03743

Fernanda Miletto, MD
NH License 19657

Katherine Cooper, APRN
NH License 071563-23

DIABETES SELF- MANAGEMENT EDUCATION AND SUPPORT
VALLEY REGIONAL HOSPITAL
243 ELM ST
CLAREMONT, NH. 03743
PharmD

You have been referred by your primary care provider to the Diabetes Self-Management Education and Support (DSMESS Clinic) at Valley Regional Hospital. The Clinic is a partnership between your primary care provider (PCP) and _____ Pharm.D, the pharmacy practitioner who provides this service to the clinic.

This document is an agreement between _____
(Print name and DOB)
and the DSMESS Clinic at Valley Regional Hospital. The purpose of this agreement is to assure you receive the best care and to help you get the most benefit and education regarding diabetes.

As a client you have the right to be treated with respect and dignity, to privacy, to make informed decisions for yourself and to know what is expected of you.

My responsibilities as a client are:

- To maintain a relationship with a doctor, or other primary care provider at Valley Regional Hospital while I am enrolled in the Clinic
- To inform the Clinic personnel if I change my contact information
- To provide the Clinic with a phone number where I can be contacted. I give permission for the DSMES staff to leave pertinent information on my answering machine.
    - If the Clinic calls me, I will return the call as soon as possible
- To come to all scheduled clinic appointments
    - The first clinic appointment is 60 minutes; therefore if you arrive 10 minutes or more late, the pharmacist reserves the right to ask you to re-schedule
    - To call to reschedule your appointment if a conflict arises within 3 days if possible
- To take my diabetes medication as instructed
- To inform the Clinic of all new medications, both prescribed, over-the-counter and herbal
- I will contact the Clinic (or seek medical treatment during off hours) if I have problems such as:
    - Low blood glucose (sugar) reading (<80)
    - High blood glucose (sugar) readings (>300)

I understand that noncompliance with any of the above guidelines may cause me to be terminated from the DSMES Clinic. This termination does not mean termination with your PCP; however he/she will be informed and acknowledges and agrees with this document.

I understand that my health care provider has referred me to the DSMES Clinic, which offers oversight of my diabetes education and medication monitoring by a licensed pharmacist in partnership with my provider. I have read the above information and understand both my rights and responsibilities as a client in this program.

My signature below constitutes my understanding of the above guidelines.

Signature_____Date_____
(Patient's signature)

The pharmacist's responsibilities in the clinic are to do the following:

- Carry out your doctor's request by monitoring and making appropriate changes to your diabetes medications
- Educate you about the appropriate use of diabetes medications
- Observe for any complications of therapy, including drug interactions, and report these findings to your primary care provider
- Communicate back to your PCP the outcome of each clinic appointment
- Schedule appropriate follow-up appointments for diabetes education
- Answer any questions you may have concerning your diabetes