

# Framework for Increasing ECP Access Through Collaborative Drug Therapy Agreements

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Collaborative drug therapy agreements (CDTAs) offer an opportunity to increase women's access to emergency contraceptive pills. While CDTAs have been used successfully in many states to increase access to health care, they have been used most frequently in acute care settings such as hospitals and HMOs for meeting the therapeutic treatment needs of people with chronic or long-term conditions.

Less commonly, CDTAs are used to expand access to preventive care to meet public health needs. However, they can be used successfully in well-defined situations where there is low risk associated with drug therapy and a high need for patient access. CDTAs that allow pharmacists to make emergency contraceptive pills (ECPs) directly available to women is such a situation. Addressing public health problems, such as unintended pregnancy, through CDTAs requires different approaches, coalitions, and advocates than the more limited—but frequently more high-risk—therapies provided through CDTAs in some health care systems.

Following is a framework that outlines the early steps of developing an approach for facilitating CDTAs for ECPs. Two different scenarios are presented. One represents a favorable legislative environment, while the other offers an approach that aims at obstacles in a less favorable legislative environment. Recognizing that every situation is unique, the two scenarios are not intended as a rigid approach to a set of complicated issues. Rather, they are intended to provoke thinking and discussion.

# Favorable Environment

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## ***Part 1: Pharmacy Practice Legislation***

(Also see Model Legislation Section of this Tools Notebook)

**Does the legislation contain language that enables community pharmacists to provide ECPs in a manner that substantially increases access?**

*If “Yes,” consider the following questions:*

### **Is the state pharmacy board/association supportive?**

- Is legislation *interpreted* to allow pharmacists to provide ECPs in a manner that substantially increases access?
- What is the history/experience with CDTAs to date?
- What is the history/experience with the use of CDTAs to meet public health needs?
- What are current plans for CDTA development?
- What is the current CDTA review process?

### **Are key public health institutions (state and county health departments, non-governmental organizations [NGOs]) supportive?**

- What goals, if any, have been identified to reduce unintended pregnancy?
- What approaches are being used to meet these goals?
- What are the justifications for adding an additional type of ECP provider?
- Who are the physicians and other health care providers within these organizations who are supportive?
- To what extent are members of these organizations willing to publicly advocate for increasing ECP access through CDTAs?

*If “No,” or limited legislation:*

See “Unfavorable Legislative Environment” on page five.

## **Part 2: Pharmacist and Prescriber Support**

### **1. Is information available on pharmacist and authorized prescribers' attitudes regarding ECPs and CDTAs for ECPs?**

*If "Yes":*

- Use this information to develop a program, including:
  - strategies for enlisting pharmacist/prescriber participation;
  - determination of training needs and key training topics;
  - identification of potential constraints/problems and strategies for addressing them.

*If "No":*

- Gather information through focus group discussions and surveys with prescribers (physicians, nurse practitioners) and pharmacists, and identify concerns, constraints, and problems.
- Conduct secret-shopper surveys to identify key problem areas/training needs.

### **2. Are pharmacists supportive of providing ECPs under CDTAs?**

*If "Yes," consider the following:*

- Training needs/continuing education credits
- ECP dispensing approach
- Privacy in a pharmacy setting
- Staffing to cover late hours/weekends
- Key counseling issues
- Cost and reimbursement
- Suitable systems for facilitating CDTAs for ECPs
- Quality assurance/qualitative improvement approach
- Development of a model CDTA for pharmacist prescribing of ECPs

*If "No":*

- Identify obstacles.
- Begin educating pharmacists about ECPs through pharmacy professional meetings and publications, and provide information about public health implications, professional benefits, etc.
- Identify supportive pharmacists to serve as spokespeople/advocates.

### **3. Are chain pharmacies supportive of providing ECPs under CDTAs?**

*If “Yes”:*

- Enlist active corporate advocacy/backup.
- Provide training as needed.

*If “No”:*

- Identify obstacles.
- Provide corporate decision makers with information about ECPs.
- Present benefits of CDTAs for ECPs.
- Secure limited participation of one chain on a trial/demonstration basis.

### **4. Are independent prescribers interested in entering into CDTAs?**

*If “Yes”:*

- Inform prescribers of this option through state professional journals and organizations, and letters to mailing lists of professional organizations.
- Work with supportive government programs (state and county) and NGOs to promote prescriber participation within their organizations.

*If “No”:*

- Identify key provider spokespeople who are supportive and can advocate within the prescriber community.
- Present to prescriber groups the public health outcomes resulting from increasing ECP access.
- Assist a small group of prescriber participants to establish agreements, monitor the success of collaborative relationship, and build on it.
- Enlist assistance of government programs (state and county) and NGOs (for example, Planned Parenthood) to promote prescriber participation within their organizations.

## Unfavorable Legislative Environment

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**Does the legislation contain language that enables community pharmacists to provide ECPs in a manner that substantially increases access?**

*If “No,” consider the following approach:*

- Include ECPs in pharmacists’ continuing education courses; raise awareness of the role ECPs can have in preventing unwanted pregnancy, and enhance pharmacist/client interaction around ECP provision.
- Identify pharmacists who are motivated to address public health needs, such as expanding ECP access, through their pharmacy practice, and who are willing to work to expand legislation.
- Develop a coalition of advocates including pharmacists, public health officials, physicians, legislators, women's groups, and reproductive health care providers to advocate for legislative change.
- Through the coalition, evaluate alternatives to increase ECP access that can be implemented pending expansion of the legislative scope. Alternatives include:
  - a small-scale demonstration project;
  - a hotline for phone-in prescriptions whereby a physician writes ECP prescriptions for eligible callers;
  - a blanket prescription waiver between a physician and pharmacist;
  - assistance to pharmacists in developing a relationship with an identified prescriber to provide ECPs to all women referred by the prescriber.
- Educate all parties involved (prescribers, state officials, and pharmacists) about the positive aspects of CDTAs for ECPs and the critical public health impact easy access to ECPs can have.

*If CDTA legislation exists, but is restricted to settings (such as acute care facilities) or approaches that will not expand ECP access:*

- Document the experience/history of CTDAs to date.
- Build on successful CTDA applications to expand legislation.
- Through the coalition of advocates evaluate alternatives to increase ECP access that can be implemented pending expansion of legislative scope (See examples above).

*If no CTDA legislation exists:*

**Is the state pharmacy board or association interested in, or are they already developing, legislation?**

*If “Yes”:*

- Ensure legislation contains language that enables community pharmacists to provide ECPs in a manner that substantially increases access. (Once ensured, go to Part 1 of the “Favorable Legislative Environment.”)

*If “No”:*

- Through the coalition of advocates, evaluate alternatives to increase ECP access that can be implemented pending expansion of the legislative scope (see examples above).
- Continue to educate pharmacy board/association about the positive aspects of CDTAs for ECPs and the critical public health impact easy access to ECPs can have.