

# Hallmark Health System Anticoagulation Management Service

## Collaborative Care Agreement

The AMS clinic is comprised of a multi-disciplinary team consisting of a medical director and licensed health care professionals, specializing in the field of anticoagulation. Patients are officially enrolled into the AMS after a phone intake has been conducted by an AMS clinician, at which point the AMS will assume the anticoagulation management of the patient. Any INR results, prescription renewals, or other anticoagulation related matters prior to the patient's clinic enrollment will be addressed by the referring physician.

The hours of operation for the AMS are Mondays-Fridays from 8am-4:30pm, however there is someone on-call after hours and on weekends to address critical INR results or any urgent patient care issues.

This agreement acknowledges and authorizes the AMS clinicians to perform the following functions:

1. Conduct an initial patient interview to obtain medical/medication history, to supply the patient with a warfarin educational booklet, and to counsel the patient on the most important aspects of warfarin therapy.
2. Contact the primary care physician to reconcile medication list for all new warfarin strengths prescribed to patient by the AMS.
3. Fax laboratory orders for PT/INR blood tests and coordinate home draws for patients that are immobile and cannot leave their home for laboratory testing.
4. Evaluate every patient at each encounter for medical, medication, dietary, or lifestyle changes that have occurred since the last clinic visit and use this information, in conjunction with the current INR result and established protocols, to recommend an appropriate warfarin dosage for the patient.
5. Utilize the P&T approved dosing algorithm and accompanying supporting protocols for dosage recommendations.
6. Evaluate every patient at each encounter for evidence of bleeding/bruising and compliance with warfarin therapy.
7. Initiate bridging anticoagulation in high risk patients that need to temporarily discontinue warfarin for a procedure according to P&T approved bridging guidelines.
8. Fax or call in prescriptions for anticoagulants pursuant to a prescribers' order.
9. Refer the patient immediately for emergency evaluation if a bleeding/thromboembolic event is suspected by a clinician.
10. Utilize the P&T approved Outpatient Elevated INR algorithm for management of patients with elevated INRs based on level of INR elevation, presence/absence of bleeding, or risk for developing bleeding.
11. Document all patient visits in the anticoagulation management software program, Standing Stone, and print a visit summary for the patient upon request
12. Discharge patients from the AMS and back to the referring physician, following the steps outlined in the HHS Policy and Procedures, in the following situations:
  1. Patient does not return phone calls to the AMS to complete initial phone intake.
  2. Patient chronically abuses alcohol making it impossible to regulate their warfarin dosage
  3. Patient is chronically noncompliant with clinic visits, lab tests, or medication adherence
  4. Patient fails to follow-up with referring physician at least annually
  5. Patient is abusive to staff or is disruptive to other patients
  6. At the discretion of the medical director if significant discord between treatment plan recommended by AMS and the referring physician

Physician's Signature \_\_\_\_\_

Date: \_\_\_\_\_