



Integration of Community Pharmacists into Team-Based Care

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Background

- Team-based care is provided by health care providers working with each other and their patients to coordinate care and accomplish shared goals.¹
- Successful collaborations involving pharmacists on the healthcare team have shown improved patient care and outcomes; however, most of successes include pharmacists in primary care clinics.²⁻⁴
- Since it may not be feasible to include pharmacists in all primary care clinics, collaboration with neighboring community pharmacies may provide a solution for team-based care.
- The North Carolina Community Pharmacy Enhanced Services Network (NC-CPESN) aims to incorporate community pharmacists into team-based care by promoting direct and cohesive working relationships with primary care clinics to provide medication management and other enhanced services.⁵

Purpose

- To explore collaborative practices between community pharmacists and other members of the healthcare team in an enhanced services network.

Methods

An semi-structured interview guide was developed using the theory of social interdependence.⁶

NC-CPESN community pharmacists, prescribers, and care managers working together to provide patient care were recruited for participation.

Focus groups were conducted with community pharmacists, prescribers, and care managers. Focus groups were audio-recorded and transcribed verbatim.

Focus group transcripts were analyzed using MAXQDA (version 12.0). A thematic analysis was used to generate a set of codes. Components of team-based care were categorized based on the social interdependence theory variables.⁶

Methods

Social Interdependence Variables⁶

Positive interdependence	Positive correlation among individual's goals; individuals perceive that they can attain their goals if and only if the other individuals with whom they are linked attain their goals
Individual accountability and personal responsibility	Feelings of responsibility and accountability for (a) completing one's share of the work and (b) facilitating the work of other team members
Promotive interaction	Individuals engaging in actions such as providing each other with efficient and effective help and exchanging needed resources
Appropriate use of social skills	Team members must have interpersonal and small group skills for high-quality cooperation
Group processing	Periodically reflect on how well the team functions and how they might improve

Results

- The sample (n=30) consisted of 16 community pharmacists, 9 prescribers, and 5 care managers.
- Pharmacists reported practicing in an independent pharmacy setting (n=14; 88%); in a community health center (n=1; 6%) and a supermarket chain (n=1; 6%).
- Prescribers practiced in family medicine clinic (n=7; 78%) or a community health center (n=2; 22%).
- All care managers practiced in a primary care case management organization (n=5; 100%).

Focus Group Thematic Analysis

Summary of Findings	Illustrative Quotation
Positive interdependence All disciplines described the need to have face-to-face meetings with other members of the care team to determine shared goals.	<i>"I guess in everybody's case it [the goal] always depends upon somebody else. I can't do my job effectively if my care team doesn't do their job effectively. We always kind of lean into each other."</i> – Prescriber
Individual accountability and personal responsibility Prescribers and care managers felt that they had more time to take care of non-medication related issues when working with the community pharmacist to manage the patient's medication regimen.	<i>"I just think everybody has to understand what their role is and be open to having a multidisciplinary team and being okay with missing things and making mistakes every once in a while. We all do."</i> – Prescriber
Promotive interaction Prescribers and care managers felt that they were able to fill in the gaps when the community pharmacist shared medication fill history and adherence information. Community pharmacists believed that when they received discharge summaries, medication changes, and lab values they were able to provide better patient care.	<i>"We had a patient who was a poorly controlled diabetic. I kept augmenting insulin, and it didn't really matter what I did because nothing was working. It turns out he wasn't filling his diabetes medication except for when it was time for an office visit. He would fill them then so he could bring in his pill bottles and show me that he had his medication. The community pharmacy had access to his billing record, of course, so when I talked to them, we demystified a lot of things."</i> – Prescriber
Appropriate use of social skills All participants agreed that trust and effective communication was necessary for a collaborative working relationship.	<i>"Each practice that you deal with has a preference for how they like to communicate, so it's helpful to talk to them and find out what they like. That way they won't wind up with 10,000 faxes on their desk that they don't have time to read."</i> – Community Pharmacist
Group processing All participants reported that they monitored the impact of providing team-based patient care. Monitoring was conducted by either assessing medication adherence improvement, clinical outcomes, patient satisfaction surveys, or patient medication knowledge.	<i>"We look at certain labs, such as hemoglobin A1c, to see if they are meeting their goal. We will share our success stories with the physicians and nurses at the practice we collaborate with to let them know what we accomplished in a certain period of time."</i> – Community Pharmacist

Discussion

- Successful, collaborative working relationships with healthcare team members include all five components from the social interdependence theory.
- Community pharmacists positively perceive their contributions to patient care as part of a healthcare team.
- Findings from this research demonstrates team-based care can occur even when health care providers do not work under the same roof.
- Incorporation of social interdependence components can help community pharmacists develop and maintain collaborative relationships with other members of the healthcare team.
- Collaborative relationships can allow community pharmacists to provide patient care through disease state management, chronic care management, or transitions of care.

Limitations

- Only social interdependence variables were addressed in the semi-structured interview; other barriers to team-based care were not addressed.
- Research was only conducted in North Carolina where pharmacy practice may differ from other areas.

Conclusion

- Incorporation of community pharmacists into team-based care has the potential to improve patient care and outcomes.
- Results from this study were used to develop a resource to help community pharmacists develop and maintain working relationships with other members of the healthcare team. This resource is available at: <https://apps.cips.unc.edu/cpf/index.htm>.
- Further research is warranted to validate the correlation of social interdependence variable in practice and what effect they may have on patient outcomes.

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Integrating community pharmacists into team-based care: Perspectives of community pharmacists, prescribers and nurse care managers

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Objective: The objective of this study is to explore collaborative practices between community pharmacists and other members of the interprofessional healthcare team. Managing patient health is a complex task, requiring the support of an interprofessional healthcare team. Although a number of successful interprofessional collaborations have been published showing an improvement in patient care and outcomes, most are conducted in ambulatory clinics or where all team members are located in the same setting. It may not be feasible for all prescribers to employ a pharmacist in their practice, therefore collaborating with neighboring community pharmacies can be an alternate solution for team-based care. This study seeks to determine how community pharmacists can work collaboratively with other members of the healthcare team.

Methods: Data were collected through eight focus groups conducted with community pharmacists, prescribers and care managers from June – July 2017. Participants were recruited from the North Carolina enhanced services network. Based on the study objectives, pharmacists were eligible to participate if they provide medication management services and coordinate care for shared patients with another member of the patient's healthcare team (prescriber or care manager). Pharmacists were then asked to invite the healthcare member that they coordinate care with them to the focus group. A semi-structured guide developed by the researchers was utilized to facilitate focus groups. Focus groups were conducted until data saturation was reached. Data analysis is being guided by the social interdependence theory using MAXQDA 12 qualitative software.

Preliminary Results: Prescribers, care managers and community pharmacists had similar perspectives on how to work collaboratively to provide care for patients. Five themes emerged: 1) positive interdependence, 2) individual accountability and personal responsibility, 3) providing efficient and effective help and assistance and exchanging needed resources, 4) appropriate use of social skills, and 5) group reflections on how well the team is functioning.

Conclusions: Incorporation of community pharmacists into team-based care has the potential to improve patient care and outcomes. Results from this study will help inform community pharmacists build and maintain working relationships with other members of the interprofessional healthcare team.

References

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