Unifying Multidisciplinary Providers and Student Learners: An Ambulatory Collaborative Practice Model

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- In this session:
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Planned Objectives

- Analyze interprofessional education and recite the benefits noted in the literature.

- Construct a successful application of interprofessional education with layered learners in an ambulatory setting.

- Evaluate barriers to implementation and successful expansion of interprofessional education.
Self-Assessment Questions

- The data of IPE is clearly of benefit to the student learners and outcome of patient care
- The data of IPE is not clear regarding benefit to the student learners and outcome of patient care
- I have no idea, that is why I am here!

Interprofessional Education (IPE)

- Center for the Advancement of Interprofessional Education (CAIPE)
- Accreditation Council for Pharmacy Education (“Standards 2016”)
  - Incorporated IPE in Standard 11
  - Interprofessional team dynamics
  - Interprofessional team education
  - Interprofessional team practice

Interprofessional Education (IPE)

- Task force definition

Embracing IPE

- The World Health Organization
- National Academies of Practice
- American Public Health Association
- Institute of Medicine (IOM)
- American Association of Colleges of Pharmacy

Where’s the evidence?

- IPE is assumed to enhance interprofessional practice (IPP)

  - Study objective: IPE program changed students’ attitudes to interprofessional teams and learning, students’ self-reported effectiveness as a team member, and students’ perceived ability to manage long-term conditions
    - Dietetics, medicine, physiotherapy, and radiation therapy

  - Outcome: all areas showed statistically significant improvement - showing focused and brief education can have an immediate positive effect in development


Will IPE impact IPP?

- IPE recommended for greater professional and interprofessional familiarization and socialization
  - Impact is uncertain

- Is it possible IPE results in more responsibility place on the patients and disrupts IPP with role boundary tension?

  - Review of 23 original studies
    - Theory cited to support IPE interventions included:
      - Patient-centered chronic care models
      - Problem based learning pedagogy
      - Professional confidence theory

**Will IPE impact IPP?**

- Impact was greatest amongst students who completed longitudinal IPE
  - Pharmacy and medical students: delivering IPP competency-focused care for underserved patients
  - Within 6 months: IMPROVED appreciation, trust, and respect
  - DISPARITIES in role confidence and IPP expectations and reality

**True or False** Implementation of IPE will improve patient outcomes.

- True
- False
- Maybe?

**Impact of outcomes related to IPE**

- Reasonable to assume the perception or attitude of individual student is affected

  BUT

- Impact on patient outcome is scarce in the literature
  - Select areas (over 30 years of research, 7 studies indicated positive outcomes)
  - Diabetes care, ED culture and patient satisfaction, reduction in errors in ED, collaborative team in OR, management of care in domestic violence and care delivery in mental health
### Possible Barriers or Non-supporters

- IPE is logistically complex and costly
- IPE is developmentally inappropriate
- The link between IPE and key outcomes is still missing
- IPE insufficiently engages with theory
- IPE rarely addresses power and conflict
- Health care is an inertial system that IPE is unlikely to change


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### Possible Barriers or Non-supporters

- IPE is logistically complex and costly
- IPE is developmentally inappropriate

- Many scholars believe we should socialize students early into a more collaborative, “healthcare team” identity

- Other argue that introduction in pre-clinical stages before clear understanding of their future clinical role will result in disappointment


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### Possible Barriers or Non-supporters

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Contact theory: bringing different groups together should reduce prejudice and improve intergroup relationship

Allport GW. The nature of prejudice. Reading, MA: Addison-Wesley; 1054.

Planned Objectives

- Define interprofessional education and recite the benefits noted in the literature
- Construct a successful application of interprofessional education with layered learners in an ambulatory setting
- Evaluate barriers to implementation and successful expansion of interprofessional education

Identify practice gap

- The practice gap needing addressment
  - To design a cohesive partnership of multidiscipline student learners

Application practice

- Step 1: Identify your practice setting and team partners
  - Vision
- Step 2: Define workflow for integration of multidisciplinary providers and student learners
Who will be the group champion?

- Will this be a simulation or real practice setting?
- Who are the natural partners? Define the "champions" of the group development
- Prepare – research for other model and/or discuss crafting a new design that fit a unique setting
- Will there be a formal curriculum? Evaluations?

Comparing COP and COM

- In a survey comparing 3 colleges (MD, PharmD, and PA) – most responses were positive towards IPE
- Statistical differences seen between (COP/COM):
  - IPE improves efficiency in patient care
  - IPE promotes team based learning
  - Teaching students the importance of learning to work with other health professionals in team based model
  - Would like to see more opportunities
  - Students express interest
  - Support from college

UF Family Medicine - Old Town Team

- 5 MDs
- 1 LPN
- 2 RN (manager and health coach)
- 1 PharmD and 2 PGY2 Ambulatory Residents
- Numerous:
  - Medical assistants
  - Medical and pharmacy students
Application practice

- Step 1: Identify your practice setting and team partners
  - Vision (approx. 5 min)

- Step 2: Define workflow for integration of multidisciplinary providers and student learners

Keeping multidiscipline collaboration forefront

- IPE should enhance multidisciplinary knowledge, behaviors, and attitudes that meets the needs of the disciplines involved.
- Focus needs to be:
  - To empower team members
  - To close communication gaps
  - To enable comprehensive patient care
  - To minimize readmission rates
  - To promote a team mentality
  - To promote patient-centered care

Developing the IPE model

- Survey was conducted of 16 colleges of medicine: 14 had implemented IPE experiences
  - Collaborations with schools: 93% nursing and 57% pharmacy
  - 29% were experiential learning
    - < 30% were practice based or observation based
    - > 70% were simulations
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Partnership of team
- Student pharmacist and medical students are partnered together
- Student pharmacist with MD alone
- Layered learners of APPE, IPPE, medical students and PGY2 resident
- 4th year medical student
- Student pharmacist

Partnership of team – flow for direct patient care
- Student pharmacist and medical students are partnered together
- Student pharmacist with MD alone
- Area of opportunity for growth in structure
  - Student pharmacist assigned to MDs 1 day/wk (+/-) medical student presence
  - Sustainability through billing structure learned
Layered learners of APPE, IPPE, medical students and PGY2
4th year medical student

Pharmacy faculty serves as preceptor to 4th year medical students
- Allows for blended patient care with student pharmacist and/or PGY2 ambulatory resident

Student learner → PGY2 → Pharmacist

Pharmacist

Partner of team – flow for direct patient care

Pharmacy

Partner of team – flow for non-direct patient care

Student pharmacist

Quality assessment
- Student pharmacist align with RN manager for analysis of metrics for Merit-based Incentive Payment System (MIPS)
- Small experience with direct patient care

Nurse

Collaborative clinic model

Pharmacy receives referrals from clinic providers
- Diabetes
- Hypertension
- Anticoagulation
- Tobacco cessation
- Medication management

Pharmacy team has patient panel that initiates work flow
- Pharmacist
- PGY2 Ambulatory residents
- Student Pharmacist
**Collaborative clinic care flow T2DM**

- **Pt check in**
- **Med history, interview, advise, assess**
- **Learners see pt**
- **Team sees pt to discuss care plan**
- **MA rooms pt**
- **Vitals, draw POC**
- **A1c, document**
- **Cost concerns, RX pended**
- **Plan discussed with pharmacist**
- **Documentation**
- **Pt schedules f/u appt**
- **Billing**

*Time line can be truncated to 30 min appts*

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**Application practice**

- **Step 1:** Identify your practice setting and team partners
  - **Vision** - ✔ done

- **Step 2:** Define workflow of integration of multidisciplinary providers and student learners (approx. 5 min)

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**Planned Objectives**

- Define interprofessional education and recite the benefits noted in the literature
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Application practice

- Step 3: list possible barriers with solutions to overcome

Perceived challenges “barriers” to IPE

- Faculty members / multidisciplinary providers must be “on board”
  - Literature has well documented student opinions on IPE, but lack reflecting faculty and/or providers vie
  - Survey was sent to 103 faculty health disciplines at a west coast, multi-college university with osteopathic medicine, pharmacy, and physician assistant programs.

Faculty opinions

- Difference in preferred method for student collaborations:

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Making a list to overcome

Organizational barriers:
• Respect, value, and understand roles of other collaborators?
• Is there belief in benefit?
• Money barriers – including reimbursement structure differences?
• Scope of practice differences?
• Support from the c-suite?


Making a list to overcome

Barriers faced by individual team members:
• Split loyalties between team and own discipline
• Multiple responsibilities and job titles
• Reluctance to accept suggestions from team members representing other professions
• Lack of trust in the collaborative process.


Making a list to overcome

Barriers for independent providers:
• Unaccustomed with allowing others to be involved in clinical decision-making
• Discomfort with knowledge/role of other team members
• Legal liability for others’ decisions
• Dilution of traditional one-to-one relationship with patient/client

Overcoming barriers

- Communicate
- Determine a unified philosophy, team, care plans flow
- Affirm team members commitment to the common goal of collaboration
- Committee to learning about other professions and maximizing role
- Trust and respect while sharing responsibility of patient care


TURF Battles

Photo by Ronald Martinez/Getty Images


Final Application Practice

- SHARE time!
Statement: Interprofessional educational experiences are applied similarly across medical colleges
- True
- False

Self-Assessment Questions
- The data of IPE is clearly of benefit to the student learners and outcome of patient care
- The data of IPE is not clear regarding benefit to the student learners and outcome of patient care

Self-Assessment Questions
- Can you envision a collaboration that would be beneficial for IPE?
- Would leadership support be gained?
- How would you construct?
Key Takeaways

- Key Takeaway #1
  - Multidisciplinary practice and integration of IPE has support from national organization and thought leaders despite opportunities for more definitive data related to improved patient outcomes

- Key Takeaway #2
  - Designing a multidiscipline clinic design that can integrate IPE requires careful planning, collaboration and mutual respect for various discipline

- Key Takeaway #3
  - Be creative – there is no perfect way to design collaborative environments

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