

Background

- Interprofessional education (IPE) occurs when 2 or more students from different professions learn about, learn from, and work with one another to facilitate collaboration to improve health outcomes.
- IPE should be incorporated into pharmacy curriculum to prepare students to provide patient-centered care in a variety of practice settings on an interprofessional team.
- Many IPE activities occurs in health-system based settings.
- The majority of students graduating from schools of pharmacy not on a PGY-1 residency track enter the profession as a community pharmacist.
- Few educational opportunities exist for students to learn and practice interprofessional collaboration (IPC) with other healthcare providers in the community or outpatient setting.
- Many states have more progressive practices and approaches in community pharmacy practice to IPC, but no published studies look at evaluating the benefits and barriers and current opportunities for interprofessional collaboration in Illinois and Missouri.

Purpose

- Understand what interprofessional collaboration (IPC) opportunities exist in the community pharmacy setting to better determine prospective collaborative education opportunities for pharmacy and other health professional students

Methods

Study Design

- Structured interviews conducted via videoconference

Inclusion Criteria

- Licensed pharmacist
- Practicing in Illinois or Missouri
- Currently practice in community setting (includes independent, chain pharmacy and ambulatory care setting)

Recruitment of interviewees

- Contacted preceptors identified through directory of community pharmacy preceptors with known IPC
- Purposive sampling used in each interview

Study Methods

- **Pre-determined questions:** a trial of interview questions was reviewed by pharmacy faculty.
- **Format of interview:** interviews ranged from 10 to 90 minutes, guided by interview questions, and recorded via zoom

Data Analysis

- Phrases coded in unidentified transcriptions through MAXQDA
- Code comparisons in software identified themes

Results

Table 1: Professions Involved in Interprofessional Collaboration, n= 10

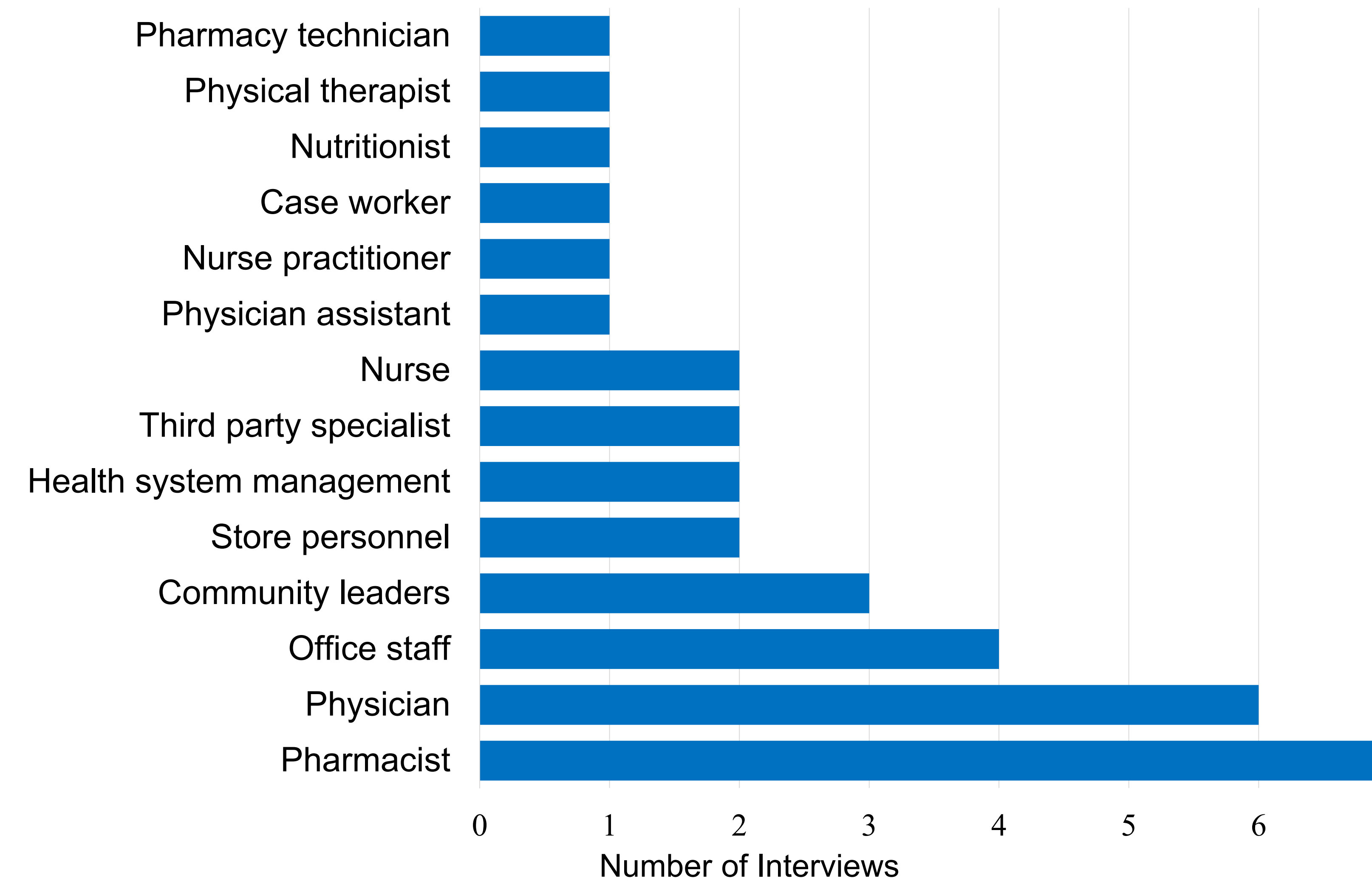


Table 2: Barriers to Interprofessional Collaboration, n=10

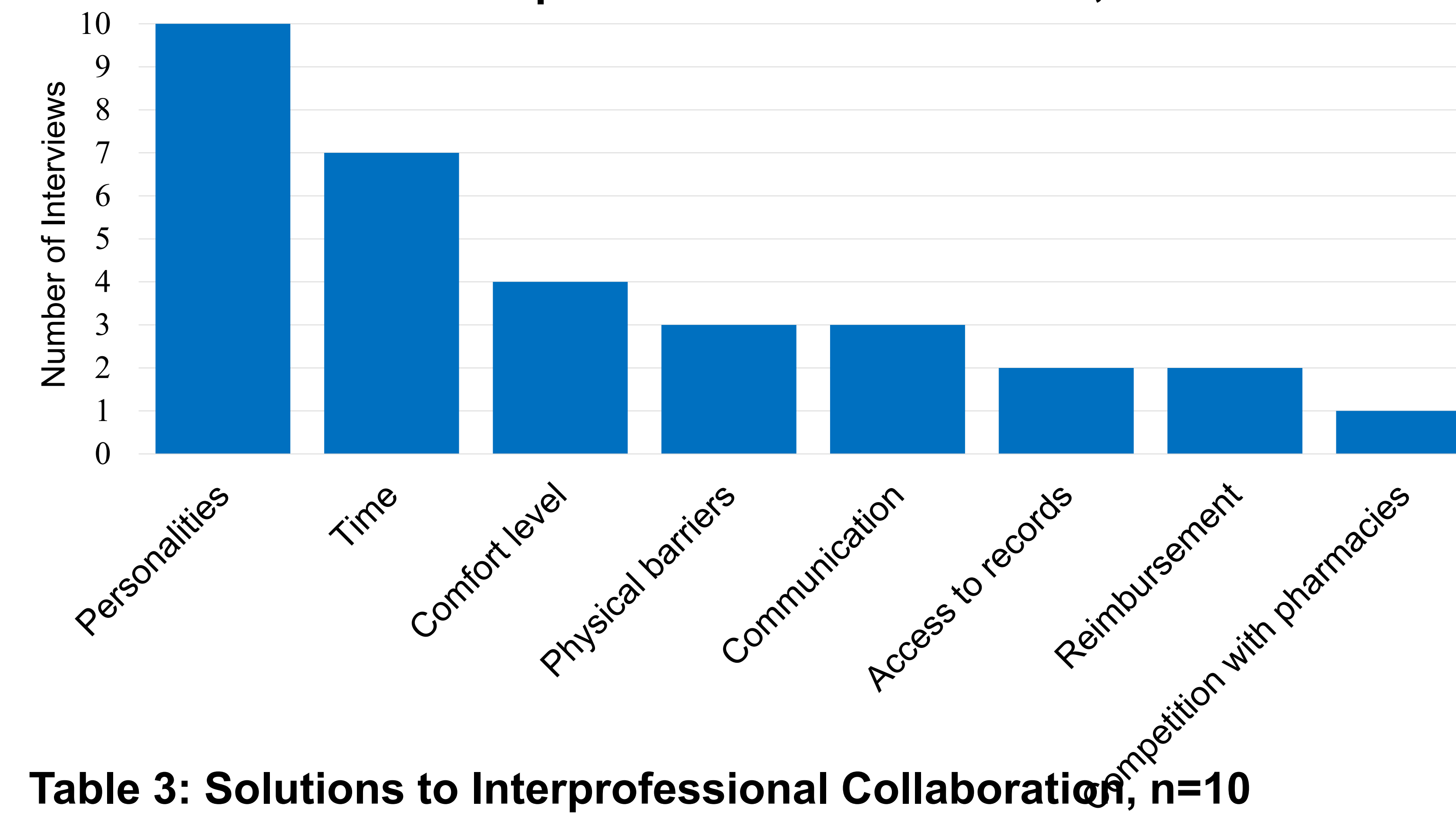
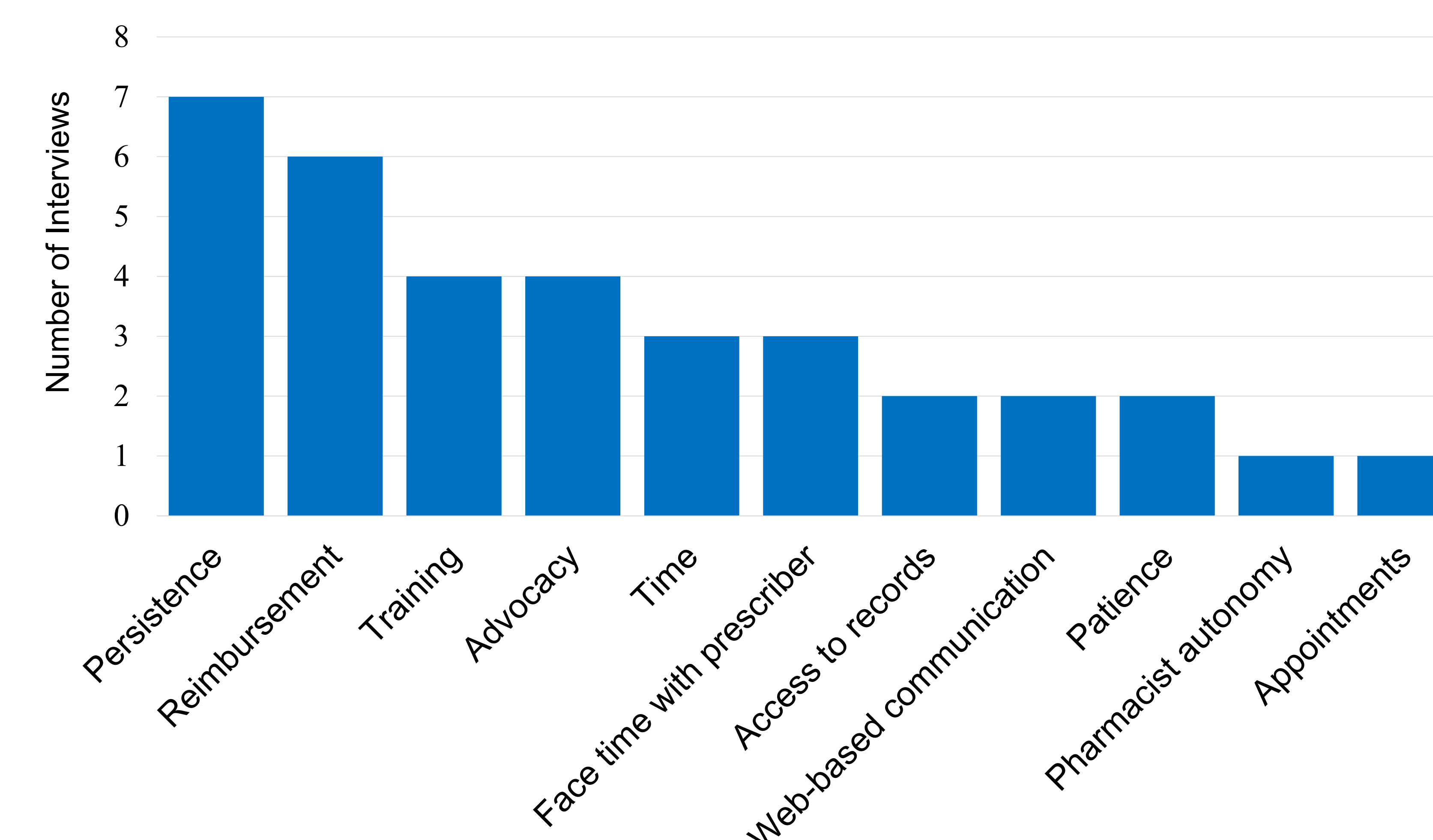


Table 3: Solutions to Interprofessional Collaboration, n=10



Discussion

- Innovated practices involving collaboration in other states and rural areas of Illinois and Missouri:
 - Diabetes self-management education programs
 - Integrating hospital pharmacy in community practice site
 - Disease state management
 - Anticoagulation clinics under collaborative agreements
 - Point-of-care tests
 - Clinical Pharmacist Practitioner certificate in North Carolina
- Community Pharmacy Enhanced Services Network (CPESN) and “Flip the Pharmacy”
 - “Flipping” pharmacy from traditional dispensing role
 - Move to longitudinal, patient care professes and hands-on coaching

Limitations

- Limited to certain practice sites in Illinois and Missouri
- Pulled preceptors from database for SIUE School of Pharmacy (excludes majority of northern Illinois pharmacists)
- Majority of interviewees from chain pharmacies with potentially limited autonomy over IPC
- Limited only to pharmacists perceptions to IPC
- Small sample size

Conclusion

- Pharmacists and students need to be educated and included in innovative collaborative efforts to expand the role of the pharmacist and enhance patient care to the best extent.
- Interprofessional collaboration with community pharmacists at the center is an important way to progress the profession of pharmacy
- Providing more direct patient care in community pharmacies needs ideal collaboration from a variety of healthcare professionals and identifying innovative efforts in the region
- Training current healthcare students with these practices is key to propelling IPC and IPE into the future

References

1. Mossialos E, Courtin E, Naci H, et al. From “retailers” to health care providers: Transforming the role of community pharmacists in chronic disease management. *Health Policy Amst Neth.* 2015;119(5):628-639. doi:10.1016/j.healthpol.2015.02.007
2. WHO | Framework for action on interprofessional education and collaborative practice. World Health Organization. http://www.who.int/hrh/resources/framework_action/en. Accessed March 20, 2020.
3. Accreditation Council of Pharmacy Education. Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. 2016.
4. Institute of Medicine Releases Report on Interprofessional Education. Center for Medical Stimulation. <https://harvardmedsim.org/blog/institute-of-medicine-releases-report-on-interprofessional-education/>. Published April 30, 2015. Accessed March 20, 2020.
5. Dalton K, Byrne S. Role of the pharmacist in reducing healthcare costs: current insights. *Integr Pharm Res Pract.* 2017;6:37-46. doi:10.2147/IPRPS108047.
6. Goode JV, Owen J, Page A, Gatewood S. Community-based pharmacy practice innovation and the role of the community-based pharmacist practitioner in the United States. *Pharmacy (Basel).* 2019 Aug 4;7(3). Doi:10.3390/pharmacy7030106.
7. Brown KPD, Salerno G, Poindexter L, Trotta K. The evolving role of the pharmacist in interprofessional practice. *N C Med J.* 2019;80(3):178-181. doi:10/18043/nem.80.3.178.
8. Nessel J. “Flip the Pharmacy” is set to transform community pharmacy. *Pharmacy Times.* <https://www.pharmacytimes.com/news/cpf-cpesn-usa-initiation-flip-the-pharmacy-is-set-to-transform-community-pharmacy>. Accessed on March 20, 2020.