



Review Article

Physicians and community pharmacists collaboration in primary care: A review of specific models

Jean-Didier Bardet, M.Sc., Pharm.D.^{a,*}, Thi-Ha Vo, M.Pharm.^a,
Pierrick Bedouch, Pharm.D., Ph.D.^{a,b}, Benoît Allenet, Pharm.D., Ph.D.^{a,b}

^aGrenoble Alps University/CNRS/TIMC-IMAG UMR 5525/Themas, Grenoble F-38041, France

^bPharmacy Department, Grenoble University Hospital, Grenoble F-38043, France

Abstract

Background: Since 2008, French healthcare reform encourages community pharmacists (CP) to develop collaborative care with other health care providers through new cognitive pharmacy services.

Objectives: This review is aimed to identify theoretical models that have been developed to understand the physician-CP collaboration (PCPC) and to identify the associated determinants.

Methods: English-written abstracts research was conducted on Pubmed/Medline, PsycINFO, Sociological Abstracts, and CINAHL from January 1990 to June 2013. Keywords were based on common terminology of inter-professional relations and community pharmacy.

Results: Of the 1545 single articles identified, the final review was conducted on 16 articles. Four specific models of collaboration centered on PCPC were identified: (i) the Collaborative Working Relationship Model (CWR), (ii) the Conceptual model of GPCP collaboration, (iii) the CP Attitudes towards Collaboration with GPs Model (ATC-P), (iv) the GP Attitudes towards collaboration with CPs (ATC-GP). The analysis of these four PCPC models shows that their respective factors might cover the same concepts, especially for relational and interactional determinants. These key elements are: trust, interdependence, perceptions and expectations about the other HCP, skills, interest for collaborative practice, role definition and communication.

Conclusion: A meta-model for PCPC has been postulated. It can be used for qualitative exploration of PCPC, in a context of implementation of collaborative practice including CPs, in the primary care.

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Keywords: Primary care; Physicians; Community pharmacists; Collaboration; Interprofessional relations; Models

Background

Collaboration between primary care providers is a well-established necessity for the community organization: poly-medicated patients' drug

regimen can be optimized by the physician-community pharmacist collaboration (PCPC).¹ While the community pharmacist (CP) role is traditionally associated with drug dispensing, the

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* Corresponding author. Laboratoire TIMC-IMAG ThEMAS, Domaine de la Merci, Pavillon Taillefer, 38041 La Tronche, France. Tel.: +33 (0)6 10 96 53 78; fax: +33 (0)9 56 20 08 65.

E-mail address: Jean-Didier.Bardet@imag.fr (J-D. Bardet).

community pharmacist is evolving towards new services. In France, in 2008, a large health care organization act has opened major reforms community pharmacy organization and encouraged collaborative care between health care providers.² Although community pharmacy practice is still focusing on dispensing medication prescriptions, it is evolving to encompass cognitive community pharmacy services. Some of them have to be performed in collaboration with GPs: medication review, drug adjustment and repeat dispensing.³

In the literature, PCPC covers medication therapy management, chronic disease management and patient education.⁴ The impact of PCPC is difficult to assess because only few studies report hard clinical outcomes. But the quality of relationship and the degree of PCPC seem to have an influence on patients' outcomes.^{4,5} In a systematic review focusing on an intermediary outcome, Kwint et al⁶ shows a relation between PCPC organization and implementation rate of CP recommendations. Denneboom et al⁷ compared two types of medication review report: case-conference vs. written feedback. More medication changes were significantly initiated in the case-conference group, during the first six months. Nevertheless, determining the key elements of PCPC organization is difficult.⁸

In France, practice in the primary care is isolated. These cognitive pharmacy services imply patients' information sharing between providers and an exchange of expertise.^{9,10} The success of the implementation of the cognitive pharmacy services requires a paradigm shift from the involved health care providers (HCPs). Collaboration is not only under the influence of interpersonal factors but also under institutional and environmental constraints.^{10,11}

D'amour et al¹² inventoried the different models used in the health setting to explore collaboration. The concepts associated with collaboration were identified and described. No components of the model are specific to PCPC. The factors that promote and support PCPC remain elusive. The objective of this review is to identify the theoretical models that have been developed to understand the PCPC, the associated instruments and to determine the essential predictors of PCPC.

Methods

Abstracts research was conducted on Pubmed/Medline, PsycINFO, Sociological Abstracts, and CINAHL from January 1990 to June 2014. The

search strategy was based on the following MeSH terms:

- Group A
 - "Cooperative Behavior" [Mesh]
 - "Patient Care Team" [Mesh]
 - "Attitude of Health Personnel" [Mesh]
 - "Cooperative Behavior" [Mesh]
 - "Interprofessional Relations" [Mesh]
- Group B
 - "Community Pharmacy Services" [Mesh]
 - "Pharmacies" [Mesh]
 - "Pharmacists" [Mesh]

The search strategy in Pubmed/Medline consisted of the combination: (Group A combined by OR) AND (Group B combined by OR).

To be included, the articles had to meet the following criteria:

- explore the collaboration between community pharmacists and primary care physicians;
- be built on an identifiable model or theory;
- be written in English.

Hand-searched articles were added to the selected abstracts.

For this review, two review authors (JDB, THV) independently selected the articles initially according to title and abstracts, and finally on the basis of full-text publications. Hand-searched articles were added in the selected abstracts. Articles that fitted the criteria described above were included in the review. Disagreements were settled after discussion of the articles by at least two of the authors of the review.

Data was collected according to a predefined checklist. Two review authors independently extracted data for each article then discussed and reconciled differences in coding. The extracted data were:

- type of methodology used
- theoretical model associated with the PCPC exploration
- instruments used to explore PCPC
- predictors of PCPC

Results

The literature search identified 1629 English-written articles with abstracts – 1391 of Pubmed/Medline, 73 of CINALH, 152 PsycINFO and 13 Sociological Abstracts. Altogether, 84 publications were removed because they were indexed in

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