



Commentary

# A model to inform community pharmacy's collaboration in outpatient care

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## Summary

Value-driven health care and team-based care are gaining momentum from policymakers, payers, and providers. An important facet to examine is the health care team, especially in outpatient care. Community pharmacy is a significant aspect of the patient's health experience and a valuable component of outpatient care. An in-depth look into how community pharmacy can participate in the outpatient care team is described. To function as a team, it is crucial to address collaboration among outpatient practices, while making it easier for patients to navigate the outpatient health system. Previously published characteristics, principles, and values of effective health care teams within primary care can aid in establishing teams across practice settings including community pharmacy.

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## Background

As health care shifts to a value-based model, a change in infrastructure is needed. The value-based model is built to improve patient outcomes on a population level. Similarly, health care delivery needs to be structured to improve patient outcomes for the population. One way to accomplish population care is through interprofessional teams. Interprofessional team-based care is shown to increase patient satisfaction and health-related quality of life.<sup>1</sup> However, the outpatient care setting lacks a foundational framework to provide optimal team-based care. Patients may obtain health services from a variety of outpatient practices. For example, patients visit a community

pharmacy regularly to obtain their prescriptions, yet it is unclear how community pharmacists, including chain and independent pharmacists, can collaborate with other members of the outpatient care team.

Conversely, the inpatient care setting provides a prime example of collaboration among several health care service teams. The team consists of numerous health care practitioners including physicians, pharmacists, nurses, technicians, respiratory/physical/occupational therapists, chaplains, care managers and social workers as a unified team. Outpatient practices, however, operate independently as a single office containing a health care practitioner and support staff. This

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Conflicts of interest: None.

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independence places support staff as a barrier to other disciplines, rather than unified as found in the inpatient setting. For example, it can be difficult for a community pharmacist to obtain a patient's medication list for medication reconciliation from the primary care provider because support staff are hesitant to share information. These silos can be ameliorated by practitioners and staff adopting an interprofessional team-based mindset.

### A model for collaboration

Emerging health care models in primary care include collaboration as key component. Yet, a collaboration model focused on shared responsibility across disciplines and accounting for patients' natural interaction with various outpatient practices has not been described. To outline a collaboration model, the outpatient care team can be categorized into three groups: health care delivery, social services, and support staff. The health care delivery group consists of health care providers directing patient care, including but not limited to physicians, pharmacists, physician assistants and nurses. The social services group extends to social work, public health, and care management. The support staff aids in daily operations including but not limited to technicians, nurse assistants, office managers, and receptionists.

Fig. 1 employs these groups to contrast collaboration models of inpatient and outpatient care teams. In these diagrams, primary care physicians and pharmacists represent the health care delivery group. The social services group is represented by social workers. Fig. 1A represents the model seen

in a health-system or inpatient environment. The team is unified under one house, and collaboration among the groups is generally accepted. Fig. 1B represents the model seen in an outpatient environment in which each entity is independent. Daily operations are usually focused inwardly on their specific service. Basic communication exists among them, but not generally in a collaborative manner. Fig. 1C merges these two models to create an ideal outpatient care team collaboration model. In this model, each group operates under a different business entity, however each also embraces the interconnectedness and dependence of a unified team.

Instrumental to these models is the patients' experience interfacing with the health care team. In the inpatient setting (1A), the patient's care is proactively managed by the team. Patients do not request to be transferred to a different unit or to set up an appointment with a care manager. In the current outpatient setting (1B), patients are often expected to coordinate among the various groups and relay information. The new collaboration model (1C) emphasizes coordination and health management as a shared responsibility rather than the patient coordinating their own care. When providers, social service personnel, and support staff work together as a unified outpatient care team, rather than independent or disconnected teams, the patient can be relieved of the burden allowing for better continuity of care and ultimately better health outcomes.

Currently, pharmacists are being included in team-based care through several approaches, such as patient-centered medical homes (PCMH), accountable care organizations, private medical

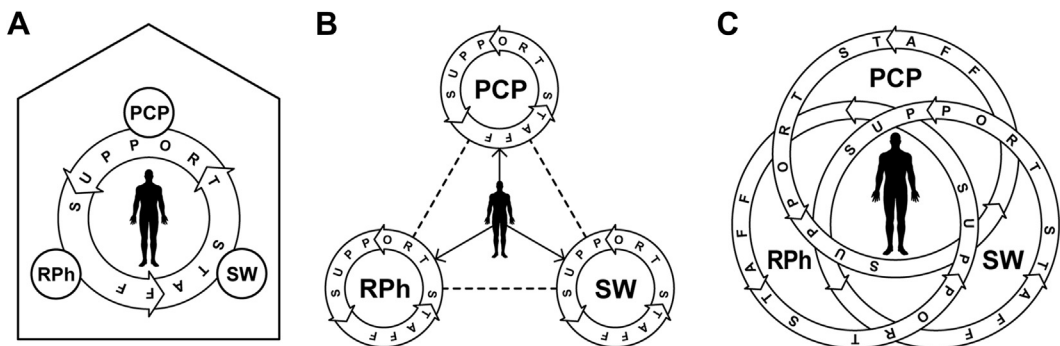


Fig. 1. Comparison of collaboration among inpatient and outpatient settings. Panel A represents the model seen in a health-system or inpatient environment. Panel B represents the model seen in outpatient environment in which each entity is independent. Panel C merges these two models to propose an ideal model for outpatient care. PCP: Primary care provider – health care delivery team, RPh: Pharmacist – health care delivery team, SW: Social workers – social services.

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