Available online at www.sciencedirect.com

Research in Social and Administrative Pharmacy 10 (2014) 824–836

RESEARCH IN SOCIAL & ADMINISTRATIVE PHARMACY

Original Research

Using a conflict conceptual framework to describe challenges to coordinated patient care from the physicians' and pharmacists' perspective

Leigh Maxwell, Ph.D.[a], Olufunmilola K. Odukoya, B.Pharm., Ph.D.[c], Jamie A. Stone, M.S.[b], Michelle A. Chui, Pharm.D., Ph.D.[b,*]

[a]*Department of Communication Studies, Edgewood College, Madison, WI 53711, USA*
[b]*Social & Administrative Sciences Division, University of Wisconsin–Madison, School of Pharmacy, 777 Highland Avenue, Madison, WI 53705, USA*
[c]*Department of Pharmacy and Therapeutics, University of Pittsburgh, School of Pharmacy, Pittsburgh, PA 15261, USA*

Abstract

Background: In an effort to increase cost-effectiveness of health care and reduce overall costs, patient-centered medical homes have been proposed to spur fundamental changes in the way primary care is delivered. One of the chief principles that describe a patient-centered medical home is that care is organized across all elements of the broader health care system, including community pharmacies.
Objectives: To identify and describe challenges derived from a conflict management framework to a physician–pharmacist approach to coordinating patient care.
Methods: A descriptive, exploratory, non-experimental study was conducted in Wisconsin (U.S. State) from June to December, 2011. Data were collected through two rounds of face-to-face interviews with physicians and community pharmacists. The first round involved one-on-one interviews with pharmacists and physicians. The second round brought pharmacist–physician dyads together in an open-ended interview exploring issues raised in the first round. Content analysis was guided by a conflict management conceptual framework using NVivo 10 qualitative software.
Results: A total of four major themes emerged from the conflict analysis of interviews that illustrate challenges to coordinated patient care: Scarce resources, technology design and usability, insurance constraints, and laws and policy governing patient care. The study findings indicate that both groups of health care professionals work within an environment of conflict and have to negotiate the challenges and strains that exist in the current health care system. Their need to work together, or interdependence, is primarily challenged by scarce resources and external interference.
Conclusions: Efforts to coordinate patient care through teams of inter-professional health care providers will be more successful if they acknowledge the inherent conflict that exists. Efforts should be made to provide an infrastructure for interdependence and to support interpersonal communication.
© 2014 Elsevier Inc. All rights reserved.

The authors and/or immediate family members declare no conflicts of interest or financial interests in any product or service discussed in the manuscript.

* Corresponding author. Tel.: +1 608 262 0452; fax: +1 608 262 5262.
E-mail address: mchui@pharmacy.wisc.edu (M.A. Chui).

1551-7411/$ - see front matter © 2014 Elsevier Inc. All rights reserved.
http://dx.doi.org/10.1016/j.sapharm.2013.12.002

Keywords: Patient care coordination; Physician–pharmacist collaboration; Conflict management; Interprofessional teamwork; Patient-centered medical home

Introduction

The patient-centered medical home is a model of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety.[1,2] It is a model for how primary care should be organized and delivered throughout the health care system, promoting a team-based approach to care.

The medical home initiative presents an opportunity for community pharmacists, who interface with community dwelling patients on a regular basis, and may be the first health care professionals that a patient sees when he has a problem.[3] However, this can be difficult because community pharmacists may not be part of the same health care organization, typically do not share the same computer system, nor participate in health information exchanges. This can often complicate the ability for health care professionals to access a patient's information as it can be located in many places. As a result, the successful implementation of medical homes across community based health care settings where much of primary health care is delivered continues to be a challenge.[3,4] In order to fully realize the benefit of the patient-centered medical home model, physicians and pharmacists need to find ways to effectively and efficiently coordinate and integrate care, despite the fact that they practice in different settings.

To date, there have not been many patient-centered medical homes that include pharmacists as a key player. Those that have been successful are in information-rich ambulatory clinics[5,6] or in academic environments, where pharmacy faculty and residents contribute significantly to patient care coordination.[7–9] Few studies could be found describing the unique patient coordination challenges faced by physicians and community pharmacists, that work in separate settings and do not share the same computer system.

With calls for team-based, coordinated patient care and an emphasis on communication among health care providers in different settings, this study focuses on the particular challenges facing physicians and pharmacists. Conflict is inevitable within teams; health care teams with multiple professions are not immune to such conflict.[10] To better understand the intricacies of interpersonal relations and inter-professional teamwork, we apply a conceptual framework from the field of communication, specifically conflict.[11] Conflict literature often focuses on interpersonal relationships. However, within the context of this study, conflict is examined not only between the interpersonal relationship of physicians and pharmacists but also between the professional roles and within the environment where each practices as they try achieve the same goal – rendering high quality coordinated patient-centered care.

Conceptual framework

Conflict is an inevitable and sometimes stubborn part of personal, professional and organizational life.[12] How conflict is managed has more influence on tensions and ongoing relationships than the conflict itself. Wilmot and Hocker (2011) define interpersonal conflict as an expressed struggle between interdependent parties with perceived incompatible goals, scarce resources, and interference from others in achieving goals.[11] A more extensive breakdown of this definition is useful for this particular study and serves as our conceptual framework for conflict analysis.

The first part of this definition refers to how conflict is described or expressed. How individuals discuss the conflict, problem, or challenge can have a significant impact on how the conflict unfolds. Most *expressed struggles* are activated by a triggering event. The triggering event brings awareness of the conflict to everyone's attention.[11]

A relationship is considered *interdependent* when one person's choices or actions affect the other. Interdependence requires that parties have some mutual interests. In interpersonal conflict the individuals may be interdependent on each other in some way, such as family, friends or colleagues. In a larger context, interdependencies can exist between roles within a system (such as pharmacist and physician). Interdependence carries elements of cooperation and elements of competition.[10,12] If people view conflict as involving shared interests and common goals, this results in cooperative outcome interdependence.[13] From this cooperative viewpoint, conflict is perceived as, "when one goes down, we all go." Individuals who practice

Download English Version:

https://daneshyari.com/en/article/2508361

Download Persian Version:

https://daneshyari.com/article/2508361

Daneshyari.com