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Research

Evaluation of pharmacy faculty knowledge and perceptions of the patient-centered medical home within pharmacy education

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Abstract

Purpose: To assess pharmacy faculty knowledge about key patient-centered medical home (PCMH) principles and evaluate pharmacy faculty perception of inclusion of PCMH information in didactic and/or experiential pharmacy education.

Methods: E-mail addresses of 6433 pharmacy faculty members were obtained from the 2011–2012 American Association of Colleges of Pharmacy (AACP) roster. In an online survey, faculty rated their familiarity with key PCMH principles, indicated whether PCMH concepts are currently included and/or should be included in pharmacy education, and where and how this information should be taught.

Results: Responses are included from 781 faculty members (12.1%). Among them, 641 (82%) respondents reported being aware of PCMH. A total of 207 (27%) respondents report PCMH is taught didactically and 203 (28%) report inclusion in experiential education. Faculty members were most likely to indicate that PCMH should be incorporated into required lectures and workshops in the first, second, and third professional didactic years, and into experiential education in the third and fourth years.

Conclusion: Many faculty members agree that it is important to teach about the PCMH health care model, but there is a low level of faculty familiarity with the standards and principles that guide this health care paradigm. Future pharmacists have an important opportunity to advance practice by participating in PCMH team care, and pharmacy education has a central responsibility in incorporating these concepts into the didactic and experiential curriculum in order to prepare pharmacists to effectively contribute in this setting.

Keywords: Pharmacy education; Patient-centered medical home; Curriculum; Faculty perceptions

Introduction

The Patient Protection and Affordable Care Act of 2010 recognizes the need for enhanced coordination among health care professionals including improvements in the use of medications.[1] This legislation supports the involvement of pharmacists in addressing these needs and includes provisions that increase opportunities for patients to access clinical pharmacy services in order to receive comprehensive health care.[1] To catalyze the process of health care reform, this act emphasizes the need for a reorganized

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primary care system and supports the patient-centered medical home (PCMH) model of care as a primary care initiative. The increased need for primary care services is dictated by an aging population, health care reform that involves a transfer of focus from acute to preventative care, and a workforce capacity that does not meet the high demand for primary care providers.[2] The PCMH model of care provides structured, individualized, team-based care involving long-term partnerships between patients, families, and the health care team. In this setting, health care is provided with the assistance of information technology to coordinate and track care over time. Patient centeredness is a focus within this model, and there is an emphasis on integrating behavioral health care and care management, implementing patient surveys to help drive quality improvement, and involving patients and their families in decision-making and quality improvement.[3] To support PCMH as a focal point of primary care redesign, this act specifically mentions the establishment of community health teams, which may include pharmacists, and the provision of patient access to pharmacist-delivered medication management services. The interdisciplinary primary care team serves as a point of entry into the complex health care system and facilitates the provision of continuous, coordinated, and comprehensive care.

The National Committee for Quality Assurance (NCQA) is one of several not-for-profit organizations that has developed quality standards and performance measures for the accreditation of PCMHs.[3] NCQA defines the PCMH model of care as a redesigned primary health care setting that "facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family. Care is facilitated by registries, information technology, health information exchange, and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner."[3] The Joint Principles of the PCMH characterize the key components of the PCMH model of care and provide a national set of standards.[4] They were developed collectively in 2007 by the American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP), and American Osteopathic Association (AOA). These principles include a personal physician, a physician-directed medical team that is responsible for ongoing patient care, whole-person orientation, coordinated and integrated care, quality and safety, enhanced access, and payment that recognizes the added value of PCMH.[4] With the predicted decline and shortage of primary care physicians, the American Association of Medical Colleges suggests an increase in the utilization of other health professionals, such as clinical pharmacists, as the demands for primary care services cannot continue to be met by one profession.[2] Pharmacists can have an important role within a PCMH, both in providing direct patient care and in optimizing use of medications.[5–8]

Incorporation of the PCMH model of care into pharmacy education is an important component in the preparation of student pharmacists to deliver health care as part of an interdisciplinary team in this type of health care setting. Various studies have investigated the exposure of student physicians and resident physicians to PCMH, and a set of Joint Principles relating specifically to medical education was prepared by the same four physician organizations, in an effort to prepare student physicians to practice within this setting.[9–11] These *Joint Principles for the Medical Education of Physicians as Preparation for Practice in the Patient-Centered Medical Home* provide a set of competencies needed to address the national standards and a set of corresponding educational sub-principles that supports each of the seven Joint Principles of PCMH.[11] This document guides the education of student physicians with regards to delivering care within this model of health care, and its use is encouraged with students of other health professions. This document demonstrates the efforts to incorporate elements of health care reform into medical school curricula; however, this level of widespread adaptability to match the evolving health care climate has not been seen within pharmacy education, as standards relating specifically to student pharmacists have not yet been developed.

The 2004 American Association of Colleges of Pharmacy (AACP) Center for the Advancement of Pharmaceutical Education (CAPE) Educational Outcomes state that patient-centered pharmaceutical care should be provided in cooperation with patients, prescribers, and other members of an interprofessional health care team.[12] They also state that student pharmacists should be prepared to work as part of an interprofessional health care team to manage and use resources of the health care system in order to promote health and improve the therapeutic outcomes of medication use.[12] In 2006, AACP released a supplemental educational outcomes document, which serves as an additional resource for faculty in developing, improving, and assessing curricula and learning experiences that aim to accomplish the 2004 CAPE Educational Outcomes.[13] This section of the document provides more detail related to patient-centered pharmaceutical care plans developed in collaboration with other health care professionals, as well as the establishment of interprofessional relationships involving effective communication and collaboration with various members of the health care team.[13] The Accreditation Council for Pharmacy Education (ACPE) also released an updated version of *Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree* in January 2011.[14] Although the standards remain unchanged, the guidelines relating to methods of achieving the standards have been clarified and updated. Among the updates was an increased emphasis on interprofessional education and a specification that this multidisciplinary approach to learning and collaborative practice should be promoted both in didactic and experiential education. In addition, a guideline was added that encouraged the