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Opinion

## Health care Passport: A population-based introductory pharmacy practice model for Medicare beneficiaries

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### Abstract

The objective of the study was to describe the design and outcomes of a model to provide population-based, introductory pharmacy practice experiences (IPPEs). Community outreach events targeting Medicare beneficiaries were conducted. Screenings and services designed for adults 65 years and older were offered. Attendees were provided a business card known as the “Health care Passport” which identified screening stations and provided space to record results. Students participated in planning the events and providing health services. Students gained experience with population-based care, providing 2633 health screenings for 1013 attendees, and earned 2650 IPPE hours. Attendees received medication therapy management, assistance with the Medicare Part D plan review, and utilized an average of three stations, most commonly cardiovascular risk, immunizations, diabetes, and bone density. The *Health care Passport* is a reproducible model to provide extensive, population-based health screenings and services and effectively meet IPPE requirements for students.

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### Introduction

Population-based care enables the assessment of the health status and needs of a target population and can address health inequities. In a resolution to the American Medical Association, the American College of Preventative Medicine provides a definition of population-based care as an approach “that allows one to assess the health status and health needs of a target population, implement and evaluate interventions that are designed to improve the health of that

population, and efficiently and effectively provide care for members of that population in a way that is consistent with the community’s cultural, policy, and health resource values.”<sup>1</sup>

The American Association of Colleges of Pharmacy (AACCP) Center for the Advancement of Pharmaceutical Education (CAPE) advisory panel included, as part of their 2004 educational outcomes, the promotion of health improvement, wellness, and disease prevention in cooperation with patients, communities, and at-risk populations.<sup>2</sup> Offiong et al.<sup>3</sup> provide examples of innovative experiential programs within schools and colleges of pharmacy with the advent of Healthy People 2020. Absent is a description of a model for population-based experiences. In the updated CAPE Educational Outcomes 2013, within Domain 2.4, sample learning objectives include assessing “the health

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care status and needs of a targeted patient population,” and developing and providing an “approach that considers the cost, care access, and satisfaction needs of a targeted patient population.”<sup>4</sup> A model that addresses cost of medications through the review of the Medicare Part D prescription drug plan, access to care by taking services to the community and providing them free of charge, and participant satisfaction with services provided via a survey meets many of the learning objectives.

The Accreditation Council for Pharmacy Education (ACPE) Professional Competencies and Outcome Expectations (Standard No. 12) includes “promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of health care providers.” Standard 14 states that pharmacy practice experiences should encourage students to practice the skills and knowledge gained through didactic teaching by interacting with diverse patient populations in direct collaboration with other health care professionals.<sup>5</sup> The *Health care Passport* model provides a mechanism to meet these Standards. The Pharmaceutical Services Support Center (PSSC), in collaboration with AACP, is charged with developing the curricular framework for educating pharmacy students to care for the underserved. Geriatric patients are recognized as an underserved population as they may experience difficulty accessing care.<sup>6</sup> As such, students should be aware of and able to address issues of health disparities in persons aged 65 years and older. An aging American population creates a clear incentive for curricular and practice experiences focused on this growing segment of the population. Coursework designed to develop health screening and education should precede interactions with the public and should enable students to practice skills needed to deliver public health services in order to create a successful outreach program.<sup>7</sup> For the geriatric population, coursework could include, but is not limited to, immunizations, smoking cessation, health screenings for high blood pressure, high blood cholesterol, diabetes, low bone density, risk for falls, memory decline, and pulmonary function.<sup>8</sup> Many of the objectives of the Healthy People 2020 for older adults, aged 65 years and older, are contained within this coursework.<sup>9</sup>

Bundling of services designed to meet the health care needs of a given population enables students to experience population-based care. Students who complete service learning agree this form of learning should be mandatory for health care professionals.<sup>10</sup> Two significant challenges to implementing widespread public health, community-based learning in undergraduate education include program development as well as academic credit and thus formal student assessment.<sup>11</sup>

Historically at the University of the Pacific, pharmacy student committees and organizations offered health-related screenings and education as an extracurricular professional service. Beginning in 2009, curricular changes mandated that students in our program complete 35 hours of health

care outreach along with five hours of reflection as part of a required course within the introductory pharmacy practice experiences (IPPE) course series. The goals of the required introductory course in health care outreach are listed in [Table 1](#). Deficiencies with the initial IPPE outreach model were identified and addressed. Students typically offered a single screening service at an outreach event, such as diabetes or blood pressure screening, and thus did not see the comprehensive health screening needs for a given population. Students who affiliated with a specific committee or organization could complete all course requirements providing a single screening activity and not develop the various core abilities and competencies needed for advanced practice experiences. In addition, some events were poorly attended by the public, which limited student/patient encounters. In 2011, population-based experiences were introduced into the pharmacy curriculum; students who participated in the population-based outreach events were able to claim IPPE hours to fulfill that part of the curricular requirement. The curriculum was restructured to ensure that students in the first semester of the Doctor of Pharmacy program completed a Practicum course that provided training and certificates of completion in several skills including assessing a patient’s blood glucose, blood cholesterol, blood pressure, and bone mineral density, as well as providing immunizations and patient consultation on the use of pulmonary devices, over-the-counter medications, and smoking cessation in the didactic setting. This ensured competency with core skills and abilities prior to interactions with the public.

The *Health care Passport* model described in this article addresses population-based program development within the context of required IPPEs in community outreach. The model offers broad-based health screenings designed for a geriatric population at historically well-attended Medicare events to improve patient services and student–patient encounters. The purpose of this article is to (1) describe

Table 1

Goals of community health care outreach introductory pharmacy practice experiences

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Enhance student understanding of the roles and responsibilities of a pharmacist in public health and community service.
Enhance student involvement in public health initiatives involving local communities and diverse populations.
Enhance student abilities in health-related education, screening, and monitoring.
Enhance student abilities in the use of technology and resources in community health care outreach activities.
Enhance student abilities in communication and interactions with patients, the public, health care professionals, and other professionals in the development and delivery of community health care outreach activities.
Provide opportunities to develop leadership skills in the development and delivery of community health care outreach activities.

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