



Original Research

Perceptions of pharmacists' integration into patient-centered medical home teams

Brandon J. Patterson, Pharm.D., Ph.D.^{a,1},
Samantha L. Solimeo, Ph.D., M.P.H.^{b,d}, Kenda R. Stewart, Ph.D.^{b,c,d},
Gary E. Rosenthal, M.D.^{b,c,e,f}, Peter J. Kaboli, M.D., M.S.^{c,d,e},
Brian C. Lund, Pharm.D., M.S.^{c,d,f,*}

^aUniversity of The Sciences, Philadelphia College of Pharmacy, Philadelphia, PA 19104, USA

^bUS Department of Veteran Affairs, VISN 23 Patient Aligned Care Team Demonstration Lab, Iowa City VA, USA

^cUS Department of Veteran Affairs, Center for Comprehensive Access & Delivery Research and Evaluation, Iowa City VA, USA

^dUS Department of Veteran Affairs, Veteran Rural Health Resource Center – Central Region, Iowa City, IA 52246, USA

^eUniversity of Iowa College of Medicine, Iowa City, IA 52242, USA

^fUniversity of Iowa College of Public Health, Iowa City, IA 52242, USA

Abstract

Background: Patient-centered medical homes (PCMHs) are a newer paradigm of health care service delivery. Team-based care that includes pharmacists has been implemented in several countries. Subsequently studies have successfully identified challenges and barriers with team-based care. Research on pharmacists' integration into PCMH is warranted to help bridge knowledge from earlier studies exploring team-based care. In 2010, the Department of Veteran Affairs (VA) began a national PCMH implementation, operationalized as "Patient-Aligned Care Teams" (PACTs). The VA's national PACT implementation presents an opportunity to describe other persistent barriers to effective coordination between primary care and pharmacy providers.

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¹ Work completed while a graduate student at the University of Iowa, College of Pharmacy, Iowa City, IA 52242.

* Corresponding author. Iowa City Veterans Affairs Health Care System, Mailstop 152, 601 Hwy. 6 W., Iowa City, IA 52246, USA.

E-mail address: brian.lund@va.gov (B.C. Lund).

Objective: To identify perceived barriers and facilitators to pharmacist integration into VA PACTs from the perspective of non-pharmacist team members.

Methods: Semi-structured interviews were conducted as part of a formative evaluation of PCMH implementation. Participants were from VA medical centers and community-based outpatient clinics in the Midwestern United States and included physicians, nurses, associated health care professionals, and health system administrators.

Results: In working toward pharmacy service integration, role clarity and work activities were influenced by team member attitudes toward and previous experiences with pharmacists. Interviewees reported that coordination with pharmacists was hindered if communication placed extra burdens on other team members. Interviewees reported collaboration was easier when pharmacists were onsite, but that technology helped facilitate off-site access to pharmacy services. Finally, some team members characterized pharmacist integration as essential while others failed to integrate pharmacists at all.

Conclusion: Non-pharmacist members of PACT teams reported some reluctance in pharmacists' integration. They attributed this reluctance to knowledge deficits, limited participation in PACT training by pharmacists, an imbalance in effort expended for pharmacists' integration, and coordination or communication challenges. While there may be unique opportunities for pharmacists to improve patient care through participation in PCMHs, work remains to improve other health professionals' knowledge of and attitudes toward pharmacists' roles on health care teams.

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Introduction

Patient-centered medical homes (PCMHs) are a newer paradigm of health care service delivery in which different professions take a whole person orientation in providing coordinated patient care.^{1,2} Previous studies found health gains in patients suffering from chronic conditions when treated by health care teams that include pharmacists.^{3–5} Proposed expansion of pharmacists' roles on PCMH teams have included providing medication therapy management, medication reconciliation, designing adherence programs, recommending cost-effective therapies, and tracking patient and population level outcomes.^{6,7} Several pharmacists have engaged in the work of integrating into existing or helping form new PCMHs.^{8–19} While these many experiences have highlighted the abilities of pharmacists to engage in PCMH, only one has rigorously explored factors enabling pharmacists' integration.⁸ Physicians and pharmacists reported positive experiences, timesaving benefits, challenges in understanding pharmacists' roles, and improved workflow when integrating pharmacists into their PCMHs.⁸ Understanding team dynamics in PCMH settings is important and one issue to explore further are facilitators and challenges to pharmacists' integration into PCMH models.²⁰

The expansion of patient-focused pharmacists' roles and integration of pharmacists into primary

care teams are not new. With the challenge of pharmaceutical care laid before the profession in the early 1990s, pharmacists around the world began to develop strategies for influencing the delivery of primary care.²¹ While pharmacists in several countries face mixed physician attitudes toward expansion of pharmacists' roles,^{22–29} pharmacists in the U.S., Canada, the U.K., and Australia have helped critically investigate pharmacists' integration into team-based primary care.^{9,30–43} Integrating pharmacists in primary care teams helped with increasing patient adherence, identifying and resolving medication problems, and stabilizing costs.^{30,32,33} Furthermore, teams integrating pharmacists reportedly faced challenges in engaging in open communication, understanding pharmacists' expanded roles, learning how to engage in teamwork, and finding reimbursement.^{32,34,36–42} Studies that explore barriers and facilitators in PCMH models, especially those in large integrated health systems, can serve as a bridge to knowledge gained from these earlier primary care team studies.

In 2010, the Department of Veteran Affairs (VA) began a national PCMH implementation, operationalized as "Patient-Aligned Care Teams" (PACTs). Formative evaluation conducted by VA regions provides an opportunity to explore team formation and processes, including pharmacists' integration into PCMH teams within a nation-wide,

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