

Editorial

Interprofessional Education: Models That Promote Shared Clinical Decision-Making

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Abstract

Description

Interprofessional education continues to be emphasized as an area that needs to continue to grow by agencies that accredit higher education professional degree programs. Teams of healthcare professionals need to learn more about each other, collaborate, and understand what matters most to the patient when care is needed in an acute or ambulatory care setting. Settings that promote clinical shared decision-making and collaboration with pharmacists among the team and increase communication between members and the patient will decrease medical errors, increase patient safety, and improve the quality of life for the patient.

Keywords

interprofessional education; interprofessional collaboration; intersectoral collaboration; shared clinical decision-making; IPE; IPC; graduate medical education; graduate pharmacy education

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There continues to be an emphasis on professional medical and health academic programs to promote interprofessional education/collaboration (IPE/IPC) among the healthcare team. The World Health Organization (WHO) has defined IPE as occurring “when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.”¹ The Accreditation Council for Pharmacy Education (ACPE) requires that educators provide learners opportunities to participate in IPE as part of its standards for a Doctor of Pharmacy (PharmD) degree program.² Learners are expected to master competency in working collaboratively to better care for the patient. Specifically, there must be interactions with healthcare professionals, including prescribers and associated learners.²

In 2009, ACPE joined 5 other healthcare educational organizations to help advance IPC educational experiences for learners to enhance

patient care and improve health outcomes through a team-based approach.³ There are now over 20 programs from multiple disciplines that form the Interprofessional Education Collaborative (IPEC). Domains have been developed that are essential for educational programs to follow. These domains include the importance of IPE and the contributions of other professions concerning value and ethics, communication, roles and responsibilities, and teamwork and team-based care.³

Why continue to emphasize IPE? One main reason is the continued need to improve communication among the healthcare team as care is rendered to patients. For example, the lack of communication between healthcare team members contributes to medical errors, many of which involve medications.⁴⁻⁶ All members of the healthcare team need to contribute to and collectively be involved in clinical decision-making as well as advocating for the patient. The term being used in this model is “shared clin-

ical-decision making.”⁷ Pharmacists that work with prescribers in healthcare institutions are most uniquely situated to make a difference in the care of the patient.

Collaborative working models have been developed across the United States that provide a holistic approach to patient care and address what matters most for each patient. The University of Louisville Trager Institute Optimal Aging Clinic in Louisville, Kentucky, is one example of these models. They have incorporated a health risk assessment that provides an index score, the Flourish Index, during the intake process for new patients.^{8,9} Questions centered around each social determinant of health are asked, and a score is calculated based on the answers. Patients are rated as either flourishing or not flourishing within individual areas, and an overall score is calculated. Over time, the goal is to see improvement in each of these scores, from baseline to follow-up periods at 6 months, 1 year, etc. Opportunities for healthcare team members and associated learners to be involved in the shared clinical decision-making are provided in the form of a case conference called “case conceptualization.” During this decision-making process, a patient’s case is presented, and an interprofessional team provides suggested recommendations based on the provided information.¹⁰ This model uses the 4M approach to care, consisting of mentation, medication, mobility, and what matters most to the patient.¹¹ Grant funding has helped the Trager Institute’s model succeed and includes a licensed pharmacist and associated student pharmacists. Many healthcare institutions across the nation have used this model to focus on becoming more patient-friendly and meeting the needs of patients. These types of models give our future learners hope that they can make a difference in patient care.

Despite these successes, there are still many barriers that prevent IPE/IPC from taking place. If programs continue to train students to work in these collaborative environments, the workplace will need to continue to evolve to break down the barriers that prevent IPE/IPC from being maximized in the healthcare setting. Literature continues to show that space and time are 2 barriers that exist.¹² Additionally, even though the pharmacy profession offers

many practice settings, community pharmacy (ie, retail pharmacy) often does not provide an ideal environment for IPC/IPE to take place. Pharmacists are often working in spaces that do not provide an ideal interaction with other providers, where the focus is on preparing and dispensing medication as opposed to addressing the social determinants of health that may be impacting a patient’s care. In addition, the current reimbursement model does not provide adequate compensation to the pharmacist for time spent reviewing, discussing, and resolving medication-related problems with the patient, which could improve the patient’s quality of life and/or prevent hospital readmissions, emergency room visits, or other harmful outcomes.

As an educator and administrator of a professional pharmacy program, my hope is that programs and opportunities such as the Trager Institute Flourish Index will continue to sweep across the nation and create a new positive image of pharmacy as a profession while promoting recognition of pharmacists as providers. Many states have passed legislation mandating that pharmacists be reimbursed for clinical services that put more emphasis on caring for the patient and less on the product dispensed itself.¹³ Over the past several years, there has been a decline in the number of students enrolling in academic pharmacy programs.¹⁴ However, in healthcare facilities across the country, pharmacists continue to support physicians and nurses in daily patient care activities, such as attending patient care rounds, answering drug information questions, completing medication reconciliation, and performing patient evaluation for medication therapy selection. The IPC/IPE model is an ideal opportunity to emphasize the value that pharmacists contribute as essential members of the healthcare team alongside physicians, nurses, and other clinicians to ensure patient safety and quality of life.

Conflicts of Interest

The author declares that he has no conflicts of interest.

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