

Interprofessional Practice: Start at the Grassroots

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Disclosures

Reid Blackwelder & Brian Cross declare no conflicts of interest, and have no financial interests, arrangements or affiliations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

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Learning Objectives for Pharmacists and Pharmacy Technicians

1. Describe payer, including CMS, programs that incentivize health care professionals to improve patient outcomes.
2. Discuss effective strategies for incorporating pharmacists as part of health care teams.
3. Describe roles and responsibilities of pharmacists as part of the healthcare team.
4. Explain how pharmacists and pharmacy technicians bring value to the health care team and contribute to meeting patient outcomes as part of team-based care.

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All of the following are examples of changing issues within the US healthcare system EXCEPT:

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2. ACO
3. PMPM
4. IPTM

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The process of medication reconciliation should include:

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4. All of the above

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Which of the following represent potential barriers to creating collaborative team-based practices?

1. Fractured communication
2. Historical perceptions of siloed responsibilities
3. Health record inter-operabilities
4. All of the above

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Why we are here

- **Stories from Reid**
 - Medicine
 - NHSC
 - Quillen COM
- **Stories from Brian**
 - Pharmacy
 - IHS
 - Gatton COP



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Realities

- Old "Healthcare" System broken
- ACA "process" crippled
- Fee for Service consequences
- Siloed, fragmented care
- Poor patient outcomes, poor satisfaction, high cost

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"Patient-Centered"

- Not so much!
- Practice / Practitioner centered instead
- The latest catch-phrase is Team-Based Care

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Current "Team"

- No record inter-operability
- Reinforced silos
- Employed status changes relationships
- Faxes, Pas, insurance divert healthy, professionally engaging interactions
- - - as well as
- DIRECT CARE

- **PCMH MODEL OF CARE** SOUNDS LIKE A GOOD IDEA, I THINK....

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Community-based Care

- **Trenton**
- **San Carlos**
- **Kingsport**



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Example: "Community" Pharmacy

- Only place with "complete" medication list....
 -maybe
- Need Provider(s) records
- AND..... patient's real medicine cabinet
- The EMR reconcile button is provider-centered

RECONCILE

- REMEMBER: EVERY PRACTICE HAS A COMMUNITY TO BE SERVED

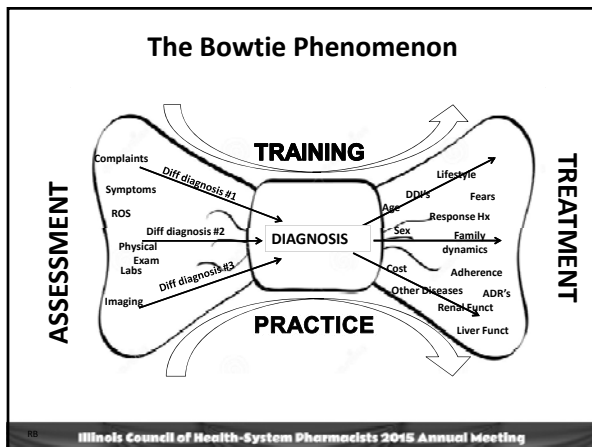
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Transformation

- **Delivery models are changing**
 - PCMH, ACO's, Retail clinics, telemedicine
- **Payment models are changing**
 - Pay for value (*instead of volume*)
 - Chronic Care Management
 - PMPM

– Trends toward models for **teams** being responsible for **care AND outcomes**

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Natural Team Members

- Education & implementation for providers
- Lots of variables from undifferentiated process

• TO "AN ANSWER"

- Education & implementation for pharmacists
- Move out from a differentiated process to lots of variables to be considered

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Example

- Acute & chronic issues almost always involved
- **Reid** – "I focus on keeping variables in mind"
- Medications often connect all team members
- **Brian** – "I ensure true medication reconciliation"

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Relationships

- "Assume good intent!"
- Miscommunication is easy
- How can we talk more readily, respectfully
- Recognize we are all here to help **PATIENTS**

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BUT.....

- The patient **WEARS** the tie!!!
- We are ALL accountable to our patients
- And.... we need more than a tie!
- Many other team members to address other issues



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Communication Styles

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Instead....

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Changes needed - Practice

- Change from student/employee mentality....
 -to that of a professional
- To accept the call to service
- MUST be **involved WHERE** change is happening so we can impact **WHAT** change happens
 - CARE DELIVERY & PAYMENT MODELS
 - DEFINE YOUR COMMUNITY
 - IDENTIFY WHAT YOUR PATIENTS NEED
- **Relationships** allow big systems to work better
- Most aisles are more narrow than they look – reach across them

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Changes needed - Training

- We should be training **WITH EACH OTHER**
 - NOT BESIDE EACH OTHER
- **IPE** – two or more professions learning **with, from, & about each other** to improve **collaboration** and the **quality of care**
- If silos are minimized during training, maybe they won't be so obvious in practice
- Let's create a **different pavlovian conditioning** in our professions

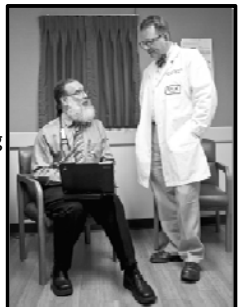


BECAUSE →

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It's ALL about Relationships

- Based on trust, respect
- And especially on improving patient care!
- And it can be up to you!
(No memo needed)



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And Remember....

- It is **NOT patient-centered** until the **patient says** it is **patient-centered**
- The **PATIENT** wears the **TIE**



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Action

- What relationships do you need?
- What is one thing you can do personally to build a stronger relationship?
- What tools do you need?

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Key Points

- Delivery & payment models for care are being transformed with increasing focus on team-based, outcomes-based care
- The training & skills of ALL team members are symbiotic when combined in the patient care arena
- Changes must occur both in training & practice areas to ensure relationships can be optimized in a team-based approach to patient care

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Ultimate Goal....

- **PATIENTS DESERVE:**
 - The Right Care
 - In the Right Place
 - From the Right Team Members
 - At the Right Time!

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How to turn a regular tie into a bow tie

- <http://binged.it/1ApXZgk>
- <http://binged.it/1xrkMqO>



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