

Interdisciplinary Teamwork: How Physicians, Nurses and Pharmacists Can Work Together

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No Conflicts of Interest to disclose

Learning Objectives

- Identify the critical emerging role for clinical pharmacy and safe Rx use in achieving the triple aim for patient centered health care services.
- Describe the knowledge and systems barriers known to adversely affect care providers' ability to achieve optimal health outcomes in patients with chronic conditions.
- Articulate how integrating clinical pharmacy services into an inter-professional team can address systems barriers to optimal care.
- Explain the Institute for Healthcare Improvement (IHI) Collaborative Model for Breakthrough Improvement in terms of rapid cycle improvement involving clinical pharmacy services.

2

Learning Objectives Cont.

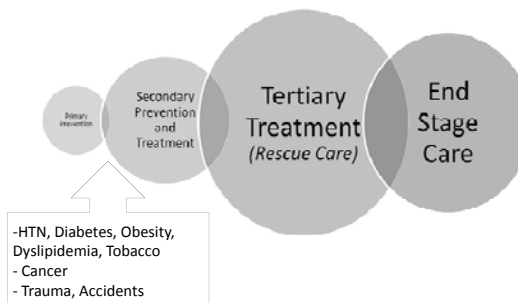
- Recognize the value in defining a small population of focus as a starting point in the work of systems improvement.
- Translate the application of the practices outlined in the Patient Safety Clinical Pharmacy Services Collaborative (PSPC) Change Package to the unique needs of the participant's home organization.
- Define mechanisms by which an organization can facilitate success in integrating clinical pharmacy services into chronic care treatment and clinical programs.

Allocation of Health Care Resources and Workforce

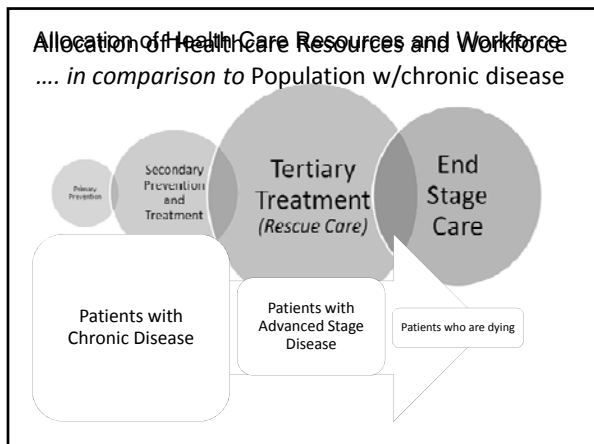


Allocation of Health Care Resources and Workforce

... and what it takes to get our attention

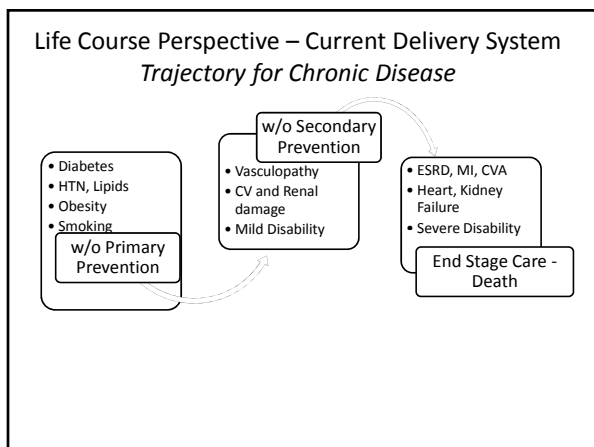


If sick patients held Olympics, how
may medals would the U.S. win?



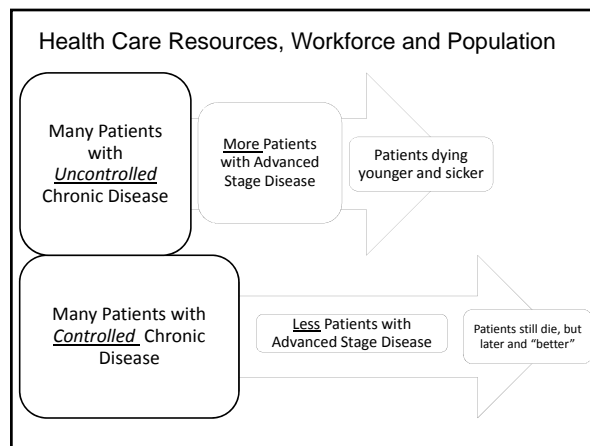
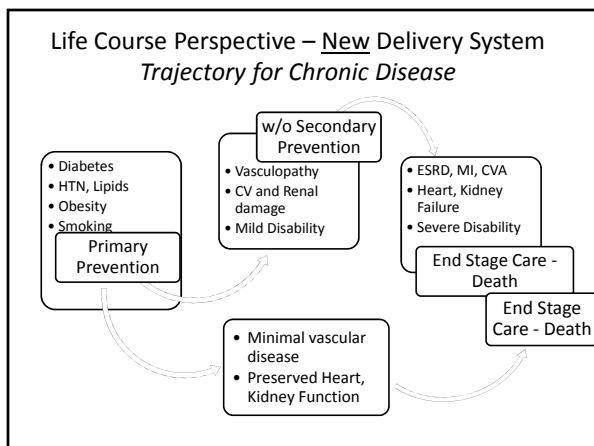
Epidemiology

- Chronic disease = highly prevalent
- Uncontrolled chronic conditions = highly prevalent
- Epidemic of uncontrolled chronic conditions



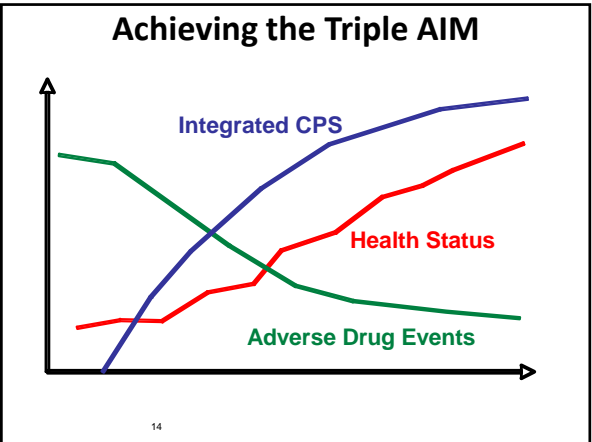
Life Course Perspective – Current Delivery System Trajectory for Chronic Disease

*What do patients need to do to get our attention?
What does it take to get our best care?*



Highly Effective Healthcare

- What does “world class” care look like?
- Examples
 - Historical
 - Contemporary
- Opportunity



How Reliable is our Care?

A function of System and Culture

←—————→

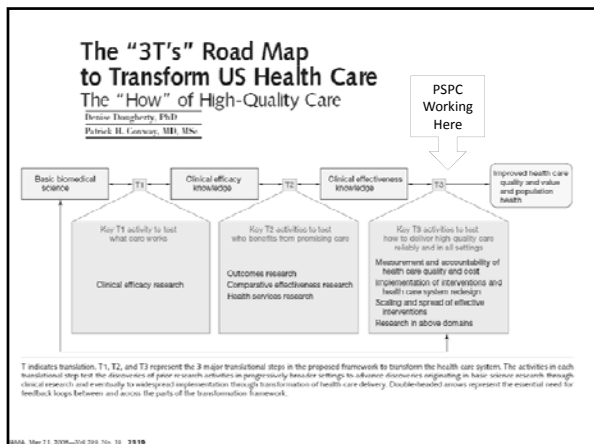
Autonomy		Teamwork			Highly Reliable Organizations	
Chaos	Error 1:10	1:100	1:10,000	1:1 million		
Custom-crafted processes	Standard training, try hard	Standard process, habits and patterns	Deference to expertise, “safety culture”	Loss of individual identity		
Each Doctor writes individual orders	Each staff member has his/her own way	Multi-disciplinary rounds	Blood banking, Approval for high risk orders	Anesthesia safety, airline industry		

Engaging Physicians in Performance Improvement

Yes but, it’s like herding cats

<u>What we say</u>	<u>What doctors hear</u>
• Performance improvement	- You doubt my judgment
• Accountability	- Insult my integrity
• Collaborative practice	- Losing control
• Electronic Records	- OMG!
• Guidelines	- Cookbooks

- ### Understanding the frustration
- Satisfaction with practice has decreased for many physicians.
 - The “psychological contract” has been changed, without informed consent.
 - Professional ethos that got them here is no longer working.

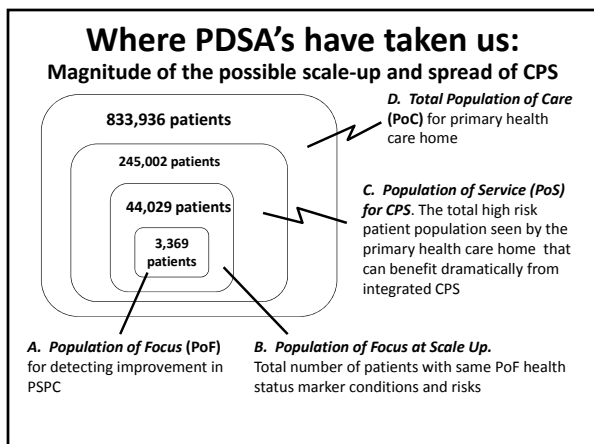


Performance Improvement as Translational Research

IHI Breakthrough Model for Improvement

- ### The Breakthrough Model for Improvement
- Who "owns" performance improvement in our shop?
 - Can we use the Model for Improvement and Clinical Pharmacy Services to attack our "to-do" list?
 - Are we ready to adopt a bold new approach for Quality Improvement?
 - The most important next step I can take is...?

- ### Breakthrough Improvement Model: Key Attributes
- Patient-Centered
 - Inter-professional care team
 - Cross-organizational with health/medical homes at the center
 - An approach to spread to many other conditions
 - Systematically addresses medication management, safety and risk
 - PDSA cycles for rapid improvement
 - Is not new work to do, but a powerful new way to do the work we already have



- ### Inter-Professional Teams
- If Healthcare were a movie for our patients with chronic conditions, what kind of Soundtrack would there be?
 - Typical patient has ...

Inter-Professional Teams - *Changing the Soundtrack*

- Clinical Integration
 - Interdisciplinary teams are needed to address complex issues primary care providers face.
 - With so much to do, each discipline must function at the highest level of their skill and training.
 - While the Patient Care Medical Home is a step in the right direction, it is not powerful enough alone to deliver the outcomes we are seeking.

Inter-Professional Teams - Approach to Clinical Integration

- Process
 - Case and Disease management
 - Doing things right
 - Get patient to the right place at the right time
 - Push against non-Compliance
- Outcomes
 - Patient centered care coordination
 - Doing the right things
 - Achieving optimal health measures
 - Safe and Effective Medication Use

Clinical Integration: Achieving

- ▶ Create time for physicians
 - Documentation tools, protocols, care maps
 - Standardize/enhance Allied Health staff
 - Reduce “non-productive” time
- ▶ Generate value for physicians
 - Help achieve quality/satisfaction goals
 - Financial incentives and support
 - Share technology, resources and even staff

Inter-Professional Teams Clinical Integration

- Levels of Integration
 - Referral
 - Colocation
 - Fully integrated

Putting it all together: Breakthrough Model to Drive Change:
Improvement Model, CPS, Clinical Integration

- Consistent use of clinical practice guidelines, standing order sets, etc.
- Use allied health at highest level possible, working as a team
- Standardized documentation templates
- Changing and refining practices in response to performance data

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“Answering the Call to Action”

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Post Test Question

1. Match the drug name on the left with the brand name on the right.

- _ Abacavira) Isentress
- _ Raltegravir b) Norvir
- _ Ritonavir c) Sustiva
- _ Efavirenz d) Ziagen

Post Test Question

2. Which of the following regimens is recommended for the 2012 Department of Health and Human Services Treatment Guidelines for initial therapy for HIV infected adults?

- a. Truvada (tenofovir/emtricitabine) + ritonavir
- b. Complera (tenofovir/emtricitabine/rilpivirine)
- c. Combivir (zidovudine/lamivudine) + atazanavir
- d. Atripla (tenofovir/emtricitabine/efavirenz)

Post Test Question

1. SV is a 34 year old female who was recently diagnosed HIV+ and who would like to start treatment. What are the two most important laboratory parameters that her health provider needs to determine if HIV treatment should be initiated?

- a. CD4 T-lymphocyte count and fasting lipid profile (triglycerides, total cholesterol, LDL, HDL).
- b. HIV viral load and CD4 T-lymphocyte count
- c. HIV viral load and serum creatinine
- d. CD4 T-lymphocyte count and liver enzyme tests

Post Test Question

4. Which of the following adverse effects is associated with tenofovir?

- a. renal toxicity
- b. Dizziness
- c. elevated triglycerides
- d. rash

Post Test Question

5. Which of the following adverse effects is specific for atazanavir (Reyataz)

- a. renal toxicity
- b. Hepatitis
- c. elevated triglycerides
- d. elevated bilirubin