

# How Pharmacy Can Drive Sustainable IPE Now and in The Future

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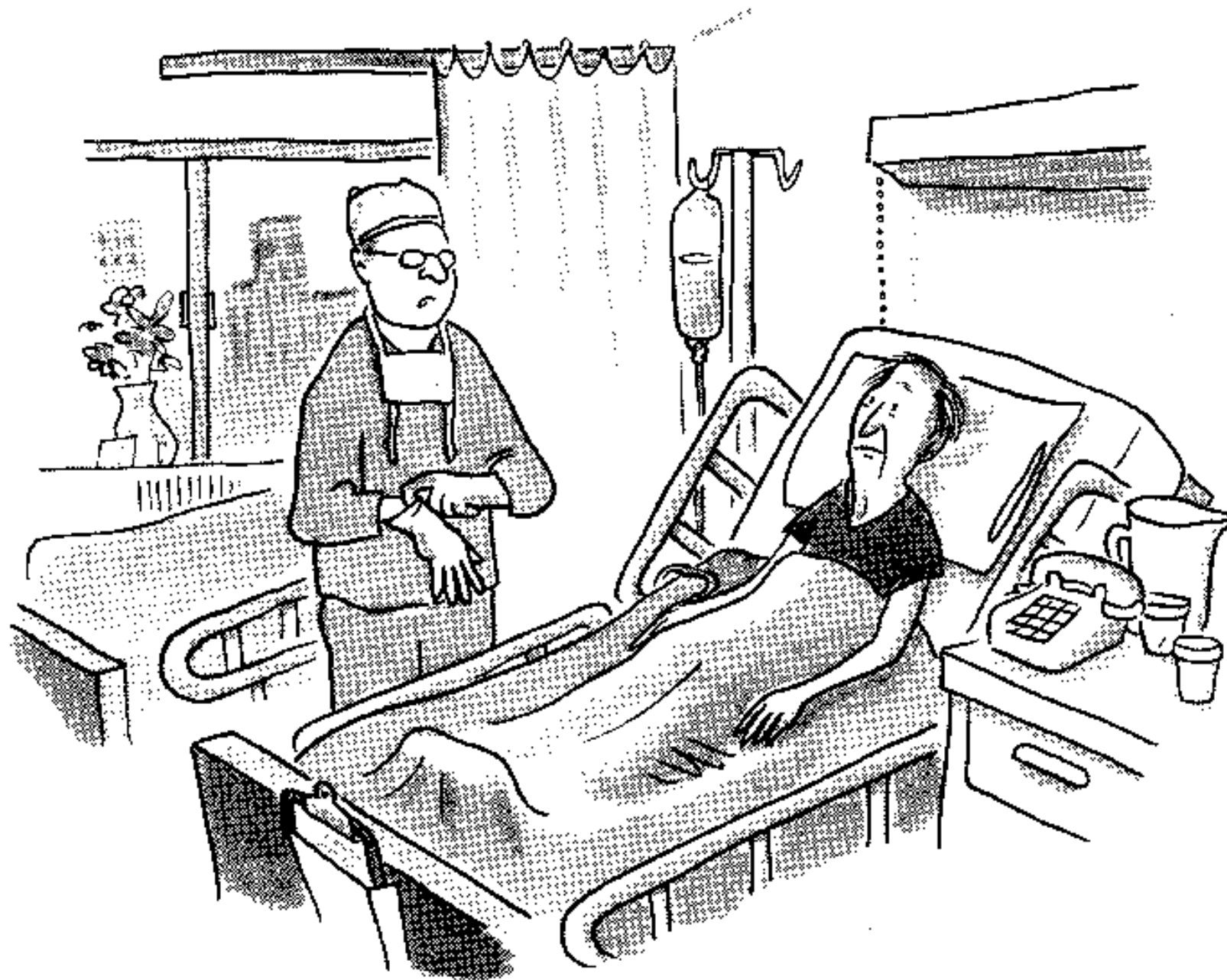


The Era of

“PHARMACEUTICALIZATION”



**RESEARCH - PRODUCE - CURE - PROFIT**



**"The stress of your surgery will be nothing compared to the stress you're going to feel after we give you a stack of prescriptions your pharmacist won't know how to decipher."**





# DRUG INTERACTIONS

**Polypharmacy**

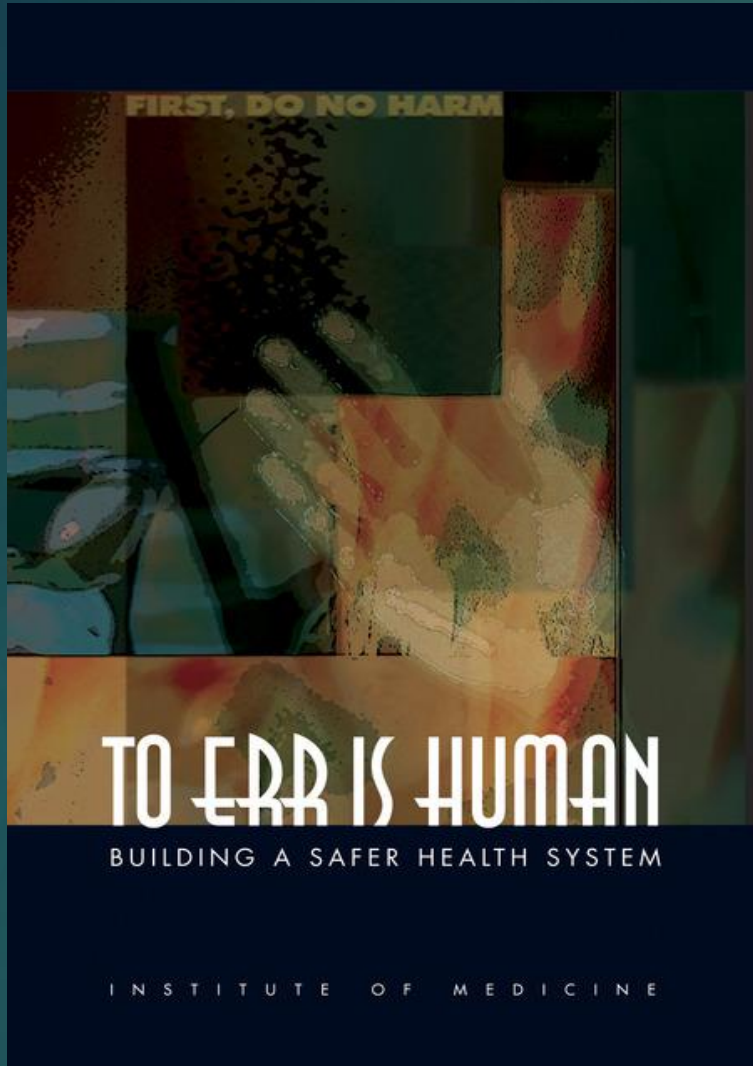
**Side effects**

**Detailed drug histories**

Prescription/medicine reconciliation

Errors in medical management

**MEDICAL COMPLIANCE**







**World Health  
Organization**

**2010: A Framework for Action on Interprofessional Education  
and Collaborative Practice**



# 2011: Core Competencies for Interprofessional Collaborative Practice

- ▶ American Association of Colleges of **Nursing**
- ▶ American Association of Colleges of Osteopathic **Medicine**
- ▶ American Association of Colleges of **Pharmacy**
- ▶ American **Dental** Education Association
- ▶ Association of Schools of **Public Health**
- ▶ Association of American **Medical** Colleges
- ▶ (SOCIAL WORK?)

IPEC COMPETENCIES



# ACPE: Accreditation and Standards Guidelines

- ▶ STANDARD 11: IPE
- ▶ ...prepare students to provide entry-level, patient centered care in a variety of practice settings as a contributing member of an IP team – including prescribers as well as other healthcare professionals.
- ▶ IPE Team Dynamics - communication, conflict resolution
- ▶ IPE Team Education - scope of practice of team members
- ▶ IPE Team Practice – direct patient care, engaged in shared therapeutic decision making

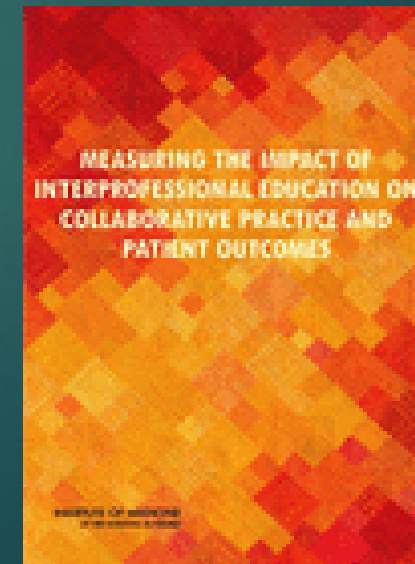
# Over the Last Decade:

- ▶ IPE learning has increased across ALL health professions
- ▶ Curriculum changes related to IPE/IPEC competencies
- ▶ Organizational changes related to structuring IPE learning and practice experiences



# IOM REPORT 2015

- ▶ Need for better alignment of education and health care delivery systems
- ▶ Need for a standardized model of IPE
- ▶ Need for a stronger evidence base linking IPE to health and system outcomes



# WHAT DOES This Mean?

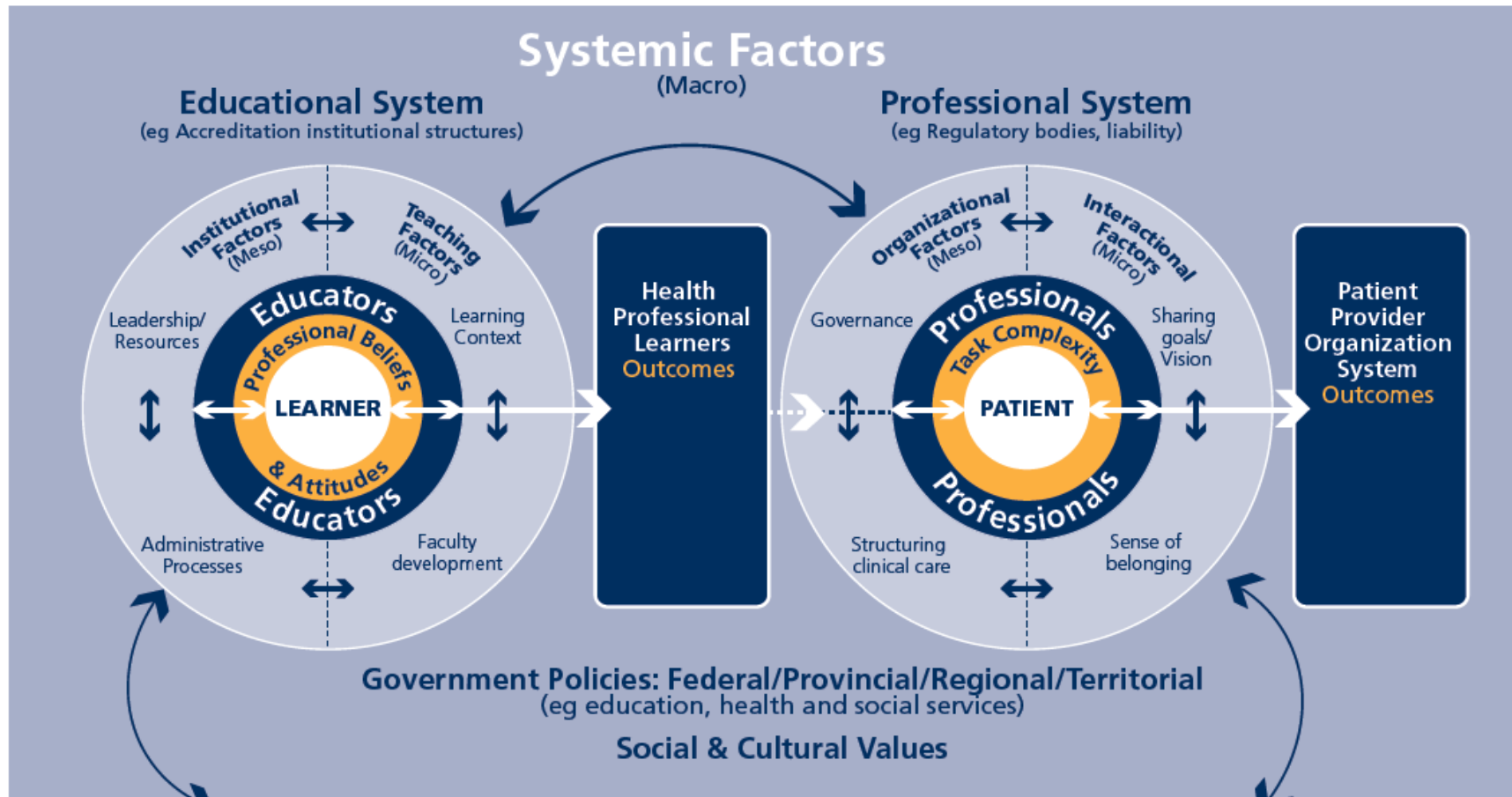
- ▶ Really good at doing IP-E-ducation
- ▶ Need to get better at linking IPE with concrete outcomes of “collaborative practice”
- ▶ Creating THE NEXUS for IMPROVED PATIENT OUTCOMES =

**SUSTAINABILITY**

Interprofessional Education  
to Enhance **Learner** Outcomes

◀ Interdependent ▶

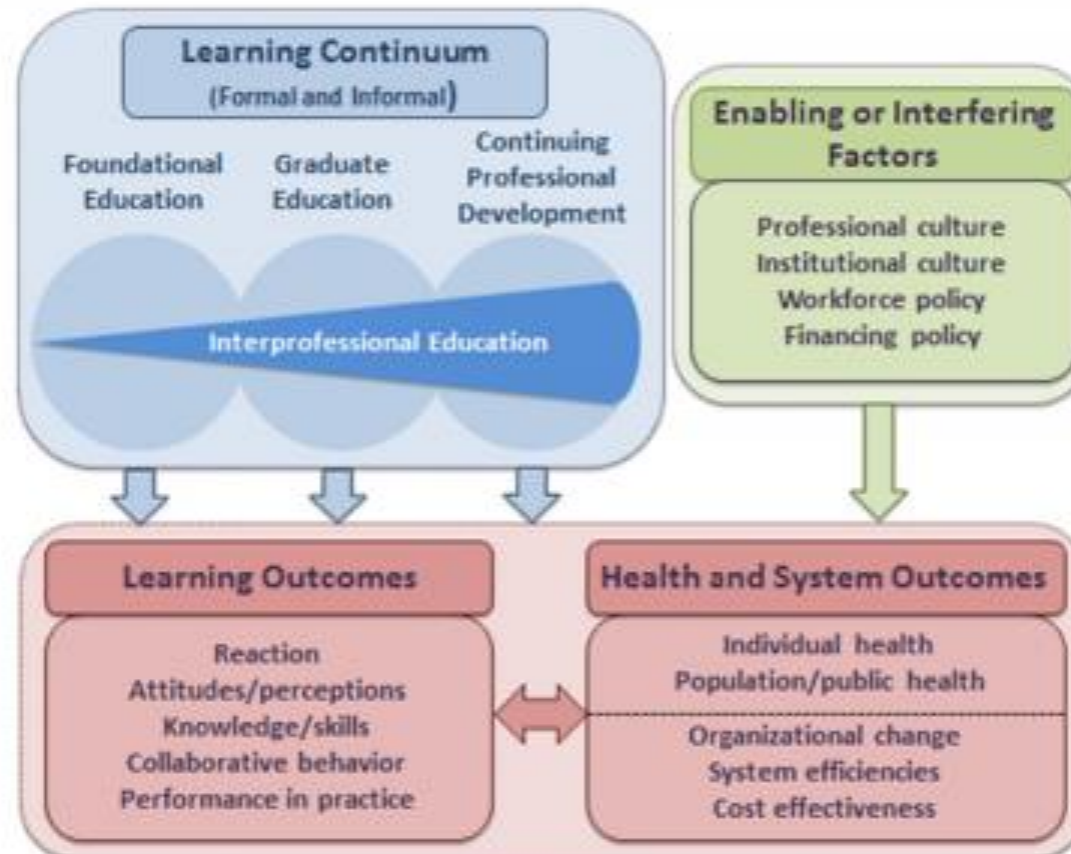
Collaborative Practice  
to Enhance **Patient** Care Outcomes



- Research to Inform & to Evaluate**
- Understand the processes related to teaching & practicing collaboratively
  - Measure outcomes/benchmarks with rigorous methodologies that are transparent
  - Disseminate findings

<http://ireta.org/2015/01/06/together-health-professional-associations-determine-core-competencies-in-collaboration/>

## A CONCEPTUAL FRAMEWORK FOR MEASURING THE IMPACT OF IPE



**FIGURE 3-2** The interprofessional learning continuum (IPLC) model.



# Cochrane Review 2011, Reeves et al.

- ▶ Found only 15 studies examining IPE and impact on practice and patient outcomes
- ▶ 7 indicated IPE produced positive outcomes for diabetes management, ED and OR teams, domestic violence, mental health provider competencies and delivery of patient care
- ▶ THREE GAPS Identified:

# IPE/Practice OUTCOME GAPS

- ▶ 1. Studies that assess the effectiveness of IPE interventions compared to separate, profession-specific interventions
- ▶ 2. RCT, CBA or IS studies with qualitative strands examining processes related to IPE and practice changes (i.e., mixed methods)
- ▶ 3. Cost-benefit analyses



IN PRACTICE?

& PHARMACY DRIVEN...



Polypharmacy +

seniors/elderly

Problems with Overmedication



<http://www.homecareassistancegrandrapids.com/seniors-and-overmedication/>



# Pilot Program: IPE/Practice, 'Deprescribing' and Patient outcomes at a Geriatric Clinic

- ▶ Can randomize into IPE non IPE treated patients
- ▶ Can track med lists via EPIC/EMR
- ▶ Can retrospectively document IPE training for clinic team, residents, students, etc.
- ▶ W/in IPE treated patients can further divide into 'read' vs. 'talk' IPE exchanges between PharmDs, RNs, and MDs
- ▶ Can measure reduction in unnecessary, redundant, and/or addictive medications (e.g., benzos, Ambien, ibuprofen, Benadryl, etc.)
- ▶ Can measure cost effectiveness, reduction in drug interactions, side-effects
- ▶ Can qualitatively address reasons for 'clinical inertia' from both provider and patient/family perspectives (mixed methods)

# In summary: to be sustainable and pharmacy driven...

- ▶ Identify opportunities where pharmacy's expertise is essential to driving better team-based outcomes (e.g., polypharmacy, medical compliance and/or through high maintenance medication disorders: diabetes, mental health, etc.)
- ▶ Link IPE to Practice through "NEXUS" opportunities
- ▶ Find and develop IPE/Practice Champions and Incentivize them through training, teaching, scholarship, and research opportunities
- ▶ Begin to identify and study pilot IPE-PRACTICE sites for outcomes-based research

# Thank you.

- ▶ Time permitting team/table brainstorming session