

Utilizing Inter and Intra professional collaboration for career growth and positive patient outcomes



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Why am I interested in this topic?

✓ I have experience in the healthcare system as a patient and a care-giver.

✓ I currently work as a Pharmacy Operations Specialist and want to move into a new career in healthcare.

✓ I have had the opportunity to be part of a Patient Family Advisory Committee



Patient Experience of Care

The sum of all **interactions**, shaped by an organization's **culture**, that influence patient **perceptions** across the **continuum** of care.

- The Beryl Institute

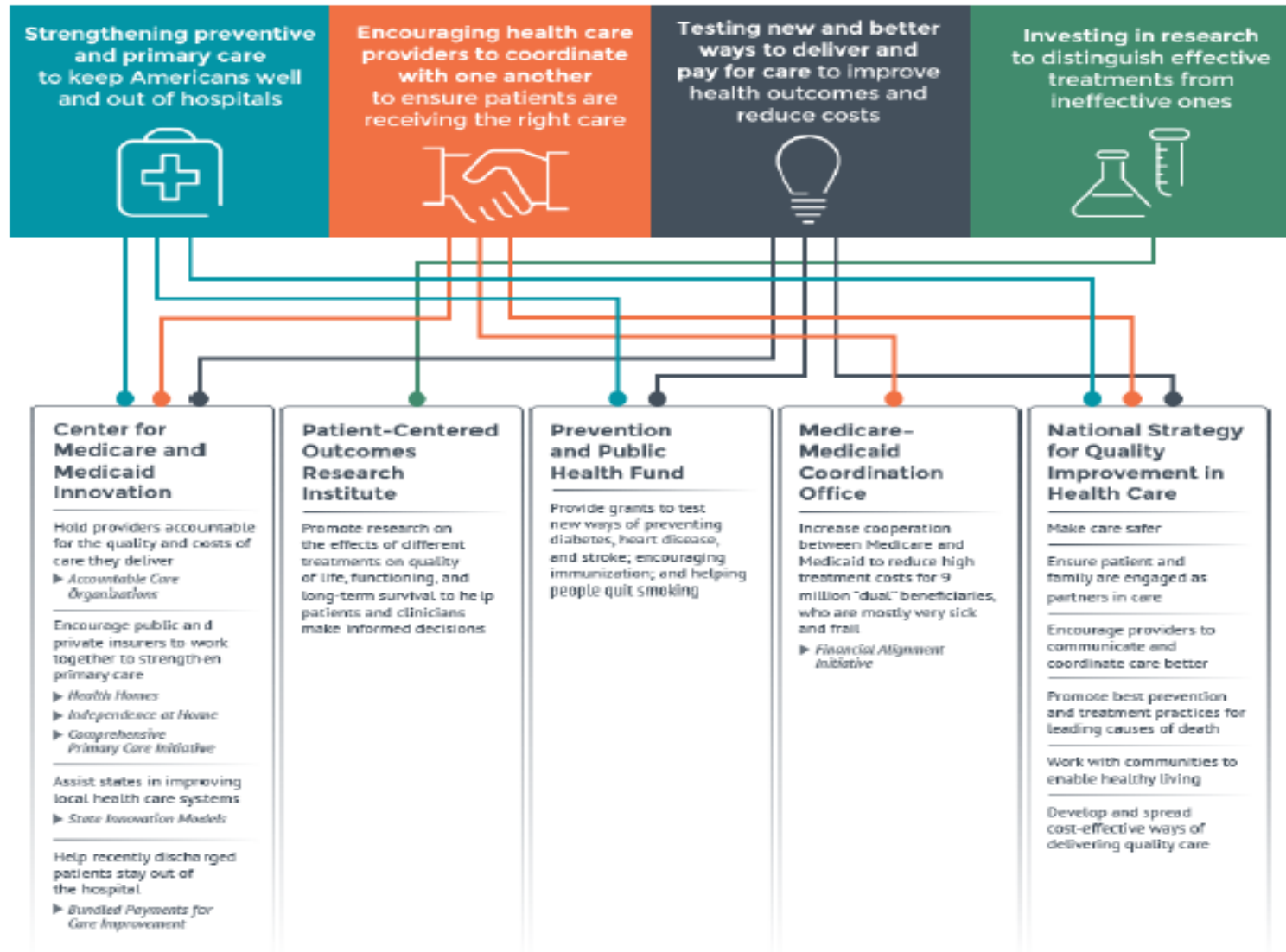
ACA provisions and establishment of Patient Centered Medical Home encourages a need for Inter/intra professional collaboration to achieve improved patient outcomes

Table. Summary of Affordable Care Act Objectives, Major Provisions, and Physician Implications

Objectives	Major Provisions	Physician Implications
Guaranteeing access to health care for all Americans	<ul style="list-style-type: none"> Subsidized coverage and Medicaid expansion Eliminates Medicare drug "doughnut hole" Removes annual and lifetime limits on coverage Outlaws rescissions Eliminates preexisting condition exclusions for children Temporary high-risk insurance pool 	<ul style="list-style-type: none"> To meet expanded demand for health care: <ul style="list-style-type: none"> Redesign care to include a team of nonphysician providers, such as nurse practitioners, physician's assistants, care coordinators, and dietitians Develop approaches to engage and monitor patients outside of the office
Improving information and creating incentives to change clinical practice	<ul style="list-style-type: none"> Free preventive care Creation of the Patient-Centered Outcomes Research Institute Incentives to create patient-centered medical homes and accountable care organizations Pilots of bundled and alternative payment models Funding to adopt electronic health records Incentives to reduce readmissions and hospital-acquired infections Expands access to physician, hospital, drug, and device quality and safety data 	<ul style="list-style-type: none"> To meet the quality, productivity, information transparency, and payment reform requirements: <ul style="list-style-type: none"> Focus care around exceptional patient experience and shared clinical outcome goals Engage in shared decision-making discussions regarding treatment goals and approaches Proactively manage preventive care Establish teams to take part in bundled payments and incentive programs Expand use of electronic health records Collaborate with hospitals to dramatically reduce readmissions and hospital-acquired infections Incorporate patient-centered outcomes research to tailor care
Removing barriers	<ul style="list-style-type: none"> Removes unnecessary administrative and billing complexity Expands National Health Service Corps and increases amount of loan repayment Expands primary care residency slots Increases funding for medical and allied health professional training Increases pay for primary care by 10% 	<ul style="list-style-type: none"> To capture value: <ul style="list-style-type: none"> Redesign medical office processes to capture savings from administrative simplification

Kocher, Robert, MD; Emanuel, Ezekiel J., MD; DeParle, Nancy-Ann M., JD (2010). The Affordable Care Act and the Future of Clinical Medicine: The Opportunities and Challenges *Annals of Internal Medicine*, 153(8), 536-539. doi: 10.7326/0003-4819-153-8-201010190-00274

How the ACA Aims for Better Care at Lower Cost



Hosetter, M; Klein, S. The Affordable Care Act at Five Years: How the Law is Changing the Delivery of Care in the U.S. **URLS:** interactives.commonwealthfund.org/aca-at-5/delivery-reform/ The Commonwealth Fund (2015)

Positive outcomes in my workplace

Ambulatory care

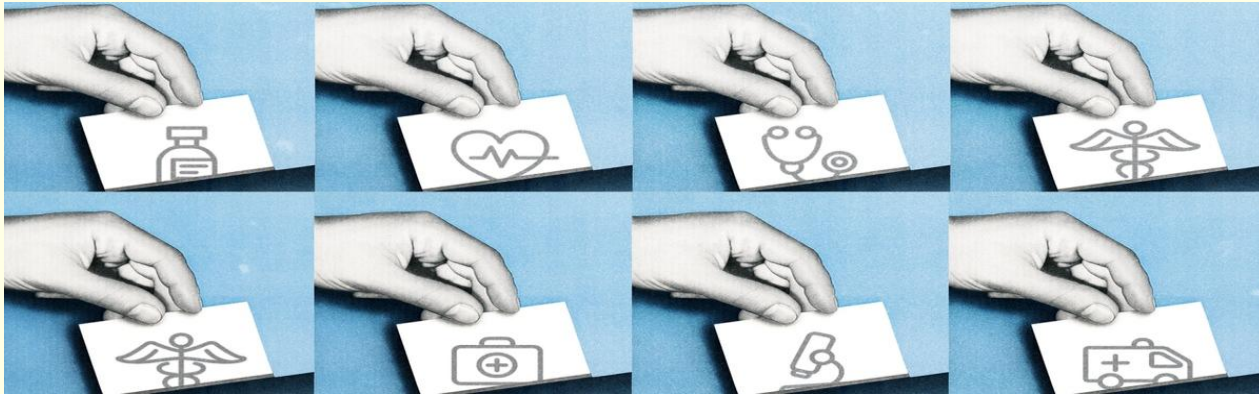
- ✓ Provider teams
- ✓ Expansion of pharmacotherapy
- ✓ AIDET
- ✓ Establishment as PCMH
- ✓ Establishment as ACO

Inpatient care

- ✓ Grand rounds including multidiscipline Healthcare team
- ✓ AIDET
- ✓ Collaborative Practice Agreement
- ✓ Increase in Residency programs

Barriers

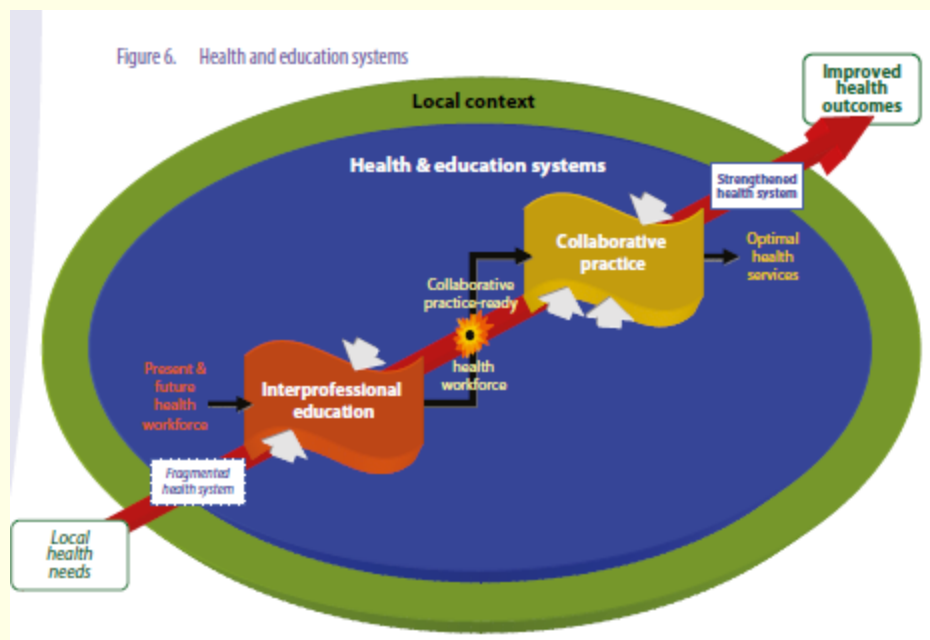
- Academic institutions and accrediting agencies have been slow to integrate IPC/E.
- Professional cultures often stifle opportunities for collaboration.



Reference: World Health Organization. Human resources for health observer interprofessional collaborative practice in primary health care: nursing and midwifery perspectives: six case studies. http://www.who.int/hrh/resources/IPE_sixCaseStudies.pdf. published 2013.

What's not working in my workplace

- The Pharmacy inter-departments work in isolation
- Pharmacists and Technicians feel a lack of appreciation for their work
- Pharmacists express unawareness of who to reach out to for assistance outside of their department



World Health Organization Framework for Action on Interprofessional Education and Collaborative Practice. Geneva, WHO, 2010. https://www.who.int/hrh/resources/framework_action/en/

Where do I fit in? What can I do now?

Now...

I will focus on Intra-professional aspect to gain greater understanding of the department I work in and build professional relationships with those in my department.

Later...

I will be prepared to collaborate inter-professionally in my future career





Comments/Questions



Thank you 🙏