



Overcoming Barriers to Interprofessional Practice & Education through Legislative Reform: A Colorado Case Study

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Objectives

- Describe the legal challenge that existed for Colorado's IP clinical education
- Our strategies to address the challenge, including:
 - » Gather background information
 - » Identify stakeholders and engage potential collaborators
 - » Explore potential solutions
- Review the Colorado story and results



Challenges of clinical IPE in Colorado

Pharmacy is an anomaly as it requires student licensure → Student intern

Colorado statute requires a pharmacist to supervise interns, thus necessitating a licensed pharmacist be present for each activity



IPE students at health fair



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The desired outcome

Allow pharmacy students to participate in patient care activities when led by any member of the interprofessional health care team



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Gather background information

- NABP model practice act
- ACPE accreditation standards
- Is pharmacy intern licensure desirable and/or necessary?
 - » 5 states (encompassing 14 schools of pharmacy) do not require intern licensure



Identify stakeholders

- State Board of Pharmacy & Dept. of Regulation
- Colorado Pharmacy Coalition
 - » Practitioners
 - » Pharmacy business community
- Health professions schools
- The public

Explore Solutions

- Utilize educational work-arounds
- Explore possible interpretations of current statute
- Clarify the state practice act
- Change the law



We decided to change the law!



- Used existing opportunity of periodic statute review mandated by Colorado
- Enlisted University lobbyists to assist
- There were concerns from other professions about competition for practice sites
- DOR concerned about undermining need for licensed professionals



Success!

- An intern under the direct and immediate supervision of a pharmacist may engage in the practice of pharmacy
- *An intern, as defined in section 12- 42.5-102(17)(a), engaged in the practice of pharmacy within the curriculum of a school or college of pharmacy in accordance with section 12-42.5-102(17)(a), may be supervised by a manufacturer registered pursuant to section 12-42.5-112 or by another regulated individual as provided for in rules adopted by the board*



Pharmacy Intern Supervision

- State Board identified 12 health professionals including: (MD, PA, RN, NP, DDS, etc.)
- Overlap in scope of practice must exist between pharmacy student and supervising profession
- State Board allowed accreditation standards to regulate the training concerns of pharmacy students



Building and Expanding Clinical IPE

- Evolution of clinical precepting models utilizing cross-professional precepting
 - » Early Pharmacy Learners
 - » Advanced Pharmacy Learners
 - Full-Time IPE rotation
 - Part-Time or Shared-Student Model
 - Expanded Team Model

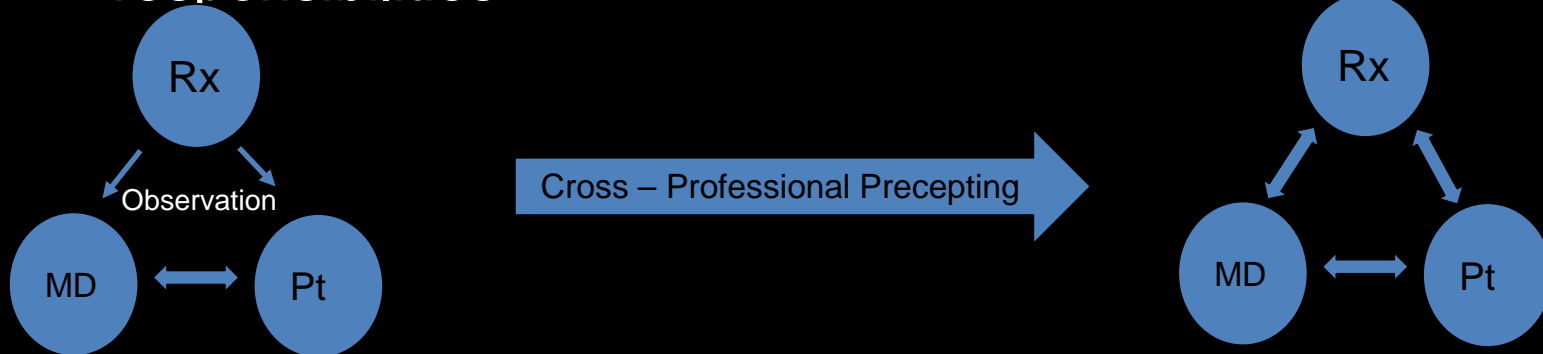


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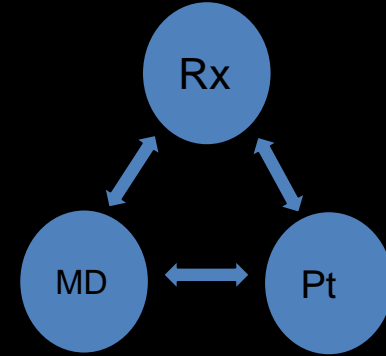
Introductory Pharmacy Practice Experiences

- IP Provider IPPE Program
 - » 3rd year pharmacy students
 - » Assigned to non-pharmacy practitioners
 - » Integrated into workflow with pharmacy student responsibilities



Introductory Pharmacy Practice Experiences

- IP Provider IPPE Program
- Early Findings
 - » Students perform value added functions
 - » Average of 20 direct patient care encounters per student
 - Est 10% increase in patient engagement by pharmacy
 - » Providers trust and value student integration
 - » Model expanding to multiple clinics to accommodate all pharmacy students



Advanced Pharmacy Practice Experiences

- Two Models
- Part-Time (shared student)
 - » Medical Center and Pharmacy paired within the target community
 - » Student spends time each week with both sites
 - » **Expanded to 6 communities in rural Colorado**
- Full-Time (dedicated student)
 - » Elective primary care rotation preceptor by medical team
 - » Student provides pharmacy perspective to a team
 - » Currently 2 participating clinics – **Students requesting more opportunities**



Impact on IPE practice settings

- Students at the primary care sites reported means of:
 - » 10.55 direct patient encounters (seeing patients, follow-up communications) per day
 - » 28.1 indirect patient encounters (medication review)
 - » 3.5 non-patient care activities (time engaged with preceptor)



Expansion of IPE at Established Sites

- Traditional Pharmacy Rotations
 - » Pharmacy students now integrate more with IP teams beyond assigned pharmacist preceptor
- Example:
 - » Sheridan Health Clinic
 - » Pharmacist supervises 3 students per rotation in patient care services
 - » **IP Expansion**
 - Pharmacy students conduct home visits with BSN students under supervision of clinic nurse



Expansion of IPE at Established Sites

- Impact on Established Site
 - » Increased capacity for pharmacy to influence care and provide service
 - » Team precepting emerges within the IPE team
 - » Requests to expand professional learners at site
- Impact on Student
 - » Increased awareness of roles and responsibility within clinic
 - » IP collocation becomes normed, no longer an elective rotation



Impact on opportunities for Clinical IPE

Expansion of IPE Offerings to Students	# of Partners	Student Capacity
Expanded roles for P4 students in underserved clinics	5 clinics	35 - 40 students / year
New IP Primary Care Elective Rotations (Full-Time Model)	2 clinics	10 – 15 / year
Collaborative precepting between community pharmacy and health centers (Shared Model)	6 communities	25 - 35 students / year
Integration of early pharmacy learners into primary care clinics (Provider IPPE Program)	4 sites	160 students / year



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Conclusion

- Changing law allowed more pharmacy students to contribute to IP patient care practices
- Addressing legal barriers to IP clinical education legislatively is possible and may be necessary to support health professions students to learn new team-based care delivery models

