Integrating the LLM / JCPP-PPCP in Experiential Education

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Session Objectives
1. Summarize the relevance of the JCPP PCPP in achieving a consistent process in the delivering of patient care across the continuum of practice
2. Design opportunities for adopting the JCPP PCPP using the layered learning model (LLM) successful practice exemplars, and example activities
3. Develop a personal / institutional action plan for implementation of the JCPP PCPP

Joint Commission of Pharmacy Practitioners (JCPP) Vision
Patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient-centered, team-based healthcare.

Pharmacists’ Patient Care Process (PPCP)

GOALS
1. Promote consistency across the profession
2. Provide a framework for delivering patient care across practice settings
3. Comprehensive approach to patient-centered care in collaboration with health-care teams
4. Apply to a variety of clinical services (MTM)

PPCP Foundations
Approved by JCPP Organizations May 2014, Supported by 12 National Pharmacy Organizations

1. Establish a patient-pharmacist relationship
2. Engagement and effective communication with patient, family and caregivers
3. Collaborate, document, and communicate with physicians and other HCP
4. Enhance processes by interoperable information technology systems
ACPE Relevance

Standard 10: Curriculum Design, Delivery, and Oversight

10.8 “Pharmacists’ Patient Care Process”

The curriculum prepares students to provide patient-centered collaborative care as described in the Pharmacists’ Patient Care Process model endorsed by JCPP.

2013 CAPE Educational Outcomes

Domain 2: Essential for Practice and Care

2.1 Patient-centered care (caregiver)

Provide patient-centered care as the medication expert (collect, interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

- 2.1.1 Collect subjective and objective evidence related to patient, medications, allergies/adverse reactions, and disease by performing patient assessment from chart/electronic health records, and patient/family interviews.
- 2.1.2 Interpret evidence and patient data.
- 2.1.3 Prioritize patient needs.
- 2.1.4 Formulate evidenced based care plans, assessments, and recommendations.
- 2.1.5 Implement patient care plans.
- 2.1.6 Monitor the patient and adjust care plan as needed.
- 2.1.7 Document patient care related activities.

Interprofessional Education Collaboration (IPEC)

IPEC Core Competencies

Exposure

Immersion

Integration

Model of Interpersonal Practice

Interprofessional Communication: Communicates with patients, families, communities and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

Roles/Responsibilities: Uses the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.

Teams and Teamwork: Applies relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient and population-centered care that is safe, timely, efficient, effective and equitable.

Values/Ethics for Interprofessional Practice: Work with individuals of other professions to maintain a climate of mutual respect and shared values.
Educational Strategies

Pharmacists' Patient Care Process (PPCP)

Layered Learning Practice Model

High Functioning Teams

Team System Approach

Team STEPPS Communication
Pharmacists’ Patient Care Process

Collect
- Subjective and objective information
- Understand medication and medical history

Assess
- Analyze patient’s therapy in meeting goals
- Identify and prioritize problems

Plan
- Individualized, patient-centered plan
- Collaboration, evidence-based, cost-effective

Implement
- Initiate, modify, discontinue as needed
- Education and coordination of care

Follow-Up
- Clinical endpoints
- Safety, effectiveness, adherence

Citation: JCPP Pharmacists’ Patient Care Process. May 29, 2014. Available at: https://www.pharmacist.com/sites/default/files/PatientCareProcess.pdf

Entreatable Professional Activities (EPAs)

Milestone EPA: Assess the pathophysiology of a patient’s disease state/conditions

<table>
<thead>
<tr>
<th>Level of EPA</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Level 1</strong></td>
<td>Must be the student, with specific direction and direct supervision, to obtain preliminary assessments of common conditions seen within the practice setting. The student requires significant direction for assessment and feedback to ensure assessment is accurate.</td>
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<tr>
<td><strong>Level 2</strong></td>
<td>Must be the student, with direct supervision and frequent correction, to assess common chronic conditions seen within the practice setting. The student accepts feedback but performance improvement is not expected.</td>
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<td><strong>Level 3</strong></td>
<td>Must be the student, with limited correction, to assess common chronic conditions seen within the practice setting. The student is self-directed and seeks guidance as necessary.</td>
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<tr>
<td><strong>Level 4</strong></td>
<td>Must be the student to complete and accurately assess common chronic conditions seen within the practice setting as an independent practitioner (open forum).</td>
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<tr>
<td><strong>Level 5</strong></td>
<td>Must be the student to complete and accurately assess common chronic conditions seen within the practice setting as an independent practitioner (open forum). The student is qualified to give meaningful feedback to other learners.</td>
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Readiness for independent practice
- Assess training progression
- Set of tasks / responsibilities
- Translate competencies to clinical practice
- Observable and measurable in process and outcome

EPA Task Domains

- Patient care provider
- Interprofessional team member
- Population health / care provider
- Practice manager
- Information master
- Self-developer

EPA Milestones in PharmD Education

<table>
<thead>
<tr>
<th>EPA</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
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<tr>
<td>Assess pathophysiology of a patient’s disease state/conditions</td>
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<tr>
<td>Assess patient’s past medical history, medication history and responses, and allergy history</td>
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<tr>
<td>Assess a patient’s current medication regimen to ensure appropriateness, efficacy, and drug interactions</td>
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<td>X</td>
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<tr>
<td>Develop a patient-centered therapeutic plan</td>
<td>X</td>
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<tr>
<td>Provide follow-up of a patient’s medication evaluating continued appropriateness of therapy and clinical outcomes</td>
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<td>X</td>
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<tr>
<td>Provide therapeutic drug monitoring</td>
<td>X</td>
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<tr>
<td>Document a patient-centered therapeutic plan and other patient-specific clinical information</td>
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<td>X</td>
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<td>Work with interprofessional care teams and members</td>
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<td>X</td>
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<tr>
<td>Interpret medical literature to provide evidence-based, best practice clinical care</td>
<td>X</td>
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<tr>
<td>Provide medical information in written documentation</td>
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<td>X</td>
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<tr>
<td>Provide effective and collaborative communication with patient and other health care providers</td>
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<td>Exhibit professional behavior</td>
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Levels of EPAs – Means of Assessment

- Level 1: Observe only, even with direct supervision
- Level 2: Perform with direct, proactive supervision
- Level 3: Perform with reactive supervision (i.e., on request and quickly available)
- Level 4: Supervise at a distance and/or post hoc
- Level 5: Supervise more junior colleagues

Level 5 = LLM?
Medication Related Problems

- Gap in Care
- Therapeutic Duplication
- Nonadherence
- Opportunity to reduce costs
- Unnecessary medication therapy
- Dosage too low/high
- Adverse drug event

PPCP Steps A-E

C. Plan

The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective. This process includes establishing a care plan that:

- Addresses medication-related problems and optimizes medication therapy
- Sets goals of therapy for achieving clinical outcomes in the context of the patient’s overall health care goals and access to care
- Engages the patient through education, empowerment, and self-management
- Supports care continuity, including follow-up and transitions of care as appropriate
PPCP Steps A-E

D. Implement
The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver. During the process of implementing the care plan, the pharmacist
- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration
- Initiates, modifies, discontinues, or administers medication therapy as authorized
- Provides education and self-management training to the patient or caregiver
- Contributes to coordination of care, including the referral or transition of the patient to another health care provider
- Schedules follow-up care as needed to achieve goals of therapy

Integrating the PPCP on Rotations

- Communication
  - Communicating Instructions
  - Providing Feedback
  - Listening for Understanding
- Performance Improvement
  - Setting Performance Goals
  - Rewarding Improvement
  - Dealing With Failure
  - Assessing Strengths and Weaknesses
- Relationships
  - Building Rapport and Trust
  - Motivating Others
  - Working With Personal Issues
  - Confronting Difficult Situations
- Execution
  - Responding to Requests
  - Following Through

Review as part of your orientation activities

Best Practices

- LLM
  - Cleveland Clinic Florida
  - University Hospitals of Geauga Medical Center
- PPCP
  - Fairview Pharmacy Services
  - University of Pittsburgh SOP

Colleges / Schools

- Integration
  - Consistent use of PPCP in practice by pharmacists
  - Enhanced delivery of patient care through enhanced IPE collaboration
- Buy-in
  - Consistent use of PPCP in practice by pharmacists
  - Enhanced delivery of patient care through enhanced IPE collaboration

Cleveland Clinic Florida

- Community teaching hospital (part of the greater Cleveland Clinic Health System)
- Pharmacy services: 40 FTEs / 3 PGY1s / 5 clinical specialists with 1-2 students per block
- PPMI evaluation: Identified that medication reconciliation / discharge counseling was lacking
  - Increase utilization of students
  - Integrate ‘real world’ patient care experiences into rotation learning

ASHP NCPP 2016. Constructing a layered learning model: considerations and opportunities
LLM - Cleveland Clinic

- 226-235 students / annually from 6 institutions (1 onsite faculty members from 2 different institutions)
- Created teams (LLM): 1 pharmacist, 1 resident, 2-5 APPE students, 1 IPPE student
- Developed daily student responsibilities for patients
- Patient ratios:
  - Pharmacist: 30-40 patients & student: 5-10 patients
  - Resident was extender of preceptor

ASHP NCPP 2016. Constructing a layered learning model: considerations and opportunities

LLM - University Hospitals

- Small non-teaching community hospital
- 3 resident positions: 2 PGY1, 1 PGY2
- Team: hospitalist, clinical specialist, PGY1 resident, 3 APPE students
  - Meaningful interprofessional rotation
  - Delineated responsibilities for each team member
  - Back-up plan for when no students available
- Maximize student and resident load

ASHP NCPP 2016. Constructing a layered learning model: considerations and opportunities

LLM - University Hospitals

- Benefits LLM:
  - 5,301 interventions over 2,622 encounters
  - Increased scholarly opportunities
  - Improved patient satisfaction
  - Improved student satisfaction
  - Improved the trust and respect amongst team members

ASHP NCPP 2016. Constructing a layered learning model: considerations and opportunities

PPCP - Fairview

- Provide MTM = CMM services
- Shared the importance of consistent practice model with employees, health care team colleagues and payors
- 24 pharmacists in 30 Twin Cities locations (2015 data)
  - 5, 304 unique patients seen
  - 11,978 visits
  - 14.4 meds & 9.9 medical conditions per patient
  - 15, 167 DTPs identified, 91% resolved
- Previous study conducted in Minnesota (2001-2002): total health expenditures decreased from ~$12,000 to $8,000 per person (J Am Pharm Assoc. 2008;48(2):203-11.)
Pitt Pharmacy

- Integrated the PPCP into the curriculum (P1 through P4)
- Wanted to integrate into ‘REAL’ pharmacies
- Pitt Community: 77 community pharmacies
  - 4,571 patients, 110 students
- Empowering students:
  - 2013 Million Hearts Campaign National Award
  - 2014 Advocacy State Award
  - 2015 Script Your Future National Award

Northeastern University - SOP

Direct Patient Care – IPPE vs. APPE

- Prior to P4 Year Experience
  - Medication histories
  - Patient discharge medication counseling
  - Quality assurance data collection
- P4 Year Experience
  - Engage in PK or anticoagulation monitoring service
  - Design a therapeutic regimen
  - Antimicrobial stewardship activities
  - Renal and hepatic dosing changes

Fusing All Steps
QUEST-SCHOLAR Application

- Counseling cases structured around Quest
  - Q = quickly and accurately assess the patient
    - Ask about current complaint (SCHOLAR)
    - Ask about medications and other products
    - Ask about current medical problems
    - Ask about drug allergies
  - E = establish that the patient is an appropriate self-care candidate
  - S = suggest appropriate self-care strategies
    - Medications
    - Alternative treatments
    - General care measures
  - T = talk with the patient
    - About reasons for self-treatment and what to expect
    - About medications recommended
    - About appropriate follow-up

PBA-GSOP PBL Case Studies Course

EPAs in APPE Assessment

See Handout

Kleppinger EL, Auburn University - School of Pharmacy

See Handout

Kleppinger EL, Auburn University - School of Pharmacy

See Handout