

# WISCONSIN PHARMACY QUALITY COLLABORATIVE (WPQC)

## CLOSING THE LOOP THROUGH TEAM-BASED HEALTHCARE

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**O**rganizations throughout the world have embraced the need for health professionals to collaborate and coordinate more effectively. Team-based healthcare has the potential to improve patients' experience and outcomes with the healthcare system while reducing costs. Studies have shown that team-based healthcare delivery models can improve a variety of health indicators, such as blood pressure control, blood sugar control, adherence to prescription medications, and patient satisfaction.

It is quite easy to imagine a team of professionals working collaboratively in a hospital setting, especially one with an electronic health record that all professionals can access. Consider the coordinated chain of events in the following example: You take your aging mother to the emergency room because she is coughing, wheezing, and unable to catch her breath. After a chest x-ray is performed and blood is drawn, you learn that the emergency room staff would like your mother to stay in the hospital for a few days to receive IV antibiotics for pneumonia. Once the doctor orders the medications, a pharmacist has the opportunity to review your mother's medical records to ensure their safe use; such as whether the doses of the medications ordered are appropriate given her medication history (e.g., drug allergies), weight, and kidney function. If the dosages need to be adjusted or other pertinent information is needed, the pharmacist can request a clarification order from either the nurse or the doctor before the medications leave the pharmacy. This scenario is commonplace in coordinated healthcare systems, and many potential medication errors are avoided as a result.

Most care, however, takes place outside of coordinated systems such as hospitals. And many people, either experiencing the process themselves or helping an elderly parent or relative navigate the system, would argue that the care they receive is more compartmentalized than it is collaborative or coordinated. Imagine if, in the previous example, you took your mother to her regular doctor for an office visit instead of the hospital, and the doctor diagnosed pneumonia and sent her home with a prescription for antibiotic tablets and an inhaler. An entirely different chain of events would ensue. Most likely, a community pharmacist (i.e., one working at a chain or independently-owned pharmacy) would fill the prescriptions

without access to important details related to your mother's current condition and overall health. Depending on the circumstance of your visit to the pharmacy, you may not even have a conversation with the pharmacist. This alternate chain of events is problematic; as its compartmentalized nature prohibits the pharmacist from doing the most thorough double-check for medication safety possible. As a result, the likelihood of a medication-related error or an adverse event is increased.

So how can we close the loop between doctors, patients, and pharmacists to optimize healthcare and medication use? Fortunately for patients in Wisconsin, the Pharmacy Society of Wisconsin and key stakeholders across the State have been hard at work creating the infrastructure for greater team-based healthcare through the Wisconsin Pharmacy Quality Collaborative, or WPQC. Through this initiative, community pharmacists receive certification through an extensive operational and clinical training program, which includes a focus on identification of medication-related problems. The program incorporates consistent methods for pharmacists to provide, document, and communicate recommendations and services to patients' doctors. Pharmacists work together with doctors to help patients implement recommendations that are approved by the doctor. Once WPQC certified, pharmacists gain access to an electronic platform that was built specifically to guide medication reviews and to facilitate communication with doctors and other healthcare providers. The program is supported by participating health plans, which allow eligible patients to receive medication reviews at no cost and provides an important incentive for community pharmacists to engage with patients. With improved infrastructure and incentives, there is a higher likelihood that, when reconsidering the example of our elderly patient with pneumonia, a WPQC-certified pharmacist might have been able to engage more collaboratively in the healthcare process, thus decreasing the chances of a medication-related problem or adverse event.

As the medication expert on the healthcare team, an engaged and empowered pharmacist working in collaboration with your other healthcare providers has the potential to improve your health and the health of aging family members you care for. ▀