Working Collaboratively

Building pharmacist-physician partnerships requires common values and trust

by Chris Linville

photos by Mike DeFilippo

In the March issue of America's Pharmacist*, we get an expert perspective on ways to help build collaborative relationships between pharmacists and physicians.*

The topic was part of a post-convention program entitled "Creating, Telling, and Selling Your Value Story" at the NCPA Annual Convention last fall. Kurt Proctor, NCPA senior vice president for strategic initiatives, moderator for the event, offered this anecdote summing up the goals for the session:

"If you got on an elevator with a potential new patient, can you tell him about you and your pharmacy in a way that entices him to transfer to you before the doors open?" he asked. "What about a doctor? Or a local employer? Why don't you run an immunization program for them, or smoking cessation, or something else? We want to make sure you have a crisp elevator speech and message about your pharmacy to those you run into."

The January 2016 issue highlighted ways to understand and manage your pharmacy's brand. A future issue will focus on turning stories about your pharmacy into an executable marketing strategy.

A COMMON COVENANT

In discussing the pharmacist-physician relationship, Marsha Millonig, BPharm, president and CEO, Catalyst Enterprises, Eagan, Minn., asked, "What is the common covenant that bonds pharmacists and physicians together? It's helping the patient. It's really important because people do die every day when we don't work together."

Millonig says that in the current health care environment, there's never been a better time to build team-based care. But, she also says, "We do need to find common values, attitudes, and training. Figure out how you want to create value, and bring that into your relationship with physicians."

Speaking from the physician side, Paul Mulhausen, MD, chief medical officer for Telligen, West Des Moines, Iowa, acknowledged what many pharmacists find frustrating: that there is a tendency among physicians to put more trust in other physicians before any other health care practitioner.

"One of the interesting observations about working with colleagues in the medical profession is the shared social experience of having done medical school and residency, and that defines you," he says. "That shared cultural experience defines who you are. Even if you start to dig into something that's near and dear to your heart, the argument from the physician always is, 'Well we did medical school and a residency.' That's their mindset. The assumption is that colleagues who have come from that experience, gone through that training, and passed all of their exams is competent."

With that in mind, discussing ways to find a bridge to link the two professions for a common goal was the primary objective of the session. Millonig then gave an example of the wrong way for a pharmacist to pursue a partnership with a physician. She referenced "Mary," a young and eager pharmacist from Minnesota.

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"She found out about this great opportunity to go work with physicians," Millonig says. "She graduated, went to work at a pharmacy, and decided to collaborate with a clinic next door. She was really excited. She showed up at the clinic and wanted to see the doctor. But the nurse shot her down, saying they had a full patient load, that the doctor can't see her, and really don't know when she could schedule a time."

"Mary felt pretty bad after that," Millonig says. "She was fired up and enthusiastic. But what had she done to make the doctor feel like he should collaborate with her? She didn't know him; it was a cold call. Did she do her homework? Did she know anything about the physician's practice? What was a good time or a bad time to call?"

Millonig says there are studies that look at the ways pharmacists and physicians build relationships, and they are driven by the idea of trustworthiness. "It is consistent behavior over time that builds that, and often informal dialogue starts a formal collaboration."

What Mary needed to do was to get answers to several questions, Millonig says. "What made her believe the doctor would welcome her as a collaborator? What has she done to establish trust and confidence between her and the doctor? What 'homework' does she need to do to better make her case to the doctor? And how can she prove to him that it is 'safe' to work with her?"

Answering those questions is the key, Millonig says, and doing so can open doors.

"There is a huge opportunity to make a difference," she says. "Research says time and again that patients want you to coordinate care with their physicians, and we know we can make a difference from an economic standpoint."

"I am an enthusiast about team-based care," Mulhausen says. "And I think I'm a bit of an outlier from my generation. I think you will find that the generation of physicians following me have been much better socialized to collaborate with you. You'll find an environment that's more fertile for a collaborative working relationship."

COLLABORATIVE PRACTICE AGREEMENTS

Collaborative practice agreements are used to create formal practicing relationships between pharmacists and

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other health professionals, usually a physician. They allow for collaborative drug therapy management activities. They also enable pharmacists to provide a range of clinical services, including initiation, modification, and monitoring of a patient's drug therapy. At present, 48 states allow pharmacists to engage in some type of collaborative practice relationship. (Delaware and Alabama do not.) As Millonig says, "It's basically a set of rules that defines your relationship, how you are going to operate, and what you can do under protocol. And the whole idea is to improve quality of care."

There are several key components to a typical CPA:

- The pharmacist agrees to work with the prescriber under a written and signed agreement to perform certain patient care functions under specified conditions.
- The pharmacist has the knowledge, skills, and ability to perform authorized functions.
- There is the ability to document activities in a medical record.
- There is accountability for the same quality measures for all health professionals involved in the collaborative agreement.

Mulhausen says that physicians want pharmacists to assume the role of an engaged team member, and reach out to prescribers with concerns. He also says physicians find value in pharmacists' potential to find interactions and catch errors. All of these elements help create trust. "Physicians recognize that pharmacists can reduce medication errors, and physicians acknowledge and appreciate that."

Effective collaboration is based on several factors:

- Coordination of individual actions
- Cooperation in planning and working together
- Sharing of goals and problem-solving
- Sharing decision making and responsibility

Mulhausen says that he has worked with a number of pharmacy residents as part of his clinical practice and recognizes their talents.

"I had a lot of fun with young clinical pharmacists in my career," he says. "I had a lot more fun with the people who were helping them become consultant clinical pharmacists in the ambulatory care setting. I watched a lot of them embrace the homework. And that's important. From my perspective, taking a consultative role does imply that we're going to do the homework needed to truly be an expert."

Mulhausen says team dynamics have to be considered within a collaborative setting. Among them are how decisions are made and how to manage power within a team.

Saving a Life Through Teamwork

Paul Mulhausen, chief medical officer for Telligen, West Des Moines, Iowa, likes to share a story that emphasizes his sense of respect and admiration for pharmacists. He practiced medicine for about 25 years before becoming a physician executive, and one day, while working in Iowa City, Mulhausen had a patient referred to him by a cardiologist for management of diabetes. The patient not only had diabetes, but also a heart problem.

"So we talked about his diabetes, and his heart condition seemed to be fairly well-controlled and well-managed," he says. To help manage the patient's diabetes, Mulhausen prescribed metformin. He wrote the prescription and the patient, who lived about 40 miles away, went home. Later in the day, Mulhausen says he received a phone call from the patient's pharmacist, who pointed out that the patient had heart failure, and was on fairly high doses of Lasix and his other heart failure medicines.

"It reminded me that the package insert for metformin said not to take Glucophage if you have heart failure that is treated with medicines such as Lanoxin or Lasix," Mulhausen recalls. "This was 15 years ago, and we know a lot more now, but at that time, in my world view, that pharmacist had taken the initiative to reach out to me and save a person's life. And that's powerful. The opportunity to save a life is huge, and solidifies your potential value as a collaborative member of the health care team."

And when it comes to team hierarchy, Mulhausen is honest.

"This is a little pretentious on my part, but physicians are socialized to believe they are leaders of the health care team," he says. "I actually believe that personally myself. I think I was trained to lead health care teams. Not all physicians are trained to lead teams. But they are trained to believe they are the ultimate executive of the care plan. I think culturally that is still the case. Patients expect the physician to be the executive."

However, Mulhausen says that as the team develops and gels, the top-down structure can become less rigid.

"Now ultimately once we trust each other, leadership is not going to matter as much," he says. "There's going to be a lot of opportunity to delegate when I trust you, and you trust me, and I know you are going to do the right thing, and it doesn't have to be reviewed every time. So it's really a part of developing those team relationships that you have to be especially sensitive to the leadership issues.

And being outstanding at what you do can enhance your standing, Mulhausen says. "Here's where your value can be: you have to work with the team, and you have to define your added value knowledge," he says "And you have to be so much more knowledgeable about it that everyone on your team knows you can be trusted."

GETTING PAID

Obviously, health care practitioners across the spectrum want to do what's best for the patient, and collaborative agreements can help make that happen. But nobody really wants to work for free, either.

"To me, this is the elephant in the room," Mulhausen says. "Because I've never met a pharmacist who said, 'I don't want to be a valued member of the team.' And I've never met a physician who said that pharmacists should not be a member of the team.

"Physicians recognize the value of pharmacists, but we just don't know how to create the business model around payment. I think this is where things are starting to be fundamentally different. In the past, for you to come in and collaborate with me, I had to either take a cut in pay so you could get your time reimbursed, or I had to work in an integrated model where they would support your time because they recognized the quality element of value."

Mulhausen referenced advanced payment models such as accountable care organizations, pointing out that they tend to be institutionally centered. For example, in Iowa he says they are primarily being run out of hospitals. But he recognized that if you are an independent professional, you might believe you are being pressured to join systems and join organizations, but you want to maintain some professional independence. For those people, a project called the Comprehensive Primary Care model (innovation.cms.gov) might be an option.

20 Tips to Build Communication and Collaboration With Physicians

1. Create a written plan with clear definitions and reference published treatment guidelines.
2. Focus on the patient as your first and only priority.
3. When first discussing a specific patient with a physician, do not try to "own" that patient. (Physicians are accountable for the patient's treatment plan.)
4. Get to know the physician's practice, and especially become acquainted with key staff and practice workflow.
5. Develop a supportive culture for things to happen. For example, establish a highly creative MTM culture.
6. Advocate with state regulatory and policy organizations so clear articulation of roles can be fostered. New business models are changing traditional scopes of practice.
7. Start small and build from there: for example, with an immunization program or high-risk medication, or focus on a particular quality measure.
8. Develop tools for patients to use with their physicians—they are consumers, too. For example, the personal medication record and medication action plan are part of the MTM core service elements.
9. Use the Internet and other communication technologies for quick, easy dialogue, and provide physicians with helpful information on a regular basis for treatment plans.
10. Build/use a system to share patient information and contribute to coordination of care.
11. Create value for the physician. Get to know his or her interests. Conduct physician surveys.
12. Detail physicians about your service. Over time, send follow-up letters and faxes, and make phone calls (according to physician preference) to keep them up-to-date.
13. Check your phone etiquette and that of your staff. Don't use medical jargon; you can't win.
14. Present a professional image in all communications.
15. Develop joint statements to share with media. Consider doing so during designated health events. See www.healthfinder.gov/NHO/for ideas.
16. Develop educational programs for physicians and other health professionals. Consider their practice interest and latest trends.
17. Host jointly sponsored professional meetings.
18. Volunteer to work on committees related to drug therapy: formularies, practice guidelines, etc. Volunteer to work on committees related to HIT and information exchange; each state has such efforts underway.
19. Volunteer to help with a clinical trial or new treatment protocol, especially one on drug adherence. (Ask a manufacturer for leads.) Work with a college/school of pharmacy.
20. Make sure all collaborators share in any rewards, and especially recognition. Never forget that collaboration is built on the perception of your personal trust, commitment, and confidence.

Pharmacist Marsha Millonig says "building collaborative relationships should be top of mind."

"It's an advanced payment shared savings model that's rooted in groups of practices," Mulhausen says. "It's a demonstration project out of the Centers for Medicare and Medicaid Services just like the Pioneer accountable care organization demonstration project. And I can tell you, because we have run it, that in the first year it saved money. And because it saved money, the practices that were especially talented balancing between quality and cost are going to get money back. So some of the practices, though not all, are actually going to share in the savings out of the first year of that demonstration. So better care coordination that results in higher quality care, at a lower cost, creates value for the practitioner, and the practitioners are being incentivized to work in teams. So you become a part of that team. I believe that health care reform, and the movement from volume based reimbursement to value-based reimbursement, is the new opportunity for collaborative care. It's fertile ground. Health care transition is creating an environment where you can get paid for the teamwork."

So, opportunities for successful pharmacist/physician collaboration is clearly a viable option. To fully succeed as part of an integrated health team, pharmacists need to develop an understanding of the skills and attributes that predict success. These include knowledge, trust, and understanding of team roles.

"We know physicians want it, there's an opportunity to do it, patients want it, and we can make a difference," Millonig says. "So building collaborative relationships should be top of mind."

For his part, Mulhausen recognizes the role that pharmacists can play, not only in reducing medication errors, but also contributing with their clinical skills. "I am highly biased toward collaborating with you," he says. ■

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