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<b>College *</b>	College of Pharmacy
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<b>Title of Research *</b>	Identifying Barriers to implementation of a Physician-Pharmacist Collaboration Model – Statistical Analysis of Physician and Pharmacist Survey in 27 Primary Care Clinics
<b>Other Authors *</b>	Thomas Vaughn PhD ( UI College of Public Health); Barry Carter Pharm D (UI College of Pharmacy)
<b>Introduction &amp; Purpose *</b>	The physician-pharmacist collaborative model (PPCM) has been shown to improve patient outcomes such as blood pressure (BP). The purpose of this study was to identify barriers and facilitators to collaboration.
<b>Experimental Design *</b>	We distributed a survey to pharmacists and physicians who practice within 27 clinics involved in the CAPTION trial. The survey included 53 items that evaluated practitioner attitudes towards collaboration and implementation of collaborative intervention such as BP management by the pharmacist(s) in their office. Pearson correlations were used to examine and correlate the level of current pharmacy services with the beliefs of the pharmacists and physicians to implement a new pharmacist-managed service identified in the survey instrument.
<b>Results *</b>	Surveys were returned from 206 physicians (25%) and 36 pharmacists (73%) . There was a strong relationship between physician knowledge of PPCM and their belief that pharmacists should be involved in establishing a new pharmacist-managed service ( $p=0.022$ ). Physician knowledge of PPCM was strongly correlated with pharmacist perception and the scores in the same clinic that concerned whether they believed physicians are likely to refer patients to them for medication management and advice ( $p=0.001$ ). When physicians and pharmacists rated each other's expertise as helpful, there was a strong correlation with a positive relationship between the two professionals ( $P=<0.0001$ ). Physicians reported better relationships with pharmacists when there were fewer barriers to implementation (insurance reimbursement, designated space for pharmacists, clinic staff support for scheduling patients) ( $P=0.0263$ ).
<b>Conclusions *</b>	This study demonstrates good congruence between physicians and pharmacists concerning their desire to implement team-based care interventions. The more physicians were familiar with PPCM, the greater the likelihood they would utilize the pharmacist for these services. The results suggest that this survey instrument is valid for predicting intentions by physicians to implement PPCM and it will be useful in health services research evaluating the implementation of PPCM.

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