

# Overcoming Barriers to Interprofessional 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



# Pharmacy-based challenges of clinical IPE in Colorado

- Pharmacy is an anomaly as it is the only health profession requiring student licensure → Student intern
- Statute in Colorado required a pharmacist to supervise interns, thus necessitating a licensed pharmacist be present for each IPE experience



# The desired outcome

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



# 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



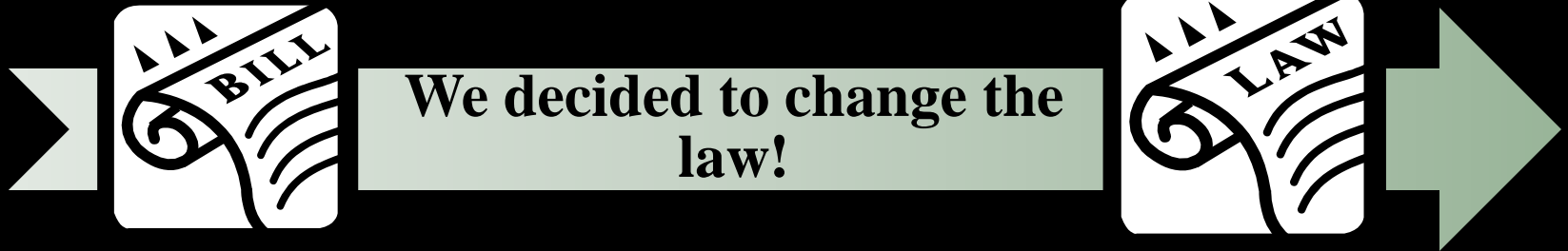
# Identify stakeholders and engage potential collaborators

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



# Explore potential solutions

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



# The Colorado Story

- 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



# Impact on IPE practice settings

- Increased integration of interprofessional training

Impact on Clinical Offerings	Site	Student Capacity
New P4 IP Primary Care Elective Rotations	2 clinics	10 – 15 / year
Expanded roles for P4 students in underserved clinics	5 clinics	35 - 40 students / year
Collaborative precepting between community pharmacy and health centers	6 communities	25 - 35 students / year
Integration of early pharmacy learners into primary care clinics	3 sites	80 students / year



# Impact on IPE practice settings

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



# 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 in their requirements to learn in new team-based care delivery models

