

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



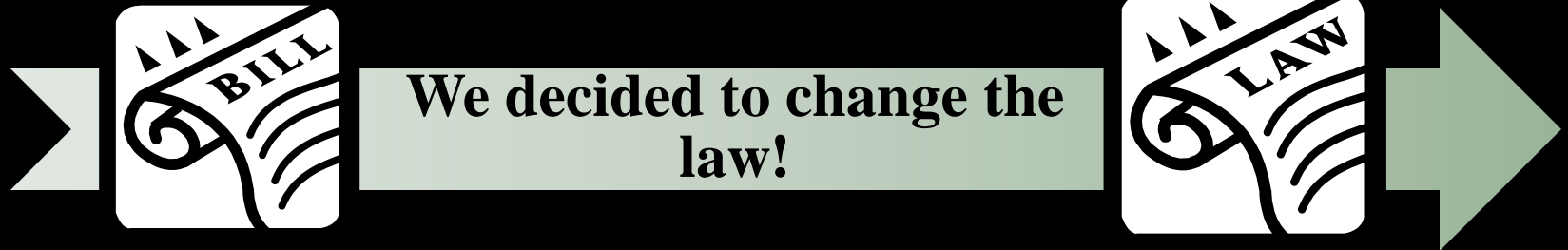
Identify stakeholders and engage potential collaborators

- 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

