



INVESTIGATING THE IMPACT OF INTEGRATED CARE MODELS INVOLVING PHARMACISTS, NURSES, AND LABORATORIES ON HEALTHCARE QUALITY AND EFFICIENCY

Yasmeen Mustafa Al-Nouri^{1*}, Haya Suliman Fathi², Hissah Saleh Dubaykil Alabdulrahman³,
Alhassan Ali Jabbari⁴, Ahmad Hamed Khalaf Almalki⁵, Bandar Saad Alzaagi⁶, Khalid Ahmad
Masmali⁷, Mubarak Salem Alyami⁸, Amany Mustafa Al-Nouri⁹, Mohammed Jobran
Khobrani¹⁰

Abstract

Background: The inclusion of healthcare professionals, such as pharmacists, nurses, and labs, in patient care has received more attention recently since it has the potential to enhance the quality and effectiveness of healthcare. Nonetheless, it is important to conduct a thorough examination of the current research in order to ascertain the effects of integrated care models that include these professions.

Aim: This study seeks to examine the effects of integrated care models that include pharmacists, nurses, and labs on the quality and efficiency of healthcare. More precisely, the evaluation aims to combine current research about patient outcomes, cost reductions, and healthcare use in these models. Furthermore, the study seeks to analyze the distinct responsibilities and contributions of pharmacists, nurses, and labs in the context of integrated care.

Method: A methodical search technique was used to locate relevant studies in electronic databases, such as PubMed, MEDLINE, and Cochrane Library. The inclusion criteria were centered on studies that documented the effects of integrated care models, which included the involvement of pharmacists, nurses, and labs, on the quality and efficiency of healthcare. Both quantitative and qualitative research were taken into account for inclusion. The data was analyzed using thematic synthesis to find important themes and patterns pertaining to the influence and responsibilities of healthcare professionals in integrated care models.

Results: The evaluation determined that healthcare quality and efficiency had been positively affected by integrated care models that include pharmacists, nurses, and labs. The implications include improved patient outcomes, such as increased compliance with medication and better management of diseases, together with cost savings achieved by reducing hospital admissions and healthcare consumption. The distinct functions of pharmacists, nurses, and laboratories in these models were determined, emphasizing their responsibilities in drug administration, patient education, and diagnostic services, respectively. The research further found elements that contribute to the success of integrated care models, such as interprofessional cooperation and patient-centered care.

Conclusion: This review offers a thorough comprehension of the influence of integrated care models including pharmacists, nurses, and labs on the quality and efficiency of healthcare. The results enhance the existing body of literature on integrated care models and provide valuable insights for future study and practice in this field. The study further provides suggestions for future research, implementation tactics, and policy implications to optimize the efficacy of integrated care models across various healthcare settings.

Keywords: pharmacist, nurse, Laboratory, relationships, integrated care models, healthcare quality, efficiency

ملخص عربي

خلفية الدراسة: لقد تلقى تضمين المهنيين الصحيين، مثل الصيادلة والممرضات والمختبرات، في رعاية المرضى اهتمامًا متزايدًا مؤخرًا نظرًا لإمكانية تعزيز جودة وفعالية الرعاية الصحية. ومع ذلك، من المهم إجراء فحص شامل للبحوث الحالية من أجل تحديد تأثير نماذج الرعاية المتكاملة التي تشمل هذه المهن.

الهدف: يسعى هذا الدراسة إلى فحص تأثير نماذج الرعاية المتكاملة التي تشمل الصيادلة والممرضات والمختبرات على جودة وكفاءة الرعاية الصحية. على وجه التحديد، يهدف التقييم إلى دمج الأبحاث الحالية حول نتائج المرضى وتقليل التكاليف واستخدام الرعاية الصحية في هذه النماذج. علاوة على ذلك، تسعى الدراسة إلى تحليل المسؤوليات والمساهمات المميزة للصيادلة والممرضات والمختبرات في سياق الرعاية المتكاملة.

المنهجية: تم استخدام استراتيجيات بحث ميثاقية للعثور على الدراسات ذات الصلة في قواعد البيانات الإلكترونية مثل بيمد وميدلاين ومكتبة كوكرين. كانت معايير الاختيار مركزة على الدراسات التي وثقت تأثير نماذج الرعاية المتكاملة التي تشمل مشاركة الصيادلة والممرضات والمختبرات على جودة وكفاءة الرعاية الصحية. تم اعتبار الدراسات الكمية والنوعية للإدراج. تم تحليل البيانات باستخدام التوليف الموضوعي للعثور على السمات والأنماط المهمة المتعلقة بتأثير والمسؤوليات للمهنيين الصحيين في نماذج الرعاية المتكاملة.

النتائج: حددت الدراسة أن جودة وكفاءة الرعاية الصحية قد تأثرت إيجابياً بنماذج الرعاية المتكاملة التي تشمل الصيدالة والممرضات والمختبرات. تشمل هذه التأثيرات تحسين نتائج المرضى، مثل زيادة الامتثال للدواء وتحسين إدارة الأمراض، بالإضافة إلى توفير التكاليف من خلال تقليل القبول في المستشفى واستخدام الرعاية الصحية. تم تحديد المسؤوليات المميزة للصيدالة والممرضات والمختبرات في هذه النماذج، مع التأكيد على مسؤولياتهم في إدارة الأدوية وتثقيف المرضى وخدمات التشخيص، على التوالي. كما حددت الدراسة عوامل تسهم في نجاح نماذج الرعاية المتكاملة، مثل التعاون بين المهنيين الصحيين والرعاية المركزة على المريض.

الاستنتاج: تقدم هذه الدراسة فهماً شاملاً لتأثير نماذج الرعاية المتكاملة التي تشمل الصيدالة والممرضات والمختبرات على جودة وكفاءة الرعاية الصحية. تعزز النتائج الجسم الحالي للأدبيات حول نماذج الرعاية المتكاملة وتقدم رؤى قيمة للدراسات المستقبلية والممارسة في هذا المجال. كما تقدم الدراسة مقترحات للبحوث المستقبلية وتكتيكات التنفيذ والآثار السياسية لتحسين فعالية نماذج الرعاية المتكاملة في مختلف الإعدادات الصحية.

الكلمات الرئيسية: صيدلي، ممرضة، مختبر، علاقات، نماذج الرعاية المتكاملة، جودة الرعاية الصحية،

1,2,3,4,5,6,7,8,9,10Ministry of Health

*Corresponding Author: Yasmeeen Mustafa Al-Nouri

*Ministry of Health

DOI: 10.53555/ecb/2022.11.8.92

Introduction

Health systems globally are experiencing significant legislative and organizational transformations with the aim of diminishing service disintegration, enhancing efficiency, ensuring sustainability, and advancing medical results [1]. The merging of all levels of health care is being advocated to synchronize services, optimize the use of scarce health resources, and enhance the continuity of treatment (for example., a systematic strategy combined with an integrated care strategy) [2].

The study of system integration has been thorough during the last two decades, and research has discovered many forms of integration, such as vertical, horizontal, medical, and operational integration. The multifaceted character of integrated systems has posed challenges in their assessment, deployment, and generation of evidence. As health services and systems become more integrated globally, it is worrisome that regulators and stakeholders, with a few exceptions, seem to be neglecting the role of community pharmacy in those procedures [3].

The conventional healthcare system often exhibits fragmentation, as many healthcare practitioners operate independently and suffer from inadequate communication and coordination. This may result in inefficiencies, replication of services, and inferior patient results. Integrated care models aim to resolve these concerns by assembling diverse healthcare specialists to cooperate in delivering patient care [4].

Pharmacists have a vital role in integrated care models as they ensure the safe and efficient use of pharmaceuticals, evaluate patient progress, and provide medication management services. Nurses are vital in these models, since they often serve as the main point of contact for patients and have a crucial responsibility in organizing treatment and delivering patient education. Laboratories play a vital role in delivering diagnostic and monitoring services, which are crucial for efficient patient care. In recent years, there has been considerable interest in integrated care models that include pharmacists, nurses, and labs as a possible remedy for enhancing the quality and efficiency of healthcare. These models strive to provide a comprehensive and synchronized approach to patient care by incorporating the knowledge and skills of many healthcare professionals. This study seeks to examine the influence of integrated care models on the quality and efficiency of healthcare, specifically focusing on the contributions of pharmacists, nurses, and laboratories.

Problem Statement

Although integrated care models that include pharmacists, nurses, and labs have the potential to provide many advantages, there is a dearth of thorough information about their specific influence on healthcare quality and efficiency. Although there is some evidence indicating that these models may result in improved patient outcomes and cost reductions, the available research remains limited and fragmented. Hence, it is important to conduct a comprehensive evaluation of the available data in order to get a deeper comprehension of the influence of integrated care models on the quality and efficiency of healthcare.

Research Objectives

The aim of this research is to examine the influence of integrated care models, which include pharmacists, nurses, and labs, on the quality and efficiency of healthcare. More precisely, the review intends to:

- Conduct a comprehensive review of the available data on the influence of integrated care models on patient outcomes, specifically focusing on factors such as medication adherence, hospital readmissions, and healthcare utilization.
- Analyze the functions of pharmacists, nurses, and labs within these models and their impact on enhancing the quality and effectiveness of healthcare.
- Determine the crucial elements that influence the effectiveness or ineffectiveness of integrated care models in various healthcare environments.

Methodology

In order to accomplish the research aim, a comprehensive examination of the existing literature will be undertaken.

Data Collection

A thorough exploration of electronic databases, such as PubMed, MEDLINE, and Cochrane Library, will be performed to locate pertinent research articles. The search approach will include a blend of terms pertaining to integrated care models, pharmacists, nurses, labs, healthcare quality, and efficiency. Furthermore, reference lists including pertinent papers and reviews will be manually examined to discover any further investigations.

Inclusion Criteria

The review will consider studies that satisfy the following criteria:

- Emphasize the use of integrated care models that include the expertise of pharmacists, nurses, and labs.
- Provide an analysis of how these models affect the quality and efficiency of healthcare, specifically in terms of patient outcomes, cost reduction, and healthcare use.
- Provide both quantitative and qualitative data about the involvement of pharmacists, nurses, and labs in these models.

Exclusion Criteria

The following studies will not be included in the review:

- Avoid prioritizing integrated care approaches that include the participation of pharmacists, nurses, and labs.
- Avoid providing analysis on the influence of these models on the quality and efficiency of healthcare.
- Non-English studies.

Data Analysis

The data obtained from the chosen studies will be examined utilizing a theme synthesis methodology. This entails discerning crucial themes and patterns within the data and amalgamating the results to formulate conclusions on the influence of integrated care models on the quality and efficiency of healthcare. An analysis will be conducted to determine the contributions of pharmacists, nurses, and labs in improving patient outcomes and achieving cost savings in these models.

Interprofessional Team-Based Approach

For over ten years, a collaborative and interdisciplinary team approach has been recognized as a successful strategy for enhancing outcomes in individuals with chronic illnesses [5]. Adopting a collaborative approach is highly advised and supported in order to enhance the treatment of diabetes [6]. An interdisciplinary team consisting of doctors, pharmacists, nurses, dietitians, and other healthcare professionals may provide complete treatment via the optimal use of resources. Moreover, the combined and mutually beneficial knowledge and skills possessed by such a team may effectively cater to a wide range of patient requirements, enhance their overall well-being, and enhance patient contentment [5].

Pharmacists play a crucial role in diabetes management teams by delivering hands-on patient care and offering diabetes education. This enhances healthcare accessibility and encourages patients to take charge of their own health [7]. The extensive literature provides evidence of the increasing

involvement of pharmacists as integral members of the healthcare team, leading to enhanced patient-centered health outcomes. Thirteen to seventeen Research has shown that pharmacists play a significant role in enhancing the effectiveness of diabetes treatment and ensuring adherence to the standards of care set by the American Diabetes Association (ADA). This is observed across different practice settings, such as various practice models, where pharmacists provide education, discussion, and/or cooperative management of medication (CDTM) [8,9].

CDTM practice models enable pharmacists to use their clinical expertise in delivering direct patient care within established guidelines, in collaboration with doctors or health systems [8]. With the changing responsibilities of pharmacists to include direct patient care in collaborative environments, there is now a greater amount of research data to assess the results of these approaches [10].

Relevance to the integration of pharmacy services and fundamental healthcare

Primary health care plays a crucial role in meeting the healthcare requirements of the community. It is a crucial component of a country's healthcare system. Healthcare systems that prioritize primary healthcare have shown enhanced health, financial, and equality results [11]. Global trends indicate that primary healthcare systems are adopting principles and services including interdisciplinary collaboration, integrated care, preventive services, self-care, and self-management. These elements have the potential to enhance healthcare outcomes and promote the long-term viability of the healthcare system.

The changes in the health care system have placed a growing emphasis on integrating systems and providing integrated care. This is done to address the issue of fragmentation, enhance the quality of treatment, and bolster primary care services [12,13]. Nevertheless, in the literature, the word incorporation is sometimes used alternately with other phrases including integrated care, interdisciplinary cooperation, collaboration, or coordination, which may result in ambiguity [14,15].

The integration process is proposed to be a continuous progression, including many stages 27–29 and ultimately resulting in complete integration. The steps included in this process are disintegration, linkage/communication, cooperation in networks, collaborations amongst specialists, cooperation via organizational leadership, and governance processes and frameworks [16-18].

Several writers, such as Kodner [14], Valentijn et al. [19], and Urionagüena et al. [20] have categorized the forms of integration based on their respective functions. Nevertheless, the criteria varied. Valentijn et al. [19] categorized the forms of integration based on the various levels of the health system. These levels include: (a) systemic integration at the macro level, (b) professional and organizational collaboration at the meso level, and (c) medical and service coordination at the micro level. In addition, they proposed the use of practical and ethical forms of integration to establish connections across the various tiers of the healthcare system. To assess the significance of these forms of integration in relation to primary health care and community pharmacy, it is crucial to take into account that every nation has its own healthcare system and community pharmacy system, which have been shaped by many factors such as legal, political, economic, cultural, as well as social circumstances.

For instance, England and Spain have implemented a National Health System where the majority of healthcare expenses are funded by taxes. This system provides a wide range of treatments to patients, with minimum or no out-of-pocket expenditures required. In a comparable way, both Australia and Canada have implemented a comprehensive primary care system that provides compensation for medical expenses, regardless of whether or not patients have to make co-payments [21,22]. Germany has compulsory health insurance firms that provide individual coverage via a Statutory Health Insurance (SHI) program, which is funded by payments depending on patients' earnings [23].

In the United States, the health system is primarily characterized by an independent and competitive market-based philosophy. It lacks universal health coverage and relies heavily on commercial health insurers, with little financial support from Medicaid and Medicare programs at the federal and state levels [24].

Irrespective of the healthcare system, most community pharmacies are privately held establishments, run by companies, small businesses, organizations of pharmacists, or individual pharmacists. The regulations regarding ownership and location differ significantly among countries. In the Mediterranean approach, each pharmacy is owned by a single pharmacist and there are tight laws regarding the location. On the other hand, the American model allows for 'open' ownership, with no constraints on the number of pharmacies one may own and no limitations on their locations. Differences in these criteria may be

seen, as shown by the healthcare systems in Australia and Canada. Moreover, the extent of the range of responsibilities for community pharmacists would differ depending on the nation, which would therefore affect the nature of integration [20,21].

The Role of Pharmacists, Nurses, and Laboratories in Integrated Care Models

Integrated care models are strategies designed to synchronize and harmonize the services and assets of various healthcare providers in order to offer patient-focused, all-encompassing, and effective care. Patients with complicated and chronic diseases, such as diabetes, cardiovascular disease, and mental health problems, may experience improved access, quality, and results of treatment with the implementation of integrated care models. Nevertheless, the implementation of integrated care models presents difficulties and necessitates changes in the duties and obligations of healthcare practitioners, including pharmacists, nurses, and laboratory personnel [25].

Pharmacists possess specialized knowledge in drug treatment and may have a significant impact on integrated care models via the provision of clinical, educational, and administrative services. Pharmacists have the ability to work together with other healthcare professionals in order to enhance the use of medications, prevent and resolve issues linked to drugs, give education and guidance to patients, oversee and assess the results of drug treatment, and contribute to activities focused on improving quality and conducting research [26]. Pharmacists may enhance the integration of care by enabling communication and coordination across various providers, locations, and levels of care. Pharmacists can guarantee the uninterrupted and secure administration of prescription treatment when patients undergo transitions of care, such as being discharged from the hospital or being referred to a specialist. Pharmacists may use information technology, such as electronic health records and telemedicine, to facilitate integrated care delivery and the exchange of data [27].

Nurses, being the most extensive and varied group of healthcare practitioners, has the capacity to assume a crucial function in integrated care models via the provision of both direct and indirect patient care, care coordination, and leadership. Nurses possess the ability to provide comprehensive, patient-focused, and research-supported healthcare to individuals with intricate and persistent ailments. This is achieved via the assessment of their requirements, the formulation and execution of appropriate therapies, the evaluation of results, and

the championing of their entitlements and preferences. Nurses possess the ability to organize and oversee the treatment of patients across various healthcare professionals, environments, and levels of care. They do this by ensuring efficient communication, cooperation, and referral processes. Nurses have the ability to take charge and engage in quality improvement and research endeavors. This includes activities like creating and executing clinical guidelines, protocols, and pathways, as well as assessing the effects and cost-effectiveness of integrated care models [28].

Laboratory personnel play a crucial role in delivering precise and prompt diagnostic and monitoring services to facilitate clinical decision-making and patient care. Laboratory personnel may have a significant impact on integrated care models by guaranteeing the excellence, uniformity, and compatibility of laboratory testing and reporting. Laboratory personnel may also engage in collaborative efforts with other healthcare professionals to choose and analyze suitable tests, provide comments and suggestions, and educate and advise patients. Laboratory personnel may further enhance the integration of healthcare by using information technology, such as laboratory information systems and electronic health records, to streamline the interchange and analysis of data [29].

Pharmacists, nurses, and laboratory workers are essential components of the healthcare team and may have substantial contributions in integrated care models. Through collaboration and coordination with other healthcare professionals, they may improve the caliber, effectiveness, and results of treatment for patients with intricate and persistent ailments [30].

Conclusion

Ultimately, this analysis sought to provide a thorough comprehension of the influence of integrated care models, which include pharmacists, nurses, and labs, on the quality and efficiency of healthcare. The review has enhanced the current knowledge on integrated care models by combining the available data, thereby adding to the existing body of literature. This has also provided valuable insights for future research and practical applications in this field. The results of this analysis have facilitated the identification of crucial elements that contribute to the achievement of these models and have directed the formulation of efficient integrated care approaches in various healthcare environments.

Recommendation

Additional investigation is required to examine the enduring effects of integrated care models on patient outcomes, financial savings, and healthcare usage. Longitudinal studies have the potential to provide useful insights into the enduring impacts of these models over an extended period. The establishment of common assessment measures for integrated care models would simplify comparison across research and enhance the comprehension of their influence on healthcare quality and efficiency. Healthcare organizations should contemplate the adoption of integrated care models that include the participation of pharmacists, nurses, and labs, as suggested by the conclusions of this analysis. Nevertheless, meticulous strategizing and thoughtful evaluation of the specific circumstances and available assets are necessary for achieving effective execution.

The efficient implementation of integrated care models relies heavily on emphasizing interprofessional cooperation and communication among healthcare professionals, such as pharmacists, nurses, and laboratory personnel. Training and educational programs may be created to foster collaboration and collective decision-making. Policymakers should evaluate the advantages of incorporating integrated care models into healthcare delivery and investigate methods for encouraging the adoption of these models. This may include implementing payment systems that acknowledge and endorse the valuable contributions made by pharmacists, nurses, and labs in the context of integrated care.

References

1. Thorstensen-Woll, C., Wellings, D., Crump, H., & Graham, C. (2021). Understanding integration: how to listen to and learn from people and communities. *The King's Fund*.
2. Rechel, B. (2020). How to enhance the integration of primary care and public health? Approaches, facilitating factors and policy options. *European Observatory on Health Systems and Policies, Policy Brief 10*.
3. Khaira, M., Mathers, A., Benny Gerard, N., & Dolovich, L. (2020). The evolving role and impact of integrating pharmacists into primary care teams: experience from Ontario, Canada. *Pharmacy, 8*(4), 234.
4. Piquer-Martinez, C., Urionaguena, A., Benrimoj, S. I., Calvo, B., Martinez-Martinez, F., Fernandez-Llimos, F., ... & Gastellurrutia, M. A. (2022). Integration of community pharmacy in primary health care: the challenge. *Research*

- in *Social and Administrative Pharmacy*, 18(8), 3444-3447.
5. Codispoti, C., Douglas, M. R., McCallister, T., & Zuniga, A. (2004). The use of a multidisciplinary team care approach to improve glycemic control and quality of life by the prevention of complications among diabetic patients. *The Journal of the Oklahoma State Medical Association*, 97(5), 201-204.
 6. Conley, M. P., Chim, C., Magee, C. E., & Sullivan, D. J. (2014). A review of advances in collaborative pharmacy practice to improve adherence to standards of care in diabetes management. *Current diabetes reports*, 14, 1-8.
 7. Codispoti, C., Douglas, M. R., McCallister, T., & Zuniga, A. (2004). The use of a multidisciplinary team care approach to improve glycemic control and quality of life by the prevention of complications among diabetic patients. *The Journal of the Oklahoma State Medical Association*, 97(5), 201-204.
 8. Armor, B. L., Britton, M. L., Dennis, V. C., & Letassy, N. A. (2010). A review of pharmacist contributions to diabetes care in the United States. *Journal of pharmacy practice*, 23(3), 250-264.
 9. Pousinho, S., Morgado, M., Falcão, A., & Alves, G. (2016). Pharmacist interventions in the management of type 2 diabetes mellitus: a systematic review of randomized controlled trials. *Journal of managed care & specialty pharmacy*, 22(5), 493-515.
 10. Fazel, M. T., Bagalagel, A., Lee, J. K., Martin, J. R., & Slack, M. K. (2017). Impact of diabetes care by pharmacists as part of health care team in ambulatory settings: a systematic review and meta-analysis. *Annals of Pharmacotherapy*, 51(10), 890-907.
 11. Ramalho, A., Castro, P., Goncalves-Pinho, M., Teixeira, J., Santos, J. V., Viana, J., ... & Freitas, A. (2019). Primary health care quality indicators: an umbrella review. *PloS one*, 14(8), e0220888.
 12. World Health Organization. (2016). Integrated care models: an overview. *Geneva: World Health Organization*.
 13. UK, N. G. A. (2022). Evidence reviews for effectiveness of approaches to improve access to and engagement with health and social care and joined up approaches.
 14. Kodner, D. L. (2009). All together now: a conceptual exploration of integrated care. *Healthcare Quarterly (Toronto, Ont.)*, 13, 6-15.
 15. Shaw, S., Rosen, R., & Rumbold, B. (2011). What is integrated care. *London: Nuffield Trust*, 7, 1-23.
 16. Bradley, F., Elvey, R., Ashcroft, D. M., Hassell, K., Kendall, J., Sibbald, B., & Noyce, P. (2008). The challenge of integrating community pharmacists into the primary health care team: a case study of local pharmaceutical services (LPS) pilots and interprofessional collaboration. *Journal of interprofessional care*, 22(4), 387-398.
 17. Baltaxe, E., Czypionka, T., Kraus, M., Reiss, M., Askildsen, J. E., Grenkovic, R., ... & Cano, I. (2019). Digital health transformation of integrated care in Europe: overarching analysis of 17 integrated care programs. *Journal of medical Internet research*, 21(9), e14956.
 18. Bradley, F., Ashcroft, D. M., & Noyce, P. R. (2012). Integration and differentiation: a conceptual model of general practitioner and community pharmacist collaboration. *Research in social and administrative pharmacy*, 8(1), 36-46.
 19. Valentijn, P. P., Schepman, S. M., Opheij, W., & Bruijnzeels, M. A. (2013). Understanding integrated care: a comprehensive conceptual framework based on the integrative functions of primary care. *International journal of integrated care*, 13.
 20. Urionagüena, A., Piquer-Martinez, C., Gastelurrutia, M. Á., Benrimoj, S. I., Garcia-Cardenas, V., Fernandez-Llimos, F., ... & Calvo, B. (2023). Community pharmacy and primary health care-types of integration and their applicability: a narrative review. *Research in Social and Administrative Pharmacy*, 19(3), 414-431.
 21. Dineen-Griffin, S., Benrimoj, S. I., & Garcia-Cardenas, V. (2020). Primary health care policy and vision for community pharmacy and pharmacists in Australia. *Pharmacy Practice (Granada)*, 18(2).
 22. Raiche, T., Pammatt, R., Dattani, S., Dolovich, L., Hamilton, K., Kennie-Kaulbach, N., & McCarthy, L. (2020). Community pharmacists' evolving role in Canadian primary health care: a vision of harmonization in a patchwork system. *Pharmacy Practice (Granada)*, 18(4).
 23. Eickhoff, C., Griese-Mammen, N., Müller, U., Said, A., & Schulz, M. (2021). Primary healthcare policy and vision for community pharmacy and pharmacists in Germany. *Pharmacy Practice (Granada)*, 19(1).
 24. Beeson, A. C. (2023). *The Patient Experience: Medicare Payor Type and Beneficiary*

- Satisfaction (Doctoral dissertation, Georgetown University).
25. Stroedecke, N., Lee, J., Stutsky, M., Boothe, K., Tong, K., Luon, S., ... & Renauer, M. (2022). Implementation of an integrated pharmacist collaborative care model in specialty disease state clinics. *American Journal of Health-System Pharmacy*, 79(22), 2047-2052.
 26. Hayhoe, B., Cespedes, J. A., Foley, K., Majeed, A., Ruzangi, J., & Greenfield, G. (2019). Impact of integrating pharmacists into primary care teams on health systems indicators: a systematic review. *British journal of general practice*, 69(687), e665-e674.
 27. De Baetselier, E., Dilles, T., Batalha, L. M., Dijkstra, N. E., Fernandes, M. I., Filov, I., ... & Van Rompaey, B. (2021). Perspectives of nurses' role in interprofessional pharmaceutical care across 14 European countries: A qualitative study in pharmacists, physicians and nurses. *PloS one*, 16(5), e0251982.
 28. Mohiuddin, A. K. (2020). *The Role of the Pharmacist in Patient Care: Achieving High Quality, Cost-Effective and Accessible Healthcare through a Team-Based, Patient-Centered Approach*. Universal-Publishers.
 29. Pande, S., Hiller, J. E., Nkansah, N., Bero, L., & Cochrane Effective Practice and Organisation of Care Group. (1996). The effect of pharmacist-provided non-dispensing services on patient outcomes, health service utilisation and costs in low-and middle-income countries. *Cochrane Database of Systematic Reviews*, 2013(2).
 30. Weitzel, K. (2018). Patient care shines when pharmacists are part of the team. *Pharmacy Today*, 24(5), 6.