**Identifying barriers to pharmacist-dietitian relationships: a focus group study**

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**Background:** Health care is complex. Opportunities to enhance healthcare in the outpatient setting continue to exist. In 2018, US healthcare spending increased to $3.6 trillion annually and the COVID-19 pandemic has increased spending by an additional estimated 12% in the past two years alone. Greenway tell us that patients are only 50% compliant to new medications while being almost 100% compliant to food intake, reinforcing the need to help patients improve compliance and optimize care. Community health settings continue to evolve with the addition of clinics and nutritional services. Guidelines speak to the importance of lifestyle and dietary modifications in addition to medication therapy for most chronic disease states. Pharmacists are medication experts and dietitians are nutrition experts and both professions can play an important role in health optimization. Additionally, the ENHANCE study states that dietitians can have a direct impact on patient medication adherence. The benefit of pharmacist-dietitian collaboration is apparent but, within an outpatient environment they do not often collaborate. To help understand why, this research study aims to identify barriers to collaboration. The COM-B model is a behavioral theory that identifies the behavioral frameworks of capability, opportunity, and motivation. The model goes further to provide interventional functions for each behavioral framework and corresponding policy functions that promote change.

**Objective:** Identify barriers and facilitators to pharmacist-dietitian relations using the COM-B theory to rapidly analyze pharmacist-centered focus groups.

**Methods:** This is a qualitative study conducted within a division of a large community pharmacy chain in Tennessee. Three focus groups were used to identify barriers to pharmacist-dietitian collaboration using 15 open-ended questions formulated using the COM-B theory model. Subjects were recruited from stores within the division to participate in a focus group session. Inclusion criteria for study subjects included: being a licensed pharmacist and actively working within the division of the community pharmacy chain. Once recruited, subjects were sent a confidentiality agreement and a survey related to demographic information. Confidentiality agreements were collected, and subjects were then sent a link to an online conferencing platform to use on the day of the session. The online platform was used to transcribe the conversations in real time for analysis. A rapid analysis was performed on the transcripts to assess and identify behavioral themes from the focus group conversations.

**Preliminary Results:** Saturation was met after three focus groups using 14 subjects. Each session included 4 or 5 participants. Three major themes emerged from the rapid analysis: Theme 1: Knowledgeability of the dietary program and motivation to refer, Theme 2: Awareness of patient dietary service needs, perceptions, and behaviors, and Theme 3: Gaps in communication and collaboration. Themes 1 and 3 showed behavioral frameworks for opportunity and capability and Theme 2 showed a behavioral framework for motivation.

**Conclusion:** Three behavioral frameworks emerged from the primary themes of this study. We identified the intervention functions using the COM-B theory that could be used to promote change. Future research is needed to understand these behavioral frameworks on a larger scale and to understand the effect that the intervention functions will have on the pharmacist’s ability and willingness to collaborate with dietitians to further enhance patient care.