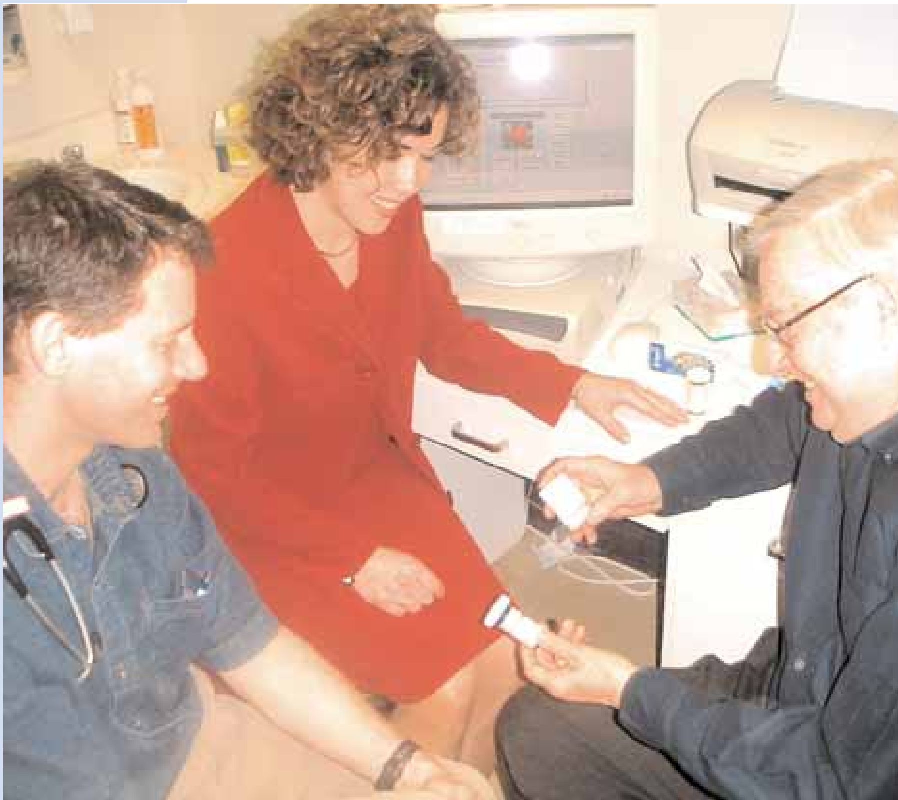
The IMPACT Program

Pharmacists in Family Practice:
A Resource

PHARMACIST TOOLKIT



THE BASICS

Working in Family Practice — What You Need to Know

- Family physicians and other staff enjoy working with pharmacists in family practice.
- This has been tried and tested through the IMPACT project and other studies.
- Patients benefit from the expertise of both physicians and pharmacists early enough in their care to prevent and reduce drug-related problems.
- Integrating may be challenging, but it is also rewarding for everyone involved.
- There are many resources and supports available, starting with this toolkit.

The goal of the IMPACT program, as the acronym suggests, is to Integrate family Medicine and Pharmacy to Advance primary Care Therapeutics. A growing body of research supports our belief that having pharmacists working in family practice settings enhances patient care.[1] This toolkit is the product of more than 10 years of planning and collaboration between investigators, government and community leaders.

IMPACT – Integrating family Medicine and Pharmacy to Advance primary Care Therapeutics.
The IMPACT program is a demonstration project funded by the Ontario Ministry of Health and Long-Term Care (OMHLTC) through the Primary Health Care Transition Fund. © 2006. The views expressed in the reports or materials are the views of the authors and do not necessarily reflect those of the Ministry.

IMPACT
Integrating family Medicine and Pharmacy to Advance primary Care Therapeutics

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[1] Sellors J et al., A Randomized Controlled Trial of a Pharmacist Consultation Program for Family Physicians and their Elderly Patients. *CMAJ* July 8, 2003;169(1):17-22.

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MESSAGE FROM THE IMPACT PROJECT TEAM

The IMPACT demonstration project provides concrete examples of how to integrate pharmacists into diverse family practice settings. Our work highlights the importance of a well-organized administrative start-up (including hiring process), initial delineation of pharmacist activities, early and ongoing pharmacist and physician support, and common obstacles to anticipate in the process.

Working with medications — prescribing, monitoring, counselling, navigating limited-use programs, renewals, etc. — has become a big part of family practice.

The Primary Health Care Renewal process encourages the development of interdisciplinary teams to strengthen the delivery of community-based care. A central ingredient in this process is integrating allied health professionals, such as pharmacists, into family practices.

Taking an active part in the renewal process can be rewarding as new relationships are forged and new ways of delivering health care produce positive changes in patient health and practice work environments. However, integration can be a challenging process. Affected parties must find time to learn about each other, build trust and develop ways to work together effectively.

This IMPACT Toolkit is the distillation of experience and evaluation from IMPACT and other projects. We hope this practical toolkit, combined with guidance and support from people who have been through the integration experience, will facilitate the process and lead to better medication management for patients seen in the primary care setting.

"Change is the law of life. And those who look at only the past or present are certain to miss the future."

– John F. Kennedy

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IMPACT PROJECT TEAM

Lisa Dolovich, BScPhm PharmD MSc

"I am a pharmacist, educator and researcher who conducts research studies to find better solutions to problems health care providers and patients face when choosing or using medications in the primary care setting. It has been very rewarding to bring together my interests, experience and expertise in the IMPACT project, and to see the results of our work put into practice."

Kevin Pottie, MD MClSc CCFP

Photo by : Valberg Imaging

"I'm a family physician with 14 years clinical and research experience. I discovered the value of pharmacists in hospital work and am proud to help bring such a resource to the community setting."

Barbara Farrell, BScPhm PharmD

Photo by : Valberg Imaging

"Over the last 12 years, I've worked with physicians and patients in the family practice and geriatric day hospital settings. I've also enjoyed teaching and helping pharmacists manage practice change. Being an investigator and mentor with the IMPACT project has been a wonderful opportunity. I feel that I've been able to contribute to making access to pharmaceutical care more realistic for the people in our province."

Janusz Kaczorowski, PhD

"I am a sociologist with a research background in family medicine, psychology, sociology and epidemiology. I've helped design and evaluate several projects on how family physicians and community pharmacists can work together. One particular interest of mine is the implementation of evidence-based medicine and clinical practice guidelines in primary care settings."

Connie Sellors, BScPhm

"After more than 20 years in community pharmacy, I developed a pharmacist consultation program for local family physicians. My experience coordinating the pilot and randomized controlled trial to further develop this new practice model has been very rewarding. Now, as a consultant and co-investigator for IMPACT, I feel this research is essential to sustaining this new resource for family practice."

HOW TO USE THIS TOOLKIT

This toolkit is for pharmacists beginning to work in family practice. A separate kit is available for lead physicians/site managers, and an information pamphlet is available for you to distribute to physicians. By providing resources and strategies, this toolkit helps integrate and support a pharmacist in the family practice.

The toolkit was initially developed as an implementation guide for the IMPACT demonstration project. It has been revised to incorporate participating patient, physician and pharmacist experiences, as well as information gained through the study and earlier related work.

At the time of writing, the project is in a transition phase, moving from the demonstration to a more sustainable model using assigned coordinators to support the program.

This toolkit specifically guides a pharmacist working in a collaborative practice model as an integral member of a family health team (FHT) in a family practice setting. Most tools and recommendations can be adapted to other practice models.

Other pharmacist practice models include community pharmacists providing primary health care; pharmacist-managed clinics that include hospital-based, outpatient programs run by pharmacists; and pharmacist consultants providing services to a number of primary care clinics or practices, or home care settings.

The IMPACT experience provides concrete examples of how to integrate pharmacists into a variety of family practice settings. The project demonstrates how important it is to have a well-organized start-up, early and ongoing support, and strategies to overcome common obstacles.

You'll find sections on what pharmacists may be expected to do for patients, how you can make the transition to primary care and resources that may be helpful.

More tips are available in the FAQ and Directory of Resources. Appendices, additional information and the *Practice Enhancement Guide* are available on the project website at http://www.impactteam.info.

THERE ARE THREE STAGES TO THE PROCESS:

1 INTRODUCING INTEGRATION

During this stage, the pharmacist shadows a mentor or colleague, reviews materials and hosts orientation sessions at the practice site.

Background information and context are found in Why Have a Pharmacist Working in Family Practice; What Does an Integrated Pharmacist Contribute, and Who are Family Physicians.

2 DEVELOPING RELATIONSHIPS AND INITIATING PATIENT ASSESSMENTS

Physician and pharmacist meetings, initial patient assessments, drug information requests and informal meetings are all part of the second stage.

Processes, steps and tasks involved in your new role are explained in the sections on Stages and Steps; Patient Referral; Writing Patient Consultations; Identifying Learning Needs and Using a Mentor. Suggestions and tips from other program participants illustrate common experiences and what to expect.

3 EXPANDING THE PROGRAM

As patient assessments continue and initiatives are taken to improve medication use processes, the focus shifts to building consensus, exploring educational opportunities, and seamless integration at the site and with other community or hospital care providers.

The Moving Forward and Evaluation sections are useful at this stage.

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WHY HAVE A PHARMACIST WORKING IN FAMILY PRACTICE?

What is the IMPACT Program?

IMPACT began as a large-scale demonstration project supported by the Ontario Ministry of Health and Long-Term Care through the Primary Health Care Transition Fund (2004-2006). It builds on more than 10 years of research and experience in collaborative practice between pharmacists, family physicians and allied health professionals. It aims to improve drug therapy using a collaborative care model, integrating a pharmacist into family practice.

Over the course of the project, the IMPACT team coordinated pharmacist training and placement, physician and patient selection, patient referral, implementation and evaluation.

The project integrated non-dispensing pharmacists into seven family practice settings. They provided:

- Patient medication interviews and assessments
- Office system medication management enhancements
- Objective drug information and drug therapy education

> *"I had no clue of pharmacists' breadth of expertise and skills; skills which could be used to vastly improve patient care well beyond what most physicians can provide. It had never occurred to me that a pharmacist could give detailed analyses and consultation on complicated pharmacotherapy, especially in the populations of chronically physically and mentally ill patients of the inner city population."*
>
> *– Dr. Phillip Berger, family physician, St. Michael's Department of Family and Community Medicine*

How Does Integrating a Pharmacist Help a Family Practice?

The pharmacist becomes a member of the office team and is a new resource for the practice. Patients benefit from the expertise of both physicians and pharmacists early enough in their care to prevent and reduce drug-related problems. As a result, patients may not require care later on to address drug-related problems, freeing resources for other patients. The pharmacist expertise may also reach a greater number of people in the primary care setting.

Participating physicians receive the benefit of a dedicated pharmacist within the practice as an extension of primary care services. Services include:

- Prescribing optimization (e.g., medication assessments for older patients, patients with chronic disease or chronic medications, patients with drug-induced adverse effects)
- Education opportunities (e.g., drug therapy updates, in-services for support staff, patient education)
- Immediate access to objective drug information
- Operational efficiencies (e.g., resolving Limited Use and Section 8 issues, organizing drug samples, creating office strategies for efficient monitoring and prescription renewals)

What are Drug-Related Problems?

Definition: "An undesirable event, a patient experience that involves, or is suspected to involve, drug therapy, and that actually or potentially interferes with a desired patient outcome."

Types of Drug-Related Problems:

- Requires a drug
- Too much of correct drug
- Drug no longer needed
- Adherence issues
- Drug selection not optimal
- Adverse drug reactions
- Too little of correct drug
- Drug interactions

— Strand LM, Morley PC, Cipolle RJ, et al. Drug-related problems: their structure and function. DICP Ann Pharmacother. 1990;24:1093–97.

What is the Impact of Drug-Related Problems?

Drug-related problems cause significant morbidity and mortality and lead to increased hospitalizations and service costs.

Up to 30% of all emergency department visits are drug-related. Between 25% and 39% of adverse drug events could be prevented. Errors occur most often at the prescribing stage. Recent North American studies show that preventing drug interactions leads to fewer hospital admissions for the patient.[2]

For more on drug-related problems, see the IMPACT website for Appendix: Pharmaceutical Care — What Is It?

Why Try to Address the Issue of Drug-Related Problems in the Primary Care Setting?

The vast majority of drug prescribing takes place in primary care. Keeping up with the exponential growth in new information about drug therapy is becoming an ever-increasing challenge.

Why is it Helpful to Have Pharmacists and Physicians Working Together in Primary Care?

- Integrating pharmacists into primary care complements the family physician's care with the drug therapy expertise of the pharmacist
- Pharmacists can take more time to focus on a full medication review with a patient, gather compliance information, explain the rationale and benefit of medications, and provide patient education
- Face-to-face interactions between pharmacists and family physicians build trust and enhance communication, both of which help a coordinated effort in improving patient care
- Well-functioning multi-disciplinary teams make efficient use of time and expertise

How Was the IMPACT Model Chosen?

In the 1990s a group of family physicians in Stoney Creek, ON, asked a community pharmacist to develop a consultation service to help them optimize care for elderly and complex patients in their practices. That initiative was so successful it grew into the Seniors Medication Assessment Research Trial (SMART), which then led to the IMPACT Program.

In SMART, seniors on multiple medications were referred for a consultation with a specially trained pharmacist in physicians' offices. After the initial consult with the patient and the physician, the pharmacist telephoned patients twice and revisited the family physician once to discuss their recommendations.

The SMART experience led to consensus that the integrated pharmacist model, the one used in the IMPACT Program, would be more effective. It allows more time to develop ongoing relationships, follow up on problem resolution, and focus on patients. More time in the practice also allows the pharmacist to identify how to help make medication processes run more efficiently.

For more information, see the SMART-related publications and Appendix: CMA-CPhA Joint Statement on the IMPACT website (http://www.impactteam.info).

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[2] Einarson TR. Drug-related hospital admissions. *Ann Pharmacother* 1993;27:832-40. Hohl CM et al. Polypharmacy, adverse drug-related events and potential adverse drug interactions in elderly patients presenting to an emergency department. *Ann Emerg Med* 2001;38:666-71. Tafreshi MJ, et al., Medication-related visits to the emergency department: a prospective study. *Ann Pharmacother* 1999;33:1252-57. Gurwitz JH et al., Incidence and preventability of adverse drug events among older persons in the ambulatory setting. *J Am Med Assoc* 2003;289:1107-16.

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WHAT DOES AN INTEGRATED PHARMACIST CONTRIBUTE?

Performs patient medication interviews and assessments (about 60% of time)

- Assesses individual patients to identify, prevent and resolve drug-related problems by gathering information, identifying patients' desired therapeutic outcomes and actual and potential drug-related problems, developing therapeutic plans, recommending options and providing solution-focused reports
- Consults with family physicians, nurses, other health care professionals, patients and family members as needed
- Monitors and provides follow-up services to resolve drug-related problems

Develops strategies for drug-related problem prevention (about 20% of time)

- Assists with office system changes to improve medication use process in primary care (e.g., drug sampling procedures, prescription renewal process, reminder systems, prescribing flow sheets, patient-held records, prescription-writing techniques) and facilitates their integration into the family physician practice
- Communicates with hospital and community pharmacists about process improvement and collaboration for smooth transition of medication-related care between care sites

Provides objective drug information and drug therapy educational opportunities (about 20% of time)

- Presents to groups on specific therapeutic topics (e.g., academic detailing for physicians, ODB updates for office staff, education for patients)
- Assumes responsibility for information on drugs, disease prevention and health promotion to ensure safe and effective provision of pharmaceutical care. This involves identifying sources, retrieving and evaluating relevant information, organizing and disseminating appropriately
- Provides reminders and alerts regarding drug-related problems and drug regulatory issues, and initiates the process to deal with drug withdrawals, warnings or advisories

Pharmacists do not dispense drugs in family practice.

WHAT ARE THE PHARMACISTS EXPECTED TO DO FOR PATIENTS?

Working in partnership with patients and the family practice team, pharmacists focus on meeting patients' drug-related needs in an effort to optimize patient outcomes. They:

- Interview patients and assess medication use
- Identify patients' desired therapeutic outcomes and drug-related problems
- Develop therapeutic plan options for discussion with physicians and patients
- Monitor and document patient progress towards desired therapeutic outcomes
- Facilitate office system changes that would make medication use processes run more efficiently (e.g., acquire e-CPS copies for all office computers)
- Educate patients on drug therapy issues
- Gather and disseminate drug, disease prevention and health promotion information to patients and other health care providers to ensure safe and effective pharmaceutical care
- Help practice team deal with drug recalls

For more on the responsibilities of a pharmacist in a family practice setting, see Appendix: IMPACT Pharmacist Job Description and Letter of Understanding, available on the IMPACT website (http://www.impactteam.info).

"Not only did she tell me where to get [better form of drug] and the cost, but a couple of hours later I had an article on my desk going into better detail. I mean that's fabulous."

— IMPACT demonstration project participating physician

WHO ARE FAMILY PHYSICIANS?

Family physicians have a variety of skills and experience in providing healthcare. The following profile of one IMPACT demonstration project participating physician is an example of such a range:

Dr. Lisa Moore is a family physician practising in Ottawa. A graduate of McMaster University, she originally came to Ottawa for her residency. She is a past-president of the Professional Association of Interns and Residents of Ontario (PAIRO), and the Canadian Association of Interns and Residents (CAIR).

For more than 10 years Lisa worked in the Dept. of Family Medicine at the University of Ottawa. In 2002 she returned to full-time community practice. With some colleagues she opened a practice that is now fully electronic and part of Ontario's Family Health Networks.

The group has participated in several collaborative projects, and has integrated both a pharmacist and a librarian into the practice. Lisa still teaches and has a full-time resident affiliated with her practice. She is also the director of the Mini Medical School, a medical school for the public.

The College of Family Physicians of Canada states the Four Principles of Family Medicine as:

- The family physician is a skilled clinician
- Family medicine is a community-based discipline
- The family physician is a resource to a defined practice population
- The patient-physician relationship is central to the role of the family physician

—Reprinted with permission of the College of Family Physicians of Canada.

The following is a summary of The Four Principles of Family Medicine, available at: http://www.cfpc.ca/English/cfpc/about%20us/principles/default.asp?s=1

Family physicians work in a patient-centred environment. They use a comprehensive approach to manage disease and promote prevention. They provide information and empower patients to make their own decisions in their health care. The clinical problems family physicians encounter are undifferentiated and not pre-selected; they are skilled at dealing with ambiguity and uncertainty. They work with a range of chronic diseases, emotional problems, acute disorders, complex biopsychosocial issues and palliative care.

They have an expert knowledge of the wide range of common problems of patients in the community, and of less common, but life-threatening and treatable emergencies in patients of all age groups. Their approach to health care is based on the best scientific evidence available.

Family physicians provide care in their offices, hospitals and emergency departments, other health care facilities and patients' homes. They collaborate in team settings and refer to other health care professionals as necessary. Family physicians are committed to self-directed, lifelong learning and advocating public policy to promote health. They are responsible for scarce resources and adapt to changing circumstances within their communities.

They respect patients' privacy and know the relationship between patients and physicians creates an understood promise. Family physicians build on this relationship to provide the best care possible and are aware of the inherent power imbalance.

For details on the responsibilities of a physician using the services of a family practice pharmacist, see Appendix: IMPACT Family Physician Group Letter of Understanding on the IMPACT website (http://www.impactteam.info).

> *"I had not realized how tapped in physicians are to the community resources available to their patients."*
>
> *– Natalie Jonasson, BScPh, IMPACT News, July 2005.*

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HOW DO I MAKE THE TRANSITION TO PRIMARY CARE?

Your role in a family practice setting is going to be very different than in community or hospital pharmacy. You can access more of the entire patient record than in a community pharmacy. You have face-to-face interaction with physicians and nurses on a regular basis, but there are no rounds. Booking appointments and comprehensive medication interviews are now feasible. As you encounter more complex conditions you will take on more responsibility.

It may be daunting, but when considering the new skills and opportunities you will experience, it is well worth it. The section Moving Forward as Part of the Family Practice Team discusses these aspects in more detail.

Special Concerns – Confidentiality, Privacy and Security of Patient Information

The *Personal Health Information Protection Act* (PHIPA 2004) defines health information custodians within a "circle of care" as health professionals and their authorized agents who rely on a person's implied consent when dealing with personal health information for the purpose of providing direct health care.

In a physician's office, this applies to the physicians, nurses, specialists and other health care providers referred by the physician or selected by the patient, such as a pharmacist or physiotherapist.

The Act requires that all health information custodians treat a patient's health information as confidential and keep it secure. There are rules governing how the information is collected, used and disclosed.

All patient records in the family physician office, both electronic and hard copy, must be kept in a secure place. Printed electronic files must be kept with paper files in a locked drawer or cabinet.

What Supports are Available?

Network: Connections and relationships between other pharmacists working at family practice sites.

Take advantage of first-hand experience other pharmacists have, and be available to share your experiences with others. Other pharmacists working in FHTs can be contacted through the IMPACT website. Also consider professional specialty groups, such as the Canadian Society of Hospital Pharmacists (CSHP) Geriatrics or Ambulatory Care networks.

Mentor: Someone who can act as a role model, second check on your work, or a sounding board in a professional setting.

A mentor can be a great resource, especially when you first start at the family practice site. Mentors can:

- Help you work out solutions to challenges
- Give some guidance on learning plans
- Provide feedback on consult documentation
- Act as a sounding board

Lead physician: Each family health team has a physician acting as lead contact person.

The lead physician can:

- Make formal introductions to all team members, and introduce you as another health care professional who is collaborating with the family practice team
- Promote participation through leadership and peer influence as the lead physician
- Send an encouraging and informative email to colleagues to support integration
- Ensure you are invited to relevant clinic events and meetings
- Use knowledge of the patient base to determine who would benefit most, then inform you and colleagues in the practice
- Advise office staff to prepare infrastructure to accommodate you (work space, telephone, computer, Internet and fax access)
- When working with you, review your advice and then ultimately determine the management approach, in consultation with the patient where appropriate

To preserve the physician-patient relationship and avoid fragmentation of care, physicians retain the leading role in diagnosing illness and prescribing medications. If you think a patient would benefit from an assessment, do not hesitate to discuss it with the patient's physician.

Site manager: Each family health team has one person who acts as the lead contact person for more administrative/management tasks. The lead physician may operate in this role.

The site manager can:
- Delegate administrative tasks like establishing appropriate infrastructure, orienting you and providing you with the site profile
- Introduce you as another health care professional collaborating with the family practice team
- Assist you in understanding drug-related processes in practice
- Look for ways to improve drug management system in collaboration with you and physicians
- Work with you for scheduling patient appointments and meetings with physicians

Other health care professionals and office staff: Your coworkers at a family practice site may include a nurse practitioner, a nurse, a receptionist, a bookkeeper and/or a filing clerk. Some other professionals may also work at the site, such as a dietician, social worker, psychiatrist or other specialists.

Roles of other staff members will vary, depending on how the practice is run. Office staff can:
- Help orient you to the practice site
- Assist with scheduling appointments with patients and physicians
- Help organize clinics or education sessions (e.g., cholesterol clinics)
- Work with you to improve medication management in the practice
- Assist with filing patient records

Other health professionals can:
- Help you learn about the practice
- Identify patients for assessments
- Help identify and resolve drug-related problems
- Participate in specific clinics or education sessions

Older adults assessed by pharmacists have an average of three drug-related problems

– Lau E, Dolovich L. Drug-related problems in elderly general practice patients receiving pharmaceutical care. Int J Pharm Practice *2005;13:165-177.*

External resources:

The Ontario Pharmacists' Association (OPA) is a voluntary advocacy organization. The OPA can:

- Offer liability and malpractice insurance
- Offer continuing education (CE) courses to upgrade knowledge and skills

You must belong to at least one drug information centre. The IMPACT project employed a pharmacist to work closely with the Drug Information and Research Centre (DIRC) at OPA to develop resources and processes to better meet the needs of pharmacists working in family practice. Other drug information centres are also available in Ontario. They can:
- Answer drug information questions
- Provide summaries of evidence or knowledge translation tools

The Canadian Society of Hospital Pharmacists (CSHP) is another volunteer association that can provide access to liability insurance, professional specialty networks, etc.

Contact information for the OPA, DIRC and CSHP can be found in the Directory of Resources.

For details on the responsibilities of a physician using the services of a pharmacist, and program context, see Appendix: IMPACT Family Physician Group Letter of Understanding and Appendix: CMA-CPhA Joint Statement on the IMPACT website (http://www.impactteam.info).

STAGES AND STEPS

The following activities have been carefully chosen to help both pharmacists and physicians learn to work together effectively. They were designed to help practitioners move from one stage to the next in developing collaborative working relationships, tested in the IMPACT project, and deemed very useful by participants.

Further information about some of these activities can be found in the McDonough and Doucette paper listed in the Suggested Reading section of the Directory of Resources.

✔STAGE 1

Introducing Integration

- ☐ Participate in pharmacist/mentor training program if available
- ☐ Shadow a pharmacist working in primary care, or a mentor at his/her practice site (half- to full-day)
- ☐ Contact the OPA or the Canadian Society of Hospital Pharmacists (CSHP) to obtain liability insurance (see Directory of Resources)
- ☐ Review site profile and confidentiality agreements obtained from lead physician or site manager
- ☐ Host orientation session for physicians and office staff (see the PowerPoint appendix)
- ☐ Review Appendix: Guidelines for Development of an Individualized Learning Plan for Pharmacists Working in Primary Care Practice (Knowledge, Skills and Values document) (http://www.impactteam.info)
- ☐ Start developing Individualized Learning Plan

Other activities occurring at this time: Lead physician or site manager delegates preparation of office space, acquiring necessary equipment and supplies.

Orientation Session Objectives:

- Explain the IMPACT program to physicians and office staff
- Describe the evidence for pharmacists helping to optimize drug therapy
- Discuss pharmacist role and competencies
- Discuss practice-specific opportunities for pharmacist contribution, including types of patients to be referred

✔STAGE 2

Developing Relationships and Initiating Patient Assessments

- ☐ Ensure you have access to a drug information centre (e.g., DIRC)
- ☐ Receive computer training on IMPACT database if available
- ☐ Receive training on electronic medical records (EMR) if available
- ☐ Review IMPACT documentation/data collection tools if available, and determine documentation method to use at practice site
- ☐ Organize and participate in one-on-one meet and greet sessions with practice physicians, with a focus on individual physician expectations and wishes

Meet and Greet Topic Suggestions:

- Physician expectations regarding pharmacist role
- Examples of what the pharmacist can do autonomously (e.g., OTC recommendations, medication counselling), and what needs to be discussed first (e.g., changes to prescription medication)
- How the practice works
- The best time for meetings
- Services and local pharmacies used most often by patients (emphasize physicians do not have to change their preferences)
- Preferred documentation style and location (e.g., mailboxes, charts, scanned notes)

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✔STAGE 2 CONTINUED

Developing Relationships and Initiating Patient Assessments

- ☐ Screen charts according to criteria for possible referrals

Chart Screening:

With help from the literature and evidence-based criteria:

- Identify a set of medication-related indicators that can be used to screen charts for patients who may benefit from a pharmacist medication assessment interview.
- Determine a process for screening charts. Some methods include:
  - i) Using administrative billing data to identify patients with specific medical conditions (e.g., diabetes), then manually pull a selection of patients
  - ii) With practices using EMR, working with the coordinator to use a query function to identify patients with specific medical conditions, who are taking or would benefit from specific medications, who have had or could benefit from lab tests, and monitoring of target medications

Create a patient referral list to discuss with physicians, and see the Referral Process section for the next steps.

The IMPACT Chart Audit for Prevalence of Drug and Disease Indicators appendix lists characteristics to consider for chart screening. Criteria may also be provided by physicians at the practice site. The Directory of Resources contains indicator references.

- ☐ Begin patient assessments
- ☐ Observe (via shadowing and discussion), and begin a journal to identify possible enhancements

Familiarizing Yourself:

Start with practice observation by shadowing your site's physicians and a pharmacist with experience in primary care. Make contact with supportive physicians and other staff to get to know the site. Familiarize yourself with the way tasks are done, and review the site profile you receive from the practice staff. Then work on getting to know the history, pressures, successes, innovations and highlights that have occurred within the practice.

Creating a Journal or Narrative Report:
Your journal can help you reflect on various issues, and document ideas to review with practice team members or a mentor.

Start by observing the current prescribing and medication management processes in terms of:

- Practice staff (who does what)
- Computer systems
- Electronic or paper patient charts
- Reminder and organizational tools (in and out of charts)
- Patient educational materials
- Physician education resources (e.g., PDAs)
- Potential practice enhancements

- ☐ Provide drug information as requested or advise in the event of a drug recall
- ☐ Continue discussions and meetings with mentor if you are working with one
- ☐ Review and distribute referral information card for physicians (see the *IMPACT Pocket Card*)
- ☐ Promote visibility by attending rounds, making presentations, working in plain view
- ☐ Ensure the lead physician has a toolkit and other physicians have information pamphlets; try to have extras on hand to distribute
- ☐ For feedback, review at least four written patient consults with another pharmacist working in primary care, or a mentor if available
- ☐ Start to develop ideas for office medication use system enhancements (see the *Practice Enhancement Guide* in the appendices for ideas)

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☐ Meet with respective physicians to review first few consult letters and establish systems for working together

Early Consult Notes:

Share the first consult notes with another pharmacist working in primary care, a pharmacy facilitator for primary care, or a mentor if available. This person should review them to assure a **solution-focused approach** and look for ways to facilitate the implementation of any recommendations. After making any necessary adjustments, review the consult notes with the appropriate physician in a 10- to 15-minute appointment to begin building a professional relationship and seek feedback on how to tailor future communications, letters and solution-focused recommendations. These meetings and discussions can then continue on an as-needed basis.

A solution-focused approach provides:

- Clear and focused recommendations first; justification or discussion comes later
- A clear plan for how the pharmacist will follow up to move the recommendations forward
- Accuracy, clarity, conciseness and a clear rationale

Other activities occurring at this time: site manager or other office staff assists with chart screening, and scheduling of patient appointments and meetings with physicians.

"Some of the patients I had seen said that they enjoyed the interview with me. One of them said that it is good to have a pharmacist there and they should have had this a long time ago!"

— IMPACT demonstration project participating pharmacist

"So far, residents and physicians have also requested 10-20 minute educational briefings at rounds… I thoroughly enjoy doing these teaching sessions and foresee this as being an essential role for the integrated pharmacist at this site."

— IMPACT demonstration project participating pharmacist

✔STAGE 3

Expanding the Program

☐ Organize with site manager and participate in group discussion with physicians to identify medication-related processes that could be improved (see the Ideas for Practice Enhancement section)

☐ Provide educational sessions as needed on adverse drug alerts, drug-focused clinical topics, drug interaction software, etc.

☐ Develop and refine organizational tools related to medication management as the practice team chooses

☐ Refer to the *Practice Enhancement Guide* (PEG) in the appendices

☐ Connect with other pharmacists working in primary care to share experiences

☐ Continue to work on Individualized Learning Plan and talk with mentor if available

Other activities occurring at this time: lead physician may initiate review and appraisal; patient assessments continue; practice enhancement initiatives begin to enhance system (e.g., discussion of potential medication-focused practice changes, consensus building, educational activities).

PRACTICE ENHANCEMENTS

Practice enhancements are medication-focused practice changes that increase the efficiency and effectiveness of medication prescribing and use by patients.

Positive changes can come from you directly, the office staff or the physicians. Some may be a group effort. Examples of some practice enhancements include:

- Organizing, updating and maintaining the clinic's drug samples
- Modifying Section 8 forms for use on the EMR
- Providing patient education materials
- Providing educational sessions for physicians and staff
- Implementing systems dealing with medication renewal and monitoring
- Asking patients to bring in all medications to all appointments
- Identifying patients who would benefit from medication assessment (chart screening/case finding)
- Suggesting and implementing practice reminder systems
- Work on improving office notice board (drug therapy info drug alert/drug interaction bulletins – Canadian Adverse Reaction Newsletter)
- Post related education memos
- Involve office staff with medication renewals, reminders for compliance, or monitoring
- Using and improving EMR systems

Some enhancements for sites with EMR could be:

- Flagging certain medications for special renewal instructions (e.g., narcotics have to follow certain legal guidelines that not all physicians may be aware of or remember)
- Using EMR to screen for patients to refer
- Noting patients' preferred pharmacy for continuity of care
- Teaching physicians to use existing features more effectively (e.g., drug information programs)
- Adding pharmacist referral form and Health Canada adverse reaction form
- Including Section 8 form templates
- Linking patient-held medication record to cumulative patient profile
- Creating a pharmacist query button for practitioners to send questions directly to you
- Enhancing and printing prescriptions from EMR
- Entering pharmacist assessments/consult notes directly into EMR
- Updating patient records to include specialty and OTC medications
- Correcting and maintaining existing drug-related tools
- Maintaining the EMR system drug database
- Obtaining access to electronic drug database (e.g., eCPS)
- Compiling Internet resource links in the EMR medication management section, such as:
  - ODB for LU codes
  - Health Canada advisories and warnings
  - Motherisk

"Our pharmacist took the initiative to implement the e-CPS in our offices. This unexpected innovation saved us money and updated our practice with a user-friendly pharmaceutical resource."

— IMPACT demonstration project participating physician

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Ideas for Practice Enhancement Session:

After two to three months, work with the lead physician or site manager to organize a group discussion with the physicians and other team members. Review and discuss the many medication processes that occur and determine priorities for improvement. Share your observations in a manner that focuses on consensus-building regarding what role you play in developing medication-related practice enhancements.

Session objectives include:

- Raise awareness regarding medication processes in family practice
- Appreciate the contribution and roles of various team members
- Identify one key process that could be improved and develop an action plan
- Identify three other key processes that could be enhanced

Requirements:

- Room or area with minimal disruptions
- Flip chart, pens
- Copies of the Medication Use Process Matrix (MUPM) appendix, a list of processes used by the practice, or a list of possible practice enhancements

MUPM:

IMPACT investigators developed the MUPM to list all the medication-related processes seen in primary care, and which health professionals or staff contribute to the processes.

In the IMPACT demonstration project, some physicians focused on the "make the diagnosis" step in the MUPM, and discussed their primary role. It may be helpful to explain that this is included as a medication-related process because it often leads to recommending medication treatment, and can sometimes identify a drug-induced illness (e.g., metformin-induced diarrhea). There is no assumption that other health care professionals would contribute to diagnosing patients more than physicians. If this area is controversial in your practice, you may want to provide a list of processes instead of MUPM.

Facilitating the discussion:

- ☐ Discuss with the Lead Physician and Site Manager who would be most appropriate to guide the group
- ☐ Introduce the discussion and its purpose (description, objectives)
- ☐ Explain the MUPM and have participants complete the MUPM (takes about 15 minutes). Participants can use them to refer to during the discussion; they are not to be collected or compiled. Or, you can provide a list of processes for participants to review, instead of using the MUPM
- ☐ Discuss medication management and various participants' contributions. Suggested questions: What is your reaction to the MUPM? What practices are done well? What processes could be improved (e.g., for efficiency)?
- ☐ Identify three or four key processes to discuss further
- ☐ Discuss the chosen processes and how the pharmacist, other staff, or another system approach could enhance the process
- ☐ Work out a solution-focused plan of action for one process, including general time frames and mechanism to share feedback with group on progress
- ☐ Summarize next steps
- ☐ Record some notes following the meeting (e.g., who attended, what happened, which processes were discussed, what decisions were made, what is the action plan)
- ☐ Follow through on the action plan

For more details, strategies and examples, see Appendix: Practice Enhancement Guide and Appendix: MUPM, both available on the IMPACT website (http://www.impactteam.info).

> *"When [a] drug withdrawal occurred, the clinic staff turned to me for advice on how to approach this, and to draft a letter for distribution to patients. It's great to be utilized as a source of information."*
>
> *— IMPACT demonstration project participating pharmacist*

PATIENT REFERRAL

> *"[During the case presentation] we went over the patient's issues and I explained to the physicians the detailed process I go through during the interview: chart review, medication review, patient education, research, thought process… Subsequently, I have had about 10 new referrals."*
>
> — *IMPACT demonstration project participating pharmacist*

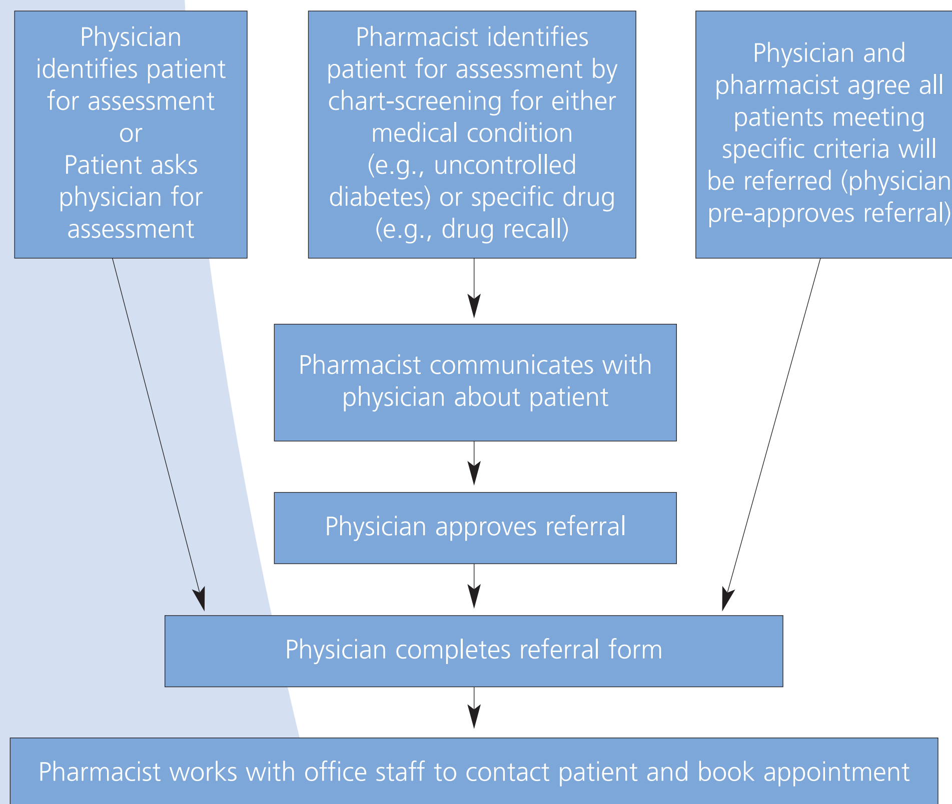
Generally, patients will be referred if they:

- Need help with optimal control of a **chronic condition** (e.g., diabetes, blood pressure, cholesterol, pain, arthritis)
- Are taking **multiple medications** (to simplify, ensure appropriate dosing times, manage or prevent drug-related problems)
- Might be having an **adverse drug event**
- Have recently been **hospitalized** (for reconciliation and counselling on medication changes)
- Are taking a drug at **high risk for adverse events**
- Are having a medication **adherence** issue
- Could benefit from medication **counselling** (e.g., starting a new medication)
- Need help tapering or **changing** a medication

Some patients may become automatic referrals, such as people with diabetes or asthma. You may want to suggest this to the physicians.

Appendix: Patient Referral Form is available on the IMPACT website (http://www.impactteam.info).

HOW TO REFER



Jump-starting Referrals:

Try some of these suggestions to encourage physicians to refer patients.

- Give the reference card provided with this kit to each physician
- Use criteria and chart review to create a list of potential referrals for physicians to review
- Leave referral forms in an obvious spot in each exam room
- Review charts of patients to be seen that day for possible referrals, and leave a note on the front of the chart for the physician
- Do a case presentation for physicians at a group meeting

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WRITING PATIENT CONSULTATIONS

PHARMACIST ASSESSMENT

Date of baseline assessment: 14-Jun-2005

Patient Name
Date of birth:
Health Card Number:
Chart number:
Physician:

Reason for referral

- [x] Comprehensive medication assessment
- [ ] Patient medication adherence issues
- [ ] Taking drug at high risk for adverse events
- [x] Suspected Adverse Drug Reaction
- [x] Provide patient education about medication
- [ ] Monitoring related to drug therapy
- [x] Suboptimal control of chronic disease
- [ ] Recent Hospitalization
- [ ] Other

Description:

Thank you for the very interesting and challenging referral of whom I saw in the office on the 14th of June 2005. Thanks as well for the letter which accompanied the referral and made clear your priorites in her treatment. I had some concerns with the large amount of non prescription medications that is using as well, both in the way of vitamins and natural based remedies, many of which have little evidence of efficacy. I tried to address that with her but noticed some reticence on her part to stop them. I will attempt to address that on follow up. I have put together some recommendations below for your consideration.

RECOMMENDATIONS

You might consider switching narcotic pain killer to transdermal fentanyl in an effort to more adequately control her pain perhaps with less effect on her bowel function. I would recommend the fentanyl 25mcg patch to be applied q72 hours. Reassessment of the ongoing need for NSAIDs, naproxen and ketorolac might follow.

You might consider using a higher dose of gabapentin to address neuropathic pain. I would recommend 400mg tid for now increasing upward based on response and tolerance to 2000mg daily. This might best be attempted once narcotic treatment of her pain is dealt with.

You might consider a number of things to attempt to more adequately address constipation
1 Increase her dose of docusate to 200mg bid
2 Change bisacodyl 3 tabs once weekly to daily use of senna (Senokot) 1-2 tablets daily
3 Discontinue the daily use of Colyte

You might consider discontinuing the pinaverium that is using for irritable bowel. There is a lack of consistent evidence as to its effectiveness and better clinical evidence for tegaserod, which she is now using. This is particularly evident in IBS with predominant symptoms of constipation.

You might consider discontinuing the amlodipine as hypertension seems to be very well controlled and it might be aggravating her constipation.

PRESCRIPTION MEDICATIONS

Bisacodyl (Dulcolax) 5 mg, 2 Tablet(s) PRN
Conjugated estrogens (C.E.S) 0.625mg, 1 Tablet(s) QD ac
Conjugated estrogens (Premarin) .625 mg, 1gm twice weekly Cream
Domperidone (APO-domperidone) 10 mg, 1 Tablet(s) QID ac + hs

Sample assessment

Recognize that you do not have to have all your "solutions" or recommendations determined to document immediately after care is provided. Some issues can be documented as works in progress, and new information added at a future date as it becomes available.

You might consider using a higher dose of gabapentin to address neuropathic pain. I would recommend 400 mg t.i.d. for now increasing upward based on response and tolerance to 2000 mg daily. This might best be attempted once narcotic treatment of her pain is dealt with.

In the IMPACT project, pharmacists used a standard approach to documentation. Consult notes generally consisted of the following sections:

- Patient name, date of birth, health card number, chart number, physician name
- Reason for referral
- Brief statement about patient
- Recommendations summary
- Prescription medication list
- OTC medication list
- Medical conditions
- Drug-related issues, including rationale and recommendations
- Follow-up plan
- Follow-up date/s
- Pharmacist contact information

This format allowed physicians to quickly review the recommendations summary, or to read more detail if time allowed. Most pharmacists used the IMPACT database to generate the consult notes, while others used a standard Word template they could paste into the EMR.

Every time you document, you are creating a permanent health care record. The medical record is a legal document. Consider the following points to ensure the record accurately reflects the care provided to the patient.

- Review the IMPACT consult format with lead physician to determine suitability
- Do not omit significant information on purpose. Include all information necessary to support the drug-related problem and recommendations
- Do not delete, remove or rewrite notes from any part of the record
- Do not add to another health care provider's note
- Ensure that all writing is clear, logical and precise
- Use diplomatic language with an appropriate tone (see More Suggestions for examples)
- All abbreviations used should be clear and common to all health care providers
- All documentation must be legible and non-erasable
- Cross out errors with a single line and initial the change

Things to consider when documenting:

- Determine with the lead physician what would be the most acceptable format for pharmacist documentation
- Draft initial documentation notes and get feedback from mentors for the first few notes. Use the clinical documentation guidelines in the appendix
- Start with writing the level of detail you feel is relevant, then ask for physician feedback when meeting for the first few consultations
- Your first notes may contain more information to start, so physicians and other health care providers can understand the pharmacist's rationale and approach

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WRITING PATIENT CONSULTATIONS

- Keep notes solution-focused. Include specific recommendations or solutions when identifying drug-related problems
- If the drug-related issue and justification are discussed in person with the physician, documentation notes can be shorter and represent a brief summary of the problems and the proposed actions
- The recommendations summary provides the physician with the option to read the detailed pharmacist justification only if needed – remember, they may not have time to read a more detailed report
- Also document specific recommendations made to the patient within the pharmacist's scope (without prior discussion with the physician). (e.g. OTC recommendations, patient education)

Document pharmacist-specific assessments and activities in the medical chart pertaining to drug therapy in the individual patient. Include the following:

- Actual or potential drug-related problems
- Patient, drug or disease data that confirm the validity of the drug-related problem
- Recommendations for changes in drug therapy, dosage, duration of therapy and route of administration
- Recommendations for monitoring of response to drug therapy (including clinical or laboratory data) and whether these have been ordered
- Interpretation of clinical findings or laboratory data
- Description of activities and follow-up to be conducted by the pharmacist
- Patient education or contact activity with the patient
- Patient-specific solicited opinions from other health care providers (e.g., consults)
- Clarification of medication history, regimens or drug allergies/intolerances
- Follow-up conducted and the outcome of interventions

More Suggestions:

If more than one drug-related problem is identified, list them in order of importance – consider the physician may not have time to read beyond the first page.

For information obtained directly from the patient, write "patient states . . . ."

To avoid having the identification of drug-related problems come across like criticism, be diplomatic and use plain language.

Avoid terms like:	Use terms like:
Wrong	May benefit from
Unnecessary	May improve with
Must	Suggest, consider
Patient does not want	May no longer require
Inappropriate	Patient unlikely to comply with
Not appropriate	Patient would prefer

Plain Language Alternatives	
Instead of:	*Try:*
Accomplished	Finished
Anticipate	Expect
Ascertain	Find out
Circumvent	Avoid
Commence	Start
Endeavour	Try
Initiate	Begin
Notwithstanding	In spite of
Terminate	Stop
Am of the opinion that	Think, believe
As a general rule	Generally
At the present time	Now, at present
Attention is called to	Here is
Consider favourably	Approve
Despite the fact that	Though
Feel free to	Please
For the purpose of	For
In all probability	Probably
It is recommended that consideration be given to	I recommend
For more information and documentation samples, see Appendix: Clinical Documentation Guidelines on the IMPACT website (http://www.impactteam.info).	

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IDENTIFYING LEARNING NEEDS

Before and during the first few weeks of working in the practice sites, read the *Guidelines for Development of an Individualized Learning Plan for Pharmacists Working in Primary Care Practice* (the Knowledge, Skills and Values document) in the appendices. Use it as a checklist to reflect on your learning needs and areas for which you can seek assistance. Refer back to this checklist periodically to monitor your progress on learning objectives, critical thinking and therapeutic decision-making processes.

The Knowledge, Skills and Values document was created after the SMART project examined the impact of pharmacist consultation on patient outcomes. A number of learning needs and common problems were found by participating pharmacists. The document is a means to identify these issues early on in the integration process.

For more on the SMART project, see the IMPACT website publications (http://www.impactteam.info).

> *"I have been told many times that it is the small changes and recommendations that can make all the difference… But you still can't help feeling that more can be done."*
> *— IMPACT demonstration project participating pharmacist*

USING A MENTOR

> *"It has been very helpful to speak with my mentor every week…. She keeps me tuned into the big picture."*
> *— IMPACT demonstration project participating pharmacist*

The IMPACT project paired each participating pharmacist with a mentor, and the pharmacists later identified mentors as one of the key supports in the integration process. Mentors are pharmacists who have worked in primary care or have significant experience working in a variety of interdisciplinary teams. They may have an advanced degree or extra credentials. Many of the IMPACT demonstration project pharmacists have agreed to continue as mentors to new pharmacists entering family practice.

If you have someone you consider a mentor, use him or her as a role model, a second check on your work, and a sounding board. Before you begin at the practice site, arrange to shadow your mentor at his/her site. Your mentor can help identify and address your learning needs, review your first consult notes, and visit you on site. Consider asking your mentor to review the Reflective Case Discussion appendix, to facilitate your case discussions. An IMPACT mentor job description and participation agreement are also available as appendices. You can communicate with your mentor in person, by phone or by email.

You can also work with a pharmacist in primary care who can provide some of the guidance a mentor would, even if a mentor-mentee relationship is not formally arranged.

The IMPACT website has more information and resources on both learning needs and mentors (http://www.impactteam.info).

MOVING FORWARD

Teamwork, Visibility and Accessibility:

You are becoming part of the family health team. Try to observe practice context (key hangouts, best time to approach people). Visibility helps with accessibility:

- Sit and work in plain view
- Use signs and reminder cards
- Meet with physicians
- Send introductory letters to resident physicians

Seek support from your pharmacist peers at other practice sites, other health care professionals, and your mentor if you have one. Know that integration will take some time. Patience and self-confidence will help. The family practice setting may be unlike any other environment you have experienced. Be flexible and adapt as necessary. Confidence will improve with time.

Remember, everyone has the same goal – to improve patient care. If a situation is beyond your scope of practice, do not hesitate to consult with the physicians, nurses and other health care professionals in your practice.

For more information on teamwork, tips for team building, maintenance of and barriers to well-functioning teams, see the Guide to Collaborative Team Practice, available at: http://www.health.gov.on.ca/transformation/fht/guides/fht_collab_team.pdf

Common Challenges and Rewards:

Challenges:

- Being able to speak with extremely busy physicians; you may not be high on their list of priorities or it may be challenging for them to adapt their routines
- Emotional challenges (e.g., feeling in the way or out of place, like you're imposing, pressure to prove yourself, feeling underutilized or that you're working too slowly) are common but usually fade soon
- Learning to approach other team members for help on complex cases, or with patients who have difficult behaviours
- Site constraints may include lack of office space, unfamiliar charting systems, difficulties in setting up work space (e.g., access to email)
- Determining the appropriate amount of research and time to spend on each patient assessment
- Clinic staff, including physicians, sometimes do not understand your role or potential
- Shift in identity to one different from either a hospital or a community pharmacist

Rewards:

- Patients appreciate the extra time spent with them
- Gaining different perspectives (e.g., of community pharmacy, family physicians)
- Learning new responsibilities and skills (e.g., interpreting lab data)
- Feeling competent and valued as part of a new team
- Excitement of using your skills in a new environment
- Contributing a new perspective to the practice
- Getting to know your patients better
- Learning to accept clinical uncertainty and prioritize recommendations
- Learning to work efficiently in a fast-paced environment

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MOVING FORWARD

"The doctors don't realize the full potential that a pharmacist can contribute to their practice if there's nothing tangible that they can see. It only becomes realized as they see the patients I've interviewed and read or discuss the recommendations."

— IMPACT demonstration project participating pharmacist

Communicating with Physicians:

Be flexible and creative. With permission, post signs in waiting rooms or offices. Distribute reminder cards or a letter to individual physicians with contact information and reminders of who will benefit most, and that you're available for drug information questions, etc.

If possible, post your office hours or somehow make the physicians and office staff aware of your schedule and office location. Consider using a business card.

Be patient — they're extremely busy and not accustomed to having you as a resource. Try to catch them between patients, in slower times; determine key hang-outs; use the EMR if available; have the confidence to approach them; have respect for each other's time; get to know the style and preferences of each physician. Build relationships through chance encounters and informal meetings. Talk to other pharmacists working in family practice for ideas.

Establish regular meeting times as a group and on an individual basis. Educational presentations to physicians work well in the group setting. If the physician has walk-in time, try to see him/her then. For suggestions on written communication, see the Writing Patient Consultations section.

"I realized that it was better for me to set up at any of the empty desks so that I am visible to all. I was reminded of the saying 'out of sight, out of mind.' I noticed that I was approached more, and engaged in more discussions."

— IMPACT demonstration project participating pharmacist

Implementing Recommendations:

Do not take it personally if your suggestion is not acted upon; not all recommendations will be followed. There may be a good reason for not carrying through with a recommendation at that time. Talk with the physician to understand the reasoning behind the decision, but do not be confrontational or negative. Learn from the experience, and remember, it will take some time for the physician to fully use your expertise.

Tips for Increasing Implementation of Recommendations:

- Book a quick five-minute appointment with the physician to review the recommendations before the patient's appointment
- Put the assessment letter in front of the chart before the patient comes in to see the doctor
- Try to book your initial meeting with the family physician on the same day but prior to the patient's physician appointment
- Empower the patient: give the patient a list of questions to give the doctor
- Offer your assistance to the physician in implementing the recommendations. Examples include: calling in prescription changes, organizing the ordering of blood work, printing prescriptions from EMR the physicians can sign if they agree with the recommendations
- Discuss relevant recommendations with the practice's nurses. In some cases they can be a good resource in implementing the recommendations
- It might be worthwhile to find a few minutes to discuss a complex case with the physician (have more of a conversation) and document your recommendations later

"I also find that I'm hesitant to speak to the MD since I feel that they are busy. I know better now since there's usually never a 'perfect' time and I need to just ask."

— IMPACT demonstration project participating pharmacist

Tips for Increasing Efficiency:

- Call your mentor or colleague for guidance if you spend more than four hours on an initial assessment for a patient (including interview, documentation and research)
- Take a few minutes to scan the chart before you see the patient instead of studying it in detail. Look for pertinent information in the chart after the patient interview. You can be more focused this way
- Make a point-form list of issues right after you see the patient so you don't have to go back and jog your memory
- With complex patients even small changes can make a difference – your recommendations do not have to solve all the problems at once
- Once you have established a relationship with the physician you can judge whether each recommendation needs a full justification. It will be helpful to document signs/symptoms the patient has but a repetition of the literature evidence may not be needed
- Document only what is necessary, e.g., do not enter more than the 12 months' worth of blood pressure readings or lab values into the database unless it is clinically important
- Consider recommending referral to a specialist if the problems are very complex
- Focus on drug-related not diagnostic issues; if the diagnosis is not clear, discuss with the physician instead of spending too much time researching possibilities

Successful Integration Characteristics:

These elements may help you gauge progress.

- Roles and levels of responsibility clear
- Medication-related processes established
- Mechanisms to handle drug-related problems in place
- Practice enhancements made regularly
- Collaborative working relationships based on trust, understanding, acceptance, synergistic care, feedback and commitment

"It was certainly an emotional roller coaster, at times feeling underutilized and out of place and at other times feeling highly valued and accepted… I also experienced breakthroughs with physicians who had shown indifference in the past. I've been amazed to see how far some of them have come along when at times I felt they would never see a use for my services."

— IMPACT demonstration project participating pharmacist

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EVALUATION

There are two aspects to evaluating pharmacists working in family practice — performance appraisal of the pharmacist, and assessing the overall impact of the program. In general, program evaluation will be coordinated centrally in conjunction with MOHLTC plans.

Performance appraisal — similar to any employee performance appraisal, but also includes some aspects specific to roles and competencies expected of the pharmacist working in family practice. Some pharmacist-specific criteria to consider include:

- Number and type of assessments and activities
- Number and type of drug-related problems identified
- Number and type of recommendations made

Program evaluation — this process assesses the program's effectiveness in optimizing medication use in family practice. Individual family health teams may conduct their own evaluations of certain components, such as process measures, clinical outcomes, patient satisfaction and cost-effectiveness. Four general areas to consider are:

- How a patient benefits from the program (better process of care, better health outcomes)
- How physicians and nurses benefit from the program (increased knowledge, improved work satisfaction make it easier to provide care)
- How the program affects health care costs/expenditures (some costs may increase while others decrease or stay the same)
- Number of referrals made to pharmacist

See the IMPACT website for more information (http://www.impactteam.info).

> *"Sometimes you get so deeply into the management of a patient that it's nice to have somebody sort of stand back and give you a nice overview."*
>
> *— IMPACT demonstration project participating pharmacist*

How do I determine if my recommendations have been accepted?

Some pharmacists have the patient book an appointment with the physician a week or two following the consultation, so the pharmacist can make sure the physician has the consult note and can follow up during or after the physician visit.

Another option is to call or meet with the patient after the physician appointment, and review the patient chart then. Mechanisms are needed to ensure follow-up happens.

What can I do if my recommendations are not followed?

Not all recommendations will be followed, for various reasons (such as developments in the patient's health resulting in changed priorities). If you are concerned, discuss it with the physician – but be careful to not become defensive or accusing. Over time you will begin to recognize how the physicians work, and you will be able to tailor your recommendations to meet their needs. In some situations, some recommendations will only be implemented if you take the lead yourself. Remember, you cannot do everything. Potential for harm, whether in following or not implementing certain recommendations, transparency, and the patient's relationship with the physician also have to be considered.

What if the diagnosis is not clear to me?

Discuss the diagnosis with the physician, to ensure you have all the information you need to help. Together you bring different expertise to a problem, and can develop a solution or plan. In some situations the physician may not have established a definitive diagnosis either, and is looking for a fresh perspective.

How much research is enough?

Try to spend no more than four hours on an assessment (including interview, workup and documentation). It can be hard to stay focused on the problem at hand. Try to complete paperwork within one week of an assessment. Of course, these are guidelines only; some cases may be more complex and others even easier. If you find you are spending too much time, ask your mentor or other pharmacists working in family practice for tips to be more efficient.

Also, try to recognize when you may be researching diagnosis or symptom issues. Instead of continuing your efforts alone, discuss the situation with the physician (see FAQ above). One benefit of working in a family practice setting is the ability to have team discussions.

> *"Realistically though, I may never find all the information that I need. Key thing for me is to realize that I have to focus at the main issue at hand."*
>
> *— IMPACT demonstration project participating pharmacist*

What if I am unsure how to resolve the drug-related problem?

If all usual avenues have been exhausted (such as reviewing appropriate literature resources), contact your mentor or another pharmacist working in family practice to discuss a plan.

How do I fit myself into the physicians' busy schedules?

During your initial meet and greet sessions, establish a format for meeting and communicating with the physicians regarding the patients you have assessed (e.g., face-to-face booked appointments, EMR entries, medical chart notes). You can even take advantage of chance hallway encounters.

Can I belong to a drug information centre other than DIRC?

As you know, pharmacists are required to have access to a drug information service accredited by the Ontario College of Pharmacists (OCP). This does not have to be DIRC.

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> *"It is simple enough when things are measurable such as blood pressure or lipids but when it is something else that requires clinical assessment skills it is less clear. You have to rely on the diagnostic skills of the physician before you can assess the appropriateness of the treatment regimen."*
> *— IMPACT demonstration project participating pharmacist*

How much time should be booked for an interview or consult?

This may vary according to the complexity of the patient and your experience. Once you have seen a few patients, determine the time needed (e.g., one hour for an initial interview,15–30 minutes for a follow-up). Adjustments can be made when needed.

How many patients can I see in a day?

This again may vary according to your experience and the complexity of the patient. Begin with up to two patients daily. Reassess monthly. Only book patients you are certain will be assessed during the time allotted.

Can I visit long-term care centres?

Yes, if agreed upon with the patient's family physician and if it does not contravene any long-term care guidelines.

What is the value of attending a training session?

The IMPACT training session was designed as a transitional program for pharmacists entering family practice. The therapeutic content is specific to family practice requirements and the situation simulations (with real family physicians, nurses and standardized patients) jump-start integration.

The family practice environment is very different from either community or hospital pharmacies. Pharmacists need to be made aware of the differences and how to approach them in a manner that does not negatively affect the patient. The networking opportunities with other pharmacists are also important, as often you are the only pharmacist working at a practice site.

The knowledge, skills and values components of the training program have been identified from previous research. They focus on the specific needs of a pharmacist collaborating with family physicians.

Can I do home visits?

Conducting home visits are possible but should be discussed and agreed upon with the family physicians. Consider the efficiency of home visits.

Canadians spent an estimated $19.6 billion on medication in 2003, the fastest-growing health care expenditure

— Canadian Institute for Health Information. National Health Expenditure Trends 1975-2004. Available at http://www.cihi.ca.

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DIRECTORY OF RESOURCES

Family Health Team Guides:

Available from the Ministry of Health and Long-Term care at:
http://www.health.gov.on.ca/transformation/fht/fht_guides.html

Other information on FHTs can be found at http://www.health.gov.on.ca/transformation/fht/fht_mn.html

Professional Organizations:

Canadian College of Clinical Pharmacy (CCCP): http://www.cccp.ca, volunteer organization for advanced clinical pharmacy practice

Canadian Council on Continuing Education in Pharmacy (CCCEP): http://www.cccep.org, (306) 584-5703, national coordinating and accreditation body

College of Family Physicians of Canada (CFPC): http://www.cfpc.ca, 1 800 387-6197 or (905) 629-0900, national voluntary association of family physicians

Canadian Medical Association (CMA): http://www.cma.ca, 1 800 267-9703, national association and lobby group representing physicians

Canadian Pharmacists Association (CPhA): http://www.pharmacists.ca, 1 800 917-9489 or (613) 523-7877, national voluntary organization for pharmacists, and publishers of the *Compendium of Pharmaceuticals and Specialties* (CPS), etc.

Canadian Society of Consultant Pharmacists (CSCP): http://www.cscpharm.com, the Canadian branch of the American Society of Consultant Pharmacists, focuses on senior care

Canadian Society of Hospital Pharmacists (CSHP): http://www.cshp.ca, (613) 736-9733, national voluntary organization for advancing patient-centred pharmacy practice in hospitals and related settings

Drug Information and Research Centre (DIRC): http://www.dirc-canada.org, 1 800 268-8058 or (416) 385-3472, evidence-based drug information compiled and maintained by pharmacists

Health Knowledge Central (HKC): http://www.healthknowledgecentral.org

IMPACT (Integrating family Medicine and Pharmacy to Advance primary Care Therapeutics): http://www.impactteam.info

National Association of Pharmacy Regulatory Authorities (NAPRA): http://www.napra.org, (613) 569-9658, a national resource centre that implements regulatory programs and standards

Ontario College of Family Physicians (OCFP): http://www.ocfp.on.ca, (416) 867-9646, Ontario chapter of the College of Family Physicians of Canada

Ontario College of Pharmacists (OCP): http://www.ocpinfo.com, (416) 962-4861, self-governing professional regulating body

Ontario Pharmacists' Association (OPA): http://www.opatoday.com, 1 877 341-0788 or (416) 441-0788, voluntary advocacy organization

University of Toronto, Faculty of Pharmacy: http://www.utoronto.ca/pharmacy/index.htm, (416) 978-2889

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Drug and Disease Indicator References:

Fick DM et al., Updating the Beers criteria for potentially inappropriate medication use in older adults. *Arch Intern Med* 2003;163:2716-24.

MacKinnon NJ, Hepler CD. Preventable drug-related morbidity in older adults, 1. Indicator development. *Journal of Managed Care Pharmacy* 2002;8:365-71.

McLeod PJ et al., Defining inappropriate practices in prescribing for elderly people: a national consensus panel. *CMAJ* 1997;156:385:91.

Suggested Reading:

For information on Family Health Teams, see the Guide to Collaborative Team Practice, available at: http://www.health.gov.on.ca/transformation/fht/fht_mn.html

Bridges William, *Managing Transitions: Making the Most of Change*. Don Mills, ON: Addison-Wesley Publishing Company, 1991.

Howard M, Trim K, Woodward C, et al., Collaboration between community pharmacists and family physicians: lessons learned from the Seniors Medication Assessment Research Trial. *J Am Pharm Assoc* 2003;43:566-72.

Koshman S, Pottie K, Viner G. Rethinking the way we manage medications: Using pharmacists in community family practice. *Can Fam Phys* 49; Sept. 2003; 1066-68.

Lemelin J, Hogg W, Baskerville N. Evidence to action: a tailored multifaceted approach to changing family physician practice patterns and improving preventive care. *CMAJ* Mar. 20, 2001; 164(6); 757-63.

McDonough RP, Doucette WR. Developing collaborative working relationships between pharmacists and physicians. *J Am Pharm Assoc.* Sept/Oct 2001;41(5):682-92.

Sellors J et al. A randomized controlled trial of a pharmacist consultation program for family physicians and their elderly patients. *CMAJ* July 8, 2003; 169(1); 17-22.

LIST OF AVAILABLE APPENDICES

The following appendices can be found both on the CD included with this toolkit package, and on the IMPACT website.

Most appendices, updates and additional information, as well as the *Practice Enhancement Guide*, are available on the IMPACT website: http://www.impactteam.info

- Clinical Documentation Guidelines
- CMA-CPhA Joint Statement: Approaches to Enhancing the Quality of Drug Therapy
- Guidelines for Development of an Individualized Learning Plan for Pharmacists Working in Primary Care Practice (the Knowledge, Skills and Values document)
- IMPACT Chart Audit for Prevalence of Drug and Disease Indicators
- IMPACT Family Physician Group Letter of Understanding
- IMPACT Patient Referral Form
- IMPACT Pharmacist Job Description
- IMPACT Pharmacist Participation Agreement
- IMPACT Pharmacist Mentor Job Description
- IMPACT Pharmacist Mentor Participation Agreement
- IMPACT Pharmacist Training Program Agenda
- IMPACT PowerPoint Slide Presentation
- Medication Use Processes Matrix (MUPM)
- Performance Appraisal Template
- Pharmaceutical Care — What Is It?
- Reflective Case Discussion
- Samples of Completed Patient Assessments

Only 51-78% of patients with newly diagnosed hypertension persisted with anti-hypertensive therapy one year after receiving a new prescription

— Morgan SG, Yan L. Persistence with hypertension treatment among community-dwelling BC seniors. Can J Clin Pharmacol 2004; 11: e267-e273.

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GLOSSARY

CFPC-OB – College of Family Physicians, Ontario branch

CHC – Community Health Centre

CMA – Canadian Medical Association

CPhA – Canadian Pharmacists Association

CSHP – Canadian Society of Hospital Pharmacists

CWR – Collaborative Working Relationships

DIRC – Drug Information and Research Centre

DRP – drug-related problem

e-CPS – electronic *Compendium of Pharmaceuticals and Specialties*

EMR – electronic medical record

FHT – family health team

FTE – full-time equivalent

HSO – health service organization

IMPACT – Integrating family Medicine and Pharmacy to Advance primary Care Therapeutics

LU codes – Limited Use codes

MOHLTC – Ministry of Health and Long-Term Care

MUPM – Medication Use Process Matrix (appendix)

NP – nurse practitioner

OCP – Ontario College of Pharmacists

ODB – Ontario Drug Benefit program

OPA – Ontario Pharmacists' Association

OTC – over the counter; refers to medication and products that do not require a prescription to be purchased

PEG – *Practice Enhancement Guide*

SMART – Seniors Medication Assessment Research Trial

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Need More Information?

This toolkit is just a sample of available resources. It is part of the IMPACT Pharmacist Program Toolkit: How to Integrate a Pharmacist into Family Practice. For detailed appendices and IMPACT project results, or to comment on this toolkit, visit our website: http://www.impactteam.info.

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The IMPACT Program

Pharmacists in Family Practice: A Resource

Produced by:

IMPACT – Integrating family Medicine and Pharmacy to Advance primary Care Therapeutics.

The IMPACT program is a demonstration project funded by the Ontario Ministry of Health and Long-Term Care (OMHLTC) through the Primary Health Care Transition Fund. © 2006.

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