Pharmacists

On

Primary Health Care Teams

In

Saskatchewan

An Implementation and Evaluation Toolkit

April 2008

Pharmacy Coalition on Primary Care

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INTRODUCTION

This Toolkit provides practical advice and tools for the implementation and evaluation of a pharmacist onto a primary health care team. The information in this Toolkit is meant to supplement the *IMPACT Toolkit* that was previously circulated to each Saskatchewan Regional Health Authority; therefore, it is strongly recommended that the *IMPACT Toolkit* (www.impactteam.info/resourceDownloads.php) be re-visited prior to reading this Toolkit. When accessing the on-line version you will be asked to complete a disclaimer and a password will be issued to allow access to the Toolkit.

It is assumed that the users of this Toolkit will have significant prior experience in orienting "new" (non-pharmacist) team members onto their primary health care teams and that much of this experience will also pertain to integrating the pharmacist onto these teams. Therefore, this Toolkit has been designed to provide guidance and tips to users on how to tailor their normal "general" orientation procedures to successfully integrate the clinical pharmacist onto a primary health care team.

The Toolkit was developed to allow the user to quickly move between the various "Steps" in the planning, implementation and evaluation process. As such, the Toolkit is divided into three key steps; (1) Preparing for the new role; (2) Implementing the new role; (3) Evaluating the new role. Several key "tasks" are defined within each step that will need to be completed by most teams in order to successfully complete that step. The content of the Toolkit expands on and provides details, practical tips, and tools to help the user successfully complete each task. The "stepped" format was adapted from similar work done by the *Canadian Nurse Practitioner Initiative*, which was designed such that each step is followed in the precise order presented to maximize successful integration. While the "steps" in this Toolkit were arranged in the order that it is expected *most* teams will likely proceed, there is no compelling reason why the order of "step / task" completion cannot be adjusted to suit local / regional circumstances..

STEP 1:
PREPARING FOR THE NEW ROLE

TASK 1: Identify and connect with key stakeholders who may assist in implementing the new role

The stakeholders listed below may prove helpful in dealing with issues that arise throughout the process of implementing the pharmacist's role in a primary health care team. Prior to recruiting the pharmacist positions it is recommended that regions consider contacting and engaging local regional leaders outlined in the table below. These stakeholders may be helpful in completing any of the three steps described in this Toolkit.

Source / Stakeholder	Potential useful linkage	Possible regional contacts
RHA Director of Pharmacy (in regions were this position exists)	All health region related pharmacy programming issues	Contact local Health Region administration for specific contact information.
Pharmacy Coalition for Primary Care (PCPC)	General linkage to all pharmacy stakeholders and issues related to primary care.	Dr. Derek Jorgenson, Chair West Winds Primary Health Centre 3311 Fairlight Drive Saskatoon, SK S7M 3Y5 Telephone: 306-655-4270 Facsimile: 306-655-4894 Email: derek.jorgenson@saskatoonhealthregion.ca
Saskatchewan College of Pharmacists	Regulatory, licensing, and standards of practice issues	Mr. R. J. (Ray) Joubert, Registrar Saskatchewan College of Pharmacists #700 – 4010 Pasqua St. Regina, SK S4S 7B9 Telephone: 306-584-2292 Facsimile: 306-584-9695 E-Mail: ray.joubert@saskpharm.ca
Pharmacists Association of Saskatchewan	Pharmacist advocacy, compensation, professional practice support, and malpractice insurance information	Mr. Brett Filson, Executive Director 306-359-7277 brett.filson@skpharmacists.ca Ms. Janice Burgess Director of Professional Practice 306-359-7277 janice.burgess@skpharmacists.ca

Canadian Society of Hospital Pharmacists (Saskatchewan Branch)	Pharmacist advocacy, peer-to-peer networking, professional practice support, Standards of Practice, and malpractice insurance information	Dr. Shannan Neubauer, External Liaison CSHP Saskatchewan Branch Shannan.Neubauer@shr.sk.ca
College of Pharmacy and Nutrition, University of Saskatchewan	General assistance to the clinical pharmacist (drug information/role development etc)	Dr. Yvonne Shevchuk Dr. David Blackburn College of Pharmacy and Nutrition University of Saskatchewan 306-966-6327
Professional leaders / organizations of other primary health care team members (e.g., NPs, dieticians, etc.)	May have information specific to their profession that will be helpful in integrating the pharmacist role	Will depend on profession
Physician leaders within primary health care sites	May have information specific to their profession that will be helpful in integrating the pharmacist role	List not available
Client / patient representatives	May have information on pharmacist services that the community would like to have, as well as information on how to inform the community about the new service being offered	List not available

TASK 2: Determine the medication management needs of your patients / clients and your community

The medication management needs of the community being served by each primary health centre should be linked to priorities established by community-based needs assessments. This will be valuable in determining the roles of the prospective pharmacist and also in identifying the skills and expertise of the pharmacist who needs to be recruited.

Pharmacists can offer a broad range of services to your team / clients (*see Step1 – Task 5*); however, initial funding may only allow for a limited number of these

services to realistically be offered. The results of a community needs assessment will be invaluable in helping the pharmacist prioritize their time to target the unique medication management needs of your community. For example, if you know your community has a high prevalence of tobacco misuse and diabetes the pharmacist may focus on developing a smoking cessation education service or a diabetes monitoring program.

When deciding on the medication management priorities for your PHC pharmacist, remember to consider existing medication management services and support that may already be offered by local pharmacists, the health region, the Health Quality Council or others. This will avoid duplication of services and also allow for the identification of potential linkage / partnership opportunities.

TASK 3: Compile a list of practising clinical pharmacists in your community / region who might be interested in this type of practice

After defining the medication management needs of your community / primary health care team in *Task 2*, it will be helpful to create a list of pharmacists in the area who will likely be interested in this type of practice. The importance of this step is summarized in the *IMPACT Toolkit*; however, the primary purpose is to assist in developing a recruitment plan. This step may allow you to match the community needs with a local pharmacist who has the expertise / interest in providing the services that will best meet these needs. *Contact the Pharmacists Association of Saskatchewan for assistance in completing this step as they plan to develop a database of pharmacists interested in working on primary health care teams.*

Pharmacists' Association of Saskatchewan (www.skpharmacists.ca)

Location: 202 - 2629 29th Avenue
Regina, Saskatchewan
S4S 2N9
Phone: (306) 359-7277
Fax: (306) 352-6770

Staff: Brett Filson - Executive Director
E-mail: brett.filson@skpharmacists.ca

Janice Burgess- Director, Professional Practice
E-Mail: janice.burgess@skpharmacists.ca

TASK 4: Determine how many pharmacist FTEs your primary health centre requires

Note: in 2008/09 there exists a finite amount of funding for pharmacist services in Saskatchewan Primary Health Centres; therefore, this task is not applicable. However, this information may be useful for future budget years.

There are significant data supporting the need for pharmacist clinical services within primary health care teams. However, there are no reliable methods of determining the amount of pharmacist resources required in a particular PHC team prior to implementing the role. Once the pharmacist has become part of the team, experience and feedback from the team will help to determine the optimal needs of that team. This should be considered as part of the evaluation component (see *Step 3*).

TASK 5: Define expected pharmacist roles and responsibilities

The *IMPACT Toolkit* contains an extensive and complete list of evidence-based potential roles and responsibilities for pharmacists in PHC Teams. However, limited funding may require the pharmacist to focus on selected roles and develop a “niche” practice to ensure maximum impact with limited time. The focus or “niche” area should be consistent with community needs and priorities (see *Step1 – Task 3 above*).

The evidence suggests that successful pharmacist integration and subsequent team effectiveness will be enhanced if a single pharmacist is recruited to provide the services within each health centre and if the pharmacist is physically located within the primary health centre during the hours of work (i.e., services should not be provided remotely from another site such as a community pharmacy). Having a “common and consistent face” who is physically on-site will encourage the development of a trusting professional relationship between the pharmacist and the other team members that will foster true professional integration of roles. Certain local circumstances may necessitate a “team” of pharmacists to be recruited to provide the services; however, this should be considered as an alternative only when the recruitment of a single pharmacist is not possible.

TASK 6: Determine expected hours of work

The pharmacist’s hours of work should be flexible to best meet the needs of the rest of the team and the clients of the health centre and should correspond with community needs assessment and the availability of the pharmacist. The pharmacist should strive to be physically present in the health centre when the key members of the rest of the team are also present. In addition the pharmacist

should strive to be flexible to the needs of the health centre clients. For example, evening group patient education sessions may be provided by the pharmacists in some settings. Similarly, the rest of the team will also need to be flexible to incorporate the role of the pharmacist, who may have limited on-site time with the rest of the team.

TASK 7: Consider remuneration and benefits

Remuneration rate and benefits packages should be comparable to the Regional Health Authority pharmacist pay scales, which are available in the most recent collective agreement and are located on the Health Sciences Association of Saskatchewan (HSAS) website (http://www.hsa-sk.com). For more detailed information and guidance regarding remuneration issues, contact Margaret Baker at the Primary Health Services Branch of Saskatchewan Health (phone: (306) 798-0670); email :mbaker@health.gov.sk.ca.

TASK 8: Consider office space / physical supports and administrative support that will be required

The pharmacist's office space needs will be similar to those of other non-physician team members within the health centre. The pharmacist will be performing a combination of direct patient care services and non-direct patient care services (see *IMPACT Toolkit)* and will need to have access to office space that can support these combined roles. The following list is an example (but not necessarily all inclusive) of what will be required. If the pharmacist is providing services on a part-time basis, it is feasible some of these resources could be shared with existing team members in the health centre, requiring few additional acquisitions.

- Access to office space large enough to accommodate 1-2 patients and the pharmacist for the purpose of providing one-on-one interviews. This must be an office with a closing door and sufficient sound-proofing to ensure patient confidentiality. This space could be a traditional "office" or a physician exam room that is not being used on the day the pharmacist is doing consultations.
- The office should optimally be located very close to (or within) the patient care area so that the pharmacist is frequently "visible" to other team members even when she/he is working in the office on the computer.
- Convenient access to a computer with internet access, email, and a printer
- Access to medical information / clinical practice support tools (online and print) such as Medline, electronic journals and guidelines, the Pharmaceutical Information Program (PIP), Micromedex, etc. Most health regions will have access to all of these resources through their medical

library and to the Saskatchewan Health Information Resource Project (www.shirp.ca). If this is not the case, consideration must be made to accessing another regions' medical library (or through the University of Saskatchewan). A special password *may* need to be acquired for pharmacist access to PIP within the health centre (even if the pharmacist has a password for access to PIP within another practice site).

- Access to a telephone (with long distance service)
- Access to the patient charts / medical records in the health centre
- Administrative support to book patient appointments, type letters, etc (similar to that provided to other team members who provide direct patient care services).

TASK 9: Plan a recruitment strategy

Detailed guidance on the necessary steps that must be followed in order to recruit a pharmacist in the Saskatchewan context will be provided by Margaret Baker at Primary Health Services Branch of Saskatchewan Health. In addition, the stakeholders listed previously (*Step 1 – Task 1*) will be extremely useful in this step. For example, the Regional Pharmacy Director (if one exists in your region) will have significant experience in recruiting pharmacists. In addition, the stakeholders listed will be able to provide guidance on how best to advertise for the new position. See also the *"How to Hire a Pharmacist"* section of the *Lead Physician and Site Manager Toolkit* in *Impact Toolkit.* (Includes interview guide, standard referee form etc).

Considering in most cases that pharmacists will be recruited into these positions for less than a full-time equivalent, it is likely that the successful applicants will also have other places of employment in the community. There may be potential for *perceived* conflict of interest in communities where there are multiple community pharmacies located near the primary health centre and where the successful applicant to the primary health care team position is also employed by one of those local community pharmacies. In these cases strategies should be developed to limit and manage the possibility for perceived conflict of interest. For example, the perception of conflict of interest may be minimized by:

(1) ensuring that all pharmacists employed by all local pharmacies have an equal opportunity to apply for the positions;
(2) contracting the position with the individual pharmacist (and not the pharmacy that they work for) so that during their time in the health centre it is very clear that they are working on behalf of the health region and not any one independent business in the community.

TASK 10: Draft an official job description and contract

The *IMPACT Toolkit* has examples of pharmacist job descriptions and possible contracts. In addition, existing health region Directors of Pharmacy will have templates and examples of staff pharmacist job descriptions, as well as sample contracts. The examples of job descriptions and contracts can easily be modified to suit each health regions' policies and protocols without significant additional work.

At a minimum the pharmacist must have a Bachelor's Degree in Pharmacy and be licensed as a Practising Pharmacist in Saskatchewan (or be eligible for such licensure). Previous clinical experience is an asset but will not be mandatory. In addition, completion of the Primary Care Preparedness Workshop through the Pharmacists' Association of Saskatchewan will be strongly recommended. Contact PAS for a detailed description of this workshop and for presentation dates. To obtain licensure as a practising pharmacist in Saskatchewan, individuals must show proof of malpractice insurance to the Saskatchewan College of Pharmacists; therefore, it can be assumed that all licensed pharmacists have necessary liability coverage.

TASK 11: Consider plans for mentorship, networking with a peer support group, skills development, and ongoing continuing education.

<u>Mentorship</u>

Experience from other jurisdictions, particularly the IMPACT investigators in Ontario, suggests that regardless of the background or the previous experience of the pharmacists who move into these integrated primary health care team positions, the transition is a difficult task. One of the key learnings of the IMPACT investigators was the importance of a formal mentorship program to ensure the pharmacists who are transitioning into these new roles have the support and tools they need to succeed. In the IMPACT study each pharmacist was partnered with a pharmacist mentor who had a significant amount of experience in the setting, who could work directly with the pharmacist to aid in their transition. IMPACT pharmacists reported that this mentorship was key to their success. Each region that is recruiting pharmacists for these positions should consider how they might provide mentorship to the new recruits.

Ideally, the mentors would be pharmacists with considerable experience working as integrated members of PHC teams and would be available to meet "one-on-one" with mentees on a regular basis. However, this is not absolutely mandatory (nor feasible in the Saskatchewan context).

Based on the key issues and barriers that pharmacists transitioning into this new role tend to experience, mentors should be recruited who have the following skills, expertise and background (so that they are capable of addressing the key issues that arise for these pharmacist mentees):

- Mentors must have significant experience working as a member of any interprofessional team that includes a physician (but not necessarily a primary care team)
- Mentors must be competent and experienced in: (1) patient interviewing and assessment; (2) critical appraisal of the literature; (3) performing complete medication reviews using data from the patient interview, the chart, and other team members; (4) communicating with physicians; (5) collaborating with an interprofessional team; (6) making clinical decisions.
- Mentors don't necessarily need to be physically located near the mentees as most of the mentoring can occur using telephones and other technology.

Realistically this means that, for health regions that do not already have an employee who meets these requirements to act as a mentor, they will need to be recruited externally. The Pharmacy Coalition for Primary Care (PCPC) can be contacted for assistance in identifying these potential mentors. For more information contact the PCPC.

Skills development – ongoing continuing education

Certain skills that are required to work as an integrated member of a primary health care team are unique to this role and most pharmacists will require some skills development training. Unfortunately there is currently no program available to provide this skills training, which will make the presence of a mentorship program even more important. It is strongly recommended that all pharmacists recruited to these positions complete the Primary Health Care Preparedness Workshop (provided by the Pharmacists Association of Saskatchewan), which helps provide some of the skills training necessary for these positions.

In the absence of a more complete program that can provide the necessary skills training, the pharmacist should attempt to regularly self-identify their knowledge gaps and seek out professional development / continuing education programs (online and local) to fill these gaps. This is a role that a mentor (if available) can be invaluable in assisting.

Peer to Peer Networking

On a national level, the Canadian Pharmacists Association (CPhA) and the Canadian Society of Hospital Pharmacists (CSHP) have combined resources to jointly host the Primary Care Pharmacist Specialty Network (PSN). This network acts as a peer support link for pharmacists working in primary health care

(community pharmacists and primary health team pharmacists). The PSN is an extremely valuable resource that allows pharmacists across the country to easily and quickly discuss issues and practice concerns with each other. Pharmacists new to this role will find this an invaluable connection to others working in the same practice setting. It is strongly suggested that it be mandatory for pharmacists in primary health teams to be linked to this PSN. Membership / access to the PSN is free for all members of CPhA or CSHP.

STEP 2: IMPLEMENTING THE NEW ROLE

TASK 1: Establish administrative / management structure to create a supportive environment for the new pharmacist

Ensure the pharmacist is adequately oriented to the policies and procedures of the site and the health region, similar to orientation that is provided to other new team members in the facility.

Ensure it is clear to the new pharmacist who they should report to for various concerns or questions related to the position. The management reporting structure may be especially unclear in regions where there is no existing Director of Pharmacy Services. For example who should they contact if they are having trouble with another team member? Who should they contact for human resources / payroll issues? Who should they contact for site related issues? Who should the pharmacists go to for professional practice issues? Who should the pharmacist go to for clinical issues?

TASK 2: Prepare the rest of the team prior to arrival of the new pharmacist

See the section *"Introducing Integration"* in the *Lead Physician and Site Manager Toolkit* from the *Impact Toolkit*. The team needs to be informed as early as possible in the process about the potential roles that the new pharmacist may play in this setting, as very few team members may have experience working with a pharmacist directly on the team and may have no idea what services can be provided. Team members should be asked to provide feedback on how they see the pharmacists' role impacting their own practice.

It will be especially imperative that the physicians in the health centre are involved as much as possible prior to the pharmacist start date, since the two will work so closely together. It will be very useful if the physicians can provide feedback about what their expectations/needs are from the pharmacist.

Ensure the team understands the legal (liability), regulatory, and scope of practice issues that may be relevant to the new role. Each team member should have a clear understanding of the expected roles / responsibilities of the new pharmacist but also needs to appreciate that these may evolve over time. This may be achieved through a combination of printed information and group presentations. It is recommended that the new pharmacist personally provide these sessions.

TASK 3: Prepare your patients / clients for the new role

Patients of the primary health care team should be educated about the role of a pharmacist on the team and the potential benefits of the pharmacist's services (medication review/reconciliation, medication counselling, etc). Methods to achieve this could include: posters in the waiting area, local media, pamphlets provided to patients attending other appointments, etc. See IMPACT Toolkit for examples.

TASK 4: Plan team building events soon after new pharmacist arrives

The development of a trusting relationship between team members is key to integration. Specific time should be set aside for team building exercises that will serve to build trust, encourage team participation, and allow for a better understanding of who each team member is as a person. These team building events would be similar to those previously utilized to welcome other new members onto the team.

TASK 5: Pharmacist to Read/Review Impact Toolkit

TASK 6: Pharmacist to identify a mentor who is willing to support them in their new role

See *Step 1 – Task 11.*

TASK 7: Pharmacist to link with a networking or peer support group of other pharmacists in similar roles

See *Step 1 – Task 11.*

TASK 8: Pharmacist to take part in skills assessment and development session(s) prior to or soon after starting (where available)

See *Step 1 – Task 11.*

TASK 9: Pharmacist to investigate existing medication management services and programs being offered in the community

The pharmacist should investigate existing medication management services and programs currently offered within the community (by local pharmacists, the health region, Health Quality Council, RxFiles Academic Detailing, etc.) in order to avoid duplication of services and to identify potential linkage / partnership opportunities. A letter (such as the example in Appendix VIII) should be sent to the pharmacists in the surrounding community to inform them of the implementation of the pharmacist's role on the central primary health care team and to introduce the pharmacist to the other pharmacists in the community.

TASK 10: Pharmacist to begin offering services within the team

The new pharmacist and the rest of the team must be patient and take time to determine which specific pharmacist services are to be provided. The pharmacist should be careful not to rush into providing services before the previous steps in this Toolkit are completed and a working relationship is built with the team. It is difficult to determine precise services to be offered before the new pharmacist has some feel for what the team and the clients want. This may mean there will be an initial transition period where little or no actual "service" is being provided, but where the pharmacist is focusing on being integrated and understood as a team member.

The pharmacist can facilitate successful integration into the team by simply being visible and accessible to team members and patients. Sitting in an office working on a computer should be avoided during these early days to ensure the maximum visibility of the new pharmacist.

STEP 3:
EVALUATING THE NEW ROLE

TASK 1: Develop a quality assurance / performance review / evaluation process

Note: More specific guidance on how and what will be evaluated associated with the initial funding provided for the 2008/09 fiscal year will be provided under separate cover. What follows is some general information on evaluation for the future.
Also see *Evaluation* Section of the *Lead Physician and Site Manage Toolkit* in *Impact Toolkit.*

Evaluation is necessary in order to both improve the process of integrating a pharmacist into a primary care team, as well as to provide data to support sustainability and expansion. Evaluation requires some planning; a realistic timeline should be developed. Evaluation also requires some resources, so a portion of the budget should be retained to support the evaluation process (for e.g printing of evaluation tools, staff time to enter data). In the ideal world a data collector, data entry clerk and/or data analyst and or a program evaluation expert could be hired and potentially shared between primary health centers. Realistically with the amount of funding available and the timelines, this is unlikely at this time.

The evaluation process needs to strike a balance between simplicity / ease of use and collecting the information needed to allow sustainability and improvement. It must involve multiple stakeholders (RHA, lead physicians, practice setting administrator, pharmacist, patient/consumer) to help build shared ownership and transparency which will ensure that the evaluation produces results that are relevant and useful to various individuals. Use of existing data collection tools should be used wherever possible.

Process evaluation assesses how the program is operating and answers the questions: “Was the pharmacist role implemented and integrated as planned?” and “How can the implementation process be improved?” These indicators are qualitative (patient interviews and team member focus groups) and quantitative (statistics as to service use) in nature and are used to determine the understanding and acceptance of the pharmacist role by the health care team members, including the patient.

Approval by a research ethics board may be required depending on the nature of the data collected. Self-administered surveys should be accompanied by a letter explaining the objective of the survey, how the collected data will be used and how confidentiality will be maintained.

Strategies for sustainability need to be developed and reviewed throughout the implementation process. Continued funding is more likely to be provided if the following points are met:

- Demonstrated benefits of the primary care initiative
- Provider and patient satisfaction
- Responsibility and accountability to stakeholders and payers
- Efficient use of resources
- Cost savings or cost-neutrality to the overall system
- Consistency with the goals of the potential funding source
- Complementary care rather than duplicating other available services

TASK 2: Develop a set of quality indicators to prospectively track

Each RHA will have their own set of indicators for the evaluation process, unique to that site and situation.

Accountability and Impact

Evaluation may be subdivided into the two main areas of accountability and impact. Within these areas are multiple subcategories which capture the main aspects of the process. Appendix II is a table which covers this in greater detail.

Accountability measures encompass areas such as direct patient care, education and teaching, research, and administration. They document the pharmacist position from a workload perspective.

Impact measures reflect quality indicators including patient outcome measures from the perspective of the patient, the physician, and other health care professionals. More specific services to be evaluated will be determined by each practice site and can differ significantly between teams.

Cost-effectiveness

In a comprehensive evaluation, current and future costs must be compared and analyzed for determining the program feasibility and any cost-savings must be examined through both direct and indirect costs. For example, in dealing with drug therapy, changing a direct cost by switching to a less expensive drug alternative can demonstrate immediate savings; however, using a drug to prevent future illness will have a longer-term impact on cost which is not easily measured. Rather than generating revenue, the financial incentive within the primary care setting is to improve health outcomes and achieve more cost-

effective prescribing or more effective implementation of therapies through improved adherence to chronic medications. It may be that the financial benefits may not show themselves in an actual reduction of costs, but rather through a reduction in the rate of increase.

Self-evaluation

The hired pharmacist should keep a log book to track the progress of their integration into the primary care team. This would involve daily, or at minimum, weekly entries by the pharmacist describing the tasks completed, interactions with patients and interactions with the other team members. Over time, trends may be noted which should be evaluated and used to make improvements where required.

TASK 3: Pharmacist to consider opportunities to develop own skills as a mentor so he/she can eventually become a mentor for future primary care team pharmacists (train-the-trainer approach)

This will become more important as the pharmacist roles in primary health are expanded or handed over to new individuals. The initial few pharmacists trained within primary health care teams will have a wealth of knowledge that they will be able to pass along to others. This will be an important key to sustaining and propagating the process.

Respectfully submitted

April 21, 2008

Pharmacy Coalition on Primary Care

Chair
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Canadian Society of Hospital Pharmacists (Saskatchewan Branch)
Dr. Brenda Schuster
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Appendices

APPENDIX I: Letter to Other Pharmacists in the Community Being Served By the Central Primary Care Team

Date

Family Medicine Practice Name
Address

Name of Pharmacy owner/associate owner/manager:

We are pleased to introduce (insert name) as our most recent addition to the primary health care team. (Name of pharmacist) is a pharmacist that graduated from (name of pharmacy school) and will begin his/her work with us on (date). (Any other personal information about the pharmacist he/she wishes to share with colleagues, please insert here).

A typical day at the health centre for (name of pharmacist) will be spent conducting patient medication reviews and interviews, documenting in and reviewing patient's medical charts, counselling patients on medications and their health, answering drug information questions from patients and from other team members. (Name of pharmacist) will also be doing presentations to targeted patients depending on the needs of the patients in our community. He/she will also be doing presentations to our team at the health centre to discuss prevalent or problematic issues related to drug therapy. In other words, patient focused academic detailing. Any specific therapeutic topic suggestions for (name of pharmacist) to present to either the patients or the health team would be greatly appreciated.

(Name of the pharmacist) will attempt to get involved in multiple seamless care activities. This will involve communication with both the hospital and community pharmacists and other interdisciplinary team members to ensure a smooth transition for medication related care between sites. (Name of pharmacist) should be made aware of any existing medication management services and programs offered in the community to avoid duplication of services and to identify partnership opportunity. If your pharmacy offers such services please let (name of pharmacist) know via e-mail/phone (insert pharmacist's email address/phone number) or by mail.

We look forward to collaboration opportunities.

Sincerely,

(Name of lead physician and credentials)
Lead Physician of Central Primary Care team
(Name of family medicine group practice)

(Name of pharmacist and credentials)
Pharmacist Central Primary Care team
(Name of family medicine group practice)

APPENDIX II: Summary of potential options for core evaluation data set

Note: it is likely unrealistic to expect any pharmacist to track ALL of these data; especially if they are only working part-time; however, this list provides guidance on the breadth of activities that must be considered when attempting to evaluate the role of the pharmacist.

Direct patient care

- Number of new patients / initial complete assessments done by pharmacist and the average time to complete (include time required for prep, researching literature, patient interview, discussion with doc, writing chart note, etc in time calculation)
- Number of follow up patient appointments done by pharmacist and the time to complete
- Number of patient consults provided via phone by pharmacist and the average time to complete
- Number of patient consults done via home visit by pharmacist and the average time to complete
- Number of recommendations made to team by pharmacist
- Number of "hallway / elevator" consults with team members (include "quickies" sent via interoffice messaging system) and the average time to compete
- Number of phone discussions regarding patients with other health professionals (such as community pharmacists, specialists, etc) and the average time to complete
- Number of drug information questions answered by pharmacist (collect number of requests and average time to respond)

Education and teaching

- Number of education sessions provided (and time to prepare / deliver) to:
    - patient group education sessions
    - educational in-services performed for healthcare team
    - lectures provided at educational institution
- Time spent participating in continuing education programs or professional conferences
- Number of students / residents precepted (workload collected in "student weeks / year")
- Time spent on informal mentoring of students and / or staff team members and / or other practising pharmacists

Research

- Presentations delivered (poster, oral) at conferences/meetings (document preparation and delivery time and travel if applicable)
- Time spent planning, performing and reporting on research / quality improvement initiatives
- Number of publications

Administration / projects / other

- Practice enhancements
  - Time spent on development of practice enhancements –e.g. developing new clinics, tools, forms, etc
- Preparation of drug information newsletters / groups updates / team communications
- Meeting / committee work (in practice and community setting)
- Training new staff
- ADR reporting

Outcomes related endpoints

If the evaluation was large enough and long enough (and resources existed to allow for such an evaluation), some of these outcomes related endpoints could be measured:

- Reduced average blood pressures in hypertensive patients
- Reduced average HBA1C in diabetic patients
- Reduced average cholesterol
- Etc.