

Pharmacist Referral Pocket Card

A. Enhancement Objectives

The pocket card serves as a quick reference guide to let the physicians and residents know the various ways they can use the services of a pharmacist, and what type of cases they can refer to the pharmacist. It also contains the pharmacist's contact information to encourage communication.

B. Tool or Enhancement Description

The pocket card is a two-sided laminated card approximately 5" by 3". Please see the end of this chapter for an example.

C. Medication Management Improvements

A pocket card provides information and educates the physicians and residents about patient populations in whom medication management can be improved and the areas in which a pharmacist can assist in improving medication management. The **educational** component of the practice enhancement allows physicians and residents to better utilize a pharmacist to assist in medication management.

A pocket card will likely increase the number of referrals and the scope of reasons for patient referral to a pharmacist. Through **referral**, the pharmacist would make suggestions and recommendations for changes that would likely lead to drug therapy changes.

Patients benefit from improved medication management through the pocket card because the physicians are better able to **identify** the populations who can benefit from a pharmacist consultation.

The practice benefits from the greater **team** approach to patient care that the enhancement promotes, and each member will be better able to use their time and expertise for patient care.

Community pharmacists could likely experience improved medication management from a pocket card, because a suggestion on the card could be to have the practice pharmacist act as a liaison with community and hospital pharmacists for the physician. This would allow for the

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communication of issues regarding a certain patient that the community pharmacist may not have been aware of and may help the community pharmacist better manage his or her patients as well.

This practice enhancement is important for the achievement of better health outcomes for patients because it can serve as a catalyst and educational tool to encourage physicians to refer patients, who then see a pharmacist, who can make recommendations that would hopefully lead to **better health outcomes** for them. A pocket card not only provides information about referrals but also informs physicians that the pharmacist can also provide access to drug information and education, which would indirectly help physicians improve the health outcomes for patients.

Depending on the practice site's patient demographics, a significant proportion of patients can benefit from this enhancement.

References and resources

The information in a pocket card comes from research that shows how pharmacists can help improve drug-related outcomes. The following articles were used for the example pocket card shown:

Canadian Medical Association and Canadian Pharmacists Association. *Approaches to Enhancing Drug Therapy: Joint Statement*. Ottawa: Canadian Medical Association and the Canadian Pharmacists Association, 1997.

Howard M 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 Physician* 2003;49:1066-8.

PRACTICE ENHANCEMENT EXAMPLES

Pharmacist Referral Pocket Card

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

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

D. Development Process

When a pharmacist first arrives at a practice site, physicians and residents may be struggling to understand why they would refer a patient to a pharmacist, what types of patients they would refer and if there are other tasks the pharmacist can assist with. The pocket card serves as an important tool to educate the team members, and also allows the physicians and residents to have the information with them at all times.

Create a list of patient populations who would benefit from a referral and a list of services a pharmacist can provide for physicians at the practice site.

Format the list of patient populations and services using bullet-form. Peers and the practice site physicians can review it for wording and priorities. Several drafts may be created to accommodate feedback.

Once the text is finalized, format the pocket card to make it the appropriate size, then have it printed and laminated.

E. Implementation Process

To implement this enhancement, hold briefings at different chart rounds or physician meetings to introduce the cards and distribute them to all physicians and residents. Once a pocket card is fully implemented at a practice site, it will likely not need to be modified.

F. Overcoming Challenges

Some challenges may arise while developing a pocket card. For instance, formatting the information into a pocket-sized card can be difficult and time-consuming. This challenge can be overcome as familiarity with computer programs increases or by asking a colleague with more experience with computer programs for help.

If the practice is large, it may be hard to gather everyone together at once for distribution. The cards cannot be explained and questions addressed if they are simply placed in mailboxes. If absolutely necessary, add a short note explaining the card and encouraging physicians to keep it with them as a reminder. Face-to-face distribution is highly recommended.

Also, if the practice is large or part of a teaching institution, there may be a high turnover rate, leading to problems ensuring newcomers receive the card. These challenges can be overcome if the pharmacist keeps a list of whom he or she has spoken to and who has been given the card. Having the card added to the regular orientation materials handed out helps as well.

Finalizing the text may be difficult because of the amount and variety of feedback received. It can be hard to include everyone's suggestions and opinions particularly if no consensus can be reached or if the suggestions vary widely. Try including only the points everyone agrees on, to start.

G. Facilitating Factors


There are certain practice site characteristics that may help implementation. For instance, if the practice is a teaching site, residents often carry information, reference guides and educational materials in this format.

H. Evaluation Results

No strategy to evaluate this enhancement was undertaken.

Pharmacist Referral Pocket Card

Pharmacist Referral Pocket Card Example

 **Get the most out of your
IMPACT Pharmacist**


The IMPACT Program

Pharmacists in Family Practice: A Resource

Pharmacist Name
Practice Address
Contact Phone #
Email Address

WHAT OTHER SERVICES ARE PROVIDED?

- Access to drug information (e.g., new drugs, new practice guidelines and evidence)
- Education in pharmacology and therapeutics
- Assistance with office system changes to improve the medication use process
- Addressing drug coverage and insurance issues to ensure seamless care with community pharmacies
- Communication with patient's community and/or hospital pharmacists as needed

 **Get the most out of your
IMPACT Pharmacist**

The IMPACT Program

*Pharmacists in Family Practice:
A Resource*

REFER IF YOUR PATIENT:

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


The IMPACT Program

*Pharmacists in Family Practice:
A Resource*

PRACTICE ENHANCEMENT GUIDE

Optimizing Medication Use in Family Practice: Medication-focused Practice Enhancements

Get the most out of your IMPACT Pharmacist



The IMPACT Program
*Pharmacists in Family Practice:
A Resource*

REFER IF YOUR PATIENT:

- Needs help with optimal control of a **chronic condition** (such as diabetes, blood pressure, cholesterol, pain, arthritis)
- Is taking **multiple medications** (to simplify, ensure appropriate dosing times, manage or prevent drug related problems)
- Might be having an **adverse drug event**.
- Has **recently been hospitalized** (for counselling on medication changes)

Most Common Inhaled Bronchodilators

Agent	Short-Acting B ₂ -Agonists		Long-Acting B ₂ -Agonists		Anticholinergics		Combination
	Salbutamol	Terbutaline	Salmeterol	Formoterol	Ipratropium	Tiotropium	Salbutamol/Ipratropium
Brand Name	Ventolin® Generics	Bricanyl®	Serevent®	Oxeze®	Atrovent®	Spiriva®	Combivent®
System	MDI Diskus® Inhalation	Turbuhaler®	MDI Diskus®	Turbuhaler®	MDI Inhalation	HandiHaler®	MDI Inhalation
Colour	Blue	Blue bottom					
Onset	5-15 min	5-15 min					
Duration	4-6 h	4-8 h					
Adult Dose	1-2 pfs TID-QID PRN	1-2 pfs TID-QID PRN					

Table 1: How Medication-focused Practice Enhancements Improve Medication Management

Medication Management Process	Problems in Family Practice	Example of Enhancement Developed
Provide group education regarding medications	Patients need additional information on their condition; physician unable to provide all that is needed	Cholesterol Clinic Day (Chapter 5) — provides information that would benefit the patients and physicians of the practice site, and that is often not
Completing Section 8 forms	Forms are neither available nor easily completed	
Reporting adverse drug reactions (ADR)	Rarely done; voluntary system; forms not readily available or easily	

DIABETES PATIENT CARE FLOWSHEET

Practice Site Letterhead

Name: _____ D.O.B.: _____ Chart # _____ Diagnosis Date: _____ Type of DM: _____

Risk factors: Obesity Fam Hx Smoker CVD BP Lipids Gest DM

Complications/Comorbidities: Retinopathy Nephropathy Neuropathy Foot Disorders Other

Past Medical/Surgical Health: _____

Medications	Date				
Diabetic medications: Oral Insulin					
BP medications: ACEI/ARB Diuretic Beta blocker CA++ channel blocker					

Chart Audit for Prevalence of Drug and Disease Indicators

Patient sex: M F

Patient age: _____ or DOB (yy.mm.dd): _____

Date of last visit (yy.mm.dd): _____

Physician name: _____

Chart #: _____

Site #: _____

Date: ____/____/____
D M Y

Excluded patients

Less than one visit to the family physician in the last 12 months Yes No Don't Know

More than 20 visits to the family physician in the last 12 months Yes No Don't Know

Awaiting placement to a nursing home or long-term care Yes No Don't Know

Alcoholism Yes No Don't Know

Palliative care patient Yes No Don't Know

Family physician only sees as a home visit (i.e., patient cannot come to the clinic) Yes No Don't Know

If you chose Yes for any of the above criteria, DO NOT collect any further information on this form.



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 guide is the product of more than 10 years of planning and collaboration between investigators, government and community leaders.

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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.