

## PRACTICE ENHANCEMENT EXAMPLES

### Cholesterol Clinic Day

#### A. Enhancement Objectives

A clinic day offers practice site physicians and patients education and information on a particular topic of interest. A cholesterol clinic day offers information on cholesterol in general and specifically as it pertains to the patients themselves (e.g., their lipid values, lifestyle factors, medications).

#### B. Tool or Enhancement Description

The enhancement is a cholesterol clinic day run by a pharmacist, dietitian and nurse practitioner (or other allied health care professionals working at the practice site). Patients selected by the practice site physicians have appointments for the cholesterol clinic day. An hour-long appointment consists of three 20-minute visits, one each with the pharmacist, dietitian and nurse practitioner. Physicians may select patients who have been newly diagnosed with hypercholesterolemia or who are resistant to medications. Each health care professional has specific tasks to perform during the 20-minute visit.

A **nurse practitioner** collects the data required for a computer program that documents and calculates a patient's cardiac risk to create a report for each specific patient (The Cardioview™ program is one such tool). Before the clinic day, the off-site physicians' offices fax the lipid data used to create this patient-specific report to the site where the clinic will be held. The nurse practitioner reviews the report with the patient and answers any of their questions. The nurse practitioner may also provide the patients with information on:

- Atherosclerosis, stroke prevention and cardiovascular disease protection
- The differences between total cholesterol (TC), low-density lipoprotein (LDL), high-density lipoprotein cholesterol (HDL), TC:HDL and triglycerides
- Modifiable risk factors (e.g., exercise, smoking cessation, obesity)
- Other risk factors (e.g., diabetes, hypertension, family history)

The **pharmacist** collects information regarding the medications of the patients, including over-the-counter

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(OTC) and herbal drugs, and vitamins. The pharmacist assesses the patient's adherence to their cholesterol-lowering medications (if applicable) and documents the results. Questions the pharmacist can ask the patients include: When do you take the medication? Do you take it every day? If you do not take it every day, why not? The pharmacist also reviews all cholesterol-lowering medications with the patients using a chart that outlines the potential benefits, adverse effects, how they are to be taken (i.e., with/without food) and if there is a grapefruit interaction with the medication. The pharmacist also provides education on OTC and herbal drugs specific to the patient, where applicable.

The **dietitian** reviews the patients' diet and provides an overview of the key components of dietary modification and the potential benefits of modifying their risk factors. The dietitian can also provide recommendations that describe the ways in which patients can decrease their fat intake and increase their fibre intake by food group. The dietitian can also offer the patients individual follow-up for a detailed assessment.

The nurse practitioner and pharmacist then document the type of education they provided on a one-sheet form for each patient. This form also documents the patient's lipid values, lifestyle factors and adherence to their medications. The patient-specific form is then submitted to the patient's physician at the end of the clinic day.

The patients can also be given a folder with the report calculating their cardiovascular risk and a handout explaining cholesterol. It is important to provide patients with their lipid panel results and their target lipid values (dependent on their cardiovascular risk level) using a chart format. In addition, the folder can contain a list of cholesterol-lowering prescription medications.

The health care professionals follow-up with patients as necessary.

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Please see the end of this chapter for an example of the patient-specific form given to the doctor, the chart given to patients outlining their lipid results and their target lipid values, the evaluation form and the list of medications used to lower cholesterol.



#### C. Medication Management Improvements

A cholesterol clinic day improves medication management because part of the assessment the patients receive includes a medication **evaluation** by a pharmacist. Through this evaluation, the pharmacist is able to identify and address any drug-related issues with the patient. If necessary, the pharmacist can communicate any issues identified with the patient's family physician.

For example, a patient may not want to take his or her atorvastatin (10 mg, once daily) because he or she has vacation plans. (Patients may take a *vacation* from their medications as well.) If this occurs, the patient will be off the medication for the length of their vacation. The pharmacist can **reinforce** how important it is to take the medication daily to prevent strokes. The pharmacist can also tell the patient to inform his or her family physician because it may affect future cholesterol blood work. The pharmacist would then inform the family physician of the patient's poor compliance.

The pharmacist also **educates** patients about cholesterol-lowering medications, and discusses the risks and benefits of all medications. This can be done regardless of whether patients are prescribed cholesterol-lowering medications.

**Drug-related issues** are identified and discussed, improving medication management for both patients and the practice site.

In addition, lifestyle issues, such as smoking cessation, exercise and diet, can be identified and addressed by the nurse practitioner and the dietitian. Through discussing medication and lifestyle issues and receiving relevant information, the patients' **compliance** may improve because their understanding of risks, benefits, behaviours and medications has increased.

Also, as a result of a medication assessment, a pharmacist can make changes to the **drug therapy** of the patients. For example, for a patient who participates in a cholesterol clinic day, the pharmacist may suggest increasing calcium from 500 mg once daily to calcium 500 mg three times daily and vitamin D intake from 400 IU to 800 IU once daily.

The general education provided by the three allied health care professionals during a clinic improves the patients' understanding of cholesterol and the need to have their cholesterol assessed regularly. This could improve patient **monitoring** if they use their new knowledge to remind or ask their physicians (if needed).

The practice site physicians can also benefit because the clinic days allow them to **spend less time** on lifestyle and medication education as the patients receive assessments and information from other health care professionals in the practice.

Having a clinic day may also **attract** more patients to the practice site.

A practice's **organization** could change if clinics similar to a cholesterol clinic day were held every three to four months at the practice site. For example, the physicians may refer their patients to a clinic before adding medications to their patient's regimen.

Although **community pharmacists** are not directly involved in a cholesterol clinic day, they may also benefit if

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the patients who participate show their cholesterol results to their local pharmacists. The community pharmacists can aid the patients in achieving their target cholesterol goals by reinforcing the lifestyle education and providing support or participating in future clinic days.

A cholesterol clinic day is very important to achieving better health outcomes for patients because it increases **awareness** of high cholesterol risks and medications that could be part of a strategy to lower their cholesterol values. A clinic can also provide information on prevention.

Starting clinics promotes a more **conscientious effort** to improve lifestyle choices and adhere to medication routines, which may lead to the lowering of cholesterol, the maintenance of target cholesterol levels and better patient health outcomes.

#### D. Development Process

The allied health care professionals of a practice site hold a meeting to discuss hosting a clinic day. They determine what topic would be most beneficial for patients and physicians that is not available within the community.

After the topic is chosen, they hold several more meetings to organize the clinic day. They draft a letter to the physicians outlining their plan from their different perspectives. The letter is then given to the site's lead physician, who may present the idea to all physicians at a formal meeting and get their approval or agreement.

Informal meetings to discuss specific details and create handouts are held after the physicians agree.

The team of health care professionals can create a follow-up letter and handouts for the physicians, as well as a process to document the results of the clinic in the patients' charts.

An evaluation form can also be created to assess the patients' attitudes and thoughts regarding their participation in the clinic. (Please see the end of the chapter for an evaluation form that was used in the past

by a pharmacist to evaluate a cholesterol clinic day.) Pharmacists can review and revise the provided evaluation form to ensure it is relevant to the chosen topic. The other allied health care professionals review the evaluation form and provide feedback for changes. Several drafts may be completed.

The allied health care professionals determine if they want to use a computer program to aid in calculating patients' cardiovascular risk. Using a program already available at the practice site is practical. If the allied health care professionals do not have experience using the program, contact a representative of the company to arrange a review. The representative can also be asked to suggest methods to promote the clinic day.

The allied health care professionals should involve the practice site physicians as much as possible in the clinic day. For example, the physicians can refer their patients to the clinic, as they know which of their patients have been newly diagnosed with hypercholesterolemia or have difficulties with compliance with their medications.

#### References and resources

A cholesterol clinic day may incorporate information from evidence-based medicine. The following references were used for the clinic example shown:

Genest J, Frohlich J, Fodor G, McPherson R; for the Working Group on Hypercholesterolemia and Other Dyslipidemias. Recommendations for the management of dyslipidemia and the prevention of cardiovascular disease: Summary of the 2003 update. *CMAJ* 2003;169:921-4.

Rx Files, September 2004. Available at:  
<http://www.rxfiles.ca>

#### E. Implementation Process

The pharmacist, dietitian and nurse practitioner hold meetings to discuss how a cholesterol clinic day will be implemented at their practice site. It may be decided to involve one practice site physician to present the idea to the other practice site physicians, as the physicians often hold formal meetings.

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Several factors can influence the day a clinic day is held. Often, a practice site has a day during the week in which patients are not scheduled to be seen, and exam rooms are available. Obviously, the clinic must be held on a day the health care professionals are scheduled to work.

Use a variety of methods, such as email and fax, to inform the practice site physicians of the day the clinic will be held and ensure all physicians are made aware of the day.

The practice site receptionist can also be involved in the clinic by scheduling the patients' appointment times and organizing the rooms. The receptionist can also inform the allied health care professionals when a patient is ready, and give the evaluation forms to the patients.

If there are more practice site offices involved in the clinic, the receptionists at those offices can fax the cholesterol blood work to the office in which the clinic is held to ensure the allied health care professionals have the patients' most recent blood work.

#### **F. Overcoming Challenges**

It can be challenging if the workload is not shared evenly among the health care professionals involved in the clinic day. Overcome this by using more efficient communication between all parties involved to ensure the equal distribution of work among all members.

Another challenge may be getting physicians to refer patients to the clinic. Promote the clinic by ensuring the physicians and patients are aware of the date and the benefits.

Finding a day on which all health care professionals are available and no patients have been scheduled is another challenge. By communicating effectively, compromising and rearranging schedules, this challenge can be overcome.

#### ***Challenges that may be difficult to overcome***

The practice site physicians may have a different goal in mind than the allied health care professionals. These differing views can negatively influence the physicians' engagement and interest in the clinic.

#### **G. Facilitating Factors**

The setting and layout of a practice site can facilitate a clinic day, especially if there is a room available for each allied health care professional involved that contains both a computer and a printer.

#### **H. Evaluation Results**

Evaluating a clinic day is important for several reasons. From the perspective of the pharmacist, dietitian and nurse practitioner, an evaluation can determine how well allied health care professionals work together. For the practice site physicians, an evaluation can determine if the clinic had a positive effect on their patients' health outcomes. An evaluation can also ensure that patients learned about their disease state and lifestyle choices through the information and education they gained from the cholesterol clinic.

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After their entire appointment, give patients a form to evaluate the clinic. The form can ask the patients to rate their level of agreement with a series of statements related to the clinic day, and specifically, to each health care professional they visited. The results from the original enhancement are as follows:

**Results of an Evaluation of a Cholesterol Clinic Day****A five-point scale was used:**

- 1 = Strongly Disagree**
- 2 = Mildly Disagree**
- 3 = I do not know**
- 4 = Mildly agree**
- 5 = Strongly agree**

Statement	Mean±SD
I felt comfortable answering the pharmacist's questions	4.3±1.0
I did not feel comfortable asking the pharmacist questions	1.5±0.6
I am satisfied with the service the pharmacist provided me with	4.5±0.6
I felt comfortable answering the nurse's questions	5.0±0.0
I did not feel comfortable asking the nurse questions	1.5±0.9
I am satisfied with the service the nurse provided me with	5.0±0.0
I felt comfortable answering the dietitian's questions	5.0±0.0
I did not feel comfortable asking the dietitian questions	1.3±0.5
I am satisfied with the service the dietitian provided me with	5.0±0.0
I know why I am taking my cholesterol medication	NA
I know how to take my cholesterol medication	NA
I know what to do if I have side effects from my cholesterol medication	NA
I feel confident I will be able to manage my medication	NA
I have an understanding of lifestyle changes I can make (i.e., diet, exercise, smoking, alcohol)*	5.0±0.0
I found the Clinic area to be a pleasant place	5.0±0.0
I am satisfied with the overall service provided by the Clinic (nurse, dietitian and pharmacist)	5.0±0.0
I found the Cardioview™ (computer printout) helpful in my understanding of my cardiac risks	5.0±0.0

For all statements n=4; \*n=3 (one patient did not rate their agreement with the statement)

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#### Cholesterol Clinic Day Report Example

Site name

Date

Dear Doctor \_\_\_\_\_:

At our clinic today, we met with your patient, \_\_\_\_\_. We reviewed the recent findings of the lipid panel and discussed the following:

<p><b>ADHERENCE</b></p> <p><input type="checkbox"/> If patient is taking a cholesterol lowering agent</p> <ul style="list-style-type: none"> <li>• Name of drug: _____</li> <li>• Instructions: _____</li> <li>• Patient IS/IS NOT taking medication as instructed</li> <li>• If not, WHY?</li> </ul> <p><input type="checkbox"/> If patient is not taking a cholesterol lowering agent, the reason for not taking medication: _____</p> <p><input type="checkbox"/> Is patient taking any alternative therapy to lower cholesterol not prescribed by the physician? YES/NO</p> <ul style="list-style-type: none"> <li>• If YES, which ones? _____</li> </ul>	<p><b>CHOLESTEROL EDUCATION</b></p> <p><input type="checkbox"/> Total cholesterol: _____</p> <p><input type="checkbox"/> HDL: _____</p> <p><input type="checkbox"/> TC:HDL RATIO: _____</p> <p><input type="checkbox"/> LDL: _____</p> <p><input type="checkbox"/> Triglycerides: _____</p> <p><input type="checkbox"/> Stroke prevention: _____</p> <p><input type="checkbox"/> Cardiovascular protection: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Review of condition: _____</p> <p><input type="checkbox"/> Review risk factors (bp, diabetes, smoking, family hx, cardiovascular disease): _____</p>
<p><b>LIFESTYLE ISSUES</b></p> <p><input type="checkbox"/> Alcohol intake: _____</p> <p><input type="checkbox"/> Exercise: _____</p> <p><input type="checkbox"/> Smoking: _____</p> <p><input type="checkbox"/> Diet: _____</p> <p>_____</p> <p>_____</p>	<p><b>EDUCATION OF MEDICATIONS</b></p> <p><input type="checkbox"/> Review of cholesterol-lowering agents (see chart)</p> <ul style="list-style-type: none"> <li>• Adverse effects</li> <li>• Grapefruit interaction</li> <li>• With or without food</li> <li>• Other: _____</li> </ul> <p><input type="checkbox"/> Herbal medications</p> <ul style="list-style-type: none"> <li>• Safety issues</li> <li>• Adverse effects</li> <li>• Other: _____</li> </ul>

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Cholesterol Clinic Day

### Medications that Decrease Cholesterol

	GENERIC NAME (TRADE NAME)	LDL	HDL	TG	SIDE EFFECTS/ COMMENTS	FOOD
S T A T I N S / H M G	Atorvastatin (Lipitor)	↓35–60%	↑5–15%	↓7–30%	Side effects < 10%, generally better tolerated than other agents  Common: Upper GI disturbances, muscle pains, headache, rash & sleep disturbances	No grapefruit (except pravastatin & rosuvastatin)  +/- Food
	Fluvastatin (Lescol)	↓20–35%				
	Lovastatin (Mevacor)	↓25–40%				
	Pravastatin (Pravachol)	↓20–35%				
	Rosuvastatin (Crestor)	↓40–65%				
	Simvastatin (Zocor)	↓35–50%				
F I B R A T E S	Bezafibrate (Bezalip)	↓5–20%	↑10–20%	↓20–50%	Common: GI upset, rash & abdominal pain  Less common: headache, itchiness, decreased libido, dizziness, drowsy, muscle aches, increase glucose, sleep/vision changes	+ Food
	Fenofibrate (Lipidil Micro, Lipidil Supra)					+ Food
	Gemfibrozil (Lopid)					½ hour before food
R E S I N S	Cholestyramine (Questran)	↓15–30%	↑3–5%	No change or possible ↑	Common (<30%): Constipation, nausea & bloating  Increase fluid & bulk in diet (Metamucil may be required)  Mix with juice, water, milk, applesauce	+/- Food  2 hours apart from other meds
	Colestipol (Colestid)					
O T H E R	Ezetimibe (Ezetrol)	↓17%	↑1.3%	↓6%	Decreases intestinal cholesterol absorption	+/- Food
	Nicotinic Acid (Niacin) (Nicotinamide — not effective!!)	↓5–25%	↑15–35%	↓20–50%	Flushing (↓ by ASA/Advil ½ hour pre), dry eyes, itchiness, headache, GI upset, increase uric acid (gout), increase glucose	+ Food

Table created by: Margaret Jin, Stratford Family Health Network, Stratford ON; 2005.

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#### Evaluation Form Example

Date: \_\_\_\_\_ Name: \_\_\_\_\_

#### Tell Us What You Think About the Cholesterol Clinic

We would like to know what you think about the **service** provided to you by the **Cholesterol Clinic**. We will use your answers to improve our service. Your honest answers and comments are very important to us. These questions should take about 5 to 10 minutes to answer.

**Please read each statement and then check (✓) the box on the right that best describes how much you agree or disagree with the statement.**

Statement	Strongly disagree	Mildly disagree	I do not know	Mildly agree	Strongly agree
<b>About the Pharmacist...</b> I felt comfortable <b>answering</b> the pharmacist's questions.					
I <b>did not</b> feel comfortable <b>asking</b> the pharmacist questions.					
I am satisfied with the service the pharmacist provided.					
<b>About the Nurse...</b> I felt comfortable <b>answering</b> the nurse's questions.					
I <b>did not</b> feel comfortable <b>asking</b> the nurse questions.					
I am satisfied with the service the nurse provided.					
<b>About the Dietitian...</b> I felt comfortable <b>answering</b> the dietitian's questions.					
I <b>did not</b> feel comfortable <b>asking</b> the dietitian questions.					
I am satisfied with the service the dietitian provided.					
<b>About me . . .</b> I know why I am taking my cholesterol medication.					
I know how to take my cholesterol medication.					
I know what to do if I have side effects from my cholesterol medication.					
I feel confident I will be able to manage my medication.					
I have an understanding of lifestyle changes I can make ( i.e., diet, exercise, smoking, alcohol).					
<b>About the Clinic...</b> I found the Clinic area to be a pleasant place.					
I am satisfied with the overall service provided by the Clinic (nurse, dietitian and pharmacist).					
I found the Cardioview™ (computer printout) helpful in my understanding of my cardiac risks.					

**Please use the back of the page for additional comments.**

**Thank you for your help.**

# 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 <sub>2</sub> -Agonists		Long-Acting B <sub>2</sub> -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.<sup>1</sup> 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.