

## **Information about the role of the pharmacist for a Family Health Team Application**

### *Based on work done in the Integrating Family Medicine and Pharmacy to Advance Primary Care Therapeutics (IMPACT) project*

#### **Question 5. Will the proposed FHT provide all of the identified comprehensive care services?**

The addition of a pharmacist to the FHT can contribute to the provision of the following comprehensive care and additional services provided by your FHT:

##### **Diagnosis and treatment**

- The pharmacist conducts individual patient assessments and provides recommendations and follow up for using medications

##### **Patient education and preventative care**

- The pharmacist provides patient education regarding medication use
- The pharmacist identifies and makes recommendations for patients who can benefit from medications to prevent medical conditions (e.g. vaccines, calcium and vitamin D, Aspirin)

##### **Primary mental health care**

- The pharmacist identifies and makes recommendations for patients who can benefit from improved use of psychiatric medications to improve mental health care management. For example the pharmacist will work with our family physicians to monitor response to antidepressants and recommend dose adjustments if a patient is a subresponder.
- The pharmacist will also provide education to our FHT regarding evidence for the best use of psychotherapeutic agents.

##### **Primary palliative care**

- The pharmacist identifies and makes recommendations for patients who can benefit from improved use of pain medications or other medications used to improve end-of-life care. For example the pharmacist will work with our family physicians to recommend adjustments to narcotic doses, recommend the addition or discontinuation of medications in the context of better palliative care. The pharmacist will also provide education to our FHT regarding evidence for the best use of end-of-life care medications (narcotics, laxatives, antidepressants etc...).

##### **Support for hospital, home, public health and long term care facilities**

- The pharmacist will liaise with our local hospitals, CCACs and community pharmacies to provide guidance for seamless medication management.

##### **Chronic disease management programs**

- Medication management forms the basis of the majority of chronic disease management programs. The pharmacist will collaborate with the rest of our FHT health care professionals to improve the medication management for chronic diseases such as hypertension, diabetes, lipidemia, osteoporosis, and heart failure.

*[see also: IMPACT job description, referral form, newsletters]*

**Question 6: If applicable please describe any additional services that you may wish to provide.**

Additional or special services to meet needs of patient population

**Medication review:**

- While our FHT physicians refer patients to our pharmacist for medication assessment and one could consider this a core element of comprehensive care (as listed above under diagnosis and treatment), our FHT would like to highlight the specific service of medication review that would be provided by our FHT pharmacist. Medication review involves the pharmacist reviewing our FHT chart, conducting a face-to-face patient interview and providing the physician or nurse practitioner with a prioritized set of recommendations aimed at optimizing medication use. This service is especially helpful for patients taking numerous medications with symptoms or signs of uncontrolled medical conditions. This complex task also requires the dedicated time and expertise that the FHT pharmacist can offer.

**Drug detailing to Physicians/Nurses/Nurse Practitioners:**

- Regular evidence-based detailing to all pertinent parties regarding new medication or new medication issues on an ad hoc or regularly scheduled time frame.

**Management of discontinued voluntary withdrawal issues:**

- The pharmacist would put in place policies to allow for consistent and uniform procedures regarding management of medications that have been discontinued or had indications or contraindications significantly changed so as to impact on patient care (e.g. procedure for handling the withdrawal of Vioxx).

**Sampling management:**

- The pharmacist would put in place procedures for documentation of sampling to patients on patient charts. As well, the pharmacist could facilitate notification to the patient's pharmacy of sampled products. This would allow for better documentation at the pharmacy level, which is often needed when billing to drug plans with regard to trial prescription programs such as is available through ODB. The pharmacist could also build into the sampling system, a follow-up program to document patient compliance and success with sampled medications.

**Provide on site drug information:**

- The pharmacist member of the family health team would be expected to provide drug information and research into drug related issues as requested by the other members of the team. These questions could be documented and when appropriate newsletters could be generated to inform other members of the team of common questions and issues.

**Provide continuity of care with patients on discharge from the hospital:**

- The pharmacist could provide a very valuable service to the patients of the family health team and to the patient by providing discharge coordination of medication and other related issues. This might involve quick medication reviews for accuracy, checking for duplication and other therapeutic related problems as well as notifying the patient's pharmacy of medication/dose changes. This could be

done in coordination with the local Community Care Access Center and local hospital pharmacy.

**Liaison with community pharmacy to resolve issues as needed:**

- From time to time, issues may come up involving the relationship with the community pharmacies and the other members of the family health team. The pharmacist member of the family health team would be expected to act as a liaison with the community pharmacies to facilitate a good working relationship.

*[see also: IMPACT job description, referral form, newsletters, progress of IMPACT to date]*

**Question 7: Are you proposing to offer special programs or services that address the particular needs of any target populations to be served by the proposed FHT?**

Any of the following could be considered:

- Lipid management clinics: pharmacist to provide education about medications.
- Blood pressure management clinics: pharmacist to provide education about medications.
- Diabetes management clinics: pharmacist to provide education about medications.
- Safe medication use seminars: pharmacist to provide education on safe medication use.

**Question 8: Please identify the type and number of health care providers that are envisioned to provide services in the proposed FHT.**

Provider Type: Pharmacist  
Proposed number of providers: One

**Question 14: Were other organizations involved in the development of this FHT proposal?**

Yes, the Integrating Family Medicine and Pharmacy to Advance Primary Care Therapeutics (IMPACT) project team contributed information to this proposal.

**For Appendix C:**

Name and Contact Information of Participating Organization:

Integrating Family Medicine and Pharmacy to Advance Primary Care Therapeutics (IMPACT) project; Lisa Dolovich (co-principal investigator, IMPACT, [ldolovic@mcmaster.ca](mailto:ldolovic@mcmaster.ca))

Describe involvement in proposal development:

Provided background information for medication management practice site profile and pharmacist role.

Describe potential role or participation in FHT:

On request can provide guidance on pharmacist role and responsibilities, hiring of a pharmacist, program evaluation, and can provide a network for pharmacist liaison.

## **Additional information about integrating a pharmacist into a Family Health Team:**

### **Knowledge and Skills:**

- The pharmacist would be expected to demonstrate the necessary competencies needed to further patient care in areas of practice. Examples of how these competencies can be demonstrated are through certification, such as through designation as a Certified Asthma Educator, Diabetic Educator or Certified Geriatric Pharmacist or previous suitable experience (such as working in an academic family practice or working on the PHCTF IMPACT project).
- IMPACT has developed a systematic process for selecting and hiring a pharmacist. This type of process would be strongly recommended to ensure that a pharmacist under consideration for integration in a FHT will have the best chance for successful impact on patient care.

### **Documentation:**

- The pharmacist must realize that documentation is the foundation of provision of services to the patient and to this end, the pharmacist would be expected to document care provided to the patients of the team in a way that is easily retrievable by all members of the team.

### **Administration / Logistical issues:**

- To facilitate integration into the team, the pharmacist should be able to access the support services of the health team for purposes of patient appointment booking as well as necessary secretarial services.
- It is also understood that the pharmacist, as an integral part of the team would be expected to participate in interdisciplinary and collaborative practice meetings.

### **Resources required for pharmacist integration:**

The pharmacist would require support with the following allocations or resources:

- Salary support
- Work space for documentation and research into therapeutic problems
- Computer and computer support
- Reasonable funding for continuing education
- Adequate access to patient interview rooms
- Internet access
- Membership to an accredited Drug Information centre
- Office supplies
- Access to a printer