

IMPACT News



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INTEGRATING PHARMACISTS INTO ONTARIO FAMILY HEALTH TEAMS

Project Goal:

- To improve patient outcomes by optimizing drug therapy through a community practice model that integrates pharmacists into family practices.

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The Ontario government has recently approved 52 Family Health Teams and three new networks of Family Health Teams. These groups of family practices and service organizations are in the process of developing detailed business plans to deliver care according to the Family Health Teams model. The process encourages the development of interdisciplinary teams to improve the delivery of preventive and population-based care. A central ingredient in this process is the integration of allied health professionals, such as pharmacists, into family practices.

Integration can be a challenging process. Affected parties must find time to learn about each other, build trust, and develop ways to work effectively together. The IMPACT demonstration project provides concrete examples

of how to integrate pharmacists into diverse family practice settings. Our IMPACT research highlights the importance of a well organized administrative start-up (including hiring process), initial delineation of pharmacist activities, early and on-going pharmacist and physician support, and common obstacles that should be anticipated in the process.

Based on our experience and evaluation from IMPACT and past



Louise Bourgeois's massive spider has spun her web at the National Gallery in Ottawa. Mama is 9.25 m high and carries a sac of 26 white marble eggs under her belly.

projects we are building an IMPACT Toolkit. This toolkit will provide key resources for the clinic manager (pharmacist job descriptions, orientation for staff, how to identify patients who might benefit from consultation with a pharmacist), the practicing physicians (orientation for pharmacy services, sample pharmacist consult letters, examples of practice innovations) and the integrating pharmacist (sample consults, supports, educational resources, etc.). As group practices evolve into Family Health Teams we hope our practical IMPACT Toolkit, combined with guidance and support from people who have been through the integration experience, will facilitate the process of integration and lead to better medication management for patients seen in the primary care setting.

Kevin Pottie MD CCFP and Lisa Dolovich PharmD MSc

IMPACT MODEL: MEASURING SUCCESSFUL INTEGRATION WITH THE MUPM

Premise: Successful integration of a pharmacist into family practice is characterized by clear understanding of how pharmacists contribute to medication-related processes in the practice.

Approach: The IMPACT team developed an evaluation tool to measure perception of professionals' contribution to medication-related processes. The tool, called the Family Medicine Medication Use Process Matrix (MUPM), consists of 22 processes listed in

rows and 5 columns indicating contribution by physicians, family practice pharmacists, nurses, office staff and community pharmacists. We administered this tool twice to all participating pharmacists, physicians and practice staff. We plan to determine if there is change in perception over time and whether people approach consensus in their perception of the contribution of the pharmacist to the different processes.

Initial Findings: The MUPM was developed using an ap-

proach that allowed us to determine its validity and reliability. The tool appears to be able to differentiate perceptions of different groups of people. Analysis is ongoing.

Reference: Development of the family medicine medication use processes matrix. Canadian Journal for Clinical Pharmacology, Vol 12(1) Winter 2005: e137

For more information, contact Barbara Farrell at bfarrell@scohs.on.ca

Barbara Farrell PharmD

FAMILY PRACTICE TIPS:
A PHARMACIST'S PERSPECTIVE ON DRUG INFORMATION SOFTWARE FOR PDA



Many clinicians have discovered that Palm or pocket PC PDA's are a valuable, portable and updateable reference tool. Palm-based drug information programs are useful for checking drug dosage, effects, interactions, pregnancy/lactation information, disease management and herb/natural product information. This chart is a comparison of two popular information programs available for Palm and Pocket PC: Lexi-Drugs and Epocrates.

Things to Think About Before you Choose a Drug Information Database:

- What Information Will You Most Appreciate?
- How much are you willing to spend?
- Do you like more or less detail?
- How important is "ease of use"?
- Is inclusion of Canadian information important?

Other Tips:

- Try Before You Buy!! Most programs will offer a free trial version of the software
- Discounts are available if you buy packages or may be available through professional organizations (e.g. CMA)
- If memory space is limited, look for programs that install most of the program on to a memory card
- Consider attending a PDA CME workshop

Reference	Lexi – Drugs (www.lexi.com)	Epocrates Rx (www2.epocrates.com)
Available Programs and Memory Requirements	<p>PLATINUM: Core drug information program - 7000 US and Canadian Drug Names (up to 5.8 MB)</p> <p>CLINICAL SUITE Includes platinum + Griffith's 5 minute medical consult + Lexi-Interact (drug interaction program) + Diagnostic Medicine (+ medical calculator called (11 MB)</p> <p>LEXI-COMPLETE (15 interactive medical handbooks): Platinum + Pediatrics + Griffith's 5 minute medical consult + Natural Products Database + Poison/Toxicology, Infectious Disease, Diagnostic Med, Lexi Interact, Drugs in Dentistry and Nursing, Med Abbreviations, Nuclear/Biological/Chemical Agent Exposure, Pharmacogenomics, Patient Leaflet's, Stedman's Medical Dictionary (up to 40 MB)</p> <p>Available on both Palm and Pocket PC</p>	<p>Epocrates Rx 6.51: 3000 drugs – very basic information, cholesterol calculator, drug interactions, docalert messages (3 MB)</p> <p>Epocrates Rx Pro 6.51: contains Epocrates 6.51 (drug interactions, medmath, cholesterol, docalert) + 400 natural products, 50 clinical tables, ID guide (3 MB)</p> <p>Epocrates Suite: Epocrates Rx PRO + Epocrates Dx (by Griffith's –see left) + epocrates lab + epocrates med tools (6.8 MB)</p>
Advantages	<p>Detailed large database (including off label uses) but "jump" tabs make it quick to find info</p> <p>Updates can be downloaded as autoupdates via the lexiconnect feature every few days</p> <p>Link to special alerts from the main menu</p> <p>Lexi-Comp's medical calculator now included free of charge with any software subscription</p> <p>20 use demo version available</p> <p>Cost savings if you buy a 2 year or 3 year subscription</p> <p>Software compatible with expansion cards</p> <p>Notes feature – allows you to write notes</p> <p>CMA gives a free online option to lexiconnect platinum</p>	<p>DOC alerts</p> <p>Basic program (6.51) is free and includes basic drug interaction, docalert and medmath information BUT lacks information on Canadian drugs, kinetics, pharmacology, off label use and monitoring</p> <p>Program is simple to navigate – general listing as well as a grouping by drug class</p> <p>Rx Pro has an alternative medicine reference, infectious disease guide, and clinical tables</p> <p>Cost savings if you buy a 2 year subscription</p> <p>Notes feature – allows you to write notes</p>
Disadvantages	<p>Very detailed; sometimes hard on the eyes (use "jump" feature to get around this)</p> <p>Not ideal for students – no explanations of the basics</p> <p>No herbal/alternative products listed in the basic drug programs (only in LEXI-COMPLETE)</p> <p>Size</p>	<p>The free version lacks Canadian trade names/information</p> <p>Information on mechanism of action and pharmacokinetics is very limited</p> <p>Spy ware: at every Hot sync, the epocrates auto update returns to the publisher a list of drugs that have been looked up and stores demographic information about users</p> <p>Some advertising</p> <p>Epocrates software is NOT compatible with expansion cards</p>
Cost	<p>PLATINUM - \$75 US/year</p> <p>CLINICAL SUITE - \$175 US/year</p> <p>COMPLETE - \$225 US/year</p>	<p>Rx 6.51 – free</p> <p>Rx Pro 6.51 - \$60 US/year</p> <p>Suite - \$140 US/year</p>

Shelita Dattani, Pharm.D. (References available upon request)

SITE PROFILE: FAIRVIEW FAMILY HEALTH NETWORK

The Fairview FHN is located in North York. It has been a year since two separate group practices joined together, in a 'virtual' entity, to become the first urban FHN in Toronto. These six men and three women provide comprehensive patient coverage through an urgent care service, telephone health advisory service and staffing of an after-hours clinic. All physicians are willing to do house calls as necessary. Four nurses and a dedicated and wonderful staff of nine make up the rest of the team. The Network is

looking forward to the challenge of setting up both offices with an electronic medical record system starting in Fall 2005.



All doctors are on staff at the North York General Hospital. They are involved with teaching medical students and fam-

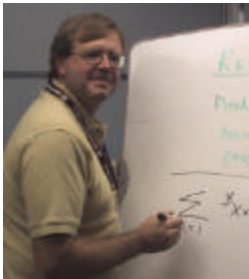
ily practice residents; committee work at the hospital and Ontario College of Family Physicians level; community based palliative care outreach program; obstetrics; and some of the doctors oversee patient care at two local nursing homes. They are all involved with ongoing education and most have actively participated in practice based small learning groups for several years. In addition, the group is part of a two-year national research project on osteoporosis, as well as serving as a representative site for

family practice research regarding Primary Care reform. Approximately once monthly they hold luncheon discussion groups in their waiting room on various medical topics where they invite local specialists to participate.

Aside from their professional activities, leisure time is spent with their families and various activities such as volunteerism, cottaging, sports and traveling.

BUILDING COLLABORATIVE RELATIONSHIPS...

ABOUT THE CO-INVESTIGATORS



Ron Goeree BSc Msc

Ron received his Bachelors and Masters degrees in Economics from McMaster University. He is currently Assistant Professor at McMaster University in the Department of Clinical Epidemiology and Biostatistics, Acting

Director for the Program for Assessment of Technology in Health (PATH) and is a faculty member in the Centre for Evaluation of Medicines (CEM) at St. Joseph's Healthcare. Ron's primary research interests are in the methods of economic appraisal and health technology assessment. He is particularly interested in applied decision analysis, in modeling the long term costs and benefits of alternative health care interventions and in methods of costing health care programs and services. Ron was the economic consultant for the previous SMART research.



Lesley Lavack BScPhm

Lesley graduated from the Faculty of Pharmacy, University of Toronto in 1968 and embarked on a career which included both community and hospital practice. After joining the Faculty full time in 1990 and teaching Professional Practice courses, she became Assistant Dean and assumed major responsibility for the

development, implementation and maintenance of the Structured Practical Experience Program (SPEP). In July 2005 Lesley was appointed Associate Dean, Professional Programs. Lesley is committed to ensuring that the patient-focused role that pharmacists must play remains the compass and pivot for her endeavors. Lesley encourages, and is supportive of, innovative practice and is delighted to have been involved in the SMART and IMPACT studies. When she's not waving a flag for the profession, Lesley enjoys traveling, music, art, dancing, cooking, entertaining, keeping fit and spending time with family and friends.

MEET IMPACT PHARMACISTS SHELLY HOUSE AND RASHNA BATLIWALLA



Shelly House BScPhm

Shelly House graduated from the Faculty of Pharmacy, University of Toronto in 1999.

Shelly is certified as a Geriatric Pharmacist project and has worked in both community and hospital pharmacy. As well as being the IMPACT pharmacist at the Caroline Medical Group, she was a staff pharmacist at St. Joseph's Healthcare, Hamilton. Shelly has recently joined the IMPACT staff to facilitate the integration of pharmacists into Family Health Teams.



Rashna Batliwalla BScPhm

Rashna graduated from the University of Toronto in 2001. In addition to working as the

IMPACT pharmacist at the Riverside Court Medical Clinic in Ottawa, she is the manager and owner of the Pharmasave Riverside Court Pharmacy which is co-located with the Clinic. Rashna has hosted several "Live Well" clinics in her pharmacy covering topics such as: heart health, asthma, diabetes, sun care, osteoporosis and arthritis.

INVESTIGATORS & SUPPORTING INSTITUTIONS.....

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Kevin Pottie MD MCISC

Co-Principal Investigators

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Lesley Lavack BScPhm
Jacques Lemelin MD
Carmel Martin MDPHD
Connie Sellors BScPhm
John Sellors MD MSc FCFP
Gary Viner MD
Kris Wichman BScPhm
Kirsten Woodend PhD
Christel Woodward PhD

Supporting Institutions

McMaster University,
Dept. of Family Medicine
University of Ottawa,
Dept. of Family Medicine
University of Toronto, Faculty of Pharmacy
Centre for the Evaluation of Medicines, St. Joseph's Health Care, Hamilton
Elisabeth Bruyère Research Institute, a University of Ottawa and SCO Health Service Partnership, Ottawa

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The views expressed in this document are those of the IMPACT Project and do not necessarily reflect those of the OMHLTC.

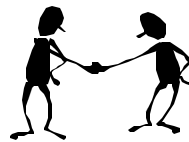
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AWARDS, PUBLICATIONS, PRESENTATIONS...

The IMPACT Physicians and Pharmacists will be awarded the Commitment to Care Award for Pharmacist/ Physician Team by *Pharmacy Practice*, in Toronto on Nov. 18, 2005. The Award is presented each year by *Pharmacy Practice*, a professional journal for Canadian pharmacists, in recognition of exceptional collaborative efforts between a phar-

macist and a physician to optimize patient care. We congratulate all of our physicians and pharmacists for advancing the team approach that has been essential in optimizing the health of their patients.



Barbara Farrell and Kevin Pottie presented a keynote address: "Integrating A Pharmacist In Family Practice: Qualitative Results From The IMPACT Study" at the Annual General Meeting of the Canadian Society for Hospital pharmacists, August 2005, Ottawa and at the City Wide Family Medicine Grand Rounds, University of Ottawa, Ottawa, June 2005.

NATIONAL NEWS

Edmonton, Alberta: Simpson S, Johnson J, Farris K, Lau T, Majumdar S, Cave A, Tsuyuki R for the SCRIP investigators. Physician perceptions of enhanced community pharmacist care in cholesterol management. CPJ 2005;138(4): 33-39.

The Study of Cardiovascular Risk Intervention by Pharmacists (SCRIP) was a randomized controlled trial which demonstrated that a community pharmacist intervention improved cholesterol



Skyline of Edmonton, AB

management for patients at high risk for cardiovascular disease. This sub-study aimed to describe physician perceptions of the intervention program using a mailed survey to participating physicians. Re-

sults showed that the physicians had mixed attitudes toward the enhanced pharmacists care program. Conclusions were that if the physician opinions had been more positive, the impact of the program might have been greater. Future programs may be more effective through improved communication of the program's goals and collaboration of all stakeholders early in the program's implementation.

ABOUT OUR INTERSECTORIAL ADVISORY COMMITTEE...



**Jeff Poston, B Pharm
PhD MRPharmS**

Jeff Poston obtained his bachelor of pharmacy degree and a PhD in pharmacy from the University of Wales in Britain. He has broad experience in pharmacy having worked in hospital, industry and community practice. Jeff was appointed Executive Director of the Canadian Pharmacists Association (CPhA) in June 1999, following a successful tenure as Director of Research

and Practice Development. Dr. Poston is committed to innovation and pioneering innovative approaches to developing the role of the pharmacist. His experience at CPhA has been very broad encompassing the development of health services research relevant to the pharmacists' role in health care; the development of practice tools and guidelines to enhance practice; the creation of policy documents to support advocacy initiatives; and the advancement of technology relevant to pharmacy practice. Jeff has served as a member of the SMART/IMPACT Intersectorial Advisory Committee since its inception in 1999.



**Dr. Nick Busing,
MD CCFP FCFP**

Dr. Busing, as a physician, has more than 25 years experience in family practice including work in private group practice, Community Health Centre (CHC), University teaching centers, and Family Health Networks (FHNs). He has extensive administrative experience with volunteer and professional organizations and

experience in medical education, including curriculum development. He is knowledgeable in the field of physician resources and has experience in the development of family medicine training programs in rural and northern Canada. Nick is currently the Chair of the Department of Family Medicine, University of Ottawa. He is a former President of the College of Family Physicians of Canada (CFPC) and past President of the CFPC's Section of Teachers.