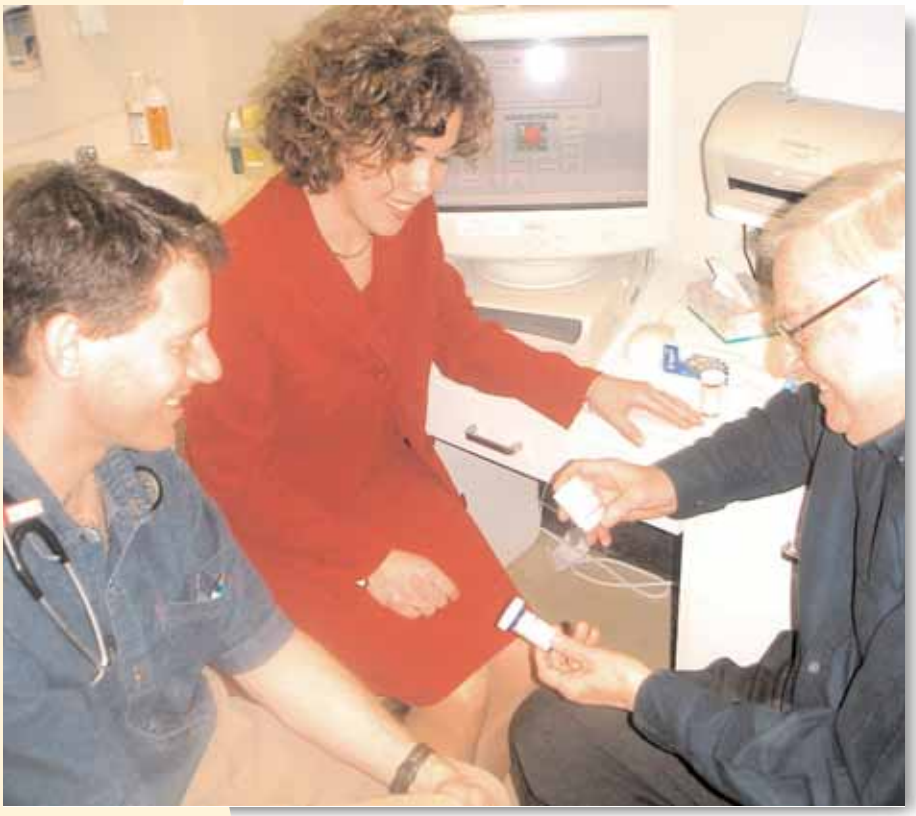
The IMPACT Program

Pharmacists in Family Practice: A Resource

LEAD PHYSICIAN AND SITE MANAGER TOOLKIT



THE BASICS

Integrating a Pharmacist — What You Need to Know

- Family physicians and other staff enjoy working with pharmacists in family practice.
- This has been tried and tested through the IMPACT project and other studies.
- Patients benefit from the expertise of both physicians and pharmacists early enough in their care to prevent and reduce drug-related problems.
- Integrating a pharmacist may be challenging, but it is also rewarding for everyone involved.
- There are many resources and supports available, starting with this toolkit.

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

IMPACT – Integrating family Medicine and Pharmacy to Advance primary Care Therapeutics.

The IMPACT program is a demonstration project funded by the Ontario Ministry of Health and Long-Term Care (OMHLTC) through the Primary Health Care Transition Fund.

IMPACT
Integrating family Medicine and Pharmacy to Advance primary Care Therapeutics

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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.

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MESSAGE FROM THE IMPACT PROJECT TEAM

The IMPACT demonstration project provides concrete examples of how to integrate pharmacists into diverse family practice settings. Our work highlights the importance of a well-organized administrative start-up (including hiring process), initial delineation of pharmacist activities, early and ongoing pharmacist and physician support, and common obstacles to anticipate in the process.

Working with medications — prescribing, monitoring, counselling, navigating limited-use programs, renewals, etc. — has become a big part of family practice.

The Primary Health Care Renewal process encourages the development of interdisciplinary teams to strengthen the delivery of community-based care. A central ingredient in this process is integrating allied health professionals, such as pharmacists, into family practices.

Taking an active part in the renewal process can be rewarding as new relationships are forged and new ways of delivering health care produce positive changes in patient health and practice work environments. However, integration can be a challenging process. Affected parties must find time to learn about each other, build trust, and develop ways to work together effectively.

This IMPACT Toolkit is the distillation of experience and evaluation from IMPACT and other projects. We hope this practical toolkit, combined with guidance and support from people who have been through the integration experience, will facilitate the process and lead to better medication management for patients seen in the primary care setting.

> *"Change is the law of life. And those who look at only the past or present are certain to miss the future."*
>
> *– John F. Kennedy*

IMPACT PROJECT TEAM

Lisa Dolovich, BScPhm PharmD MSc

"I am a pharmacist, educator and researcher who conducts research studies to find better solutions to problems health care providers and patients face when choosing or using medications in the primary care setting. It has been very rewarding to bring together my interests, experience and expertise in the IMPACT project, and to see the results of our work put into practice."

Kevin Pottie, MD MClSc CCFP

Photo by : Valberg Imaging

"I'm a family physician with 14 years clinical and research experience. I discovered the value of pharmacists in hospital work and am proud to help bring such a resource to the community setting."

Barbara Farrell, BScPhm PharmD

Photo by : Valberg Imaging

"Over the last 12 years, I've worked with physicians and patients in the family practice and geriatric day hospital settings. I've also enjoyed teaching and helping pharmacists manage practice change. Being an investigator and mentor with the IMPACT project has been a wonderful opportunity. I feel that I've been able to contribute to making access to pharmaceutical care more realistic for the people in our province."

Janusz Kaczorowski, PhD

"I am a sociologist with a research background in family medicine, psychology, sociology and epidemiology. I've helped design and evaluate several projects on how family physicians and community pharmacists can work together. One particular interest of mine is the implementation of evidence-based medicine and clinical practice guidelines in primary care settings."

Connie Sellors, BScPhm

"After more than 20 years in community pharmacy, I developed a pharmacist consultation program for local family physicians. My experience coordinating the pilot and randomized controlled trial to further develop this new practice model has been very rewarding. Now, as a consultant and co-investigator for IMPACT, I feel this research is essential to sustaining this new resource for family practice."

HOW TO USE THIS TOOLKIT

This toolkit is for lead physicians and site managers integrating a pharmacist into their family practice. A separate kit is available for pharmacists and an information pamphlet is available for physicians. By providing resources and strategies, this toolkit helps identify, hire, integrate and support a pharmacist in the family practice.

The toolkit was initially developed as an implementation guide for the IMPACT demonstration project. It has been revised to incorporate participating patient, physician and pharmacist experiences, as well as information gained through the study and earlier related work. At the time of writing, the project is in a transition phase, moving from the demonstration to a more sustainable model using assigned coordinators to support the program.

This toolkit specifically guides a lead physician or site manager working in a collaborative practice model with a pharmacist as an integral member of a family health team (FHT) in a family practice setting. Most tools and recommendations can be adapted to other practice models.

Other pharmacist practice models include community pharmacists providing primary health care; pharmacist-managed clinics that include hospital-based, outpatient programs run by pharmacists; and pharmacist consultants providing services to a number of primary care clinics or practices.

The IMPACT experience provides concrete examples of how to integrate pharmacists into a variety of family practice settings. The project demonstrates how important it is to have a well-organized start-up, early and ongoing support, and strategies to overcome common obstacles.

You'll find sections on recruiting pharmacists, preparing for a pharmacist to join your team, and expanding the program.

More tips are available in the FAQ and Directory of Resources. Appendices, additional information and the *Practice Enhancement Guide* are available on the project website at http://www.impactteam.info

THERE ARE THREE STAGES TO THE PROCESS:

1 INTRODUCING INTEGRATION

During this stage a pharmacist is recruited and site preparations are made.

Background information and context are found in Why Have a Pharmacist Working in Family Practice and What Does an Integrated Pharmacist Contribute. Finding a pharmacist is covered in How to Hire a Pharmacist.

2 DEVELOPING RELATIONSHIPS AND INITIATING PATIENT ASSESSMENTS

Physician and pharmacist meetings, informal meetings, practice shadowing, initial patient assessments, and drug information requests are all part of the second stage.

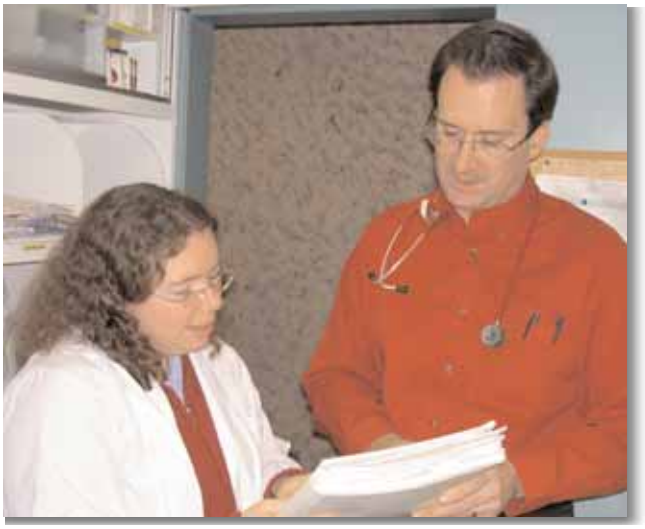
Stages and Steps explains processes, steps and tasks involved in the first few weeks as the pharmacist joins the practice.

3 EXPANDING THE PROGRAM

As patient assessments continue and initiatives are taken to improve site processes, the focus shifts to building consensus, exploring educational opportunities, and working on seamless integration at the site and with other community care providers.

The Moving Forward and Evaluation sections are useful at this stage.

WHY HAVE A PHARMACIST WORKING IN FAMILY PRACTICE?



What is the IMPACT Program?

IMPACT began as a large-scale demonstration project supported by the Ontario Ministry of Health and Long-Term Care through the Primary Health Care Transition Fund (2004-2006). It builds on more than 10 years of research and experience in collaborative practice between pharmacists, family physicians and allied health professionals. It aims to improve drug therapy using a collaborative care model, integrating a pharmacist into family practice.

Over the course of the project, the IMPACT team coordinated pharmacist training and placement, physician and patient selection, patient referral, implementation and evaluation.

What are Drug-Related Problems?

Definition: "An undesirable event, a patient experience that involves, or is suspected to involve drug therapy, and that actually or potentially, interferes with a desired patient outcome."

Types of Drug-Related Problems:

- Requires a drug
- Too much of correct drug
- Drug no longer needed
- Adherence issues
- Drug selection not optimal
- Adverse drug reactions
- Too little of correct drug
- Drug interactions

— Strand LM, Morley PC, Cipolle RJ, et al. Drug-related problems: their structure and function. DICP Ann Pharmacother. 1990;24:1093-1097.

The project integrated non-dispensing pharmacists into seven family practice settings. Pharmacists provided:

- Patient medication interviews and assessments
- Office system medication management enhancements
- Objective drug information and drug therapy education

How Does Integrating a Pharmacist Help a Family Practice?

The pharmacist becomes a member of the office team and is a new resource for the practice. Patients benefit from the expertise of both physicians and pharmacists early enough in their care to prevent and reduce drug-related problems. As a result, patients may not require care later on to address drug-related problems, freeing resources for other patients. The pharmacist's expertise may also reach a greater number of people in the primary care setting.

Participating physicians receive the benefit of a dedicated pharmacist within the practice as an extension of primary care services. Services include:

- Prescribing optimization (medication assessments for older patients, patients with chronic disease or chronic medications, patients with drug-induced adverse effects)
- Education opportunities (drug therapy updates, in-services for support staff, patient education)
- Immediate access to objective drug information
- Operational efficiencies (resolving Limited Use and Section 8 issues, organizing drug samples and creating office strategies for efficient monitoring and prescription renewals)

"If I can 'manage' aspects of chronic disease management, it will ease up physicians' time."

– IMPACT demonstration project participating pharmacist

WHY HAVE A PHARMACIST WORKING IN FAMILY PRACTICE?

"When [a] drug withdrawal occurred, the clinic staff turned to me for advice on how to approach this, and to draft a letter for distribution to patients. It's great to be utilized as a source of information."

– IMPACT demonstration project participating pharmacist

What is the Impact of Drug-Related Problems?

Drug-related problems cause significant morbidity and mortality and lead to increased hospitalizations and service costs.

Up to 30% of all emergency department visits are drug-related. Between 25% and 39% of adverse drug events could be prevented. Errors occur most often at the prescribing stage. Recent North American studies show preventing drug interactions leads to fewer hospital admissions for the patient.[2]

For more on drug-related problems, see Appendix: Pharmaceutical Care — What Is It? on the IMPACT website (http://www.impactteam.info).

Which Patients Likely Benefit the Most?

Many types of patients benefit from a pharmacist assessment: patients with commonly uncontrolled chronic conditions (e.g., hypertension, hyperlipidemia, diabetes, pain, etc.); those taking multiple medications or medications with narrow therapeutic-toxic ranges, and those patients with renal or hepatic dysfunction are examples.

See the Patient Referral section for a list of which patients to refer for an assessment. The information is also available on the quick reference card included with this toolkit.

Why Try to Address the Issue of Drug-Related Problems in the Primary Care Setting?

The vast majority of drug prescribing takes place in primary care. Keeping up with the exponential growth in new information about drug therapy is becoming an ever-increasing challenge.

Why is it Helpful to Have Pharmacists and Physicians Working Together in Primary Care?

- Pharmacists are trained as drug therapy experts
- Integrating pharmacists into primary care complements the family physician's care with the drug therapy expertise of the pharmacist
- Pharmacists can take more time to focus on a full medication review with a patient, gather compliance information, explain the rationale and benefit of medications, and provide patient education
- Face-to-face interactions between pharmacists and family physicians build trust and enhance communication, both of which help a coordinated effort in improving patient care
- Well-functioning multi-disciplinary teams make efficient use of time and expertise

[2] Einarson TR. Drug-related hospital admissions. *Ann Pharmacother* 1993;27:832-40. Hohl CM et al. Polypharmacy, adverse drug-related events and potential adverse drug interactions in elderly patients presenting to an emergency department. *Ann Emerg Med* 2001;38:666-71. Tafreshi MJ, et al., Medication-related visits to the emergency department: a prospective study. *Ann Pharmacother.* 1999;33:1252-57. Gurwitz JH et al., Incidence and preventability of adverse drug events among older persons in the ambulatory setting. *J Am Med Assoc* 2003;289:1107-16.

What is the Lead Physician's Role?

Lead physician: Each family health team has a physician acting as lead contact person.

The lead physician can:

- Make formal introductions to all team members, and introduce the pharmacist as another health care professional who is collaborating with the family practice team
- Promote participation through leadership and peer influence as the lead physician
- Send an encouraging and informative email to colleagues to support integration
- Ensure the pharmacist is invited to relevant clinic events and meetings
- Use knowledge of the patient base to determine who would benefit most, and inform the pharmacist and practice colleagues
- Advise office staff to prepare infrastructure to accommodate the pharmacist (work space, telephone, computer, Internet and fax access)
- When working with the pharmacist, review advice of the pharmacist and then ultimately determine the management approach, in consultation with the patient where appropriate

To preserve the physician-patient relationship and avoid fragmentation of care, physicians retain the leading role in diagnosing illness and prescribing medications.

What is the Site Manager's Role?

Site manager: Each family health team has one person who acts as the lead contact person for more administrative/management tasks. The lead physician may operate in this role.

The site manager can:

- Delegate administrative tasks like establishing appropriate infrastructure, orienting and providing the site profile to the pharmacist
- Introduce the pharmacist as another health care professional collaborating with the family practice team
- Assist the pharmacist in understanding drug-related processes in practice
- Look for ways to improve drug management system in collaboration with the pharmacist and physicians
- Work with the pharmacist for scheduling patient appointments and meetings with physicians

See the Stages and Steps section for a more detailed task list. The lead physician and site manager should review the tasks together and decide what action is appropriate for each team member.

For more program context, see Appendix: CMA-CPhA Joint Statement on the IMPACT website (http://www.impactteam.info).

"When I briefly mentioned [a medication change] to the patient, they were resistant, but when [the pharmacist] sat down and said, 'Here is why we think this switch would be good,' the patient was really open to it… It had a really positive outcome."

— IMPACT demonstration project participating physician

WHAT DOES AN INTEGRATED PHARMACIST CONTRIBUTE?

Performs patient medication interviews and assessments (about 60% of time)

- Assesses individual patients to identify, prevent and resolve drug-related problems by gathering information, identifying patients' desired therapeutic outcomes and actual and potential drug-related problems, developing therapeutic plans, recommending options and providing solution-focused reports
- Consults with family physicians, nurses, other health care professionals, patients and family members as needed
- Monitors and provides follow-up services to resolve drug-related problems

Develops strategies for drug-related problem prevention (about 20% of time)

- Assists with office system changes to improve medication use process in primary care (e.g., drug sampling procedures, prescription renewal process, reminder systems, prescribing flow sheets, patient-held records, prescription-writing techniques) and facilitates their integration into the family physician practice
- Communicates with hospital and community pharmacists about process improvement and collaboration for smooth transition of medication-related care between care sites

Provides objective drug information and drug therapy educational opportunities (about 20% of time)

- Presents to groups on specific therapeutic topics (e.g., academic detailing for physicians, ODB updates for office staff, education for patients)
- Assumes responsibility for information on drugs, disease prevention and health promotion to ensure safe and effective provision of pharmaceutical care. This involves identifying sources, retrieving and evaluating relevant information, organizing and disseminating appropriately
- Provides reminders and alerts regarding drug-related problems and drug regulatory issues, and initiates the process to deal with drug withdrawals, warnings or advisories

Pharmacists do not dispense drugs in family practice.

WHAT ARE THE PHARMACISTS EXPECTED TO DO FOR PATIENTS?

Working in partnership with patients and the family practice team, pharmacists focus on meeting patients' drug-related needs in an effort to optimize patient outcomes. They:

- **Interview patients and assess medication use**
- **Identify patients' desired therapeutic outcomes and drug-related problems**
- **Develop therapeutic plan options for discussion with physicians and patients**
- **Monitor and document patient progress towards desired therapeutic outcomes**
- **Facilitate office system changes that would make medication use processes run more efficiently (e.g., acquire e-CPS copies for all office computers)**
- **Educate patients on drug therapy issues**
- **Gather and disseminate drug, disease prevention and health promotion information to patients and other health care providers to ensure safe and effective pharmaceutical care**
- **Help practice team deal with drug recalls**

For more on the responsibilities of a pharmacist in a family practice setting, see Appendix: IMPACT Pharmacist Job Description and Letter of Understanding, available on the IMPACT website (http://www.impactteam.info).

"Sometimes you get so deeply into the management of a patient that it's nice to have somebody sort of stand back and give you a nice overview."

— IMPACT demonstration project participating physician

EXAMPLES OF IMPACT PHARMACISTS

Pharmacists have a variety of skills and experiences in providing health care. Following are two profiles to demonstrate a range of background and experience:

"I am a people-oriented person and value my relationships with patients and the opportunity to work with other members of the health care team."

— Natalie Jonasson, IMPACT demonstration project participating pharmacist

Natalie Jonasson completed her Bachelor of Science in Pharmacy in 1999 at Dalhousie University in Halifax, NS. Before joining IMPACT at the Bruyère Family Medicine Centre in Ottawa, Natalie worked in a variety of community pharmacy settings.

She works on expanding her clinical knowledge in a number of ways. For instance, she has completed a cholesterol management course, and is certified as a Diabetes Care in Action Pharmacist.

Natalie provides education and counselling on diabetes, asthma, smoking cessation and women's health. She has also presented to and provided drug therapy education sessions for medical students and physicians.

Robin Brown graduated from the University of Toronto's Faculty of Pharmacy in 1985, and is the IMPACT pharmacist at the Claire-Stewart Medical Clinic in Mt. Forest. He received his Certificate in Asthma Education in 2001 and has been a teaching associate at the University of Toronto in the Structured Practical Experience Program since 1997.

Robin also participated in SMART, a precursor to the IMPACT Program. He manages Preston Medical Pharmacy and serves as a retirement home consultant. He has presented to many groups on palliative care, asthma education and pain management. He also performs volunteer missionary work as a pharmacist.

"I consider myself an easy-going person in my work environment, but also uncompromising in my professional standards. I like to be challenged and stimulated in what I do."

— Robin Brown, IMPACT demonstration project participating pharmacist

For more details on pharmacist responsibilities and training, see the appendices on the IMPACT website (http://www.impactteam.info).

Where to Start

Determine Your Practice Needs for a Pharmacist

The family practice team should determine its need for a full-time, part-time or contract pharmacist. One full-time pharmacist would be appropriate for a practice with a combination of 10 family physicians and nurse practitioners. This may change depending on a site's characteristics. For instance, in an academic setting more pharmacists may be required for resident teaching. If the team is not located together at one site, more pharmacists or more pharmacist time may be needed to accommodate travel time between sites.

It is strongly recommended that pharmacists not be asked to split days between positions (e.g., spending half-a-day at one place), so full-time equivalent (FTE) allotments should be done in 0.2 increments (e.g., 0.6 FTE = 3 days/week).

The IMPACT website (http:www.impactteam.info) has a budget template outlining both clinical and administrative considerations that may assist you as well.

IMPACT demonstration project pharmacists 2004–2006.

Recruiting and Advertising

With a recognized pharmacist shortage in Ontario, it is best to use whatever networks are available. For instance, the IMPACT Project used targeted advertising through the Ontario Pharmacists' Association (OPA), the Ontario branch of the Canadian Society of Hospital Pharmacists (CSHP), the Faculty of Pharmacy at University of Toronto, local pharmacy associations and a job fair at the CSHP Professional Practice Conference. Contact information for these organizations is listed in the Directory of Resources.

The application package the IMPACT project used for this position consisted of a résumé, a detailed letter describing how they fit the required competencies and two reference letters (preferably at least one of which was from a health care provider who is not a pharmacist).

A standard referee form is available and can be submitted, along with a reference letter, with the initial application or following the interview. The advantage of the early submission is the form can be helpful in ranking candidates for interviews.

See the IMPACT website for the Pharmacist Advertisement template (outlining the required competencies and application process), the Pharmacist Job Description sample and the Standard Referee Form in the appendices (http://www.impactteam.info).

Selecting Candidates for Interviews

Consider having multiple reviewers screen the application packages and rank candidates for interviews. The screening panel should look for the following required competencies:

- Ability to conduct complete medication histories with patients
- Use of a consistent therapeutic thought process to accurately identify medication-related problems, generate care plans and monitor patients
- Ability to use literature searching and critical appraisal skills
- Ability to provide written reports outlining actual or potential medication-related problems, rationale for the existence of these problems and recommending strategies for resolving or preventing problems
- Ability to communicate and collaborate with family physicians, specialists, community pharmacists and nurses to resolve problems
- An adequate knowledge base in the most common practice and therapeutic issues expected to be encountered by a primary care pharmacist
- Excellent general computer skills

Applicants must have a bachelor's degree in pharmacy and be registered under Part A with the Ontario College of Pharmacists.

Practical experience may be more valuable than actual time employed as a pharmacist, especially if candidates have practiced in more than one setting — this gives a breadth of experience that enables them to recognize the overall picture of primary care. A Doctor of Pharmacy degree (PharmD) is not essential to performing functions required, but may be an asset, along with other training. Specializations may include completion of a hospital or community residency; additional training or credentials in pharmacotherapy, evidence-based medicine or pharmaceutical care (e.g., Certified Geriatric Pharmacist, Certified Diabetes Educator, Certified Asthma Educator, Structured Practical Experience Program Teaching Associate).

Older adults assessed by pharmacists have an average of three drug-related problems

— Lau E, Dolovich L. Drug-related problems in elderly general practice patients receiving pharmaceutical care. Int J Pharm Practice 2005;13:165-177.

Interviewing

The following characteristics could be examined during the interview: interpersonal skills, experience working with other disciplines and pharmaceutical care, the ability to prioritize, flexibility in a very active work environment, and the candidates' potential to successfully integrate with the site.

Interviews should be conducted by the lead physician or designate, and at least one other member of the practice.

Consider how realistic the candidates' expectations are, and consult the Interview Guidelines appendix as a starting point.

After Finding Someone

Remuneration

It is important to be aware of market rates, through contact with local pharmacy groups, professional organizations, and guidelines from Ontario's Ministry of Health.

"I had no clue of pharmacists' breadth of expertise and skills; skills which could be used to vastly improve patient care well beyond what most physicians can provide. It had never occurred to me that a pharmacist could give detailed analyses and consultation on complicated pharmacotherapy, especially in the populations of chronically physically and mentally ill patients of the inner city population."

– Dr. Phillip Berger, family physician, St. Michael's Department of Family and Community Medicine

The Ministry of Health and Long-Term Care's (MOHLTC) *Guide to Interdisciplinary Provider Compensation* is a good starting point for determining salaries for pharmacists working in family health teams.

You can also survey other facilities that employ pharmacists (e.g., hospitals, community pharmacies). This information can provide some justification for business plan adjustments.

More guidance regarding salaries, benefits and incidental supports (e.g., computer, printer, supplies, expenses, training, continuing education, disability insurance) is available through the Ministry of Health and Long-Term Care Family Health Team website (*see the Directory of Resources*).

The IMPACT project website (http://www.impactteam.info) also has Budget and Salary Information for Pharmacists Working in FHT, including a form for local wage surveys and a budget template.

Letters of Understanding/Contracts

A letter of understanding or contract should outline rate of pay, both parties' responsibilities, reporting structure, and statements for liability, confidentiality, and conflict of interest.

Examples of participation agreements can be found on the IMPACT website (http://www.impactteam.info).

Liability

The pharmacist can obtain insurance through OPA or CSHP.

Contact information can be found in the Directory of Resources.

Additional Training and Mentoring

Through the IMPACT program, pharmacists participated in training sessions and were paired with mentors for additional support. A transitional training program may be available through the University of Toronto's Faculty of Pharmacy for pharmacists joining family practice, and participation is highly recommended.

For more information on aspects of the pharmacy profession, see the Directory of Resources.

> *"It has been very helpful to speak with my mentor every week… She keeps me tuned into the big picture."*
>
> *— IMPACT demonstration project participating pharmacist*

The following activities have been carefully chosen to help both pharmacists and physicians learn to work together effectively. They were designed to help practitioners move from one stage to the next in developing collaborative working relationships, tested in the IMPACT project, and deemed very useful by participants.

Further information about some of these activities can be found in the McDonough and Doucette paper listed in the Suggested Reading section of the Directory of Resources.

✔STAGE 1: INTRODUCING INTEGRATION

Lead physician or site manager:

- ☐ Advise your office staff to prepare infrastructure to accommodate the pharmacist (work space, area for patient interviews, telephone, computer, printer, Internet and fax access)
- ☐ Participate in orientation discussions with pharmacist and physicians

Orientation Session Objectives:

- Introduce physicians and office staff to the IMPACT program
- Describe the evidence for pharmacists helping to optimize drug therapy
- Discuss pharmacist role and competencies
- Discuss practice-specific opportunities for pharmacist contribution, including types of patients to be referred

The IMPACT Orientation Session PowerPoint presentation is available in the appendices and on CD.

Administrative tasks:

Preparing the site:

- ☐ Secure an accessible and stable workspace for the pharmacist, including filing cabinets and shelf space, plus a private area like an examination room for patient interviews
- ☐ Provide communication tools: telephone and fax access, computer with reliable Internet connection, access and orientation to EMR as applicable

Preparing the physicians and other staff:

- ☐ Give physician information pamphlet and pharmacist's résumé to physicians

"Our pharmacist took the initiative to implement the e-CPS in our offices. This unexpected innovation saved us money and updated our practice with a user-friendly pharmaceutical resource."

— IMPACT demonstration project participating physician

Preparing the pharmacist:

- ☐ Provide a warm welcome
- ☐ Ensure the pharmacist receives the pharmacist toolkit
- ☐ Create and provide a site profile (*the appendices contain a template*)

Site Profile for Orientation:

- Location
- Location of office supplies and resources
- Transit
- Operational guidelines (e.g., charting systems, appointment bookings)
- Parking
- Key contacts
- Medication use-specific policies (e.g., prescription renewals, confidentiality agreements)
- Office staff
- Community and population served
- Directory of contact information for office staff
- Special clinics or services
- Staff education opportunities

- ☐ Create and provide an orientation plan (tour, people, keys and access, computer and Internet access, chart or EMR orientation) (*see the template in appendices*)
- ☐ Provide administrative assistance (for calling patients, booking appointments, acquiring supplies and resources, etc.)
- ☐ Review medical record confidentiality procedures with the pharmacist

General:

- ☐ Schedule 5-10 minute appointments for the pharmacist to meet each physician
- ☐ Coordinate a group meet and greet or orientation session
- ☐ Order business cards and a name tag for the new pharmacist

Family physicians:

- ☐ Participate in orientation sessions
- ☐ Review physician information pamphlet and pharmacist's résumé

Other activities occurring at this time: pharmacist participates in the training program if available, shadows mentor or colleague, and reviews materials including site profile.

"So far, residents and physicians have also requested 10-20 minute educational briefings at rounds… I thoroughly enjoy doing these teaching sessions and foresee this as being an essential role for the integrated pharmacist at this site."

— IMPACT demonstration project participating pharmacist

✔STAGE 2: DEVELOPING RELATIONSHIPS AND INITIATING PATIENT ASSESSMENTS

Administrative tasks:

- ☐ Schedule meet and greet sessions for individual physicians and pharmacist
- ☐ Arrange for pharmacist to shadow family practice physician (at least one) and other staff for half-a-day
- ☐ Assist with chart and practice orientation
- ☐ Assist pharmacist with designing a scheduling template for appointments (e.g., one-hour appointments for new patients; 15-minute follow-up appointments)
- ☐ Begin scheduling 10-minute patient assessment discussions for pharmacist and physician as directed by pharmacist

Family physicians:

- ☐ Participate in individual five-minute meet and greet with pharmacist

Meet and Greet Topic Suggestions:

- Physician expectations regarding pharmacist role
- Examples of what the pharmacist can do autonomously (e.g., OTC recommendations, medication counselling), and what needs to be discussed first (e.g., changes to prescription medication)
- How the practice works
- The best time for meetings
- Services and local pharmacies used most often by patients (emphasize physicians do not have to change their preferences)
- Preferred documentation style and location (e.g., mailboxes, charts, scanned notes)

- ☐ Refer patients for assessment
- ☐ Begin participating in 10-minute patient assessment discussions with pharmacist
- ☐ Explain and support the pharmacist's role when discussing assessments with patients

Other activities occurring at this time: pharmacist meets each physician, begins assessments and responds to drug information requests.

✔ STAGE 3: EXPANDING THE PROGRAM

Lead physician or site manager:

- ☐ Organize group meeting to identify areas of the practice the pharmacist can enhance (*see the Ideas for Practice Enhancement section*)
- ☐ Review pharmacist progress and consider performance appraisal

Administrative tasks:

- ☐ Assist the pharmacist in organizing educational sessions and other group meetings with physicians, as well as booking appointments with patients

Family physicians:

- ☐ Continue to review patient assessments and provide feedback to the pharmacist
- ☐ Identify educational needs the pharmacist can fulfill
- ☐ Participate in a group meeting to identify medication-focused processes the pharmacist can help enhance

Other activities occurring at this time: patient assessments continue; practice enhancement initiatives begin to enhance system (e.g., discussion of potential medication-focused practice changes, consensus building, educational activities).

PRACTICE ENHANCEMENTS

Practice enhancements are medication-focused practice changes that increase the efficiency and effectiveness of medication prescribing and use by patients.

Positive changes can come from you directly, the pharmacist, office staff or physicians. Some may be a group effort.

Examples include organizing, updating and maintaining the practice's drug samples, or providing education materials for staff and patients.

Ideas for Practice Enhancement Session:

After two to three months, the pharmacist, lead physician and/or the site manager can work together to organize a group discussion with the physicians and other team members. Review and discuss the many medication processes that occur and determine priorities for improvement. Discuss what role you and others play in developing medication-related practice enhancements in a manner that focuses on consensus-building.

Session objectives include:

- Raise awareness regarding medication processes in family practice
- Appreciate the contribution and roles of various team members
- Identify one key process that could be improved and develop an action plan
- Identify three other key processes that could be enhanced

Requirements:

- Room or area with minimal disruptions
- Flip chart, pens
- Copies of the Medication Use Process Matrix (MUPM) appendix, a list of processes used by the practice, or a list of possible practice enhancements

MUPM:

IMPACT investigators developed the MUPM to list all the medication-related processes seen in primary care, and which health professionals or staff contribute to the processes.

In the IMPACT demonstration project, some physicians focused on the "make the diagnosis" step in the MUPM, and discussed their primary role. It may be helpful to know this is included as a medication-related process because it often leads to recommending medication treatment, and can sometimes identify a drug-induced illness (e.g., metformin-induced diarrhea). There is no assumption that other health care professionals would contribute to diagnosing patients more than physicians. If this area is controversial in your practice, you may want to provide a list of processes instead of the MUPM.

Facilitating the discussion:

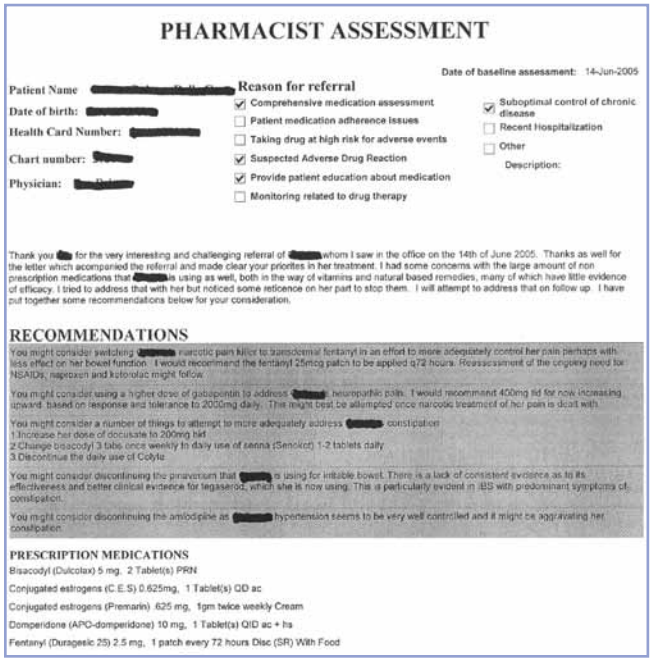
- ☐ Discuss with the pharmacist who would be most appropriate to guide the group
- ☐ Introduce the discussion and its purpose (description, objectives)
- ☐ Explain the MUPM and have participants complete the MUPM (takes about 15 minutes). Participants can use them to refer to during the discussion; they are not to be collected or compiled. Or, you can provide a list of processes for participants to review, instead of using the MUPM
- ☐ Discuss medication management and various participants' contributions. Suggested questions: What is your reaction to the MUPM? What practices are done well? What processes could be improved (e.g., for efficiency)?
- ☐ Identify three or four key processes to discuss further
- ☐ Discuss the chosen processes and how the pharmacist, other staff, or another system approach could enhance the process
- ☐ Work out a solution-focused plan of action for one process, including general timeframes and mechanism to share feedback with group on progress
- ☐ Summarize next steps
- ☐ Record some notes following the meeting (e.g., who attended, what happened, which processes were discussed, what decisions were made, what is the action plan)
- ☐ Follow through on the action plan

For more details, strategies and examples, see Appendix: Practice Enhancement Guide and Appendix: MUPM, both available on the IMPACT website (http://www.impactteam.info).

PATIENT ASSESSMENT RECOMMENDATION SUMMARY

The consult notes you receive will have a recommendation summary on the first page. You might find them useful when you are pressed for time and cannot read the entire document. The following is a sample summary.

The pharmacist patient consult notes remain a part of the patient medical record.



PHARMACIST ASSESSMENT

Date of baseline assessment: 14-Jun-2005

Patient Name [redacted]
Date of birth: [redacted]
Health Card Number: [redacted]
Chart number: [redacted]
Physician: [redacted]

Reason for referral

- ☑ Comprehensive medication assessment
- ☐ Patient medication adherence issues
- ☐ Taking drug at high risk for adverse events
- ☑ Suspected Adverse Drug Reaction
- ☑ Provide patient education about medication
- ☐ Monitoring related to drug therapy
- ☑ Suboptimal control of chronic disease
- ☐ Recent Hospitalization
- ☐ Other

Description:

Thank you [redacted] for the very interesting and challenging referral of [redacted] whom I saw in the office on the 14th of June 2005. Thanks as well for the letter which accompanied the referral and made clear your priorities in her treatment. I had some concerns with the large amount of non prescription medications that [redacted] is using as well, both in the way of vitamins and natural based remedies, many of which have little evidence of efficacy. I tried to address that with her but noticed some reticence on her part to stop them. I will attempt to address that on follow up. I have put together some recommendations below for your consideration.

RECOMMENDATIONS

You might consider switching [redacted] narcotic pain killer to transdermal fentanyl in an effort to more adequately control her pain perhaps with less effect on her bowel function. I would recommend the fentanyl 25mcg patch to be applied q72 hours. Reassessment of the ongoing need for NSAIDs, naprexen and ketorolac might follow.

You might consider using a higher dose of gabapentin to address [redacted] neuropathic pain. I would recommend 400mg tid for now increasing upward, based on response and tolerance to 2000mg daily. This might best be attempted once narcotic treatment of her pain is dealt with.

You might consider a number of things to attempt to more adequately address [redacted] constipation
1.Increase her dose of docusate to 200mg bid
2.Change bisacodyl 3 tabs once weekly to daily use of senna (Senokot) 1-2 tablets daily
3.Discontinue the daily use of Colyte

You might consider discontinuing the pravastatin that [redacted] is using for irritable bowel. There is a lack of consistent evidence as to its effectiveness and better clinical evidence for tegaserod, which she is now using. This is particularly evident in IBS with predominant symptoms of constipation.

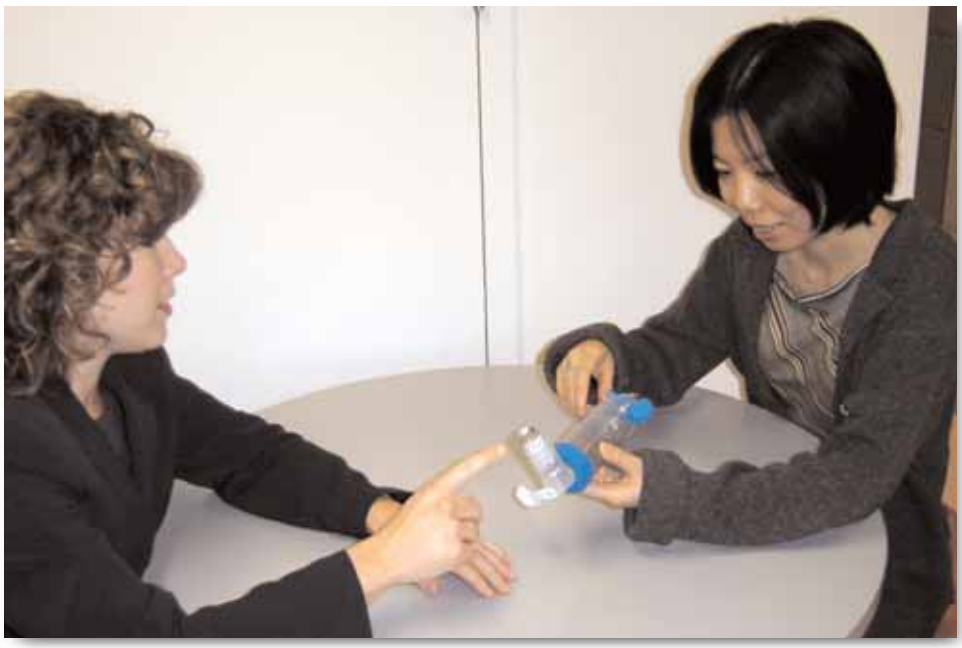
You might consider discontinuing the amlodipine as [redacted] hypertension seems to be very well controlled and it might be aggravating her constipation.

PRESCRIPTION MEDICATIONS

Bisacodyl (Dulcolax) 5 mg, 2 Tablet(s) PRN
Conjugated estrogens (C.E.S) 0.625mg, 1 Tablet(s) QD ac
Conjugated estrogens (Premarin) .625 mg, 1gm twice weekly Cream
Domperidone (APO-domperidone) 10 mg, 1 Tablet(s) QID ac + hs
Fentanyl (Duragesic 25) 2.5 mg, 1 patch every 72 hours Disc (SR) With Food

You might consider using a higher dose of gabapentin to address neuropathic pain. I would recommend 400 mg t.i.d. for now increasing upward based on response and tolerance to 2000 mg daily. This might best be attempted once narcotic treatment of her pain is dealt with.

Sample assessment



"Patients love it. The response of patients has been uniformly positive. They like the fact that somebody else is involved in their care. It makes them feel important. It also empowers them."

— IMPACT demonstration project participating physician

WHO TO REFER

Patients Who:

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

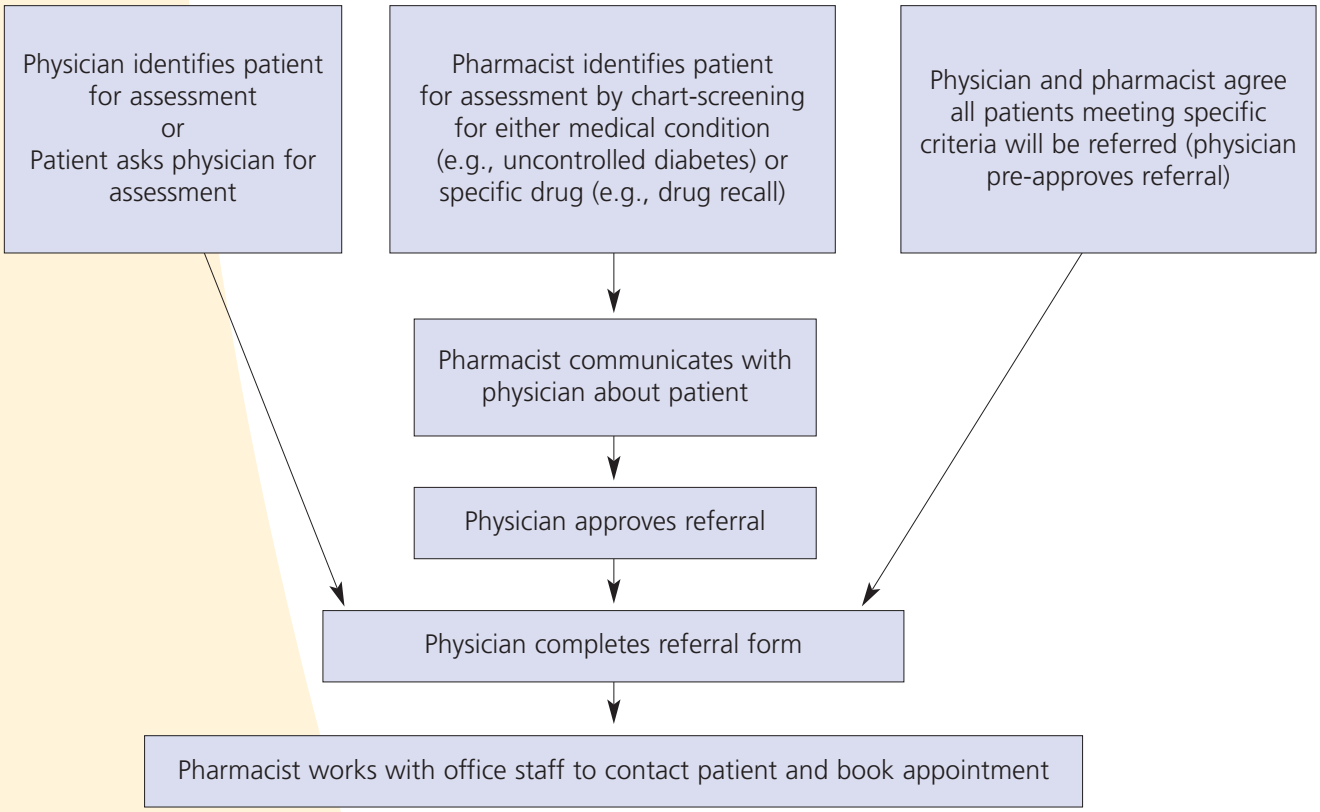
Physicians may choose to make some patients automatic referrals, such as people with diabetes or asthma.

Appendix: Patient Referral Form is available on the IMPACT website (http://www.impactteam.info).

Only 51-78% of patients with newly diagnosed hypertension persisted with anti-hypertensive therapy one year after receiving a new prescription

— Morgan SG, Yan L. Persistence with hypertension treatment among community-dwelling BC seniors. *Can J Clin Pharmacol* 2004; 11: e267-e273.

HOW TO REFER



MOVING FORWARD

Integration will take some time as participants adjust their routines to accommodate each other. Often physicians forget they have a new resource available, and pharmacists wonder about the value of their contribution. While integrating a new staff member can sometimes be a challenge, the benefits of having pharmacist expertise on hand is rewarding for all involved.

"Most of [the physicians] said that unless I was right in their face, selecting patients for them, that they would be unlikely to think of the process while seeing patients."

— IMPACT demonstration project participating pharmacist

If you initiated bringing a pharmacist into the practice, preparing your other practice team members is important for smooth integration. Any change is going to create questions and new situations. Provide as much information as often as you can, and when you're not sure, explain that as well. Temporary policies may have to be used and adjusted as necessary once the pharmacist joins the practice. Remind everyone of the larger goal and reason for the change, especially when difficulties arise.[2]

Challenges a physician may encounter include a lack of time to meet with the pharmacist; a feeling the relationship with the patient may be fractured; being unclear about the pharmacist's role, expertise or scope of practice.

"The doctors don't realize the full potential that a pharmacist can contribute to their practice if there's nothing tangible that they can see. It only becomes realized as they see the patients I've interviewed and read or discuss the recommendations."

— IMPACT demonstration project participating pharmacist

"One thing I heard from the secretaries…was that some of the patients I had seen came back or called into the office saying that they enjoyed the interview with me. One of them said that it is good to have a pharmacist there and they should have had this a long time ago!"

— IMPACT demonstration project participating pharmacist

[2] Bridges, William. *Managing Transitions: Making the Most of Change.* Don Mills, ON: Addison-Wesley Publishing Company, 1991.

MOVING FORWARD

A group of IMPACT project participating physicians was asked about their experiences. They said they valued the pharmacists' contributions, professionalism and expertise. Social contact, personal interaction and good communication helped. Over time, the physicians realized their relationships with patients, scope of practice and quality of work environment were not adversely affected.

Initially pharmacists may feel they face many obstacles in their new role as FHT members. Common issues include:

- Being able to speak with extremely busy physicians and recognizing they may not be high on the physicians' list of priorities
- Emotional challenges (e.g., feeling in the way or out of place, like they are imposing, pressure to prove themselves, feeling underutilized or that they are working too slowly)
- Learning to approach other team members for help on complex cases, or with patients who have difficult behaviours
- Site constraints such as lack of office space, unfamiliar charting systems, difficulties in setting up work space (e.g., access to email)
- Determining the appropriate amount of research and time to spend on each patient assessment
- Clinic staff, including physicians, sometimes do not understand their role or potential
- Shift in identity/status

Rewards range from patients appreciating the extra time spent on them, to both physicians and pharmacists benefiting from new perspectives and enjoying new resources in their work environment.

Recognizing the adjustment required by all team members helps with communication and expectations, which in turn makes integration a smoother process.

Eventually the pharmacist can expand on initial duties by becoming a mentor to other pharmacists in family practice, taking on students and becoming more involved in patient education. They can also continue working on improving medication-related processes in the practice.

Successful Integration Characteristics:

- Roles and levels of responsibility clear
- Medication-related processes established
- Mechanisms to handle drug-related problems in place
- Practice enhancements made regularly
- Collaborative working relationships based on trust, understanding, acceptance, synergistic care, feedback and commitment

For more details, strategies and examples see the Practice Enhancement Guide available on the IMPACT website (http://www.impactteam.info).

For more information on teamwork, tips for team building, maintenance of and barriers to well-functioning teams, see the Guide to Collaborative Team Practice, available at http://www.health.gov.on.ca/transformation/fht/guides/fht_collab_team.pdf

"It was certainly an emotional roller coaster, at times feeling underutilized and out of place and at other times feeling highly valued and accepted… I also experienced breakthroughs with physicians who had shown indifference in the past. I've been amazed to see how far some of them have come along when at times I felt they would never see a use for my services."

— IMPACT demonstration project participating pharmacist

EVALUATION

There are two aspects to the IMPACT program evaluation — performance appraisal of the pharmacist, and assessing the overall impact of the program. In general, program evaluation will be coordinated centrally in conjunction with MOHLTC plans.

Performance appraisal — similar to any employee performance appraisal, but also includes some aspects specific to roles and competencies expected of the family practice pharmacist. Some pharmacist-specific criteria to consider include:

- Number and type of assessments and activities
- Number and type of drug-related problems identified
- Number and type of recommendations made

Program evaluation — this process assesses the program's effectiveness in optimizing medication use in family practice. Individual family health teams may conduct their own evaluations of certain components, such as process measures, clinical outcomes, patient satisfaction and cost-effectiveness. Four general areas to consider are:

- How a patient benefits from the program
- How physicians and nurses benefit from the program
- How the program affects health care costs/expenditures (some costs may increase while others decrease or stay the same)
- Number of referrals made to pharmacist

See the Appendix: Pharmacist Performance Appraisal form on the IMPACT website for more information (http://www.impactteam.info).

"It frees the physician's time because we have to do less patient education, fewer medication reviews, things like that. Then the patient benefits from better education, it frees up resources and provides better care overall."

— IMPACT demonstration project participating physician

Canadians spent an estimated $19.6 billion on medication in 2003, the fastest-growing health care expenditure

— Canadian Institute for Health Information. National Health Expenditure Trends 1975-2004. Available at http://www.cihi.ca.

What should be included in a budget for a pharmacist?

Salary, clinical and administrative expenses are outlined in the Budget and Salary Information for Pharmacists Working in FHT document on the IMPACT website. It also includes a form for local wage surveys and a budget template.

Will the pharmacist make process or system changes without talking to me?

No. The emphasis is on a team approach. The pharmacist is a resource to the family practice. The pharmacist will work with you and affected team members to coordinate cohesive and mutually acceptable changes.

Are there any concerns about confidentiality, privacy etc., to consider?

Pharmacists are bound by their code of ethics to preserve the confidentiality of information acquired in the course of practice. The pharmacist working in family practice also falls within the "circle of care" as defined by the Personal Health Information Protection Act (PHIPA 2004) and as such, must treat patients' information according to the same standards that apply to you and other team members. Pharmacists should sign any relevant confidentiality forms you require of all staff at your site.

How will the pharmacist protect medical chart information?

Pharmacists may maintain a separate electronic database with patient information, or keep separate charts to assist them in providing clinical care. They are responsible for the safekeeping and security of all records. Electronic files should be password-protected, and hard copies should be kept in a locked file when not in use. If EMRs are used at your site, the regular processes used by all team members should be followed.

> *"[The pharmacist] would recommend things and it would be up to me to approve or disapprove, so I don't have any medical legal concerns."*
>
> *— IMPACT demonstration project participating physician*

How was the IMPACT model of pharmacist integration chosen?

In the 1990s a group of family physicians in Stoney Creek, ON, asked a community pharmacist to develop a consultation service to help them to optimize care for elderly and complex patients in their practices. That initiative was so successful it grew into the Seniors Medication Assessment Research Trial (SMART), which then led to the IMPACT Program.

In SMART, seniors on multiple medications were referred for a consultation with a specially trained pharmacist in physicians' offices. After the initial consult with the patient and the physician, the pharmacist telephoned patients twice and revisited the family physician once to discuss their recommendations.

The SMART experience led to consensus that the integrated pharmacist model, the one used in the IMPACT program, would be more effective. It allows more time to develop ongoing relationships, follow up on problem resolution, and focus on patients. More time in the practice also allows the pharmacist to help make medication processes run more efficiently.

What if no office space is available?

The importance of office space for a pharmacist to conduct patient interviews, research drug-related problems and drug information requests, and document assessments cannot be overstated. The lack of such a space was a major stumbling block to integration in the IMPACT demonstration project.

If dedicated office space cannot be found immediately, one possible solution might be to have the pharmacist use the desk or exam room of a physician who works part-time and is not onsite that day. The pharmacist may need to rotate rooms depending on schedules.

Why does a pharmacist need a computer and Internet access?

All pharmacists in Ontario must have access to drug information centres as a condition of their licence. The Drug Information and Research Centre (DIRC) is one such centre. Pharmacists need an Internet connection to access current drug information and be informed of any recalls or alerts.

As well, the IMPACT project developed a database that allowed pharmacists to produce standardized assessment forms for patient charts. The pharmacist should check the IMPACT website to confirm availability and accessibility. A computer also assists with staying organized and keeping track of patients' history.

Can a pharmacist belong to a drug information centre other than DIRC?

Pharmacists are required to have access to a drug information service approved by the Ontario College of Pharmacists (OCP). This does not have to be DIRC. The IMPACT project employed a pharmacist to work closely with DIRC to develop resources and processes to better meet the needs of pharmacists working in family practice.

How much time should be booked for an interview or consult?

This may vary according to the complexity of the patient and the pharmacist's experience. Once a few patients have been seen, talk to the pharmacist to determine the time needed (e.g., one hour for an initial interview, 15–30 minutes for a follow-up). Adjustments can be made when needed, for instance as the pharmacist becomes more efficient.

How many patients can a pharmacist see in a day?

This again may vary according to the pharmacist's experience and the complexity of the patient. Begin with up to two patients daily. Reassess monthly. Only book patients you are certain will be assessed during the time allotted.

Who should book the appointments?

To avoid confusion and allow the pharmacist more time for patient care, the office staff member responsible for booking regular appointments should also schedule patient assessments for the pharmacist.

> *"Not only did she tell me where to get [a better form of a drug] and the cost, but a couple of hours later I had an article on my desk going into better detail. I mean that's fabulous."*
>
> *— IMPACT demonstration project participating physician*

What is the value of the pharmacist attending the training session?

The IMPACT training session was designed as a transitional program for pharmacists entering family practice. The therapeutic content is specific to family practice requirements and the situation simulations (with real family physicians, nurses and standardized patients) jump-start integration.

The family practice environment is very different from either community or hospital pharmacies. Pharmacists need to be made aware of the differences and how to approach them in a manner that does not negatively affect the patient. The networking opportunities are also important, as often they are the only pharmacist working at a practice site.

The knowledge, skills and values components of the training program have been identified from previous research. They focus on the specific needs of a pharmacist collaborating with family physicians.

Can pharmacists do home visits?

Conducting home visits are possible but should be discussed and agreed upon between the family physicians and the pharmacist. Consider the efficiency of home visits.

Can pharmacists visit long-term care centres?

Yes, if agreed upon with the patient's family physician and if it does not contravene any long-term care guidelines.

DIRECTORY OF RESOURCES

Family Health Team Guides:

Available from the Ministry of Health and Long-Term care at:
http://www.health.gov.on.ca/transformation/ fht/fht_guides.html

Other information on FHTs can be found at: http://www. health.gov.on.ca/transformation/fht/fht_mn.html

Professional Organizations:

Canadian College of Clinical Pharmacy (CCCP): http://www.cccp.ca, volunteer organization for advanced clinical pharmacy practice

Canadian Council on Continuing Education in Pharmacy (CCCEP): http://www.cccep.org, (306) 584-5703, national coordinating and accreditation body

College of Family Physicians of Canada (CFPC): http://www.cfpc.ca, 1 800 387-6197 or (905) 629-0900, national voluntary association of family physicians

Canadian Medical Association (CMA): http://www.cma.ca, 1 800 267-9703, national association and lobby group representing physicians

Canadian Pharmacists Association (CPhA): http://www.pharmacists.ca, 1 800 917-9489 or (613) 523-7877, national voluntary organization for pharmacists, and publishers of the *Compendium of Pharmaceuticals and Specialties* (CPS), etc.

Canadian Society of Consultant Pharmacists (CSCP): http://www.cscpharm.com, the Canadian branch of the American Society of Consultant Pharmacists, focuses on senior care

Canadian Society of Hospital Pharmacists (CSHP): http://www.cshp.ca, (613) 736-9733, national voluntary organization for advancing patient-centred pharmacy practice in hospitals and related settings

Drug Information and Research Centre (DIRC): http://www.dirc-canada.org, 1 800 268-8058 or (416) 385-3472, evidence-based drug information compiled and maintained by pharmacists

Health Knowledge Central (HKC): http://www.healthknowledgecentral.org

IMPACT (Integrating family Medicine and Pharmacy to Advance primary Care Therapeutics):
http://www.impactteam.info

National Association of Pharmacy Regulatory Authorities (NAPRA): http://www.napra.org, (613) 569-9658, a national resource centre that implements regulatory programs and standards

Ontario College of Family Physicians (OCFP): http://www.ocfp.on.ca, (416) 867-9646, Ontario chapter of the College of Family Physicians of Canada

Ontario College of Pharmacists (OCP): http://www.ocpinfo.com, (416) 962-4861, self-governing professional regulating body

Ontario Pharmacists' Association (OPA): http://www.opatoday.com, 1 877 341-0788 or (416) 441-0788, voluntary advocacy organization

University of Toronto, Faculty of Pharmacy: http://www.utoronto.ca/pharmacy/index.htm, (416) 978-2889

Drug and Disease Indicator References:

Fick DM et al., Updating the Beers criteria for potentially inappropriate medication use in older adults. *Arch Intern Med* 2003;163:2716-24.

MacKinnon NJ, Hepler CD. Preventable drug-related morbidity in older adults, 1. Indicator development. *Journal of Managed Care Pharmacy* 2002;8:365-71.

McLeod PJ et al., Defining inappropriate practices in prescribing for elderly people: a national consensus panel. *CMAJ* 1997;156:385:91.

Suggested Reading:

For information on Family Health Teams, see the Guide to Collaborative Team Practice, available at: http://www.health.gov.on.ca/transformation/fht/fht_mn.html

Bridges W, *Managing Transitions: Making the Most of Change.* Don Mills, ON: Addison-Wesley Publishing Company, 1991.

Howard M, Trim K, Woodward C, 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 Phys* 49; Sept. 2003; 1066-68.

Lemelin J, Hogg W, Baskerville N. Evidence to action: a tailored multifaceted approach to changing family physician practice patterns and improving preventive care. *CMAJ* Mar. 20, 2001; 164(6); 757-63.

McDonough RP, Doucette WR. Developing collaborative working relationships between pharmacists and physicians. *J Am Pharm Assoc* Sept/Oct 2001;41(5):682-92.

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.

LIST OF AVAILABLE APPENDICES

The following appendices can be found both on the CD included with this toolkit package, and on the IMPACT website.

Most appendices, updates and additional information, as well as the *Practice Enhancement Guide*, are available on the IMPACT website: http://www.impactteam.info

- CMA-CPhA Joint Statement: Approaches to Enhancing the Quality of Drug Therapy
- Guidelines for Development of an Individualized Learning Plan for Pharmacists Working in Primary Care Practice (the Knowledge, Skills and Values document)
- IMPACT Family Physician Group Letter of Understanding
- IMPACT Orientation PowerPoint Presentation
- IMPACT Patient Referral Form
- IMPACT Pharmacist Participation Agreement
- IMPACT Pharmacist Training Program Agenda
- Medication Use Processes Matrix (MUPM)
- Orientation Plan Template
- Pharmaceutical Care – What Is It?
- Pharmacist Competencies and Background
- Recruitment Information
  - — IMPACT Pharmacist Job Description and Job Advertisement
  - — Standard Referee Form
  - — Interview Guidelines
- Site Profile Template

GLOSSARY

CFPC-OB – College of Family Physicians, Ontario branch

CHC – Community Health Centre

CMA – Canadian Medical Association

CPhA – Canadian Pharmacists Association

CSHP – Canadian Society of Hospital Pharmacists

CWR – Collaborative Working Relationships

DIRC – Drug Information and Research Centre

DRP – drug-related problem

e-CPS – electronic *Compendium of Pharmaceuticals and Specialties*

EMR – electronic medical record

FHT – family health team

FTE – full-time equivalent

HSO – health service organization

IMPACT – Integrating family Medicine and Pharmacy to Advance primary Care Therapeutics

LU codes – Limited Use codes

MOHLTC – Ministry of Health and Long-Term Care

MUPM – Medication Use Process Matrix (appendix)

NP – nurse practitioner

OCP – Ontario College of Pharmacists

ODB – Ontario Drug Benefit program

OPA – Ontario Pharmacists' Association

OTC – over the counter; refers to medication and products that do not require a prescription to be purchased

PEG – *Practice Enhancement Guide*

SMART – Seniors Medication Assessment Research Trial

Need More Information?

This toolkit is just a sample of available resources. It is part of the IMPACT Pharmacist Program Toolkit: How to Integrate a Pharmacist into Family Practice. For detailed appendices and IMPACT project results, or to comment on this toolkit, visit our website: http://www.impactteam.info.

The IMPACT Demonstration Project Principal Investigator, Lisa Dolovich, can be contacted at (905) 522-1155 ext. 3968 or ldolovic@mcmaster.ca.

LEAD PHYSICIAN AND SITE MANAGER TOOLKIT

The IMPACT Program

Pharmacists in Family Practice: A Resource

Produced by:

IMPACT – Integrating family Medicine and Pharmacy to Advance primary Care Therapeutics.

The IMPACT program is a demonstration project funded by the Ontario Ministry of Health and Long-Term Care (OMHLTC) through the Primary Health Care Transition Fund.

The views expressed in the reports or materials are the views of the authors and do not necessarily reflect those of the Ministry.

Quotations and photographs are anonymous in order to maintain the integrity of research and honour the informed consent process.

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Integrating family Medicine and Pharmacy to Advance primary Care Therapeutics