

PRIMARY HEALTHCARE AND PHARMACISTS

By: Dr. Stephanie Young, MUN School of Pharmacy

Primary Health Care (PHC) is an approach to health and wellness that extends beyond the traditional system. It includes all services that play a part in health care. PHC serves a dual role in the healthcare system:

- 1) it provides first contact services (e.g., physician, pharmacist), and
- 2) coordinates services to ensure continuity and ease of movement across the system.

Part of the reform with PHC on a national and provincial level is a shift to "teams" of providers and developing partnerships for better patient care.

The isolation in which health professionals often function is a barrier to improved patient care. Pharmacists have traditionally been viewed as the dispensers of medications; and while most patients are aware of the knowledge of the pharmacist, the extent of the skills, education, and services often go unrecognized. An additional barrier for pharmacists is the "tension in the pharmacy culture – the push and pull of the commercial and clinical" (Strand et al, 2004). As a profession, we have to examine how we currently care for patients, and how we can participate in patient

care to optimize positive outcomes.

The practice of pharmacy is evolving to incorporate pharmaceutical care practice. The premise of pharmaceutical care is a patient-centered practice which ensures effective and safe medication use that patients will comply with. Pharmacists, pharmaceutical care practice and PHC are a natural fit.

"The isolation in which health professionals often function is a barrier to improved patient care."

In an effort to provide research at the local level on the involvement of pharmacist in an expanded role within PHC, the School of Pharmacy has established an exciting pilot initiative. A two year project was begun in November, 2005 with the Primary Health Care Pharmacist position.

The focus of the project is to develop an expanded pharmacist role within a Family Medicine PHC site, and to complete research to evaluate the initiative. Involvement in the St. John's region PHC Team as well as liaising with the pharmacists in the Twillingate PHC team is also ongoing.

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Awards Committee
 Congratulations to Ken Walsh on winning the Bayer Inc - CSHP Travel Grant to the National AGM in Montreal, August 12-15.



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Come and join us to celebrate our 10-year anniversary as a Branch of CSHP!

We will hold our celebration in conjunction with PANL's annual conference. On Friday, Sept 29th from 7 to 9:30, we will hold our Annual General Meeting followed by a wine and cheese social.

All current and past members of CSHP NL Branch are welcome.

For more information please contact Lisa Bishop at lisabishop@nf.sympatico.ca

Early Bird Book Draw



- ✔ The Membership Committee is pleased to announce that as an "early-bird" incentive, this year they will be providing all new and renewing active members a complimentary copy of Bugs and Drugs Antimicrobial Pocket Reference handbook. All membership forms must be received at CSHP National office on or before July 1st to qualify.
- ✔ If you have any questions, comments or if you have lost your renewal form please contact us.
- ✔ *Membership Committee 2006:*
- ✔ *John Hawboldt:* hawboldt@mun.ca *Lisa Bishop:* lisabishop@nf.sympatico.ca



*"A Revitalized Society...The influential voice for hospital pharmacy...
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Within this model the physicians at the Newfoundland Drive Family Practice clinic or PHC team members may refer patients to the pharmacist. The clinic chart and laboratory information are reviewed by the pharmacist, and an appointment is made with the patient to complete a pharmaceutical care assessment. This assessment, usually occurring in the patient's home, involves reviewing demographic information, social history, immunization history, current medical conditions, medication history, allergies, adverse drug reactions, attitudes towards medications, experiences with medications, and a systems review.

For each medication, specific information is collected including how and when it is taken, how long it has been taken, effectiveness, toxicity, and the patient's willingness to comply with therapy.

The community pharmacist providing care to the patient is an integral part of the team, and provides key information. From the assessment, drug therapy issues are identified. A care plan is developed to define the goals of therapy and to resolve or prevent the drug related issues. The assessment and care plan information are communicated to the referring physician via letter and if needed, a face-to-face meeting. Follow up evaluations are carried out to assess patient outcomes and evaluate progress. The community pharmacist is included in the plan

for therapy changes, monitoring and follow up.

“...to promote and evaluate the changing role of the pharmacist...”

The goal of this initiative is not to focus on the role of a single provider, but to promote and evaluate the changing role of the pharmacist, and to examine potential for economic feasibility of these expanded roles.

Please feel free to call or e-mail for further information:

Stephanie Young, Primary Health Care Pharmacist, MUN School of Pharmacy, 777-8833 or syoung@pharm.mun.ca.

Suggested references:

- Strand LM et al. The impact of pharmaceutical care practice on the practitioner and the patient in the ambulatory practice setting: twenty-five years of experience. *Curr Pharm Des.* 2004;10(31):3987-4001. *(Please contact Stephanie Young if interested in a copy).*
- CPhA's publication "Pharmacists and Primary Health Care"
http://www.pharmacists.ca/content/about_cpha/whats_happening/cpha_in_action/pdf/primaryhealth2a.pdf

Come visit the website at www.cshp-nl.com



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