Physician-Pharmacist Collaboration: A cardiologist’s point of view

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My personal experience

• 1977-1981: Medical school, Laval University
  – No contact with pharmacists during clinical rotations
• 1981-1988: Residency training
  – No contact with pharmacists during clinical rotations. Phone calls from community pharmacists regarding prescriptions
• 1988-1997: Royal University Hospital, University of Saskatchewan
• 1997-2000: Misericordia Hospital, Edmonton
  – Pharmacists round in CCU—patient education, drug histories, communication with outside pharmacies, advise re medication selection/dose adjustments
• 2000-2011: University of Alberta Hospital/MAHI

Collaboration with pharmacists: University of Alberta/MAHI

• In patient wards/CCU
  – Non-cardiac medications and dose adjustments for renal dysfunction
  – Review of pre-admission medications
  – Patient education
  – Medication cards
  – Diaries
  – Blister packs
  – Communication with community pharmacists
• Out patient clinics
  – Drug histories
  – Assessment of patients and dictation of clinic letters
  – Telephone follow-up of patients
• Independent practice
  – Anticoagulation management service
Helpful interactions

- Drug therapy management under specific protocols
- Implementing and monitoring therapeutic regimens
- Drug counseling to patients

Unhelpful interactions

- Pharmacist gives patient a list of all potential side effects of a cardiac medication
- Pharmacist informs me about cardiac medications that I commonly use
- Pharmacist calls me to renew prescriptions

Evolving role of the pharmacist

- Traditional Model: The dispensing pharmacist
  - Dispenses medications

- New model: The clinical pharmacist
  - Participates in rounds
  - Drug histories
  - Makes therapeutic recommendations
  - Patient education
  - Follow-up monitoring of patients

Electronic health record plays a vital role in monitoring lab results and documentation of interventions
Physician-pharmacist collaboration

- Reduction of medication errors and adverse drug events
- Decreased mortality and hospital readmissions
  - Drug information services, clinical research, CPR team participation, admission drug histories
- Cost savings
  - Drug use evaluation, drug information, adverse drug reaction monitoring, drug protocol management, medical rounds participation, admission drug histories

Sweeney MA. JAOA 2002; 102:678-681

Physician/pharmacist collaborative working relationships

Key elements of successful collaboration

- Relationship initiation
  - Pharmacist learns about physician’s practice and how they can positively affect care
- Trustworthiness
  - Confidence builds over time as pharmacist demonstrates their knowledge and clinical competence
- Role specification
  - Shared decision making and interdependence
  - Pharmacist takes over management of certain conditions using approved protocols
Family physicians’ perceptions of collaboration with pharmacists

**Advantages**
- More accurate medication lists
- Monitoring of safety and effectiveness of drug therapies

**Disadvantages**
- Pharmacists lack full information about the patient (diagnosis, lab results)

Female and younger physicians more receptive to collaborative practice

Vision for the future

- Physician makes diagnosis, does investigations, discusses therapeutic options and initiates therapy
- Pharmacist adjusts medications and documents changes in electronic medical record
- Pharmacists are actively involved in primary prevention and in chronic disease management
  - Hypertension, dyslipidemia, diabetes, weight reduction, smoking cessation
  - Osteoporosis prevention
  - Vaccine administration
  - Monitoring anticoagulation