

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

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| <ul style="list-style-type: none">• Traditional Model:
<i>The dispensing pharmacist</i><ul style="list-style-type: none">– Dispenses medications | <ul style="list-style-type: none">• New model: <i>The clinical pharmacist</i><ul style="list-style-type: none">– Participates in rounds– Drug histories– Makes therapeutic recommendations– Patient education– Follow-up monitoring of patients |
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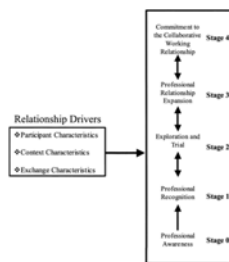
Electronic health record plays a vital role in monitoring lab results and documentation of interventions

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



Alan Zillich, Randal McDonough et al. Annals of Pharmacotherapy 2004;38:764-770

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

Popkic Research in social and administrative pharmacy 2011;7:39-50

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
