



*A key component in evaluating the success and benefits of patient medical homes involves collecting stories of health care change from doctors, patients, and allied care providers. These stories take readers on a journey toward understanding how patient medical homes are improving care around the province.*

## **Change Snapshot: How GP-pharmacist collaboration helped reduce polypharmacy in their patients.**

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### **A Team Approach to Polypharmacy**

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I'm a GP with lots of elderly, complex patients, and many are negatively affected by polypharmacy. When the division first talked to us about having a pharmacist in practice, it sounded like a great idea.

Each of the doctors in our clinic would spend a half-day with the pharmacist. He'd review the polypharmacy patient files before coming, and he'd arrive, unbiased by us, to talk to patients. He'd see a patient for 10 minutes, then I'd join. Once I came in, he'd summarize his findings and recommendations, and we'd discuss together with the patient about the pros and cons of the changes he proposed. He did a great job of presenting ideas, telling patients what he suggested and why. Some patients liked his suggestions, and some didn't. The general theme was that patients wanted to reduce their medications.

We'd use EMR tasks to follow up with patients after 3 months to look at toleration, blood pressure medications, and stomach medications. I was paid through the professional consultation fee, 14077, so my work was funded. Our complex patients are dealing with mental health and mobility issues, and patients would occasionally not show up for their appointments. This would mean that I couldn't bill for the time and the pharmacist was not doing anything during that appointment time.

Through working together, we learned about each other's practices, and it was very reassuring for patients to witness the doctor and pharmacist talking about the pros and cons of the medications. Patients were very glad to know that we are reconsidering their medications and it's led to a good relationship in the community. We also have a better relationship with the pharmacist now and it's easy to pick up the phone and use him as one of our resources.

The most significant change has been to collaboratively look at polypharmacy and find drugs we can try to wean down. In the past, we would not have had personal contact in this process. Now we collaborate with the pharmacist and encourage patients to talk with the pharmacist. Every effort is made to listen to the patient's opinion about whether they can reduce medications or not. Patients feel heard and validated. Now that the initiative is finished, I would still really like to have the pharmacist come back and see more of my patients.