



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 collaborating with a pharmacist in practice led to greater patient engagement in their care.

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Engaging Polypharmacy Patients through Team-Based Care

I'm a full-service family physician and I've been working in a city in the interior for the past 2 years. I also do OR assists and hospital work. I did my residency in Saskatchewan, where the primary care is very team-based. There, health care providers all know each other well - I could easily call a nurse in the ER, community pharmacist, or dietitian.

When I moved to BC, I found siloed care. I could only send faxes to nurses, specialists and other healthcare providers. When I heard about the opportunity to have a pharmacist in practice as part of the Patient Medical Home initiative, I jumped at the chance. The clinic where I worked in Saskatchewan had a community pharmacist and it was a good experience.

For the past six months, a community pharmacist has come in twice a month, and takes turns working a half day with each provider in our practice. Our focus is on polypharmacy. There is so much potential for overlap and interactions between medications that I may not always be aware of. The EMR does a good job of noting contraindications, but not for complicated issues like kidney function. Pharmacists have a great understanding of medications and polypharmacy.

We looked through our patient panel and identified patients we thought would benefit from a medication review. We started with patients taking ten or more medications. Before the pharmacist arrives in the clinic, they have already reviewed the patients' renal function and medications. The pharmacist sees the patient separately for 15 minutes, then I join the pharmacist and the patient for 15 minutes to come up with a common plan. This timing has worked well. Sometimes a patient wants to talk about something else, and the pharmacist can step out while I finish with the patient. At first, I was nervous about moving between different patients booked at the same time, but it actually flows well.

The pharmacist makes notes right in the EMR using his own account, so that I have a record that stays in my patient's chart. I can also send a note to the pharmacist about changes to medication while we're meeting.

The most significant change has been how much this process gets patients engaged in their health care as part of a team. Many people are getting fragmented care and may not have a family doctor. This initiative helped create a team that enabled us as different health care professionals to work at the top of our professional scopes. Patients started to see the other professionals as valuable in their health care team.