



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 having a pharmacist in practice allowed both the pharmacist and GP to work at the top of their scope to support patients.

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Teams Working at Top of Scope to Improve Patient Outcomes

Most people know me as a community pharmacist working in the dispensary at a local independent pharmacy. However, for the past year, I've also worked as a community pharmacist with GPs in two different family practice clinics two to three days per week. I usually spend a half day with each physician and see about 4-5 patients per physician. I enjoy the change- it gets me out of the dispensary, and I'm part of a collaborative team where I can utilize my therapeutic knowledge and expertise to enhance patient care.

In the clinic, I do full medication reviews not just medication reconciliation. An appointment is scheduled about a week in advance, and I use remote access to the EMR and spend 20-30 minutes per patient reviewing their file. I look at what medications, vitamins, herbal and supplements the patient is taking, their lab work, why they are taking each medication, and what potential medication issues they may have. I work directly with the physician to bring up issues and suggestions, making recommendations like changing doses, stopping medications or giving immunizations. The physician usually requests that the patient come back for follow up or bloodwork. I make pharmacy related notes directly in the EMR so that the physician can always refer to what was discussed at the appointment. This direct communication adds value to our collaboration and is a major change from the fax communication used at all community pharmacies between physicians and pharmacists.

Working in the clinic gives me more insight into the physician-patient relationship and the physician decision-making process. For example, I now will know the specific reason a patient's blood pressure medication was changed. I also now have knowledge and access to all the factors affecting people's health and can reinforce a consistent message coming from the physician and the pharmacist. It's also an opportunity to learn from each other as healthcare professionals- I'm part of a team reviewing medications focused on current disease states and making more informed decisions. Having access to labs, consult notes and GPs is the best scenario for a patient. In a family practice, I can look at whatever question the patient is asking about; they may want to look at stopping medications, I can help with de-prescribing and reducing medications loads.

The most significant change I've experienced is that I can now be a valuable resource as a part of a team with the GP, and when I communicate with the GPs in the future, they know who I am and there is a trust that means they can rely on the information I'm giving them. Working as a team member means working at the top scope of my practice, doing things I'm trained to do in the way they should be done. It also allows physicians to focus on what they do best, and in the end the patient will ideally have better health outcomes.