

Collaborating with Clinical Pharmacists

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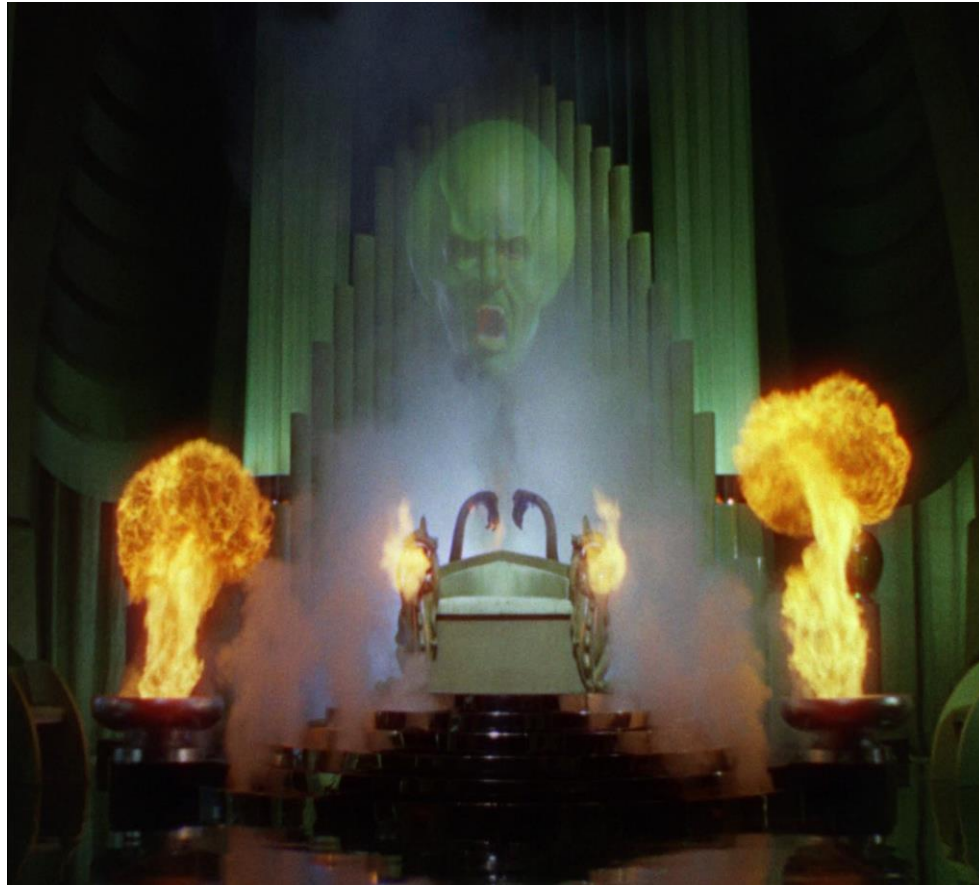
Ottawa, ON

April 2020

Role of the Pharmacist

1. Pharmacotherapy expert
2. Unbiased continuing education
3. Prescribing coach
 - Rational Prescribing approach
4. The Ugly Duckling
 - The same; (just different)

Day 1: Most pharmacists see this:

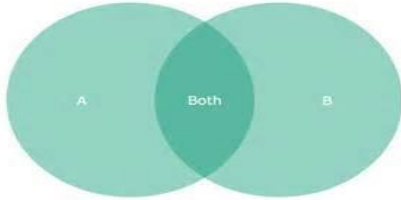


With time: Physician-Pharmacist Collaboration



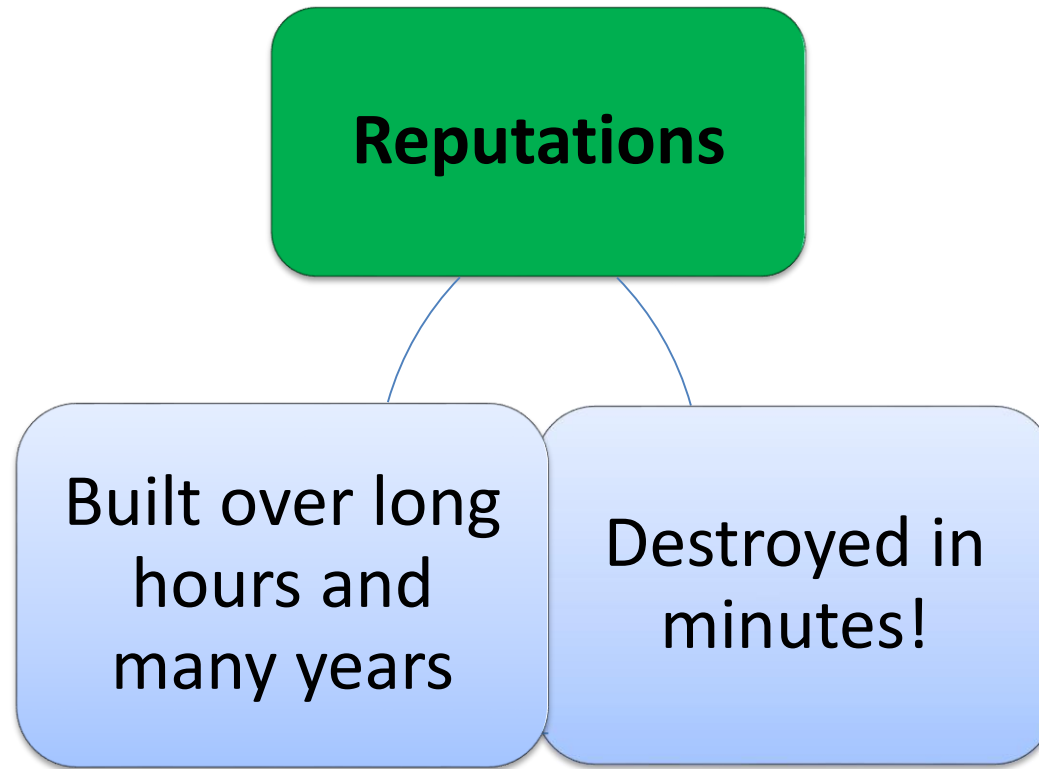
How?

Integration & Collaboration



- Building relationships:
 - Trust is everything
 - Study each other's professional culture & educational backgrounds
 - Use a common language
 - Create win-win situations
 - No turf wars!
 - Demonstrate flexibility
 - It's a team sport
- Result: putting your pharmacist “upstream” in the act of prescribing

Building a Reputation for Success



Offer consistent work and quality
to build a great reputation

Demonstrate your Skill & Know your Limits

Yes!



No!

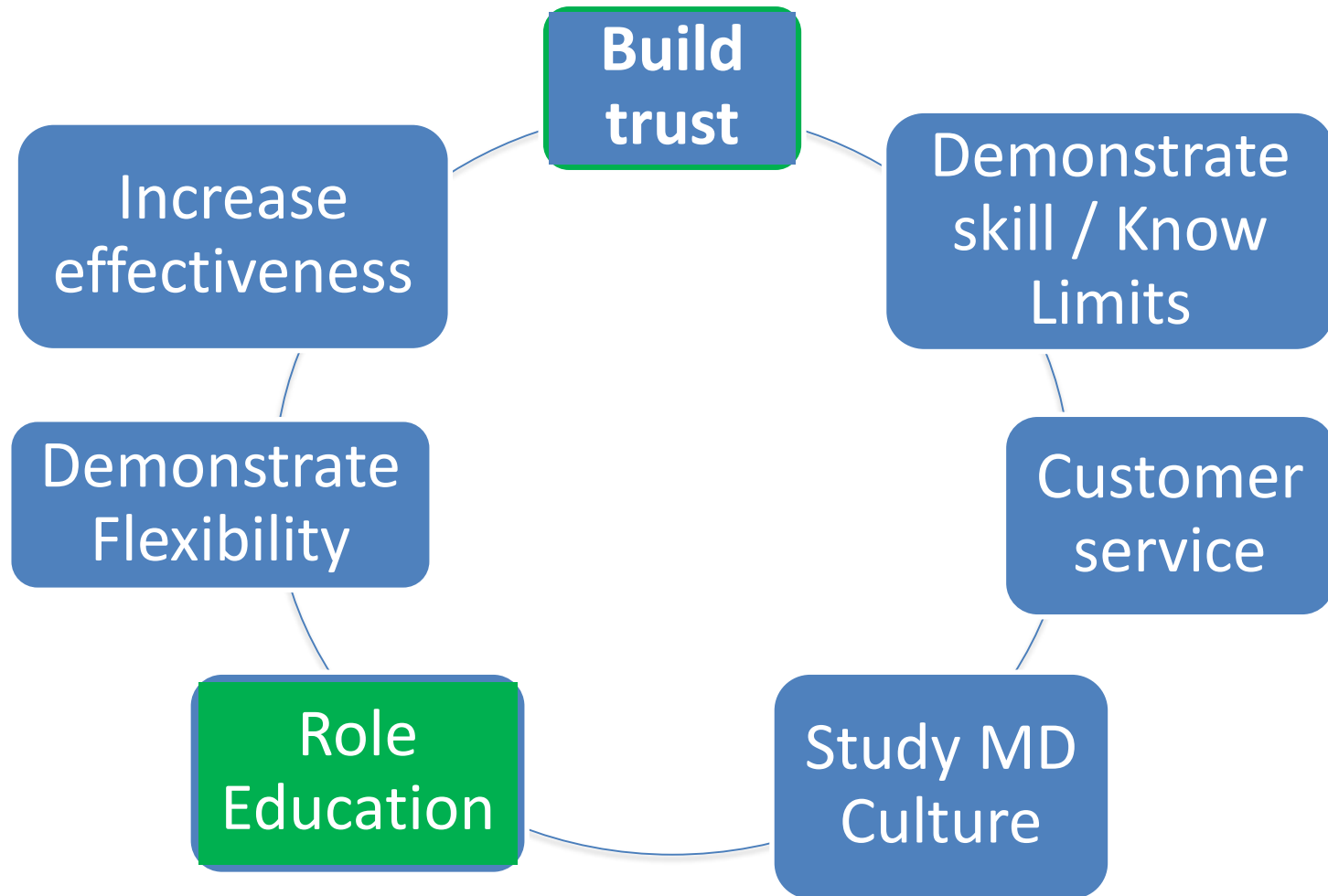


Study each other's Professional Cultures

- Avoid common pitfalls
- Advocate for a common language
 - Soap notes vs pharmaceutical opinions
 - Demonstrate sensitivity to the TRI-lateral MD-patient-Pharmacist relationship
 - No bad mouthing! (unprofessional)
 - Create win-win scenarios
 - No turf wars!



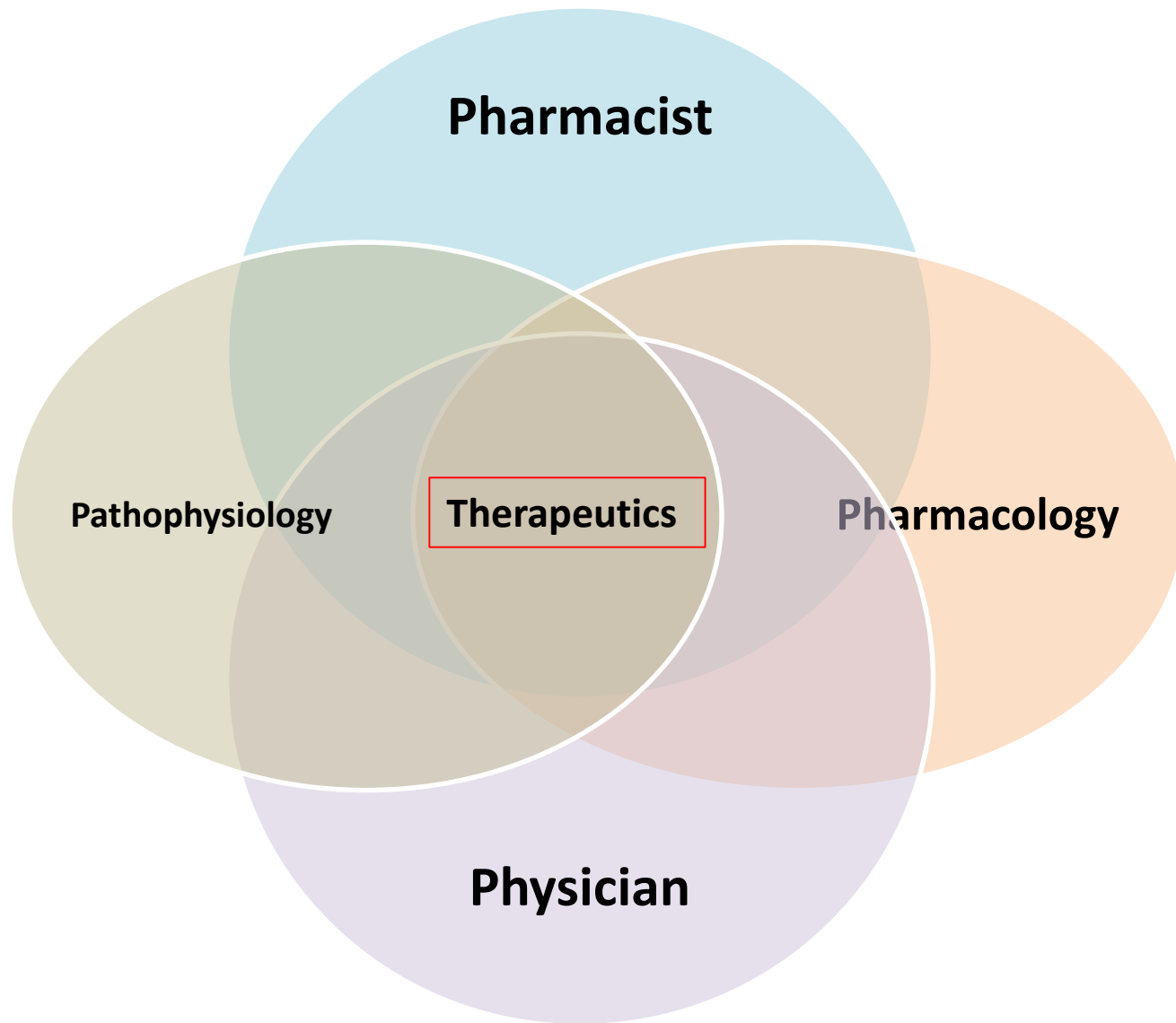
Building Relationships



Pharmacist-Physician Collaboration



Role
Education





Good Therapeutics

**Pharmacology
Knowledge**

**Pathophysiology
Knowledge**

Pharmacist Education

So...

- If pharmacy school = 4 years of Pharmacology and
- If Anatomy & Pathophysiology are the other half of the equation then....
- We are judged on our knowledge (or ignorance) of *pathophysiology*



con·nip·tion

/kəˈnɪpSH(ə)n/

noun NORTH AMERICAN informal

a fit of rage or hysterics.

"the casting choice gave the writers a conniption"

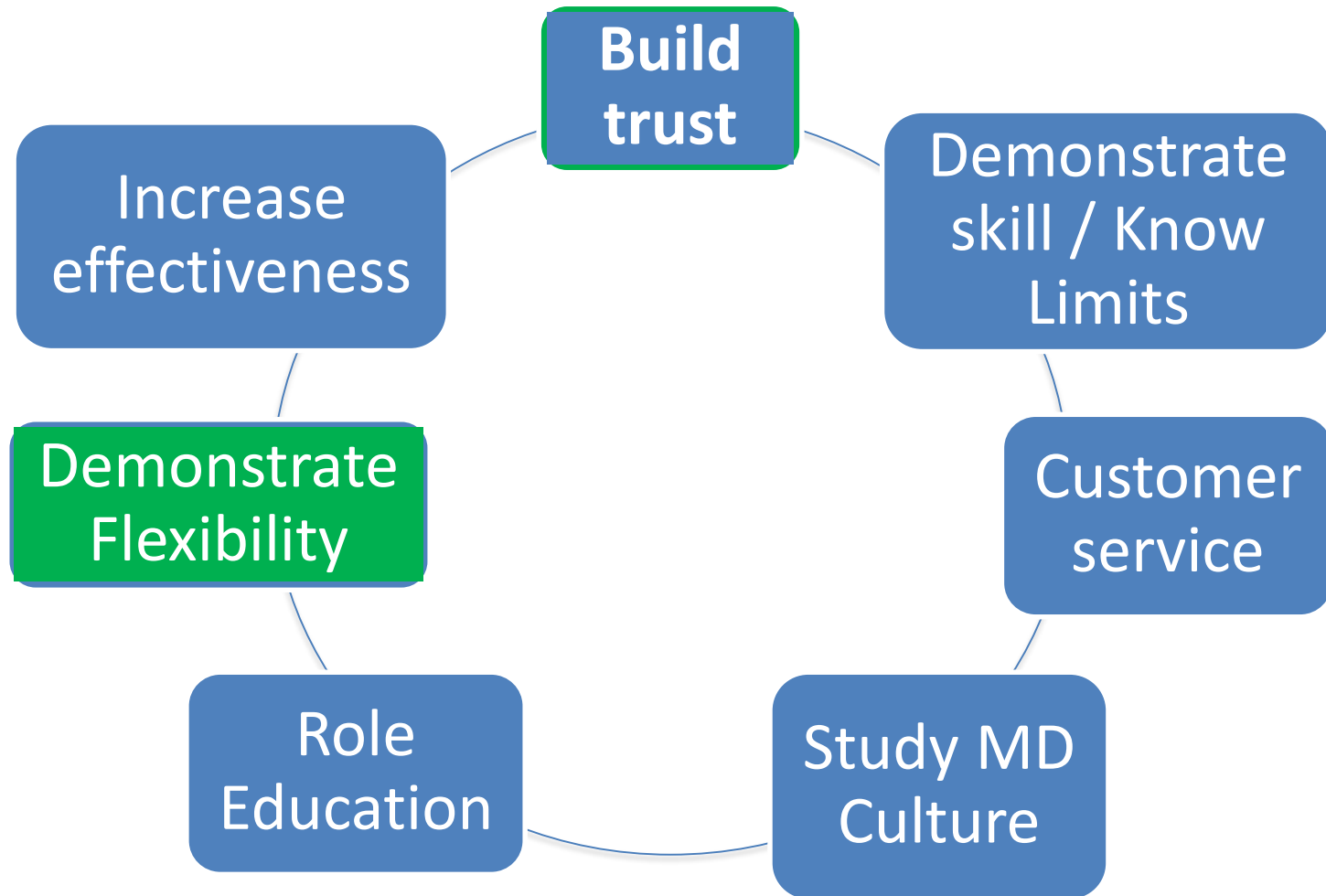
Complementary Weaknesses

Systematic Issues, not Personal Failings



Role education & **relationships** are **key**

Building Relationships



A Pharmacist's Place in Practice

The Ugly Duckling

“Above”

Experts in pharmacotherapy

- Enhancing efficacy
- Reducing Toxicity

“Always the Same”

Missed opportunities to improve health care costs and reduce non-compliance

“Below”

Sub-contractors for savings to health care system

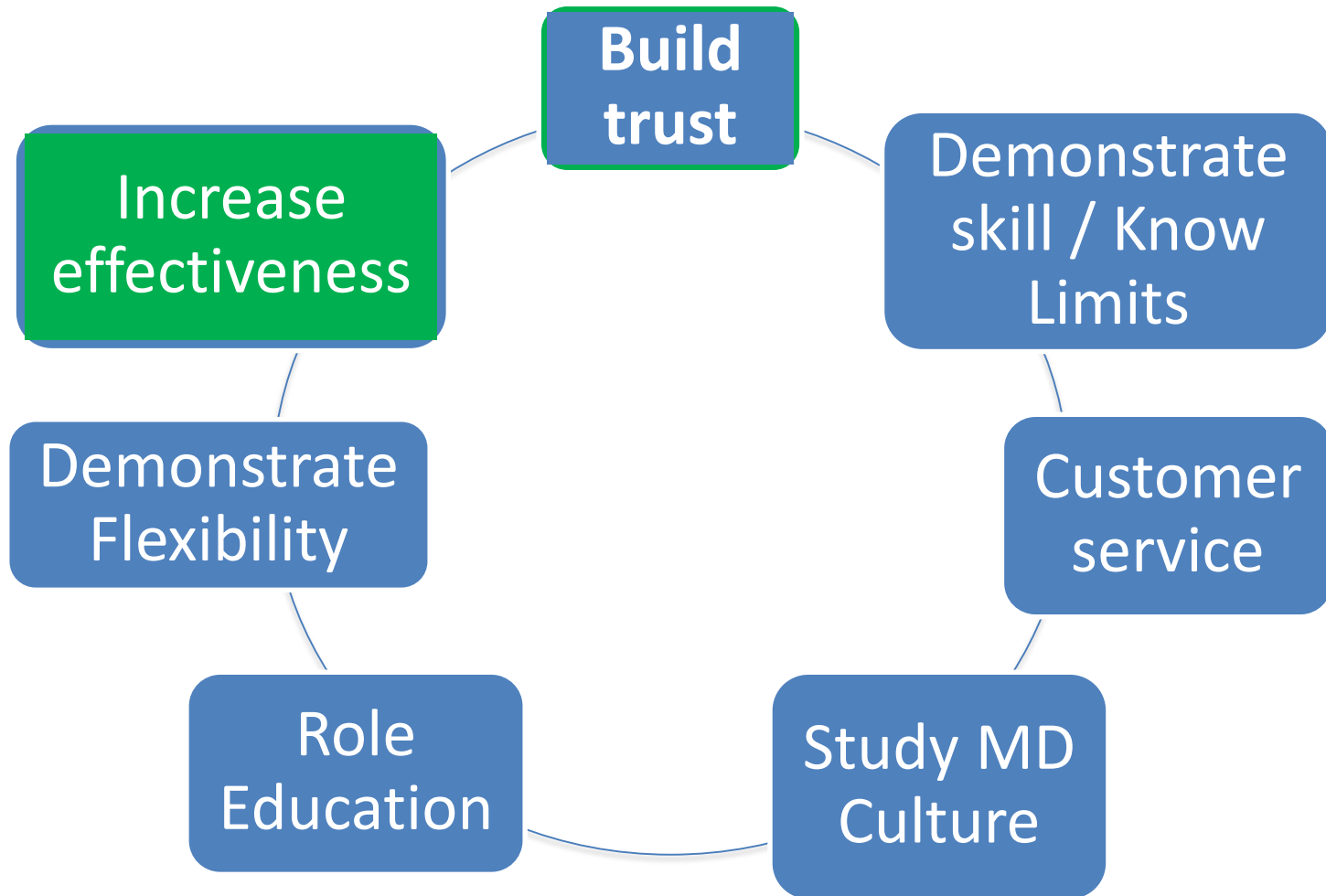
Improving cost,
convenience & compliance

“Always Different”

Missed opportunities to access a depth of expertise that MDs may lack

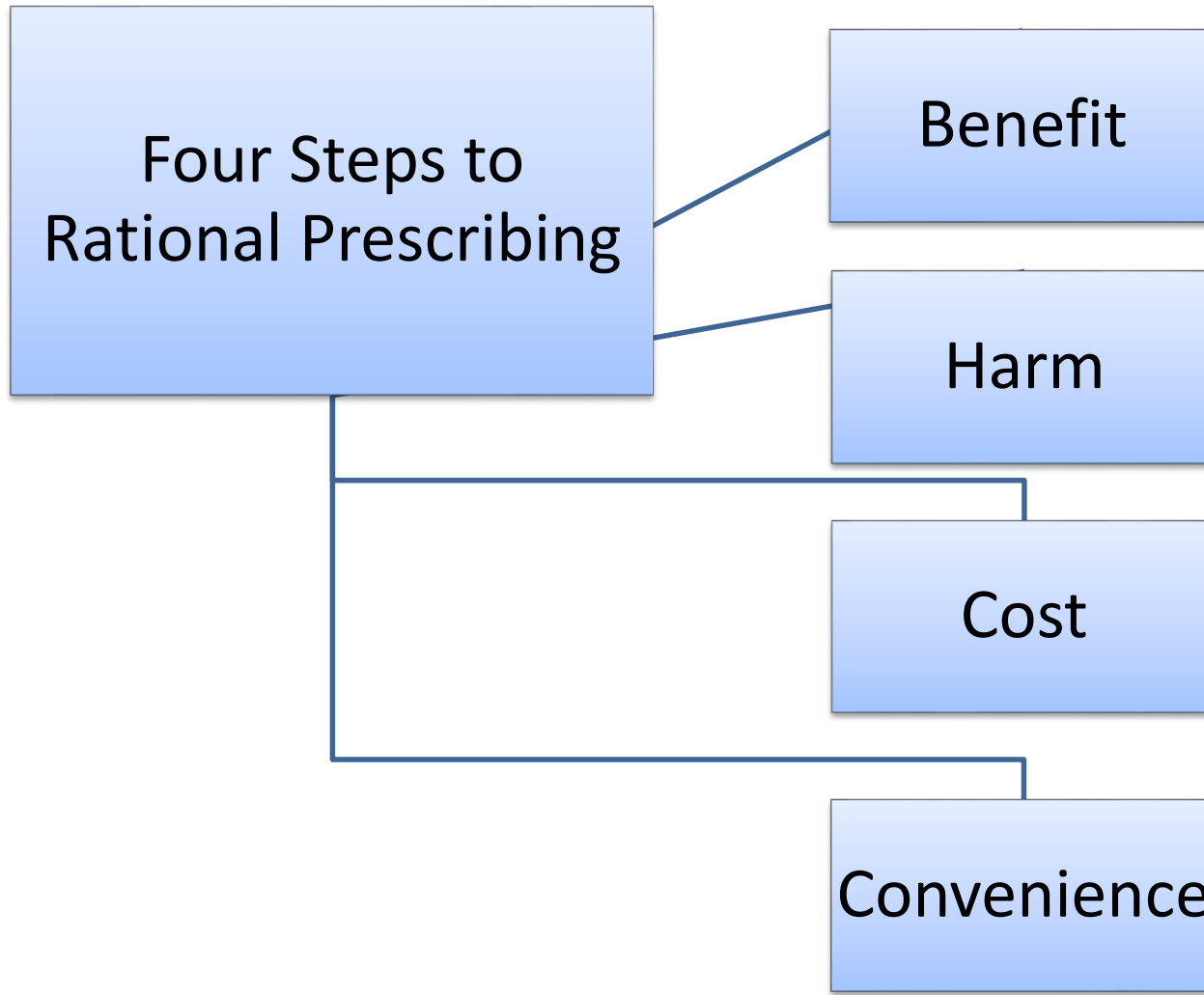


Building Relationships

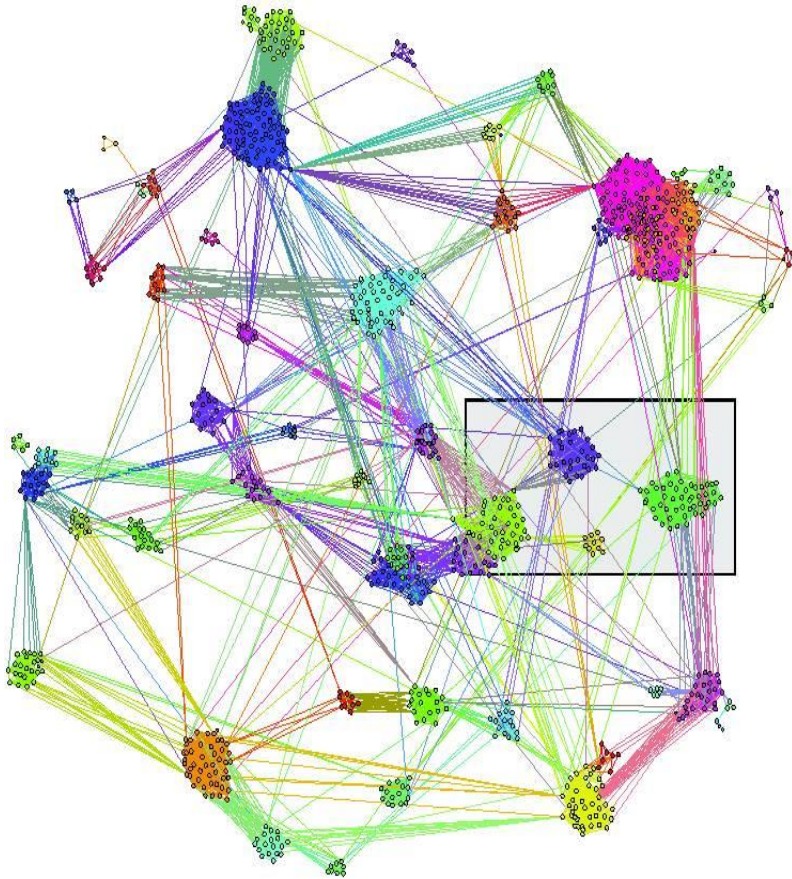


Increase effectiveness

Work upstream



Collaboration



- Every pharmacy to every MD office?
 - No, (unless you're rural)
- Find your **most frequently contacted pharmacists**
 - Get to know them
 - Identify your Early Adopters

Collaboration

Values: explicitly stated & Actively pursued

- Good collaboration requires:
 - Trust above all
 - Trumps all else
 - Patience to build strong relationships
 - Role education
 - Awareness of each others' strengths and weaknesses
 - Flexibility
 - Optimizing your own silo is not enough!
 - Openness to a variety of roles
 - Creating win-win situations
 - Avoiding work politics
- Good care comes understanding each other's professional cultures & a common language

Prescribing Coach

- Our most overlooked role!
- Many pharmacist roles (same as CANMEDs)
 - Medication management
 - Pharmacotherapeutic expert
 - Drug distribution / inventory management
 - Educator
 - Patients
 - **Providers** – Prescribing Coach
 - Etc.

Rational prescribing

A Method of Prioritization



- Scarce resources:
 - Your time
 - Our money
- Resource allocation is central to decision-making in any health care system.

Rational Prescribing

Prioritize:

1. Type of benefit

1. Mortality
2. Morbidity
3. (good) Surrogate markers
4. Symptoms

2. Quantity of benefit

1. As absolute risk reduction
2. Knowledge translation:
framing with converse of ARR (i.e. 1-ARR)

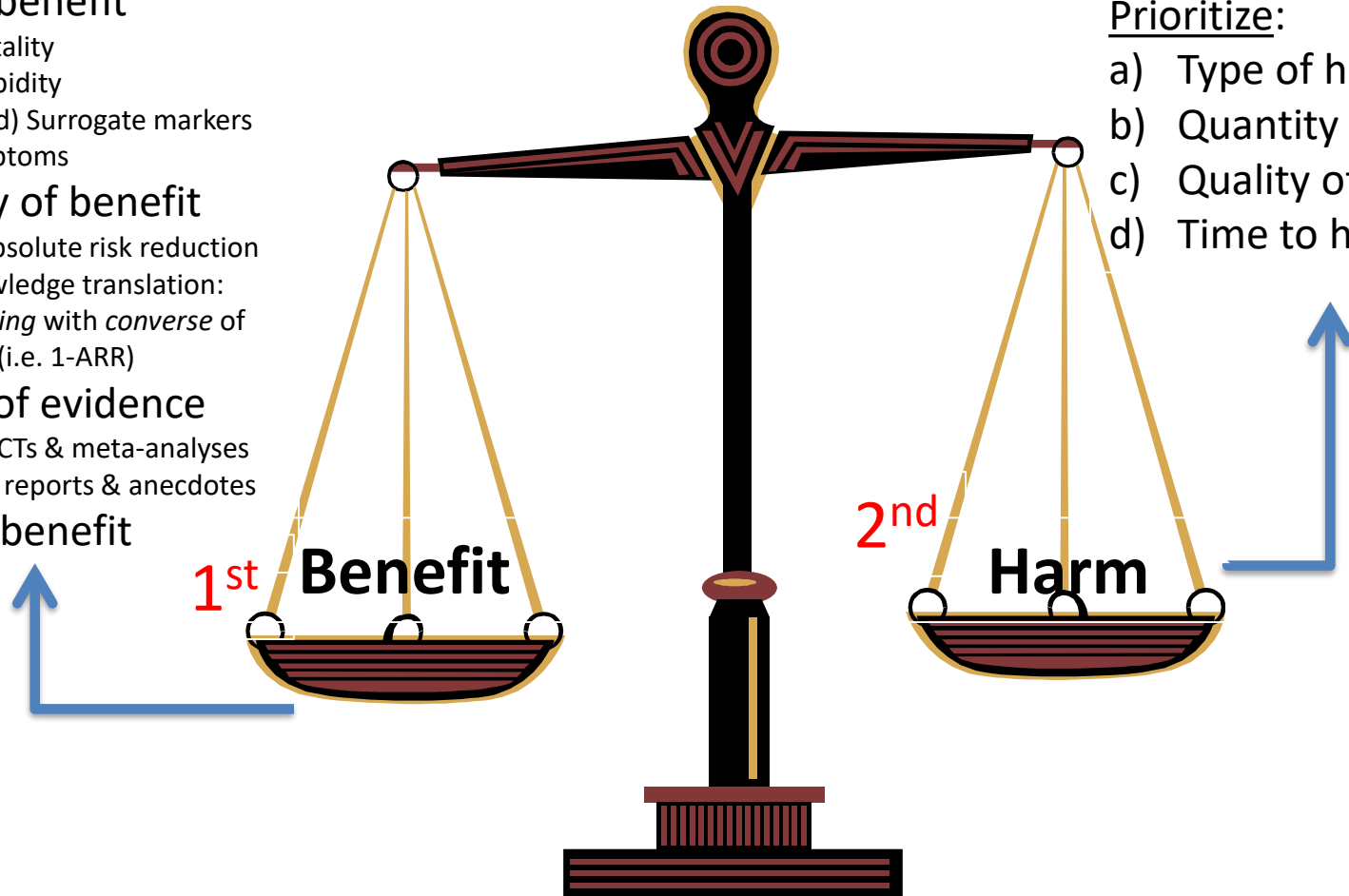
3. Quality of evidence

1. db-RCTs & meta-analyses
2. Case reports & anecdotes

4. Time to benefit

Prioritize:

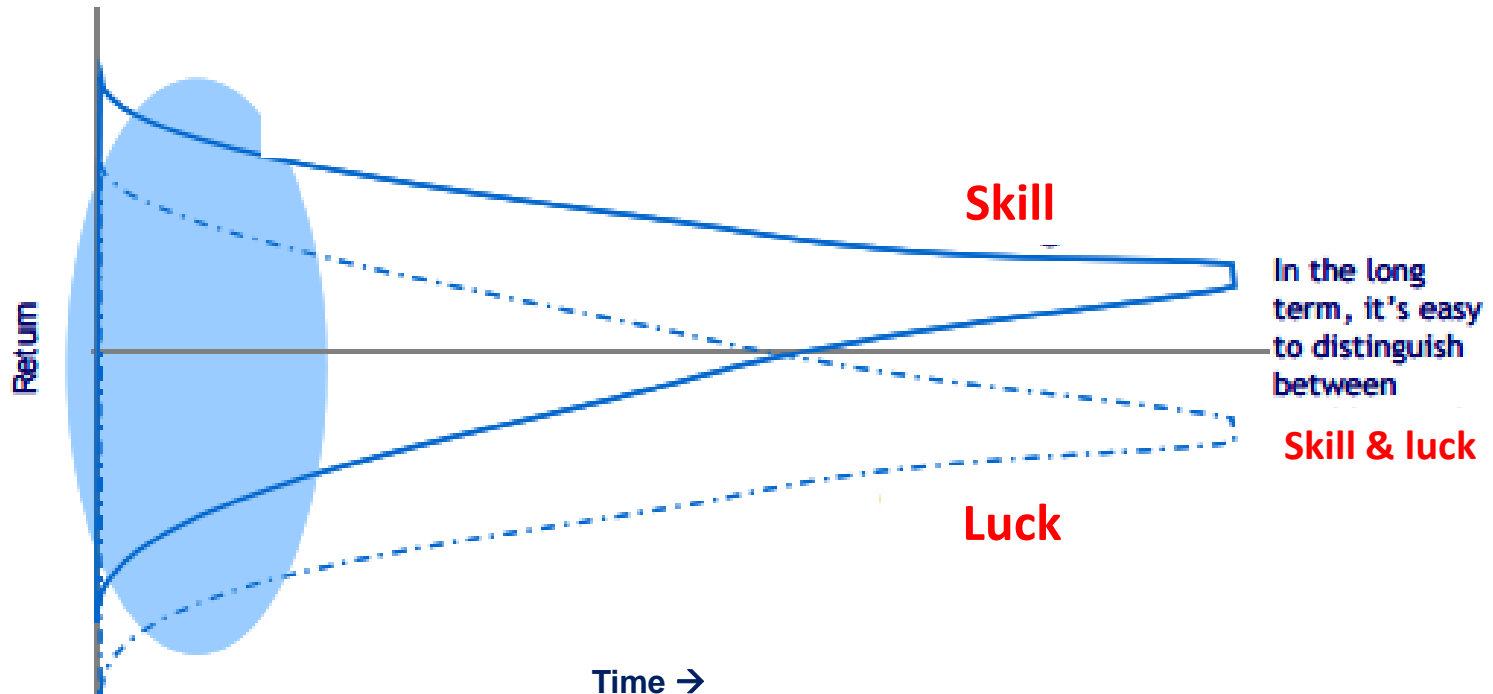
- a) Type of harm
- b) Quantity of harm
- c) Quality of evidence
- d) Time to harm



3rd & 4th Cost & Convenience

Focus on Process (not Outcomes)

Process	Outcome	
	Good	Bad
Good	Deserved Success	Bad Break
Bad	Dumb Luck	Tragic / Malpractice



Role of Time: Michael Lewis makes this point convincingly using statistics from major league baseball: *“Over a long season the luck evens out, and skill shines through.”*

Pharmacists



Physicians

Summary

- Collaboration takes time
 - Show patience
- Build trust!
 - Every interaction is an opportunity
 - Educate each other about your roles / skills / resources / knowledge / etc
 - Work to move pharmacists upstream to enhance coordination/effectiveness
 - I.e. Consult early!

Questions?

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