

A pharmacist-led clinic **ENABLING PRACTICE CHANGE** in Canada

Workforce discussions include questions about the roles that pharmacists should undertake. Over the past three years, a remarkable pharmacist-led patient care clinic has been operating at the University of British Columbia. Barbara Gobis *et al* explain how the clinic works and what it has allowed pharmacists to achieve.

A well-documented and growing body of evidence supports the increased involvement of pharmacists in the clinical care of patients.¹⁻⁶ Pharmacists in several Canadian provinces, the USA and UK already work in primary health care teams to optimise drug therapy outcomes for patients.⁷ A key enabler for the clinical contributions of pharmacists is an operational system providing logistic and administrative support so pharmacists can maximise their patient care time.⁸

In 2013, the Faculty of Pharmaceutical Sciences at the University of British Columbia (UBC) in Vancouver, Canada, made a commitment to catalyse pharmacist practice change by establishing the UBC Pharmacists Clinic. The clinic is dedicated to modelling pharmacist best practices in patient care, providing experiential education for learners, developing support systems for pharmacists in patient care practice, and providing opportunities for pharmacy practice research.

No dispensing

Although the clinic has a community pharmacy licence, it operates like a medical office with administrative staff, pharmacist clinicians and five consultation rooms. Clinicians and staff are employees of the faculty while operating costs are funded by the faculty and the provincial Ministry of Health. The clinic does not offer prescription-filling services.

Patients see a pharmacist by appointment to identify, prevent and resolve drug therapy problems. In its first two years of operation, the clinic team has cared for almost 4,000 patients and most (64%) have been referred by a physician.



The others are referred by another member of their health care team or are self-referred. Pharmacists provide care to patients either in the clinic on campus or in selected physicians' offices.

A typical patient is complex, with a number of health conditions and medicines. Initial appointments are 60 minutes with 30–45 minute follow-ups as needed. Most patients have multiple appointments. The service approach is based on

respectful collaboration between the patient, the clinic pharmacist, the patient's physician and the pharmacist at the patient's community pharmacy.

Learning and sharing

Learners from UBC undergraduate, residency and graduate programmes participate in experiential education activities at the clinic. These include four-week educational placements, patient care activities and project work. In this way, the clinic allows students to gain the necessary skills to care for highly complex patients in a primary care setting. This skill development is critical for the success of our future pharmacists taking on expanded health care roles.

Practising pharmacists can also participate in skill development via clinic tours, practice discussions, shadowing a pharmacist clinician or a hands-on patient care practicum. Over 300 learners have been involved with the clinic to date.

The clinic team develops infrastructure (service models, documentation standards, clinical resources, support staff, etc) for pharmacists to work effectively, similar to supports for physicians in their daily practice. The team has adapted an open-source electronic medical record for the clinical workflow and information needs of pharmacists. Tools (documentation templates, electronic medical record processes, electronic communication and service algorithms) help the pharmacists make the most efficient use of their time.

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Sharing is a critical part of the clinic mandate. The team continually strives to problem-solve and develop practice solutions so other pharmacists do not have to figure out how to set up, organise or run a clinical practice on their own. All systems, tools, templates and resources developed at the clinic are available for any pharmacist to use in his or her own practice.

The Pharmacists Clinic, which currently runs with 2.8 full-time equivalents of clinical pharmacists, has had notable success in several areas, including collaborative care of migraine patients and culturally appropriate care of elders in First Nations communities. Most of all, it has enabled pharmacists to engage patients in shared decision-making and empower them to take an active role in optimising their drug therapy. Patients are immensely thankful for education and recommendations tailored to their unique needs. Our collaborative approach further strengthens patient

trust and demonstrates the valuable role pharmacists have in their care.

REFERENCES

1. Canadian Pharmacists Association. Canada: Report to the House of Commons Standing Committee on Health. Examination into Chronic Diseases in Canada's Aging Population and the Role of the Pharmacist; 2011, October 31. [cited 30 May 2016].
2. Isetts BJ, Schondelmeyer SW, Artz MB et al. Clinical and economic outcomes of medication therapy management services: the Minnesota experience. *J Am Pharm Assoc* 2003;48:203-11.
3. Santschi V, Chiolerio A, Burnand B et al. Impact of pharmacist care in the management of cardiovascular disease risk factors. *Arch Intern Med* 2011;171:1441-53.
4. Charrois TL, Zolezzi M, Kashman SL et al. A systematic review of the evidence for pharmacist care of patients with dyslipidemia. *Pharmacotherapy* 2012;32:222-33.
5. Koshman SL, Charrois TL, Simpson SH et al. Pharmacist care of patients with heart failure: a systematic review of randomized trials. *Arch Intern Med* 2008;168:687-94.
6. Ragucci KR, Fermo JD, Wessell AM et al. Effectiveness of pharmacist-administered diabetes mellitus education and management services. *Pharmacotherapy* 2005;25:1809-16.
7. Jorgenson D, Dalton D, Farrell B et al. Guidelines for pharmacists integrating into primary care teams. *CPJ* 2013;146:342-52.
8. Jorgenson D, Laubscher T, Lyons B et al. Integrating pharmacists into primary care teams: barriers and facilitators. *Int J Pharm Pract* 2014;22:292-9.
9. UBC Media Release. Taking the Pain out of Waiting. Jan 14, 2015. <http://news.ubc.ca/2015/01/14/taking-the-pain-out-of-waiting-2/>
10. Gobis B, Leung L. Building capacity for culturally competent care in First Nation communities. *UBC Discover*. Fall 2014;19-21. https://issuu.com/ubcpharmsci/docs/discover_fall_2014_issue

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