Collaborating with Clinical Pharmacists

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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

Reputations

Built over long hours and many years

Destroyed in minutes!

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

- Increase effectiveness
- Demonstrate flexibility
- Role education
- Study MD culture
- Demonstrate skill / know limits
- Customer service

Build trust
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*
Complementary Weaknesses
Systematic Issues, not Personal Failings

Role education & relationships are key
Building Relationships

- Build trust
- Demonstrate flexibility
- Increase effectiveness
- Demonstrate skill / Know limits
- Customer service
- Role education
- Study MD culture
# A Pharmacist’s Place in Practice

## The Ugly Duckling

<table>
<thead>
<tr>
<th>“Above”</th>
<th>“Always the Same”</th>
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<tbody>
<tr>
<td>Experts in pharmacotherapy</td>
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<tr>
<td>• Enhancing efficacy</td>
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<tr>
<td>• Reducing Toxicity</td>
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<tr>
<td>Missed opportunities to improve health care costs and reduce non-compliance</td>
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<table>
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<tr>
<th>“Below”</th>
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<td>Sub-contractors for savings to health care system</td>
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<td>Improving cost, convenience &amp; compliance</td>
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<td>Missed opportunities to access a depth of expertise that MDs may lack</td>
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Building Relationships

- Build trust
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- Customer service
- Study MD Culture
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- Demonstrate Flexibility
- Increase effectiveness
Increase effectiveness

Four Steps to Rational Prescribing

- Benefit
- Harm
- Cost
- Convenience

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.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1376429/
ETHICS IN MEDICINE University of Washington School of Medicine https://depts.washington.edu/bioethx/topics/resall.html Accessed Mar 7/16.
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

Cost & Convenience

1st Benefit

2nd Harm

3rd & 4th
Focus on Process (not Outcomes)

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.”
Summary

• Collaboration takes time
  – Show patience

• Build trust!
  – Every interaction is an opportunity
    • Educate eachother about your roles / skills / resources / knowledge / etc
    • Work to move pharmacists upstream to enhance coordination/effectiveness
      – Ie. Consult early!
Questions?

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