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Integrating a Pharmacist into an Already-Established Primary Health Care Team

Defining the role of pharmacists in a variety of health care settings has been widely discussed over the past several years, and it continues to be an area of significant interest to our profession. In particular, pharmacists have been encouraged to establish and/or enhance clinical pharmacy services in ambulatory, hospital, and community practices.

However, in these collaborative efforts, it is important to have clearly defined roles to reduce ambiguity or overlap of roles with other health care professionals and also to promote a cohesive approach when more than one pharmacist is involved with the team. Several factors must be considered before a pharmacist joins a health care team: Is this an established team? Have the team members interacted with a pharmacist before? What are their expectations of the pharmacist?

We would like to direct readers of the *CJHP* to our recently published study, in which we investigated how to integrate a pharmacist into an already-established primary health care team.¹ The study setting was designated as a primary care site, but a

clinical pharmacist had never been a member of the team. The only previous interactions that team members had had with pharmacists were brief communications with community practitioners regarding dispensing functions.

We used an approach known as action research, a qualitative methodology involving a cyclical, dynamic, and collaborative process in which researchers strive to improve their practices. We worked with established primary and ambulatory care pharmacists and members of the primary care team to define and tailor the activities of the proposed clinical pharmacist position. A pharmacist then joined the team and carried out the agreed-upon services. Focus groups were held with the team at the end of the study period to evaluate the pharmacist's role. The results of this process were ultimately used to create an 8-step guide for this integration process. This guide or template may be of interest to all clinical pharmacists who wish to become part of a primary health care team but who are unclear about what their roles or expectations should be.

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Sharing Data from Pharmacy Information Systems

In a recent issue of the *CJHP*, Brisseau and others¹ discussed the topic of sharing data from pharmacy information systems to electronic health records. I was dismayed by some of the misleading and inaccurate information presented in this letter.

I would first take issue with the number that the authors quoted from the Hospital Pharmacy in Canada Survey, suggesting that “6% of departments were using this type of medical record” [i.e., electronic health records].¹ I seriously doubt this number and could not find its source anywhere in the published survey. In fact, Table J-5 of the survey report² states an 81% achievement rate among pharmacists in using medication-relevant portions of patients' electronic medical records for managing patients' medication therapy. This rate of use necessarily implies that such electronic medical records actually exist. I suspect that the authors were confusing the rate of implementation of electronic health records with the rate of uptake of