Primary Care . . . The "New" Frontier

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[P]harmacists can play an increasingly important role as part of the primary health care team, working with patients to ensure they are using medications appropriately and providing information to both physicians and patients about the effectiveness and appropriateness of certain drugs for certain conditions.
Building on Values:
The Future of Health Care in Canada[1] (page 207)

In 2001 and 2002, federal and provincial reviews of our Canadian health care system, including that of the Commission on the Future of Health Care in Canada,[1] concluded that close collaboration among primary health care providers is vital for a sustainable health care system. Several of these reviews specifically identified the important role that pharmacists can play in this setting. With this foundation, important initiatives across Canada have helped establish opportunities for pharmacists to work in primary care settings. Momentum is growing, and with it a need for more pharmacists to step into this "new" role.

Based on a structure initially described by the Canadian Health Services Research Foundation,[2] the Canadian Pharmacists Association has described 4 models of pharmacy practice in primary care: providing primary care services within a community pharmacy, becoming an integral member of an interdisciplinary primary care team, acting as a consultant to one or more primary care clinics, and operating a primary care clinic that specializes in medication management of one or more chronic diseases.[3] Although community pharmacy practice is a recognizable and long-standing example of these practice models, primary care reform offers an opportunity for a fundamental shift in pharmacy practice from a product-focused perspective to a patient-focused perspective.

Each of these practice models has its strengths and limitations; however, a philosophy of "one size fits all" is not appropriate in our diverse health care system. It may not be practical to establish the same model in all situations, nor is it feasible to meet all the needs of a particular region using just one model. Therefore, it is important for interested pharmacists and their colleagues to identify the pharmacy-related needs of their setting and then determine which model or combination of models will fit best.

Leadership from our national organizations will continue to facilitate the growth of this "new" practice setting. The National Pharmacy Forum held in 2003 (organized jointly by the Canadian Society of Hospital Pharmacists [CSHP] and the Canadian Pharmacists Association [CPhA]) and the Blueprint for Action for the Pharmacy Profession in Canada[4] are 2 examples of proactive, collaborative initiatives designed to explicitly state the future goals of our profession. However, the real growth of pharmacy practice in primary care will come from motivated and interested individual pharmacists willing to seize an opportunity that may—or may not!—be apparent. As the saying goes, "Keep your stick on the ice and your head up" to anticipate and take advantage of evolving needs within your own practice setting. As pharmacists in hospitals and related health care settings, we have numerous opportunities to talk to physicians, other health care professionals, and administrators involved in primary care to promote pharmacist involvement in these initiatives and to ensure it happens.

Introducing a pharmacist into a primary care clinic can be challenging for all parties involved—the pharmacist, other health care professionals, even patients. To make the process a little easier, the Integrating

family Medicine and Pharmacy to Advance primary Care Therapeutics (IMPACT) investigators have published a toolkit.[5] This toolkit offers a systematic approach to establishing a pharmacist in a family medicine clinic and is intended to be adaptable to other pharmacy practice models. This approach incorporates marketing strategies to forge stronger working relationships with physicians and other allied health care professionals.[6] Advice from others is always welcome, and a national network is emerging: the Primary Care Pharmacy Specialty Network (PSN), overseen by CSHP and CPhA. This group consists of pharmacists working in family medicine clinics or in the community. The common goal is to mutually support development and integration of pharmacists in the primary health care setting. The group held its first meeting in February 2007 in Toronto and will be meeting again at the CPhA conference in Ottawa in June 2007. All interested pharmacists are invited to join the network through the Web site of the CSHP (http://www.cshp.ca) or the CPhA (http://www.pharmacists.ca/).

Examples of the 4 models listed above currently operate in each province, and a growing number of publications describe their successes and challenges in Canada and internationally. Evaluations of pharmacy practice in primary care illustrate that pharmacists can improve the identification of risk factors for chronic disease,[7] optimize medication management of chronic conditions,[8] and improve health outcomes. Furthermore, our role as medication experts is well recognized by our peers, as evidenced by the success of academic detailing programs in many provinces. All of these activities are consistent with recommendation 39 in the report of the Commission on the Future of Health Care in Canada: to establish a medication management program, integrated with primary care, to help Canadians with chronic and some life-threatening illnesses.[1]

At various times I've referred to the primary care setting as a "new frontier". Pharmacists have always been leaders in the community, and providing primary care within a community pharmacy is an obvious and long-standing model of this role. The changing landscape of primary health care delivery is helping us to re-evaluate how we can be involved in primary care and take a more proactive role in patient care. We should continue to collaborate with our colleagues working in the community. Indeed, the evolution of primary health care is creating new opportunities to strengthen this collaboration, especially in the management of chronic diseases. The uncultivated territory lies in family medicine clinics, community health centres, and other primary care settings.

Each of us has an opportunity to explore new frontiers in our careers and our profession. In December 2006 I was asked to present a pharmacist's perspective on management of a patient with the metabolic syndrome . . . in 10 minutes or less. I began by asking the audience, the majority of whom were family physicians from Western Canada, who had a pharmacist working in their clinic. To my pleasant surprise, 10% indicated they did. The trend is growing, and this "new frontier" is ripe with wonderful prospects!

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