(unabridged version, with references)

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Advancing Pharmacy Practice By Engaging Our Physician Colleagues

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Unless you've been marooned on a desert inland lately (perhaps as a reality TV show participant, in which case you are excused), you will realize that we are in the midst of discussing major changes in health care delivery. The recent reports by Romanow and others have told us that health care needs to be more accessible, integrated, efficient, of better quality, and multidisciplinary. This represents an unprecedented opportunity for us to push forward changes in pharmacy practice. As we embark on these changes, one might ask the question "What do our physician colleagues think of enhanced pharmacy practice?" While some might say "Who cares, it's a *pharmacy* practice issue", if we really want *multidisciplinary* care in the community, we must engage our physician (and other health care professional) colleagues in order to achieve our mutual objectives.

The enhanced pharmacist care program evaluated in the Study of Cardiovascular Risk Intervention by Pharmacists (SCRIP), is one example of a multidisciplinary approach to primary health care delivery (1,2). SCRIP conclusively demonstrated the benefits of a pharmacist-initiated program directed at cholesterol risk management in patients at high risk for cardiovascular events (2). This study provided a unique opportunity to gain insight into what physicians think of enhanced pharmacist care (3). We surveyed the physicians contacted as part of SCRIP 12-18 months later on their awareness of the study, their response to pharmacists' suggestions, use of faxed forms as a communications tool, and opinions on similar programs in other chronic disease states (3). Approximately

half of the respondents had a favourable response to the enhanced pharmacist care program in SCRIP. Only about one quarter perceived that their patient's cardiovascular risk profile was improved. Interestingly, over two thirds of respondents were in favour of similar programs in other chronic diseases such as hypertension and diabetes.

In reviewing the survey results, we feel that there are two main reasons for the lack of full support from physicians for the SCRIP program. First, it was quite apparent that many of the respondents did not understand the goals of SCRIP. Although a cover page explaining the goals of SCRIP was sent with each patient fax, evidently this was not enough. Secondly, many of the respondents did not see the need for further improvement of cardiovascular risk management in their patients. This is a very common misconception which we have observed in all of our studies in which we identified care gaps in the application of evidence-based therapies for chronic diseases (4-8).

The main lesson learned from this is that we need to better communicate the goals of any enhanced pharmacist care program. Indeed, those physicians who indicated that they were aware of SCRIP were much more favourable towards the program. SCRIP was terminated early due to the large benefit of enhanced pharmacist care – can you imagine the how enormous the benefit would have been had we had more physician support? This means that we should involve physicians and other health care providers in the planning of such programs. We

have incorporated this lesson into our newer studies so that any concerns or misconceptions are brought out and discussed. This approach has lead to a unique collaborative care plan in one of our ongoing studies: Better Respiratory Education and Treatment in Hinton and Edson (BREATHE), whereby pharmacists are administering a jointly developed and approved written action plan for patients with poorly controlled asthma.

Finally, we should not be surprised that other health professionals are not aware of the evidence for the value of enhanced pharmacist care. High level evidence (i.e., randomized trials) for the benefit of enhanced pharmacist care is only just beginning to accrue. We need to conduct more of these trials and disseminate the results to our colleagues and health policy makers – a call to action!

Multidisciplinary care should mean multidisciplinary involvement in planning and implementation of the program. Ultimately, yes, we are all in this together.

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