

WHAT IS A PRIMARY CARE CLINICAL PHARMACIST?

- Primary care clinical pharmacists (PCCPs) collaborate with patients and the primary care team in a clinical setting to identify and resolve actual and potential drug therapy problems through provision of comprehensive medication management. The PCCP, along with the primary care team, optimizes drug therapy outcomes for the patient.

HOW ARE PCCPs EDUCATED & REGULATED?

- Pharmacists trained in B.C. are skilled professionals that must have obtained a degree of either a Bachelor in Pharmacy or an [Entry-to-Practice Doctor of Pharmacy](#) (PharmD).
- The profession of pharmacy is regulated under the *Health Professions Act* and a pharmacists' scope of practice and any restricted activities they are authorized to do are outlined in the [Pharmacists Regulation](#).
- In order to practice pharmacy in B.C., the pharmacist must be a registrant of the [College of Pharmacists of British Columbia](#).
- Each individual pharmacist is professionally responsible and accountable to practice autonomously within their defined scope of practice and level of competence as part of the primary care team, to support safe, competent and ethical care for patients, families, and communities.

WHAT ARE THE KEY FUNCTIONS OF A PCCP?

PCCPs are drug therapy specialists who collaborate with patients and the primary care team to help optimize drug therapy of patients, which includes:

Assessment

- PCCPs use a systematic approach to assess:
 - previously diagnosed health conditions that may benefit from additional drug therapy
 - the continued therapeutic appropriateness and optimization of each medication a patient is taking
 - the effectiveness of drugs used for their stated indication/patient goal
 - the safety of all drugs taken together, with the aim to minimize adverse effects and complexity wherever possible
 - complex care patients and seniors who are more likely to suffer the consequences of drug therapy problems
 - identification of patient adherence barriers (e.g. financial, cognitive, dexterity, literacy, agreement and consent of drug therapy)

Treatment/Management

- PCCPs assist patients to stay healthy and manage acute and chronic concerns by:
 - identifying and resolving actual and potential drug therapy problems¹
 - developing patient-specific therapeutic plans based on patient assessment, chart review, patient information and assessment of clinical response

¹ Drug therapy problems are commonly categorized as: Requires a drug, Unnecessary drug, Wrong drug (receiving a drug when there is a better drug available), Subtherapeutic dose, Supratherapeutic dose, Adverse drug reaction, Non-adherence

THE ROLE OF THE PRIMARY CARE CLINICAL PHARMACIST

- providing comprehensive medication management and pharmaceutical care for patients with chronic conditions by monitoring the medical conditions and ongoing drug therapy for necessity, effectiveness, safety and adherence

Education/Advocacy

- Conducts patient counselling and education regarding medical conditions and drug therapy.
- Provides drug therapy-related in-service education to the primary care team.
- Advocates for the best drug therapy for patients based on evidence and shared decision making.

Referrals/Collaboration

- Provides drug information, consultative and other support services to primary care team members on drug related issues, questions and patient specific therapeutic plans.
- Participates in team-based care by collaborating with the primary care team to develop and implement care plans for complex patients and optimize health outcomes by ensuring safe and effective use of medications.
- Liaises with community (retail) pharmacists, other health authority-based pharmacists and other relevant community services for care plan implementation and support through transitions of care.

CASE SCENARIO/EXAMPLE

Below is an example of the role that a PCCP may provide within a primary care team. It is recognized that team composition will vary due to population needs, team practice models, health human resources available and geography.

THE ROLE OF THE PRIMARY CARE CLINICAL PHARMACIST

During the weekly primary care round, the team identifies a 67 year old widowed male with moderate dementia, moderate depression, hypertension and history of a stroke who reported having fallen at home three times in the last week. The team is concerned that this patient lives alone and is unsure of the patient's ability to manage medications, obtain the nutrition he requires and manage his own finances. The team recommends the patient sees the PCCP for assessment.

The PCCP arranges to meet with the patient. After a review of the patient's health records, the PharmaNet profile and talking with the patient about potential barriers, the PCCP completes an assessment and notes that the patient's medications may be contributing to his falls and he may not be taking his medications as prescribed.

The PCCP collaborates with the patient and the patient's family physician or Nurse Practitioner (NP) to recommend stopping one of the medications which may be contributing to his falls. The PCCP also works with the community pharmacy to implement blister packing for the patient's medications to improve the patient's drug therapy adherence.

The PCCP also receives consent to refer the patient to other health care providers. This includes a referral to the Social Worker regarding community groups for socialization and group meals and the Physiotherapist for a balance assessment. Depending on the composition of the primary care team, the referral may go to other community providers.

The PCCP adds this patient to the primary care round agenda to facilitate team-based communication and review the interprofessional care plan. The PCCP also works with the scheduling assistant to arrange a follow up appointment to review the patient's well-being and ensure his previous medication issues have been addressed.