

and Sudbury sites were selected because PharmD-trained pharmacists in these areas were available to the project. The method of affiliating the pharmacist to the physician group differs across sites: 1) independent practitioner contracted to the physician group and 2) pharmacist employed by a community pharmacy contracted to provide clinical services to a physician group in the same building or at a separate location. Guided by the group's model development team, the pharmacist conducts a medication-related needs assessment by extracting patient data from electronic records. The team considers these data, the results of a practice member survey on preferences for clinical pharmacy services, and evidence-based best practice summaries to develop a pharmacist practice model tailored to the primary care group. After six months of providing services as per the practice model, a formative evaluation will examine participants' satisfaction with the model development process and the pharmacist's services, pharmacist and clerical staff workload, and medication-related indicators of quality primary care. Individual case studies will be written for each site and a cross-case analysis conducted.

**Results:** The research is in progress. At the Paris site, the pharmacist is providing four clinical services: medication reviews, seamless care, hypertension management, and education in self-management of anticoagulation therapy. The Sudbury site is in the practice model development phase. The project will be completed in March 2006.

**Conclusion/Implications:** The case studies will provide rich descriptions of how a systematic process was applied to planning and implementing a pharmacist's practice in primary care. Family physicians' perceptions of pharmacists' clinical expertise and potential contributions to patient care, and their concerns about integrating another health professional into their practice will be captured. Common features across the three practice models will suggest key elements for model success, while differing elements will provide options for structuring a practice model.

## Development of the family medicine medication use processes matrix

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A tool was developed and validated to measure pharmacist and physician perception of each others' contribution to medication-related processes that occur in primary care. Explicit description of these processes helps encourage

discussions around their improvement and also helps measure successful integration of the pharmacist into primary care practice.

**Problem Statement:** Pharmacists are beginning to work with family physicians in primary care. Successful integration requires the development of a shared understanding of team members' expertise and roles. This study designed and validated a tool to assist primary care health professionals and staff in assessing how they view their own and others' roles in carrying out various medication-related processes that occur in primary care.

**Practice Innovation:** A tool was developed to measure the perceptions of the roles of various primary health care providers in medication-related processes. The tool was validated for use by physicians, pharmacists, and other staff working in primary care practice. The tool is a matrix comprising 22 rows of various medication processes that occur in family practice and 5 columns of health care professionals or staff who may contribute to these processes (family physician, family practice pharmacist, nurse, receptionist, community pharmacist). The medication processes include: "provide drug samples," "monitor compliance," "receive and organize requests for prescription renewals," and "provide drug information to practitioners." The matrix takes 10–20 minutes to complete.

**Implementation/Design Methods:** Project investigators generated a list of medication-related processes commonly occurring in primary care and a list of team members who may play a role in each of these processes. The investigators assessed the clinical appropriateness of the resulting matrix using a sensibility questionnaire, which examines the clarity, face validity, content validity, ease of use, and comprehensiveness of each item using a seven-point Likert scale. Following modifications to the matrix, a revised version was pilot-tested with seven practising pharmacists and physicians (who returned six sensibility questionnaires). Data from the completed matrices were analyzed and, based on further feedback, additional changes were made to the matrix. Another four practising physicians and pharmacists completed the third version of the matrix and provided feedback. Four investigators then participated in a simulated exercise to generate a principle components factor analysis to group the medication-related tasks to simplify scoring and interpretation of the checklist. Data from the sensibility questionnaires and other ongoing factor analyses are currently being processed.

**Implications for Practice:** Explicit description of medication-related processes in primary care can delineate the pharmacists' and others' contribution to the processes and encourage discussion about improvements. A validated tool that measures perception of contributions to these processes in primary care may help measure successful integration of pharmacists in primary care, help with pharmacist role negotiation, and promote discussion of scope of practice.