

# Integrating family medicine and pharmacy to advance primary care therapeutics (IMPACT)

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Doing research has allowed me the freedom to think about innovation, to identify how I can do better, and to generate results that are applicable to everyday practice. What is engaging about doing research? In the same way as when my dad taught me to tie my shoes by giving me a piece of cardboard with cut-out holes and a shoelace, the research process involves receiving guidance from others, bringing my own creativity to the process, figuring out what objectives are important, coming up with a set approach, defining and measuring success, and creating a sustainable intervention that is applicable to and easy to replicate in similar situations. In other words, the research process is personally and professionally stimulating and an implicit part of everyday life.

I was motivated to participate in the development of IMPACT because I felt it offered an exceptional opportunity to determine the best ways that pharmacists and family physicians can work together within the family practice health team environment. — *Lisa Dolovich*

**Problem Statement:** Most drug prescribing takes place in primary care. Family physicians, already in short supply, face increasingly complex drug-related needs. Integrating specially trained pharmacists into primary care practice can help meet the challenge of optimizing drug therapy.

**Practice Innovation:** IMPACT's goal is to improve patient outcomes (blood pressure, cholesterol, diabetes, pain control, constipation, etc.) by optimizing drug therapy through a community practice model that integrates pharmacists into family practices.

#### Implementation/Design

**Methods:** IMPACT is a multi-site demonstration project, March 2004 to March 2006. It involves seven pharmacists, approximately 70 physicians, and approximately 150,000 patients. A pharmacist with special clinical training will work 2.5 days per week for one year within each family practice site. The integrated pharmacist will coordinate a multifaceted intervention that includes conducting patient assessments for medication problems, optimizing office system medication management (e.g., developing process for handling of medication samples), and providing education (academic detailing) focused on key therapeutic areas.

The demonstration sites will include family physicians

and other practice team members working with the pharmacist in geographically and demographically diverse practice settings. A transitional training and mentorship program will facilitate pharmacist integration into family practice sites. The pharmacists will have access to ongoing support from the Ontario Pharmacists' Association Drug Information and Research Centre. We will develop tools to support knowledge translation. We will assess information technology needs of physicians and pharmacists in one practice that has an existing programmable electronic medical record.

Quantitative and qualitative methods will be used to evaluate the process of integration, pharmacist service uptake, drug-

related patient outcomes, the usefulness of different referral strategies, and the costs associated with program implementation for sustainability. Processes of care (e.g., vascular risk monitoring and drug therapy changes) and outcomes of care (vascular surrogate endpoints and improvement in symptoms) will be assessed to evaluate the effects of pharmacist integration.

**Implications:** The project will produce a practical and transferable practice model for integrating pharmacists into community family practice. ■



**Awarded best oral presentation (practice innovation) at CPhA annual conference, May 2004**