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Updated June 2022

ROLE OF THE PRIMARY CARE PHARMACIST IN THE PATIENT MEDICAL HOME

In addition to scheduled appointments, it is important for the primary care pharmacist to be available to support the following activities: *Time estimated for clinic consisting of 10 physicians with 0.5-0.8 FTE each

1. **DRUG INFORMATION FOR DIRECT PATIENT CARE (Estimated time per week*: 10 to 15 hours)**
    a. During patient visits, questions from arise from medical residents, patients and physicians. Whenever possible, if this information can be reviewed and answered during the patient visit it can be beneficial for the patient as well as for the teaching opportunity for the learners. This also helps to encourage continuity of care with the patient medical home
        i. This is especially important and meaningful for the teaching clinics with multiple learners as compared to the established medical clinics without the volume of learners present.
    b. Examples of drug information for direct patient care includes:
        i. Interaction assessment with medication while prescribing new medication
        ii. Review of optimal therapy for a variety of conditions (diabetes, osteoporosis, pain management, hypertension, COPD/Asthma, antibiotic choice, mental health)
        iii. Possible adverse drug reaction assessment

2. **ANTICOAGULATION MANAGEMENT (Estimated time per week: 3 to 4 hours)**
    a. Collaborating with physicians to establish best approach for INR management for patients on warfarin
        i. Pharmacist to provide support as needed and dosing recommendations or interaction assessments as determined by clinic need
    b. Review warfarin and DOAC therapy quarterly to ensure appropriate dosing and INR within target
        i. If discrepancies noted, discuss with physician or at module meeting
        ii. This may include feedback from nursing/MOA if patient not getting INR in a timely fashion
    c. Depending on the level of involvement, this could take approximately 3 to 5 hours per week to monitor INR and appropriately document INR management and review in quarterly rounds during the module meetings

3. **MEDICATION RECONCILIATION ON HOSPITAL DISCHARGE (Estimated time per week 10 hours)**
    a. Currently approximately 10 to 15 discharge summary reviews from SR per week
        i. Each med rec can take from 30 to 60 minutes (5 hours to 15 hours per week depending on the complexity of the patient)
    b. We would like to expand this program to cardiology, respirology and endocrinology consults, provided appropriate staffing
    c. Ideally, the pharmacist would be able to meet with the patient at the next clinic visit to assess the medication changes prior to the physician visit (or as a co-visit)

4. **AVAILABILITY FOR PATIENT ASSESSMENT AS NEEDED BASED ON CLINIC NEEDS FOR THE DAY (Estimated time per week: 15 hours)**
    a. To be assessed at module huddle in AM
        i. Medication review
        ii. Refill requests
        iii. Patients ≥ 65 yrs and older
        iv. Chronic pain
        v. Diabetes
        vi. Heart Failure
        vii. Chronic renal failure (with focus on dose adjustments)
        viii. Mental Health medication management
        ix. Deprescribing

5. **QUALITY IMPROVEMENT PROJECTS (Estimated time per week: 2 to 3 hours but highly variable)**
    a. Support R1 and R2 clinic improvement projects and other clinic projects where medication and medication management are involved.
    b. Ideas include medication management, evaluation of best practices and recent guidelines (examples)
        i. BEERS criteria 2019
        ii. Opioid Use Disorder and support for management in primary care
        iii. Anticoagulant therapy – optimized prescribing and monitoring (DOAC and warfarin)
        iv. Medication reconciliation
        v. Deprescribing
        vi. Sustainability in Healthcare

6. **STAFF EDUCATION (highly variable)**
    a. Resident teaching sessions
    b. Clinic staff teaching sessions