



INTER- AND INTRAPROFESSIONAL COLLABORATION:

Learnings from Family Health Teams

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Case Vignette 1: Colleen was in the office again. She was a complex patient. Suffering from schizophrenia and post-traumatic stress disorder (PTSD), she also had other medical concerns. Her Hb A1c was 14.1%. Her blood pressure was 150/90 mmHg. Colleen was tentative about the referrals her doctor was recommending. A dietitian sounded like the last thing she wanted – someone to judge her for what she ate! The idea of a*

pharmacist to start insulin sounded even more intimidating.

When Colleen met the Family Health Team (FHT) pharmacist, and Julie, the dietitian, she told them that they were much nicer than she was expecting. Usually people would just tell her what to do – stop drinking pop, and no more candy. Instead, the focus was on realistic goals based on her current lifestyle. Julie coached her gently and gradually she decreased her pop intake from 8 to 2 cans per day. The pharmacist titrated her insulin slowly, celebrating the small victories along the way as her sugars improved. The pharmacist also worked with her psychiatrist to switch to medications with fewer metabolic side effects. Today her Hb A1c is 6.9% and her blood pressure is 128/77 mmHg.

Colleen's story is not unusual in primary health care practice. Complex patients like her are becoming more common as our population ages and more people live with multiple chronic conditions. In order to rise to this challenge, we need interprofessional teams and strong collaboration to provide optimal care.

WHAT DOES EFFECTIVE INTERPROFESSIONAL COLLABORATION LOOK LIKE?

Interprofessional collaboration comes in many forms. For a pharmacist, whether practicing in a FHT or out in the community, it can mean partnering with other professions to optimize patient care, as described above. It can also mean playing the role of educator by keeping physicians and the

broader interprofessional team up to date on new medications and changing guidelines. Interprofessional collaboration often begins by providing other health professionals with details of the pharmacist role and scope of practice and describing how the pharmacist can benefit their practice and patients. This dialogue can also highlight opportunities for enhancing knowledge and skills, such as certifications that will support patient care.

Examples of interprofessional collaboration in a FHT that could be utilized in the community:

- Pharmacist and physician working together to identify and deprescribe unsafe or no longer appropriate medications in the elderly.
- Pharmacist collaborating with a case coordinator to support a complex care patient in the community.
- Pharmacist and nurse reviewing immunization guidelines together to create a catch-up schedule for a new patient.
- Pharmacist and dietician working together to create a comprehensive workshop for patients addressing Type 2 Diabetes.

Case Vignette 2: The physician was frustrated when she asked the FHT pharmacist to look at the latest fax from the pharmacy. "So much back and forth!" she exclaimed. Looking at the trail of messages, the pharmacist could see the problem – the physician colleague had written a vague prescription

that required clarification. However, the FHT pharmacist thought that if this community pharmacist knew the rationale behind the prescription, they could have interpreted it. A current FHT deprescribing initiative meant lots of prescribers were writing taper prescriptions for various medications – always a risk for confusion and miscommunication. So, the FHT pharmacist invited the local community pharmacists to a meeting, and explained the initiative. The community pharmacists provided feedback on how FHT clinicians could write better and clearer prescriptions. Since that meeting, the FHT has received fewer faxes for clarification, and the community colleagues have helped identify possible candidates for deprescribing, increasing the success of the initiative.

WHAT DOES EFFECTIVE INTRAPROFESSIONAL COLLABORATION LOOK LIKE?

Collaborating with other pharmacists is just as important as collaboration with other professions. This collaboration can occur in order to smooth transitions in patient care, or for the sake of advocacy or better coordination within the profession. Pharmacists need to build strong partnerships across the continuum of care to ensure safe and effective medication use as patients traverse the health care system.

PROVIDING PATIENT-CENTRED CARE

The common thread highlighted by the examples above is that when professionals collaborate, both inter- and intraprofessionally, patient care improves. After all, not only is collaboration a standard of practice¹ but it's also the means by

which we can do the best for our patients, in line with the principle of beneficence². When conducted well, both types of collaboration offer the added benefit of being professionally rewarding, and as health care professionals there is no greater outcome than accomplishing patient goals and improving patient care. **PC**

Examples of intraprofessional collaboration among pharmacists:

- MedsChecks at community level improving quality of medication reconciliation in a FHT or hospital setting.
- Hospital pharmacist collaboration with a pharmacist in a FHT regarding therapeutic drug monitoring (i.e. warfarin or anti-epileptics at time of discharge).
- A pharmacist in a FHT working with a community pharmacist to help transition a patient with dementia to compliance packaging.
- Medication reconciliation between an elderly patient's current community pharmacist and the pharmacist in their new long-term care home to ensure a smooth transition when relocating.

*names and details have been changed for patient privacy

REFERENCES:

1. [Model Standards of Practice for Pharmacists](#)
2. [The Code of Ethics](#)