

# Exploring the Role of the Pharmacist in the Transitions Between Primary and Specialty Care

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## Introduction

- Transitions of care often result in medication errors.
- Successful pharmacy-led medication reconciliation programs address transitions between primary and acute care hospitals.
- While limited literature exists describing medication communication from primary care to specialists, no literature was found describing such communication from specialists to primary care.

## Scope of the Problem

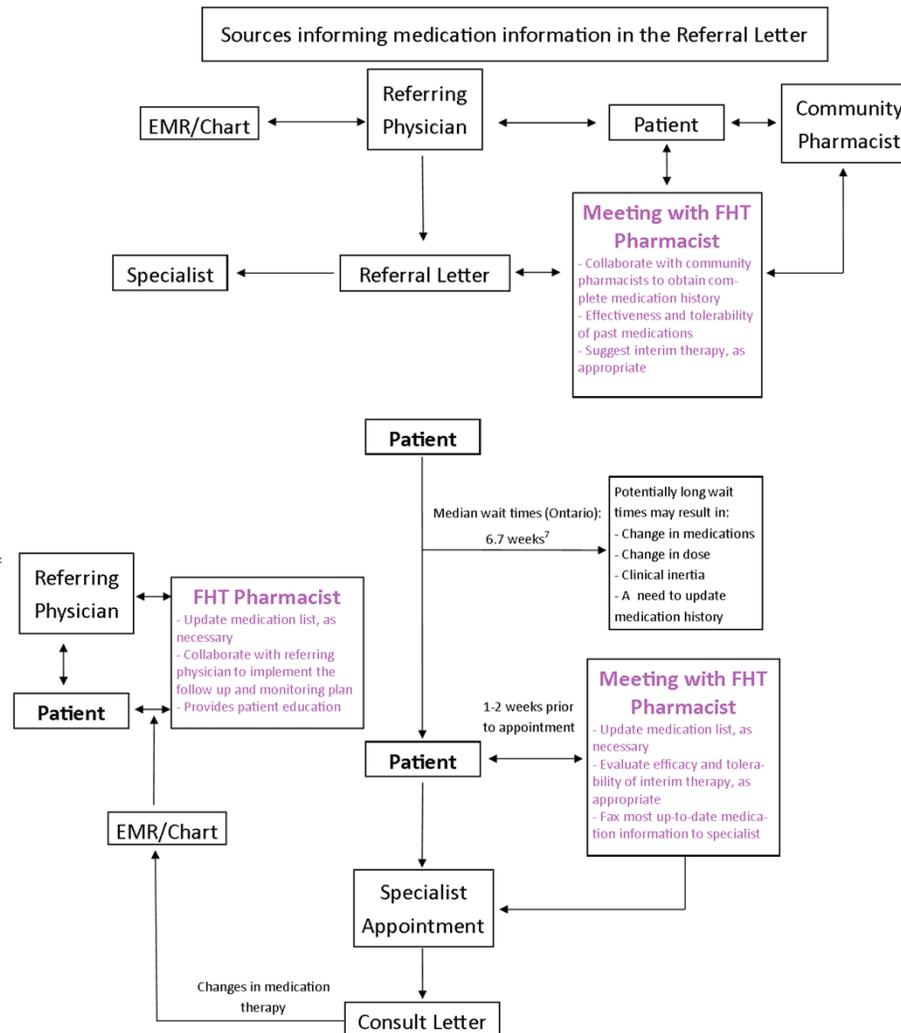
### Missing or Incomplete Medication Information in Primary Care Referrals to Specialists

- Two small studies from Ontario and Norway show that **44% and 10%** respectively, of specialist referrals are **missing medication information**. When medication information is present there are often medication discrepancies.
- An Australian study (n = 300) found 80% of referral letters had **at least one discrepancy**, with a median of two discrepancies per referral in patients with Type 2 Diabetes.
- An Ontario study (n = 70) found only **71% of the referrals that contained a medication list was considered complete** (i.e: medication name, dose and frequency).
- No studies have specifically investigated the communication of medication information from specialists to primary care providers.

### Dissatisfaction Among Referring Physicians and Specialists

- **Ineffective communication with specialists in the referral process** was a source of frustration.
- Specialists cite **insufficient supporting information** in referral documents.
- Inclusion of medications and treatments tried were among **top recommendations** made by specialists.

## Proposed Pharmacist Intervention



## Discussion

- There is a **potential for pharmacists to intervene** at multiple points within the referral process in an outpatient setting.
- Pharmacists can **positively impact the quality of referral letters** by providing a complete medication history along with previous medications tried with their respective efficacy and tolerability.
- Pharmacists may **increase the efficiency and quality of healthcare delivery** by reducing the number of errors and/or potentially redundant therapies by facilitating the accurate communication of medications across outpatient transitions of care.

## Future Research

- A pilot study to better understand the intervention's:
  - Workflow,
  - Efficacy, as determined by the outcomes,
  - Barriers and facilitators.
- Potential outcomes may include:
  - Reduction in medication error,
  - Patient, referring physician, and specialist satisfaction.

## Conclusions

- A large gap in medication-related care exists in the transitions of care in the outpatient setting.
- An opportunity exists for pharmacists to use their medication expertise to fill this gap.
- Pharmacists in Family Health Teams could play a role in facilitating medication-related communication among patients, primary care practitioners and specialists.

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\*Building Access to Specialists through eConsultation