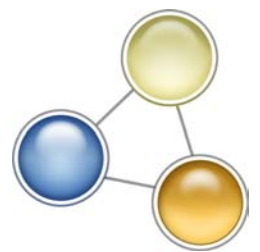
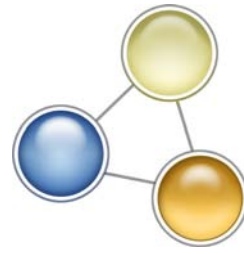


OPA Family Health Team **Resource Kit**





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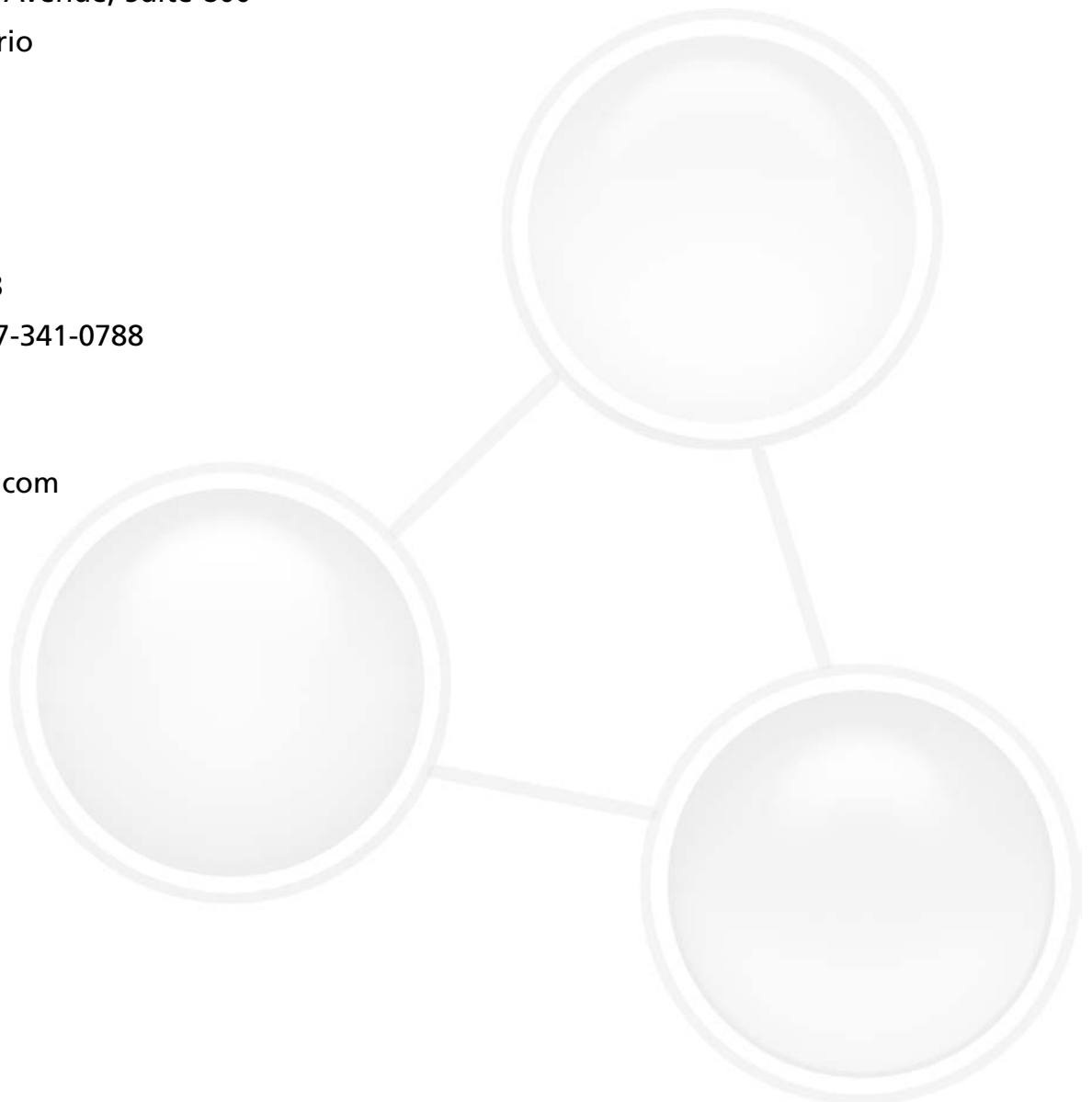
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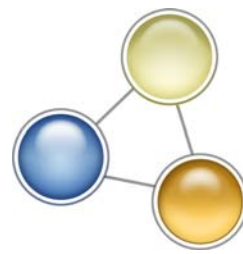
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Acknowledgments

Many individuals contributed to the development of the OPA Family Health Team (FHT) Resource Kit. A special thank you to Dr. Wendy Graham, lead physician at Blue Sky FHT in North Bay, for her review and comments throughout the development of this kit, OPA Board Member Tom Smiley, B.Sc.Pharm., Pharm.D., and all the contributing staff at OPA.

Who Should Read this Document?

OPA has put together this resource kit for Family Health Teams (FHTs) and individuals interested in learning more about the role of pharmacists and FHTs.

This document outlines a system model for integrating pharmacists' professional services into a FHT and integrating community pharmacists' professional services with FHTs. It defines pharmacists' professional services, provides clinical evidence to support the provision of these services, and includes resources to assist in developing a business case for pharmacists' professional services as part of a FHT.

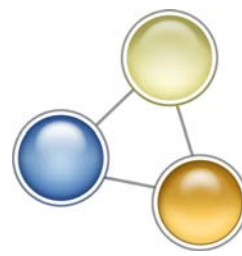
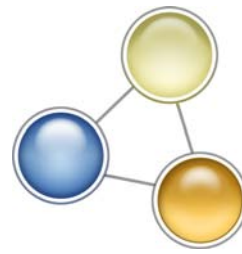


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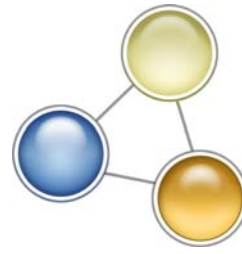
Introduction

The Ontario Pharmacists' Association (OPA) is the professional association representing pharmacists and pharmacy in Ontario. We advocate for the pharmacy profession and for the quality care and well being of patients.

OPA has a Four-Pillar Approach to policy development and implementation that clearly outlines how pharmacists and pharmacy can be integrated into the health care system to improve access to pharmacists' professional services, which have been demonstrated to improve health outcomes and help contain overall health care costs.

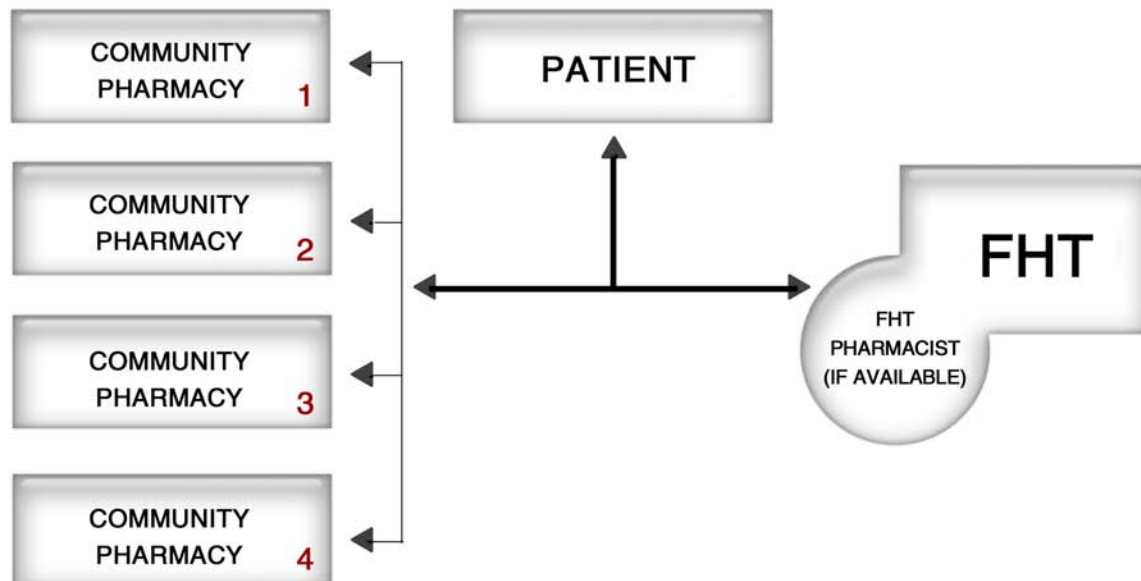
OPA's Four-Pillar Approach incorporates the following critical components:

- 1. New Reimbursement Model:** Establish a fair reimbursement model for traditional dispensing and pharmacists' professional services.
- 2. Information Technology:** The effective use of information technology to support professional practice, integration and collaboration, and to improve patient health.
- 3. Integration and Collaboration:** Pharmacists are recognized as valued members of the health care team and are effectively integrated into collaborative practice models.
- 4. Pharmacists' Professional Services:** Establish comprehensive medication management policies and strategies that ensure appropriate medication use and improve health outcomes, and that support public health and disease prevention and promotion.



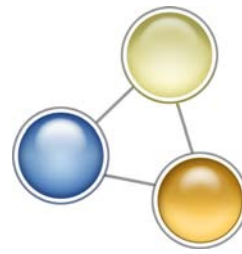
Vision Statement

Pharmacists are integral members of interdisciplinary primary health care teams, and provide professional services and medication management expertise to support the patient's health and wellbeing and improve health outcomes.



Objectives

- ✓ Patient choice and accessibility to pharmacists' services
- ✓ Patient-centred care
- ✓ Continuity of Care or Seamless Care
- ✓ Integration and Collaboration
- ✓ Building Capacity



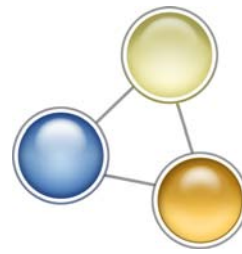
Background

When used properly, medications are one of the most effective medical interventions. Pharmacists are critical to ensure the appropriate use of medications and optimizing health outcomes, and delivering medication programs in areas such as chronic disease management, wellness, and patient self-management. Pharmacists have a vital role to play in primary care.

Research shows that a strong primary health care system translates to lower overall health care costs and a healthier population. The government in Ontario is strengthening the delivery of primary health care through the development and implementation of community based FHTs.

FHTs are interdisciplinary teams made up of a mix of health care providers that could include physicians, nurse practitioners, pharmacists, nurses, dietitians, social workers, health educators, mental health workers, and others, depending on the size and needs of the communities which they serve. FHTs will have a focus on health education, health promotion, chronic disease management, and disease prevention.

Pharmacists and pharmacists' professional services are important primary care services that should be integrated into FHTs. It is essential to understand that one or two pharmacists working within a FHT cannot meet the medication management needs of all the patients rostered to that team. It is crucial that FHTs that have or do not have pharmacist(s) within their structure co-ordinate with pharmacies and pharmacists working in community pharmacies. This will ensure that medication related care plans developed for the patient can be supported and delivered by local pharmacists, and that all patients have access to targeted services.



Model for Integrating Pharmacists' Professional Services

This model was developed based on knowledge of the Ontario health care system and collaborative practice models across Canada and around the world. The model takes a system approach towards integrating pharmacists' professional services into FHTs, and supports the objectives of the Ministry's transformation agenda.

Model for Integrating Pharmacists' Professional Services into FHTs

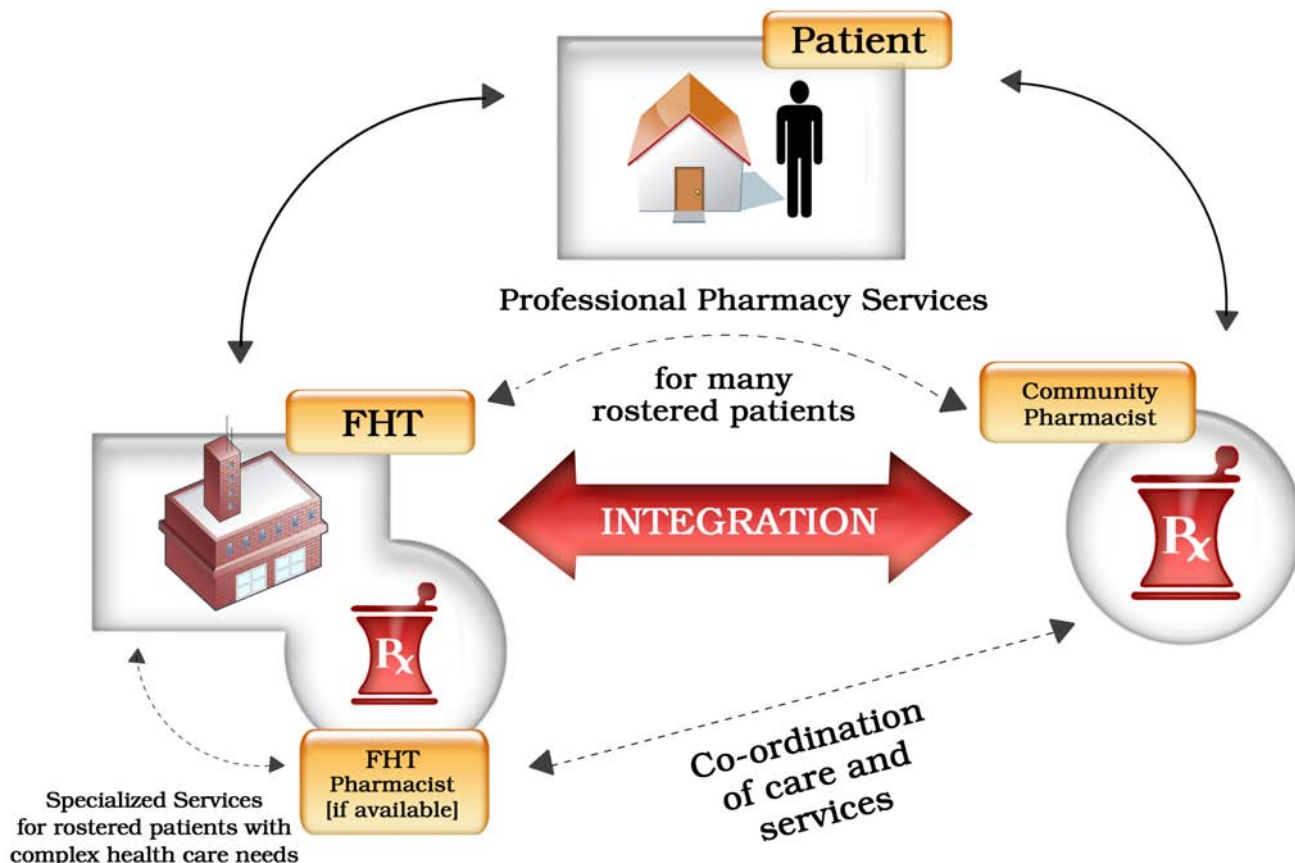
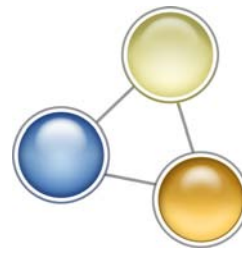


Table 1: Analysis Supporting the Model to Integrate Pharmacists' Professional Services

COMPONENT	ANALYSIS	CONCLUSION
<p>1. Accessibility <i>Ensure that patients have timely access to appropriate health care services, delivered by the right provider at the right time.</i></p>	<ul style="list-style-type: none"> ● Pharmacists are the only members of the health care team whose education and day to day activities are primarily focused on medications and their management. ● All pharmacists have the expertise to provide pharmacists' professional services. ● Some pharmacists have extra credentials or training such as a Pharm D degree, or certification as diabetes or asthma educators. ● With over 10,000 licensed pharmacists in Ontario, 73% are in community pharmacy practice. ● There is a pharmacy in every community. ● Community pharmacies have extended hours of operation. ● Community pharmacists are the health care professional seen most often by the public. ● For medication needs, patients go to the community pharmacy. 	<p>Community pharmacies are highly accessible, and pharmacists' professional services are a crucial component of the primary health care system.</p> <p>Pharmacists have a critical role in the delivery and support of medication management services.</p> <p>Pharmacists should be employed by FHTs to support the medication related needs of staff and patients.</p> <p>It is not feasible for one pharmacist to manage the medication problems of thousands of rostered patients; therefore support from community pharmacies is vital.</p> <p>The FHT pharmacist would function as a "quarterback" for medication management services.</p>
<p>2. Continuity of Care or Seamless Care <i>Ensure that a patient's care is not interrupted or delayed when transitioning between one health care setting to another, or from one health care provider to another.</i></p>	<ul style="list-style-type: none"> ● There are well identified gaps in the current health care system related to the sharing of relevant patient information between physicians and community pharmacists. These gaps result in delays to patient care. ● With access to relevant medication related information such as clinical intent and lab values, pharmacists can provide enhanced patient care and medication management services, and reinforce treatment objectives. 	<p>Sharing of relevant patient information between health care providers is critical to optimize health outcomes and ensure continuity of care.</p>
<p>3. Integration and Collaboration</p>	<ul style="list-style-type: none"> ● Health care services are more efficiently delivered by integrated teams that effectively utilize the training, skills and expertise of individual health care providers. ● Collaborative teams optimize the use of limited human health resources. 	<p>Pharmacists are the only members of the health care team whose education and day to day activities are primarily focused on medications and their management. Their skills should be effectively integrated into health care teams.</p>
<p>4. Patient-centred care</p>	<ul style="list-style-type: none"> ● The patient's choice of provider for pharmacists' services should be protected. 	<p>Engage all community pharmacies to enable patients to access services by their existing pharmacist or pharmacist of choice.</p>
<p>5. Building Capacity</p>	<ul style="list-style-type: none"> ● One pharmacist working at a FHT can not meet the needs of all the rostered patients within the FHT. ● Pharmacists working in the community pharmacy have established relationships with patients rostered to the FHT. 	<p>Pharmacists working in community pharmacies are known to FHT patients, are accessible, and have the expertise to support medication management services offered by the FHT. They are an available resource to support FHTs in meeting their objectives.</p>
<p>6. Sustainability and Cost Effectiveness</p>	<ul style="list-style-type: none"> ● Estimated cost of non-adherence in Canada is \$7-9 Billion¹. ● Studies have shown the economic benefit of clinical pharmacy services². 	<p>Pharmacists have the expertise to provide clinical pharmacy services to ensure the safe and effective use of medication therapy, reduce waste, and help contain overall health care costs.</p>

¹ Coombs, R. The Economics of Compliance. Canadian Healthcare Manager http://www.chmonline.ca/issue/article.jsp?content=20020601_190046_9046

² Schumock, G, Butler, M et al. Pharmacotherapy Vol 23, Number 1, 2003 p. 113-132

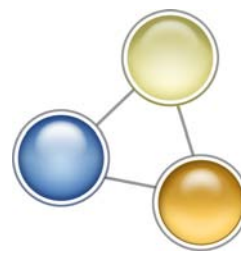


Pharmacists' Professional Services

Pharmacists have the expertise and training to provide professional services to ensure the safe, effective, and appropriate use of medications in the treatment of an illness, to improve patient safety and quality of life, and to support a sustainable health care system by providing cost effective services. Table 2 outlines OPA's definition of pharmacists' professional services.

Table 2: Pharmacists' Professional Services

Medication Management Services	Public Health Services
<p>There are many professional services offered by pharmacists. Many are offered by all pharmacies and are required by legislation, regulation or the current standards of practice to dispense a medication. These types of services are always associated with a dispensing event and are reimbursed through a compensation model that includes a dispensing fee.</p> <p>Additional services that some pharmacies may offer enhance the core service (e.g., specialty compounding, compliance packaging, home infusion services, methadone treatment).</p> <p>Some pharmacies offer professional pharmacy primary care services that are delivered under a protocol. These may be associated with a prescription or may be part of a broader care plan. These services may be initiated by the pharmacist, patient, or through a referral from another health care provider. Examples of services include:</p> <ul style="list-style-type: none"> ◆ Medication review ◆ Chronic disease management supports ◆ Implementation of a care plan ◆ Medication adherence. <p>Finally, some pharmacies offer comprehensive primary care services that are delivered by a pharmacist with specialized training (e.g., certified geriatric, diabetes or asthma educators). Services may include:</p> <ul style="list-style-type: none"> ◆ Development of Diabetes Action Plans (e.g., management of sick days) ◆ Chronic disease management for complex patients 	<ul style="list-style-type: none"> ◆ Health Promotion e.g. tobacco cessation programs ◆ Disease Prevention e.g. chronic disease management counselling ◆ Education and Information ◆ Access to public health programs e.g. flu vaccinations ◆ Pandemic preparedness



Clinical Evidence for Integrated Pharmacists' Professional Services

The effectiveness of integrating pharmacists into primary health care has been demonstrated through studies that have been conducted locally and around the world. Table 3 offers a sampling of evidence-based studies supporting the role of the pharmacist in primary care models.

Table 3: Clinical Evidence for Integrated Pharmacists' Professional Services

Initiative and Reference	Description	Outcomes
Medication Review Initiatives		
Sorensen L, Stokes JA, Purlie DM, et al. Medication reviews in the community: results of a randomized controlled effectiveness trial. Br J Clin Pharmacol 2004;58:648-664	Sorensen et al. have conducted a trial to examine the effectiveness of the Australian Home Medicines Review program. A total of 92 general practitioners, 53 pharmacists and 400 patients enrolled in the study. Similar to the Sellors study, the trial was compromised by a short intervention follow-up time (six months).	During this time period, the model was successfully implemented with 92% of the intervention physicians and 94% of pharmacists, suggesting that the model had improved the care of participating patients. Follow-up evaluation of implemented recommendations showed that 70.9% of actions had a positive outcome, 15.7% had no effect and 3.7% had a negative outcome. The cumulative costs per patient showed a marginal cost benefit for the intervention group. The cost savings per patient between the intervention and control groups was continuing to diverge at the end of the trial, suggesting the savings would have been greater if the follow-up time had been longer.
Sellors J, Kaczorowski J, Sellors C, et al. A randomized controlled trial of a pharmacist consultation program for family physicians and their elderly patients. CMAJ 2003;169(1):17-22 Available online at cmaj.ca/cgi/content/full/169/1/17	Sellors et al. conducted a randomized controlled trial in family practices across 24 sites in Southern Ontario. Family physicians in the intervention group randomly selected community dwelling patients 65 years or older who were taking five or more medications daily and referred them for medication reviews with pharmacists.	After five months, patients attending medication reviews and control patients were taking 12.4 and 12.2 medication units per day respectively. A mean of 2.5 drug-related problems was identified for those seniors in the intervention arm. At least one medication related problem was identified in 79.8% of patients. Physicians implemented or attempted to implement 72.3% of the recommendations.
Etemad LR, Hay JW. Cost-effectiveness analysis of pharmaceutical care in a Medicare Drug Benefit program. Value in Health 2003;6:425-434	Cost-effectiveness analysis from a societal perspective on pharmacist activities, including medication review, chart review, and follow-up by telephone contact.	Outcome measures included resolved medication errors, increase in patient compliance, % of medications discontinued, and medication related deaths averted as a result of pharmaceutical care. Concluded that a pharmaceutical care benefit in elderly population would cost \$2100 per life-year saved, which is highly cost-effective.
Krska J, Cromarty JA, Arris F, et al. Pharmacist-led medication review in patients over 65: a randomized, controlled trial in primary care. Age and Ageing 2001;30:205-211	Medication review in general medical practices in Scotland – criteria over 75 or on multiple drug therapy. Drug therapy of 332 patients reviewed (164 controls).	All patients had at least two medication related issues at baseline. GPs agreed with 96% of all care issues documented. At follow-up 70% of care issues had been resolved in intervention group and 14% in control group. No changes in medicine costs of health-related QOL in either group over 3 month follow-up (short time period).

Table 3: Clinical Evidence for Integrated Pharmacists' Professional Services - Cont'd

Initiative and Reference	Description	Outcomes
Medication Review Initiatives - Cont'd		
<p>Roberts MS, Stokes JA, King MA, et al.</p> <p>Outcomes of a randomized controlled trial of a clinical pharmacy intervention in 52 nursing homes.</p> <p>Br J Clin Pharmacol 2001;51:257-265</p>	<p>Roberts et al. evaluated whether a year long clinical pharmacy program which included individualized medication reviews could change drug use, mortality and morbidity in nursing home residents. The study involved 905 residents in 13 intervention nursing homes and 2325 residents in 39 control nursing homes in Australia.</p>	<p>Overall, drug use was reduced by 14.8% in the intervention group relative to controls. As a result of this study, the Australian Government has funded implementation of an accredited pharmacist-conducted medication review program for all Australian nursing homes. Residents in the intervention group were 15% more likely to survive longer than those in the control group. Hospitalization admission frequency trended towards improvement for intervention patients, but the difference was not significant.</p>
<p>Zermansky AG, Petty DR, Raynor DK, et al.</p> <p>Randomized controlled trial of clinical medication review by a pharmacist of elderly patients receiving repeat prescriptions in general practice.</p> <p>BMJ 2001;323:1340-1345 Available online at http://bmj.bmjournals.com/cgi/content/full/323/7325/1340</p>	<p>Zermansky et al. enrolled over 1000 patients in a pharmacist-led medication review protocol for patients in a family practice setting.</p>	<p>At the end of 12 months, patients in the intervention group (medication review) were prescribed significantly fewer medications in general (p=0.01) and experienced a smaller rise in drug costs (p=0.0001) than controls who did not have a medication review.</p>
<p>Hanlon JT, Weinberger M, Samsa GP, et al.</p> <p>A randomized, controlled trial of a clinical pharmacist intervention to improve inappropriate prescribing in elderly outpatients with polypharmacy.</p> <p>Am J Med 1996;100:428-437</p>	<p>Randomized controlled trial of 208 patients aged 65 years or older taking 5 or more chronic medications. Clinical pharmacist reviewed each patient's lab findings, med lists, and procedure and test results from previous two years. Findings presented to physician and patient educated about ensuing changes to therapy and compliance.</p>	<p>Inappropriate prescribing scores declined significantly more in intervention group than in control group at three months (24% vs. 6%) and were sustained at 12 months. Fewer intervention patients experienced adverse drug events (40% vs 30.2%; p=0.19). Physicians receptive to intervention and enacted changes more when recommended by clinical pharmacist than independently (55.1% vs 19.8%; p<0.001).</p>
<p>Borgsdorf LR, Miano JS, Knapp KK.</p> <p>Pharmacist-managed medication review in a managed care system.</p> <p>Am J Hosp Pharm 1994;51(6):772-777</p>	<p>Borgsdorf et al. reported on a medication-review service in a managed care facility. Patients are seen by referral by a pharmacist for a medication review.</p>	<p>Over a 12-month period, a total of 2720 medications were reviewed for 836 patients. On average, patients using the program showed reductions in the number of unscheduled physician visits, urgent care visits, emergency room visits, and hospital days. A savings of \$644 (American dollars in 1994) per patient per year was calculated.</p>
<p>Dooley MJ, Allen KM, Doecke CJ, et al.</p> <p>A prospective study of pharmacist initiated changes to drug therapy and patient management in acute care government funded hospitals.</p> <p>Br J Clin Pharmacol 2004;57: 513-521</p>	<p>Prospective study in eight hospitals examining resource implications of pharmacists' interventions assessed by an independent clinical panel.</p>	<p>Total of 1399 interventions documented. 835 impacted on drug costs alone. 511 had impact on one or more of: length of stay, re-admission probability, medical procedures or laboratory monitoring. Calculated savings were \$263,221 during period of study (\$150,307 for length of stay reduction, \$111,848 for readmission reduction). Annualized cost savings = \$4,444,794 for eight hospitals.</p>
Chronic Disease Management Initiatives		
Diabetes		
<p>Armour CL, Taylor SJ, Hourihan G, et al.</p> <p>Implementation and Evaluation of Australian Pharmacists' Diabetes Care.</p> <p>J Am Pharm Assoc 2004;44(4):455-466 Available online at http://www.medscape.com/viewarticle/487477</p>	<p>Two-day workshop to prepare intervention pharmacists. Each pharmacist recruited 15 patients with type 2 diabetes taking > 3 medications. Medication review conducted and blood glucose (BG) monitored. Visits after 2 weeks (BG downloaded), and 1 month later. Further visits and activities by protocol.</p>	<p>A total of 106 intervention and 82 control patients completed the study. Patient groups were similar at baseline. Pharmacists delivered 1,459 interventions and blood glucose levels were significantly reduced in all intervention regions. The proportion of patients with A1c values greater than 7% was similar in control sites at baseline (54%) and after 9 months (61%). In intervention sites this proportion was significantly reduced, from 72% at baseline to 53% after 9 months. Well-being and the risk of non-adherence were significantly improved in intervention patients.</p>
<p>Cranor, Carole W., Bunting, Barry A., Christensen, Dale B.,</p> <p>The Asheville Project: Long-Term Clinical and Economic Outcomes of a Community Pharmacy Diabetes Care Program</p> <p>J Am Pharm Assoc 2003; 43(2): 173-183 Available online at http://www.medscape.com/viewarticle/451961</p>	<p>Twelve community pharmacies in Asheville, North Carolina participated and patients with diabetes covered by self-insured employers' health plans. Pharmacists were trained in a diabetes certificate program and were reimbursed for their services. The interventions that were provided involved patient education, long-term follow-up with patients, clinical assessment, goal setting, monitoring and collaborative drug management with physicians.</p>	<p>Mean A1c decreased at all follow-ups, with more than 50% of patients demonstrating improvements at each follow-up. The number of patients with optimal A1c values of < 7% also increased with each follow-up. More than 50% showed improvement in their lipid levels at every measurement. Total mean medical costs decreased by \$1,200 to \$1,872 per patient per year compared with baseline. Days of sick time decreased every year (1997-2001) for one employer group with estimated increases in productivity estimated at \$18,000 annually. The conclusion reached was that patients with diabetes who received ongoing Pharmacists Care Services maintained improvement in their A1c over time and employers experienced a decline in mean total direct medical costs.</p>

Table 3: Clinical Evidence for Integrated Pharmacists' Professional Services - Cont'd

Initiative and Reference	Description	Outcomes
Chronic Disease Management Initiatives - Cont'd		
Dyslipidemia		
<p>Tsuyuki RT, Olson KL, Dubyk AM, Schindel TJ, Johnson JA.</p> <p>Effect of community pharmacist intervention on cholesterol levels in patients at high risk of cardiovascular events: the Second Study of Cardiovascular Risk Intervention by Pharmacists (SCRIP-Plus).</p> <p>Am J Med 2004; 116:130-133</p>	<p>The SCRIP-Plus study, conducted in 42 community pharmacies across Canada, included pharmacy point-of-care lipid testing with follow-up in the intervention group.</p>	<p>The study reported a statistically significant LDL cholesterol reduction of 0.53 mmol/L (15% decrease) over the 6-month study period compared with controls.</p>
<p>Tsuyuki RT, Johnson JA, Teo KK, Simpson SH, Ackman ML, Biggs RS et al.</p> <p>A randomized trial of the effect of community pharmacist intervention on cholesterol risk management: the Study of Cardiovascular Risk Intervention by Pharmacists. (SCRIP)</p> <p>Arch Intern Med 2002; 162:1149-1155</p>	<p>The Study of Cardiovascular Risk Intervention by Pharmacists (SCRIP) was conducted in 54 community pharmacies in western Canada. Intervention patients received education and a brochure on risk factors, point-of-care cholesterol measurement, referral to physician and regular follow-up after 16 weeks.</p>	<p>The primary endpoint (composite of performance of a fasting cholesterol panel by the physician or addition or increase in dose of cholesterol-lowering medication) was reached in 57% of intervention patients versus 31% of usual care patients. SCRIP was terminated early because it was seen as unethical to not allow the control group the benefits that were evident through pharmacist intervention.</p>
<p>Ellis SL, Carter BL, et al.</p> <p>Clinical and economic impact of ambulatory care clinical pharmacists in management of dyslipidemia in older adults: the IMPROVE study.</p> <p>Pharmacotherapy 2000; 20(12): 1508-16.</p>	<p>In a randomized controlled trial (RCT) involving patients at high risk of drug-related problems as defined by seven criteria. Ellis et al. (2000) examined the impact of pharmacist co-management of dyslipidemia for 208 ambulatory care patients compared to 229 controls treated at nine Veterans Affairs medical centers in the U.S.</p>	<p>The absolute change in total cholesterol (TC) (0.46 vs 0.19 mmol/L) and LDL (0.61 vs 0.33 mmol/L) was significantly greater in the intervention than in the control group. There were no differences in patients achieving target lipid values or in overall costs despite increased visits to pharmacists.</p>
<p>Bogden PE, Koontz LM, et al.</p> <p>The physician and pharmacist team. An effective approach to cholesterol reduction.</p> <p>J Gen Intern Med 1997; 12(3): 158-64.</p>	<p>A single-blind, RCT with 94 patients from a primary care center with TC values > 6.2 mmol/L. This 6-month trial compared standard medical care to co-management by pharmacist and physician in the selection, dosing, and monitoring of drug therapy. At each clinic visit, co-managed patients met with the pharmacist before seeing their physician. The pharmacist took a medication history, answered questions, and encouraged adherence.</p>	<p>The rate of success in achieving National Cholesterol Education Program goals in the intervention arm was double the rate in the control arm (43% vs 21%, p<0.05). TC concentrations in the intervention arm declined 1.1 mmol/L versus 0.3 mmol/L in the control arm (p<0.01). The intervention had the greatest effect in patients with coronary heart disease (CHD) (p<0.01) followed by those without CHD but with > 2 CHD risk factors (p<0.05). It had no effect in patients without CHD and with < 2 risk factors.</p>
Anticoagulation		
<p>Holden J, Holden K.</p> <p>Comparative effectiveness of general practitioner versus pharmacist dosing of patients requiring anticoagulation in the community.</p> <p>J Clin Pharm Ther 2000;25:49-54.</p>	<p>Holden et al. (2000) performed a retrospective analysis of all primary care patients (n=51) that had been managed by general practitioners (GPs) within one Health Authority in the U.K. and subsequently referred to a pharmacist-led hospital-based outreach warfarin monitoring service. In total, 1782 INR results were analyzed; 1075 of which were ordered by the GP and 707 by the pharmacist.</p>	<p>The patient-mean proportion of results within the prescribed therapeutic range was 0.6 for the GP-monitored results vs. 0.7 for pharmacist-monitored results (p=0.03). The interval between tests was longer for pharmacists compared with GPs (34.1 vs. 28.6 days, p<0.001).</p>
<p>Wilt VM, Gums JG, Ahmed OI, Moore LM.</p> <p>Outcome analysis of a pharmacist-managed anticoagulation service.</p> <p>Pharmacotherapy 1995;15:733-9.</p>	<p>In a retrospective chart review, Wilt et al. evaluated outcomes of a pharmacist-managed anticoagulation monitoring service (AMS) similar to the above description, for all patients receiving warfarin in a family practice setting and compared them to a control group followed only by their physician.</p>	<p>In the study group there were two minor hemorrhagic events during a total of 60 person-years. The control group was 20 times more likely than the study group to experience any event (rate ratio 20, 95% CI 5-87). There was a statistically significant difference between groups in unplanned visits, ER visits, and hospital admissions. Hospitalization and emergency room charges were \$119,075 in the control group. Taking into account the cost of providing the service, a potential cost avoidance of \$4,072 per person-year of follow-up may have been realized if these patients had been followed by the pharmacist-managed AMS.</p>

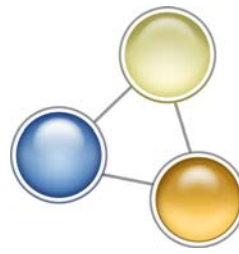
Table 3: Clinical Evidence for Integrated Pharmacists' Professional Services - Cont'd

Initiative and Reference	Description	Outcomes
Chronic Disease Management Initiatives - Cont'd		
Hypertension		
<p>Borenstein, J. E., G. Graber, et al.</p> <p>Physician-pharmacist co-management of hypertension: a randomized, comparative trial.</p> <p>Pharmacotherapy 2003; 23(2): 209-16.</p>	<p>Borenstein et al. evaluated an evidence-based, systematic approach to pharmacist and physician co-management of hypertension in 197 patients with uncontrolled hypertension in a staff model medical group.</p>	<p>Even though the treatment algorithm used by the clinical pharmacists was also available for use in the usual care group, the reduction in systolic blood pressure (SBP) was greater in the co-managed group after 12 months of follow-up $p < 0.01$ and more patients reached their target blood pressure (BP) (60% vs 43%, $p = 0.02$).</p>
<p>Vivian EM.</p> <p>Improving blood pressure in a pharmacist-managed hypertension clinic.</p> <p>Pharmacotherapy 2002;22: 1533-1540</p>	<p>56 patients in total. Patients in the intervention group were scheduled monthly to meet with a clinical pharmacist who made appropriate changes in prescribed drugs, adjusted dosages, and provided drug counseling in accordance with the hypertension guidelines in the sixth report of the Joint National Committee on the Detection, Evaluation, and Treatment of High Blood Pressure (JNC VI). Patients in the control group received standard care from their physicians. The study period was 6-months.</p>	<p>Twenty-one (81%) patients in the intervention group attained their BP goal of below 140/90 mmHg at the completion of the study versus only eight (30%) in the control group ($p < 0.0001$). Of 11 patients with diabetes in the intervention group, 10 (91%) attained their BP goal ($< 130/80$ mmHg) versus only two (12%) of 16 patients with diabetes in the control group ($p < 0.0001$). No significant differences in patient satisfaction or adherence were reported between the intervention and control groups.</p>
<p>Okamoto MP, Nakahiro RK.</p> <p>Pharmacoeconomic evaluation of a pharmacist-managed hypertension clinic.</p> <p>Pharmacotherapy 2001;21:1337-1344 Available online at http://www.medscape.com/viewarticle/446794</p>	<p>Patients were randomly assigned to one of two groups. In the pharmacist-managed hypertension clinic, a clinical pharmacist managed the treatment of patients, who made up the experimental group. Physicians were asked not to adjust the patients' hypertensive therapy unless a lack of intervention would be dangerous for the patient. Instead they were contacted and provided consent for any pharmacist recommended therapeutic changes. In the physician-managed clinic, physicians managed the treatment of patients independently with no pharmacy intervention; this was the control group.</p>	<p>After treatment, BP measurements were significantly lower ($p < 0.001$) in the pharmacist-managed hypertension clinic group than in the physician-managed clinic group. Patient satisfaction was significantly higher in the hypertension clinic group. Total costs for the hypertension clinic group were not different from those of the physician-managed clinic group (\$242.46 vs \$233.20, $p = 0.71$), but cost effectiveness ratios were lower in the hypertension clinic group (\$27 vs \$193/mmHg for systolic blood pressure readings, and \$48 vs \$151/mmHg for diastolic blood pressure readings).</p>
<p>Erickson SR, Slaughter R, Halapy H.</p> <p>Pharmacists' ability to influence outcomes of hypertension therapy.</p> <p>Pharmacotherapy 1997; 17(1):140-147.</p>	<p>Erickson et al. evaluated 80 patients with uncontrolled hypertension in a university health center internal medicine clinic. In the intervention group, pharmacists educated patients about hypertension and drug and non-drug management, and provided supports to enhance medication adherence. Pharmacists also made drug therapy recommendations to physicians.</p>	<p>After 5-months of follow-up, BP was significantly lower in the intervention group (157/92 vs 145/87 mmHg; $p < 0.01$). The target blood pressure was reached in 45% of intervention patients compared to 30% of controls but this difference was not statistically significant.</p>
Smoking Cessation		
<p>Tran MT, Holdford MS, Kennedy DT, Small RE.</p> <p>Modeling the cost-effectiveness of a smoking-cessation program in a community pharmacy practice.</p> <p>Pharmacotherapy 2002;22:1623-1631 Available online at http://www.medscape.com/viewarticle/446803</p>	<p>Patient data were collected and used to identify one of four smoking-cessation methods -- cold turkey, nicotine patch, nicotine gum, and bupropion -- that was acceptable and appropriate for each patient. A fifth method, nicotine nasal spray, was used on a single individual. In addition, pharmacists advised patients on how to recruit friends and family members to provide support, and addressed individual patient concerns regarding issues such as weight gain and ways to control cravings for cigarettes.</p>	<p>Incremental cost-effectiveness was measured in terms of cost/successful quit attempt based on the payer's perspective. Cost/life-year saved and cost/quality-adjusted life-year saved also were calculated for the societal perspective. Incremental cost for an additional patient to quit smoking using the pharmacist-directed program alternatives versus a self-directed quit attempt was \$236 for the cold turkey method, \$936 for nicotine patch, \$1232 for nicotine gum, and \$1150 for bupropion. Depending on the smoker's age at the time of cessation, the incremental discounted cost-effectiveness was \$720- \$1418 per life-year saved.</p>

Table 3: Clinical Evidence for Integrated Professional Pharmacists' Services - Cont'd

Initiative and Reference	Description	Outcomes
Chronic Disease Management Initiatives - Cont'd		
Asthma		
<p>McLean, W., J. Gillis, et al. (2003).</p> <p>The BC Community Pharmacy Asthma Study: A study of clinical, economic and holistic outcomes influenced by an asthma care protocol provided by specially trained community pharmacists in British Columbia.</p> <p>Canadian Respiratory Journal 10 (4): 195-202.</p>	<p>Randomized, controlled study of 214 patients with uncontrolled asthma in 27 community pharmacies in British Columbia. Comparison of usual care (UC) (including teaching of inhaler technique and basic education on asthma) and enhanced care (EC) from a community pharmacist.</p> <p>Under EC, patients were taught to record peak flow readings regularly throughout the study period and received an individualized action plan developed by pharmacists. Primary-care physicians received progress reports and recommendations after each appointment.</p>	<p>Compared to usual care, pharmacist intervention resulted in:</p> <ul style="list-style-type: none"> ● 11% improvement in mean expiratory flow ● 50% reduction in total symptoms score and beta-agonist usage ● 61% decrease in days off work or school days lost ● 75% reduction from baseline in physicians' visits ● Decrease in number of hospitalizations did not reach statistical significance ● 57% reduction in total health care costs
<p>Cordina M, McElanay JC, et al</p> <p>Assessment of a community pharmacy-based program for patients with asthma.</p> <p>Pharmacotherapy 2001;21:1196-1203</p> <p>Available online at http://www.medscape.com/viewarticle/418287</p>	<p>122 patients in 22 different pharmacies (11 intervention, 11 control). Comprehensive asthma education and monitoring program was implemented. Intervention patients received verbal counseling, an educational video, an information leaflet, and subsequent monitoring with reinforcement; control patients received routine dispensing services.</p>	<p>Health-related quality of life of the intervention patients improved at 12 months (p=0.044). In the same time period, peak expiratory flow (PEF) significantly decreased in control patients compared with intervention patients (p=0.009) whereas inhaler technique improved in the intervention group (p=0.021). There were significantly fewer self-reported hospitalizations in intervention patients.</p>





Model of Practice - Integrating Pharmacists and Pharmacists' Professional Services into FHTs

Section one established the model for integrating pharmacists and pharmacists' professional services into FHTs and provided supporting clinical evidence for the benefits of integrating pharmacists into primary care practice models. This section outlines the practical components and points for consideration when integrating pharmacists and pharmacists' professional services into FHTs.

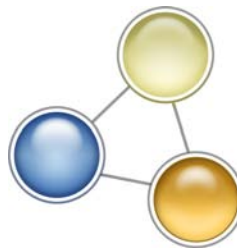
2.0

The Role of Pharmacist and FHTs

Pharmacists at the community pharmacy or within the FHT location can provide many medication support and health promotion services to the FHT and FHT patients. The following job description and allocation of pharmacist's resources can be used as a template and revised according to the specific needs of the FHT as assessed by a collaborative interdisciplinary process.³

2.1

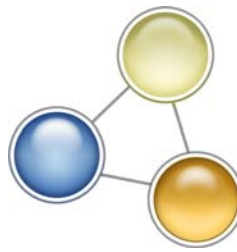
³ Please note that specialized and enhanced services provided by pharmacists to FHT patients should not influence where the patient receives their core pharmacist services.



Pharmacist Job Description Within the Family Health Team:

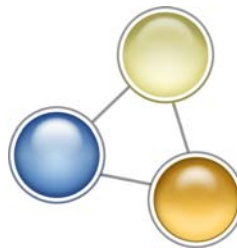
- Identify target patient groups to perform patient medication reviews ⁴
- Establish criteria for medication reviews that may be conducted at the community level by local pharmacists, versus a smaller percentage (e.g. complicated patients) conducted by the FHT pharmacist
- Conduct medication management needs assessments and identify priorities
- Participate in multidisciplinary reviews of patients' progress
- Identify and roster community pharmacists who have demonstrated expertise in particular drug/disease management areas (e.g., anticoagulation, cholesterol screening and monitoring, hypertension screening and monitoring, diabetes management, smoking cessation) and refer patients according to protocols developed in collaboration with allied FHT members
- Document care provided in the appropriate health care record
- Make recommendations on prescribing within the FHT in keeping with "best practices" that achieve a high level of efficiency, reduce waste, and increase patient adherence with medication
- Answer the drug related queries of FHT health professionals and refer to the Drug Information and Research Centre (DIRC) for those that require further research
- Educate and update other health professionals in FHT with respect to most current drug related guidelines and evidence-based research

⁴ Medication Reviews are structured, systematic, critical assessments of a patient's medications (includes prescriptions and non-prescription medications as well as herbal products) to optimize therapy and to identify and resolve any medication related problems.



Pharmacist Job Description Within the Family Health Team - Cont'd

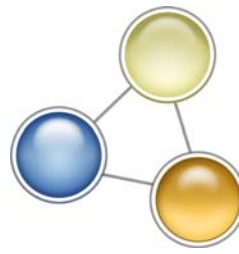
- Raise awareness and educate members of the FHT and the community on medication adherence issues and safe medication use
- Monitor drug doses under clinical management plans
- Foster an environment of safe medication practices within the community through systems analysis that includes improved interdisciplinary communication to encourage actions that support seamless care within the local health care community e.g. communicate changes in medications, errors, or patient complaints where appropriate
- Assist in performing triage, in person or by telephone, for the general public during emergency situations, such as SARS, to alleviate burden on acute care centers
- Contribute to the development of chronic disease management models/protocols
- Develop a working relationship with long-term care facilities and hospitals linked to the FHT and undertake medication review as appropriate
- Contribute to medicines management research projects within the FHT



Role of the Community Pharmacist and FHTs

- Perform medication consultations for patients referred by FHT or FHT pharmacist under an established protocol
- Provide chronic disease management services
- Conduct medication management needs assessments and identify priorities
- Document care provided in appropriate health record
- Educate and update FHT on patient access policies e.g. Limited Use and prior approvals programs
- Provide public health services e.g. smoking cessation programs and flu vaccinations
- Provide medication adherence programs
- Provide additional services, such as methadone treatment and specialty compounding services where available
- Raise awareness and educate members of the FHT and the community on safe medication use

Information about a Pharmacist's Standards of Practice is available from the professional regulatory body, Ontario College of Pharmacists at: [http://www.ocpinfo.com/client/ocp/OCPHome.nsf/object/Standards+2003/\\$file/Standards+2003.pdf](http://www.ocpinfo.com/client/ocp/OCPHome.nsf/object/Standards+2003/$file/Standards+2003.pdf)



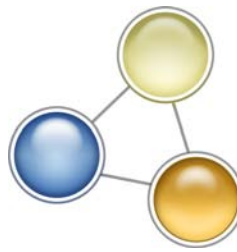
Business and Operational Plans

The following information outlines key components that will be helpful in the development of the FHT business and operational plans to secure necessary funding for delivery of pharmacists' services. This information should be applied in conjunction with the Ministry's FHT Guide to Business and Operational Plan Development available at http://www.health.gov.on.ca/transformation/fht/guides/fht_business_guide.pdf

Salary

Current industry information, *The Trends and Insight Report 2005* (http://www.mckesson.ca/documents/Trends_2005.pdf), indicates that the average hourly wage for a staff pharmacist in Ontario is \$44.22 and that the average income of a pharmacy owner/manager is \$122,600. Considering the competency and skills of a pharmacist working in a FHT, to be competitive and able to attract good candidates, it is recommended that the salary range for a full-time equivalent (FTE) in a FHT be \$85,000 - \$120,000. When determining an appropriate salary for a pharmacist in your FHT keep in mind that, as with other health care providers, pharmacists working in more remote locations command a premium. Consider contacting several pharmacy managers of the pharmacies in your area to assess the average wage of a staff pharmacist to determine an appropriately competitive salary.

For casual or part-time pharmacists working in your FHT, their salary should be prorated to the FTE salary.

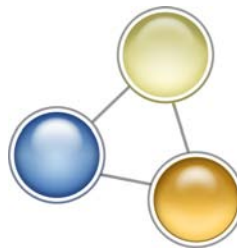


Contracted Services with Community Pharmacies

When looking at the overall medication management needs of the patient, the role of the pharmacist working in the community pharmacy is critical. One or two pharmacists working in a FHT cannot meet the medication management needs of all the patients rostered to that team. Leveraging existing relationships and infrastructure of community pharmacies, FHTs can submit a request for an overall budget for pharmacists' professional services contracted to and provided by pharmacists employed by the community pharmacies.

Other Potential Funding Sources

Other than funding through the Ministry, alternate potential funding sources for various services that can be explored include employer groups, public health, CCACs, or the pharmaceutical industry.



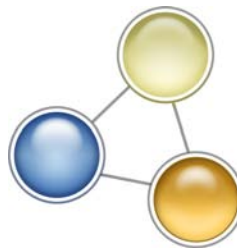
Operational Requirements for the FHT Pharmacist

A basic list of operational requirements to enable FHT pharmacists to work effectively in a FHT is outlined in Table 4. If not already available, these requirements should be included in the overall FHT budget.

Table 4: Operational Requirements for the FHT pharmacist

Item	Yes	No
Computer with internet and printer access		
Quiet working area with telephone		
Private area to provide patient consultations		
Filing space for journals, patient medication management workup documents, patient information materials, etc.		
Wall space to display pharmacist licence		
Drug Information and Research Centre (DIRC) Subscription www.dirc.ca		
Insurance ⁵		

⁵ Individual Professional Liability Insurance for pharmacists is available through OPA. Visit www.opatoday.com/insurance.asp



Information Technology (IT)

The FHT must acquire, implement and maintain an electronic patient information system for interdisciplinary team providers. To facilitate development of systems and to ensure alignment in the area of information technology, OPA has developed a comprehensive policy and strategy document on Health Information Technology⁶. This document provides foundation and guidance when considering implementation and evaluating the role of pharmacy Health Information Technology in Ontario. Several principles from this policy are particularly applicable in establishing the infrastructure for pharmacists in the FHT:

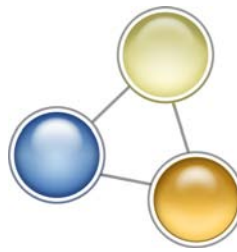
- Information technology is a fundamental requirement for interdisciplinary collaboration, the effective use and management of information to inform appropriate and timely patient-care decisions, and to inform health care policy decisions.
- Information systems need to assist pharmacists in delivering enhanced medication management and patient care services that improve patient outcomes and safety.
- Information systems should facilitate the sharing of relevant patient data among health care professionals to ensure timely and coordinated patient care. Pharmacists should have access to relevant patient information, including monitoring and clinical intent of medications.
- Information systems should not unduly influence a patient's right to access health care through their provider of choice.

The FHT should perform a needs analysis or assessment based on the requirements of the team to assess the IT infrastructure that is required in addition to the basic functions of a clinical management system (CMS) to support the role of the pharmacist in the FHT.

An example of the thought process involved in constructing a supportive IT infrastructure for implementing a chronic disease management (CDM) program in the FHT environment can be found under Appendix I.

True integration, based on common and interoperable standards, between pharmacists' Pharmacy Management System (PMS) and physicians' Clinical Management System (CMS) would be ideal. Due to the large amount of coordination and resources required, it is not feasible to accomplish this within a short period of time. OPA has been actively working with various stakeholders on strategies and initiatives to advance toward this ultimate goal.

⁶ Ontario Pharmacists' Association Policy Statement and Strategy on Health Information Technology. Feb 14, 2006. www.opatoday.com/keypositionstatements.asp



Resources

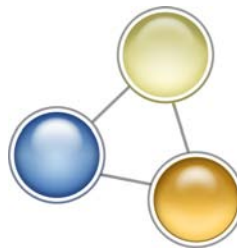
OPA has a number of available resources to support pharmacists working at FHTs. Resources include drug information, education presentations to the public, continuing education programs, and sample forms. A brief description of these resources and where to obtain further information is provided below.

Drug Information and Research Centre (DIRC)



DIRC is the largest pharmacist-operated drug information centre in North America, and is the leading provider of evidence-based drug information in Canada. Through access to DIRC's call centre, web site, and numerous publications and resources, health professionals can more effectively link evidence to practice. Over 90% of pharmacies in Ontario rely on DIRC as their point of first contact for evidence-based drug information.

DIRC utilizes a team of drug information specialists to quickly answer drug information inquiries. Consequently, health professionals can spend more time caring for their patients, and less time digging through the literature. To learn more about DIRC, visit www.dirc.ca For more information about FHT subscription to DIRC, please contact DIRC at: dirc@ontpharmacists.on.ca or 416-385-2440. A variety of subscription plans are available that can be customized to meet each FHT's needs.



Safe Meds Programs

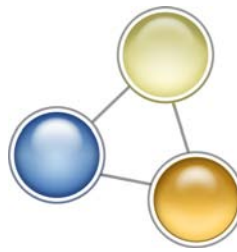


OPA has developed a series of Safe Meds Programs, several of which are available in English, French, Chinese, Korean, Gujarati and Hindi. The Safe Meds Program centres on an oral presentation, with accompanying PowerPoint presentation.

Presentations are delivered to seniors and their caregivers, adults, and parents in the community by practicing pharmacists. Participants receive information on the safe and appropriate use of medications of all kinds and the role of the pharmacist in helping them manage their medication and other health-related needs. Available programs include:

- Safe Meds for Seniors
- Safe Meds for Heart
- Safe Meds for Kids
- Safe Meds for Driving

Pharmacists interested in delivering these programs in their community should contact OPA at 416-441-0788 or visit www.opatoday.com/SSMUP.asp for more information.



Continuing Education Programs

OPA provides the following certificate and education programs:

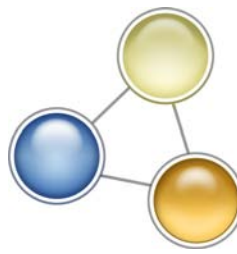
- Asthma Patient Care - Level 1 Certificate Program
- Women's Health - Level 1 Certificate Program
- Cardiovascular Patient Care - Level 1 Certificate Program
- Certified Geriatric Pharmacist Preparation Course
- Diabetes Patient Care - Level 1 Certificate Program
- Psychiatric Patient Care - Level 1 Certificate Program
- Pain and Palliative Care - Level 1 Certificate Program
- Clinical Tobacco Intervention

Visit www.opatoday.com/education.asp for program availability and registration or contact OPA at: 416-441-0788.

Supporting Academic Projects

The following are Primary Health Care Transition Funded projects, which highlight the role of the pharmacist in primary care teams. These projects will be completed in 2006.

- Integrating a Clinical Pharmacist into a Primary Care Group:
www.phm.utoronto.ca/~cppeg/index.html
- Integrating family Medicine and Pharmacy to Advance Primary Care Therapeutics (IMPACT): www.impactteam.info



Appendix I

Considerations and recommendations on IT for pharmacists who would like to implement a chronic disease management (CDM) program in the FHT environment.

Considerations:

1. A CDM program likely requires participation of various members of the multi-disciplinary team:
 - These health care providers (HCPs) may/may not be in the same physical location as the FHT's office (e.g. diabetes education centres, workplace safety offices, and community pharmacies are not typically in the same building as the FHT).
 - Several HCPs are involved in effective CDM, and they need access to the clinical information necessary for the management of the patient and provision of care.
2. CDM is not a one-time event or encounter:
 - Providing search and identify functions is insufficient. CDM likely will be carried out in the format of a program with regular follow up and interventions.
3. An electronic medical record (EMR) should assist in empowering patients in CDM.

Functionalities Recommendations:

1. Allow collaboration among various health care providers:
 - Role-based access for different types of providers
 - The system should allow HCPs to access the information necessary for the provision of CDM service, but not other unrelated information.



E.g. pharmacists may need access to lab results such as HgA1c, kidney functions, and other related clinical notes but they may not need access to a psychiatric assessment.

- Remote access to EMR for HCPs and electronic communication:
 - Not all HCPs involved in CDM are located in the same office as the FHT. The EMR should facilitate collaboration via remote access or other means of electronic communications.

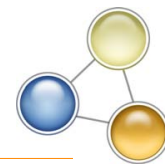
2. Allow implementation of CDM programs:

- Customizable templates:
 - System should allow templates to be created for various CDM programs.
 - Templates will provide guidance to HCP in the provision of care.
 - Templates can also be used for documentation, billing, and other purposes.
 - Templates should have the ability to link to lab results, scheduling, medication history and other parts of the system.
 - Templates should allow the incorporation of CDM program protocols for various multi-disciplinary team members.
- Consent management:
 - The system should allow the FHT to track patients' consent in participating in various CDM programs.
- Multiple enrollment:
 - The system should allow patients to participate in multiple CDM programs.

3. Allow incorporation of patient empowerment tools:

- The system should enable providers to print out counseling information and other material for patients.

Appendix II



MEDICATION CONSULTATION SUMMARY AND PHARMACIST RECOMMENDATIONS

PATIENT

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ POSTAL CODE _____

SEX _____ AGE _____ WEIGHT _____ HEIGHT _____ TEL. _____

COMMUNITY PHARMACY _____ TEL. _____

REASON FOR REFERRAL _____

REFERRED BY: _____

NAME _____ TEL. _____

PHARMACIST

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ POSTAL CODE _____

TEL _____ CELLULAR _____

DATE: SIGNATURE:

MM | DD | YYYY

1

2

3

4

RECOMMENDATIONS/PATIENT EDUCATION	TO BE FILLED BY A PHYSICIAN ONLY	COMMENTS
Drug Related Issue _____ _____ Recommendations _____ _____ Rationale/Supporting Evidence _____ _____	ACCEPT NO LATER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Drug Related Issue _____ _____ Recommendations _____ _____ Rationale/Supporting Evidence _____ _____	ACCEPT NO LATER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Drug Related Issue _____ _____ Recommendations _____ _____ Rationale/Supporting Evidence _____ _____	ACCEPT NO LATER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Drug Related Issue _____ _____ Recommendations _____ _____ Rationale/Supporting Evidence _____ _____	ACCEPT NO LATER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

DATE:

MM | DD | YYYY

PHYSICIAN'S SIGNATURE: _____



PATIENT MEDICAL HISTORY

MEDICAL CONDITIONS

ALLERGIES/SENSITIVITIES

Allergen	Reaction	Allergen	Reaction

PRESCRIPTION MEDICATIONS

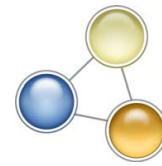
Medication name and Strength	SIG	Medication name and Strength	SIG	Medication name and Strength	SIG

OTC MEDICATIONS/HERBALS/HOMEOPATHICS

Medication name and Strength	SIG	Medication name and Strength	SIG	Medication name and Strength	SIG

ADDITIONAL COMMENTS

Appendix III



Pharmacist Services Referral Form

PATIENT INSTRUCTIONS

Your physician is referring you to the pharmacist for a medication review and/or more information on what you can do to keep yourself healthy. The pharmacist is there to help make sure you are getting the most benefit from your medications, address any issues you may be experiencing with your medications, and answer any questions you may have. Afterwards, the pharmacist will consult with your physician and then follow-up with you on the recommendations.

- Please call for appointment. Please call (NAME OF PHARMACIST/PHARMACY) at: () _____
- Please bring this form and all your medications (prescription, non-prescription, herbals, vitamins etc.) to your appointment.
- Please bring a copy of lab results to your appointment.

PHYSICIAN'S OFFICE ONLY

Patient Information

Last Name: _____ First Name: _____

Address: _____ Tel. _____

Current Medications:

Medication name and Strength	SIG	Medication name and Strength	SIG	Medication name and Strength	SIG

Allergies/Sensitivities:

Allergen	Reaction	Allergen	Reaction

Pertinent Lab Results: _____ (Please send/fax copy)

Referral Information

Physician Name (Please print): _____ Signature: _____ Tel. _____ Fax _____

Requested Services (Please check all that apply):

- Medication Consultation
- Diabetes Management Program
- Cholesterol Management Program
- Anticoagulation Management Program (Target INR _____; Indication _____)
- Hypertension Management Program
- Smoking Cessation Program
- Asthma Management Program
- Other _____

For an electronic version of this form, please e-mail to: fht@opatoday.com

