



Five Things You Need To Know About Family Health Team Pharmacists

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While patients typically encounter pharmacists at their local community pharmacy, or at the hospital if admitted with an acute illness, it is increasingly important that patients have access to pharmacists at all major intersection points within the healthcare system. This can help mitigate risks that may result from fragmented care and ensure safe and effective medication use. Strong partnerships between pharmacists through the continuum of health services across Ontario can be leveraged to elevate our collective professional profile and make a difference.

Pharmacists embedded within Ontario's family health teams (FHTs) play an important role in today's healthcare system and contribute to the enhancement of intraprofessional collaboration.

1. What are FHTs?

FHTs are interprofessional practice sites that were created to expand access to comprehensive primary healthcare services across Ontario. Since 2005, 184 FHTs have been operationalized, with over 3 million Ontarians currently enrolled in FHTs over 200 communities within 14 Local Health Integration Networks (LHINs).¹

About 170 pharmacists are currently employed as salaried FHT employees funded by the Ontario Ministry of Health and Long-Term Care.

2. What do FHT pharmacists do?

FHT pharmacists are typically engaged in four core activities:²

- **Patient care**

FHT pharmacists work with patients at all ages and stages

of life. Patients may self-refer, or be referred for scheduled appointments (e.g., for comprehensive medication reviews), or ad-hoc consultation as necessary. FHT pharmacists often lead programs that focus on high-alert medications (e.g., opioids, antithrombotics), chronic disease management (e.g., diabetes, hypertension, angina, heart failure, asthma, COPD, smoking cessation), or vulnerable patient populations at risk of adverse events (e.g., post-hospitalization discharge, elderly with multimorbidity and polypharmacy).

- **Education**

FHT pharmacists wear multiple hats as educators in their work with patients, family physicians and other clinicians or FHT staff, pharmacy students, and

other health professional learners. FHT pharmacists advise on best practices on medication use and also increase awareness about the expanded scope of practice for pharmacists.

• Quality improvement and practice/system-level projects

FHT pharmacists help determine processes to complete medication reconciliation and may be involved in quality improvement initiatives that help evaluate the impact of patient care services. FHT pharmacists may also participate in FHT, LHIN, or other initiatives to help integrate FHT care with the rest of the healthcare system.

• System navigation

The key placement of FHT pharmacists embedded within the primary care team helps foster linkages in the healthcare system to promote effective and efficient resource utilization, with attention to optimizing medication use.

FHT pharmacists report that working at a FHT practice is professionally rewarding.^{3,4}

3. How can FHT pharmacists partner with pharmacists working at community and hospital practices to provide effective care?

FHT pharmacists are uniquely positioned within an interprofessional primary care practice to support seamless transitions as patients traverse various sectors of the healthcare system.

Given that a solo FHT pharmacist may be employed at a FHT with a large patient roster, it is essential to help coordinate pharmacist services so that the most vulnerable patients at highest risk for adverse events benefit from care coordination. This may be facilitated by intraprofessional collaborative practice models. For example, the FHT pharmacist may refer patients to the community pharmacist for expanded scope activities, or the FHT pharmacist and community pharmacist may adopt a shared-care approach to managing complex patients. Similarly, the hospital and FHT pharmacist may collaborate around discharge planning.

4. What is one key challenge that FHT pharmacists face today?

Unfortunately, the pharmacist position

is not automatically included in the base funding for a FHT and so not all FHTs have a minimum 1.0 full-time equivalent pharmacist integrated in the team. We need to work on this. No family doctor working in a group practice would set up their practice without a nurse or an administrative professional; the same view should now apply to pharmacists.

Pharmacists need to unapologetically promote pharmacist integration into primary care teams such as FHTs. Having a pharmacist working within a FHT is helpful for all pharmacists in a given community, and as a profession we have a responsibility to continue to advocate for funding from the Ministry of Health and Long-Term Care for pharmacists. It is important that we are capitalizing on the skills and knowledge of pharmacists to deliver safe and high-quality care wherever and whenever necessary.

5. How can you connect with a FHT pharmacist in your local community?

Each LHIN in Ontario has a FHT pharmacist liaison. Contact the authors to learn who the FHT pharmacist liaison is in your LHIN and to discuss collaborative opportunities.

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