

In an ideal world where funding is not an issue could primary care physicians collaborate with pharmacists to improve the appropriateness and safety of pharmacotherapy?

1. Absolutely!
2. Total integration of medication list available at pharmacy, hospital, EMR in clinic , ER, EMT service and NH (across the span of care) with “relevant” monitoring and side effect information that is provided in a timely manner...and of course all of this needs to be linked to formulary changes with protocol driven medication changes to address formulary changes. All of this needs to be done in real time and at point of care. Timely Consultation services available by referral, text or phone.
3. The support is not for them to be adversarial (which is how it is set up now, they know all, I know nothing...) to be accepted in primary care they have to get beyond that barrier... the way to do that is to take the frustrating components out of the current system.
4. I work at Citizen Potawatomi Nation Clinic. We have the pharmacy in house, as it is with many Indian Health Clinics. This is an ideal situation because I have constant and close communication with the pharmacist and techs. Because I see both Native Americans and Non Native Americans in this clinic, often the patients who are non-Native American take their prescriptions elsewhere to fill. I have a much better handle on the practices of the patients who fill their prescriptions at the clinic pharmacy than those who go to a retail pharmacy to fill their meds.
5. Yes!
6. Absolutely.
7. Yes, time is really the biggest issue.
8. Communicate with each other on all the medications the patient is really taking, from everyone who prescribes them. Don't just go by what the company says is a concern, think about the reality of the risks and benefits of taking that medication. Patient education by the pharmacist and let the physicians know what they are teaching.
9. Yes.