Lake, J et al 2019 Should community pharmacy be 'linked'? The perceptions of including community pharmacy in an integrated care model in Ontario, Canada. *International Journal of Integrated Care*, 19(S1): A209, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s3209

CONFERENCE ABSTRACT

# Should community pharmacy be 'linked'? The perceptions of including community pharmacy in an integrated care model in Ontario, Canada

19th International Conference on Integrated Care, San Sebastian, 01-03 April 2019

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**Introduction**: Integrated care models are becoming more frequent in various health systems to provide quality coordinated care, with the aim of improving patient outcomes and costs. Many patients under an integrated care model present with complex health and social needs requiring more sophisticated care coordination. For example, in Ontario, Canada 75% of patients with complex health and social needs see six or more physicians and are taking an average of 13 medications. These patients would likely benefit from medication optimization, an area of expertise of community pharmacists. In Ontario, these patients often receive care through an integration of care approach called Health Links; however, pharmacists are generally not included in Health Links, representing a potential gap in care for these complex patients. The study objectives were to 1) explore stakeholder perceptions of formally 'linking' community pharmacy into the Health Links model and 2) identify barriers and facilitators to such a 'linkage'.

**Methods**: In-depth narrative qualitative interviews were conducted with pharmacists, clinicians and decision-makers following a semi-structured guide. Interviews were conducted by telephone and averaged 30 minutes in length. Descriptive thematic analysis of the interview transcripts was conducted.

**Results**: Four key themes were identified in relation to community pharmacists' inclusion in an integrated care model: perceived value contribution; perceptions of current and idealized roles; tensions surrounding collaboration; and implementation strategies.

**Discussion**: The Health Links integrated care model involves primary, community and hospital care partnerships but often omits community pharmacists. A frequently discussed barrier to integrating community pharmacists into such a model was the perceived business-professional/clinical conflict of interest even though similar conflicts exist for other health care professions (e.g. fee-for-service physicians). Despite this tension, community pharmacists' expertise and frequent contact with patients were identified as valuable to the Health Links approach. Building strong interprofessional relationships and educating clinicians on pharmacists' professional scope of practice will help alleviate this tension and contribute to successful collaboration.

**Conclusion (w/ key findings)**: To optimize delivery of health care and improve patient health outcomes, collaboration, potentially through an integrated care model, should include community

pharmacists. Their medication-related expertise and frequent contact with patients makes them an under-utilized healthcare profession.

**Lessons Learned**: Clinicians respond well to direct questions about sensitive subjects such as perceived professional conflicts of interest. Clinicians have differing views about the value of embedding community pharmacy within an integration of care model.

**Limitations**: Interviews were conducted with individuals within one province of Canada. Also, a snowballing technique whereby participants were asked to suggest other individuals who may be interested and a good candidate for the study was used for participant recruitment. This technique may have selected for like-minded individuals; however, additionl purposeful sampling was also conducted to increase participant diversity and interviews were conducted until thematic saturation was reached.

**Suggestions for Future Research**: Future research can involve other Canadian provinces and different integrated care models to understand if similar barriers and facilitators exist. Pilot studies of integrated care models that include community pharmacists should be conducted to assess real-world feasibility of such a model.

**Keywords:** integrated care model; community pharmacy; collaboration; complex patients; multimorbidity