Innovative pharmacy practice: Cathy Biggs

Nathan P. Beahm, BSP, PharmD; Ross T. Tsuyuki, BSc(Pharm), PharmD, MSc, FCSHP, FACC

Please provide some background information about your practice setting

I work with Southeast Home Care, which is based out of the Grey Nuns Hospital in Edmonton. I cover Strathcona County, Southeast Edmonton, Leduc, Beaumont, Thorsby, Warburg and Devon. I see patients in their homes, and then I liaise with their other prescribers and care providers. My population is generally 18 years of age or older. Because they are with Home Care, the majority of them are over the age of 65.

Describe your practice/role—what do you think makes it unique/valuable?

I meet people in their homes and assess them there. A significant proportion of the population

that we serve has difficulties ambulating; getting out to see physicians or to get lab tests done can be very difficult for them. As a result, I'm often the only care provider that they may see in a significant amount of time. I have my Additional Prescribing Authorization (APA) and do a lot of prescribing for them. It's often prescribing while doing my own assessments or prescribing with the assistance of other health care professionals who I work with, such as physiotherapists (PT), respiratory therapists (RT) or nurses, for example, to determine what's best for the patient. It's my job to assess the patients and determine what therapy is going to work best for them. And if they're in agreement, I'll prescribe and then continue to monitor the effects and outcomes as well. At every visit, I will at least do vital signs:

Through her work with Southeast Home Care in Edmonton, Cathy Biggs is able to bring a pharmacist's care into people's homes (photo credit: Jim Dobie Photography).

© The Author(s) 2017

DOI:10.1177/1715163517735310

manual blood pressure, respiratory rate, pulse with pulse oximeter or radial or apical pulse, depending on what situation we're dealing with. And then I will do a general head-to-toe assessment. I feel competent in assessing some respiratory sounds, gastrointestinal tract, peripheral edema and listening to heart sounds. I wouldn't ever diagnose a murmur or anything like that, but it's interesting to get a baseline and then sort of determine if there've been any changes on subsequent visits. I order a significant amount of labs because many patients aren't able to see their physician and then their chances of being evaluated are low. I will order home collections for people to have blood work to assess before prescribing. Whoever is involved—whether it's myself, the nurse/nurse practitioner or the other health providers—we work as a team and build on our different skill sets and collaborate to determine what the best course of action is for the particular situation or person we're dealing with.

I work as a consultant, so I have to be asked to be involved with a particular patient; I receive referrals from all kinds of disciplines. It could be the dietician, RT, PT, occupational therapist, social worker or nurse asking me to be involved with this person's care for some sort of medical reason, whether it's a specific symptom or because a medication review is required. I've worked with some physicians who have asked specifically for medication reviews to determine if drugs can be reduced or that sort of thing. And when talking with colleagues in the office, a patient might be discussed and it's sometimes decided that my involvement would be beneficial, so a referral comes that way, as well. After I'm consulted, the length of my involvement depends on the individual patient. I have had some patients for years. Some of them may still have a physician on paper, but I may be the person who sees them physically, does the assessment, and then sends that information to the physician. The most common reasons for referral are pain management, diabetes and then just general polypharmacy. And that can encompass falls, sedation and that sort of thing.

How did you come into this practice/role and how did you prepare for it?

I came into this role after my son was born. I was asked by a friend of mine, who felt that I would

be a good pharmacist to have in this role. So, I applied for the position and got it. And once I was in the position, I found that there are a significant number of people who don't have any medical management. And there were a lot of times where I really felt like I was in over my head, in terms of what these people needed and what was available to them in their homes. As a group—the pharmacists in Home Care—we were looking for ways in which we could improve our practice. The American Society of Consulting Pharmacists runs a physical assessment workshop in conjunction with their geriatric certification program, and a group of us went down to the physical assessment workshop to learn and we loved it. We came back and told our clinical practice leaders, who then went down to try it themselves. They brought up the physician and pharmacist who teach the course, and we were able to facilitate a number of sessions provided here. And then in my practice, I shadowed nurse practitioners who are with Home Care to help learn more about physical assessment skills. A lot of it was just having the courage to put the stethoscope on somebody and listen and push myself to practise it, and then having a discussion about it afterwards.

I didn't have my APA when I first started working there, but it became very apparent that it would definitely be very beneficial. Just to have the ability to do something, because you're always trying to contact the main prescriber, whether that's the physician or a specialist. And then they're either unwilling or unable to communicate with you and you have a patient who is sort of left in limbo. And the patient is willing to try the suggestions. So, it's nice to be able to take that step forward and say, "Let's do this," and then just let the physician know what is being done, as well as having the ability to independently assess and determine what the issues are, and then coming up with ways to help resolve them. Having my APA, injection authorization and lab ordering is extremely important to my practice. I don't think that I could do my job in a way that I would be satisfied with if I didn't have them. And I think it would almost be a bit of a disservice to not have them, considering the population that we work with. A lot of people don't realize that there is a portion of our population who cannot get in to see a physician or go to the lab and they still deserve to be treated; I wouldn't be able to help these patients as effectively if I hadn't gotten [the credentials above].

How have the other members of the health care team responded?

It has been very positive. And I feel that the fact that I'm able to communicate my physical assessment to physicians and other health providers has brought more validity to my recommendations and to the information that I bring. There has been some resistance at times. I think in any situation you walk into, when people don't know you, there's an element of trust that you need to establish. I have had some nasty letters written back and people who ask that I not be involved. But, ultimately, I leave it up to the patients to decide what they want. I've always respected *their* wishes; whether they want to see their physician and discuss the recommendations or whether they want me to go ahead and initiate them. Sometimes it isn't resistance as much as some of the other disciplines just don't know what exactly a pharmacist is able to do. I sometimes still get questions such as, "Can you adjust insulin?" and "Can you prescribe warfarin and adjust it?" So, I think there are some perceived limits on what a pharmacist can and cannot do that may or may not be accurate. It's maybe not really resistance, but rather a lack of knowledge and not knowing what to expect. I know that there have been nurses whom I've worked with in Home Care who have come to appreciate my skill set, and now we work together much more collaboratively than in the past. So over time, the acceptance and comfort grow.

How have patients responded?

I would say very positively. The patients seem to be more than happy with it. I haven't had any patients tell me to leave or anything. Once you

get to know them and explain what your role can be, and because I leave it up to them to decide what they want, they're pretty happy. The ones who want me to prescribe and monitor them, I've been quite happy to continue with it. And, as I said, I've had some of them for years.

Any advice for other pharmacists who want to advance their practice?

Reflect on what you feel that you're lacking. There is always someplace out there that will teach you what's needed. As Home Care pharmacists, we had looked into nursing physical assessment courses before we found the one that pertained specifically to pharmacists. So, just make sure that you do your research. There are courses available that are open to anybody where you can learn to read an ECG or to inject an inflamed joint; it's just a matter of finding them and doing them. And then having the courage to try. For the first 6 months that I was doing physical assessments, I didn't base anything on them, because I didn't feel confident that I knew what I was talking about. But, after a while, and after working with other clinicians who had those skills and talking about my findings, I became more confident—it just took time. Just allow yourself to have that time. A lot of times, when I whip out my stethoscope, patients will say, "Oh, I thought you were a pharmacist" because they then assume I'm a nurse; but I tell them that I *am* a pharmacist and then they've always been very accepting. I think we ourselves, as pharmacists, can be our own biggest barriers. We just need to get over that and move past it. And if you're going to be doing something for the rest of your life, you have to enjoy it. So, make it enjoyable. ■