Increased Pharmacists' Time in Québec Family Medicine Groups: what are the impacts?

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Réseau Québécois des Pharmaciens GMF

INTRODUCTION

Since 2015, pharmacists have integrated Family Medicine Group (FMGs/GMFs) teams across Québec (~400-450 pharmacists in 382 FMGs in 2025). Older adults (≥65 years) with vulnerability factors are at high risk of medication-related problems, adverse drug events, and potentially inappropriate prescribing. Expanding pharmacists' presence within FMGs may improve medication optimization through medication reviews, treatment adjustments, discontinuations, and initiations.

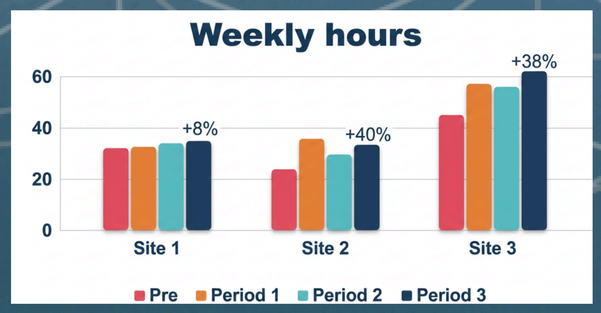
Current standard:
95% FMGs have pharmacists ~16h/week (≈5h/week/6000 patients)

BOOST Initiatives (RQP GMF + Ministère de la Santé): increased budget to allow increased time
BOOST#1 (2022-2023): + 11-28h/week in **5 FMGs**
BOOST#2 (2024/10-2026/03): + 8-12h/week in **18 FMGs**

Rationale: Test expanded pharmacist presence potential for primary care optimization
All sites: Advanced Collaborative Practice Agreements (ACPAs) → independent pharmacist prescribing

AIMS

- **Describe** BOOST#2 deployment across **18 FMGs**
- Quantify and analyze autonomous therapeutic interventions using a **pre-post evaluation in 3 FMGs** of varying sizes with the same electronic medical record (EMR) enabling coding.
- Identify optimal pharmacist presence models for scaling

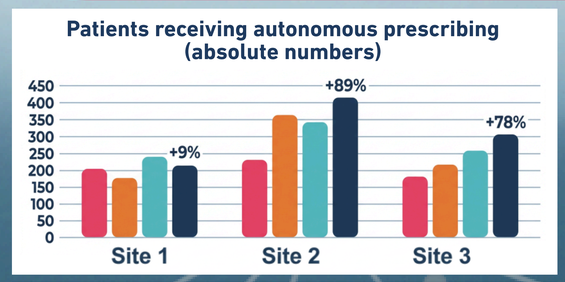


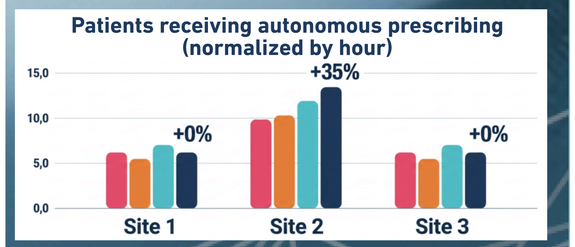
METHOD

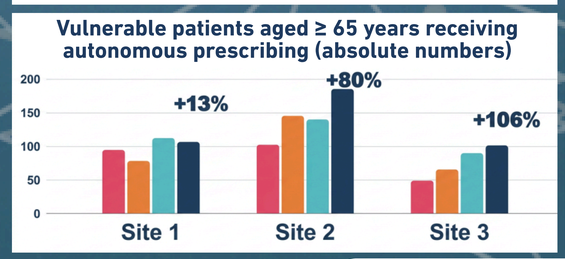
Data sources:
12-month activity reports from BOOST#2 pharmacists in 18 sites
Structured EMR coding was used for the 3-site analysis
Pre-post analysis (3 FMGs): 6-months periods
Pre: 2024/04 - 2024/09
Post: Period 1 : 2024/10 - 2025/03
Period 2 : 2025/04 - 2025/09
Period 3 : 2025/10 - 2026/03
Analysis
Qualitative: Self-reported pathway development, patient targeting. n = 18
Descriptive statistics : 3-sites (Sites 1,2 and 3), unique patients receiving autonomous pharmacist prescribing (treatment initiation, discontinuation, and adjustment). Intervention data were standardized by hours of pharmacist presence to compare productivity across sites. Total pharmacist time reflected both baseline FMG-size-based hours and additional BOOST hours.

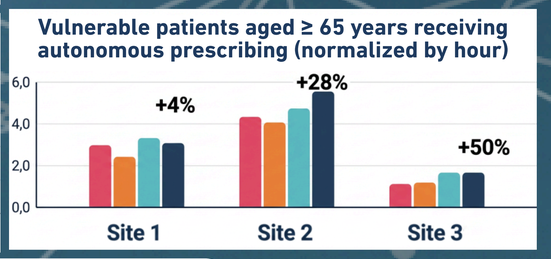
RESULTS

- **Site 1** maintained stable hours (+ 8%) and still showed increased interventions in vulnerable patients (+ 13%)
- **Site 2** became full-time (+ 40%) and showed the largest proportional gains (+89% in all patients and +80% in vulnerable) by reorganizing workflow to maximize intra and interprofessional collaboration.
- **Site 3** also improved; the additional funding was used to integrate and train a new team member, and efforts were refocused on vulnerable patients, resulting in a 106% increase in interventions (+50% when normalized by hour for each period observed).









Pre Period 1 Period 2 Period 3

DESCRIPTIVE ANALYSIS

Local Innovations & Tailored Care Pathways (n=18)

- **Vulnerable & Elderly Patient Care**: Implementation of targeted screening for orthostatic hypotension (OH) and medication reviews following patient falls.
- **Advanced Shared Care Pathways:** Development of specialized protocols in collaboration with home care teams (Soutien à domicile - SAD) and at home palliative care.
- **Interprofessional Synergy:** Enhanced workflows with primary care nurses, nurse practitioners (NPs), and local primary care access centers (GAP) to streamline care for patients without (assigned) medical physician ("patients orphelins").
- **Pharmacotherapy Trajectory:** direct transfer of patients to the FMG pharmacist (reducing physician visits).
- **Intraprofessional Collaboration (Community Pharmacy):** Structured transition of care when stable/no longer requiring FMG-level complex management.

CONCLUSION

Key findings:

- The increase in pharmacists' hours was associated with increased clinical activity and increased reach among vulnerable older adults.
- Growth in adjustments and deprescribing activities suggests enhanced medication optimization.
- Workflow reorganization and dedicated pathways improved hourly intervention rates.

Clinical program development : BOOST#2 enabled the creation of dedicated chronic disease pathways (COPD, falls, chronic pain, diabetes, HTN, osteoporosis, mental health) and increased targeted medication reviews for vulnerable adults across all 18 sites.

Practice implications:

- Consistent availability preserves referral reflexes
- Full-time presence maximizes interventions
- Model scalability across FMG sizes

Next: Province-wide implementation to enhance medication safety/efficiency.

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