

# Practice Spotlight: Sheri L Koshman and Glen J Pearson

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**C**ardiac EASE (Ensuring Access and Speedy Evaluation) is a tertiary general cardiology referral clinic at the University of Alberta Hospital in Edmonton, Alberta. The program encompasses intake, triage, clinical and diagnostic assessment, and follow-up of referred patients. The team includes pharmacists with advanced training (i.e., PharmD qualification), nurse practitioners, physicians, and support staff. As clinical pharmacotherapy practitioners, Dr Sheri Koshman and Dr Glen Pearson provide patient care for both the clinical assessment and follow-up activities within the clinic.

Cardiovascular conditions account for a significant amount of morbidity and mortality in Canada. Advanced cardiac care usually requires consultation with a cardiologist and is often the point of entry for cardiac diagnostic testing. At many Canadian centres, there is currently a delay between the request for and completion of outpatient cardiology consultation.

Additional delays result from the traditional approach of deferring diagnostic testing until after clinical assessment by a cardiologist, which necessitates additional follow-up visits for the patient. Furthermore, current cardiology referral processes do not allow efficient triaging of patients on the basis of risk stratification and urgency of evaluation.

The Cardiac EASE clinic was initiated as a 3-year pilot project funded (through a \$1 million grant) by the Medical Services Delivery Innovation Fund, which is sponsored by Alberta Health and Wellness (the provincial government's department of health) and the Alberta Medical Association. The project was designed to improve access to and efficiency of tertiary cardiology consultative services for nonemergent referrals by establishing a single point of entry and using a multidisciplinary team with a unique set of knowledge and skills. The program is currently funded operationally by Capital Health.

Clinical pharmacotherapy practitioners have been vital members of the team from the clinic's inception. The primary role of both Dr Koshman and Dr Pearson is clinical assessment of patients. When patients are referred to the clinic, there is a central intake and triage process whereby patients are scheduled according to their individual risk. Diagnostic tests are arranged before and around the same time as the patient's clinic visit to facilitate availability of results for assessment in clinic. On arrival in the clinic, the patient is initially evaluated by either a clinical pharmacotherapy pharmacist or a nurse practitioner. The pharmacists' responsibilities in the clinic parallel those of the nurse practitioners. During the initial assessment, a complete medical history is obtained and a detailed physical examination performed. The physical examination includes measurement of blood pressure and heart rate, assessment of pulses, a precordial examination, cardiac and pulmonary auscultation, and assessment of fluid status. The results of laboratory and diagnostic testing are also

reviewed. After the assessment, the pharmacotherapy pharmacist reviews the case with the cardiologist in private, providing an overall impression and recommended treatment plan. After this discussion, the pharmacist and the cardiologist return to the patient to review the results of the diagnostic tests, the prognosis, and the treatment plan. The cardiologist then leaves to dictate a detailed consultation letter, and the pharmacist closes the visit by answering the patient's questions, clarifying information as needed, reviewing plans for further follow-up, and providing additional drug information, if required. A wide variety of patients are seen, as the clinic is a general cardiology referral service; however, the patients most commonly undergoing evaluation are those with chest pain, arrhythmias, and dyspnea requiring assessment.

The clinic currently funds a 0.5 full-time equivalent (FTE) position for the clinical pharmacotherapy practitioner. This funding covers the 4 half-day clinics that the program operates each week. Dr Pearson is an original member of the clinic staff and has been working there since fall 2003; Dr Koshman has been practising in the clinic since July 2005, initially as part of her postdoctoral ambulatory cardiology fellowship and now as a member of the Division of Cardiology.

Cardiac EASE provides a unique ambulatory practice for pharmacists, offering an expanded scope of practice and collaborative practice opportunities.

Enhancement of pharmacists' skills in taking a complete medical history, performing physical examinations, and interpreting the results of diagnostic tests allows for integration of all available information into proactive decisions regarding pharmacotherapy and offers an additional level of interprofessional collaboration through overlapping roles.

Future developments for the clinic will include integrating the pharmacist's role into triage and independent follow-up of patients through Alberta Telehealth. In addition, experience with this role will support other opportunities for pharmacist-led clinics, which will be further enabled by recent changes in prescriptive authority in Alberta.

Cardiac EASE provides a framework for expansion of pharmacists' clinical practice and exemplifies the potential roles for pharmacists in improving patient care and health care delivery within the health care team.

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The Practice Spotlight series highlights the accomplishments of Canadian pharmacists with unique practices in hospitals and related health care settings. If you have a unique or innovative practice, or you know someone else who should be profiled, please submit your contact information to Mary Ensom, Editor of *CJHP* ([cjhpedit@cshp.ca](mailto:cjhpedit@cshp.ca)), and one of our Associate Editors will be in touch with you.

