look forward to learning more about their exciting outcomes.

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Re: The Diversity of Providers on the Family Medicine Team

The recent policy brief by Bazemore et al[1] points out the need for increased diversity among team members for an optimally functioning patient-centered medical home. The clinical pharmacist is an optimal member of this team based on their training, which complements that of physicians. Multiple studies have shown that pharmacists were able to improve blood pressure control in patients with previously uncontrolled hypertension, improve diabetes control in patients with uncontrolled diabetes, reduce polypharmacy, and improve medication safety.[2–6]

What is it about the family physician–pharmacist relationship that makes it work so well—seemingly better than other team combinations—in attaining patient-centered chronic disease goals? Perhaps it is the deep relationships that pharmacists and family physicians form and the ability of pharmacists, under collaborative agreements, not only to make recommendations to providers but also to order laboratory tests, initiate and adjust medications, and thoroughly educate patients about their medication therapies. Pharmacists enhance the ability of the primary care team to improve both medication outcomes and safety. As a medication expert without diagnostic skills, a pharmacist can fit tightly in step with the family physician as the diagnostic expert. No other health care professional brings this medication-centric knowledge and provides this ability to merge evidence with patient-specific parameters and patient-centered goals.

This relationship is most successful without an algorithm or step-by-step plan, but instead with a trusting relationship between provider, patient, and pharmacist that is built through the development of transparent goals by the entire team. It is precisely this complementary relationship that adds to the successful team dynamic. While payment models may be slow to catch up, and patients and physicians may be reluctant to add a pharmacist to the team because of cost, consider seeing patients as physician–pharmacist pair. Working together, pharmacists and physicians can use their specific training to form actionable items for the patient in front of them, ultimately providing better outcomes at a lower cost and with improved patient *and* provider satisfaction.

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