

# Professional Pharmacy Services Guidebook 3.0

## MedsCheck, Pharmaceutical Opinion and Pharmacy Smoking Cessation Program

JULY 2016

Ministry of Health and Long-Term Care © Queen's Printer for Ontario

Adherence to the Professional Services Guidebook and all associated documentation is subject to inspection for audit purposes. Pharmacists are obligated to ensure an understanding of MedsCheck services and their requirements prior to submitting a claim for payment to the Ontario Public Drug Programs.

***Note: This publication is intended for health care professionals and is available in English only due to its technical nature and to its limited targeted audience. This technical publication has been exempted from translation under the French Language Services Act as per O. Reg. 671/92.***

***Remarque: Cette publication est destinée aux professionnels de soins de santé et est disponible en anglais uniquement en raison de sa nature technique et à son public cible limité. Cette publication technique a été exemptée de la traduction en vertu de la Loi sur les services en français selon le règlement 671/92.***

# Table of Contents

<b>Introduction — Patients First</b> .....	10
MedsCheck Program Goals and Objectives .....	11
Goals .....	11
Program Objectives may Include .....	11
Operational Objectives may Include .....	11
Guiding Principles of the MedsCheck Program .....	11
<b>Summary of 2016 MedsCheck Program Enhancements</b> .....	13
Standardization .....	13
<b>MedsCheck 2016 — Forms and Templates</b> .....	18
Required Documentation .....	19
Payment to Pharmacies .....	20
<b>SECTION 1 MedsCheck ANNUAL MEDICATION REVIEW</b> .....	22
<b>The Patients (program eligibility)</b> .....	22
Which Patients Would Most Benefit? .....	23
Key Messages for Patients .....	23
Patient Acknowledgement of Professional Pharmacy Services .....	24
Identifying Eligible Patients .....	24
<b>The Pharmacy (location, pharmacist education)</b> .....	25
Location of Services .....	25
Pharmacist Education Requirements .....	26
TIPS — When a MedsCheck has Occurred at Another Pharmacy .....	26
<b>The Process</b> .....	27
Pharmacist’s Worksheet/Professional Notes .....	27
Conducting the Medication Review .....	27
During the Medication Review .....	28
IMPORTANT — Promoting Value of Services .....	28
MedsCheck Personal Medication Record — the patient take-away .....	29
Results Shared with Prescribers .....	29

---

# Table of Contents (Cont'd)

<b>THE PAPERWORK</b> .....	30
Document the Service .....	30
Claim for Payment .....	30
Billing for MedsCheck Services .....	31
Record Keeping .....	31
<b>SECTION 2 MedsCheck FOLLOW-UP MEDICATION REVIEW PROGRAM</b> .....	32
<b>The Patients (program eligibility, types of follow-up services)</b> .....	32
Types of MedsCheck Follow-up Services .....	34
1. A patient is discharged from hospital .....	34
2. A pharmacist's documented decision based on outlined criteria .....	34
3. A physician or nurse practitioner requests a MedsCheck Follow-up .....	34
4. A planned hospital admission .....	35
<b>The Pharmacy (location, pharmacist education)</b> .....	35
Location of Services .....	35
Pharmacist Education Requirements .....	36
<b>The Process</b> .....	37
Pharmacist's Worksheet/Professional Notes .....	37
Conducting the Medication Review .....	37
During the Medication Review .....	38
MedsCheck Personal Medication Record — the patient take-away .....	38
Results Shared with Prescribers .....	39
<b>The Paperwork</b> .....	39
Document the Service .....	39
Claim for Payment .....	40
Billing .....	41
Record Keeping .....	41

---

# Table of Contents (Cont'd)

<b>SECTION 3 MedsCheck FOR DIABETES</b> .....	42
<b>The Patients (program eligibility)</b> .....	42
<b>The Pharmacy (location, pharmacist education)</b> .....	43
Location of Services .....	43
Pharmacist Education Requirements .....	44
<b>The Process</b> .....	44
Diabetes Education Tools .....	45
Preparation .....	45
Annual Medication Review Assessment .....	46
MedsCheck Personal Medication Record — the patient take-away .....	46
Follow-up Education and Monitoring .....	47
Results Shared with Prescribers .....	48
<b>The Paperwork</b> .....	48
Document the Service .....	48
Claim for Payment .....	49
Billing .....	49
Record Keeping .....	50
<b>SECTION 4 MedsCheck AT HOME</b> .....	51
<b>The Patients (program eligibility)</b> .....	51
<b>The Pharmacy (location, pharmacist education)</b> .....	53
Location of Services .....	53
Pharmacist Education Requirements .....	53
<b>The Process</b> .....	53
MedsCheck at Home Service and Tools .....	53
Preparation .....	54
Assessment Summary/Medication Review .....	54
MedsCheck Personal Medication Record — the patient take-away .....	55

---

# Table of Contents (Cont'd)

Follow-up and Monitoring .....	55
Results Shared with Prescribers .....	56
<b>The Paperwork</b> .....	56
Document the Service .....	56
Claim for Payment .....	57
Billing .....	58
Record Keeping .....	58
<b>SECTION 5 MedsCheck LONG-TERM CARE</b> .....	59
<b>The Patients (program eligibility)</b> .....	59
<b>The Pharmacy (location, pharmacist education)</b> .....	60
Location .....	60
Pharmacist Education Requirements .....	60
<b>The Process</b> .....	61
MedsCheck LTC .....	61
The Two-fold Medication Review Program .....	61
Tools Used to Conduct the LTC Services .....	62
Initiating LTC Professional Services .....	62
Results Shared with Health Team at the LTC Home .....	62
<b>The Paperwork</b> .....	63
Documenting LTC service .....	63
Claim for Payment .....	63
Billing .....	64
Record Keeping Specific to MedsCheck LTC .....	64
<b>SECTION 6 PHARMACEUTICAL OPINION PROGRAM</b> .....	65
<b>Description: Pharmaceutical Opinion Program</b> .....	65
Outcome of the POP .....	65
Types of Prescription Interventions in a Pharmaceutical Opinion .....	66

---

# Table of Contents (Cont'd)

<b>The Process</b> .....	66
Identification of the Drug Therapy Problem .....	66
Contacting the Prescriber .....	66
Communication with the Patient .....	67
<b>The Paperwork</b> .....	67
Documentation .....	67
Claim for Payment .....	68
Billing .....	68
Record Keeping .....	68
What is NOT Considered Part of the Pharmaceutical Opinion Program .....	69
Definitions of Prescription Intervention Terms or Drug Therapy Problems .....	70
<b>SECTION 7 SMOKING CESSATION PROGRAM</b> .....	72
<b>Introduction: Pharmacy Smoking Cessation Program</b> .....	72
Program Goal .....	73
Program Objective .....	73
Operational Objective .....	73
<b>The Patients (eligibility)</b> .....	73
When Should a Smoking Cessation Service be Conducted by the Pharmacist? .....	74
<b>The Process</b> .....	74
Duration of Program .....	75
Readiness Assessment .....	75
Patient's Signature .....	75
First Consultation Meeting .....	76
Follow-up Counselling Sessions .....	77
Primary Follow-up Counselling Sessions 1–3 .....	78
Secondary Follow-up Counselling Sessions 4–7 .....	78
Program Evaluation .....	79

---

# Table of Contents (Cont'd)

<b>The Pharmacy (location, pharmacist education)</b> .....	80
Location of Meetings .....	80
Pharmacist Education Requirements .....	80
Additional Requirements .....	80
Pharmacist's Resources .....	81
Other Quit Smoking Resources .....	81
Quit Smoking Helplines .....	81
<b>The Paperwork</b> .....	82
Documentation and Record Keeping .....	82
Results .....	82
Claim for Pharmacist Payment and Program Evaluation .....	82
Pharmacy Smoking Cessation Program Payment .....	83
Data Collection .....	83
Perceived Patient Outcomes .....	84
The 5 As Algorithm .....	85
<b>APPENDIX A</b> .....	88
MedsCheck Program Patient Brochure .....	88
MedsCheck Patient Self-Assessment .....	90
<b>APPENDIX B</b> .....	91
FORM — Acknowledgement of Professional Pharmacy Services .....	91
<b>APPENDIX C</b> .....	92
FORM — Pharmacist's Worksheet for Professional Notes .....	92
<b>APPENDIX D</b> .....	93
FORM — MedsCheck Personal Medication Record .....	93

---



# Table of Contents (Cont'd)

<b>APPENDIX E</b> .....	94
FORM — Notification FAX Template to Primary Prescriber .....	94
<b>APPENDIX F</b> .....	95
FORMS — MedsCheck for Diabetes Education .....	95
<b>APPENDIX G</b> .....	96
FORMS — Pharmacy Smoking Cessation Program .....	96
Pharmacy Smoking Cessation Program — Pharmacist Fact Sheet .....	96
<b>APPENDIX H</b> .....	98
Claim Requirements for MedsCheck Programs .....	98
Additional Fields Required for Non-ODB/TDP Recipients for all Types of MedsCheck Claims .....	100
Claim Requirements for Pharmaceutical Opinion Program .....	101
Claim Requirements for Pharmacy Smoking Cessation Program .....	103
Program Evaluation Tracking .....	104
<b>APPENDIX I</b> .....	105
Summary of Programs — Fact Sheets .....	105
MedsCheck Annual launched April 1, 2007 .....	105
MedsCheck Follow-up launched November 30, 2007 .....	107
MedsCheck at Home launched September 13, 2010 .....	109
MedsCheck for Diabetes launched September 13, 2010 .....	111
MedsCheck Long-Term Care launched September 13, 2010 .....	113
Pharmaceutical Opinion Program Pharmacist Fact Sheet .....	114

---

# INTRODUCTION PATIENTS FIRST

The MedsCheck Program supports the [\*Patients First: Action Plan for Health Care\*](#) — Ontario’s plan for changing and improving Ontario’s health system.

*Patients First* exemplifies the Ontario government’s commitment to put people and patients at the centre of the medication therapy review process.

The Ontario Government fundamentally believes that pharmacists, as part of an integrated health team, have a role to play in putting people and patients first, and in providing an enhanced level of care and high-quality service delivery for patients.

The Ministry of Health and Long-Term Care (the “ministry”), collaboratively with the Ontario Pharmacy Council and the Ontario Pharmacists Association, launched the MedsCheck program on April 1st, 2007, as the first professional pharmacy service in Ontario. The program was expanded in 2010 to reach more Ontarians including reviews for homebound patients, Long-Term Care Home residents and a specialized review for patients with diabetes.

The MedsCheck program aims to be a standardized approach to assess a patient’s ability to administer their medications; appropriateness of the medication and dosing intervals; potential interactions, side effects, drug allergies and contraindications; and includes communication with the physician and/or health care professionals to resolve potential drug therapy problems that are identified using the guidelines outlined in the Pharmaceutical Opinion Program.

This guidebook also includes information on the Pharmacy Smoking Cessation Program that was launched in 2011 for Ontario Drug Benefit recipients that want to quit smoking as part of the Smoke-Free Ontario Strategy.

Responsible management of health care is part of the government’s plan to build a better Ontario through its [\*Patients First: Action Plan for Health Care\*](#), providing patients with faster access to the right care, better home and community care, the information they need to live healthy and a health care system that’s sustainable for generations to come.

# MedsCheck

## Program Goals and Objectives

### Goals

- To support optimal patient health outcomes.

### Program Objectives may Include

- To promote healthier patient outcomes, quality of life and disease self-management.
- To improve patient knowledge, understanding and adherence of drug therapy.
- To communicate patient information and support interdisciplinary collaboration in patient care.
- To optimize the effectiveness and safety of drug therapy, medical devices and supplies.

### Operational Objectives may Include

- To support patient access to health care services and resources.
- To promote system efficiency and ensure health resources are used appropriately.
- To communicate patient information and support interdisciplinary collaboration in patient care.
- To reduce inappropriate drug use and drug wastage.
- To prevent, reduce or resolve drug therapy problems.

## Guiding Principles of the MedsCheck Program

A MedsCheck represents a professional consultation between the pharmacist and the patient. Patients should be briefed on the importance of the MedsCheck Personal Medication Record as they travel through the health care system. The MedsCheck program helps patients to understand drug names, strengths, adverse events, expected or unexpected adverse effects, and how to benefit the most from their prescription medications. The record will also include medications that were not filled by prescription such as over-the-counter drugs and herbal medicines. The MedsCheck Personal Medication Record becomes important for other health care providers that are also interacting with the patient.

Through one-on-one interactions, pharmacists may provide their patients with an annual medication review service to help them better understand their medication therapy and ensure that medications are being taken as prescribed. MedsCheck is a service provided by pharmacists, with the goal of maximizing patient compliance to drug therapy.

## Guiding Principles of the MedsCheck Program (Cont'd)

- The ministry pays pharmacies a fee to provide MedsCheck medication review services to patients who are taking three or more prescription medications for a chronic condition(s). (Note: specific programs have added or different eligibility criteria.)
  - o A prescription medication is defined as a Schedule 1 drug according to the National Association of Pharmacy Regulatory Authorities, National Drug Schedules. In addition, it may be a substance listed in the Prescription Drug List to the Food and Drugs Act or in the Schedules to the Controlled Drugs and Substances Act (Canada).
  - o The number of medications is based on the number of drug identification numbers (DIN). For example, a single tablet that is a combination of two or more active medication ingredients will have one DIN and will be considered one drug under the MedsCheck program. *Please note that two different strengths of the same medication count as one medication, even if they have different DINs.*
  - o The medication review must be conducted by the community pharmacist as a one-on-one in-person interview between the patient and the pharmacist in order to qualify for payment through the Health Network System (HNS). The interview setting must ensure patient privacy.
  - o It should be noted that MedsCheck services are not intended for doctor's offices or clinical facilities to partner with a community pharmacy in order to bill for MedsChecks conducted in a clinical facility. By the same token, the MedsCheck program does not include a pharmacist — whether an in-patient staff pharmacist or a contracted community pharmacist — to conduct the MedsCheck at a hospital out-patient clinic or in the hospital prior to discharge.
- The results of any MedsCheck, including a personal medication history, will be shared with the patient/caregiver and with their physician and/or primary health care provider.
- All potential drug therapy problems identified during the MedsCheck must be resolved or have a plan for resolution prior to providing the completed MedsCheck Personal Medication Record to the patient and primary health care provider.
- The Ontario College of Pharmacists defines in its Standards of Practice the expected functions of a pharmacist specifically with respect to dispensing medications. These functions are to be part of every pharmacist's daily activities and are considered compensated for by the usual and customary dispensing fee. This program is not intended to compensate pharmacists for these functions. In order for the service to qualify for payment, the process outlined must be followed in a one-on-one interview with the patient.

# Summary of 2016 MedsCheck Program Enhancements

## Standardization

### 1. MedsCheck Brochure

An online MedsCheck patient brochure is available for patients, health care professionals and especially for pharmacists to download and be available for the people of Ontario. The brochure outlines the MedsCheck services and includes self-reflective questions for the patient to consider if the MedsCheck is for them.

The brochure serves as a tool for pharmacists to foster patient awareness of the MedsCheck program and ease their patients towards the annual process of “acknowledging professional pharmacy services.”

### 2. Acknowledgement of Services

This is an annual mandatory process for the patient to acknowledge professional pharmacy services. This is facilitated with the use of a mandatory form and when completed by the patient essentially confirms the patient’s understanding of the MedsCheck service.

This form: **Patient Acknowledgment of Professional Pharmacy Service**

- Must be completed annually and provided to the patient; a completed copy is maintained at the pharmacy
- Aims to build patient awareness and understanding of professional pharmacy services
- Replaces the patient’s signature on the MedsCheck Personal Medication Record
- May be generated/developed by pharmacy software vendors to exactly match the ministry form

Pharmacists will ensure that the patient has signed and dated the annual **Patient Acknowledgment of Professional Pharmacy Service** standardized form to confirm their agreement and understanding of the MedsCheck services. This must be done **before** the pharmacist conducts the MedsCheck service and before the pharmacist bills the ministry for the MedsCheck service through the Health Network System.

Residents of LTC Homes are exempt from signing the **Patient Acknowledgment of Professional Pharmacy Service form**.

### 3. Ensure Patient Privacy

Pharmacists must continue to ensure that they are meeting with their patients in an “acoustically private” area of the pharmacy away from other customers — preferably where there is a desk and computer.

MedsCheck are not conducted at drive-thru windows, over the telephone or through video conferencing.

Patients should be comfortable during the MedsCheck service and receive the pharmacist’s undivided attention. All Ontario pharmacies are required to have private space for counselling. If a counselling room is available at the pharmacy and the patient agrees, this can be used.

## ■ Standardization (Cont'd)

### 4. Review Medications

Pharmacists will review all medications (including over-the-counter medications and natural products, vitamins, etc.) with the patient to ensure they are being taken properly.

In so doing, pharmacists must **use a Pharmacist's Worksheet for professional notes**; they must identify and try to resolve any drug therapy problems or issues the patient may be having in managing their medication regimen, and they must ensure all documentation is readily accessible.

This form: **Pharmacist's Worksheet**

- must be completed for every MedsCheck; pharmacists must have professional notes and/or a worksheet when conducting a MedsCheck
- notes may be shared with the patient and/or primary prescriber on request
- using a worksheet is a mandatory process; the ministry provides a template and pharmacists may use it as the minimum standard
- pharmacy software vendors may adapt the form/fields. This means that the fields may be expanded and the arrangement of the fields can be modified. As a minimum, the worksheet must include all of the fields that are included in the ministry form

### 5. Prepare a MedsCheck Personal Medication Record

Pharmacists must prepare an accurate medication record (including any over-the-counter medications or natural health products the patient may be taking) to accompany pharmacist recommendations and professional notes.

Patients are not required to sign the completed MedsCheck record; however, the pharmacist must sign and date the record indicating the date of the consultation; provide a copy to the patient once all drug therapy problems have been resolved or have a plan for resolution; and keep a copy for the pharmacy records.

Pharmacists must encourage the patient to bring the record with them when returning to the pharmacy, visiting another health care provider or visiting the hospital for health reasons.

This form: **MedsCheck Personal Medication Record**

- is mandatory for all MedsCheck programs (except MedsCheck LTC) and must look exactly like the ministry example
- may be generated/developed by pharmacy software vendors to exactly match the ministry form
- must be shared with the patient's primary prescriber using the standardized fax form. A record of the successfully transmitted fax must be kept on file at the pharmacy

## ■ Standardization (Cont'd)

### 6. Follow-up with Patient

Pharmacists may provide patients with a **MedsCheck Patient Take-Home Summary** that is intended to further engage patients in identifying ways to build added awareness in their drug therapy and help to identify therapy-related goals.

If necessary, pharmacists will indicate to the patient that you will be following up with them by telephone or other alternate method, and that you are available should they have questions.

If used, the form is provided to the patient and a copy kept for the pharmacy records.

This form: **MedsCheck Patient Take-Home Summary**

- is optional
- is intended to further engage your patient and promote wellness
- if used, it must look exactly like the ministry form
- may be generated/developed by pharmacy software vendors to exactly match the ministry form
- must be signed and dated by both the pharmacist and the patient

### 7. Sharing the MedsCheck with the Primary Prescriber

Using the standardized fax template, pharmacists must share the completed MedsCheck Personal Medication Record with the patient's primary prescriber. A record of the successfully transmitted fax must be kept on file at the pharmacy.

Pharmacists are not required to use the standardized fax template for MedsCheck LTC services.

This form: **Health Care Provider Notification of MedsCheck Service**

- is mandatory and must look exactly like the ministry example
- must be provided when conducting any MedsCheck service (except for the MedsCheck LTC)
- may be generated/developed by pharmacy software vendors to exactly match the ministry form
- must be signed and dated by the pharmacist

## ■ Standardization (Cont'd)

### 8. Specific to the MedsCheck for Diabetes

The MedsCheck for Diabetes includes an annual review that involves using the Pharmacist's Worksheet and providing the patient with a MedsCheck Personal Medication Record, as well as using a diabetes education checklist and providing the patient with a Diabetes Education Patient Take-Home Summary.

The MedsCheck for Diabetes Follow-up program (that formerly required a medication review) has been replaced by Diabetes Education only. Should a person that received a MedsCheck for Diabetes Annual require another medication review during the year, they may be considered for program eligibility under the MedsCheck Follow-up program that requires a minimum of three prescription medications for chronic conditions among the other specific eligibility criteria for the MedsCheck Follow-up.

In summary, pharmacists are required to complete a **MedsCheck for Diabetes Education Checklist**, and provide the patient with a **Diabetes Education Patient Take-Home Summary** for every MedsCheck Diabetes Annual and every Diabetes Education Follow-up review. All documentation must be kept on file and be readily accessible at the pharmacy.

This form: **Diabetes Education Checklist**

- is a template example that provides for the minimum standards when conducting a MedsCheck for Diabetes Annual + Diabetes Education services
- is mandatory; the checklist must be used for the MedsCheck Diabetes annual or when Diabetes Education Follow-up sessions are arranged
- pharmacy software vendors may adapt the form/fields as a minimum  
This means that the fields may be expanded and the arrangement of fields can be modified. As a minimum, the diabetes checklist must include all the fields that are included in the ministry form
- must be signed and dated by the pharmacist

This form: **Diabetes Education Patient Take-Home Summary**

- is mandatory and must look exactly like the ministry example
- must be provided to the patient when conducting a MedsCheck for Diabetes Annual +/- Diabetes Education
- may be adapted by pharmacy software vendors to exactly match the ministry form
- must be signed and dated by both the pharmacist and the patient

### **Please note: Pharmacist Education for MedsCheck for Diabetes program**

Pharmacists providing this service are required to have adequate knowledge of diabetes education such as a recent professional program by a Canadian Council On Continuing Education In Pharmacy (CCCEP) approved accredited provider or a current Certified Diabetes Educator designation.



## ■ Standardization (Cont'd)

### **9. Claim for Payment**

For audit purposes, claims must be submitted on the day of the MedsCheck service; a copy of the signed MedsCheck Personal Medication Record, the Pharmacist's Worksheet, evidence that the MedsCheck record was faxed to the prescriber, the annual acknowledgement of services documentation, and if applicable, the diabetes education checklist, a copy of the Diabetes Education Patient Take-Home Summary as well as any other related records are kept on file at the pharmacy in a readily retrievable format.

Pharmacists may submit a claim for payment after completing the MedsCheck and providing the patient with their signed and dated MedsCheck Personal Medication Record including any recommendations if applicable.

Copies of all forms and other forms of documentation must be kept on file and be readily accessible at the pharmacy.

# MedsCheck 2016

## Forms and Templates

The MedsCheck Brochure and the MedsCheck forms and templates are available on the ministry website.

Each ministry form is numbered; they are compliant with the Accessibility for Ontarians with Disability Act (AODA) and available in French.

The forms must include the Ministry Trillium and MedsCheck logo on the header, as well as the Ontario Pharmacists Association (OPA) logo and a place for an individual pharmacy logo (if there is one) on the footer.

What the pharmacy system creates must match the ministry patient-facing forms exactly, unless otherwise specified (see below).

### **MedsCheck Forms:**

- 1. Form # 4975-47E: MedsCheck Patient Acknowledgement of Professional Pharmacy Services:** the use of this form is mandatory in its design and look. Pharmacies may use the ministry form. If pharmacies choose to adapt the form, it must look exactly like the ministry form.
- 2. Form # 4967-47E: Pharmacist's Worksheet:** the use of a worksheet for professional notes is mandatory. Pharmacies may use the ministry template. Pharmacy software systems that have this capability must include the ministry template examples as a minimum standard.
- 3. Form # 4968E: MedsCheck Personal Medication Record:** the use of this form is mandatory in its design and look. Pharmacies may use the ministry form. If pharmacies choose to adapt the form, it must look exactly like the ministry form.
- 4. Form # 4974-47E: MedsCheck Patient Take-Home Summary:** the use of this form is preferred but not mandatory at this time for patients. Pharmacies may use the ministry form. If pharmacies choose to adapt the form, it must look exactly like the ministry form.
- 5. Form # 4976-47E: Health Care Provider Notification of MedsCheck Services:** the use of this form is mandatory in its design and look. Pharmacies may use the ministry form. If pharmacies choose to adapt the form, it must look exactly like the ministry form. Pharmacy service providers of Long-Term Care homes are exempt from using the fax form as MedsCheck LTC.
- 6. Form # 4969-47E: Diabetes Education Checklist:** the use of a diabetes checklist is mandatory. Pharmacies may use the ministry template. Pharmacy software systems that have this capability or that are incorporating a diabetes checklist to their pharmacy systems must include the ministry template examples as a minimum standard.
- 7. Form # 4970-47E: Diabetes Education Patient Take-Home Summary:** the use of this form is mandatory in its design and look. Pharmacies may use the ministry form. If pharmacies choose to adapt the form, it must look exactly like the ministry form.

Please also refer to Appendices A to G for more information on MedsCheck forms, templates and the MedsCheck patient brochure.

## **REQUIRED DOCUMENTATION**

MedsCheck program documentation must be readily retrievable and includes “original records” that could be original paper documents, electronic scanned images of original paper documents or electronic records.

Required documentation that must be available at the pharmacy in a readily retrievable format includes:

- MedsCheck Patient Acknowledgement of Professional Pharmacy Services (standardized form) that is completed annually. The completed form replaces the patient signature on the final MedsCheck Personal Medication Record.
- Pharmacist’s Worksheet/professional notes — for every MedsCheck, pharmacists must have professional notes and/or a worksheet. Notes may be shared with the patient and/or primary prescriber on request.
- MedsCheck Personal Medication Record (standardized form). The record must be signed and dated by the pharmacist indicating the date of the consultation and all drug therapy problems must be followed up or have a plan for resolution prior to providing the form to the patient.
- MedsCheck Patient Take-Home Summary. This record, if used or if offered to the patient, must be signed and dated by both the pharmacist and the patient.
- Mandatory Fax/Letter to the primary prescriber (standardized form). Pharmacists must share the MedsCheck record with the primary prescriber using this form, thereby indicating the MedsCheck was shared with the patient’s prescriber.
- MedsCheck for Diabetes — Education Checklist — mandatory for conducting a MedsCheck Diabetes Annual. NOTE: Diabetes Education replaces the former MedsCheck for Diabetes “Follow-up” service. Pharmacists are not required to provide a medication therapy review component as was done prior to the MedsCheck Program enhancements; the follow-up service includes diabetes education/training only. All Diabetes Education services require a Diabetes Education Patient Take-Home Summary.
- Diabetes Education Patient Take-Home Summary — provided to the patient with each MedsCheck for Diabetes (annual and/or education follow-up). This form must be signed and dated by both the pharmacist and the patient.

## ■ Payment to Pharmacies

The amounts reimbursed to community pharmacies for MedsCheck and Professional Pharmacy services are indicated in Table 1.

For more detailed information on claims submissions, please refer to Appendix H for more detailed information on claims submissions.

For a Summary of Programs, please refer to Appendix I.

**Table 1: Professional Pharmacy Services and Payment to Pharmacies**

PROGRAM	PAYMENT	PIN	PATIENT ELIGIBILITY
<b>MedsCheck</b> • Annual	\$60 annual	93899979	All Ontario residents meeting criteria
<b>MedsCheck Follow-up:</b> • Hospital Discharge • Pharmacist’s Documented Decision • Physician/NP Referral • Planned Hospital Admission	\$25 per follow-up	93899981 93899982 93899983 93899984	All Ontario residents meeting criteria
<b>MedsCheck for Long-Term Care home residents:</b> • Annual • Quarterly	\$90 annual \$50 quarterly	93899985 93899986	All Ontario residents who live in an LTC Home
<b>MedsCheck at Home — Ontarians not able to attend the pharmacy due to physical/mental issues:</b> • Annual	\$150 annual	93899987	All Ontario residents meeting criteria
<b>MedsCheck for Diabetes — Ontarians diagnosed with type 1 or 2 diabetes:</b> • Annual • Education Follow-up	\$75 annual \$25 follow-up education	93899988 93899989	All Ontario residents living with diabetes

**Table 1: Professional Pharmacy Services and Payment to Pharmacies (Cont'd)**

PROGRAM	PAYMENT	PIN	PATIENT ELIGIBILITY
<b>Pharmaceutical Opinion Program; clinical intervention at time of dispensing or during a MedsCheck that requires prescriber engagement:</b> <ul style="list-style-type: none"> <li>• Not filled as prescribed</li> <li>• No change to prescription; filled as prescribed</li> <li>• Change to prescription</li> </ul>	\$15 per intervention	93899991 93899992 93899993	ODB eligible recipients only
<b>Pharmacy Smoking Cessation Program First Consultation (once per year):</b> Readiness assessment is complete including willingness to set a quit date; patient has enrolled in the program and provided signed consent to the pharmacist for purposes of sharing health information within the circle of care and for program data collection.	\$40	93899941	ODB eligible recipients only
<b>Primary Follow-up Counselling Sessions 1–3</b> (max. 3 times per year $\$15 \times 3 = \$45$ )	\$15	93899942	
<b>Secondary Follow-up Counselling Sessions 4–7</b> (max. 4 times per year $\$10 \times 4 = \$40$ )	\$10	93899943	
<b>*Successful Quit</b> (once per year, if applicable)	\$0	93899944*	
<b>*Unsuccessful Quit</b> (once per year, if applicable)	\$0	93899945*	
<b>*Unknown Quit Status</b> (once per year, if applicable)	\$0	93899946*	
* Evaluation of Quit Status — select one option per patient only			

# SECTION 1 MedsCheck ANNUAL MEDICATION REVIEW

## THE SERVICE IS:

- voluntary
- in-person
- paid for by the Ontario Government
- available to community-based patients (registered hospital in-patients or registered out-patients are not eligible for MedsCheck services)

## The Patients (program eligibility)

To qualify for a MedsCheck, a patient must be:

- a resident of Ontario
- a holder of a valid Ontario Health Card, and
- currently taking a minimum of three prescription medications for a chronic condition

### THE CRITERIA OF THREE PRESCRIPTION MEDICATIONS FOR A CHRONIC CONDITION

A prescription medication is defined as a Schedule 1 drug according to the National Association of Pharmacy Regulatory Authorities, National Drug Schedules. In addition, it may be a substance listed in the Prescription Drug List to the Food and Drugs Act or in the Schedules to the Controlled Drugs and Substances Act (Canada).

The number of medications is based on the number of drug identification numbers (DIN). For example, a single-tablet that is a combination of two or more active medication ingredients will have one DIN and will be considered one drug under the MedsCheck program.

*Please note that two different strengths of the same medication count as one medication, even if they have different DINs.*

**Please note:** Added criteria for other programs include:

- in the case of a MedsCheck for Diabetes, living with either type 1 or type 2 diabetes and not necessarily taking a minimum of three prescription medications
- in the case of a MedsCheck at Home, home bound, not able to physically attend the pharmacy due to physical/mental incapacity, or
- in the case of a MedsCheck for Long-Term Care, living in a Long-Term Care home

## ■ Which Patients Would Most Benefit?

Typically, patients who have several chronic medical conditions and are taking multiple medications are at a higher risk for medication-related problems including:

- patients who may be having trouble managing their medication, or who have a history of non-compliance
- patients who have had significant changes made to their regimen in the past 100 days
- patients on “high alert” medications, such as warfarin, digoxin and opiates
- patients who have recently been discharged from hospital
- patients living with type 1 or 2 diabetes
- patients who are elderly, fragile and not able to attend the pharmacy in person

Physicians and other health care providers may also refer patients to their pharmacist for this service.

Please note that hospital in-patients or registered out-patients are not eligible for MedsCheck services.

## ■ Key Messages for Patients

To help prepare for a more meaningful interview, you may ask the patient to complete a short questionnaire or screening tool, or provide the patient with the MedsCheck brochure that summarizes the program with questions that engage the patient.

Please refer to Appendix A for more information on the MedsCheck Patient Brochure.

Patients benefit most from medications when they take the right medicines for the right reasons at the right dose and at the right time.

### **THE FOLLOWING KEY MESSAGE MAY BE HELPFUL WHEN INTRODUCING THE MedsCheck SERVICE TO YOUR PATIENTS:**

- The service is voluntary and is paid for by the Ontario Government.
- The service will help you get the most from your medications and allow you to ask questions or discuss any concerns you may have.
- It will take up to 20–30 minutes of your time.
- An appointment can be scheduled for a time that is convenient to you.
- Encourage their caregiver to come along, if appropriate.

### **REMIND THE PATIENT TO BRING:**

- Their medication containers or a list of what they are taking.
- Medication containers from other pharmacies.
- Over-the-counter drugs, vitamins and herbal remedies they are taking.
- Any devices being used to administer their medications, if possible.

## ■ Patient Acknowledgement of Professional Pharmacy Services

### **MedsCheck PATIENT ACKNOWLEDGEMENT OF PROFESSIONAL PHARMACY SERVICES**

If the patient agrees to receiving a MedsCheck:

- they must complete the MedsCheck Patient Acknowledgement of Professional Pharmacy Services form each year that ensures an understanding of the program and an awareness that the MedsCheck will be shared with the patient's primary prescriber
- schedule an appointment for the MedsCheck. Please allow sufficient time so you can talk with the patient uninterrupted

Refer to Appendix B for the Acknowledgment of Professional Pharmacy Services form.

## ■ Identifying Eligible Patients

- Pharmacists may refer to the patient's pharmacy medication profile as well as any referral information and/or drug therapy documentation provided to the pharmacist from another health care professional or the patient.
- Patients identified as potential candidates for any MedsCheck are required to complete the annual MedsCheck Patient Acknowledgement of Professional Pharmacy Services form with the pharmacist.
- Pharmacists must annually assess which MedsCheck service is most appropriate for returning patients.



# The Pharmacy

(location, pharmacist education)

## ■ Location of Services

The MedsCheck Annual takes place in the community pharmacy.

Pharmacists must ensure they are meeting with their patients in an “acoustically private” area of the pharmacy away from other customers — preferably where there is a desk and computer.

MedsCheck are not conducted at drive-thru windows, over the telephone or through video conferencing.

Patients should be comfortable during the MedsCheck service and receive the pharmacist’s undivided attention. If a counselling room is available at the pharmacy and the patient agrees, this can be used.

For patients who are not able to attend the pharmacy and have their caregiver visit the pharmacy, the pharmacist may conduct the MedsCheck with the caregiver provided there is patient consent and documentation that the MedsCheck was conducted with the patient’s caregiver.

Every attempt should be made for the patient to attend the pharmacy for the MedsCheck service; however, if there is a request by the patient or the caregiver for the pharmacist to visit the patient in their home for the patient who is otherwise able to attend the pharmacy (i.e., not meeting the requirements of a MedsCheck at Home), the pharmacist is required to document where the visit took place including proof that there was a request and the reason why the patient cannot attend the pharmacy. The visit under these circumstances would be reimbursed as a MedsCheck Annual, MedsCheck Follow-up, MedsCheck Diabetes Annual or Diabetes Education Follow-up depending on the situation.

During the review, patients will have an opportunity to meet with their community pharmacist, in person, one-on-one, to learn more about their medications. As part of this service, pharmacists will:

- help them to understand drug names, strengths, adverse effects and usage instructions
- ensure they are taking their medications as their doctor has directed
- provide patients with an accurate and complete MedsCheck Personal Medication Record that they may take with them when they visit their physician, other health care providers or if they go to hospital
- address patient concerns and determine whether the patient should be referred to the physician

## ■ Pharmacist Education Requirements

All MedsCheck programs are considered to be in the scope of practice of a pharmacist licensed to practice direct patient care (Part A of the Register, Ontario College of Pharmacists).

### **TIPS — WHEN A MedsCheck HAS OCCURRED AT ANOTHER PHARMACY**

Ask your patient if they have already had this service from another pharmacy and whether they completed the Patient Acknowledgement of Professional Pharmacy Services form elsewhere. Refer to Appendix B.

If they have had a MedsCheck Annual from another pharmacy within the past year, they are not eligible under the program to receive another annual review. However, patients may be eligible for a MedsCheck Follow-up within the annual timeframe under specific criteria.

In addition, the patient will have to complete another MedsCheck Patient Acknowledgement of Professional Pharmacy Services form at the second pharmacy.



# The Process

## Pharmacist's Worksheet/Professional Notes

Prepare a list of the medications dispensed at your pharmacy in advance.

### PHARMACIST'S WORKSHEET/PROFESSIONAL NOTES

Pharmacists must use a worksheet for professional notes, lists of medications and documentation. The worksheet can be shared with the patient and the primary prescriber on request.

The ministry provides a Pharmacist's Worksheet template that outlines the minimum fields that must be included in professional notes. Refer to Appendix C for more information on the Pharmacist's Worksheet.

Pharmacists should also refer to the Ontario College of Pharmacists (OCP) **Documentation Guidelines** for added support about documentation in general. Refer to the OCP website at [www.ocpinfo.com](http://www.ocpinfo.com)

## ■ Conducting the Medication Review

Confirm that the patient understands the voluntary nature of the service and agrees to the interview before beginning. While acknowledging the MedsCheck service is an annual service and patients will have completed the required acknowledgment form, the pharmacist must be active in confirming the patient's awareness of the purpose of the service. This is important since pharmacists will be collecting personal, lifestyle and health information from the patient on a Pharmacist's Worksheet.

**Summarize the goals of the interview with the patient and/or caregiver. Explain that you will:**

- verify chronic medical conditions, any allergies and the patient's overall health status
- review and discuss the proper use of all medications, including non-prescription products, vitamins and natural products
- aim to resolve any drug therapy problems you may discover, consulting with the patient's doctor, when necessary (please refer to the Pharmaceutical Opinion Program in Section 3 for more information)
- document all notes on a Pharmacist's Worksheet. Please note that the pharmacist's professional notes may be shared with the patient if they are interested as well as with the patient's primary prescriber on request
- provide tips/additional information on how to obtain the best results from the medication

## ■ Conducting the Medication Review (Cont'd)

- provide the patient with contact information where appropriate for additional resources, support and referrals
- provide an up-to-date and accurate MedsCheck Personal Medication Record
- explain to the patient the importance of taking this record with them when they visit their doctor or go to the hospital
- indicate to the patient that the completed medication record will be shared with their primary prescriber

## ■ During the Medication Review

Pharmacists may decide that they need to do further research and assessment.

- Consider reviewing the information gathered in your interview/professional notes. If necessary, gather more information (from the patient's prescriber or caregiver).
- Compare the list of medications that the patient is taking to the medication prescribed by their prescriber(s).
- Identify any issues and use your professional judgment to decide how they can be resolved.

### **Some examples of issues that come up during a medication review:**

Some of the issues may be straightforward and require relatively little time and no further information to address.

During any MedsCheck, you may uncover significant drug therapy problems (DTP) that require further patient assessment and more time to resolve as you may need to consult with the patient's doctor. The Pharmaceutical Opinion Program (POP) outlines the process of working through DTPs that pharmacists may encounter. Currently, this program is a billable service for Ontario Drug Benefit (ODB) recipients; however, pharmacists are responsible for identifying and resolving or having a plan for a resolution for all potential DTPs whether the patient is on ODB or not.

Please refer to Section 6 for more information on the Pharmaceutical Opinion Program.

### **IMPORTANT — PROMOTING VALUE OF SERVICES**

It is important to promote the value of your professional services. Take a few moments during the consultation to review with the patients what services you provided and any follow-up plan. Be sure to reinforce key recommendations.

Remind the patients of the importance of keeping their medication record up to date at all times. They should bring their MedsCheck Personal Medication Record with them each time they visit the pharmacy or their doctor. And, if possible, they should be reminded of the importance of asking you to update the record and taking it with them any time they are admitted to hospital, and again having it updated upon being discharged from their hospital visit.

## ■ MedsCheck Personal Medication Record — the patient take-away

Pharmacists must prepare an accurate MedsCheck Personal Medication Record using the MedsCheck standardized form and provide the record to the patient. The record accompanies the pharmacist's professional notes and recommendations.

The pharmacist is required to sign and date the record indicating the date of the actual consultation with the patient.

Please refer to Appendix D for more information on the mandatory MedsCheck Personal Medication Record.

Patients are not required to sign the MedsCheck Personal Medication Record; however, they are required to complete the annual MedsCheck Patient Acknowledgement of Professional Pharmacy Services form with the pharmacist each year.

As noted, pharmacists must aim to resolve all potential drug therapy problems before sharing the MedsCheck Personal Medication Record with the patient.

When completed, pharmacists must share the MedsCheck Personal Medication Record (and the Diabetes Education Patient Take-Home Summary if applicable) with the patient's primary prescriber. Sharing the record(s) with other members of the patient's health team is determined and agreed on between the pharmacist and the patient.

Pharmacists may share professional notes and checklists with the patient and the primary prescriber on request.

## ■ Results Shared with Prescribers

The results of a MedsCheck medication review refer to the MedsCheck Personal Medication Record, which is shared with:

- the patient
- the primary care provider (physician, nurse practitioner)
- other persons as agreed on with the patient

The pharmacist maintains copies for the pharmacy record and the originals are provided to the patient.

Pharmacists will facilitate information sharing within the health team by sharing the MedsCheck Personal Medication Record with the patient's primary prescriber using a standardized notification letter/fax template. Should there be other prescribers or members of the health team identified by either the patient or pharmacist, this can also be shared using the standard fax template.

Pharmacists must indicate on the fax template whether the MedsCheck Personal Medication Record requires action by the prescriber or whether it serves as information to be filed.

Please refer to Appendix E for the Notification FAX template to Primary Prescriber.

Pharmacist's professional notes may also be shared with prescribers and patients on request.

## The Paperwork Document the Service

It is important to clearly document all patient interactions to support payment for the MedsCheck medication review services. For example:

- a copy of the MedsCheck Personal Medication Record that is signed and dated by the pharmacist must be maintained in a readily retrievable format
- proof that the MedsCheck Record was shared with the primary prescriber
- supporting documentation where applicable such as the pharmacist's worksheet for professional notes, a diabetes education checklist, a diabetes monitoring plan, patient consent documentation, medicine cabinet clean-up and drug disposal documentation, as well as follow-up visits

Please refer to "Required Documentation" on page 19 of this guidebook.

Refer to the Ontario College of Pharmacists' *Standards of Practice and Documentation Guidelines for Pharmacists* for patient interaction documentation requirements.

Many pharmacy software systems have the ability to document patient interactions and pharmacist professional notes. Alternatively, a paper-based system may also be used adapting the ministry templates for this purpose. All information should be in a readily retrievable format for audit purposes. A paper-based and/or an electronic system must cross-reference the claim transaction number.

### Claim for Payment

The pharmacist bills for the service through the Ontario Drug Benefit Health Network System (HNS) with payment to the community pharmacy upon completion of the MedsCheck review including any MedsCheck drug therapy problems.

In the case of Pharmaceutical Opinion Program claims, a claim for payment can only be submitted after the prescription intervention has occurred, the patient has been informed, the prescriber has been contacted, and documentation is completed and signed by the pharmacist.

A claim for payment must be submitted on the day the MedsCheck takes place, unless otherwise specified in these Guidelines.

If the MedsCheck was conducted outside the pharmacy as in the case of the MedsCheck for LTC or MedsCheck at Home, pharmacists may submit the claim for service up to one business day later.

Patients are to be provided with a signed/dated complete MedsCheck Personal Medication Record when the pharmacist has resolved any potential drug therapy problems to the best of their ability.

### **BILLING FOR MedsCheck SERVICES:**

The procedure for claims submissions for the MedsCheck and Pharmaceutical Opinion Program services are outlined in Appendix H.

Billing a MedsCheck service without complete documentation or without patient consent or for purposes that are outside of the specified program criteria may result in a recovery of the full amount claimed.

Examples of improper billing include MedsChecks for patient monitoring programs (e.g., warfarin dosing), routine medication counselling, medication reviews conducted over the phone or by video conferencing, and medication review recommendations that are built into medical directives, reviews without patient acknowledgment and awareness, prescription refill requests and communicating with prescribers to clarify prescriptions including prescription refills.

## **Record Keeping**

The MedsCheck represents the best possible medication review history based on the accuracy and completeness at the time of the MedsCheck consultation and/or appointment. Patients are encouraged to carry their MedsCheck Personal Medication Record with them when visiting their physician, other health care providers or if they go to the hospital.

That same MedsCheck Personal Medication Record and all professional notes, checklists, physician/prescriber referrals, fax covers when sharing the MedsCheck information with the patient's primary care prescriber, patient acknowledgement of services form, diabetes checklists and patient take-home summaries as well as any other documentation relating to the MedsCheck service — for example, documentation on prescriptions that apply to the Pharmaceutical Opinion Program — all of this documentation must be maintained at the pharmacy in a readily retrievable format as part of the patient's pharmacy health record.

Retention of MedsCheck documents and associated records pertaining to the patient record must be kept on site in a readily retrievable format at the pharmacy for a minimum period of ten years or as indicated in O. Reg. 58/11 of the Drug and Pharmacies Regulation Act.

# SECTION 2 MedsCheck FOLLOW-UP MEDICATION REVIEW PROGRAM

## THE SERVICE IS:

- voluntary
- in-person
- paid for by the Ontario Government
- available to community-based patients (registered hospital in-patients or registered out-patients are not eligible for MedsCheck services)

Patients who are taking multiple medications and experience hospital visits may benefit from another medication review — MedsCheck Follow-up — during the year. For this purpose the ministry outlines four categories when this may happen. Patients need to meet the same eligibility criteria as for the MedsCheck Annual, as well as meet the criteria for one of the four MedsCheck Follow-up types.

## The Patients (program eligibility, types of follow-up services)

Please refer to the MedsCheck Annual medication review process for fundamental information including tips for pharmacists, the value of professional services and key messages that apply to all MedsCheck reviews.

### Eligibility:

- a resident of Ontario
- a holder of a valid Ontario Health Card, and
- currently taking a minimum of three prescription medications for a chronic condition





## The Patients (Cont'd)

(program eligibility, types of follow-up services)

### **THE CRITERIA OF THREE PRESCRIPTION MEDICATIONS FOR A CHRONIC CONDITION**

A prescription medication is defined as a Schedule 1 drug according to the National Association of Pharmacy Regulatory Authorities, National Drug Schedules. In addition, it may be a substance listed in the Prescription Drug List to the Food and Drugs Act or in the Schedules to the Controlled Drugs and Substances Act (Canada).

The number of medications is based on the number of drug identification numbers (DIN). For example, a single tablet that is a combination of two or more active medication ingredients will have one DIN and will be considered one drug under the MedsCheck program.

*Please note that two different strengths of the same medication count as one medication, even if they have different DINs.*

Please note that hospital in-patients or registered out-patients are not eligible for MedsCheck services.

### **MedsCheck PATIENT ACKNOWLEDGEMENT OF PROFESSIONAL PHARMACY SERVICES**

If the patient agrees to receiving a MedsCheck:

- they must complete the MedsCheck Patient Acknowledgement of Professional Pharmacy Services form each year that ensures an understanding of the program and an awareness that the MedsCheck will be shared with the patient's primary prescriber
- schedule an appointment for the MedsCheck. Please allow sufficient time so you can talk with the patient uninterrupted

Refer to Appendix B for the Acknowledgment of Professional Pharmacy Services form.

## ■ Types of MedsCheck Follow-up Services

### 1. A patient is discharged from hospital

The MedsCheck Follow-up is conducted within two weeks after a patient is discharged from hospital. If the patient is unable to come to the pharmacy post-discharge, the MedsCheck service may be conducted in person with the patient's caregiver with patient's consent.

Pharmacists will:

- document on the pharmacist's worksheet the name of the discharging institution and the date the patient was discharged; a copy of the signed and dated MedsCheck Personal Medication Record, and any supporting documentation is kept on file in a readily retrievable format

### 2. A pharmacist's documented decision based on outlined criteria

A MedsCheck Follow-up may be conducted at the discretion of the pharmacist under the following circumstances:

- significant changes made to an existing medication profile — this may include the addition of more than one new prescription medication. Please note that changes to existing medication profiles must be significant enough to warrant a complete in-person medication review with the patient and with the patient's consent
- documented evidence of patient non-compliance, or
- patient has changed their place of residence and has transferred their prescriptions to a different pharmacy where a MedsCheck Follow-up is warranted

Conducting any MedsCheck does not refer to the usual patient counselling required as per the Standards of Practice on new prescriptions and/or prescription changes.

### 3. A physician or nurse practitioner requests a MedsCheck Follow-up

A patient's family physician, a specialist or a registered nurse in the extended class [RN(EC)]/nurse practitioner (NP) may refer a patient for a MedsCheck. If an "annual" review has already been provided, pharmacists may conduct a MedsCheck Follow-up. Such a referral may be written or verbal. The written request should be signed by the prescriber, dated and provided to the patient or faxed to the pharmacy. The verbal request should be transcribed by the pharmacist, signed and dated.

Pharmacists will:

- ensure that the written or verbal referral received at the pharmacy is signed and dated according to the above-mentioned method of receiving
- forward a copy of the MedsCheck Personal Medication Record to the health care provider who requested the update (note, this is now mandatory practice for all MedsCheck services)
- maintain the written or transcribed referral on file along with a copy of the signed and dated MedsCheck Personal Medication Record in a readily retrievable format, for audit purposes

## ■ Types of MedsCheck Follow-up Services (Cont'd)

### 4. A planned hospital admission

Patients who are scheduled for a hospital admission may qualify and benefit from a MedsCheck review. The MedsCheck Personal Medication Record will accompany the patient on admission and will verify for hospital staff a patient's list of current medications at the point of admission.

The MedsCheck Follow-up due to a planned hospital admission includes the one-on-one pharmacist/patient consultation review of the medications *prior* to admission along with providing the patient the awareness that medications may be adjusted upon discharge. Supplying a patient medication profile at the request of the hospital without the one-on-one patient consultation does not qualify as a reason to claim for reimbursement of a MedsCheck Follow-up.

Pharmacists will:

- impress upon the patient the importance of informing the hospital staff of the MedsCheck Personal Medication Record. Alternatively, the pharmacist may arrange for the MedsCheck medication review list to be forwarded to the hospital

## The Pharmacy (location, pharmacist education)

### ■ Location of Services

The MedsCheck Follow-up takes place in the community pharmacy and should be conducted at the same pharmacy where the MedsCheck Annual took place. If this is not possible, the pharmacist conducting the MedsCheck Follow-up must make every effort to obtain a copy of the MedsCheck Annual Personal Medication Record from the originating pharmacy or from the patient. If the original cannot be obtained, this must be noted as part of the documentation.

Please refer to page 26 for “Tips — when a MedsCheck has occurred at another pharmacy.”

Pharmacists must ensure that they are meeting with their patients in an “acoustically private” area of the pharmacy away from other customers — preferably where there is a desk and computer.

MedsCheck are not conducted at drive-thru windows, over the telephone or through video conferencing.

Patients should be comfortable during the MedsCheck service and receive the pharmacist's undivided attention.

If a counselling room is available at the pharmacy and the patient agrees, this can be used.

For patients who are not able to attend the pharmacy and have their caregiver visit the pharmacy on their behalf, the pharmacist may conduct the MedsCheck with the caregiver provided there is patient consent and documentation that the MedsCheck was conducted with the patient's caregiver.

## ■ Location of Services (Cont'd)

Every attempt should be made for the patient to attend the pharmacy for the MedsCheck service; however, if there is a request by the patient or the caregiver for the pharmacist to visit the patient in their home for the patient who is otherwise able to attend the pharmacy (i.e., not meeting the requirements of a MedsCheck at Home), the pharmacist is required to document where the visit took place including proof that there was a request and the reason why the patient cannot attend the pharmacy. The visit under these circumstances would be reimbursed as a MedsCheck Annual, MedsCheck Follow-up, MedsCheck Diabetes Annual or Diabetes Education Follow-up depending on the situation.

During the review, patients will have an opportunity to meet with their community pharmacist, in person, one on one, to learn more about their medications. As part of this service, pharmacists will:

- help them to understand drug names, strengths, adverse effects and usage instructions
- ensure that they are taking their medications as their doctor has directed
- provide patients with an accurate and complete MedsCheck Personal Medication Record that they may take with them when they visit their physician, other health care providers, or if they go to hospital
- address patient concerns and determine whether the patient should be referred to the physician

## ■ Pharmacist Education Requirements

All MedsCheck programs are considered to be in the scope of practice of a pharmacist licensed to practice direct patient care (Part A of the Register, Ontario College of Pharmacists).

# The Process

## Pharmacist's Worksheet/Professional Notes

Prepare a list of the medications dispensed at your pharmacy in advance.

### **PHARMACIST'S WORKSHEET/PROFESSIONAL NOTES**

Pharmacists must use a worksheet for professional notes, lists of medications and documentation. The worksheet can be shared with the patient and the primary prescriber on request.

The ministry provides a Pharmacist's Worksheet template that outlines the minimum fields that must be included in professional notes. Refer to Appendix C.

Pharmacists should also refer to the Ontario College of Pharmacists **Documentation Guidelines** for added support about documentation in general. Refer to the OCP website at [www.ocpinfo.com](http://www.ocpinfo.com)

## **■ Conducting the Medication Review**

Confirm that the patient understands the voluntary nature of the service and agrees to the interview before beginning. While acknowledging the MedsCheck service is an annual process and patients will have completed the required acknowledgment form, the pharmacist must be active in confirming the patient's awareness of the purpose of the service. This is important since pharmacists will be collecting personal, lifestyle and health information from the patient on a pharmacist's worksheet.

### **Summarize the goals of the interview with the patient and/or caregiver. Explain that you will:**

- verify chronic medical conditions, any allergies and the patient's overall health status
- review and discuss the proper use of all medications, including non-prescription products, vitamins and natural products
- aim to resolve any drug therapy problems you may discover, consulting with the patient's doctor, when necessary (please refer to the Pharmaceutical Opinion Program for more information)
- document all notes on a pharmacist's worksheet. Please note that the pharmacist's professional notes may be shared with the patient if they are interested as well as with the patient's primary prescriber on request
- provide tips/additional information on how to obtain the best results from the medication
- provide the patient with contact information where appropriate for additional resources, support and referrals
- provide an up-to-date and accurate MedsCheck Personal Medication Record
- explain to the patient the importance of taking this record with them when they visit their doctor or go to hospital
- indicate to the patient that the completed medication record will be shared with their primary prescriber

## ■ During the Medication Review

Pharmacists may decide that they need to do further research and assessment.

- Consider reviewing the information gathered in your interview/professional notes. If necessary, gather more information (from the patient's prescriber or caregiver).
- Compare the list of medications that the patient is taking to the medication prescribed by their prescriber(s).
- Identify any issues and use your professional judgment to decide how they can be resolved.

### **Some examples of issues that come up during a medication review:**

Some of the issues may be straightforward and require relatively little time and no further information to address.

During any MedsCheck, you may uncover significant drug therapy problems (DTP) that require further patient assessment and more time to resolve as you may need to consult with the patient's doctor. The Pharmaceutical Opinion Program (POP) outlines the process of working through DTPs that pharmacists may encounter. Currently, this program is a billable service for Ontario Drug Benefit (ODB) recipients; however, pharmacists are responsible for identifying and resolving or having a plan for a resolution for all potential DTPs whether the patient is on ODB or not.

Please refer to Section 6 for more information on the Pharmaceutical Opinion Program.

## ■ MedsCheck Personal Medication Record — the patient take-away

Pharmacists must prepare an accurate MedsCheck Personal Medication Record using the MedsCheck standardized form and provide the record to the patient. The record accompanies the pharmacist's professional notes and recommendations.

The pharmacist is required to sign and date the record indicating the date of the actual consultation with the patient.

Please refer to Appendix D for more information on the mandatory MedsCheck Personal Medication Record.

Patients are not required to sign the MedsCheck Personal Medication Record; however, they are required to complete the annual MedsCheck Patient Acknowledgement of Professional Pharmacy Services form with the pharmacist each year.

As noted, pharmacists must aim to resolve all potential drug therapy problems before sharing the MedsCheck Personal Medication Record with the patient.

When completed, pharmacists must share the MedsCheck Personal Medication Record (and the Diabetes Education Patient Take-Home Summary if applicable) with the patient's primary prescriber. Sharing the record(s) with other members of the patient's health team is determined and agreed on between the pharmacist and the patient.

Pharmacists may share professional notes and checklists with the patient and the primary prescriber on request.

## ■ Results Shared with Prescribers

The results of a MedsCheck medication review refer to the MedsCheck Personal Medication Record, which is shared with:

- the patient
- the primary care provider (physician, nurse practitioner)
- other persons as agreed on with the patient

The pharmacist maintains copies for the pharmacy record and the originals are provided to the patient.

Pharmacists will facilitate information sharing within the health team by sharing the MedsCheck Personal Medication Record with the patient's primary prescriber using a standardized notification letter/fax template. Should there be other prescribers or members of the health team identified by either the patient or pharmacist, this can also be shared using the standard fax template.

Pharmacists must indicate on the fax template whether the MedsCheck Personal Medication Record requires action by the prescriber or whether it serves as information to be filed.

Please refer to Appendix E for the Notification FAX template to Primary Prescriber.

Pharmacist's professional notes may also be shared with prescribers and patients on request.

## The Paperwork Document the Service

It is important to clearly document all patient interactions to support payment for the MedsCheck medication review services. For example:

- a copy of the MedsCheck Personal Medication Record that is signed and dated by the pharmacists must be maintained in a readily retrievable format
- proof that the MedsCheck Record was shared with the primary physician
- supporting documentation such as the pharmacist's worksheet for professional notes, or if applicable a diabetes education checklist, a diabetes monitoring plan, patient consent documentation, medicine cabinet clean-up and drug disposal documentation, as well as follow-up visits

Please refer to "Required Documentation" on page 19 of this guidebook.

Refer to the Ontario College of Pharmacists' Standards of Practice and *Documentation Guidelines for Pharmacists* for patient interaction documentation requirements.

Many pharmacy software systems have the ability to document patient interactions and pharmacist professional notes. Alternatively, a paper-based system may also be used adapting the ministry templates for this purpose. All information should be in a readily retrievable format for audit purposes. A paper-based and/or an electronic system must cross-reference the claim transaction number.

## ■ Document the Service (Cont'd)

MedsCheck program documentation must be readily retrievable and includes “original records” that could be original paper documents, electronic scanned images of original paper documents or electronic records.

Pharmacists will document on the pharmacist’s worksheet the reason for providing the MedsCheck Follow-up; a copy of the signed and dated medication review record and any supporting documentation is kept on file in a readily retrievable format.

Required documentation includes the following:

- MedsCheck Patient Acknowledgement of Professional Pharmacy Services (standardized form) that is completed annually. The completed form replaces the patient signature on the final MedsCheck Personal Medication Record.
- Pharmacist’s Worksheet/professional notes — for every MedsCheck, pharmacists are expected to have professional notes and/or a worksheet. Notes may be shared with the patient and/or primary prescriber on request.
- MedsCheck Personal Medication Record (standardized form). The record must be signed and dated by the pharmacist indicating the date of the consultation, and all drug therapy problems must be followed up or have a plan for resolution prior to providing the form to the patient.
- MedsCheck Patient Take-Home Summary. This record, if used or if offered to the patient, must be signed and dated by both the pharmacist and the patient.
- Mandatory Fax/Letter to the primary prescriber (standardized form). Pharmacists must share the MedsCheck record using this form, thereby indicating the MedsCheck was shared with the patient’s prescriber.

## ■ Claim for Payment

The pharmacist bills for the service through the Ontario Drug Benefit Health Network System (HNS) with payment to the community pharmacy upon completion of the MedsCheck review including any MedsCheck drug therapy problems.

In the case of Pharmaceutical Opinion Program claims, a claim for payment is made after the Prescription Intervention has occurred, the patient has been informed, the prescriber has been contacted and documentation is completed and signed by the pharmacist.

A claim for payment must be submitted on the day the MedsCheck takes place, unless otherwise specified in these Guidelines.

If the MedsCheck was conducted outside the pharmacy as in the case of the MedsCheck for LTC or MedsCheck at Home, pharmacists may submit the claim for service up to one business day later.

Patients are to be provided with a signed/dated complete MedsCheck Personal Medication Record MedsCheck when the pharmacist has resolved any potential drug therapy problems to the best of their ability.

Billing a MedsCheck service without complete documentation or without patient consent or for purposes that are outside of the specified program criteria may be subject to recovery.



## ■ Billing

The procedure for claims submissions for the MedsCheck and Pharmaceutical Opinion Program services are outlined in Appendix H.

Billing a MedsCheck service without complete documentation or without patient consent or for purposes that are outside of the specified program criteria may result in a recovery of the full amount claimed.

Examples of improper billing include MedsChecks for patient monitoring programs (e.g., warfarin dosing), routine medication counselling, medication reviews conducted over the phone or by video conferencing, and medication review recommendations that are built into medical directives, reviews without patient acknowledgment and awareness, prescription refill requests and communicating with prescribers to clarify prescriptions including prescription refills.

## ■ Record Keeping

The MedsCheck represents the best possible medication review history based on the accuracy and completeness at the time of the MedsCheck consultation and/or appointment. Patients are encouraged to carry their MedsCheck Personal Medication Record with them when visiting their physician, other health care providers or if they go to the hospital.

That same MedsCheck Personal Medication Record and all professional notes, checklists, physician/prescriber referrals, fax covers when sharing the MedsCheck information with the patient's primary care prescriber, patient acknowledgement of services form, diabetes checklists and patient take-home summaries as well as any other related documentation relating to the MedsCheck service — for example, documentation on prescriptions that apply to the Pharmaceutical Opinion Program — all of this documentation must be maintained at the pharmacy in a readily retrievable format as part of the patient's pharmacy health record.

Retention of MedsCheck documents and associated records pertaining to the patient record must be kept on site in a readily retrievable format at the pharmacy for a minimum period of ten years or as indicated in O. Reg. 58/11 of the Drug and Pharmacies Regulation Act.

For all MedsCheck Follow-up services pharmacists will discuss any discrepancies and thoroughly review any new medications or regimens with the patient so that there is a clear understanding of any changes that have occurred since the previous MedsCheck.

# SECTION 3 MedsCheck FOR DIABETES

Please refer to the MedsCheck Annual medication review process for fundamental information including tips for pharmacists, the value of professional services and key messages that apply to all MedsCheck reviews.

## THE SERVICE IS:

- voluntary
- in-person
- paid for by the Ontario Government
- available to community-based patients (registered hospital in-patients or registered out-patients are not eligible for MedsCheck services)

## The Patients (program eligibility)

The MedsCheck for Diabetes program is an annual medication review provided by a community pharmacist for Ontarians living with type 1 or type 2 diabetes that also includes education and advice on medication adjustments; training on the use and disposal of diabetic supplies; and discussion on the impact of lifestyle changes. The number of prescription medications is not included in the program criteria. Patients may be on less than three prescription medications, not yet taking medication for their diabetes or managing their diabetes through diet alone.

The service provides an opportunity for the pharmacist to engage the patient in a focused medication review including advice, training, monitoring and education on diabetes. As many patients living with diabetes may have other medical conditions, pharmacists are expected to provide advice on overall drug therapy management as well as for diabetes.

Please note that hospital in-patients or registered out-patients are not eligible for MedsCheck services.

## MedsCheck PATIENT ACKNOWLEDGEMENT OF PROFESSIONAL PHARMACY SERVICES

If the patient agrees to receiving a MedsCheck:

- they must complete the MedsCheck Patient Acknowledgement of Professional Pharmacy Services form each year that ensures an understanding of the program and an awareness that the MedsCheck will be shared with the patient's primary prescriber
- schedule an appointment for the MedsCheck. Please allow sufficient time so you can talk with the patient uninterrupted

Refer to Appendix B for the Acknowledgment of Professional Pharmacy Services form.

# The Pharmacy

(location, pharmacist education)

## ■ Location of Services

The MedsCheck for Diabetes takes place in the community pharmacy.

Pharmacists must ensure they are meeting with their patients in an “acoustically private” area of the pharmacy away from other customers — preferably where there is a desk and computer.

MedsCheck are not conducted at drive-thru windows, over the telephone or through video conferencing.

Patients should be comfortable during the MedsCheck service and receive the pharmacist’s undivided attention. If a counselling room is available at the pharmacy and the patient agrees, this can be used.

For patients who are not able to attend the pharmacy and have their caregiver visit the pharmacy on their behalf, the pharmacist may conduct the MedsCheck with the caregiver provided there is patient consent and documentation that the MedsCheck was conducted with the patient’s caregiver.

Every attempt should be made for the patient to attend the pharmacy for the MedsCheck service; however, if there is a request by the patient or the caregiver for the pharmacist to visit the patient in their home for the patient who is otherwise able to attend the pharmacy (i.e., not meeting the requirements of a MedsCheck at Home), the pharmacist is required to document where the visit took place including proof that there was a request and the reason why the patient cannot attend the pharmacy. The visit under these circumstances would be reimbursed as a MedsCheck Annual, MedsCheck Follow-up, MedsCheck Diabetes Annual or Diabetes Education Follow-up depending on the situation.

During the review, patients will have an opportunity to meet with their community pharmacist, in person, one-on-one, to learn more about their medications. As part of this service, pharmacists will:

- help them to understand drug names, strengths, adverse effects and usage instructions
- ensure that they are taking their medications as their doctor has directed
- provide patients with an accurate and complete MedsCheck Personal Medication Record that they may take with them when they visit their physician, other health care providers or if they go to the hospital
- address patient concerns and determine whether the patient should be referred to the physician

## ■ Pharmacist Education Requirements

All MedsCheck programs are considered to be in the scope of practice of a pharmacist licensed to practice direct patient care (Part A of the Register, Ontario College of Pharmacists).

The MedsCheck for Diabetes requires pharmacist education requirements in addition to being licensed to practice direct patient care.

- Pharmacists providing the MedsCheck for Diabetes service are required to have adequate knowledge of diabetes education through a professional program approved by a Canadian Council on Continuing Education in Pharmacy (CCCEP) or a Certified Diabetes Educator designation.



## The Process

### Pharmacist's Worksheet/Professional Notes

#### **PHARMACIST'S WORKSHEET/PROFESSIONAL NOTES**

Pharmacists must use a worksheet for professional notes, lists of medications and documentation. The worksheet can be shared with the patient and the primary prescriber on request.

The ministry provides a Pharmacist's Worksheet template that outlines the minimum fields that must be included in professional notes. Refer to Appendix C.

Pharmacists should also refer to the Ontario College of Pharmacists **Documentation Guidelines** for added support about documentation in general. Refer to the OCP website at [www.ocpinfo.com](http://www.ocpinfo.com)

#### **DIABETES EDUCATION CHECKLIST**

Pharmacists must use a Diabetes Education Checklist as a way of working with the patient to document and make recommendations to support the management of their diabetes. The Diabetes Checklist must be used for every MedsCheck for Diabetes Annual and every Diabetes Education session.

The ministry provides a Diabetes Education Checklist template that outlines the minimum fields that must be included as part of the education component of the review. Refer to Appendix F.

## ■ Diabetes Education Tools

Pharmacists will use the Diabetes Education Checklist when conducting the MedsCheck for Diabetes Annual as well as any Education Follow-up reviews.

With the checklist, the pharmacist and patient complete the Diabetes Patient Take-Home Summary with every MedsCheck for Diabetes review.

Please refer to Appendix F for specific diabetes education tools and the Diabetes Education Patient Take-Home Summary forms.

## ■ Preparation

The MedsCheck for Diabetes, like all MedsCheck programs that include a medication review, must include the use of a pharmacist's clinical worksheet for professional notes; in addition this service requires the use of the diabetes education checklist as fundamental practice tools. These practice tools may be shared within the circle of care,<sup>1</sup> with the patient and/or caregiver.

Patients should be provided with supporting printed education materials and/or information pertaining to Internet resources, peer groups and contact information such as diabetes education programs, other health care professionals and diabetes assistance programs to reinforce the MedsCheck for Diabetes medication review.

Patients will leave with a MedsCheck Personal Medication Record and the Diabetes Education Patient Take-Home Summary after the annual review; and for any diabetes education, sessions patients will leave with the Diabetes Education Patient Take-Home Summary.

<sup>1</sup>Circle of Care is a commonly used term in the health care community that refers to the health care providers who share patient health information; for more information regarding patient consent refer to the OCP website ([www.ocpinfo.com](http://www.ocpinfo.com)) and the Information and Privacy Commissioner website at [www.ipc.on.ca](http://www.ipc.on.ca)

## ■ Annual Medication Review Assessment

- The pharmacist must prepare a medication review assessment summary using the pharmacist's clinical worksheet for professional notes and the diabetes education checklist.
- A review of drug therapy including prescription medication, use of over-the-counter and complementary therapy options is only one component of providing the MedsCheck for Diabetes annual review. Pharmacists must also work with the patient to provide appropriate education material and make recommendations to support the management of their diabetes; for example, blood glucose, physical activity, weight management, healthy eating, lifestyle management, foot care and eye care in developing a health care plan. A Diabetes Education Checklist template is available for pharmacists to use for this purpose.
- Education and advice that is specific to diabetes disease management is provided including meter training, overview of diabetes supplies and appropriate disposal of drugs and supplies.
- Provision of information including referral to diabetes education programs<sup>2</sup> and other health care professionals must be documented.
- The pharmacist identifies interventions, drug therapy problems (refer to Section 6 for more information on the Pharmaceutical Opinion Program), desirable outcomes and an action plan.
- The annual MedsCheck Personal Medication Record and the Diabetes Education Patient Take Home Summary must be shared with the patient's primary care provider.
- The final MedsCheck Personal Medication Record is signed and dated by the pharmacist; the Diabetes Education Patient Take-Home Summary is signed and dated by both the pharmacist and the patient.

## ■ MedsCheck Personal Medication Record — the patient take-away

Pharmacists must prepare an accurate MedsCheck Personal Medication Record using the MedsCheck standardized form and provide the record to the patient. The record accompanies the pharmacist's professional notes and recommendations.

The pharmacist is required to sign and date the record indicating the date of the actual consultation with the patient.

Please refer to Appendix D for more information on the MedsCheck Personal Medication Record form.

Please refer to Appendix F for more information on the Diabetes Education Checklist template and the Patient Diabetes Education Patient Take-Home Summary form.

Patients are not required to sign the MedsCheck Personal Medication Record; however, they are required to complete the annual MedsCheck Patient Acknowledgement of Professional Pharmacy Services form with the pharmacist each year.

As noted, pharmacists must aim to resolve all potential drug therapy problems before sharing the MedsCheck Personal Medication Record with the patient.

<sup>2</sup> The Stand Up to Diabetes website ([www.ontario.ca/diabetes](http://www.ontario.ca/diabetes)) provides tools and information for Ontarians to manage their diabetes including the location of Diabetes Education Programs

## ■ MedsCheck Personal Medication Record — the patient take-away (Cont'd)

When completed, pharmacists must share the MedsCheck Personal Medication Record (and the Diabetes Education Patient Take-Home Summary if applicable) with the patient's primary prescriber. Sharing the record(s) with other members of the patient's health team is determined and agreed on between the pharmacist and the patient.

Pharmacists may share professional notes and checklists with the patient and the primary prescriber on request.

## ■ Follow-up Education and Monitoring

- Diabetes Education is part of the MedsCheck for Diabetes Annual review. The expectation is that the Diabetes Checklist and Patient's Diabetes Education Patient Take-Home Summary are part of that annual review along with the Pharmacist's Worksheet and the MedsCheck Personal Medication Record.
- The Diabetes Education Follow-up may be offered to the patient when added in-person education and training sessions are identified by both parties.
- The Diabetes Education Follow-up does not include a medication review. Should a patient require another medication review during the year, they can be considered for a MedsCheck Follow-up provided they are taking a minimum of three prescription medications and meets the criteria of that program.
- Diabetes education and training are based on the Canadian Diabetes Association Clinical Practice Guidelines<sup>3</sup> and include different subjects such as insulin education, advice on blood glucose meters and test strips; diabetes supplies; drug and sharps disposal; and diet and lifestyle management.
- Pharmacists are encouraged to consult with the Canadian Diabetes Association Clinical Practice Guidelines as well as the *Guidebook for Pharmacists on Diabetes Management*<sup>4</sup> published by the Banting and Best Diabetes Centre, University of Toronto, for further guidance.
- Full documentation of the MedsCheck for Diabetes and/or Diabetes Education service for each patient consultation must be maintained at the community pharmacy including submission of services using the Health Network Services PIN mechanism.
- Diabetes Education may be provided to newly diagnosed patients who have already received a MedsCheck Annual or a MedsCheck Follow-up service.
- Diabetes Education may be provided to patients that meet the MedsCheck at Home program criteria and who also have diabetes.

<sup>3</sup> Canadian Diabetes Guidelines can be accessed at <http://www.diabetes.ca/clinical-practice-education/clinical-practice-guidelines>

<sup>4</sup> Banting & Best Diabetes Centre Guidebook for Pharmacists on Diabetes Management is available to purchase through the Diabetes Pharmacists Network at this link: <http://www.diabetespharmacistsnetwork.ca/>

## ■ Results Shared with Prescribers

The results of a MedsCheck medication review refers to the MedsCheck Personal Medication Record, which is shared with:

- the patient
- the primary care provider (physician, nurse practitioner)
- other persons as agreed on with the patient and on request

In addition, the Diabetes Education Take Home Summary is also shared with the primary prescriber.

The pharmacist maintains copies for the pharmacy record and the originals are provided to the patient. Pharmacists will facilitate information sharing within the health team by sharing the MedsCheck Personal Medication Record with the patient's primary prescriber using a standardized notification letter/fax template. Should there be other prescribers or members of the health team identified by either the patient or pharmacist, this can also be shared using the standard fax template.

Pharmacists must indicate on the fax template whether the MedsCheck Personal Medication Record requires action by the prescriber or whether it serves as information to be filed.

Please refer to Appendix E for the Notification FAX template to Primary Prescriber.

Pharmacist's professional notes may also be shared with prescribers and patients on request.

## The Paperwork Document the Service

It is important to clearly document all patient interactions to support payment for the MedsCheck medication review services. For example:

- a copy of the MedsCheck Personal Medication Record that is signed and dated by the pharmacists must be maintained in a readily retrievable format
- proof that the MedsCheck Record was shared with the primary prescriber
- supporting documentation such as the Pharmacist's Worksheet for professional notes, a diabetes education checklist, a diabetes monitoring plan, patient consent documentation, medicine cabinet clean-up and drug disposal documentation as well as follow-up visits

Please refer to "Required Documentation" on page 19 of this guidebook.

Refer to the Ontario College of Pharmacists' *Standards of Practice and Documentation Guidelines for Pharmacists* for patient interaction documentation requirements.

Many pharmacy software systems have the ability to document patient interactions and pharmacist professional notes. Alternatively, a paper-based system may also be used adapting the ministry templates for this purpose. All information should be in a readily retrievable format for audit purposes. A paper-based and/or an electronic system must cross-reference the claim transaction number.



## ■ Claim for Payment

The pharmacist bills for the service through the Ontario Drug Benefit Health Network System (HNS) with payment to the community pharmacy upon completion of the MedsCheck review including any MedsCheck drug therapy problems.

In the case of Pharmaceutical Opinion Program claims (if applicable), a claim for payment is made after the prescription intervention has occurred, the patient has been informed, the prescriber has been contacted and documentation is completed and signed by the pharmacist.

A claim for payment must be submitted on the day the MedsCheck takes place, unless otherwise specified in these Guidelines.

If the MedsCheck was conducted outside the pharmacy as in the case of the MedsCheck for LTC or MedsCheck at Home, pharmacists may submit the claim for service up to one business day later.

Patients are to be provided with a signed/dated complete MedsCheck Personal Medication Record MedsCheck when the pharmacist has resolved any potential drug therapy problems to the best of their ability.

Billing a MedsCheck service without complete documentation or without patient consent or for purposes that are outside of the specified program criteria may be subject to recovery.

## ■ Billing

The procedure for claims submissions for the MedsCheck and Pharmaceutical Opinion Program services are outlined in Appendix H.

Billing a MedsCheck service without complete documentation or without patient consent or for purposes that are outside of the specified program criteria may result in a recovery of the full amount claimed.

Examples of improper billing include MedsChecks for patient monitoring programs (e.g., warfarin dosing), routine medication counselling, medication reviews conducted over the phone or by video conferencing, and medication review recommendations that are built into medical directives, reviews without patient acknowledgment and awareness, prescription refill requests and communicating with prescribers to clarify prescriptions including prescription refills.

## ■ Record Keeping

The MedsCheck represents the best possible medication review history based on the accuracy and completeness at the time of the MedsCheck consultation and/or appointment. Patients are encouraged to carry their MedsCheck Personal Medication Record with them when visiting their physician, other health care providers or if they go to the hospital.

That same MedsCheck Personal Medication Record and all professional notes, checklists, physician/prescriber referrals, fax covers when sharing the MedsCheck information with the patient's primary care prescriber, patient acknowledgement of services form, diabetes checklists and patient take-home summaries, as well as any other related documentation relating to the MedsCheck service — for example, documentation on prescriptions that apply to the Pharmaceutical Opinion Program — all of this documentation must be maintained at the pharmacy in a readily retrievable format as part of the patient's pharmacy health record.

Retention of MedsCheck documents and associated records pertaining to the patient record must be kept on site in a readily retrievable format at the pharmacy for a minimum period of ten years or as indicated in O. Reg. 58/11 of the Drug and Pharmacies Regulation Act.

**Specific to the MedsCheck for Diabetes, the results of this service**, which may include the pharmacists' clinical worksheet including therapy recommendations and/or discrepancies, and the diabetes education checklist including recommended follow-up and referral to other health care professionals and/or services, as appropriate, are shared with the patient's primary care provider caregiver and the patient if requested.

The MedsCheck Personal Medication Record and the Diabetes Patient Take-Home Summary must be provided to both the patient and the patient's primary care provider.

Pharmacists must use the standardized Fax Cover when sharing the MedsCheck Personal Medication Record and Diabetes Patient Take-Home Summary information with the primary prescriber.

# SECTION 4 MedsCheck AT HOME

Please refer to the MedsCheck Annual medication review process for fundamental information including tips for pharmacists, the value of professional services and key messages that apply to all MedsCheck reviews.

## THE SERVICE IS:

- voluntary
- in-person
- paid for by the Ontario Government
- available to community-based patients (registered hospital in-patients or registered out-patients are not eligible for MedsCheck services)

## The Patients (program eligibility)

As with the MedsCheck Annual and MedsCheck Follow-up, to qualify for a MedsCheck at Home, a patient must be:

- a resident of Ontario
- a holder of a valid Ontario Health Card
- currently taking a minimum of three prescription medications for a chronic condition
- typically the frail and elderly, who are not able to attend the pharmacy in person

## THE CRITERIA OF THREE PRESCRIPTION MEDICATIONS FOR A CHRONIC CONDITION

A prescription medication is defined as a Schedule 1 drug according to the National Association of Pharmacy Regulatory Authorities, National Drug Schedules. In addition, it may be a substance listed in the Prescription Drug List to the Food and Drugs Act or in the Schedules to the Controlled Drugs and Substances Act (Canada).

The number of medications is based on the number of drug identification numbers (DIN). For example, a single tablet that is a combination of two or more active medication ingredients will have one DIN and will be considered one drug under the MedsCheck program.

*Please note that two different strengths of the same medication count as one medication, even if they have different DINs.*

## The Patients (Cont'd) (program eligibility)

Pharmacy staff, patients, caregivers, relatives and/or health care professionals may identify or refer patients to the pharmacy who may benefit from the MedsCheck at Home service.

Patients who may benefit from the program include those who are:

- confused or worried about their medicines and who may forget to take their medication
- taking more than 12 doses of medication per day and/or using blister packaging
- needing additional support due to a significant change in drug therapy
- recently discharged from hospital
- seeing a number of health care professionals including physicians or specialists
- experiencing literacy or language difficulties
- having dexterity problems, impaired sight or those with cognitive difficulties such as dementia
- at risk of drug therapy problems because of their co-morbidities, age or social circumstances

Please note that hospital in-patients or registered out-patients are not eligible for MedsCheck services.

Please note the requirements for residents of other homes:

- Residents of retirement homes, group homes or homes for special care are not eligible for a MedsCheck at Home or a MedsCheck LTC.
- Residents of retirement and group homes who are not able to attend the pharmacy for MedsCheck services may be eligible for a MedsCheck Annual/Follow-up or MedsCheck for Diabetes if they meet the respective program criteria and agree to the service; agreement includes having a pharmacist from their pharmacy visit them in the retirement, group or special care home. The billable service in these instances is a MedsCheck Annual/Follow-up or a MedsCheck for Diabetes provided the patient has met the respective program criteria.
- If there is a request by the patient or caregiver for the pharmacist to visit the patient in their home for the patient who is otherwise able to attend the pharmacy (i.e., not meeting the requirements of a MedsCheck at Home — including residents of retirement homes and group homes), the pharmacist is required to document where the visit took place including proof that there was a request and the reason why the patient cannot attend the pharmacy. The visit under these circumstances would be reimbursed as a MedsCheck Annual, Follow-up or MedsCheck for Diabetes depending on the situation.

### **MedsCheck PATIENT ACKNOWLEDGEMENT OF PROFESSIONAL PHARMACY SERVICES**

If the patient agrees to receiving a MedsCheck:

- they must complete the MedsCheck Patient Acknowledgement of Professional Pharmacy Services form each year that ensures an understanding of the program and an awareness that the MedsCheck will be shared with the patient's primary prescriber
- schedule an appointment for the MedsCheck. Please allow sufficient time so you can talk with the patient uninterrupted

Refer to Appendix B for the Acknowledgment of Professional Pharmacy Services form.

## **The Pharmacy** (location, pharmacist education)

### ■ Location of Services

Whereas the original MedsCheck program is an in-person consultation between the pharmacist and the patient (or caregiver) at the community pharmacy, the **MedsCheck at Home**, with patient or caregiver permission, is conducted in the patient's private home (or at the home of a relative if applicable) and is for those patients, typically the frail and elderly, who are not able to attend the pharmacy in person. In addition, the pharmacist must conduct an assessment summary that includes a medicine cabinet clean-up during the visit.

### ■ Pharmacist Education Requirements

All MedsCheck programs are considered to be in the scope of practice of a pharmacist licensed to practice direct patient care (Part A of the Register, Ontario College of Pharmacists).

## **The Process** MedsCheck at Home Service and Tools

#### **PHARMACIST'S WORKSHEET/PROFESSIONAL NOTES**

Pharmacists must use a worksheet for professional notes, lists of medications and documentation. The worksheet can be shared with the patient and the primary prescriber on request.

The ministry provides a Pharmacist's Worksheet template that outlines the minimum fields that must be included in professional notes. Refer to Appendix C for more information on the Pharmacist's Worksheet.

Pharmacists should also refer to the Ontario College of Pharmacists (OCP) **Documentation Guidelines** for added support about documentation in general. Refer to the OCP website at [www.ocpinfo.com](http://www.ocpinfo.com)

## ■ Preparation

- Pharmacist will utilize the patient's pharmacy medication profile as well as any referral information and/or drug therapy documentation provided to the pharmacist from the health professionals (within the circle of care) as preparation for the home visit.
- Pharmacists must ensure the patient is aware and agrees to the home visit.
- Patients should be provided with supporting information including community health services and other health professional reference information.

## ■ Assessment Summary/Medication Review

- Pharmacists must complete a professional clinical worksheet as part of the assessment and a MedsCheck Personal Medication Record using the standard form.
- Documentation must include a review of the medicine storage areas (medicine cabinet clean-up) in the patient's home including a list of expired or unused medications that were removed from the home. The list of drugs removed by the pharmacist must be signed and dated by the patient, thereby providing consent for the removal and/or disposal.
- The assessment documentation must include a summary of
  - o medication-taking behaviour such as non-compliance and other challenges
  - o drug therapy recommendations to the physician and other health care professionals within the circle of care<sup>5</sup>
  - o education and advice provided to the patient including any medication device training; diabetes education follow-up sessions may be provided to patients diagnosed with type 1 or type 2 diabetes (*pharmacists must refer to the MedsCheck for Diabetes for information and program requirements for diabetes education*)
  - o follow-up measures including potential dates for subsequent pharmacist communication and/or visits
  - o referral services that might include Heart and Stroke, Alzheimer Society, Homecare, Diabetes Education Centres, etc.
  - o during the MedsCheck, you may uncover significant drug therapy problems (DTP) that require further patient assessment and more time to resolve as you need to consult with the patient's prescriber. The Pharmaceutical Opinion Program outlines the process of working through DTPs that pharmacists may encounter. Pharmacists are responsible for identifying and resolving or having a plan for a resolution for all potential DTPs whether the patient is on ODB or not

Please refer to Section 6 for more information on the Pharmaceutical Opinion Program.

<sup>5</sup> Circle of Care is a commonly used term in the health care community that refers to the health care providers who share patient health information; for more information regarding patient consent refer to the OCP website ([www.ocpinfo.com](http://www.ocpinfo.com)) and the Information and Privacy Commissioner website at [www.ipc.on.ca](http://www.ipc.on.ca)

## ■ MedsCheck Personal Medication Record — the patient take-away

Pharmacists must prepare an accurate MedsCheck Personal Medication Record using the MedsCheck standardized form and provide the record to the patient. The record accompanies the pharmacist's professional notes and recommendations.

The pharmacist is required to sign and date the record indicating the date of the actual consultation with the patient.

Please refer to Appendix D for more information on the MedsCheck Personal Medication Record form.

Patients are not required to sign the MedsCheck Personal Medication Record; however, they are required to complete the annual MedsCheck Patient Acknowledgement of Professional Pharmacy Services form with the pharmacist each year.

As noted, pharmacists must aim to resolve all potential drug therapy problems before sharing the MedsCheck Personal Medication Record with the patient.

When completed, pharmacists must share the MedsCheck Personal Medication Record (and the Diabetes Education Patient Take-Home Summary if applicable) with the patient's primary prescriber. Sharing the record(s) with other members of the patient's health team is determined and agreed on between the pharmacist and the patient.

Pharmacists may share professional notes and checklists with the patient and the primary prescriber on request.

## ■ Follow-up and Monitoring

- Patients will be provided with a MedsCheck Personal Medication Record or the expected date when it can be provided if there are drug therapy problems to be addressed.
- Patient is provided with the pharmacist's contact information should there be additional comments and questions regarding the home visit.
- Pharmacists will contact other health care professionals and/or services as determined by the assessment summary. This includes, if necessary, the community pharmacist contacting the local Community Care Access Centre for complex cases.
- The patient is informed that the pharmacist will provide a copy of the MedsCheck Personal Medication Record to the physician; in addition, the pharmacist will share the record with other health care professionals and/or services as determined by both parties. Patient has acknowledged (using the annual acknowledgement form) that MedsCheck information may be shared within the circle of care.

## ■ Results Shared with Prescribers

The results of a MedsCheck medication review refer to the MedsCheck Personal Medication Record, which is shared with:

- the patient
- the primary care provider (physician, nurse practitioner)
- other persons as agreed on with the patient

The pharmacist maintains copies for the pharmacy record and the originals are provided to the patient.

Pharmacists will facilitate information sharing within the health team by sharing the MedsCheck Personal Medication Record with the patient's primary prescriber using a standardized notification letter/fax template. Should there be other prescribers or members of the health team identified by either the patient or pharmacist, this can also be shared using the standard fax template.

Pharmacists must indicate on the fax template whether the MedsCheck Personal Medication Record requires action by the prescriber or whether it serves as information to be filed.

Please refer to Appendix E for the Notification FAX template to Primary Prescriber.

Pharmacist's professional notes may also be shared with prescribers and patients on request.

## The Paperwork Document the Service

It is important to clearly document all patient interactions to support payment for the MedsCheck medication review services. For example:

- a copy of the MedsCheck Personal Medication Record that is signed and dated by the pharmacists must be maintained in a readily retrievable format
- proof that the MedsCheck Record was shared with the primary prescriber
- supporting documentation such as the pharmacist's worksheet for professional notes, a diabetes education checklist, a diabetes monitoring plan, patient consent documentation, medicine cabinet clean-up and drug disposal documentation as well as follow-up visits

Refer to "Required Documentation" on page 19 of this guidebook.

Refer to the Ontario College of Pharmacists' *Standards of Practice and Documentation Guidelines for Pharmacists* for patient interaction documentation requirements.



## The Paperwork (Cont'd)

### Document the Service

Many pharmacy software systems have the ability to document patient interactions and pharmacist professional notes. Alternatively, a paper-based system may also be used adapting the ministry templates for this purpose. All information should be in a readily retrievable format for audit purposes. A paper-based and/or an electronic system must cross reference the claim transaction number.

**Specific to the MedsCheck at Home, the results of this service** and any accompanying record of services conducted whilst in the patient's home must be maintained at the community pharmacy in a readily retrievable format.

The results of the MedsCheck at Home assessment summary, which includes the Pharmacist's Worksheet/professional notes for any drug therapy recommendations and/or discrepancies, recommended follow-up, documentation records and referrals to other health care professionals and/or services, as appropriate, may be shared with the patient's primary prescriber.

All MedsCheck at Home reviews include a medication cabinet clean-up and documentation of the service that includes patient consent and understanding of the list of medications that were removed from the home for disposal.

Pharmacists must use the standardized fax template when sharing the MedsCheck Personal Medication Record with the primary prescriber.

### Claim for Payment

The pharmacist bills for the service through the Ontario Drug Benefit Health Network System (HNS) with payment to the community pharmacy upon completion of the MedsCheck review including any MedsCheck drug therapy problems.

In the case of Pharmaceutical Opinion Program claims, a claim for payment is made after the Prescription Intervention has occurred, the patient has been informed, the prescriber has been contacted and documentation is completed and signed by the pharmacist.

A claim for payment must be submitted on the day the MedsCheck takes place, unless otherwise specified in these Guidelines.

If the MedsCheck was conducted outside the pharmacy as in the case of the MedsCheck for LTC or MedsCheck at Home, pharmacists may submit the claim for service up to one business day later.

Patients are to be provided with a signed/dated complete MedsCheck Personal Medication Record MedsCheck when the pharmacist has resolved any potential drug therapy problems to the best of their ability.

## ■ Billing

The procedure for claims submissions for the MedsCheck and Pharmaceutical Opinion Program services are outlined in Appendix H.

Billing a MedsCheck service without complete documentation or without patient consent or for purposes that are outside of the specified program criteria may result in a recovery of the full amount claimed.

Billing a MedsCheck at Home for residents of retirement and group homes is considered improper billing. Other examples of improper billing include MedsChecks for patient monitoring programs (e.g., warfarin dosing), routine medication counselling, medication reviews conducted over the phone or by video conferencing and medication review recommendations that are built into medical directives, reviews without patient acknowledgment and awareness, prescription refill requests and communicating with prescribers to clarify prescriptions including prescription refills.

## ■ Record Keeping

The MedsCheck represents the best possible medication review history based on the accuracy and completeness at the time of the MedsCheck consultation and/or appointment. Patients are encouraged to carry their MedsCheck Personal Medication Record with them when visiting their physician, other health care providers or if they go to the hospital.

That same MedsCheck Personal Medication Record and all professional notes, checklists, physician/prescriber referrals, fax covers when sharing the MedsCheck information with the patient's primary care prescriber, patient acknowledgement of services form, diabetes checklists and patient take-home summaries, as well as any other related documentation relating to the MedsCheck service — for example, documentation on prescriptions that apply to the Pharmaceutical Opinion Program — all of this documentation must be maintained at the pharmacy in a readily retrievable format as part of the patient's pharmacy health record.

Retention of MedsCheck documents and associated records pertaining to the patient record must be kept on site in a readily retrievable format at the pharmacy for a minimum period of ten years or as indicated in O. Reg. 58/11 of the Drug and Pharmacies Regulation Act.

# SECTION 5 MedsCheck LONG-TERM CARE

## The Patients (program eligibility)

### Eligibility:

- a resident of Ontario and living in a licensed Long-Term Care Home
- a holder of a valid Ontario Health Card, and
- currently taking a minimum of three prescription medications for a chronic condition

### THE CRITERIA OF THREE PRESCRIPTION MEDICATIONS FOR A CHRONIC CONDITION

- A prescription medication is defined as a Schedule 1 drug according to the National Association of Pharmacy Regulatory Authorities, National Drug Schedules. In addition, it may be a substance listed in the Prescription Drug List to the Food and Drugs Act or in the Schedules to the Controlled Drugs and Substances Act (Canada).
- The number of medications is based on the number of drug identification numbers (DIN). For example, a single tablet that is a combination of two or more active medication ingredients will have one DIN and will be considered one drug under the MedsCheck program.

*Please note that two different strengths of the same medication count as one medication, even if they have different DINs.*

The MedsCheck program for residents of Long-Term Care (LTC) Homes — the MedsCheck LTC, is a quarterly medication review including an annual in-depth interdisciplinary medication review. Both medication reviews are conducted in the LTC Home by a pharmacist.

Residents of LTC Homes are not eligible for other MedsCheck services.

Residents of LTC Homes may be eligible for the Pharmacy Smoking Cessation Program provided the licensee, prescriber or nursing director of the LTC Home makes a referral to the pharmacy for this service.

Additional documentation is required by the pharmacist acting on behalf of the LTC Home pharmacy service provider as to the rationale in providing residents of LTC Homes the opportunity to enrol in the Pharmacy Smoking Cessation Program.

If the health care team is asking the pharmacist to consider providing the cessation program to residents, such a referral must be in writing and would need to be part of the documentation.

Please note that hospital in-patients or registered out-patients are not eligible for MedsCheck services.

# The Pharmacy (location, pharmacist education)

## ■ Location

The MedsCheck LTC annual review is an interdisciplinary review and must be conducted in the LTC Home.

The MedsCheck LTC quarterly review may be initiated from the community pharmacy location. However, the intent of the service is that there is an interdisciplinary collaboration that occurs in the LTC Home and that the results are shared with the health care professionals working with the patient in the LTC Home and with the person with signing authority for the patient's medication review.

Residents of retirement homes, group homes or homes for special care are not eligible for a MedsCheck at Home or a MedsCheck LTC.

Residents of retirement and group homes who are not able to attend the pharmacy for MedsCheck services may be eligible for a MedsCheck Annual/Follow-up or MedsCheck for Diabetes if they meet the respective program criteria and agree to the service; agreement includes having a pharmacist from their pharmacy visit them in the retirement, group or special care home. The pharmacist would be eligible to submit a claim for payment for a MedsCheck Annual/Follow-up or MedsCheck for Diabetes. This service would not be billed to ODB as a MedsCheck at Home or as a MedsCheck LTC.

On this same topic, if there is a request by the patient or the caregiver for the pharmacist to visit the patient in their home for patients who otherwise could attend the pharmacy (i.e., not meeting the requirements of a MedsCheck at Home or LTC, this includes residents of retirement or group homes), the pharmacist is required to document where the visit took place including proof that there was a request and the reason why the patient cannot attend the pharmacy. The visit under these circumstances would be reimbursed as a MedsCheck Annual, Follow-up or MedsCheck for Diabetes depending on the situation.

## ■ Pharmacist Education Requirements

All MedsCheck programs are considered to be in the scope of practice of a pharmacist licensed to practise direct patient care (Part A of the Register, Ontario College of Pharmacists).

The provision of the MedsCheck for LTC services may be beneficial to patients if pharmacists have additional knowledge and/or skills training to provide this service. For example, pharmacists may have additional knowledge and/or training in geriatrics or specific disease states related to the residents of the LTC Home. Additional training may include certification (where available) and/or an appropriate period of practice in a setting dedicated to this specialized type of practice.

### PHARMACIST'S WORKSHEET/PROFESSIONAL NOTES

The MedsCheck LTC is not exempt from pharmacists using a worksheet and taking professional notes.

Pharmacists must use a worksheet for professional notes, lists of medications and documentation. The worksheet can be shared with the patient and the primary prescriber on request.

The ministry provides a Pharmacist's Worksheet template that outlines the minimum fields that must be included in professional notes. Refer to Appendix C for more information on the Pharmacist's Worksheet.

Pharmacists should also refer to the Ontario College of Pharmacists (OCP) **Documentation Guidelines** for added support about documentation in general. Refer to the OCP website at [www.ocpinfo.com](http://www.ocpinfo.com)

## ■ The Two-fold Medication Review Program

1. Annual in-depth medication reviews (therapy analysis) are intended for residents with complex chronic conditions. Such residents are on multiple medications, or require medications with a narrow therapeutic index or require therapeutic drug monitoring. It is expected that one of the quarterly reviews will be replaced by the annual review for a total of four (4) billable services annually.
2. Quarterly medication reviews should address information including medication selection, dosage, hours and route of administration, duration of therapy, treatments, allergies, drug-drug and drug-food interactions. It will identify any possible drug therapy problems that may require a more in-depth therapy analysis (annual review) and follow-up. Quarterly reviews may also address prescribing protocols in the best interest of patient care.

All residents should have a medication review conducted within four to six weeks of their admission to the LTC Home. Thereafter, the medication review is conducted each quarter, ideally prior to or in collaboration with the physician's quarterly review process. Pharmacists are expected to maintain a reasonable timeframe between MedsCheck reviews and should aim to have reviews approximately every three (3) months if required to maximize the patient's benefit.

The annual in-depth medication review may be done in place of one of the quarterly reviews and may be initiated as a result of any quarterly medication review. It may also be initiated by a physician's referral or as a pharmacist's decision, and/or as a result of specific resident criteria identified by a member of the health care team.

Pharmacist participation in quarterly and annual medication evaluations are required by legislation as per s.115 and s.116 of Ontario Regulation 79/10 made under the Long Term Care Homes Act.

## ■ Tools Used to Conduct the LTC Services

Each Quarterly Review requires that the pharmacist review the resident's medication profile and all other sources of current information such as, but not limited to, their Medication Administrative Record (MAR), Treatment Administrative Record (TAR), Physician's Quarterly Review and any other available information deemed relevant by the pharmacist to perform a review.

The annual in-depth medication requires a comprehensive review, evaluation and intervention by the pharmacist as part of the health care team with direct access to the resident's health care record. It involves an in-depth analysis of the resident's medications and therapies with reference to, but not limited to, their assessments, history, diagnosis, care plans, diet, laboratory and other test results, progress notes (including noted adverse drug reactions) and corresponding behaviours such as falls, sedation, confusion, mental decline and pain.

Pharmacists must use a Pharmacist's Worksheet for professional notes when conducting a MedsCheck LTC service.

Pharmacists are not required to use the MedsCheck Personal Medication Review standardized form when conducting the MedsCheck LTC; however, a MedsCheck LTC Quarterly/Annual Patient Record must be provided and shared with the health team.

Quarterly and annual assessment summaries require the signature of the pharmacist, or supervising pharmacist (if an intern or student conducted the assessment), and must also indicate the date on which the review was discussed including the name of the designate of the LTC Home care team with whom the results were reviewed in person.

## ■ Initiating LTC Professional Services

All residents should have a medication review conducted within four to six weeks of their admission to the LTC Home or sooner. Thereafter, the medication review is conducted each quarter, ideally prior to or in collaboration with the physician's quarterly review process, for a total of four (4) billable services each year.

The annual in-depth medication review may be done in place of one of the quarterly reviews and may be initiated as a result of any quarterly medication review. It may also be initiated by a physician's referral or as a pharmacist's decision, and/or as a result of specific resident criteria identified by a member of the health care team.

## ■ Results Shared with Health Team at the LTC Home

The results of a MedsCheck medication review refer to the MedsCheck Personal Medication Record, which is shared with:

- the resident/caregiver or responsible party
- the resident physician/nurse practitioner and the health care team at the LTC Home
- other persons as agreed on with the patient and the LTC health care team

The pharmacist maintains copies for the pharmacy record and the originals are provided to the patient.

Pharmacist's professional notes may also be shared with prescribers and patients on request. Pharmacy service providers of LTC Homes are exempt from using the Health care Provider Notification of MedsCheck Services — fax form.

## The Paperwork Documenting LTC Service

The MedsCheck LTC quarterly and annual medication review should be part of the resident's health record at the LTC Homes, and a copy kept in the pharmacy providing the medication service. Pharmacy patient records are subject to audit and must be readily retrievable at the pharmacy.

Retention of MedsCheck documents and associated records pertaining to the patient record must be kept on site in a readily retrievable format at the pharmacy for a minimum period of ten years or as indicated in O. Reg. 58/11 of the Drug and Pharmacies Regulation Act.

Quarterly and annual assessment summaries require pharmacist signatures, or supervising pharmacist (if an intern or student conducted the assessment), and indicate date results were reviewed with the care team. The review with the care team is in person at the LTC Home and the name of the care team designate is noted on the assessment.

Refer to "Required Documentation" on page 19 of this guidebook.

Refer to the Ontario College of Pharmacists' *Standards of Practice and Documentation Guidelines for Pharmacists* for patient interaction documentation requirements.

Many pharmacy software systems have the ability to document patient interactions and pharmacist professional notes. Alternatively, a paper-based system may also be used adapting the ministry templates for this purpose. All information should be in a readily retrievable format for audit purposes. A paper-based and/or an electronic system must cross-reference the claim transaction number.

### Claim for Payment

The pharmacist bills for the service through the Ontario Drug Benefit Health Network System (HNS) with payment to the community pharmacy upon completion of the MedsCheck review including any MedsCheck drug therapy problems.

In the case of Pharmaceutical Opinion Program claims, a claim for payment is made after the Prescription Intervention has occurred, the patient has been informed, the prescriber has been contacted, and documentation is completed and signed by the pharmacist.

A claim for payment must be submitted on the day the MedsCheck takes place, unless otherwise specified in these Guidelines.

If the MedsCheck was conducted outside the pharmacy as in the case of the MedsCheck for LTC or MedsCheck at Home, pharmacists may submit the claim for service up to one business day later.

Pharmacists will provide the health team with a signed/dated completed MedsCheck for LTC Personal Medication Record once the pharmacist has resolved any potential drug therapy problems to the best of their ability.

## ■ Billing

The procedure for claims submissions for the MedsCheck and Pharmaceutical Opinion Program services are outlined in Appendix H.

Billing a MedsCheck service without complete documentation or without patient consent or for purposes that are outside of the specified program criteria may result in a recovery of the full amount claimed.

Examples of improper billing include MedsChecks for patient monitoring programs (e.g., warfarin dosing), routine medication counselling, medication reviews conducted over the phone or by video conferencing, and medication review recommendations that are built into medical directives, reviews without patient acknowledgment and awareness, prescription refill requests and communicating with prescribers to clarify prescriptions including prescription refills.

## ■ Record Keeping Specific to MedsCheck LTC

If payment is made for a claim under the MedsCheck LTC, the accompanying MedsCheck LTC quarterly medication review or annual medication review record including any other supporting documentation such as written referrals must be signed and dated by the pharmacist and include the name of the health care professional who reviewed the assessment (in person with the pharmacist) within the LTC Home.

In addition, the signed and dated records should be retained as part of the patient record within the LTC Home, and retention of MedsCheck documents and associated records pertaining to the patient record must be kept on site in a readily retrievable format at the pharmacy for a minimum period of ten years or as indicated in O. Reg. 58/11 of the Drug and Pharmacies Regulation Act.

**The results of the MedsCheck LTC medication review**, in which there are any recommendations and/or discrepancies, are to be documented, communicated and followed up with the resident's physician and care team according to a protocol established by the LTC provider pharmacy and the LTC Home. The consultation may also include a dialogue with the resident and/or their family or responsible party.

Due to the convenience of the MedsCheck LTC medication review occurring at the LTC Home, the use of the standardized fax form for the purpose of sharing the final MedsCheck Personal Medication Record is not required.



# SECTION 6 PHARMACEUTICAL OPINION PROGRAM

## ■ Description: Pharmaceutical Opinion Program

The Pharmaceutical Opinion program refers to the identification by the pharmacist of a potential drug therapy problem — a clinical intervention — during the course of dispensing a new or repeat prescription or when conducting a MedsCheck medication review.

With a pharmaceutical opinion, based on consultation with the prescriber, the prescription therapy:

- may not be dispensed
- may be dispensed as prescribed or
- a prescription therapy may be adjusted (includes added therapy or discontinued therapy)

To be eligible for a professional intervention fee, the pharmacist must document and make a recommendation to the prescriber regarding the medication with the intent to achieve optimum patient health outcomes.

While the POP program is only billable for Ontario Drug Benefit recipients, there is an expectation as per the Standards of Practice that pharmacists aim to resolve or prevent any drug therapy problems for all patients.

## ■ Outcome of the POP

As a result of implementing a pharmaceutical opinion, the following outcomes are expected:

- 1. Not filled as prescribed.** Prescription not filled resulting from a confirmed forged or falsified prescription or not filled due to a clinical concern based on prescriber consultation.
- 2. No change to prescription therapy; filled as prescribed.** Recommendations by the pharmacist were discussed with the prescriber and no change was made to the prescription therapy. Prescription filled as prescribed; prescription therapy continued if identified as part of a MedsCheck review.
- 3. Change in prescription therapy.** Recommendations by the pharmacist were discussed with the prescriber and led to a change in therapy as prescribed.

## ■ Types of Prescription Interventions in a Pharmaceutical Opinion

In situations not already captured by the Health Network System (HNS) the pharmacist may implement a pharmaceutical opinion based on one of the following prescription intervention criteria or drug therapy problems:

- i. Therapeutic Duplication; drug may not be necessary
- ii. Requires drug; patient needs additional drug therapy
- iii. Sub-optimal response to a drug; drug is not working as well as needed
- iv. Dosage too low
- v. Adverse drug reaction; possibly related to an allergy or a conflict with another medication or food, or a side effect
- vi. Dangerously high dose; patient may, either accidentally or on purpose, be taking too much of the medication
- vii. Non-compliance; patient is refusing to take the drug, or not taking it properly
- viii. Prescription has been confirmed false or has been altered



## The Process

### Identification of the Drug Therapy Problem

- In the course of filling a prescription or when conducting a MedsCheck medication review, a pharmacist identifies a problem or potential problem that they feel should be discussed with the patient's prescriber.

## ■ Contacting the Prescriber

- On identifying the potential prescription, the pharmacist must contact/consult with the prescriber to discuss the drug therapy problem or concern.
- The pharmacist provides the prescriber with a recommendation and documents the intervention on the prescription or worksheet (i.e., the drug therapy problem and recommendation).
- The pharmacist must document the outcome on the prescription or worksheet based on the interaction with the prescriber:
  - o Not filled
  - o No change to prescription therapy; filled as prescribed; therapy continued
  - o Change to prescription therapy; filled as per change(s) (includes adding new drug therapy and discontinuing drug therapy)
- The main elements of discussion between the pharmacist and the prescriber must also be documented.

## ■ Communication with the Patient

- The pharmacist must inform the patient (or caregiver) why the prescription will not be dispensed as written/prescribed and what the potential drug therapy problem is.
- The pharmacist must also discuss any alternative therapeutic plan (if applicable) and convey such information to the patient and the prescriber.
- The pharmacist will provide the patient with an updated MedsCheck Personal Medication Record based on the outcome of the drug therapy problem if the intervention resulted from a MedsCheck.

## The Paperwork Documentation

Documentation must be on the patient's electronic profile, pharmacist's worksheet or on the prescription hardcopy record. All documentation must be in a readily retrievable format. The use of a pharmaceutical opinion form is also accepted as documentation provided the pharmaceutical opinion is cross-referenced with the original prescription and revised prescription if applicable. Documentation must include as a minimum:

1. Details of the drug therapy problem (there are eight reasons for not dispensing the prescription as written/prescribed).
2. Medication(s) involved.
3. Recommendation to the prescriber.
4. The date and the name of the prescriber who was contacted.
5. Action plan/discussion with the patient.
6. Wording to indicate the outcome; there are three possible outcomes. (Not filled due to a confirmed forgery or clinical concern; recommendation provided by pharmacist but prescription filled as prescribed/therapy continued as prescribed; recommendation provided by pharmacist and prescription therapy changed.)
7. The date of the transaction and the pharmacist's signature.
8. Other comments required to substantiate the decision.
9. In the case of a MedsCheck, the POP is documented on the pharmacist's worksheet and an updated MedsCheck Personal Medication Record is provided to the patient and the physician as per MedsCheck standards.

## ■ Claim for Payment

The pharmacist bills for the service through the Ontario Drug Benefit Health Network System (HNS) with payment to the community pharmacy upon completion of the drug therapy problems.

In the case of Pharmaceutical Opinion Program claims, a claim for payment is made after the Prescription Intervention has occurred, the patient has been informed, the prescriber has been contacted, and documentation is completed and signed by the pharmacist.

## ■ Billing

The procedure for claims submissions for the MedsCheck and Pharmaceutical Opinion Program services are outlined in Appendix H.

Billing a POP without complete documentation or for purposes that are outside of the specified program criteria may result in a recovery of the full amount claimed.

Examples of improper billing are noted below under “What is not considered part of the pharmaceutical opinion program.”

## ■ Record Keeping

If payment is made for a claim, the original prescription or a copy, whether verbal or written, or the MedsCheck pharmacist worksheet/Personal Medication Record form along with the documentation criteria must be retained by the pharmacist in a readily retrievable format and kept on file at the pharmacy. All patient records must be retained by the pharmacist in a readily retrievable format and kept on file at the pharmacy for a minimum period of ten years or as indicated in O. Reg. 58/11 of the Drug and Pharmacies Regulation Act.

It is imperative that pharmacists submit claims using the appropriate PIN indicating the outcome of the drug therapy intervention that was conducted in relation to the prescription presented or to the MedsCheck medication review.

## ■ What is NOT Considered Part of the Pharmaceutical Opinion Program

Other than a confirmed prescription forgery or falsified prescription, a pharmaceutical opinion may not be claimed if the pharmacist has not made a recommendation to the prescriber. By the same token, the pharmacist must receive timely follow-up regarding the recommendation from the prescriber, which must be documented.

The following are some of the examples of what is NOT eligible for payment:

(The list is not exhaustive.)

1. A decision not to fill a prescription when a pharmacy does not have the medication in their inventory or when the prescription is placed on hold.
2. Decisions taken in response to a drug utilization review alert such as “fill too soon” or “late fill” when no additional follow-up was conducted with the prescriber. This includes situations where the ODB program has rejected a claim on the Health Network System (HNS).
3. Contacting the prescriber to obtain missing information on the prescription such as the dose or to clarify illegible handwriting. Clarifying a dose or a concentration without making a recommendation does not qualify as a clinical intervention.
4. Providing a patient profile or list of medications to the prescriber or to a patient without additional consultation.
5. Contacting the prescriber to change a drug to an eligible benefit.
6. Contacting the prescriber for a prescription renewal.
7. Contacting the prescriber when a pharmacist could have otherwise adapted a prescription within the scope of practice.
8. A one-way fax communication to the prescriber without a documented resolution to the problem as discussed with the prescriber.
9. Recommendations to the prescriber for medical device therapy.

## ■ Definitions of Prescription Intervention Terms or Drug Therapy Problems

### **1. Therapeutic Duplication; drug may not be necessary**

The prescribed medication or a medication from the same therapeutic class is being taken by the patient. The addition of the prescribed medication may provide no clinical benefit beyond the medication already being taken or it may harm the patient.

### **2. Requires drug; patient needs additional drug therapy**

Additional drug therapy is required to treat or to prevent a medical condition in the patient.

### **3. Sub-optimal response to a drug; drug is not working as well as needed**

The drug is not the most effective or is not effective for the medical problem. This may include situations in which:

- the dosage form for the drug product is not appropriate
- the medical condition is refractory to the drug product (not yielding to drug therapy)
- the prescribed medication has been previously taken by the patient and the patient did not experience the intended benefit of the medication

This would also include refill prescriptions or a second fill to the Trial Prescription Program in which it is determined by the pharmacist that the patient is not receiving the intended benefit of the medication.

### **4. Dosage too low**

The total daily dose is below the usual recommendation and it is of little clinical value for the patient to take the medication in the dose that is prescribed.

### **5. Adverse drug reaction; possibly related to allergy or conflict with another medication or food**

The prescribed medication may result in a potential drug interaction between it and the current medication therapy, the prescribed medication and a medical condition or the medication is contraindicated for use during pregnancy or breastfeeding or another condition.

The drug interaction is such that it has the potential to cause significant harm to the patient.

The prescribed medication has been previously taken and resulted in an adverse reaction, allergy or side effect that resulted in the medication being discontinued. The adverse reaction was such that in the pharmacist's judgement the medication should not be received again by the patient.

This would also include refill prescriptions where the patient is having side effects with a prescribed medication, and because of the actions of the pharmacist in identifying the problem the medication is discontinued.

## ■ Definitions of Prescription Intervention Terms or Drug Therapy Problems (Cont'd)

### **6. Dangerously high dose; patient may, either accidentally or on purpose, be taking too much of the medication**

The total daily dose prescribed is above the maximum recommended daily dose and would harm the patient.

### **7. Non-compliance; patient is refusing to take the drug, or not taking it properly**

- The patient does not understand the instructions.
- The patient prefers not to take the medication or forgets to take the medication.
- The patient cannot swallow or self-administer the drug product appropriately.
- The frequency that the patient is taking the medication does not align with the frequency prescribed.

### **8. Prescription has been confirmed false or has been altered**

The pharmacist or pharmacy technician must confirm the validity of the prescription with the prescriber or the appropriate references including the respective prescriber's regulatory authority.

A copy of the forgery is maintained for the record and cross-referenced with the Pharmaceutical Opinion claim; documentation includes findings regarding the confirmed forgery.

In the majority of cases, recommendations to prescribers regarding forgeries do not apply due to the nature of this prescription intervention.

Pharmacists are expected to report the prescription forgery to the appropriate authority.

# SECTION 7 SMOKING CESSATION PROGRAM

## ■ Introduction: Pharmacy Smoking Cessation Program

The Ontario Government supports the role of the pharmacist as part of an integrated team that provides an enhanced level of care to their patients. The Smoke Free Ontario Strategy recognizes pharmacists as a valuable support for Ontarians who want to quit smoking. Since September 1, 2011, community pharmacists have been funded by the Ontario Government for their expertise in providing a smoking cessation program to Ontario Drug Benefit (ODB) recipients.

Ontarians visit their community pharmacist for prescription dispensing services as well as clinical advice on their medications including over-the-counter drugs and herbal therapies through the MedsCheck program. The convenience of the local pharmacy and access to a health professional like the community pharmacist are vital components in a quit smoking program. The community pharmacist is familiar with the drug therapy needs of their patients and they are key advisors to the public on all areas of wellness.

Pharmacists are available to support patients who want to quit smoking by adding to the choice of options for counselling, by providing quit smoking materials and by improving access to smoking cessation services for those with chronic diseases.

A smoking cessation program sees the community pharmacist providing a one-to-one support service and advice to ODB recipients who want to give up smoking. The program includes a readiness assessment where a patient may enrol in the smoking cessation program with the pharmacy, as well as a first consultation and a number of follow-up counselling sessions over a one-year period.

The pharmacist helps to facilitate access to, and where appropriate, supply suitable stop-smoking drugs and aids. For example, if a patient could benefit from prescription therapy to stop smoking, a pharmacist may independently prescribe as per the scope of practice or they should engage the patient's primary prescriber to determine if a prescribed therapy is appropriate.



## ■ Program Goal

- To reduce the rate of morbidity and mortality associated with smoking

## ■ Program Objective

- To reduce the prevalence of smoking

## ■ Operational Objective

- To improve patient access to smoking cessation services and resources

## The Patients (eligibility)

The Pharmacy Smoking Cessation Program is available for reimbursement to Ontario Drug Benefit (ODB) recipients who smoke and demonstrate a willingness or readiness to quit.

Currently, ODB recipients may enrol in the program once per year from the date of the patient's first meeting with the pharmacist at which time they have agreed to work together on a stop-smoking strategy.

Please note: Residents of LTC Homes may be eligible for the Pharmacy Smoking Cessation Program provided the licensee, prescriber or nursing director of the LTC Home provides a referral to the pharmacy for this service.

Additional documentation is required by the pharmacist acting on behalf of the LTCH pharmacy service provider as to the rationale in providing residents of LTC Homes the opportunity to enrol in the Pharmacy Smoking Cessation Program.

If the LTC Home health care team is asking the pharmacist to consider providing the cessation program to residents, such a referral must be in writing and would need to be part of the documentation.

## When Should a Smoking Cessation Service be Conducted by the Pharmacist?

A patient who smokes may self-identify their interest in the smoking cessation program. However, as pharmacists are in dialogue with their patients and caregivers daily for MedsCheck appointments, for front-shop questions and in fulfilling their dispensing services, there are many opportune times to talk about smoking cessation. While pharmacists already provide advice to their patients on the risks of smoking during these interactions, the opportunity may also arise when patients are indeed ready to quit smoking and decide to enrol in the smoking cessation program.

## The Process

- Using the 5As algorithm<sup>6</sup> (Ask, Advise, Assess, Assist, Arrange) the pharmacist will guide the patient through a smoking cessation program (*Refer to Appendix A*).
- As with all professional pharmacy services, pharmacists will provide the smoking cessation service in an area of the pharmacy that provides a sufficient level of privacy and safety for the patient.
- All meetings with the patient must be documented to ensure program continuity. Follow-up meetings may be in person, via telephone, electronic messaging or other agreed-upon methods of communication.
- Standardized template forms are provided as minimum standards of care to assist pharmacists with the mandatory documentation at each patient point of contact. While pharmacists may develop their own forms, the standardized template forms from the ministry must be adapted to maintain consistency of the program protocol.
- While one pharmacist may be the initial contact with the patient, any pharmacist at the same pharmacy who has the appropriate training may meet with the patient over the course of the program. It is important, however, that there is a trusting relationship between the patient and the pharmacist(s) for the duration of the program. A one-to-one relationship between the patient and the counselling pharmacist may support a more successful quit attempt.

<sup>6</sup> The 5As algorithm of Ask, Advise, Assess, Assist and Arrange is a smoking cessation algorithm that is commonly used by health care providers. For more information refer to the Smoking Cessation resource tools on the Ontario Pharmacists Association website: <http://www.pharmacisteducation.ca/opaCatalog218/c-139-smoking-cessation.aspx>

## ■ Duration of Program

- The program includes nine points of contact over 365 days, including the readiness assessment whereby the patient agrees to the requirements to enrol, the first consultation meeting and the follow-up counselling sessions.

## ■ Readiness Assessment

The outcome of the Readiness Assessment is that the patient agrees to enrol in the smoking cessation program and establish a quit date.

- The pharmacist provides information that fosters program awareness for the patient and asks of their willingness to quit smoking. Generally, this is an in-person interaction and may result from the MedsCheck appointment, a patient enquiry about over-the-counter nicotine replacement therapy or as a result of another process whereby the opportunity to discuss the patient's desire to quit in the next month occurs.
- The Readiness Assessment includes a questionnaire to determine the level (rating) of the desire to quit smoking. A patient may not be ready to quit and may require more time to reflect before finally deciding to enrol.
- When the patient agrees to move forward and work with the pharmacist, the initial consultation will be arranged.
- A pharmacist and the patient may engage in a quit smoking discussion many times before a patient agrees to enrol and indicates a willingness to set a quit date.
- The readiness assessment process requires the pharmacist to document the patient's name, contact information and date of the discussion in which the patient agrees to enrolling in the program. Documentation should also outline the questions asked, the level of desire to quit smoking and the pharmacist's name. Patients may request a copy of this record.

## ■ Patient's Signature

- Patients who enrol in the Smoking Cessation program are required to establish a quit date and provide consent to the service including the method of communication whether in person, by phone or other means, and the time(s) for the consultations.
- Patients also provide consent for sharing the readiness assessment or first consultation summary or other documentation within the circle of care.<sup>7</sup>

<sup>7</sup> Circle of Care is a commonly used term in the health care community that refers to the health care providers who share patient health information; for more information regarding patient consent refer to the OCP website ([www.ocpinfo.com](http://www.ocpinfo.com)) and the Information and Privacy Commissioner website at [www.ipc.on.ca](http://www.ipc.on.ca)

## ■ First Consultation Meeting

The outcome of the first consultation is to engage the patient in a dialogue about their smoking history, and to ensure the patient understands the goals and objectives of the program including their responsibilities towards success. The first consultation occurs after the pharmacist has conducted the readiness assessment, obtained patient consent for program enrolment and sharing of health information.

The pharmacist meets with the patient for the first consultation to discuss tobacco use and medication history, health risks, triggers/strategies; a quit date and consideration of pharmacotherapy.

- Patient enrolment and consent forms should be signed prior to the first consultation meeting.
- It is recommended that an in-person appointment be scheduled for the first consultation to ensure adequate time to discuss history and pharmacotherapy options.
- Patients should be provided with supporting printed education material relating to the benefits of quitting smoking and/or information pertaining to Internet resources, peer groups and contact information such as the [Smokers Help Line](#), other health care professionals and programs to reinforce their quit smoking goals.
- The first consultation includes developing a plan or an agreement on the chosen treatment pathway, ensuring that the patient understands the ongoing support and monitoring arrangements. Patients will use a quit smoking plan, which the pharmacist is required to provide. It is a personal plan for preparing to quit smoking and what to expect regarding their process. Other quit smoking management tools including brochures, referral information to support groups and other tools and/or strategies to promote positive results should also be provided.
- The first consultation also includes the appropriate advice and documentation that it may be necessary for the pharmacist to discuss and share the patient's health information with other health care professionals (physicians, nurses) in the process of assisting with the quit smoking program. While patients have signed consent forms, best practice is that they be informed should the pharmacist provide a copy of the readiness assessment and/or first consultation or follow-up session(s) information to the physician or other health care professionals.
- Follow-up counselling sessions for the purpose of patient progress, evaluation and monitoring smoking status, addressing any concerns or issues and providing support are outlined and tentatively scheduled at the time of the first consultation.

A billing code through the ODB Health Network System is used by the pharmacist to claim reimbursement after the first consultation. Claim for reimbursement is processed once documentation of the first consultation meeting is complete and patient has signed the appropriate agreements (Readiness Assessment).

PIN 93899941 = \$40 (may be claimed once per year only).

## ■ Follow-up Counselling Sessions

The outcomes of the follow-up counselling sessions are to provide ongoing support for the patient by getting an update on their smoking status, addressing any concerns or issues that have arisen and to reinforce positive behaviours that the patient has used to remain smoke-free.

As noted, follow-up counselling sessions may occur in person, by telephone or other means of communication as agreed to by the patient. The location and method of communication must be included in the documentation.

All follow-up counselling sessions must be documented to ensure continuity of the program, evaluation and for the purpose of ministry auditing.

There are a total of seven follow-up counselling sessions that are billable by the pharmacist through the ministry's Health Network System. Pharmacists may meet with their patient more often if required such as prior to the targeted quit date or other times that require support strategies and pharmacotherapy intervention; however, the program limits payment to defined parameters.

The first three or primary follow-up counselling sessions should take place within three weeks of the first consultation, and the latter four or secondary follow-up sessions are expected to take place at intervals as agreed by the pharmacist and the patient between one and two months; between three and four months; between six and seven months; and between eight and twelve months.

Suggested timelines for follow-up counselling sessions:

### **Primary Follow-up sessions**

- Day 3–5 (10 minutes)
- Day 7–10 (10 minutes)
- Day 14–21 (10 minutes)

### **Secondary Follow-up sessions**

- Day 30–60 (3–5 minutes)
- Day 90–120 (3–5 minutes)
- Day 180–210 (3–5 minutes)
- Day 240–365 (3–5 minutes)

## ■ Primary Follow-up Counselling Sessions 1–3

- The first three follow-up counselling sessions should take approximately ten minutes and should occur within the first three weeks of the program being initiated.
- The sessions include a dialogue with the patient on their success with the strategy chosen including identifying any potential drug therapy issues. It is a time to discuss what is working or not working; ways in which the patient can overcome triggers, cravings or withdrawal symptoms. Pharmacists will optimize on the program successes and encourage continuation of those favourable outcomes. In addition, a review of biological incidents including personal, psychological or social issues, if any, that prevented the patient from reaching their goal are part of the discussion.

A billing code for the ODB Health Network System is used by the pharmacist to claim reimbursement for each of the first three primary follow-up counselling sessions. Claim for reimbursement is processed once documentation of the meeting is complete.

PIN 93899942 = \$15 (may be claimed three times per year only)

## ■ Secondary Follow-up Counselling Sessions 4–7

- The four secondary follow-up counselling sessions are approximately five minutes in duration and occur as previously noted at suggested intervals following the first month.
- The sessions continue to build on the program success history and review incidents including drug therapy issues and biological incidents, if any, that prevented the patient from reaching their goal.

A billing code for the ODB Health Network System is used by the pharmacist to claim reimbursement for each of the final (secondary) follow-up counselling sessions. Claim for reimbursement is processed once documentation of the session is complete.

PIN 93899943 = \$10 (may be claimed four times per year only)

## ■ Program Evaluation

Pharmacists are asked to document smoking cessation program results for the purpose of program evaluation.

The following results are claimed using the Ontario Drug Benefit health network system product identification numbers (PINs) for the purpose of establishing patient success in the Ontario government's quit smoking program. The three PINs used for program evaluation provide no remuneration. Only one of the three program evaluation PINs is claimed per patient.

Once a program evaluation PIN is claimed, no further meetings are billable for that program period.

### **Successful Quit:** PIN 93899944

- The successful quit PIN is claimed when a patient indicates at any time during the program that they have successfully quit smoking. Once the PIN is claimed, no further meetings are scheduled or billable.

### **Unsuccessful Quit:** PIN 93899945

- The unsuccessful quit PIN is claimed when a patient indicates at any time during the program that they have not succeeded in quitting smoking. Once the PIN is claimed, no further meetings are scheduled.
- Pharmacist should inform patients who withdraw from the program of their eligibility to re-enrol at a later date (one year from the date of their first consultation with the pharmacist).

### **Unknown Status/Program Withdrawal:** PIN 93899946

- The unknown status PIN is claimed when a patient cannot be reached to continue with their program or when a patient withdraws from the program without indicating their success in quitting smoking.

# The Pharmacy (location, pharmacist education)

## ■ Location of Meetings

In recognition of providing professional services by community pharmacists, the Smoking Cessation program meetings are ideally conducted in the community pharmacy, in person with the patient. The first consultation meeting must take place in the pharmacy, in person. Follow-up sessions are more flexible.

A sufficient level of privacy and safety for the patient must be ensured by the pharmacist.

The Ontario government recognizes that not all interactions between the pharmacist and the patient for the smoking cessation program can be conducted in person at the pharmacy. Should a meeting occur outside the community pharmacy or by another mechanism including telephone, email or other means as arranged and agreed upon by both parties, the location and method used must be documented.

## ■ Pharmacist Education Requirements

A pharmacist who provides the Smoking Cessation program is considered to be within the scope of practice of a pharmacist licensed to practise direct patient care (Part A of the Register, Ontario College of Pharmacists).

In addition, pharmacists are required to take a smoking cessation training program to ensure they have a basic level of training including motivational interviewing strategies, a familiarity with more involved smoking cessation counselling and quit smoking planning.

The training program must support the Smoking Cessation Algorithm (5 As) of Ask, Advise, Assess, Assist, Arrange. Smoking cessation programs are obtainable in Ontario through the Ontario Pharmacists Association, the Canadian Pharmacists' Association and the Centre for Addiction and Mental Health.

## ■ Additional Requirements

- The designated manager of a pharmacy that provides a smoking cessation program must be trained in smoking cessation within six months from the time the pharmacy provides the smoking cessation service.
- A pharmacist who is trained in smoking cessation must be available during hours of operation at the pharmacy that offers a smoking cessation program.
- Training for smoking cessation must be updated at a minimum of every five years.
- A copy of the completed smoking cessation training program should be readily retrievable at the pharmacy for purposes of audit.



## ■ Pharmacist's Resources

Information on the [Ontario Government's Smoke Free Ontario Strategy](#)<sup>8</sup> including multilingual fact sheets, quit smoking tips, smokers helpline, online group forums and other references for patients and health professionals can be provided to patients.

## ■ Other Quit Smoking Resources

- [Canadian Cancer Society](#) — Smoking and Tobacco<sup>9</sup>
- [Quit and Get Fit; Smoking and Tobacco, Ontario Lung Association](#)<sup>10</sup>
- [Tobacco and Smoking, Centre for Addiction and Mental Health](#)<sup>11</sup>

## ■ Quit Smoking Helplines

- Smoke-Free Ontario Smokers Helpline — 1-877-513-5333
- Canadian Cancer Society Smokers' Helpline — 1-877-513-5333
- Ontario Lung Association — 1-888-344-LUNG (5864)
- Centre for Addiction and Mental Health (CAMH) Information Centre — 1-800-463-6273

Pharmacists may develop their own smoking cessation materials for patients. However, standardized template forms are provided by the Ontario Government as minimum mandatory standards of care to assist pharmacists in the documentation at each patient point of contact. While pharmacists may develop their own forms, the standardized templates from the ministry need to be adapted to maintain a consistency of the program protocol. See Appendix G for the ministry templates for the Pharmacy Smoking Cessation Program as well as the website links to the Forms website.

Templates for pharmacist's materials are also available from the [Ontario Pharmacists Association](#)<sup>12</sup> and the [Canadian Pharmacists' Association](#).<sup>13</sup>

The smoking cessation program requires that pharmacists document the readiness assessment, the first consultation, the follow-up counselling sessions and whether a patient withdraws from the program. Any drug therapy problem identified outside of a smoking cessation session must also be documented as per the standards of practice. In addition, pharmacists may incorporate quit smoking education materials and action plans as appropriate for their patients.

<sup>8</sup> Refer to Ontario Government's Smoke Free Ontario resource information at <http://www.mhp.gov.on.ca/en/smoke-free/>

<sup>9</sup> Refer to Smoking and Tobacco references on the Canadian Cancer Society website: [http://www.cancer.ca/Canada-wide/Prevention/Smoking%20and%20tobacco.aspx?sc\\_lang=en](http://www.cancer.ca/Canada-wide/Prevention/Smoking%20and%20tobacco.aspx?sc_lang=en)

<sup>10</sup> Refer to Quit and Get Fit; Smoking and Tobacco references on the Ontario Lung Association website: <http://www.quitandgetfit.ca/page.aspx?pid=816>

<sup>11</sup> Refer to Tobacco and Smoking references on the Centre for Addiction and Mental Health website: [http://www.camh.net/About\\_Addiction\\_Mental\\_Health/AMH101/top\\_searched\\_tobacco.html](http://www.camh.net/About_Addiction_Mental_Health/AMH101/top_searched_tobacco.html)

<sup>12</sup> Refer to Smoking Cessation resource tools on the Ontario Pharmacists Association website: <http://www.pharmacisteducation.ca/OPA>

<sup>13</sup> Refer to the Quit Using and Inhaling Tobacco (Q.U.I.T.) program tools on the Canadian Pharmacists' Association website: <http://www.pharmacists.ca/education-practice-resources/professional-development/quit/>

# The Paperwork

## Documentation and Record Keeping

Each point of contact or meeting between the pharmacist and the patient must be documented to ensure program continuity and for the purposes of counselling, support, data analysis, evaluation and claims adjudication.

Using the ministry template forms as a minimum standard, full documentation is required of all pharmacist/patient engagement including patient readiness, patient consent and agreement terms, first consultation meeting, follow-up counselling sessions and any incidence of program withdrawal.

Follow-up meetings may be in person, telephone, electronic messaging or other agreed-upon method of communication. The method and location of these meetings must be included in the documentation.

Smoking cessation documents and associated patient records including any written referrals and patient consent documentation; drug therapy information and desired outcomes/action plans; and specifics on quit smoking plans and advice offered to the patient must be retained by the pharmacist in a readily retrievable format and must be kept on site at the pharmacy for a minimum period of ten years or as indicated in O/Reg 58/11 of the Drug and Pharmacies Regulation Act.

Pharmacy records that are associated with the claims submission of professional services using the Ontario Drug Benefit Health Network System PIN mechanism are subject to audit and must be maintained in the pharmacy.

All documents and records relating to the Smoking Cessation program may be stored electronically or as a hard copy when completed and be readily available for retrieval at a later date.

## Results

Patients are entitled to a copy of their readiness assessment, consent forms and any documentation from the first consultation and follow-up counselling sessions.

## Claim for Pharmacist Payment and Program Evaluation

- Smoking Cessation claims for payment and evaluation may only be submitted for ODB recipients.
- The claim submission follows the same process for submitting a claim for the MedsCheck program using a product identification number (PIN).
- See Appendix H for the procedure for claims submissions for all professional pharmacy services.

## ■ Pharmacy Smoking Cessation Program Payment

- **PIN 93899941** \$40.00 First Consultation (once per year): Readiness assessment is complete including willingness to set a quit date; patient has enrolled in the program and provided signed consent to the pharmacist for purposes of sharing health information within the circle of care and for program data collection. First Quit Consultation meeting and documentation is complete.
- **PIN 93899942** \$15.00 Primary Follow-up counselling sessions 1–3 (three times per year = \$45 total)
- **PIN 93899943** \$10.00 Secondary Follow-up counselling sessions 4–7 (four times per year = \$40 total)

A claim for payment is made after documentation is complete and the respective smoking cessation meeting/session has occurred using the appropriate PIN; claim to be submitted on the date of service.

**Program Evaluation Tracking:** One program evaluation PIN is claimed per patient.

- **PIN 93899944** \$0.00 Successful Quit (once per year, if applicable)
- **PIN 93899945** \$0.00 Unsuccessful Quit (once per year, if applicable)
- **PIN 93899946** \$0.00 Unknown Quit Status (once per year, if applicable)

A claim for evaluation is made after documentation is completed and pharmacist is made aware of the program quit status using the appropriate PIN; claim to be submitted on the date the pharmacist is made aware of the program quit status. Once a program evaluation PIN is claimed, no further meetings are billable for that program period.

## ■ Data Collection

By virtue of documenting the stages of the smoking cessation program by pharmacists including submitting the appropriate PIN, pharmacists are assisting in data collection for the Smoke Free Ontario Strategy.

Output measures that indicate how Ontario is meeting its smoking cessation goals may include:

- number of pharmacies that have provided a smoking cessation program
- number of ODB recipients who have enrolled in the program
- number of patients who completed the program
- quit smoking success status of patients who enrolled in the program
- number of patients who re-enrol in the program
- number of ODB recipients who used prescription therapy

## ■ Perceived Patient Outcomes

### **What are the perceived patient outcomes of the Pharmacy Smoking Cessation program provided by pharmacists?**

Immediate and long-term outcomes include:

- increased patient awareness of smoking cessation options by patients
- improved quality of life for patients who quit smoking
- improved patient access to health care providers and services
- increased partnership with community health services
- reduced number of adverse drug events relating to smoking
- reduced number of medication discrepancies
- reduced number of smoking-related hospital emergency visits
- reduced number of hospital admissions that relate to smoking
- helps to identify best practice
- shared best practice information with care team
- builds continuous inter-professional communication

## The 5 As Algorithm

POINT OF CONTACT	DESCRIPTION	OUTCOMES	REIMBURSEMENT
<b>Readiness Assessment</b>	<ul style="list-style-type: none"> <li>• ASK client if they smoke</li> <li>• ADVISE smoker to quit</li> <li>• ASSESS patient readiness to make a quit attempt now</li> </ul>	<ul style="list-style-type: none"> <li>• If the client is NOT ready to make a quit attempt: Provide client with an information sheet to encourage self-reflection. No signature will be required</li> <li>• If the client is ready to make a quit attempt and set a quit date: Client's agreement to enrol, to receive counselling and that health information may be shared within the circle of care will be sought through a signature</li> </ul>	PIN: 93899941 \$40 May only be claimed once per year. Claim is submitted after the first meeting provided that the readiness assessment is completed, agreement is signed and consent is signed
<b>First Consultation</b> (~ 20 mins in duration)	<ul style="list-style-type: none"> <li>• ASSIST the client in making a quit attempt</li> </ul>	Using the standardized template as a minimum guide, the pharmacist and patient will: <ul style="list-style-type: none"> <li>• Set a quit date</li> <li>• Create quit plan</li> <li>• Provide practical counselling</li> <li>• Offer pharmacologic therapy</li> <li>• Provide handouts or refer to other community supports</li> </ul>	PIN: 93899941 \$40 May only be claimed once per year. Claim is submitted after the first meeting provided that the readiness assessment is completed, agreement is signed and consent is signed

## The 5 As Algorithm (Cont'd)

POINT OF CONTACT	DESCRIPTION	OUTCOMES	REIMBURSEMENT
<p><b>Follow-up Counselling Sessions 1–3</b> (~10 mins in duration)</p>	<ul style="list-style-type: none"> <li>• ARRANGE for follow-up contact, either in person or via telephone</li> <li>• Contact client according to agreed-upon intervals. For example:               <ul style="list-style-type: none"> <li>• Between days 3–5</li> <li>• Between days 7–10</li> <li>• Between days 14–21</li> </ul> </li> </ul>	<p>Using the standardized template as a minimum guide, the pharmacist and patient will:</p> <ul style="list-style-type: none"> <li>• Determine quit status</li> <li>• Assess pharmacotherapy use</li> <li>• Discuss triggers and strategies to overcome them</li> </ul>	<p>PIN: 93899942 \$15 May be claimed three times per year</p>
<p><b>Follow-up Counselling Sessions 4–7</b> (~3–5 mins in duration)</p>	<ul style="list-style-type: none"> <li>• ARRANGE for follow-up contact, either in person or via telephone</li> <li>• Contact client according to agreed-upon intervals. For example:               <ul style="list-style-type: none"> <li>• Between days 30–60</li> <li>• Between days 90–120</li> <li>• Between days 180–210</li> <li>• Between days 240–365</li> </ul> </li> </ul>	<p>Using the standardized template as a minimum guide, the pharmacist and patient will:</p> <ul style="list-style-type: none"> <li>• Determine quit status</li> <li>• Assess pharmacotherapy use</li> </ul>	<p>PIN: 93899943 \$10 May be claimed four times per year</p>

## The 5 As Algorithm (Cont'd)

POINT OF CONTACT	DESCRIPTION	OUTCOMES	REIMBURSEMENT
<p><b>Program Evaluation</b>            Successful Quit            Unsuccessful Quit            Unknown Quit Status</p>	<ul style="list-style-type: none"> <li>To determine patient's success status with the program</li> </ul>	<p>Using the standardized template, the pharmacist will indicate one of the following outcomes:</p> <ul style="list-style-type: none"> <li>Patient succeeded in quitting smoking</li> <li>Patient did not succeed in quitting smoking</li> <li>Patient did not indicate whether they quit smoking</li> </ul>	<p>PIN 93899944            PIN 93899945            PIN 93899946</p> <p>\$0</p> <p>May only be claimed once per year as applicable</p> <p>One program evaluation PIN is claimed per patient per year</p> <p>Once a program evaluation PIN is claimed, no further meetings are billable for that program period</p>

# APPENDIX A MedsCheck PROGRAM PATIENT BROCHURE

## Medication Shouldn't be Confusing Welcome to MedsCheck

**MedsCheck** is a free 20- to 30-minute private consultation with your pharmacist to review all the medication you take including non-prescription (over-the-counter) medications, and natural health products.

### **Who qualifies for a MedsCheck:**

Ontario residents with a valid Ontario Health Card who are **taking at least three prescription medications for chronic conditions** qualify for MedsCheck.

### **MedsCheck for Diabetes:**

If you are **living with type 1 or type 2 diabetes**, you also qualify for an annual MedsCheck that includes: training on the use of diabetic devices and supplies, as well as education and advice on lifestyle changes.

### **MedsCheck at Home:**

If you are unable to visit your local pharmacy due to a physical or mental health condition you may qualify for the **MedsCheck at Home** program.

### **MedsCheck LTC:**

If you reside in a **Long-Term Care Home**, a local pharmacist will complete an in-house MedsCheck every three months in collaboration with the LTC health team.

To get the most out of your MedsCheck review, bring your health card and a list of:

- all prescription and non-prescription (over-the-counter) medications that you take (e.g., allergy, pain, cold medications, etc.)
- all ointments, creams, lotions, inhalers, eye/ear drops, patches that you use
- all natural health products such as vitamins and herbal products that you use
- any questions you may have



## ■ Welcome to MedsCheck (Cont'd)

After the MedsCheck review, you will receive an updated **MedsCheck Personal Medication Record** that you can bring to your health appointments or to the hospital.

Your pharmacist will share your MedsCheck record in complete confidence with the doctor or nurse practitioner that prescribes most of your medications. They can also share it with other health care providers if requested.

Pharmacy Name

For questions only, call **1-866-255-6701** or TTY **1-800-387-5559**  
Or visit [ontario.ca/medscheck](https://ontario.ca/medscheck)

## ■ MedsCheck Patient Self-Assessment

If you take three or more medications or if you have type 1 or type 2 diabetes and answer “yes” to any of the following questions, you may benefit from a MedsCheck medication review with a pharmacist at your local pharmacy.

### **Do I want to know more about...**

- The medication I am taking?
- Where to store my medication?
- How and when to take different kinds of medications?
- Lifestyle modifications that can work alongside my medications?
- Impact of drinking alcohol or using recreational drugs with my medications?
- What I should do if I miss a dose?
- Taking non-prescription medications, vitamins or herbal medication?
- What to do with old bottles of medication?
- The impact of changing the amount of medication I take?
- Managing my diabetes?

### **Do I have trouble with...**

- Reading the label on my medications?
- Understanding the instructions on the labels?
- Opening the medication bottle?
- Using things like puffers, eye drops, nose sprays, creams, patches, insulin, etc.?
- Swallowing medication?
- Remembering to take my medication or what the medications are for?
- Remembering the names of all the medications I am taking?

### **Do I feel that...**

- I am taking too many medications?
- My medication is making me sick or dizzy?
- My medication is not working?
- My medications are working against each other?

### **FEEL FREE TO SHARE YOUR QUESTIONS WITH YOUR PHARMACIST.**

Please speak with a member of your pharmacy team about arranging a MedsCheck appointment that will work best for you.

For questions only, call **1-866-255-6701** or TTY **1-800-387-5559**

Or visit [ontario.ca/medscheck](https://ontario.ca/medscheck)

# APPENDIX B

## **FORM** Acknowledgement of Professional Pharmacy Services

Mandatory for all MedsCheck programs with the exception of MedsCheck LTC.

This is an annual mandatory process for the patient to acknowledge professional pharmacy services. Essentially, the completed form confirms the patient's understanding of the MedsCheck service.

This form: **Patient Acknowledgment of Professional Pharmacy Service**

- must be completed annually and provided to the patient; a completed copy is maintained at the pharmacy
- aims to build patient awareness and understanding of professional pharmacy services
- replaces the patient's signature on the MedsCheck Personal Medication Record
- may be generated/developed by pharmacy software vendors to exactly match the ministry form

Pharmacists will ensure that the patient has signed and dated the annual **Patient Acknowledgment of Professional Pharmacy Service** standardized form to confirm their agreement and understanding of the MedsCheck services.

Residents of LTC Homes are exempt from signing the **Patient Acknowledgment of Professional Pharmacy Service form**.

# APPENDIX C



## FORM

### Pharmacist's Worksheet for Professional Notes

Mandatory process for all MedsCheck programs.

May use ministry template or pharmacies may adapt to their pharmacy systems.

Pharmacists will review all medications (including over-the-counter medications and natural products, vitamins, etc.) with the patient to ensure they are being taken properly.

In so doing, pharmacists must **use a Pharmacist's Worksheet for professional notes**; they must identify and try to resolve any drug therapy problems or issues the patient may be having in managing their medication regimen and they must ensure all documentation is readily accessible.

This form: **Pharmacist's Worksheet**

- must be completed for every MedsCheck; pharmacists are expected to have professional notes and/or a worksheet when conducting a MedsCheck
- notes may be shared with the patient and/or primary prescriber on request
- using a worksheet is a mandatory process; the ministry provides a template and pharmacists may use it as the minimum standard
- pharmacy software vendors may adapt the form/fields — can be expanded, does not have to look exactly like the ministry form; however, it must include the minimum standard

# APPENDIX D

## **FORM** MedsCheck Personal Medication Record

Mandatory for all MedsCheck programs with the exception of MedsCheck LTC.

Pharmacies must use the ministry form or pharmacies may adapt an exact replica to their pharmacy systems.

Pharmacists must prepare an accurate medication record (including any over-the-counter medications or natural health products the patient may be taking) to accompany pharmacist recommendations and professional notes.

Patients are not required to sign the completed record; however, the pharmacist must sign and date the record indicating the date of the consultation; provide a copy to the patient once all drug therapy problems have been resolved or have a plan for resolution; and keep a copy for the pharmacy records.

Pharmacists must encourage the patient to bring the record with them when returning to the pharmacy, visiting another health care provider or visiting the hospital for health reasons.

This form: **MedsCheck Personal Medication Record**

- is mandatory for all MedsCheck programs (except MedsCheck LTC) and must look exactly like the ministry example
- may be generated/developed by pharmacy software vendors to exactly match the ministry form
- must be shared with the patient's primary prescriber using a standardized fax form

Pharmacists may also provide the patient with the MedsCheck Patient Take-Home Summary that is intended to further engage patients in identifying ways to build further awareness in their drug therapy and help identify therapy-related goals.

The form is provided to the patient and a copy kept for the pharmacy records.

This form: **MedsCheck Patient Take-Home Summary**

- is optional
- is intended to further engage your patient and promote wellness
- if used it must look exactly like the ministry form
- may be generated/developed by pharmacy software vendors to exactly match the ministry form
- must be signed and dated by both the pharmacist and the patient

# APPENDIX E

## **FORM** Notification FAX Template to Primary Prescriber

Mandatory for all MedsCheck programs with the exception of MedsCheck LTC.

Pharmacies must use the ministry form or pharmacies may adapt an exact replica to their pharmacy systems.

Using the standardized fax template, pharmacists must share the completed MedsCheck Personal Medication Record with the patient's primary prescriber. A record of the successfully transmitted fax must be kept on file at the pharmacy.

Pharmacists are not required to use the standardized fax template for MedsCheck LTC services.

This form: **Health Care Provider Notification of MedsCheck Service**

- is mandatory and must look exactly like the ministry example
- must be provided when conducting any MedsCheck service (except for the MedsCheck LTC)
- may be generated/developed by pharmacy software vendors to exactly match the ministry form
- must be signed and dated by the pharmacist

# APPENDIX F

## FORMS MedsCheck for Diabetes Education

Residents of licensed LTC Homes are not eligible under the MedsCheck for Diabetes Program.

Pharmacies must use the ministry form or pharmacies may adapt an exact replica to their pharmacy systems.

There are two forms:

The MedsCheck for Diabetes includes an annual review that involves using the Pharmacist's Worksheet and MedsCheck Personal Medication Record, as well as a diabetes education checklist and the Diabetes Education Patient Take-Home Summary.

The MedsCheck for Diabetes Follow-up program (that formerly required a medication review) has been replaced by Diabetes Education only. Should a person that received a MedsCheck for Diabetes Annual require another medication review during the year, they may be considered for program eligibility under the MedsCheck Follow-up program that requires a minimum of three prescription medications for chronic conditions among the other specific eligibility criteria for the MedsCheck Follow-up.

Pharmacists are required to use a **MedsCheck for Diabetes Education Checklist** and the **Diabetes Education Patient Take-Home Summary** for every MedsCheck Diabetes Annual and every Diabetes Education Follow-up review. This documentation must be kept on file and be readily accessible at the pharmacy.

This form: **Diabetes Education Checklist**

- is a template example that provides for the minimum standards when conducting a MedsCheck for Diabetes Annual + Diabetes Education
- use of a diabetes checklist is mandatory
- pharmacy software vendors may adapt the form/fields as a minimum — can be expanded, does not have to look exactly like the ministry form
- must be signed and dated by the pharmacist

This form: **Diabetes Education Patient Take-Home Summary**

- is mandatory and must look exactly like the ministry example
- must be provided when conducting a MedsCheck for Diabetes Annual +/-or Diabetes Education
- may be adapted by pharmacy software vendors (exactly)
- must be signed and dated by both the pharmacist and the patient

**Pharmacist Education for MedsCheck for Diabetes program**

Pharmacists providing this service are required to have adequate knowledge of diabetes education such as a recent professional program by a CCCEP-approved accredited provider or a current Certified Diabetes Educator designation.

# APPENDIX G

## FORMS Pharmacy Smoking Cessation Program

### Pharmacy Smoking Cessation Program – Pharmacist Fact Sheet

#### Patient Eligibility:

- Ontario Drug Benefit (ODB) Recipients that want to quit smoking

#### Description:

- The pharmacist has the opportunity to support patients seeking smoking cessation counselling support, to provide quit smoking materials and linkages to other community supports as appropriate.
- Includes a number of counselling sessions between the pharmacist and the patient over a one-year period, including an in-depth initial consultation meeting (after completing a readiness assessment where a patient enrolls in the program).
- Uses the 5As algorithm (Ask, Advise, Assess, Assist, Arrange) at all points of contact between the patient and the pharmacist and includes documenting each point of contact using the smoking cessation template forms.

#### Process for conducting a smoking cessation program:

- **Readiness Assessment:** a questionnaire to determine the patient's desire to quit smoking; once completed and the patient agrees to program enrolment including a willingness to set a quit date, the patient signs for both enrolment and consent to share information within the circle of care.
- **First consultation meeting:** an in-depth consultation between the pharmacist and the patient that takes place in the community pharmacy (approximately 20 minutes). The intent is to discuss the patient's smoking history; his/her tobacco use; medication history; health risks, triggers/strategies; a quit date and pharmacotherapy needs. The meeting will ensure the patient understands the goals and objectives of the program including their responsibilities towards success.
- **Follow-up counselling sessions:** are to provide ongoing support for the patient by getting an update on their smoking status, addressing any concerns or issues that have arisen and to reinforce smoke-free positive behaviours used by the patient.
- Primary Follow-up sessions 1–3: should take place within three weeks of the first consultation, are approximately 10 minutes and may be in-person at the pharmacy or as arranged.
- Secondary Follow-up sessions 4–7: are expected to take place at intervals as agreed by the pharmacist and the patient between one and two months; between three and four months; between six and seven months and between eight and twelve months; sessions are approximately five minutes and may be in person at the pharmacy or as arranged.



# FORMS (Con't)

## Pharmacy Smoking Cessation Program — Pharmacist Fact Sheet

### Documentation Requirements:

- Each point of contact and/or all meetings/sessions between the pharmacist and the patient must be documented to ensure program continuity and for the purposes of counselling, support, data analysis, evaluation and claims adjudication.
- Standardized template forms are provided by the Ontario Government as minimum mandatory standards of care to assist pharmacists in the documentation at each patient point of contact. While pharmacists may develop their own forms, the standardized templates from the ministry need to be adapted to maintain a consistency of the program protocol.
- Program withdrawal + Program success: Should the patient decide that they need to withdraw from the program, the pharmacist is required to document program withdrawal and program success including reasons provided using the standardized template.

### Record Keeping

- All documentation forms and pharmacy records submitted through the ODB Health Network System PIN mechanism are subject to audit and must be maintained in a readily retrievable format.

### Pharmacist Educational Requirements:

- The smoking cessation program may be conducted by a licensed Part A registered pharmacist.
- Pharmacists are required to take a smoking cessation training program to ensure they have a basic level of training including motivational interviewing strategies, the 5As algorithm and a familiarity with more involved smoking cessation counselling and quit smoking planning.

### Payment:

- PIN 93899941 = \$40 Readiness Assessment; Signed consent/enrolment; First Consultation Meeting at the pharmacy (first meeting is approximately 20 minutes in the pharmacy; once per year)
- PIN 93899942 = \$15 Primary follow-up Sessions:  
three sessions within the first three weeks: (approximately ten minutes; three/yr)
- PIN 93899943 = \$10 Secondary follow-up Session:  
4 sessions as defined from day 30 to day 365: (approximately five minutes; four/yr)

**Program Evaluation:** Only one of the three program evaluation PINs is claimed per patient.

- PIN 93899944 = Patient succeeded in quitting smoking  
(may be claimed once per year if applicable)
- PIN 93899945 = Patient did not succeed in quitting smoking  
(may be claimed once per year if applicable)
- PIN 93899946 = Patient quit smoking status is unknown  
(may be claimed once per year if applicable)

Pharmacies must use the ministry form or pharmacies may adapt an exact replica to their pharmacy systems.

There are seven forms.

# APPENDIX H

## ■ Claim Requirements for MedsCheck Programs

After the medication review takes place at the pharmacy, the claim is submitted on the day of the MedsCheck service. The patient receives the MedsCheck Personal Medication Record that is signed and dated by the pharmacist when drug therapy problems are resolved to the best of the ability of the pharmacist if applicable. Next-day claims submissions are accepted for those services that take place outside the pharmacy location (MedsCheck at Home/LTC).

Pharmacists must use their ID as the prescriber in the HNS system when submitting a claim for a MedsCheck service.

A paper-based system must cross-reference the ODB claims transaction number.

Aside from including the fields required in a standard claims submission, there are additional fields required (or certain exceptions applicable to specific fields) when submitting a claim for a MedsCheck, namely:

### Fields required for all MedsCheck claims (ODB/TDP recipients and non-ODB recipients):

#### Claims for MedsCheck Annual + MedsCheck Follow-up Reviews:

FIELDS	REQUIRED (Y/N)	EXPLANATION
Intervention Code	Y	“PS” = Professional Care Service
DIN/GP#/PIN	Y	Enter the appropriate Professional Care Service PIN: 93899979 = MedsCheck Annual 93899981 = MedsCheck Follow-up: Hospital Discharge 93899982 = MedsCheck Follow-up: Pharmacist Decision 93899983 = MedsCheck Follow-up: MD/NP Referral 93899984 = MedsCheck Follow-up: Hospital Admission
Pharmacist’s ID code	Y	Pharmacist License #
Professional Fee	Y	MedsCheck Annual fee = \$60 per year  MedsCheck Follow-up: Hospital Discharge = \$25 Pharmacist Decision = \$25 MD/RN(EC) Referral = \$25 Hospital Admission = \$25

## Claims for MedsCheck Diabetes Annual + Diabetes Follow-up Reviews:

FIELDS	REQUIRED (Y/N)	EXPLANATION
Intervention Code	Y	<b>"PS"</b> = Professional Care Service
DIN/GP#/PIN	Y	Enter the appropriate Professional Care Service PIN: 93899988 = MedsCheck Diabetes Annual Assessment Summary 93899989 = Diabetes Education Follow-up
Pharmacist's ID code	Y	Pharmacist License #
Professional Fee	Y	MedsCheck Diabetes Assessment: Summary = \$75 per year/patient Follow-up = \$25 (at same pharmacy as diabetes annual assessment)

## Claims for MedsCheck at Home:

FIELDS	REQUIRED (Y/N)	EXPLANATION
Intervention Code	Y	<b>"PS"</b> = Professional Care Service
DIN/GP#/PIN	Y	Enter the appropriate Professional Care Service PIN: 93899987 = MedsCheck Home Assessment Summary
Pharmacist's ID code	Y	Pharmacist License #
Professional Fee	Y	MedsCheck Home Assessment Summary: \$150 per year/patient

## Claims for MedsCheck for Residents of Long-Term Care Homes:

FIELDS	REQUIRED (Y/N)	EXPLANATION
Intervention Code	Y	"PS" = Professional Care Service
DIN/GP#/PIN	Y	Enter the appropriate Professional Care Service PIN: 93899985 = MedsCheck Long-Term Care Home resident: Annual payment 93899986 = MedsCheck Long-Term Care Home resident: Quarterly monitoring
Pharmacist's ID code	Y	Pharmacist License #
Professional Fee	Y	MedsCheck for Long-Term Care residents: Annual payment = \$90 once per year Quarterly monitoring = \$50 up to 4 per year

## Additional Fields Required for Non-ODB/TDP Recipients for all Types of MedsCheck Claims:

FIELDS	REQUIRED (Y/N)	EXPLANATION
Intervention Code	Y	"PS" = Professional Care Service "ML" = Eligibility established — Standard coverage
Patient Gender	Y	"F" = female, "M" = male
Patient Date of Birth	Y	YYYYMMDD
Client ID # or Code	Y	Health Card Number
Carrier ID	Y	"S" = Non ODB MedsCheck Service Plan Code

## ■ Claim Requirements for the Pharmaceutical Opinion Program

Pharmaceutical Opinion Program claims for payment may only be submitted for ODB recipients at this time.

A claim for payment is made after the pharmaceutical opinion has occurred, the patient has been informed, the prescriber has been contacted and documentation is completed and signed by the pharmacist.

All claims documentation must be cross-referenced to the prescription or the MedsCheck medication review and include the reason for the pharmaceutical opinion.

Pharmacists must use their ID as the prescriber in the HNS system when submitting a claim for the Pharmaceutical Opinion Program.

Aside from including the fields required in a standard claims submission, there are additional fields required (or certain exceptions applicable to specific fields) when submitting a claim for expanded services, namely:

FIELDS	REQUIRED (Y/N)	EXPLANATION
Intervention Code	Y	"PS" = Professional Care Service
DIN/GP#/PIN	Y	Enter the appropriate Professional Care Service PIN: 93899991 = Forgery confirmed Not Filled 93899992 = No Change to Rx 93899993 = Change to Rx
Pharmacist's ID code	Y	Pharmacist License #
Professional Fee	Y	\$15

## ■ Claim Requirements for the Pharmaceutical Opinion Program (Cont'd)

The claim submission follows the same process for submitting a claim for other professional services with the use of a Product Identification Number (PIN) that is associated with the pharmaceutical opinion outcome:

PIN	DESCRIPTION	EXPLANATION
93899991	Forgery confirmed Not Filled	Prescription not filled as prescribed due to a clinical issue or confirmed as a falsified prescription
93899992	No Change to Rx	Pharmacist's recommendation made to prescriber resulting in no change to the prescription; filled as originally prescribed
93899993	Change to Rx	Pharmacist's recommendation made to prescriber resulting in a change to the prescription that was subsequently filled as per prescribed change

## ■ Claim Requirements for Pharmacy Smoking Cessation Program

Smoking cessation claims for payment may only be submitted for ODB recipients at this time.

The claim submission follows the same process for submitting a claim as the MedsCheck Program by using a special product identification number (PIN).

- Claim is submitted after the first meeting provided that the readiness assessment is completed, agreement is signed and consent is signed.
- Claims are submitted after the follow-up sessions.

Pharmacists must use their ID as the prescriber in the HNS system when submitting a claim for the Pharmacy Smoking Cessation Program.

POINT OF CONTACT	PIN	REIMBURSEMENT
<b>Readiness Assessment</b> (may only be claimed once per year)	93899941	\$40
<b>Primary Follow-up Sessions</b> (may be claimed three times per year)	93899942	\$15
<b>Secondary Follow-up Session</b> (may be claimed four times per year)	93899943	\$10

## ■ Program Evaluation Tracking

A claim for evaluation is made using the appropriate PIN after documentation is complete and the pharmacist is made aware of the program quit status of the patient. The program evaluation PIN should be submitted on the date the pharmacist is made aware of the program quit status. Once a program evaluation PIN is claimed, no further meetings are billable for the program period.

Only one of the three program evaluation PINs is claimed per patient per year:

OUTCOME	PIN	REIMBURSEMENT
<b>Patient succeeded in quitting smoking</b> (may be claimed once per year if applicable)	93899944	\$0
<b>Patient did not succeed in quitting smoking</b> (may be claimed once per year if applicable)	93899945	\$0
<b>Patient quit smoking status is unknown</b> (may be claimed once per year if applicable)	93899946	\$0



# APPENDIX I

## ■ Summary of Programs — Fact Sheets

Please refer to Program details for further information.

## ■ MedsCheck Annual launched April 1, 2007

### **Patient Eligibility:**

- Any Ontarian with a valid Ontario Health Card, living in Ontario and on a minimum of three prescription medications for chronic conditions

### **Conducting MedsCheck Annual:**

- Medication review conducted in person at an accredited community pharmacy

### **Documentation Requirements:**

- Copy of: Annual patient acknowledgement form
- Pharmacist's Worksheet
- MedsCheck Personal Medication Record
- Proof that MedsCheck was faxed to the MD/NP
- MedsCheck Patient Take-Home Summary (if used)
- Any other related documents, for example, documentation that a POP occurred
- Medication review requires signatures of the pharmacist, or supervising pharmacist (if an intern or student conducted the assessment)
- Date of Medication Review; location of review if not in the pharmacy
- Program criteria of a minimum of three chronic prescription medications

### **Record Keeping:**

- All signed and dated documentation must be maintained in a readily retrievable format for the purposes of audit under the ODB program
- MedsCheck documents are considered part of the patient health record and must be maintained in a readily retrievable format for a minimum period of ten years or as indicated in O. Reg. 58/11 of the Drug and Pharmacies Regulation Act

## ■ MedsCheck Annual launched April 1, 2007 (Cont'd)

### **Pharmacist Educational Requirements:**

- MedsCheck to be conducted by a licensed Part A pharmacist or an intern/registered pharmacy student as long as the intern/student is under pharmacist supervision

### **Payment:**

- \$60 per year per patient, based on the date the recipient had their specific MedsCheck service; claim to be submitted on the date of service
- PIN 93899979

### **Restrictions:**

- Cannot conduct service over the phone or through video conferencing
- One review per year limit based on the date that the recipient had their previous MedsCheck Annual service
- Not eligible for residents of LTC Homes
- Patients receiving MedsCheck at Home or MedsCheck for Diabetes are not eligible for a MedsCheck Annual
- Not eligible for a MedsCheck LTC unless the patient becomes a resident of an LTC Home

## ■ MedsCheck Follow-up launched November 30, 2007

### **Patient Eligibility:**

Any Ontarian with a valid Ontario Health Card, living in Ontario, and on a minimum of 3 prescription medications for a chronic condition who received a MedsCheck Annual at the same pharmacy and requires follow-up consultation with the pharmacist by meeting one of the following criteria:

- Hospital discharge — PIN 93899981
- Pharmacist documented decision — PIN 93899982
- Physician/Registered Nurse (EC) Referral — PIN 93899983
- Hospital Scheduled Admission — PIN 93899984

### **Conducting MedsCheck Follow-up:**

- Medication review conducted in person at an accredited community pharmacy

### **Documentation Requirements:**

- Copy of: Annual patient acknowledgement form
- Pharmacist's Worksheet
- MedsCheck Personal Medication Record
- Proof that MedsCheck was faxed to the MD/NP
- MedsCheck Patient Take-Home Summary (if used)
- Any other related documents, for example, documentation that a POP occurred
- Medication review requires signatures of the pharmacist or supervising pharmacist (if an intern or student conducted the assessment)
- Date of Medication Review; location of review if not in the pharmacy
- Program criteria of a minimum of 3 chronic prescription medications
- Documentation of reason for MedsCheck Follow-up, including referrals

### **Record Keeping:**

- All signed and dated documentation must be maintained in a readily retrievable format for the purposes of audit under the ODB program
- MedsCheck documents are considered part of the patient health record and must be maintained in a readily retrievable format for a minimum period of ten years or as indicated in O. Reg. 58/11 of the Drug and Pharmacies Regulation Act

### **Pharmacist Educational Requirements:**

- MedsCheck to be conducted by a licensed Part A pharmacist or an intern/registered pharmacy student as long as the intern/student is under pharmacist supervision

## ■ MedsCheck Follow-up launched November 30, 2007 (Cont'd)

### **Payment:**

- \$25 per MedsCheck Follow-up; based on the date the recipient had their specific MedsCheck service; claim to be submitted on the date of service

### **Restrictions:**

- Cannot conduct service over the phone or through video conferencing
- Not eligible for residents of LTC Homes
- Patients receiving MedsCheck at Home or MedsCheck for Diabetes are not eligible for a MedsCheck Annual; however, they may be eligible for a MedsCheck Follow-up
- Not eligible for a MedsCheck LTC unless the patient becomes a resident of an LTC Home

## ■ MedsCheck at Home launched September 13, 2010

### **Patient Eligibility:**

- Any Ontarian with a valid Ontario Health Card, living in Ontario, taking a minimum of three prescription medications for a chronic condition **and** who are not otherwise able to attend the community pharmacy
- Patients are typically frail and elderly; home bound and/or living in isolated conditions

### **Conducting MedsCheck at Home:**

- Assessment conducted at patient's home with patient or caregiver's consent

### **Documentation and Record Keeping Requirements:**

- Copy of: Annual patient acknowledgement form
- Pharmacist's Worksheet
- MedsCheck Personal Medication Record
- Proof that MedsCheck was faxed to the MD/NP
- MedsCheck Patient Take-Home Summary (if used)
- Any other related documents, for example, documentation that a POP occurred
- Medication review requires signatures of the pharmacist, or supervising pharmacist (if an intern or student conducted the assessment)
- Date of Medication Review; location of review when not in the pharmacy
- Program criteria of a minimum of three chronic prescription medications
- Documentation of medicine cabinet clean-up
- Appropriate documentation of drugs for disposal and consent required from patient before pharmacist can accept a person's prescription medication for disposal
- Documentation must be maintained in a readily retrievable format for the purposes of audit under the ODB program
- MedsCheck documents are considered part of the patient health record and must be maintained in a readily retrievable format for a minimum period of ten years or as indicated in O. Reg. 58/11 of the Drug and Pharmacies Regulation Act

### **Pharmacist Educational Requirements:**

- Assessment to be conducted by a licensed Part A pharmacist or an intern or registered pharmacy student as long as the intern or student is under pharmacist supervision

### **Payment: Annual**

- A claim for payment is made after the MedsCheck at Home visit has occurred
- \$150 per year per patient per year — PIN 93899987

## ■ MedsCheck at Home launched September 13, 2010 (Cont'd)

### **Restrictions:**

- Cannot conduct service over the phone or through video conferencing or at the community pharmacy
- One review per year limit based on the date that the recipient had their previous MedsCheck at Home service
- If patient receives a MedsCheck at Home, not eligible for a MedsCheck Annual or a MedsCheck for Diabetes
- Not eligible for a MedsCheck LTC unless the patient becomes a resident of an LTC Home
- Residents of retirement homes or group homes are not eligible for the MedsCheck at Home
- Patients may receive ONE annual MedsCheck service per year. If a patient has already received a MedsCheck Annual or MedsCheck for Diabetes Annual within the previous 12 months, a MedsCheck at Home is not billable in the same year. However, pharmacists may bill under the MedsCheck Follow-up program if patients meet the respective criteria

## ■ MedsCheck for Diabetes launched September 13, 2010

### **Patient Eligibility:**

- Any Ontarian with a valid Ontario Health Card, living in Ontario, and diagnosed with type 1 or type 2 diabetes
- Not required to be taking a minimum of three chronic prescription medications; patient must be diagnosed with either type 1 or type 2 diabetes and is likely taking medication for their condition

### **Conducting MedsCheck Diabetes:**

- Assessment conducted at the pharmacy

### **Documentation and Record-Keeping Requirements:**

- Copy of: Annual patient acknowledgement form
- Pharmacist worksheet
- MedsCheck Personal Medication Record
- Proof that Medscheck was faxed to the MD/NP
- Copy of diabetes checklist
- MedsCheck Patient Take-Home Summary (if used)
- Diabetes Education Patient Take-Home Summary
- Any other related documents, for example, documentation that a POP occurred
- Medication review requires signatures of the pharmacist or supervising pharmacist (if an intern or student conducted the assessment). Regulated Pharmacy Technicians who assist in medical device training may also sign the assessment summary
- Date of Medication Review; location of review if not in the pharmacy
- Documentation must be maintained in a readily retrievable format for the purposes of audit under the ODB program
- MedsCheck documents are considered part of the patient health record and must be maintained in a readily retrievable format for a minimum period of ten years or as indicated in O. Reg. 58/11 of the Drug and Pharmacies Regulation Act

### **Pharmacist Educational Requirements:**

- Conducted by a Part A pharmacist or an intern/registered pharmacy student as long as the intern/student are under pharmacist supervision
- Pharmacists required to have adequate knowledge of diabetes education through a professional program approved by a Canadian Council on Continuing Education in Pharmacy (CCCEP) or a Certified Diabetes Educator designation

## ■ MedsCheck for Diabetes launched September 13, 2010 (Cont'd)

### **Payment:**

- \$75 per year per patient, based on the date the recipient had their previous MedsCheck for Diabetes annual service — PIN 93899988; claim to be submitted on the date of service
- \$25 per patient diabetes education follow-up — PIN 93899989; claim to be submitted on the date of service

### **Restrictions:**

- Cannot conduct service over the phone or through video conferencing
- One review per year limit based on the date that the recipient had their previous MedsCheck for Diabetes Annual service
- The MedsCheck for Diabetes Follow-Up visit must take place at the same pharmacy that provided the annual diabetes assessment service
- Not eligible for a MedsCheck LTC unless the patient becomes a resident of an LTC Home
- Patients are eligible for ONE annual medication review per year (i.e., MedsCheck Annual, MedsCheck for Diabetes Annual or MedsCheck at Home); should a patient require another medication review during the year, they may meet the criteria of the MedsCheck Follow-up program
- Diabetes Education must accompany the MedsCheck Diabetes Annual



## ■ MedsCheck Long-Term Care launched September 13, 2010

### **Patient Eligibility:**

- Ontario Residents of a licensed Long-Term Care Home

### **Conducting MedsCheck LTC:**

- Quarterly medication review every three months (up to four times per year) for eligible patients
- Annual comprehensive inter-professional analysis, which is done once per year from the date of the last annual review. This would normally replace one of the quarterly reviews
- The reviews may be initiated at the community pharmacy. However, the results of the review and concerns identified during the review must be communicated to the residents care team in order to be eligible for payment

### **Documentation Requirements:**

- Quarterly and annual assessment summaries require the signature of the pharmacist, or supervising pharmacist (if an intern or student conducted the assessment), and must also include the date on which the review was discussed including the name of the designate of the LTC Home care team with whom the results were reviewed in person
- Date of assessment summary

### **Record Keeping:**

- All signed and dated documentation must be maintained in a readily retrievable format for the purposes of audit under the ODB program
- Assessment summaries should be included in patient chart at the LTC Home
- MedsCheck documents are considered part of the patient health record and must be maintained in a readily retrievable format for a minimum period of ten years or as indicated in O. Reg. 58/11 of the Drug and Pharmacies Regulation Act

### **Pharmacist Educational Requirements:**

- Assessment to be conducted by a licensed Part A pharmacist or an intern or registered pharmacy student as long as the intern or student is under pharmacist supervision

### **Payment:**

- \$90 for the annual assessment per year per patient, based on the date of the previous year's annual review — PIN 93899985
- \$50 for each quarterly assessment — PIN 93899986

### **Restrictions:**

- Cannot conduct service over the phone or through video conferencing or entirely from the community pharmacy (may be initiated at the pharmacy only)
- One annual review per year based on the date of the previous year's annual review
- Patients receiving MedsCheck LTC are not eligible for a MedsCheck Annual, MedsCheck Follow-up, MedsCheck at Home or MedsCheck for Diabetes while a resident of the licensed home

## ■ Pharmaceutical Opinion Program Pharmacist Fact Sheet

### **Patient Eligibility:**

- Ontario Drug Benefit (ODB) Recipients

### **Description:**

- A clinical intervention at the time of conducting a MedsCheck medication review or dispensing that occurs in situations when a pharmacist has identified a potential drug therapy problem with a new or repeat prescription. Based on consultation with the prescriber, the prescription may not be dispensed, may be dispensed as prescribed or a prescription therapy may be adjusted
- To be eligible for a professional services fee, the pharmacist must make a recommendation to the prescriber regarding the drug therapy and the prescriber must follow-up
- There are eight types of prescription interventions that would typically lead to a pharmaceutical opinion (see detailed program information for definitions of drug therapy intervention terms)

### **Outcome of Pharmaceutical Opinion Program:**

- Not filled as prescribed — PIN 93899991
- No change to prescription; filled as prescribed — PIN 93899992
- Change to prescription — PIN 93899993

### **Conducting a Pharmaceutical Opinion:**

- The program occurs in an accredited community pharmacy as a result of receiving a new or repeat prescription request from the patient or as a result of conducting a MedsCheck medication review
- Pharmacist identifies the issue and/or potential drug-related problem
- Pharmacist contacts the prescriber regarding the issue and makes a recommendation
- Pharmacist documents outcome of clinical intervention/pharmaceutical opinion
- Pharmacist communicates with patient regarding the drug therapy issue and outcome

### **Documentation Requirements:**

- Must be on a patient's electronic profile or on the prescription hardcopy record or on the MedsCheck medication review documentation and in a readily retrievable format
- At a minimum, all documentation must include outcome; details that describe the drug-related issue; recommendation to the prescriber; action plan/discussion with patient; date of transaction; pharmacist's signature; date and name of prescriber contacted; other comments required to substantiate the decision

## ■ Pharmaceutical Opinion Program Pharmacist Fact Sheet (Cont'd)

### **Record Keeping:**

- The original prescription (or a copy) whether verbal or written (or MedsCheck) along with all signed and dated documentation must be maintained on site at the pharmacy in a readily retrievable format for a minimum of two years for the purposes of audit under the ODB program; for a minimum of ten years as part of the patient's health record or as indicated in O. Reg. 58/11 of the Drug and Pharmacies Regulation Act

### **Pharmacist Educational Requirements:**

- The Pharmaceutical Opinion program may be conducted by a licensed Part A registered pharmacist or an intern/registered pharmacy student as long as the intern or student is under pharmacist supervision

### **Payment:**

- \$15 per drug therapy intervention per prescription or as identified as a result of a MedsCheck review
- PIN 93899991; PIN 93899992; PIN 93899993

### **Restrictions: Not applicable for the following; other examples may apply; may be subject to recovery**

- Medication not in inventory
- Decision not to fill in response to a drug utilization review alert (fill too soon/too late) and no other follow-up with MD
- Clarifying illegible handwriting; missing information on a prescription; or changing a drug to an eligible benefit
- Contacting prescriber to change a drug to an eligible benefit