

Professional Pharmacy Services Questions and Answers for Pharmacists

May 1, 2023

Table of Contents

MedsCheck General Information	2
Patient Eligibility	3
Conducting the Service	4
Record Keeping and Documentation	8
Claim Payment.....	9
MedsCheck Follow-up	11
Patient Eligibility	11
Conducting the MedsCheck Follow-up Service.....	13
MedsCheck for Diabetes	14
Patient Eligibility	14
Conducting the MedsCheck for Diabetes	15
MedsCheck at Home	17
Patient Eligibility	17
Conducting the MedsCheck at Home.....	18
Pharmaceutical Opinion Program	21
Overview	21
POP Drug Therapy Problem (DTP).....	21
POP Restrictions:.....	22
Pharmacy Smoking Cessation Program	25
Patient Eligibility and Program	25
Readiness Assessment & First Consultation Meeting.....	26
Follow-up Sessions	27
Pharmacists Education, Training and Resources.....	28

MedsCheck General Information

Pharmacies should also refer to the Professional Pharmacy Services [Guidebook](#) and the Ontario Drug Programs Reference [Manual](#) for more information on these programs.

What is the definition of ‘chronic prescription medication’ under the MedsCheck program?

Chronic prescription medication refers to prescription medications that are used to treat conditions on a long-term ongoing basis. For example, medication for hypertension would be eligible, whereas an antibiotic for a respiratory tract infection would not be eligible. A prescription medication is a:

- Schedule 1 drug according to the [National Drug Schedules](#) as per the National Association of Pharmacy Regulatory Authorities. In addition, it may be
- 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).

Note: Over-the-counter medications including vitamins, natural health products, etc. even when written on a prescription by a health care provider are not considered a ‘prescription medication’.

A patient is taking a combination drug for a chronic condition, does that count as one or two drugs under the MedsCheck program?

The number of medications is based on the number of different drug products with drug identification numbers (DINs) the patient is taking at the time of the medication review. 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,
- two different strengths or two different formulations (e.g., regular tablet, slow-release tablet) of the same medication count as ONE medication, even if they have different DINs or
- two different brands of the same medication will have different DINs but count as one medication.

Are pharmacists required to complete the MedsCheck Personal Medication Record form according to the standard, or is it optional?

Pharmacists are required to use the ministry’s standard MedsCheck Personal Medication Record or an adapted version of the form if developed by their pharmacy

software vendor as long as the adapted form exactly replicates the ministry form. Please note that pharmacists are required to follow all program requirements (forms, templates, procedures). The forms and templates contain the minimum requirements that must be included. Pharmacy software vendors may contact the [Ontario Pharmacists Association](#) (OPA) should they need unlocked versions of the forms.

The forms and templates contain the minimum requirements that must be included. Pharmacists may add to the base-line information outlined on the standardized forms as appropriate for individual one-on-one patient discussion and circumstances.

Is the patient required to sign the MedsCheck Personal Medication Record along with the pharmacist?

No. Only the pharmacist signs and dates the MedsCheck Record. The patient is not required to sign the MedsCheck Record. Instead, the ministry expects pharmacies to implement the **MedsCheck Patient Acknowledgment of Professional Pharmacy Services** form and process. This annual process outlines the MedsCheck services funded by the Ontario government, that they occur at the pharmacy (unless the program specifies otherwise) where there is sufficient privacy and that the MedsCheck patient personal medication record will be shared with the patient's primary prescriber.

Who do I contact for more information on MedsCheck?

- For more information on the MedsCheck claims process, pharmacies may contact the Ontario Drug Benefit Program Help Desk at 1-800-668-6641.
- For information on MedsCheck program criteria please email at: Medscheck.Moh@ontario.ca
- For clinical support, contact the Ontario Pharmacists Association at [1-877-341-0788](tel:1-877-341-0788).

Patient Eligibility

When a MedsCheck service is restricted as annual, is the one year based on a calendar year or per patient?

The annual medication review (MedsCheck Annual, MedsCheck for Diabetes or a MedsCheck at Home) is for a 365-day period based on the date that the recipient had their previous MedsCheck service one year prior; it is not based on a calendar year.

NOTE: Patients are eligible for ONE "annual" medication review per year. If it is identified that a patient requires another medication review during the year, pharmacists may consider whether the patient meets the criteria for the MedsCheck Follow-up program or Diabetes Education as applicable.

How do I determine whether a patient has already had a MedsCheck conducted at another pharmacy?

Prior to initiating a MedsCheck review, it is important to ask the patient whether or not they have participated in this service at another pharmacy. If the patient wishes to continue with a MedsCheck at your pharmacy and meets the eligibility criteria, you must ensure that the patient completes and signs another annual “MedsCheck Patient Acknowledgement of Professional Pharmacy Services” at your pharmacy.

If the patient has had a MedsCheck Annual review from another pharmacy within the past year, they are not eligible to receive another “annual” review (i.e., MedsCheck for Diabetes annual or MedsCheck at Home annual). However, patients may be eligible for a MedsCheck Follow-up within the annual timeframe under specific criteria.

Pharmacies are also strongly encouraged to enrol in one of the provincial clinical viewers ([ConnectingOntario or ClinicalConnect](#)) at no cost through [Ontario Health](#). The viewers provide health information about eligible persons, including laboratory test results and dispensed medications that could enhance clinical decision-making and help improve health outcomes. It also provides a history of publicly funded professional services including MedsCheck.

How will the ministry address instances of patients receiving more than one ‘annual’ MedsCheck?

Patients meeting program criteria may receive one annual medication review per year (i.e., MedsCheck Annual, MedsCheck for Diabetes Annual, or MedsCheck at Home Annual). Ministry inspectors continue to monitor the claims and will follow up with pharmacies if there are concerns about how the claims were submitted.

Patients may be eligible for a MedsCheck Follow-up when there is a need to conduct another medication review during the year.

Conducting the Service

Can a MedsCheck medication reviews be conducted over the phone or through internet video conferencing?

The intent of the current MedsCheck program is for the pharmacist to review the medication history directly with the patient at a face-to-face, in-person meeting at the physical location of the pharmacy.

NOTE: On March 20, 2020, as a temporary measure during the COVID-19 pandemic, the ministry allowed for the delivery of MedsCheck services (with the exception of MedsCheck at Home) remotely (virtual or by phone) where medically necessary for the patient’s understanding of their medications and to resolve urgent medication management issues, that is, without the in-person interaction at the community

pharmacy. See Notice from the Executive Officer posted on March 20, 2020 at this [link](#). It is up to the professional judgement of the pharmacist to determine whether a virtual/telephone MedsCheck for a patient is required. Proper documentation and rationale for the virtual service are also required.

The intention of the EO Notice which is still in effect until further notice is that **MedsCheck should continue to be done in-person at the pharmacy unless it is ‘medically necessary’ for the MedsCheck to be conducted virtually.**

Pharmacists should also refer to the Ontario College of Pharmacists [Virtual Care Policy](#) to ensure that all expectations and standards of virtual care are properly met and that it is being provided in the best interest of the patient.

Where does the pharmacist conduct the MedsCheck?

Depending on the MedsCheck service the pharmacist is expected to have the consultation as follows:

- MedsCheck Annual – takes place in an accredited community pharmacy
- MedsCheck Follow-up – takes place in the accredited community pharmacy
- MedsCheck at Home – takes place in the patient’s private home
- MedsCheck for Diabetes – takes place in the accredited community pharmacy

Note: Residents of retirement homes, congregate settings and group homes who are not able to attend the pharmacy for services are not eligible for a MedsCheck at Home; however, they may be eligible for MedsCheck Annual / Follow-up or MedsCheck for Diabetes if they meet the criteria and agree to the service (including agreeing to having a pharmacist from their pharmacy visit them in the said home).

Are MedsChecks only billed from a community pharmacy? I work in a clinic setting and we review patients’ medications but we do not dispense medications. Would I be able to bill for a MedsCheck?

Publicly funded MedsCheck services are not intended for doctor’s offices or interdisciplinary clinical teams to conduct for public funding nor are they intended for these entities to partner with a community pharmacy in order to bill for medication reviews (MedsChecks) conducted in the doctor’s office or clinical facility.

MedsCheck are conducted at the community pharmacy as a one-on-one in-person interview between the patient and the community pharmacist. Claims for payment are submitted through Ontario’s Health Network System (HNS) from the community pharmacy that holds the HNS subscription agreement with the ministry.

Can the pharmacist conduct the MedsCheck in an out-patient hospital clinic?

No. The community pharmacist conducts the MedsCheck medication review with their patients at the community pharmacy. The MedsCheck program does not include a pharmacist - whether an in-patient staff pharmacist or a contracted community pharmacist - to conduct the MedsCheck at the hospital out-patient clinic. Hospital clinics may use a recent MedsCheck Personal Medication Record that was conducted in the community pharmacy or a printed patient medication profile to assist them in conducting the medication reconciliation in the hospital environment.

Note: Many pharmacies as well as Hospital Emergency Departments have access to the Digital Health Drug Repository for viewing ODB drug claims as well as Professional Pharmacy Services claims (i.e., MedsCheck) including the contact information of the pharmacy that provided the services (i.e., submitted the claims).

Through one of the two provincial clinical viewers (ConnectingOntario and ClinicalConnect), pharmacists within the circle of patient care may also access the Digital Health Drug Repository that indicates ODB drug claims as well as Professional Pharmacy Services claims (i.e., MedsCheck) including the contact information of the pharmacy that provided the services (i.e., who submitted the claims). Pharmacies are also strongly encouraged to enrol in one of the provincial clinical viewers at no cost through [Ontario Health](#).

Which pharmacist / pharmacy should provide the MedsCheck service for a patient?

Although patients may have several pharmacies that have billed ODB for a medication on their behalf (i.e., their regular pharmacy, a pharmacy near a walk-in clinic, a pharmacy near a doctor's office, etc.), the pharmacist conducting the MedsCheck should be a pharmacist that regularly dispenses most of the medications for the patient's chronic condition(s). If a patient chooses to obtain a MedsCheck service at a pharmacy other than their regular pharmacy, or if they do not have a regular pharmacy, documentation must demonstrate that the pharmacist billing the MedsCheck discussed this issue with the patient, the reasons why the MedsCheck was conducted at a pharmacy other than a regular pharmacy, and how the pharmacist ensured an accurate patient record was obtained.

The completed MedsCheck Personal Medication History should not only be shared with the patient and the primary prescriber but it should also be shared with the patient's primary pharmacy.

Can an intern or pharmacy student conduct a MedsCheck service?

Yes, an intern or a registered pharmacy student may conduct a MedsCheck service as long as the intern or student is under the supervision of a licensed pharmacist. The level of supervision is at the discretion of the pharmacist who must have the level of knowledge and training to conduct the MedsCheck service themselves.

The supervising pharmacist is expected to co-sign any MedsCheck medication record when the service was conducted by the intern or registered pharmacy student – thus indicating the supervisory role and fulfilling the MedsCheck requirement; this pharmacist would also submit the billing information through the HNS. It is highly recommended that the intern or registered student identify who they are to the patient so that the patient is clear as to their role.

Can a pharmacy technician conduct a MedsCheck?

No, a pharmacy technician may not conduct a MedsCheck service. The registered pharmacy technician (RPhT) may play an administrative support role in scheduling patients and assisting the pharmacist in compiling materials in preparation of the MedsCheck and other support roles as needed.

Provided the pharmacist is physically present in the community pharmacy, a RPhT may assist patients to select and use drug administration devices, diagnostic and monitoring devices, home health aids, and other non-drug measures. If the RPhT is assisting; they should also sign their name to the medication review along with the pharmacist and the patient where applicable.

How long should a MedsCheck take?

Time required to conduct the MedsCheck service will vary from patient to patient; it is estimated that the interview portion for the medication review will take approximately 20-30 minutes on average of the patient's time.

I've just conducted a MedsCheck and it took longer than 30 minutes. Can I bill for the extra time?

No, the Government of Ontario is compensating a flat rate for the MedsCheck services.

Which MedsCheck / professional pharmacy service(s) do I use to bill when monitoring specific drugs for example warfarin INR levels?

There is no publicly funded professional pharmacy service for drug monitoring, including "monitoring INR (international normalized ratio) levels". As a result, pharmacies cannot bill monitoring as a MedsCheck or as a Pharmaceutical Opinion (POP)

What are some examples of improper MedsCheck billings?

There are many examples of improper billing; some of these include:

- assessments for patient monitoring programs (e.g., warfarin dosing);
- routine medication counselling;

- medication reviews conducted over the phone or by video-conferencing (see temporary exemption that allows virtual MedsCheck 'where medically necessary' due to pandemic);
- 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 and quantity prescribed.

Where is the most appropriate place in the pharmacy to conduct the MedsCheck with a patient?

Patients should be comfortable during the MedsCheck session and receive the pharmacist's undivided attention. A sufficient level of patient privacy and safety must be established by the pharmacist.

If the patient agrees, a private counseling room can be used for the MedsCheck consultation. Some pharmacists may be able to accommodate a patient's privacy in a seating area of the pharmacy. It is not appropriate to conduct a MedsCheck any place where other clients are within hearing or where there is a likelihood of being interrupted.

Pharmacists must be cognizant of the *Standards of Practice* and the *Code of Ethics* of the profession in ensuring confidentiality of patient information. This includes patient privacy while conducting the MedsCheck service.

Can I conduct the MedsCheck at the dispensing counter?

The MedsCheck may be conducted at the dispensing counter **only** if the pharmacy dispensing counter provides for acoustical privacy in which the pharmacist may engage the patient in a dialogue about their medications. It is not appropriate to conduct a MedsCheck any place where other clients are within hearing or where there is a likelihood of being interrupted.

As per the Ontario College of Pharmacists' *Standards of Practice* and the *Code of Ethics*, a pharmacist must ensure confidentiality of patient information. This would include patient privacy regarding the MedsCheck program.

Record Keeping and Documentation

How long does the documentation need to be kept at the pharmacy?

Pharmacists should refer to the Professional Pharmacy Services Guidebook and the [Ontario Drug Programs Reference Manual](#) for more information on documentation requirements and retention of records.

Does the consent form need to be completed for each interaction with the same patient? For example, if a patient signs the consent form to receive the Annual MedsCheck, do they still need to sign it for a MedsCheck Follow-up?

No. Patient consent is obtained on an annual basis as part of the MedsCheck Patient Acknowledgment of Professional Pharmacy Services form and process. Pharmacists must confirm that an up-to-date consent form is on file before conducting any subsequent interactions within the year. In addition, a pharmacist would ensure that the patient is aware of any scheduled MedsCheck services and that the patient agrees to the need of the service.

What is the time period that pharmacists have to submit the MedCheck claim?

Claims submissions for any MedsCheck occur on the day the MedsCheck interview is conducted with the patient or caregiver, unless the MedsCheck was allowed to be conducted outside the pharmacy as in the case of the MedsCheck at Home, where pharmacists may submit the claim for service up to one business day later. Ideally, the day that the MedsCheck is billed is also the date that all drug therapy problems (DTPs) are resolved, the patient receives a completed medication review list, and completed forms are shared with the patient and primary prescriber. Should the resolution of drug therapy problems take longer, the MedsCheck claim should still be submitted on the date of the interview. When all DTPs are resolved, all MedsCheck forms should be updated and shared with the patient and the primary prescriber as soon as possible for continuity of care. Documentation of the MedsCheck should support the date the claim is submitted and demonstrate resolution of DTPs. It is important to note that deviations from the dates of service that cannot be supported with documentation may be subject to recovery.

The Professional Pharmacy Services Guidebook states that, “...when sharing the MedsCheck information with the primary prescriber, a record of the successfully transmitted fax must be kept on file at the pharmacy.” What is needed to meet this requirement?

When sharing information with the primary prescriber, pharmacists must complete the Health Care Provider Notification of MedsCheck Service form and include documentation of a successful transmission or notification. An example of documentation would include a printed successful fax transmission record to be kept on file at the pharmacy.

Claim Payment

What is the billing process for completing the MedsCheck medication review form?

Claims are submitted through the Ontario Drug Benefit Health Network System using a special product identification number (PIN). Please refer to the [Ontario Drug Program Reference Manual](#) for claims submission information.

Is there a total maximum that will be paid to a pharmacy for the MedsCheck program?

No, at this time, the ministry has not set a maximum number of services or maximum amount allocated to a pharmacy for the MedsCheck program (aside from the limits on each of the different types of MedsCheck per eligible individual).

Is the fee for MedsCheck to be considered part of the \$100.00 deductible that some ODB recipients are required to pay?

No. Since there is no patient payment associated with the MedsCheck program there is no out of pocket expense that can be applied to the deductible payment. In addition, the HNS will not apply the MedsCheck fee payment to the recipient's deductible calculation.

MedsCheck Follow-up

Patient Eligibility

What is the MedsCheck Follow-Up?

The MedsCheck Follow-Up is an additional medication review for those patients who may benefit from a second MedsCheck during the annual time-frame due to one (or more) of the specific situations:

- a hospital discharge;
- a planned hospital admission;
- a physician or Nurse Practitioner (NP) referral; or
- a pharmacist's documented decision due to:
 1. significant changes made to an existing medication profile or the addition of new medications;
 2. documented evidence of a patient's non-compliance; or
 3. a patient has changed both their place of residence and their pharmacy thus necessitating further review of their medications by the pharmacist.

A patient has been discharged from the hospital with new and/or changed medications. The pharmacy records show that the MedsCheck Annual was conducted within the previous six months; can I perform a second MedsCheck?

Yes. A MedsCheck Follow-Up for hospital discharge can be conducted by a pharmacist provided the patient meets the program criteria and agrees to the service. Pharmacists must clearly indicate in their documentation notes that the MedsCheck Follow-up was conducted as a result of a hospital discharge indicating the date the patient was discharged. This service must be conducted within two weeks after a patient is discharged from hospital.

Can a hospital pharmacist perform a MedsCheck Follow-up due to a hospital discharge?

The MedsCheck Follow-up due to a hospital discharge is provided by a pharmacist at a community pharmacy provided the patient agrees. While many hospitals have accredited community pharmacies on site that can technically provide MedsCheck services, these pharmacies are not necessarily the patient's preferred or regular pharmacy for professional pharmacy services.

Should the hospital's on-site accredited community pharmacy offer MedsCheck services to patients, the pharmacist must ensure the patient completes an annual MedsCheck Patient Acknowledgement of Professional Pharmacy Services form. Every effort to obtain a copy of the most recent MedsCheck medication review or a patient prescription

profile from the regular pharmacy is recommended in order to provide optimal service for the patient. If the most recent MedsCheck medication review or the prescription profile is not obtained, this must be noted as part of the documentation.

Can a hospital in-patient pharmacist perform a MedsCheck within the hospital?

A MedsCheck service is not considered a billable service if it is conducted by a hospital in-patient staff pharmacist and conducted within the hospital.

On reviewing a patient's copy of the MedsCheck Personal Medication History, you notice that their new primary care provider has made significant changes to the patient's medication regimen. Is it appropriate to conduct a second MedsCheck within the annual time-frame?

Yes. Patients are eligible for a MedsCheck annual review only once per year; however, a pharmacist may identify reasons for conducting a second review within the annual time-frame. A pharmacist may conduct a MedsCheck Follow-up at the pharmacist's discretion in certain cases, for example, on a patient's relocation to the pharmacy along with significant changes in a patient's medication regimen, diet and lifestyle.

If the previous MedsCheck was conducted at another pharmacy, pharmacists must make every effort to obtain a copy of it from the that pharmacy or from the patient. For inspection purposes, the pharmacist's reason for providing the MedsCheck Follow-up must be documented; a copy of the signed and dated medication list and any supporting documentation is kept on file at the pharmacy in a readily retrievable format.

A primary care provider has contacted the pharmacy to request that a patient have a MedsCheck with the pharmacist. You notice that the MedsCheck was already conducted within the past year. Can the pharmacist conduct a second MedsCheck within the annual time-frame due to a primary care provider's request?

Yes. If a MedsCheck Annual has been performed within the past year, a MedsCheck Follow-Up may be considered when a primary care provider requests it, provided that the patient meets the program criteria and agrees to the service. In addition, the pharmacist must provide the referring practitioner with a copy of the MedsCheck Personal Medication Record.

The MedsCheck referral from the physician or nurse practitioner may be in writing or as a verbal request. The written referral may be provided to the patient or faxed to the pharmacy. The verbal referral is transcribed and signed by the pharmacist. For audit purposes, the referral documentation must be maintained on file at the pharmacy with a copy of the signed and dated MedsCheck Personal Medication Record.

A patient happens to mention to the pharmacy technician that they will be entering the hospital for surgery next month. What action should the pharmacy initiate regarding MedsCheck?

When pharmacy staff is alerted to patients undergoing planned hospital admissions, they should review when the last MedsCheck was conducted to ensure there is a current MedsCheck for the patient. With patient permission, the pharmacy can schedule a MedsCheck Follow-Up with the patient prior to the hospital admission.

Patient's entering the hospital for a planned admission should be reminded of the importance of carrying the MedsCheck medication review list with them to the hospital and be made aware that medications may change upon discharge. The patient should be enlightened on either providing the hospital admitting staff with the MedsCheck or referring them to the pharmacy for the copy.

Conducting the MedsCheck Follow-up Service

As a pharmacist, do I require patient consent to request the MedsCheck Personal Medication Record from another pharmacy?

Pharmacists should ensure the patient is part of the discussion in obtaining and sharing MedsCheck Personal Medication Records. Any sharing of a MedsCheck Personal Medication Record between pharmacies must comply with the *Personal Health Information Protection Act, 2004*.

Any such transaction should be documented by both pharmacists including the reason for the request. Pharmacists must make every effort to obtain the previous MedsCheck Personal Medication Record either from the patient or the other pharmacy when conducting a MedsCheck Follow-up in the situations when the previous MedsCheck was performed elsewhere.

How many MedsCheck Follow-up services can the pharmacist perform per patient in one year?

While there is currently no limit to the number of MedsCheck Follow-up services that a pharmacist can perform per patient per year, the patient must meet the eligibility criteria for a follow-up and agree to any and all follow-up services that are provided.

MedsCheck Follow-up reviews are not for routine monitoring of a patient's progress. Rather, they are a fulsome medication review. Most patients would not require more than a total of 4 medication reviews in one year. A MedsCheck Follow-up cannot be conducted and billed for drug monitoring (for example warfarin INR (international normalized ratio) levels).

The criteria for the MedsCheck Follow-up must be identified as part of the claims process with the appropriate documentation and reason. Claims submitted without proper documentation and rationale will be subject to recovery.

MedsCheck for Diabetes

Patient Eligibility

Is a patient living with type 1 or type 2 diabetes and taking less than 3 chronic prescription medications still eligible for the MedsCheck for Diabetes?

Yes. The MedsCheck for Diabetes is for patients with a diagnosis of type 1 or 2 diabetes regardless of the number of medications they are taking.

Is the MedsCheck for Diabetes offered to Ontarians who are seeking preventative information on diabetes and/or are not diabetic?

No. The MedsCheck for Diabetes is offered to patients who have been diagnosed as living with type 1 or type 2 diabetes and who are or will be taking medication for their condition.

How often can I conduct a MedsCheck for Diabetes with a patient?

Eligible patients may receive a MedsCheck for Diabetes medication review assessment service once per year based on the date that the recipient had their previous MedsCheck for Diabetes (Annual) service. Patients targeted for education are eligible for a Diabetes Education services within the same year. While there is currently no limit on the number of Diabetes Education services, pharmacists must ensure they can provide sufficient rationale for billing Diabetes Education services with patients.

The Diabetes Education does not include a medication review component and the visit must take place at the same pharmacy that provided the annual diabetes medication review assessment service. If a patient has had a MedsCheck for Diabetes, they are not eligible for a MedsCheck Annual.

Note: If a patient is diagnosed with diabetes and has received a MedsCheck Annual within the previous 12 months, the patient is eligible for a Diabetes Education only. Should such patients require a medication review, the pharmacist may be able to provide a MedsCheck Follow-up service for the interim one-year period if they meet the eligibility criteria. A person with diabetes who may be eligible for a MedsCheck at Home may be eligible for Diabetes Education only (i.e., not eligible for a MedsCheck Diabetes Annual).

How do I determine whether a patient has already had a MedsCheck for Diabetes service or Diabetes Education conducted at another pharmacy?

Pharmacists are required to plan the MedsCheck for Diabetes services with their patients living with diabetes by scheduling a time for the pharmacy consultation that is agreeable to the patient. In so doing, it is important to ask the patient whether or not

they have had a MedsCheck for Diabetes service including Diabetes Education at another pharmacy in the past year.

The Diabetes Education visit must take place at the same pharmacy that provided the MedsCheck Diabetes annual medication review assessment service.

In addition, through one of the two provincial clinical viewers (ConnectingOntario and ClinicalConnect), pharmacists within the circle of patient care may also access the Digital Health Drug Repository that indicates ODB drug claims as well as Professional Pharmacy Services claims (i.e., MedsCheck) including the contact information of the pharmacy that provided the services (i.e., who submitted the claims). Pharmacies are also strongly encouraged to enrol in one of the provincial clinical viewers at no cost through [Ontario Health](#).

How will the ministry address patients who receive a MedsCheck for Diabetes review more than once within the year?

Pharmacies are reimbursed for one MedsCheck for Diabetes annual claim per year based on the date that the recipient had their previous MedsCheck for Diabetes assessment service.

All MedsCheck claims are subject to inspection and claims may be recovered if deemed appropriate.

Conducting the MedsCheck for Diabetes

As a pharmacist, do I require specific training and education to conduct a MedsCheck for Diabetes?

Pharmacists and pharmacy students / interns under the direct supervision of a Part A pharmacist 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 current Certified Diabetes Educator designation.

As always, pharmacists must have the required education in order to bill a MedsCheck for Diabetes service and must keep and retain proof of such education for inspection purposes.

Can the pharmacist conduct the MedsCheck for Diabetes service outside the community pharmacy?

No. The MedsCheck for Diabetes is designed as a pharmacist's one-on-one consultation to occur at the physical location of the community pharmacy.

Note: Residents of Retirement Homes, congregate settings or Group Homes are not eligible for the MedsCheck at Home; should such residents require a home visit, provided they meet the respective program criteria and agree to a home visit, may be

eligible to receive a MedsCheck Annual, MedsCheck Follow-up or a MedsCheck for Diabetes Annual service.

Is there a role for the registered pharmacy technician in conducting the MedsCheck for Diabetes program?

Yes. Registered Pharmacy Technicians (RPhT) may play a role in researching/gathering the available diabetes support materials and references that are provided to the patient as part of the consultation. The RPhT may also assist in booking appointments and identifying potential candidates for the MedsCheck for Diabetes service.

Provided the pharmacist is physically present in the community pharmacy, a RPhT may assist patients to select and use drug administration devices, diagnostic and monitoring devices, home health aids, and other non-drug measures. If the RPhT is assisting; they should also sign their name to the medication review along with the pharmacist and the patient where applicable.

Where can I find more information about diabetes for my patients?

The Preventing and Living with Diabetes website (www.ontario.ca/diabetes) provides tools and information for Ontarians who are at risk of developing diabetes on prevention of the disease, as well as tools for Ontarians with diabetes to better manage their disease.

Where can I find out where my closest Diabetes Education Program is located?

Information on where to find locations for the Diabetes Education Program can be found on the Preventing and Living with Diabetes website (www.ontario.ca/diabetes).

How long should a MedsCheck for Diabetes Annual review take?

A Diabetes Annual or Diabetes Education will take approximately 30-45 minutes but will vary based on a patient's diabetic condition and other chronic diseases.

Pharmacies should use registered pharmacy technicians to assist in the administrative work required to prepare for any MedsCheck program including identifying patients, organizing appointments and collecting reference information.

MedsCheck at Home Patient Eligibility

Who is eligible to receive a MedsCheck at Home?

The MedsCheck at Home is for those patients who are not able to physically attend the community pharmacy in person for a MedsCheck due to their physical and/or mental health condition. For detailed information refer to the Professional Pharmacy Services Guidebook.

Residents of Retirement Homes, congregate settings or Group Homes are not eligible for the MedsCheck at Home but they may be eligible for a MedsCheck Annual, MedsCheck Follow-up or a MedsCheck for Diabetes Annual at the home or congregate care setting if they request the service and meet the respective program criteria.

Can a family member ask if a MedsCheck at Home can be arranged for their mother who is not able to come to the pharmacy in person?

Yes. A pharmacist may arrange a MedsCheck at Home at the request of a family member provided the patient meets the program criteria and has provided consent to the home visit by the pharmacist.

How often can I conduct a MedsCheck at Home for a patient?

Pharmacists may bill a MedsCheck at Home service once per year. Pharmacists may visit the patient more than once during the same year as part of a MedsCheck Follow-up provided the patient meets the program criteria and subsequently a MedsCheck Follow-up service could be billed by the pharmacy.

Only one of the annual medication review services (i.e., MedsCheck Annual, MedsCheck Diabetes or MedsCheck at Home) can be billed per patient, per year.

Does the fee paid for the MedsCheck at Home cover the pharmacist's traveling expenses?

Yes. The \$150 fee paid for a MedsCheck at Home can be used to cover a pharmacist's expenses travelling to the patient's home. There is no additional payment for traveling to the patient's home.

How do I determine whether a patient has already had a MedsCheck at Home medication review conducted at another pharmacy?

Pharmacists are required to plan the 'at home visit' with patient permission and to schedule a time to visit that is agreeable to the patient. In so doing, it is important to ask the patient whether or not they have participated in the MedsCheck at Home service (or other MedsCheck service) with another pharmacy in the past year.

In addition, through one of the two provincial clinical viewers (ConnectingOntario and ClinicalConnect), pharmacists within the circle of patient care may also access the Digital Health Drug Repository that indicates ODB drug claims as well as Professional Pharmacy Services claims (i.e., MedsCheck) including the contact information of the pharmacy that provided the services (i.e., who submitted the claims). Pharmacies are also strongly encouraged to enrol in one of the provincial clinical viewers at no cost through [Ontario Health](#).

How will the ministry address patients who receive a MedsCheck at Home medication review more than once within the year?

Pharmacies are paid for one MedsCheck at Home claim per year based on the date that the recipient had their previous MedsCheck at Home service or other 'annual' service.

Ministry inspectors will monitor the claims and will follow up with pharmacies if there are concerns regarding claims submissions including missing or incomplete documentation records. All MedsCheck claims are subject to audit and claims may be recovered if deemed appropriate.

Conducting the MedsCheck at Home

As a pharmacist, do I require specific training and education to conduct a MedsCheck at Home?

Pharmacists are required to be registered to practice direct patient care with the Ontario College of Pharmacists (OCP) (Part A of the Register, OCP). Pharmacy students / interns under the direct supervision of a Part A pharmacist may also conduct the service.

Can the pharmacist conduct the MedsCheck at Home service in a community center or other meeting place?

No. The MedsCheck at Home is designed as a pharmacist's one-on-one consultation to occur in the patient's private home; this could include circumstances when a patient is living with a relative or friend and is not able to attend the pharmacy. MedsCheck at Home are not eligible as a virtual / by phone service.

Residents of Retirement Homes, congregate settings or Group Homes are not eligible for the MedsCheck at Home. These residents may be eligible for a MedsCheck Annual, MedsCheck Follow-up or a MedsCheck for Diabetes Annual at the home or congregate care setting if they request the service and meet the respective program criteria for one of these services.

Can the pharmacist conduct the MedsCheck at Home with the caregiver?

Yes, together with the patient. A MedsCheck at Home may be conducted with the patient and a caregiver. There should be no situation in which a MedsCheck at Home occurs only with a caregiver. If the patient is unable to sign the appropriate consent / annual acknowledgment form, the caregiver may sign.

Can the pharmacist make a claim for the MedsCheck at Home if the patient forgot about the visit and sends the pharmacist away?

No. Pharmacy staff need to develop a system of scheduling and reminding the patient of the MedsCheck appointments, including the MedsCheck at Home at a time that is convenient for the patient. A mechanism should be in place whereby the pharmacy contacts the patient to ensure the visit is still on schedule as agreed.

Are there specific drugs that require monitoring by pharmacists when conducting the MedsCheck at Home?

While the MedsCheck program is not a “monitoring” service as in “monitoring INR (international normalized ratio) levels,” when conducting any medication review pharmacists are reviewing all drugs and combinations of drugs towards optimizing a patient’s drug therapy and improving quality of life. However, specific to the MedsCheck at Home, pharmacists are evaluating / monitoring the effectiveness and safety of medications that may cause or aggravate common drug-related problems for the elderly if appropriate including drugs listed on the [Beers criteria](#).

Are there procedures a pharmacist should take when transporting a patient’s expired / unused medications back to the pharmacy?

In cases where a pharmacist is accepting a patient’s expired / unused prescription and non-prescription medication for disposal at the community pharmacy, the pharmacist should document the service provided, along with an inventory list including name, strength and quantity of the drug to be disposed at the community pharmacy. Along with the inventory list, the patient must provide written consent whereby the patient requests the pharmacist to destroy the drugs as listed at the community pharmacy; the inventory list documentation must be signed and dated by the parties involved. Both the patient and the pharmacist receive a copy of the list; the pharmacist must keep the list with the MedsCheck at Home medication review documentation.

What is the process for unserviceable drugs that are taken away by the pharmacist to be destroyed?

With appropriate documentation and patient consent, any drugs transported by the pharmacist will stay in the possession of the pharmacist until returned to the pharmacy; the transport process should be completed as soon as possible. Pharmacists should

dispose of the drugs in accordance with the *Standards of Practice* and the disposal must be in an environmentally appropriate manner.

How long should a MedsCheck at Home review take?

It is estimated that the visit portion will take approximately 1 ½ to 2 hours but times can vary depending on the chronic condition of the patient.

Registered pharmacy technicians can assist in the administrative work required to prepare for any MedsCheck program including identifying patients, organizing appointments, collecting reference information and accompanying the pharmacist on the visit.

Where can I find contact information regarding the closest Home and Community Support Services should my patient require a referral?

Pharmacy staff can access the Home and Community Care Support Services [website](#) for more information on contact information for area hospitals, community care access centres and other community support services.

Pharmaceutical Opinion Program

Overview

What is the Pharmaceutical Opinion Program?

The Pharmaceutical Opinion Program (POP) is a clinical intervention that occurs at the time of dispensing a new or repeat prescription or when conducting a MedsCheck review when a pharmacist identifies a potential concern that lead to the pharmacist making a recommendation to the prescriber.

Based on consultation with the prescriber, there are 3 possible outcomes for billing:

- **Not Filled:** The prescription is not filled as a result of a confirmed forgery or due to a clinical concern based on the pharmacist's recommendation and consultation with the prescriber.
- **No Change:** Recommendations by the pharmacist were discussed with the prescriber and no change to drug therapy was made to the prescription or the patient's medication profile. Prescription was filled and / or prescription therapy continues as prescribed
- **Change:** Recommendations by the pharmacist were discussed with the prescriber and led to a change in drug therapy as prescribed.

Can a pharmacist bill the ministry for both a MedsCheck and a pharmaceutical opinion if a prescription is changed as an outcome of the MedsCheck?

Yes, the POP may be claimed for payment for ODB recipients only as a result of a pharmacist identifying a potential drug related problem resulting from a MedsCheck review and providing a drug therapy recommendation to the prescriber. POPs that are identified during a MedsCheck for non-ODB patients are not billable under the POP program; however, they are mandatory for pharmacists to follow-up on in the event they are identified during a MedsCheck medication review.

POP Drug Therapy Problem (DTP)

What is a Drug Therapy Problem?

The Drug Therapy Problems are defined in the detailed program information within the Professional Pharmacy Services Guidebook and the Ontario Drug Programs Manual.

What if I identify a Drug Therapy Problem that is not on the list?

All patient problems involving medications can be categorized into one of the eight types of drug therapy problems outlined in the POP. These include any and all side effects, toxic reactions, treatment failures, or the need for additive, synergistic, or preventative medications, as well as non-compliance.

If I am following up with the (eligible) patient to determine if there are compliance issues or that the medication is working, which PIN should I use to submit a claim?

- If there are no changes to a patient drug therapy as a result of the pharmacist recommendation and discussion with the prescriber, the “no change” PIN must be used.
- If changes were recommended/made to therapy e.g., different product or adding drug therapy the PIN indicating that a change was made must be used.

During a MedsCheck review the pharmacist identifies and recommends that drug therapy should be used by the patient. For example, the patient requires a stool softener because he/she is taking an opioid prescription. Which PIN should be used to submit a claim?

If the prescriber agrees with the pharmacist’s recommendation, the pharmacist must use the PIN for Change to Prescription Therapy as therapy is added.

During a MedsCheck review the pharmacist identifies a duplication of drug therapy, which PIN should be used to submit a claim under the POP?

The pharmacist would recommend to the prescriber which of the duplicative drugs to discontinue. Should the physician agree to discontinue one of the drugs, the PIN for Change to Prescription Therapy must be used.

In the course of reviewing a patient’s profile during a MedsCheck, the pharmacist ascertains that the patient may benefit from a vaccine. For example, the patient may be at high risk in developing pneumonia and may benefit from a pneumococcal vaccine. Is this a billable service under the pharmaceutical opinion program as adding drug therapy?

Yes. The above example is valid provided the pharmacist makes the recommendation to the primary care provider with the required documentation and the rationale for drug therapy. If the pharmacist does this, it may be claimed as a billable service using the PIN for Change to prescription therapy.

POP Restrictions:

Is there a list of situations that are not considered eligible for claiming a POP?

Yes, there is a list of what is not included in the POP information within the Ontario Drug Programs Manual however, the list is not inclusive. Please refer to the program information for more details.

Does calling the prescriber to clarify a prescription qualify as a POP?

No, calling a prescriber to only clarify a prescription dose, dosage form, concentration patient's contact information, prescribers handwriting or missing information does not meet the requirements of a POP for payment.

Note: Contacting the prescriber for adapting or renewing a prescription that could otherwise be conducted as per a pharmacist's scope of practice are not billable under the POP.

Can I claim a POP if I do not have the medication in my inventory and I ask the prescriber to change the prescription to something that I carry?

No. Contacting the prescriber to change the prescription to a product that is in your inventory due to a back-order situation or otherwise is not considered a POP for payment. A POP is a clinical intervention and a recommendation based on a potential drug therapy problem and not based on whether the item is in stock.

The prescription was placed on hold in the pharmacy system as the patient does not require the prescription at the time of filling; can I claim a POP?

No. The act of placing the prescription on hold is not considered a POP for payment.

The Health Network System indicates a "fill too soon" message for a prescription that was entered, am I allowed to claim for a POP?

No. Pharmacists are not eligible to receive a POP payment for claims that are already captured through the Health Network System (HNS) including "fill too soon" or "too late". However, if in addition to the HNS message alert the pharmacist made a valid recommendation to the prescriber that aligns with the POP drug therapy problems, then it may be valid.

The prescriber requested a patient medication profile. Is this transaction something I can claim as a POP or as a MedsCheck?

No. Providing a patient profile or a list of medications to the prescriber without making a recommendation relating to the prescription drug therapy is not eligible for payment as a POP or MedsCheck.

I am being asked for a copy of the patient's MedsCheck medication review, am I able to claim for a POP?

No. Providing a MedsCheck medication review to the prescriber without making a recommendation relating to the prescription drug therapy is not eligible for payment as a POP or MedsCheck.

The drug prescribed is not an eligible benefit for the patient's drug plan coverage. Is contacting the prescriber to prescribe something that is an eligible benefit considered a POP?

No. Contacting the prescriber to change a medication to an eligible benefit is not eligible for payment as a POP.

During the MedsCheck review, the pharmacist identifies a change to drug therapy; however, it happens to be a change from a non-eligible drug to an eligible benefit. While this is a program restriction, if there is clinical value to therapy is it a billable service?

Yes. Provided the pharmacist has undergone the appropriate steps in the program including documentation of the clinical value of the drug and what has occurred regarding the patient's drug therapy, then the scenario mentioned would apply.

Pharmacist's steps to take under this program:

- A new or repeat Rx
- A DTP that a pharmacist has identified
- A recommendation to the prescriber regarding the issue
- The communication exchange between prescriber and pharmacist
- An outcome is achieved (one of 3)
- Documentation of the issue including cross-reference to the prescription.
- Appropriate follow-up with the patient

Can the pharmacist make a recommendation to the prescriber that a patient requires an Aerochamber or another medical device as aiding drug therapy and bill this as a POP?

No. Aerochambers, diagnostic test strips and other medical devices that are associated with drug therapy do not meet the program criteria of one of the seven drug related problems. In addition, medical devices are not defined as drugs by Health Canada.

Pharmacy Smoking Cessation Program

The Pharmacist's Role in a Smoking Cessation System

Patient Eligibility and Program

Who is eligible to participate in the smoking cessation program?

Only Ontario Drug Benefit (ODB) recipients who smoke are eligible for the smoking cessation program.

How are potential candidates identified for enrollment in the smoking cessation program?

There are many opportunities for pharmacists to engage in dialogue with patients about their drug therapy needs, including during a MedsCheck appointment, when providing over-the-counter medication recommendations, minor ailment services and when providing dispensing services. It is during these daily encounters with patients who smoke that may lead to enrollment in the smoking cessation program.

Eligible patients may also self-identify an interest in the smoking cessation program and engage a pharmacist for more information. In addition, other health care professionals including a physician or a nurse practitioner may recommend the patient speak to a pharmacist about the program.

What is the duration of the smoking cessation program?

The program includes nine points of contact between the patient and the pharmacist. The first point of contact is the completion of a readiness assessment where the patient agrees to the program's enrollment requirements. Once enrolled, the patient attends a consultation meeting and a total of seven follow-up sessions that take place over the course of one year.

How much time should I allocate for the first consultation and the follow-up meetings?

The first consultation meeting is approximately 20 minutes, the three primary follow-up meetings are approximately 10 minutes and the four secondary follow-up meetings are approximately 5 minutes.

What is the overall timeline of a smoking cessation program?

The first three or primary follow-up counseling sessions should take place within 3 weeks of the first consultation and the four or secondary follow-up sessions are expected to take place at intervals as agreed by the pharmacist and the patient between

one to two months; between three to four months; between six to seven months and between eight to 12 months.

Suggested timelines for follow-up counseling 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)

What will happen if I forget to document that the meeting took place?

If there is no documentation or incomplete documentation regarding a billable professional service, the claim is subject to recovery.

Readiness Assessment & First Consultation Meeting

Is the pharmacist paid for the readiness assessment process?

The readiness assessment including patient signatures for enrolment and sharing of health information is takes place at the same time as the first consultation meeting. These two sessions are paid through one HNS PIN claim. If the patient completes the readiness assessment but does not proceed to enroll and attend the first consultation, the pharmacist cannot make a claim for the readiness assessment.

How often can the pharmacist provide the patient who smokes with a readiness assessment questionnaire?

The pharmacist may provide the readiness questionnaire to the patient as often as they wish. It may be provided as a hand-out for patients to take home and consider enrolment at a later date.

Is the pharmacist required to conduct the readiness assessment or can they by-pass this step?

Pharmacists must ensure the patient completes the readiness assessment prior to enrolment. Pharmacists are provided with a template form to use as a minimum standard when conducting the readiness assessment with the patient. The form must be completed by both patient and the pharmacist for program documentation, evaluation, billing and auditing purposes.

What is the purpose of the first meeting?

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

The consultation also focuses on the individual's tobacco use, medication history, health risks, triggers / strategies, establishes a quit date and any pharmacotherapy the patient may require.

Am I allowed to hold the first meeting virtually (not from the pharmacy) or by telephone?

It is recommended that the first consultation be in-person and within the community pharmacy to ensure adequate time to discuss history and pharmacotherapy options. However, the first consultation may occur virtually or by phone from the location of the pharmacy if the patient agrees. In addition, on patient request, the pharmacist may also hold the first meeting in the patient's private home.

Follow-up Sessions

What is the difference between primary and secondary follow-up counseling sessions?

The primary follow-up counselling sessions provides the patient with an opportunity to discuss how successful they are managing their cessation program and identify any potential drug therapy issues that may have arisen during the course of the program. The pharmacist can inform the patient on ways to overcome triggers, cravings or withdrawal symptoms. Pharmacists should focus on a patient's successes in the program and encourage continuation of positive outcomes. In addition, pharmacists may review any biological incidents including personal, psychological or social issues that may have prevented the patient from reaching their goal.

The secondary follow-up sessions continue to build on the patient's successes and review any incidents and / or drug therapy issues and biological incidents that prevented the patient from reaching their goal.

Where do the follow-up sessions take place?

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

Pharmacists Education, Training and Resources

Do pharmacists require additional training to provide the smoking cessation program?

Yes. Pharmacists that are registered as Part A with the Ontario College of Pharmacists are qualified to provide the smoking cessation program provided they have also taken a smoking cessation training program that includes motivational interviewing strategies, the 5A's algorithm and provides knowledge of smoking cessation counselling and quit smoking planning strategies.

Smoking cessation training programs are obtainable in Ontario through the [Ontario Pharmacists' Association](#), the [Canadian Council on Continuing Education in Pharmacy](#), and the [Centre for Addiction and Mental Health](#). Training from other organizations is acceptable provided the training meets the required program criteria.

What other training requirements should pharmacists be aware of?

The designated manager of a pharmacy that provides a smoking cessation program must be trained in smoking cessation within six months before the pharmacy begins to offer smoking cessation services.

- 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 5 years.
- A copy of the completed smoking cessation training program should be readily retrievable at the pharmacy for purposes of audit.

Can I develop my own forms to use for the smoking cessation program?

Yes. The standardized templates should be used whenever possible. The forms and templates contain the minimum requirements that must be included. Forms may be modified to include a pharmacy logo but the content must be consistent with the template. Refer to the [Ontario Drug Programs Reference Manual](#) for smoking cessation templates.

What other resources may a pharmacist use for the smoking cessation program?

Information including multi-lingual fact sheets, quit smoking tips and on-line group forums are available for patients and health professionals on the Ontario Government's support to Quit Smoking [website](#).

Pharmacists may wish to provide additional quit smoking resources by directing patients to the [Canadian Cancer Society](#), the [Ontario Lung Association](#) and the [Centre for Addiction and Mental Health](#). A variety of resources are available through these organization's websites.

Further information and assistance are available through the following telephone help lines:

- 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