



# PharmaNet

Professional and Software Compliance Standards

## Volume 2 – Business Rules

### Medical Practice Access

Version 4.5

April 2010

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# 1 GENERAL INFORMATION

The Professional and Software Compliance Standards Document for PharmaNet has been revised into volumes, divided by PharmaNet participant functionality requirements.

The 'library' approach provides more logical formatting while reducing redundancy and repetition.

There are common volumes required by all software developers and both business and technical volumes for the different functions. This enables software developers to download only the necessary volumes. The documentation is available on the *healthnetBC* web site under <http://healthnet.hnet.bc.ca/catalogu/tech/pnetcompdocs.html>

## 1.1 The Volumes

The 6-volume documentation set contains:

### Volume 1 – Introduction

Volume 1 introduces the reader to common development components, such as:

- Document Conventions and Structures
- Related Standard
- Contacts
- Support Responsibilities
- Compliance Evaluation Process
- Mandatory policies and procedures to ensure compliance with all standards.

### Volume 2 – Business Rules

Volume 2 has been further divided into separate documents for the functionality requirements of Emergency Department (ED), Medical Practice (MP), and Pharmacy access.

This volume contains the *implementation requirements* and the *business rules* related to the use of the available transactions and the local system requirements.

### **Volume 3 – Technical Rules**

Volume 3 has been further divided into separate documents for the functionality requirements of Emergency Department (ED), Medical Practice (MP), and Pharmacy access.

This volume contains the *general processing* and the *technical rules* related to the use of the available transactions and the *local system requirements*.

### **Volume 4 – HL7 Message Catalog**

Volume 4 identifies transaction details and message responses, such as:

- Network Transmissions and Responses
- Health Level 7 (HL7) Standards
- Message Formats and Data Definitions
- Input and Output Message Segments and Fields

### **Volume 5 – Security**

Volume 5 provides security objectives, requirements and guidelines and a framework for developing policies and implementing local security controls.

### **Volume 6 – Glossary**

Volume 6 lists a glossary of terms persistent through out PharmaNet.

## **1.2 The Audience**

The compliance standards documentation is intended for software developers, health care providers, administrators and other health care professionals who share responsibility for implementing compliant software in their organization.

## **1.3 This Document**

This volume contains the business rules for using the PharmaNet transaction messages for Medical Practices (MP). Read this volume in conjunction with Volume 3 – Technical Rules (Medical Practice Access).

## **1.4 PharmaNet Operation Information**

Basic information regarding practitioners and prescribers must exist on PharmaNet before any message from a Provider will be accepted for processing. This information may be sent to PharmaNet in an electronic format by authorized individuals. Detailed specifications for this process are described in the document titled 'PharmaNet Practitioner and Operator Data Interface Specifications', available from PharmaCare Operations.

## 2 MEDICAL PRACTICE ACCESS to PHARMANET

### 2.1 General Overview

Patient care may be enhanced if a physician has access to a patient's medication history. PharmaNet can provide this information to authorized individuals in a timely and secure manner. The medication history must only be retrieved by a physician or by a supervised person on behalf of a physician.

The regulatory authority to access PharmaNet data is the *Access to PharmaNet Regulation of the Pharmacy Operations and Drug Scheduling (PODS) Act*.

The BC Personal Health Number (PHN) is the provincial standard for identifying clients of the health care system. The PHN is needed to retrieve or update patient information. The existence of a PHN does not imply eligibility for health care services in BC, or provide any indication of an individual's benefit status.

### 2.2 Business Rules

1. Each eligible physician must sign and submit a Ministry of Health (MoH) Data Access Agreement to the MoH prior to being given access to PharmaNet. All supervised persons who access PharmaNet on behalf of a physician must sign a Confidentiality Undertaking with that physician.
2. The Medical Practice must install PharmaNet compliant software. A list of compliant Software Support Organizations (SSOs) is available from the MoH SSO Coordinator.
3. SSOs must train all authorized Medical Practice personnel. The Medical Practice physicians must ensure that supervised persons receive training on business rules, software functions and features and policy and procedures developed for Medical Practice access to PharmaNet.
4. Medical Practice access to PharmaNet software may not be integrated with other Medical Practice software.
5. All Medical Practice staff must be fully aware that access to sensitive information is under the control of the authorizing physician. CPSBC Written consent is required before a patient's PharmaNet information can be accessed.

6. Policy and procedures regarding access to PharmaNet data must be developed by each Medical Practice.  
  
A sample is available from MoH Data Access services to assist the Medical Practice physicians in the creation of a policy and procedures document.
7. Workstations and printers must be in a protected area in the Medical Practice to prevent viewing of information by the public or by unauthorized individuals.
8. Access to PharmaNet must employ HNSecure. HNSecure meets the security, privacy and confidentiality needs where the transmission of data will occur over public, shared telecommunications lines (i.e., the Internet). The MoH has adopted HNSecure as the security infrastructure for message based communications. It addresses concerns related to unauthorized alteration of messages, confirmation of sender and receiver and 'eavesdropping'.
9. Where technologically possible, terminals must have password protected screen savers in use and PC 'boot up' passwords.
10. The use of remote access software by SSOs is only permitted for the purpose of supporting the local software, and shall not be from outside Canada.

## **2.3 PharmaNet Participant Messaging**

### **2.3.1 Business Overview**

The PharmaNet Participant Messaging (fan out) function is used to transmit urgent messages to all Providers or to a specified list, (e.g., locations within a geographic region, specific software users or specific agencies).

When a transaction is processed, PharmaNet checks to determine if any message(s) are pending for that location. If there are, these pending message(s) are added to the transaction response message. Once the message is returned to the location, the message status changes to 'sent'. Only one copy of the message is sent to each location.

### **2.3.2 Business Rules**

1. It is the responsibility of the Provider to ensure all appropriate staff are aware of the contents of the message.
2. On occasion PharmaCare may issue an important message to all or selected participants. PharmaNet distributes fan out messages by attaching them to responses to certain information requests. PharmaCare recommends that participants issue at least one information request message each work cycle to ensure that any pending fan out messages are received. If there is no reason to issue a patient related information request, use the Prescriber Information (TIP) message to avoid confidentiality concerns. Specify the name of a physician working in the Medical Practice.

## 2.4 Identify / Update a Patient

### 2.4.1 Business Overview

PharmaNet maintains its own patient demographics. This is kept synchronized with the MoH centralized Client Registry System. New PHN numbers are assigned by the Client Registry System.

### 2.4.2 Business Rules

1. Prior to creating a patient record on PharmaNet or releasing information from PharmaNet, the Provider must take all reasonable steps to positively identify patients or patients' personal representatives, in compliance with PharmaNet standards as follows:
  - a) Viewing one (1) piece of primary identification; or
  - b) Viewing two (2) pieces of secondary identification.

Primary documents that are acceptable to the Ministry of Health:

- Birth Certificate
- Canadian Citizenship ID Card
- Canadian Record of Landing or Confirmation of Permanent Residence or Permanent Resident Card.
- Canadian Issued Student Authorization or Study Permit
- Canadian Issued Employment Authorization or Work Permit
- Canadian Issued Visitor Authorization or Temporary Resident Visa
- Diplomatic Passport
- Federal Minister's Permit, approved by BC Minister of Health Temporary Resident Permit

## Secondary Documents

A secondary identification document is a trusted document containing either a photograph or signature (or both) that identifies an individual as being who he or she claims to be and supports the personal information supplied by the individual.

Secondary documents that are acceptable to the Ministry of Health:

- Driver's License
  - Passport
  - Native Status Card (DNAID Issued, under review for possible exclusion)
  - Canadian Forces ID Card
  - Canadian Police Identification Card
  - Provincial or Territorial Identification Card
  - Naturalization Certificate
  - Consular Identity Card (External Affairs Identification Certificate or Card)
  - Parole Certificate Identification Card
  - Correctional Service Conditional Release Card
  - Firearms Acquisition Certificate (under review for inclusion)
2. Every reasonable effort must be taken to obtain the patient's PHN. This includes asking the patient (or patient's relatives), a search of local files, a name search of PharmaNet or calling the PharmaNet Help Desk. This applies whether or not the patient is from outside the province. Any patient who is a BC resident and is registered with Medical Services Plan (MSP) already has a PHN. This means that a PHN likely exists on PharmaNet and can be accessed by searching using the patient's name, date of birth and gender. Any patient who has had contact with the BC health system already has a PHN.
  3. The BC Personal Health Number (PHN) is the provincial standard for identifying clients of the health care system. The PHN is needed to retrieve or update patient information. The existence of a PHN does not imply eligibility for health care services in BC, or provide any indication of an individual's benefit status.

### 2.4.3 Correction to Patient Demographic Information

If you become aware that any patient demographic information recorded on PharmaNet is not accurate, please take the following action:

DATA ITEM NEEDING CORRECTION	ACTION
Patient name as recorded on PharmaNet or CareCard is incorrect.	Ask the patient to call the BC MoH Medical Services Plan (MSP) at (250) 382-8406 (Victoria), (604) 683-7151 (Vancouver) or 1-800-663-7100 (elsewhere in BC).
Patient name as recorded on their birth certificate is incorrect.	Ask the patient to call the BC MoH, Vital Statistics Agency at (250) 952-2681.
Patient phone number or address is incorrect on PharmaNet.	Update PharmaNet records using your local system.
Patient date of birth or gender is incorrect on PharmaNet.	Call or fax the PharmaNet Help Desk at (250) 952-2866 (Victoria), (604) 682-6849 (Lower mainland) or 1-800-554-0250 (elsewhere in BC) and request correction. The Help Desk is authorized to change a gender of 'U' to 'M' (male) or 'F' (female). The Help Desk is also authorized to correct the "day" portion of the date of birth. All other changes must be requested through the BC MoH, Medical Services Plan (MSP) (as above).
Patient name is incomplete on PharmaNet.	Call or fax the PharmaNet Help Desk (as above) to replace initials with complete names.

## 2.5 Multiple PHNs for Patient

### 2.5.1 Business Overview

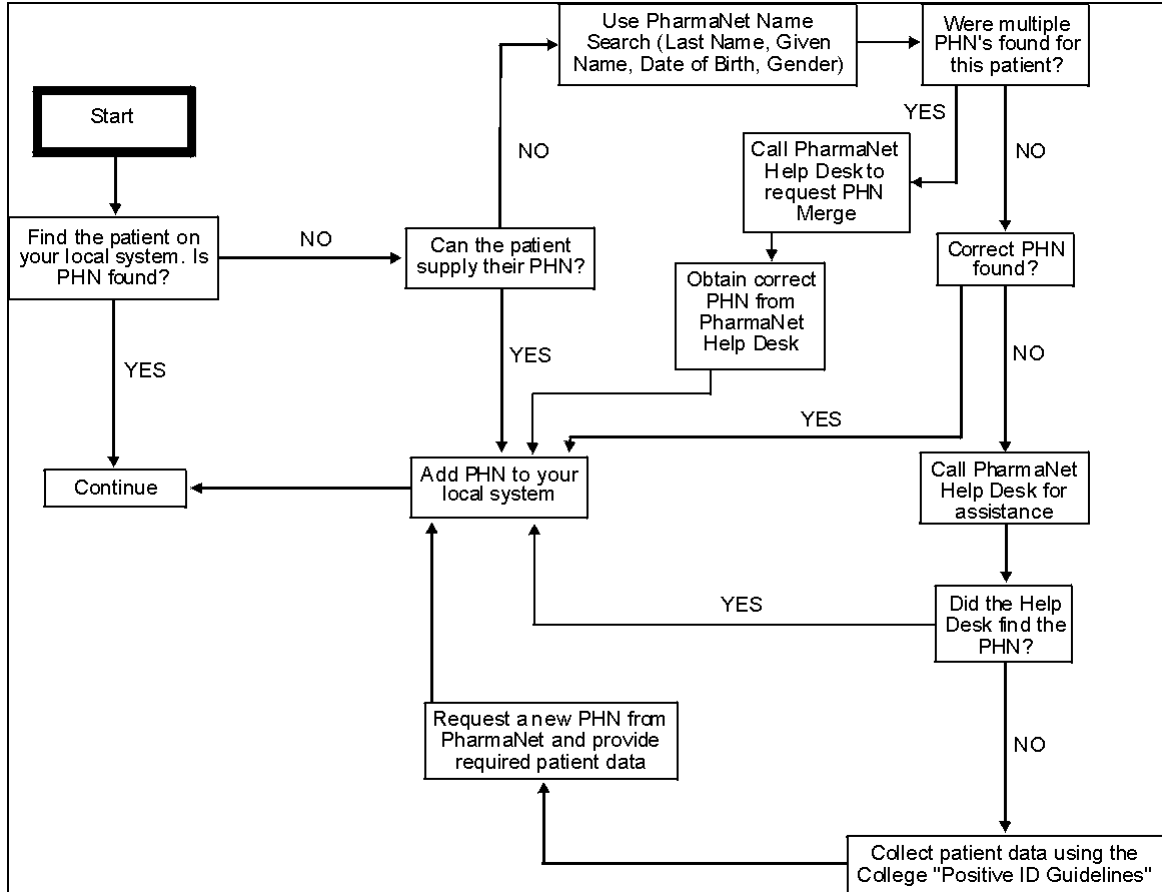
In some cases, a Personal Health Number (PHN) may be assigned to a patient when one already exists for that patient. These duplicate PHNs are then merged on the centralized Client Registry System into a single PHN record. If a PHN has been merged with another, PharmaNet will return the merged PHN.

### 2.5.2 Business Rules

1. When the Provider is notified, via a message returned by PharmaNet, that a PHN is merged, the Provider must perform a Patient Identification transaction (TID) and verify the patient demographics on PharmaNet against those on the local system.
2. If the information returned by PharmaNet on the Patient Identification transaction (TID) appears correct, the Provider must update the local system with the merged PHN.

- If the merge appears to have been done incorrectly, the Provider must contact the PharmaNet Help Desk to request correction or un-merge.

### 2.5.3 Flowchart – Requesting New PHNs



#### **2.5.4 PHN Quick Reference**

The following list of tips for identifying a patient has been copied from the PHN Quick Reference Card published by PharmaCare. The purpose of the Reference Card is to provide a convenient information source for those PharmaNet participants who use name search functionality or assign PHNs. Obtain copies of this card from the PharmaNet Help Desk.

##### **If the patient is a resident of BC:**

- a) They likely have a PHN.

##### **If the patient is not a resident of BC ask if they:**

- a) Previously lived in BC
- b) Visited BC in the past
- c) Have had a prescription previously filled in BC.

##### **If the patient does not have their CareCard:**

- a) Request positive identification to verify the patient's legal name, correct spelling of the name and correct date of birth.

##### **Search for PHN using:**

- a) Last Name
- b) First Initial
- c) Gender (M or F)
- d) Date of Birth.

##### **If no PHN matches are found:**

- a) Verify the patient identification belongs to the patient for whom the prescription was written.
- b) Confirm legal first and last names and check if the patient:
  - a. Has changed last name, married, or divorced
  - b. Has a hyphenated last name (with spouse)

- c. Has embedded spaces in the last name (e.g., van der ham vs. vanderham)
  - d. Is using their middle name as a first name
  - e. Is using a nickname or alternate spelling of the first name, which might begin with a different letter (e.g., Bob for Robert).
- c) PHN Hints:
- a. Switch first and last name or middle and last name especially for people from cultural backgrounds where the surname traditionally comes first (e.g., Chinese)
  - b. Ask people from different cultural backgrounds if they go by an English first name
  - c. Using 'baby' as the first name, if prescription is for a baby
  - d. Using closely related names (e.g., Mac vs. Mc).
  - e. Confirm date of birth. Try using year of birth only, as this expands the search to +/-5 Years
  - f. Contact the prescribing physician to get the PHN
  - g. Call the PharmaNet Help Desk who may be able to assist with a search.

**If more than one match is found:**

- a) Historical PHN records are displayed, so there may be multiple matches with the same PHN.
- b) Use the full name and address information to select an exact match
- c) If there is more than one exact match with different PHN numbers, and you are satisfied that they are the same person, contact the PharmaNet Help Desk to request a merge, and they will instruct you which PHN to use (ensure it is also on your local system)
- d) If there is not an exact match, check with the patient about whether they have lived at any of the addresses.

**If there is evidence of:**

- a) A change of address for this PHN, update the address using Update Patient Address transaction (TPA), ensuring that a new PHN exists, but has not been loaded on PharmaNet. In this case, issue a new PHN.
- b) An incorrect date of birth on file, fax the correct information including the PHN to the PharmaNet Help Desk.

**Other Notes About PHNs:**

- a) If the patient is a newborn, it is possible that the PHN exists, but has not been loaded on PharmaNet. In this case, issue a new PHN.
- b) PHNs are for individual human patients only. Veterinarian prescriptions are to be processed using the PHN of the owner or person picking up the prescription.
- c) Do not request PHNs for animals, stock transfers, office use, emergency supplies and similar items.
- d) If the client is in prison, and there is a PHN match with the address of the prison, use that PHN.
- e) PharmaNet regularly checks for multiple PHNs and merges them, using the first PHN that was created.
- f) A PHN does not imply MSP eligibility or provide any indication of an individual's health benefit status.

## **2.6 Patient Name Search - TPN**

### **2.6.1 Business Overview**

The patient name search is used to locate the PHN for a particular patient.

This feature also allows Providers to ensure multiple PHNs are not assigned to patients. Assignment of a second PHN results in a split of the patient's profile (medical history, clinical conditions, and adverse reaction), negatively affecting Drug Utilization Evaluation (DUE) checking and PharmaCare benefits adjudication for the patient.

The patient name search is initially performed by a Provider on their local system. If no matches are found, a further search is performed on PharmaNet to determine if a PHN exists. These searches are performed using a patient's name, date of birth and gender.

Most patient name search requests are actually processed using the MoH Client Registry System (CRS) to ensure that the most recent information is accessed. However, if CRS is not available, PharmaNet processes the request using its own database.

### **2.6.2 Business Rules**

1. All patients must be identified and profiled by a PHN.
2. The Provider must contact the PharmaNet Help Desk to request a merge of PHNs if multiple PHNs for the same patient are identified.

## 2.7 Personal Health Number (PHN) Assignment – TPH

### 2.7.1 Business Overview

Once the Provider has searched their local system and PharmaNet, and is certain a PHN does not exist for a particular patient, a PHN may be assigned. Adding new PHNs is permitted.

The PHN has been identified as a provincial standard for the identification of clients of the health care system. Through PharmaNet a PHN may be obtained or created for use in the local Medical Practice system. The existence of a PHN does not imply MSP eligibility or provide any indication of an individual's benefit status.

### 2.7.2 Business Rules

1. To reduce the possibility of multiple records being created the Provider must accurately identify the patient prior to assigning a new PHN.
2. A PHN must only be issued to humans. PHNs are not to be assigned to animals, pharmacies, practitioner's offices, clinics or facilities.
3. The only name recorded when requesting a new PHN should be the patient's legal name. This should be obtained by observing a piece of 'primary' or 'secondary' identification. (See Section 2.4.2 for a description of 'primary' and 'secondary' identification)
4. Full names must be used instead of initials and names should not be recorded based on common name usages.
5. New PHNs requested for babies must follow these rules:

#### **Surname**

- a) If known, the baby's legal surname must be entered
- b) If not known, use the mother's legal surname.

#### **Given Name**

- c) If known, the baby's legal given name must be entered
- d) If not known, the baby's legal given name must be entered as follows:

- i. **For single births:** Baby Boy A or Baby Girl A

- ii. For multiple births:** The appended letter must indicate the sequence of birth. For example, triplets where the first and third births are boys and the second is a girl would be, Baby Boy A, Baby Girl B, Baby Boy C.

The baby's legal given name will appear on the PharmaNet files once the parents have MSP coverage.

6. The address recorded must be the mailing address of the patient. See the Business Rules under 2.9 Patient Address Update – TPA below.

## **2.8 Patient Address Update – TPA**

### **2.8.1 Business Overview**

The Provider must review the patient's address information on both their local system and PharmaNet to ensure it is accurate and, if necessary, make changes to the address information.

### **2.8.2 Business Rules**

1. The only address retained for PharmaNet is the patient's mailing address.
2. For patients residing out-of-province or out-of-country, their home mailing address is captured, not their BC address while visiting the province.

## **2.9 Patient Identification - TID**

### **2.9.1 Business Overview**

This inquiry is used to verify patient demographic information when the PHN is known.

The inquiry requires a PHN to be entered and will return demographic information associated with that patient record. The Provider may then confirm this demographic information with the patient to ensure the information on PharmaNet is correct.

### **2.9.2 Business Rules**

There are no specific business rules for a TID.

## 2.10 Patient Profile Request – TRP, TRR

### 2.10.1 Business Overview

The patient medication profile is that portion of the patient record containing the medication history, clinical condition, adverse reactions and associated comments recorded for the patient.

Medication profiles are valid at the point in time that they are received. Users must be aware that PharmaNet is a real-time system, and therefore updates occur continually. Physicians should not rely on old profiles, since they might be incomplete or contain medications that have not actually been dispensed.

The patient medication profile request allows the Provider to review all dispensed medications and associated comments for a patient during the past 14 months, including all adverse reactions, clinical conditions, and associated comments, from all PharmaNet-connected BC pharmacies.

Profiles are available in the following formats:

#### Retrieve Full Profile – TRP

Returns prescriptions dispensed or reversed for reasons other than data entry errors during the last 14 months.

#### Retrieve Most Recent Only – TRR

Returns the most recent 15 prescriptions dispensed or reversed for reasons other than data entry errors.

### 2.10.2 Business Rules

1. To ensure the data is accurate for the next Provider, if a error is discovered in the medication profile, the physician or supervised person should advise the College of Pharmacists of BC (CPBC) by secure means. This notification should provide the PHN, name of the patient and a brief description of the discrepancy. CPSBC
2. Some patients may have assigned Patient Keywords to their medication profiles. Therefore, the patient must supply the keyword for medication profile access to occur otherwise no profile access will be permitted.
3. The patient medication profile may be displayed, printed or distributed by a medical practitioner or pharmacist working in a Medical Practice, or by an

authorized member of Medical Practice staff who is working under the supervision of a medical practitioner, only on the following conditions:

- a) The purpose of displaying, printing and/or distributing the medication profile is to enhance the therapeutic care or treatment of the patient;
  - b) The medication profile is only used for review by a medical practitioner or pharmacist in a hospital, Designated Mental Health Facility, Emergency Department, Medical Practice, or Pharmacy; and
  - c) The printed or distributed copy or image of the medication profile must either be maintained on the patient's medical chart or record, or it must be appropriately destroyed.
4. If the patient medication profile is printed and/or distributed, only one of the following two report formats may be used (see Volume 3 – Technical Rules (Medical Practice Access) for more details on display and print standards):
- a) Medication Profile Report format;
  - b) Medication Reconciliation Report format.
5. Retention of an electronic 'picture' of the medication profile is permitted. Access to this electronic 'picture' could eliminate the need for a printed medication profile, but is subject to all the same confidentiality, security and retention requirements of a printed profile. The 'picture' must be stored as a single image that cannot be modified or downloaded. The electronic copy must be time stamped and the local system must log all accesses to the electronic copy. A report showing all accesses must be made available upon demand by either the Audit / Inspection Team or the patient.
6. The printed, distributed or electronic 'picture' of the PharmaNet Patient Profile must either become part of the patient's chart or record (and must be treated with the same confidentiality considerations as with other highly sensitive, confidential information), or be destroyed. Printed copies may be given to the patient in unusual circumstances where, for example, the printed profile will be delivered by the patient to the family doctor.
7. In most cases, if the patient requires their printed profile, the provider should request a PharmaNet profile mailing via the TPM transaction on behalf of the patient. If the local software does not provide the TPM transaction functionality, the patient should be encouraged to request a copy through any community pharmacy in the province. The printing of the PharmaNet patient profiles for use by patients will remain a centralized function by the CPBC as this provides:
- a) Consistency of content and format

- b) Accuracy of information
- c) Additional information not available elsewhere such as a log of all accesses
- d) Fulfillment of the 'positive ID' requirement.

## **2.11 Prescriber Identification – TIP**

### **2.11.1 Business Overview**

This function may be used to obtain information on a Provider (e.g., physician, pharmacist, dentist, veterinarian, etc.) by searching by name or by the unique identification number assigned by the appropriate regulatory body.

Please note that MSP billing numbers are not used to identify Providers anywhere in PharmaNet.

### **2.11.2 Business Rules**

1. In some cases the PharmaNet Help Desk staff will be able to add Provider information to PharmaNet. Prior to adding this information, the PharmaNet Help Desk staff will validate the Provider using information from the appropriate provincial regulatory authority. The CPBC and CPSBC transmit electronic uploads to PharmaNet on a daily basis with the information regarding their members.
2. PharmaNet use the Provider identification number and Provider reference number for Practitioners as assigned by the appropriate regulatory body. Local systems cannot use the MSP billing number for any PharmaNet interaction or use it to look up physicians on the local system.
3. As the Provider's name on PharmaNet could be different than the name commonly used by the Provider, we recommend the following procedure when using TIP to search for a Provider on PharmaNet:
  - a) First, use TIP to search using the Provider's family name only (i.e., no first name used); and,
  - b) If too many matches are returned add the Provider's first initial of the first name and submit another TIP search.

## **2.12 Drug Utilization Evaluation – TDU**

### **2.12.1 Business Overview**

The DUE inquiry function allows a Provider to inquire without updating a patient's medication profile. This functionality is useful when researching 'what if' scenario related to considering medications for a patient.

### **2.12.2 Business Rules**

1. Some patients may have assigned Patient Keywords to their medication profiles. The patient must supply the keyword for medication profile access to occur otherwise no profile access will be permitted.

## **2.13 Drug Monograph Information – TDR**

It is optional for software vendors to provide this transaction.

### **2.13.1 Business Overview**

PharmaNet provides on-line access to patient counseling PharmaNet drug monograph information. Optional on-line access to generic equivalent data is also available using this transaction.

Drug monograph information is supplied to PharmaNet by First DataBank (FDB), and may be augmented by the CPBC. Monographs include information in regard to drug ingredients, possible side effects, contraindicated drugs, etc.

### **2.13.2 Business Rules**

1. The following types of monographs may be requested from PharmaNet.

#### *Patient Education Monographs*

Providers use these monographs as an aid in counseling patients about the proper use and side effects of medications. The information is presented in a manner that can be understood by a layperson, and can be printed and provided to the patient. The monograph provides detailed information for the patient. Including information on precautions, drug interactions, and storage of the medication.

### *Counseling Message Monographs*

Counseling message monographs are available in pairs, one intended for the Provider and the other intended for the patient. Each pair of messages is rated according to the importance of the information to the patient. All messages have been designed to be printed.

- a) Counseling Professional provides a 'technical' and sometimes detailed explanation regarding proper use, side effects and other information.
- b) Counseling Patient provides the equivalent information to the Counseling Professional, but the messages are meant to be understood by laypersons.

### *Drug to Drug Interaction monographs*

Implementation of these monographs is optional.

Providers use these monographs to determine possible drug-to-drug interactions for a particular drug product or for a pair of drug products. For example, if the provider enters a single Drug Identification Number (DIN), the monograph will provide all possible drug-to-drug interactions for this DIN. When two DINs are transmitted, the monograph(s) for that pair of DINs will be returned.

Since the transmission of a single DIN will return all possible monographs, it is strongly recommended that two DINs should be transmitted whenever possible.

2. Providers are not required to print drug monographs returned by the TDR transaction.

## 2.14 Medication Update - TMU

### 2.14.1 Business Overview

The option to update a patient's medication profile would apply in cases where the attending physician feels other Providers should be aware of medications administered or dispensed or samples given out in the Medical Practice. This may be useful in detecting cases of fraud. It will also be helpful for subsequent Providers who wish to identify recent important medication changes. CPSBC

Prior to recording a medication administered to a patient in the Medical Practice or dispensed to the patient, the Provider must have positively identified the patient. This section describes the steps of recording the medication information on PharmaNet.

### 2.14.2 Business Rules

1. The patient record may be reviewed by the Provider after sending a DUE Inquiry or TMU transaction and prior to dispensing a prescription in order to identify and take appropriate action where applicable for:
  - a) Drug-to-drug interactions
  - b) Unintended dosage changes
  - c) Medication duplication
  - d) Inappropriate drug therapy
  - e) Contraindicated medications
  - f) Unusual dosages
  - g) Any other observations which may adversely affect the patient; and,
  - h) Those individuals suspected to be 'drug seeking'.
2. The Prescriber ID and Practitioner ID submitted to PharmaNet must both correspond to the CPSBC ID of the responsible physician.
3. Local software may print a label reflecting details of the medication administered or sample given. This label should be included in the patient's chart.
4. According to current MoH policy, HIV / AIDS drugs dispensed at the British Columbia Centre for Excellence are not entered on PharmaNet. For information regarding these drugs contact the prescribing physician.

5. Prescriptions for HIV / AIDS drugs dispensed at community pharmacies are recorded on PharmaNet.

## **2.15 Reversing a Medication Update – TMU Reversal**

### **2.15.1 Business Overview**

This function is used to correct a medication update error initiated by the Medical Practice, or remove a medication update if PharmaNet identified a drug interaction, contraindication or other problem with the medication as entered. If there is a correction or a query regarding the accuracy of all other medications listed on a patient's profile, the CPBC must be contacted as described earlier in this section.

Reversing a medication update will flag a medication entry on the patient's profile as 'reversed'. An intervention code indicating the reason for the reversal must be entered as part of the reversal process.

### **2.15.2 Business Rules**

1. Reversals must be done within 120 days of the 'dispensing' date.
2. Backdating of medication updates on PharmaNet must only be used to correct a previous medication update error.
3. All corrections to the medication profile require that the prescription be reversed and then filled with the correct information using the same date as the original prescription; not the date the correction was made. It is imperative that the patient's medication profile shows the correct medications with the correct dispensing dates.

Reversals and corrections to the prescription may only be done on-line within 120 days.

To correct a claim less than 120 days:

- a) The medication update must be reversed on both the local system and PharmaNet
- b) The correction must be made on the local system; and,
- c) The correct medication update must be re-sent to PharmaNet with the original dispensing date.

To correct a claim greater than 120 days:

a) Contact the College of Pharmacists of BC. CPBC

Backdating a prescription is not permitted for any other reason.

4. A medication update can be reversed for a variety of reasons. Any Canadian Pharmacy Association (CPhA) valid intervention / exception code can be used to reverse a claim.
5. When reversing a medication update, an intervention code is required as input. If the intervention code of 'RE' (Data Entry Error) is used, the reversed medication update and corresponding medication profile entry will no longer be returned by PharmaNet on subsequent profile request (TRP, TRR) transactions.

## **2.16 Patient Keyword Maintenance – TCP**

### **2.16.1 Business Overview**

A PharmaNet Patient Keyword is used by a patient to restrict access to their patient record and profile.

### **2.16.2 Business Rules**

1. Some patients may have assigned Patient Keywords to their medication profiles. The patient must supply the keyword for access to occur otherwise no profile access will be permitted. The general public must be made aware that 'keywords may compromise care at a hospital' should the patient be unconscious or unable / unwilling to divulge the keyword for any reason.
2. A Provider or medical office assistant must not have the capability to reset or override a keyword. If a keyword is not provided by the patient, no access is allowed.
3. Once a keyword is established, that keyword is required for accessing patient profiles, executing a DUE Inquiry (TDU) and providing medication updates (TMU).
4. A patient may request to have their Patient Keyword changed at community pharmacies. Patients may not make this request at the Medical Practice.

## **2.17 Patient Access to Personal Data – TPM**

Implementing this transaction is optional for a SSO.

1. When requesting a PharmaNet patient profile, the Provider must validate the patient's address and PHN on PharmaNet (TID transaction) and update the address (TPA transaction) if necessary prior to requesting a profile mailing.

### 3 PHARMANET ACCESS RECONCILIATION

The purpose of reconciling PharmaNet accesses with patient visits to a Medical Practice is to identify apparent unauthorized accesses that may constitute browsing. A regular reconciliation of PharmaNet accesses with patient visits is effective in deterring inappropriate access and detecting browsing.

Routine reconciliation comparing accesses to PharmaNet with patient visits is strongly recommended, and the tools to complete reconciliation must exist within the local software. Complete regular reconciliation may not be practical in some cases as:

- a) There may not be adequate segregation of duties in a private or small practice
- b) A physician may access a patient profile some time after a patient visit (i.e., on receipt of a lab test or to provide ongoing care, or as the result of a telephone consultation)
- c) It may not be feasible to automate a reconciliation process between PharmaNet access software and patient scheduling or billing software.

#### 3.1 PharmaNet Access Reconciliation

1. All apparent inappropriate accesses must be investigated. These may be the result of errors in data entry (i.e., searching 'Block' versus 'Black') problems related to accurate patient identification, etc. The Ministry of Health Data Steward must be informed in writing as soon as any such possible inappropriate accesses are identified (HLTH.DataAccessServices@gov.bc.ca; fax: 250-952-0979; Data Steward, Ministry of Health, 1515 Blanshard St., Victoria, BC V8W 3C8) . Included in the report must be the particulars of the situation and what steps you have taken or propose to take to address and prevent the recurrence of the situation.
2. Reconciliation reports must be retained for a period of two years for review by the audit / inspection team.
3. The Access Log Report must be available to individual patients requesting a list showing all accesses to their information obtained through PharmaNet.