



GLOSSARY OF TERMS

INTRODUCTION

The BC Clinical Services Committee (CSC) is a collaboration between the BC Pharmacy Association, the Canadian Association of Drug Stores and the Pharmaceutical Services Division of the BC Ministry of Health. The mandate of the CSC is to prepare plans and implement strategies for new clinical pharmacy services within the framework outlined in Section 6.0 of the Pharmacy Services Agreement (PSA).

The CSC has compiled this glossary of terms so readers are aware of the way specific terms are being used in documents related to medication review and medication management services. These terms are commonly used within health care and pharmacy practice, and may have different meanings to different people and in different contexts. This Glossary is not intended to be a definitive list of terminology for general use.

DEFINITIONS OF TERMS

ADAPTATION¹ – term used to describe the pharmacists’ authority under the College of Pharmacists of BC Professional Practice Policy (PPP) 58 to adapt an existing prescription when, in their professional judgment, the action is intended to optimize the therapeutic outcome of treatment

ASSESSMENT² – the first step in the provision of medication management service; a systematic review and appraisal of the patient’s medication; involves gathering information, learning about the patient’s medication experiences, developing a Best Possible Medication History (BPMH), and identifying and prioritizing medication management issues.

BEST POSSIBLE MEDICATION HISTORY³ – a comprehensive, written list of current medications (all prescription medications, non-prescription medications and natural health products) a patient is taking regularly (including medication taken regularly on an “as needed” basis); is documented in a plain-language format that is intended for patient use and a copy is provided to a patient after medication review services have taken place

BEST POSSIBLE MEDICATION HISTORY WITH PROFESSIONAL NOTES³ – is a professional summary of relevant information collected when conducting a medication review service; it is in accordance with the standards of practice as per legislation and policy and is suitable for sharing with other health care professionals for continuity of care [in other words this is the Best Possible Medication History along

with documentation on verification of medication history (i.e., (current and discontinued medications) , any actions taken, and clinical notes]

BEST POSSIBLE MEDICATION HISTORY WORKSHEET³ – is a report that can be used when conducting a medication review service; it is designed to use a print out of a PharmaNet report as a starting point for gathering, recording and reviewing all medication information (including prescription medications, non-prescription medications and natural health products) from multiple sources during a medication review service episode

BRITISH COLUMBIA (BC) MEDICATION MANAGEMENT PROJECT⁴ – This is a BC specific project and is a collaboration between the Pharmaceutical Services Division and the BC Pharmacy Association. The project’s purpose is to improve patient care, drug therapy outcomes, and the sustainability of the health care system by having pharmacists provide medication management services to patients in the community. The data collection phase of the project runs from September 1, 2010 to January 31, 2012.

BRITISH COLUMBIA MEDICATION REVIEW SERVICE³ – for pharmacy purposes, a billable clinical service, specific to BC, that refers to the Medication Review-Standard (MR-S) service, Medication Review – Pharmacist Consultation (MR-PC) service and Medication Review - Follow-Up service as per the latest version of the [Medication Review Services - Policies, Procedures and Guidelines for Pharmacists](#)

BRITISH COLUMBIA RESIDENT⁴ – for clinical services purposes, a B.C. resident is a person who has active B.C. Medical Services Plan coverage.

CAPITATION FEE – for pharmacy purposes, a fixed fee or rate that is paid to pharmacies for a basket of pre-set services provided to a patient over a pre-defined period of time (e.g., payments to pharmacies for services to Plan B patients)

CARE PLAN² – the second step in the medication management service; detailed schedule outlining the patient and pharmacist activities and responsibilities [including implementation and evaluation], designed to achieve goals of therapy, and resolve or prevent a medication management issue

CHRONIC DISEASE – a prolonged (for 3 or more months) condition that often does not improve and is rarely cured completely; for example: diabetes, depression, congestive heart failure, hepatitis, asthma

CLINICAL GUIDELINE – a systematically developed statement designed to assist clinician and patient decisions about appropriate health care for specific clinical circumstances [guidelines should be based on evidence, combined with local knowledge to ensure that they are appropriate for local conditions]

CLINICAL NEED³ – for the purpose of determining patient eligibility for medication review services in the context of the BC specific medication management services (as defined in the 2011-12 Work Plan of the BC Clinical Services Committee), clinical need may be defined as: a patient who has been referred to the service by a physician, a patient with multiple diseases, a patient with chronic disease(s), a patient with a medication regime that includes one or more non-prescription medications or natural health products, a patient with a medication management issue, a patient who was recently discharged from hospital, a

patient who has multiple prescribers, and / or a patient taking medications that require laboratory monitoring

CLINICAL SERVICES – for pharmacy purposes, refers to a specific range of functions associated with the umbrella term Medication Management that are a means of solving or preventing medication management issues; includes functions usually associated with a specific product and functions independent of specific products (usually associated with a specific patient). Some examples in BC include pharmacist adaptations and medication review services.

CLINICAL TOOLS – practical aids that help a health care professional deliver service to a patient in a systematic fashion, such as check lists, algorithms and critical paths

CONSENT – to give permission to some act or purpose

CONTINUITY OF CARE¹ – for pharmacy purposes, the assurance of uninterrupted drug therapy for the best health outcome of the patient which can include but is not limited to collaborating with other health care professionals. In general health care terms, the use of consistent approaches and information on past events and personal circumstances by one or more providers involved in the health care of a patient.

CURRENT MEDICATION LIST – see Best Possible Medication History

DRUG IDENTIFICATION NUMBER⁵ (DIN) – computer-generated eight digit number assigned by Health Canada to a drug product prior to being marketed in Canada; uniquely identifies all drug products sold in a dosage form in Canada and is located on the label of prescription and over-the-counter drug products that have been evaluated and authorized for sale in Canada

DISPENSING¹ – for pharmacy purposes, includes the preparation and sale of a drug or device referred to in a prescription and taking steps to ensure the pharmaceutical and therapeutic suitability of a drug or device for its intended purpose and taking steps to ensure its proper use

DOCUMENTATION – any material including a description, evidence, statistic or other information that confirms, supports, proves, represents, certifies and/or verifies work or interventions/activity(ies); documentation can be paper or electronic-based; the extent of documentation may vary depending on what is required to sustain continuity of care and good practice standards and what services are being provided

ELIGIBLE PATIENT – a patient who meets specific criteria and is able to receive a specific service

EXPRESSED VERBAL CONSENT – consent communicated verbally: see [Health Care \(Consent\) and Care Facility \(Admission\) Act](#)

EVALUATION² – the third step of the medication management service; patient encounters at planned intervals to determine the outcome of drug therapy; purpose is to record actual patient outcomes resulting from pharmacotherapy, evaluate progress of the patient toward achieving goals of therapy,

determine if previous medication management issues have been resolved, and assess whether new medication management issues have developed

FULL WORK-UP CONTACT – part of the British Columbia Medication Management Project (BCMMP); an encounter that is part of the medication management service that includes a comprehensive assessment; required documentation includes a description of the proposed/planned intervention, characteristics of the medical condition, baseline condition status, timeline to evaluate patient response and preparation and provision of a BPMH

FOLLOW-UP CONTACT – part of the British Columbia Medication Management Project (BCMMP); an encounter that is part of the medication management service; based on an existing care plan; required documentation includes an assessment of effectiveness and safety of the intervention identified in the Full Work-Up Contact, measuring progress, planning next follow up evaluation, updating the BPMH

HEALTH CARE (CONSENT) AND CARE FACILITY (ADMISSION) ACT⁶ – The Act sets out the procedure to follow when seeking consent to health care from an adult or, if the adult is incapable, from a substitute decision maker

HEALTH PROFESSIONS ACT^{7,8} – the Act is umbrella legislation that provides a common regulatory framework for health professions in British Columbia

HEALTH PROFESSIONS ACT – BYLAWS^{7,8} – each regulatory College has its own bylaws. The bylaws set out the details of the operation of the organization, including: the duties and responsibilities of a governing board, committees and the registrar; qualifications for registration and licensing; the regulation of professional conduct and ethics.

HEALTH PROFESSIONS ACT – REGULATIONS^{7,8} – Regulations are created by regulatory bodies for each individual health profession governed under the Act. Each regulation defines reserved titles, contains a statement about the scope of practice and outlines a set of restricted activities describing what members of that profession are authorized to do.

INDICATION² – for pharmacy purposes, a reason to prescribe treatment (drug therapy) to treat, prevent or diagnose a condition

INFORMED CONSENT – for pharmacy purposes, a process in which the pharmacist ensures that patients (or their caregivers) are adequately informed and have agreed to receive a service; see [Health Care \(Consent\) and Care Facility \(Admission\) Act](#)

IMPLEMENTATION – within the context of the medication management service or the medication review service, the act of providing a practical means for accomplishing an action, undertaking an intervention or executing a care plan

INTERVENTION – (also known as a service) for pharmacy purposes, an activity resulting from a pharmacist's professional assessment that is used to resolve a medication management issue; some examples include changing a dose, initiating a new drug, discontinuing a drug, etc.

KEYWORD⁹ – A word that a patient can attach to their PharmaNet patient record, which limits access to only those health professionals with whom the patient shares the keyword

MEDICATION EXPERIENCE² – the patient’s personal experience with medication; this includes a patient’s attitudes, beliefs, preferences, concerns, expectations, medication-taking behaviour and medication history.

MEDICATION MANAGEMENT – (also known as patient care service) a standard patient centered service that focuses on the identification and resolution of actual or potential medication management issues to optimize health outcomes related to pharmacotherapy. Requirements include assessment, care plan development, and evaluation. Medication management issues are identified, then resolved and/or prevented through the clinical service actions of pharmacists.

MEDICATION MANAGEMENT ISSUE (MMI)* – (also known as a drug related problem, drug related issue, drug therapy problem, medication related issue, drug related need, drug therapy need) an undesirable event experienced by a patient which involves, or is suspected to involve, drug therapy and that interferes with achieving the desired goals of therapy. There are seven possible classifications [see table below].

MEDICATION MANAGEMENT ISSUE	DESCRIPTION
Unnecessary drug therapy	The drug therapy is unnecessary because the patient does not have a clinical indication at this time.
Needs additional drug therapy	Additional drug therapy is required to treat or prevent a medical condition.
Ineffective drug	The drug product is not optimally effective at producing the desired outcome.
Dosage too low	The dosage is too low to produce the desired response.
Adverse drug reaction	The drug is causing an adverse drug reaction.
Dosage too high	The dosage is too high, resulting in undesirable effects.
Patient self management	The patient is not taking the drug regimen appropriately.

* adapted from Cippole RJ and Strand LM, Morley PC. Pharmaceutical Care Practice – A Clinician’s Guide. 2nd Edition. McGraw Hill. 2004.

MEDICATION MANAGEMENT ISSUE DOCUMENTATION FORM³ – a space to record all relevant information associated with the identification, resolution and follow-up care and communication for a Medication Management Issue (MMI) identified during a medication review service episode

MEDICATION MANAGEMENT SERVICE – is a comprehensive service where the pharmacist develops a relationship and works together with the patient to optimize safe and effective medication use and improve health outcomes through medication management (*see medication management definition*) (an umbrella term that includes Enhanced Pharmacy Service and Patient Care Service since these contribute to comprehensive Medication Management.)

MEDICATION RECONCILIATION¹⁰ – a process intended to prevent medication errors at transition points in patient care; this includes: creating the most complete and accurate list possible of all medications a patient is currently taking, using this list when writing medication orders, comparing the list and the medication orders; identifying any discrepancies and bringing them to the attention of the prescriber and, if appropriate, making changes to the orders, communicating the best possible medication history to the patient (and/or patient’s family), and appropriate caregivers.

MEDICATION REVIEW - FOLLOW-UP³ – in the context of medication review services in BC as per the [Medication Review Services - Policies, Procedures and Guidelines for Pharmacists](#), a patient care service provided by a pharmacist for patients who have already received a Medication Review – Standard or Medication Review – Pharmacist Consultation and require follow up to update the patient’s BPMH because of a subsequent medication change or to implement and / or evaluate the patient response to the action taken to resolve an MMI

MEDICATION REVIEW – PHARMACIST CONSULTATION³ – is a patient care service as per the [Medication Review Services - Policies, Procedures and Guidelines for Pharmacists](#) that focuses on providing the same service as the Medication Review-Standard with the addition of identifying and resolving a medication management issue

MEDICATION REVIEW – STANDARD³ – is a patient care service provided by a pharmacist as per the [Medication Review Services - Policies, Procedures and Guidelines for Pharmacists](#) that focuses on enabling the pharmacist to gather information to prepare a BPMH; improving patient understanding about medications (during the appointment, the pharmacist and patient review the medications being taken by the patient [what, why, how]); having the pharmacist create a current BPMH for the patient; and documenting the care provided in the BPMH with professional notes

MOST RESPONSIBLE PHYSICIAN – most responsible physician/provider who manages the patient’s care on an ongoing basis (i.e., family physician, nurse practitioner, naturopath)

NATURAL HEALTH PRODUCTS¹¹ – vitamins and minerals, herbal remedies, homeopathic medicines, traditional medicines such as traditional Chinese medicines, probiotics, and other products such as amino acids and essential fatty acids

NON-PRESCRIPTION MEDICATIONS – medications legally available for purchase without a prescription

PATIENT CARE SERVICES – for pharmacy purposes, functions that are independent of dispensing; require dedicated (non-dispensary) time and documentation of care (for example, medication review services)

PATIENT REPRESENTATIVE – means a person authorized by a representation agreement to make or help in making decisions on behalf of another (i.e., the patient)

PATIENT SELF MANAGEMENT – in the context of the medication review services, adherence (formerly compliance). In the general health care context, patient self-management relates to the tasks that an individual must undertake to live well with one or more chronic conditions. These tasks include gaining confidence to deal with medical management, role management, and emotional management.

PERSONAL HEALTH NUMBER (PHN)⁹ – is provided to each B.C. resident (and can be found on the BC Care Card) enrolled with the Medical Services Plan (MSP) and is a unique *lifetime* identifier for health care

PHARMACEUTICAL CARE² – the philosophy behind a patient-centered practice in which the pharmacist assumes responsibility for a patient’s medication management issues and is held accountable for this commitment

PHARMACIST (clinical pharmacist, primary care pharmacist, pharmaceutical care pharmacist, pharmaceutical care practitioner, patient care pharmacist, clinical pharmacy specialist) – licensed pharmacist [practicing] in good standing with the College of Pharmacists of BC

PRODUCT IDENTIFICATION NUMBER⁹ (PIN) – created by PharmaCare when a drug identification number (DIN) has not been assigned by Health Canada, a drug or product is classified as an investigational drug or a non-pharmaceutical, or a drug or product needs a separate identifier for PharmaCare purposes

PLAN B⁹ – one of the seven BC PharmaCare plans. Plan B provides coverage to permanent residents of BC licensed residential care facilities.

PLAN P⁹ – one of the seven BC PharmaCare plans. Plan P provides coverage for designated drugs and medical supplies to patients eligible to receive palliative care at home; also known as the BC Palliative Care Benefits Program.

PROFESSIONAL PRACTICE POLICY #58¹ – The College of Pharmacists of BC’s Professional Practice Policy #58 entitled “Protocol for Medication Management – Adapting a Prescription,” approved by College council in September 2007, provides the framework to guide pharmacists in the safe and effective adaptation, including renewals, of existing prescriptions. PPP-58 is applicable to pharmacists in all practice settings, including community, long-term, hospital and other institutional pharmacy settings.

QUALIFYING MEDICATION³ – in the context of the BC medication review/medication management services, medication and / or product that is already entered into the patient’s PharmaNet profile at the time of the patient eligibility screening; includes: prescription or non-prescription medications with a discrete DIN, nutritional supplements with a discrete PIN, publicly funded injections with a discrete PIN, and compounded medications with a discrete PIN

REGISTRATION IDENTIFICATION¹² – the registration (license) number assigned to a practicing pharmacist by the College of Pharmacists of BC

RESOURCE-BASED-RELATIVE VALUE SCALE – a remuneration model used to determine the fees payable for clinical services which takes into account value to health and intensity of work performed as determined by the patient complexity and need

SERVICE REQUIREMENT(S) – in reference to medication management or medication review services, mandatory component(s) that must happen during a service episode to be eligible for payment; different services may have different service requirements (refer to each service individually for more information)

STANDARDS OF PRACTICE AS PER LEGISLATION AND POLICY¹² – for pharmacy purposes, the Standards, limits, and conditions for the practice of the health profession of pharmacy and the provision of pharmacy technician services by registrants, as defined in the Health Professions Act and in particular By-law Schedule F Part 1

THERAPEUTIC DRUG SUBSTITUTION¹ – substitution of the prescribed drug with a different drug, from the same therapeutic class, that is expected to have a similar therapeutic effect. The pharmacist must be satisfied that the dose and dosing regimen of the new drug will have an equivalent therapeutic effect.

The latest version of this document is posted on the PharmaCare website at
www.health.gov.bc.ca/pharmacare/pdf/medrev-gloss.pdf.

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