

MEDICATION REVIEW SERVICES

POLICIES, PROCEDURES AND GUIDELINES FOR PHARMACISTS



VERSION 2.2

EFFECTIVE DATE: MAY 1, 2012

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CHANGE RECORD

Date	Version	Change Details
April 1, 2011	1.0	Original document
July 20, 2011 (issue date) August 1, 2011 (effective date)	2.0	Updated to reflect changes in the medication review services program, including <ul style="list-style-type: none"> • adding the requirement for compliance with all standards of practice as described in legislation and policy as per the College of Pharmacists of BC • changing and clarifying the patient eligibility criteria for all three services; requirements have been changed to focus on patients who are most in need of the service • adding information on obtaining and documenting patient consent to receiving the service • adding information on obtaining and documenting proof of authorization for patient representatives • enhancing and clarifying the overarching service delivery requirements to comply with legislation, policy and standards of practice and support consistency of service delivery across the province • enhancing and clarifying the overarching documentation requirements to comply with legislation, policy and standards of practice and promote consistency of reporting results • developing four templates to better capture the information required from patients and document the service provided; the templates are provided as separate documents • adding the requirement to include the pharmacy phone number in the PharmaNet record so other health care professionals can request records of the medication review findings • formalizing the service delivery and documentation specifications for each type of service • adding information on reconciling payments • ensuring alignment with the Medication Review Services: Pharmacy System Requirements portion of the 2011/12 B.C. Clinical Services Plan
December 1, 2011	2.1	Updated to clarify format and placement of pharmacy telephone number in the SIG field.
May 1, 2012	2.2	Updated to reflect a change in the number of qualifying medications to be eligible for a review: from 7 to 5.

MEDICATION REVIEW SERVICES

POLICIES, PROCEDURES AND GUIDELINES FOR PHARMACISTS

VERSION 2.2

STARTING MAY 1, 2012, THE POLICIES AND PROCEDURES IN THESE GUIDELINES SUPERCEDE THOSE SET FORTH IN VERSION 2.1.

ISSUE DATE: MAY 1, 2012

EFFECTIVE DATE: MAY 1, 2012

INTRODUCTION

As part of the B.C. Clinical Services Plan, outlined in Section 6 of the Pharmacy Services Agreement, starting April 1, 2011, B.C. pharmacies can submit a claim to PharmaCare for medication review services provided by pharmacists to eligible patients.

Medication review is a patient-care service that seeks to enhance a patient's understanding of, and improved health outcomes with, their medication regimen. The service is provided by a pharmacist through an individualized, in-person appointment during which the patient and pharmacist identify all medications that the patient is taking, discuss how the medications are best taken and, where appropriate, create a medication management plan to address any issues. At the end of the appointment, the pharmacist provides the patient with one or more documents listing their medications.

Although medication review services are not a new scope of practice for community pharmacists, this initiative standardizes how medication review services are delivered across B.C.

Pharmacists are expected to use their professional judgment and provide medication review services only to patients who meet the patient eligibility criteria and would benefit the most from receiving these services.

At all times when providing medication review services, pharmacists are required to comply with all standards of practice as found in legislation and policy¹.

THE THREE MEDICATION REVIEW SERVICES

The three types of medication review services eligible for payment are:

1. Medication Review – Standard (MR-S)
2. Medication Review – Pharmacist Consultation (MR-PC)
3. Medication Review – Follow-up (MR-F)

1. MEDICATION REVIEW – STANDARD (MR-S)

The pharmacist meets with the patient to gather all pertinent information about the patient's medications, including all prescription medications, non-prescription medications and natural health

¹ For details, refer to www.bcpharmacists.org/legislation_standards/provincial_legislation/bylaws.php.

products². To do so, the pharmacist refers to the patient’s record on PharmaNet and the patient’s record in the local pharmacy system, and also asks the patient to identify any other prescription medications, non-prescription medications and natural health products they are taking.

The pharmacist and patient then review and discuss all the patient’s medications in order to improve the patient’s understanding of their medications, including

- what medications the patient is taking (e.g., the name, strength and type of medication as they appear on the medication’s label)
- why the patient is taking each medication (e.g., what disease or condition it addresses and what symptoms the medication alleviates/controls)
- how best to take each medication (e.g., when to take it, how to take it, warnings, etc.)

The pharmacist prepares a Best Possible Medication History with Professional Notes³ (BPMH Pro) which acts as the record of care provided (i.e., the record of the patient’s current and discontinued medications, along with changes, judgment and decisions made by the pharmacist). This document is kept in the pharmacy files. For continuity of care purposes, the BPMH with Professional Notes may be made available to other health care professionals upon request.

The pharmacist also prepares a comprehensive list of current medications for the patient to take away. This list, known as the Best Possible Medication History (BPMH)⁴, includes all prescription medications, non-prescription medications and natural health products that the patient is taking. A copy of this BPMH is kept in the pharmacy files.

The fee for an MR-S (\$60) may be claimed to a maximum of once per patient every six months. Either, but not both of an MR-S or an MR-PC may be claimed every six months.

² Under Health Canada’s Natural Health Products Regulations, which came into effect on January 1, 2004, natural health products (NHPs) are defined as vitamins and minerals, herbal remedies, homeopathic medicines, traditional medicines such as traditional Chinese medicines, probiotics, and other products like amino acids and essential fatty acids. Refer to www.hc-sc.gc.ca/dhp-mps/prodnatur/index-eng.php for further details.

³ This form is described in detail in the Document Templates section in this Guide. A Microsoft Word version of the BPMH with Professional Notes form is available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/pdf/bpmhpro-template.doc.

⁴ This form is described in detail in the Document Templates section in this Guide. A Microsoft Word version of the BPMH form is available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/pdf/bpmh-template.doc.

2. MEDICATION REVIEW – PHARMACIST CONSULTATION (MR-PC)

When, in the course of conducting a standard Medication Review (MR-S), the pharmacist identifies one or more medication management issues (MMIs), the pharmacist then works with the patient to resolve the issues.⁵

In addition to preparing a BPMH with Professional Notes and a BPMH for the patient to take away, the pharmacist documents all medication management-related decisions, plans and actions decided upon during the appointment on a Medication Management Issue (MMI) form⁶. If appropriate, the pharmacist notifies (and if necessary, collaborates with) the most responsible prescriber about the MMI, the care plan, and the results achieved.

Identifying and resolving the MMI raises the type of medication review service provided from ‘Standard’ to ‘Pharmacist Consultation’.

The fee for an MR-PC (\$70) service may be claimed to a maximum of once per patient every six months. Either, but not both, of an MR-S or an MR-PC may be claimed every six months.

3. MEDICATION REVIEW – FOLLOW-UP (MR-F)

This service is for patients who have already received an MR-S or MR-PC and require follow-up to

- update the patient’s BPMH because of a subsequent medication change, or
- implement and/or evaluate the patient response to the action taken to resolve an MMI

As appropriate, the pharmacist updates the previous BPMH with Professional Notes, BPMH and MMI forms with new information, ensures the patient understands the change(s), and provides the patient with a copy of the new BPMH.

The fee for the MR-F service (\$15) may be claimed to a maximum of four times per patient per year. An MR-S or MR-PC within the last year must precede any MR-F claim.

⁵ The term “medication management issue” is synonymous with “drug related problem” and “drug therapy problem.” The seven types of medication management issues include: unnecessary drug; needs additional drug; ineffective drug; dosage too low; adverse drug reaction; dosage too high; and patient self-management.

⁶ A Microsoft Word version of the Medication Management Issue form is available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/pcist/mmi-template.doc

GENERAL POLICIES

DETERMINING PATIENT ELIGIBILITY

Pharmacists are expected to use their professional judgment and provide medication review services only to patients who meet the patient eligibility criteria and would benefit the most from receiving these services.

To be eligible to receive any of the three medication review services (including follow-up appointments), the patient must meet **all** of the following criteria: the patient must

- be a resident of B.C.⁷, and
- have a valid B.C. Personal Health Number (PHN), and
- have at least five **different** qualifying medications (see below for details) that have been entered into PharmaNet within the last six months, and
- have a clinical need for service, and
- give expressed verbal consent to receive the service⁸, and if applicable give written consent to sharing the information gathered therein with a patient representative, and
- meet time frame requirements regarding previous medication review appointments⁹.
Pharmacists are responsible for reviewing the patient's PharmaNet record to check for prior receipt of services.

Pharmacies and pharmacists are not eligible to receive payments for providing the medication review services described in this Guideline to persons who are covered under Plan B. The Resident Medication Review provided to residents of long-term care facilities and described in the Residential Care Facilities and Homes Standards of Practice (College of Pharmacists of BC) is already funded through the PharmaCare Plan B payment structure.

QUALIFYING MEDICATIONS – A DEFINITION

For purposes of establishing patient eligibility for medication review services, a qualifying medication is one of the following:

- A prescription medication (listed in PharmaNet with a discrete DIN)

⁷ A resident is defined as a person with a permanent address in B.C.

⁸ Consent is defined in the *Health Care (Consent) and Care Facility (Admission) Act*
http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96181_01.

⁹ See the Terms and Conditions for each service for details.

- A non-prescription medication (listed in PharmaNet with a discrete DIN)
- A nutritional supplement that is listed in PharmaNet with a discrete PIN (e.g., cystic fibrosis nutritional supplements covered under Plan D)
- A publicly-funded injection* such as a vaccination (listed in PharmaNet with a discrete PIN)
- A compounded medication** (listed in PharmaNet with a discrete PIN)

* Note: privately funded injections are recorded in the patient's profile with a DIN and should be included as a qualifying medication.

** Note: Compounded prescriptions must be entered into PharmaNet using PINs (Product Identification Numbers) not DINs (Drug Identification Numbers). Refer to the updated version of Section 4.3.3. Processing Compounded Medications, PharmaCare/PharmaNet Policies and Procedures Manual at www.health.gov.bc.ca/pharmacare/generalinfo/policy/drugsandmedical-4-3.pdf for details.

Products that do **not** qualify for patient eligibility purposes include non-drug supplies, such as blood glucose test strips, and clinical services.

To count as a qualifying medication, the product must be already listed in the patient's PharmaNet record at the time of patient eligibility screening.

Discrete DINs and PINs may only be counted once. Refills of a prescription do not count.

CLINICAL NEED – A DEFINITION

For the purposes of determining patient eligibility to receive medication review services, clinical need must be identified and documented as one or more of the following:

- prescriber has requested a medication review,
- patient has multiple diseases,
- patient has chronic disease(s),
- patient's medication regimen includes one or more non-prescription medications¹⁰,
- patient's medication regimen includes one or more natural health products (NHPs),
- patient has a medication management issue,
- patient was recently discharged from hospital,
- patient has multiple prescribers, and/or
- patient is receiving medication(s) that require laboratory monitoring.

¹⁰ A non-prescription medication may or may not be listed on the PharmaNet profile. If listed prior to the patient eligibility screening, it may count as one of the five qualifying medications.

OBTAINING PATIENT CONSENT

British Columbia’s Health Care (Consent) and Care Facility (Admission) Act¹¹ sets forth the obligation to obtain informed consent to healthcare from an adult patient. The Act states that every adult patient has the right to give, refuse or withdraw consent to treatment. The Act also specifies the criteria for consent and the procedure for obtaining consent.

The provision of medication review services is a treatment that requires patient consent before the services are delivered.

CONSENT FOR THE PATIENT TO RECEIVE SERVICES

The patient can grant expressed verbal consent to receiving the service. Patient-granted consent is documented on the Best Possible Medication History with Professional Notes (the BPMH Pro form).

CONSENT FOR PATIENTS WHOSE PHARMANET RECORD IS KEYWORD-PROTECTED

When a patient has restricted access to their medication history on PharmaNet through the use of a keyword¹², the pharmacist must obtain **written consent** to share any medication review services information with other healthcare professionals in the circle of care.

The written consent must be stored as part of the patient’s documentation package in accordance with legislation and policy (see Required Documents section below for details).

CONSENT FOR A PATIENT REPRESENTATIVE TO RECEIVE OR AUTHORIZE SERVICES

A patient can grant consent for a patient representative to receive the service on their behalf. This consent must be provided in writing, such as a letter.

If the patient is unable to provide consent (e.g., minor adult, patient with memory loss), their patient representative can grant consent if the representative provides written authorization to act on the patient’s behalf (e.g., Power of Attourney, court order).

Patient-representative consent is documented on the Best Possible Medication History with Professional Notes (the BPMH Pro form). A copy of the Power of Attourney or court order must be stored as part of the patient’s file.

¹¹ www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96181_01.

¹² For details on patient keywords, see Section 3.4 of the PharmaCare/PharmaNet Policies and Procedures Manual on the PharmaCare website.

CONSENT FOR SHARING PATIENT INFORMATION

HPA and PODSA bylaws¹³ state that for purposes of continuity of care pharmacists can share information about a patient with other health professionals within the circle of care without having to obtain specific consent from the patient to do so.

CONSENT FOR SHARING KEYWORD-PROTECTED PATIENT INFORMATION

Pharmacists cannot share information about a patient whose PharmaNet record is keyword protected unless the patient has granted prior written consent.

For patients with PharmaNet keywords, pharmacists must confirm that they have written consent on file before forwarding the BPMH Pro or BPMH to another healthcare professional in the patient's circle of care.

DOCUMENTING REQUESTS FOR PATIENT INFORMATION

A written record should be kept of all requests for a patient's BPMH and/or BPMH Pro. The record should include the name and contact information of the requestor and the date on which the request was made/fulfilled.

DELIVERING THE SERVICES

When pharmacists choose to deliver medication review services, all three types of medication review services must be:

- provided by a fully licensed pharmacist (pharmacy students and/or interns may provide the service only under the supervision of a fully licensed practicing pharmacist),
- provided as an individualized, in-person appointment (and not by telephone or any other electronic means),
- provided in a suitable area that is respectful of the patient's right to privacy, and
- provided and documented in accordance with both the specific requirements described in this Guidelines document and the standards of practice as found in legislation and policy.

The relevant legislation and policy is available at

www.bcpharmacists.org/legislation_standards/provincial_legislation/bylaws.php.

¹³ See HPA Bylaws, section 71 (Use of Personal Information) and section 72 (Disclosure of Personal Information) and PODSA Bylaws, section 21 (2) (Data Collection, Transmission of and Access to PharmaNet Data) and section 22 (Confidentiality).

REQUIRED DOCUMENTS

Documentation is a **required** element of **all** patient care services and must comply with all standards of practice as found in legislation and policy¹⁴.

Electronic and/or hard copy records must be retained and accessible on-site at the pharmacy for three years from the last date of service delivery. This is required by both PharmaCare (for audit purposes) and the College of Pharmacists of BC (for audit and standards of practice purposes).

Documents must be stored securely so that access to them is restricted to persons who are authorized to view them. Document storage procedures must meet the requirements set forth in Section 3 of the PharmaCare/PharmaNet Policy and Procedures Manual and The Freedom of Information and Protection of Privacy Act.

DOCUMENT TEMPLATES

Four document templates have been developed to assist pharmacists in recording relevant and required information. They are currently available in Microsoft Word format on the PharmaCare website. See “Templates and Guidelines on the PharmaCare Website” later in this guide for links to these templates.

TEMPLATE 1 - BEST POSSIBLE MEDICATION HISTORY WORKSHEET

The Best Possible Medication History Worksheet is a form that pharmacists can use when gathering, recording and reviewing the patient’s medication information (including prescription medications, non-prescription medications and natural health products) prior to the medication review appointment. It is designed to use a print out of the patient’s PharmaNet report as a starting point for the information gathering process.

The Worksheet complies with all requirements for printing the PharmaNet Medication Reconciliation Report at the pharmacy.

The BPMH Worksheet template is available in a Microsoft Word version at www.health.gov.bc.ca/pharmacare/pdf/bpmh-worksheet.doc.

TEMPLATE 2 - BEST POSSIBLE MEDICATION HISTORY WITH PROFESSIONAL NOTES FORM

The Best Possible Medication History with Professional Notes (BPMH Pro) form is designed to provide a professional summary of relevant information collected in the BPMH Worksheet suitable for sharing with other health care professionals for continuity of care.

¹⁴ Details on policy and legislation are available at www.bcpharmacists.org/legislation_standards/provincial_legislation/bylaws.php.

In addition to the information captured in the BPMH (see details below), The BPMH Pro form provides areas for the pharmacist to record:

- patient consent, including confirmation of a patient representative’s authorization to act on the patient’s behalf
- clinical need for service (i.e., the need the medication review will address)
- professional notes about each medication including
 - the prescriber’s name and profession (e.g., physician, pharmacist, patient, other health care provider such as a naturopath)
 - confirmation that the pharmacist has verified the accuracy and currency of the information and then recorded what they found out in this verification process (e.g., the patient’s description of how they are taking a medication is consistent with the PharmaNet record; is different than the PharmaNet record; or the medication is not listed in the PharmaNet record)
 - any actions recommended and/or taken by the pharmacist (e.g., referral to a prescriber, completion of a Medication Management Issue form, etc.)
 - any additional information relevant to the patient’s continuity of care

This form meets the documentation requirements set forth in legislation and policy.

The BPMH Pro form template is available as a Microsoft Word document at www.health.gov.bc.ca/pharmacare/pdf/bpmhpro-template.doc.

TEMPLATE 3 - BEST POSSIBLE MEDICATION HISTORY FORM

The Best Possible Medication History (BPMH) form is a comprehensive list of all of the medications the patient is currently taking, including all prescription medications, non-prescription medications and natural health products. It includes details on

- whether the patient is taking either non-prescription medications or natural health products
- any known allergies and reactions the patient may have
- the prescription medications, non-prescription medications and natural health products themselves (e.g., the name, strength and type of medication as they appear on the prescription label or medication package label)
- why the patient is taking each medication (e.g., what disease or condition it addresses and what symptoms the medication alleviates/controls)
- how best to take each medication (e.g., when to take it, how to take it, warnings, etc.)
- any special instructions that may be required

This form is intended for patient take-away and use and should therefore be written in straightforward simple language that a layperson can understand and follow. For ease of reading by the patient, please

ensure that the information is computer- or hand-printed in large enough letters that patients can read without effort.

Note: The form includes a note informing health care professionals that they may request a detailed version of this BPMH with Professional Notes from the pharmacy named at the top of the BPMH document.

The BPMH form template is available as a Microsoft Word document at www.health.gov.bc.ca/pharmacare/pdf/bpmh-template.doc

TEMPLATE 4 - MEDICATION MANAGEMENT ISSUE (MMI) TEMPLATE

The Medication Management Issue (MMI) form is used to record all relevant information associated with the identification, resolution, follow-up care and communication for a Medication Management Issue (MMI) identified during a medication review service appointment.

The form provides areas for the pharmacist to record:

- the medication management issue type (e.g., unnecessary drug, dosage too high, etc.)
- the medication involved
- details of the care plan
- pharmacist action(s) taken to date (e.g., adapt the prescription, provide patient education)
- details about follow up appointments and/or notifications of other health care professionals

A separate form should be used to document each MMI identified during the review.

The MMI form template is available as a Microsoft Word document at www.health.gov.bc.ca/pharmacare/pdf/mmi-template.doc.

REQUIRED ACTIVITIES

Activities	Activity results documented in
<p>1 Confirm patient eligibility and document patient information.</p>	<p><i>Patient Information</i> section of</p> <ul style="list-style-type: none"> • BPMH Worksheet (optional) • BPMH Pro • BPMH
<p>2 Obtain patient or patient representative consent.</p> <p>If patient’s record is keyword-protected, obtain written consent to share information with healthcare professionals in the circle of care.</p> <p>If patient has a representative, make a copy of patient representative authorization (Power of Attourney, court order, letter from patient) for your files.</p>	<ul style="list-style-type: none"> • <i>Consent</i> section of BPMH Pro • Written consent to share information (only for keyword-protected patient records) • Copy of Power of Attourney, court order, or letter from patients (re: patient representatives)
<p>3 Document the clinical need(s) that are the reason(s) for providing the service. Clinical need includes one or more of the following conditions:</p> <ul style="list-style-type: none"> • prescriber has requested a medication review • patient has multiple diseases • patient has chronic disease(s) • patient’s medication regimen includes one or more over the counter (OTC) products¹⁵ • patient’s medication regimen includes one or more natural health products (NHPs) • patient has a medication management issue • patient was recently discharged from hospital • patient has multiple prescribers • patient is receiving medication(s) that require laboratory monitoring 	<ul style="list-style-type: none"> • <i>Clinical Need for Service</i> section of BPMH Pro

¹⁵ A non-prescription medication may or may not be listed on the PharmaNet profile. If listed prior to the patient eligibility screening, it may count as one of the five qualifying medications

Activities	Activity results documented in
<p>4 Collect and document information about patient medical issues such as known allergies and reactions. Information is collected from multiple sources including but not limited to:</p> <ul style="list-style-type: none"> • PharmaNet profile • local pharmacy medication profile • patient interview • patient representative interview • hospital discharge summaries 	<ul style="list-style-type: none"> • <i>Clinical Information</i> section of BPMH Worksheet (optional) • <i>Known Allergies and Reactions</i> section of the <ul style="list-style-type: none"> • BPMH Pro • BPMH
<p>5 Collect and document information about all medications (including prescription medications, non-prescription medications and natural health products) taken by a patient. Information is collected from multiple sources including but not limited to:</p> <ul style="list-style-type: none"> • PharmaNet profile • local pharmacy medication profile • patient interview • patient representative interview • prescription medication, non-prescription medication or natural health product labels • hospital discharge summaries <p>Determine whether the patient is currently taking each medication.</p>	<ul style="list-style-type: none"> • <i>Clinical Information</i> and <i>Additional Medications</i> sections of BPMH Worksheet (optional) • <i>Current Medications</i> and <i>Clinically Relevant Medications That Have Been Stopped</i> sections of the BPMH Pro • <i>Patient asked about OTCs and NHPs</i> checkbox on BPMH Pro • <i>Medications I Take</i> section of the BPMH
<p>6 Conduct a discussion with the patient and/ or patient representative to review the following for each medication the patient is currently taking:</p> <ul style="list-style-type: none"> • details about each medication (e.g., the name, strength and type of medication as they appear on the prescription label or medication package label) • why the patient is taking each medication (e.g., what disease or condition it addresses and what symptoms the medication alleviates/controls) • how best to take each medication (e.g., when to take it, how to take it, warning, etc) • any special instructions 	<ul style="list-style-type: none"> • <i>Current Medications</i> section of the BPMH Pro • <i>Medications I Take</i> section of the BPMH

Activities	Activity results documented in
<p>7 Document all information relevant to continuity of care (e.g., details about decisions, evaluations, plans of action, and other directions or observations).</p>	<ul style="list-style-type: none"> • <i>Professional Notes</i> section of the BPMH Pro (including Prescriber Name, Verified, Action and Notes segments)
<p>8 <i>IF MMI is identified</i></p> <p>Work with the patient to:</p> <ul style="list-style-type: none"> • identify the MMI(s), • prepare a care plan to resolve each MMI, • implement the care plan, and • make a plan to monitor and follow up on results. <p>Document all MMI-related decisions, plans and actions decided upon during the appointment.</p>	<ul style="list-style-type: none"> • <i>Professional Notes</i> section of the BPMH Pro (including Prescriber Name, Verified, Action and Notes segments) • MMI form (s) (one form for each MMI) • <i>Special Instructions</i> section of the BPMH
<p>9 <i>If appointment is a follow-up</i></p> <p>Engage in a dialogue with the patient to ensure the patient’s understanding about</p> <ul style="list-style-type: none"> • changes to medications and/or • further care plan activities and/or • further monitoring activities and appointments <p>Update the patient’s previous BPMH, BPMH with Professional Notes and MMI with new information.</p> <p>Provide the patient with a new BPMH.</p>	<ul style="list-style-type: none"> • <i>Current Medications</i> and <i>Professional Notes</i> section of the BPMH Pro (including Prescriber Name, Verified, Action and Notes segments) • MMI form (s) (one form for each MMI) • Updated BPMH
<p>10 Confirm that the pharmacist and pharmacy name and contact information appear on every page of each form.</p> <p>The pharmacy 10-digit phone number must be included to allow health care professionals to request a patient’s BPMH Pro. It must also appear in the SIG field of the patient’s record in PharmaNet.</p>	<ul style="list-style-type: none"> • Page headers of <ul style="list-style-type: none"> • BPMH Worksheet (optional) • BPMH Pro • BPMH • PharmaNet profile (pharmacy phone number is mandatory for payment)

Activities	Activity results documented in
<p>11 Provide the patient or patient representative with the completed BPMH.</p>	<ul style="list-style-type: none"> Completed BPMH
<p>12 Store all documents for future use. Documents must be securely stored so that only authorized persons can access them. (see Required Documents section for details).</p>	<ul style="list-style-type: none"> BPMH Worksheet (if used) BPMH Pro BPMH Power of attorney, court order, or letter from patients (re: patient representatives and/or consent to share keyword-protected records)
<p>13 Upon request for medication review information from a healthcare provider within the patient’s circle of care, determine whether the patient’s PharmaNet record is keyword-protected.</p> <ul style="list-style-type: none"> If the record is not keyword-protected, promptly provide medication review services information. If the record is keyword-protected, confirm that the patient has provided written consent to share the medication review services information, then promptly provide it. If consent has not been granted, inform the requestor that you are unable to divulge the information. <p>Send a copy of the BPMH Pro to the requestor as soon as possible. You may also send a faxed copy of the BPMH.</p> <p>Record the requestor’s name and contact information and the date of the request in your files.</p>	<ul style="list-style-type: none"> Faxed copy of the BPMH Pro (mandatory) Faxed copy of the BPMH (optional) Record of request

OBTAINING PAYMENT FOR SERVICES

Pharmacies must not request or accept any additional fees or payments from any patient or third party payer in relation to the medication review services for which clinical service fees will be claimed, or have been claimed, from the Province.

SUBMITTING CLAIMS FOR PAYMENT

Claims for medication review services (Standard, Pharmacist Consultation or Follow-up) **must be submitted electronically via PharmaNet on the date the medication review service is provided**, using the appropriate PIN code.

To submit a claim for a medication review service:

- in the **Days Supply** field, enter 1
- in the **Quantity** field, enter 1
- in the **Drug Cost** field, enter 0
- in the **DIN/PIN** field, enter the appropriate PIN code
- in the **SIG** field, enter the 10-digit phone number of the pharmacy where the service took place at the **beginning** of the SIG field (i.e., within the first 20 characters). Other health care professionals will use this number to contact you to request patient information.
- in the **PRESCRIBER ID FIELD**, enter the registration identification (Reg ID) of the pharmacist who provided the service to the patient.¹⁶

PIN codes are provided in the Policies for Individual Services section for each type of review.

Pharmacists may want to consult with their software vendor to determine if there are other requirements for payment reconciliation.

Note: Remember to enter zero in the **Drug Cost** field to ensure that the fee does not inadvertently appear on the patient's receipt.

Note: As of December 1st, 2011:

- the SIG field **must** contain the 10-digit pharmacy phone number (including area code) where the service was provided. All ten digits must appear **within the first 20 characters of the SIG field**.
- if the pharmacy phone number is not entered in the first 20 characters of the SIG field, PharmaNet will automatically reject the claim.

PHARMANET RESPONSE CODE FOR MEDICATION REVIEW SERVICE CLAIMS

Claims for medication review services are processed for payment in batches on a monthly basis rather than adjudicated in real-time on PharmaNet. When a claim for a medication review service is submitted

¹⁶ Reg ID is the college registration (license) number assigned to a practising pharmacist.

PharmaNet will return one of several rejection responses (e.g., ***CD - patient not entitled to drug claimed*** response).

The real-time adjudication messages returned from PharmaNet for medication review service claims **DO NOT APPLY AND SHOULD BE IGNORED.**

These claims do not need to be reversed or re-submitted. If the data has been entered correctly in the requested fields, the claims will be processed for payment.

RECONCILING PAYMENTS

Pharmacists or pharmacy staff-members with questions about which specific claims have been accepted (paid) and rejected (not paid) within a payment period are able to call the PharmaNet Helpdesk for assistance. Helpdesk staff will have electronic access to payment and claim details for specific pay periods and can e-mail a copy of this detail (with patient identifiers removed) when requested.

POLICIES FOR INDIVIDUAL SERVICES

1. MEDICATION REVIEW – STANDARD

PATIENT ELIGIBILITY

To be eligible to receive a Medication Review - Standard (MR-S), patients must:

- meet the criteria set forth in the Determining Patient Eligibility section of the General Policies above.

ACTIVITIES

The Medication Review – Standard (MR-S) service must meet all the requirements described in the Obtaining Patient Consent and Delivering the Services sections of the General Policies above.

Note: If, when conducting a Medication Review – Standard, a minimum of one MMI is identified, the pharmacist has a professional responsibility to take action by either working to resolve the issue, or referring the patient to an appropriate health care professional. If the pharmacist takes action to resolve the issue with appropriate documentation, a claim for a Medication Review – Pharmacist Consultation (MR-PC) may be submitted instead of a claim for an MR-S.

REQUIRED DOCUMENTATION

Requirements are as described in the Required Documents and Required Activities sections of the General Policies above. The documentation package for an MR-S must include all of the following:

- confirmation that consent was received (see Obtaining Patient Consent in this document for details)
- pharmacist name (or supervising pharmacist if service is provided by a pharmacy student or intern),
- date of service,
- clinical need for service,
- all relevant and required notes and information, including the BPMH Worksheet (if used) and the BPMH with Professional Notes for compliance with **all** standards of practice as found in legislation and policy,
- the BPMH prepared during the appointment,
- the 10-digit pharmacy phone number provided in the SIG field on the patient’s PharmaNet profile to facilitate continuity of care and sharing of the BPMH and BPMH with Professional Notes within the circle of care.

CLAIMS FOR PAYMENT

The pharmacist can submit a claim to PharmaCare for a \$60 MR-S fee.¹⁷

The claim must be submitted electronically via PharmaNet on the date of the medication review service, using the appropriate PIN code. For details, see the Obtaining Payment for Services section of the General Policies above.

PIN	Description	Payment Amount
99000501	Medication Review Standard (MR-S)	\$60.00

CLAIMS RESTRICTIONS

For eligible patients, pharmacists may claim **either** one Medication Review – Standard (MR-S) fee **or** one Medication Review – Pharmacist Consultation (MR-PC) fee (but not both) to a maximum of **once per patient every 6 months**.

¹⁷ Consistent with the fee payable for a Level 1 Full Work-up Contact in the B.C. Medication Management Project.

Complete claims restrictions are described in the Determining Patient Eligibility and Obtaining Payment for Services sections of the General Policies above.

2. MEDICATION REVIEW – PHARMACIST CONSULTATION

PATIENT ELIGIBILITY

To be eligible to receive a Medication Review – Pharmacist Consultation (MR-PC), patients must:

- meet all eligibility requirements for a Medication Review – Standard (MR-S) as described in the Determining Patient Eligibility section of the General Policies section above, and
- have had a minimum of one Medication Management Issue (MMI) identified, resolved, and documented during the course of the medication review appointment.

ACTIVITIES

The Medication Review – Pharmacist Consultation (MR-PC) service must meet all requirements described in the Determining Patient Consent and Delivering the Services sections of the General Policies above. It is undertaken only when an MMI has been identified by a pharmacist during a Medication Review – Standard (MR-S).

1. The MR – PC service includes the same activities as the MR-S; in addition, it includes indentifying and resolving a minimum of one MMI, and, if applicable,
2. notifying (and, if necessary, collaborating with) the most responsible physician or other prescriber about the MMI, the care plan and the results achieved.

During the appointment, the pharmacist and patient work together to:

- identify the MMI(s),
- prepare a care plan to resolve each MMI,
- implement the care plan, and
- make a plan to monitor and follow-up on results.

REQUIRED DOCUMENTATION

Requirements are as described in the Required Documents and Required Activities sections of the General Policies above. The documentation package for an MR – PC must include:

- confirmation that consent was received (see Obtaining Patient Consent in this document for details)
- pharmacist name (or supervising pharmacist if service is provided by a pharmacy student or intern),

- date of service,
- clinical need for service,
- all relevant and required notes and information, including the BPMH Worksheet (if used) and the BPMH with Professional Notes for compliance with **all** standards of practice as found in legislation and policy,
- the BPMH prepared during the appointment,
- documentation of the MMI and plans for its resolution on the MMI form
- the 10-digit pharmacy phone number provided in the SIG field on the patient’s PharmaNet profile to facilitate continuity of care and sharing of the BPMH and BPMH with Professional Notes within the circle of care.

CLAIMS FOR PAYMENT

The pharmacist can submit a claim to PharmaCare for a \$70 MR-PC fee.¹⁸

The claim must be submitted electronically via PharmaNet on the date of the medication review service, using the appropriate PIN code. For details, see the Obtaining Payment for Services section of the General Policies above.

PIN	Description	Payment Amount
99000502	Medication Review Pharmacist Consultation (MR-PC)	\$70.00

CLAIMS RESTRICTIONS

For eligible patients, pharmacists may claim **either** one Medication Review – Standard (MR-S) fee **or** one Medication Review – Pharmacist Consultation (MR-PC) fee (but not both) to a maximum of **once per patient every 6 months**.

Where a medication management issue has been resolved by an action that has a separately defined service fee (e.g., administration of injections and/or adaptations of prescriptions), the pharmacist may claim **either** the MR-PC fee or the separately defined service fee, **but not both**.

Complete claims restrictions are described in the Patient Eligibility and Payment for Services sections of the General Policies above.

¹⁸ Consistent with the fee payable for a Level 2 Full Work-up Contact in the B.C. Medication Management Project.

3. MEDICATION REVIEW – FOLLOW-UP

PATIENT ELIGIBILITY

To be eligible to receive a Medication Review – Follow-up (MR-F), patients must:

- meet the criteria set forth in the Determining Patient Eligibility section of the General Policies above, including having five different qualifying medications already listed in PharmaNet at the time of the follow-up
- have already received a complete Medication Review – Standard (MR-S) or Medication Review Pharmacist Consultation (MR-PC) within the last year, and
- have a clinical need that requires either
 - follow-up due to a subsequent medication change,¹⁹ or
 - follow-up to implement and /or evaluate the patient response to the action taken to resolve an MMI, and
- have not exceeded the MR-F claim limits (maximum of four follow-up appointments per year).

ACTIVITIES

The Medication Review Follow-up (MR-F) service must meet all requirements described in the Determining Patient Consent and Delivering the Services sections of the General Policies above in order for the pharmacist to:

1. update the patient’s previous BPMH and BPMH with Professional Notes with new information
2. engage in a dialogue with the patient to review, correct or update information and improve the patient’s understanding about each medication that has changed including:
 - what medications the patient is taking (e.g., the name, strength and type of medication as they appear on the medication’s label)
 - why the patient is taking each medication (e.g., what disease or condition it addresses and what symptoms the medication alleviates/controls)
 - how best to take each medication (e.g., when to take it, how to take it, warnings, etc.)
3. create a new copy of the BPMH document and give a copy to the patient. A copy of the BPMH is to be kept in the pharmacy and may also be provided to a patient representative with patient permission.²⁰

¹⁹ A change to a medication that is entered in PharmaNet.

4. retain a copy of the updated BPMH with Professional Notes in the pharmacy and make a copy available upon request to other health care professionals for continuity of care purposes. To facilitate this, documentation of the 10-digit pharmacy phone number in the SIG field on PharmaNet is required.

REQUIRED DOCUMENTATION

Requirements are as described in the Required Documents section of General Policies above. The documentation package for an MR-F must include:

- confirmation that consent was received (see Obtaining Patient Consent in this document for details)
- pharmacist name (or supervising pharmacist if service is provided by a pharmacy student or intern)
- date of service
- clinical need for service
- all relevant and required notes and information, including the BPMH Worksheet (if used) and the BPMH with Professional Notes for compliance with **all** standards of practice as found in legislation and policy
- a fresh copy of the BPMH prepared during the appointment for the patient to take away
- updated documentation on the MMI if required.

CLAIMS FOR PAYMENT

The pharmacist can submit a claim to PharmaCare for a \$15 MR-F fee.²¹

The claim must be submitted electronically via PharmaNet on the date of the medication review service, using the appropriate PIN code. For details, see the Obtaining Payment for Services section of the General Policies above.

PIN	Description	Payment Amount
99000503	Medication Review Follow-up (MR-F)	\$15.00

²⁰ See the General Terms and Conditions Section for more information about patient representatives and patient consent.

²¹ Consistent with the fee payable for a Level 1 Follow-up Contact in the B.C. Medication Management Project.

CLAIMS RESTRICTIONS

For eligible patients, the MR-F fee may be claimed **to a maximum of 4 times per patient per year**.

Either a Medication Review – Standard (MR-S) or a Medication Review – Pharmacist Consultation (MR-PC) must have been claimed for the patient within the previous year.

Only **one** of either the Medication Review – Standard (MR-S) fee, Medication Review – Pharmacist Consultation (MR-PC) fee or Medication Review – Follow-up (MR-F) fee can be claimed for each service appointment.

Complete claims restrictions are described in the Patient Eligibility and Payment for Services sections of the General Policies above.

SERVICES ASSOCIATED WITH PALLIATIVE CARE

Plan P patients at home²² are eligible for the same medication review services as other eligible B.C. residents, including:

- Medication Review – Standard
- Medication Review – Pharmacist Consultation
- Medication Review – Follow-up

TEMPLATES AND GUIDES ON THE PHARMACARE WEBSITE

Templates and Guide (with hyperlinks and URL provided)	
Best Possible Medication History Worksheet template	www.health.gov.bc.ca/pharmacare/pdf/bpmh-worksheet.doc
Best Possible Medication History with Professional Notes (BPMH Pro) template	www.health.gov.bc.ca/pharmacare/pdf/bpmhpro-template.doc
Best Possible Medication History (BPMH) template	www.health.gov.bc.ca/pharmacare/pdf/bpmh-template.doc
Medication Management Issue (MMI) template	www.health.gov.bc.ca/pharmacare/pdf/mmi-template.doc
Medication Review Services – Policies, Procedures and Guidelines for Pharmacists	www.health.gov.bc.ca/pharmacare/pdf/medrevguide.pdf

²² “Home” is defined as wherever the person is living, whether in their own home, with family or friends, in a supportive living residence or in a hospice that is not covered under PharmaCare Plan B.

Templates and Guide (with hyperlinks and URL provided)	
(this Guidelines document)	