



THE UNIVERSITY OF BRITISH COLUMBIA

Pharmacists in PCN Program

Faculty of Pharmaceutical Sciences

Victoria PCN Primary Care Clinical Pharmacists



Sonja Senekovic, BSc (Pharm), RPh

Primary Care Clinical Pharmacist – Victoria PCN

- 2015 Bachelor of Pharmacy from University of British Columbia
- 2015-2017 Practiced as a clinical pharmacist on an interprofessional team at the BC Cancer Agency in Prince George
- 2015-2022 Practiced in community pharmacy settings in Prince George and Victoria



What is a primary care clinical pharmacist (PCCP)?

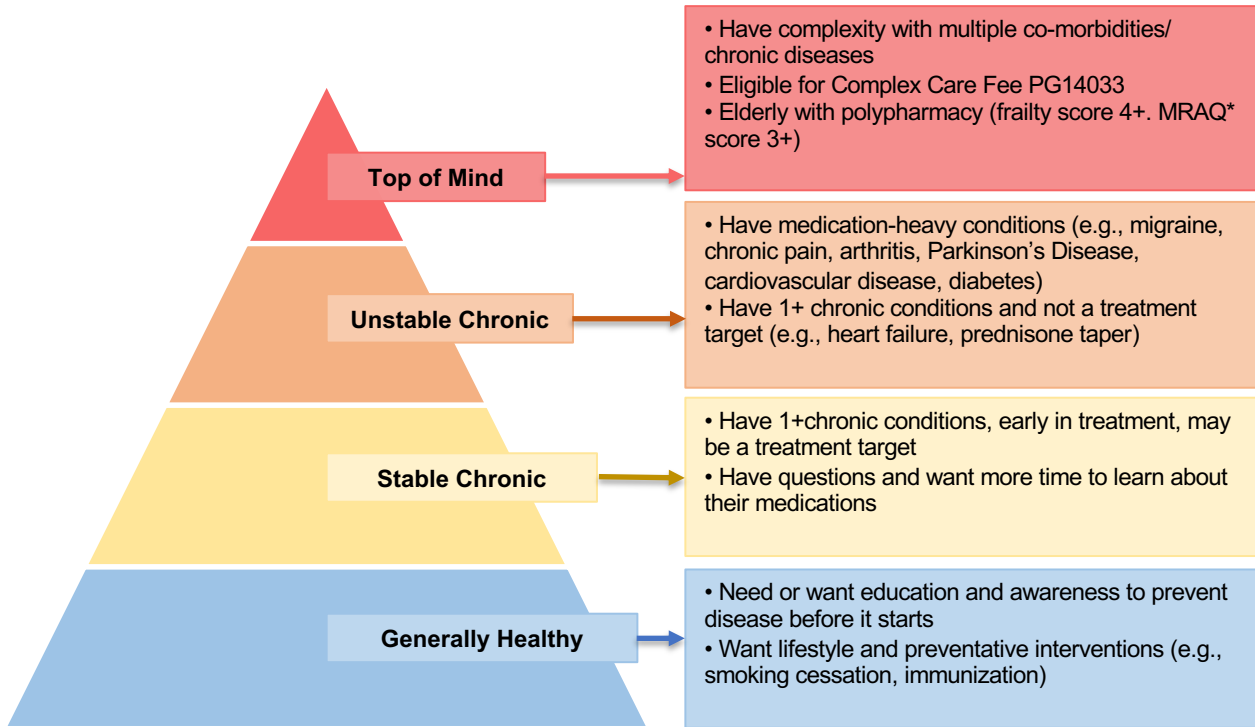
Primary care clinical pharmacists, or PCCPs, are drug therapy specialists who collaborate with patients and the primary care team to identify and resolve actual and potential drug therapy problems through provision of comprehensive medication management. The PCCP, along with the primary care team, optimizes drug therapy outcomes for the patient.



A primary care clinical pharmacist*:

- Facilitates deprescribing
- Investigates best and alternative treatment options
- Identifies and removes barriers to treatment adherence
- Supports chronic disease management
- Develops care plans aligned with patients' health goals
- Assesses medication tolerance and side effects and provides management strategies
- Provides patient education on medications (prescription, non-prescription, supplements, natural health products, etc.)

*In collaboration with the care team



Patients I See Most Often



[*MRAQ= Medication Risk Assessment Questionnaire](#)



Do you have patients needing support with:



Patients not meeting management goals

- Diabetes, hypertension, dyslipidemia not at target
- Uncontrolled chronic pain
- Heart disease not at goal directed medical therapy targets



Complex medication concerns

- Adverse drug reactions
- Poly pharmacy
- Deprescribing



High risk populations

- Frail elderly
- Mental health
- Neurodegenerative diseases



MSP Billing Codes

- A patient appointment with a PCCP fulfills the Annual Medications Review requirement for the Complex Care Fee **PG14033**.
- A patient appointment with a PCCP can count as 1 of 2 mandatory visits for Chronic Disease Management Fee **PG14050** (Diabetes), **PG14051** (Heart Failure), **PG14052** (Hypertension) or **PG14053** (COPD).
- A case conference between a family physician and a PCCP qualifies for Case Conference Fee **PG14077** (8-15 minutes) or **PG14067** (< 8 minutes).



From My Practice – Medication Adjustments

- 62-year-old male referred by GP for uncontrolled chronic pain (chronic back pain and lower limb peripheral neuropathy)
- Complex medical history including:
 - moderate-severe liver cirrhosis
 - type A hemophilia
 - chronic thrombocytopenia
 - HIV
 - depression
- Medications for pain management at time of referral were OTC acetaminophen and ibuprofen and occasional ½ tablet of Tramacet
- Past intolerances to multiple pain medications



From my Practice – Medication Adjustments

What I did:

- Provided education to patient on use of OTC medications given comorbidities
- Discussed prescription medication options with patient that would be appropriate considering patient goals, comorbidities, hepatic function, drug interactions and past intolerances
- Provided recommendation to GP for SNRI with dosing and monitoring parameters
- Provided ongoing follow-up
 - Patient has improved since starting SNRI, follow – ups booked as appropriate to support patient and suggest dosing adjustments to GP if necessary



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Secure E-mail: [https://medinetmail.ca/cgi-](https://medinetmail.ca/cgi-bin/pharmclinic/pc_signup.cgi?apptype=PCN&pcn=6)

[bin/pharmclinic/pc_signup.cgi?apptype=PCN&pcn=6](https://medinetmail.ca/cgi-bin/pharmclinic/pc_signup.cgi?apptype=PCN&pcn=6)



Greg McGinnis, BSc (Pharm), RPh **Primary Care Clinical Pharmacist – Victoria PCN**

- 2018 Bachelors of pharmacy from University of British Columbia
- 2018-2020: Practiced in community pharmacy settings
- 2020-2022: Practiced as a clinical pharmacist responsible for over 300 beds across 3 long term care facilities



From My Practice – Medication Adjustments

- 86-year-old female, referred by GP to improve chronic neuropathic pain in lower limbs secondary to spinal stenosis

History:

Spinal stenosis with chronic pain	Primary hypertension	Insomnia secondary to pain	Type 2 Diabetes
GERD	Recent fall history – 3 months ago	Pancreatic cystic lesion	Chronic edema in lower extremities



From My Practice – Medication Adjustments

Medications and how she takes them:

- 1] Hydromorphone 1mg PO BID [AM/HS] and 1mg PO PRN for pain at 2pm
- 2] Gabapentin 100mg PO QID
- 3] Trazodone 100mg PO qHS
- 4] Atenolol 50mg PO BID [AM/HS]
- 5] Lisinopril/Hydrochlorothiazide [20mg/25mg] PO qAM
- 6] Amlodipine 2.5mg PO qHS
- 7] Atorvastatin 20mg PO qHS
- 8] ASA 81mg PO daily
- 9] Rabeprazole 20mg PO qAM
- 10] Vitamin B12 1000mcg PO qAM
- 11] Vision Essence Zinc Free Supplement1 Capsule PO daily
- 12] Polyethylene glycol 3350 17g PO qHS



From my Practice – Medication Adjustments

What I did:

- Discontinuation of amlodipine secondary to chronic peripheral edema
 - High medication load for management of primary hypertension
 - Recent history of Fall
 - Patient willing to complete bi-weekly BP monitoring for 1 month - aware of BP targets
- Increase current dose of gabapentin [dose has been 100mg PO QID since initiation years ago – medication is well tolerated, however, subtherapeutic.] *Max dose not to exceed 1400mg secondary to renal function*



From my Practice – Medication Adjustments Cont.

What I did:

- Decrease trazodone to reduce anticholinergic load and sedation with increasing gabapentin
- Increase frequency of blood work [Na⁺, K⁺, SrCr, CBC, B12, A1C] to q6months ~ labs last completed March of 2021
 - Mg⁺, Cholesterol panel, and TSH also included for next set of lab work
- Scheduled follow up for 1 week after changes are initiated to review efficacy/safety/adherence and re-evaluate care



Patients Can Self-Identify using the Medication Risk Assessment Questionnaire

To find out if you could benefit from this service, please answer the following questions as best you can:

	NO	YES
Do you take 5 or more different medications? <i>(including prescription, non-prescription, vitamins, and herbal therapies)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you take 12 or more pills each day? <i>(including prescription, non-prescription, vitamins, and herbal therapies)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you take any medications for:		
Nerves, stress, anxiety, or depression	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure or heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis or pain	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Lung Disease	<input type="checkbox"/>	<input type="checkbox"/>
Does more than 1 physician or nurse practitioner prescribe medications for you on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking medications for 3 or more medical conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get your prescriptions filled at more than 1 pharmacy ?	<input type="checkbox"/>	<input type="checkbox"/>
Have your medications, or the instructions on how to take them, changed 4 or more times in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulties taking your medications as prescribed?	<input type="checkbox"/>	<input type="checkbox"/>
Do you sometimes worry about the long-term effects of your medications?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any unanswered questions about your medications?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **YES** to **3 or more questions** we encourage you to ask for an appointment with the on-site clinical pharmacist.



Ways We Can Work Together:

- Refer patients for virtual care (PCN HUB)
- Refer patients for in-person care (on-site in clinic)
 - Benefits of on-site
 - Case conferencing
 - Corridor consultations
 - Organic collaboration
 - Timely decision-making



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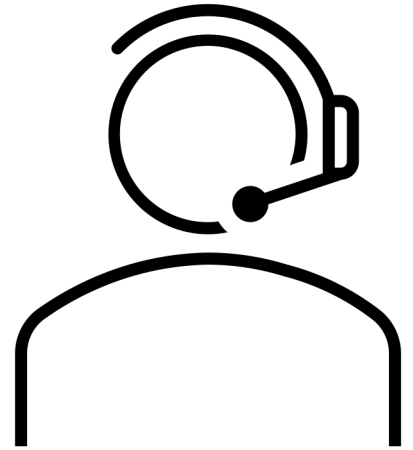
Join us for drop-in office hours to address quick medication questions*:

Tuesdays 12:15-12:45pm

<https://tinyurl.com/VictoriaPharmacist>

If you would like a calendar invite, please contact:

Katelyn Gordon kgordon@victoriadivision.ca



*Providers are limited to 5 minutes per call to ensure access for all.



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Nicole McKenzie, BSc (Pharm), RPh

Primary Care Clinical Pharmacist – Victoria PCN

- 2010 Bachelor of Pharmacy from University of Saskatchewan
- Practiced in community pharmacy settings 2010-2017
- Clinical pharmacist and pharmacy manager 2017-2022 supporting Long Term Care operations
 - Created the first Opioid Agonist Therapy and Safe Supply delivery program in the Westshore to ensure continuity of care for patients isolating during COVID-19
 - Management of a daily medication administration program



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Would you be interested in having me see patients in your practice? If so, what would that look like?

Half Day	Full Day
Every week	Every week
Every Second Week	Every Second Week

- On an appointment basis dependent on patient need
- Other (please describe in chat)
- For more information on co-location, please contact kate.mccammon@ubc.ca



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We accept EMR Generated Consult Notes, Referral Letters or the PCN Services Referral Form

Fax: 855-978-1858

Victoria PCN SERVICES REFERRAL FORM

Providers can use their own referral letter or this form.

FAX FORM & ATTACHMENTS TO:

SRFax: (855) 978-1858 (Acct #274676)

QUESTIONS? CALL 1-877-790-8492 ext. 5

REFERRAL DATE

PCN SERVICE / TEAM REQUESTED

Clinical Pharmacist

GENERAL REFERRAL ELIGIBILITY

See Pathways (<https://pathwaysbc.ca/clinics/1878>) for Victoria PCN service-specific patient eligibility criteria.

Patient is attached to referring primary care provider AND resides in Victoria OR primary care provider's practice is in Victoria

REFERRING PROVIDER INFORMATION

NAME: _____ LOCUM: _____
PHONE: _____ FAX: _____ TEXT _____ EMAIL _____ FAX _____ OTHER: _____
Preferred contact method(s):

PATIENT INFORMATION

LAST NAME: _____ FIRST NAME: _____
PHN: _____ DOB: _____ GENDER: M F OTHER: _____
HOME ADDRESS: _____ CITY/TOWN: _____ POSTAL CODE: _____
PREFERRED PHONE: _____ PHONE (OTHER): _____ EMAIL: _____
SELF IDENTIFIES AS: FIRST NATIONS METIS INUIT YES, language interpreter required (to be arranged by PCN)

ALTERNATE CONTACT INFORMATION (optional)

RELATIONSHIP TO PATIENT: PARENT/GUARDIAN FAMILY MEMBER CAREGIVER OTHER: _____
LAST NAME: _____ FIRST NAME: _____
PHONE: _____ EMAIL: _____ NOTES: _____

REASON FOR REFERRAL

Summarize patient history, relevant diagnoses, risk factors: _____ DO NOT refer to other PCN services without patient FP/NP consult

Indicate and attach relevant patient history

CURRENT MEDICATIONS LIST _____ RELEVANT CLINICAL NOTES _____ OTHER: _____

__ TOTAL # PAGES (not including referral form)

FAX FORM & ATTACHMENTS TO SRFax: (855) 978-1858 (Acct #274676)

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Summary

- PCCPs can help you with patients at the top of your mind, who are unstable, or chronic diseases not yet meeting management goals
- You can refer patients through any one of the following:
 - EMR generated consult notes
 - Referral letters
 - PCN Services Referral Form
- We look forward to working together!