



THE UNIVERSITY OF BRITISH COLUMBIA

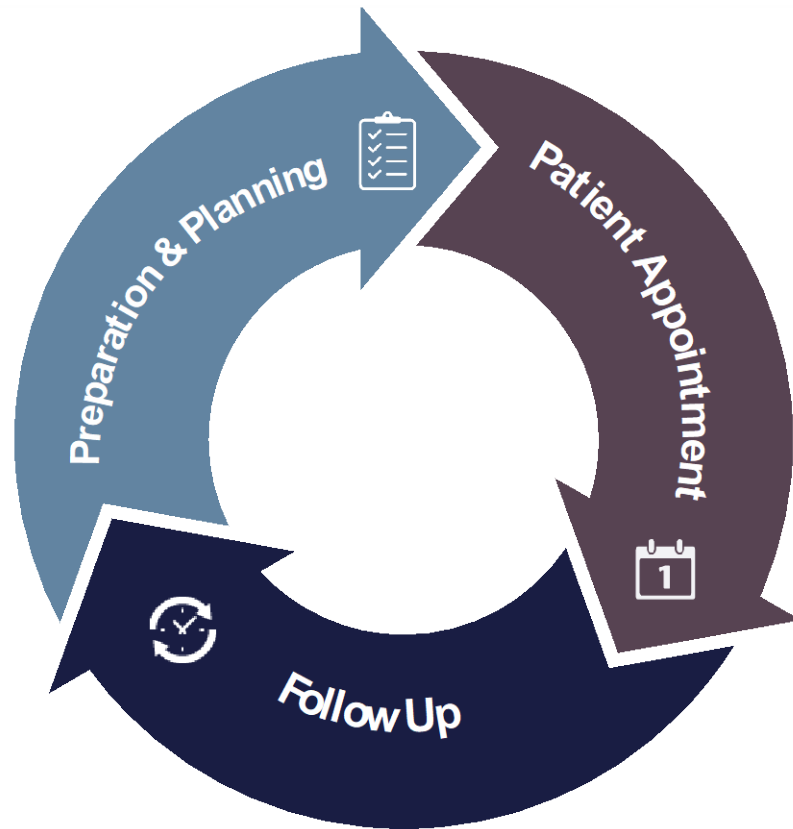
Pharmacists in PCN Program

Faculty of Pharmaceutical Sciences

South Island PCN Physicians Forum

Primary Care Clinical Pharmacist (PCCP)

Primary Care Clinical Pharmacist Patient Care Approach



Preparation & Planning



Build patient profile in UBC OSCAREMR to house detailed working notes

Gather information from multiple sources (PharmaNet, CareConned and Health Authority systems, the referral)

Review available information, generate hypotheses, identify potential issues

Research specific issues or clinical questions (as needed)

Patient Appointment



Build relationship, trust and rapport

Determine patient attitudes and beliefs about medications

Take meticulous history on all prescription, non-prescription, supplement and natural health treatments and prepare BPMH

Gather detailed information on the patient experience, clinical response, treatment goals, care gaps and concerns

Document working notes in UBC OSCAREMR

Identify and prioritize drug therapy problems

Provide patient education/information when required

Create (and start implementing, where appropriate) care plans to resolve problems

Follow Up



Review evidence as needed to identify best and alternative treatment options

Discuss findings, recommendations shared decisions and plans with the care team (including community Pharmacist, where appropriate)

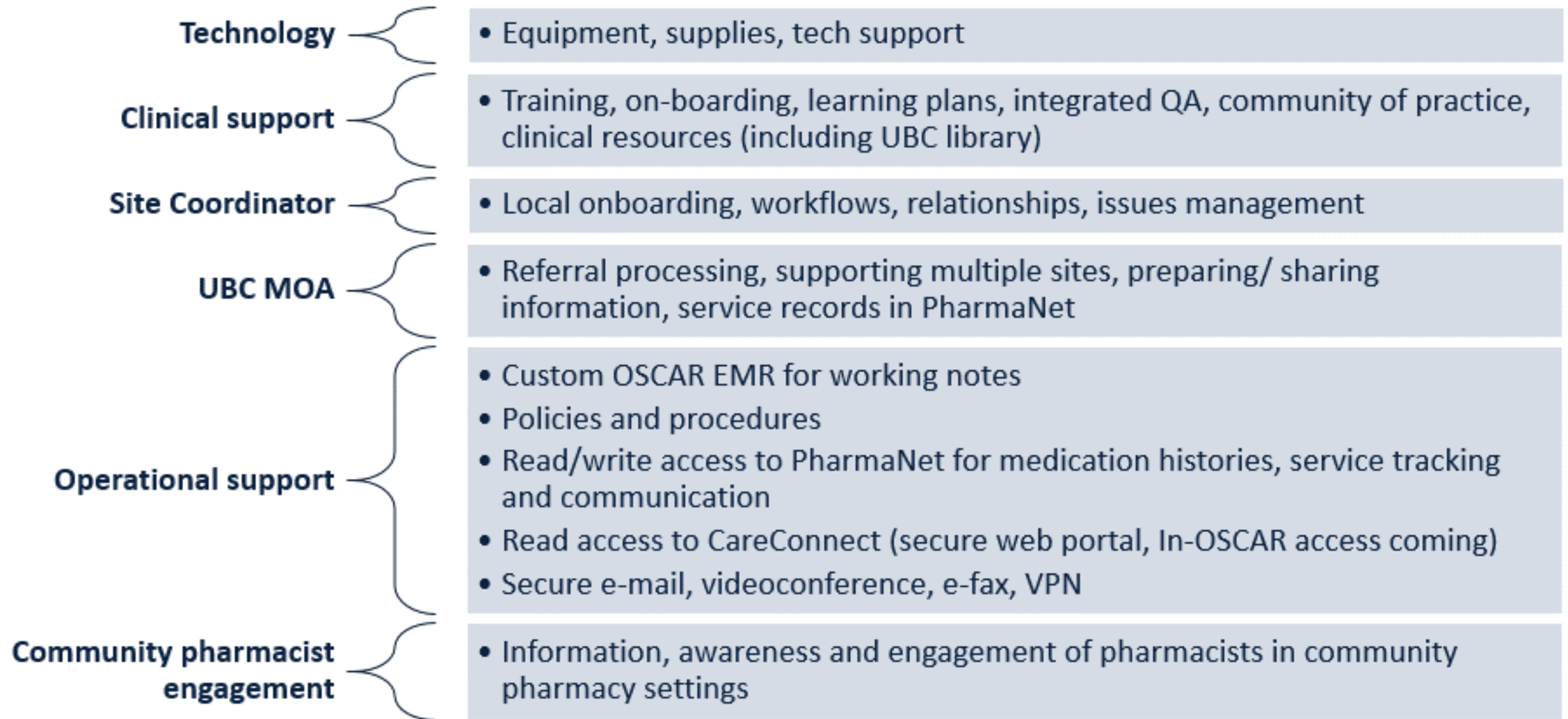
Finalize consultation note and share with care team (e-Fax, in local EMR or other means)

Prepare and implement monitoring and follow-up plan

Guidance for Case Finding for Referring Clinics

- Patients identified by health care team (top of mind, unstable, frequent visits to clinic, frailty score 5+, mental health, chronic pain, multiple co-morbidities, 5+ different medications, 12+ doses/day)
- Patients registered for the Annual Complex Care Management Fee (Billing Code 14033)
 - *Fulfills the requirement for documentation of detailed review of current therapies*
- Identified by health care system (recent hospitalization, request from other health service, transfer from a retiring practice)
- EMR reports by tag (target medication, diagnosis, monitoring parameter, billing codes, new patient to the practice)
- Any patient with medical complexity, issues or concerns can be referred to the PCCP

The “UBC U-Haul”



Primary Care Clinical Pharmacist (PCCP) Service Considerations

Referral Process

- What administrative support exists in the PCN?
- UBC MOA can fully or partially support the PCCP referral process

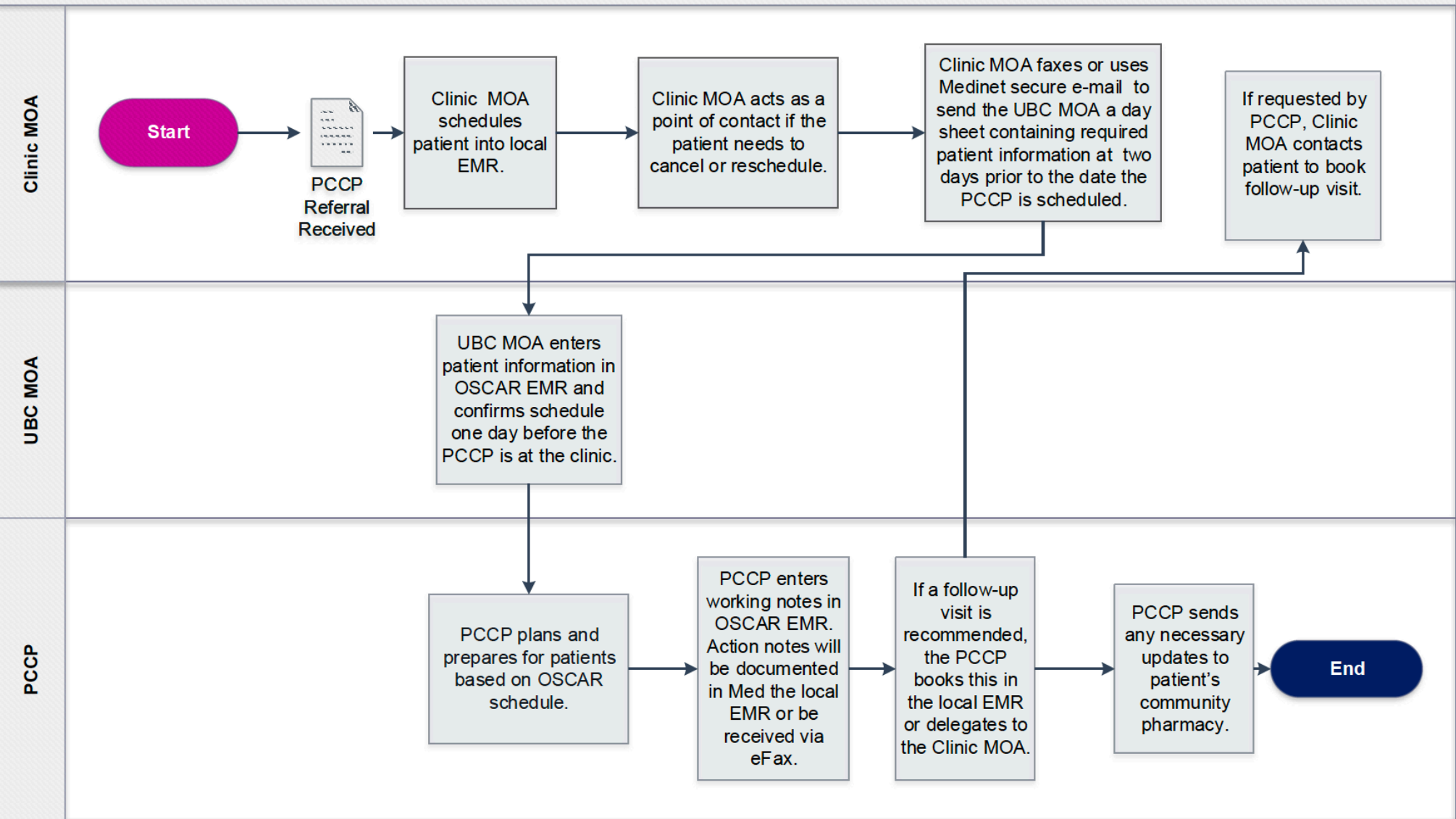
Co-Location

- Can any clinics host the PCCP in their space?
- How should case conferencing be scheduled?
- Would the clinic schedule patients?

Consultation Notes

- The PCCP can enter notes in the clinic's EMR if they a seat license is arranged
- The PCCP can send an eFax PDF attachment for the chart

Co-Location or Central Model- PCN PCCP New Patient Referral and Documentation Process



Patient Information Required:

- First & Last Name
- PHN
- Gender
- Date of Birth
- Patient Contact #
- Reason for referral and source/ Clinician

Information Sharing Methods for MOAs:

- eFax or fax
- Medinet link to send secure emails

Frequency:

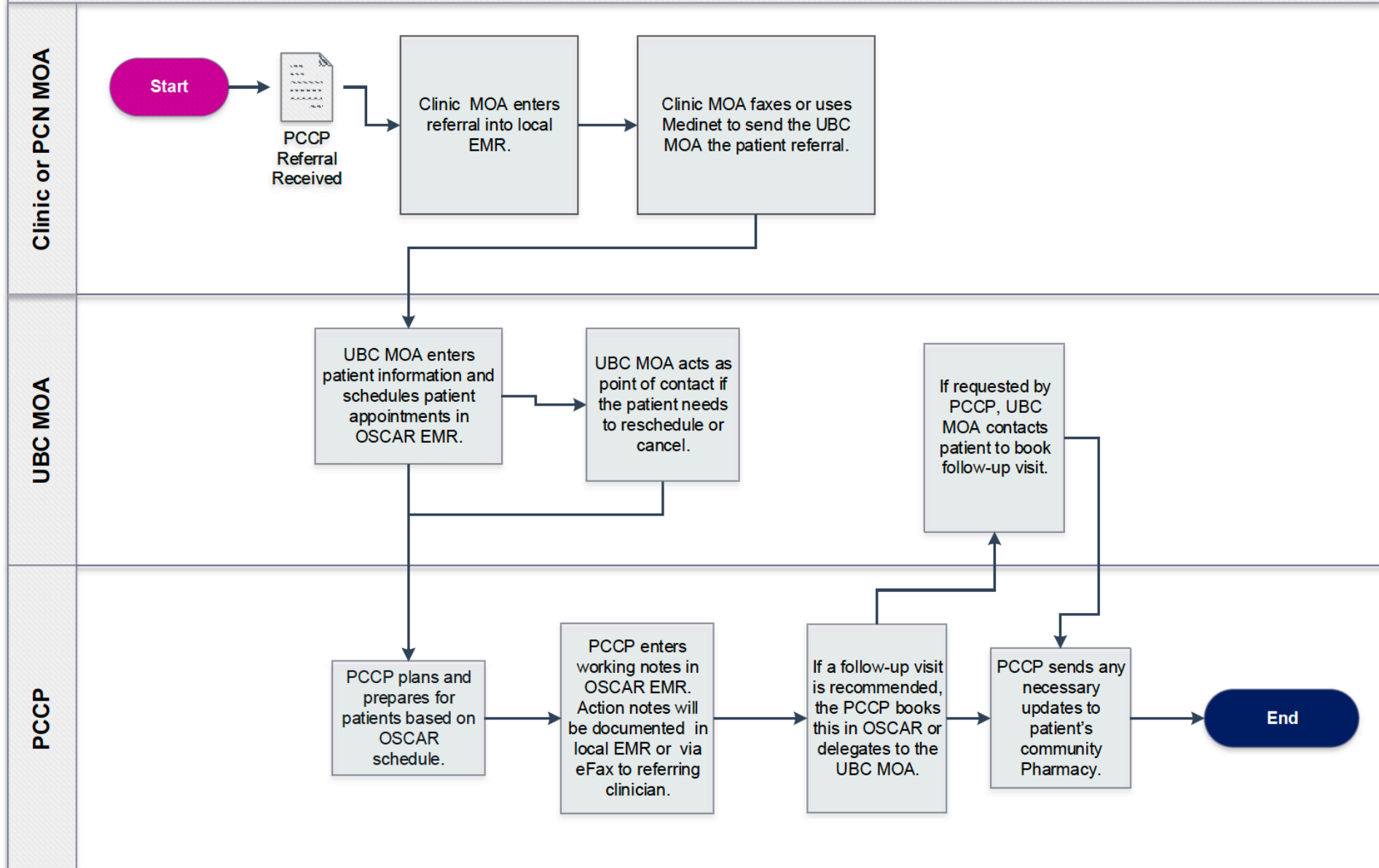
Referrals should be shared at least two days before the scheduled date. A log is used to share patient information, if an existing EMR report documents the information required, that can be used or a template can be created with the help of UBC.

Application Descriptions:

Medinet Mail- a secure webmail services to exchange confidential patient information (<https://medinet.ca/>). The UBC MOA has a link that will direct the RM MOA to send messages to their mailbox.

OSCAR EMR – PCCPs in the Pharmacist in PCN Program will use the UBC instance of OSCAR EMR to capture their work notes from patient consultations. UBC MOAs use the system to create patient profiles, manage referrals and schedule PCCP consultations.

MOA Hybrid Model PCN PCCP New Patient Referral and Documentation Process



Patient Information Required:

- First & Last Name
- PHN
- Gender
- Date of Birth
- Patient Contact #
- Reason for referral and source/ Clinician

Information Sharing Methods for MOAs:

- eFax or fax
- *Medinet* link to send secure emails

Frequency:

Referrals should be shared daily to avoid delays in scheduling appointments.

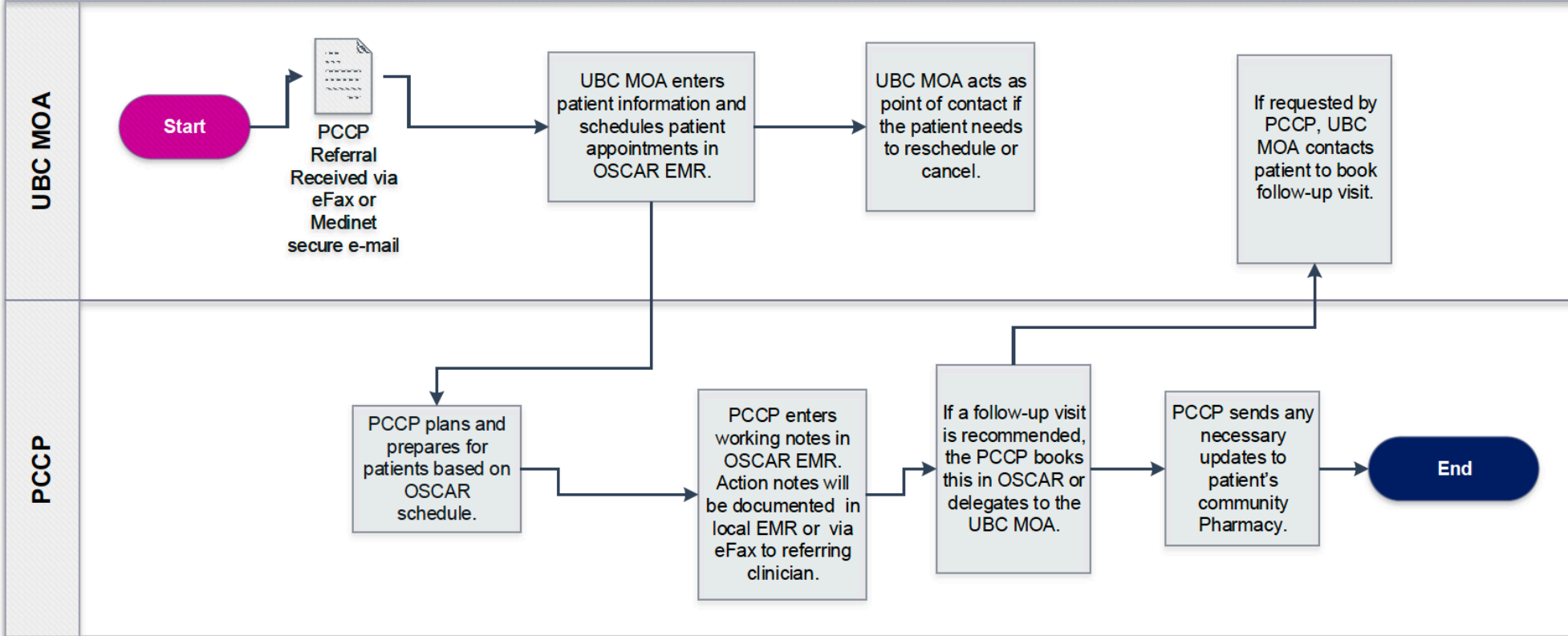
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UBC MOA Model PCN PCCP New Patient Referral and Documentation Process



Patient Information Required:

- First & Last Name
- PHN
- Gender
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- Reason for referral and source/ Clinician

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