

Primary Care Clinical Pharmacist (PCCP) Package

Vancouver Interprofessional Team

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Contents

The Primary Care Clinical Pharmacist (PCCP) Package is intended to provide an overview of how a primary care clinic may choose to work with a PCCP and the processes involved in working in a team-based care environment with a PCCP. The documents included are intended to guide primary care providers to find the best way their clinic can collaborate with a PCCP to best support the needs of their patient population.

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General Overview of Primary Care Clinical Pharmacist (PCCP) work

PCCPs work alongside family doctors, nurse practitioners, community pharmacists and other health care team members to ensure medications are safe and working for patients. PCCPs have specialized training, practice with humility and provide culturally safe care that respects the community.

Appointments with a PCCP may be one-on-one or include other health care team members. Appointments are available in-person, by telephone or by video call. The first appointment is usually scheduled for 60 minutes, and follow-up appointments are for 15-60 minutes, depending on patient's needs. As a reminder, the PCCP can receive and create referrals from and for the other allied health care members on the interprofessional team.

During an appointment with a PCCP, patients will have time to talk about all their medications (prescription, non-prescription, supplements and natural health products). They will receive answers to their questions, and in-depth information to help them fully understand their medications. Patient voices and preferences will be heard and included in decisions about their health.

Please fill out this [Questionnaire](#) to learn more about how you can collaborate with the PCCP! Your Community Network Manager will contact you once your responses are captured. Feel free to reach out to your Community Network Manager if you have any questions beforehand. [Click here](#) for contact information.

For shareable patient information, please see [Appendix D: Pharmacy Poster](#) and [Appendix: E Patient Contact Notice](#)

Vancouver PCN

Primary Care Clinical Pharmacist Services

Primary Care Clinical Pharmacists (PCCPs) provide comprehensive medication management services focused on the on-going care of adult patients with complex conditions to prevent and resolve medication-related problems. PCCPs also provide education to patients about their medications and address barriers to adherence. PCCPs collaborate with the patient and healthcare team to implement treatment plans.

Refer complex patients:

- **Multiple** drug therapies or health conditions
- Optimize drug therapy for **chronic diseases**
- **Polypharmacy** concerns
- Medication **allergies or adverse reactions**
- **Sub-optimal** drug therapy outcomes
- Complexities from **self-treatment** including **supplements**
- Any medical **complexity, issues or concerns**

Refer patients experiencing change:

- **Starting** or **stopping** medications
- Recent **discharge** from hospital
- Recent **attachment** to a new provider
- Complex or **costly** drug therapies

Patients benefit from:

- Extra 1:1 time with a clinician (Initial appointments are 60 minutes)
- Support identifying and prioritizing drug therapy problems
- Addressing learning goals and obstacles to optimal medication use

Patients benefit from:

- Information about best and alternative treatment options
- Increased capacity to care for their patient panel with this added support for patients who need extra time

MSP Billing Notes:

An appointment with the PCCP fulfills the obligation for an Annual Medication Review for the Complex Care Fee, **PG14033**.

The PCCP can complete 1 of 2 mandatory in-person visits for Chronic Disease Management fees: **PG14050** , **PG14051**, **PG14052**, **PG14053**.

Time spent case conferencing with the PCCP can be billed under **PG14076** or **PG14067**.

For more information, please review the GPSC Billing Guides: <https://gpscbc.ca/what-we-do/incentives/fees>

How Do I Submit A PCCP Referral?

Please submit a referral for PCCP consultation services to

the IPT fax #. The following patient information is

required to process the request:

- Patient's first and last name
- PHN
- Sex
- Date of birth
- Phone number
- Address
- Reason for referral and referral source
- Medical clinic summary with diagnosis/interventions
- Any special requirements for patient consultation (translation services, accessibility considerations, etc.)



PCCP Models of Care: Hub & Co-Location

Current Hub Model

- Referral is submitted to the PCCP via the IPT. Once the referral is received, the patient will be contacted within 72 business hours, and the patient may decide between a virtual or in-person (3 Bridges or George Pearson Centre) appointment.
- Case conferences are requested via phone call or direct contact with your PCN pharmacist.
- PCCP will send the provider a discharge report following conclusions of services.

Co-location Model (in-clinic services)

[Click Here for a 15minute informative webinar on co-location.](#)

- Once the referral is received, the patient will be contacted within 72 business hours.
- A PCCP can be co-located in your clinic, at no cost, to support the care of your patients.
- A PCCP can come to the clinic on a regular schedule to fit your clinic's needs (e.g., biweekly for a ½ day.)
- Patients or providers can choose in-clinic appointments, meetings, and/or educational sessions.
- PCCP will provide consult notes and discharge reports directly in your EMR.
- Clinic owners will receive overhead for the space occupied by the PCCP to the value of \$11.30/hour (see Overhead Billing Guide).
- Opportunity for you to bill for in-person chronic disease management consultations. For more information, please review the GPSC Billing Guides: <https://gpscbc.ca/what-we-do/incentives/fees>.

Case Finding - The intent is to proactively identify patients who would be eligible for PCCP consultation and facilitate the referral process with the primary care provider.

- All the activities associated with case finding require consent from the treating provider. See [Appendix C: Confidentiality Agreement](#).
- Upon request with diagnostic criteria, the PCCP can investigate the provider's EMR and identify appropriate PCCP referrals. See [Appendix B: EMR Guide](#) or [EMR Access Video](#).
- After approval, the pharmacist may complete the referral form on behalf of the provider.

What is required?

Sessional payments are available for a physician lead that attends the co-location logistics meeting and orients the PCCP on their first day at the clinic.

- Determine a regular schedule.
- Give access to clinic EMR, workspace, and Wi-Fi. See [Appendix A: Workspace guide](#) & [Appendix B: EMR Guide](#).
- Sign an MOU & establish overhead payment workflow (See Overhead Billing Guide).
- Meet Occupational Health & Safety general standards (for visits that exceed 2hrs).
- Have a clinic MOA team or lead that is willing to communicate with the UBC MOA if there are any workflow issues or questions regarding patient referrals.

Primary Care Clinical Pharmacist Patient Care Approach



Preparation & Planning



Build patient profile in UBC OSCAR EMR to house detailed working notes

Gather information from multiple sources (PharmaNet, CareConnect 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 OSCAR EMR

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 the care team (e-Fax, in local EMR or other means)

Prepare and implement monitoring and follow-up plan

Primary Care Clinical Pharmacist Patient Case Studies

This document provides short case vignettes that highlight positive patient outcomes Vancouver PCCPs have had with their patients. This helps to 'bring to life' the PCCP role within PCNs and with other collaborators. Note, these vignettes are not all inclusive of every patient seen by a PCCP within the Vancouver PCNs as this is merely a sampling.

Patient Case Example
<p>85 y.o. male patient referred with fluctuating INR.</p> <ul style="list-style-type: none">• During the patient interview, the PCCP identified the likely cause of the fluctuation to be dietary-related and use of a natural health product.• Educated patient on the need for consistent meals rich in foods with vitamin K• Advised patient to discontinue use of natural health product• Identified significant hypotension and hyperkalemia due to Entresto taken for CHF• Reduced dosage for Entresto and started on Kayexalate.• Follow up continues
<p>82 y.o. male patient referred for chronic disease management: T2DM, hypertension, CKD, GERD, dyslipidemia and asthma.</p> <ul style="list-style-type: none">• During patient interview, the PCCP identified that management of his diabetes was his top priority as he was experiencing several episodes of hypoglycemia a week.• Consulted with endocrinologist to reduce dose of basil insulin and implement a plan for correction scale for insulin.• Followed up over 4-month period to monitor adjusted insulin dose and addition of antihyperglycemic agents.• Adjusted dose of other medications based on renal function and optimized the dose of hypertensive agent.
<p>74 y.o. male patient referred by clinical counsellor within PCN due to concerns about medications for neuropathy not covered by PharmaCare.</p> <ul style="list-style-type: none">• Patient interview revealed multiple chronic conditions including T1DM, dyslipidemia, and chronic leg/feet ulcers (secondary to T1DM).• Reviewed prescribed neuropathy medication and identified similar medication(s) covered by PharmaCare.• Educated patient on generic vs brand name medications. Offered guidance on shopping around for pharmacies with lower dispensing fees.



THE UNIVERSITY OF BRITISH COLUMBIA

Pharmacists in PCN Program

Faculty of Pharmaceutical Sciences

Appendix A:

Providing a Professional and Private Workspace for Patient Appointments with a Primary Care Clinical Pharmacist (PCCP)



When meeting with patients in person or virtually, putting the patient at ease by providing a safe and confidential meeting space free of distractions is critical.

A Primary Care Clinical Pharmacist (PCCP) provides 1:1 consultations to engage the patient in an in-depth discussion about their health and medical history, personal attitudes and medication beliefs, and how their medications are working for them. This in-depth assessment is followed by the development of a detailed care plan that the PCCP then implements with the team for the patient to receive optimal benefit from their medications. Consultations must be conducted in a professional and private manner applied through the lens of the patient.

Ask yourself if you would feel comfortable discussing your own personal health issues in this space.

An appropriate consultation space is an area where the PCCP can meet and consult with a patient, remotely (telephone or video call) or in-person, that meets the following conditions:

- Patient privacy is protected – no one can overhear conversation or view documentation
- Patients are able to share information freely, safely and confidently
- The PCCP can make well-informed and undistracted decisions regarding the patient's therapies

Quick Check List

1. Does the space inspire patient confidence in the consultation?
2. Is the space private and professional?
3. Is the space suitable for in-person, virtual consultations, or both?
4. If the space shared by other team members, how can scheduling be used to ensure PCCP consultations are private and professional?
5. Is there good and stable Wi-Fi access for the PCCP to utilize online tools?

Similar to any medical clinic, a central space arranged by a Primary Care Network (PCN) need to ensure that a PCCP can provide patient care in a workspace that is private or semi-private with suitable visual and sound barriers.¹

Identifying the ideal space²

- The appearance of the space should inspire patient confidence in the service and professionalism of the PCCP.
- The space should be accessible to patient's with disabilities or mobility constraints.
- An office space can double as a private consultation area when free of other office team members and background noise for the duration of the consultation.
- Semi-private areas should be separated by walls that provide the space with a distinct sense of privacy, masking sounds and visual intrusions.
- When family members accompany the patient for in-person consultations, the area must be able to accommodate them.

Providing a welcoming professional and private space for patient consultations with the PCCP is a key factor in building a trusting relationship that supports the entire PCN Team in providing better health outcomes and higher quality of life for patients.



¹Pharmacy Operations and Drug Scheduling Act- Bylaws. 7 May 2020.

library.bcpharmacists.org/6_Resources/1_Provincial_Legislation/5082-PODSA_Bylaws.pdf

²NAPRA Resource for Pharmacy Operators. 2009 napra.ca/sites/default/files/2018-01/Resources_for_Pharmacy_Operators.pdf

For additional information regarding PCNs establishing work space(s) for inter-professional team members please refer to the following:

[GPSC Primary Care Network Planning and Implementation Guide](#)

Appendix B:

Clinic EMR Access for PCCPs

Primary Care Clinical Pharmacists (PCCP) work alongside family physicians and nurse practitioners in both public and private clinics. Access to a clinic's electronic medical record (EMR) is a key enabler of high-quality team-based care by increasing the efficiency of PCCP practice, simplifying the referral process and eliminating the need to send or attach labs/patient history to referrals.

The following outlines the benefits and best practices of providing EMR access when integrating PCCP services into your practice.

Benefits of Clinic EMR access:

- Provides PCCP with more comprehensive understanding of patient history.
- Reduces patient consultation delays due to illegibility or missing information on referral form.
- PCCP able to perform case finding activities in clinic EMR.
- Effective coordination of care as questions/tasks can be assigned within the EMR.
- Potential for PCCP to enter consult summary notes directly into clinic EMR.

Though EMR access is not a requirement for PCCP patient consultation it yields the benefits listed above.

Best Practice:

- Provide PCCP read/write access to clinic EMR.
- Enable and support PCCP case finding activities to identify patient(s) for consultation.
- Utilize EMR messaging functionality for ad-hoc non-urgent questions between prescribers and clinical pharmacist.
- Web-based EMR access, if available, enables PCCP ability to access system without having to be physically onsite at the clinic.

Questions	Answers
Are PCCPs able to carry out the requirements of their job if they do not have access to this information?	Yes, a PCCP can prepare for and meet with a patient without having access to the clinic EMR. However, access provides information continuity between the referring provider and the PCCP and enriches the pharmacist's knowledge of the patient medical history. This allows the PCCP to quickly focus in on areas of concern identified by the referring provider or the patient.
Does the PCCP require regular and routine access to patient information via the EMR or do they only require access on an occasional basis where other methods of access may suffice?	Routine access to the patient information in the EMR supports the initial patient consultation and ongoing patient care plan. Though the PCCP can access CareConnect and PharmaNet independent of the clinic, the clinic EMR provides the most robust patient medical history.
Will patient information be accessed in a confidential manner and only for the purpose of supporting team-based care?	Yes. PCCPs are bound by professional responsibility to keep patient information strictly confidential and are encouraged to sign Team Charting Agreements or confidentiality agreements with the clinics they support.

Appendix C: Confidentiality Agreement for Health Authority Employees Working in a Physician's Private Practice

This is an example of the Confidentiality Agreement the Pharmacist must sign to protect your clinics and patients' information. This privacy framework applies to both Vancouver Coastal and Fraser Health Authorities.

I, _____, hereby agree that I will not use or disclose any personal information collected, accessed, or otherwise obtained by me at the <Physician Practice> except for the purposes necessary to carry out my contractual or employment responsibilities. I understand that my duties and responsibilities to maintain the confidentiality of information as described herein shall remain in effect even after leaving the <Physician Practice>.

I understand that I am granted temporary and limited access to patient medical records, proprietary information relating to the <Physician Practice>'s functions, employees and other business records, as required to carry out my employment or contractual responsibilities, and that those records remain under the custody and control of the <Physician Practice>.

I will abide by the <Physician Practice>'s privacy policy concerning personal information and will protect the privacy and security of confidential personal information including:

1. I will only access personal health information as required in order to carry out my contractual or employment responsibilities.
2. I will not collect, use, or disclose personal health information for any purpose other than the purposes for which the information was collected, used or disclosed, or as permitted or required by law.
3. I will protect personal health information from unauthorized access, use or disclosure, including using appropriate security safeguards as identified by the <Physician Practice>, and will adhere to the <Physician Practice>'s policies and procedures.
4. I will strive to keep personal health information that I am responsible for obtaining and entering into the <Physician Practice>'s patient medical records accurate and up-to-date.
5. Subject to any applicable policies or legal requirements with regard to retention of health records, I will securely dispose of personal health information that I create once it is no longer required.

I am aware of and will fully comply with the *Personal Information Protection Act (PIPA)* as directed by <Physician Practice>'s policies. I acknowledge and agree that any breach of this Confidentiality Agreement may result in disciplinary action, including termination of my services to the Physician Practice and in penalties as applicable under PIPA.

Health Authority Employee

Name:
(please print)

Signature:

Witness (Privacy Officer)

Name:

Signature:

Date:
(dd/mm/yy)

Through primary care networks, the Province is improving access to every day health care with teams of providers working together to understand your needs and support you in receiving the most appropriate care. As part of this, the **Pharmacists in Primary Care Network program**, which is led by the University of British Columbia (UBC), has placed a primary care clinical pharmacist employed by **Vancouver Coastal Health** within your health-care team.



The pharmacist works with other members of your team (including your community pharmacist), answers your medication questions, prevents or avoids medication problems and helps you get the best possible treatment results.



The pharmacist will take notes to keep track of your care and this information will be stored in a secure database located at UBC.



This information is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act and will only be used to provide you with services under the program.



If you have any questions about the collection and storage of your information, please contact:

Barbara Gobis | Director and Privacy Officer | UBC Pharmacists Clinic
at 604 827-0313 or barbara.gobis@ubc.ca

Appendix E: Primary Care Clinical Pharmacist Patient Contact Notice

This is an example of a notice you can give to a patient being referred to the PCCP program.

Dear _____,

A member of your healthcare team has referred you for a consultation with a clinical pharmacist. This pharmacist works with the clinic team to plan and deliver care that meets your needs. Your community pharmacist will continue to provide their regular services, including dispensing your medication.

As a Health Authority employee, the clinical pharmacist works alongside family doctors, nurse practitioners and other health care team members to ensure your medications are safe, effective and working for you. The pharmacist is also a member in the UBC Pharmacist in PCN Program which provides administrative support, tools and systems to the pharmacist to support your care. More information is available online at <https://pharmacistsinpcn.ubc.ca> .

The clinical pharmacist has specialized training to identify and resolve medication issues so you get the best possible treatment results. The clinical pharmacist will work to:

- Understand what is most important to you when it comes to your health and medications
- Optimize the benefits of your medications and reduce the risk of side effects and interactions
- Provide a complete picture of how your medications are working for you including prescription, non-prescription, supplements and natural health products

Booking an appointment:

- You will be contacted by the pharmacist's medical office assistant to schedule your first appointment.
 - This assistant works with the UBC Pharmacists in PCN Program
 - They will have a phone number and e-mail address that are associated with UBC
 - Please feel free to contact the assistant with any requests or questions before or after the appointment.
- Your appointment may take place in-person at a clinic, over the phone, or by video conference.
 - For in-person appointments, please bring all of the medications you are taking (including over the counter and natural health products) and your glucometer (blood sugar tester), if you have diabetes.
- Your initial appointment will take 60 minutes. The pharmacist will provide your family doctor or NP with a detailed care plan. Your doctor or NP will then review the care plan and decide what changes to make.
- The pharmacist follow-up with you and your family doctor or NP, as needed, to provide ongoing support.

Please note:

- The clinical pharmacist is not associated with any community pharmacy. This referral is not intended to replace your current pharmacy.
- This service is completely free to you.
- Your right to confidentiality and privacy will be respected during any interactions.