PharmaNet

Professional and Software Compliance Standards

Volume 2 – Business Rules

Pharmacy

Version 3.6

November 2017

DOCUMENT MODIFICATION HISTORY		
VERSION	**RELEASE DATE**	**DESCRIPTION**
2.5		Previous single document
3.0	April 2001	Split form full source document to individual sections
	August 2002	Completed source document split
	April 2003	Correction to document format
	June 2003	Spelling corrections and minor wording changes
	October 2003	Removed Caveat and corrected footnotes
3.1	November 2004	Updated spelling of *health*netBC and replaced with PharmaNet as appropriate
3.2	December 2008	Added Medication Reconciliation as an optional printed report for Community and Out-patient and In-patient Hospital Pharmacy
3.3	January 2009	Added language describing when a medication reconciliation report might be used.
3.4	July 2009	Medication reconciliation: Add distribution as a use, clarify report format and clarify usage. Include *Pharmacy Operations and Scheduling Act* and *Health Professions Act.*
3.5	April 2010	Updated Government of British Columbia logo
3.6	November 2017	Updated section 2.1 PharmaNet Participant Messaging. Updated College of Pharmacists of BC logo.

CONTENTS

1 GENERAL INFORMATION

The Professional and Software Compliance Standards Document for PharmaNet has been revised into volumes, divided by PharmaNet participant functionality requirements.

The 'library' approach provides more logical formatting while reducing redundancy and repetition.

There are common volumes required by all software developers and both business and technical volumes for the different functions. This enables software developers to download only the necessary volumes. The documentation is available on the *health*netBC Products and Services Catalogue web site. http://healthnet.hnet.bc.ca/catalogu/index.html

1.1 The Volumes

The 6-volume documentation set contains:

Volume 1 – Introduction

Volume 1 introduces the reader to common development components, such as:

- Document Conventions and Structures
- Related Standard
- Contacts
- Support Responsibilities
- Compliance Evaluation Process
- Mandatory policies and procedures to ensure compliance with all standards.

Volume 2 – Business Rules

Volume 2 has been further divided into separate documents for the functionality requirements of Hospital Admitting (HA), Emergency Department (ED), Medical Practice (MP), and Pharmacy access.

This volume contains the *implementation requirements* and the *business rules* related to the use of the available transactions and the local system requirements.

Volume 3 – Technical Rules

Volume 3 has been further divided into separate documents for the functionality requirements of Hospital Admitting (HA), Emergency Department (ED), Medical Practice (MP), and Pharmacy access.

This volume contains the *general processing* and the *technical rules* related to the use of the available transactions and the *local system requirements*.

Volume 4 – HL7 Message Catalog

Volume 4 identifies transaction details and message responses, such as:

- Network Transmissions and Responses
- Health Level 7 (HL7) Standards
- Message Formats and Data Definitions
- Input and Output Message Segments and Fields

Volume 5 – Security

Volume 5 provides security objectives, requirements and guidelines and a framework for developing policies and implementing local security controls.

Volume 6 – Glossary

Volume 6 lists a glossary of terms persistent through out *health*netBC.

1.2   The Audience

The compliance standards documentation is intended for software developers, health care providers, administrators and other health care professionals who share responsibility for implementing compliant software in their organization.

1.3   This Document

This volume contains the business rules for using the PharmaNet transaction messages for Community Pharmacies, Out-Patient Pharmacies and In-Patient Hospital Pharmacies.

For the purposes of these standards:

- A community pharmacy dispenses prescriptions medication directly to the patient for use at home and processes the prescription through PharmaNet.

- A hospital pharmacy is classified as 'Out-Patient' if it dispenses medications for at home use to Out-Patients and connects to PharmaNet for the purposes of updating the PharmaNet patient record and adjudicating PharmaCare claims on-line. This designation of 'Out-Patient' must be approved by the CPBC.

- A hospital pharmacy is classified as 'In-Patient' if it does not dispense Out-Patient prescriptions for at home use, update patient records on PharmaNet, or perform on-line adjudication through PharmaNet for Out-Patient prescriptions. In-Patient Hospital pharmacies most commonly dispense medication for Hospital Admitting (HA), Emergency Department (ED).

- If an In-Patient hospital pharmacy performs services to patients that are billed to PharmaCare, and wishes to bill PharmaCare for these services through PharmaNet, the In-Patient pharmacies are considered Out-Patient pharmacies for the purposes of these PharmaNet, compliance standards. They are granted limited access to PharmaNet.

2   BUSINESS PROCESS OVERVIEW

2.1   PharmaNet Participant Messaging

2.1.1   Business Overview

This function (fan out) is used to transmit urgent messages to all pharmacists or to a specified list (e.g., locations within a geographic region, specific software users or specific agencies).

When a transaction is processed, PharmaNet checks to determine if any message(s) are pending for that location. If there are, these pending message(s) are added to the transaction response message. Once the message is returned to the location, the message status changes to "sent". Only one copy of the message is sent to each location.

2.1.2   Business Rules

1. Only message types approved by the Ministry of Health will be sent.

2. Messages are only sent by the Ministry of Health.

3. Clinical Message(s) sent by the Ministry of Health relate to stolen or lost prescription pads.

4. Other Message(s) sent by Ministry of Health related to planned PharmaNet maintenance or emergency situations.

5. Printed messages must be filed for future reference. CPBC

2.1.3   Correction to Patient Demographic Information

If you become aware that any patient demographic information recorded on *health*netBC is not accurate, please take the following action:

DATA ITEM NEEDING CORRECTION	ACTION
Patient name as recorded on *health*netBC or CareCard is incorrect.	Ask the patient to call the Medical Services Plan (MSP) at (250) 382-8406 (Victoria), (604) 683-7151 (Vancouver) or 1-800-663-7100 (elsewhere in BC).
Patient name as recorded on their birth certificate is incorrect.	Ask the patient to call the BC MoHS, Division of Vital Statistics at 952-2681 (Victoria) or 1-800-663-8328 (rest of BC).
Patient phone number or address is incorrect on *health*netBC.	Update *health*netBC records using your local system.
Patient date of birth or gender is incorrect on *health*netBC.	Call or fax the PharmaNet Help Desk and request correction. The Help Desk is authorized to change a gender of 'U' to 'M' (male) or 'F' (female). The Help Desk is also authorized to correct the "day" portion of the date of birth. All other changes must be requested through the BC MoHS, Medical Services Plan (MSP) (as above).
Patient name is incomplete on *health*netBC.	Call or fax the PharmaNet Help Desk to replace initials with complete names.

2.2   Multiple PHNs for Patient

2.2.1   Business Overview

In some cases, a Personal Health Number (PHN) may be assigned to a patient when one already exists for that patient. These duplicate PHNs are then merged on the Client Registry System (CRS) into a single PHN record. If a PHN has been merged with another, *health*netBC will return the merged PHN.

2.2.2   Business Rules

1. When the Pharmacist is notified, via a message returned by PharmaNet, that a PHN is merged, the Pharmacist must perform a TID and verify the patient demographics on PharmaNet against those on the local system.

2. If the information returned by PharmaNet on the TID appears correct, the Pharmacist must update the local system with the merged PHN.

3. If the merge appears to have been done incorrectly, the Pharmacist must contact the PharmaNet Help Desk to request correction or un-merge.

2.2.3   Flowchart – Requesting New PHNs
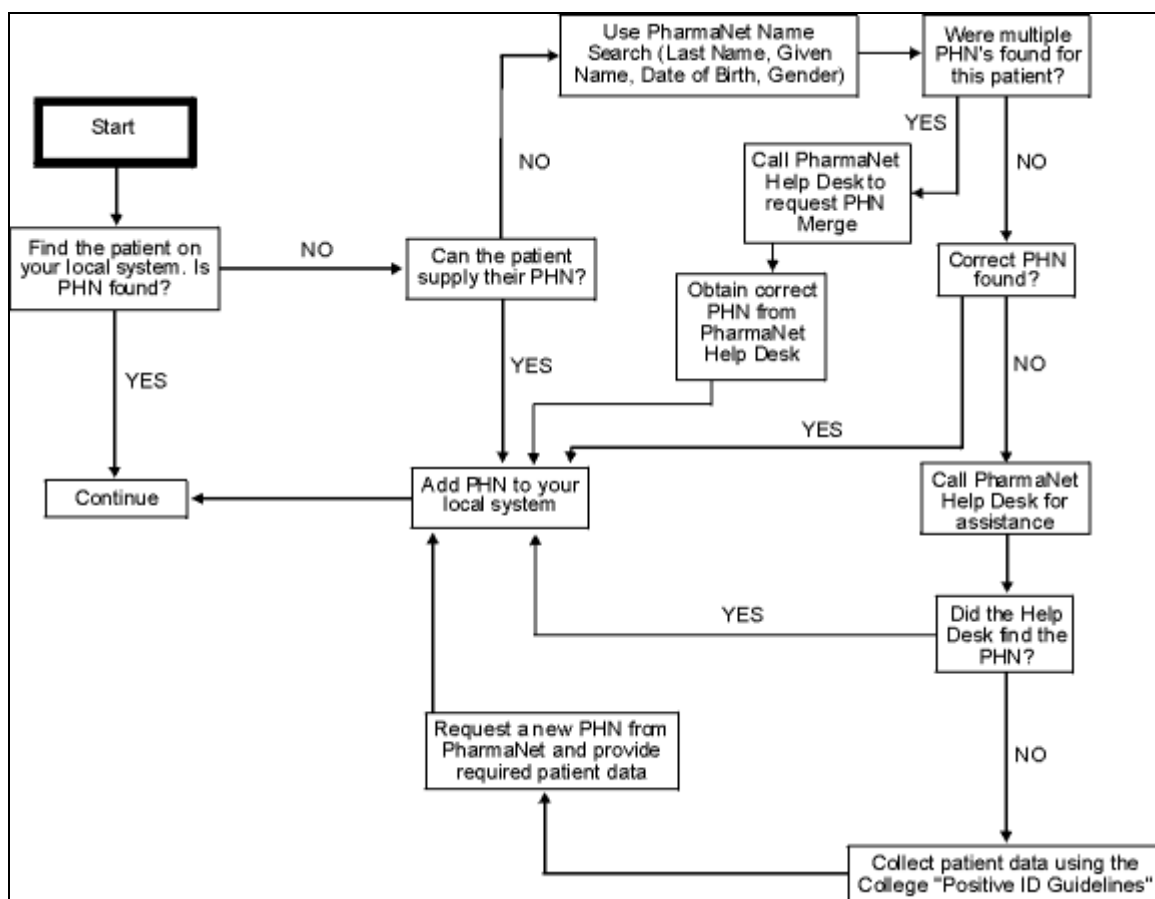
2.2.4   PHN Quick Reference

The following list of tips for identifying a patient is copied from the PHN Quick Reference Card published by PharmaCare. The purpose of the Reference Card is to provide a convenient information source for those *health*netBC participants who use name search functionality or assign PHNs. Obtain copies of this card from the CPBC or the PharmaNet Help Desk.

If the patient is a resident of BC:

    a) They likely have a PHN.

If the patient is not a resident of BC ask if they:

    a) Previously lived in BC

    b) Visited BC in the past

    c) Have had a prescription previously filled in BC.

If the patient does not have their CareCard:

a) Request positive identification to verify the patient's legal name, correct spelling of the name and correct date of birth.

Search for PHN using:

a) Last Name

b) First Initial

c) Gender (M or F)

d) Date of Birth.

If no PHN matches are found:

a) Verify the patient identification belongs to the patient for whom the prescription was written.

b) Confirm legal first and last names and check if the patient:

    a. Has changed last name, married, or divorced

    b. Has a hyphenated last name (with spouse)

    c. Has embedded spaces in the last name (e.g., van der ham vs. vanderham)

    d. Is using their middle name as a first name

    e. Is using a nickname or alternate spelling of the first name, which might begin with a different letter (e.g., Bob for Robert).

c) PHN Hints:

    a. Switch first and last name or middle and last name especially for people from cultural backgrounds where the surname traditionally comes first (e.g., Chinese)

    b. Ask people from different cultural backgrounds if they go by an English first name

    c. Using 'baby' as the first name, if prescription is for a baby

    d. Using closely related names (e.g., Mac vs. Mc).

d) Confirm date of birth. Try using year of birth only, as this expands the search to +/-5 Years

e) Contact the prescribing physician to get the PHN

f) Call the PharmaNet Help Desk who may be able to assist with a search.

If more than one match is found:

a) Historical PHN records are displayed, so there may be multiple matches with the same PHN.

b) Use the full name and address information to select an exact match

c) If there is more than one exact match with different PHN numbers, and you are satisfied that they are the same person, contact the PharmaNet Help Desk to request a merge, and they will instruct you which PHN to use (ensure it is also on your local system)

d) If there is not an exact match, check with the patient about whether they have lived at any of the address.

If there is evidence of:

a) A change of address for this PHN, update the address using Update Patient Address transaction (TPA), ensuring that a new PHN exists, but has not been loaded on PharmaNet. In this case, issue a new PHN.

b) An incorrect date of birth on file, fax the correct information including the PHN to the PharmaNet Help Desk.

Other Notes About PHNs:

a) If the patient is a newborn, it is possible that the PHN exists, but has not been loaded on PharmaNet. In this case, issue a new PHN.

b) PHNs are for individual human patients only. Veterinarian prescriptions are to be processed using the PHN of the owner or person picking up the prescription.

c) Do not request PHNs for animals, stock transfers, office use, emergency supplies and similar items.

d) If the client is in prison, and there is a PHN match with the address of the prison, use that PHN.

e) PharmaNet regularly checks for multiple PHNs and merges them, using the first PHN that was created.

f) A PHN does not imply MSP eligibility or provide any indication of an individual's health benefit status.

g) PHNs created by pharmacies do not entitle the patient to BC medical coverage or PharmaCare benefits, and are treated the same as out-of-province patients. These prescriptions are adjudicated to $0.00.

3   COMMUNITY PHARMACIES

3.1   Implementation Requirements

In order to obtain access to PharmaNet, community pharmacies must do the following:

3.1.1   Agreements

1. Submit and have approved appropriate documentation and applicable fees for pharmacy licensure to the CPBC.

2. Submit completed 'Acknowledgement of Completion of Confidentiality Procedures' and 'Pharmacist Confidentiality Undertakings' to the CPBC. CPBC

3. Optional: submit signed PharmaCare Participation Agreement if billing PharmaCare.

3.1.2   Software and Training

1. Install *health*netBC compliant software.

2. Received training / education on the use of the local software from the SSO supplying the software. CPBC

3.2 Identify / Update a Patient

3.2.1 Business Overview

In order to process a prescription through PharmaNet, the patient must have a PHN. Any patient who is a BC resident and has MSP eligibility already has a PHN. This means that a PHN likely exists on *health*netBC and can be accessed by performing a search using the patient's name, date of birth and gender.

For patients visiting from outside the province, a PHN may not exist, in which case a new PHN may need to be assigned through *health*netBC. CPBC

However, a PHN may exist as a result of an earlier visit to the province. Therefore, a Patient Name Search must be performed before assigning a new PHN to that patient.

3.2.2 Business Rules

1. Prior to creating a patient record the Pharmacist must take all reasonable steps to positively identify patients or patients' personal representatives, in compliance with College guidelines. CPBC

2. Every reasonable effort must be taken to obtain the patient's PHN. This includes asking the patient (or patient's relatives), a search of local files, a name search of the MoHS's CRS database, contacting the patient's prescriber or calling the PharmaNet Help Desk. This applies whether or not the patient is from outside the province. A patient may have been assigned a PHN during an earlier visit to the province.

3. A patient must be positively identified by:

    a) Viewing one (1) piece of primary identification;

    b) Viewing two (2) pieces of secondary identification; or,

    c) If a patient is personally known to the Pharmacist for a period of two years or longer. CPBC

3.3   Patient Name Search - TPN

3.3.1   Business Overview

The patient name search is used to locate the PHN for a particular patient.

This feature also allows Pharmacists to ensure multiple PHNs are not assigned to patients. Assignment of a second PHN results in a split of the patient's profile (medical history, clinical conditions, and adverse reaction), negatively affecting Drug Utilization Evaluation (DUE) checking and PharmaCare benefits adjudication for the patient.

The Pharmacist initially performs a patient name search on their local system. If no matches are found, a further search is performed on *health*netBC to determine if a PHN exists. These searches are performed using a patient's name, date of birth and gender.

Most patient name search requests coming through PharmaNet are processed by the MoHS CRS. However, if CRS is not available, PharmaNet processes the request.

3.3.2   Business Rules

1. <u>All patients must be identified and profiled by a PHN</u>. CPBC

2. Pharmacists must contact the PharmaNet Help Desk to request a merge of PHNs if multiple PHNs for the same patient are identified.

3. <u>The local systems patient record must include the PHN</u>. CPBC

3.4 Personal Health Number (PHN) Assignment – TPH

3.4.1 Business Overview

Once the Pharmacist has searched their local system and *health*netBC, and is certain a PHN does not exist for a particular patient, a PHN may be assigned.

3.4.2 Business Rules

1. <u>A PHN is assigned when there is no matching patient record on *health*netBC for that patient</u>.

2. <u>To reduce the possibility of multiple records being created the Pharmacist must accurately identify the patient prior to assigning a new PHN</u>. CPBC

3. A PHN must only be issued to humans. PHNs are not to be assigned to animals, pharmacies, practitioner's offices, clinics or facilities.

4. The only name recorded when requesting a new PHN should be the patient's legal name. This should be obtained by observing a piece of 'primary' or 'secondary' documentation.

5. Full names must be used instead of initials and names should not be recorded based on common name usages.

6. New PHNs requested for babies must follow these rules:

   Surname

   a) If known, the baby's legal surname must be entered

   b) If not known, use the mother's legal surname.

   Given Name

   c) If known, the baby's legal given name must be entered

   d) If not known, the baby's legal given name must be entered as follows:

      i. **For single births:** Baby Boy A or Baby Girl A

      ii. **For multiple births:** The appended letter must indicate the sequence of birth. For example, triplets where the first and third births are boys and the second is a girl would be, Baby Boy A, Baby Girl B, Baby Boy C.

The baby's legal given name will appear on the *health*netBC files once the parents have MSP coverage.

Please note that these requirements may be satisfied through SSO training and manual processes. CPBC

7. The address recorded must be the mailing address of the patient.

3.5   Patient Address Update – TPA

3.5.1   Business Overview

The Pharmacist must review the patient's address information on both their local system and *health*netBC to ensure it is accurate and, if necessary, make changes to the address information.

3.5.2   Business Rules

1. The only address retained for *health*netBC is the patient's mailing address.

2. For patients residing out-of-province or out-of-country, their home mailing address is captured, not their BC address while visiting the province. CPBC

3.6   Patient Identification - TID

3.6.1   Business Overview

Pharmacists use this inquiry prior to dispensing the prescription to verify patient demographic information when the PHN is known. It may also be used to positively identify a patient when they come to pick up a prescription.

The Pharmacist must enter a PHN and demographic information associated with that patient record would be returned. The Pharmacist then confirms the demographic information with the patient. Updates to address information are done using the Patient Address Update (TPA) function.

3.6.2   Business Rules

See Volume 3 – Technical Rules

3.7   Process a Patient

3.7.1   Business Overview

Prior to dispensing a prescription to a patient, the Pharmacist must review the patient's medication profile in order to identify and take appropriate action, in the case of drug interactions, unintended dosage changes, medication duplication, inappropriate drug therapy, contraindicated medications, unusual dosages and any observation which may adversely affect the patient or accepted pharmacy practice. The medication profile on both the local system and PharmaNet must be updated with information regarding adverse drug reactions, allergies, clinical conditions and associated comments reported to the Pharmacist. It must also be updated when a patient or practitioner reports the discontinuation of a medication.

3.7.2   Business Rules

See Volume 3 – Technical Rules

3.8   Patient Profile Information Update – TPI

3.8.1   Business Overview

This function is used to update a patient's profile by:

    a) Adding clinical information

    b) Adding adverse drug information

    c) Discontinuing a prescription

    d) Adding comments to adverse drug reaction information, clinical information or a prescription.

3.8.2   Business Rules

1. Clinical Conditions

    a) Patient Clinical information includes:

        i. <u>Condition</u>

        ii. <u>Chronic indicator</u>

        iii. <u>Reported by</u>

        iv. <u>Date reported</u> CPBC

    b) And may include:

        i. <u>Comment text</u>

        ii. <u>Practitioner ID reference</u>

        iii. <u>Practitioner ID</u>

        iv. <u>Date entered</u>. CPBC

2. Adverse Drug Reaction

   a) Currently, an adverse reaction record is based on anecdotal information provided by the patient, Pharmacist or family.

   b) The comment may be added or changed on an existing adverse drug reaction by entering the Drug Identification Number (DIN), comment text, practitioner ID reference, practitioner ID and date entered.

   c) A record of an adverse drug reaction includes:

      i. <u>DIN</u>

      ii. <u>Drug generic name</u>

      iii. <u>Reported by Code</u>

      iv. <u>Date Reported</u> CPBC

   d) And may include:

      i. <u>Comment text</u>

      ii. <u>Practitioner ID reference</u>

      iii. <u>Practitioner ID</u>

      iv. <u>Date entered</u>. CPBC

3. Discontinuing a Prescription

The purpose of discontinuing a prescription is to document instances where a patient has stopped or discontinued the use of medication previously dispensed. Examples of reasons to discontinue a prescription include an adverse drug reaction, a change of medication, or a change of dosage. No billing correction occurs when a prescription is discontinued. Instead, the expiry date of the prescription is changed so that the prescription will not be included in the DUE checking performed.

   a) The status of a prescription is changed to 'discontinued' by adding the discontinuation date and the source of the discontinuation report.

   b) A prescription may only be discontinued

      i. By the pharmacy that originally filled it

      ii. If the original prescription is recorded on PharmaNet.

3.9   Patient Profile Request – TRP, TRR, TRS

3.9.1   Business Overview

The patient profile is that portion of the patient record containing the medication history, clinical condition, adverse reactions and associated comments recorded for the patient.

The patient profile request allows the Pharmacist to review all dispensed medications and associated comments for a patient during the past 14 months, including all adverse reactions, clinical conditions, and associated comments, from all PharmaNet connected BC pharmacies. Profiles are available in the following formats:

Retrieve Full Profile – TRP

> Returns prescriptions dispensed or reversed for reasons other than data entry errors during the lat 14 months.

Retrieve Most Recent Only – TRR

> Returns the most recent 15 prescriptions dispensed or reversed for reasons other than data entry errors.

Retrieve Prescriptions Filled Elsewhere – TRS

> Returns prescriptions dispensed or reversed for reasons other than data entry errors during the last 14 months at other pharmacies. This transaction must be used in conjunction with the local in-pharmacy profile for professional profile review.

3.9.2   Business Rules

1. To ensure that the data is accurate for the next Provider, if an error is discovered in the medication profile, the pharmacist or designate should advise the CPBC by secure means. This notification should provide the PHN, name of the patient and a brief description of the discrepancy. CPBC

2. Prescriptions filled for products designated as non-pharmaceuticals are only returned to the pharmacy that filled the original prescription.

3. The patient medication profile may be displayed, printed or distributed by a pharmacist working in a pharmacy, or by a support person who is working under the direct supervision of a pharmacist, only on the following conditions:

a) The purpose of displaying, printing and/or distributing the medication profile is to enhance the therapeutic care or treatment of the patient;

b) The medication profile is only used for review by a medical practitioner or pharmacist in a hospital, Designated Mental Health Facility, Emergency Department, Medical Practice, or Pharmacy; and

c) The printed or distributed copy or image of the medication profile must either be maintained on the patient's medical chart or record, or it must be appropriately destroyed.

4. If the patient medication profile is printed or distributed, only the Medication Reconciliation Report format may be used (see Volume 3 – Technical Rules (Pharmacy) for more details on display and print standards).

3.10 Prescriber Identification – TIP

3.10.1   Business Overview

This function may be used to obtain information on a Provider (e.g., physician, Pharmacists, podiatrist, dentist, veterinarian, etc.) or a Pharmacist by either searching by name or by the unique identification number assigned by the appropriate regulatory body.

Note: MSP billing numbers are not used to identify prescribers anywhere in *health*netBC.

3.10.2   Business Rules

1. Once the Pharmacist is satisfied the prescriber is a legitimate practitioner, an entry for that prescriber may be created on the local system. CPBC

2. In some cases the Help Desk staff will be able to add practitioner information to PharmaNet. Prior to adding this information, the Help Desk staff will validate the practitioner using information from the appropriate provincial regulatory authority. The CPBC and CPSBC transmit electronic uploads to PharmaNet on a daily basis with the information regarding their members.

3. PharmaNet uses the practitioner identification number and reference number for practitioners as assigned by the appropriate regulatory body.

4. As the practitioner's name on PharmaNet could be different than the name commonly used by the practitioner, we recommend the following procedure when using TIP to search for a practitioner on PharmaNet.

a) First, use TIP to search using the practitioner's family name only (i.e., no first name used); and,

b) If too many matches are returned add the practitioner's first initial of the first name and submit another TIP search.

3.11 Drug Utilization Evaluation – TDU

3.11.1   Business Overview

The DUE function allows a Pharmacist to inquire and / or update a patient's medication profile. Through PharmaNet, the Pharmacist may:

1. Without dispensing, inquire against a patient's profile for any prescription or non-prescription medications (DUE Inquiry);

2. Update the patient's profile and utilization history when a prescription is dispensed (DUE Update); or

3. Reverse profile entries and utilization history information when a prescription is reversed (DUE Reversal).

3.11.2   Business Rules (TDU Update)

1. The patient record may contain information related to the patient's use of non-prescription medications. Such information may be transmitted to PharmaNet at the discretion of the Pharmacist for purposes of DUE checking and completing patient record information. When this information is transmitted, it must contain $0 in the cost and fee fields or include the intervention code 'DE'. In this case, for this transaction, the prescriber ID is the Pharmacist ID. CPBC

3.12 Drug Monograph Information – TDR

3.12.1   Business Overview

PharmaNet provides on-line access to patient counseling information through three PharmaNet drug monographs, 'Education Short', 'Education Long' and 'Education American Society of Health-System Pharmacists' (AHSP). Optional on-line access to generic equivalent data is also available using this transaction.

Drug monograph information is supplied to PharmaNet by First DataBank (FDB), and may be augmented by the CPBC. Monographs include information in regard to drug ingredients, possible side effects, contraindicated drugs etc.

3.12.2   Business Rules

1. The following types of monographs may be requested from PharmaNet.

   Patient Education Monographs

   Three types of monographs are available, Education Short, Education Long, and Education ASHP. Pharmacists use these monographs as an aid in counseling patients about the proper use and side effects of medications. The information is presented in a manner that can be understood by a layperson, and can be printed and provided to the patient.

   a) The Education Short monograph provides a condensed version of the patient counseling information suitable for printing on a prescription label. The information includes seasons for taking the medication, how to take it, potential side effects and information related to missed doses.

   b) The Education Long monograph provides more detailed information for the patient. In addition to expanding the information provided in the Education Short monograph, information on precautions, drug interactions, and storage of the medication are provided.

   c) The Education ASHP monograph provides more detailed patient counseling information, including phonetic spelling, other names for the medication, uses of the medication, how and when to take it, side effects, other precautions and storage conditions.

Counseling Message Monographs

Counseling message monographs are available in pairs, one intended for the Pharmacist and the other intended for the patient. Each pair of messages is rated according to the importance of the information to the patient. All messages have been designed to be printed.

a) Counseling Professional provides a 'technical' and sometimes detailed explanation regarding proper use, side effects and other information.

b) Counseling Patient provides the equivalent information to the Counseling Professional, but the messages are meant to be understood by laypersons.

3.13 Fill a Prescription

3.13.1   Business Overview

Prior to dispensing the prescription, the Pharmacist must identify the patient and review the patient's profile and DUE messages. This section describes the steps of dispensing an original prescription, refilling a prescription or refusing to fill a prescription.

3.13.2   Business Rules

1. The Pharmacist is professionally responsible for the decision to dispense the prescription.

2. The Pharmacist must review the patient's record prior to dispensing a prescription in order to identify and take appropriate action where applicable for:

    a) Drug-to-drug interactions

    b) Drug-to-laboratory interactions

    c) Dug-to-food interactions

    d) Unintended dosage changes

    e) Medication duplication

    f) Inappropriate drug therapy

    g) Contraindicated medications

h) Unusual dosages

i) Any other observations that may adversely affect the patient or accepted pharmacy practice.

3. The Pharmacist may dispense either an original, or a refill prescription.

4. Prescriptions dispensed for animals (written by veterinarians) must be transmitted to PharmaNet and be recorded on the local system.

5. Prescriptions for animals are processed under the owner's PHN. This does not affect the animal(s) owner's patient profile and DUE results if prescribed by a veterinarian. CPBC

6. According to current MoHS policy, HIV / AIDS drugs dispensed at the British Columbia Centre for Excellence are not entered on PharmaNet. For information regarding these drugs contact the prescribing physician.

7. Prescriptions for HIV / AIDS drugs dispensed at community pharmacies are recorded on PharmaNet.

3.14 Fill an Original Prescription

3.14.1   Business Overview

An 'original' prescription is considered to be a new prescription for a patient (i.e., not a refill).

3.14.2   Business Rules

1. An 'original' prescription is any prescription as defined in the *Pharmacy Operations and Drug Scheduling (PODS) Act* and its bylaws and under the Regulations to the *Food and Drugs Act*. It is either presented by a patient or patients' agent at the pharmacy or called in to the pharmacy by a practitioner. CPBC

3.15 Refill a Prescription

3.15.1   Business Overview

A refill prescription differs from an original prescription only in the pre-existence of a record for that prescription.

3.15.2   Business Rules

See Volume 3 – Technical Rules

3.16 Refuse to Fill a Prescription

3.16.1   Business Overview

Pharmacists, using their professional judgment, may choose not to fill a prescription for reasons such as a drug-to-drug interaction, suspicion of multi-doctoring, etc. In some instances of refusing to fill a prescription, the Pharmacist may be entitled to claim a Special Service Fee.

3.16.2   Business Rules

1. Special Service Fees are paid on a 'refusal to fill' prescription only if there has been a previous successful PharmaCare claim (with PharmaCare adjudication results greater than $0) and a subsequent reversal of that claim. The reversal and Special Service Fee claim must be done on the same day.

2. The Pharmacist must provide appropriate justification as to why they refused to fill the prescription. This is done using CPhA 'Refusal to Fill' (intervention) codes. The following situations where a Pharmacist would be paid a Special Service Fee are:

Prior adverse reaction	Potential overuse / abuse
Therapeutic duplication	Falsified / altered prescription
Sub-therapeutic dose	Consulted prescriber – changed dosage
Suspected polypharmacy / multi-doctoring	Treatment failure
Consulted prescriber – changed instructions for use	Significant drug interaction (drug-to-drug)
Dangerously high dose	

3.17 Office Use Medications

3.17.1 Business Overview

Prescriptions written for Office or Bag use must be transmitted to PharmaNet using the pharmacy's uniquely assigned O-Med PHN and corresponding keyword. Assignments of these special PHNs and keywords are provided through the PharmaNet Help Desk. Keywords associated with the O-Med PHN can be changed using the Patient Keyword Maintenance (TCP) transaction.

3.17.2 Business Rules

1. All sales of medications for use by the practitioner must be transmitted to PharmaNet using the pharmacy's O-Med PHN and corresponding keyword.

2. Medical supplies or non-pharmaceuticals should not be transmitted to PharmaNet. CPBC

3.18 Sale of Inventory

3.18.1 Business Overview

The sale of drug inventories between pharmacies is a local system function only. Transmissions to PharmaNet must not occur.

3.18.2 Business Rules

See Volume 3 – Technical Rules

3.19 Stock Transfer

3.19.1   Business Overview

The transfer of inventory to a LTC facility for future use within the facility is a local system function only. At the time the stock transfer occurs, a transmission to PharmaNet must not occur.

3.19.2   Business Rules

1. Once the medication is dispensed to a patient, the medication information and the associated PHN must be transmitted to PharmaNet.

3.20 Transfer of Refill Authorization

3.20.1   Business Overview

Upon the request of the patient, a Pharmacist may be asked to transfer the refill authority for a prescription(s) to another pharmacy. The transfer of this information must be done by direct communication between Pharmacists. This is a local system function. No transmissions to PharmaNet must occur.

3.20.2   Business Rules

1. The transfer of refill authorizations to another pharmacy must be recorded on the local system in compliance with current CPBC bylaws.

2. All refill authorizations remaining on the prescription must be transferred on previously filled prescriptions.

3. New, previously un-dispensed prescriptions may be transferred.

4. Transfer of narcotic and controlled drugs is not permitted. CPBC

3.21 Adjudicate a PharmaCare Claim – TAC

3.21.1   Business Overview

Claim adjudication represents the financial portion of a full claim (TAC transaction). With every claim there is also a clinical portion, which is represented by the DUE function (TDU transaction). When a Pharmacist submits and reverses a prescription claim to PharmaNet both the financial (TAC) and clinical (TDU) information is sent.

3.21.2   Business Rules

1. In the current business environment, the Pharmacist reviews the patient's insurance coverage to determine eligibility for any insurers other than PharmaCare, and then collects the patient's portion of the prescription cost.

2. The Canadian Life and Health Insurance Association (CLHIA) have developed Coordination of Benefits Guidelines to ensure consistency within the industry in situations where a person can submit a claim to more than one group plan. Each carrier adjudicates the claim taking into account reasonable and customary charges, maximums and contractual fee guide limits.

   The plan that determines benefits first (Primary carrier) will calculate its benefits as though additional coverage does not exist.

   The plan that determines benefits second (secondary carrier) limits its benefits to the lesser of:

   a) The amount that would have been payable had it been the primary carrier, or

   b) 100% of all eligible expenses reduced by all other benefits payable for the same expenses by the primary plan.

   This means that an individual may receive reimbursement for up to 100% of the eligible expenses. CLHIA

3. To have a claim adjudicate to zero, enter and intervention code of 'DE'.

3.22 Plan B Claims (Long Term Care)

3.22.1 Business Overview

Pharmacies servicing LTC facilities provide resident's medications packaged in a monitored dosage system containing approximately one month's worth of medication. These services are provided under PharmaCare Plan B contracts where the Pharmacist determines the number of occupied beds eligible for reimbursement of claims, and submits a physical invoice to PharmaCare for payment. This invoice is processed manually by PharmaCare and paid through the PharmaNet payment system.

a) It is acceptable for large LTC facilities that want to fill prescriptions in advance to batch the transactions.

b) The Pharmacist must reverse any prescription submitted during the batch process that requires a change. A new prescription must then be transmitted, if necessary.

c) Special Service Fee claims are not paid for LTC clients. The SSC transmitted for Plan B must contain a zero dispensing fee.

3.22.2 Business Rules

See Volume 3 – Technical Rules

3.23 Trial Prescription claims

3.23.1 Business Overview

The PharmaCare Trial Prescription Program is in place to reduce the cost of drugs for patients who must discontinue the drug use and replace it with a different medication. The objective is to supply the patient with a portion of the prescription on a trial basis. Then, if they must discontinue its use, the entire prescription is not wasted.

The Pharmacist will receive dispensing fees for both the trial portion of the prescription and the completion of the prescription.

3.23.2 Business Rules

1. VAC and NIHB patients are not eligible for reimbursement for a trial drug from PharmaCare.

3.24 Reversing a Claim

3.24.1 Business Overview

Reversing a claim will automatically cause a billing correction. An intervention code indicating the reason for the reversal must be entered as part of a reversed claim.

3.24.2 Business Rules

1. Medications not picked up by the patient must be reversed and returned to stock within 30 days of the dispensing date or as per current bylaw.

2. Reversals due to billing adjustments must be done within 90 days of the dispensing date or as per current bylaw. CPBC

3. Backdating of prescriptions on PharmaNet is permitted only for the purpose of correcting a medication history (data integrity), not for changing adjudication results.

4. All corrections to the medication profile require that the prescription(s) be reversed and then retransmitted with the correct information using the same date as the original prescriptions; not the date the correction was made. It is imperative that the patient's medication profile shows the correct medications with the correct dispensing dates.

   Reversals and corrections to the prescriptions may only be done on-line within 91 days.

   To correct a claim less than 91 days:

   a) The claim must be reversed

   b) The claim must be corrected on the local system

   c) The claim must be re-sent to PharmaNet with the original dispensing date.

   To correct a claim greater than 91 days:

   a) contact the CPBC.

   Backdating a prescription is not permitted for any other reason. CPBC

5. A prescription can be reversed for a variety of reasons. Any CPhA valid intervention / exception code can be used to reverse a claim.

3.25 Prescription Processing Without the Network

3.25.1 Business Overview

If the local system is working but is unable to connect to PharmaNet, the Provider will have the following options available to them:

a) Not fill any prescriptions until PharmaNet is available

b) Fill prescriptions and treat all patients as cash customers. Batch the transactions and send them as pay cardholder; or,

c) Fill prescriptions and apply the Provider's judgment on how to treat each patient (e.g., if the Provider knows that the patient is Plan A, then charge accordingly and send the transactions as pay provider).

On both the local system and PharmaNet, the software does not allow processing a prescription without a PHN. When PharmaNet is unavailable, the Provider cannot search for an existing PHN, or assign a new one.

3.25.2 Business Rules

1. When PharmaNet is unavailable and the patient's PHN is not known the Provider enters PHN 9999999999998, allowing the local software to complete the prescription. When PharmaNet becomes available and the batched transaction is submitted to PharmaNet, it will be rejected. When this occurs, the Provider must search for the correct PHN, or assign a new PHN following TPH procedures and submit the PharmaCare claim.

2. <u>If the connection is down, the Provider is responsible for collecting pertinent information from the client prior to filling the prescription. When the connection becomes available and transactions are sent, the Provider will review the DUE results. If further information or verification is required, a stand-alone TRP may be requested</u>. CPBC

3.26 Pharmacy Recovery

3.26.1   Business Overview

All prescriptions filled during a network outage must be submitted to PharmaNet within 24 hours of reconnecting to the network. This is accomplished by the submission of a batch of prescriptions to PharmaNet, or the retransmission of specific claims, or both.

Details related to the re-transmission of prescriptions can be found earlier in this document.

3.26.2   Business Rules

1. Prescriptions dispensed in a network down situation may be batched and handled without direct operator intervention. In such cases, the profile request may be omitted, but all DUE messages returned by PharmaNet must be retained on the local system and reviewed by the Provider.

2. The DUE messages may only be deleted once this review has occurred. The Provider may then request a stand-alone profile request (TRP, TRR, or TRA) to verify the DUE messages. CPBC

3.27 Patient Keyword Maintenance – TCP

3.27.1   Business Overview

A Patient Keyword is used by a patient to restrict access to their patient record and profile. Note: The Patient Keyword is not the same as the 'person keyword' maintain in the Health Registry system using the R03 transaction.

3.27.2   Business Rules

1. <u>Prior to creating, changing or resetting a keyword, the Pharmacist must take all reasonable steps to positively identify patients and patients' personal representatives in compliance with CPBC guidelines</u>.

2. <u>The option of a Patient Keyword must be made available to all patients</u>. CPBC

3. The general public must be made aware that 'keywords may compromise care at a hospital' should the patient be unconscious or unable / unwilling to divulge the keyword for any reason.

4. <u>It is permissible to store a Patient Keyword on the local system if the patient gives consent. Keywords can not be shared among Pharmacists sharing patient information. This restricts access to the patient's record and medication profile to Pharmacist(s) chosen by the patient and therefore protects their right to privacy</u>. CPBC

5. A patient may request to have their keyword changed by any designated Pharmacist.

6. The Patient's Keyword may only be changed once in 24 hours.

7. PharmaNet Help Desk staff resets a Patient Keyword at the request of a Pharmacist. Typically this is necessary when a patient forgets their Patient Keyword. The Help Desk staff will record the type of personal identification cited by the Pharmacist before resetting the keyword.

3.28 Patient Access to Personal Data – TPM

3.28.1 Business Overview

A patient may request a print out of their confidential and personal data from the local system, from PharmaNet, or both. The PharmaNet profile contains:

a) Patient demographics

b) Medication profile information

c) Clinical condition information

d) Adverse drug reactions

e) A log of all accesses to the patient's profile where no medication was dispensed.

The CPBC co-ordinates the patient's requests for the PharmaNet profile, and subsequent mailing of the profile.

3.28.2 Business Rules

1. Positive identification is required. It is recommended that the form of the identification be kept on file.

2. When requesting a PharmaNet patient profile, the Pharmacist must validate the patient's address and PHN on PharmaNet (TID transaction) and update (TPA transaction) if necessary prior to requesting a profile mailing.

3. The printing of a PharmaNet patient record is not permitted by community pharmacies. CPBC

3.29 Adjudication Reconciliation – TDT

3.29.1 Business Overview

The Pharmacist may reconcile PharmaCare claims and reversals that have been processed. There are four different transactions available for this purpose.

1. Daily Totals – provides total number of claims, same day reversals, and prior day reversals for a particular adjudication date.

2. Claims Details – provides a list of claims processed for a particular day as well as the amount paid by PharmaCare for each claim.

3. Same Day Reversal Details – provides a list of claims that were reversed on the same day for a particular day, as well as the dollar amount for each reversed claim.

4. Prior Day Reversal Details – provides a list of reversed claims from a previous day for a particular day, as well as the dollar amount of each reversed claim.

The pharmacy has up to 45 days to request these transactions.

3.29.2 Business Rules

See Volume 3 – Technical Rules

3.30 Printing from Local System

3.30.1 Business Overview

Not applicable

3.30.2 Business Rules

The Pharmacist may, upon a patient's request, print the locally held patient record, in which case the following applies:

1. <u>Positive identification is required. It is recommended that the form of the identification be kept on file</u>. CPBC

4   OUT-PATIENT HOSPITAL PHARMACY

4.1   Implementation Requirements

Only hospital pharmacies licensed by the CPBC are eligible for connection to PharmaNet. CPBC

In order to obtain access to PharmaNet, Out-Patient hospital pharmacies must:

4.1.1   Agreements

2. Submit completed 'Request for Connection to PharmaNet' to CPBC detailing level of connection.

3. Submit completed 'Acknowledgement of Completion of Confidentiality Procedures' and 'Pharmacist Confidentiality Undertakings' to CPBC. CPBC

4. Optional: Submit signed PharmaCare Participation Agreement if billing PharmaCare.

4.1.2   Software and Training

5. Install PharmaNet compliant software.

    A list of compliant SSOs is available from the *health*netBC connections Coordinator.

6. Receive training / education on the use of the local software from the SSO supplying the software. CPBC

4.1.3   Business Overview

For the purposes of these Professional and Software Compliance Standards, a hospital pharmacy is classified as 'Out-Patient' if it dispenses medications to Out-Patients and wishes to connect to PharmaNet for the purposes of updating the PharmaNet patient record and adjudicating PharmaCare claims on-line. This designation of 'Out-Patient' must be approved by the CPBC.

All Out-Patient prescriptions dispensed by hospital pharmacies must be transmitted to PharmaNet. The prescriptions that must be recorded on PharmaNet include any prescription medication dispensed directly to the patient for use at home (i.e., Prolastin, growth hormone, oral chemotherapy or immunosuppressants, parenteral antibiotics for home use). Medications administered to an Out-Patient within an Out-Patient or ambulatory care area do not have to be transmitted to PharmaNet (i.e., parenteral antibiotics or chemotherapy courses administered within the hospital). CPBC

4.1.4   Business Rules

Out-Patient pharmacies must conform to all requirements of this document which apply to community pharmacies with the following exceptions:

1. Where the first payer is someone other than PharmaCare, the prescription must be transmitted to PharmaNet with zeros in the 'drug cost' and 'dispensing fee' fields, or must be transmitted with a DE intervention code.

2. The patient medication profile may be displayed, printed or distributed by a pharmacist working in a pharmacy, or by a support person who is working under the direct supervision of a pharmacist, only on the following conditions:

    a) The purpose of displaying, printing and/or distributing the medication profile is to enhance the therapeutic care or treatment of the patient;

    b) The medication profile is only used for review by a medical practitioner or pharmacist in a hospital, Designated Mental Health Facility, Emergency Department, Medical Practice, or Pharmacy; and

    c) The printed or distributed copy or image of the medication profile must either be maintained on the patient's medical chart or record, or it must be appropriately destroyed.

3. If the patient medication profile is printed or distributed, only one of the following two report formats may be used (see Volume 3 – Technical Rules (Pharmacy) for more details on display and print standards):

a) Medication Profile Report format;

b) Medication Reconciliation Report format.

4. <u>If a patient requests a copy of their PharmaNet patient record, a PharmaNet profile mailing can be requested through PharmaNet using the TPM transaction. The printed or distributed copy must not be given to the patient. The printing of these profiles for patients will remain a centralized function by the CPBC</u>.

5. <u>PharmaNet Committee of the College of Pharmacists require the Out-Patient pharmacies connecting for read only access to medication profiles are limited to one (1) terminal in the Out-Patient hospital pharmacy. The Pharmacist must only access the Out-Patient hospital pharmacy software from within the physical boundaries of the Out-Patient hospital pharmacy when accessing PharmaNet functionality</u>. CPBC

5   IN-PATIENT HOSPITAL PHARMACY

5.1   Implementation Requirements

Only In-Patient hospital pharmacies licensed by the CPBC are eligible for connection to PharmaNet. CPBC

In order to obtain access to PharmaNet, hospital pharmacies must:

5.1.1   Agreements

1. Submit completed 'Request for Connection to PharmaNet' to CPBC detailing level of connection.

2. Submit completed 'Acknowledgement of Completion of Confidentiality Procedures' and 'Pharmacist Confidentiality Undertakings' to CPBC. CPBC

3. Optional: Submit signed PharmaCare Participation Agreement if billing PharmaCare.

5.1.2   Software and Training

1. Install PharmaNet compliant software.

2. Receive training / education on the use of the local software from the SSO supplying the software. CPBC

5.1.3   Business Overview

For the purposes of these Professional and Software Compliance Standards, a In-Patient hospital pharmacy is classified as 'In-Patient' if it does not update patient records on PharmaNet with Out-Patient prescriptions dispensed, or performed on-line adjudication through PharmaNet for Out-Patient prescriptions.

If an In-Patient hospital pharmacy performs services to patients that are billed to PharmaCare, and wishes to bill PharmaCare for these services through PharmaNet, the In-Patient hospital pharmacies are considered Out-Patient hospital pharmacies for the purposes of these PharmaNet compliance standards.

The CPBC has granted the following access to PharmaNet by In-Patient hospital pharmacies:

   a) 'Read Only' access to the Patient Medication Profile (TRP/TRR), Patient Education Monographs (TDR), DUE (TDU), Practitioner Information (TIP), and Patient Name Search (TPN);

   b) 'Update' access to Patient Address information (TPA), Patient Clinical information and Patient Adverse Reaction information (TPI).

5.1.4   Business Rules

1. <u>In-Patient hospital prescriptions must not be transmitted to PharmaNet</u>.

2. <u>PharmaNet Committee of the College of Pharmacists require the In-Patient hospital pharmacies connecting for read only access to medication profiles are limited to one (1) terminal in the In-Patient hospital pharmacy. The Pharmacist must only access the In-Patient hospital pharmacy software from within the physical boundaries of the In-Patient hospital pharmacy when accessing PharmaNet functionality</u>. CPBC

5.2   Identify / Update a Patient

5.2.1   Business Overview

In order to access patient information from PharmaNet, Pharmacists must know the patient's PHN. Any patient who is a BC resident and is covered by MSP already has a PHN. This means that a PHN exists and can be accessed by searching using patient's name, date of birth and gender.

<u>For patients visiting from outside the province a PHN may not exist, in which case, a new PHN may need to be assigned through *health*netBC</u>. CPBC

A PHN may exist as a result of an earlier visit to the province to that patient. In-Patient hospital pharmacies are not authorized to assign new PHNs.

5.2.2   Business Rules

See Volume 3 – Technical Rules

5.3   Patient Name Search – TPN

5.3.1   Business Overview

The patient name search is used to locate the PHN for a particular patient. A Pharmacist initially performs a patient name search on their local system. If no matches are found, a further search is performed on *health*netBC to determine if a PHN exists. These searches may be done using a patient's name, date of birth and gender.

Most patient name search requests coming through *health*netBC are processed by the MoHS CRS. However, if CRS is not available, PharmaNet takes over processing the request using a function called 'Stand-in Processing'.

5.3.2   Business Rules

1. All patients must be identified and profiled by PHN.

2. Pharmacists must contact the PharmaNet Help Desk to request a merge of PHNs if multiple PHNs for the same patient are identified.

5.4   Patient Address Update – TPA

5.4.1   Business Overview

Pharmacists should review the patient's address information on both their local system and *health*netBC to ensure it is accurate and, if necessary, make changes to the address information.

5.4.2   Business Rules

1. The only address retained on *health*netBC is the patient's mailing address.

2. <u>For patients residing out-of-province or out-of-country, their home mailing address is captured, not their BC address while visiting the province</u>. CPBC

5.5   Patient identification – TID

5.5.1   Business Overview

This inquiry is used by Pharmacists to verify patient demographic information when the PHN is known.

The inquiry requires a PHN to be entered and demographic information associated with that patient record is returned. The hospital staff then confirms the demographic information with the patient. Updates to address information are done using the Patient Address (TPA) function.

5.5.2   Business Rules

See Volume 3 – Technical Rules

5.6   Patient Profile Information Update – TPI

5.6.1   Business Overview

This function is used to update a patient's profile by:

a) Adding clinical information

b) Adding adverse drug information

c) Discontinuing a prescription

d) Adding comments to adverse drug reaction information, clinical information or a prescription.

5.6.2   Business Rules

1. Clinical Conditions

    a) Patient Clinical information includes:

        i. <u>Condition</u>

        ii. <u>Chronic indicator</u>

        iii. <u>Reported by</u>

        iv. <u>Date reported</u>

    b) And may include:

        i. <u>Comment text</u>

        ii. <u>Practitioner ID reference</u>

        iii. <u>Practitioner ID</u>

        iv. <u>Date entered</u>. CPBC

2. Adverse Drug Reaction

    a) Currently, an adverse reaction record is based on anecdotal information provided by the patient, Pharmacist or family.

    b) A record of an adverse drug reaction includes:

        i. <u>DIN</u>

        ii. <u>Drug generic name</u>

        iii. <u>Reported by Code</u>

        iv. <u>Date Reported</u>

    c) And may include:

        i. <u>Comment text</u>

        ii. <u>Practitioner ID reference</u>

        iii. <u>Practitioner ID</u>

        iv. <u>Date entered</u>.

    d) <u>Adverse drug reactions returned by PharmaNet must not be stored on the local system</u>. CPBC

5.7   Patient Profile Request – TRP, TRR

5.7.1   Business Overview

The patient profile is that portion of the patient record containing the medication history, clinical condition, adverse reactions and associated comments recorded for the patient.

The patient profile request allows the Pharmacist to review all medications dispensed and associated comments for a prescription, and all adverse reactions, clinical conditions, and associated comments, from all PharmaNet connected pharmacies in BC. Profiles are available in the following formats:

Retrieve Full Profile – TRP

> Returns prescriptions dispensed or reversed for reasons other than data entry errors during the last 14 months.

Retrieve Most Recent Only – TRR

> Returns the most recent 15 prescriptions dispensed or reversed for reasons other than data entry errors.

5.7.2   Business Rules

1. To ensure that the data is accurate for the next Provider, if an error is discovered in the medication profile, the pharmacist or designate should advise the CPBC by secure means. This notification should provide the PHN, name of the patient and a brief description of the discrepancy. CPBC

2. Prescriptions filled for products designated as non-pharmaceuticals are only returned to the pharmacy that filled the original prescription.

3. The patient medication profile may be displayed, printed or distributed by a pharmacist working in a pharmacy, or by a support person who is working under the direct supervision of a pharmacist, only on the following conditions:

    a) The purpose of displaying, printing and/or distributing the medication profile is to enhance the therapeutic care or treatment of the patient;

    b) The medication profile is only used for review by a medical practitioner or pharmacist in a hospital, Designated Mental Health Facility, Emergency Department, Medical Practice, or Pharmacy; and

    c) The printed or distributed copy or image of the medication profile must either be maintained on the patient's medical chart or record, or it must be appropriately destroyed.

4. If the patient medication profile is printed or distributed, only one of the following two report formats may be used (see Volume 3 – Technical Rules (Pharmacy) for more details on display and print standards):

    a) Medication Profile Report format;

    b) Medication Reconciliation Report format.

5. <u>The printed or distributed copy must not be given to the patient. The patient must be referred to any community pharmacy in the province to request a PharmaNet profile mailing. The printing of these profiles for patients remain a centralized function by the CPBC</u>. CPBC

5.8 Prescriber Identification – TIP

5.8.1 Business Overview

This function may be used to obtain information on a Provider (e.g., physician, pharmacist, podiatrist, dentist, veterinarian, etc.) by either searching by name or by the unique identification number assigned by the appropriate regulatory body.

Please note that MSP billing numbers are not used to identify prescribers anywhere on *health*netBC.

5.8.2 Business Rules

1. The PharmaNet Help Desk staff will assist in validating or locating prescriber information. The CPBC and CPSBC transmit electronic uploads to PharmaNet on a daily basis with the information regarding their members.

2. PharmaNet uses the practitioner identification number and reference number for practitioners as assigned by the appropriate regulatory body.

3. As the practitioner's name on PharmaNet could be different than the name commonly used by the practitioner, we recommend the following procedure when using TIP to search for a practitioner on PharmaNet:

    a) First, use TIP to search using the practitioner's family name only (i.e., no first name used); and,

b) If too many matches are returned add the practitioner's first initial of the first name and submit another TIP search.

5.9   Drug Monograph Information – TDR

5.9.1   Business Overview

PharmaNet provides on-line access to patient counseling information through three PharmaNet drug monographs, 'Education Short', 'Education Long' and 'Education American Society of Health-System Pharmacists' (AHSP). Optional on-line access to generic equivalent data is also available using this transaction.

Drug monograph information is supplied to PharmaNet by First DataBank (FDB), and may be augmented by the CPBC. Monographs include information in regard to drug ingredients, possible side effects, contraindicated drugs and so on.

5.9.2   Business Rules

1. The following types of monographs may be requested from PharmaNet.

   Patient Education Monographs

   Three types of monographs are available, Education Short, Education Long, and Education ASHP. Pharmacists use these monographs as an aid in counseling patients about the proper use and side effects of medications. The information is presented in a manner that can be understood by a layperson, and can be printed and provided to the patient.

   d) The Education Short monograph provides a condensed version of the patient counseling information suitable for printing on a prescription label. The information includes seasons for taking the medication, how to take it, potential side effects and information related to missed doses.

   e) The Education Long monograph provides more detailed information for the patient. In addition to expanding the information provided in the Education Short monograph, information on precautions, drug interactions, and storage of the medication are provided.

   f) The Education ASHP monograph provides more detailed patient counseling information, including phonetic spelling, other names for the medication, uses of the medication, how and when to take it, side effects, other precautions and storage conditions.

Counseling Message Monographs

Counseling message monographs are available in pairs, one intended for the Pharmacist and the other intended for the patient. Each pair of messages is rated according to the importance of the information to the patient. All messages have been designed to be printed.

c) Counseling Professional provides a 'technical' and sometimes detailed explanation regarding proper use, side effects and other information.

d) Counseling Patient provides the equivalent information to the Counseling Professional, but the messages are meant to be understood by laypersons.

5.10 Patient Keyword Maintenance – TCP

5.10.1 Business Overview

A patient uses the Patient Keyword to restrict access to their patient record and profile. Note that the Patient Keyword is not the same as the 'person keyword' maintained in the Health Registry system using R03 transaction.

5.10.2 Business Rules

1. Some patient's may have assigned a Patient Keyword to their medication profile. Therefore, the patient must supply the Keyword for access to their medication profile otherwise no access will be permitted. The general public must be made aware the 'Keywords may compromise care at a hospital' should the patient be unconscious or unable / unwilling to divulge the keyword for any reason.

2. Once a Keyword is established, that Keyword is required for accessing patient profiles, executing a DUE check and providing clinical updates.

3. A patient may request to have their Keyword changed or reset to blanks by designated Pharmacists (i.e., community pharmacies, Out-Patient hospital pharmacies).

6   NON-PHARMACEUTICAL SUPPLIER

6.1   Implementation Requirements

This section applies to those suppliers dispensing prosthetic, diabetic, ostomy or other medical equipment. In order to obtain access to PharmaNet, the Non-Pharmaceutical Supplier (NPS) must:

6.1.1   Agreements

1. <u>If the medical supplier is part of a pharmacy chain, there must be agreement or certification that local patient information (e.g., profile) is not shared between the pharmacies and the NPS</u>. CPBC

2. Submit a signed PharmaCare Participation Agreement.

6.1.2   Software and Training

1. <u>Install PharmaNet compliant software</u>.

2. Received training / education on the use of the local software from the SSO supplying the software. CPBC

6.1.3   Business Overview

Some NPS have connected to PharmaNet with the primary purpose of being able to offer their clients the same on-line adjudication benefits as those offered by pharmacies. The local software for NPSs will be restricted from accessing certain PharmaNet data related to the dispensing of medication.

All sections of the document(s) pertaining to community pharmacies also apply to NPSs with very few exceptions.

6.1.4   Business Rules

1. When requesting a profile, only products sold in the same store will be returned by PharmaNet. That is, one NPS cannot see products sold to the patient by other stores or pharmacies.

2. Confidentiality undertakings are not mandatory. However, NPS may wish to have their employees and computer suppliers adhere to signing the appropriate forms, as good business practice towards confidentiality of their own business records.

3. <u>The CPBC will assign the Pharmacist IDs required by the staff of NPS in order to access PharmaNet</u>.

4. <u>Where a NPS is part of a pharmacy chain, local patient information and medication records must not be shared</u>. CPBC

7 DISPENSING PHYSICIANS

7.1 Implementation Requirements

In order to obtain access to PharmaNet, Dispensing Physicians must:

7.1.1 Agreements

1. Obtain approval by the Executive Committee of the CPSBC for Dispensing Physician status.

2. Submit signed documentation to the CPBC agreeing to follow *PPODS* Act, bylaws and dispensing standards.

3. Submit completed 'Acknowledgement of Completion of Confidentiality Procedures' and 'Dispensing Physician Confidentiality Undertakings' to the CPBC. CPBC

4. Optional: submit a signed Participation Agreement with PharmaCare.

7.1.2 Software and Training

1. Install PharmaNet compliant software.

2. Received training / education on the use of the local software from the SSO supplying the software. CPBC

7.1.3   Business Overview

Some physicians within the province have been granted authorization to dispense medications in addition to their usual prescribing privileges.

The Executive Committee of the CPSBC grants this authorization.

All sections of this document that pertain to community pharmacies also apply to Dispensing Physicians with a few exceptions as noted in the following business rules.

7.1.4   Business Rules

1. Physicians who wish to obtain Dispensing Physician status must:

    a) Apply to the CPSBC. The College Executive Committee will review these requests. A demonstrated need must exist; and,

    b) Sign an agreement that states they will conform to all standards for dispensing as defined by the CPBC.

2. Signed confidentiality undertakings, such as those used in community pharmacies, are required for Dispensing Physicians.

3. Reported breaches of the *PODS Act* by Dispensing Physicians will be directed to the CPSBC for investigation.