# Q1 Select the appropriate billing strategies for each service.

Answered: 32 Skipped: 0

| | BILL MSI AS AN ADAPTATION | BILL THE PATIENT/PRIVATE PLAN AS AN ADAPTATION | OTHER (ADD COMMENT) | TOTAL |
|---|---|---|---|---|
| Switch olmesartan to candesartan due to a drug shortage for a patient on Seniors Pharmacare | 51.61%<br>16 | 16.13%<br>5 | 32.26%<br>10 | 31 |
| Adjust drug dose for renal impairment for a senior on the PSHCP | 12.50%<br>4 | 81.25%<br>26 | 6.25%<br>2 | 32 |
| Change the dose of amlodipine from 5 mg to 10 mg to control blood pressure for a patient on Family Pharmacare. | 71.88%<br>23 | 12.50%<br>4 | 15.63%<br>5 | 32 |
| Modify the dose of an antibiotic to reflect the child's weight for a patient on Medavie. | 3.13%<br>1 | 90.63%<br>29 | 6.25%<br>2 | 32 |
| Cancelling a new prescription for a benzodiazepine due to double doctoring for a patient on Seniors Pharmacare. | 67.74%<br>21 | 6.45%<br>2 | 25.81%<br>8 | 31 |
| Changing an insulin dose for a patient on Family Pharmacare | 71.88%<br>23 | 12.50%<br>4 | 15.63%<br>5 | 32 |

# Panel of Peers – Reflections From Select Panel Members Mar 18, 2022

Question 1

- There is a lot of uncertainty in in what's allowed, what it's called from a service standpoint and who we can bill. You can see the results in the table. A summary is provided below. Also, there was a comment about scope of practice and workload. I've added comments below.

Comments

- Switch Olmesartan to Candesartan due to a drug shortage for a patient on Senior's Pharmacare. Therapeutic Substitution (Adaptations – you have to keep the same molecule (change dose, frequency, duration, etc. but not the drug). Not covered by MSI unless they issue a special exception which often isn't the case. Only PPIs have standard coverage.
- Adjust drug dose for renal impairment for a senior on PSHCP. Adaptation – Not covered by MSI for non-MSI patients. Patient has PSHCP. They don't pay for the service. The patient would have to pay for it.
- Change the dose of amlodipine from 5 mg to 10 mg to control BP for a patient on Family Pharmacare. Adaptation – billable to MSI as the patient was on Family Pharmacare
- Modify the dose of antibiotic to reflect the child's weight for a patient with Medavie Adaptation – not usually covered by Medavie but some patient groups have coverage for pharmacy services. Don't assume they don't. Also if they have a Health Spending Account they could submit it to that.
- Cancelling a prescription for a benzodiazepine due to double doctoring for a patient on Seniors Pharmacare MSI calls this an Adaptation although it would be adapting the dose to 0. It is billable as refuse to fill.
- Changing insulin dose for a patient on Family Pharmacare – Adaptation – covered by MSI.

**Are these part of the pharmacist's scope of practice?**

- We have the information resources to recommend changes to ARB's. Follow-up blood work/BP measurement would be warranted.
- Drug dosing in renal impairment/Pediatric drug dosing would be expected of all pharmacists.
- Refusing to fill a double doctored controlled drug would be expected of all pharmacists.
- Adapting a dose of amlodipine, especially for an unattached patient, should be within the scope of most pharmacists.
- Some pharmacists may feel more comfortable adjusting insulin dosing only after extra training (CDE, Disease management training) similar to warfarin adjustments.

**Workload?**

- Most of the clinical assessment is already done when you reach the point that you've determined there's a problem. The main issue is documentation/follow-up. Some pharmacy software programs adaptation modules can support this. Adaptation/Therapeutic Sub templates could help as well. Even in drug dosing in renal impairment, if you've already calculated the dose to verify it shouldn't be filled, it shouldn't take longer than a renewal. Follow-up would be a must.

## Q2 KL is a 52 yo male who wants a Renewal on his amlodipine 5 mg. He started the prescription 1 month ago and was supposed to follow up with his family doctor but his appointment was unexpectedly cancelled. His blood pressure is 120/80. He reports no headache, dizziness or edema. His only prescription was for 1 month with no refills. The rest of his medical background is unremarkable. How should a pharmacist respond?

Answered: 32 Skipped: 0

| | THE ACTION I WOULD TAKE | I WOULD NOT DO THIS BUT IT WOULD BE OKAY IF ANOTHER PHARMACIST DID | NOT APPROPRIATE | TOTAL |
|---|---|---|---|---|
| Refer KL because we cannot provide a Renewal because he only had it once. | 7.14%<br>2 | 17.86%<br>5 | 75.00%<br>21 | 28 |
| Renew the prescription for 1 month so that he may be reassessed by his family doctor. | 77.42%<br>24 | 19.35%<br>6 | 3.23%<br>1 | 31 |
| Renew the prescription for 3-months with 1 refill. | 13.79%<br>4 | 37.93%<br>11 | 48.28%<br>14 | 29 |
| Renew the prescription for 3-months with 3 refills. | 0.00%<br>0 | 10.34%<br>3 | 89.66%<br>26 | 29 |
| Invite KL to enroll in the pharmacy's hypertension management pilot program. | 54.84%<br>17 | 38.71%<br>12 | 6.45%<br>2 | 31 |

**Panel of Peers – Reflections From Select Panel Members Mar 18, 2022**

Question 2

- Fairly consistent response here:
    - Renew for 1 month to be reassessed by family doctor – 77% Action I would take, 3% Not appropriate
    - Renew for 3 months with 1 refill – 14% - Action I would take, 48% - Not appropriate
    - Refer because he only had it once – 7% - Action I would take, 75% Not appropriate
    - Renew for 3 months with 3 refills – 0% - Action I would take, 90% - Not appropriate

Comments

- We can renew chronic medications even if they have only been filled once if the therapy is appropriate.
- BP is well treated but completing the circle of care with original prescriber would be warranted. The walk-in doctor wouldn't have extra info from us so referring would not be appropriate.
- Could be significant issues with the original care provider if we renewed it for a year. Not very collaborative.