



Dear _____,

Your patient has requested to be enrolled in the Community Pharmacist-Led Anticoagulation Management Service (CPAMS). The service allows the patient to obtain regular International Normalized Ratio (INR) monitoring through a participating community pharmacy instead of a provincial or private blood collection site. This service is publicly funded and there is no cost to the patient.

CPAMS utilizes the CoaguChek Pro 2 device which measures INR from a finger-prick sample of blood. During each visit the pharmacist assesses the patient for factors that may influence test results (diet, interacting medications, etc.). The finger-prick INR test is conducted and based upon the results the pharmacist may recommend continuation of current therapy or prescribe a change in the patient's warfarin dose. The patient is provided with specific dosing instructions on a warfarin dosing calendar. A summary of the appointment and any prescribing decisions are communicated to the patient's physician/nurse practitioner by fax, as required by pharmacist prescribing and testing standards of practice.

Pharmacists participating in CPAMS have completed the accredited *Management of Oral Anticoagulation Therapy Primary Care Certificate Program* offered by the University of Waterloo. This program provides pharmacists with the knowledge and skills to manage oral anticoagulation therapy effectively and safely. Pharmacists also have access to INR Online, a decision support tool that assists in warfarin prescribing and dose adjustment decisions.

CPAMS was originally introduced in Nova Scotia as a demonstration project in 2018-2019. Findings from that project showed:

- Increased patient satisfaction with care
- Improved access to and convenience of testing for patients
- Increased adherence to testing and medications
- Patient empowerment and improved understanding of their condition
- Improved health outcomes for patients

Details of the demonstration project study can be found [here](#).

Patient Name: _____

Health card Number : _____

Please contact us if you have any questions.

Sincerely,



Fax Cover Letter

To:	From:
Fax:	Pages:
Phone:	Date:
Re:	cc:

Comments: