CPPCC and Nurse Practitioner Program – Getting Started

The Department of Health and Wellness and PANS have collaborated with Community Pharmacy Primary Care Clinics ("CPPCCs") as an innovative way to improve Nova Scotians' access to primary care through collaboration with Nurse Practitioners employed with Nova Scotia Health.

In delivery of care, both Pharmacists and Nurse Practitioners:

- Provide services solely within their professional scope of practice and with respect to NSH NPs, in accordance with NSH's standards of clinical care;
- Abide by all applicable federal and provincial statutes and regulations;
- Maintain in good standing all licences, permits, registrations or authorizations it is required to obtain in order to lawfully provide the services in Nova Scotia;
- Maintain a electronic medical patient record of the collaborative care provided to each patient.

When a pharmacist begins working within a CPPCC clinic, they will be sent an email from Virtual Hallway to set up an account allowing them to connect to CPPCC-NP's. This email is time sensitive, and the link must be clicked within 24 hours.

- Pharmacists should watch the Virtual Hallway webinar located on Member Lounge to become familiar with the platform.
- Pharmacists should make themselves familiar with the PANS consultation summary form (Appendix 1)

Process to Book an appointment

- Pharmacists can book an appointment via Virtual Hallway to connect with a cppcc-NP for one of the agreed upon 7 chronic disease conditions. The booking of the appointment is via Virtual Hallway, as is all data sharing, but the actual appointment is telephone based at this time.
- NP's have their availability entered into Virtual Hallway and the pharmacist can choose an appointment time that is suitable for them. This can be in a few days, or on demand if the NP has availabilities that day.
- Pharmacist must upload a completed PANS Consultation Summary into Virtual Hallway
 when making the appointment booking along with any other relevant
 notes/information/PANS diagnosis form for HTN and/or T2D if applicable. (See Appendix 2
 and 3 for instructions on how to create this document in Accuro and Med Access.
- The NP calls the pharmacist on the phone number that the pharmacist has provided.

 Preferred method is to a direct phone line or cell phone to avoid delays in the appointment.

Approved consultation conditions for NP-pharmacist consultations

There are specific and limited list of conditions and scenarios for which the pharmacists can consult with an NP. Current conditions include:

- Cardiovascular disease and hypertension
- Dyslipidemia

- COPD
- Asthma
- Acute and Chronic Kidney Disease
- Thyroid Disease
- Diabetes

Here are some examples of ways the NP and pharmacist can collaborate on these conditions:

- Pharmacist suspects the patient requires diagnosis of one of the chronic conditions above and collaborates with the NP to establish the diagnosis for that patient (note: CPPCC pharmacists can diagnose hypertension and diabetes independently by protocol provided it is not their first patient diagnosed).
- A patient has been historically treated for a lung condition but the pharmacist has looked at One Content, SHARE, other patient history and cannot confirm if the patient has asthma or COPD. They can collaborate with the CPPCC NP to order and interpret the appropriate tests to establish the diagnosis
- Pharmacist identifies red flags or concerning symptoms associated with their assessment of one of the seven conditions listed above (ex. fluid retention, shortness of breath) and collaborates with the NP to determine next steps and establish a plan for the patient.
- Pharmacist has a complex patient with one of the seven conditions listed above and would like a second opinion on next steps and establishing a plan.

In addition, as per the current NSCP prescribing research approval, CPPCC pharmacists MUST consult with the CPPCC-NP for a peer-to-peer review to discuss the patient case, the first time they have diagnosed hypertension and diagnosed type 2 diabetes. For subsequent patient diabetes or hypertension diagnoses, they are not required to connect with the NP but can do so when they feel collaboration is warranted.

If patients are attached and their provider is available, pharmacists should make every effort to consult the patient's primary provider to discuss the patient. If the provider is not available in a time frame that is reasonable to wait, then the pharmacist may consult with the CPPCC-NP to discuss and notify the provider on any changes/add-ons that they have made.

As NP and pharmacist time to consult is limited, it is essential that pharmacists carefully consider the following criteria and pathways to determine if an NP consultation is warranted for this patient. * See examples later in this document of appropriate and inappropriate consultation requests.

Care Pathways for Patients that do not meet the above criteria:

Note: Every effort should be made to ensure patients that are booking into the CPPCC are booking for a service that is within the pharmacist's scope of practice. Booking sites should be as specific as possible with respect to what conditions a pharmacist can offer an assessment service. Clinic admins should screen the bookings for any that don't appear to be in scope.

While every effort is made sometimes patient needs are identified as part of the assessment that warrant referral or consultation with another provider.

Scenario	Refer or consult with:
Patient is attached to a Primary care NP or	Consult with or Refer to Primary Care NP or
Physician	Physician
Patient is being followed by a specialist	Consult with the Specialist, Patient may book
	an appointment if already followed
Patient is unattached and has symptoms or red	Refer to Virtual Care Nova Scotia or other
flags for a condition that is not listed above in	providers as outlined in the Where to go for
the approved CPPCC NP consultation	Care documents. Care within pharmacist
conditions. The signs or symptoms do not	scope may be provided when appropriate in
likely require a physical exam (or at least not	addition to referral to another provider for other
urgently)	care not within scope. Provide the patient with
	a copy of the Health care provider Visit
	Summary to reference during their virtual care
	visit.
Patient is unattached and has symptoms or red	Consult where to go for care document for the
flags for a condition that is not listed above in	zone for clinics that will accept referrals or
the approved CPPCC NP consultation	patient bookings.
conditions. They have signs or symptoms that	Refer to a walk-in clinic.
will require a physical exam in the few	Provide the patient with a copy of the Health
days/weeks	Care provider visit Summary. Where available,
	pharmacist to also fax a copy to the clinic with
	patient consent.
Patient is unattached and has symptoms or red	Refer to Emergency Department. Provide the
flags for a condition that is not listed above in	patient with a copy of the Healthcare Provider
the approved CPPCC NP consultation	Visit Summary. Call ahead to the ED to advise
conditions. The signs or symptoms that	they are coming and request a fax # to send
require urgent attention.	documentation.
Patient is attached or unattached and has a	Contact the clinical consult pharmacist line.
drug therapy problem or you require support	(613) 406-0984
with interpreting lab test results for which you	
would like to consult with another provider.	
Patient is attached or unattached and has a	Contact the Addiction Medicine Consult Line
drug therapy problem with a medication	1-855-970-0234
association with Substance use Disorder for	
which you would like to consult with another	
provider	
Patient is attached or unattached and has a	Contact the Vaccine Consult line
vaccine related problem for which you would	1-833-768-1151
like to consult with another provider	or <u>COVIDVaccineConsult@nshealth.ca</u> , Fax:
	1-902-425-6707

Examples of when it is not appropriate to consult with the NP on a case.

- This is a virtual consult service. At this time the NP is unable to investigate anything that would require an in-person assessment of the patient or a physical exam.
- At this time NPs will not be able to write prescriptions for controlled drugs and substances.

- At this time NPs cannot provide referrals to other providers for conditions other than those included in the seven chronic conditions as outlined above
- NPs cannot assist with the investigation of vague/acute symptoms such as fatigue, lethargy, generally feeling unwell.
- NPs cannot assist with system navigation or care for patients with conditions not included above.

Process tips shared by CPPCC-NP's

- If you are copying a NP on bloodwork, please ensure the NP's first and last name are provided along with their PMB number to ensure the lab registration worker chooses the correct provider to copy. We want to reduce possible administrative errors. It would be easy for someone to choose the wrong provider if M. MacDonald is what is written on the lab req. We are hearing that sometimes even when a NP is being copied on lab reqs (full name and PMB) that they are not always receiving the results. If this happens to you at any point, please let us know so we can ensure t this is reported and see if there are trends/ways to remedy the system issue. Also, it is required to fillout your lab requisitions electronically, so that it is attached to the visit in the patient file EMR and also reduces the chance additional labs being checked off later.
- If you have a Virtual Hallway appointment booked but have to reschedule it for some reason (ex: time no longer works for you) please don't cancel the appointment. Any notes/files that the NPs may have started for that consult/patient are deleted when you cancel the appointment. Instead create an addendum and this still allows the NP to share information with you that they may have already researched in preparation for the meeting. In some cases they are able to answer the question you had asynchronously or otherwise you can rebook in VH if you have additional questions/want to review further.
- In some cases a NP may write a requisition for a patient to have bloodwork/Xray/etc. when they deem it necessary (may be beyond the pharmacists' scope). Going forward, the NP will put this as an addendum to your VH visits but will also send the requisition via fax. Please discuss with your clinic admin(s) that when they do receive a fax such as this from the NPs it would be best to call the patient and let them know they can pick up the form from the clinic admin desk. Often these tests need to be completed in a timely manner, so the patient does not need to be booked in to the clinic at this time to be given the form, it is a written order by the NP and the only means for the patient to get the form is by picking it up locally at the clinic.

Pharmacist

Visit summary for healthcare providers

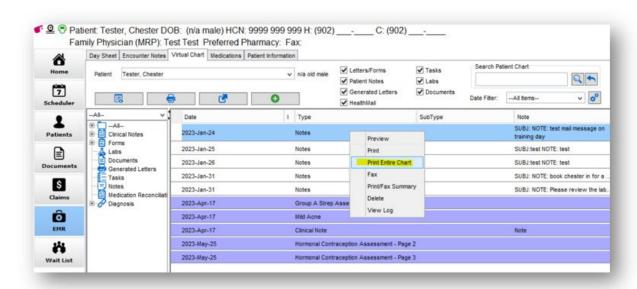


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	□ Respor	nse Require	d	□ Fo	r Your Records	OF MINIMACO MA
If provider feels that they	have adequ	ate informat	ion to provide a r	esponse, a	written response is s	ufficient instead of a phone consul
Pt Name:			Sex assigned a	at birth:		Gender Identity:
DOB:	Age:	Full Add	ress:			Phone:
Pharmacy:			Pharmacy Pho	ne:		Pharmacy fax:
Pharmacist:			Assessment:	In person	☐ Phone ☐ Virtual	HCN:
□ Chief Complaint:						
☐ History of Present Illnes	s:					
□ Allergies/Past Relevant	Medical H	istory (past	surgical history	v. medicat	ion history, family	history, social/personal history
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☐ I have completed a(n)				asses	sment on this patie	ent.
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Ref	erral requ	est		Rationale	<u> </u>	
114.						
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Canlmmunize POCT fo					rovided patient a la	
Considerations:						
Pharmacist Follow up p	lan:					
Please do not hesitate to a	ontact me	with auest	tions/comments	s. I hope ti	his has been helpfu	l in the care of your patient.
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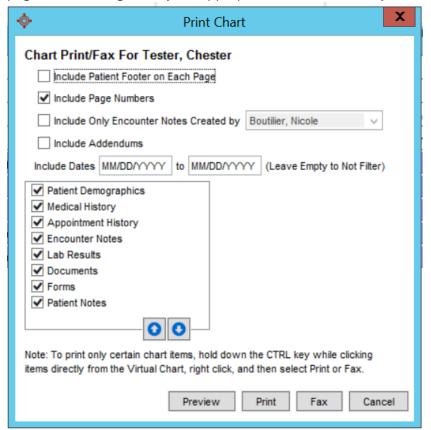
License Number

Appendix 2 – Accuro: Saving the Healthcare Provider Summary and Chart to add to Virtual Hallway

Go into the patient's Virtual Chart, right-click and select Print Entire Chart.



From there, you can select all applicable documents to attach with the patient's profile to fax to external care provider. I would recommend including specific dates to limit the number of pages and clicking off only the appropriate documents that you feel are necessary.

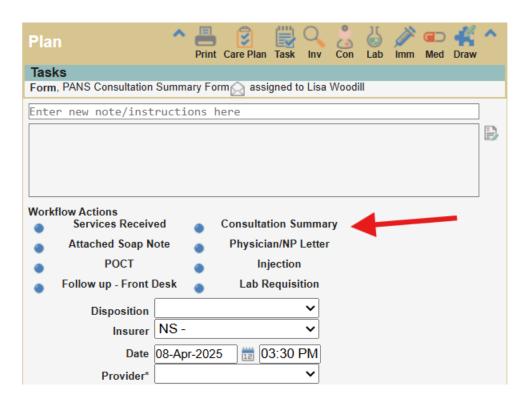


As an example, this is what that Patient Chart summary looks like where it includes Patient demographics and Medical history.

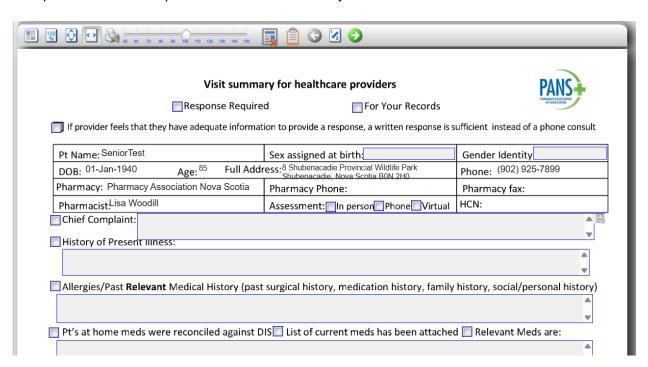
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Chart#: 0000001	
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Nork Phone: (902)	
Cell Phone: (902)	
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Canada	
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Secondary Address: n/a Medical History Problem History:	COPD, Immunization, Impetigo, Dysmenorrhea, Urinary Tract Infection, Gastritis, Gout [ON a good treatment plan], Herpes Labialis (Cold Sore), Vertigo, COPD, Urinary Tract Infection, Obesity [client placed on low call diet and exercise program], Sinusitis, Hypertension, Diabetes Type 2 [Well managed by client]
Secondary Address: n/a	treatment plan]. Herpes Labialis (Cold Sore), Vertigo, COPD, Urinary Tract Infection, Obesity [client placed on low call diet and exercise program], Sinusitis, Hypertension, Diabetes Type 2 [Well
Secondary Address: n/a Medical History Problem History:	treatment plan]. Herpes Labialis (Cold Sore), Vertigo, COPD, Urinary Tract Infection, Obesity [client placed on low call diet and exercise program], Sinusitis, Hypertension, Diabetes Type 2 [Well managed by client]
Medical History Problem History: Risk Factors:	treatment plan]. Herpes Labialis (Cold Sore), Vertigo, COPD, Urinary Tract Infection, Obesity [client placed on low cal diet and exercise program], Sinusitis, Hypertension, Diabetes Type 2 [Well managed by client] High Cholesterol [Patient on restricted diet] JAMP-MYCOPHENOLATE 250 MG CAP, cyclosporine 25 mg Oral Capsule,
Medical History Problem History: Risk Factors:	treatment plan]. Herpes Labialis (Cold Sore), Vertigo, COPD, Urinary Tract Infection, Obesity [client placed on low cal diet and exercise program], Sinusitis, Hypertension, Diabetes Type 2 [Well managed by client] High Cholesterol [Patient on restricted diet] JAMP-MYCOPHENOLATE 250 MG CAP, cyclosporine 25 mg Oral Capsule, gliclazide 60 mg Oral Tablet, Extended Release 24 Hr.
Medical History Problem History: Risk Factors:	treatment plan]. Herpes Labialis (Cold Sore), Vertigo, COPD, Urinary Tract Infection, Obesity [client placed on low cal diet and exercise program], Sinusitis, Hypertension, Diabetes Type 2 [Well managed by client] High Cholesterol [Patient on restricted diet] JAMP-MYCOPHENOLATE 250 MG CAP, cyclosporine 25 mg Oral Capsule, gliclazide 60 mg Oral Tablet, Extended Release 24 Hr, valacyclovir HCL 500 mg Oral Tablet,
Medical History Problem History: Risk Factors:	treatment plan]. Herpes Labialis (Cold Sore), Vertigo, COPD, Urinary Tract Infection, Obesity [client placed on low cal diet and exercise program], Sinusitis, Hypertension, Diabetes Type 2 [Well managed by client] High Cholesterol [Patient on restricted diet] JAMP-MYCOPHENOLATE 250 MG CAP, cyclosporine 25 mg Oral Capsule, gliclazide 60 mg Oral Tablet, Extended Release 24 Hr, valacyclovir HCL 500 mg Oral Tablet, HYDROCHLOROTHIAZIDE 12.5 MG TB,
Medical History Problem History: Risk Factors: Active Medications:	treatment plan]. Herpes Labialis (Cold Sore), Vertigo, COPD, Urinary Tract Infection, Obesity [client placed on low cal diet and exercise program]. Sinusitis, Hypertension, Diabetes Type 2 [Well managed by client] High Cholesterol [Patient on restricted diet] JAMP-MYCOPHENOLATE 250 MG CAP, cyclosporine 25 mg Oral Capsule, gliclazide 60 mg Oral Tablet, Extended Release 24 Hr, valacyclovir HCL 500 mg Oral Tablet, HYDROCHLOROTHIAZIDE 12.5 MG TB, warfarin potassium 5 mg Oral Tablet
Medical History Problem History: Risk Factors: Active Medications:	treatment plan]. Herpes Labialis (Cold Sore), Vertigo, COPD, Urinary Tract Infection, Obesity [client placed on low cal diet and exercise program]. Sinusitis, Hypertension, Diabetes Type 2 [Well managed by client] High Cholesterol [Patient on restricted diet] JAMP-MYCOPHENOLATE 250 MG CAP, cyclosporine 25 mg Oral Capsule, gliclazide 60 mg Oral Tablet, Extended Release 24 Hr, valacyclovir HCL 500 mg Oral Tablet, HYDROCHLOROTHIAZIDE 12.5 MG TB, warfarin potassium 5 mg Oral Tablet None Recorded
Medical History Problem History: Risk Factors: Active Medications:	treatment plan], Herpes Labialis (Cold Sore), Vertigo, COPD, Urinary Tract Infection, Obesity [client placed on low cal diet and exercise program], Sinusitis, Hypertension, Diabetes Type 2 [Well managed by client] High Cholesterol [Patient on restricted diet] JAMP-MYCOPHENOLATE 250 MG CAP, cyclosporine 25 mg Oral Capsule, gliclazide 60 mg Oral Tablet, Extended Release 24 Hr, valacyclovir HCL 500 mg Oral Tablet, HYDROCHLOROTHIAZIDE 12.5 MG TB, warfarin potassium 5 mg Oral Tablet None Recorded Penicillins (Drug Allergy), Musk Root (Severe Drug Allergy), Drug - Intolerance - None Known,
Medical History Problem History: Risk Factors: Active Medications:	treatment plan]. Herpes Labialis (Cold Sore), Vertigo, COPD, Urinary Tract Infection, Obesity [client placed on low cal diet and exercise program]. Sinusitis, Hypertension, Diabetes Type 2 [Well managed by client] High Cholesterol [Patient on restricted diet] JAMP-MYCOPHENOLATE 250 MG CAP, cyclosporine 25 mg Oral Capsule, gliclazide 60 mg Oral Tablet, Extended Release 24 Hr, valacyclovir HCL 500 mg Oral Tablet, HYDROCHLOROTHIAZIDE 12.5 MG TB, warfarin potassium 5 mg Oral Tablet None Recorded

Appendix 3 – Med Access- Saving the Healthcare Provider Summary and Chart to add to Virtual Hallway

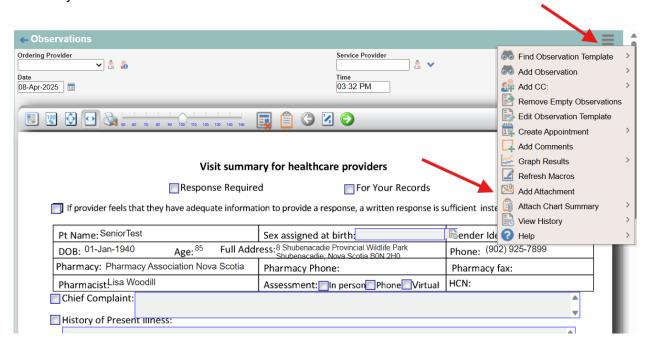
Under plan, click the Consultation Summary Button.



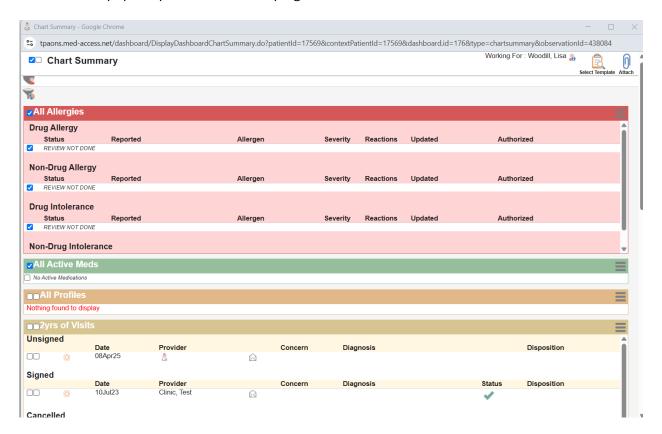
Complete the details requested in the Visit Summary for Health Care Providers

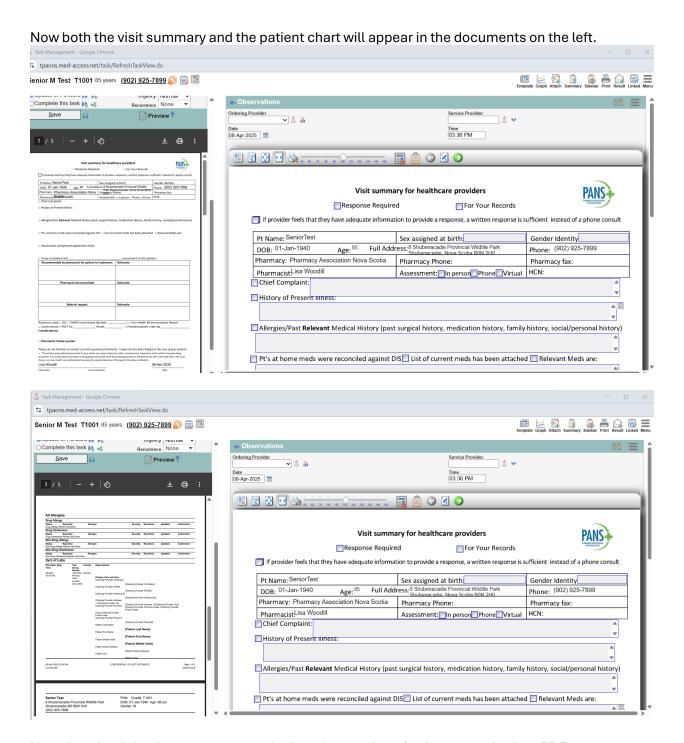


In the top right corner click the 3 bars seen beside the read arrow, then click, add attach chart summary.



Check off all relevant chart details such as allergies, conditions, medications, labs and others, then click the paperclip 'attach' at the top right corner





Next download the document to your desktop (or use the print feature and select PDF as your printer if you have adobe on your computer) then upload it to Virtual Hallway from the folder where it was saved.

Save it to your visit and finalize your visit to view again later.