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Community Pharmacy Primary Care Clinic Project (CPPCC)

Pharmacy Operations Guide

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Getting Started

Project Overview

The Community Pharmacy Primary Care Clinic Demonstration Project will run for a period of 12 months in communities around Nova Scotia which were selected due to their high percentage of unattached patients (without a family physician) and access to care. Pharmacists working at the participating pharmacies will be funded to work to their full scope of practice to provide care to their patients. The Pharmacy Association of Nova Scotia has hired a research firm, Research Power Inc. for the evaluation of the project. The project will study the impact of pharmacists working to their full scope with respect to patient satisfaction and access to care, as well as the impacts for the pharmacy team and the healthcare system. Each pharmacy is required to have 40 hours of dedicated pharmacist time (rotated between all pharmacists working at the location) and 40 hours of dedicated clinic admin time to support the clinic and the study. A new model of workflow within the pharmacy will also be evaluated whereby there is separation of the traditional clinical role of the pharmacist in the process of dispensing prescriptions from the clinical role of provision of non-dispensing pharmacy services. Patients will be able to book appointments at the clinic with some times reserved to ensure same day/next day appointments are available.

The pharmacies participating in this project also have approval from the Nova Scotia College of Pharmacists to study some new scopes of practice:

- Pharmacists have been trained to provide assessments for pharyngitis (sore throat) which includes a head, neck and throat exam. If appropriate based on the exam, pharmacists can also test for Group A Strep. If positive, they can prescribe for this indication.
- Pharmacists are able to confirm the diagnosis of diabetes, cardiovascular disease (including hypertension), asthma and COPD through reasonable means such as patient discussion and review of DIS, Share etc. If the pharmacist is confident in the diagnosis, they may prescribe new medications for these disease states (ex. add-on therapy or new treatment for patients diagnosed but not previously treated).
- Pharmacists are able to order lab work to aid in monitoring chronic disease states and efficacy of current medications. The pharmacist will fill out the requisition with specific tests indicated (ex: A1c, LFT, Creatinine Cl, TSH), the patient will go to the lab to have their blood drawn, and the results will be sent back to the pharmacist. From there the pharmacist can make required change(s). Any lab values that are out of range/medication changes made should be communicated to the patient's primary provider, along with your action plan to address it (adapted dose, asked pt to make an appointment, pharmacy will follow-up in 3 days etc).

- Pharmacists are able to administer publicly funded vaccines to eligible patients (in addition to Covid-19 and Influenza) along with vaccines suggested to special populations.

Checklist: Prepare Your Pharmacy

	Training:
<input type="checkbox"/>	Required - All pharmacists have completed the PANS online education requirements for Group A Strep and Diagnosing Diabetes/Hypertention by protocol
<input type="checkbox"/>	All pharmacists have completed required training on ID NOW instrument for Strep POCT and trained any pharmacy technicians that may be providing this test
<input type="checkbox"/>	Phase 1 and 2 pharmacists have completed required training for the Afinion™ 2 Analyzer for POCT testing of HbA1c and Lipid Panel (Phase 3 not required yet)
<input type="checkbox"/>	All pharmacists have completed required training for using their EMR system (when available)
<input type="checkbox"/>	All pharmacists have completed training on certification for injecting Sublocade
<input type="checkbox"/>	All pharmacists have self-assessed and completed the PANS Managing Chronic Disease Modules and deprescribing courses
<input type="checkbox"/>	All pharmacists have self-assessed and completed the PANS Adult Immunization program
<input type="checkbox"/>	All pharmacists have reviewed the Advanced Medication Review videos on the CPPCC resources page
<input type="checkbox"/>	One clinic lead for Bloom has completed the two program webinars (to be offered early February 2023 and again at discretion of the Bloom coordinator)
<input type="checkbox"/>	At least 1 pharmacist has completed the University of Waterloo Management of Oral Anticoagulation Treatment course for delivery of the CPAMS Program
<input type="checkbox"/>	Required- All pharmacists have completed the University of Saskatchewan Ordering and Interpreting Lab Tests for Managing Drug Therapy.
<input type="checkbox"/>	Pharmacy team (dispensary and clinic) has been trained to use the online booking tool (this must be done by pharmacy team/coordinated with product developers)
<input type="checkbox"/>	Clinic Admin has attended a training webinar with PANS
<input type="checkbox"/>	Hold staff meeting to review processes and clinic expectations. Review with all staff this CPPCC operations manual and online website, how to book appointments, when to refer to the clinic
<input type="checkbox"/>	Review NSCP Standards of Practice Prescribing and Standards of Practice for Testing and ensure you are meeting all standards pertaining to point of care testing (POCT). http://www.nspharmacists.ca/?page=standardsofpractice#SOPTesting http://www.nspharmacists.ca/?page=standardsofpractice#SOPPrescribingOfDrugs
	Point of Care Testing
<input type="checkbox"/>	If your pharmacy does not have the POCT manual required by NSCP, order from PANS at info@pans.ns.ca (you will need chapters for INR, A1C, lipids and Strep POCT,

	therefore likely most cost effective to order entire manual). Fees will apply.
<input type="checkbox"/>	Order Vitamin K to be given orally to have on hand for CPAMS patients that may be prescribed this.
<input type="checkbox"/>	Order Roche Coaguchek Test strips and Control Solution required for your device (some sites have Coaguchek XS Pro and some have Coaguchek Pro II). Both are now carried by McKesson. At any time if your product is not in stock at McKesson, contact susan.conrad@contractors.roche.com
<input type="checkbox"/>	If new to CPAMS, submit INR Online New Pharmacy and User form
<input type="checkbox"/>	Order Accuchek Safe-T Pro Plus Lancets for INR and A1c testing McKesson Item# 797209 (approx.\$41.80)
<input type="checkbox"/>	Order Fingerstick Lancet: 21 Gauge Safety Lancets: BD Microtainer® Contact-activated single use safety lancet. McKesson Item# 004791
<input type="checkbox"/>	An opening order of the following supplies has been received that includes the Afinion™ 2 Analyzer, HbA1c Cartridges, printer, Afinion HbA1c Control solutions, HbA1c Cartridge Cleaning kit, Lipid Panel Cartridges, Lipid Panel Controls. This will be shipped directly from Abbott, and should now have arrived at your location. Note – some cartridges and controls must be refrigerated. If you do not receive, contact ellen.prattvautour@abbott.com
<input type="checkbox"/>	Ensure Analyzer cleaning supplies are available/located near POCT Mild detergent and a disinfectant: 1:10 solution of household bleach (0.5% sodium hypochlorite), 2% glutaraldehyde solution or 70% alcohol solution
<input type="checkbox"/>	An opening order that includes the ID New instrument, ID NOW Strep 2A Control swab kit (contains positive and negative control swabs, package of 12 each), Note tests and controls are stored 2-30 degrees
<input type="checkbox"/>	Additional patient collection swabs for the Group A Strep (if needed) can be ordered from: https://www.fishersci.com/shop/products/bd-bbl-cultureswab-transport-systems-liquid-amies-single-swab-polyester/14959705#?keyword=BBL%20culture%20swab%20liquid
<input type="checkbox"/>	Ensure a cleaning solution (70% ethanol agent or 10% bleach agent) for ID NOW is available/located near the device.
<input type="checkbox"/>	Ensure a cleaning solution for Coaguchek is located near the device. Roche has recently approved the following options: -For cleaning only: A soft cloth slightly dampened (not wet) with a small amount of liquid soap diluted in water For cleaning and disinfection:

	<ul style="list-style-type: none"> - Rubbing alcohol (70% ethanol or isopropyl alcohol) - Bacillol Plus* (Alcohol-based disinfectant; a mixture of 1-propanol (400 mg/g), 2-propanol (200 mg/g) and glutaraldehyde (1.0 mg/g)) - Super Sani-Cloth* Germicidal Disposable Wipe
<input type="checkbox"/>	Order or ensure you have sufficient POCT supplies (gloves, alcohol swabs, cotton balls, band-aids, sharps containers, face mask/shield) and have them readily available in clinic room
<input type="checkbox"/>	Save Abbott reorder form to a file folder at clinic admin workstation. Ensure supplies are checked weekly and re-order when low.
	Other Supplies and Orders
<input type="checkbox"/>	Thermometer – ear and oral options are available in resource section of CPPCC resource page (email Daniel.haynes@stevensgroup.ca)
<input type="checkbox"/>	Blood pressure machine – require a device that is approved for multi-patient use in a clinic setting. (email Daniel.haynes@stevensgroup.ca)
<input type="checkbox"/>	Scale is available in private area to weigh patients (email Daniel.haynes@stevensgroup.ca)
<input type="checkbox"/>	Tongue depressors for throat assessment
<input type="checkbox"/>	Flashlight in room for throat assessment
<input type="checkbox"/>	Clock on the wall of each clinic room
<input type="checkbox"/>	Order publicly funded vaccines on Shopify
<input type="checkbox"/>	Ensure any MOAT trained pharmacists can login and access INR Online.
<input type="checkbox"/>	Sublocade ordering process set up (see further info below)
	Setting up Clinic Room
<input type="checkbox"/>	Two clinic rooms set up. See tips below
<input type="checkbox"/>	Clinic admin station set up. See tips below
	Marketing:
<input type="checkbox"/>	Business cards, posters, sandwich boards, pull-up banner are visible to the public
<input type="checkbox"/>	Meetings with local stakeholders DR/NP/ER/Walk in clinics/other community organizations
<input type="checkbox"/>	Grand opening ceremony scheduled-ribbon cutting, videos, photos taken and sent to PANS, post on social media. PANS will have some social post ideas on the CPPCC marketing resource page
	HR Preparation
<input type="checkbox"/>	Hours of operation posted
<input type="checkbox"/>	All pharmacists and clinic admin have their schedule for at least 1 month, so appointments can be released. Project requires some nights and weekend shifts.

<input type="checkbox"/>	Occupational Health and Safety Audit- Violence Prevention completed
	Technology
<input type="checkbox"/>	Pharmacy website and/or social pages updated with clinic info and clear 'book now' information
<input type="checkbox"/>	Pharmacy software system has drug files with project PINS set up and a drug group for each file of CPPCC (to easily run reports)
<input type="checkbox"/>	Pharmacy has booking calendar set up (either via Telus product or MedMe). See tips below. Types of appointments available are clear to the public. Virtual booking options are set up for appropriate appointment types. Time intervals are appropriate for the service.
<input type="checkbox"/>	Pharmacy has virtual care software working and tested with staff (Telus or MedMe)
<input type="checkbox"/>	Labs – complete autofax and e-results forms and return to info@pans.ns.ca
<input type="checkbox"/>	Pharmacy has CPPCC resource page with all clinical resources bookmarked
	Planning
<input type="checkbox"/>	Clinic budgeting/planning tool with prior year stats and plan for the year has been completed by manager and sent to PANS (see detail below)
<input type="checkbox"/>	Complete PANS Electronic Funds transfer form so that account is set up to be paid monthly.
	Evaluation
<input type="checkbox"/>	Clinic Admin has weekly report bookmarked: https://24.selectsurvey.net/researchpowerinc/CPPCC_clinic_report#
<input type="checkbox"/>	Clinic Admin knows how to access to folder to share services report weekly
	<hr/>

CPPCC: Information for Pharmacy Teams

Appointment Based Pharmacy

Purpose

- Move from on-demand pharmacy services to appointment-based pharmacy services
- Improve patient care and access to care at a larger scale in the pharmacy
- Establish a more predictable workload that aligns with staffing
- Decrease work-related stress
- Improve efficiency in the delivery of non-dispensing pharmacy services

Vision

- The pharmacy team established specific windows, where non-dispensing pharmacy services will be provided.
- Everyone on the team knows of the available appointments.
- Everyone on the team knows what to say to the public in advance of moving to appointment-based pharmacy and when faced with a request for a service.
- The pharmacist providing the service has everything prepared (e.g. forms available, SHARE data downloaded) before the service.
- The team knows roles and responsibilities before the service, during the service and after the service.
- Minimize administrative functions by the pharmacist during the service.
- Focus on efficiency so that there is no duplication of work when providing the service.
- As the team increases in confidence and technical efficiency in providing services, the scale of services increases.
- There will always be exceptions to “The Rules” but we will attempt to keep those to minimum
- Pharmacies will be providing appointment-based (same day/next day) services for all primary care services that are within the pharmacist scope of practice.
- All pharmacists employed at the pharmacy will be expected to have clinic shifts
- A pharmacy clinic admin assistant will be hired/re-deployed to support clinic activities as well as project documentation, ensuring the pharmacist is maximizing patient appointment time.
- The clinic will be open 40 hours per week and include days, nights and weekend hours

Workflow

Pharmacies will have list of services that includes all areas within the pharmacist scope of practice. Each appointment type will be assigned a specific # of appointment blocks with each appointment block designated a specific amount of time. It is suggested to start with

appointment blocks that are 15 minutes and as efficiencies for each service are achieved and processes are streamlined decrease appointment blocks to 12 minutes then 10 minutes over time.

A budgeting template that includes suggested appointment times is available on the CPPCC Pharmacy Resource Page. <https://pans.ns.ca/community-pharmacy-primary-care-clinic-demonstration-project-clinic-resources>

Types of Appointments

See sample descriptions for the public at www.pans.ns.ca/CPGCC

- Birth Control Assessment and Prescription
- Lyme Disease Prevention Assessment (note: if you have symptoms of Lyme a pharmacist cannot prescribe. Please see another provider. This is for prevention only)
- Uncomplicated Bladder Infections
- Shingles Treatment
- Covid-19 budesonide prescribing
- CPAMS – INR Testing and Warfarin Dose Adjustment
- Immunization Prescribing Assessment and Injection-ex. shingles, hepatitis A/B, HPV, meningococcal B (book covid and flu through provincial link)
- Medication Injection- ex. Vitamin B12, birth control, and any S/C or I/M medications (pharmacist will specifically provide services for long-acting anti-psychotic medications and buprenorphine (Sublocade))
- Administering publicly funded vaccines to those that are eligible
- Strep A assessment and prescribing
- Hypertension or Heart Disease Care (initial assessments and follow-ups)
- Diabetes Care (initial assessments and follow-ups)
- Mental Health and Addictions Care (pharmacies will all be Bloom program participants)
- Prescription Renewal Assessment (including medication changes if appropriate)
- Minor or Common Ailments- heartburn, thrush, cold sores, allergies, yeast infections, athlete's foot, eczema, acne, hemorrhoids and more. See full list here: <https://pans.ns.ca/public/pharmacy-services/assessing-prescribing-minor-ailments>
- Quit or Reduce Nicotine Use
- Take Home Naloxone Kit
- Ordering laboratory testing when needed for monitoring disease states and/or medication efficacy
- Pharmacists will book Med reviews, Deprescribing appointments when patients are identified

PINS and Billing

For a full list of PINS and billing fees, see Appendix A. Drug files should all be set up prior to launch. PINS were generated in the Opinions database.

The code ED must be entered in the Intervention Code field and one of the following codes must be entered in the Special Authorization Code field for all claims:

- 91 = In-person
- 92 = Telephone
- 93 = Video

Pharmacies will continue to bill services on line that are currently publicly funded. However, in order to be able to distinguish 'clinic' billings from 'dispensary' billings, a unique set of PINS will be used for the clinic. (see Appendix A- Table 1)

For services that are not currently publicly funded but they would be covered if the patient was to go to another provider, pharmacies will be paid a lump sum of \$7000/per month to cover these services. PINS have been created. Pharmacies will 'shadow bill' these services to Pharmacare. The claim will be accepted and \$0 paid. **The fee cannot be passed along to the patient.** (see Appendix A – Table 2)

Note- Minor Ailment PINS will need an additional Special Authorization code:

- 95 = Schedule 1 medication prescription written
- 96 = Schedule 2, 3 or OTC medication prescription written
- 97= OTC or no product recommended
- 98 = No treatment prescribed or recommended, referral to another provider
- 99= Treatment provided in addition to a referral to another provider

For services that are not currently publicly funded at any provider in Nova Scotia, pharmacies will set their own fees and bill the patient for the service (ex. Travel Health consultation, injection of travel vaccines). (see Appendix A- Table 3).

Notes:

- Patients that do not have a NS health card are not covered at these clinics. They may opt to pay out of pocket for services or see another provider.

- Complex Therapy Medication Assessment PIN requires further clarification. This is not intended to use as a means to bill something outside of scope or bill a triage assessment. It should be rare that this PIN is used and intended only if we missed something that should be within our scope, or if a patient requires a service within pharmacist scope that would be covered by another provider but none of the other PINS are an exact fit.

- There was a question during one session about providing strep assessments and testing outside of clinic hours. This will not be permitted as the supplies are provided for use for purposes of the study only and therefore must be done by the 'clinic'.
- Point of Care testing (A1C, INR, lipid panel, Group A Strep) and ordering lab tests are not intended to be advertised as stand alone services. Pharmacists can only order tests that are part of the provision of medication management. If the patient needs an assessment for a renewal of medication or is receiving chronic disease management care/advanced medication review services at the clinic, the pharmacist can order the test.

Booking Appointments

Our goals for the first couple of weeks are to ensure that we don't overbook and end up with long wait times/team stress. Our suggestion is to start with this. If you have some shorter or longer clinic days adjust these numbers to be approximately the same %.

- Each pharmacy will have 15 min appointment blocks by 7.5 hours per day = 30 appointments.
- Release 20 appointment blocks per day for the first 2 weeks.
- At the end of the clinic shift- release 8 appointments for same day/next day booking (night before allows people to book online at night when UTI starts etc)
- Reserve 2 time slots per day that clinic staff can use to book patients that have urgent needs

After each week, reassess appointment duration and % available same day/next day based on your experience. Our goal would be to decrease the appointment block duration as systems become more efficient to 10 minute appointment blocks, or perhaps less based on experience.

Appointment Booking Options

Pharmacies must have an appointment booking calendar visible to the public. Appointments such as medication reviews are not required to be visible to the public and may be booked directly by pharmacy team when deemed appropriate and patient is eligible.

Kroll

The user guide is found in the link below. It is suggested that all appointment types under General Counselling so that will be the only choice for the patient at booking and will prompt the sub-categories to all come up.

https://assets.ctfassets.net/rz9m1rynx8pv/69gotapiJe2zeVBylkYfMy/ba528f91a76491730a70dfbe723005f0/Online_Appointment_Booking.pdf

Creating appointment type video: <https://www.youtube.com/watch?v=ThmWjyZjXeo&t=312s>

Receiving appointment bookings: <https://www.youtube.com/watch?v=ThmWjyZjXeo&t=312s>

Virtual Care Guide:

https://images.ctfassets.net/rz9m1rynx8pv/5Fu4fMHNsOCeHT5bjAnHk6/fa90e4e3c236e78393f0966617cc87cb/Virtual_Consultation_Appointments_2020.pdf

MedMe

Further information about using the platform can be obtained from MedMe.

For releasing same day or next day appointments, please follow these instructions.

<http://helpcenter.medmehealth.com/en/articles/6901367-opening-same-day-and-next-day-availability>

Project Roles and Expectations

Pharmacy Manager/Owner

We are asking all pharmacy managers to complete the historical data and clinic budget spreadsheet and return to PANS prior to project launch. A few notes:

- There are several tabs along the bottom.
- Start with the historical data tab. Instructions are in yellow at the top of the page.
- Next complete a budget for each quarter.
- Please collect input and review with your teams so that everybody is working together to meet the goals of the project. We need to demonstrate together if this model of providing care is sustainable.
- In the next day, you should be receiving a one drive link that the manager and/or clinic admin will share files with PANS and research team.
- Each month, we will use the data you provide to create statements for you so you can see where you are.

Manager/Clinic Lead Meetings

- For the first month we will want to do a weekly check-in with each site to discuss what is working and what is not and determine how we can best support you. It can be with the pharmacy manager, or you can designate a clinic lead to attend on your behalf. Suzanne, Glenn or myself will reach out to coordinate an in-person visit as well as a regular time to meet each week. If it is going well, we will decrease the frequency of the meetings to bi-weekly or monthly.

Pharmacist

- Provide direction to pharmacy staff regarding the execution of the project. This includes, but is not limited to, booking appointments, faxing test results to the physician/NP, etc.
- Maintain accurate and complete documentation of all patient visits, test results, treatment decisions and rationale, prescribing, recommended date of next visit,

and communications with primary providers/NP and emergency physicians regarding the patient's care.

- Declare competency in POCT and stay up to date on any new published data and/or guidelines.
- Communicate all findings/test results/medications prescribed directly to the patient along with sending assessment notification fax to their primary provider with this information (if applicable)
- When a patient's needs are outside of the pharmacy scope of practice, the patient should be referred to their primary care provider, emergency room, virtual nurse practitioner, walk in clinic, or primary care clinic (see referral section)
- With respect to ordering lab tests, pharmacists will need to have system to ensure the pharmacist working in the clinic is monitoring lab test results as they come in. Guidelines will be provided for managing critical test results.

Clinic Administrator

- Greet patients and put them in private room when it is time for the appointment (ensure jackets off, ready to go when pharmacist comes in)
- Take phone call questions and do phone bookings
- Be up to date on pharmacist scope of practice
- Clean rooms in between uses, ensure supplies required in the room are stocked (POCT, injection supplies, brochures, etc)
- If patient arriving for a vaccine, ensure CANImm consent forms are complete for publicly funded vaccines and if not complete with the patient (greeter function)
- For publicly funded and non-publicly funded vaccines provide paper vaccine consent forms and screening tool to patient to be reviewed and signed.
- Encourage virtual consults for prescribing of vaccines prior to in-person visit
- When phone or online bookings come in- create a patient profile in Pharmacy Management Software. Create profile in EMR for chronic disease or advanced medication review appointments
- After the appointment, complete online billing for the appointment
- After appointment, provide patient tablet to complete a post-service survey (starting April 1, 2023 phase 1 and July 1, 2023 Phase 2)
- Project tracking and documentation – there will be a plan of certain things to track each month (ex. duration for each appointment type, types of minor ailments, reason for adaptations, and more)
- Maintain vaccine inventory – monitoring cold chain, place orders when inventory low
- Ordering point of care supplies, strips, and keeping them stocked in the room.
- For more lengthy appointments (30-60 minutes), call to confirm the day before to prevent no-shows.
- During down times, call patients that may have missed appointments to rebook, run reports to identify patients that may benefit from services such as CPAMS, Medication

reviews, vaccinations, Chronic disease management etc. Discuss plan with pharmacist and assist with contacting patients to let them know about services

- Ensure patients in dispensary receive rack card list of services and info about how to book online and are aware of the renewals and other services at the clinic.

Dispensary Team Members

- All pharmacists will have shifts both in the clinic as well as the dispensary
- If a patient requests a service after hours that is urgent and the pharmacist is able to provide, they may proceed with providing it within the dispensary workflow. This should be billed with the original PINS (DO NOT USE PROJECT PINS). One exception: point of care testing for A1C, Lipid panel and Group A strep can only be provided during clinic hours.
- If the patient's service need is non-urgent, book them into the next available appointment time.
- All pharmacy assistants, students and pharmacy technicians should be able to explain the clinic to patients, the types of services available and book appointments outside of clinic hours. During hours the clinic is open, these questions/bookings can be referred to the clinic admin.

Patient Responsibilities and Patient Consent

- The patient is responsible for ensuring they attend their appointment(s) as per the schedule recommended by the pharmacist.
- Providing the pharmacist with accurate responses to the health questions they are asked at each appointment.
- As this is a research project, we will need to have patients sign a consent form on their initial visit. The clinic admin will be responsible for checking patients in at arrival and providing the form. It should be documented on their patient file in a comment note 'CPPCC consent signed' and the document scanned to patient records. Once scanned it can be shredded. At subsequent visits, clinic admin be able to clearly see on their patient file that it is already signed. It will be posted to the project website as well, but sending it now so that you can read in advance.

Managing Patient Expectations and Concerns

If the patient expresses a concern to either the pharmacist or the physician/NP, the health care practitioner will:

- Address any immediate health care needs of the patient
- If an error has occurred, follow any procedures as required by your licensing body and your organization
- Document the conversation

- Be transparent with the patient regarding your intent to have a discussion with all health care professionals that are collaborating on this patient's care
- Involve the patient in the process of finding solutions to problems and implementing systems to prevent similar concerns again in the future
- If the concern involves project expectations or research concerns, contact PANS Director of Pharmacy Practice.

Clinical Resources

Community Pharmacy Primary Care Clinic Project pharmacies will have access to a private website found at:

<https://pans.ns.ca/community-pharmacy-primary-care-clinic-demonstration-project-clinic-resources>

This site provides information about the conditions/ailments/POCT to support the clinic in their day-to-day appointments. Each ailment that is funded through the clinic has a link to associated guidelines along with step by step PDF forms to aid in the assessment/prescribing process. All members of the clinic staff should be familiar with this site, know what information is found on the site and how to easily navigate it.



[Click Here](#) for Marketing Resources

Password to Access: MarthaRocks

Including social media posts, posters, rack cards & more

[Click Here](#) for Project Implementation Tools

Password to Access: SecurePANS2023

Including presentations for HCPs, consent forms & more

Support Options

Project Manager: Lisa Woodill lisa@pans.ns.ca

PANS consultant pharmacist: Suzanne Richards-Aucoin pharmpractice@pans.ns.ca

Discussion Group - Invite Only to Discuss with Colleagues

[Clinical Consultant Service NS](#)

[Addiction Medicine Consultant Service](#)

[NSH Vaccine Consult Service \(Coming Soon\)](#)

Clinical Resources and Forms

Minor Ailments

Allergic Rhinitis - Initial Assessment Form	<u>Diabetes/CVD</u>	<u>COPD/Asthma</u>
Cold Sore - Initial Assessment Form		
GERD - Initial Assessment Form	Cardiovascular Diabetes - Initial Assessment	COPD/Asthma - Initial Assessment
Hemorrhoids - Initial Assessment Form	Cardiovascular Diabetes - Follow-up	COPD/Asthma - Follow-up
Mild Acne - Initial Assessment Form	Cardiovascular Diabetes - Assessment & Follow-up Combined	COPD/Asthma - Assessment & Follow-up Combined
Mild Pain Conditions - Initial Assessment Form	Diabetes Canada Guidelines	CTS 2021: Diagnosis and Management of Asthma in pre-schoolers, children and adults
Mild Skin Conditions - Initial Assessment Form	Hypertension Canada Guidelines	GINA Pocket Guide Asthma
Oral Thrush - Initial Assessment Form	Hypertension Canada Patient Resources (Log, Action plan etc)	CTS 2019: Guidelines in Pharmacotherapy for COPD
Oral Ulcer - Initial Assessment Form	American Heart Association Steps for Accurate Blood Pressure Measurement	COPD Assessment Test (CAT)
Vaginal Candidiasis - Initial Assessment Form		Asthma Action Plan
Warts- Initial Assessment Form	Canadian Cardiovascular Society Guidelines	
Pinworm-Initial Assessment Form	2021 CCS Hyperlipidemia Guidelines	
Dry Eye-Initial Assessment Form		
Mild Headache-Initial Assessment Form		
Resource- Brownskinmatters.com		

Uncomplicated Urinary Tract Infection

UTI - Initial Assessment Form

Antimicrobial Handbook Nova Scotia Health Authority: Uncomplicated Cystitis

NSHA Pharmacist Prescribing Protocol

IWK Health Centre-Spectrum Antimicrobial Stewardship

Patient Tool: 811 UTI

Lyme Disease Chemoprophylaxis

Lyme Disease - Initial Assessment Form

Guidance for Primary Care and Emergency Providers for Managing Lyme Disease in Nova Scotia

e-tick photogallery

Patient Tool: Health Canada - Enjoy the Outdoors with out a Tick

Herpes Zoster Treatment

Herpes Zoster - Initial Assessment Form

Shingles Vaccination Assessment Form

Recommendations for the Management of Herpes Zoster - Clinical Infectious Disease

Patient Tool: PANS Herpes Zoster Info Sheet

Hormonal Contraception

Hormonal Contraception - Initial Assessment Form

Contraception Management Resources (courtesy of Dr. Anne Marie Whelan)

Pregnancy Screening Questions (courtesy of Dr. Anne Marie Whelan)

Resources for Prescription Renewal Prescribing

Generic Prescription Renewal Assessment, Rx and provider fax

Documentation for Renewals: General Instructions

Renewal template DM/hypothyroidism

Renewal template Asthma/COPD

Renewal template HTN/Lipids

Renewal template Contraception

Group A Strep

Strep - Initial Assessment Form

Viral Prescription Handout

Antibiotics:3 Questions To Ask Poster

Antibiotics: Not necessary Poster

IWK Firstline App

NSH Antimicrobial Stewardship/Antibiograms

Canadian Pediatric Society Guidelines: Group A Strep

Canadian Family Physician: Pharyngitis Diagnosis and Treatment

RX files pharyngitis

Video: Palpating Glands of Head and Neck

COVID-19 Pharmacotherapy

[Click Here](#)

[Assessment and Prescribing Budesonide](#)

CPAMS Resources

[Click Here](#)

Mental Health

[Nicotine Dependence - Medication only
Assessment Form](#)

[Nicotine Dependence-Follow up Form](#)

[Nicotine Dependence-Initial Comprehensive
Forms](#)

[Take Home Naloxone Program Resources](#)

[Naloxone counselling checklist form](#)

Medication Injection Administration

[Generic Drug Administration Form](#)

[Medroxyprogesterone Injection Form](#)

[Sublocade Injection Initial Assessment](#)

[Sublocade Injection Follow Up Records](#)

[Sublocade Monograph](#)

[Sublocade Distribution FAQ](#)

[Sublocade Account Set Up](#)

[Sublocade Certification](#)

[Long-acting Antipsychotic Medication Injection](#)

[Mental Status Exam](#)

Point of Care Tests

[ID Now Platform Brochure](#)

[ID Now Group A Strep](#)

[ID NOW Instrument Brochure](#)

[ID NOW Group A Strep Package Insert](#)

[Training Video ID Now](#)

[Afinion A1C Package Insert](#)

[Afinion Lipid Panel Package Insert](#)

[Afinion Analyzer Package Insert](#)

[Training Video Afinion](#)

[POCT Results Provider Fax Form](#)

Vaccine Information

[Nova Scotia Immunization Manual](#)

[2022/2023 Influenza Resources](#)

[Publicly Funded Vaccine/Immunoglobulin Eligibility Policy](#)

[Nova Scotia Routine Immunization Schedules for Children,
Youth & Adults](#)

[Publicly Funded Vaccine Eligibility for Individuals at High
Risk of Acquiring Vaccine Preventable Diseases](#)

[It's the Law: Report Adverse Events Following Immunization
\(AEFI\)](#)

[Immunization Toolkit for Immunization Providers](#)

[Canadian Immunization Guide](#)

[NACI Statements](#)

[PHAC Immunization Competencies for Health Professionals](#)

[AEFI Report Form](#)

[Shingles Vaccine Assessment & Prescribing Form](#)

[Travel Medicine CDC Destination List](#)

[Health Canada Yellow Fever Vaccination Centers](#)

[Monkeypox Recommendations for Nova Scotians](#)

[Monkey Pox Chapter of Nova Scotia Immunization Manual](#)

[Learn more about the mpox vaccine, IMVAMUNE](#)

[Monkeypox/Smallpox Vaccine Aftercare Sheet](#)

[General Information and Resources for Immunizers](#)

Community Resources

[Central Zone](#)

[Eastern Zone](#)

[Northern Zone](#)

[Western Zone- Annapolis and Kings Counties](#)

[Western Zone - Digby, Shelburne and Yarmouth
Counties](#)

[Western Zone - Lunenburg and Queens
Counties](#)

[Need a Family Practice Registry \(online form\) or
811](#)

[Virtual Care Registry \(for unattached pt already
on Need a Family Practice Registry list\)](#)

[NS Health Card Renewal](#)

Optimize My Medication

[BZRA Deprescribing - Initial Assessment](#)

[BZRA Deprescribing - Follow-up](#)

[BZRA Deprescribing - Initial & Follow-up
Combined](#)

[PPI Deprescribing - Initial Assessment](#)

[PPI Deprescribing - Follow-up](#)

[PPI Deprescribing Combined form](#)

NS Pharmacare Special

Authorization Forms

Webiste Page

Standard Exception Status Drug Request Form

COPD Therapy

Treatment of Gastrointestinal Disorder: PPI

High Cardiovascular risk: Jardiance and Synjardy

Long Acting Insulin Analogues: Lantus and Levemir

Non-Insulin Antidiabetic Agents

Rapid Acting Insulin Analogues: Humalog

Cardiovascular Disease: Alirocumab and Evolocumab

CVD: Dabigatran, Rivaroxaban, Apixaban, Edoxaban

Heart Failure: Dapagliflozin

CVD: Entresto

CVD: Lancora

CVD: Ticagrelor 90mg

Injectable Vitamin B12

General Resources

[Bugs and Drugs](#)

[Rx Files Access](#)

[medSask Minor Ailment Access](#)

[Generic hardcopy/fax notification](#)

[Extra Notes Fillable PDF form](#)

[Dispensing Pharmacy Fax Cover Letter](#)

[Advanced Medication Review](#)

Lab Test Ordering

Med Sask Common Lab Tests Guide

Critical Values

Lab Test Catalogue

Specimen Cancellation Rules

Lab Clinical Manual Policy and Procedure

Publicly Funded Vaccines

Covid 19 and Influenza vaccines appointments should generally be booked through the provincial website found at: <https://novascotia.flow.canimmunize.ca/en/covid-flu-booking>. CPPCC clinics may provide influenza or covid-19 vaccines if during an assessment it is recommended and you have product available, however it should not be promoted as one of the services. As this will lead to wastage of covid-19 vaccines however due to opening a vial, it is preferred to group patients together.

Each clinic will have a new 'CPPCC Internal Booking Page' set up to record these vaccinations, should they occur so that billings can occur separately. We are also expecting a new 'drop-in feature' which will be able to be used to more quickly document immunizations.

Additional publicly funded vaccines are available at the CPPCC locations and will include such indications as Td, Tdap, DTaP-IPV-Hib, Pneu-P-13, Pneu-P-23, MenC-ACYW-135, Hib, Varicella, and MMR. Pharmacists will assess the patient and determine if they are eligible for any/some of these vaccinations. The CPPCC program will include eligible patients age 2 and over for routine immunizations: <https://novascotia.ca/dhw/cdpc/documents/Routine-Immunization-Schedules-for-Children-Youth-Adults.pdf>. The exception will be that pharmacies are NOT able to provide the Grade 7 vaccinations as these are handled within the school system.

Pharmacies will also be able to provide vaccination to the individuals eligible as per the high-risk eligibility policy. See page 4: <https://novascotia.ca/dhw/cdpc/documents/vaccine-eligibility-for-high-risk-conditions.pdf> . Pharmacies will follow the same process as other providers. They will need to request vaccine using specific order forms provide details regarding patient eligibility. If approved, they will be notified when it is ready for pick-up.

Public Health has assigned the project a specific quantity of each vaccine for the year which starts in April. PANS has allocated vaccine between zones based on physical location, population and expected demand. From there, each clinic (phase 1 and 2) has been allocated a specific number of each vaccine for the year. Approximately 50% of your clinics yearly vaccine allocation will be ordered from Shopify in April and you will be contacted to pick it up at your local Public Health location. You may place an order with Shopify for additional quantities of your allocation as needed.

There are certain vaccines that are only available for special populations such as DTap-IPV-Hib, Tdap-IPV, and Men-C. The project has been approved for limited quantities of these vaccines so they will be held at a central location. Each store will not have a set allocation for these vaccines, instead once the total allocation is depleted that will be it for the year. When you have a patient(s) who meets the requirements, an email should be sent to publichealthvaccineorders@nshealth.ca. The required number of doses will be manually entered by Public Health and the vaccines will be delivered with monthly deliveries to the local office in your zone for pick up.

Mpox is another vaccine that will be available to patients who meet the criteria. This vaccine has a different ordering process as it requires ultra low temperature storage. Clinics will fill out a patient requisition that is sent to Public Health (2 dose series, so 2 requisitions) and once approved, the vaccine will be sent to the local Public Health office for pick up.

Point of Care Testing (POCT)

The clinic can provide the following point of care tests as part of an assessment and for the purpose of drug therapy management (or need for drug therapy management such as GAS).

If the testing is agreed to by the patient, then the pharmacist (or pharmacy technician) who has been trained/certified to complete the testing will complete the required steps as outlined in the POCT training manual for each device. The POCT manual is required by NSCP Standards of Practice and is available to purchase by emailing info@pans.ns.ca.

For use of the Abbott products and/or devices an agreement must be signed and returned to PANS.

POCT results appear within minutes of conducting the test and are to you explained to the

patient, documented on their file, and a fax sent to their primary provider (if applicable). Appropriate prescriptions and follow up appointments will be made based on the test results. Currently, POCT at the CPPCC include:

- INR
- Group A Streptococcal
- Lipid Panel
- A1c

Strep A Training videos: <https://www.globalpointofcare.abbott/en/product-details/id-now-strep-a-2.html>

Afinion 2 Training videos: [Afinion 2 Test System Product Demo | Abbott Point of Care \(globalpointofcare.abbott\)](#)

CPAMS information: <https://pans.ns.ca/cpams-resources-pharmacy-professionals>

Communication of Results

As per NSCP Standards for Prescribing and Testing, pharmacists are required to notify a patient's family physician/NP of all test results and prescribing. During this project, this requirement will be satisfied by sending a fax communication.

Ordering POCT Products from Abbott (Lipids, A1C, Group A Strep)

The initial order of test cartridges will be shipped automatically. Pharmacies will need to monitor inventory and order in advance of running out. Abbot will provide an ordering spreadsheet with instructions on one tab. Please consult the ordering sheet for the most up to date instructions, but these are the current instructions. Pharmacies should ensure they order based on expected demand for the coming month. There will be a minimum order amount and a maximum order amount and pharmacies can order any quantity of kits within the min and max. Abbott will be providing PANS with a monthly report of orders to ensure pharmacies are ordering fairly.

Order form directions (keep a copy of the version from Abbott on your desktop)

Nova Scotia Pharmacy Project Order Form Instructions:

These instructions are to help with the completion of the attached order form. This form is required to be filled out and submitted to Abbott Rapid Diagnostics to receive order.

Products are shipped on Monday and Tuesday of each week only. Please ensure that orders have been submitted and confirmation has been received the Friday prior to the requested ship date.

STEP 1 – Please check that the Pharmacy Location (Section 2) is correct.

STEP 2 – Add the number of kits you would like to order in the Quantity of Kits column (Section 11). Quantities must not be below the minimum order of kits (Section 9).

STEP 3 – Enter the current date (Section 3).

STEP 4 – Save your order on your PC.

STEP 5 – Click on the email link (Section 13) to open up an email window.

STEP 6 – Attach the Order Form and send the email. Customer Service will send a confirmation once the order has been processed.

STEP 7 – Make sure you have received a confirmation of your order by the Friday prior to the requested ship date.

Sections numbers in Red are to be used by the customer.

1 Abbott Rapid Diagnostics ULC

185 Corkstown Rd
Ottawa, ON K2H 8V4
613-271-1144

2 Pharmacy Location

Happy Pharmacy
1 Main Street
Happy City, NS
B0B 1B1
Province/Territory: NS

3 Date: 30/11/2022 0:00

4 Blanket PO #: 1234

5 Customer # 100012345

6 Item/Part #

Item/Part #	UOM	Description	Min. Order Qty	Unit Price	Quantity of Kits	# of Tests	Line Total
1116793	EA	Afinion HbA1c Control	1 Kit	\$0.00			\$ -
1116795	EA	Afinion HbA1c, 15 tests, EUR	20 Kits	\$0.00	0		\$ -
1116800	EA	Afinion Lipid Panel Control	1 Kit	\$0.00			\$ -
1116801	EA	Afinion Lipid Panel, 15 tests, EUR	20 Kits	\$0.00	0		\$ -
26333	EA	UNIVERSAL PRINTER LABELS 59MM	1 Roll	\$0.00			\$ -
734000	EA	ID Now Strep A, 24 tests	20 Kits	\$0.00	0		\$ -
734080	EA	ID Now Strep A Control, 24 swabs	1 Kit	\$0.00			\$ -
	EA						\$ -
	EA						\$ -

7 Unit of measure (UOM)

8 Product Description

9 Minimum Order Qty

10 Unit Price

11 Quantity

12 Number of total tests

13 Email link for CS

13 Email order to: custservcanada@abbott.com

Order Form

Page: 1

13 Subtotal: \$0.00

13 Freight/Handling: \$0.00

13 PST: \$0.00

13 GST: \$0.00

13 HST: \$0.00

13 Total: \$0.00

Ordering Item Numbers

VENDOR	SHIP TO
Abbott Rapid Diagnostics ULC	To NS Pharmacies as Specified in the attached document
Emmanuel Lazaradis	
185 Corkstown Road	
Ottawa,ON, K2H 8V4	
Phone: (613)271-1144	
Email: emmanuel.lazaradis@abbott.com	

lkj			
DESCRIPTION	QTY	UNIT PRICE	TOTAL
1116793 Affinion HbA1 Control		\$.00	
1116795 Affinion HbA1c 15 tests, EUR		\$.00	\$.00
1116800 Affinion Lipid Panel Control		\$.00	\$.00
26333 Universal Printer Labels		\$.00	\$.00
734000 ID Now Strep A, 24 tests		\$.00	\$.00
734080 ID Now Strep A Control, 24 swabs		\$.00	\$.00
SB0193 Afinion 2 System BOM (instrument, adapter, printer, scanner)		\$.00	\$.00

SB0085	ID NOW BOM (Instrument + Accessories (Printer/Bar code Reader)	\$.00	\$.00
Comments or Special Instructions		SUBTOTAL	\$.00
To be delivered directly to pharmacies in the attached document.		TAX	
		SHIPPING	
		TOTAL	\$.00

Min/Max Order Quantities

Instrument	Product Code	Product Description	tests per kit	Supply chain	Kit Dimensions (cm) (L X W X H)	Shipping Box (cm) (Exterior for min order Qty.)	Min order quantity (kits)	Min order quantity (Tests)
Afinion	1116795	Afinion HbA1c, 15 tests, EUR	15	Cold	25.5 X 7.50 X 9.70	40.64 X 40.64 X 40.64	8	120
Afinion	1116801	Afinion Lipid Panel, 15 tests, EUR	15	Cold	23.70 X 9.00 X 9.70	40.64 X 40.64 X 40.64	6	90
ID NOW	193000C	ID NOW COVID-19 2.0 Test KIT 24T CANADA	24	Ambient	29.21 X 20.32 X 26.67	60.96 X 38.1 X 40.64	4	96
ID NOW	427000	ID NOW INFLUENZA A/B 2.0 (24T)	24	Ambient	29.21 X 20.32 X 26.67	60.96 X 38.1 X 40.64	4	96
ID NOW	734000	ID NOW STREP A 2 (24T)	24	Ambient	29.21 X 20.32 X 26.67	60.96 X 38.1 X 40.64	4	96
ID NOW	435000	ID NOW RSV TEST KIT 24T	24	Ambient	29.21 X 20.32 X 26.67	60.96 X 38.1 X 40.64	4	96

Extra Swabs for Group A Strep Testing

If you are finding that some swabs have been wasted and you have more cartridges than swabs, extra swabs are available from any general lab supply company like Fischer Scientific

<https://www.fishersci.com/us/en/home.html>

Ordering Sublocade

Setting Up Your Indivior Direct Pharmacy Account

Step 1

Complete the Digital Direct Account Opening Form at <https://www.cpdn.ca/secure/indivior>. All mandatory fields must be completed. Proof of valid pharmacist license and pharmacy license must be uploaded to complete the form (the latter not applicable for QC)

Step 2

Upon submission of the completed form, you will receive a confirmation from no-reply@cpdn.ca to the email address provided on the form. A reference number will be provided in the email. (Please check spam folder)

Step 3

In approx 2-3 business days, you will receive 3 emails, indicating account opening has been completed

- 1) username for the ordering portal from indiviorservice@cpdn.ca
- 2) temp password for the portal from no.reply.notifications@cpdn.ca which will need to be changed upon logging in
- 3) temp PRIVATE key from no.reply.notifications@cpdn.ca, which is REQUIRED TO CONFIRM AND RECEIVE YOUR ORDERS and should not be shared. Will expire 48 hrs after receipt. Please update immediately upon logging in

Step 4

You can now enter and complete your orders at: <https://www.cpdnweboms.ca>

Step 5

To add additional pharmacists to an existing account contact:
If you are located in MB, SK, AB, BC, NT, YK
indiviorcalgary@lynden.com
For the rest of Canada:
indivior@lynden.com

For technical or process support

Email: indiviorservice@cpdn.ca Call: 1-800-680-3839 option 2

Ordering Laboratory Tests

Pharmacists in the project will be able to order lab tests required for the purpose of drug therapy management (ie. not for the purpose of diagnosing/exploring symptoms not expected to be related to drug therapy). See NSCP standards of practice.

The first step is to complete the fax permission form. If you are set up with an EMR you will also complete the e-results form and return to info@pans.ns.ca. Once the forms have been processed you will receive a “test fax” that will have instructions on it. Not until you complete the instructions will your account be active.

Reminder: Critical Lab Value Process – Community Pharmacy Lab Ordering Pilot

- For the purpose of the Community Pharmacy Lab Ordering Pilot there is a centralized critical value process.

- All critical values that come back from the lab will be reported to a single telephone 24/7 pharmacy consultancy line.
- **If a critical values comes in during business hours** the pharmacist consultant will contact the authorized prescribing (AP) pharmacist's site. Following a discussion related to the nature of the critical result and interpretation, the AP will make immediate contact with the patient.
 - When calling a site to notify the AP of a patient's critical result, should the AP be unavailable/not working that day, the pharmacist consultant will require confirmation from the Site Lead that the patient will be contacted immediately by a covering pharmacist.
- **If a critical values comes in outside business hours**, the 24/7 pharmacist consultant will contact the patient directly. Communication of this contact will be sent to AP/site via fax to flag that outreach was made to the patient and the outcome or next steps of that conversation.

MedSask course

The labs agreement that was signed requires that all pharmacists complete the MedSask course by April 17th (Phase 2). This is a refresher course that will provide insight on which labs to order in which conditions. The link to register is:

<https://communityconferences.usask.ca/index.aspx?cid=634>

Lab Ordering Resources found of CPPCC website:

- Cancel Rules Policy – how many times tests can be run (based on Choosing Wisely)
- Critical Value Levels, by test
- Lab Test Catalogue
- NSH Lab Testing Policy

Lab requisition Form

We ask that all sites use this form on a short-term basis, manual entry will be required for the ordering of labs. There are some labs not included such as B12, Hgb, AST, CBC, , folate-serum, eGFR. When appropriate for the patient, please manually write the additional labs in the 'other box' at the bottom.



Department of Pathology and Laboratory Medicine - Central Zone

Laboratory Requisition – Primary Care

Gray fields indicate required information to prevent delay or rejection of sample.

Authorized requestor's information:

Ordering clinician/practitioner _____
PRN (Physician registration #) _____
Address _____
Telephone (for critical results) _____

☐ Copy to clinician/practitioner name _____
PRN _____ Location _____

Priority: ☐ Routine ☐ Urgent (see reverse)

Fasting? ☐ No ☐ Yes – number of hours: _____ (see reverse)

☐ Standing order request – Indicate test and frequency: _____

Authorized requestor's signature _____
Date signed _____ (requisition expires one year from this date)

Instructions to patients (see reverse)

Chemistry	CT	Endocrine	CT	Hematopathology	CT	Urine testing	CT
<input type="checkbox"/> Electrolytes (Na, K)	Gr	<input type="checkbox"/> PSA	Gd	<input type="checkbox"/> Profile, auto diff	L	<input type="checkbox"/> Urinalysis	U
<input type="checkbox"/> Chloride (Cl)	Gr	<input type="checkbox"/> TSH	Gd	<input type="checkbox"/> INR (PT)	B	<input type="checkbox"/> Alb/Creat ratio (ACR)	U
<input type="checkbox"/> Total CO ₂	Gr	<input type="checkbox"/> Thyroxine, free (FT4)	Gd	Is patient on Warfarin? <input type="checkbox"/> No <input type="checkbox"/> Yes		Stool testing	CT
<input type="checkbox"/> Glucose AC	Gr	<input type="checkbox"/> HCG quantitative	Gr	<input type="checkbox"/> PTT	B	<input type="checkbox"/> Stool C & S	E
<input type="checkbox"/> Glucose, random	Gr	Lipids	CT	Is patient on Anticoagulant Therapy?		<input type="checkbox"/> Stool O & P	S
<input type="checkbox"/> Urea	Gr	<input type="checkbox"/> Triglycerides	Gr	<input type="checkbox"/> No		<input type="checkbox"/> Traveled to/Immigrated from outside North America	
<input type="checkbox"/> Creatinine	Gr	<input type="checkbox"/> Cholesterol	Gr	<input type="checkbox"/> Yes Type _____		<input type="checkbox"/> Immune compromised	
<input type="checkbox"/> Total Bilirubin	Gr	<input type="checkbox"/> HDL-Cholesterol	Gr				
<input type="checkbox"/> Alkaline phosphatase	Gr	<input type="checkbox"/> LDL-Cholesterol	Gr				
<input type="checkbox"/> ALT	Gr	Drug levels	CT				
<input type="checkbox"/> CK	Gr	Pre-level only:					
<input type="checkbox"/> Phosphorus	Gr	Last dose date					
<input type="checkbox"/> Albumin	Gr	_____ YYYY / MM / DD					
<input type="checkbox"/> Uric Acid	Gr	Last dose time					
<input type="checkbox"/> Protein, total	Gr	_____ (24-hour clock) hrs					
<input type="checkbox"/> Calcium	Gr	<input type="checkbox"/> Digoxin	R				
<input type="checkbox"/> Ferritin	Gd	<input type="checkbox"/> Lithium	R				
<input type="checkbox"/> Magnesium	Gr	<input type="checkbox"/> Phenytoin	R				
<input type="checkbox"/> CRP	Gr	<input type="checkbox"/> Carbamazepine	R				
		<input type="checkbox"/> Valproate	R				
		<input type="checkbox"/> Vancomycin	R				
		Miscellaneous	CT				
		<input type="checkbox"/> Anti-Tissue transglutaminase	Gd				

Other tests
Please print:

Other tests not listed, including urine culture, may require different requisitions; please see our website for more information: www.cdha.nshealth.ca/pathology-laboratory-medicine

Time stamp (for lab use only):

Patient's Information:

Name _____ Last _____ First _____ Middle _____
Full address _____ Street _____
City/Town _____ Province _____ Postal code _____
HCN (Health card #) _____
Health card province _____ Expiry date _____ YYYY / MM / DD
Unique Identifier # _____ (if HCN is not available) Type _____ (see reverse)
Date of birth _____ ☐ Male ☐ Female
Telephone (_____) _____ (12 hours from collection)

Third party billing: ☐ Workers' Compensation Board (WCB)

☐ Research account SAP # _____

☐ Self pay _____

☐ Other _____

Clinical Information

Relevant medications _____

Collected by signature _____ ID # _____ (from Central Zone)

Date collected _____ YYYY / MM / DD Time _____ (24-hour clock) hrs

Pharmacist Referrals

What to do when symptoms are out of the pharmacist's scope?

If a patient presents with symptoms that are beyond the pharmacist's scope of practice or you think something is urgent or a physical exam is necessary then you can refer the patient to a virtual NP, Virtual Care Nova Scotia, walk in clinic, Primary Care Clinic, Emergency room, or their own primary provider. Here are some example scenarios for referral.

Unattached Patients

Referral to Virtual Care NS

All unattached should sign up for virtual care NS before a problem presents.

- Unattached patients that require assessment for an undiagnosed condition, but may not require in person visit (ex. depression, anxiety etc)
- Unattached patients that may require specialist referral
- Other as deemed appropriate.

Referral to Primary Care Clinics or Walk-in Clinics

- Unattached patients that require assessment for an undiagnosed condition that will likely require physical assessment
- Unattached patients that require annual or usual care physical assessment, tests ordered such as EKG etc. as part of chronic disease management

Referral to Emergency Room (ER)

- Any patient (attached or unattached) that requires urgent medical treatment

Patients with a Family Physician or Regular Nurse Practitioner

Referral to Family Physician/NP

- Attached patients that require assessment for an undiagnosed condition (which can wait until next available appointment)
- Attached patients that require specialist referral
- Attached patients that require annual or usual care physical assessments, tests ordered such as EKG etc., as part of chronic disease management

Referral to Walk-in Clinics

- Care that cannot wait for next available physician appointment

Referral to Emergency Room

- Urgent care requiring immediate attention

All patients - Community Resources

A list of resources and community providers such as Diabetes Clinics, COPD Care, mental health support is found on the CPPCC resource page.

Process Flow for Appointments- Step by Step Guide

Action
1. Patient can book online themselves or call the pharmacy and a staff member can process the booking. Clinic admin receiving calls should ensure the "chief complaint" is within the scope of this pharmacy clinic. If patient calls, clinic admin should encourage virtual assessment first for immunization prescribing. They should consult chart (to be provided and developed by the team) with information to prepare the patient.
2. If patient books their appointment virtually, clinic admin should be monitoring for these appointments. All booked appointments should have a file set up in the Pharmacy Management Software system in advance (and EMR if you suspect it will be used). Patients that have booked lengthy appointments, should be called the day before to confirm (avoid no-shows).
3. Patients attend the pharmacy for their appointment. The clinic administrator has the first interaction with the patient and provides pt with a consent form outlining the clinic process/data collection as it is part of a study.
4. Pharmacist reviews the online booking before seeing the patient and has required forms/websites/guidelines ready to use. Clinic admin can also help with preparation (gather POCT supplies, vaccines ready, CANImm forms completed etc).
5. Phc greets and begins assessing the patient. Using prepared forms will help guide this process. Gather relevant information and perform required tests to assess the patient (ex: check blood pressure, temperature, weight)
6. If a POCT is deemed appropriate, Gather items for testing: ex: Testing device, test strips/cartridge, lancing device, control, nasal swabs, alcohol wipes, band-aids, gloves, and cotton balls, cleaning solution.
7. Review results with the patient (blood pressure, temperature, POCT) and take steps to ensure they understand what they mean.
8. Based on the assessment, what is the treatment plan? <ul style="list-style-type: none"> • Non-pharmacological options • Health goals • OTC medications • Prescription medications • Labs order required?
9. Does the patient need to be referred? <ul style="list-style-type: none"> • Back to their own primary provider in a timely fashion • To the emergency room for immediate care • To our virtual NP for diagnosis • To a local Primary Care Clinic for a physical exam

10. Decision for the pharmacist to prescribe medications to the patient <ul style="list-style-type: none"> • Stable at current medication(s) • Need to increase or decrease a current medication • Need to discontinue a medication • Need to add on a medication
11. Counselling and what should the patient monitor
12. Follow up – this should be booked prior to leaving. A system to communicate interval for next appt with clinic admin should be developed so patient can be booked in. <ul style="list-style-type: none"> • When • Where • What to bring
13. Leaving the pharmacy, the patient should be meet by the clinic administrator again and a short exit survey should be conducted for data collection purposes on a tablet.

Documentation of Clinical Activities

- Documentation can occur in Pharmacy Management System or Electronic Medical Records.
- If you are using the Pharmacy Management System Documents (Kroll) and Attachments (Pharmaclik) can be used to store scanned documents or saved pdfs. Ensure naming of files is consistent. Ex.
 - 2023 01 10 CPPCC Prescribing UTI Phone,
 - 2023 02 24 CPPCC Initial Assessment Diabetes
- Kroll also allows storage of clinical information in Professional Notes, General Counselling, Immunization, Charting or the Medication Review functionality. The appointment booking functionality will launch some appointment types and lead to specific areas to document.
- SDM will be providing training for documentation in the EMR – Accuro
- Will want to consistently document family physician or ‘unattached’ so can run a report. More info to follow.

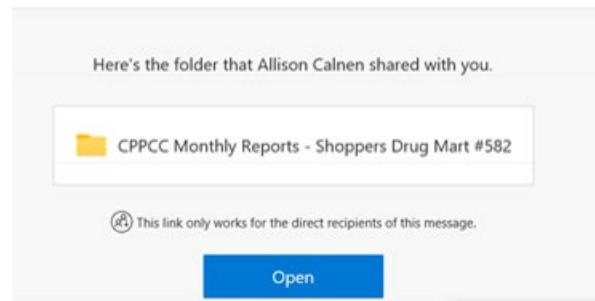
CPPCC Weekly Pharmacy Data Collection Instructions

Weekly File Upload Instructions: Kroll and Pharmaclik Rx pharmacies (SDM reporting is done by corporate office)

Weekly Reports:

- uploaded to Onedrive every Monday. All pharmacy managers should have received an email invite to a Shared Drive that looks like this. It may have gone to your junk mail if you did not receive it.

Allison Calnen shared a folder with you



- Kroll and Pharmaclik pharmacies must create drug groups CPPCC on the service files for clinic (for Kroll this is a Drug Group, for Pharmaclik “Custom Class” (already done by McKesson))
- Kroll and Pharmaclik pharmacies must create patient groups ‘Unattached Patient’ and ‘Attached Patient’ (e.g. “CPPCC – Attached”, “CPPCC – Unattached”)
- Kroll Pharmacies:
 - o Run Drug Usage Report. Choose the appropriate date range and select “CPPCC” drug group and export to a .csv file (Name the file “Week ending_2023 02 11_Pharmacy ABC_Start Feb 2023.csv”. (Please include the underscores. It will save us a lot of time.) This will save services for all patients.
 - o Run Drug Usage Report, CPPCC drug group AND select patient group Unattached patient (e.g. CPPCC – Unattached”. This will print the report for Unattached patients. (Name the file “Week ending_2023 02 11_Unattached_Pharmacy ABC_Start Feb 2023.csv”. Upload both reports to the shared folder.
- Pharmaclik Pharmacies:
 - o Run Drug Movement Report and choose the appropriate date range. (NOTE: DO NOT USE THE DRUG MOVEMENT TOTALS REPORT) and select as your Custom Class “CPPCC” (Pharmaclik) save to .txt file. This will save the file for all patients. (Name the file “Week ending_2023 02 11_Pharmacy ABC_Start Feb 2023.txt” (Please include the underscores. It will save us a lot of time.)
 - o Run Drug Movement Report and select as your Custom Class “CPPCC” (Pharmaclik) AND select Group “CPPCC – Unattached” and export to .txt file. This will save the file for all patients. (Name the file “Week ending_2023 02 11_Unattached_Pharmacy ABC_Start Feb 2023.txt”

When naming the files be careful the first time. After that, when you save the file, click on the last file you saved and just change the date. It’s much easier!

Project Evaluation - Data Collection Requirements

Participating pharmacies are required to complete these surveys/reports and should have these sites bookmarked

For use starting Feb 1st (Phase 1) May 1st (Phase 2)

- Clinic Admin Reporting- weekly data collection
https://24.selectsurvey.net/researchpowerinc/CPPCC_clinic_report#
- Monthly Reports: uploaded to Onedrive
 - All pharmacies should create drug groups CPPCC on the service files for clinic
 - Run Drug Movement Totals (Pharmaclik)
 - Drug Usage Report (Kroll) for these groups.
 - SDM – to be provided by corporate (TBD)

For use starting April 1st (Phase 1) July 1st (Phase 2)

- Patient Post-service survey:
https://24.selectsurvey.net/researchpowerinc/CPPCC_pt_survey#

Purpose

To support evaluation and learning related to the Community Pharmacy Primary Care Clinic (CPPCC) demonstration project, we are asking all pharmacies to submit weekly data for their clinic.

Process

1. Data collection will take place weekly throughout the project. Key variables collected are:
 - a. The hours the clinic was open for services each day.
 - b. The hours the clinic pharmacist worked in addition to the total hours the clinic was open and serving patients.
 - c. The hours worked by the clinic admin.
 - d. The approximate proportion of appointments in your clinic that were filled.
 - e. The approximate number of requests for services the pharmacy received during hours when the clinic was closed.
2. The link to submit your data is:
https://24.selectsurvey.net/researchpowerinc/CPPCC_clinic_report#
3. You are asked to **submit your data every Monday** for the preceding week (the preceding Sunday to Saturday). The evaluation consultant (Clare Levin, Research Power Inc.) will monitor data collection and follow up with clinics if data is not submitted weekly.

Clinical Data Collection Tool

This document will be used by the clinic admin to report information about the appointment allowing for project data to be collected/analyzed. It will help identify what service(s) the patient received and will provide additional questions based on the service(s). To aid in this process, clinics will have a double-sided tear off pad titled “Services Received Today” that the pharmacist can check off quickly with the details of the appointment. The clinic admin can then use this tear off sheet to enter the data into the Clinical Data Collection Tool Document.

Participation in Research

There will be an interim evaluation as well as a final evaluation. At both points in time, participating pharmacies will be expected to participate in focus group discussions and/or surveys.

Interviews will also be conducted with community health care providers and pharmacies may be asked to help identify providers to request an interview with.

Facebook CPPCC Discussion Group:

This is an invite only group that allows project members to share questions and concerns with others in the project. The available sections include: general discussion, ordering supplies, prescribing, marketing, billing, and labs.

If you have questions about the project, or tips that you would like to share with your colleagues, you may post it in the discussion section. Questions and comments in this section are visible to all participants in the project. Please refrain from sharing confidential patient information and/or comments/concerns regarding other health care professionals in this section.

Posts should be respectful of patients and colleagues at all times.

Project Support

Data Collection Support

If you have questions about the data collection process or the evaluation, please reach out to:

Clare Levin

Evaluator for the CPPCC demonstration project

Partner, Research Power Inc.

(902) 463-7661 or clare@researchpowerinc.com

General Support: PANS pharmacists:

Lisa Woodill, project lead, Director of Pharmacy Practice: lisa@pans.ns.ca

Suzanne Richards- Aucoin, Consultant Pharmacist: pharmpractice@pans.ns.ca

Glenn Rodrigues: Prescription to Thrive pharmacies only: glenn@pans.ns.ca

Website/Course Questions

info@pans.ns.ca

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

Appendix 1

Visit summary for healthcare providers



☐ Response Required

☐ For Your Records

☐ If provider feels that they have adequate information to provide a response, a written response is sufficient instead of a phone consult

Pt Name:	Sex assigned at birth:	Gender Identity:
DOB:	Age:	Full Address:
Pharmacy:	Pharmacy Phone:	Pharmacy fax:
Pharmacist:	Assessment: <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Virtual	HCN:

☐ Chief Complaint:

☐ History of Present Illness:

☐ Allergies/Past Relevant Medical History (past surgical history, medication history, family history, social/personal history)

☐ Pt's at home meds were reconciled against DIS ☐ List of current meds has been attached ☐ Relevant Meds are:

☐ Impressions and general appearance of pt:

☐ I have completed a(n) assessment on this patient.

Recommended by pharmacist for patient to implement	Rationale
Pharmacist has prescribed	Rationale
Referral request	Rationale

Resources used: ☐ DIS ☐ SHARE (most recent lab date:) ☐ Your Health NS Immunization Record

☐ CanImmunize ☐ POCT for Result: ☐ Provided patient a lab req

Considerations:

☐ Pharmacist Follow up plan:

Please do not hesitate to contact me with questions/comments. I hope this has been helpful in the care of your patient.

☐ The written prescription/assessment if any is within my scope of practice, skills, competencies, experience and is within the prescribing standards. If an authorized prescription is being dispensed by the same prescribing pharmacist, the patient has been informed that in this case there is one less health care professional assessing the appropriateness of therapy for the above indication.

Pharmacist	License Number	Date
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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.

The screenshot shows the Accuro Virtual Chart interface for a patient named Chester, Tester. The patient's information is displayed at the top: DOB (n/a), HCN (9999 999 999), H (902) __-__-__, C (902) __-__-__. The interface includes a sidebar with navigation options like Home, Scheduler, Patients, Documents, Claims, EHR, and Wait List. The main area displays a list of chart items with columns for Date, Type, SubType, and Note. A right-click context menu is open over the chart items, showing options: Preview, Print, **Print Entire Chart** (highlighted in yellow), Fax, Print/Fax Summary, Delete, and View Log. The chart items include various notes and clinical assessments from January 2023 to May 2023.

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.

The screenshot shows the 'Print Chart' dialog box. The title bar is 'Print Chart'. The main heading is 'Chart Print/Fax For Tester, Chester'. The dialog includes several checkboxes: 'Include Patient Footer on Each Page' (unchecked), 'Include Page Numbers' (checked), 'Include Only Encounter Notes Created by' (Boutillier, Nicole), and 'Include Addendums' (unchecked). There are date fields for 'Include Dates' (MM/DD/YYYY) to (MM/DD/YYYY) with a note '(Leave Empty to Not Filter)'. A list of chart items is shown with checkboxes: Patient Demographics, Medical History, Appointment History, Encounter Notes, Lab Results, Documents, Forms, and Patient Notes, all of which are checked. At the bottom, there are buttons for 'Preview', 'Print', 'Fax', and 'Cancel'. A note at the bottom states: 'Note: To print only certain chart items, hold down the CTRL key while clicking items directly from the Virtual Chart, right click, and then select Print or Fax.'

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

Patient Chart

Printed: 2023-Jun-19

Patient Demographics

Tester, Chester 9999999999

n/a old male

Birthdate:

Chart#: 0000001

Home Phone: (902) ____-____

Work Phone: (902) ____-____

Cell Phone: (902) ____-____

Address:

, NS

Canada

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 cal diet and exercise program], Sinusitis, Hypertension, Diabetes Type 2 [Well managed by client]

Risk Factors: High Cholesterol [Patient on restricted diet]

Active Medications: JAMP-MYCOPHENOLATE 250 MG CAP,
cyclosporine 25 mg Oral Capsule,
glucalazide 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

Surgical/Medical History: None Recorded

Known Allergies: Penicillins (Drug Allergy), Musk Root (Severe Drug Allergy), Drug - Intolerance - None Known,
Non-Drug - Allergy - None Known, Non-Drug - Intolerance - None Known

Lifestyle Notes: Tobacco - >20 cigarettes per day, Diet - Following a diet: Mediterranean, Alcohol Intake - >10 drinks/week (F)

Family History: Cancer (Brother) - Prostate, Cancer (Father) - Prostate, Cancer (Mother) - Ovarian, Cancer (Sister) - ovarian

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

Under plan, click the Consultation Summary Button.

Plan

Print Care Plan Task Inv Con Lab Imm Med Draw

Tasks

Form, PANS Consultation Summary Form assigned to Lisa Woodill

Enter new note/instructions here

Workflow Actions

- Services Received
- Attached Soap Note
- POCT
- Follow up - Front Desk
- Disposition
- Insurer
- Date
- Provider*
- Consultation Summary
- Physician/NP Letter
- Injection
- Lab Requisition

Disposition:

Insurer: NS -

Date: 08-Apr-2025 03:30 PM

Provider*:

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

Visit summary for healthcare providers

☐ Response Required ☐ For Your Records

☐ If provider feels that they have adequate information to provide a response, a written response is sufficient instead of a phone consult

Pt Name: SeniorTest	Sex assigned at birth: <input type="text"/>	Gender Identity: <input type="text"/>
DOB: 01-Jan-1940 Age: 85	Full Address: 8 Shubenacadie Provincial Wildlife Park Shubenacadie, Nova Scotia B0N 2H0	
Pharmacy: Pharmacy Association Nova Scotia	Pharmacy Phone: <input type="text"/>	Pharmacy fax: <input type="text"/>
Pharmacist: Lisa Woodill	Assessment: <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Virtual	HCN: <input type="text"/>

☐ Chief Complaint:

☐ History of Present Illness:

☐ Allergies/Past **Relevant** Medical History (past surgical history, medication history, family history, social/personal history)

☐ Pt's at home meds were reconciled against DIS ☐ List of current meds has been attached ☐ Relevant Meds are:

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

Observations

Ordering Provider: [Dropdown] Service Provider: [Dropdown]
 Date: 08-Apr-2025 Time: 03:32 PM

Visit summary for healthcare providers

☐ Response Required ☐ For Your Records

☐ If provider feels that they have adequate information to provide a response, a written response is sufficient instead of a visit.

Pt Name: SeniorTest	Sex assigned at birth: [Dropdown]	Sender Id: [Dropdown]
DOB: 01-Jan-1940 Age: 85	Full Address: 8 Shubenacadie Provincial Wildlife Park Shubenacadie, Nova Scotia B0N 2H0	
Pharmacy: Pharmacy Association Nova Scotia	Pharmacy Phone:	Pharmacy fax:
Pharmacist: Lisa Woodill	Assessment: <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Virtual	HCN:

☐ Chief Complaint: [Text Area]
☐ History of Present Illness: [Text Area]

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

Chart Summary

Working For: Woodill, Lisa

☒ **All Allergies**

Status	Reported	Allergen	Severity	Reactions	Updated	Authorized
<input checked="" type="checkbox"/> REVIEW NOT DONE						

Non-Drug Allergy

Status	Reported	Allergen	Severity	Reactions	Updated	Authorized
<input checked="" type="checkbox"/> REVIEW NOT DONE						

Drug Intolerance

Status	Reported	Allergen	Severity	Reactions	Updated	Authorized
<input checked="" type="checkbox"/> REVIEW NOT DONE						

Non-Drug Intolerance

☒ **All Active Meds**

☐ No Active Medications

☐ **All Profiles**

Nothing found to display

☐ **2yrs of Visits**

Unsigned

Date	Provider	Concern	Diagnosis	Disposition
08Apr25	[Icon]	[Icon]		

Signed

Date	Provider	Concern	Diagnosis	Status	Disposition
10Jul23	Clinic, Test			<input checked="" type="checkbox"/>	

Cancelled

Management - Google Chrome

tpaons.med-access.net/task/RefreshTaskView.do

junior M Test T1001 85 years (902) 925-7899

Complete this task

1 / 5

Visit summary for healthcare providers

☐ For Your Records
 ☐ Response Required

☐ If provider feels that they have adequate information to provide a response, a written response is sufficient instead of a phone consult

Pt Name: SeniorTest DOB: 01-Jan-1940 Age: 85 Full Address: 8 Shubenacadie Provincial Wildlife Park Pharmacy: Pharmacy Association Nova Scotia Pharmacist: Lisa Woodill	Sex assigned at birth: _____ Gender Identity: _____ Phone: (902) 925-7899 Pharmacy Phone: _____ Assessment: <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Virtual HCN: _____
---	---

☐ Chief Complaint: _____
☐ History of Present Illness: _____
☐ Allergies/Past Relevant Medical History (past surgical history, medication history, family history, social/personal history) _____
☐ Pt's at home meds were reconciled against DIS ☐ List of current meds has been attached ☐ Relevant Meds are: _____

[illegible]

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

Appendix A

Example of Some Billing Scenarios

- A non-Pharmicare patient comes in for a renewal and you determine you need to adapt the dose
 - Bill the adaptation PIN from Table 2
- Patient comes in for a service (Renewal, Med Review, CDM, Bloom) and requires POCT for A1C or lipid panel
 - Bill the primary service the patient received
 - Bill the POCT PIN
- Patient comes in for a CDM, Med Review or Bloom Service and requires a renewal of medications
 - Bill the primary service the patient received
 - Bill the PIN for renewal, adaptation or therapeutic sub. Change fee to \$0 if the primary assessment included all details required to prescribe.
- Patient comes in for a service (ex. Med Review, renewal, CDM, Bloom) and the pharmacist exercises project scope to prescribe a new additional medication for diabetes, COPD, asthma or CVD
 - Bill the primary service the patient received
 - Also bill the PIN for Prescribing with a diagnoses confirmed by pharmacist and change the fee to \$0 (\$0 if the assessment was completed as part of primary service)
- Patient is on CPAMS and requires a renewal on their medication
 - Complete a renewal assessment and bill the renewal PIN (up to once per year)
 - Continue to see patient for POCT, and assessments at interval recommended at most recent appointment
- Patient is part of the Hypertension Project at your pharmacy and requires chronic disease management
 - Bill Follow-up hypertension PINS up to one year after their initial assessment
 - If comprehensive care planning continues to be required bill Cardiovascular CDM after that time
- Patient arrives for a renewal and has exceeded 4 renewal per year
 - Bill Complex Medication Assessment at 1 unit = 10 minutes
- A patient books an appointment for a renewal and it is apparent that a number of medication therapy problems are present.
 - Bill the renewal Pin if able to collect adequate information to complete the renewal for a limited duration
 - Book the patient to come back for the appropriate service (CDM, Med Review if Pharmicare, or Complex Medication Assessment

Appendix B: List of Training for clinic pharmacists: CE's

Group A Strep assessment and training	REQUIRED for all pharmacists	2 hours accredited CED-2023-216
University of Saskatchewan- CPPPD Interpreting Laboratory Tests for Medication Management https://extendedlearning.usask.ca/search/publicCourseSearchDetails.do?method=load&courseId=1040932&selectedProgramAreaId=1040911&selectedProgramStreamId=1317242 Coupon Code: NONSKP for CPPCC pharmacists only	REQUIRED for all pharmacists	Accredited by CCCEP for 12.0 CEUs 1281-2023-3668-I-P Accreditation expires August 1, 2025.
PANS Diagnosing and Prescribing by Protocol for Diabetes and Hypertension	REQUIRED for all pharmacists	2 hours- Accredited for 2 CED-2024-250 Expires. May 29, 2026.
Pharyngitis assessment course	Required	2 CEU CED-2023-208
Acute bacterial rhinosinusitis	Required	DAL CPE
Acute otitis media and externa	Required	
Sublocade Indivior Training https://www.sublocadecertification.ca/Login.aspx?dest=/default.aspx	Required to administer Sublocade	30 minutes
CPAMS https://uwaterloo.ca/watspeed/programs-and-courses/management-oral-anticoagulation-therapy-primary-care	If not already part of program, 1 pharmacists per location must complete the MOAT course	25 hours- 25 CEU CED-2021-241
Bloom Program Expression of Interest:	if not already part of the program, 1 pharmacist lead must complete an Expression of Interest	4 hours- two 2 hr webinars
Advanced Medication Review Videos – found on CPPCC Website	Mandatory	60 minutes

PANS Adult Immunization Program	Recommended	3 hours - 3 CEU's - CED-2023-207
CDM Asthma/COPD	Recommended	4.5 hours-4.5CEU CED-2023-286
CDM Cardiovascular	Recommended	2.75 hours -2.75 CEU CED-2023-286
CDM Diabetes	Recommended	4 hours - 4CEU CED-2023-286
CDM Obesity	Recommended	2.25 hours- 2.25 CEU CED-2023-286

CDM Mental Disorders	Recommended	3 hours Updated 2021- not accredited
CDM Smoking Cessation	Recommended	4 hours Updated 2021- not accredited
Behavior Change Counseling	Recommended	1.5 hours - 1.5 CEU CED-2023-286
Patient Care Process	Recommended	1.0 hours -1.0 CEU
Optimize My Medications (Deprescribing)	Recommended	Updated 2021- not accredited
Subcutaneous Depot Buprenorphine for Opioid Use Disorder	Recommended	1 hour
Scratching the surface modules	Optional	4.5 CE CED-2-24-252
Common conditions modules	Optional	

Appendix C:

Medication Injections: Basic vs Complex

Basic: Minimal screening questions, typically consistent dose, minimal collaboration, IM to Deltoid most common site

Complex: Screening questions numerous and/or more complex, additional assessment (such a review of blood work) required to determine the appropriate dose, collaboration with prescriber often required, additional screening or other requirements by the prescriber to be shared, require lengthy reconstitution and/or slow injection over several minutes.

Examples of Basic Injections

B12	Basic: IM thigh, deltoid, dorsogluteal
Depo Provera Medroxyprogesterone	Basic: assess when last dose was/not pregnant now, IM gluteal or deltoid
Prolia	Basic: SC, deltoid, upper thigh, abdomen
Repatha	Basic: SC deltoid, thigh, lower part of abdomen (except area 2inches around belly button),
Methotrexate	Basic: SC, deltoid, thigh, abdomen
Fragmin	Basic: SC, abdomen skin fold or into thigh
Dupixent	Basic: SC, deltoid, thigh, abdomen
Ketorolac	Basic: IM, deltoid, ventrogluteal (if ventrogluteal, consider complex as more personal)
Dimenhydrinate	Basic: IM
Testosterone	Basic: IM, some injected into thigh
Delatestryl	Basic: injected IM deep into gluteal
Biologics (ex. Hadlima, Stelara, Termfya, Ajoby, Humira)	Basic: variety of sites.

*Note – Some medications may be complex upon initiation but once stable, screening and assessment meet the Basic criteria (ex. Lupron, Zoladex). Only bill the complex fee when the above criteria for complex can be met. Document the rationale in the clinical data portal.

Examples of Complex Injections

Sublocade	Complex: SC abdominal, assessment of patients mental state/drug abuse is required to see if it is safe, collaboration with prescriber
Firmagon	Complex: SC abdominal (reconstitute it), collaboration with prescriber
Invega	Complex: patient assessment of mental state required, IM deltoid or gluteal, collaboration with prescriber
Long acting anti-psychotic	Complex: patient assessment of mental state required, may need collaboration with prescriber olanzapine: IM gluteal, paliperidone: IM deltoid (gluteal for some varies based on formulation), risperdone consta: IM deltoid or gluteal, fluphenazine: IM gluteal, haloperidol: IM gluteal,
Lupron	Complex: IM deltoid, upper thigh, gluteal. Collaboration with prescriber
Goserelin Acetate (Zoladex)	Complex: SC, abdomen, Collaboration with prescriber for dosing
Abilify	Complex: patient assessment of mental state required, IM gluteal or deltoid . May need collaboration with prescriber
Aranesp	Complex: generally prescribed by renal specialist, dose may change based on bloodwork may need to collaborate with prescriber, SC deltoid, abdomen (except 2 in around belly button), thigh, gluteal
Lapelga	Complex: collaboration with prescriber as it must be injected once per cycle of chemo while waiting at least 24 hours after your course of cancer chemotherapy before injecting Lapelga SC, thigh, abdomen, deltoid, buttocks

Appendix D:

Complex Vaccine Assessments

Complex Vaccine Assessments would include the following scenarios:

- Routine childhood vaccinations
- Catch-up vaccinations when a child, teen or adult has missed some or all of their routine immunizations but continue to be eligible to receive them in Nova Scotia
- Patients new to the province and previously vaccinated in other provinces or country
- Patients at high risk of vaccine preventable diseases.

These categories were identified as per feedback in the Interim evaluation and to PANS. Vaccines in these categories are not kept in stock and require additional time to place a special request to have added to shopify, pick up vaccine, research patient history and/or collaboration with vaccine consult team, high risk vaccine request process, language barriers may be present and records in other languages pose additional complexity.

Appendix E

COMMUNITY PHARMACY PRIMARY CARE CLINIC PHARMACY SERVICES - BILLING FEE GUIDE CURRENTLY FUNDED SERVICES: TABLE 1

All services in this table are provided as per the requirements outlined in the Nova Scotia Pharmacy Guide, Collaborative Hypertension Management Project Guide and Optimize My Medications Project Guide.

Note: Residents of LTC facilities are not eligible for these services.

See Table 5 for required criteria codes for minor ailments.

<u>SERVICE</u>	<u>RECIPIENT</u>	<u>PROJECT PIN</u>	<u>SSC</u>	<u>FEE</u>
CPPCC 2024 Pharmacy Prescription Renewal for 3 or less Prescriptions Renewed	All NS Residents (New PIN as Limit 4/year removed)	92099620	002	\$12
CPPCC – 2024 Pharmacy Prescription Renewal for 4 or More Prescriptions Renewed	All NS Residents (New PIN Limit 4/year removed)	92099619	002	\$20
Prescription Adaptation -Refusal to Fill #1	All Residents	92099770	002	\$14
Prescription Adaptation-Refusal to Fill #2	All Residents	92099655	002	\$14
Prescription Adaptation-Refusal to Fill #3	All Residents	92099654	002	\$14
Prescription Adaptation -Changing a Prescription for a Clinical Reason #1	All Residents	92099769	002	\$14
Prescription Adaptation- Changing a Prescription for a Clinical Reason #2	All Residents	92099653	002	\$14
Prescription Adaptation- Changing a Prescription for a Clinical Reason #3	All Residents	92099652	002	\$14
Therapeutic Substitution #1	All Residents	92099658	002	\$26.25
Therapeutic Substitution #2	All Residents	92099657	002	\$26.25
Therapeutic Substitution #3	All Residents	92099656	002	\$26.25
Assessment – Uncomplicated UTI that results in a prescription	All Residents	92099766	002	\$20
Assessment Uncomplicated UTI that does not result in a prescription	All Residents	92099701	002	\$20
Lyme Assessment-that results in a prophylaxis prescription	All Residents	92099765	002	\$20

Lyme Assessment (includes both prophylaxis and treatment of early lyme) that does not result in a prescription	All Residents	92099700* effective May 1, 2024 (same PIN as no Rx previously, new name)	002	\$20
Lyme Assessment-which results in a prescription for early lyme treatment.	All Residents	92099629	002	\$20
Prescribing Herpes Zoster Tx	All Residents	92099764	002	\$20
Assessment Herpes Zoster Tx that does not result in a prescription	All Residents	92099699	002	\$20
Prescribing Contraception Initial Assessment that results in a prescription	All Residents	92099763	002	\$20
Prescribing Contraception Initial Assessment that does not result in a prescription	All Residents	92099702	002	\$20
Prescribing Contraception subsequent assessment that results in a change	All Residents	92099762	002	\$20
Prescribing Contraception Subsequent assessment that does not result in a change	All Residents	92099761	002	\$12
Deprescribing -PPI	All residents	92099760	003	\$52.50
Deprescribing PPI Follow-ups (limit of 2)	All residents	92099759	003	\$20
Deprescribing BZRA	All residents	92099758	003	\$150
Deprescribing BZRA Follow-ups(limit of 7)	All residents	92099618	003	\$20
Advanced Medication Review*	All Seniors Pharmacare Patients	92099753	006	\$150
Advanced Medication Review Follow-ups	All Seniors Pharmacare Patients	92099752	003	\$20
Basic Medication Review*	All Pharmacare Patients	92099755	003	\$52.50
Basic Medication Review Follow-ups*	All Pharmacare Patients	92099754	003	\$20

Complex Medication Review	All residents of NS who meet the criteria	92099634	002	\$150
Complex Medication Review Follow up (limit of 2 per year)	All residents of NS who meet the criteria	92099633	002	\$25
Chronic Disease Management – Diabetes – Initial/Annual assessment	All residents of NS with Diabetes	92099721	003	\$125
Chronic Disease Diabetes Management - Follow-up	All residents of NS with Diabetes	92099720	003	\$20
Chronic Disease Management – Lung Disease Asthma/COPD) Initial/Annual Assessment	All residents of NS with Lung Disease	92099706	003	\$125
Chronic Disease Management – COPD Asthma Disease Follow-up	All residents of NS with Lung Disease	92099705	003	\$20
Chronic Disease Management - Cardiovascular Disease Initial/Annual Assessment	All residents of NS with CVD	92099704	003	\$125
Chronic Disease Management Cardiovascular Disease Follow-up	All residents of NS 00with CVD	92099703	003	\$20
Chronic Disease Management- ADHD Initial Assessment	All residents of NS with ADHD	92099643	002	\$125
Chronic Disease Management -ADHD follow up	All residents of NS with ADHD	92099639	002	\$20
Chronic Disease Management- Chronic Non Cancer Pain Initial Assessment	All residents of NS with Chronic Non Cancer Pain	92099642	002	\$125
Chronic Disease Management- Chronic Non-Cancer Pain Follow Up	All residents of NS with Chronic Non Cancer Pian	92099638	002	\$20
Chronic Disease Management- Obesity Initial Assessment	All residents of NS with Obesity	92099644	002	\$125
Chronic Disease Management Obesity Follow up Assessment	All residents of NS with Obesity	92099640	002	\$20
Chronic Disease Management: Other Conditions Initial Assessment	All residents of NS with chronic disease diagnosis	92099628	002	\$125

Chronic Disease Management: Other Conditions Follow up Assessment	All residents of NS with chronic disease diagnosis	92099627	002	\$20
Point of Care Test A1C	All residents as part of CDM plan (not walk- in test requests)	92099724	003	\$15 (includes time to test, document and communicate results, does not include cost of test cartridges and supplies)
Point of Care Test Cholesterol	All residents as part of CDM plan (not walk- in test requests)	92099723	003	\$15(includes time to test, document and communicate results, does not include cost of test cartridges and supplies)
Community Pharmacy Led Anticoagulation Management Service (monthly service fee)	All Residents of NS	92099751	003	\$50
Take Home Naloxone Kit Training	All Residents	92099748	003	\$25
Influenza Vaccine	All Patients	To be added to CANImmunize	n/a	\$13 per vaccine (paid q 2 wks based on # entered into CANImmunize)
Basic Assessment and Injection of all Publicly Funded <u>vaccines</u> (except influenza).	All residents of NS	To be added to CANImmunize	n/a	\$18 (paid every 2 weeks based on # of vaccines entered into CANImmunize)
Complex Vaccine Assessment Fee (billed in addition when complex criteria is met)	All residents of NS	92099625	002	\$22
Basic Assessment and Injection of medication (IM or SC)	All residents of NS	92099718	002	\$20
Complex medication assessment fee (IM or SC) (billed in addition when the complex medication is met)	All residents of NS	92099626	002	\$22
Prescribing in an Emergency	All residents	92099727	002	\$28
Prescribing with a diagnosis as per NSCP standard in collaboration with another provider	All residents	92099726	002	\$25
Pharmacist prescribing for patients with established diagnosed and	All residents	92099697	002	\$25

confirmed by pharmacist (as per NSCP Research approval)				
Bloom Monthly fee (first 6 months)	All Residents of NS	92099744	003	\$75
Bloom Monthly fee (final 6 months)	All Residents of NS	92099743	003	\$30
Tobacco Use Reduction Program – Initial Assessment and Discussion	All Residents of NS	92099714	003	\$40
Tobacco Use Reduction Program – Follow-up 1-7	All Residents of NS	92099712	003	\$15
Prescribing Budesonide for Covid-19	All Residents	92099745	002	\$20
Prescribing for a Minor Ailment: Contact Allergic Dermatitis Assessment	All Residents of NS	92099690 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Mild Acne Assessment	All Residents of NS	92099689 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Mild to Moderate Eczema Assessment	All Residents of NS	92099688 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Urticaria Assessment	All Residents of NS	92099687 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Dyspepsia Assessment	All Residents of NS	92099686 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: GERD Assessment	All Residents of NS	92099685 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Nausea	All Residents of NS	92099684 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Hemorrhoids	All Residents of NS	92099683 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Allergic Rhinitis Assessment	All Residents of NS	92099682 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Mild Headache Assessment	All Residents of NS	92099681 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Minor Joint Pain Assessment	All Residents of NS	92099680 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Minor Muscle Pain Assessment	All Residents of NS	92099679 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Minor Sleep Disorder Assessment	All Residents of NS	92099678 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Dysmenorrhea Assessment	All Residents of NS	92099677 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Emergency Contraception Assessment	All Residents of NS	92099676 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Dry Eyes Assessment	All Residents of NS	92099675 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Oral Ulcers Assessment	All Residents of NS	92099674 + Criteria Code	002	\$20

Prescribing for a Minor Ailment: Oral Fungal Infection Assessment	All Residents of NS	92099673 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Fungal Skin Infection Assessment	All Residents of NS	92099672 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Vaginal Candidiasis Assessment	All Residents of NS	92099671 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Threadworms/Pinworms Assessment	All Residents of NS	92099670 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Cold Sore Assessment	All Residents of NS	92099669 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Impetigo Assessment	All Residents of NS	92099668 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Smoking Cessation Product Assessment	All Residents of NS	92099667 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Non Infectious Diarrhea Assessment	All Residents of NS	92099666 + Criteria Code	002	\$20
Prescribing for a Minor Ailment: Conjunctivitis Assessment and Prescribing	All Residents of NS	92099659 +Criteria Code	002	\$20
Assessment For Group A Strep that results in a prescription (POCT was completed. Fee is for assessment and time to complete POCT)	All Residents of NS	92099722	002	\$35
Assessment Group A Strep that does not result in an RX (POCT was completed but was negative. Fee is for assessment and time to complete POCT)	All residents of NS	92099696	002	\$35
Assessment Group A Strep that did not result in a test nor a prescription	All Residents of NS	92099693	002	\$20
Strep Throat POCT cartridge (cost of the cartridge used for testing; not the time associated with the test)	All Residents of NS	92099622		\$28.33 + 10% markup + PIV for assessment
ENT Assessment, primary complaint ear- prescription provided for otitis media	All Residents of NS	92099617	002	\$20
ENT Assessment, primary complaint ear- prescription provided for otitis externa	All Residents of NS	92099616	002	\$20
ENT Assessment, primary complaint ear- no prescription provided	All Residents of NS	92099615	002	\$20
ENT Assessment, primary complaint sinusitis- prescription provided	All Residents of NS	92099614	002	\$20
ENT Assessment, primary complaint sinusitis – no prescription provided	All Residents of NS	92099613	002	\$20

Prescribing antibiotic prophylaxis to prevent Invasive Group A Streptococcus (IGAS)	All residents	92099648	002	\$20
Prescribing antibiotic prophylaxis to prevent Invasive Meningococcal Disease (IMD) infection	All residents	92099647	002	\$20
Prescribing antibiotic prophylaxis to prevent Pertussis	All residents	92099646	002	\$20

*Patient will be required to pay copays.

PHARMACY SERVICES NOT CURRENTLY FUNDED BUT INCLUDED FOR PHARMACY CARE CLINIC PROJECT ONLY: Table 2

<u>SERVICE</u>	<u>RECIPIENT</u>	<u>PROJECT PIN</u>		<u>FEE</u>
Renewal Assessment that does not result in a prescription	All residents of NS	92099698	002	\$12
Service In Scope but not currently funded (previously named Complex Therapy).	All residents (time and care required does not meet criteria for any other service)	92099715	002	Qty 1 for 10 min spent= \$25 Increase qty to a max of 6 for each min spent on patient care
Bloom Shadow Billing (when a patient has more than 1 visit per month)	All Residents of NS	92099665	003	\$0
Community Pharmacy Led Anticoagulation Management Service Shadow Billing (when a patient has more than 1 visit per month)	All Residents of NS	92099664	003	\$0
Prescribing for a Minor Ailment: Other (those not covered, but use this PIN to keep track of these services) Dandruff, Corns and Calluses, cough, nasal congestion, warts (excluding facial and genital)	All Residents of NS	92099725 ** + Criteria Code	002	\$25
CPPCC Hypertension Diagnosis and Prescribing- Initial appointment	All Residents of NS	92099624	002	\$60
CPPCC Diabetes Diagnosis and Prescribing- Initial appointment	All Residents of NS	92099623	002	\$60
CPPCC Hypertension Diagnosis and Prescribing-Second appointment (if necessary)	All Residents of NS	92099612	002	\$20
CPPCC Diabetes Diagnosis and Prescribing- Second appointment (if necessary)	All Residents of NS	92099611	002	\$20
CPPCC HIV PrEP Initial Assessment	All Residents of NS	90108938	002	\$40
CPPCC HIV PrEP Follow up Assessment	All Residents of NS	90108939	002	\$28.50
CPPCC NSH NP Consult in Virtual Hallway	All Residents of NS who have a CDM on approved list	90109169		qty 1 = 5 minutes = \$10 qty 2 = 10 minutes = \$20 (\$10 per every 5 min increment)

OPTIONAL PHARMACY SERVICES – NON-PUBLICLY FUNDED SERVICES

NOT FUNDED FOR PHARMACY CARE CLINIC PROJECT: Table 3

(Patient Must Pay for these Services and Not Included in Billings for this Project)

<u>SERVICE</u>	<u>RECIPIENT</u>	<u>PROJECT PIN</u>	<u>SCC</u>	<u>FEE</u>
Comprehensive Travel Health Consultation	All patients	92099711	003	Fee Set by Pharmacy
Pharmacogenomic Consultation Service	All patients	92099710	003	Fee Set by Pharmacy
Administration of non-publicly funded vaccines (ex.Twinrix, Shingrix)	All patients	92099709	002	Fee Set by Pharmacy
Malaria Chemoprophylaxis Assessment and Prescribing	All patients	92099708	002	Fee Set by Pharmacy
Any Service for a Patient without an NS Health card (not covered for billing purposes) ex: expired health card or out of province patients	All patients without NS Healthcard	92099707	002	Varies by service. Not less than the fee billed to the project or gov't.
Medavie Blue Cross Managing Chronic Disease Benefit: Diabetes Care	Patients with Medavie Coverage	994027		Fee set by pharmacy (max yearly coverage \$250-500 varies by plan, copay may apply)
Medavie Blue Cross Managing Chronic Disease Benefit: Heart Health	Patients with Medavie Coverage	994029		Fee set by pharmacy (max yearly coverage \$250-500 varies by plan, copay may apply)
Medavie Blue Cross Managing Chronic Disease Benefit: Lung Health	Patients with Medavie Coverage	994030		Fee set by pharmacy (max yearly coverage \$250-500 varies by plan, copay may apply)
Medavie Blue Cross Managing Chronic Disease Benefit: Smoking Cessation	Patients with Medavie Coverage	994031		Fee set by pharmacy (max yearly coverage \$250-500 varies by plan, copay may apply)
Completion of Forms Not Covered by an Agreement (ex: Special auth)	All patients	92099641		Fee set by the pharmacy (physicians charge between \$5 and \$25 for this service)

Minor Ailment Conditions Included in Pharmacy Care Clinic Project: Table 4

GERD/Dyspepsia	Xerophthalmia (dry eye)	
Hemorrhoids	Oral Ulcers	Mild acne
Allergic Rhinitis	Oral fungal infection (thrush)	Mild to moderate eczema
Mild headache	Fungal Infections of the skin	Mild urticaria
Mild muscle or joint pain	Vaginal Candidiasis	Impetigo
Mild Sleep disorder	Threadworms/Pinworms	Smoking Cessation
Dysmenorrhea	Herpes Simplex (cold sores)	Non-infectious Diarrhea
Emergency contraception	Conjunctivitis	Allergic contact dermatitis

Other minor ailments within scope of practice but not eligible for current/future coverage:

Warts (excluding facial and genital), corns and calluses, dandruff, cough, nasal congestion

Minor Ailment Required Criteria Code: Table 5

Criteria Code	Description
95A	Rx Written-Prescription Drug (person)
95B	Rx Written-Prescription Drug (phone)
95C	Rx Written-Prescription Drug (virtual)
96A	Rx Written-OTC/Non-Rx Drug (person)
96B	Rx Written-OTC/Non-Rx Drug (phone)
96C	Rx Written-OTC/Non-Rx Drug (virtual)
97A	No Recommendation or OTC Rec (person)
97B	No Recommendation or OTC Rec (phone)
97C	No Recommendation or OTC Rec (virtual)
98A	Referral Other Provider (No Rx/Rec) (person)
98B	Referral Other Provider (No Rx/Rec) (phone)
98C	Referral Other Provider (No Rx/Rec) (virtual)
99A	Referral Other Provider (with Rx/Rec) (person)
99B	Referral Other Provider (with Rx/Rec) (phone)
99C	Referral Other Provider (with Rx/Rec) (virtual)