

Agenda

- Interim Billing Plan April 1 to September 30th – Key points review
- NP Program
- Virtual Hallway
- NSCP Research Proposal



Interim Billing Plan April 1 to Sept 30th

New PINS-

- a. Prescription Renewal 1-3 Meds – 92099620, SSC code 002, \$12 (new PIN that does not have a 4 per year limit)
- b. Prescription Renewal 4+ Meds- 92099619, SSC code 002, \$20 (new PIN that does not have a 4 per year limit)
- c. **Lyme Assessment – which results in a prescription for early lyme treatment (effective May 1, 2024), 92099629, SSC 002, \$20 Correction- not effective yet.**
- d. Complex Medication Review- all resident who meet criteria (see below). 92099634, SSC 002, \$150
- e. Chronic Disease Management, Other Conditions: Initial Assessment 92099628, SSC 002, \$125
- f. Chronic Disease Management, Other Conditions: Follow-up 92099627, SSC 002, \$20
- g. Publicly funded vaccines – now when entered in CANImmunize, each vaccine will be paid at \$18 every 2 weeks on your Medavie statement.
- h. Complex **Vaccine** Assessment Fee – 92099625, SSC 002, \$22. This can be billed in your pharmacy management system when the criteria is met (criteria will be finalized shortly and sent as separate email)
- i. Complex **Medication** Assessment Fee – 92099626, SSC 002, \$22. This can be billed in addition to the injection basic injection fee when criteria is met. (criteria will be finalized shortly and sent as separate email)
- j. Group A Strep POCT Test – 92099622 SSC 002, \$15 (This is now billable for the time to complete the test. Supplies will continue to be ordered at no charge as per current process for now). If you proceeded to a test, bill both the applicable assessment fee of \$20 (as before) + the additional fee of \$15 for the time to do the test.

Interim Billing Plan April 1 to Sept 30th

The following PINS will no longer be used:

- a. Collaborative Hypertension Management Project – this project is complete. All hypertension CDM services should be billed as Chronic Disease Management – cardiovascular disease initial or follow-up
- b. Deprescribing PINS for Optimize my Meds patients – this project is complete. The regular deprescribing PINS for PPI and BZRA found in Table 1 should be used.
- c. CPPCC renewal pins 1-3 meds and 4+ meds have changed. The limit of 4 transactions per year has been removed. To make this change a new PIN was required.
- d. Renewal Assessment – 4 times per year exceed (previously a Table 2 PIN) has been removed as this is no longer needed.
- e. Assessment and administration of anti-psychotics and Assessment and administration of sublocade PINS have been removed. These medications will fall under the complex medication assessment fee process (criteria will be finalized shortly and sent as separate email).
- f. Tobacco Use Reduction Program – follow-up 4-7 \$10 - no longer used. All follow-ups are \$15 now with one PIN.

Interim Billing Plan April 1 to Sept 30th

Lyme Details

- a. Note- the PINS for Lyme prophylaxis that results in an Rx remains the same. Lyme assessment that does not result in a prescription PIN has a new name and will be used for the scenario when the assessment does not result in a treatment for prophylaxis or lyme disease. A new assessment form will be ready in May. A webinar planned for May 7th.

Chronic Disease Management

- a. The limit of 5 follow-ups per year has been removed. There are 6 Pins for conditions for which we are tracking closely with specific PINS. If there is another condition for which you are doing a comprehensive initial assessment, developing a care plan, providing advice and support that includes medication management as well as other health care advice/goals/system navigation/support, you may use the CDM: Other Condition PIN. You will be required to document what condition in the Clinical Data portal. The Services Received Today sheet can be used to document, then added to the portal by clinic admin staff after the appointment, along with the other details requested.
- b. Please note, that CDM is not a renewal assessment. If only the renewal of medications is being assessed and/or no follow-up is required this should be billed with a renewal PIN.

Interim Billing Plan April 1 to Sept 30th

Complex Vaccine Assessment Fee Criteria

- **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.

Complex Medication Assessment fee Criteria

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.

Interim Billing Plan April 1 to Sept 30th

Complex Medication Review Criteria

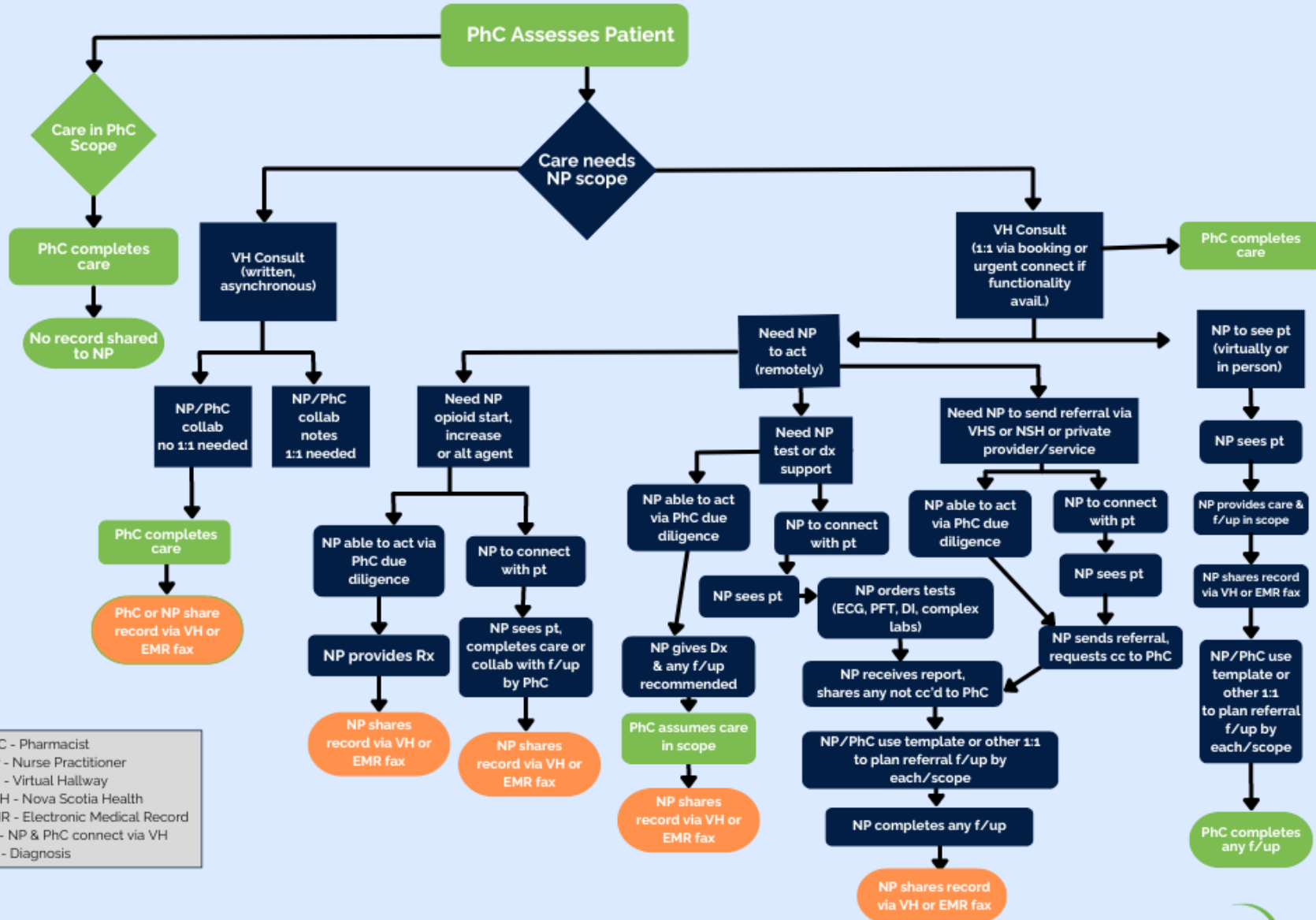
- The service offered is the same process as an Advanced Medication Review but this is a new category of eligible patients.
- There is a limit of one Complex Med Review Initial Appointments per year per person.
- There is a limit of two Complex Med Review Follow ups per year per person for those who receive a Complex Med Review Initial Appointment.
- There is no copay for this service
- If they are also eligible for the Advanced Medication Review via Senior's Pharmacare, you must pick one or the other to bill (not both).
- Patients are eligible if:
 - A patient referral is received from a physician, NP or an NSHA Primary Care Site Manager requesting the service. OR
 - If they are an unattached patients AND
 - They take four or more medications and at least one diagnosed chronic condition, with a significant healthcare need. OR
 - With complex medical issues and medications, history of lack of consistent monitoring or follow up regarding medication management.

Additional Changes

- Services Received today sheet updates
- Weekly reporting moving to bi-weekly



CPPCC and NSH Nurse Practitioner Care Pathways



PhC - Pharmacist
 NP - Nurse Practitioner
 VH - Virtual Hallway
 NSH - Nova Scotia Health
 EMR - Electronic Medical Record
 1:1 - NP & PhC connect via VH
 Dx - Diagnosis

Virtual Hallway

The screenshot displays a 'Virtual Hallway' interface with a sidebar on the left and a grid of specialty cards on the right. The sidebar contains the following navigation items: Book a Consult, My Calendar, My Consults, Resources, My Pathways, Account, Support, CME Lectures, Notes, Billing, and Log Out. The grid consists of 12 specialty cards, each with a title, a number of providers, and a 'Next Availability' date and time. Each card includes a 'Book Next Availability' button and a 'View All Availabilities' button. Some cards also feature a 'Request Availability' button.

Specialty	Providers	Next Availability	Buttons
Addictions Medicine	1	Fri May 17 • 8:00am	Book Next Availability, View All Availabilities
Anesthesiology	-	No Current Availability	Request Availability
Child/Adolescent Psychiatry	-	No Current Availability	Request Availability
Dermatology	5	Tue April 30 • 2:10pm	Book Next Availability, View All Availabilities
ENT	2	Fri May 10 • 4:25pm	Book Next Availability, View All Availabilities
Endocrinology	2	Thu May 23 • 12:15pm	Book Next Availability, View All Availabilities
Gastroenterology	6	Mon April 29 • 5:20pm	Book Next Availability, View All Availabilities
General Surgery	4	Mon April 29 • 4:00pm	Book Next Availability, View All Availabilities
Geriatric Medicine	-	No Current Availability	Request Availability
Geriatric Psychiatry	1	Tue April 30 • 4:30pm	Book Next Availability, View All Availabilities
Gynecologic Oncology	1	Mon April 29 • 1:00pm	Book Next Availability, View All Availabilities
Hematology	2	Tue April 30 • 12:30pm	Book Next Availability, View All Availabilities

NSCP Research Approvals

NSCP Council Expectations for Research Go Forward

- NSCP team members will participate in a working group to advise on decisions and evaluation tools of the approved research scope.
- NSCP will be developing a Quality Assurance tool specific to clinical services scopes. Participating pharmacies will be required to report any quality related events in this tool
- NSCP will be developing a self-assessment tool. Participating pharmacists will be required to complete a self-assessment in these areas
- Practice support be in place. (Jaime McDonald consult team and NP program will meet this criteria).

NSCP Research Approvals

Approval to Expand Research for Prescribing When a Diagnosis is Established

- Pharmacies enrolled in the CPPCC project can currently prescribe new or add-on therapy for the conditions of diabetes, cardiovascular disease, COPD, and asthma in accordance with *Standards of Practice: Prescribing Drugs - Appendix I*. This research is extended until September 30th, 2024
- The NEW EXPANDED RESEARCH will now enable pharmacists to prescribe for any condition for which a diagnosis has already been established and for which it is within that pharmacist's competence to prescribe.
- Ensuring that a diagnosis has already been established is achieved through a number of mechanisms:
 - Review of the patient's history of medication treatment for the indication (ex. via DIS)
 - Appropriate measurement of target health metrics through review of lab test results (SHARE), and/or in-office measurements etc.
 - A discussion with the patient if the patient demonstrates an understanding of their diagnosis, and the pharmacist assesses that the patient has the competency to relay the history of their diagnosis.
 - Any other patient records available.

NSCP Research Approvals

Approval to enable research for pharmacists to diagnose and prescribe for hypertension and diabetes.

- Diagnosis will be in accordance with a protocol based on recognized clinical practice guidelines and developed in conjunction with subject matter experts in diabetes and hypertension.
- For these conditions, where guidelines may recommend additional baseline tests and/or exams for some patients that are outside of the pharmacist scope, pharmacists will be able to work with NPs to support advice, provision of care and/or referral where appropriate (as per previous pathways).
- Peer support- as part of quality assurance pharmacists will need to connect with NPs to review one diabetes diagnosis case and one hypertension diagnosis case. The intent will be to share your case and collect feedback. Feedback may be in the form of what to document, what probing questions to ask, follow-up plan or other factors.

NSCP Research Approval

- **Approval to expand current research within the NS CPPCC Project – Prescribing for Acute Conditions of the Ear and Nose (in addition to the throat)**
 - To enable pharmacists to assess and prescribe, by protocol, for otorhinolaryngological conditions, including sinusitis, otitis externa and otitis media, the symptoms of which commonly occur as a cluster and are present when an individual requests assessment for GAS.
 - Building on the research of pharmacists assessing and prescribing for pharyngitis, pharmacists receive further education and training to support them in:
 - Conducting a more comprehensive assessment for conditions of the sinuses and ears; an
 - Prescribing medications, where appropriate, for sinusitis, otitis externa and otitis media.
 - An education program and protocol will be developed in collaboration with content matter experts in infectious disease for otorhinolaryngological conditions that will ensure the standard of care provided by pharmacists is consistent with that expected of other primary care providers in the province.

Miscellaneous Updates

- CKD Research
- Specialist Referrals
- Digital Health Research
- Med Access – Expansion for full use