

# Ontario MedsCheck Operational Tools

Ontario MedsCheck is a value-add clinical service that compensates pharmacies for the medication assessment and professional opinion. MedsChecks are an opportunity for pharmacy professionals to develop a stronger therapeutic relationship with their patients, leading to additional clinical services, education, and therapy optimization opportunities. The ultimate goal is to improve health outcomes.

The following tools were designed to support pharmacies in simplifying and optimizing the delivery of Ontario MedsCheck.

If you would like to discuss further on how your pharmacy can save time and incorporate more MedsCheck into your practice, contact McKesson Pharmacy Services at [pharmacyservices@mckesson.ca](mailto:pharmacyservices@mckesson.ca).

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## Ontario MedsCheck Roles and Completion Checklist

Checklist	Role	Activities Description
<b>Pre-Consultation</b>		
<input type="checkbox"/>	Asst   RPh	Identify and confirm patient eligibility criteria for appropriate MedsCheck
<input type="checkbox"/>	Asst   RPh	Review patient profile/notes for <b><u>MedsCheck Patient Acknowledgement of Professional Pharmacy Services</u></b> form <input type="checkbox"/> To be completed every 365 days <input type="checkbox"/> Ensure appropriate Professional Pharmacy Services are checked off
<input type="checkbox"/>	Asst   RPh	Review electronic profile to optimize pre-population of form by dispensing software: <input type="checkbox"/> Patient information <input type="checkbox"/> Primary care provider <input type="checkbox"/> Rx status (hold/post/discontinued/dose change/etc.) <input type="checkbox"/> Allergies/intolerances
Optional	Asst   RPh	If MedsCheck done manually, print mandatory documents and review information pre-populated
Optional	Asst   RPh	Consider calling patient ahead of MedsCheck day to make them aware of upcoming service <input type="checkbox"/> Ask patient to bring in all Rx, OTC, NHP, herbal, other meds, and any old <i>Personal Medication Record</i> . <input type="checkbox"/> Explain the service and set realistic time expectation
<b>Consultation</b>		
<input type="checkbox"/>	Asst   RPh	Explain and have patient complete <i>MedsCheck Patient Acknowledgement of Professional Pharmacy Services</i> - Create patient note in profile with expiry date of acknowledgement form
<input type="checkbox"/>	Asst   RPh	Verify information pre-populated on the form and gather any required information - Dependent on experience of assistant/RPhT, delegate task of updating <b><u>Personal Medication Record</u></b> with any OTC, NHP, samples, Rx from other pharmacies, etc. <i>Useful interview guide for BPMH: <a href="https://www.ismp-canada.org/download/MedRec/SHN_medcard_09_EN.pdf">https://www.ismp-canada.org/download/MedRec/SHN_medcard_09_EN.pdf</a></i>
<input type="checkbox"/>	RPh	Review, verify and complete required documentation ( <b><u>See MedsCheck Required Documents</u></b> )
<input type="checkbox"/>	RPh	Engage in clinical conversation with patient and document interaction including, but not exclusive to: <input type="checkbox"/> Patient overall health status <input type="checkbox"/> Appropriate use of all medications and how to obtain best results <input type="checkbox"/> Review indication, efficacy, safety and adherence <input type="checkbox"/> Other resources and referrals if applicable
<input type="checkbox"/>	RPh	Address and resolve any DTPs
<input type="checkbox"/>		If there is a DTP that requires feedback from prescriber, <b>STOP</b> . Await response prior to completing <i>Personal Medication Record</i> and MedsCheck interaction. - Inform patient they will be contacted upon resolution of DTP and completion of updated <i>Personal Medication Record</i>
<b>Post-Consultation</b>		
<input type="checkbox"/>	RPh	Complete any outstanding documentation and identify follow-up opportunities (diabetes MedsCheck education follow-up)
<input type="checkbox"/>	Asst   RPh	Audit documentation to ensure all mandatory fields are complete and accurate, including signatures and dates
Optional	Asst   RPh	Update patient profile and transcribe handwriting to dispensing software if applicable
<input type="checkbox"/>	Asst   RPh	Provide required documentation to patients ( <b><u>See MedsCheck Required Documents</u></b> ), as well as follow-up dates (if applicable) - Consider scheduling follow-up at next refill appointment, or during pharmacy down-times
<input type="checkbox"/>	Asst   RPh	Fax all required documentation and retain copy of successful fax transmission ( <b><u>See MedsCheck Required Documents</u></b> )
<input type="checkbox"/>	Asst   RPh	Submit claims for MedsCheck on the date of service (or at date of completion) and any billable services (eg. POP)
<input type="checkbox"/>	Asst   RPh	Scan all documents into patient profile and file as per pharmacy requirement

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## MedsCheck Required Documents

Documents Required:	Types of Assessment					Shared with	
	MedsCheck Annual	MedsCheck Follow-up	MedsCheck Annual Diabetes	Diabetes Education Follow-up	MedsCheck at Home	Patient	Primary care
<i>MedsCheck Patient Acknowledgement of Professional Pharmacy Services</i>	☑ Once every 365 days for all services					☑	☒
<i>Pharmacist Worksheet</i>	☑	☑	☑	☑	☑	☑*	☑*
<i>Personal Medication Record</i>	☑	☑	☑	☒	☑	☑	☑**
<i>Patient Take-Home Summary</i>	Optional	Optional	☒	☒	Optional	☑*	☒
<i>Diabetes Education Checklist</i>	☒	☒	☑	☑	Optional	☒	☒
<i>Diabetes Education Patient Take-Home Summary</i>	☒	☒	☑	☑	Optional	☑	☒
<i>Health Care Provider Notification of MedsCheck Services</i>	☑	☑	☑	☑	☑	☒	☑**
<i>Medicine Cabinet Clean-Up list</i>	☒	☒	☒	☒	☑	☑	☒
* If requested ** Retain fax transmission record							

☑ - Requirement    ☒ - Not required

## Information Gathering Guide

The following list is a checklist which needs to be addressed as a part of the pharmacist worksheet in conjunction with the *Personal Medication Record*.

General MedsChecks Annual Checklist	Specific to Diabetes Education Checklist
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Allergies            - Nature of Allergy (Rash? Shock? Nausea? Vomiting? ANA?)         </div> <div style="margin-bottom: 10px;"> <u>Lifestyle/Overall Health Status:</u> </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Tobacco (___ cig/day)            - Smoking cessation status: _____         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Recreational drug use (___times/month)         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Alcohol (___ drinks/week)         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Exercise (___mins/week)         </div> <div style="margin-bottom: 10px;">           Other:         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Diet (balanced diet? Special diets? processed foods)         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Blood pressure ( ___/___ mmHg)         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Caffeine (___cup/day)         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Sleep/rest (___h/night)         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Pregnancy status         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Yearly influenza immunization         </div> <div style="margin-bottom: 10px;"> <u>Checklist for Completeness:</u> </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Adherence concerns with any meds         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Other meds from individuals, MD samples, Rx and care providers         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> List of meds removed from home (if applicable)         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> OTC products (including specifically ASA)         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Herbal or NHPs         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Specific dosage forms:           <ul style="list-style-type: none"> <li>- Inhalers</li> <li>- Topical (crm, oint, gel)</li> <li>- Eye drops</li> <li>- Nasal sprays</li> <li>- Patches</li> <li>- Injectable</li> </ul> </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Anti-infective in last 3 months         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Discussed circle of care         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Anticipated date of MedsCheck completion (if DTPs to be resolved)         </div>	<div style="margin-bottom: 10px;"> <input type="checkbox"/> Patient Goals:           <ul style="list-style-type: none"> <li>-</li> <li>-</li> <li>-</li> </ul> </div> <div style="margin-bottom: 10px;">           Stage of readiness for change: _____         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> HbA1C: _____         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> BP (avg): _____         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> FPG: _____         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> TC HDL ratio _____ LDL _____ HDL _____ TG _____         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Physical activity _____ min/week         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Weight _____ Height _____ Waist circumference _____ BMI _____         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Cognitive functionin/learning impairments         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Tobacco (___ cig/day)           <ul style="list-style-type: none"> <li>- Smoking cessation status: _____</li> </ul> </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Alcohol (___ drinks/week)         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Recreational drug use (___times/month)         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Dietary concerns:         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Other (Specify):         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Education topics discussed/identified for follow-up education:  <i>See Diabetes Education Checklist for comprehensive list</i> <ul style="list-style-type: none"> <li>- Lifestyle / Health &amp; Wellness</li> <li> </li> <li>- Blood Sugar Management</li> <li> </li> <li>- Specialty Training</li> </ul> </div>

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## Eligibility for MedsCheck and Follow-up Opportunities

Annual MedsCheck Requirement	Diabetes MedsCheck Requirement
<ul style="list-style-type: none"> <li><input type="checkbox"/> Patient must be an Ontario resident with a valid Ontario Health card and currently taking a minimum of 3 prescription medications for a chronic condition</li> <li><input type="checkbox"/> Patient must agree to the Medscheck service; the Medscheck program is voluntary</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Any Ontarian with a valid Ontario Health Card, living in Ontario, and diagnosed with Type 1 or type 2 diabetes</li> </ul> <p>Note: Patient is not required to be taking 3 chronic prescription medications but patient must be diagnosed with either type 1 or type 2 diabetes and taking medication for their condition</p>

MedsCheck Follow-up Opportunities	
Hospital Discharge	<ul style="list-style-type: none"> <li><input type="checkbox"/> Within 2 weeks of discharge</li> <li><input type="checkbox"/> May be conducted in person with caregiver with patient's consent</li> <li><input type="checkbox"/> Document on <i>Pharmacist Worksheet</i>: <ul style="list-style-type: none"> <li>- Discharging institution</li> <li>- Date of discharge</li> </ul> </li> </ul>
Pharmacist Decision	<ul style="list-style-type: none"> <li><input type="checkbox"/> Addition of more than one new prescription medication</li> <li style="text-align: center;">or</li> <li><input type="checkbox"/> Significant changes to existing medication profiles warranting in-person review</li> <li style="text-align: center;">or</li> <li><input type="checkbox"/> Documented evidence of patient non-compliance</li> <li style="text-align: center;">or</li> <li><input type="checkbox"/> Transferred to a different pharmacy secondary to changed place of residence</li> </ul>
MD/NP Referral	<ul style="list-style-type: none"> <li><input type="checkbox"/> Written or verbal referral <ul style="list-style-type: none"> <li>- Signed and dated</li> </ul> </li> </ul>
Hospital Admission	<ul style="list-style-type: none"> <li><input type="checkbox"/> One-on-one consultation review of the medications prior to admission <ul style="list-style-type: none"> <li>-Make aware the medications may be adjusted upon discharge</li> <li>-Stress importance of informing hospital staff of MedsCheck Personal Medication Record</li> </ul> </li> </ul>

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### Promotion

1. In-store posters, leaflets, telephone on-hold messaging, websites, social media
  - Communicate the value of MedsCheck to patients
    - polypharmacy, multiple prescribers, medication non-adherence, self-medicating with OTCs +herbals
2. Request technician to be mindful of eligible patients at drop-off, filling or pick-up station
  - Mark all rx bags of eligible patients
3. Computer generated reports and letters advising patents of their eligibility
4. Making follow-up MedsCheck appointments and issue reminder calls to ensure patient engagement and attendance
5. One-on-one personal invitations
6. **Most importantly! Make sure patients see the value of the service!**

### Possible Daily Medication Review Opportunities

1. Pre-operation Rx (bowel prep, eye drops, pre-dental, pre-MRI)
2. New Rx with multiple new and changed medications
3. Significant changes to existing medication profile (discontinuation of medication, increase in dose, switch in therapy)
4. Non-compliance
5. Patient seems confused or uncertain of medication uses or names
6. Vacation supply orders
7. Patient Rx file transfers in or out
8. Hospital discharges or planned hospital admission
9. Annual official income tax receipt request
10. Specialist visit or annual physical check up

### Other Best Practices

1. If there is a line or a checkbox, in most cases, it should be filled out
  - If not applicable, do not leave blank. Document why information is not applicable, unavailable, or follow-up action plan
2. Delegate aspects of annual assessments to experienced pharmacy assistants/techs
3. Hire a pharmacy student
4. Spend time with patient engaging in meaningful clinical discussion and utilize off-peak and after-hours to complete paperwork
5. Final *Personal Medication Record* should reflect any changes as a result of DTP resolution. Ensure documentation reflects the resolution date and that this date matches claim date
6. If interaction is reaching 20-30 minutes, defer topics to next appointment – schedule a follow-up opportunity if applicable
7. Identify opportunities for value-add services
  - e.g. smoking cessation, vaccinations, naloxone training, third party insurance health coaching program, etc.
8. To enhance professional image, distribute *Personal Medication Record*, business card, appointment reminder and resources in a paper folder
9. Consider investment in technology (laptop, netbook or tablet) to improve efficiency and leverage dispensing software capabilities

## Communicating Ontario MedsCheck Services

### Annual/Diabetes MedsCheck:

Hi Mr./Ms. \_\_\_\_\_, as per your profile we see that you are due for your annual medication review. This is a voluntary one-on-one consultation that we schedule for all of our patients who are on chronic medications. Our goal in the meeting is to make sure our records are up-to-date, ensure your medications are safe and effective for you to take, and discuss any concerns you may have. *(If applicable, insert "Diabetic" here)*. Do you have some time to complete this now? It will be approximately 30 minutes and is of no charge to you.

\*\*\*\*\*Diabetic: Since you are diabetic there is additional opportunity to learn more about how to better manage your diabetes.

**If no:** If time is an issue, we can schedule this for you some other date. Will you be open to an appointment on \_\_\_\_\_ or your next medication pick-up date?

### Diabetic Education Follow-up (deferring education topics post annual):

Based on our medication review today, I strongly feel that you may benefit from learning more about \_\_\_\_\_. This session will be of no charge to you. Would you like to sign up for this at your next medication pick date? It will be approximately 15 minutes.

Use the PRNs as a guide:

**P-** Pharmacist would like to meet with you

**R-** Review Rx Meds and OTC's

**N-** No extra charge + is funded by the provincial government

**S-** Signed medical document for you (your wallet) to share with everyone involved in your healthcare, especially in an emergency

## Billing Information and PINs

### Annual Assessments

	PINs	Claim Amount per Year
Annual MedsCheck	93899979	\$60
Annual Diabetes MedsCheck	93899988	\$75
Annual MedsCheck at Home	93899987	\$150

### Follow-up Assessments

	PINs	Claim Amount per Year
Diabetes MedsCheck Follow-up	93899989	\$25
Annual MedsCheck Follow-up (Hospital Discharge)	93899981	\$25
Annual MedsCheck Follow-up (Pharmacist Decision)	93899982	\$25
Annual MedsCheck Follow-up (MD/NP Referral)	93899983	\$25
Annual MedsCheck Follow-up (Hospital Admission)	93899984	\$25

### Additional Fields Required for Non-ODB/TDP Recipients for all Types of MedsCheck Claims

Fields	Enter
Intervention Code	“PS” – Professional Care Service “ML” – Eligibility established – Standard Coverage
Patient Gender	“F” – Female “M” – Male
Patient Date of Birth	YYYY/MM/DD
Client ID # or Code	Health Card Number
Carrier ID	“S” - Non ODB MedsCheck Service Plan Code

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