



Alberta Care Plans

User Manual

May 2020

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Alberta Care Plans User Manual

The Kroll medication review process for Alberta has been changed to support the Alberta Netcare Care Plan message exchange. Alberta Netcare now supports the ability for real time integrated pharmacies to upload their CACP/SMMA annual and follow up reviews in order for other pharmacies and stakeholders to view and update. Kroll has redesigned our medication review screens and reports to align with the new Netcare functionality. We have extended this for use in all pharmacies, including those that are not yet integrated with Netcare.

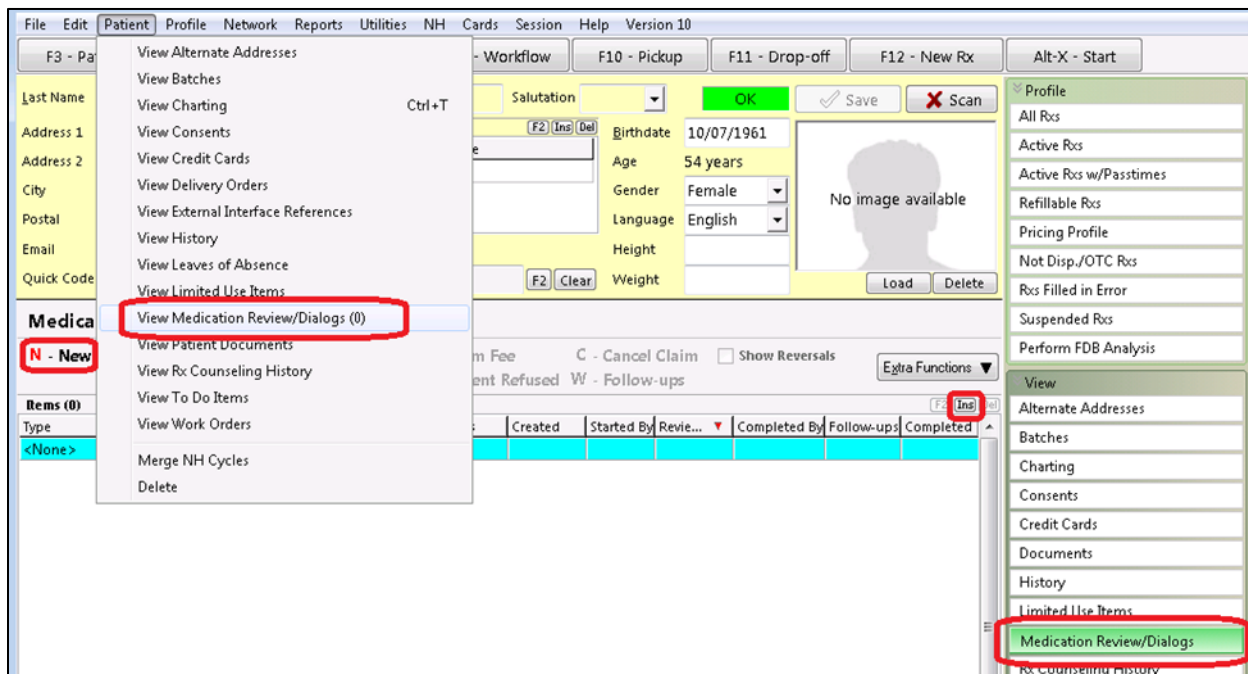
A Care Plan is a plan created and maintained by all stakeholders involved in the provision of care to a patient. It outlines the patient's short and long term needs, therapy goals, and progress towards those goals. A Care Plan is a living document that is updated frequently and shared amongst the stakeholders, including the patient.

While the Care Plan is a living document with no clear endpoint, each time it is updated a separate revision is saved. This allows the stakeholder to view and/or print the various changes that have occurred over the lifetime of the plan. In Alberta, Care Plan revisions can be sent to Netcare so that other stakeholders, pharmacies in particular, can view, perform follow ups, or make other changes to the document. Please remember that changes made by other pharmacies are sent to Netcare so the Care Plan for a particular patient is kept up-to-date no matter where they obtain their services within the province.

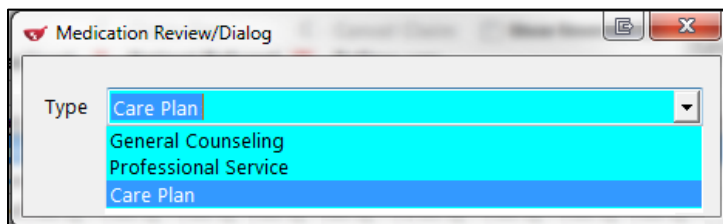
Creating a New Care Plan

Care Plans use the Kroll Medication Review screens. When you go to the Medication Review profile and insert a new review, you will no longer be able to create a legacy medication review. However, if a legacy medication review was already started, these will still follow the old process through to finalization. Should you have an in-progress medication review and want to change it to use the new Care Plan process, either delete or finalize the old review without claiming the fee for service and insert a new Care Plan, manually copying any information from the old review into the new Care Plan.

1. From the patient card, access Care Plans either via **Patient > View Medication Review / Dialogs** or by selecting **Medication Review/Dialogs** from the right navigation pane.

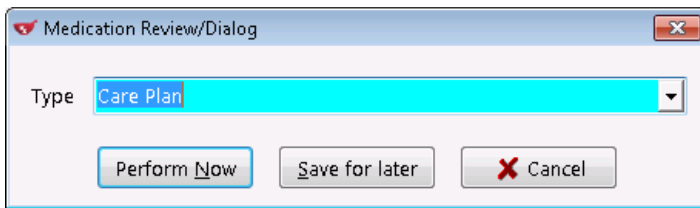


2. To start a new Care Plan select **N - New** or press **Insert**. The **Medication Review/Dialog** prompt will appear. Select **Care Plan**.



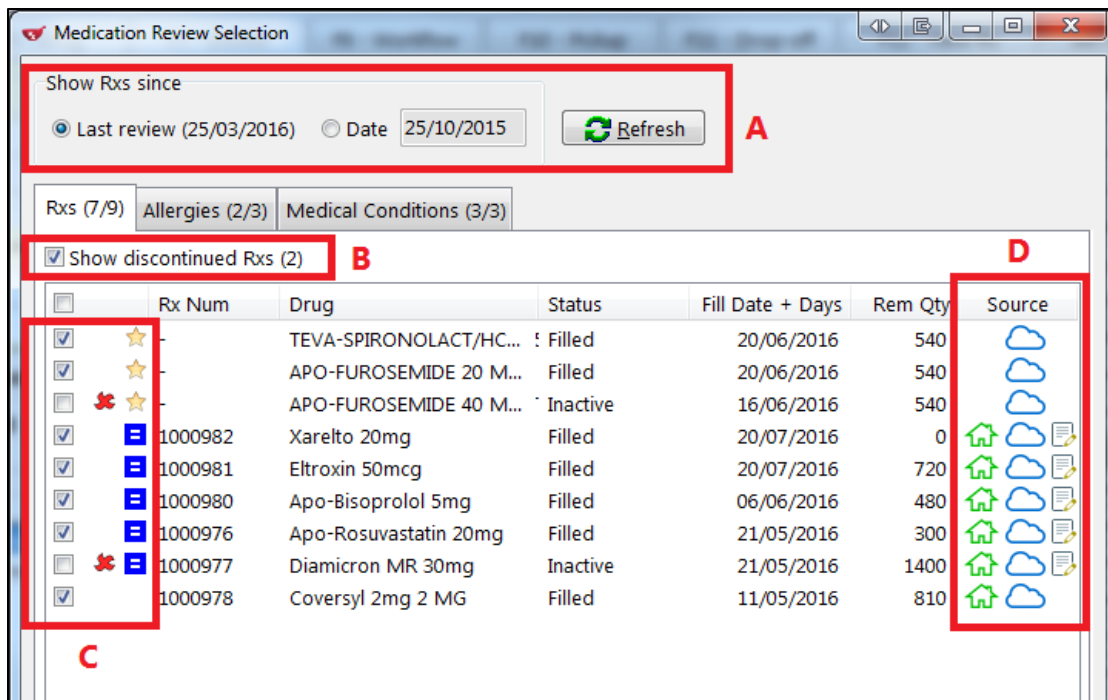
NOTE: If the Care Plan option does not appear, you will need to activate the Care Plan module. See **Configuration** at the end of this manual for details.

3. At the bottom of this form, select one of the following options:



- **Perform Now:** The system will first ensure you do not already have an existing, pending revision. If you are connected to Netcare, it will then reach out to check for the latest available revisions for this patient. If any revisions are found on Netcare, they will first be saved locally and then your new revision will be based on the most recent Netcare revision.
- **Save for later:** This creates an entry in the **Medication Reviews** queue available under the **F9 - Workflow** screen.
- **Cancel:** Aborts the process. No new local revision is created.


4. After selecting the **Perform Now** option, the system will then query Netcare for any prescriptions and allergies. If entered at another facility, these will not be known by the local system. These network entries are then checked against the known, local entries and then the **Care Plan Review Selection** screen will appear, showing you a reconciled list of items from Netcare, the local system and from the previous care plan revision, if any.






- A. The system performs a query against Netcare and then the local system for all Rx's dispensed since a specific date. By default, if a previous care plan revision exists, either on the local system or on Netcare, the date of that last revision is used. If no previous revision exists, the system will use a date of 12 months prior to today. You can select the second date option and enter a different date, then click on the **Refresh** button to send a new query to Netcare and for use against the local profile. The default operation for the date selection used and the number of months to go back are configurable. See **Configuration** at the end of this manual for details.

- B. By default, discontinued (inactive) prescriptions are not shown and will not be included for the current care plan revision even if they were part of the past revision. The total count of discontinued prescriptions is shown on the right side of this tab. If you want to see these prescriptions and/or be able to include any of them in the current revision, you must check the option **Show Discontinued Rx's**.

- C. When this screen is first displayed, prescriptions are grouped and ordered into three categories.

 This Rx is new since the last care plan revision. If the Rx is active and its last anticipated administration date (fill date + days' supply) is in the future (patient should still be taking this) or in the past 30 days (patient has likely just finished taking), it is automatically selected for inclusion. If the Rx is Not Dispensed (Other Medication) or if it is discontinued (inactive), it will be un-checked by default.

 This Rx was part of the last care plan revision. Again, if now inactive or not dispensed, it will be un-checked by default.

If there is neither a  or a , this means the Rx was reviewed during the last revision but was deliberately not selected for inclusion at that time. If it is still active and being administered either now, or within the past 30 days, it will be checked for inclusion by default. In this case, you will need to un-check it again to exclude.


 This Rx is discontinued (inactive, stopped). It will be un-checked (excluded) by default.


Within each grouping, prescriptions are then sorted in order of the end of the administration period (Fill Date + Days' Supply). So prescriptions with a days' supply expected to be administered for the longest period of time into the future will appear at the top of the list. Prescriptions whose days' supply is such that the remaining administration period will end soon or has just ended within the past 30 days will be shown towards the bottom.

You can change the default sort by clicking on any column header. To return back to this default sort, just click on the header immediately above this section.

Checking or un-checking the box in the column header immediately above this section will select or deselect all of the prescriptions.

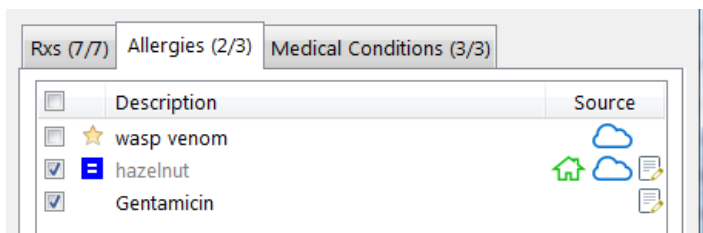
D. The source of each Rx is shown.

 This Rx is on the local system.

 This Rx is on Netcare.


 This Rx was on the previous care plan revision.

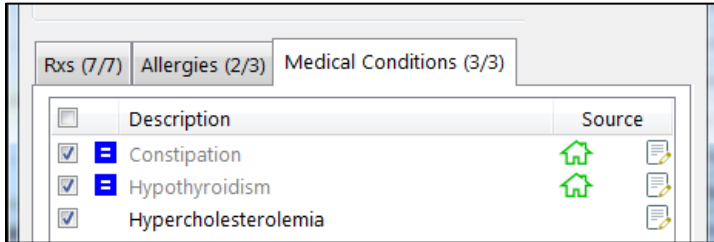
5. The same icons used to represent prescription statuses are also used on the **Allergies** tab.



The same grouping is used with any new entries since the last revision appearing at the top. Note that new allergy entries found only on Netcare are not checked by default. Local allergies are automatically checked and cannot be removed from this form. However, once in the Care Plan, they can be added or deleted.

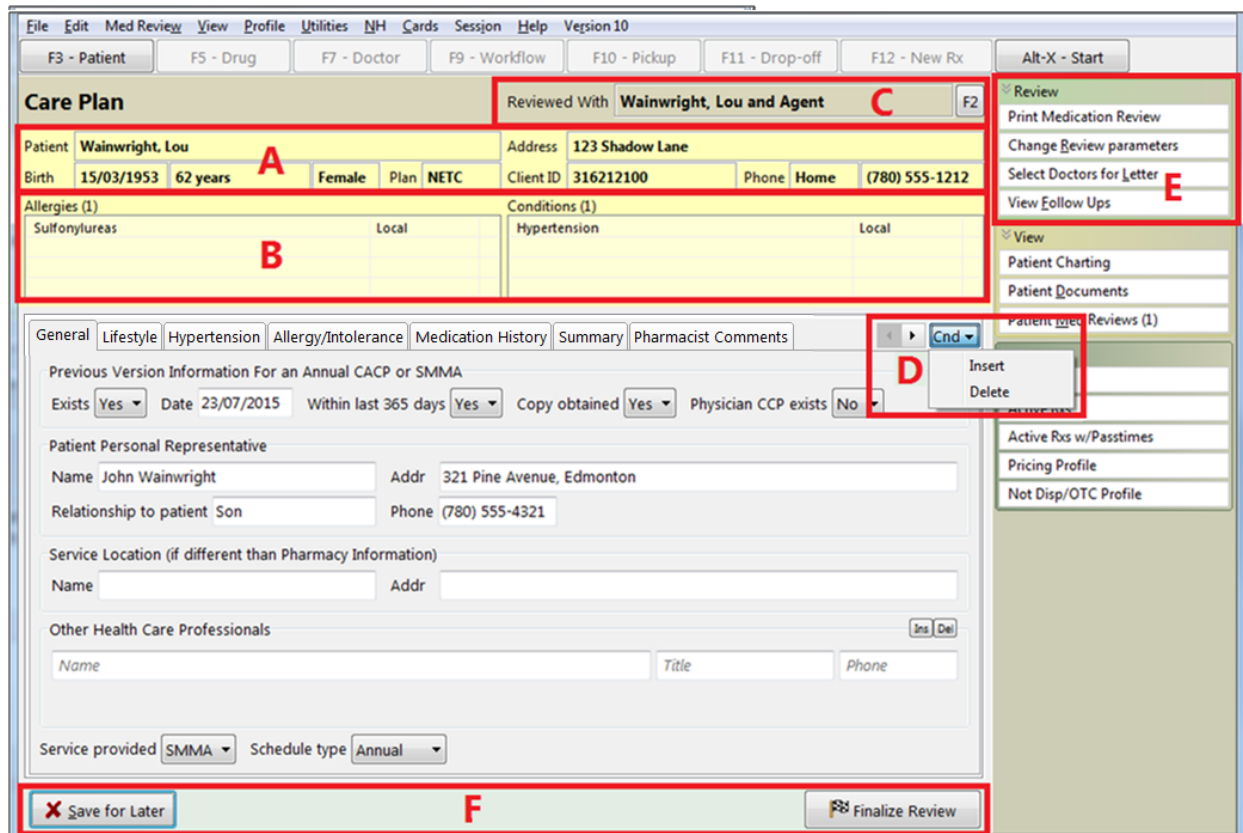
Reconciliation issues may be present when attempting to align a Netcare-only entry with a local entry and therefore, a duplicate entry may be shown. Care should be taken to ensure only one copy of the same allergen is selected. Also note that selecting any Netcare-only entry does not automatically add it to the local patient record – if desired, you must manually add it at a later time.

- The same icons are used for **Medical Conditions** with the exception of  because local medical conditions are not sent to Netcare. Local medical conditions are automatically checked.



- Review each tab, checking any entry that you want to include in this Care Plan revision. Press **OK** to proceed. The **Care Plan** screen will appear.

Care Plan Screen Explained

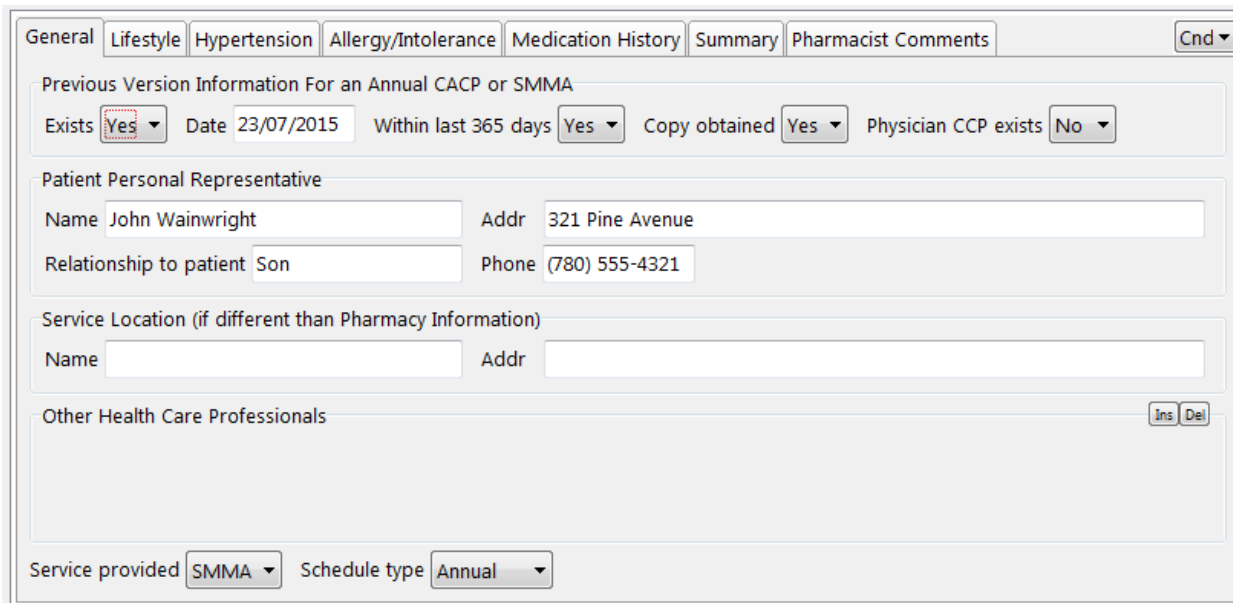


- The top of the Care Plan screen shows a patient synopsis as confirmation of the patient you are currently working with.
- Allergies and medical conditions currently included in this Care Plan revision are summarized. Those that are recorded on your patient card will show as **Local** while any others added only via this Care Plan will show as **Care Plan**. Any changes made here are not reflected on the main patient card.

- C. The system assumes that the review is being conducted with the patient only. However, using the **F2** button in the **Reviewed With** area allows you to indicate another person and whether they were present with the patient during the review.
- D. There may not be enough space to display all of the available tabs on the screen at once. In that case, click on the left or right arrow button here to shift the tabs over. Clicking on the **Cnd** button allows you to add or delete medical conditions.
- E. The buttons in the ribbon bar provide the following functions:
- **Print Medication Review:** Allows you to print a Care Plan report based on the edits made to this point in time. Before this revision is finalized, you may want to print an advance copy to review with and/or to provide to the patient. You can return to the Care Plan revision to capture any manual notes you made on that advanced copy and then finalize the revision at that time.
 - **Change Review Parameters:** Recalls the **Medication Review Selection** form allowing you to reselect which prescriptions, allergies and medical conditions will be included in this revision.
 - **View Follow Ups:** Allows you to create and view any local Kroll follow ups created for this revision.
- F. At the bottom of the screen, the **Save for Later** button allows you to save your changes to this point in time and will mark this revision as **Pending**. This revision will not be sent to Netcare. At a later time, you can return to this revision, make additional changes and either **Save for Later** again or complete the plan. **Finalize Review** will mark this revision as complete and ask you if you want to post this to Netcare and claim a fee for this service.

General

If a Care Plan revision already exists, all fields will be populated with the information from the most recent revision – you only need to edit the fields that have changed since then. If no revision existed, these fields will initially be blank.



- **Previous Version Information for an Annual CACP or SMMA:** If an annual Standard Medication Management Assessment (SMMA) or Comprehensive Annual Care Plan (CACP) already exists for this patient, complete these fields with the information about that most recent review. This information is necessary if a medication review will be copied from this Care Plan revision and later billed.
- **Patient Personal Representative:** If the review was completed with someone other than the patient, enter that person's information here.
- **Service Location (if different...):** This only needs to be completed if the review was performed at a site other than your pharmacy. Otherwise, leave blank.
- **Other Health Care Professionals:** If other health care professionals were involved in the review, click the **Ins** button to the right to enter their name, title, and phone number. You can enter as many professionals as you wish. Should anyone no longer be part of the Care Plan, you can select that entry and then click on the **Del** button to remove it.
- **Service provided / Schedule Type:** Enter the type of service being provided with this revision, SMMA or CACP / Annual or Follow-up. Upon completing this revision, you will be provided with the opportunity to change this information immediately prior to claiming a fee for this service. If the patient does not meet the prerequisites for a Medication Review, you can leave these fields blank.

Lifestyle

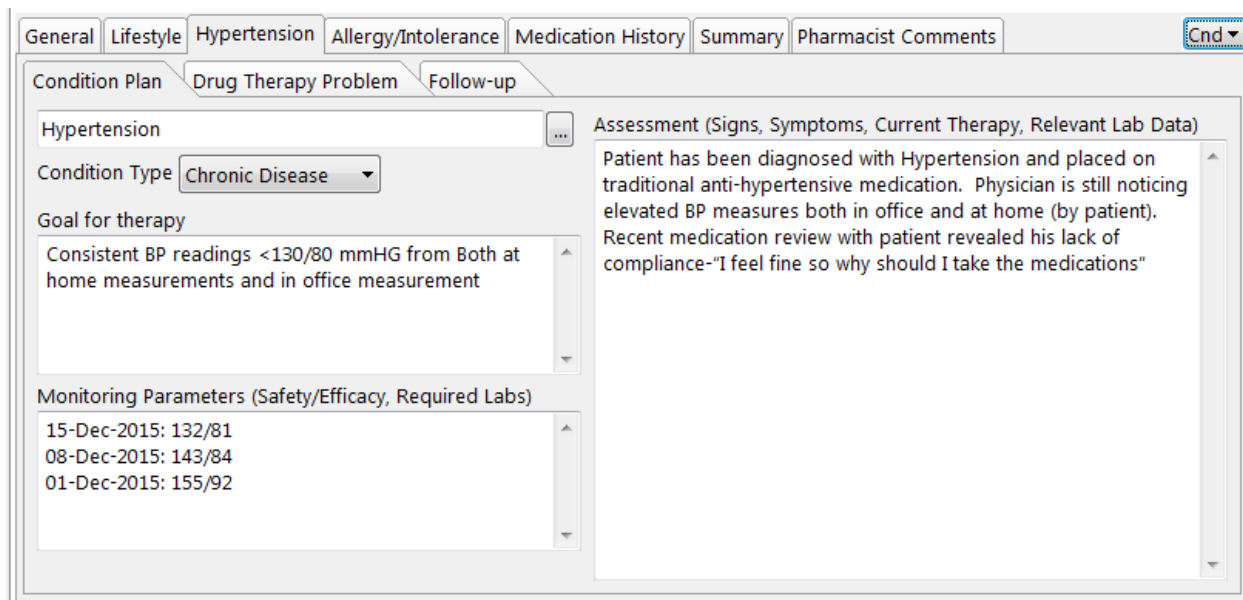
General	Lifestyle	Hypertension	Allergy/Intolerance	Medication History	Summary	Pharmacist Comments	Cnd ▾
Lifestyle Factors		Other Factors Ins Del					
Weight <input type="text" value="180 lbs"/>		Sleep <input type="text" value="6-7 hours"/>					
Height <input type="text" value="6' 0"/>							
BMI <input type="text" value="24.4"/>		Patient Aids Ins Del					
Tobacco use <input type="text" value="No"/>		Uses a cane <input type="text"/>					
Alcohol use <input type="text" value="2 drinks/week"/>							
Caffeine use <input type="text" value="2 cups/day"/>		Alerts Ins Del					
Other recreational drug use <input type="text" value="No"/>							
Pregnancy due date <input type="text"/>							
Breastfeeding <input type="text"/>		Other Health Information Ins Del					

- Lifestyle Factor/Other Factors:** The more common lifestyle factors are already provided for you in the fields on the left side of this screen. While some contain suggestions in a drop down list, you can also manually enter any free form value. On the right side of the screen, click the **Ins** button to add other lifestyle factors and their values. To delete a lifestyle entry on the left, just remove its value. To delete an “Other” entry on the right, highlight it and click on the **Del** button.
- Patient Aids/Alerts/Other Health Information:** Click the **Ins** button on the right to add a new entry. To remove an existing entry, highlight it and click the **Del** button.

Medical Conditions

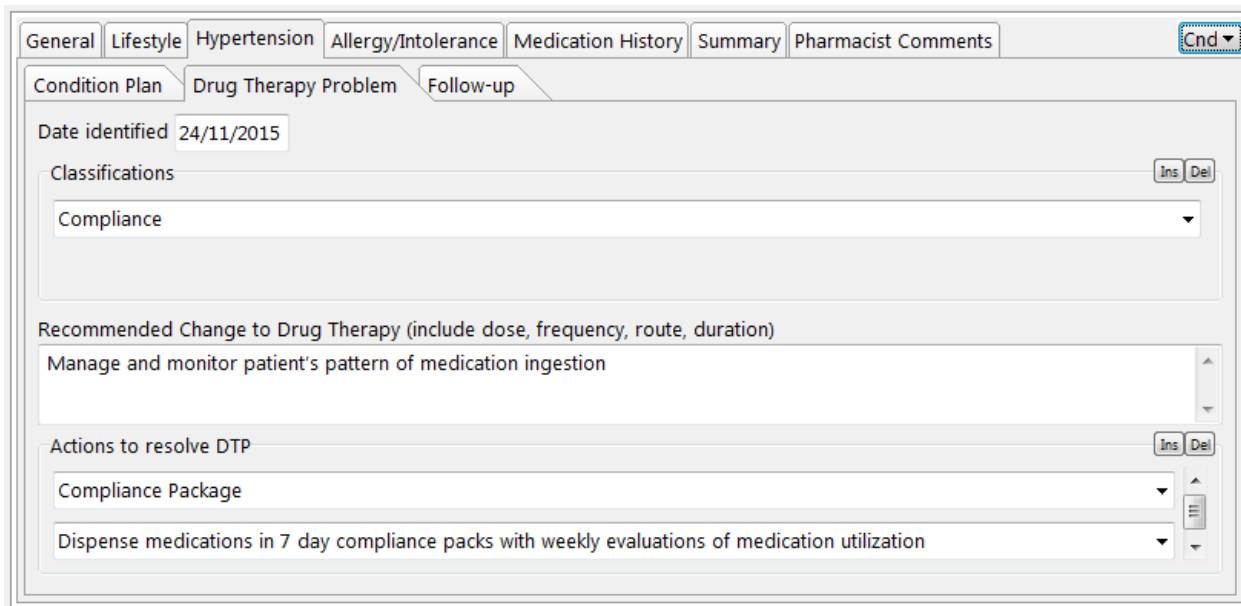
Each medical condition in the Care Plan has its own tab. Any medical conditions selected on the initial **Medication Review Selection** form will be shown. Click the **Cnd** button to the right to either add a new condition or to delete the currently selected condition. Click each condition tab to reveal a second level of tabs that relate to the details for each.

Condition Plan



- **Condition Plan:** The name of the medical condition used on the main tab is also shown here. If you are inserting a new condition by using the **Cnd > Insert** button noted above, you can either manually type in a condition name or use the “...” button to choose from a list. Note that any conditions either added or deleted from this screen are not reflected back on the main patient card.
- **Condition Type:** Chose from Chronic Disease, Risk Factor or Medical Condition. This type does not impact how the condition is recorded but you should try to categorize it accordingly to match the Alberta Health eligibility requirements if you plan to claim a fee for service upon completion of this revision.
- **Goal for therapy / Monitoring Parameters / Assessment:** Use the appropriate field to record notes on this specific condition. On subsequent revisions, you may want to just add notes to those already there, prefixing your new notes with a date stamp.

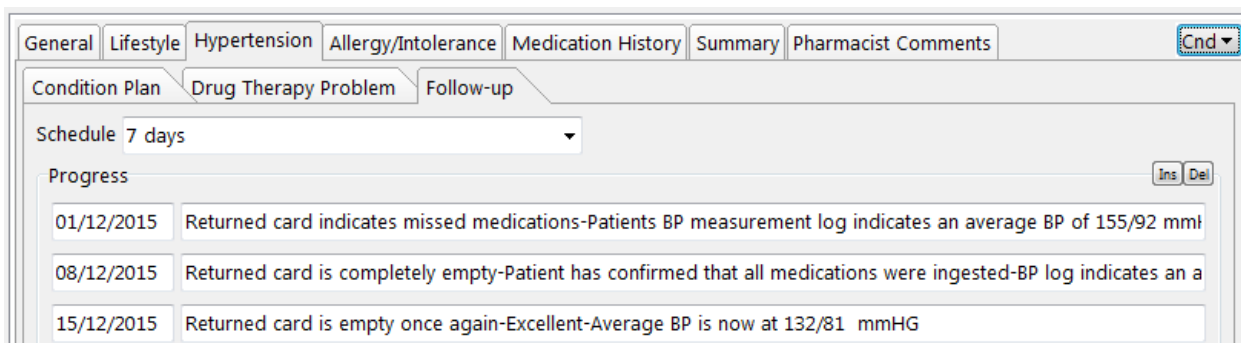
Drug Therapy Problem



If you record anything on this tab, you must indicate a date and classification.

- **Date identified:** Indicate the date that the drug therapy problem was first identified.
- **Classifications:** Click on the **Ins** button on the right side to add one or more classifications. You can choose from the drop down list of standard classifications or type in any free form name. To remove an existing classification, highlight it and then press the **Del** button on the right side. If there are more than two classifications, you will need to use the scroll bar on the right side to see all of them.
- **Recommended Change to Drug Therapy:** Add any recommendations here.
- **Actions to resolve DTP:** Like the classifications, click on the **Ins** button to add one or more actions. Choose from those in the drop down list or type any free form name. Highlight an existing action and press the **Del** button on the right side to remove it.

Follow-up

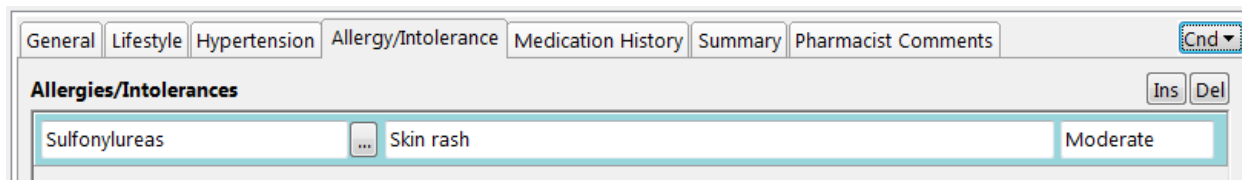


Date	Progress
01/12/2015	Returned card indicates missed medications-Patients BP measurement log indicates an average BP of 155/92 mmHg
08/12/2015	Returned card is completely empty-Patient has confirmed that all medications were ingested-BP log indicates an a
15/12/2015	Returned card is empty once again-Excellent-Average BP is now at 132/81 mmHG

- **Schedule:** Choose from one of the suggested follow-up schedules in the list or type a free form entry. Note that indicating a follow-up schedule here does not create a local Kroll follow-up entry.
- **Progress:** Click on the **Ins** button to insert a new progress date and note.

Allergy/Intolerance

Any allergies selected on the initial **Medication Review Selection** form will be shown. Click on the **Ins** button found to the right to either add a new allergy or to delete the currently selected allergy.



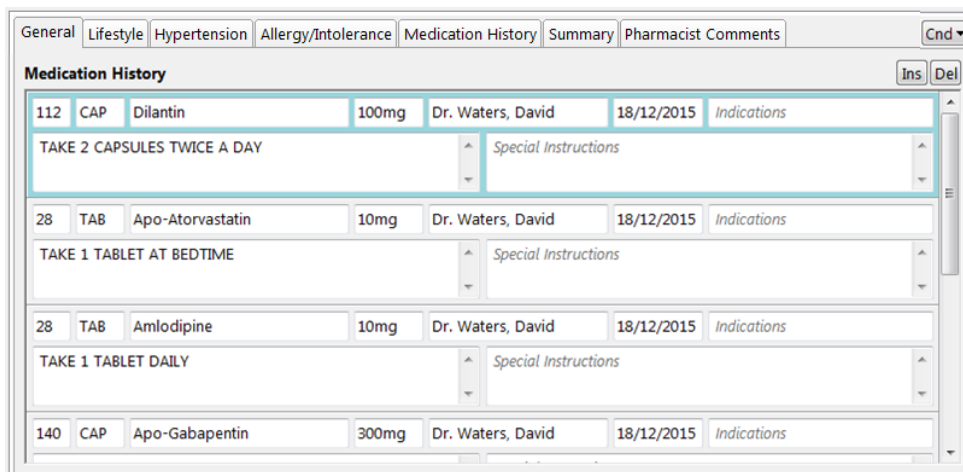
Allergies/Intolerances			Ins	Del
Sulfonylureas	...	Skin rash	Moderate	

Enter the allergy or intolerance either by using the “...” button and choosing from a list or by manually typing in a name. Optionally, indicate the type of reaction and its severity in the appropriate fields. To remove an allergy, highlight it and click on the **Del** button. Like medical conditions, any changes made here are not reflected on the main patient card.

Medication History

The **Medication History** screen allows you create a Best Possible Medication History that may be shared with the patient or other health care providers. It should contain a collection of all clinically relevant prescriptions from all sources such as your local profile, prescriptions filled at other pharmacies, and any non-prescription medications the patient may be taking.

Any prescriptions selected on the initial **Medication Review Selection** form will be copied into this tab. Once copied, you can add or delete entries by clicking on the **Ins** or **Del** buttons located on the right side.

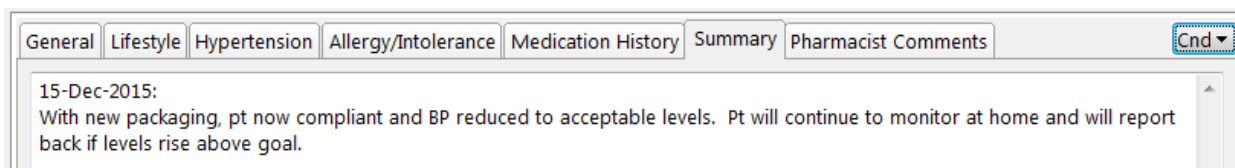


Medication History							Ins	Del
112	CAP	Dilantin	100mg	Dr. Waters, David	18/12/2015	Indications		
TAKE 2 CAPSULES TWICE A DAY			Special Instructions					
28	TAB	Apo-Atorvastatin	10mg	Dr. Waters, David	18/12/2015	Indications		
TAKE 1 TABLET AT BEDTIME			Special Instructions					
28	TAB	Amlodipine	10mg	Dr. Waters, David	18/12/2015	Indications		
TAKE 1 TABLET DAILY			Special Instructions					
140	CAP	Apo-Gabapentin	300mg	Dr. Waters, David	18/12/2015	Indications		

Any prescriptions copied into this form from the local profile are transcribed into text and then “disconnected” from the local profile. If you make changes to any of the fields in the Care Plan, these changes are not reflected back on the main patient card. Likewise, any subsequent changes to the local prescription profile are not reflected in this Care Plan revision.

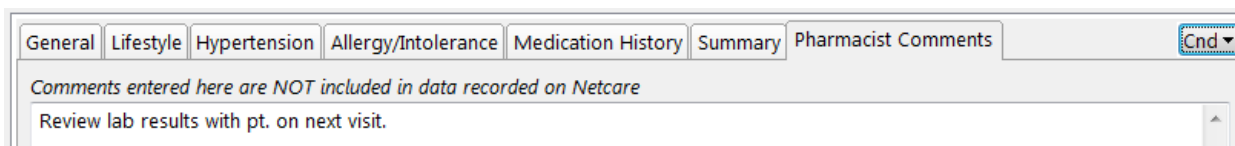
To add a new prescription, for example, a non-prescription medication or a prescription filled at another pharmacy, click the **Ins** button to the right. When you are in the **Medication Name** field, you can either manually type a drug name or press the **F5** key to access your local drug file. Using the **F5** feature will also copy the drug’s form and strength into the corresponding fields.

Summary



The **Summary** tab is used to record notes on the overall Care Plan. When you add notes from subsequent revisions, you may want to add them to the top of this page and prefix them with a date stamp. If you are recording notes against an individual medical condition, it may be more appropriate to record these under one of the sub-tabs for that specific condition.

Pharmacist Comments

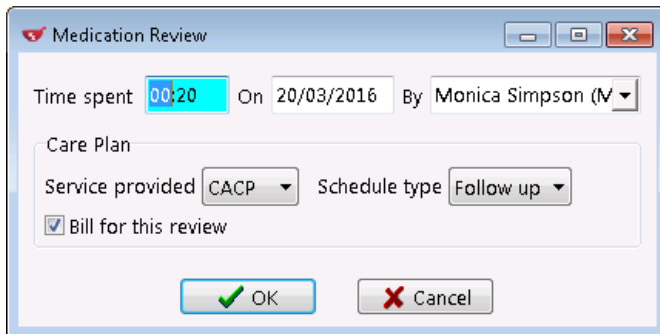


The **Pharmacist Comments** tab is used to record local notes only. These notes will not appear on the Care Plan report nor will they be uploaded to PIN.

Saving and Finalizing a Care Plan

At any time during the editing of a Care Plan revision, you can save your changes and keep the revision marked as **Pending** in order to return to the revision later to perform further edits before finalizing. To save your changes and return later, click the **Save for Later** button. When you are ready to edit again, return to the patient's Care Plan History profile, select the pending entry and press **F – Call Up**.

When all editing has been completed for a Care Plan revision, click the **Finalize Review** button to save this revision and mark it as completed. No other edits on this revision will be allowed. The **Medication Review** form will appear.



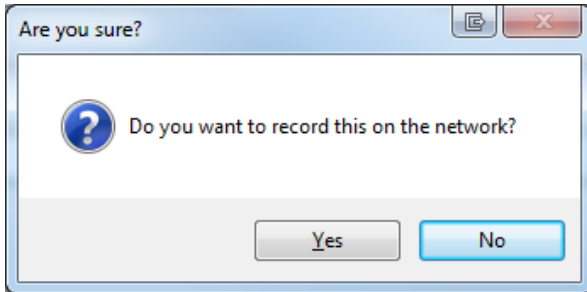
The screenshot shows a window titled "Medication Review" with the following fields and controls:

- Time spent:** A text input field containing "00:20".
- On:** A date input field containing "20/03/2016".
- By:** A dropdown menu showing "Monica Simpson (M)".
- Care Plan section:**
 - Service provided:** A dropdown menu showing "CACP".
 - Schedule type:** A dropdown menu showing "Follow up".
 - Bill for this review:** A checked checkbox.
- Buttons:** "OK" (with a green checkmark icon) and "Cancel" (with a red X icon).

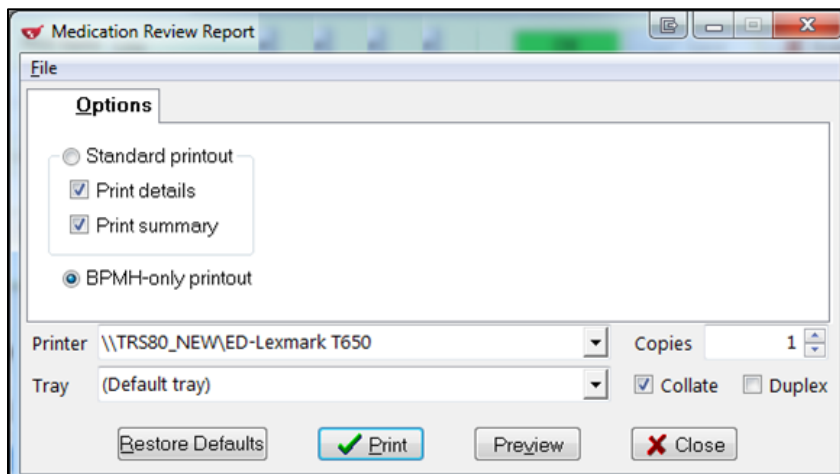
If enabled, enter the amount of time (duration) spent on this revision. The "On" date will default to the current date but if the actual review was completed with the patient a few days earlier, you can backdate it. In the "By" field, indicate the pharmacist that performed the review.

In the Care Plan section of the form, check the **Bill for this review** if you want to claim a fee for service. The service provided and schedule type is copied from the Care Plan in order for you to confirm your selections. Changing the values here will also change them back on the Care Plan revision.

After clicking **OK**, you will be prompted to save the Care Plan revision on Netcare. Answering **No** to the prompt will still save the revision locally.



The **Medication Review Report** form will appear.



Different sections of the report can be printed. The **Standard printout** option is broken down into two sections. You can print either the details and/or the summary section by placing a check beside each option.

Optionally, you can print only the **Best Possible Medication History (BPMH)** section by selecting the **BPMH-only printout** option. This will allow you to work from an initial paper copy of the profile while conducting the review session with the patient. Also, as this report can be generated while the review is still in progress, after confirming and updating the medication history, you may want to print this section only to provide to the patient. The last page of whichever option you choose contains the patient and pharmacist signature lines, allowing the patient to leave now while you complete the balance of the data entry of the review at a later time.

If the report is printed prior to finalization, the pharmacist performing the review is unknown to the system at this time. Therefore, the pharmacist name, license number and APA status will be left blank in order for the pharmacist conducting the review to manually complete.

Sample Care Plan Report

Care Plan for PHN/ULI: 316212100 Wainwright, Lou

123 Shadow Lane
Edmonton AB T9D 9D9
(780) 555-1212

Date of Birth: 1953-Mar-15
Gender: F

Printed: 2015-Dec-29 13:32:27
Printed By: Monica Simpson

Patient Personal Representative Information:
 Name: John Wainwright Relationship to Patient: Son Phone: (780) 555-4321
 Address: 321 Pine Avenue, Edmonton

Pharmacy Information:
 Name: Kroll Pharmacy Store 1 Phone: (780) 463-1111 Fax: (780) 463-9348
 Address: #111, 9622 - 42nd Avenue, NW Pharmacist: Simpson, Monica Practice Permit #: 11111
 Edmonton AB T6E 5Y4

Service Location (if different than Pharmacy Information):
 Name:
 Address:
 Service Provided: SMMA (Annual) Service Date: 2015-Dec-29

Other Health Care Professional Information:
 N/A

For an Annual CACP or SMMA:
 Previous Version Exists: Yes Previous Version Date: 2015-Jul-23 Previous Version Exists within last 365 days: Yes
 Previous Copy Obtained: Yes Physician CCP Exists: No

Current Medical History:
 Chronic Diseases:
 Medical Conditions: Hypertension
 Risk Factors:
 Allergy/Intolerance: Sulfonyleureas;;
 Lifestyle: Weight - 180
 Height - 6' 0"
 BMI - 24.4
 Tobacco Use - No
 Alcohol Use - 2 drinks/week
 Caffeine Use - 2 cups/day
 Other recreational drug use - No
 Sleep - 6-7 hours

Aids: Uses a cane
 Alerts:
 Other Health Information:

Best Possible Medication History:

What I Take	Why I Take It	How I Take It	Who Prescribed It	Special Instructions	Quantity Prescribed	Last Dispensed Date
Dilantin / 100mg / CAP		TAKE 2 CAPSULES TWICE A DAY	Dr. Waters, David		112	2015-Dec-18
Ann-		TAKE 1 TABLET	Dr. Waters		28	2015-Dec-18

Billing for a Medication Review

If you checked the **Bill for this review** option on the prompt that appeared at the end of the Care Plan, the system will automatically take you to the Fill screen with the corresponding fee for service information already entered. You will need to review the information, ensuring the Alberta Public Health Activities plan is added to the Rx with the appropriate special services code and then press F12 to complete the fee for service claim.

Care Plan History Profile

From the patient card, the **Care Plan History** profile is accessed either via **Patient > View Medication Review / Dialogs** or by selecting **Medication Review/Dialogs** from the right navigation pane.

Medication Reviews							
N - New Review/Dialog		P - Print/Reprint		F - Call up		C - Cancel Claim	
		D - Pharmacist Declined		R - Patient Refused		W - Follow-ups	
							<input type="checkbox"/> Show Reversals
							Extra Functions ▼
Items (11)							
Type	Status	Fee Status	Created ▼	Started By	Reviewed	Completed By	
● Care Plan - (CACP) Annual	Completed Electronic	Claimed	15/03/2016	MS	15/03/2016	MS	
○ Care Plan - (CACP) Annual	Completed Electronic	Declined By User	13/03/2016	MS	13/03/2016	MS	
○ Care Plan - (SMMA) Follow Up	Billed with no Documentation	Claimed	13/03/2016	MS	13/03/2016	MS	
○ Care Plan - (CACP) Annual	Completed Electronic	Claimed	11/03/2016	MS	11/03/2016	MS	
○ Care Plan - (CACP) Annual	Completed Electronic	Claimed	11/03/2016		11/03/2016	MS	
○ Care Plan - (CACP) Annual	Completed Electronic	Claimed	11/03/2016	MS	11/03/2016	MS	







From this profile screen you can perform the following functions:

- **N – New Review/Dialog:** To create a new revision, press **N** or click the **Ins** button.
- **P – Print/Reprint:** To print a revision, highlight the revision entry and press **P**.
- **F – Call up:** This is only available for a **Pending** revision. Highlight that revision (normally appears at the top) and press **F**.
- **C – Cancel Claim:** Press **C** to reverse the claim for the fee for service. This is only available for revisions with a **Fee Status** of **Claimed**.
- **D – Pharmacist Declined:** Allows you to immediately close a pending review. This is typically used when the system has earlier queued up a review and you started some initial work but you now want to terminate the review without completing it.
- **R – Patient Refused:** Allows you to immediately close a pending review for patient reasons.
- **W – Follow-ups:** Allows you to create or view existing Kroll follow up reminders for this revision.
- **F2 – View:** Highlighting any revision and then pressing **F2** will view the entry in read-only mode.

- **Del – Delete:** You can only delete a **Pending** revision. Highlight the entry and click the **Del** button.

The columns displayed are configurable by accessing the **Change Columns** options from the **Extra Functions** button. Some of the columns of note are:

- **Type:** Indicates the service and schedule type. Legacy medication reviews, general counseling and other professional services are also shown.

Type	Status
 Care Plan - (SMMA) Annual	Complete
 Care Plan - (SMMA) Annual	Complete
 Care Plan - (SMMA) Annual	Complete
 Care Plan - (CACP) Annual	Complete
 Care Plan - (CACP) Annual	Complete
 (CACP) Initial Assessment With APA	Complete
Professional Service	Complete
General Counseling	Complete

The most recent revision is indicated with a green dot in the Type column. The default sort will normally place the most recent entry at the top but should you change the column sort, the most recent revision may appear elsewhere in the list.



The cloud icon with a triangle pointing up indicates that this revision belongs to your pharmacy and has been uploaded to PIN.



The cloud icon with a triangle pointing down indicates that this revision was created by another pharmacy – it was downloaded from PIN to your system.



The cloud icon with a red 'X' means this revision of yours was not uploaded to PIN.

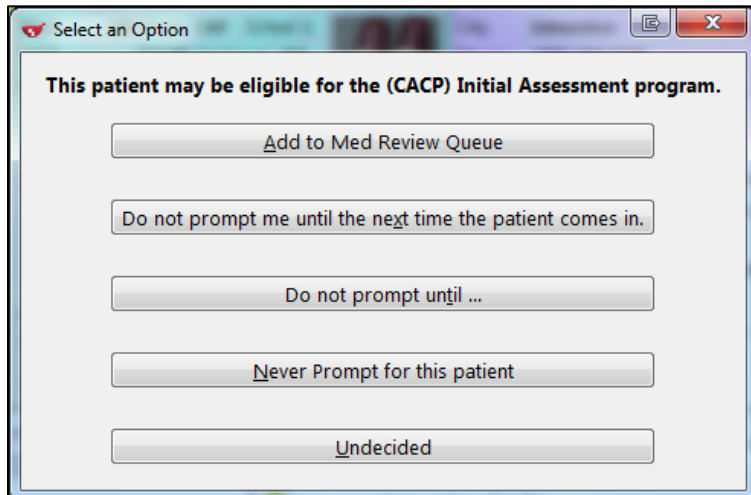
- **Status:**
 - **Pending:** This is an active revision that was **Saved for Later**. To resume editing it, select that revision and click **F – Call up**.
 - **Completed:** This revision has been finalized and no further changes can be made.
 - **Completed (obsolete):** This revision was finalized and sent to Netcare but since it was started, another revision with a more recent **Service Provided** date has been posted, thus making your revision obsolete. This revision is still posted on Netcare and your local system but when a new revision is started, it will be based off of the more recent revision on Netcare. See the [Obsolete Care Plans](#) section for more information.

- **Retracted:** This revision was subsequently retracted from Netcare so will no longer appear on the network; however, a copy of this revision will still appear in the local profile. See the [Sending to Netcare after Completion/Retraction](#) section for more information.
- **Billed with no Documentation:** A fee for service prescription was filled without a Care Plan having been started. Other than canceling this claim, no changes can be made. See **Pre-billing a Claim to Confirm Eligibility** for more information.
- Fee Status:
 - **Review Not Completed Yet:** This review is still in progress. It must be finalized before it can be billed.
 - **Pending Claim:** The review was completed but the fee for service has not yet been claimed.
 - **Declined By User:** The **Bill for this review** option was not checked when this revision was finalized. No claim was made for this revision.
 - **No Fee Applicable:** Shown for pharmacist declined of patient refused revisions.

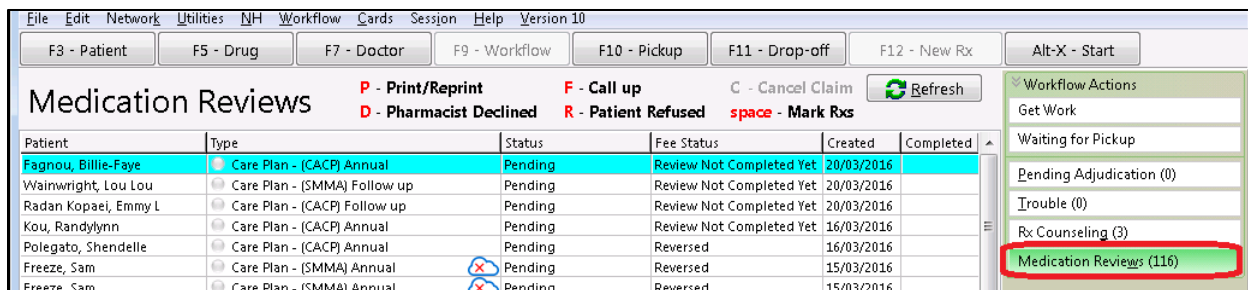
All of the functions noted in this section are also available by highlighting a specific revision and then clicking on the right mouse button.

Care Plans Queue

The system will alert you when a patient may meet the necessary prerequisites to qualify for a Medication Review.



With Care Plans enabled, if you select the **Add to Med Review Queue**, an entry will be placed into the Medication Review queue. To access this queue, from the Start Screen, press **F9 – Workflow** and select **Medication Reviews** from the right navigation pane.

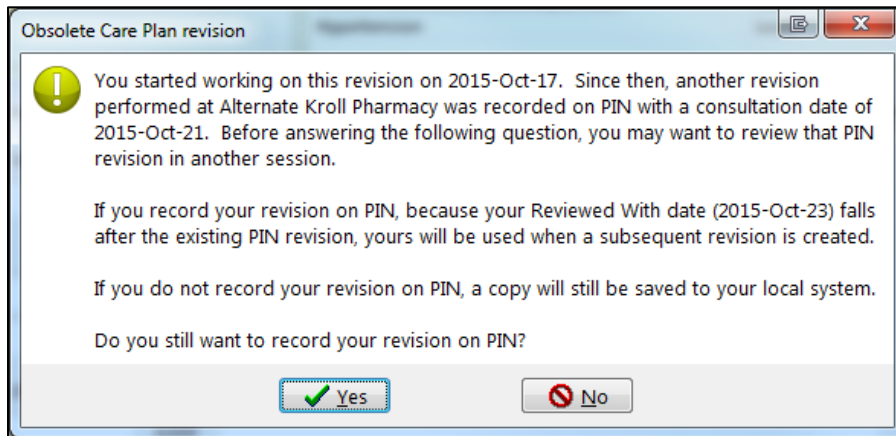


Any Care Plans that are **Saved for Later** either from a patient's Care Plan History profile or during the editing of a pending revision are also placed into this queue.

From this screen, select any Care Plan and press **F – Call Up**.

Obsolete Care Plans

When a new Care Plan revision is started, a check is first made to Netcare to ensure your new revision is based off of the most recent revision available. Several days may elapse between the time you start working on your revision and when you finalize it and post to Netcare. In the meantime, it is possible that another pharmacy also started working on a revision for this patient and has already posted their changes to Netcare. When you post your revision to Netcare, a message similar to the one below will alert you to any possible conflicts.



Depending on which revision is more current and whether or not you still decide to post to Netcare, your revision may no longer be the most current revision available. This means that when you or any other pharmacy goes to start a new revision, the changes you just saved may not be used to base the next revision on. You may want to go to another session, access this same patient and review the changes made by the other pharmacy in order to decide if you should post your revision to Netcare.

Any obsoleted revision, whether it is posted to Netcare or not, will show a local status of **Completed (obsolete)**.

Completed	Status	Provided By
	In progress	MS
23/10/2015	Completed (obsolete)	MS
21/10/2015	Completed	
13/10/2015	Completed	MS

Creating a Care Plan from an Earlier Revision

Whenever you create a new Care Plan revision, it is always based off of the most recent revision available. However, should you want to “put back” or add some notes from an earlier revision such as in the case above where you may want to merge some information from an obsoleted entry, you can cut and paste from an earlier revision to a new one by following these steps:

1. In one session, start a new revision for this patient as you normally would.
2. Start a second session and access the same patient and their Care Plan History profile.

3. Select the earlier revision and press F2 to view.
4. Under any of the tabs, highlight any text that you want to use for your latest revision and press **Ctrl+C** to copy into the clipboard.
5. Switch to the other session, placing the cursor in the appropriate field and press **Ctrl+V** to copy the clipboard text into this new revision.
6. Repeat as necessary, switching between sessions to cut and paste any areas you want to retain.
7. When done, finalize your new revision.

NOTE: You can use the copy and paste feature to copy text from any document into your current Care Plan revision.

Sending to Netcare after Completion/Retraction

When finalizing a Care Plan revision, a prompt will appear asking; **Do you want to record this on the network?** Should you answer **No** to this question but decide at a later time to post your revision to Netcare, it is possible to perform this after the fact.

1. Access the patient and their Care Plan History profile.
2. Highlight the revision and press **F2** to view.
3. On the Care Plan review screen, place a check mark next to the **Record on Network** box.

Care Plan

Created	23-Oct-2015 10:04 AM	Status	Completed E
Started	21-Oct-2015 12:00 AM	Reviewed By	Richard, Bill
Completed	21-Oct-2015 12:00 AM	Reviewed With	Unknown

Assessment

Duration: N/A Record on Network

General | Asthma | Chronic Obstructive... | Hypertension | Allergy

Previous Version Information For an Annual CACP or SMMA

Exists: Date: Within last 365 days

4. Click **X-Close** to save and post to Netcare. Note that no changes can be made to this revision.

To retract a Care Plan revision, repeat the steps above for a revision that is already recorded on Netcare and remove the check mark from the **Record on Network** box.

You can quickly see if any revision is posted to Netcare by looking at the icon under the **Type** column of the Care Plan History profile. Also, any revisions that have subsequently been retracted will show a **Retracted** status.

Item	Type	Status
Care Plan - (SMVIA) Follow Up		Billed with no Documents
Care Plan - (CACP) Annual		Completed Electronic
Care Plan - (CACP) Annual		Retracted
Care Plan - (CACP) Annual		Completed Electronic

Pre-Billing a Claim to Confirm Eligibility

You may want to confirm a patient's eligibility by pre-billing a claim to the Alberta Health Public Activities plan to see if it is accepted. We recommend the following method in order to keep the Medication Review profile as clean as possible.

1. If a new Care Plan revision has not already been started, insert a new revision and select **Save For Later**

2. Manually fill a prescription for the appropriate service about to be performed. Use the pharmacist as the prescriber.
3. If the claim is rejected, select **Cancel Rx**.
4. If the claim is accepted, either accept the response if you expect to complete the review shortly or select the **Cancel Rx** option to reverse the claim for the time being. In this case, you will still be able to bill again once the review has been completed.
5. Back on the Medication Review profile, your Care Plan revision will now have a **Fee Status** of either **Claimed** if you leave the claim accepted or **Reversed** if you cancel the claim.

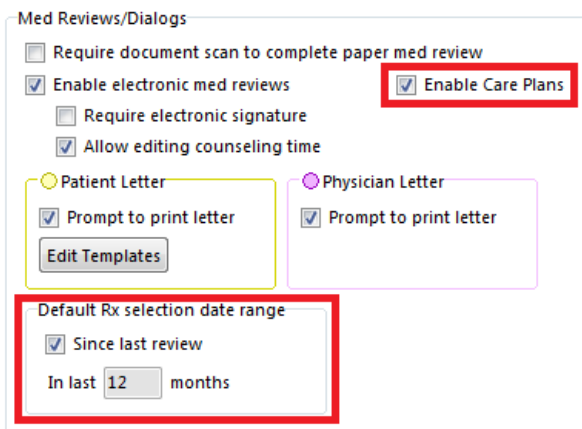
Status	Fee Status	Created	Status	Fee Status	Created
Pending	Claimed	15/03	Pending	Reversed	16/03
Completed	Electronic Claimed	16/03	Completed	Electronic Claimed	16/03

6. When you are ready to perform the review, just access the revision and **F – Call Up**. When you finalize the review, if the claim was reversed, you will again be presented with the **Bill for this Review** option to allow you to make the claim again.

Configuration

To set the default date range selection for the **Medication Review Selection** screen, go to **File > Configuration > Store > Rx > Counseling** and either check **Since last review** or enter the number of months to go back when reviewing both the local and Netcare prescription list.

To switch from the legacy medication reviews to the new Care Plan process place a check beside **Enable Care Plans**.



Med Reviews/Dialogs

- Require document scan to complete paper med review
- Enable electronic med reviews Enable Care Plans
- Require electronic signature
- Allow editing counseling time

Patient Letter Physician Letter

Prompt to print letter Prompt to print letter

Edit Templates

Default Rx selection date range

Since last review

In last months