ODB Consent

Warnings

Version 10 Service Pack 9
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ODB Consent Warnings

Kroll Version 10 Service Pack 9 introduces new patient consent warnings that appear when a patient’s ODB Frequency of Dispensing (FOD) Consent or ODB MedsCheck Consent record is not present or expired. In the case of not present or expired FOD Consent records, a new record must be obtained before prescriptions can be filled for the patient.

This user guide explains how to manage these new consent warnings and how to record ODB FOD and ODB MedsCheck Consent records in the patient card.

ODB FOD Consent Warnings

In accordance with the Ontario Ministry of Health and Long Term Care’s Ontario Drug Benefit Act, when a pharmacist decides to reduce the patient’s dispensing quantity, resulting in an increased number of dispensing fees paid per year, a Consent record must be added to the patient card to ensure the patient understands and agrees to the increased dispensing fees.

Consent records are valid for one year from the date of creation. When the record has expired, it will appear in the patient card in grey italics:

If you attempt to refill an Rx for a patient whose FOD Consent record has expired, Kroll will prevent you from filling the Rx until a new FOD Consent record is obtained. This occurs if:
• The Rx is for a chronic medication
• The day’s supply is less than or equal to 73 days
• There is not a current FOD Consent record in the patient card

This user guide explains how to manage expired Consent records during both batch and interactive fills.

**Batch Fills**

**No Consent Present**

When an Rx is filled as part of a manual or scheduled batch and the patient does not have an FOD Consent record in the patient card, a ‘**Needs Review: ODB FOD Consent Record REQUIRED**’ message will appear in the Message column in the NH Cycle Batch Form:

![Image of NH Cycle Batch Form with a message](image)

You will be unable to complete the batch until an FOD record is obtained.

**Expired Consent**

When an Rx is filled as part of a manual or scheduled batch and the patient’s FOD Consent record has expired, a ‘**Needs Review: ODB FOD Consent EXPIRED DD/MM/YYYY**’ message will appear in the Message column in the NH Cycle Batch Form:

![Image of NH Cycle Batch Form with an expired message](image)

You will be unable to complete the batch until a new FOD record is obtained.
Obtaining an FOD Consent Record

1. Right-click the Rx and select Modify Rx.

2. If you have a second Kroll session open, the Rx will appear in the second session in Modify Mode.

   If you do not have a second session open, you will be prompted to Create a New fill session. The Rx will then appear in the newly created session in Modify Mode.

3. Click F3 - Patient to access the patient record.

4. Select Consents from the right navigation pane.

5. Select Ins > ODB Frequency of Dispensing.
6. The **ODB Frequency of Dispensing** form will appear. If the patient qualifies for more frequent dispensing, select a clinical reason (i.e., ‘Patient Safety’, ‘Risk of Abuse or Diversion’, or ‘Medication Management Issue’) from the **Reason for Exception** list.

![ODB Frequency of Dispensing Exception](image)

If the patient does NOT qualify for more frequent dispensing and the pharmacy decides to continue to dispense every 7 or 14 days, select **No Exceptions - 5 fees/year applies** from the **Reason for Exception** list.

![ODB Frequency of Dispensing Exception](image)

7. Complete the remainder of the **ODB Frequency of Dispensing Exception** form.

8. If the patient qualifies for more frequent dispensing, click **Print Patient Consent** and provide the **Notification for Frequency of Dispensing Change Patient/Agent Consent** form to the patient.

If the patient does NOT qualify for more frequent dispensing, click **OK** to add the ‘**No Exceptions - 5 fees/year applies**’ FOD consent to the patient card.
9. Scan the signed MedsCheck Patient Acknowledgement of Professional Pharmacy Service form back into Kroll using the Document Scan Utility. The newly created FOD consent record will be added to the patient card.

<table>
<thead>
<tr>
<th>Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Items (2)</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>ODB MedsCheck Consent</td>
</tr>
<tr>
<td>ODB Frequency of Dispensing</td>
</tr>
</tbody>
</table>

10. Return to the NH Cycle Batch Form in Session 1 and click Refresh. You will now be able to process the batch.

**Interactive Fills**

**No Consent Present**

When an Rx is filled interactively and the patient does not have an FOD Consent record in the patient card, a ‘Needs Review: ODB FOD Consent Record REQUIRED’ message will appear in Warnings section on the F12 screen, and in a pop-up error message:

You will not be able to fill the Rx until a new FOD record is obtained.
Expired Consent

When an Rx is filled interactively and the patient’s FOD Consent record has expired, a ‘Needs Review: ODB FOD Consent Record EXPIRED DD/MM/YYYY’ message will appear in the Warnings section on the F12 screen, and in a pop-up error message:

You will not be able to fill the Rx until a new FOD record is obtained.

Obtaining a New FOD Consent Record

1. Click F3 - Patient to access the patient record.
2. Select Consents from the right navigation pane.
3. Select Ins > ODB Frequency of Dispensing.
4. The **ODB Frequency of Dispensing** form will appear. If the patient qualifies for more frequent dispensing, select a clinical reason (i.e., ‘Patient Safety’, ‘Risk of Abuse or Diversion’, or ‘Medication Management Issue’) from the **Reason for Exception** list.

If the patient does NOT qualify for more frequent dispensing and the pharmacy decides to continue to dispense every 7 or 14 days, select **No Exceptions - 5 fees/year applies** from the **Reason for Exception** list.

5. Complete the remainder of the **ODB Frequency of Dispensing Exception** form.

6. If the patient qualifies for more frequent dispensing, click **Print Patient Consent** and provide the **Notification for Frequency of Dispensing Change Patient/Agent Consent** form to the patient.

If the patient does NOT qualify for more frequent dispensing, click **OK** to add the ‘**No Exceptions - 5 fees/year applies**’ FOD consent to the patient card.
7. Scan the signed MedsCheck Patient Acknowledgement of Professional Pharmacy Service form back into Kroll using the Document Scan Utility. The newly created FOD consent record will be added to the patient card.

8. Click F12 - Return to Rx to resume filling the Rx.
Obtaining an ODB MedsCheck Consent Record

1. Call up the F3 - Patient card.

2. Select Consents from the right navigation pane.

3. Select Ins > ODB MedsCheck Consent.
4. Complete the ODB MedsCheck Consent form. When you are finished, click Print Patient Consent.
5. The **MedsCheck Patient Acknowledgement of Professional Pharmacy Service** form will generate. Have the patient sign and date the form.

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**MedsCheck Patient Acknowledgement of Professional Pharmacy Service**

To be completed annually for MedsCheck Professional Pharmacy Services (excluding MedsCheck for Long-Term Care Home residents). To be filed at the pharmacy for documentation and auditing purposes. Please cross-reference with accompanying MedsCheck reviews. Please provide a copy to the patient or patient’s agent.

**Patient Information**

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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<tbody>
<tr>
<td></td>
<td>Test</td>
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<table>
<thead>
<tr>
<th>Address1</th>
<th>Address2</th>
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<tbody>
<tr>
<td>123 Any St</td>
<td></td>
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<table>
<thead>
<tr>
<th>City/Town</th>
<th>Province</th>
<th>Postal Code</th>
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<tbody>
<tr>
<td>Toronto</td>
<td>ON</td>
<td>MIM 1M1</td>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Email Address (if available)</th>
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<tr>
<td>(555) 555-3555</td>
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**Pharmacy Information**

<table>
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<tr>
<th>Pharmacy Name</th>
<th>Address1</th>
<th>Address2</th>
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<tbody>
<tr>
<td>Kroll Pharmacy</td>
<td>100 Krollwin Drive</td>
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<table>
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<tr>
<th>City/Town</th>
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<th>Postal Code</th>
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<tbody>
<tr>
<td>Toronto</td>
<td>ON</td>
<td>MIM 1M1</td>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Fax Number</th>
<th>Email Address (if available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(222) 222-2222</td>
<td>(888) 888-8888</td>
<td></td>
</tr>
</tbody>
</table>

MedsCheck reviews are typically conducted at the pharmacy where there is a sufficient level of privacy that ensures patient confidentiality. A pharmacy team member will explain which program is best suited to your needs. This form is completed annually at any pharmacy that provides the program. Professional Pharmacy Services may include:

- MedsCheck Annual
- MedsCheck Follow-up
- MedsCheck for Diabetes Annual
- Diabetes Education Follow-up
- MedsCheck at Home (also includes a medication cabinet clean-up and pharmacist disposal of unused medication from the patient’s home with the patient’s understanding)

- Information about the MedsCheck program is available on the Ontario government and Ontario Pharmacists Association websites and on the Government patient brochure.
- MedsCheck includes a completed MedsCheck Personal Medication Record that is signed and dated by the pharmacist. The completed MedsCheck form aims to resolve real or potential drug therapy-related problems identified by you, the pharmacist, or your primary care provider.
- The accuracy of the information on the final MedsCheck document depends on the accuracy and completeness of the information provided by the patient at the time MedsCheck was performed.
- The completed MedsCheck document and this patient acknowledgement demonstrate that both parties have an understanding of the MedsCheck program and the process.
- As a member of your health-care team, your pharmacist may confidentially share the completed MedsCheck with other health-care professionals to ensure that the relevant members of your health-care team are up to date on your current medication profile. Exchange of the MedsCheck Personal Medication Review will be done so in a manner to ensure secure transfer of patient health information.

**Patient acknowledgement**

By signing this form, you are acknowledging participation in an in-person MedsCheck medication review with a pharmacist associated with the pharmacy noted above. It may be necessary for the pharmacist to discuss and share your health information with other health-care professionals (e.g., physicians, nurses, etc.) in accordance with generally accepted medication therapy management principles.

Your signature below will indicate that you acknowledge the secure exchange of information and your agreement to the MedsCheck service.

**Patient/Agent Signature**

**Date (yyyy/mm/dd)**

**Comments**
6. Scan the signed MedsCheck Patient Acknowledgement of Professional Pharmacy Service form back into Kroll using the Document Scan Utility. The newly created ODB MedsCheck Consent record will be added to the patient card.