

WPQC Transition of Care Services Policy

Summary:

Discharged patients can be provided a WPQC Transition of Care Service with a medication reconciliation component within 14 days of discharge. In general, Transition of Care Services may only be performed by a WPQC-certified pharmacist affiliated (directly or indirectly)* with a WPQC-accredited pharmacy where the patient's medications are filled on a routine basis.

Who can receive the Transition of Care Service?

- Any patient (or patient's caregiver) discharged from the hospital or LTC facility covered by a
 participating payer can receive this service, as long as it is provided within 14 days of the date of
 discharge.
- Service can be performed each time the patient experiences a discharge from a hospital or LTC facility; it is a stand-alone service (no follow-up visits included). Specific payer intervention limits may apply.
- Transition of Care Services may only be performed by a WPQC-certified pharmacist affiliated*
 with a WPQC-accredited pharmacy where the patient's medications are filled on a routine basis.
 - The exceptions are:
 - Patients who do not fill their medications routinely at a WPQC-accredited pharmacy (i.e. mail order, no prescriptions filled previously) may receive the service from a WPQC-accredited pharmacy.
 - If the patient plans to fill their medications in the future at the WPQC-accredited pharmacy offering this service, they may receive the service from the WPQC-certified pharmacist affiliated (directly or indirectly)* with that WPQC-accredited pharmacy.
 - Patients who do not meet any of the above criteria may pay for the Transition of Care Service based on the pharmacy's Usual & Customary fee.

What are the Transition of Care Service expectations?

- WPQC Pharmacist performing the Transition of Care Service will:
 - Obtain a complete medication list of the prescription and over-the-counter medications
 the patient was taking prior to admission. If the pharmacist performing the service does
 not have a complete pre-admission medication list, it is expected that he/she contact
 the patient's pharmacy/pharmacies to obtain this information.
 Note: an admission history obtained solely from an Electronic Medical Record (EMR)
 does not fulfill this requirement.
 - Obtain the discharge medication orders and compare to the pre-admission medication list.



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- Upon conclusion of the service, provide the updated Personal Medication List (PML) to the patient which highlights changes made to the patient's pre-admission medication regimen.
- Provide Medication Action Plan (MAP) to the patient which reminds the patient of
 action items he/she should take until follow up with his/her primary care provider.
 Note: If the final MAP is not able to be provided at the end of the service, the preliminary
 MAP should be provided. The final MAP must then be provided to the patient within 14
 days of service provision.
- If applicable, contact the patient's other pharmacies and inform them that a transition of care service was performed. Provide applicable information to the pharmacy staff.
- Follow up: Attempt to contact the patient after the visit to ensure and reinforce understanding of the post-discharge medication regimen. (Best practice: meet with the patient in person or attempt to contact the patient a minimum of 3 times via phone.)

When can the Transition of Care Service be performed?

• The Transition of Care Service must be performed with the patient or the patient's caregiver within 14 days of discharge from the hospital or LTC facility.

Structure of the Transition of Care Service:

- Considered a Comprehensive Medication Review and Assessment (CMR/A) (Level II) Service.
- No follow-up visits are granted for this service. Specific payer limitations may apply to the number of services available to the patient throughout the year.

Notes:

• Following the service, a private, **appointment-based** meeting with the patient or the patient's caregiver is not required if all of the transition of care components are accomplished during the service. The service still needs to be performed face-to-face.

^{*}Refer to the WPQC Policy on Non-traditional Pharmacy Sites