

# 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:

<u>F</u> ile <u>E</u> dit	Recen <u>t</u>	<u>P</u> atient	Pr <u>o</u> file	<u>R</u> eports	<u>U</u> tilities <u>N</u> H	l Centr	<u>a</u> l Fill <u>C</u> ards	Session <u>H</u>	elp		
F3 - Pat	tient	F5 -	Drug	F	7 - Doctor	F9 - \	Workflow	F11 - Drop	-off F12 -	New Rx	Alt+X - Start
<u>L</u> ast Name	Test			First Na	ame Patient		Salutation N	1r. 🔻	ОК	🖉 Save	🗙 Scan
Address 1	100 Ont	ario Stre	et		Phone Numb	oers (1)	F2 Ins I	Birthdate	01/01/1975		
Address 2					Description	Phone		100	42		
Address 2					Home	(123) 45	6-7890	Age	42 years	_	
City	Toronto	)	👻 Pro	V ON 🔻				Gender	Male •	No in	nage available
Postal	M1M 1	VI: Count	try Cana	ada 👻				Language	English •	- 1	-
Email				Send	Family Doctor			Height			
Quick Code							F2 Clea	Weight		Load	Delete
Consent	t										
Items (1)											F2 Ins Del
Туре					Program		Conse	nt		Co	onsent Date 🔺
ODB Fre	quency of	f Dispensii	ng				Medic	ation Manag	ement Issue	01	/01/2016

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:

VH Cycle Batch Form		
Status Open Created By	/ MT Rxs 11 Excl 0	Reports Refresh <b>V</b> Process Batch
Home Non ODP	Ed <u>i</u> t <b>F2</b> - M	ify next fill Qptions X Close
Cycle Weekly Cy	Cycle Date 12/12/2016 Days 7 Space	Aark Rx Shift+Up/Down - Mark many Rxs
Errors 🔻 Status 🔺 Rx Nu	Jum Patient Generic Name Form	Message
. Open 1002	2122 MQD1, Test Hydrochlorothiazide 25 TAB	Needs Review: ODB FOD Consent Record REQUIRED
V Open 1002	2069 Mqd2, Test Hydrochlorothiazide 25 TAB	First Fill for this Rx + Intervention codes: DA,UN
😯 🗸 Open 1002	2073 MQD3, Test Mycophenolate Mofetil CAP	First Fill for this Rx + Intervention codes: LU

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:

🤝 N	Н Су	cle Batch Forr	n	-		_	-	-	
Stat	us 🛛	)pen	Cr	reated By W	'H R	xs 1 Excl 0			Reports Refresh Vrocess Batch
Hor	ne	fest NH				Edįt F2 - Mod	ify next fill		Options X Close
Cycl	le V	Veekly		Cycle	Date 12/03	/2017 Days 7 Space - N	Mark Rx Shift+Up	/Down - Mar	k many Rxs
Erro	rs '	Status 🔺	Rx Num	Disp Qty	Patient	Brand Name	Generic Name	Form	Message
	0	Open	1001738	3 7	Patient, Test	Apo-Metformin 500mg	Metformin Hydrochlo	ТАВ	Intervention codes: MI + Needs Review: ODB FOD Consent EXPIRED 31/10/2016

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.

Consent					Suspended Rxs
Items (1)			F2	Ins Del	Perform Clinical Analysis
Туре	Program	Consent	Consent Date	A	ntiviral Consent
ODB MedsCheck Consent		Written Consent	14/09/2016	с	entral Fill Consent
				N	ediResource PatientConnect Enrolment
				0	DB Frequency of Dispensing
				0	DB MedsCheck Consent
				P	ASI Enrolment
				P	ivacy Consent
				R	Synchronization Consent
				-	View Patient Documents (2)



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.

Record				
Type ODB	Frequency of Disper	ising		
Created on	Last	changed on		
Reason for Exception				
Reason for Exception	/year applies	Given by	Unknown	•
Reason for Exception No Exceptions-5 fees No Exceptions-5 fees	/year applies	Given by Consent by	Unknown Patient, Test	► F2 Del

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	-		
Record Type ODB Frequency of Dispens Created on Last cl	ing hanged on		
Reason for Exception No Exceptions-5 fees/year applies No Exceptions-5 fees/year applies Patient Safety Risk of Abuse or Diversion Medication Management Issue Pharmacist Notes	Given by Consent by	Unknown Patient, Test	► F2Del

- 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 quality 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 <u>Document Scan Utility</u>. The newly created FOD consent record will be added to the patient card.

Consent			
Items (2)			F2 Ins De
Туре	Program	Consent	Consent Date 🔺
ODB MedsCheck Consent		Written Consent	14/09/2016
ODB Frequency of Dispensing		Patient Safety	12/01/2017

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:

iress			Male	Gene	eric	Lovastatin			APX (	Ap	Address	220 Kro	llwin Dr			
		Prov	ON	Erro	or in Rx	Informatio	on		x		City	Toronto	)	Pro	ov ON	I
ne											Phone					
h	ODB Client	ID 66466764	4677		D Nee	eds Revie	w: ODB	FOD			Lic#	12430	A	t. Lic#		
					Con	isent Rec	ord RE(	QUIRED								
ergie	5 (0)										Init	MT	MT	Auth Qt	y 77	11
											Disp <u>Q</u> ty	7	Refills(+)	Rem Qt	/ 3	5 5
										L	Days	7		G.P. %		72.59
dista										L	Prod Sel	None	-	Acq Cos	t	\$3.44
artio	lis (0)										0/W	Writter	ו <del>י</del>	Cost		\$3.44
									_ [	Ŧ	Labela	0		Markup		\$0.28
							ОК	1		F.	Labels	0	F2	Fee		\$8.83
										•				Total 🚹	5	12.55
lans	Pricing Dates	Comments	Indicati	ons Ir	mages	Other		NH (Alt-N	): Brk:(	1)						
Plan	s Pl	an Pays Ext	tra Info (F	Edits)				Warning	s							
)B	✓ No	t Adjud.						Need	s Revie	ew:		) Conse	nt Record	d REOUI	RED	
sh	▼ No	t Adjud. De	duct: \$0.0	)				The n	orice ha	as o	one LIP h	nv \$8.83	since the	e last ref	ill	_
									Chroni	с м	ad - 100	day su	nnly pref	orrod		
									will be		darad	uay su	ppiy prei	eneu		
									will be	or	uerea					
			_					Delive	ery Lab	el v	vill be pr	inted				
xt Dis	p Qty 0	Min Interv	al		Enal	ble Auto-R	efill	🛛 🔁 Drg P	Pack Tie	er Io	1:2					

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:

Prov ON	Pack	30 Form TAB So	thed 1	City	Toront	D	Prov	ON
	ODB N	IAC \$9.25 OnHan(	1.132	Phone				
ODB Client ID 36452846115	DIN	Error in Rx Information	E X	c#	62311	Α	t. Lic#	
		• Needs Review:	ODB FOD	est con new co	nment mment			
s (0)	<u>S</u> ig *1	Consent EXPIRI	ED 30/09/2016	it	MT	MT	Auth Qty	77 11
	ТАКЕ			sp <u>Q</u> ty	7	Refills(+)	Rem Qty	49 7
				ays	7		G.P. %	80.65
ang (0)				od Sel	None	-	Acq Cost	\$2.16
				w	Writte	n <del>-</del>	Cost	\$2.16
	Route			bels	0	F2	Markup	\$8.83
	Dosag						Total 🚹	\$11.16
Pricing Dates Comments Indication	ons Im		к					
s Plan Pays Extra Info (F2	Edits)		warnings					
✓ Not Adjud.		^	Needs Review:	ODB FO	D Conse	ent EXPIR	ED 30/09/2	2016
<ul> <li>Not Adjud. Deduct: \$0.00</li> </ul>			VODB Chronic M	ed - 100	day su	pply pref	erred	
			Drug will be Or	dered	1			
			Delivery Label v	vill be pr	inted			
		-	Drg Pack Tier Id	1:2				
m Oty O Min Interval		Enable Auto-Refill						

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.

					Too The an error
Consent					Suspended Rxs
Items (1)			(F2	] Ins De	Perform Clinical Analysis
Туре	Program	Consent	Consent Date	4	Antiviral Consent
ODB MedsCheck Consent		Written Consent	14/09/2016		Central Fill Consent
				1	MediResource PatientConnect Enrolment
				(	DDB Frequency of Dispensing
				(	DDB MedsCheck Consent
				F	ASI Enrolment
				F	Privacy Consent
				F	& Synchronization Consent
					View Patient Documents (2)



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.

Record				
Type ODB	Frequency of Disper	ising		
Created on	Last	changed on		
Reason for Exception				
Reason for Exception	/year applies	Given by	Unknown	•
Reason for Exception No Exceptions-5 fees No Exceptions-5 fees	/year applies	Given by Consent by	Unknown Patient, Test	► F2 Del

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	-		
Record Type ODB Frequency of Dispens Created on Last cl	ing hanged on		
Reason for Exception No Exceptions-5 fees/year applies No Exceptions-5 fees/year applies Patient Safety Risk of Abuse or Diversion Medication Management Issue Pharmacist Notes	Given by Consent by	Unknown Patient, Test	► F2Del

- 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 quality 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 <u>Document Scan Utility</u>. The newly created FOD consent record will be added to the patient card.

Consent			
Items (2)			(F2) Ins De
Туре	Program	Consent	Consent Date 🔺
ODB MedsCheck Consent		Written Consent	14/09/2016
ODB Frequency of Dispensing		Patient Safety	12/01/2017

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.

File Edit	Recent	Patient P	rofile	Reports	Utilities	NH	Central Fill	Cards	Sess	sion He	elp								
F3 - Pa	tient	F5 - D	rug	F7	- Doctor		F9 - Wor	flow	F11	- Drop	-off F	12 - R	Return to F	8x	Alt+X -	Start			
Last Name	Patient			First Na	me Test		Sa	lutation	Ms.	-	OK		🗸 Ri	(	<b>X</b>	Scan	) [× p	Profile	
Address 1	122 484				Phone N	umber	rs (1)	F2 Ins	Del Bi	irthdate	01/01/10	200					A	III Rxs	
Address 1	125 Any 3	ot.			Descriptio	n P	hone			intituate	01/01/19	69					A	ctive Rxs	
Address 2					Home	(	555) 456-78	90	Ag	ge	28 years		Active Rxs w/		ctive Rxs w/Passtime	es			
City	Toronto	•	Prov	ON 🔻					G	ender	Female		<u> </u>	No image available Refillable Rxs					
Postal	M1M 1M	Country	Canad	la 👻					La	anguage	English		- I						
Email				Send	Family Do	ctor			He	eight						N	lot Disp./OTC Rxs		
Quick Code					F2 Clear Weight Load Dele		te	R	xs Filled in Error										
Consen	t																Su	uspended Rxs	
Items (1)															E	2) Ins (D	el Pe	erform Clinical Analy	/sis
Туре				F	Program			Cons	sent					Con	sent Date		Antiviral Consent		
ODB Me	dsCheck Co	onsent						Write	ten Cor	nsent				01/0	1/2016		Centra	al Fill Consent	
																	MediR	Resource PatientConr	nect Enrolment
	ODB Frequency of Dispensing																		
	ODB MedsCheck Consent																		
									PASI Enrolment										
	Privacy Consent																		
																	Rx Syn	hchronization Conser	nt
																_	III Vi	iew Patient Docume	nts (0) 🛛 🛛



4. Complete the **ODB MedsCheck Consent** form. When you are finished, click **Print Patient Consent**.

ODB MedsCh	eck Consent		-		- 0 <b>X</b>
Record					
Ту	De ODB Med	sCheck Consent			
Cre	eated on	Last cl	nanged on		
MedsCheck P	atient Acknow	ledgement of Pro	ofessional Pha	rmacy Service	
Written Cons	ent	•	Given by	Patient	•
Effective on	10/01/2017	by KRL	Consent by	Patient, Test	F2 De1
Expires on	10/01/2018				
Pharmacist N	otes				*
					-
	<b>~</b> 0	K X Canc	el Print Pa	atient Cons <u>e</u> nt	



5. The **MedsCheck Patient Acknowledgement of Professional Pharmacy Service** form will generate. Have the patient sign and date the form.

Ontario	MinistryofHealth andLong-TermCare	Me	dsCheck
MedsCheck Patient To be completed annually for N To be filed at the pharmacy for Please provide a copy to the p	Acknowledgement of ledsCheck Professional Pharmacy S documentation and auditing purpose atient +/or patient's agent	Professional Pharmacy S ervices (excluding MedsCheck for Long-Tr s. Please cross-reference with accompany	Service erm Care Home residents). ing MedsCheck reviews.
Patient Information			
Last Name		First Name	
Patient		Test	
Address1		Address2	
123 Any St			
City/Town		Province	Postal Code
Toronto		ON	M1M 1M1
Telephone Number (555) 555-5555	Email Address (if available)		
Pharmacy Information	•		
Pharmacy Name			
Kroll Pharmacy			
Address1 100 Krollwin Drive		Address2	
City/Town		Province	Postal Code
Toronto		ON	M1M 1M1
Telephone Number	Fax Number	Email Address (if available)	
(222) 222-2222	(888) 888-8888		
MedsCheck Annual MedsCheck Annual MedsCheck at Home (also home with the patient's und MedsCheck is a service 1 Information about the Med and/or on the Governmer MedsCheck includes a c completed MedsCheck fo your primary care provide The accuracy of the infor provided by the patient at The completed MedsCheck the MedsCheck program As a member of your hee care professionals to ens Exchange of the MedsCh information. PatientAcknowledgement By signing this form, you are at with the pharmacy noted above care professionals (e.g., physi	MedsCheck Follow-up [] Meds( includes a medication cabinet clean- erstanding) that patients participate in voluntarily dsCheck program is available on the tt patient brochure. Impleted MedsCheck Personal Medic rm aims to resolve real or potential c er. mation on the final MedsCheck docu the time the MedsCheck was perfor ck document and this patient acknow and the process. the time the MedsCheck was perfor ck document and this patient acknow and the process. Uth-care team, your pharmacist may sure that the relevant members of yo eck Personal Medication Review will cknowledging participation in an in-pre e. It may be necessary for the pharm cians, nurses, etc.) in accordance w at that tyou acknowledge the secure	Deck for Diabetes Annual Diabete: up and pharmacist disposal of unused med and is sponsored by the Ontario governme Ontario government and Ontario Pharmacis cation Record that is signed and dated by t rug therapy related problems identified by ment depends on the accuracy and comple med. vledgement demonstrate that both parties h confidentially share the completed MedsCh ur health care team are up to date on your i be done so in a manner to ensure secure t erson MedsCheck medication review with a acist to discuss and share your health infor its generally accepted medication therapy n	s Education Follow-up lication from the patient's int. sts Association websites he pharmacist. The you, the pharmacist or teness of the information ave an understanding of eck with other health current medication profile. transfer of patient health pharmacist associated mation with other health nanagement principles.
service. Patient / Agent Signature			Date (yyyy/mm/dd)
Commente			
Comments			
4975-47E (2016/07) © Queen's Prim Disponible en f	ter for Ontario, 2016	DV, SR () 2 Iolado, Falta SSUCIATION	Page 1 of 1



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

Consent			
Items (2)			F2 Ins Del
Туре	Program	Consent	Consent Date 🔺
ODB MedsCheck Consent		Written Consent	01/01/2016
ODB MedsCheck Consent		Written Consent	10/01/2017