



Burnaby PCN Primary Care Clinical Pharmacists

Primary Care Clinical Pharmacists (PCCPs) provide comprehensive medication management services focused on the on-going care of adult patients with complex conditions to prevent and resolve medication-related problems. PCCPs also provide education to patients about their medications and address barriers to adherence. PCCPs collaborate with the patient and healthcare team to implement treatment plans.

Refer complex patients:

- **Multiple** drug therapies or health conditions
- Optimize drug therapy for **chronic diseases**
- **Polypharmacy** concerns
- Medication **allergies or adverse reactions**
- **Sub-optimal** drug therapy outcomes
- Complexities from **self-treatment** including **supplements**
- Any medical **complexity, issues or concerns**

Refer patients experiencing change:

- **Starting** or **stopping** medications
- Recent **discharge** from hospital
- Recent **attachment** to a new provider
- Complex or **costly** drug therapies

Patients benefit from:

- Extra 1:1 time with a clinician (Initial appointments are 60 minutes)
- Support identifying and prioritizing drug therapy problems
- Addressing learning goals and obstacles to optimal medication use

Providers benefit from:

- Information about best and alternative treatment options
- Increased capacity to care for their patient panel with this added support for patients who need extra time

MSP Billing Notes:

An appointment with the PCCP fulfills the obligation for an Annual Medication Review for the Complex Care Fee, **PG14033**.

The PCCP can complete 1 of 2 mandatory in-person visits for Chronic Disease Management fees: **PG14050**, **PG14051**, **PG14052**, **PG14053**.

Time spent case conferencing with the PCCP can be billed under **PG14067** or **PG14077**.

For more information, please review the GPSC Billing Guides: <https://gpscbc.ca/what-we-do/incentives/fees>

How Do I Submit A PCCP Referral?

Please submit a referral for PCCP consultation services through the Burnaby PCN Central Intake Fax: 604-398-8257

The following patient information is required to process the referral:

- Patient's first and last name
- PHN
- Sex
- Date of birth
- Phone number
- Address
- Reason for referral and referral source
- Medical clinic summary, if available
- Any special requirements for patient consultation (translation services, accessibility considerations, etc.)