

MINISTRY OF HEALTH | PHARMACEUTICAL, LABORATORY & BLOOD SERVICES DIVISION

Pharmaceutical Care Management Strategy

Provincial Strategy

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Last updated: November 16, 2021. As PCMS initiatives continue to advance, the information in this report may change.



BRITISH
COLUMBIA

Preface

The Pharmaceutical, Laboratory & Blood Services Division (PLBSD) within the British Columbia (BC) Ministry of Health (the Ministry) has expanded its mandate to play a stronger role in driving excellence in pharmaceutical care across the province. In addition to BC Pharmacare, this expanded mandate includes “overseeing the provisioning, management, and optimal use of pharmaceuticals, pharmaceutical related systems, and services to improve patient outcomes in the BC Health System”, broadly referred to as *pharmaceutical care management* in this document.

This document represents the Provincial Strategy for Pharmaceutical Care Management for BC in alignment with PLBSD’s expanded mandate and integrated with Ministry’s Plan & Strategic Priorities. It reflects the efforts by the Pharmaceutical, Laboratory & Blood Services Division Leadership Team as well as consultation and collaboration with a wide range of stakeholders across the province. The provincial strategy required to support the future state for pharmaceutical care management and includes the following:

- Background and context, including vision, mission and goals, and an articulation of provincial pharmaceutical care management capabilities;
- Key themes across the current pharmaceutical care management landscape in BC;
- Prioritized strategic areas of focus with articulated targets and time frames for execution;
- Target state Governance and Operating Models, and
- Transformation roadmap, including key work streams, strategic milestones and critical capability builds required to support the vision.

Continued involvement and collaboration with the pharmacy sector and the broader healthcare ecosystem will be a key feature of the implementation process in the coming months and years. The COVID-19 response has brought significant and rapid changes to the way healthcare is delivered, leading to innovative changes, new ways of delivering pharmaceutical services, with substantial increases in the use and acceptance of virtual solutions. There is an opportunity to learn from these exponential shifts to enhance the way care is delivered and address the increasing demand for pharmaceutical services across the province. This document serves as a basis by which to have broader discussions with other stakeholders so that all issues are being considered in transforming the landscape.

We would like to take this opportunity to thank the many organizations and individuals who provided their valuable insight to support development of the Provincial Pharmaceutical Care Management Strategy.

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Executive Summary

With increasing system pressures, the time is opportune for the Ministry of Health to enhance value in pharmaceutical care across the province in alignment with PLBSD’s expanded mandate

Context and current state

Pharmaceutical care is essential to improving the health and wellness of citizens in BC. Rising drug costs, increasing demands by patients for more affordable, accessible and convenient care as well as macro trends are increasing the need for system-wide change. In response, the PLBSD within the Ministry has expanded its mandate to play a stronger role in driving excellence in pharmaceutical care across the province. In addition to BC Pharmacare, this mandate includes “overseeing the provisioning, management, and optimal use of pharmaceuticals, pharmaceutical related systems, and services to improve patient outcomes in the BC Health System”, broadly referred to as *pharmaceutical care management* in this report.

Pharmaceutical care is being defined as the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient’s quality of life, and it involves the process through which a pharmacist co-operates with a patient and other professionals in designing, implementing and monitoring a therapeutic plan that will produce specific therapeutic outcomes for the patient.

As the PLBSD begins work to deliver on the expanded mandate, consideration must be given to the impacts of COVID-19 on the health sector, and how this has accelerated the need for digital solutions in some cases. The COVID-19 response has brought significant and rapid changes to the way healthcare is delivered, and has increased the use, acceptance and expectation for innovative solutions in care delivery. This uniquely positions PLBSD to accelerate initiatives such as Pharmanet Immunization/EMR Integration and the roll-out of Provincial Prescription Management (PPM), including e-prescribing.

To establish a strong foundation, PLBSD has developed the provincial strategy for Pharmaceutical Care Management that articulates the vision, priorities and course of action for meeting patient and population health needs. PLBSD has undertaken a comprehensive, capability-led approach to develop the strategy involving a broad range of stakeholders across the health sector. Taking a capability-led approach drives focus on distinctive strengths and capabilities necessary to deliver on PLBSD’s expanded mandate, while offering the greatest value to citizens and surfacing major design decisions that will guide downstream processes, programs and structure. Within the context of this report, a capability is defined as a discrete set of objectives, processes, technologies, and talent that allows the province to deliver a defined outcome. Key capability areas for assessment include



Over fifty stakeholders who play key roles in Pharmaceutical Care Management across the health sector were engaged to gather perspectives on key capabilities, challenges and opportunities to deliver on the expanded mandate. This included representatives from the Ministry of Health, the Provincial Health Services Authority, Health Authorities, Colleges; research and academic institutions, health associations and health professionals including family medicine and nursing; and community pharmacy. In addition, a high-level jurisdictional scan was conducted to understand trends and examples of pharmaceutical care management globally. A number of key challenges were identified, including but not limited to, the fragmentation of pharmaceutical care across care settings and the need to increase effectiveness with respect to formulary management and better use of data provided through PharmaNet. These informed analysis of strategic areas of focus as well as supporting capabilities required to execute the strategy.

Executive Summary (Cont'd)

A view to the future

With a vision to *achieve the best possible patient outcomes from pharmaceutical care*, the resulting strategy includes nine strategic areas of focus, including:

1. Integrated health systems planning & governance for pharmaceutical care management
2. Primary care integration and collaboration
3. Leveraging community pharmacists
4. Continuity of care redesign
5. Provincial digital solutions that support access and integration of pharmacy care across the patient care trajectory
6. Improved population health planning to support targeted interventions and optimal drug use
7. System-level monitoring and evaluation and performance measurement
8. Patient-centric digital tools, e.g. patient access to PharmaNet profiles, mobile applications for patients
9. People and culture

Implementing these strategic areas of focus aims to produce key shifts across the province:

FROM	TO
Community, primary and hospital working in silos	Community, primary and hospital working together
Pharmacy services are difficult to access across various care settings	Pharmacy services are accessible from hospital to home
Patient medication information is shared within organizations	Patient medication information is shared across the system, leading to improved transitions in care and medication safety
Patients see pharmacist as 'dispenser'	Patients see pharmacist as 'trusted medication expert and educators' in team-based models
Acute care and chronic care	Acute care, chronic care as well as preventative care
Volume-based	Value and evidence-based

Executive Summary (Cont'd)

Transformation Roadmap

To execute on the strategy, the report outlines a roadmap to support implementation of strategic areas of focus as well as the supporting governance and operating model. A set of strategic planning horizons were established to focus efforts and to achieve clear outcomes for the next five years.



HORIZON	Immediate (1 year) FY 2020-21	Short-term (1-2 years) FY 2021-23	Mid-term (3-4 years) FY 2022-25	Long-term (4-5+ years) FY 2024-2025+
AIM	<p>Establish the foundational capabilities, TOM, and governance model required to support interoperability and collaboration across the care continuum.</p> <p>Focus on key actions related to addressing COVID-19 gaps, increasing cost efficiencies related to purchasing and supply chain.</p> <p>On-going initiatives that are important to quality care should be completed.</p>	<p>Focus on key actions that explore solutions to alleviate healthcare capacity issues and improve patient accessibility to pharmaceutical care in primary and community care settings. This includes leveraging capabilities from the community as part of the model of care.</p> <p>Enhance continuity of care across community and primary care settings and between health authorities.</p>	<p>Focus on key actions related to improving capabilities, expanding broader integration of data/information across the health system to drive evidence-based policies and services. This includes enhancing monitoring and evaluation capabilities to ensure that the quality of pharmaceutical care is improving while cost containment measures (including formulary management) are patient-centric and efficient.</p>	<p>Continue to strengthen and enhance accessibility, affordability and quality dimensions through generating new innovations and sharing of innovative and evidence-based care and best practices.</p>

Significant changes or new developments will be expected to occur across models of care, supply chain practices, policies and regulatory measures as well as technology enablement. To enact such change involves the collaboration of the Ministry as well as healthcare professionals, including physicians and nurses, in order to deliver services that are integrated and responsive, and meet the needs of British Columbians today and in the future.

The strategy in summary: this strategy leveraged a planning process in alignment with the Ministry Framework

Deloitte Framework

PMD Strategy

Deputy's Framework

WHAT ARE OUR GOALS AND ASPIRATIONS?

Vision: To achieve the best possible patient outcomes from pharmaceutical care

Mission: To ensure the responsible provision of drug therapy across the BC Health System

Strategic Goals:

1. Enable timely and convenient access to appropriate and affordable medications and pharmaceutical care, where and when citizens need it
2. Provide enhanced quality of care and medication safety by leveraging the expertise of pharmacy professionals in coordinated and integrated team-based care
3. Promote health of the whole population through targeted interventions that aim to improve medication use and enable the shift to preventative and predictive care
4. Contribute to a high performing health system through evidence-informed planning, monitoring and analysis of medication use and pharmaceutical care
5. Advance information technology and related systems to reduce barriers toward appropriate information access and sharing to catalyze progress across strategic goals

WHERE WILL WE PLAY?

To meet the needs of patients and populations, nine key areas of focus where the province must play to win:

1. Integrated Health Systems Planning & governance
2. Provincial digital solutions that support access and integration
3. Improved population health
4. Primary care integration and collaboration
5. Leveraging community Pharmacists
6. Continuity of Care Redesign
7. System-level monitoring and evaluation and performance measurement
8. Patient-centric digital tools
9. People and culture

HOW WILL WE SUCCEED?

In alignment with the areas of focus, key capabilities required to support a differentiated experience for patients, leading to improved outcomes and efficiencies:

Population Health Planning	Pharmaceutical Public Health Programs
Policy Development	Integrated Health Systems Planning & Execution
Financial / Budget Planning	Regulatory
Formulary Management	Continuity of Care
Community Care	Primary Care
Drug Plan Performance Measurement	Health Sector Outcomes Analysis
IMIT / Analytics	Digital & Technology Enablement
PharmaNet & Other Systems Integration Services	Change Management
Training, Learning & Development	

WHAT DO WE PRIORITIZE?

Strategic Areas of Focus and key capabilities align to four strategic planning horizons to inform priorities over the next five years.

- Establish foundational capabilities and increase efficiencies
- Improve continuity of care and accessibility to pharmaceutical care and alleviate capacity issues
- Enhance quality of pharmaceutical care and medications while containing cost
- Strengthen accessibility to, affordability of and quality of pharmaceutical care through new innovations

HOW DO WE ORGANIZE?

The Commissioner Provider Model serves as the target operating model most likely to deliver the greatest impact and enable PLBSD to successfully execute its strategy. This is supported by the appropriate governance model, which articulates decision authority and points of collaboration.

HOW WILL WE EXECUTE?

An implementation roadmap outlines the nine work streams to support execution of the strategy against the strategic planning horizons. Each of the nine work streams includes the description, approach, dependencies and detailed timing for implementation including key milestones.



Background & Context

Current State Assessment Overview

A capability-led strategy approach was undertaken to link the strategic direction (“vision, mission and goals”) to guide detailed design and execution (“what we do”). A provincial capability map specific to pharmaceutical care management was developed to highlight distinctive strengths and capabilities that would deliver the greatest value to British Columbians and serves as the foundation for this report.

Vision, Mission and Goals

PLBSD plays a critical and evolving role in improving health outcomes while achieving fiscal sustainability at the provincial level. This is reflected in their expanded 2020/21 mandate that addresses the changing landscape of pharmaceutical care management

VISION

Best possible patient outcomes from pharmaceutical care

MISSION

To ensure the responsible provision of drug therapy across the BC Health System

STRATEGIC GOALS

- 1
- 2
- 3
- 4
- 5

Approach to Strategy Development

Taking a capability-led approach focuses on distinctive strengths and capabilities that drive the greatest value to citizens and avoids hyper-focus on organizational constraints.

- 1 **Target State Inputs** → Based on PSD’s expanded mandate, outline the provincial capabilities required for pharmaceutical care management and align on an articulated vision, mission and strategic goals
- 2 **Current State Findings** → Leverage the mapping of capabilities to engage stakeholders across the sector to identify key challenges, gaps and opportunities related for the province
- 3 **Strategy Development** → Identify trends and leading practices in pharmaceutical care management to inform the areas of focus for target state and the strategy as a whole
- 4 **Prioritized Initiatives** → Leveraging the outputs of Phase 1, determine and prioritize the required strategic initiatives for PSD’s areas of focus with associated time frames for completion
- 5 **Operating Model** → Determine the target operating model, including roles and responsibilities of the broader health sector to execute the strategic initiatives.
- 6 **Roadmap Development** → Develop a roadmap of the prioritized initiatives including timing, sequencing and resourcing of the broader health sector

Capabilities

The PCM Capability Map includes both existing capabilities (to deliver the previous mandate) and net new capabilities (to deliver the expanded mandate). This will provide a foundation to select appropriate “providers” to deliver on capabilities, set performance metrics, build capacity, determine required skillset and identify partnership opportunities.

Public & Population Health		Pharmaceutical Public Health Programs		Policy & Funding	
Population Health Planning	Pharmaceutical Public Health Programs	Policy Development	Integrated Health System Planning & Execution	Evaluation of New Drug Submissions or Devices	
		Federal Budget Tracking (Provincial Level)	Regulatory		
Design & Delivery of Pharmaceutical Services					
Pharmacare Benefits	Beneficiaries Services	Provider Services	Special Authority Program	Supply Chain Management	
Therapeutic Value Optimization	Drug Management Partnerships	Formulary Management			
Design & Delivery of Pharmaceutical Care			Health Human Resources Management		
Continuity of Care	Community Care	Hospital Care	Training, Learning & Development	Workforce Health & Safety	
Primary Care	Special Programs		Labour Organization & Relations		
Monitoring, Reporting & Evaluation			Cross-Functional Capabilities		
Drug Plan Performance Measurement	Compliance & Monitoring	Health Sector Outcomes Analysis	Education	Project Management	
			Communications	Change Management	
Digital IMIT, Health Technologies & Infrastructure			Oversight of outsourced provider services		
Pharmaceutical & Other Systems Integration Services	MIT / Analytics	Digital & Technology Endowment	Contract Management	Divisional Planning	

Rising drug costs, increasing spend and patient demand for more affordable and accessible care, laboratory services and medications are placing demands on the system to change



Increasing spend: Public sector drug expenditure in BC was \$1.59B in 2020/21, which has seen 10.6% growth over the last 3 years. Of the public plans, PHSA has seen the most significant growth (28.3%) totaling an increase of \$117M in 2020/21. There are on-going efforts to drive lower drug prices, identify operational efficiencies, lower costs and effectively manage programs/services to sustain funding.



Increasing patient demand: Volume, patient demand to provide access to new innovator drugs (as of August 2021 pan-Canadian Pharmaceutical Alliance activity overview, there are 35 active negotiations, 35 under consideration for negotiation and a total of 439 completed negotiations), and growth of specialized and complex technologies are some of the factors contributing to growth in expenditure. The number of PharmaCare reimbursed claims has increased steadily from 30.83 million in 2012/13 to 40.83 million in 2020/21. Expensive Drugs for Rare Diseases (EDRDs) are an area of significant growth with the per patient ranging from \$0.1M up to \$3M per patient per year, they are generally not considered cost-effective, and the current rate of growth is unsustainable.



Changing population: BC's population health needs will continue to escalate as the population ages, increasing demand for pharmaceutical care services and drugs. BC's population over 65 is expected to increase 31% by 2025, and by 83% by 2041¹.



Capacity Challenges: Laboratory services face capacity challenges for specialized laboratory practitioners, with a network of public and private providers each competing for scarce human and capital resources. These challenges have been further exacerbated by COVID-19 testing needs to address urgent demand. There is a need to develop a coordinated approach to delivery of laboratory services that ensures improved equity in access to citizens in BC with a focus on improving the capacity for laboratory services in rural communities (i.e. First Nations) and marginalized urban communities.



Increasing need for improved patient programs/services: Patients are increasingly demanding more personalized and convenient options (seeking seamless care), bringing their experiences and expectations from industries such as retail and hospitality into the way they perceive health and pharmaceutical care.

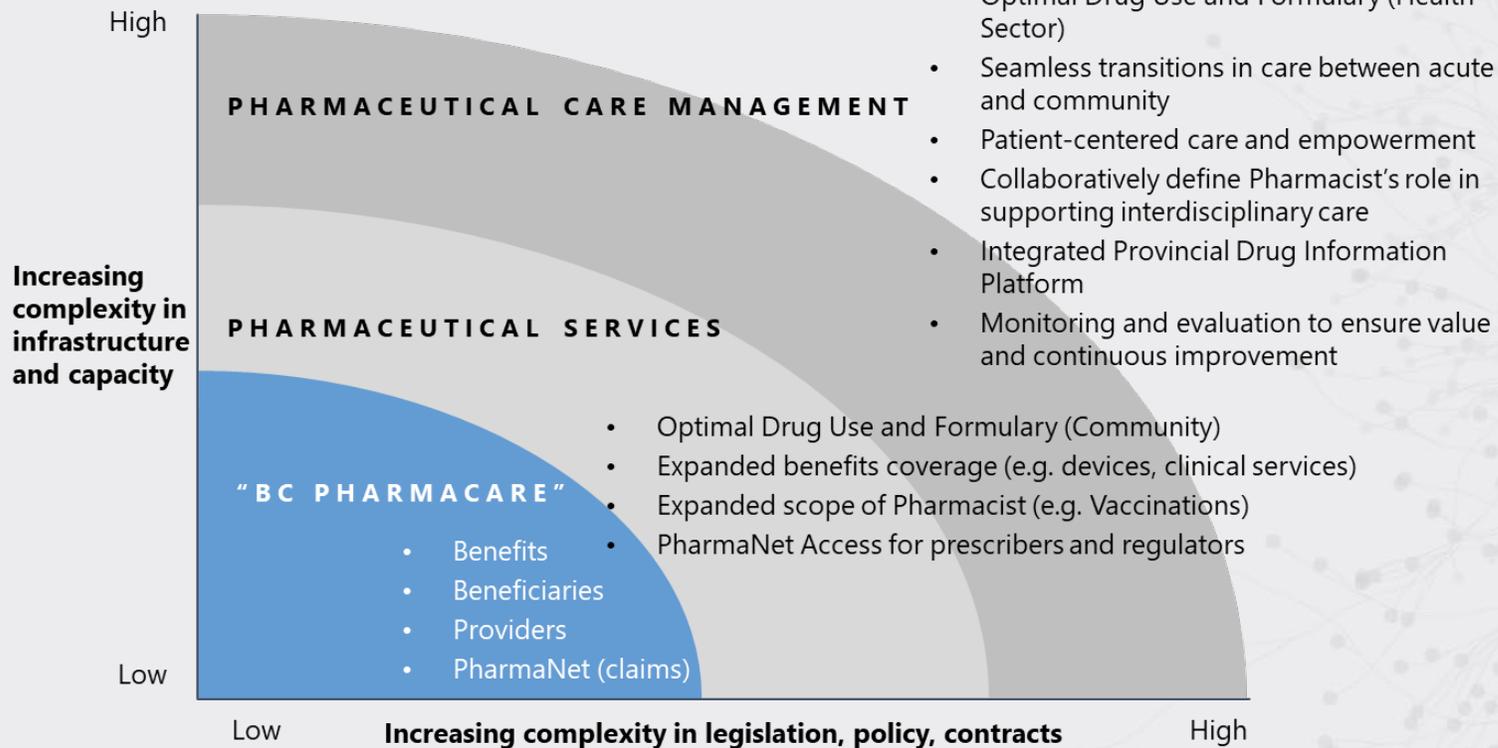


Provincial focus on integrated team-based care: The province has made great strides to implementing primary care networks that will improve access and leverage access to health professionals closer to home. This is a model that places citizens at the center and should be expanded to reinforce the role pharmacy professionals, pathologists and laboratory practitioners play as key members of care teams and experts in diagnostics and medicines management across the care continuum.

Source:
Increasing spend: BC MOH Document (Provincial Approach to Publicly Funded Drug Management Updated Oct.28)
Increasing spend: <https://www2.gov.bc.ca/assets/egov/health/health-drug-coverage/PharmaCare/PharmaCare-trends-2017-18.pdf>
Rising drug costs and policy changes: <https://theyee.ca/News/2019/06/14/Five-Things-National-PharmaCare/>
Patient demand: 2019 Global Health Care Outlook, Deloitte

PLBSD’s expanded 20/21 mandate reflects the critical role the division plays in improving health outcomes while achieving fiscal sustainability at the provincial level

Expanded mandate of the Division



A NEW DIRECTION

The PLBSD is now responsible for providing strategic oversight of pharmaceutical care management across the province.

This represents a shift in the way the Pharmaceutical, Laboratory and Blood Services Division has traditionally operated. Given the complexity of the landscape, the **commissioner-provider** model, which is leveraged in various formats globally, may serve as the model in which PLBSD operates moving forward.

Evolving PLBSD’s role to that of a **commissioner** (*managing the process by which services are planned, purchased and monitored*) will enable health care **providers** to deliver the range of services that have been commissioned¹. The details of PLBSD’s specific role in commissioning services in relationship to their overall mandate will be addressed in the final strategy.



Source:
Commissioner-Provider Model: <https://www.kingsfund.org.uk/publications/what-commissioning-and-how-it-changing>

To meet their expanded mandate for 2020/21, the Pharmaceutical, Laboratory and Blood Services Leadership Team aligned on the following vision, mission and strategic goals

What do we aspire to do?



VISION

Best possible patient outcomes from pharmaceutical care

MISSION

To ensure the responsible provision of drug therapy across the BC Health System

STRATEGIC GOALS

1

Enable timely and convenient access to appropriate and affordable medications and pharmaceutical care, where and when citizens need it

2

Provide enhanced quality of care and medication safety by leveraging the expertise of pharmacy professionals in coordinated and integrated team-based care

3

Promote health of the whole population through targeted interventions that aim to improve medication use and enable the shift to preventative and predictive care

4

Contribute to a high performing health system through evidence-informed planning, monitoring and analysis of medication use and pharmaceutical care

5

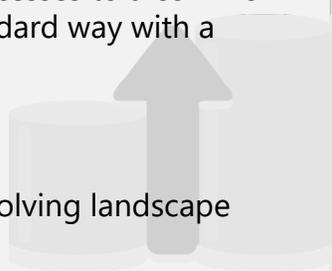
Advance information technology and related systems to reduce barriers toward appropriate information access and sharing to catalyze progress across strategic goals.

Executing on the vision requires a provincial level strategy; to achieve this, PLBSD undertook a comprehensive, capability-led approach involving a wide range of stakeholders across the sector

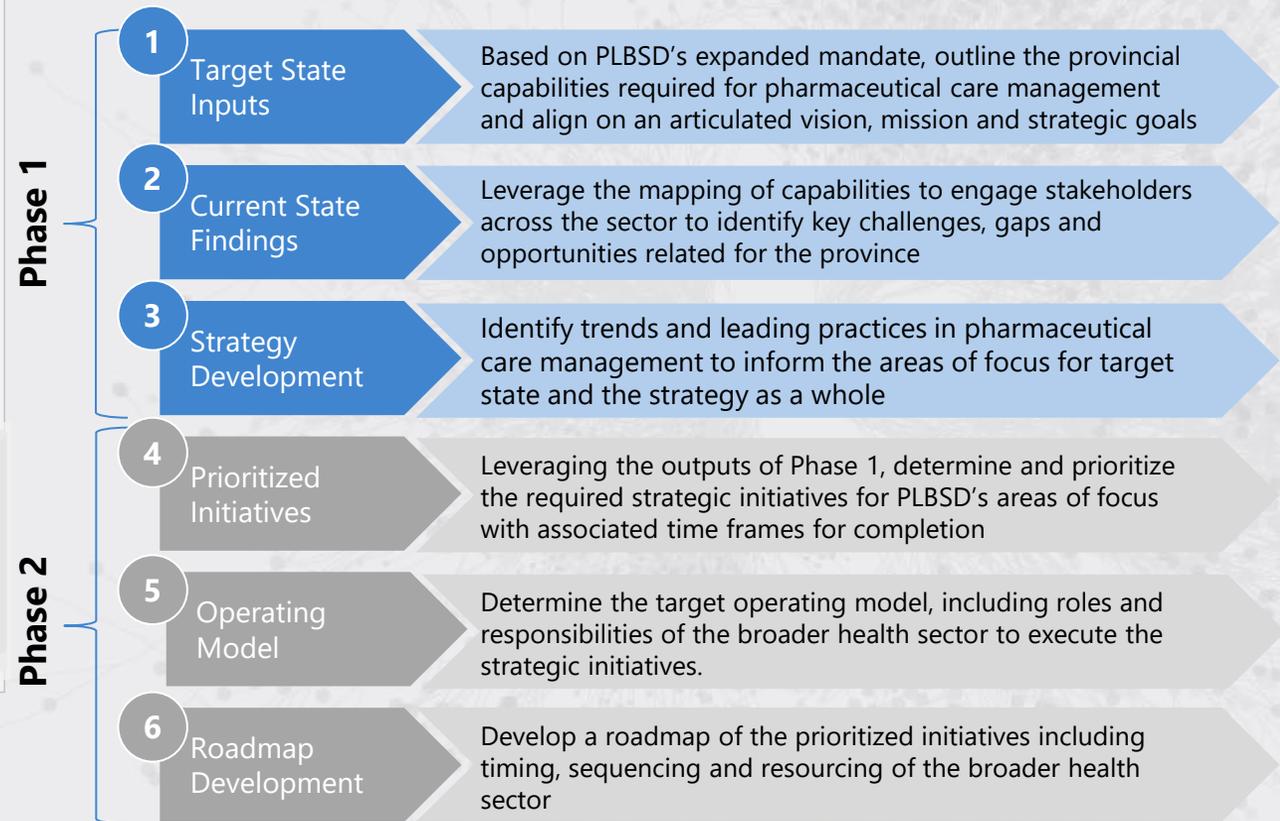
WHY A CAPABILITY-LED STRATEGY?

Taking a capability-led approach focuses on distinctive strengths and capabilities that drive the greatest value to citizens and avoids hyper-focus on organizational constraints. Key benefits include:

- Surfaces major design decisions required upfront that will guide downstream processes and structure
- Links strategic direction (“vision, mission and goals”) to guide detailed design and execution (“what we do”)
- Allows the health sector to map their current processes to a common framework and describe their processes in a standard way with a common vocabulary
- Considers metrics and incentives
- Builds flexibility and agility needed to support evolving landscape and uncertainties



Overall Approach for Strategy Development



A capability represents a discrete set of objectives, processes, technologies, and talent that allows the province to deliver a defined outcome.

A BC Pharmaceutical Care Management Capability Map represents a holistic set of target state capabilities required to deliver on the expanded PLBSD mandate across the province

The PCM Capability Map includes both existing capabilities (to deliver the previous mandate) and net new capabilities (to deliver the expanded mandate). This will provide a foundation to select appropriate “providers” to deliver on capabilities, set performance metrics, build capacity, determine required skillset and identify partnership opportunities.

PCM Capability Map Overview:

The *grey* boxes with **bolded outlines** represent capability groups, which comprise of related capabilities.

The *coloured* boxes inside the capabilities groups represent the specific capabilities.

When capabilities are developed and mature, they can deliver *differentiated value* to citizens.

It is expected that this map will be adapted and further refined over time, as clarity on roles and responsibilities become defined for key capabilities.

Definitions for capabilities can be found in the Appendix B.

Public & Population Health Population Health Planning Pharmaceutical Public Health Programs		Policy & Funding Policy Development Integrated Health Systems Planning & Execution Evaluation of New Drug Submissions or Devices Financial / Budget Planning (Provincial Level) Regulatory		
Design & Delivery of Pharmaceutical Services PharmaCare Benefits Beneficiaries Services Provider Services Special Authority Program Supply Chain Management Therapeutic Value Optimization Drug Management Partnerships Formulary Management				
Design & Delivery of Pharmaceutical Care Continuity of Care Community Care Hospital Care Primary Care Special Programs			Health Human Resources Management Training, Learning & Development Workplace Health & Safety Labour Organization & Relations	
Monitoring, Reporting & Evaluation Drug Plan Performance Measurement Compliance & Monitoring Health Sector Outcomes Analysis			Cross-Functional Capabilities Education Project Management Communications Change Management Oversight of outsourced provider services Divisional Planning Contract Management	
Digital IMIT, Health Technologies & Infrastructure PharmaNet & Other Systems Integration Services IMIT / Analytics Digital & Technology Enablement				

Current State Assessment

Current State Assessment Overview

The Provincial Pharmaceutical Care Management Capability Map was used to identify gaps and in the current state that may limit the province's ability to meet the articulated vision, mission and goals. Over 50 stakeholders across the sector were engaged to provide feedback on the current state landscape; their feedback was analyzed and surfaced eight key themes.

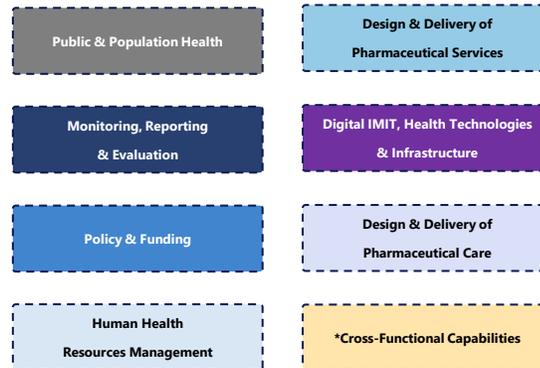
Key Stakeholder Input

To chart the future for pharmaceutical care management, PLBSD set out on an extensive consultations to capture the perspectives of the various stakeholders that play a role in pharmaceutical care

- Ministry of Health
- Provincial Services Health Authority
- Regional Health Authorities
- Regulatory Colleges
- Associations
- Academia
- Research
- Clinical Pharmacists
- Community Pharmacists
- Nurses
- Family Physicians
- Specialists

Capabilities Identification

Opportunities, challenges and the key capabilities to deliver on the expanded mandate were identified and consolidated into eight capability groups



Key Themes

Eight key themes surfaced during the current state assessment in relation to pharmaceutical care that impacts British Columbians



CURRENT STATE ASSESSMENT

To chart the future for pharmaceutical care management, PLBSD set out on an extensive consultations to capture the perspectives of the various stakeholders that play a role in pharmaceutical care

The BC Pharmaceutical Care Management Capability Map was used to drive insights against key challenges, pain points, gaps and opportunities across the sector. A two-pronged approach was used to gather data:



20 individuals across the sector responded to an online survey



17 consultations comprising 33 individuals were conducted with various representatives across the health sector.

KEY STAKEHOLDER GROUPS

Ministry of Health

Provincial Services Health Authority

Regional Health Authorities

Regulatory Colleges

Associations

Academia

Research

Clinical Pharmacists

Community Pharmacists

Patients

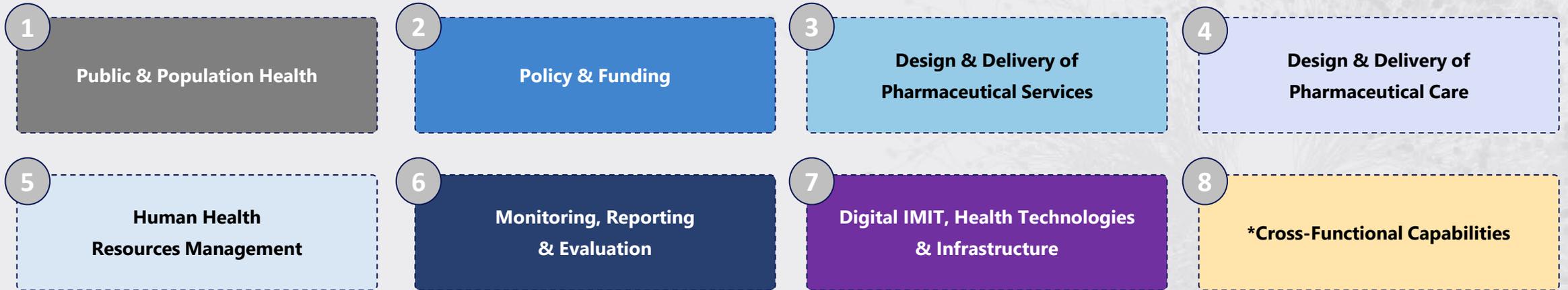
Nurses

Family Physicians

Specialists

Stakeholders provided their view of the opportunities, challenges and the key capabilities to deliver on the expanded mandate, which were consolidated and summarized across the capability groups

Capability Groups



*Please note, Cross-Functional Capabilities (i.e. Education, Project Management, Communications, and Change Management) were not a focus area for the Current State Assessment's stakeholder engagement.

Consultations, survey data analysis and the jurisdictional scan surfaced eight key themes in relation to pharmaceutical care that impacts British Columbians

EIGHT KEY THEMES TO GUIDE STRATEGY DEVELOPMENT:



Patient access to appropriate medications



Pharmacists as experts



Population health planning



Continuity of patient care



Formulary management



Data & information sharing



Research & innovation



Patient Empowerment

Detailed analysis of key themes (1, 2)

#	KEY THEME	SYNTHESIS OF CURRENT STATE FINDINGS	OPPORTUNITIES UNDER PLBSD'S EVOLVED MANDATE	KEY CAPABILITES (may not exist)
1	Patient access to appropriate medications 	<p>Drug plan design and pharmaceutical benefits decisions are vital to a high performing system. Given a broad range of factors need to be considered, including financial benefits as well as patient and population health outcomes, policies need to be informed by evidence as well as stakeholder inputs.</p> <hr/> <p>With costs increasing and expectations rising for patient care, there is an increasing need to demonstrate value for dollars spent. Evidence-based budgeting and planning would support medicine and therapeutic cost reductions, improve outcomes at the patient and population level and contribute to the overall economics of the province.</p>	<p>There is an opportunity for PLBSD to play a role in improving processes for policy decision-making, including increasing the level of ecosystem collaboration among partners to inform policy decisions. This includes engagement with patients and industry to help provide data, either directly or indirectly.</p> <hr/> <p>Financial planning at the provincial level needs to be informed by evidence for medications and care that yields the greatest benefit across the system. There is an opportunity for increasing collaboration across the Ministry to analyze impacts of financial and policy decisions on other parts of the system. PharmaNet data and advanced analytics capabilities may enable informed planning and decision-making.</p>	<ul style="list-style-type: none"> Policy Development Financial / Budget Planning (Provincial Level) Health Sector Outcomes Analysis Drug Plan Performance Measurement PharmaNet & Other Systems Integration Services IMIT / Analytics
2	Continuity of Patient Care 	<p>As one of the most accessible health professionals in the community, pharmacists are well placed to deliver care. However, community pharmacies currently operate as a silo outside of both the health authorities and the primary care providers and are not integrated in a meaningful way into team-based primary care models. Further, some private pharmacy operators have recently started incorporating episodic walk-in type primary care visits in their practices, which presents challenges to longitudinal care.</p>	<p>Pharmaceutical care in community and primary care is essential to driving improved outcomes at the population health level. There is a role for the Ministry to drive integration of community pharmacy into primary and community care to deliver key benefits across care transitions; chronic disease and complex health management; and medication expertise and knowledge transfer.</p>	<ul style="list-style-type: none"> Integrated Health Systems Planning & Execution Regulatory Community Care Primary Care

Detailed analysis of key themes (3, 4)

#	KEY THEME	SYNTHESIS OF CURRENT STATE FINDINGS	OPPORTUNITIES UNDER PLBSD'S EVOLVED MANDATE	CONTRIBUTING CAPABILITIES
3	Data and Information Sharing 	<p>For patients, the transfer of pharmaceutical care from acute to community settings can be a challenge due to differing formularies and approaches to pharmaceutical care. There are a number of challenges that arise when there are multiple prescribers prescribing drugs to a single patient, including the risk of adverse drug events.</p> <hr/> <p>Access to health data is limited to specific practitioners, preventing a well-rounded ability for continuity of care across the care team. Even when access is provisioned to users, fees and an inefficient user-interface can act as barriers to effectively leveraging the data.</p>	<p>Fragmentation in continuity of care is impacting quality of care for patients and increasing system costs. This is of particular importance as the population ages and consumes more services. There is an opportunity to improve capabilities, including enhanced data sharing and access protocols through PharmaNet, to support patients who move from hospital to primary and community care. This would enable more effective medicines management.</p>	<ul style="list-style-type: none"> Integrated Health Systems Planning & Execution Continuity of Care PharmaNet & Other Systems Integration Services
4	Pharmacists as Experts 	<p>As the only health professional with specialized training with respect to provision of optimal drug therapies, Pharmacists are not being leveraged effectively as experts in medicines management. Prescribing authority in certain care settings should be considered to increase efficiencies and create capacity across the system.</p>	<p>There is an opportunity to more effectively utilize pharmacists in delivering high quality patient care, which will require regulatory change as well as a cultural shift in the way pharmacists are viewed today. This will differ by care setting and levels of acuity, and the Ministry can play a role in analyzing where there is value for patients and populations and driving the transformation.</p>	<ul style="list-style-type: none"> Integrated Health Systems Planning & Execution Regulatory Continuity of Care Community Care Primary Care Change Management

Detailed analysis of key themes (5, 6)

#	KEY THEME	SYNTHESIS OF CURRENT STATE FINDINGS	OPPORTUNITIES UNDER PLBSD'S EVOLVED MANDATE	CONTRIBUTING CAPABILITIES
5	Population Health Planning 	<p>There is a growing need to consider the social determinants of health – such as food insecurity, socioeconomic status, and education – as part of a patient’s medication plan as well input into policy decisions. These factors can help uncover important insights into specific health and medication behaviours contributing to adverse outcomes.</p> <p>With a changing population, including an increasing aging population, there is role for pharmaceutical public health initiatives to play in supporting overall disease prevention and health promotion.</p>	<p>Population health planning is of particular importance to pharmaceutical care services as medications are at the core of most population health strategies due to the increasing prevalence of chronic diseases. There is an opportunity for collaboration on population health planning across the province that considers pharmaceutical public health capabilities. This includes identification of patients at risk who would likely benefit from a particular drug, and those that can benefit from early interventions, saving downstream costs.</p>	<ul style="list-style-type: none"> Population Health Planning Pharmaceutical Public Health Programs PharmaNet & Other Systems Integration Services
6	Research & Innovation 	<p>There is currently no formal plan for rapidly evolving innovations such as gene therapies and companion genetic diagnostics that cross multiple program areas. Existing work is fragmented and supported through ad hoc groups that come together when needed, which is not sustainable given the changing drug/therapy/blood services marketplace. The province should be looking to leverage innovations such as precision medicine as a means to reduce overall expenditure.</p>	<p>As the field of AI and precision medicine grows, it is essential for the province to leverage innovative applications and technologies for delivering cost-effective medication therapies to patients. The Ministry should collaborate with research and academic institutions to drive innovation that may benefit patients provincially as well as nationally.</p>	<ul style="list-style-type: none"> PharmaNet & Other Systems Integration Services IMIT / Analytics

Detailed analysis of key themes (7, 8)

#	KEY THEME	SYNTHESIS OF CURRENT STATE FINDINGS	OPPORTUNITIES UNDER PLBSD'S EVOLVED MANDATE	CONTRIBUTING CAPABILITIES
7	Formulary Management 	<p>There are challenges with respect to formulary management within the hospital as well as community settings, and between formularies. Decisions regarding how drugs should be used are completed at different levels, adds to the confusion and difficulty for patients when they are different settings.</p> <p>There are also challenges with respect to formularies in different settings. For example, In the community care setting, new drugs are often added to the formulary, but old drugs are infrequently considered for removal. There are many more drugs available in the formularies than necessary, which poses a risk to quality of care.</p>	<p>There is an opportunity for the Ministry to play a role in alignment, management and governance of formularies across the province to promote high quality, evidence-based prescribing and reduce variation in the level of treatment provided to patients.</p>	<ul style="list-style-type: none"> Formulary Management Health Sector Outcomes Analysis PharmaNet & Other Systems Integration Services
8	Patient Empowerment 	<p>E-prescribing, along with EMR integration, needs to advance to enable optimal therapeutic outcomes for patients. Tools such as e-prescribing offers key benefits to the health system in the form of cost avoidance related to administrative efforts as well as prescribing errors, however, may be more powerful when integrated with PharmaNet and the patient record.</p>	<p>Given the strength of PharmaNet's capabilities, there is an opportunity to use the system as a foundation by which to build additional capabilities that would further enhance quality of care, medication safety and an exceptional patient experience. This includes integration with EMRs, which would provide a more holistic view of a patient's profile. Doing so creates greater visibility and transparency of a patient's complete profile through a closed loop medications management system.</p>	<ul style="list-style-type: none"> PharmaNet & Other Systems Integration Services Digital & Technology Enablement

Strategic Priorities

Where will we play?

How will we succeed?

Strategic Priorities Overview

Based on the outcomes of the current state assessment as well as a key trends in pharmaceutical care management, strategic areas of focus were identified that would drive the greatest value for patients and populations in BC. These strategic areas of focus were validated by pharmacy stakeholders and informed key capabilities required to drive the change.

Strategic Areas of Focus

Key areas of convergence were identified for pharmaceutical care management for BC



SAF Deep Dives

Deep Dive into each Strategic Area of Focus, highlighting alignment to expanded mandate, strategic planning landscape and inputs from current state

WHERE WILL WE PLAY

1. Integrated health systems planning & governance for pharmaceutical care management

DESCRIPTION
Implementation of provincial-level planning for pharmaceutical management services and capabilities with a clear articulation of the governance model and target operating model to support coordinated and effective delivery of care for patients and populations as well as fiscal sustainability.

ALIGNMENT TO EXPANDED MANDATE
PCMC's expanded mandate for 2020/21 articulates that the Pharmaceutical Services Division (PSD) is responsible for providing strategic oversight of pharmaceutical care management across the province. This represents a shift in where the Pharmaceutical Services Division has traditionally operated. To deliver on this mandate, it is essential to have governance and oversight in strategic delivery of pharmaceutical care management that considers key stakeholders, including, but not limited to other Ministry Branches & Divisions, health authorities and community pharmacy. Doing so will enable effective and collaborative planning that focuses efforts and resources on the needs of patients and populations.

Alignment to Strategic Planning Landscape

- Demand for pharmaceutical care services will continue to increase as the population changes, and oversight of how pharmacy resources are used across the province is required to maximize value (accessibility, affordability and quality) for patients and populations.
- Partnerships at both the planning and delivery levels are becoming more common, as organizations explore their strengths and increasingly look to partner to address weaknesses as opposed to investing exclusively in internal capacity building.
- A systemic and coordinated approach to addressing medication safety is required. This includes leadership, management, and regulatory. A 2018 study found 26.8% to 29.00% emergency department visits, 107,000 admissions, and 4,514 deaths in BC annually. On average 32.6% of A&Es are typically repeat admissions, of which 75.3% are potentially, if not definitely, preventable.

Input received through current state findings

- Integrated health systems planning and execution is a challenge due to entrenched structures for pharmaceutical care delivery across the health sector that will require considerable change management and investment to effectively change to provide better continuity of care across the health system.
- As we become more focused on planning and delivering multi-disciplinary team-based care, there is an increasing need for traditional areas of responsibility to look, consider and collaborate beyond their historical sector to promote collaboration and increase effectiveness.
- Alignment between formulary and health equity and affordability across care settings, inconsistencies between community and hospital formularies result in an inconsistent ability to provide high quality patient care across care settings. There is a lack of governance for formulary management at the provincial level.

Capabilities

The PCM Capability Map includes both existing capabilities (to deliver the previous mandate) and net new capabilities (to deliver the expanded mandate). This will provide a foundation to select appropriate "providers" to deliver on capabilities, set performance metrics, build capacity, determine required skillset and identify partnership opportunities.

Public & Population Health		Policy & Funding	
Population Health Planning	Pharmaceuticals Health Programs	Public Development	Subsidiary Health Trust Governance or Support
		Health and Support Planning (Planning/Coord)	Regulatory
Design & Delivery of Pharmaceutical Services			
Pharmaceuticals	Medication Services	Pharmacy Services	Special Authority Program
Therapeutic Value Optimization	Drug Management Initiatives	Pharmacy Management	Supply Chain Management
Design & Delivery of Pharmaceutical Care			Health Human Resources Management
Continuity of Care	Community Care	Hospital Care	Training, Learning & Development
Primary Care	Special Programs		Labour Relations/HR Relations
Monitoring, Reporting & Evaluation			Cross-Functional Capabilities
Quality Improvement	Compliance & Monitoring	Health Center Outcomes Analysis	Education
Performance Measurement			Communications
			Overnight of subsector provider services
Digital/IT, Health Technologies & Infrastructure			Operational Planning
Pharmaceutical & Health Systems Integration Services	IT / Analytics	IT/PA & IT/Service Evaluation	Contract Management

Analysis of key areas of convergence for pharmaceutical care management surfaced opportunities of greatest strategic alignment

1. **Convergence** - Trends, priorities and needs from each perspective converge and create **the highest priority** or “must-do” areas of strategic focus
2. **Leverage Points** - Provincial priorities and needs intersect with one other perspective and create **potential areas** of strategic focus
3. **New Territory** - System trends and population needs intersect to identify areas that PLBSD should consider in planning to understand impacts, but *may not consider* as a strategic area of focus

STRATEGIC PLANNING LANDSCAPE



Strategic Areas of Focus

- | | |
|--------------------------|--|
| 1 Convergence | <ol style="list-style-type: none"> 1. Integrated health systems planning & governance for pharmaceutical care management 2. Primary care integration and collaboration 3. Leveraging community pharmacists 4. Continuity of care redesign 5. Provincial digital solutions that support access and integration of pharmacy care across the patient care trajectory |
| 2 Leverage Points | <ol style="list-style-type: none"> 6. Improved population health planning to support targeted interventions and optimal drug use 7. System-level monitoring and evaluation and performance measurement |
| 3 New Territory | <ol style="list-style-type: none"> 8. Patient-centric digital tools, e.g. patient access to PharmaNet profiles, mobile applications for patients |

1. Integrated health systems planning & governance for pharmaceutical care management¹

DESCRIPTION

Implementation of provincial-level planning for pharmaceutical management services and capabilities with a clear articulation of the governance model and target operating model to support coordinated and effective delivery of care for patients and populations as well as fiscal sustainability.

ALIGNMENT TO EXPANDED MANDATE

PLBSD's expanded mandate for 2020/21 articulates that the Pharmaceutical, Laboratory & Blood Services Division (PLBSD) is responsible for providing strategic oversight of pharmaceutical care management across the province. This is a shift from where PLBSD has traditionally operated. To deliver on this, it is essential to have provincial governance and oversight to provider delivery of pharmaceutical care management that considers key stakeholders, including (but not limited to) other Ministry Divisions & Branches, Health Authorities and community pharmacies. Doing so will enable effective and collaborative end to end planning that efficiently focuses efforts and resources on key priorities that deliver on the needs of patients and populations.

Alignment to Strategic Planning Landscape

- Demand for pharmaceutical care services will continue to increase and evolve as the population changes, and provincial oversight of how pharmacy resources are used across the province is required to maximize value and efficiency (accessibility, affordability and quality) for patients and populations.
- Partnerships at both the planning and delivery levels are becoming more common, as organizations leverage their collective strengths and increasingly look to partner to address gaps as opposed to investing exclusively in internal siloed capacity building.
- A systematic and coordinated approach to addressing medication safety is required – from provincial level formulary management to integrate care delivery and improve safety. A 2018 study found Adverse Drug Events (ADE) led to 276,000 emergency department visits, 102,000 admissions, and 4,514 deaths in BC annually. On average, 32.5% of ADEs are typically repeat occurrences, of which 75.3% are potentially, if not definitely, preventable.

Input received through current state findings

- Integrated health systems planning, and execution is a challenge due to historic and entrenched mechanisms for pharmaceutical care delivery across the health sector. A cultural shift will require considerable change management and investment to be effective in improving the continuity of care across the province.
- As we become more focused on designing and delivering multi-disciplinary team-based care, there is an increasing need for traditional areas of responsibility to look, consider and collaborate beyond their historical and regional boundaries. There is a role for PLBSD to play in better connecting the health sector to promote collaboration through effective commissioning of services.
- Alignment between formularies could result in better access and affordability across care settings. Lack of provincial governance and inconsistencies between community and hospital formularies reduces the ability to provide integrated high quality patient care across multiple care settings.

Note(s): (1): Health Systems refers to the technology systems required by the health sector for integrated planning

2. Primary care integration and collaboration

DESCRIPTION

Formalized integration of pharmacists into team-based care models in primary care would support improved continuity of care. Through the integration of pharmacists into primary care teams, drug therapy outcomes for British Columbians with complex diseases will be improved, reducing the number of ADEs and reducing the burden on the patient's most responsible practitioner.

ALIGNMENT TO EXPANDED MANDATE

There is an opportunity to formalize the role of the pharmacist within integrated team-based models in support of the province's strategy for primary and community care.

Alignment to Strategic Planning Landscape

- The Ministry is focusing on commissioning integrated and coordinated specialized community service programs for mental health and addictions, cancer care and seniors with complex medical conditions (including dementia), all of which include a pharmaceutical care component.
- Provincially, involvement of the pharmacist as a key member of teams, in particular, for strategic initiatives underway such as the implementation of Primary Care Networks, requires further formalization. This is currently not taking place because no entity owns this role, and this was not part of PLBSD's previous mandate.
- Increasingly, jurisdictions are integrating pharmacists into primary care models with positive outcomes. Collaborative care models have improved access to care, increasing the total number of patients served, enabling higher quality medication reviews, better addressing potential risks (e.g. polypharmacy) and optimizing the patient experience.

Input received through current state findings

- Within the policy shifts to primary, community and specialist care, pharmacy appears to have lagged behind. PLBSD should be an enabler by informing GPSC and other health sector policy makers about the full role and scope of the pharmacist. The shift to team-based care could be improved by including pharmacists. Policy shifts should identify primary and community pharmacist expectations for patient care in the Community.
- Within the build and design of the Primary Care Networks, it has been left up to the provider to determine team capabilities. Based on the geography, the mix of the Primary Care Network team should be informed by health analysis and stakeholder input and include consideration of the pharmacist's role in the delivery of effective primary care.

3. Leveraging community care pharmacists

DESCRIPTION

The development and implementation of effective strategies and guidelines to define/evolve the pharmacist's role in the community, including long-term, home, and outpatient care, or for targeted population health programs such as the opioid screening, management and education.

ALIGNMENT TO EXPANDED MANDATE

A provincial approach to define the role of community pharmacists could alleviate challenges in delivering continuity of pharmaceutical care across multiple settings and support strategies related to population health. This includes working collaboratively with regulatory bodies, colleges and the health sector to define the scope of practice for pharmacists operating in a primary care model.

Alignment to Strategic Planning Landscape

- Pharmacists are highly accessible in the community. Increasingly, jurisdictions are recognizing opportunities for community pharmacists to play a role in addressing population health challenges and alleviate system pressures and constraints. There are 1,351 pharmacies and 6,063 pharmacists in 153 of BC's 160 communities.
- Leading health systems are meaningfully leveraging community pharmacies to improve patient access to care, e.g. to alleviate pressure on urgent and emergency care, by referring patients to a consultation with a community pharmacist where otherwise they would have seen a GP or attended the emergency department for prescription refills or support for low acuity or minor illness.
- Community pharmacies can also support delivery and distribution of publicly funded services (e.g. vaccines), increasing capacity in the public health system. They may also be leveraged to support the opioid crisis through services such as the assessment of risk of diversion, abuse, or overdose, to ensure widespread access to Naloxone and education on its use.

Input received through current state findings

- Community pharmacies operate as separate silos. Currently they are not aligned and/or integrated to the health authorities and the primary care providers in a meaningful way into the team-based primary care models that the province is implementing in communities across the province. In parallel, some private pharmacy operators have recently started incorporating episodic walk-in type primary care in their practices.
- Pharmacies widely exist in every community, yet their expertise could be better leveraged and more effectively integrated to care teams. Community pharmacy can play an increased role in health and wellness of those in their communities to benefit the sector and patients.

4. Continuity of care redesign

DESCRIPTION

The development and implementation of effective strategies and guidelines for enabling continuity of care to support the appropriate use of medications and to optimize the use of pharmacists as patients move from one setting to another.

ALIGNMENT TO EXPANDED MANDATE

Currently, there is no formal ownership of the pharmaceutical care provided to patients who are discharged from the hospital to home care or move between care settings (e.g. ambulatory care to inpatient care to home care). There is an opportunity to strengthen this through provincial oversight with dedicated efforts to reducing care fragmentation.

Alignment to Strategic Planning Landscape

- Patient experience is impacted by improving the continuity of care as it relates to pharmaceutical care. This is of particular importance as the population ages and more adults, including seniors, will have multiple chronic conditions with multiple medications, and the increasing need to keep care closer to home or in their community.
- Medication discrepancies are a risk at hospital discharge, and medication reconciliation is widely endorsed as a preventive strategy. However, implementation is difficult due to the unreliability of patients' medication histories.
- PharmaNet is a key enabler to data sharing and continuity of care between hospital and primary and community care settings and can be leveraged effectively to support continuity of care across the province.

Input received through current state findings

- For patients, the transfer of pharmaceutical care from acute to community settings can be challenging due to differing formularies and approaches to pharmaceutical policy. Across health system settings, providing consistent access to therapies will provide greater care continuity for patients care regardless of location. Processes, governance and communication could be strengthened across the care continuum to produce a consistent standard of pharmaceutical care across care settings and between multiple providers.
- Continuity of care programs which utilize medicine reconciliation and appropriate pharmacist involvement have been shown to improve patient care – improved integration throughout the health care system would be beneficial to ensuring safe, efficient continuity of care. Data sharing and data governance between community and hospitals would reduce the risk of medications being prescribed ineffectively (potentially harmfully).
- Care plans are not always transferred in a timely manner to community general practitioners and are not transferred at all to the patient's pharmacy. For example, community pharmacies do not have visibility to a patient's previously prescribed drugs, whether the new hospital prescribed therapies replace or add on to the existing therapy.

5. Provincial digital solutions that support access and integration of pharmacy care across the patient care trajectory.

DESCRIPTION

Enhancing a key provincial asset – PharmaNet. A fully digital prescription management process that integrates PharmaNet with EMRs and seamlessly documents all the relevant information related to a patient’s prescription, will create a closed loop prescription management that is accessible by providers within a patient’s circle of care.

ALIGNMENT TO EXPANDED MANDATE

Evolution of PharmaNet and its functionality will be required to support all aspects of PLBSD’s responsibilities under the expanded mandate. In particular, integration with EMRs will result in improved pharmaceutical care delivery and medications management in that providers will have a consolidated view of a patient’s profile, including medical and medication history. In addition, this will support better analytics capabilities for continuous improvement, optimal drug use, and policy and budgeting decision-making.

Alignment to Strategic Planning Landscape

- Proprietary and unique to BC, PharmaNet hosts the data of all prescriptions dispensed in community pharmacies across the province in a central data location. Integrating with EMRs would support the reduction in both medicine error percentages and the number of adverse drug events.
- Leading organizations view data as a strategic asset. Analytics can identify and prioritize opportunities for improvement (clinical, financial, and operational) and improve decision support.
- When patients and families are engaged in their own care, it can lead to measurable improvement in quality and safety. Healthcare organizations are learning how to better leverage emerging digital technologies to connect patients and providers.

Input received through current state findings

- As part of the current state assessment, over 70% of survey respondents across the health sector identified “PharmaNet & Other Systems, Integration Services” as a priority capability/ enabler for investment”.
- PharmaNet is a provincial asset, a valuable resource, and could be leveraged to improve patient care through developing interoperability with EMRs.
- The information contained in PharmaNet is a critical resource for members of a care team to provide a good understanding of the drug therapy a patient has received/is receiving. This is particularly important for prescribers. Limiting access to PharmaNet to some prescribers (e.g. physicians) while not allowing access to other prescribers (e.g. midwives, naturopaths) is a concern from a patient safety / quality of care perspective.
- Patients do not have access to view their own medical profiles. This prevents them from improving their understanding of their pharmaceutical treatment and managing their own care. PharmaNet could provide a key opportunity to educate the patient and transfer knowledge about their profile.

6. Improved population health planning to support targeted interventions and optimal drug use

DESCRIPTION

Core capabilities to improve pharmaceutical surveillance would support policies and practices that encourage disease prevention and health promotion while leveraging advanced analytics to evaluate existing population health initiatives.

ALIGNMENT TO EXPANDED MANDATE

In alignment with provincial priorities for effective population health, health promotion, and illness & injury prevention services, PLBSD must play a provincial role in the health of the population and use the data available to evaluate and deliver targeted pharmaceutical care public health programs.

Alignment to Strategic Planning Landscape

- On a per capita basis, BC has one of the highest elderly populations and this places an increased demand on the healthcare system. Exacerbating this challenge, the population growth rate for seniors is expected to be an average of 3.5% until 2030, while the non-senior growth rate is expected to be an average of 0.6% over that time frame.
- The opioid crisis has proportionately been a significantly larger issue for British Columbians than most other provinces. Per capita, the rate of rate of accidental apparent opioid-related deaths has been an average of 25.6% in BC, while Canada as a whole has seen a rate of 10%. From January 2016 to March 2019, this has resulted in 4,243 accidental deaths in BC.
- A growing body of evidence demonstrates that social determinants of health are integral components of health. Many organizations have focused on improving the health status of a population that is multi-disciplinary in nature and considers health and non-health data.

Input received through current state findings

- There is an opportunity to better leverage population health planning data in drug funding decisions. A specific example is how social determinants are best considered in economic models for substantiation of funding decisions.
- BC's elderly population per capital is one of the highest across Canada. Due to the increased pharmaceutical demand of this segment, it will be important for the province to plan and strategize how to continue to provide a consistent standard care to this population segment.
- Leveraging analytics to place a continued focus on disease prevention programs tailored to the population is an opportunity area where the province can find a high degree of impact for citizens.
- Need to support those who are not served well in traditional health systems including those with complex conditions such as mental health and addictions.

7. System-level monitoring and evaluation and performance measurement

DESCRIPTION

Improving existing capabilities to drive evidence-based policy making and strategic planning at the provincial level is informed by performance monitoring and evaluation of key indicators. These measure the degree of achievement of key strategic pharmaceutical goals in the area of accessibility, affordability, quality use of medicines and the quality of pharmaceutical care.

ALIGNMENT TO EXPANDED MANDATE

Attaining fiscal sustainability while meeting patient and population needs requires an understanding of how the system is performing. With oversight of pharmaceutical care management across the province, PLBSD has a role to play in ensuring that decisions are made based on the best available evidence and in a timely manner.

Alignment to Strategic Planning Landscape

- A wide range of data is available for the province to leverage for evaluation through PharmaNet. Systematic evaluation methods, governance and improved capabilities in advanced analytics would enable effective monitoring and evaluation.
- Public sector drug expenditure in BC was \$1.59B in 2020/21, which has seen 10.6% growth over the last 3 years. In addition, the number of claims for PharmaCare plans has increased steadily from 30.83 million in 2012/13 to 40.83 million in 2020/21. Expensive Drugs for Rare Diseases (EDRDs) are also growing at a cost per patient of \$0.1M up to \$3M per patient per year, which is not considered cost-effective. Monitoring and evaluation capabilities are required to support fiscal sustainability, given drug expenditure comprises a large portion of overall public health expenditure.

Input received through current state findings

- An increased ability to monitor and assess the net impact of programs and policy changes is important to ensure the health system continues to develop in a patient-centric manner.
- The province has showcased strong monitoring and evaluation of drug utilization and cost of drugs, ensuring there are adequate medicines and quantity of those medicines to meet overall demand of the population. An increased focus of performance management against patient health outcomes would be beneficial.
- Budgeting and planning should be evidence-based. A holistic approach to funding is necessary so expenditures in therapies which reduce costs in hospitalizations, increase patient productivity and contribute to overall health and wellness are included in the solutions being developed. This is especially important with escalating drug costs as a challenge, particularly expensive new drugs and drugs for rare diseases. A stronger focus on outcomes will not only help with evidence-based decision making, but also it will give the Ministry the opportunity to demonstrate stewardship of scarce resources and demonstrate their investments in innovative treatments are sound.

8. Patient-centric digital tools

DESCRIPTION

Digital health tools that meet the needs of patients, provide appropriate access to personal health information, enable personalized care, support a quality patient experience and improved outcomes, e.g. medication adherence tools, patient portals.

ALIGNMENT TO EXPANDED MANDATE

PLBSD will need to consider investment in innovations that produce a quality, patient-centric experience and lead to improved outcomes and increased savings.

Alignment to Strategic Planning Landscape

- Canadians are increasingly demanding access to their own personal health information, but only about one per cent of Canadians report using virtual care or online patient portals with all their health information.
- As systems become more integrated and data is made more available, the ability of health professionals to more effectively educate patients on their medications and on the importance of adherence is enhanced.
- Leading jurisdictions have implemented initiatives to improve citizen and provider access to their own personal health information, including medication histories. Such initiatives aim to reduce both medicine error percentages and the number of adverse drug events.

Input received through current state findings

- Patients do not have access to view their own medical profiles. This prevents them from better understanding and managing their own care. PharmaNet needs to be seen as an opportunity to support the patient and transfer knowledge about their profile and treatment.
- PharmaNet data could be better leveraged to monitor drug use (prescription adherence).
- Patients need tools/apps to better support their care, including digital access to prescriptions, cost and medication history data.

Based on the strategic areas of focus, a number of capabilities are highlighted as opportunity areas for PLBSD to effectively commission or provide under its expanded mandate, some of which are net new

Public & Population Health Population Health Planning Pharmaceutical Public Health Programs		Policy & Funding Policy Development Financial / Budget Planning (Provincial Level) Integrated Health Systems Planning & Execution Regulatory Evaluation of New Drug Submissions or Devices		
Design & Delivery of Pharmaceutical Services PharmaCare Benefits Beneficiaries Services Provider Services Special Authority Program Supply Chain Management Therapeutic Value Optimization Drug Management Partnerships Formulary Management				
Design & Delivery of Pharmaceutical Care Continuity of Care Community Care Hospital Care Primary Care Special Programs			Health Human Resources Management Training, Learning & Development Workplace Health & Safety Labour Organization & Relations	
Monitoring, Reporting & Evaluation Drug Plan Performance Measurement Compliance & Monitoring Health Sector Outcomes Analysis			Cross-Functional Capabilities Education Project Management Communications Change Management Oversight of outsourced provider services Divisional Planning Contract Management Branch Planning	
Digital IMIT, Health Technologies & Infrastructure PharmaNet & Other Systems Integration Services IMIT / Analytics Digital & Technology Enablement				

Note: Definitions for capabilities can be found in the Appendix B.

- Indicates the net new capabilities representing an opportunity under the expanded mandate
- Indicates the partially developed capabilities that represent an opportunity under the expanded mandate

Strategic Areas of Focus

What do we prioritize?

Strategic Areas of Focus & Key Actions Overview

Four strategic planning horizons were established as time frames for implementation, each of which is defined by a strategic aim. Based on these horizons, strategic areas of focus and related key actions were mapped to each horizon, resulting in five-year time frame for execution.

Strategic Planning Horizons

Four future looking planning horizons were identified during which an organization will plan work and determine resource requirements. Each strategic planning horizon has a defined focus, under which the Strategic Areas of Focus and the Key Actions that will be executed during that horizon are aligned to.



Key Actions

This section also describes the Strategic Areas of Focus and their associated Key Actions that are required to activate the PLBSD's strategy within the identified planning horizons.

Strategic Area of Focus 1:
Integrated health systems
planning & governance



Key Actions: 1.1, 1.2, 1.3,
1.4, 1.5, 1.6



Strategic Area of Focus 8:
Patient-Centric Digital Tools



Key Actions: 8.1, 8.2, 8.3

Strategic Planning Horizons provide key time frames and strategic priorities over the next five years



HORIZON	Immediate (1 year) FY 2020-21	Short-term (1-2 years) FY 2021-23	Mid-term (3-4 years) FY 2022-25	Long-term (4-5+ years) FY 2024-2025+
AIM	<p>Establish the foundational capabilities, TOM, and governance model required to support interoperability and collaboration across the care continuum.</p> <p>Focus on key actions related to addressing COVID-19 gaps, increasing cost efficiencies related to purchasing and supply chain.</p> <p>On-going initiatives that are important to quality care should be completed.</p>	<p>Focus on key actions that explore solutions to alleviate healthcare capacity issues and improve patient accessibility to pharmaceutical care in primary and community care settings. This includes leveraging capabilities from the community as part of the model of care.</p> <p>Enhance continuity of care across community and primary care settings and between health authorities.</p>	<p>Focus on key actions related to improving capabilities, expanding broader integration of data/information across the health system to drive evidence-based policies and services. This includes enhancing monitoring and evaluation capabilities to ensure that the quality of pharmaceutical care is improving while cost containment measures (including formulary management) are patient-centric and efficient.</p>	<p>Continue to strengthen and enhance accessibility, affordability and quality dimensions through generating new innovations and sharing of innovative and evidence-based care and best practices.</p>

Strategic Areas of Focus are aligned to planning horizons and detail key actions for execution across the overall implementation timeframe



HORIZON	Immediate (1 year) FY 2020-21	Short-term (1-2 years) FY 2021-23	Mid-term (3-4 years) FY 2022-25	Long-term (4-5+ years) FY 2024-2025+
STRATEGIC AREA(S) OF FOCUS	<ul style="list-style-type: none"> SAF #1 <ul style="list-style-type: none"> Establish & implement provincial-level governance and TOM (Phase 1) Design an optimal Pharmaceutical Care framework for BC patients (JWG 1, Actions 3-4) Address COVID-19 gaps, and maximize the effectiveness of the drug supply chain (JWG 1, Action 1-2) Establish BC Health System Stakeholder network collaboration. SAF #2 <ul style="list-style-type: none"> Expedite EMR/PharmaNet Integration & eRx to address COVID-19 information sharing gap SAF #3: <ul style="list-style-type: none"> Optimize the delivery of high priority treatments: e.g. Opioid Agonist Treatment (OAT). Expand Rural Pharmacy Deliverables SAF #4: <ul style="list-style-type: none"> Integrate primary care pharmacists into PCNs and ensure collaboration with community pharmacy partners. SAF #5 <ul style="list-style-type: none"> Initiate a project in collaboration with SET, to align work efforts to leverage the current community pharmacist and technician workforce SAF #7: <ul style="list-style-type: none"> Identify the main limitations of the current data infrastructure platform 	<ul style="list-style-type: none"> SAF #1 <ul style="list-style-type: none"> Expand provincial level governance and TOM (Phase 2) Explore new workforce development strategy/goals for pharmacists to have greater responsibility and accountability Assess pharmacy staff vs pharmacy compensation models with HSWBS Division Establish models for service delivery, continuity of pharmaceutical care and reimbursement. SAF #2: <ul style="list-style-type: none"> Implement PharmaNet Short Term Road map. Incl. PRIME;SAT, etc. SAF #6: <ul style="list-style-type: none"> Implement pharmaceutical care goals for complex/long-term care patients SAF #8: <ul style="list-style-type: none"> Expedite provincial digital solutions that support access and integration of pharmacy services across the patient care trajectory. 	<ul style="list-style-type: none"> SAF #2: <ul style="list-style-type: none"> Provincial HA Integration with PharmaNet incl. ADE and 2-way information exchange SAF #5: <ul style="list-style-type: none"> Pilot new pharmacy service delivery site design(s) SAF #6: <ul style="list-style-type: none"> Ensure communication regarding medication use across the patient trajectory is optimized. SAF #7: <ul style="list-style-type: none"> System-level monitoring and evaluation and performance measurement Develop an analytical strategy to maximize the impact of medication review services (clinical and economic). Launch key pharmaceutical care delivery goals SAF #8: <ul style="list-style-type: none"> Consider options for a patient portal for patient-specific pharmaceutical information 	<ul style="list-style-type: none"> SAF #4: <ul style="list-style-type: none"> Expand new service delivery models across the province. SAF #7: <ul style="list-style-type: none"> Adjust pharmaceutical goals as required based on need and emerging trends. SAF #8: <ul style="list-style-type: none"> Patient-centric digital tools (self-monitoring, medication adherence tools & services; hub for pharmaceuticals/pharmaceutical care; enhance portal capabilities to empower citizens with access and control over their health records, incl. medication history - Health Gateway) Use HTAC to support use innovative tools to assist with medication use and monitoring.
ADDITIONAL WORKSTREAMS	<ul style="list-style-type: none"> Governance & Operating Model Capability Builds 			

OPERATIONAL EXCELLENCE

KA 9.1	Provide opportunities for staff to learn and grow in their career	KA 9.2	Continuously improve employee engagement	KA 9.3	Ensure appropriate capacity and operational alignment
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Description of Strategic Areas of Focus and related Key Actions (1/4)

STRATEGIC AREA OF FOCUS	KEY ACTIONS
Strategic Area of Focus 1: Integrated health systems planning & governance	1.1 Establish and implement provincial-level governance and target operating model to gain synergies, enable greater fiscal sustainability and support integrated planning and coordinated and effective delivery of pharmaceutical care
	1.2 MoH, PHSA and HAs to work together to align drug review processes to reduce duplication and promote continuity of care and improve access to medications across the continuum ¹
	1.3 Develop a standardized approach for drug budget creation, management, forecasting and monitoring across the health sector ²
	1.4 Assess other opportunities for collaboration between pCPA and other existing procurement and negotiation processes through Health Authorities to leverage future opportunities where new oncology and non-oncology drugs can be negotiated in a coordinated manner to improve procurement and distribution practices and efficiencies. ³
	1.5 Establish workforce strategy and reimbursement across the continuum for pharmacists to have greater responsibility and accountability in patient care in alignment with strategic goals.
	1.6 Optimize the value of selected drugs and devices for PharmaCare sustainability, affordability and appropriate use through improved procurement and distribution practices and greater efficiencies in supply chain (incl. provincial emergency coordination). ⁶

 =JWG Key Action for Development

Note(s): (1,2): Aligned with PHSA SO 2, Action 1, (3): Aligned with PHSA SO1, Action 1, (4): Aligned with PHSA SO 1, Action 2 – See Appendix C for more detail

Description of Strategic Areas of Focus and related Key Actions (2/4)

STRATEGIC AREA OF FOCUS		KEY ACTIONS
Strategic Area of Focus 2: Expedite provincial digital solutions that support access and integration of pharmacy care across the patient care trajectory.	2.1	Expedite the implementation of EMR/PharmaNet integration with electronic prescribing to advance “Closed loop electronic prescription management”. Accelerates the delivery of real-time clinical information sharing across the care team (Primary Care Networks) and leads to active community Medication Lists.
	2.2	Complete the implementation of all PharmaNet Short Term Roadmap initiatives. Provides a comprehensive and digital information source, including increasing pharmacist access which is foundational to support the delivery of quality care and our strategy to achieve our health sector vision
	2.3	Work with provincial and national pharmacy informatics programs to begin developing standardized pharmacy workflows and data elements to promote interoperability, AI and health system analytics
Strategic Area of Focus 3: Improved population health planning to support targeted interventions and optimal drug use	3.1	Lead establishment of an enhanced Prescription Monitoring Program (PMP)
	3.2	Improve delivery of Opioid Agonist Treatment (OAT)
	3.3	Implement strategies to improve prescribing practices which support optimal use and minimize polypharmacy ¹
	3.4	Leverage pharmacy accessibility to support nonpharmacological strategies for chronic disease prevention and management.
Strategic Area of Focus 4: Primary care integration and collaboration ²	4.1	Oversee establishment and implementation of programs to support provisions of pharmaceutical care within primary care teams – “Pharmacists in Patient Care Networks”
	4.2	Scale Pharmacists in Patient Care Networks model
Strategic Area of Focus 5: Leveraging Community Pharmacists	5.1	Conduct analysis to identify areas/ population segments that would benefit from delivery of cognitive services and an enhanced scope of practice of their community pharmacist program/ service delivery model that will lead to increased capacity in the public healthcare system and downstream cost savings for the province: <ul style="list-style-type: none"> • Minor ailments management • Preventative care programs • Chronic disease management/ monitoring • Management of care for high risk/high medication burden populations (eg. Geriatric and mental health populations)

Note(s): (1): Aligned with PHSA SO 1, Action 4 (2): Aligned with PHSA SO 1, Action 3 – See Appendix C for more details

Description of Strategic Areas of Focus and related Key Actions (3/4)

STRATEGIC AREA OF FOCUS		KEY ACTIONS
Strategic Area of Focus 6: Continuity of care redesign ^{1,2}	6.1	Design patient-centered Pharmaceutical Care Transition strategy for different care settings to support effective medication use and reduce ADEs.
	7.1	Establish an enhanced and comprehensive Health Data Platform with improved and/or new health data sources, user access, and infrastructure to guide pharmaceutical services delivery, policy and quality improvement. ^{4,5}
Strategic Area of Focus 7: System-level monitoring and evaluation and performance measurement ³	7.2	Design a coordinated model for population health planning led by HSIAR to support the implementation of Pharmaceutical Care Management monitoring & reporting
	7.3	Develop specific KPI's in consideration of reporting key metrics to ensure strategic actions are being achieved ⁵
	8.1	Develop and support self-monitoring and medication adherence tools and services
Strategic Area of Focus 8: Patient-Centric Digital Tools	8.2	Develop an innovation hub for pharmaceuticals / pharmaceutical care
	8.3	Enhance portal capabilities that empowers citizens with access and control over their health records, including medication history (Health Gateway)

 =JWG Key Action for Development

Note(s): (1): Aligned with PHSA SO 2, Action 2 (2): Aligned with PHSA SO 1, Action 3 (3) Aligned with PHSA SO2, Action 2 (4): Aligned with PHSA SO 3, Action 1 (5) Aligned with PHSA SO3, Action 2 – See Appendix C for more details

WHAT DO WE PRIORITIZE?

Description of Strategic Areas of Focus and related Key Actions (4/4)

STRATEGIC AREA OF FOCUS	KEY ACTIONS
	9.1 Provide opportunities for staff to learn and grow in their career
Strategic Area of Focus 9: People and Culture	9.2 Continuously improve employee engagement
	9.3 Ensure appropriate capacity and operational alignment to achieve strategic goals

Target Governance & Operating Models

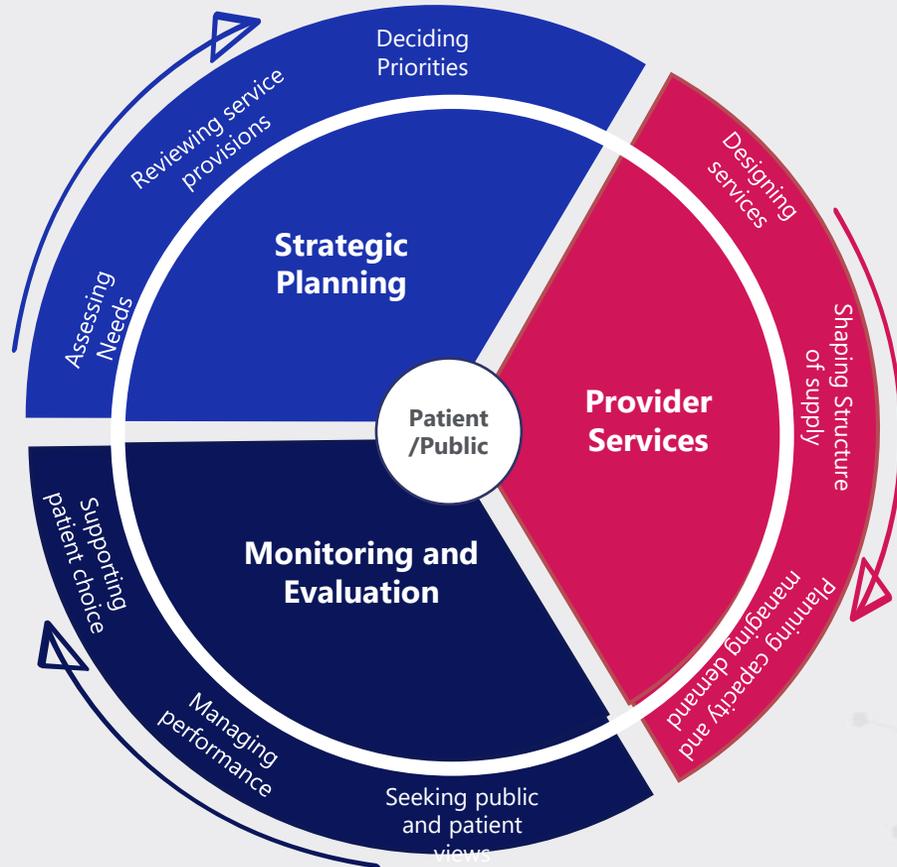
How do we organize?

The following guiding principles were used to guide the design of the target operating model and were used to assess the relative alignment of this model to PLBSD's expanded mandate

- 1 The citizen is at the center** → Provincial entities will work together for the collective benefit of citizens, patients and their families.
- 2 Fosters cross-functional, inter-disciplinary, and regional collaboration to support the delivery of outcomes rather than activities** → Services are delivered in a way that enables collaboration and sharing of resources (technology and people). There is no unnecessary duplication of functions or siloed ways of working.
- 3 Drives fiscal responsibility, cost and operational efficiency** → Leverage scale, pool capabilities and maximize benefits for citizens and populations across the pharmaceutical value chain to drive value across the system while equally ensuring fiscal sustainability. The target state operating model will fit into current resource and financial constraints.
- 4 Optimizes health sector capacity** → The province leverages expertise of healthcare providers who can work at the upper limits of their clinical license (e.g. pharmacy professionals) as encouraged by regulators, to support the provision of safe and effective pharmaceutical care.
- 5 Optimizes the province's ability to quickly respond to changes in its internal and external environment through the use of reliable data** → The Province is prepared to make decisions in a timely manner based on a consolidated view of demand, supply and performance data.
- 6 Drives overall control and transparency to minimize risk and maximize collaboration** → There is overall control and transparency with high visibility of the services being delivered and outcomes achieved across the province. The scope of responsibilities, decision rights, and the ownership of assets, including data assets, are clearly defined.

The Commissioner-Provider Model was recommended as the model most likely to deliver the greatest impact and enable PLBSD to successfully execute its strategy

In this model, used widely by the National Health Services (NHS) in the UK, an overarching governing body conducts the strategic planning activities required to deliver health care services. Specific activities are then commissioned to regional bodies to implement and operate the services.



Adapted from the Kings Fund

What Are The Characteristics Of A Commissioner?

1. Retaining strong clinical leadership
2. Operating as high-level decision-making body
3. Work with approved budgets
4. Developing sophisticated approach to population needs assessment
5. Retaining the role of services
6. Being accountable to citizens
7. Focusing on outcome-based commissioning
8. Operating at a provincial level

Target State Commissioner-Provider Model illustration



In this model, the PLBSD manages the strategic planning of all capabilities. *Pharmaceutical care* capabilities are commissioned to the most responsible provider as well as *supply chain, formulary management and population health planning*.

The most responsible provider delivers the capability based on the PLBSD's directives.

PLBSD continues to operate existing capabilities related to Pharmacare.

Strategic Planning

Organization owns the strategy, decision making and governance for the capability

Pharmaceutical, Laboratory & Blood Services Division (PLBSD) - Commissioner

Policy Development	Pharmaceutical Public Health Programs	Communications
Evaluation of New Drug Submissions or Devices	Population Health Planning	Change Management
Regulatory	Special Programs	Project Management
Financial / Budget Planning (Provincial Level)	Primary Care	Education
Integrated Health Systems Planning & Execution	Hospital Care	Oversight of outsourced provider services
Special Authority Program	Community Care	Contract Management
Provider Services	Continuity of Care	Divisional Planning
PharmaCare Benefits	PharmaNet & Other Systems Integrated Services	Health Sector Outcomes Analysis
Beneficiary Services	IMIT / Analytics (provincial)	Drug Plan Performance Measurement
Formulary Management	Digital & Technology Enablement	Compliance & Monitoring
Supply Chain Management	Labour Organization & Relations	
Drug Management Partnerships	Workplace Health & Safety	
Therapeutic Value Optimization	Training, Learning & Development	

Provider Services

Organization is responsible for the selection of provider as well as implementation and operations of the capability

Pharmaceutical, Laboratory & Blood Services Division (PLBSD) - Provider

Special Authority Program	Drug Management Partnerships	Pharmaceutical Public Health Programs
Provider Services	Therapeutic Value Optimization	Population Health Planning
PharmaCare Benefits	Formulary Management	PharmaNet & Other Systems Integrated Services
Beneficiary Services	Special Programs	Digital & Technology Enablement
Financial / Budget Planning (HA Level)	Oversight of outsourced provider services	Contract Management
Divisional Planning		

PHSA, Lower Mainland HAs, Other HAs, Community Pharmacists - Provider

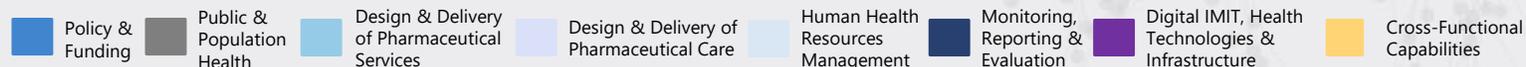
Primary Care	Labour Organization & Relations	Pharmaceutical Public Health Programs
Hospital Care	Training, Learning & Development	Population Health Planning
Community Care	Workplace Health & Safety	Communications
Continuity of Care	Supply Chain Management	Change Management
IMIT / Analytics (local)	Provider Services	Project Management
Digital & Technology Enablement	Formulary Management	Education

Monitoring and Evaluation

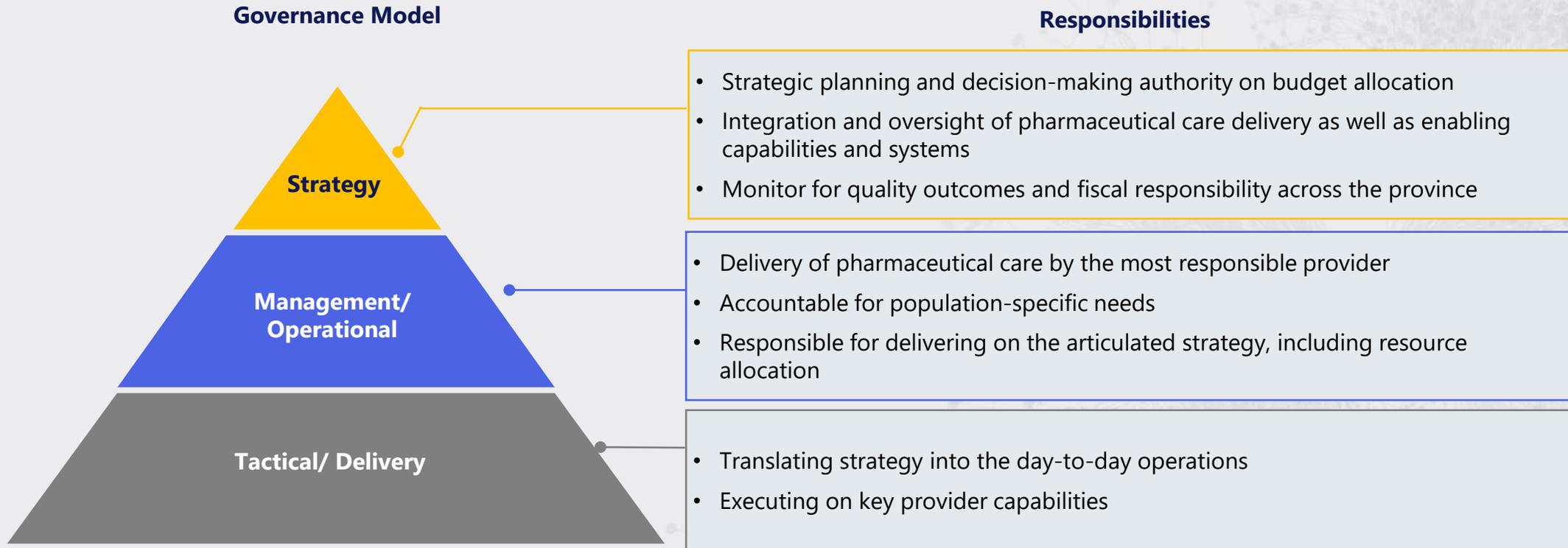
Organization is responsible for the monitoring and evaluation of the capability

Pharmaceutical, Laboratory & Blood Services Division (PLBSD) - Monitor & Evaluate

Health Sector Outcomes Analysis
Drug Plan Performance Measurement
Compliance & Monitoring



To support the Commissioner-Provider Model, stakeholders must align to a governance model that consolidates strategic planning and decision-making and increases efficiencies across the province

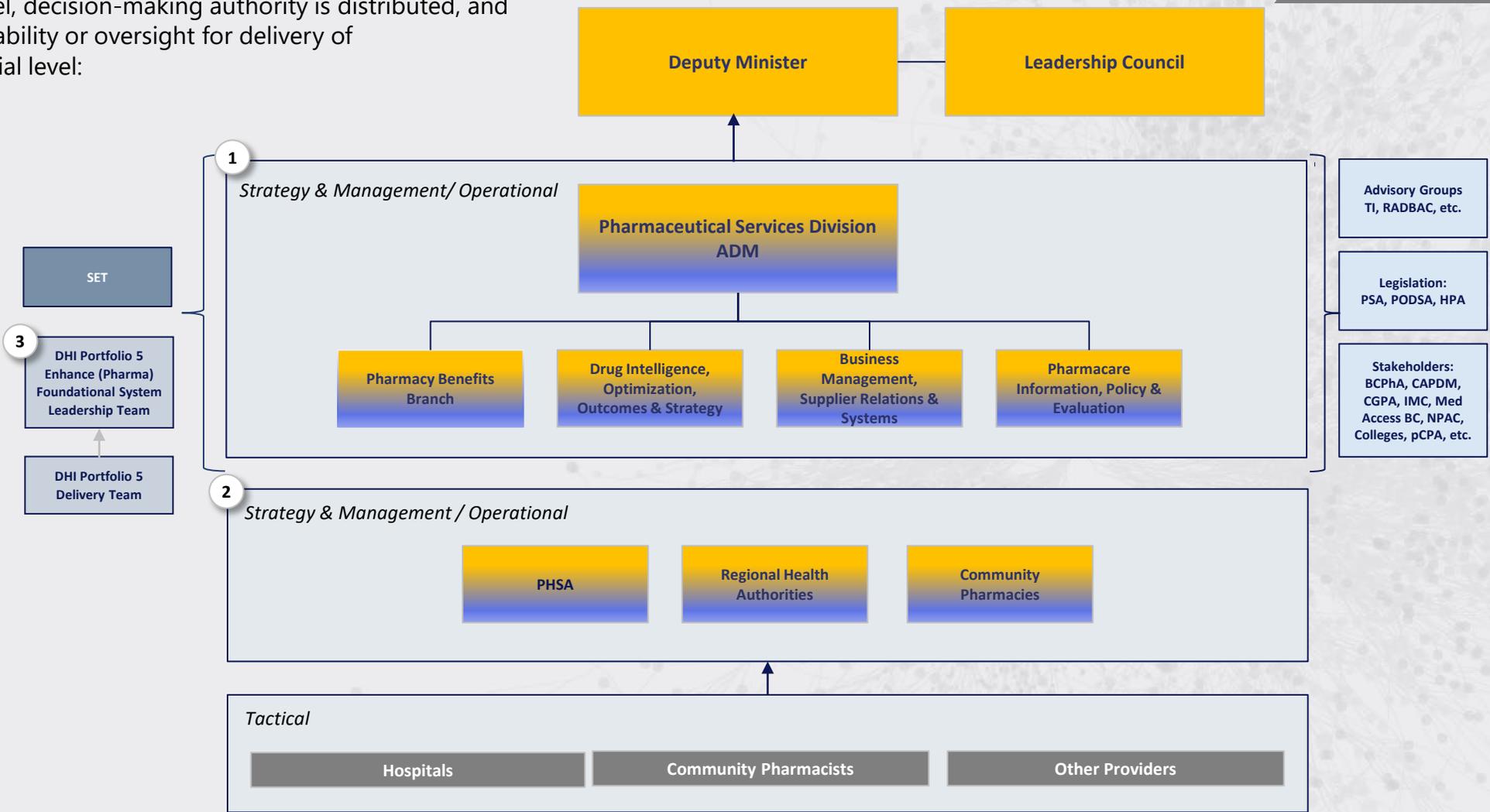


Governance Model (pre-PCMS and Laboratory & Blood Services)

In the pre-PCMS governance model, decision-making authority is distributed, and there is no single point of accountability or oversight for delivery of pharmaceutical care at the provincial level:



- 1 PSD has both a **strategic role (decision authority)** and an **operational role** as specified by their business functions: Pharmacy Benefits Branch, Drug Intelligence, Optimization, Outcomes & Strategy, Business Management, Supplier Relations & Systems, Pharmacare Information, Policy & Evaluation. Currently, PLBSD **does not have oversight over pharmaceutical care delivery**. Within the business functions, PSD also executed on special projects/ initiatives.
- 2 PHSA, the regional health authorities and community pharmacies play **both a strategic role (decision authority)** and an **operational role** and are responsible for establishing their own operational policies pertaining to pharmaceutical care design and delivery in response to their population needs.
- 3 The Digital Health Initiative (DHI) under the Digital Health Strategy (DHS) is governed by the Provincial Digital Health Board. The **Business Management, Supplier Relations & Systems** function has a collaborative working relationship with **DHI Portfolio 5** to deliver on digital pharmaceutical care solutions, although this relationship has not been formalized.

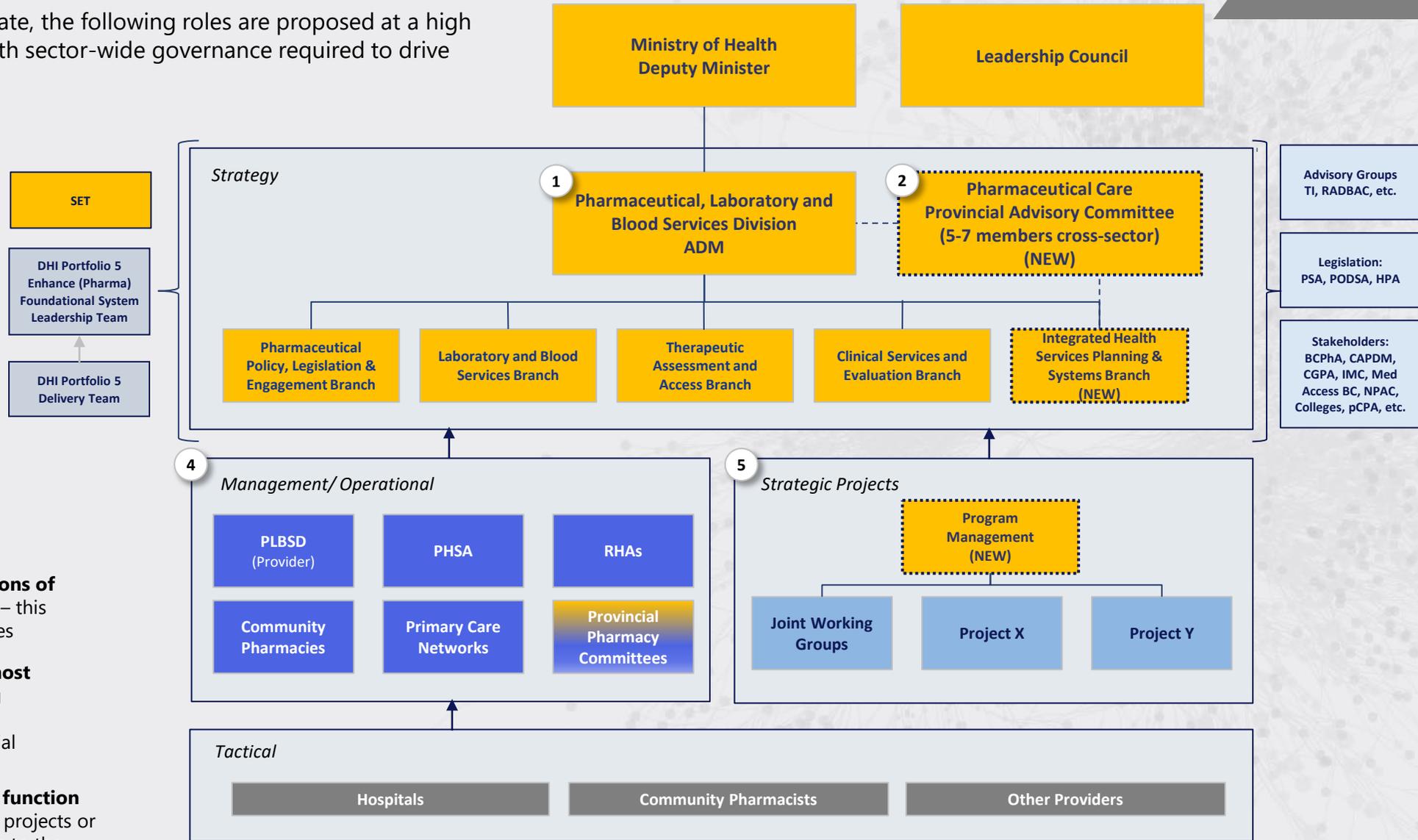


Target State Governance Model

To achieve PLBSD's expanded mandate, the following roles are proposed at a high level to establish the necessary health sector-wide governance required to drive strategy forward:



- 1 PLBSD will be responsible for setting overall strategy, commissioning services, oversight and performance management. Existing business functions (PPLE, LBS, TAA, CSE) would add a net new function for **Integrated Health Services Planning (IHSPS)** – this function would set strategies for integrated service delivery to drive outcomes and increase efficiencies for pharmaceutical care with guidance from a Provincial Advisory Committee
- 2 The **Pharmaceutical Care Provincial Advisory Committee** would comprise key leaders for pharmaceutical care management across the sector that will guide and inform (members could include RHAs, PHSA, Colleges, Doctors of BC etc.)
- 3 PLBSD would work closely with other **Divisions of the Ministry** to support strategy execution – this would be driven largely by critical capabilities
- 4 PLBSD would commission services to the **most responsible provider**, including consulting pharmaceutical experts for advice and recommendations to the ADM and Provincial Advisory Committee
- 5 A **program/transformation management function** would be established to run transformation projects or initiatives in alignment and report outcomes to the ADM and the PLBSD leadership



Note: New branch is being added to the Pharmaceutical, Laboratory & Blood Services Division. As such, organizational structure will be updated.

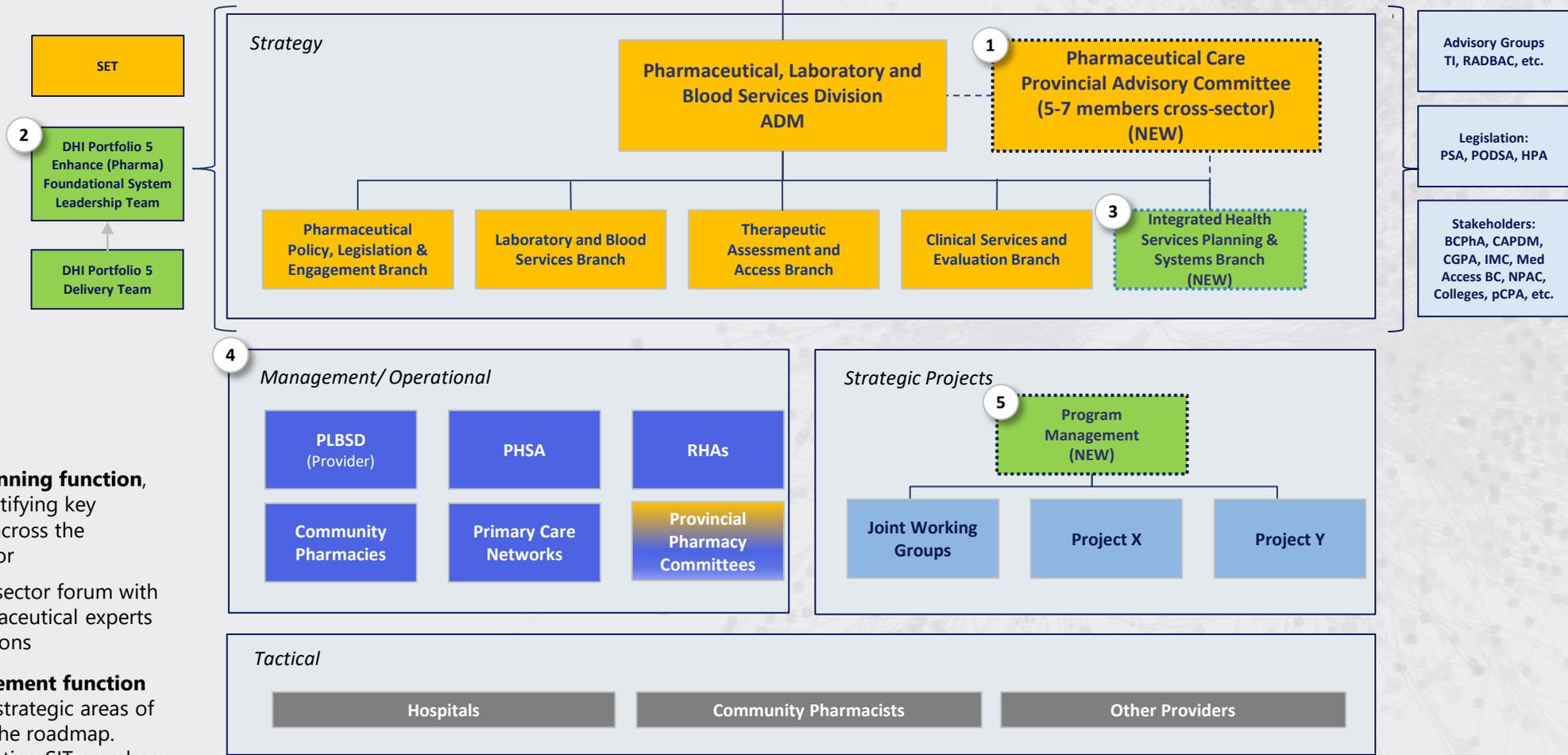
HOW DO WE ORGANIZE?

Interim State Governance Model

To drive Planning Horizon 1 "Pharmaceutical Care in BC" Foundation, we suggest implementing an interim model that provides the structure required to drive the strategy and transformation in advance of the target state implementation. "Green" boxes indicate areas of focus for the interim state:



- 1 Build the Provincial Advisory Committee to support/advise the implementation of the Target State Governance Model and implementation of the Roadmap
- 2 Strategic Area of Focus 2 – *Provincial digital solutions that support access and integration* – is a critical enabler to other strategic priorities. This requires that **PLBSD's relationship with DHI portfolio 5 be formalized**. This includes clarifying roles and responsibilities (business and IT) to ensure the team Portfolio 5 will deliver effectively on the work and avoid duplication of effort
- 3 Build Integrated **Health Services Planning function**, including supporting lead(s) and identifying key members to drive capability growth across the Division, the Ministry and health sector
- 4 Build a combined PLBSD and health sector forum with appropriate representation of pharmaceutical experts to provide advice and recommendations
- 5 **A program/transformation management function** should be established to execute on strategic areas of focus and key actions as outlined in the roadmap. Consideration should be given to existing SIT members to support this function



Note: New branch is being added to the Pharmaceutical, Laboratory & Blood Services Division. As such, organizational structure will be updated

Target State Decision Making Authority

Linking this back to the target operating model, below are specific decision-making authorities to each role within the governance structure. While PLBSD (in its commissioner role) is the ultimate decision authority, decision authorities table represents the first point of resolution / management for items and issues.

← Decisions escalated through the appropriate governance committees at specified thresholds or other criteria

Decision Authorities as per Commissioner-Provider model at provincial level	PLBSD* (Commissioner)	PLBSD (Provider)	PHSA	Regional HAs	Community Pharmacies
Deciding Priorities					
Reviewing Service Provisions					
Assessing Needs					
Managing Provincial performance					
Designing Services					
Shaping Structure of Supply					
Planning Capacity and Managing Demand					
Seeking Public and Patient Views					
Monitoring Performance					
Supporting Patient Choices					

Legend

Primary decision owner

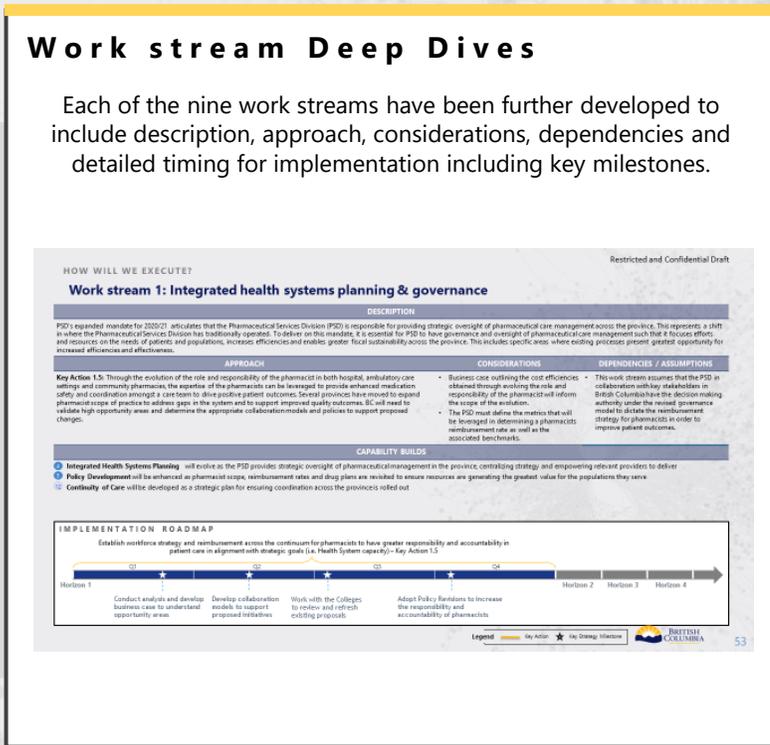
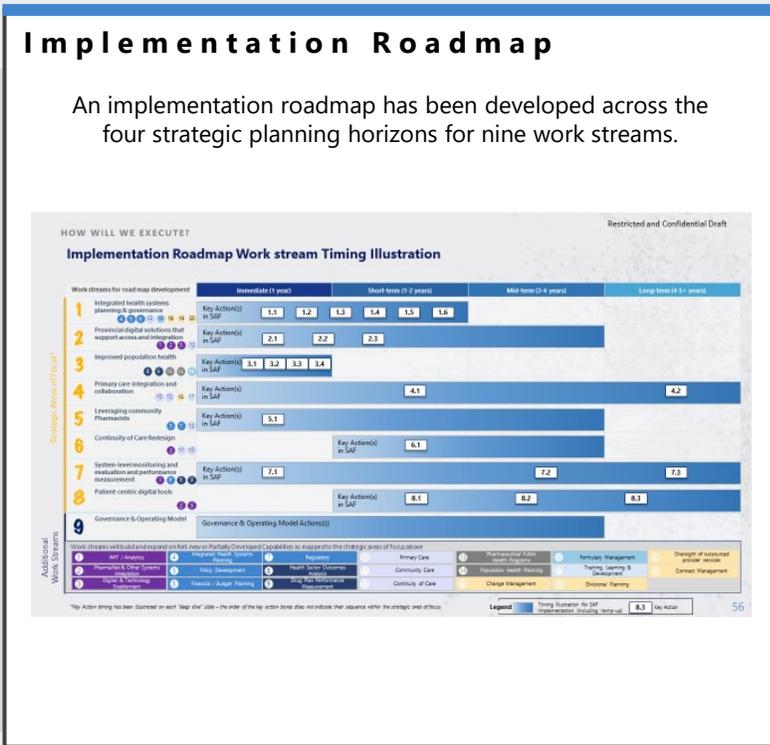
*PLBSD is the pharmaceutical care management representative of the Ministry as the overall commissioning body

Transformation Roadmap

How will we Execute?

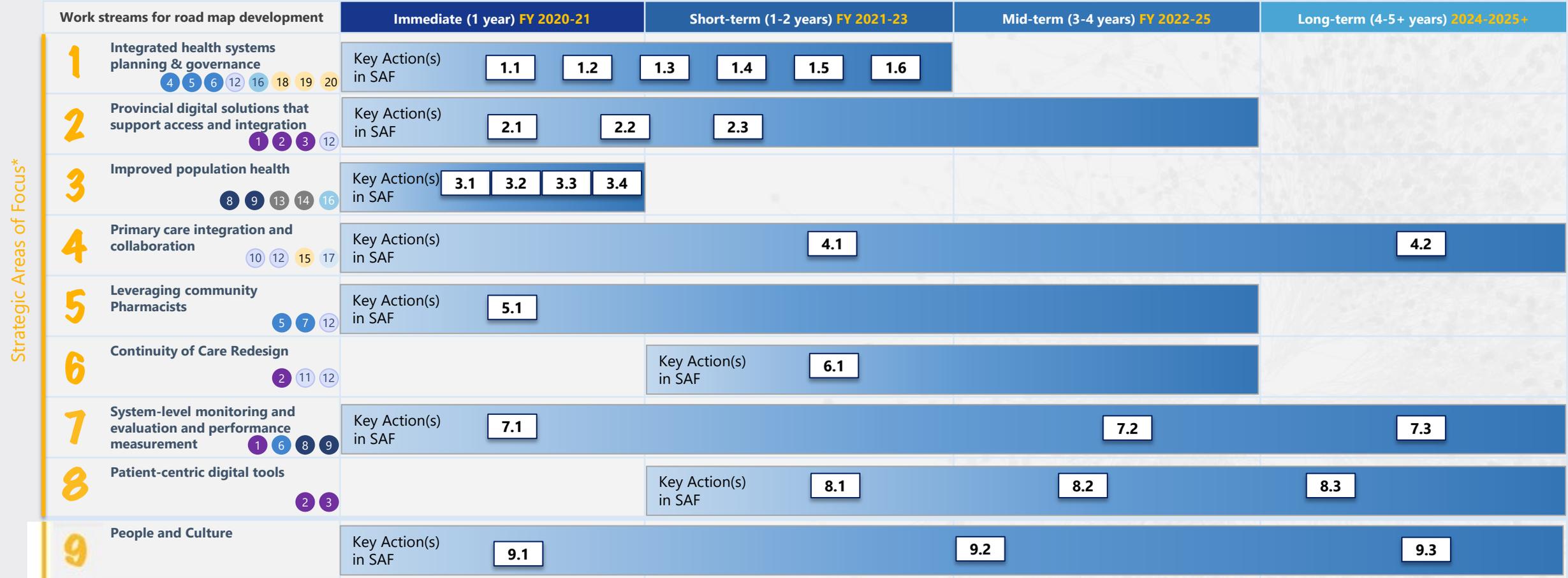
Transformation Roadmap Overview

An Implementation Roadmap was developed with a clear view of implementation activities, timing, prioritization and sequencing of activities. The Roadmap provides an input to planning resources and budget and articulates the key milestones to be achieved throughout the implementation.



HOW WILL WE EXECUTE?

Implementation Roadmap Work stream Timing Illustration



Work streams will build and expand on Net-new or Partially Developed Capabilities as mapped to the strategic areas of focus above

Additional Work Streams		Additional Work Streams		Additional Work Streams		Additional Work Streams	
1 IMIT / Analytics	4 Integrated Health Systems Planning	7 Regulatory	10 Primary Care	13 Pharmaceutical Public Health Programs	16 Formulary Management	19 Oversight of outsourced provider services	
2 PharmaNet & Other Systems Integration	5 Policy Development	8 Health Sector Outcomes Analysis	11 Community Care	14 Population Health Planning	17 Training, Learning & Development	20 Contract Management	
3 Digital & Technology Enablement	6 Financial / Budget Planning	9 Drug Plan Performance Measurement	12 Continuity of Care	15 Change Management	18 Divisional Planning		

*Key Action timing has been illustrated on each "deep dive" slide – the order of the key action boxes does not indicate their sequence within the strategic area of focus

Legend Timing Illustration for SAF Implementation (including ramp-up) Key Action

Work stream 1: Integrated health systems planning & governance (1/2)

DESCRIPTION		
APPROACH	CONSIDERATIONS	DEPENDENCIES / ASSUMPTIONS
<p>PLBSD’s expanded mandate for 2020/21 articulates that the Pharmaceutical, Laboratory & Blood Services Division (PLBSD) is responsible for providing strategic oversight of pharmaceutical care management across the province. This represents a shift in where the Pharmaceutical, Laboratory & Blood Services Division has traditionally operated. To deliver on this mandate, it is essential for PLBSD to have governance and oversight of pharmaceutical care management such that it focuses efforts and resources on the needs of patients and populations, increases efficiencies and enables greater fiscal sustainability across the province. This includes specific areas where existing processes present greatest opportunity for increased efficiencies and effectiveness.</p>	<ul style="list-style-type: none"> • Business case analysis and ROI will need to be completed to identify areas of greatest return • Need to define appropriate compensation model for new models of care/ expanded scope of services involving pharmacists 	<ul style="list-style-type: none"> • Key Action 1.5 will need to be completed in collaboration with MoH SET, as well as being included in BC Provincial Health Workforce Plan 2020/21 – 2024/25 to conduct analysis and develop business case to understand opportunity areas for pharmacists to expand scope of practice to drive efficiencies in pharmaceutical care delivery in BC while mitigating risks
<p>Key Action 1.1*: Work with key stakeholders to design and align on an interim and target state provincial-level governance and target operating model that aligns to the strategy and focuses on enhancing quality of care and addresses the duplication of effort and siloes that currently exist in facilitating the delivery of pharmaceutical services.</p> <p>Key Action 1.2*: Align the medicine review processes across the various care settings, ensuring there is consistency on the drug decisions to the various formularies, where applicable. The medicine review processes are aligned in how physicians and patients are engaged thereby ensuring effective use of resources and creation of efficiencies within the health system. Physician and patient perspectives and inputs are considered and reflected in the medicine review processes and decisions in a consistent manner, leading to processes and decisions that are patient-focused, relevant and responsive to evolving needs.</p> <p>Key Action 1.3*: Create a consistent and standardized approach for drug budget creation, management, forecasting and monitoring across the health sector to improve the delivery of pharmaceutical care in the province and reflect the needs of patients.</p> <p>Key Action 1.4*: Coordinate and align local/national supply chain efforts (i.e., COVID-19), provincial diagnostic imaging and treatment delivery costs with drug listing decisions to optimize the value of selected drugs and devices.</p> <p>Key Action 1.5: Through the evolution of the role and responsibility of the pharmacist in both hospital, ambulatory care settings and community pharmacies, determine strategies for leveraging pharmacists’ expertise to provide enhanced medication safety and coordination amongst a care team to drive improved patient outcomes. Several provinces have moved to expand pharmacist scope of practice to address gaps in the system and to support improved quality outcomes. BC will need to validate high opportunity areas and determine the appropriate collaboration models and policies to support proposed changes.</p> <p>Key Action 1.6*: Assess opportunities to improve economies of scale at the provincial level across key areas of the supply chain. Leverage province wide data to forecast regional and provincial needs and take action to improve and/or identify optimization strategies from procurement (incl. capital equipment) through to packaging, distribution and warehousing.</p>		

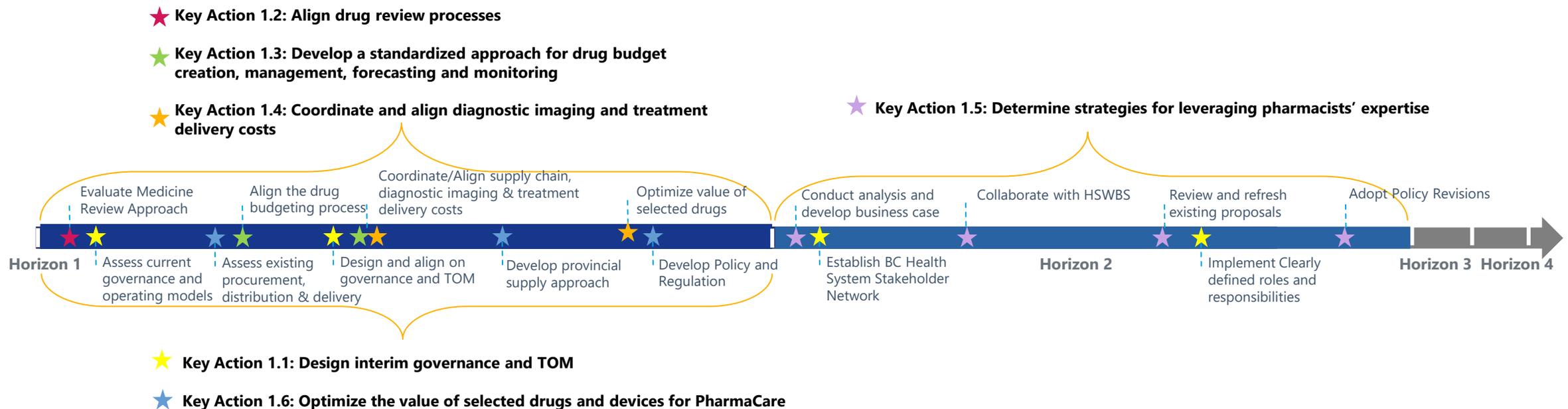
*Content to be validated by JWG

Work stream 1: Integrated health systems planning & governance (2/2)

CAPABILITY BUILDS

- 4 **Integrated Health Systems Planning** is a net new capability that requires a dedicated lead and team with the relevant skillset (strategy development, analysis, stakeholder relations)
- 5 **Policy Development** will be enhanced as pharmacist scope, reimbursement rates and drug plans are revisited to ensure resources are generating the greatest value for the populations they serve
- 6 **Financial/ Budget Planning** will be enhanced at the provincial level to support increased efficiencies as well as value for money at the provincial level
- 12 **Continuity of Care** is a net new capability that requires collaboration across the sector, at the clinical and operational levels
- 16 **Formulary Management** will be further developed as the PLBSD builds out the provincial formulary and implements a strategy for the sector to align to the provincial formulary
- 18 **Divisional Planning** is a net new capability that will be developed as the PLBSD takes steps to transition towards the interim state governance model
- 19 **Oversight of Outsourced Provider Services** will be developed as providers services are commissioned to the most responsible provider
- 20 **Contract Management** is a net new capability that will be developed as the PLBSD transitions to a commissioner-provider model, requiring effective management of agreements with providers

IMPLEMENTATION ROADMAP



Work stream 2: Provincial digital solutions that support access and integration of pharmacy care across the patient care trajectory (1/2)

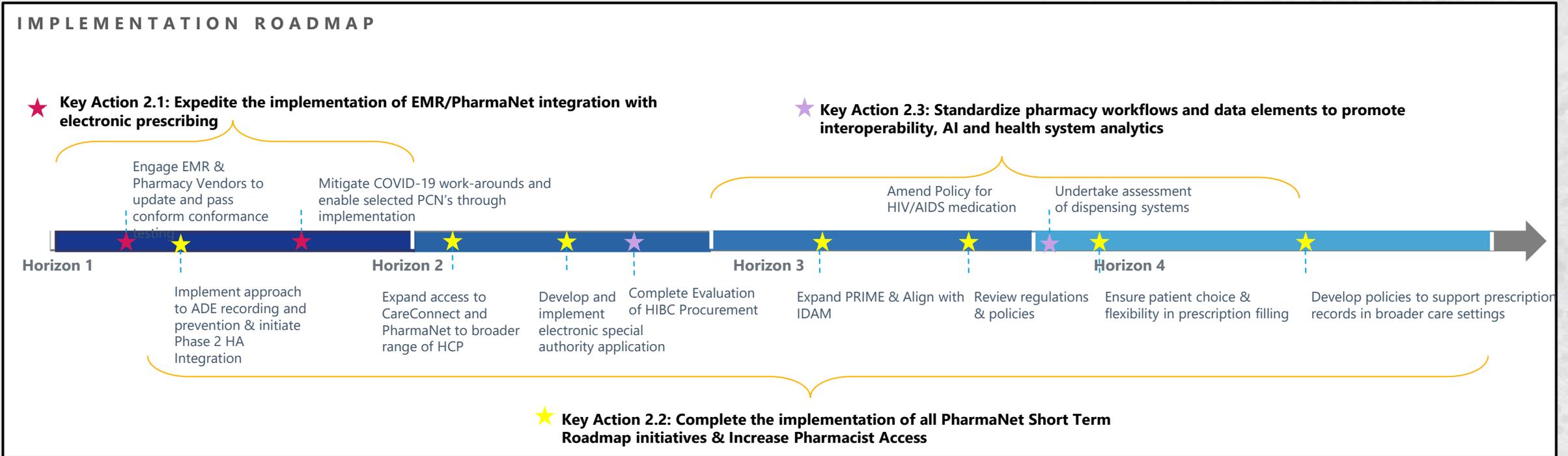
DESCRIPTION			
<p>Enhancing a provincial asset – PharmaNet – to enable closed loop prescription management, a fully digital prescription management process that integrates PharmaNet with EMRs and seamlessly documents all the relevant information related to a patient’s prescription and is accessible by the providers within a patient’s circle of care. Evolution of PharmaNet and its functionality will be required to support all aspects of PLBSD’s responsibilities under the expanded mandate. In particular, integration with EMRs will result in improved pharmaceutical care delivery and medications management in that providers will have a consolidated view of a patient’s profile, include medical and medication history. In addition, this will support better analytical capabilities for continuous improvement, optimal drug use, and policy and budgeting decision-making.</p>			
APPROACH	CONSIDERATIONS	DEPENDENCIES / ASSUMPTIONS	
<p>Key Action 2.1: Expedite the implementation of EMR/PharmaNet integration with electronic prescribing to advance “Closed loop electronic prescription management”. Accelerates the delivery of real-time clinical information sharing across the care team (Primary Care Networks) and leads to active community Medication Lists.</p> <p>Key Action 2.2: Complete the implementation of all PharmaNet Short Term Roadmap initiatives. Provides a comprehensive and digital information source, including increasing pharmacist access which is foundational to support the delivery of quality care and our strategy to achieve our health sector vision. Move forward with HIBC procurement, PRIME, SAT, HA Phase 2 incl. ADE as outlined in the Short-Term Roadmap.</p> <p>Key Action 2.3: Work with provincial and national pharmacy informatics programs to begin developing standardized pharmacy workflows and data elements to promote interoperability, AI and health system analytics. Patient medication information is held in a variety of siloed systems including PharmaNet, Acute Care CIS, BCCA, Renal Agency, and Center for Excellence. Bring together patient drug therapy histories from each of these care settings will inform practitioners of a patient’s therapy in its entirety and thus enable fully informed decision making and support safe patient care along the continuum.</p>	<ul style="list-style-type: none"> As it will take time to integrate all the EMRs, dentists, NP, etc. focus should be on starting to integrate all pharmacies to capture patient prescription history when dispensing Due to COVID-19, electronic prescription is being considered for inclusion in the PharmaNet re-conformance 2020 	<ul style="list-style-type: none"> Strategic Area of Focus 4: Primary Care Integration and Collaboration (DHS Portfolio 2)¹ Key Action 5.1: Conduct analysis to identify areas/ population segments that would benefit from delivery of cognitive services and an enhanced scope of practice of their community pharmacist program/ service delivery model that will lead to increased capacity in the public healthcare system and downstream cost savings for the province 	

CAPABILITY BUILDS

- 1 **IMIT / Analytics** will be built through the integration of EMR/PharmaNet with electronic prescribing, providing a digital record of pharmaceutical care across the province providing opportunity for analytics
- 2 **PharmaNet & Other Systems Integration** will be improved as the PLBSD completes the implementation of the PharmaNet short term roadmap initiatives and focuses on integration with EMRs
- 3 **Digital & Technology Enablement** will be further developed as the province looks to develop standardized workflows within their informatics programs to promote interoperability and enable informed decision making
- 12 **Continuity of Care** will be enhanced as PharmaNet is integrated with EMRs and other siloed systems leveraged by practitioners, providing practitioners with a view into patients’ therapy history in its entirety

Note(s): (1): See Appendix D for the Ministry Digital Health Strategy

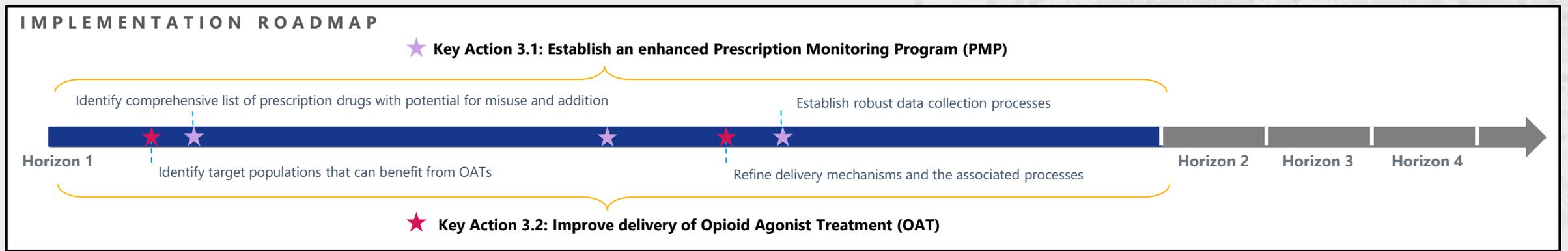
Work stream 2: Provincial digital solutions that support access and integration of pharmacy care across the patient care trajectory (2/2)



Work stream 3: Improved Population Health

DESCRIPTION		
Core capabilities analogous to that of public health which improve pharmaceutical surveillance of the health of the population, support policies and practices that encourage disease prevention and health promotion and leverage advanced analytics to evaluate existing health services that have a pharmaceutical component.		
APPROACH	CONSIDERATIONS	DEPENDENCIES / ASSUMPTIONS
<p>Key Action 3.1: Establish an enhanced Prescription Monitoring Program (PMP) to enhance patient care and support the safe use of controlled prescription drugs, reduce the harms resulting from the use and reduce the diversion of controlled prescription drugs through the monitoring of outpatient dispensing information.</p> <p>Key Action 3.2: To address the Opioid crisis, improve the delivery of Opioid Agonist Treatments to prevent withdrawal symptoms and reduce the cravings for opioid drugs. Through an improved delivery mechanism that identifies populations in need and makes OATs accessible, individuals addicted to opioids can leverage OATs to help stabilize the lives and reduce the harmful impacts of their drug use.</p>	<ul style="list-style-type: none"> Key performance measures should be established to continually drive improved patient outcomes Delivery mechanisms should be tailored for various target populations to ensure reliable access and sustained adherence to treatment protocols 	<ul style="list-style-type: none"> PLBSD should be working in collaboration with other population health planning bodies within the Ministry to ensure alignment

CAPABILITY BUILDS	
8	Health Sector Outcomes Analysis is a net new capability that should be developed in collaboration with HSIAR to provide insights into the relationships between interventions available to a given population and the health outcomes. The Lead for Integrated Health Services Planning should also lead this capability.
9	Drug Plan Performance Measurement will be enhanced through collaboration with HSIAR to provide insights into effectiveness of drug plans
13	Pharmaceutical Public Health Programs will be enhanced through targeted population health initiatives and planning with other relevant branches or divisions (e.g., primary care)
14	Population Health Planning will be enhanced through the identification of target populations that incorporate data such as social determinants of health
16	Formulary Management will evolve as the PLBSD takes a leadership role on aligning formularies across the province to improve the patient experience and outcomes



Work stream 4: Primary Care Integration and Collaboration

DESCRIPTION

Formalized integration of pharmacists into team-based care models in primary care would support improved continuity of care. Through the integration of pharmacists into primary care teams, drug therapy outcomes for British Columbians with complex diseases will be improved, reducing the number of ADEs and reducing the burden on the patient's most responsible practitioner.

APPROACH	CONSIDERATIONS	DEPENDENCIES / ASSUMPTIONS
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Key Action 4.1: To improve the drug therapy outcomes for British Columbians and reduce ADEs, pilot "Pharmacists in Primary Care Networks" initiative to integrate the pharmacists within primary care teams. Provide guidance for the roles and responsibilities and governance structure of the primary care team and the pharmacist in order to effectively maximize the capacity and expertise of each of the given medical professionals.

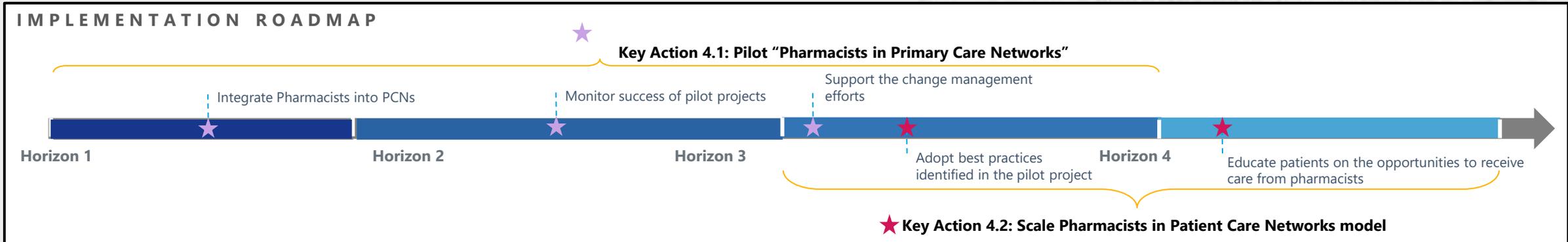
Key Action 4.2: To bridge the gap of pharmaceutical care throughout the continuum of care, reduce pressures on clinicians with complex patients and minimize ADEs, scale the "Pharmacists in Primary Care Networks" model across the province.

- PLBSD must identify and collaborate with relevant stakeholders. Coordinate and integrate with MoH SET priorities.
- PLBSD must set standards and guidance to ensure consistency among practices and practitioners, and address variability in settings, such as rural vs urban
- Market eminence activities must be designed to increase awareness about pharmacy services in primary care

- **Key Action 1.5:** Establish workforce strategy and reimbursement across the continuum for pharmacists to have greater responsibility and accountability in patient care in alignment with strategic goals
- **Key Actions 4.1 & 4.2:** Requires integration & enabled by Work stream 2: **Key Actions 2.1 – 2.3**

CAPABILITY BUILDS

- 10 **Primary Care** capability will be enhanced by integrating the pharmacist into primary care teams through pilot projects and the eventual scaling of the model across the province
- 12 **Continuity of Care** is a net new capability that will be introduced by leveraging a team-based care model that ensures information is integrated across care settings, ensuring patients receive consistent pharmaceutical care as they move through the health system
- 15 **Change Management** will be built as the PLBSD works collaboratively with stakeholders to define a new way of working, with the expertise of pharmacists leveraged throughout the care continuum
- 17 **Training, Learning & Development** will be enhanced as pharmacists and primary care teams learn to leverage the expertise of their teams and work in an integrated, collaborative fashion



Work stream 5: Leveraging Community Pharmacists

DESCRIPTION

The development and implementation of effective strategies and guidelines for leveraging community pharmacists in the community, including long-term, home, and outpatient care, or for targeted population health programs such as the opioid screening, management and education. A provincial approach for leveraging community pharmacists would alleviate challenges related to fragmentation of continuity of pharmaceutical care across various care settings and support strategies related to population health. This includes working with regulatory bodies to define the scope of practice for pharmacists operating in a primary care model.

APPROACH

Key Action 5.1: To meet patient and population health demand for medicines management, in particular for patients with multiple chronic conditions and, determine strategies to leverage community pharmacists based on analysis work completed in 1.5. By increasing the scope of conditions pharmacists can treat and manage, a portion of the clinician’s workload can be reallocated to pharmacists, allowing clinicians to focus on more complex cases.

CONSIDERATIONS

- Requires a detailed understanding of key scenarios where a community pharmacist would drive the greatest value for patients and populations
- Key Stakeholders such as BCPhA & NPAC will need to provide input into the development of the workstream

DEPENDENCIES / ASSUMPTIONS

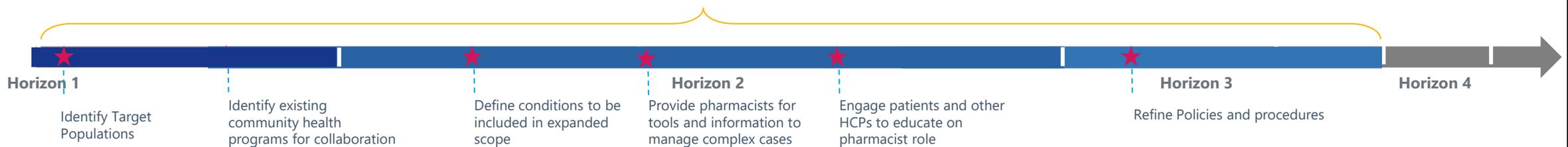
- **Key Action 1.5:** Establish workforce strategy and reimbursement across the continuum for pharmacists to have greater responsibility and accountability in patient care in alignment with strategic goals
- **Key Actions 4.1 & 4.2:** Requires integration & enabled by Work stream 2: **Key Actions 2.1 – 2.3.**

CAPABILITY BUILDS

- 5 **Policy Development** will be evolved to effectively remunerate community pharmacists for an expanded scope of practice
- 7 **Regulatory** capabilities will be built as legislation is developed, maintained and published to define the scope of a community pharmacist and the associated provider regulations for delivery of pharmaceutical services
- 11 **Community Care** will be further enhanced as local community pharmacists are empowered to play a larger role in the care delivery team in their community

IMPLEMENTATION ROADMAP

★ **Key Action 5.1: Determine strategies to leverage community pharmacists**



Work stream 6: Continuity of Care Re-design

DESCRIPTION

The development and implementation of effective strategies and guidelines for enabling integrated patient centric care across the continuum to support the appropriate use of medications and to optimize the use of pharmacists in ensuring the continuity of pharmaceutical care as patients' journey within and between traditional care areas. There are many regional inconsistencies and differences in approach to pharmacy benefits and care services across the province. This leads to patients' difficulties navigating the health system for their drug therapy and inequities in pharmaceutical care both regionally and socioeconomically. Initially, transitions between care settings will be optimized as other dependencies evolved to improve integrated care ultimately leading to a continuum of pharmaceutical care.

APPROACH

Key Action 6.1: Develop a patient-centered pharmaceutical care transition strategy with the perspective that patients will move along a continuum, and it is not a transition between individual silos of treatment. This will be done through collaboration with other ministry divisions to align with other work such as the "Community Care and Assisted Living Act". (Content to be validated by JWG)

CONSIDERATIONS

- Need to consider the many possible combinations for "most responsible provider" and care reimbursement
- Must consider how a patient's coverage is impacted by the HA in which they live

DEPENDENCIES / ASSUMPTIONS

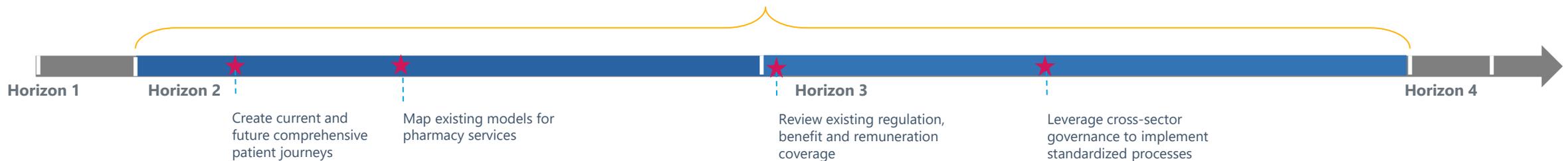
- **Strategic Area Focus #3:** Improved population health planning to support targeted interventions and optimal drug use
- Links: PHSA Strategic Objective 1, Action 3: Improve pharmacy care transition coordination across care settings and Action 4: Streamline multiple standards, policies and approaches to medication safety; Objective 2: Promote consistent application of approved drugs across the care settings.

CAPABILITY BUILDS

- 2 **PharmaNet & Other Systems Integration** will evolve as the PLBSD looks to integrate PharmaNet across the care continuum to ensure provides have a complete view of patient's therapy history reducing siloes of treatment
- 11 **Community Care** will be built as the transition plan looks to help patients navigate the health system, and where possible find convenient, consistent and accessible care in their community
- 12 **Continuity of Care** is a net new capability that will be developed as the transition plan provides guidance across the continuum for the appropriate use of medications, ensuring consistency as patients move throughout the continuum

IMPLEMENTATION ROADMAP

★ **Key Action 6.1: Design patient-centered Pharmaceutical Care Transition strategy**



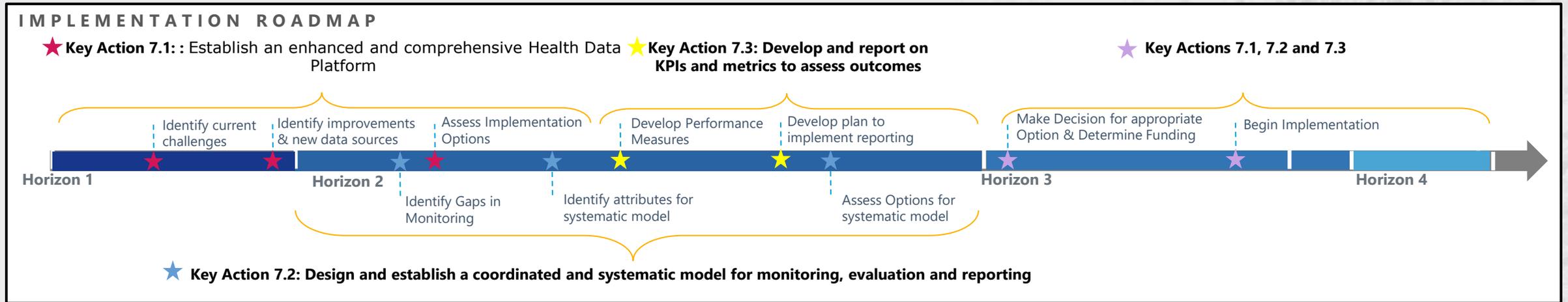
Work stream 7: System-level monitoring and evaluation and performance measurement (1/2)

DESCRIPTION		
<p>Improving existing capabilities to drive evidence-based policy making and strategic planning at the provincial level. Includes monitoring and evaluation of key indicators that measure the degree of achievement of key strategic pharmaceutical goals in the area of accessibility, affordability, quality use of medicines.</p>		
APPROACH	CONSIDERATIONS	DEPENDENCIES / ASSUMPTIONS
<p>Key Action 7.1: To monitor the effectiveness of the revised pharmaceutical care and delivery strategy, establish an enhanced and comprehensive Health Data Platform with improved and/or new health data sources, user access, and infrastructure to guide pharmaceutical services delivery, policy and quality improvement. Become an active contributor and user of BC’s Health Data Platform and other provincial data systems by sharing data and improving pharmaceutical and pharmacy practice data sources and infrastructure (JWG 3).</p> <p>Key Action 7.2: Deliver a coordinated systematic model including the processes, integration between key systems and players and the resulting data sources needed to support the planning and implementation of pharmaceutical care management strategy at a provincial level through effective monitoring, evaluation and reporting. (Content to be validated by JWG 3).</p> <p>Key Action 7.3: Identify and develop key performance indicators for all systems and provide supporting processes and capacity to enhance the use of data and metrics for drug review and implement routine reporting to inform the provincial pharmaceutical care management strategy. (Content to be validated by JWG 3)</p>	<ul style="list-style-type: none"> PLBSD must relay the business requirements for a Health Data Platform to the broader ministry to ensure the capability can be built to support the evaluation and performance measurement of pharmaceutical services and delivery 	<ul style="list-style-type: none"> Key Action 3.1: Lead establishment of an enhanced Prescription Monitoring Program (PMP) Must align with Health Sector Information, Analysis & Reporting (HSIAR) Performance, Analysis & Reporting Portal & Health Data Platform Implementation

CAPABILITY BUILDS

- 1 **IMIT/Analytics** will be built out as an enabling capability across the ministry as departments such as the PLBSD become core contributors and collaborators in a comprehensive health data platform
- 6 **Financial/ Budget Planning** will be enhanced at the provincial level to support increased efficiencies as well as value for money at the provincial level
- 8 **Health Sector Outcomes Analysis** is a net new capability that should be developed in collaboration with HSIAR to provide insights into the relationships between interventions available to a given population and the health outcomes. The Lead for Integrated Health Services Planning should also lead this capability.
- 9 **Drug Plan Performance Measurement** will be enhanced through collaboration with HSIAR to provide insights into effectiveness of drug plans

Work stream 7: System-level monitoring and evaluation and performance measurement (2/2)

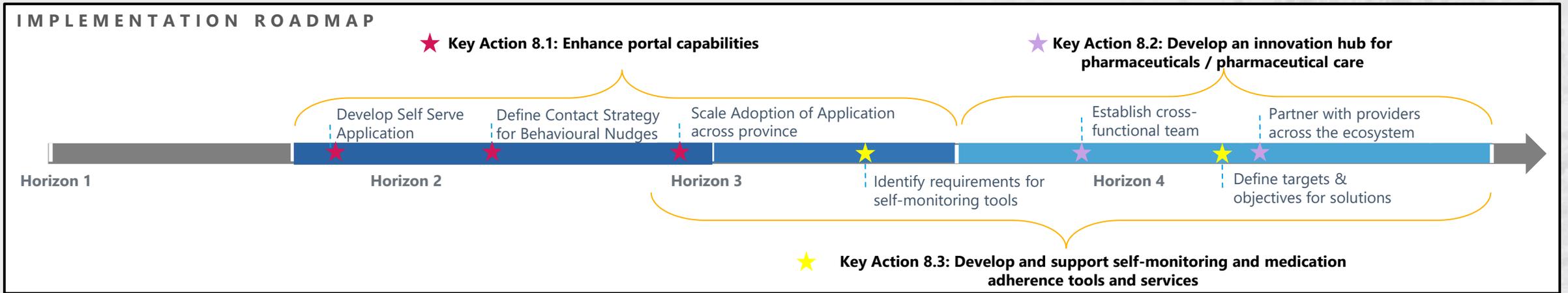


Legend — Key Action ★ Key Strategy Milestone

Work stream 8: Patient-centric digital tools (1/2)

DESCRIPTION		
<p>Digital health tools that meet the needs of patients, provide access to personal health information, enable personalized care and ultimately support a quality patient experience and improved outcomes, e.g., medication adherence tools, patient portals. In addition, the PLBSD will need to consider investment in innovations that produce high-quality, patient-centric experiences and lead to improved outcomes and sustain fiscal responsibility.</p>		
APPROACH	CONSIDERATIONS	DEPENDENCIES / ASSUMPTIONS
<p>Key Action 8.1: Following discharge from in-patient care, or dispensing of a drug from a community pharmacist, provide patients with self-serve applications to monitor their disease progression and promote treatment adherence through behavioral nudges and a patient-facing interface for self-reported data and outcomes to be reported.</p> <p>Key Action 8.2: Develop an incubator for innovative solutions that will enhance pharmaceutical care, testing new solutions and launching pilots to fail fast and iterate in order to identify opportunities to drive value that can be scaled across the province.</p> <p>Key Action 8.3: Implement patient access to the patient portal (Health Gateway) that includes their health records and medication history, further educating patients about their health and empowering them to leverage and share records with care providers of their choosing.</p>	<ul style="list-style-type: none"> • The PLBSD should define how information should be presented to ensure patients can interpret the insights provided. • Consideration must be given to the evolution of patient-centric digital tools as patient expectations shift and data ownership moves in favour of the patient. • Patients should be provided an avenue to enhance research and information sharing with their data 	<ul style="list-style-type: none"> • Key Action 6.1: Design patient-centered Pharmaceutical Care Transition strategy for different care settings to support effective medication use and reduce ADEs • Key Action 7.1: Become an active contributor and user of BC’s Health Data Platform
CAPABILITY BUILDS		
<ol style="list-style-type: none"> 2 PharmaNet and Other Systems Integration will be built as patients are provided with self-serve applications that allow them to monitor their disease progression and treatments, including the integration of PharmaNet information into their medical history 3 Digital and Technology Enablement will be built for pharmaceutical services as patient facing tools and solutions are launched to empower patients to manage their care 		

Work stream 8: Patient-centric digital tools (2/2)



Legend — Key Action ★ Key Strategy Milestone

Work stream 9: People and Culture (1/2)

DESCRIPTION		
APPROACH	CONSIDERATIONS	DEPENDENCIES / ASSUMPTIONS
<p>The Division aims to continue to develop the people and culture initiatives, establishing a culture representative of common values across the Division, reducing the siloes between branches and empowering individuals to make a meaningful impact on Pharmaceutical Care, Laboratory and Blood Services in BC.</p>		
<p>Key Action 9.1: Provide opportunities for staff to learn and grow in their career</p>		
<p>Key Action 9.2: Continuously improve employee engagement</p>	<ul style="list-style-type: none"> PMO best practices will be beneficial to effectively manage the new governance model, communication, to maintain and drive employee engagement during times of change 	<ul style="list-style-type: none"> Key Action 1.1: Establish governance model
<p>Key Action 9.3: Ensure appropriate capacity and operational alignment to achieve strategic goals</p>	<ul style="list-style-type: none"> The Ministry must find the capacity and resources to both manage the COVID-19 challenges while advancing other strategic goals 	<ul style="list-style-type: none"> Key Action 1.1: Establish operating model

CAPABILITY BUILDS

Human Health Resources Management

Training, learning and development will become critical post COVID-19 as expectations for digital skillsets have accelerated, providing opportunity to upskill the workforce
Workplace health and safety will continue to be leveraged as the Division seeks to continually improve employee wellbeing, including considerations for health & safety during COVID-19 (i.e. mental health, work from home support)
Labour Organization & Relations will continue to be important and evolve as the underlying needs of the workforce change

*Cross-Functional Capabilities

Change Management will be built as the Pharmaceutical Care and Laboratory and Blood Services divisions integrate
Divisional Planning will be critical to align everyone to a common set of objectives
Branch Planning will be important to provide each branch with the resources and authority required to advance their mandates

Work stream 9: People and Culture (2/2)

Horizon 1

Horizon 2

Horizon 3

Horizon 4

KA 9.1 Provide opportunities for staff to learn and grow in their career

Ongoing Operational Excellence including activities such as career development plans, trainings, formalized mentorship etc.

KA 9.2 Continuously improve employee engagement

Ongoing Operational Excellence including activities such as engagement surveys, community of practices, team events etc.

KA 9.3 Ensure appropriate capacity and operational alignment

Ongoing Operational Excellence including continual review of division resources and capacity against Strategic Areas of Focus

Appendix

- (A) Patient Feedback
- (B) Capability Definitions
- (C) PHSA Strategic Objective Mapping
- (D) Digital Health Strategy

Appendix A: Patient Feedback

What we heard: Patient Feedback - Opportunities

When asked about their experiences receiving pharmaceutical care in the province of BC, patients reflected on the positive experiences they have had with Pharmaceutical care and noted they are receptive to pharmacists playing a larger role in care delivery

"I wish **pharmacists were empowered to write prescriptions** if a pre-existing prescription had run out; to assess and prescribe for common minor ailments of short duration; or to prescribe an equivalent alternative medication if the first choice medication of a doctor is out of stock due to shortages etc."

"Pharmacists have been **immensely helpful** and knowledgeable with my conditions. They have **saved my life** at least a couple of times.."

"I didn't know how amazing **pharmacists were** until hospitalized. Then I realized how **undervalued** and utilized they are for their vast knowledge and expertise."



"I have found my pharmacist extremely helpful; I often phone them for direct **advice about medication interactions**, since my medication list is several pages long and I see many different specialists who handle different aspects of my medical care"

"I know **pharmacists have a wealth of knowledge** and **take the time to explain to me any questions I have about my medications**. I feel they have more time (ie: in London Drugs/Save on Foods) to answer questions than my Dr. does and they are available anytime."

"Essentially every interaction I've had with a pharmacist has been helpful, which is outstanding as far as I'm concerned. In the past couple decades, I've had a huge medical team that has included a wide variety of medical specialists and paramedical care providers, both in the community and in hospital settings; I've consistently found that phoning the **pharmacist** on duty at London Drugs is one of the **fastest and most effective ways to get clear answers** to my medication-related questions."

Survey Results

70% of patients were aware of the temporary changes made during COVID-19 to help them access medications and pharmaceutical care

93% of patients would like to access their medical history online, provided it is safe and secure

65% of patients would be comfortable with pharmacists prescribing for common minor ailments of short duration

What we heard: Patient Feedback – Challenges to Address

Patients also expressed challenges with current medications management, and a consistent frustration with not being able to access their medical history, including prescriptions in a consistent way across health authorities

Survey Results

35% of patients have had challenges filling their prescription at a pharmacy or paying for their medications

39% of patients encountered problems with their medications when moving between care settings

70% of patients experienced increased challenges accessing medications during COVID-19

*"If my **medical record were transparent across health authorities** and available to me as well, including who can and has accessed it. I would know 'who knows what'. I'm fortunately still well equipped to navigate our complex system but not everyone is so lucky to have the required skills."*

*"**Waiting desperately for a patient portal** that includes my EMR."*

*"Temporary access changes in COVID-19 **didn't improve my ability to access** because, unfortunately, they declared that my antidepressants were a **controlled substance, and would not provide them to me.**"*



*"I wish there were more standardized ways for pharmacists to reach the prescribing physicians with questions; at the moment, it seems entirely based on the preferences of the individual office, whether a doctor accepts phone calls, faxes, none of the above, and if so, on what timetable. Alternatively, I wish pharmacists were **empowered** to make their own judgment calls on matters such as 1) **renewing prescriptions** that have run out, or 2) **substituting equivalent medications** when there is a shortage."*

*"Often times my **medication was not offered** by the hospital. On occasion I have **not received the discharge prescription.**"*

Appendix B: Capability Definitions

Capability Mapping Definitions (1/5)

PUBLIC & POPULATION HEALTH	Population Health Planning	Population Health Planning involves the collection and processing of population health information, including health data (e.g. immunization data) and non-health data (e.g. social determinants of health) to effectively prioritize specific populations and while improving health of the entire population.
	Pharmaceutical Public Health Programs	Public Health Programs refers to leveraging population health data to develop, run and monitor programs for timely intervention to promote healthy behaviours and prevent diseases. Programs aim to improve the health of the entire population and to reduce health inequities among population groups.
POLICY & FUNDING	Policy Development	Policy Development refers to development of plans (in consideration of the Canada Health Act, etc.), positions and guidelines, such as beneficiary eligibility, reimbursement rules, pharmacy remuneration and drug plan rules. Policies help to inform design for major programs, such as the Fair PharmaCare program and other PharmaCare drug plans.
	Integrated Health Systems Planning & Execution	Integrated Health Systems Planning & Execution refers to providing oversight of pharmaceutical systems across the BC Health Sector (e.g. PharmaNet) to support cross-sector planning and investment decisions. In essence, this capability is responsible for defining and performing the business vision, strategy, and tactics.
	Evaluation of New Drug Submissions or Devices	Evaluation of New Drug Submissions or Devices refers to PLBSD's process of evaluating new drug submissions, supplemental new drug submissions as well as new technology. This would include the evaluation of devices and supplies as they are required to produce optimal patient outcomes.
	Financial / Budget Planning (Provincial Level)	Financial / Budget Planning (Provincial Level) refers to managing funds and risk in a manner that provides efficient healthcare to patients, including keeping expenditures within budget and negotiating contracts with suppliers (seeking best value (directly linked to Supply Chain Management - where BC/PLBSD leads/co-leads negotiations through pCPA). Processes include compensation of pharmacy services, prioritization of drugs for coverage, budget impact analysis, and generating savings from generics and product listing agreements.
	Regulatory	The Regulatory capability refers to support in the development, maintenance and publishing of legislation and regulations pertaining to pharmaceutical plans, program, services and drugs. This includes drug price regulations, provider regulations, drug plan regulations, policies, among others.

Capability Mapping Definitions (2/5)

DESIGN & DELIVERY OF PHARMACEUTICAL SERVICES	PharmaCare Benefits	PharmaCare Benefits refers to the management of the BC PharmaCare program to support BC residents with coverage of the cost of eligible prescription drugs, certain medical supplies, and pharmacy services. PharmaCare Benefits include capabilities such as adjudication of claims, adjudication of limited coverage, processing of exceptions, and management of regular benefits.
	Beneficiary Services	Beneficiary Services refers to a range of customer services provided to beneficiaries. These include services such as beneficiary registration and enrollment, and benefit status updates.
	Provider Services	Provider Services refers to a range of customer services given to providers. These include services such as provider enrollment, payments, and processing of Special Authority requests for drugs, devices and supplies that are not covered under PharmaCare.
	Special Authority Program	Special Authority Program refers to a program managed by PLBSD that grants full benefit status to a drug, medical supply or medical device that otherwise would not be covered or only partially covered under a patient's existing PharmaCare plan. Special Authority Program includes capabilities, such as adjudication of Special Authority coverage requests.
	Supply Chain Management	Supply Chain Management refers to the operations involved in: strategic sourcing and category management, purchasing and ordering, contract management, logistics and inventory management, vendor performance management, accounts payable, back-office information management.
	Therapeutic Value Optimization	Therapeutic Value Optimization refers to initiatives by PLBSD to optimize the value of drug therapies to ensure that the right drugs are prescribed and used appropriately to improve patient health outcomes. This is based on the evaluation of the highest quality evidence, including drug options, costs, available resources, and societal context. Therapeutic Value/Optimization include capabilities such as optimal use evaluation.
	Drug Management Partnerships	Drug Management Partnerships refers to alliances between the PLBSD and external stakeholders that facilitate reviewing, listing, sourcing, pricing, procurement, and delivery of pharmaceutical products (drugs, devices and supplies) in BC. These partnerships include National partnerships (e.g. pCPA, PMPRB, CADTH, and Health Canada) and provincial partnerships (e.g. health authorities, regulatory bodies, and other medical and pharmaceutical associations).
	Formulary Management	Formulary Management refers to the ongoing process of updating list of drugs and related information, based on clinical and market evidence and the clinical judgment of pharmacists, physicians and other experts in the diagnosis and/or treatment of disease or promotion of health. Formulary Management includes capabilities, such as implementation and maintenance of a formulary list; review of new drug submissions, clinical practices, and patient inputs; drug utilization review; and therapeutic evidence reviews.

Capability Mapping Definitions (3/5)

DESIGN & DELIVERY OF PHARMACEUTICAL CARE	Continuity of Care	Continuity of Care refers to the development and delivery of effective strategies for ensuring continuity of pharmaceutical care as patients move from one setting to another. The coordination of the longitudinal process places an emphasis on medication management.
	Community Care	Community Care refers to the development of effective strategies for the delivery of Pharmaceutical Care in community care settings, including primary, long-term, home, and outpatient care.
	Hospital Care	Hospital Care (often referred to as "acute care") refers to the development of effective strategies and guidelines for delivery of pharmaceutical care for medically necessary services in hospital as well as specialty areas, including renal drugs, HIV drugs, palliative drugs, and MAID Drugs.
	Primary Care	Primary Care refers to the development of effective strategies for the delivery of Pharmaceutical Care within the primary care setting, most often within a Family Physician's office or a Patient Medical Home/ Network, that focuses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury.
	Special Programs	Special Programs refer to targeted pharmaceutical care programs which require specialized expertise. These would include programs such as the Retinal Drugs Program and the Expensive Drugs for Rare Diseases (EDRD) Program.
HEALTH HUMAN RESOURCES MANAGEMENT	Training, Learning & Development	Training, Learning & Development refers to ensuring the systems and programs are in place to support and develop pharmacy professionals to deliver optimal pharmaceutical care.
	Workplace Health & Safety	Workplace Health & Safety relates to the standards, regulations and policies in place to maintain a healthy, productive and engaged workforce. Psychological well-being is also a consideration for this capability.
	Labour Organization & Relations	Labour Organization & Relations includes working with the bargaining organizations and units and managing the challenges that arise from the provincial collective agreements.

Capability Mapping Definitions (4/5)

MONITORING, REPORTING & EVALUATION	Drug Plan Performance Measurement	Drug Plan Performance Measurement refers to the process of evaluating the performance of PharmaCare drug plans through collection and analysis of drug plan usage data. The performance measurements enable PLBSD to make adjustments to parameters, such as drug plan eligibility and coverage, to improve patient health outcomes.
	Compliance & Monitoring	Compliance & Monitoring ensures comprehensive review of the adherence of PLBSD and its processes to legal and regulatory guidelines. Compliance and Monitoring includes capabilities such as Quality Assurance Audits and Prescription Monitoring Programs.
	Health Sector Outcomes Analysis	Health Sector Outcomes Analysis identifies and measures the relationships between treatments or interventions with pharmaceutical products (drugs, devices and supplies) and the actual outcomes achieved across different Pharmaceutical Care delivery settings. Health Sector Outcomes Analysis includes capabilities such as Medicines Use Evaluations.
DIGITAL, IMIT, HEALTH TECHNOLOGIES & INFRASTRUCTURE	PharmaNet & Other Systems Integrated Services	PharmaNet & Other Systems Integrated Services refers to the implementation and management of the comprehensive provincial Pharmaceutical Management Information System (PharmaNet) that provides real-time seamless integration of provincial drug information to support effective pharmaceutical care delivery. It also considers interoperability with other systems (e.g. EMRs) in the ecosystem. This capability is directly linked to the "IMIT / Analytics" capability.
	IMIT / Analytics	IMIT / Analytics refers to data-driven assessments of organizational functions at PLBSD to guide decision making. This includes domains such as data governance, and information management.
	Digital & Technology Enablement	Digital & Technology Enablement refers to the enablement of PharmaNet and other systems through tools and technologies. This includes enabling tools for operationalizing e-prescribing and data platforms.

Capability Mapping Definitions (5/5)

CROSS-FUNCTIONAL CAPABILITIES	Education	Education refers to programs and initiatives managed by PLBSD to improve the knowledge transfer to care providers (physicians, nurses and pharmacists) and to patients about pharmaceutical products (drugs, devices and supplies) and best practices. Education capabilities at PLBSD include GPAC guidelines, prescriber documents and letters, PAD service, and supporting the UBC Faculty of Pharmaceutical Sciences.
	Project Management	Project Management refers to the management of initiating, planning, executing, controlling, and completing project deliverables to meet specific success criteria at PLBSD.
	Communications	Communications refer to methods used by PLBSD to inform health sector stakeholders and the public about news related to Pharmaceutical Care in BC. Communications capabilities at PLBSD include PharmaCare Newsletter, Drug Review Results webpage, and the Formulary Search.
	Change Management	Change Management refers to methods that guide how to prepare, equip and support executives, providers, patients and their families with new changes in pharmaceutical care processes, policies or technology to successfully adopt the change in order to drive intended outcomes.
	Divisional Planning	Divisional Planning refers to the process of the PLBSD setting the foundation for the future work of PCMS, including the incorporation of Pharm5 positions.
	Oversight of Outsourced Provider Services	Oversight of Outsourced Provider Services refers to the management of the commissioning of services to the most responsible provider.
	Contract Management	Contract Management refers to the process the PLBSD will leverage to identify the most responsible provider and consequentially manage the associated contracts.
	Branch Planning	Branch planning refers to the ability to a specific branch within the PLBSD to identify specific work plans, initiatives and actions that are required to deliver on a mandate.

Appendix C: PHSA Strategic Objective Mapping

PHSA & Health Authorities (HAs) Strategic Directives were leveraged as inputs for the Strategic Areas of Focus (SAF) & Key Actions

PHSA & HAs Strategic Objective	PHSA & HAs Actions	Aligned to PLBSD SAF/ Key Actions	Evidence of Alignment
Strategic Objective 1: Optimize the quality and delivery of pharmacy services through better integrated planning and coordination of key strategy areas across providers within the health system	ACTION 1: Coordinate provincial capital planning, procurement and purchasing for pharmacy services	Key Action 1.4	Focus on coordination for improved procurement
	ACTION 2: Enhance integrated planning for drug distribution	Key Action 1.6	Improved drug distribution
	ACTION 3: Improve pharmacy care transition coordination across care settings	Strategic Area of Focus #4 & #6	Improve patient journey across primary & community care
	ACTION 4: Streamline multiple standards, policies and approaches to medication safety	Key Action 3.3	Medication Safety
Strategic Objective 2: Promote consistent application of approved drugs across the care settings and fiscal sustainability through the coordination and integration of formulary management across the health system	ACTION 1: Create a consistent and streamlined engagement approach in the medicine review, listing, planning and budgeting processes	Key Action 1.2 & 1.3	Drug Review and Budgeting Process
	ACTION 2: Enhance alignment and coordination across medicine review and budgeting processes	Strategic Area of Focus #6 & #7	Continuity of Care and improved forecasting and monitoring
Strategic Objective 3: Contribute to a high performing health system through evidence-informed planning, monitoring and analysis of medication use and pharmacy practice	ACTION 1: Coordinate efforts to develop, implement and monitor performance measures provincially	Key Action 7.1 & 7.3	Quality data to measure performance
	ACTION 2: Enhance the use of data and metrics for medicine review	Key Action 7.1	Data & Metrics for Medicine Review and Quality Improvement

PHSA & HAs Strategic Objective 1: Optimize the quality and delivery of pharmacy services through better integrated planning and coordination of key strategy areas across providers within the health system

This will mean

- Streamlined processes and protocols regarding provision of pharmacy services
- Provincial supply chain management strategies
- Provincial procurement and purchasing of pharmaceutical products
- Improved service linkages between the different care settings across the province

ACTION 1: Coordinate provincial capital planning, procurement and purchasing for pharmacy services

Rationale

- There is significant variation in the capital planning, procurement and purchasing practices across the different health organizations.
- A provincial approach to address pharmacy capital equipment needs will reduce duplication and enhance efficiency across the health system.
- Regionally coordinated procurement and purchasing practices have been shown to attain competitive pricing, economies of scale and fiscal sustainability.

Activities	Phasing
Coordinate capital planning and procurement provincially	
Establish provincial approach to standardize capital planning	Year 1
Coordinate provincial capital planning and procurement for pharmacy services	Year 1 – 2
Evaluate efficiency gains	Year 2
Refine and optimize provincial capital planning and procurement processes	Year 2 – 5
Optimize purchasing services to create value	
Optimize purchasing services across Lower Mainland	Year 1
Assess purchasing service models and system-level value	Year 2
Scale optimized purchasing services model provincially	Year 2 – 5
Optimize procurement approaches to create value	
Evaluate current procurement and negotiations options to scale provincially	Year 1
Access implementation feasibility	Year 1
Identify priority areas	Year 1
Implement enhanced procurement and negotiation processes in priority areas (e.g., specific drug or types of drugs)	Year 2 – 3
Evaluate and refine processes	Year 4
Scale processes for other drug procurement and negotiations to achieve improved pricing provincially	Year 4 – 5

PHSA & HAs Strategic Objective 1: Optimize the quality and delivery of pharmacy services through better integrated planning and coordination of key strategy areas across providers within the health system

ACTION 2: Enhance integrated planning for drug distribution

Rationale

- There are considerable opportunities to improve drug distribution services provincially across key areas of the value chain by leveraging existing infrastructure and processes.
- There are service delivery opportunities within certain complex and unique drug programs, such as Expensive Drugs for Rare Diseases (EDRD) and Provincial Retinal Diseases Treatment Program (PRDTP) that will benefit from provincial integrated planning and coordination.
- Current analysis indicates the need to enhance the approach to outpatient dispensing of chemotherapy products by leveraging best practice and building on the models currently used by BC Renal and BC Transplant.

Activities	Phasing
Optimize existing production capabilities in the province	
Establish approach to assess drug warehousing, compounding and packaging service models	Year 1
Identify priority focus areas for optimization	Year 1
Assess feasibility	Year 1 – 2
Develop case for integrated drug warehousing, compounding and packaging	Year 2 – 3
Implement approved drug warehousing, compounding and packaging service models	Year 3 – 5
Improve coordination in distribution and dispensing of pharmaceuticals	
Evaluate process to leverage to improve outpatient oral dispensing of chemotherapy products and implement changes to optimize processes	Year 1
Conduct opportunity assessment for integrated drug distribution models provincially across care settings	Year 2
Assess feasibility for prioritized drug distribution model	Year 2 – 3
Develop case for coordinated drug distribution model	Year 4
Implement approved drug distribution model	Year 5

PHSA & HAs Strategic Objective 1: Optimize the quality and delivery of pharmacy services through better integrated planning and coordination of key strategy areas across providers within the health system

ACTION 3: Improve pharmacy care transition coordination across care settings

Rationale

- Improved coordination in the use and administration of drugs in primary and urgent care settings has been identified as a priority area to enhance the provision of coordinated, safe and quality patient care.
- There is a pressing need to improve patients' journey across acute, primary and community care settings that enhances patient experience, provide safe care and optimize the use of resources.

Activities	Phasing
Enhance provincial coordination to improve transition of care	
Assess priority focus areas for the use and administration of outpatient drugs to enhance operational efficiency	Year 1
Develop framework to improve coordination and enhance resource capacity in administration of outpatient drugs	Year 1 – 2
Coordinate administration of outpatient drugs in priority focus areas	Year 2 – 3
Evaluate	Year 3
Refine and optimize process to scale to other priority focus areas	Year 3 – 5

PHSA & HAs Strategic Objective 1: Optimize the quality and delivery of pharmacy services through better integrated planning and coordination of key strategy areas across providers within the health system

ACTION 4: Streamline multiple standards, policies and approaches to medication safety

Rationale

- There are huge disparities in how medication verification is conducted across the health organizations, thus posing an opportunity for improved alignment and consistency.
- Streamlining the pharmacy policies and standards sets the foundation for improved alignment in service delivery resulting in enhanced safety and quality of patient care.

Activities	Phasing
Streamline policies and standards to improve patient safety	
Establish provincial approach to streamline pharmacy standards and policies	Year 1
Identify and prioritize pharmacy standards and policies opportunities to streamline provincially	Year 1
Pilot approach to streamline pharmacy standards and policies	Year 1 – 2
Evaluate approach	Year 2
Scale approach to streamline pharmacy standards and policies provincially	Year 2 – 5
Enhance collaboration to improve medication safety	
Assess feasibility to centralized medication verification provincially	Year 2 – 3
Conduct value analysis and options assessment	Year 3 – 4
Develop case for provincial centralized medication verification	Year 4 – 5
Create a consistent approach for delivery of quality medication safety by pharmacy operations provincially	Year 4 – 5

PHSA & HAs Strategic Objective 2: Promote consistent application of approved drugs across the care settings and fiscal sustainability through the coordination and integration of formulary management across the health system

This will mean

- The health organizations, Ministry of Health and other relevant stakeholders work collaboratively to align the medicine review processes across the various care settings, ensuring there is consistency on the drug decisions to the various formularies, where applicable.
- The medicine review processes are aligned in how physicians and patients are engaged thereby ensuring effective use of resources and creation of efficiencies within the health system.
- Physician and patient perspectives and inputs are considered and reflected in the medicine review processes and decisions in a consistent manner, leading to processes and decisions that are patient-focused, relevant and responsive to evolving needs.
- A collaborative model of care where pharmacists work with prescribers to assess and monitor medication therapy and recommend changes, where necessary, to achieve the best possible medication outcomes.
- Streamlined approaches to the establishment, monitoring, forecasting and adjustment of drug budgets across the province so as to have a more consolidated and comprehensive view of the drug spend across the province.

PHSA & HAs Strategic Objective 2: Promote consistent application of approved drugs across the care settings and fiscal sustainability through the coordination and integration of formulary management across the health system

ACTION 1: Create a consistent and streamlined engagement approach in the medicine review, listing, planning and budgeting processes

Rationale

- Implementing a consistent approach for the engagement and involvement of patients and physicians is a strategic area that will lay the foundation for more complex coordination and alignment efforts.
- Engaging prescribers in the medicine review processes is key to building strong partnerships to influence the appropriate therapeutic use of medications for achieving desired clinical outcomes.
- The prescriber community has voiced an interest to be more actively involved in the health organization processes, to ensure prescribing practices are aligned with pharmacy practices.

Activities	Phasing
Establish a consistent approach to engage patients and physicians and foster strategic relationships with the prescriber community	
Establish a consistent approach to engage patients and physicians in medicine review processes	Year 2
Implement engagement approach to aligned medicine review processes	Year 3
Scale approach to foster strategic partnerships with the prescriber community	Year 3
Evaluate engagement approach	Year 4
Refine, optimize and scale engagement approach	Year 4 – 5

PHSA & HAs Strategic Objective 2: Promote consistent application of approved drugs across the care settings and fiscal sustainability through the coordination and integration of formulary management across the health system

ACTION 2: Enhance alignment and coordination across medicine review and budgeting processes

Rationale

- There is a pressing need to examine and update the current model for medicine review and budgeting processes across the province, to ensure better decision-making, best use of limited resources and improved continuity of care.
- There is an opportunity for stakeholders across medicine review processes to come together to determine streamlined approaches for establishing, forecasting, monitoring and adjusting drug budget to improve efficiency and allow for a holistic view of the provincial drug spend.

Activities	Phasing
Improve the alignment and coordination of medicine review processes and decisions made on drug additions to formulary	
Establish approach to improve alignment and coordination for medicine review	Year 1
Align medicine review process between PharmaCare and regional health authorities	Year 1
Scale medicine review alignment process to specialized drug programs	Year 2
Evaluate medicine review alignment approach	Year 4
Refine, optimize and scale medicine review alignment approach	Year 4 – 5
Explore mechanisms to standardize drug budget creation, management, forecasting and monitoring	Year 2 – 3
Implement streamlined drug budgeting approaches	Year 3 – 5

PHSA & HAs Strategic Objective 3: Contribute to a high performing health system through evidence-informed planning, monitoring and analysis of medication use and pharmacy practice

This will mean

- Comprehensive system-level monitoring and evaluation is established across the provincial pharmacy practice, enabled by the right infrastructure, frameworks and processes to inform better decision making in the planning and delivery of services.

ACTION 1: Coordinate efforts to develop, implement and monitor performance measures provincially

Rationale

- There is a strong requirement within the health system to have consistent, relevant, reliable and timely data to enable better planning and delivery of services.
- There is a need to inform better resource allocation across the province by developing an approach to benchmarking pharmacist and pharmacy technician workload.

Activities	Phasing
Identify and implement common performance measures across the province	
Implement and report on initial set of common performance measures provincially	Year 1
Evaluate effectiveness to drive evidence-informed planning and coordination	Year 2
Develop approach to identify system-level performance measures	Year 2
Identify system-level performance measures and implementation plan	Year 2
Phased implementation of system-level performance measures provincially	Year 2 – 5
Determine a provincial approach to benchmark pharmacist and pharmacist technician workload	
Develop approach and determine pharmacist and pharmacy technician workload benchmarks provincially	Year 2
Develop framework to inform resources allocation	Year 3
Establish infrastructure and process to monitor and evaluate benchmarks provincially	Year 3 – 4
Monitor and evaluate benchmarks to inform system-level resource allocation planning	Year 4 – 5

PHSA & HAs Strategic Objective 3: Contribute to a high performing health system through evidence-informed planning, monitoring and analysis of medication use and pharmacy practice

ACTION 2: Enhance the use of data and metrics for medicine review

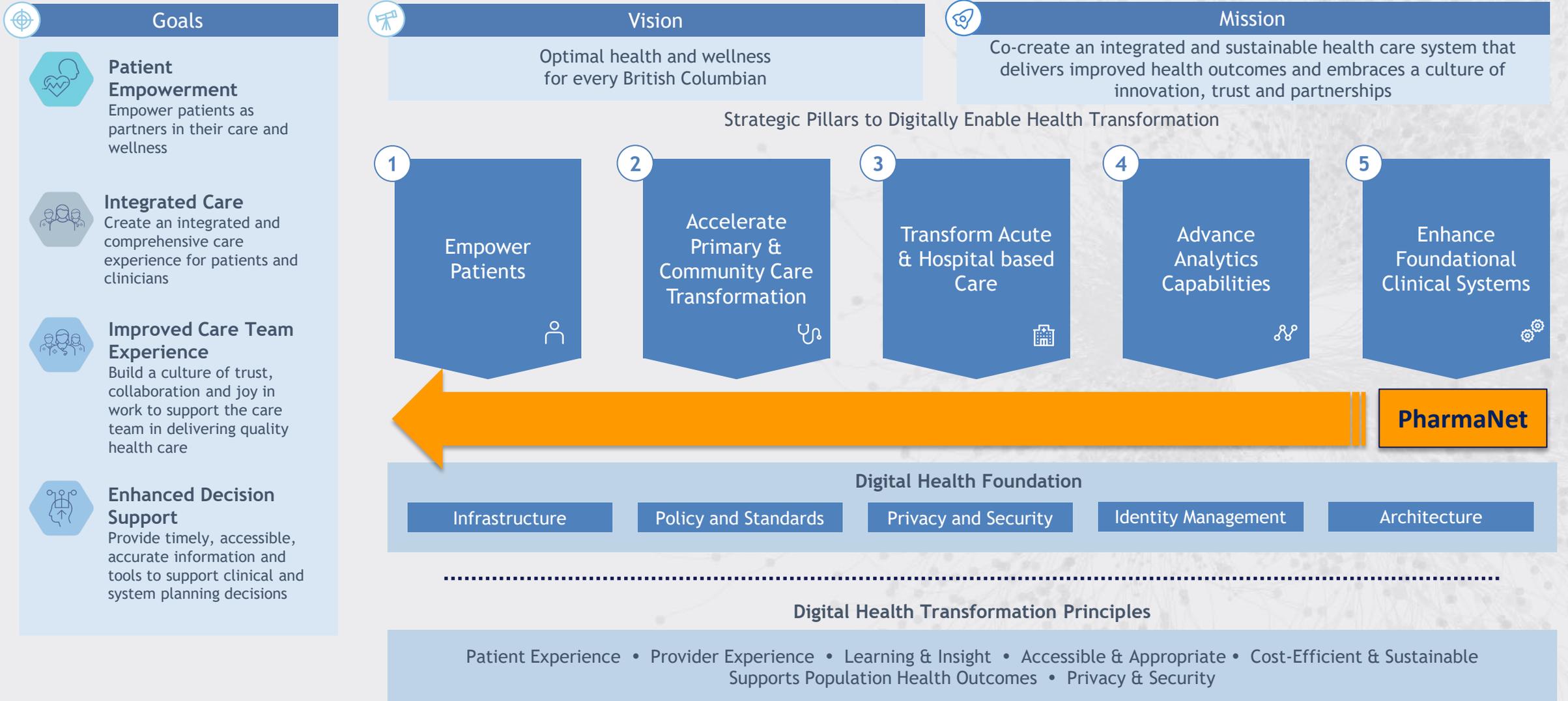
Rationale

- There is an opportunity to enhance and align the clinical and economic assessments and evaluations conducted across the medicine review processes, to better make decisions about the right drugs to add to formulary as well as to determine whether a drug which has been added to formulary has met the intended benefits and is within anticipated cost brackets.
- Implementing a provincially coordinated approach to clinical and economic assessments will mitigate increasing cost pressures, reduce duplication of efforts and leverage strengths with the system.

Activities	Phasing
Improve the use of robust clinical and economic assessments and evaluations within the various medicine review processes	
Develop approach to use clinical and economic assessments and evaluations for pre- and post-medicine review processes to inform effectiveness of decisions	Year 3 – 4
Incorporate refined assessment and evaluation approach into medicine review processes	Year 5

Appendix D: Digital Health Strategy

Ministry Digital Health Strategy



MINISTRY OF HEALTH

As PCMS initiatives continue to advance, the information in this report may change.