

## PRIME Future State Common Questions

The Ministry of Health launched the PRIME project to address new requirements for PharmaNet user management introduced by the Information Management Regulation under the Pharmaceutical Services Act, as well as by government standards for privacy, information security, and identity assurance.

PRIME will affect PharmaNet users across the province, as well as the organizations they work for, including Health Authorities, pharmacies, and community practices. The effects of PRIME will range from changes in day-to-day processes of enrollment and access renewal, the introduction of a new web-based enrollment and user management system, to a greater focus on educating users about their responsibilities regarding information security and appropriate access.

During summer and fall of 2017, the PRIME Project Team hosted sessions with stakeholders across the health sector to discuss the future state of PRIME. The questions and feedback we heard and the responses from the PRIME team have been compiled in this document.

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## 1. What is PRIME?

PRIME (PharmaNet Revisions for Information Management Enhancements) is a Ministry of Health project to create a robust user management system for PharmaNet.

Currently, PharmaNet access is administered inconsistently by many disparate parties across the health sector, and the Ministry is reliant on third parties for information about who is accessing this government system. PRIME will create a single solution for PharmaNet access and position the Ministry as the body that approves, determines, and manages a person's access.

PRIME is an enrollment and user management system; it is not a software offering for accessing PharmaNet. PRIME will not replace your current PharmaNet access software.

## 2. Why is the PRIME project necessary?

PRIME is necessary for the following reasons:

- To satisfy legislated requirements of the Information Management Regulation under the *Pharmaceutical Services Act*, enacted in 2015, including
  - The Ministry of Health determines the criteria for access to PharmaNet
  - The Ministry of Health approves and grants access to PharmaNet
  - The Ministry of Health monitors and audits PharmaNet access
  - The Ministry of Health may restrict, suspend, or terminate PharmaNet access
- To align PharmaNet user management and information privacy and security with government standards and best practice.
- To ensure all PharmaNet access is transparent and accountable.
- To enable the Ministry to proactively monitor and audit access, without having to rely so heavily on third-party information sources.
- To correct user management and access authorization deficiencies, which contribute to PharmaNet security breaches.

## 3. What are the benefits of PRIME?

PRIME offers the following benefits:

- Prevention of inappropriate access to PharmaNet and security breaches that put patient and practitioner information at risk.
- Protection of users by providing for transparent and accountable access to PharmaNet.
- Consistent processes for all PharmaNet users and administrators across the province.
- Clearly defined criteria for access to PharmaNet.
- A web-based, mostly automated PRIME enrollment and information system that allows for streamlined request processing.

**4. What are the guiding principles of PRIME?**

PRIME is being developed within the framework of a few guiding principles:

- An applicant submits their own application for access to PharmaNet. There is a direct relationship between the applicant and the Ministry. Each person is accountable for their access to and use of PharmaNet.
- A trusted person at the site (the verifier), will verify the applicant is known to the organization as well as their association with the site, because that person is best able to confirm that information.
- The Ministry of Health validates application information, determines if the applicant should have PharmaNet access, and what kind of access they should have.
- The person who verifies an applicant’s identity cannot be the same person who provisions (sets up an account in the local software) after the Ministry grants PharmaNet access.
- Wherever possible, the enrollment process will be automated.
- Ongoing monitoring and audit is integral to information security and ensuring personal accountability for PharmaNet access.

**5. Why is PharmaNet access and information treated differently than other health information?**

Different legislation governs different kinds of health information. Each piece of legislation prescribes different criteria for access to and appropriate use of specific kinds of health information. For example:

Information System	Governing Legislation
PharmaNet	<a href="#"><i>Pharmaceutical Services Act</i></a> and <a href="#"><i>Information Management Regulation</i></a> and <a href="#"><i>Freedom of Information and Protection of Privacy Act</i></a>
PLIS, EMPI, and Provider Registry	<a href="#"><i>E-Health Act</i></a> and <a href="#"><i>Freedom of Information and Protection of Privacy Act</i></a>
EMR in private practices and pharmacies	<a href="#"><i>Personal Information Protection Act</i></a>
EMR information in health authority facilities	<a href="#"><i>Freedom of Information and Protection of Privacy Act</i></a>
MSP	<a href="#"><i>Medicare Protection Act</i></a> and <a href="#"><i>Freedom of Information and Protection of Privacy Act</i></a>

Additionally, PharmaNet is not just a health information system that supports clinical care. PharmaNet is also the operating system of PharmaCare, the provincial public drug plan. This introduces different requirements for information management.

### 6. When will PRIME come into effect?

The effective date of PRIME is legislated in the Information Management Regulation, which specifies two dates:

- As of June 1, 2018, applicants without existing PharmaNet access must enroll using the PRIME system.
  - On June 1, 2018, anyone who already has PharmaNet access will have that access grandfathered until they are required to enroll using the PRIME system.
- Before June 1, 2021, all existing users (who had their access grandfathered) will be required to enroll using the PRIME system. This will be done gradually, and the Ministry will provide ample notice of when existing users are required to enroll using the PRIME system.

After considering feedback from stakeholder engagement sessions held in August and September 2017, the Ministry determined that refinements to the PRIME solution and implementation plan are required, as is further consultation with affected PharmaNet users and organizations. As a result of this, the Ministry will seek to change the effective dates currently in the Information Management Regulation. The new dates are not yet known, but the work of PRIME is ongoing, and the new dates will not be pushed back significantly. The Ministry will continue with stakeholder engagement and the work required to bring PRIME into use in the near future.

The Ministry will inform all stakeholders of the new effective dates as soon as the change to the Information Management Regulation has been approved by Cabinet. We will be putting this forward for Cabinet consideration ahead of the current June 2018 date.

In 2017 and early 2018, the Ministry will be focusing on refining and finalizing the PRIME design and working with each organization to do the pre-work of site setup, site grouping, and the designation of site verifiers and provisioners.

## USERS

### 7. What is a Regulated User and an On-Behalf-of User?

- A Regulated User is a PharmaNet user who is a member of a profession regulated under the Health Professions Act and listed in the Information Management Regulation. Currently, that includes pharmacists, medical practitioners, and nurse practitioners.
- An On-behalf-of User is someone who accesses PharmaNet on behalf of a Regulated User in order to support that Regulated user's provision of direct patient care.
- Device Providers and their On-behalf-of users are categorized separately because the device providers (prosthetists, orthotists, etc.) are not technically regulated by a professional college, but are given specific PharmaNet access privileges to support direct billing to PharmaCare.

### **8. Do On-Behalf-of users need to have their own access to PharmaNet? Do they need to enroll in PRIME?**

Yes, every person who intends to access PharmaNet must enroll using the PRIME system and have their own login credentials (user ID and password), even if they are accessing on behalf of someone else.

For On-Behalf-of Users, the transaction in PharmaNet will be transmitted with the Practitioner ID of the Regulated User that they are accessing for, but that transaction will also be connected to the On-Behalf-of User's unique ID. This way, we can track the individual accessing PharmaNet and their activity, as well as the practitioner they are accessing on behalf of, for the purposes of monitoring and audit. Each user is accountable for their access and activity in PharmaNet.

### **9. What about regulated or licensed practitioners who do not currently have access to PharmaNet under their own license (e.g. midwives, dentists, pharmacy technicians, nurses)?**

Currently only physicians, nurse practitioners and pharmacists are named in the Information Management Regulation as Regulated Users who can access PharmaNet as part of providing direct patient care to their patients. All other users must access as On-Behalf-of users.

The Ministry recognizes the need for other kinds of practitioners to be able to access PharmaNet as Regulated Users. This requires changes to the Information Management Regulation, and is part of a longer-term transition plan for PRIME.

### **10. Do temporary staff (e.g. agency nurses, locums, visiting specialists) need their own PharmaNet access?**

All staff, permanent or temporary, who intend to access PharmaNet at a particular site must be enrolled to access from that site.

The Ministry continues to collect information about exceptional cases like agency nurses and locums; an approach for these users that upholds the guiding principles of PRIME while mitigating impacts to business processes is still under discussion. Further information and opportunity for feedback will be provided when an approach or exceptional enrollment model has been developed.

### **11. How will PRIME determine the Most Responsible Practitioner?**

The question of Most Responsible Practitioner (MRP), or the person on whose behalf an On-Behalf-of User is accessing PharmaNet, can be determined in different ways for different organizations.

The Ministry will work with each site to help determine the most practical model for MRPs and linking Regulated Users and On-Behalf-of Users.

### 12. What is the verifier's responsibility?

The verifier is the designated person for a site (or sites), who:

- Is authorized to act as a verifier for that site
- Is enrolled in the PRIME Management System
- Initiates PharmaNet applications in the PRIME Management System for people working at the site
- Verifies that the applicant is known to the organization
- Verifies that the applicant works for the organization at their site
- Verifies the applicant's need for PharmaNet access at their site (i.e. that their role requires PharmaNet access for direct patient care or support thereof)
- Initiates requests for a change to PharmaNet access, such as adding or removing site access for an existing PharmaNet user
- Can track application status for users at their site
- Is notified of users at their site who are due for renewal or whose access expires or is terminated

### 13. Who should the verifier for my site be?

The verifier can be anyone designated for that site who can perform the actions detailed in #12.

The verifier must be able to verify an applicant's identity, employment with their organization, employment at that site, and need for PharmaNet access at their site.

The verifier for your site may be someone in HR, an administrator, part of a centralized IT team, someone in an organization's head office, your site manager, a medical office assistant, a practitioner, a receptionist, or anyone else in your organization who can fulfill the role.

The Ministry will work with each site to help identify the verifier(s) for that site.

### 14. What is the provisioner's responsibility?

The provisioner is the designated person for a site, who:

- Is authorized to act as a provisioner for that site
- Is enrolled in the PRIME Management System
- Receives notifications from the PRIME Management System when a user has been enrolled at a site and the Ministry has approved access to be granted, changed or removed
- Creates an ID and password (or adds an additional location to an existing account) for the local PharmaNet access software
- Uses the PRIME Management System to confirm that the access has been provisioned and the ID assigned to that user in that local software
- Provides the user ID and password to the new PharmaNet user

### 15. Who should the provisioner for my site be?

The provisioner can be anyone designated for that site who can perform the actions detailed in #14.

The provisioner must be able to create user accounts in the local PharmaNet access software.

The provisioner for your site may be your software provider's customer service department, a pharmacy manager, a centralized IT team, or anyone else in your organization who can fulfill the role. PRIME is unlikely to change who is currently performing this role in your organization.

The Ministry will work with each site to help identify the provisioner(s) for that site.

### 16. Can my software provider be the provisioner for my site?

Yes, your software provider can be your designated provisioner. They will be set up with access to the PRIME Management System and will act as any other provisioner.

Instead of a single, designated person, your software provider may have a team designated as the provisioner for your site. Every member of the team must enroll individually in the PRIME Management System; they will be identifiable and accountable for their own activity in PRIME.

### 17. How many verifiers and provisioners should there be for each site?

The number of verifiers and provisioners for each site is dependent on what is best for each site. Smaller sites may have one verifier, while larger sites could have a team of verifiers. The Ministry encourages sites to have more than one verifier, where possible, to provide cover-off and minimize the risk of delays at the verifier stage of the enrollment process.

The Ministry will work with each site to help identify the verifier(s) and provisioner(s) for that site.

### 18. Can someone be a verifier or provisioner for more than one site?

Yes, a person can be a verifier or provisioner for more than one site, as long as they are able to perform the functions detailed in #12 or #14 for each site.

### 19. Can someone be both a verifier and a provisioner for the same site?

Yes, a person can be designated as both a verifier and provisioner for the same site, but they cannot perform both functions for the same application. For example, your organization may have a centralized team that is able to perform both the verifier and provisioner roles for a site, but different people on that team would have to verify the application and create the new account when that application was approved.

This separation of duties is part of the guiding principles of PRIME as part of the protections against inappropriate or erroneous PharmaNet access.



### 20. Can a verifier or provisioner verify or provision their own PharmaNet application?

No, a verifier or provisioner cannot verify or provision their own application for PharmaNet access.

### 21. Does the verifier have to be a PharmaNet user or can it be just an admin role?

The verifier for your site does not have to be a PharmaNet user. The designated verifier will have an account in the PRIME Management System so they can perform their verifier role for other peoples' applications for PharmaNet access. The PRIME Management System is separate from PharmaNet.

### 22. Will PRIME affect my relationship/contract with my software provider?

The Ministry cannot say with certainty that PRIME will not affect your current contract with your software provider; we do not know the content of those contracts.

The PRIME solution is being designed with a respect for existing processes and an intention to minimize the impact of new requirements.

### 23. What if there are not enough people at my site to act as verifier and provisioner?

For small sites that do not have the people to have both verifier and provisioner, the Ministry will act as your verifier. Ministry resources will be available to work with the new PharmaNet applicant at small sites to ensure that the required identity confirmation, verification of employment, and verification of relationship with that site are satisfied.

The Ministry will work with each site to help determine if there are enough people to satisfy the requirements for verifier and provisioner, and to classify small sites and designate the Ministry as verifier where required.

### 24. How do we maintain the verifiers and provisioners for a site, especially at large sites with high turnover?

For most organizations, an Organizational Authority will be designated. An Organizational Authority maintains the list of verifiers and provisioners for all the sites that are part of that organization. This Organizational Authority will manage the verifiers and provisioners for their organization.

At smaller sites, it will be the responsibility of the verifiers and provisioners for that site to keep the Ministry informed of any changes.

The Ministry will work with each organization and site to determine who the Organizational Authority will be, or if the verifiers and provisioners themselves will be reporting changes.

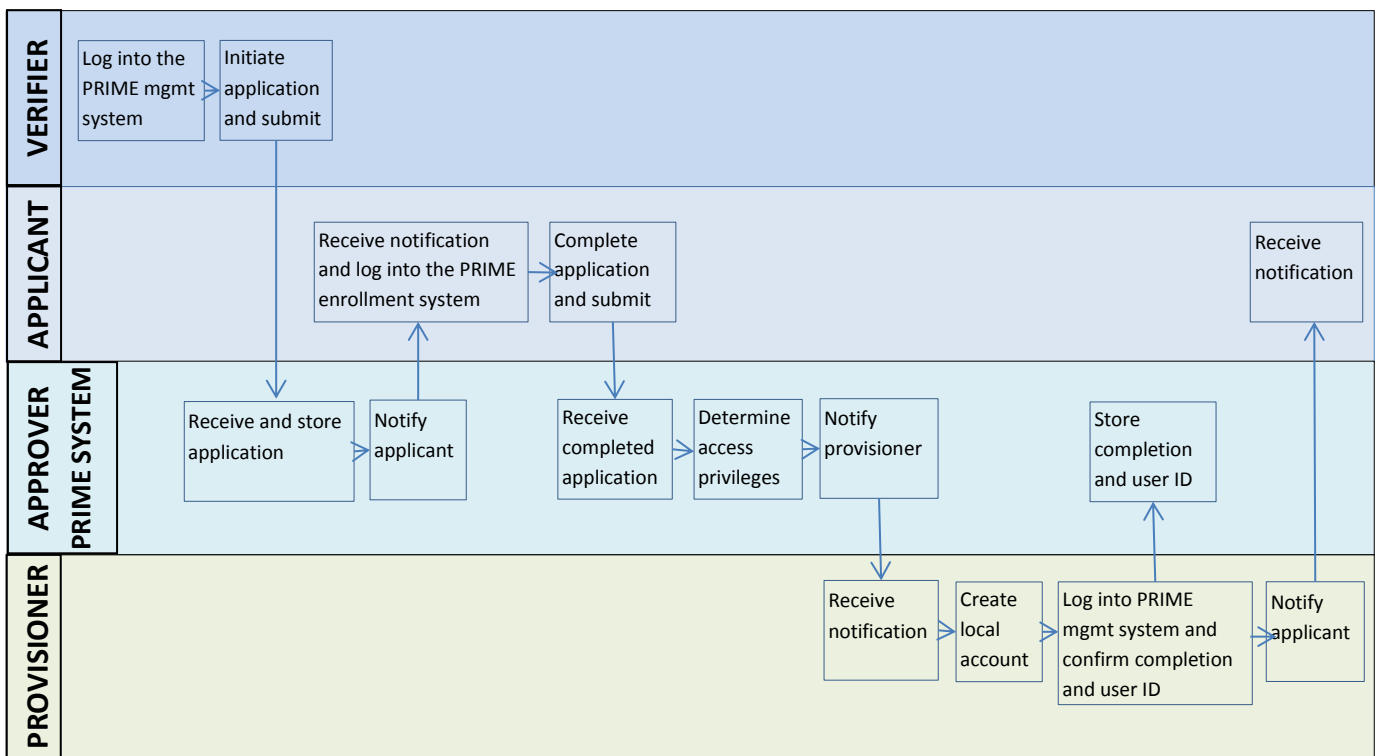
## 25. Will verifiers and provisioners require training?

Yes. Verifiers and provisioners will be required to complete quick, simple training in how to use the PRIME management system and what their responsibilities are in verifying or provisioning PharmaNet access.

# PROCESSES

## 26. How will the PRIME enrollment process work?

If someone requires access to PharmaNet, the process is:



In this enrollment model,

- The site verifier initiates a PharmaNet access application and submits it using the PRIME management system.
  - The verifier provides simple identifying information like the person’s name, some contact information, etc., then verifies that the person is who they say they are and requires PharmaNet access at the site.
- The PRIME system receives that initiated application, creates a record, and automatically notifies the applicant that they must complete and submit the application.
- The applicant receives the notification, and then uses the PRIME enrollment system to input additional information (like their professional information, etc.), attest to the information

they have provided, agree to the terms and conditions of access, and submit the completed application.

- The PRIME management system automatically processes the application against the system decision rules, and approves access (or, in exceptional cases, routes the application for manual review by the Ministry).
  - The PRIME management system assigns the applicant a user class and access privileges.
- The PRIME management system automatically notifies the site's designated provisioner that a new user must be created and their access privileges.
- The provisioner receives the notification and creates the account in the local software.
- The provisioner uses the PRIME management system to confirm completion and record the user ID assigned to that user at that site.
- The provisioner sends the new user their user ID.
- The new user can now access PharmaNet at the site.

### 27. What if an applicant is not approved for access to PharmaNet?

If an applicant is denied access to PharmaNet, or if any terms and conditions are applied to their access, they will be notified by the Ministry. They will be given an opportunity to respond in writing, after which the Ministry may uphold or change its decision.

### 28. What might cause an application to require manual review by the Ministry?

Most PharmaNet applications will be uncomplicated and will be approved by the PRIME system automatically.

A few applications may require manual review; for example, if the provided professional license number does not match the information we get from the licensing college, etc.

Applicants who have a history of information management or billing infractions may require manual review; this does not mean that the Ministry will necessarily deny access, only that the Ministry must review the information provided and make a decision based on this additional information.

### 29. How long will the enrollment process take?

There are several people involved in the PRIME enrollment process: the verifier, the applicant, the approver (the Ministry of Health), and the provisioner. How long an application takes to process will depend on the swiftness of each of those people.

For example, if a verifier initiates an application, then the applicant immediately completes and submits the application, it will be run through the automated PRIME system, then (if approved),

the provisioner can create the new account immediately. If everyone responds to notifications quickly, the process may take only a short time.

Conversely, if an applicant or provisioner does not respond immediately (for example, if your software provider is your provisioner and adds the notification to a queue with a 72-hour turnaround time), then the process time will be affected by that timeline.

### **30. What if a new user requires access immediately or with little advance notice?**

The PRIME process will be in place to ensure that legislated requirements are fulfilled and information security is upheld. While the Ministry is working to ensure that the process is as quick as possible, organizations should adapt their business processes to allow for processing time.

For emergency situations, the Ministry will have an exception process available to provide necessary PharmaNet access.

The Ministry continues to collect information about exceptional cases like agency nurses and locums; an approach for these users that upholds the guiding principles of PRIME while mitigating impacts to business processes is still under discussion. Further information and opportunity for feedback will be provided when an approach or exceptional enrollment model has been developed.

### **31. Can an applicant complete their application from outside the facility/organization?**

Yes. The PRIME enrollment system will be available as a web portal, accessible anywhere. If you have a new staff member joining, the verifier can initiate the application and the applicant can complete it before their start date.

### **32. How can a person update their information or access?**

There will be a web portal in the PRIME system for a user to update their information.

A verifier will be able to request to add or remove access at a site for an existing PharmaNet user.

### **33. How will access be removed?**

A PharmaNet user can request removal of PharmaNet access at a site (for example, if they are no longer working at that site).

A verifier may also request to remove access at a site for a particular user.

The Ministry will monitor usage and inactivate unused accounts. Notification will be provided to the user, so they can respond to the Ministry to confirm whether or not the access is still required.

The Ministry will remove access for accounts that are not renewed (after a period of multiple notifications and inactivation).

## PROCESSES

The Ministry may also suspend or terminate access as provided for in the Information Management Regulation; for example, if PharmaNet is misused, if an applicant supplies false information to support their request for access, if the user is no longer providing direct patient care (e.g. professional license cancellation or shift to administrative license), or in response to threats to individual privacy, security, or the integrity of PharmaNet or its information.

### 34. Can we enroll many users at once (batch enrollment)?

A batch enrollment process is not under consideration at this time. The PRIME system requires the verifier's verification of each user, and the applicant's completion of their own application (including the input of personal information, the attestation to information provided, and the agreement to terms and condition of access). These requirements cannot be fulfilled in a batch enrollment.

## SITES

### 35. What is a site?

A site is a PharmaNet connection point, where users all access PharmaNet with the same software.

There may be multiple PharmaNet sites at a single physical location, if there are multiple software types used or if the location was set up with different connection points. For example, in a single hospital, the pharmacy, ER, and outpatient registration could all be different sites at the same location.

A site is identified in PharmaNet by its PEC code (pharmacy equivalency code). The Ministry has a list of all PEC codes/sites in the province, and will be working with each site to determine whether it will remain identified as a single site or part of a collection of sites grouped together for easier PRIME administration.

### 36. How will sites be grouped?

Sites can be grouped together in a variety of ways, as determined by the organization. The Ministry will work with each site and organization to determine the most functional groupings.

The Ministry envisions that sites will be grouped together as much as makes sense for the organization and its workforce. For example:

- A private practice or independent community pharmacy may not be part of a group; it is a standalone site with its own verifier and provisioner.
- A large chain pharmacy may group all of its sites within a city, with one verifier for the site grouping and many provisioners, to allow for staff to move between that chain's locations in the city.

## SITES

- A Health Authority may group all its acute care facilities in a certain geographic area, to support staff who work in multiple locations.

More detail will be provided and further discussions held when the Ministry engages with organizations and sites as part of the pre-work for PRIME.

### 37. Can a user apply for access to more than one site at a time?

Because it is the site verifier who initiates an application for access, the application can only identify the site or grouping of sites for which that verifier is authorized. Once this initial application is approved, verifiers at other sites/groups of sites can request to add their site for that user.

The verifier will use a simple change request in the PRIME system for the addition of a site, and in most cases, the user will not have to complete any additional forms or activities. In cases where there are additional terms and conditions of access at the new site, the user would have to agree to those terms and conditions prior to access being provisioned.

### 38. What about staff who move between sites regularly?

In situations where staff are often moving between multiple sites, the organization may choose to group those sites together to ensure that the users have access at all those sites.

Alternately, the verifiers at those sites would add the sites for the user.

The Ministry continues to collect information about exceptional cases like agency nurses and locums; an approach for these users that upholds the guiding principles of PRIME while mitigating impacts to business processes is still under discussion. Further information and opportunity for feedback will be provided when an approach or exceptional enrollment model has been developed.

## OTHER QUESTIONS

### 39. Once granted, is my access permanent?

Access to PharmaNet is granted indefinitely, assuming circumstances do not change; however, the Ministry will require each user to renew their enrollment annually. This will be a simple process using the PRIME web application, and users will receive multiple notices before their renewal date.

If a user fails to renew their enrollment, their access to PharmaNet will be deactivated and then terminated after additional notifications.

Alternately, verifiers can request access at their site for a discrete time period (with a beginning and end date), if that is what the user requires. For example, if a temporary employee were coming

to work at the site on a three-month contract, the application for access at that site would specify the end date for access.

### 40. Can I access PharmaNet remotely?

Remote access (access from personal devices or outside of a physical PharmaNet connection site) is not in scope for the PRIME project.

Being able to link a user to the site where they are accessing PharmaNet and the site(s) where they are enrolled to access PharmaNet from is an integral part of the monitoring and security audit aspect of PRIME.

Many practitioners and organizations have identified remote access as a requirement as the workforce becomes more mobile and practice models evolve. The Ministry recognizes that remote access is an increasingly important feature of information access and will consider remote access as part of longer-term PRIME functionality.

### 41. Why does my practice need to pay for PharmaNet access?

After the development of PharmaNet in 1995, the Ministry opened the market to software vendors to create a variety of software interfaces for pharmacy, community practice, and hospital access to PharmaNet. The Ministry was not positioned to offer different types of users the kind of specialized software interface required for different kinds of practice. Instead, the Ministry's approach was to create a standard set of basic requirements (the software conformance standards) common to all software vendors. This direction was intended to allow users and their software vendors to develop together the best possible interface for each category of users' needs.

The Ministry does not charge software vendors for accessing the PharmaNet system. The costs paid by practitioners are charged by the vendors, and may vary between different software offerings. Currently, the Ministry does not have plans to compensate PharmaNet users for these fees, nor to create a no-cost software option that is administered by the Ministry.

Ministry staff have noted the concerns expressed by practitioners and will ensure that the issue is considered during strategic discussions regarding the PharmaNet portfolio; however, the issue is not under consideration as part of the PRIME project.

The Ministry is committed to working towards an integrated future solution for information access that supports our health care system. Your participation with projects like PRIME and in discussions with the Ministry will help guide the development of this more integrated future state.

### 42. Who have you consulted about PRIME?

The PRIME team began engaging with representatives from across the health sector in the fall of 2016. Since then, more representatives have been included in consultations, and our stakeholder engagement efforts have become increasingly central to the development of PRIME.

We have had information and discussion sessions with representatives from:

- British Columbia Pharmacy Association
- Chain Pharmacies
- College of Pharmacists of British Columbia
- College of Physicians and Surgeons of British Columbia
- College of Registered Nurses of British Columbia
- Community Pharmacies
- Doctors of BC
- First Nations Health Authority
- Fraser Health Authority
- Interior Health Authority
- Island Health Authority
- Northern Health Authority
- PHSA (including CareConnect)
- Providence Health Care
- Private practice (both physicians and MOAs)
- Software vendors
- Vancouver Coastal Health Authority (including Clinical and Systems Transformation)

### 43. What about access to PharmaNet for other purposes (e.g. research, evaluation, external monitoring)?

Under the Information Management Regulation, access to PharmaNet is provided for direct patient care only. Other purposes, such as research, evaluation, and monitoring by any parties other than the Ministry are not in scope for PRIME.

Requests for PharmaNet data for these purposes are handled separately from clinical user access for patient care, using established processes such as the Data Stewardship Committee and Information Sharing Agreements.