

## Integrating Primary Care Clinical Pharmacists into BC's Primary Care Networks - Questions & Answers

### A. Overview

#### 1. What is the Pharmacist in Primary Care Network program?

The Pharmacists in Primary Care Network Program (the Program) will support the integration of up to 50 primary care clinical pharmacists (PCCPs) into team-based primary care networks across BC to optimize drug therapy outcomes for patients. The first 20 PCCPs will be hired and onboarded by September 2021; onboarding for another 30 will begin in October 2021. The program is a partnership between the Ministry of Health, the University of British Columbia's Faculty of Pharmaceutical Sciences (UBC) and the regional Health Authorities.

#### 2. What is the role of the PCCP?

As part of the care team, PCCPs will work directly with the primary care provider (family physician or nurse practitioner) and other team members in the on-going care of patients with complex conditions to prevent and resolve medication-related problems, educate the patient about their medications, and help remove barriers to patients in following prescription advice. PCCPs will use their specialized knowledge to help patients achieve better health outcomes and a higher quality of life. In general, the PCCP will:

- Provide comprehensive medication management services focused on the on-going care of adults with complex medical conditions.
- Work collaboratively with other health authority pharmacy staff and community pharmacists, the primary care provider (family physician or nurse practitioner), and other members of the inter-professional team as appropriate to ensure continuity of care for patients.
- Create a record of working notes in UBC's electronic medical record (EMR) and action-oriented, summary notes in the clinic's EMR.

Further information can be found in the standardized provincial job description ([Appendix A](#)) which has been developed in consultation with the Health Employers Association of BC and the regional health authorities.

#### 3. What is the role of UBC?

For the past six years, UBC has been developing a model of delivering pharmaceutical care to patients in primary care at the UBC Pharmacists Clinic. The Ministry has contracted UBC for three years to use their experience to integrate, train and support the 50 pharmacists into team-based primary care and conduct an evaluation of the impact on patient care and the health care system.

## B. Readiness / Hiring

### 4. What is the process for getting started if the PCN is ready to onboard a PCCP? What needs to be in place to confirm readiness?

Your ministry PCN regional manager will work with the PCN to assess readiness. Readiness means that a PCN has identified the physical location for the PCCP, is prepared to provide a private workspace for the PCCP to see patients, and has a clinical champion (family physician (FP) or nurse practitioner (NP)) available to work with the PCCP. We expect the hiring processes for the next 30 PCCPs to begin in July and/or August 2021, in order for the PCCPs to start in October 2021.

### 5. How does the hiring process work? Who hires the PCCP?

Once the ministry's Primary Care Division has approved the placement of a PCCP in the PCN, representatives from UBC and the health authority pharmacy department (with the ministry regional manager where schedules permit) will meet with the PCN manager to confirm readiness and next steps.

A hiring panel will be established with representation including:

- The PCN, who knows the community and the other providers best;
- UBC, who brings clinical program expertise; and,
- The regional health authority pharmacy department, who will be the PCCP's employer.

Each PCN will be invited to have a representative of their choosing to participate on the selection panel, provide feedback and make recommendations to the health authority.

The health authority will post the position in the same way that other allied health professions within the PCN are posted. The posting will be advertised internally and externally simultaneously. Candidates will submit applications through the usual health authority process and the hiring panel will assess candidates.

### 6. Can UPCCs hire a PCCP?

PCNs are an umbrella term with many models of service delivery including but not limited to private clinics, Community Health Centres, First Nations Led Primary Health Care Centres and UPCCs. If a UPCC is part of a PCN in implementation and has a longitudinal care component it may be chosen as a placement site for a PCCP by the PCN and MoH.

## C. Orientation / Training / Performance Management

### 7. What will orientation look like?

Orientation may look a little different in each PCN but ultimately the health authority, UBC and the PCN will work together to ensure a comprehensive orientation for each PCCP. The goal is to have the PCCP involved in patient care within a week of their start date.

The PCN will ensure that the PCCP is integrated into the care team and understands the workflows of the specific PCN. The health authority will address regional orientation processes. UBC will provide ongoing training and support for each PCCP (including quality assurance, operational systems, administration and support, coordination with communities and other infrastructure) to optimize the PCCP's clinical effectiveness.

### 8. Are patients seen one-on-one by the PCCP, or does the PCCP join a regularly scheduled FP or NP appointment?

This will be determined by the workflow of a particular clinic and the needs of patients. PCCPs can provide care to patients in either scenario.

### 9. Will the PCCP make changes to a patient's existing care plan, and if so, do they notify the team?

Any changes made to an existing care plan would be done in collaboration with the primary care provider (family physician or nurse practitioner) and care team. The PCCP works collaboratively as part of the care team and can participate in shared or delegated drug therapy decision-making as determined by team workflows.

### 10. How will community pharmacists work with PCCPs?

Pharmacists working in community pharmacies have on-going relationships with people taking medication for chronic health conditions and their care contributions are important. These community pharmacists will continue to dispense the patient's medication(s). PCCPs will have on-going collaborative interactions with community pharmacists in the care of mutual patients.

### 11. Will PCCPs be expected to work in multiple primary care clinics?

The distribution of a PCCP's time within a PCN will be determined by the priorities of the PCN (which may shift over time) and clinic readiness. Some PCNs may have a PCCP working in one site with one care team, while others may split the PCCP's time across several sites and teams.

**12. Will the PCCP document in their own EMR and/or the clinic EMR?**

The PCCP will keep detailed working notes in an EMR managed and supported by UBC, which has been designed to specifically support a PCCP in solving medication-related problems. A succinct action-oriented summary note will be recorded in the clinic's EMR in way that works for the needs of the clinic. A privacy impact assessment has been completed to ensure proper information flow between UBC's EMR system and the clinic's EMR.

**13. How will the PCCP access PharmaNet?**

Each PCN site (where a PCCP will be physically located) should have access to PharmaNet before the PCCP starts. The PCCP will need to be added to the list of people with PharmaNet access at the worksite. Once specific locations are confirmed, UBC will work with the Ministry of Health to assist with the PCCP's enrolment as needed. For more information about PharmaNet access, please see <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmanet-bc-s-drug-information-network>.

**14. Who will be responsible for performance management?**

As the employer, the regional health authority is responsible for performance management and disciplinary issues. If PCNs have performance related issues regarding the PCCP, they should communicate these to UBC who will liaise with the health authorities.

**15. Given lessons learned from COVID-19, will the PCCP be able to provide patient care and case conferencing virtually?**

Yes. UBC is prepared to support whatever modality is needed for the PCCP to participate in the care team. From experience, the UBC Pharmacists Clinic has been offering virtual (telephone and video) patient care and case conferencing appointments since 2014. This experience has shown the feasibility of providing this service virtually. For this program, PCCPs will be physically located at a specific clinic or site but will have the ability to see patients or conference with providers across the PCN virtually as needed, based on patient preference and the model of care being used by the local PCN.

## **D. Funding**

**16. How many PCCPs will be hired?**

Twenty PCCPs are being hired in year 1 (October 2020 to September 2021) with another 30 PCCPs being hired starting in October 2021.

### **17. How does overhead for PCCP expenses work?**

Similar to other health authority-employed providers, the overhead for the PCCP will flow to the regional health authority. As of April 14, 2021, overhead for each PCCP is \$19,350 per year and is intended to be directed to the clinic(s) where the PCCP is located to offset costs such as: lease costs; operational costs; IMIT expenses; medical supplies and equipment; office equipment; Clinic EMR; janitorial; security; and PharmaNet access.

From October 2020 to September 2023, UBC will be responsible for: professional development (e.g., courses such as San'yas Cultural Training and self-directed professional development); computer hardware; UBC's Oscar EMR license fees; UBC MOA support; minor office supplies (to a maximum of \$50 annually for supplies needed to perform role); mobile phone/telecommunications plan reimbursement; training expenses; training materials; and travel (mileage and parking) between sites. This is separate from the overhead funding.

For additional information on overhead, please refer to the Allied Health Overhead Memorandum of Understanding located on the [PCN Toolkit](#).

### **18. Why are PCCPs being hired in a phased approach?**

Implementation is being considered through a quality improvement lens. Ministry funding is being provided to UBC to lead, implement and support the program enabling 20 PCCPs to be hired in the first twelve months, and 30 PCCPs to be hired in the second 12 months. The integration plan for additional PCCPs is under development.

### **19. Who is in charge of the PCCP's pay and benefits?**

The ministry provides funding to the health authorities for the PCCPs' salary and benefits plus a fixed percentage for PCN overhead funds. Out of that, the health authorities will be responsible for payroll and benefits administration, malpractice insurance for the PCCPs, as well as ongoing human resource management of PCCPs deployed in a PCN, in accordance with applicable collective agreement requirements.

## **E. Program Maintenance / Evaluation**

### **20. What is the availability of qualified pharmacists who can move into these roles? What is the risk that positions will go unfilled?**

An increasing number of pharmacists from across BC and Canada are interested in working in team-based primary care. It is expected that these positions will be very desirable roles given the nature of the work and the emphasis on team-based care. To date there has been no shortage of applicants.

**21. Have key performance indicators (KPIs) for the PCCPs been developed/selected and will they be tracked?**

UBC has established some preliminary KPIs. In addition, UBC can make local data reports available to PCNs on a quarterly basis. These local data reports provide a limited summary of PCCP workload and the complexity of patients receiving care from PCCPs. These are also reported to an Advisory Committee, which has representation from the ministry, UBC, health authorities and PCNs. This committee will also be reviewing and making recommendations regarding a comprehensive evaluation plan for the Pharmacists in PCN Program.

## Appendix A. Provincial Job Description

**Job Title:** Primary Care Clinical Pharmacist

**Facility:** Various Community and Primary Care Work Sites

(may include primary care physician offices and other non-HA owned/operated facilities/sites/clinics)

**Department:** Pharmacy

**Reports to:** Manager (or designate)

**Bargaining Unit:** HSA Job Code: 30496

**Classification:** Grade II (g), Pharmacist (MA) Grade II

### JOB SUMMARY:

In accordance with established vision and values of the organization and situated within identified primary care network locales, this position provides clinical pharmacy services to patients of the primary care network. As a member of an interprofessional team this position works directly with patients to identify and resolve actual and potential drug therapy problems through provision of comprehensive medication management.

### TYPICAL DUTIES AND RESPONSIBILITIES:

1. Identifies and resolves actual and potential drug therapy problems in collaboration with the patient and other members of the primary health care team.
2. Provides comprehensive medication management and pharmaceutical care by monitoring the medical condition(s) and ongoing drug therapy for effectiveness, adherence, adverse reactions, drug interactions and therapeutic, chemical and laboratory incompatibilities. Communicates pertinent findings, recommendations and plans to the patient and appropriate healthcare practitioners.
3. Consults with patients and members of the primary care health team to develop patient-specific therapeutic plans based on chart review, patient information and assessment of clinical responses.
4. Maintains appropriate documentation in the health record in accordance with organizational standards and practices as required.
5. Uses appropriate resources to support professional practice and patient care including those available through provincial programs, such as academic detailing, optimal drug use initiatives, opioid stewardship and de-prescribing.

6. Establish linkages, as required, with health authority, community pharmacy services and other relevant community services to support continuity of care for patients.
7. Provides drug information, consultative and other support services to medical, nursing, pharmacy and other primary care health team members by communicating with them on drug related issues, questions and patient specific therapeutic regimens.
8. Conducts patient counselling and education regarding drug therapy.
9. Provides in-service education to the primary health care team where appropriate.
10. Provides instruction and supervision to students such as University Pharmacy Undergraduates and Pharmacy Residents.
11. Participates in various committees as appointed, to provide guidance and advice on drug therapy
12. Participates in quality improvement activities through reviewing current practice, identifying actual or potential problems and recommending and evaluating modifications.
13. Maintains workload records and metrics as required.
14. Participates in a variety of programs such as Patient Safety and Drug Reaction Reporting by collecting and compiling relevant data as applicable.
15. Shares the responsibility for orientation of new personnel and acts as a role model.
16. Maintains a working knowledge of PharmaCare policies and procedures.
17. Performs other related duties as required.



## QUALIFICATIONS

### Education, Training & Experience

Current registration with the College of Pharmacists of British Columbia and a minimum 2 years recent, related patient care experience, ideally in a team based primary care setting or equivalent. A valid Class 5 driver's licence and access to a personal vehicle for business related purposes.

### Skills & Abilities

- **Assessment and Treatment:** Demonstrated ability to complete initial and ongoing patient assessments (clinical and diagnostic reasoning) through appropriate/prescribed technical, therapeutic, safety type interventions.
- **Teaching:** Ability to teach patients and others both one-on-one and in groups.
- **Knowledge Integration:** Integrates best practice and current research evidence to support professional practice decisions and actions.
- **Communication:** Demonstrated ability to communicate effectively with patients, families, the public, medical staff and members of the interdisciplinary team using verbal, written, computer communication means. Ability to effectively apply conflict resolution skills.
- **Critical Thinking:** Demonstrated ability to integrate and evaluate pertinent data (from multiple sources) to problem-solve and make decisions effectively. Applies the problem-solving process demonstrating critical thinking and decision-making skills using a systems approach.
- **Human Caring and Relationship Centered Practice:** Ability to promote patient-centred care that demonstrates care for and with patients and families, sensitivity to diverse cultures and preferences, patient advocacy and social justice concerns.
- **Management:** Demonstrated ability to organize work, set objectives and establish priorities. Manages time and resources, implements activities to promote cooperation among the interprofessional team and collaborates across disciplines.
- **Leadership:** Promotes staff morale, engagement and empowerment. Demonstrates creative planning for change and innovation, implementation of policies or other protocols, and ongoing professional development of self and others.
- **Teamwork:** Demonstrated ability to foster teamwork and a commitment to excellence in the provision of patient care.
- **Equipment:** Demonstrated computer skills including the use of Electronic Health/Medical Records and Windows based programs. Demonstrated data analysis skills including appropriate data analysis and reporting tools. Demonstrated ability in the use of e-mail and word processing. Ability to operate other related equipment as required in the specific practice area.
- Physical ability to perform the duties of the position.