

TRANSITION OF PHARMACISTS IN PRIMARY CARE NETWORKS

Frequently Asked Questions

The University of British Columbia (UBC) Faculty of Pharmaceutical Sciences led the three-year provincial implementation of the pharmacists in Primary Care Network (PCN) Program, that started October 1, 2020. During this period, the primary objective was to seamlessly integrate primary care pharmacists into PCNs throughout the province to provide comprehensive medication management services to patients with complex conditions.

As part of the transition, the Ministry continues to oversee strategic direction and policy development in collaboration with PCN leadership. The Provincial Health Services Authority (PHSA) will assume responsibility for provincial operational oversight. Regional Health Authorities (HAs) will provide supervisory and clinical support to pharmacists. HAs will also collaborate with PCN leadership to support hiring and other human resources activities.

1. OVERHEAD FUNDING

1.1. How will the overhead be structured for the transition of the pharmacists and access to the PCN resources, including Electronic Medical Records (EMR) and Medical Office Assistant (MOA) support?

Pharmacists within PCNs will continue to receive support through the allocated overhead funding outlined in the PCN service plan. As per standard practice, the PCN Steering Committee will assess how the overhead funds may be used to effectively manage operations. The allocated overhead amounts and funding transfer process will remain the same. PCNs are encouraged to continue supporting team-based care to integrate all Allied Health Professionals (AHPs) in a collaborative manner. The overhead may be used to cover the below expenses at the direction of the PCN Steering Committee:

- Medical Office Assistant (MOA)
- Electronic Medical Records (EMR) licenses
- Clinical Managers/Admin Leads
- Facility lease
- Facility maintenance (may be included in lease)
- Facility security (may be included in lease)
- Housekeeping (may be included in lease)
- Utilities (may be included in lease)
- Network/IT connection

- Equipment Lease
- Medical and office supplies
- Education/training for clinical staff (excluding Nurse Practitioners; non change management-related)
- Supplies
- Travel (pre-approved through service plan)
- Accounting

1.2. What is the overhead amount for clinical pharmacists, and will there be any additional overhead funding for PCNs to support the transition?

The PCNs will continue to receive the 15% overhead per AHP Full Time Equivalent (FTE) as per the current funds transfer process. The Ministry of Health (Ministry) is not providing any additional overhead funding. To support the transition process, Pharmaceutical, Laboratory & Blood Services Division (PLBSD) has provided bridge funding to the HAs. Please refer to question #3 below for details.

1.3. What does the one-time bridge funding entail, and can it be used to hire additional MOAs?

This funding is not intended to support hiring of additional MOAs by the PCN.

The one-time bridge funding, also referred to as the transition support fee, was provided to each HA to ensure that currently practicing PCN pharmacists have access to necessary equipment (such as laptops, phones) and technology including access to (MOIS, a Provincial Health Services Authority system) EMR, to operate efficiently post-transition from UBC's oversight.

1.4. What will happen once the one-time bridge funding ends at the end of FY2023/24?

PCN managers are expected to meet with their respective regional HA leads to discuss the potential use of overhead funding to cover costs, beginning in April 2024. The Ministry will facilitate these discussions once the initial transition phase concludes in October 2023.

1.5. Will additional overhead funding be allocated to PCNs where travel (and related expenses) to rural and remote areas or across a vast geography is required for pharmacists?

No additional overhead funding will be provided to support travel expenses. PCNs are encouraged to explore options that will further integrate their primary care pharmacists into the PCN workflow, similar to other AHPs.

2. ADMINISTRATIVE SUPPORT

2.1. Who will oversee patient referrals, a task that was previously handled by the UBC MOAs? Will there be MOA funding to ensure continuity of support for pharmacists?

As an integral part of the Allied Health team, primary care pharmacists should receive similar administrative support, which is often provided by MOAs. This can include support with tasks such as scheduling, referral management, patient communication etc. The MOA positions are expected to be funded using the Ministry provided 15 percent overhead per AHP FTE. PCNs are encouraged to take this opportunity to explore options that will further integrate their primary care pharmacists into the PCN workflow, similar to other AHPs.

3. DATA COLLECTION

3.1. Once the UBC contract ends on September 30, 2023, what will be the data collection and reporting requirements for the PCNs?

Data and reporting will continue to be through PCNs' period reporting, consistent with other PCN resources. Any additional data collection and reporting requirements will be determined and communicated by the Ministry in the future.

UBC's role to conduct robust evaluation of pharmacists in PCNs as part of the implementation is not required anymore.

3.2. What sort of data collection or tracking of pharmacist activities will be required after September 30th for the Ministry?

Data and reporting will continue to be through PCNs period reporting, consistent with other PCN resources. Any additional data collection and reporting requirements will be determined and communicated by the Ministry in the future.

Going forward, pharmacists who are no longer using Oscar, an electronic medical record (EMR) system, will not have access to the extensive information that was previously collected for the UBC evaluation. It is advisable to consider the metrics being tracked for

other AHPs. Additionally, it is recommended to explore how data collection can be coordinated for all AHPs, including pharmacists, as part of team-based care.

4. ELECTRONIC MEDICAL RECORDS (EMR)

4.1. What are the available EMR options for pharmacists in PCNs?

PCNs should collaborate with their pharmacists to review their current EMR access and identify opportunities for pharmacists, as part of the Allied Health team, for use and access to local EMRs. Many primary care pharmacists currently have access to one or more EMRs throughout their practice to support patient care:

- Some have EMR access at private clinics, which is the preferred option.
- Several PCNs offer an HA hosted EMR solution for access by members of the allied health care team.
- There will be the Provincial Health Services Authority (PHSA) supported EMR option, MOIS, available to primary care pharmacists to support patient care and documentation.

4.2. Will the pharmacists still be able to use UBC's Oscar EMR?

When primary care pharmacists no longer have the capability to document in UBC's Oscar EMR with MOIS operational as of September 23, 2023. PCNs should work with their pharmacists to review current EMR access and identify opportunities to facilitate pharmacist access and use of local EMRs, including those in clinics and HA-supported systems. This approach aims to promote seamless care coordination and continuity of care. MOIS is available to pharmacists who require an EMR to support patient care.

4.3. Will pharmacists in PCNs be mandated to use the PHSA-supported EMR, MOIS, even if they currently document in other EMR systems like MedAccess, Profile or others?

Pharmacists are not obligated to use MOIS for documentation purposes if another EMR option is available. They may need to access MOIS to retrieve data on previous patient encounters (information from the UBC's Oscar EMR will be transferred there). Pharmacists may have access to other EMR options, such as those available at a private clinic or HA hosted systems, that are optimal for their work. In such cases, they are not required to use MOIS.

4.4. Will the cost of PHSA-supported MOIS EMR access for pharmacists need to be covered by the overhead funding?

To facilitate the transition from UBC pharmacists in PCN program, PLBSD will provide access to MOIS for all PCN pharmacists for the remainder of the 2023/24 fiscal year.

Ongoing needs and funding for continued access to MOIS will be re-evaluated for the next fiscal year.

4.5. Our pharmacist(s) will be using the PHSA-supported MOIS EMR. Are we also able to get administrative access to that EMR?

Administrative/MOA access to MOIS can be arranged, but we need to know who requires access. Please inform your Ministry PIO Regional Manager or Director if you require administrative access to MOIS.

4.6. Can other AHPs in our PCN also access MOIS for patient care?

MOIS is currently available for pharmacists (and admins that require access) through the PLBSD one-time bridge funding until the end of 2023/24 fiscal year.

4.7. Will pharmacists have the capability to access the MOIS on their HA laptop?

Yes, pharmacists will be able to access MOIS on their HA laptop. MOIS is a cloud-based EMR system, which generally entails fewer technical issues compared to downloading a new application on an HA laptop. The MOIS team is currently working with representatives from all HAs to ensure a smooth integration process.

5. ORGANIZATION AND WORKFLOW RELATED

5.1. What will happen after the UBC program supports end on September 30, 2023?

As part of the transition, the Ministry will continue to oversee strategic direction and policy development in collaboration with PCN leadership. PHSA will assume responsibility for provincial operational oversight. Regional HAs will provide supervisory and clinical support to pharmacists, including collaborating with PCN leadership to support the hiring process and other human resources activities.

5.2. Will the transition affect the role of primary care pharmacists?

The transition will not impact the role or current positions of primary care pharmacists. They will continue to work closely with primary care providers and PCN staff to provide pharmaceutical care in a team-based setting.

5.3. Our current referral form includes the UBC MOA fax number. Will this change?

Yes, the fax numbers will change. The PCN should determine which fax number is appropriate for referrals and accordingly update the referral form. Providers may also need to update this information in their EMR systems. Note that UBC will monitor any faxes sent to the old UBC MOA number after the transition period and will forward them on accordingly.

5.4. Will pharmacists' phone numbers change?

Most pharmacists will receive new phones. The HAs are working with UBC to transfer phone numbers to the new phone, but in some cases new numbers will be issued. In Island Health, call forwarding will be in place for one month to ensure that no calls from patients or providers are missed.

5.5. What will onboarding look like for pharmacists starting in a PCN after September 30, 2023?

PHSA leadership, the HAs and PCNs will collaborate to review and update the onboarding procedures for PCN pharmacists starting after September 30, 2023.