

## Tryan, Derek N HLTH:EX

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**From:** Pop, Sorin HLTH:EX  
**Sent:** Friday, October 30, 2015 6:19 PM  
**To:** Walman, Barbara J. HLTH:EX; Uyeno, Kelly HLTH:EX; Moneo, Mitch HLTH:EX; Cookson, Guy HLTH:EX; Kocurek, Brad A HLTH:EX; Warren, Leanne HLTH:EX; Moulton, Kimberly HLTH:EX  
**Subject:** PRIME Steering Committee - Master Project Plan Release

Hi,

I wanted to advise you that together with the project team we were able to meet the release of the Master Project Plan milestone one day early 😊.

I have uploaded the document into the folder dedicated to our meeting on Nov. 4<sup>th</sup>. The agenda for that day is to walkthrough the MPP and address questions that you may have.

The link to the SharePoint site is

<https://hlth004.gov.bc.ca/PSD/BMSR/pnet/Role%20Base%20Access%20to%20PNet/Forms/AllItems.aspx?RootFolder=%2fPSD%2fBMSR%2fpnet%2fRole%20Base%20Access%20to%20PNet%2f1%5fSteeringCommittee&FolderCTID=0x0120008C9F84D21FC2EA489DA24C5BB60822D8>

I would like to take this opportunity to thank you for your support of this work.

Have a good weekend.

Sorin Pop

Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health

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## Tryan, Derek N HLTH:EX

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**From:** Pop, Sorin HLTH:EX  
**Sent:** Tuesday, December 08, 2015 3:38 PM  
**To:** Walman, Barbara J. HLTH:EX (Barbara.Walman@gov.bc.ca)  
**Cc:** Elagab, Charlotte S; Uyeno, Kelly HLTH:EX  
**Subject:** Latest Version of the PRIME MPP  
**Attachments:** MPP\_MasterProjectPlan.docx

Hi Barbara,

Kelly has asked that I send you the latest version of the MPP for PRIME. It includes revisions based on feedback from IT Services. More feedback has been received (BMO, FCSD, MBPSD), but not yet incorporated in the document.

I believe that only one of the comments not yet addressed is material to the review. This is related to the split between capital and operating expenditure for the delivery of Phase 1 activities. I've discussed with FCSD (Darlene and John Kelly from IT) and have received guidance on how to further breakdown the costs. The overall costs do not change, but the responsibility center and amortization amounts will need to be adjusted. I require 1-2 weeks before I can finalize this revision (will then share the respective section with you).

Thank you.

Sorin Pop  
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**Ministry of Health**

# **PharmaNet Revisions for Information Management Enhancements (PRIME)**

## **Master Project Plan**

**Project Number:** [Project #]

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<b>Contributors:</b>	PRIME Project Team
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## Approvals

Barbara Walman (Executive Sponsor)  
Assistant Deputy Minister  
Medical Beneficiary and Pharmaceutical  
Services Division (MBPSD)

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*Signature*

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*Date*

Kelly Uyeno (Sponsor)  
Executive Director, Business Management,  
Supplier Relations, and Systems Branch,  
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Director, Business Management, Supplier  
Relations, and Systems Branch, MBPSD

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*Date*

## Document Control

Date	Author	Version	Change Reference
April 1, 2015	K. Moulton	V00.01	Document created
April 24, 2015	K. Moulton	V00.02	Accepted all changes of first review
May 25, 2015	D. Campbell	V00.03	Accepted all changes
June 12, 2015	K. Moulton	V00.04	Accepted all changes
September 22, 2015	K. Moulton	V00.05	Updated scope
October 23, 2015	S. Pop	V00.06	Revised organization, content modified as per new structure
October 30, 2015	S. Pop	V00.07	Revised governance; addressed feedback from project team (day 2 and 3)
October 30, 2015	S. Pop	V01.00	Release to Steering Committee
December 2, 2015	S. Pop	V01.01	Round 1 feedback from Steering Committee, Project Management Office, and MAXIMUS

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## 1.0 Background

Unique circumstances are providing both an opportunity and a rationale for the development of effective technical, policy, and process controls for the enrolment of users and assignment of user privileges in PharmaNet. These circumstances include:

- The *Pharmaceutical Services Act (PSA)*, which came into force on May 31, 2012. The transition section of the *PSA* identified five different regulations required to be brought into force by May 31, 2015 to give full effect to the *PSA*'s provisions. One of them is the Information Management Regulation (BC Reg. 74/2015) (Regulation), which replaces the Access to PharmaNet Regulation under the *Pharmacy Operations and Drug Scheduling Act (PODSA)*.
- A 2013 PharmaNet assessment that revealed weaknesses in the identification of PharmaNet users in health care delivery settings and in controls on their information use<sup>1</sup>.
- A Ministry breach investigation in 2014 pointed out to the lack of identifying and authorizing each user as an aggravating factor in the unauthorized access that took place.
- The *Health Professions Act* in BC identifies practitioners authorized to prescribe drugs and other substances under the guide of regulatory bodies. In supporting these practitioners, the Ministry is committed to deploy electronic prescribing (e-prescribing) functionality. Under the *PSA*, PharmaNet is the only technology that can be used for e-prescribing, so every e-prescriber must also be a PharmaNet user. Effective user management is fundamental to the success of the E-prescribing in community settings project and the Health Authority Integration project, initiatives under way involving expanded use of PharmaNet.

As the business owner of PharmaNet, MBPSD has initiated and is sponsoring this project in order to deliver on the changes described earlier.

A number of user categories ('roles') have been developed for e-health systems<sup>2</sup> before *PSA* came into force. The PRIME PharmaNet user access management will include the capacity to vary privileges by individual, as well as by group, which the e-health roles model does not support.

### 1.1 Project Objectives

1. Enable and limit access to PharmaNet for authorized healthcare practitioners by establishing a PharmaNet user management solution and related business processes (e.g. enrolment).
2. Protect patient health information by implementing a PharmaNet user authorization solution and related business processes (e.g. access control).
3. Implement access monitoring and enforcement, necessary to support the role of the Ministry as custodian of health information.
4. Bring PharmaNet system and operational processes into conformance with the Information Management Regulation under the *Pharmaceutical Services Act*.

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<sup>1</sup> November 2013 Deloitte Report



## **1.2 Approach**

The project needs to deliver fundamental access management changes that will impact all PharmaNet users, employers of such users, and the application vendors providing connectivity to PharmaNet. Examples of changes that are anticipated include technology (applications, infrastructure, software licensing, and conformance standards), process and procedures, and adding new staff for operations.

A change of this magnitude has not been rolled out since the inception of PharmaNet in 1995. Even then the impact was felt only by the community pharmacies, their users, and a limited number of vendors.

The project's deadline for full implementation, June 2018, is defined in legislation, part of the Information Management Regulation.

### **1.2.1 Phased Approach**

Given the magnitude of the work, the team is taking a phased approach. The purpose is to divide the implementation into more manageable pieces by removing the uncertainty progressively. We will also request funding based upon assessment of the progress at the end of each project phase and confirmation of continuing to provide value by the project. This approach is based on applying industry, corporate, and Ministry best practices in areas such as project management, governance, software development, and policy development.

### **1.2.2 Leveraging Previous Work**

Since the project kicked off in summer 2015 it has delivered the following:

- Formation of initial project team and Steering Committee
- Completion of the project initiation activities, including a Project Initiation Document
- Substantial advancement of activities in the planning phase

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The project has received a budget allocation from the Office of the CIO part of the Drug Management initiative. This was the result of a business case submitted in 2013/14 based on early understanding of the work involved.

### **1.2.3 Phase 1 – November 2015 to December 2016**

In the first phase we intend to work on the policy framework, which will drive the project's business rules and requirements. We will assess solutions, architecture designs, and transition to operations. At the end of this phase the team will have achieved a much better understanding of the extent of the work to be delivered, the change management scope of work, the nature of the solutions required, and will produce a refined plan and estimated cost for the rest of the project.

### **1.2.4 Funding and Resourcing for Phase 1**

Based on the team's assessment, neither the deadline of June 2016 nor June 2018 is attainable without implementing mitigation strategies. These include revising the June 2016 milestone, reducing scope for

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<sup>2</sup> Ministry of Health Services (May 24, 2011). *Provincial EHR Business Roles Model*

implementation by June 2018, and adding a project phase after June 2018. Please see the risk management plan (see Appendix B - Risk Register) for details.

To fully examine and assess the options for meeting the final deadline, the project will need both funding and resources. The project team is seeking **s.17** in funding for this phase. This amount represents MAXIMUS' costs, does not include contingency, but captures estimated direct Ministry expenditure. Additionally, the project requires the following resources for the first phase:

- 3 FTE policy analysts for November 2015 – April 2016
- 1 FTE project manager for the project duration, starting immediately
- 1 FTE communications-stakeholder engagement strategist/writer
- As other resource needs are identified they will be communicated to the Steering Committee for review and approval

Resource availability is the project's critical need. Any delay in obtaining the necessary resources (people and budget) will have a further direct impact on the ability to produce timely deliverables.

### 1.2.5 Change Control

Once approved, this Project Plan will form the baseline for the project. However, during the project, any stakeholder may request a change to the project definition (scope, deliverables, schedule, and budget) or to a previously approved project deliverable. Change requests will be logged, documented, analyzed for project impact, and reviewed by appropriate resources from the Project Team. The Project Manager will manage changes in accordance with the guidelines outlined below.

Change Characteristics	Process
One or more of the following need to be present:  Change to functionality of a deliverable or its component, or the addition/deletion of one or more deliverables or components.  Change to schedule  Change to budget  Potential to impact other interdependent projects (resourcing, budget, schedule, quality, scope)	PM will work with requestor to create a CR document ;  PM will review the CR with the Project Sponsor for approval;  If approved, the change is implemented, included in weekly status report and then reviewed at next Project Steering Committee meeting

### 1.2.6 Assumptions

Planning includes the following assumptions:

- Essential resources will be made available as required
- The portfolio management approach for PharmaNet will coordinate this project and the other concurrent PharmaNet initiatives
- Funding is available to implement all phases of the project

## 2.0 Scope

The project will provide clinicians and individuals accessing PharmaNet on their behalf with information they need to provide direct patient care, while ensuring all individuals' accountability to the Ministry for the use and privacy of the information.

It should be noted that this project encompasses clinical uses and users, not secondary uses<sup>3</sup> such as billing, evaluation, planning, and research, which have separate legal authorities, policies and processes under the PSA.

### 2.1 In Scope

There are three major components that are in scope for this project:

#### 2.1.1 Enrolment

- a. Enroll all existing PharmaNet users in accordance with the new regulations
- b. Develop processes and /or systems to accept new applications for enrolment of new users
- c. Develop processes and/or systems to re-enroll grandfathered users. Overall the functionality will allow processing of the following:
  - New enrolments
  - Expiration of existing enrolled users
  - Changes to existing enrolled users
  - Exceptions application requests
  - Appeals to enrolment decisions

#### 2.1.2 Authorization

Develop processes and/or systems for managing real time requests for information from PharmaNet, including:

- Authorization / Access Controls
- End User Notifications
- Access Logging

#### 2.1.3 Monitoring

Develop processes and/or systems for the Ministry to ensure that information in PharmaNet is accessed in accordance with legislation and agreements, including:

- Reporting
- Auditing
- Enforcement
- Appeals related to Enforcement

A high-level breakdown of the areas above is available, for reference, in Appendix A. The Phase 1 of the project will deliver on the following activities in support of the components described above:

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<sup>3</sup> The generally-used definition of secondary uses in the health sector is any purposes other than direct patient care. In other legislation, such as FOIPPA, secondary use is any purpose other than those for the original collection of information.

Activity
<p>Phase 1</p> <ul style="list-style-type: none"> <li>➤ Policy development</li> <li>➤ Business rules</li> <li>➤ Business requirements</li> <li>➤ Conceptual overall solution architecture</li> <li>➤ Define Stakeholder Engagement Strategy</li> <li>➤ Complete Business Architecture Review by developing plans to address Ministry or corporate decisions in such areas as: <ul style="list-style-type: none"> <li>○ HIAL use;</li> <li>○ Provider Registry;</li> <li>○ End User Authentication; and</li> <li>○ Test Approach Strategy.</li> </ul> </li> <li>➤ Detailed plan for Phase 2, including the design of solutions, change management activities for engaging stakeholders, and high level plan for the remainder of project.</li> </ul>

## 2.2 Out of Scope

The following items are provided here to help clarify the scope boundaries of the project:

1. Development of user enrolment functionality for systems other than PharmaNet;
2. Resolving existing PharmaNet, Client Registry, Enterprise Master Patient Index (EMPI), and HIAL application defects;
3. Changes to policies and technical requirements for mobile/remote access to PharmaNet;
4. Health Authority Integration needs that are not addressed in the respective project, other than management of users of PharmaNet information;
5. E-prescribing project needs that are not addressed in the respective project, other than management of users of PharmaNet information;
6. Secondary uses of clinical information (e.g., planning, evaluation, research). Solutions for the in scope objectives should not facilitate secondary uses by clinicians, health authorities, or Colleges, unless specifically identified in scope;
7. PharmaNet Point of Service vendor software development.

## 3.0 Schedule

The Regulation imposes June 2016 for the implementation of the new enrolment process and supporting procedures and technologies. By June 2018 all users must be enrolled or re-enrolled, and have their access provisioned and controlled under the new authorization mechanism, in order to access PharmaNet.

### 3.1 Phase 1 Schedule

This schedule is an estimate. The project's overall schedule will be determined as part of Phase 1 activities. The major project milestones for Phase 1 are:



Description	Target Date
MPP submission for project authorization. Initial funding request to cover costs of Phase 1.	Halloween 2015
Funding is approved for Phase 1	Friday Nov. 13, 2015
Phase 1 – Exploration and Analysis - complete	Dec. 19, 2016
Funding approved for Phase 2	Jan. 29, 2017

### 3.2 Phase 1 Project Plan

Task Name	Qualified Receiver	Approver	Responsible	Duration	Start	Finish
<b>Phase 1</b>				<b>315d</b>	<b>Mon 11/02/15</b>	<b>Mon 12/19/16</b>
<b>Exploration / Requirements</b>				<b>315d</b>	<b>Mon 11/02/15</b>	<b>Mon 12/19/16</b>
Policy Development	Leanne Warren	Mitch Moneo	MBPSD	138d	Mon 11/02/15	Fri 04/29/16
Business Rules Development	Leanne Warren	Mitch Moneo	MAXIMUS	47d	Mon 04/18/16	Fri 06/17/16
Process maps - current state	Leanne Warren	Mitch Moneo	MAXIMUS/MBPSD	30d	Wed 07/06/16	Mon 08/15/16
Business Requirements	Leanne Warren	Mitch Moneo	MAXIMUS	59d	Fri 06/24/16	Fri 09/09/16
Process maps - future state	Leanne Warren	Mitch Moneo	MAXIMUS/MBPSD	30d	Tue 08/16/16	Fri 09/23/16
High Level Solution Requirements	Sorin Pop	Kelly Uyeno	MAXIMUS	26d	Fri 09/02/16	Thu 10/06/16
Validate proposed solution options	Sorin Pop	Kelly Uyeno	HSIMIT/MBPSD	10d	Wed 10/05/16	Tue 10/18/16
Confirm solution option	Sorin Pop	Kelly Uyeno	HSIMIT/MBPSD	10d	Tue 10/18/16	Mon 10/31/16
Develop conceptual overall Solution Architecture	Sorin Pop	Kelly Uyeno	MAXIMUS	27d	Mon 10/31/16	Tue 12/06/16
Planning for Phase 2 and remainder of project	Sorin Pop	Kelly Uyeno	MAXIMUS/MBPSD	18d	Tue 11/22/16	Thu 12/15/16
<b>Concurrent Tasks</b>				<b>185d</b>	<b>Mon 11/02/15</b>	<b>Thu 06/30/16</b>
Ministry change management planning	Leanne Warren	Mitch Moneo	MBPSD	185d	Mon 11/02/15	Thu 06/30/16
MoH Business Architecture Review	Sorin Pop	Kelly Uyeno	HSIMIT	69d	Mon 11/02/15	Fri 01/29/16
Develop operational costing model	Sorin Pop	Kelly Uyeno	MAXIMUS/MBPSD/BMO	43d	Mon 01/04/16	Mon 02/29/16
Close Phase 1 presentation / walkthrough	Sorin Pop	Kelly Uyeno	MBPSD/MAXIMUS	1d	Fri 12/16/16	Mon 12/19/16

The Ministry will develop a change management plan for the project. This plan will identify strategies for engagement and communications, mechanisms to increase adoption, and consider options for meeting the project's implementation that is not supported by a technology solution.

We expect that the Ministry's activities will commence in November 2015.

## 4.0 Costs

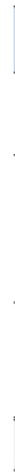
### 4.1 Project Costs

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### 4.2 Phase 1 Costs

The following are the estimated costs:

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The Ministry, through its Finance Division, has yet to confirm which costs are capital vs. one-time operating.

On-going operational support costs will be estimated as part of the Phase 1 of the project. These will be then managed as per the framework defined in the Master Services Agreement between the Province and MAXIMUS.

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## 5.0 Quality

Phase 1 will be deemed finished when:

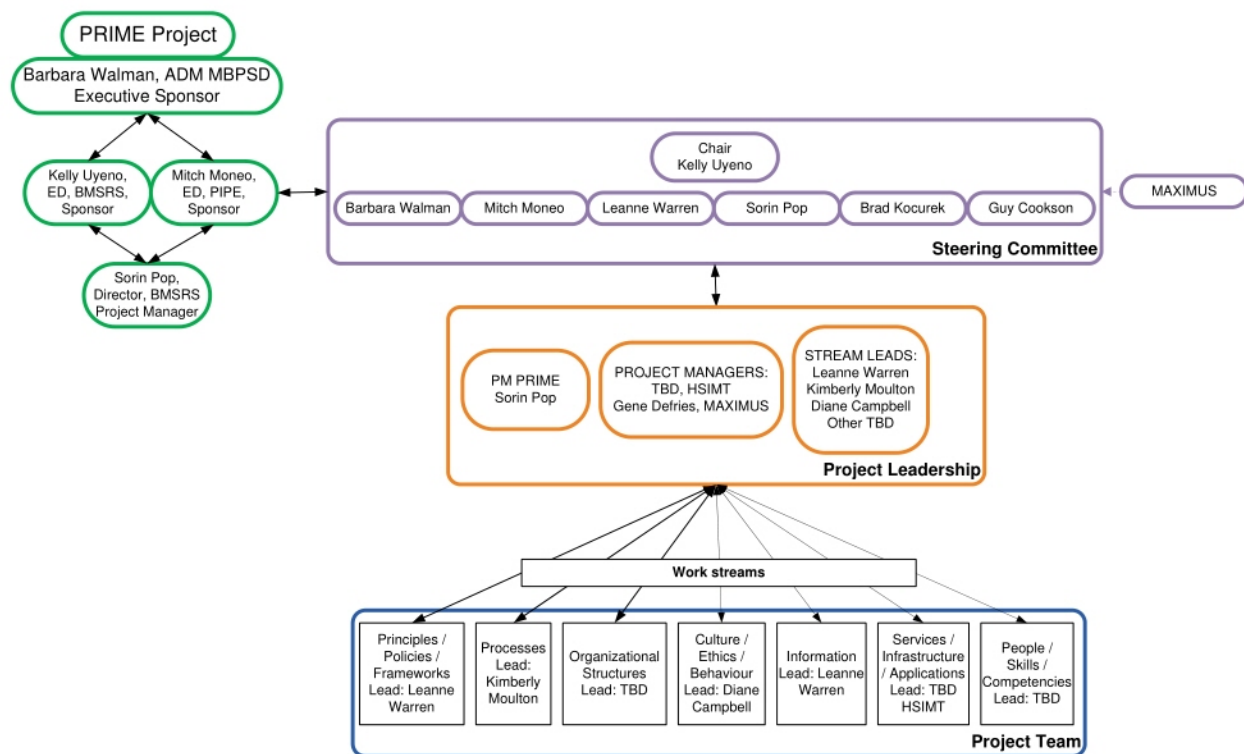
- all deliverables are complete and approved;
- all milestones are met;
- future phase resources are identified;
- Phase 1 closure activities complete.

## 6.0 Human Resources

The sponsor of the project is Barbara Walman, Assistant Deputy Minister, Medical Beneficiary and Pharmaceutical Services Division (MBPSD). Kelly Uyeno, ED for Business Management, Supplier Relations, and Systems is accountable for the delivery of changes related to technology and operations. Mitch Moneo, the ED for PharmaCare Information, Policy, and Economics, is accountable for legislation and policy changes.

### 6.1 Governance

The following diagram illustrates the reporting organization of the project.



## 6.2 Roles and Responsibilities

The following descriptions define the general roles and responsibilities of the resources to support this project.

### 6.2.1 Committees

#### Steering Committee:

- Monitor project's performance
- Evaluate feedback from the project leadership team
- Set direction for the project

#### Project Leadership Team:

- Agree to and implement appropriate processes and procedures for project delivery
- Initiate change control requests
- Lead day to day activities of the project

#### Project Team:

- Deliver on the activities part of the project management plan

### 6.2.2 Internal Resources

Estimated resource requirements include:

Name	Role	Utilization	Responsibilities
Barbara Walman, ADM MBPSD	Executive Sponsor, Steering Committee	5%	<ul style="list-style-type: none"> <li>* Accountable for the project</li> <li>* Builds a coalition of sponsorship</li> <li>* Promotes project at Executive level</li> <li>* Acquires and ensures sufficient program resources</li> <li>* Establishes/approves project governance</li> <li>* Validates and accepts/approves key deliverables</li> <li>* Participates actively and visibly during the project</li> </ul>
Kelly Uyeno, ED BMSRS, MBPSD Mitch Moneo, ED PIPE, MBPSD	Sponsors, Co-Chair Steering Committee	20%	<ul style="list-style-type: none"> <li>* Responsible for the delivery of the project</li> <li>* Helps define business objectives</li> <li>* Confirms and approves project scope</li> <li>* Acquires and ensures sufficient program resources</li> <li>* Co-Chairs Steering Committee</li> <li>* Ensures major objectives are met</li> <li>* Reviews and approves Change Requests</li> <li>* Resolves issues arising from the project; escalates as necessary</li> <li>* Responsible for final sign-off of the project.</li> </ul>
Guy Cookson, ED Business Management Office, HSIMIT	Steering Committee	10%	<ul style="list-style-type: none"> <li>* Responsible for contract management with MAXIMUS and Oracle</li> <li>* Participates in issue resolution pertaining to the two contracts</li> </ul>
Brad Kocurek, Chief Technical Officer, HSIMIT	Steering Committee	10%	<ul style="list-style-type: none"> <li>* Responsible for HSIMIT PMO and IT Services</li> <li>* Participates in issue resolution regarding the CGI contract</li> </ul>
Leanne Warren, Director PIPE, MBPSD	Project Team, Project Leadership Team,	First 6 months at 100%, remainder 50%	<ul style="list-style-type: none"> <li>* Leads policy development</li> <li>* Participate in defining and reviewing of acceptance test scenarios and cases</li> <li>* Provides business expertise</li> <li>* Verifies the documented business requirements</li> </ul>

Name	Role	Utilization	Responsibilities
	Steering Committee		<ul style="list-style-type: none"> <li>* Reviews and approves acceptance test results</li> <li>* Identifies and participates in resolution of problems and issues</li> <li>* Participates in development of user training</li> <li>* Liaises with external business areas</li> </ul>
Sorin Pop, Director, BMSRS, MBPSD	Steering Committee	50%	<ul style="list-style-type: none"> <li>* Overall director responsible for the project</li> <li>* Focus on strategic direction of project, communications to sponsor and external stakeholder groups, and on major project issues</li> <li>* Identifies, collects and ensures prioritization of business requirements</li> <li>* Ensures the business requirements meet the business needs.</li> <li>* Ensures the conceptual design meets the requirements</li> </ul>
Sorin Pop, Director, BMSRS, MBPSD	Project Manager, Project Leadership Team, Steering Committee	100%	<ul style="list-style-type: none"> <li>* Project Manager of project</li> <li>* Identifies and participates in the resolution of problems and issues (manage risk)</li> </ul>
TBD, HSIMIT	Project Leadership Team	50%	<ul style="list-style-type: none"> <li>* Responsible for linking with MBPSD overall director for the project</li> <li>* Participates in the Steering Committee</li> <li>* Liaises with HSIMIT areas to ensure overall information management technology leadership</li> <li>* Communicates to HSIMIT and external stakeholder groups, on major IM/IT issues</li> <li>* Manages the IM/IT side of the project</li> </ul>
Rick Connolly, Integrated Health IT, HSIMIT	Project Team	10%	<ul style="list-style-type: none"> <li>* Approves the project solution(s) architecture and designs</li> <li>* Provides advice to project</li> </ul>
Jeff Aitken, Conformance and Integration Services, HSIMIT	Project Team	10%	<ul style="list-style-type: none"> <li>* Leads the conformance standards publication and compliance efforts</li> <li>* Provides advice to project</li> </ul>
Diane Campbell, Senior Policy Analyst, PIPE, MBPSD Kimberly Moulton, Business Analyst, BMSRS, MBPSD	Project Team	20%	<ul style="list-style-type: none"> <li>* Organizes meetings and workshops</li> <li>* Develops and maintains meeting and workshop minutes and proceedings</li> <li>* Maintains project website</li> <li>* Manages project documentation</li> <li>* Acts as configuration librarian to ensure configuration management, version control and change control</li> <li>* Produces workshop materials as required</li> <li>* Ensures timely distribution of documentation to workshop attendees, reviewers, management, etc.</li> <li>* Creates and maintains project directories</li> </ul>
Diane Campbell, Senior Policy Analyst, PIPE, MBPSD	Project Team	50%	<ul style="list-style-type: none"> <li>* Part of the policy development team Nov 2015 – Apr 2016</li> </ul>

Name	Role	Utilization	Responsibilities
James Kerr, Policy Analyst, PIPE, MBPSD	Project Team	50%	* Part of the policy development team Nov 2015 – Apr 2016
Kimberly Moulton, Business Analyst, BMSRS, MBPSD	Project Team	20%	* Part of the technical solutions team and the transition to operations team
Ritchie Hughes, Senior Project Manager, Project Management Office, HSIMIT	Project Team	10%	* Provides guidance with regard to project management and project management documentation * Reviews project management documentation and provides feedback.
TBD, Clinical Advisor	Project Team	TBD	* Advises on clinical requirements * Reviews policies and other deliverables for practicality in clinical setting * Assists with communications
TBD, Legal Advisor	Project Team	TBD	* Develops legal strategy * Assists with legislative and regulatory requirements
TBD, Data Access Services, HSIMIT	Project Team	TBD	* TBD (depends on solution)
TBD, IMKS, HSIMIT	Project Team	TBD	* TBD (depends on solution)
TBD, Health Registries, HSIMIT	Project Team	TBD	* TBD (depends on solution)
TBD, HIPSL, HSIMIT	Project Team	TBD	* TBD (depends on solution)
TBD, Health Sector Workforce Division	Project Team	20%	* Participates in consultation * Liaises with HSWD areas to ensure overall policy leadership * Communicates to HSWD and external stakeholder groups, on major HSWD policy issues
<b>Total Effort (Internal Resources)</b>		Significant	During Phase 1 this plan will be revised / updated.

### 6.2.3 External Resources

Resources from outside the organization include:

Name	Role	Utilization	Responsibilities
Olga Jubran, Pharmacy Segment Manager, MAXIMUS	Project Leadership Team	10%	* As per Phase 1 plan from MAXIMUS
Gene Defries, Project Manager, MAXIMUS	Project Leadership Team	100%	* As per Phase 1 plan from MAXIMUS
Enola McClean, Business Analyst Lead, MAXIMUS	Project Team	50%	* As per Phase 1 plan from MAXIMUS
Sara Smith, Business	Project Team	100%	* As per Phase 1 plan from MAXIMUS

Name	Role	Utilization	Responsibilities
Analyst, MAXIMUS			
Oracle	Sub-contractor	200 hrs. Phase 1	* Provides consultation
CGI	Sub-contractor	200 hrs. Phase 1	* Provides consultation

### 6.3 Phase 1 Key Milestones, Deliverables, and Responsibilities

The following key deliverables and milestones are based on the high level business requirements and scope items referenced in the previous sections. The entire list of deliverables and milestones will be included in the project implementation plan. The details of the Ministry responsibilities are available in Appendix B.

No	Description	Milestone or Deliverable	Roles R=Responsible A=Accountable C=Consulted I=Informed	
			MAXIMUS	MoH
1.	Phase 1 Project Implementation Plan	Deliverable: development Milestone: acceptance and sign off.	R R	A/R/C A/R
2.	Project Progress Reports	Deliverable: Project Progress Reports are delivered to MOH as per the agreed-upon schedule and contain the information required to track progress, e.g.: <ul style="list-style-type: none"> <li>Actual vs. forecast</li> <li>Performance to plan</li> <li>Project issues/risks</li> </ul>	R	A/C
3.	Business Drivers	Deliverable: development Milestone: acceptance and sign off.	R I	A/R/C A/R



No	Description	Milestone or Deliverable	Roles R=Responsible A=Accountable C=Consulted I=Informed	
			MAXIMUS	MoH
4.	Business Rules	Deliverable: development Milestone: The Business Rules have been accepted and signed off.	R R	A/C A/R
5.	Business Requirements	Deliverable: development Milestone: The Business Requirements have been accepted and signed off.	R R	A/C A/R
6.	"Current State" Process Flow diagrams	Deliverable: development Milestone: The "Current State" Process Flow diagrams have been reviewed and accepted.	R R	A/R/C A/R
7.	"Future State" Process Flow diagrams	Deliverable: development Milestone: The "Future State" Process Flow diagrams have been reviewed and accepted.	R R	A/R/C A/R
8.	Glossary	Deliverable: development Milestone: Glossary has been reviewed and accepted.	R R	A/C A/R
9.	High Level Solution Requirements	Deliverable: development Milestone: The Solution Requirements have been accepted and signed off.	R R	A/C A/R
10.	PRIME Conceptual overall Solution Architecture	Deliverable: development Milestone: The Solution Architecture for the PRIME solution has been accepted and signed off.	R R	A/C A/R



No	Description	Milestone or Deliverable	Roles R=Responsible A=Accountable C=Consulted I=Informed	
			MAXIMUS	MoH
11.	Operational model	Deliverable: Develop the operational costing model	R	A/C
12.	Phase 2 Project Implementation Plan	Deliverable: plan development Milestone: The Phase 2 Project Implementation Plan has been accepted and signed off.	R R	A/C A/R
13.	PharmaCare PRIME Policy	Deliverable: policy development Milestone: PharmaCare PRIME policy has been accepted and signed off.	C I	A/R A/R
14.	Business Architecture Decisions	Milestone: Strategic business architecture decisions have been made to allow the project narrow down on preferred high level solution option for the purpose of development a high level conceptual Solution Architecture and costing	I	A/R
15.	Stakeholder Engagement Strategy	Deliverable: development Milestone: The Stakeholder Engagement Strategy is accepted and signed off.	C I	A/R A/R
16.	Funding for Phase 2	Milestone: The request for funding approval for Phase 2 is accepted and signed off.	I	A/R

Table 3 - Key Milestones, Deliverables, and Roles

CGI and Oracle may need to be involved in some of the deliverables and milestones in Table 3.

## 7.0 Communications

### 7.1 Project Status Reporting

	Activities	Accountability	Audience	Method	Frequency
1.	Collect Project Status	Project Managers	Project Managers	MS Project, Status Report, Team Review Meeting, Email	Weekly
2.	Provide Status Report including the Milestone Report	PRIME Project Manager	Sponsor, Steering Committee, Stakeholders	MS Word document, MS Project, Report, Review Meeting	Monthly
3.	Report Project Update	Project Sponsor	Ministry Executive Management	PMO Status Report, Project Portfolio Dashboard Report	Monthly
4.	Information Bulletins	PRIME Project Manager	Public	Web	Quarterly

Phase 1 will develop a stakeholder engagement strategy (see Section 10). A detailed communications plan will follow.

## 8.0 Risk

s.13,s.17

## 9.0 Procurement

The development and integration work for PharmaNet was outsourced to MAXIMUS in 2005. Portions of the work may be delivered by other vendors, such as CGI and Oracle, as per current services contracts. When the project concludes the work on identifying the number and types of solutions needed for implementation (in Phase 1) we will know which specific vendors will deliver what solutions. At that stage we will also know if procurement outside of this services framework is required.

## 10.0 Stakeholders

### 10.1 Key Stakeholders and Their Interests

The table below identifies stakeholder groups, who will represent them for this project, and what their interests, expectations and concerns are understood to be. These interests, expectations and concerns must be considered throughout the project.

Stakeholder Group	Represented by	Interests, Expectations, Concerns
MBPSD	Barbara Walman, ADM Mitch Moneo, ED PIPE Kelly Uyeno, ED BMSRS	Project plan, deliverables, costs, engagement and resource requirements, risk mitigations. Expectation that PRIME will deliver significant improvements to PharmaNet user management, including accountability of all users to MoH. Accountable for ongoing effective operations of PharmaNet. Project plan, deliverables, milestones, resource requirements, issues, risks, decisions required Policy and legislation for PharmaNet. Overall direction for PharmaNet technology Everyday operations of PharmaNet. Privacy of PharmaNet information (in collaboration with others).
HSIMIT	Deborah Shera, ADM Tracee Schmidt, ED SPB Guy Cookson, ED BMO Brad Kocurek, ED IT Services Mariana Diacu, ED HIPSL Kelly Moran, ED IMKS	Project Plan, timeframes. Impacts on current projects, priorities, risks, resource requirements. Delivery of IT components of PharmaNet improvement projects. Demand on contracted IT resources (MAXIMUS, Oracle, and CGI). Contract management and re-procurement. Project reporting. Capital funding needs for planning purposes. Project management best practices; delivery of solutions on schedule and budget. Collection of information about PharmaNet users; Provider Registry System updates/upgrades and provision of information to enrolment system (Colleges and non-regulated). PIA and STRA. Information use monitoring and audit to support sanctions under the Information Management Regulation and the Pharmaceutical Services Act.
Health Sector Planning & Innovation Division	Katherine Thiessen-Wale, Director	Understand the impacts to legislation.
MAXIMUS	Olga Jubran, Pharmacy Segment Manager	Project plan, timelines, policy, business rules, business requirements, development, testing, and decisions critical to the implementation plan.
Oracle	TBD	Project plan, timelines, business requirements, development, testing.
CGI	TBD	Project plan, timelines, business requirements, development, testing.

Stakeholder Group	Represented by	Interests, Expectations, Concerns
Regulatory bodies (Colleges) for health professions (prescribers and non-prescribers)	TBD	Registrants' access that supports bylaw requirements and professional practice standards. Bylaw changes. Enrolment processes – user information provision; exceptions. Limits and restrictions including coordination with College sanctions. Information monitoring and audit. Breach processes coordination.
Health professional associations: * BC Pharmacy Association * Canadian Association of Chain Drug Stores * Doctors of BC * Midwives Association of BC * BC Podiatric Medical Association * British Columbia Naturopathic Association * BC Dental Association * BC Doctors of Optometry * Association of Registered Nurses of BC	TBD	Concerned with impact on businesses of their members (e.g., cost, workflow). Concerned with impact on employment of their members (e.g., sanctions).
Regional Health Authorities	TBD	Access supporting patient care requirements and local practices. Enrolment processes – efficiency and applicability for local practices; user information provision. Limits and restrictions impact. Information monitoring and audit coordination. Breach processes coordination.
Provincial Health Services Agency	TBD	Access supporting patient care requirements and local practices. Limits and restrictions impact. Information monitoring and audit coordination. Breach processes coordination. Enrolment processes – efficiency and applicability for local practices; user information provision. Enrolment processes – eHOPS involvement in alternatives to PRIME.
PharmaNet Application Vendors	TBD	Access to timelines, own project resources for development, testing, and compliance with PharmaNet standards. Enrolment processes: efficiency; general changes required (e.g., 2-factor authentication). Breach processes, including provision of supporting information to MoH. Information monitoring and audit. Limits and restrictions implementation. Compliance & Conformance Standards changes.



## 10.2 Stakeholder Categories

For the purposes of defining the most appropriate methods for engaging the various groups, stakeholders have been assigned categories according to their level of influence and their expected interest in or impact from the project and its outcomes. They are:

- **Partner**, defined as having “mutual influence and direction occurs, with significant commitment by all”. Requires the highest commitment of communication. High level of influence on the project and highly impacted by the project; therefore should be highly interested. Commitment is required by these stakeholders in order for the project to succeed. May participate in working groups.
- **Involve**, defined as being “affected by this project and therefore needs to be involved, but provides minimal direction to the project”. Low level of influence on the project and high level of impact by the project; should be very interested. Involvement is required to ensure the stakeholder group’s requirements are represented on the project.
- **Explain**, defined as “not directly affected by this project, but can influence the project by providing direction”. Mainly administrative level, requiring specific communications from time to time. High level of influence, low level of impact; interest is usually focused on one or two aspects only. Stakeholder must be kept clearly informed on the project outcomes and progress so that they continue to support the project.
- **Inform**, defined as “interested and can be helpful, but provides no direction”. Communications based on need to understand. Low level of influence, low level of impact; general interest only. Stakeholder needs to be kept informed of the project.

Category	Key Stakeholders
Partner	MBPSD Health Sector Information Management / Information Technology Health Sector Planning & Innovation Division MAXIMUS/Oracle/CGI
Involve	Office of the Chief Information Officer Government Communications and Public Engagement Office of the Information and Privacy Commissioner of BC Health professionals’ regulatory bodies, prescribers Health professionals’ regulatory bodies, non-prescribers Health Authorities PharmaNet Application Vendors
Explain	Finance and Corporate Services Division Legislation and Intergovernmental Relations ED and Director Health Sector Workforce Division Health professional associations Non-regulated end users (e.g., MOAs, ward clerks)
Inform	Privacy advocacy groups General public (to understand both what to expect from practitioners and to address any concerns they have around privacy and security of their information)

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## Appendix B: Phase 1 Responsibilities

No	Description	Milestone or Deliverable	<b>Roles</b> <b>R=Responsible</b> <b>A=Accountable</b> <b>C=Consulted</b> <b>I=Informed</b>	
			<b>MAXIMUS</b>	<b>MoH</b>
1.	Phase 1 Project Implementation Plan	Deliverable: development Milestone: acceptance and sign off.	R R	A: Sponsors R: PRIME PM C: Internal Stakeholders A: Sponsors R:
2.	Project Progress Reports	Deliverable: Project Progress Reports are delivered to MOH as per the agreed-upon schedule and contain the information required to track progress, e.g.: <ul style="list-style-type: none"> <li>• Actual vs. forecast</li> <li>• Performance to plan</li> <li>• Project issues/risks</li> </ul>	R	A/C
3.	Business Drivers	Deliverable: development Milestone: acceptance and sign off.	R I	A/R/C A/R

No	Description	Milestone or Deliverable	Roles R=Responsible A=Accountable C=Consulted I=Informed	
			MAXIMUS	MoH
4.	Business Rules	Deliverable: development Milestone: The Business Rules have been accepted and signed off.	R R	A/C A/R
5.	Business Requirements	Deliverable: development Milestone: The Business Requirements have been accepted and signed off.	R R	A/C A/R
6.	"Current State" Process Flow diagrams	Deliverable: development Milestone: The "Current State" Process Flow diagrams have been reviewed and accepted.	R R	A/R/C A/R
7.	"Future State" Process Flow diagrams	Deliverable: development Milestone: The "Future State" Process Flow diagrams have been reviewed and accepted.	R R	A/R/C A/R

No	Description	Milestone or Deliverable	<b>Roles</b> <b>R=Responsible</b> <b>A=Accountable</b> <b>C=Consulted</b> <b>I=Informed</b>	
			<b>MAXIMUS</b>	<b>MoH</b>
8.	Glossary	Deliverable: development Milestone: Glossary has been reviewed and accepted.	R R	A/C A/R
9.	High Level Solution Requirements	Deliverable: development Milestone: The Solution Requirements have been accepted and signed off.	R R	A/C A/R
10.	PRIME Conceptual overall Solution Architecture	Deliverable: development Milestone: The Solution Architecture for the PRIME solution has been accepted and signed off.	R R	A/C A/R
11.	Operational model	Deliverable: Develop the operational costing model	R	A/C

No	Description	Milestone or Deliverable	Roles R=Responsible A=Accountable C=Consulted I=Informed	
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12.	Phase 2 Project Implementation Plan	Deliverable: plan development Milestone: The Phase 2 Project Implementation Plan has been accepted and signed off.	R R	A/C A/R
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15.	Stakeholder Engagement Strategy	Deliverable: development Milestone: The Stakeholder Engagement Strategy is accepted and signed off.	C I	A/R A/R

No	Description	Milestone or Deliverable	Roles R=Responsible A=Accountable C=Consulted I=Informed	
			MAXIMUS	MoH
16.	Funding for Phase 2	Milestone: The request for funding approval for Phase 2 is accepted and signed off.	I	A/R



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**Tryan, Derek N HLTH:EX**

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**From:** Pop, Sorin HLTH:EX  
**Sent:** Thursday, July 31, 2014 1:49 AM  
**To:** Walman, Barbara J. HLTH:EX; Uyeno, Kelly HLTH:EX  
**Cc:** Lun, Eric HLTH:EX; Moneo, Mitch HLTH:EX; Voggenreiter, Christine HLTH:EX; Moulton, Kimberly HLTH:EX; Healey, Susan HLTH:EX; Capelli, John HLTH:EX  
**Subject:** R3 is a GO

Sorin Pop  
Director, PharmaNet  
Medical Beneficiary & Pharmaceutical Services  
BC Ministry of Health

## Tryan, Derek N HLTH:EX

---

**From:** Pop, Sorin HLTH:EX  
**Sent:** Friday, August 29, 2014 4:17 PM  
**To:** Walman, Barbara J. HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX; Walsh, Sara M HLTH:EX  
**Subject:** RE: paper on PNet  
**Attachments:** 1016114 PharmaNet Roadmap Plan.docx

Hi Barbara,

We have pulled all the various supporting documents into one, we have added a version control page, and changed the status from "working paper" to "DRAFT".

Many thanks go to Sarah and Kelly for making this into reality.

Have a great weekend.

PS we can provide a full one page for the content in Appendix B if you need it shared separately.

Sorin Pop

Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
1515 Blanshard St., Victoria, BC V8W 3C8  
T: 250-952-2288

---

**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Friday, August 29, 2014 2:41 PM  
**To:** Pop, Sorin HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX; Walsh, Sara M HLTH:EX  
**Subject:** paper on PNet

Hi, can you email me the document and I will work with that...pls add a date and version control thanks

### **Barbara Walman**

Assistant Deputy Minister  
Medical Beneficiary & Pharmaceutical Services Division  
*Ministry of Health*  
*Government of British Columbia*  
Phone: (250) 952-1464



# PharmaNet Roadmap Plan

Medical Beneficiary & Pharmaceutical  
Services Division

Barbara Walman, ADM

DRAFT

8/29/2014





## Version Control

Version	Date	Author(s)
1.0	2014-08-29	Kelly Uyeno, Sorin Pop, Sarah Prosser



# PharmaNet Roadmap Plan

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## Introduction

Medical Beneficiary & Pharmaceutical Services Division (MBPSD) have developed a multi-year plan for the modernization and transformation of PharmaNet. MBPSD has engaged with the leadership and management teams and consulted with Health Sector IM / IT (HSIMIT) and external partners. The Ministry has approved these plans in 2013 as part of the Office of the CIO (OCIO) process for funding IT initiatives.

## Current Snapshot and Achievements

Today, PharmaNet is a system that connects directly the various practitioners and is primarily used by community pharmacists to dispense prescription medication. Community pharmacy is also the main source of clinical information. In 2013 PharmaNet processed over 65 million claims and supported clinical decision making in over 1,200 community pharmacies, by 2,000 community physicians, and in many hospitals and emergency departments in the province.



In the short term, the future of PharmaNet is linked to the eHealth plans of the Ministry, which call for PharmaNet to become an integral part of the Electronic Health Record (EHR). Although PharmaNet has seen many changes in recent years, additional effort must be expended in order to complete the integration with the EHR.

MBPSD has engaged Deloitte to conduct a review of PharmaNet in 2013 to assess its readiness for the integration in the EHR. Deloitte made a number of recommendations, which the Ministry has accepted. Some of the projects proposed in the multi-year plan address specific

recommendations in the Deloitte review. Other projects, such as the Integrated Special Authority Platform and Financial Controls respond to business needs for transformation and cost savings. Some other projects support MBPSD legislation, such as the implementation of regulations resulting from the *Pharmaceutical Services Act*. Finally, a few of the projects will deliver on Ministry priority objectives in the Services Plan and the commitments in the MBPSD's continuous improvement plan.

MBPSD has completed the implementation of the Quantity Limits / Provider Enrolment / Blood Glucose Test Strips (BGTS); delivered on Phase I projects within the Deloitte Action Plan; invested in activities leading to the electronic prescribing functionality roll out; and supported the IT sector to deliver on the Health Authorities' Clinical Information Systems Integration with a focus on Medication Reconciliation and the exchange with PharmaNet of discharge clinical information.

All the project work to date was accomplished with capital funding approved in 2012/13 and operating funds of the division.

## Near Term System Enhancements

In July 2014 the OCIO has approved \$750,000, which represents a small portion of what is needed for these initiatives in 2015/16. In the previous fiscal year some funding was approved but no budget has been ultimately allocated.



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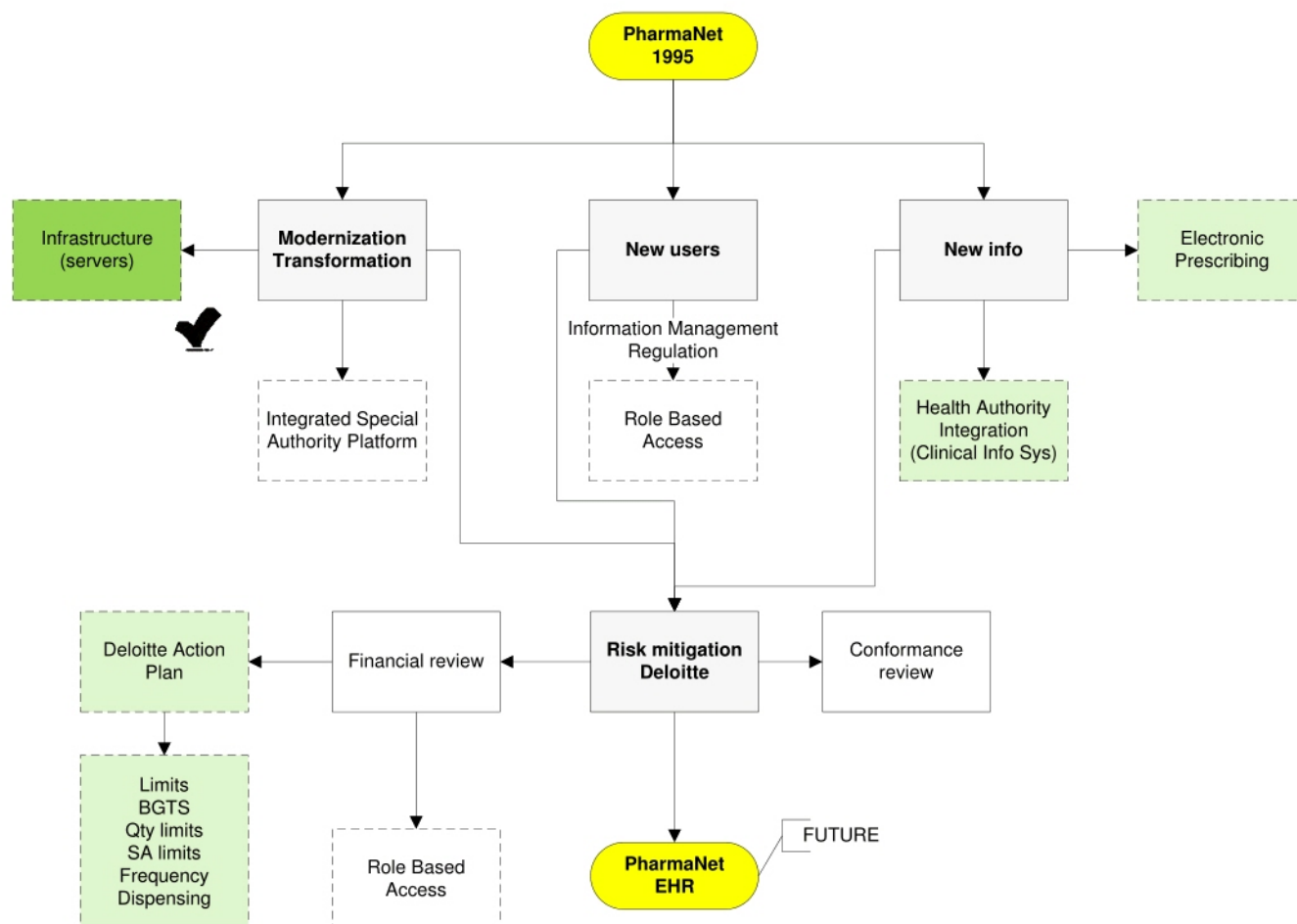
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## The Future of PharmaNet

Earlier we have identified that in the short term the future of PharmaNet is linked to the eHealth plans of the Ministry. These plans call for PharmaNet becoming an integral part of the Electronic Health Record.



The EHR blueprint calls for users to connect via Electronic Medical Records applications through a common gateway to various sources of provincial clinical information. Together with the demands for greater interconnectivity there is both the potential and the need for complete and accurate clinical information (including electronic prescriptions). As more categories of users join the ranks of those accessing PharmaNet, we need to expand the system to accept these new user groups. Given the Ministry's role as custodian of the information entrusted to us, we need to identify reasonable means to protect the information. We can represent visually the relationships between the drivers derived from the goal to integrate PharmaNet into the EHR and the projects that support such changes.



The Ministry has initiated activities to integrate PharmaNet into the EHR in 2006. Since then we have completed a number of enhancements to PharmaNet and invested over \$60M in order to meet this goal. These updates include the addition of electronic prescribing and upgrades of the computers running PharmaNet.

In 2013/14 the Ministry has identified a governance mechanism to evaluate and direct the efforts required to change PharmaNet to meet the goal of integration in the EHR. Additionally, MBPSD has asked Deloitte to conduct a financial review of the system in anticipation of the roll out of electronic prescribing to users in BC. The recommendations made were addressed in an Action Plan, which the Ministry has authorized.

With release 3 of PharmaNet we have introduced some of the controls recommended in the financial review performed by Deloitte. We are now well positioned to continue with the provincial roll out of electronic prescribing but further efforts are required in order to complete the projects leading to the integration of PharmaNet into the EHR.

In parallel, recognizing that the original design for PharmaNet is 20 years old and focused on the needs of community pharmacy, prescription dispensing and adjudication of benefits, we are engaged in planning for the long term. We are considering a future when a new system will serve equally well the clinical needs for practitioners in the province, the monitoring of professional practice by the various Colleges, the research community, the patients themselves, and the Ministry in the administration of benefits for British Columbians.

In doing so we will engage with stakeholders, both internal and external, will consider thought provoking materials about the future of healthcare, the challenges it faces, and where the value can and should be realized. When drafting these future plans, a good initial source of information is the “Opportunities for Action” document published by Canada Health Infoway<sup>1</sup> after pan Canadian consultations.

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<sup>1</sup> See [https://www.infoway-inforoute.ca/index.php/component/docman/doc\\_download/1843-opportunities-for-action-a-pan-canadian-digital-health-strategic-plan&rct=j&frm=1&q=&esrc=s&sa=U&ei=mgYAVOOJG4jxiwLZj4DQAg&ved=0CBMQFjAA&usg=AFQjCNFcr4IxAlSCVcVKPMVTpJEvLmvSw](https://www.infoway-inforoute.ca/index.php/component/docman/doc_download/1843-opportunities-for-action-a-pan-canadian-digital-health-strategic-plan&rct=j&frm=1&q=&esrc=s&sa=U&ei=mgYAVOOJG4jxiwLZj4DQAg&ved=0CBMQFjAA&usg=AFQjCNFcr4IxAlSCVcVKPMVTpJEvLmvSw)

### 3-Year Roadmap

The Medical Beneficiary and Pharmaceutical Services Division has developed a roadmap to successfully deliver the division's core service, continuous improvements and strategic initiatives. This plan will realize the objectives for our short term goal of integrating PharmaNet in the EHR. Supporting business cases were developed and approved in 2013.

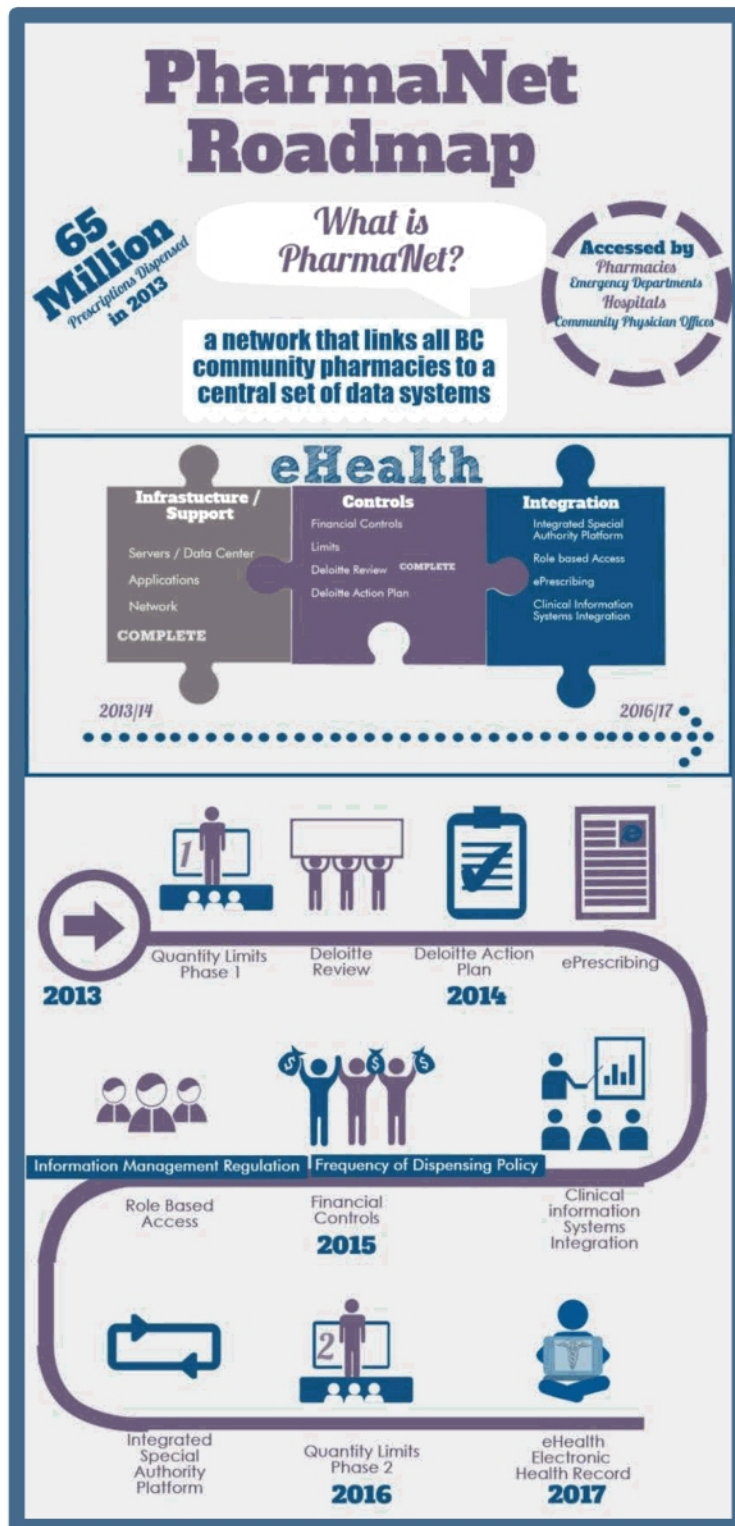
Three initiatives, including related projects, were initially proposed for implementation. The Infrastructure / Support set of projects is complete. The Controls and Integration initiatives are key priorities that require committed capital funding.

While delivering on the integration with the EHR, the roadmap accounts for changes in legislation and policy.

As a result of implementing the projects in the Controls initiative, the Ministry could realize cost savings [s.13,s.17](#)

Additional benefits will be delivered to healthcare providers due to enhancements to clinical systems and the information exchanged with them. These initiatives are in line with the goal of

**One Patient, One Record.  
Better Healthcare.**





## Key Strategic Priorities and Action:

Based on a review with key executive directors and directors across MBPSD and the planning session with HSIMIT, the following projects and actions have been identified as key strategic priorities over the next 18-24 months.

### Regulations and Controls

Escalate the request for funding for Role Based Access and Financial Controls projects, which have an immediate need in order to deliver on the implementation of the upcoming regulation and the cost savings required by PharmaCare. These will also address the recommendations from Deloitte related to tighter financial controls and enhancements of the user access model. This work will require funding estimated to be [s.13,s.17](#)

[s.13,s.17](#)

### Electronic prescribing and Integration

Obtain a commitment from Finance to identify funding in support of the objectives in the Ministry Services Plan and the divisional commitments of HSIMIT and MBPSD related to electronic prescribing and Health Authority integration work. This will require an operating budget allocation of approximately [s.13,s.17](#)

### Special Authority

Increase visibility of the transformation work needed to replace manual, labour intensive adjudication of special authorizations. Seek commitment from the Ministry for funding this work. Work is underway to provide a more accurate estimate, but early estimates identified that [s.13,s.17](#)

[s.13,s.17](#)

### Life Cycle

Engage with HSIMIT and Maximus to review and assess the life-cycle of the existing PharmaNet system technology and architecture. The review will assist with investment decisions for the long term. This will also need to recognize that the contract with Oracle (for the EHR gateway or HIAL) will be reviewed in two years and the MAXIMUS contract will expire in five years, when PharmaNet will need to re-procure a service provider to maintain the system.

### Funding











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### Long Term Planning

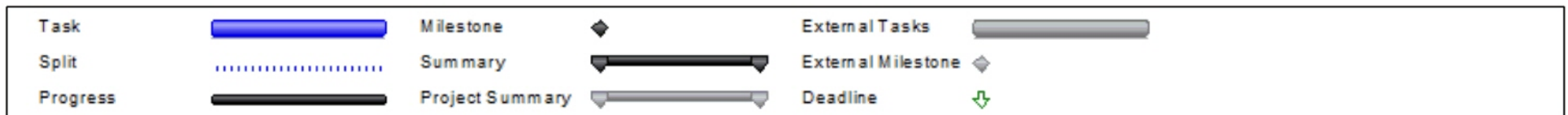
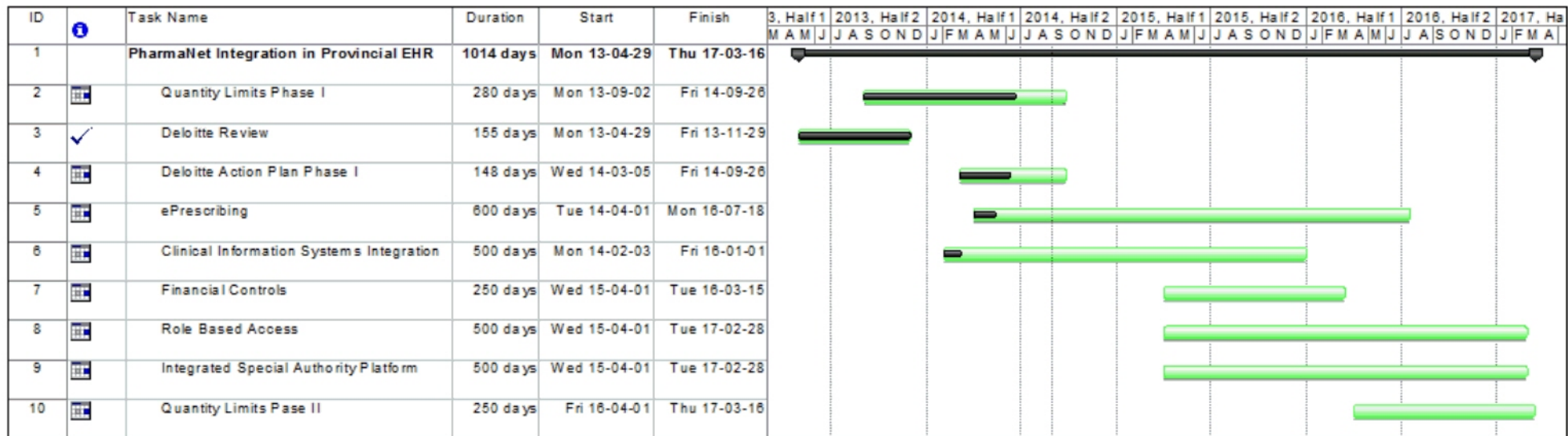
Utilize the stakeholder sessions planned for Fall 2014 to further explore the future of PharmaNet beyond the deployment of ePrescribing for community practice Electronic Medical Record (EMR), community pharmacies and integration of clinical information with the Health Authorities (refer to the “Opportunities for Action” document published by Canada Health Infoway for a basis for discussions).



## Financial implications

	PRIORITY	13/14	14/15	15/16	16/17
	Quantity Limits Phase 1 Outcome: Control expenditure and realize savings by reducing waste while meeting clinical guidelines	\$0.8M	\$0.78M	s.17	s.17
	Deloitte Review Outcome: A financial health check completed prior to rolling out electronic prescribing	\$0.11M			
	Deloitte Action Plan Outcome: Closing the gaps identified in the Deloitte Review, both short term and long term		*		
	ePrescribing Outcome: Availability of electronic prescribing in community medical offices and pharmacies resulting in improved patient safety		\$0.5M*		
	Clinical Information Systems Integration Outcome: Support Health Authorities in meeting the medication reconciliation mandate; add to PharmaNet clinical information from hospitals				
	Financial Controls Outcome: Enhanced financial controls for medication dispensing in community pharmacies	\$0.8M	\$0.78M		
	Role Based Access Outcome: Increase the accountability of users when accessing PharmaNet; support MBPSD legislation; respond to one of the recommendations in the Deloitte review				
	Integrated Special Authority Platform Outcome: Leverage technology to transform business processes; increase productivity and volume of requests processed; cost saving opportunities				
	Quantity Limits Phase 2 Outcome: Enable financial controls specific to Special Authorization benefits to control expenditure				
	Electronic Health Record				
	Funding is in place	\$1.71M	\$2.06M		
	Funding is required				
*	Operating Funds				

## Timeline



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## Appendix A: Opportunities for Action, Canada Health Infoway



# Opportunities for Action

A Pan-Canadian Digital  
Health Strategic Plan



[Click to open document](#)



## Appendix B: One Pager

**1995- 2013**

PharmaNet is a network that links all BC community pharmacies to a central set of data systems. It has been in operation since 1995, initially rolled out to community pharmacies for the purpose of assisting pharmacists with dispensing prescription drugs. At the same time patients with eligible prescription costs had them deducted from the due amount right at the till.

Throughout the years dispensing histories have been made available to other healthcare practitioners to increase patient safety as it relates to medication administration.

In 2013 the system processed over 65 million claims; was used by over 1,200 community pharmacies, 2,000 community physicians, and many hospitals and emergency departments in the province.

In 2012 PharmaNet became capable of receiving electronic prescriptions from community prescribers. In 2013 PharmaNet was upgraded in order to meet the demands of electronic prescribing at a provincial scale. Although PharmaNet has seen many changes in recent years, additional effort must be expanded in order to achieve integration with the Electronic Health Record (EHR).

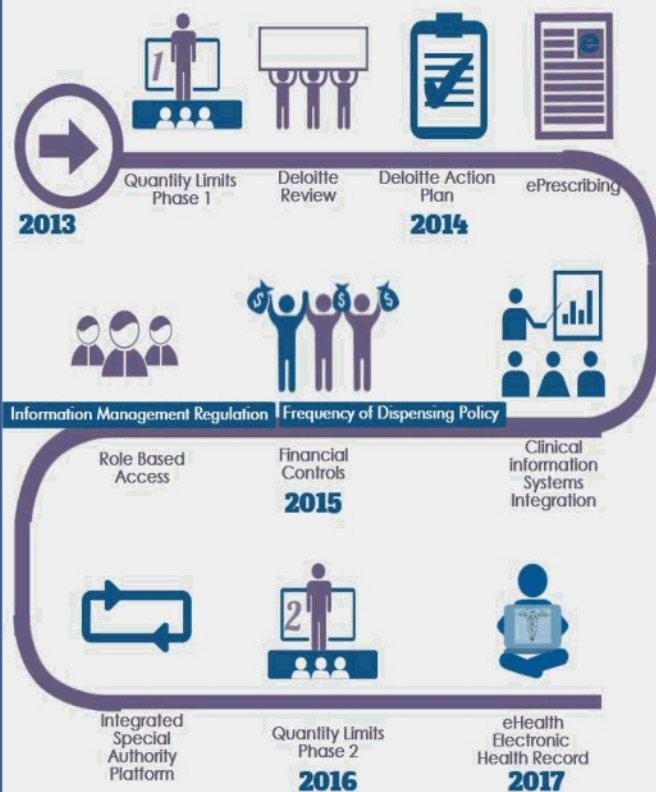
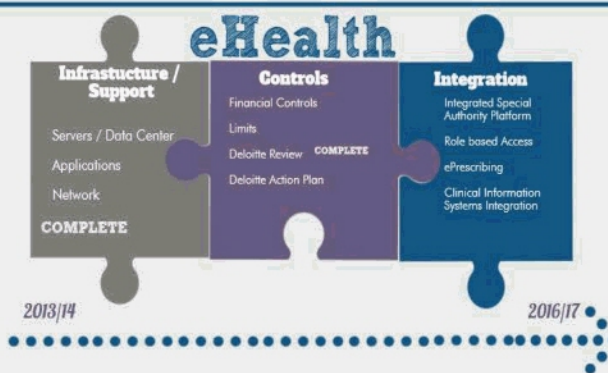
# PharmaNet Roadmap

**65 Million**  
Prescriptions Dispensed  
in 2013

*What is  
PharmaNet?*

**a network that links all BC  
community pharmacies to a  
central set of data systems**

**Accessed by**  
Pharmacies  
Emergency Departments  
Hospitals  
Community Physician Offices

**Onward**

The Medical Beneficiary and Pharmaceutical Services Division has developed a roadmap to successfully deliver the division's core service, continuous improvements and strategic initiatives.

The roadmap is aligned with the Ministry's broader plan for PharmaNet and its intent to enable electronic prescribing for the Province. Supporting business cases were developed and approved in 2013.

The three initiatives including related projects were initially proposed for implementation. The Infrastructure / Support set of projects is complete. The Controls and Integration initiatives are key priorities that require committed capital funding.

While delivering on the integration with the EHR, the roadmap accounts for changes in legislation and policy.

As a result of implementing the projects in the Controls initiative, the Ministry could realize cost savings of more **s.13,s.17**

Additional benefits will be delivered to providers due to enhancements to clinical systems and the information exchanged with them. These initiatives are in line with the goal of **One Patient, One Record. Better Healthcare.**

## Tryan, Derek N HLTH:EX

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**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Tuesday, September 02, 2014 4:34 PM  
**To:** Uyeno, Kelly HLTH:EX  
**Cc:** Pop, Sorin HLTH:EX  
**Subject:** PharmaNet Roadmap 2014  
**Attachments:** PharmaNet Roadmap 2014.docx  
  
**Importance:** High

Hi, here are my initial edits and questions. Please don't be offended by my markups...I just need to be able to tell the story... Let me know your thoughts etc...many thanks

### Barbara Walman

Assistant Deputy Minister  
Medical Beneficiary & Pharmaceutical Services Division  
*Ministry of Health*  
*Government of British Columbia*  
Phone: (250) 952-1464



## Tryan, Derek N HLTH:EX

---

**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Friday, September 12, 2014 7:01 AM  
**To:** Pop, Sorin HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX  
**Subject:** Re: Follow Up - Island Health Demo of New PharmaNet Medication Reconciliation Solution

Great

Barbara Walman  
Assistant Deputy Minister  
Ministry of Health

On Sep 12, 2014, at 7:00 AM, "Pop, Sorin HLTH:EX" <[Sorin.Pop@gov.bc.ca](mailto:Sorin.Pop@gov.bc.ca)> wrote:

Kelly and I are meeting later today to discuss. We'll provide our thoughts soon after that.

Thank you.

Sorin Pop  
Director, PharmaNet  
Medical Beneficiary & Pharmaceutical Services  
BC Ministry of Health

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**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Thursday, September 11, 2014 22:02  
**To:** Uyeno, Kelly HLTH:EX; Pop, Sorin HLTH:EX  
**Subject:** Fwd: Follow Up - Island Health Demo of New PharmaNet Medication Reconciliation Solution

Hi. Any comments or work that we need to do before this goes any further?

Barbara Walman  
ADM

From iPad

Begin forwarded message:

**From:** "McArdle, Kevin" <[KMCARDLE@cerner.com](mailto:KMCARDLE@cerner.com)>  
**Date:** September 11, 2014 at 2:54:54 PM PDT  
**To:** "Squires, Paul E HLTH:EX" <[Paul.Squires@gov.bc.ca](mailto:Paul.Squires@gov.bc.ca)>, "XT:HLTH Fyfe, Mary-Lyn" <[MaryLyn.Fyfe@viha.ca](mailto:MaryLyn.Fyfe@viha.ca)>, "[Suzanne.fox@viha.ca](mailto:Suzanne.fox@viha.ca)" <[Suzanne.fox@viha.ca](mailto:Suzanne.fox@viha.ca)>, "[Richard.jones@viha.ca](mailto:Richard.jones@viha.ca)" <[Richard.jones@viha.ca](mailto:Richard.jones@viha.ca)>, "[Steve.schmidt@viha.ca](mailto:Steve.schmidt@viha.ca)" <[Steve.schmidt@viha.ca](mailto:Steve.schmidt@viha.ca)>, "Buckley, Amanda" <[Amanda.Buckley@cerner.com](mailto:Amanda.Buckley@cerner.com)>, "[Graham.Payette@viha.ca](mailto:Graham.Payette@viha.ca)" <[Graham.Payette@viha.ca](mailto:Graham.Payette@viha.ca)>, "Moneo, Mitch HLTH:EX" <[Mitch.Moneo@gov.bc.ca](mailto:Mitch.Moneo@gov.bc.ca)>, "Uyeno, Kelly HLTH:EX"

<[Kelly.Uyeno@gov.bc.ca](mailto:Kelly.Uyeno@gov.bc.ca)>, "Pop, Sorin HLTH:EX" <[Sorin.Pop@gov.bc.ca](mailto:Sorin.Pop@gov.bc.ca)>, "Schmidt, Tracee HLTH:EX" <[Tracee.Schmidt@gov.bc.ca](mailto:Tracee.Schmidt@gov.bc.ca)>, "Warren, Leanne HLTH:EX" <[Leanne.Warren@gov.bc.ca](mailto:Leanne.Warren@gov.bc.ca)>, "Shrimpton, Paul HLTH:EX" <[Paul.Shrimpton@gov.bc.ca](mailto:Paul.Shrimpton@gov.bc.ca)>, "Broadbent, Rob HLTH:EX" <[Rob.Broadbent@gov.bc.ca](mailto:Rob.Broadbent@gov.bc.ca)>, "XT:Nedzelski, Dawn VIHA:IN" <[dawn.nedzelski@viha.ca](mailto:dawn.nedzelski@viha.ca)>

Cc: "Walman, Barbara J. HLTH:EX" <[Barbara.Walman@gov.bc.ca](mailto:Barbara.Walman@gov.bc.ca)>, "Kislock, Lindsay M HLTH:EX" <[Lindsay.Kislock@gov.bc.ca](mailto:Lindsay.Kislock@gov.bc.ca)>, "Aitken, Jeff HLTH:EX" <[Jeff.Aitken@gov.bc.ca](mailto:Jeff.Aitken@gov.bc.ca)>

**Subject: Follow Up - Island Health Demo of New PharmaNet Medication Reconciliation Solution**

All,

On behalf of Dr. MaryLyn Fyfe, CMIO Island Health, and myself, I would like to thank the group for a very productive conversation, on the new PharmaNet Medication Reconciliation solution, last week. Per our conversation, Amanda Buckley and I are working with the Island Health leadership team to develop a short project charter that will describe our intent to pilot the solution as a learning opportunity, at the Oceanside Health Centre. We look forward to the thoughts of ADM's Kislock and Walman following the presentation about the appropriate next steps to formalize permission to proceed.

As a reminder, Dr. Fyfe will be away for several weeks and has appointed Amanda and I as primary drivers for these conversations until she returns.

Best regards,

**Kevin McArdle**

Vice President

Cerner Corporation

[kmcardle@cerner.com](mailto:kmcardle@cerner.com) | 816-201-2620 direct | 816-885-3333 mobile

[www.cerner.com](http://www.cerner.com)

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## Tryan, Derek N HLTH:EX

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**From:** Pop, Sorin HLTH:EX  
**Sent:** Thursday, October 09, 2014 7:40 AM  
**To:** Walman, Barbara J. HLTH:EX  
**Subject:** Re: Nurses Accessing PharmaNet & List of Professionals

Sorry Barbara for the delay - s.22

I think that the College has already signed an Information Sharing Agreement with the Ministry. They also have access to reports in Healthideas, needed for the professional practice monitoring of their registrants. These are good first steps.

In my opinion, given that we are working on the Information Management regulation, which will describe the mode of access to PharmaNet by the various practitioners and provide an implementation plan, we propose to the College to delay discussions about providing their registrants' access until the regulation is enacted in spring 2015.

It would be useful to continue the dialogue with the College about their vision / needs as this could inform our regulation work and possibly the electronic prescribing process.

I also think that we should advise the College about our work with the nurse practitioners. We want to avoid surprises and feelings of preferential treatment of certain groups.

Given the above I recommend that Mitch is looped in to ensure that we are all on the same page.

It looks like I will be away from the office today too. I will monitor my e-mail should you have further questions.

Thank you.

Sorin Pop  
Director PharmaNet  
Medical Beneficiary & Pharmaceutical Services Division

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**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Wednesday, October 8, 2014 15:29  
**To:** Pop, Sorin HLTH:EX  
**Subject:** Re: Nurses Accessing PharmaNet & List of Professionals

Talking to dentists soon, what can I advise for time frame for PNet ??  
Barbara Walman  
ADM

From iPad

On Apr 30, 2014, at 1:01 PM, "Uyeno, Kelly HLTH:EX" <[Kelly.Uyeno@gov.bc.ca](mailto:Kelly.Uyeno@gov.bc.ca)> wrote:

Hi Barbara,

As requested, please see Sorin's update:

- Currently, pharmacists and physicians have access to PharmaNet, from community or acute care settings.
- Health care practitioners, other than support staff in pharmacies, can only access PharmaNet under the authority and supervision of physicians. Nurses would fall in this category.
- Support staff in pharmacies, e.g. pharm techs, can only access PharmaNet under the supervision and authority of pharmacists.
- There is no other way for practitioners to access PharmaNet.
- A separate discussion is needed about the access to PharmaNet for the various Colleges. At this time, additional professionals have not been added. We have received requests from the Nurses (College of Registered Nurses of British Columbia), Dentists (College of Dental Surgeons of British Columbia), Naturopathic Physicians (College of Naturopathic Physicians of British Columbia), and Optometrists (College of Optometrists of British Columbia).
- Finally, given the access model described above there is no easy way to tell how many categories or what the count is of practitioners other than pharmacists and physicians that access the system.

Let us know if you need any additional information.

Thank you,

Kelly

**Tryan, Derek N HLTH:EX**

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**From:** Pop, Sorin HLTH:EX  
**Sent:** Wednesday, January 07, 2015 8:04 AM  
**To:** Walman, Barbara J. HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX; Moneo, Mitch HLTH:EX  
**Subject:** Message to Lindsay about Clinical Integration

Hi Barbara,

Here are the proposed bullet points:

- MBPSD leadership discussed the briefing note
- We acknowledge that Clinical Integration is part of the PharmaNet Roadmap
- We understand that you favour the implementation of the new conformance standards
- Before we bring this at the ADM committee I've asked Kelly and Sorin to meet with Tracee and Paul Shrimpton to review options
- We propose to postpone the discussion at the ADM table until Jan 17

Kelly and Mitch, please change as needed.

Thank you,

Sorin Pop  
Director PharmaNet  
Medical Beneficiary & Pharmaceutical Services Division



## Tryan, Derek N HLTH:EX

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**From:** Pop, Sorin HLTH:EX  
**Sent:** Wednesday, January 21, 2015 11:40 AM  
**To:** Walman, Barbara J. HLTH:EX (Barbara.Walman@gov.bc.ca)  
**Subject:** RE: Understand that you wanted to talk to me

Barbara, can our discussion wait until Tuesday? Sara says that the only options prior to that are Thursday at 8:30 or over lunch.

Thank you.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
PO BOX 9652 STN PROV GOVT  
Victoria, BC V8W 3C8  
T: 250-952-2288

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**From:** Pop, Sorin HLTH:EX  
**Sent:** Wednesday, January 21, 2015 7:52 AM  
**To:** Walman, Barbara J. HLTH:EX  
**Subject:** Re: Understand that you wanted to talk to me

Understood. I have engaged with Maximus to review the technical details. I have asked for weekly updates on their progress. The stated goal was to have something in place by April. Also, have asked for the flexibility to possibly add other categories of users if necessary.

I have instructed Hilary to find 15-30 minutes to discuss on Thursday or Friday. I have invited Kelly too.

Thank you,

Sorin Pop  
Director PharmaNet  
Medical Beneficiary & Pharmaceutical Services Division

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**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Wednesday, January 21, 2015 07:46  
**To:** Pop, Sorin HLTH:EX  
**Subject:** Re: Understand that you wanted to talk to me

Lynn is anxious and we need to deliver this one so need the timeline etc. thx.

Barbara Walman  
Assistant Deputy Minister  
Ministry of Health

On Jan 21, 2015, at 7:45 AM, "Pop, Sorin HLTH:EX" <[Sorin.Pop@gov.bc.ca](mailto:Sorin.Pop@gov.bc.ca)> wrote:



OK. I'll set up a brief touch point with you through Sara.

Cheers,

Sorin Pop  
Director PharmaNet  
Medical Beneficiary & Pharmaceutical Services Division

---

**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Tuesday, January 20, 2015 23:19  
**To:** Pop, Sorin HLTH:EX  
**Subject:** Re: Understand that you wanted to talk to me

Thx. Need to talk about NPs access to PNet. Let's finalize I'm back on Thursday. Thx

Barbara Walman  
Assistant Deputy Minister  
Ministry of Health

On Jan 20, 2015, at 3:42 PM, "Pop, Sorin HLTH:EX" <[Sorin.Pop@gov.bc.ca](mailto:Sorin.Pop@gov.bc.ca)> wrote:

Hi Barbara,

Hilary told me that you wanted to talk to me. How can I help you?

Thank you,

Sorin Pop  
Director PharmaNet  
Medical Beneficiary & Pharmaceutical Services Division

## Tryan, Derek N HLTH:EX

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**From:** Pop, Sorin HLTH:EX  
**Sent:** Monday, January 26, 2015 11:43 AM  
**To:** Walman, Barbara J. HLTH:EX (Barbara.Walman@gov.bc.ca)  
**Cc:** Uyeno, Kelly HLTH:EX  
**Subject:** VIHA: Deployment at Oceanside

Hi Barbara,

A quick note to advise that VIHA will deploy the enhanced Hospital Access to PNet on Jan. 28<sup>th</sup> at Oceanside. This is in line with the letter of agreement.

One of our conditions was for VIHA to conduct a technical demo for our IT folks – this is happening on Tuesday Jan. 27<sup>th</sup>. Finally, we requested documentation about their deployment plans, security / privacy changes, and training – I expect these sometime today.

Thank you.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
PO BOX 9652 STN PROV GOVT  
Victoria, BC V8W 3C8  
T: 250-952-2288

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## Tryan, Derek N HLTH:EX

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**From:** Pop, Sorin HLTH:EX  
**Sent:** Thursday, January 29, 2015 10:25 AM  
**To:** Walman, Barbara J. HLTH:EX (Barbara.Walman@gov.bc.ca)  
**Cc:** Uyeno, Kelly HLTH:EX  
**Subject:** FYI: Best Possible Medication History (BPMH) is live at Oceanside Health Centre

Hi Barbara,

We've heard from VIHA about their successful deployment of the Best Possible Medication History functionality at the Oceanside facility. Ms. Claiter-Larsen has acknowledged the Ministry's assistance in making this a reality in BC and possibly a first in Canada.

Thank you.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
PO BOX 9652 STN PROV GOVT  
Victoria, BC V8W 3C8  
T: 250-952-2288

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**From:** Monford, Christine E [<mailto:Christine.Monford@viha.ca>]  
**Sent:** Thursday, January 29, 2015 8:57 AM  
**To:** Claiter-Larsen, Catherine; XT:HLTH Fyfe, Mary-Lyn; Bachand, Richard; Jones, Richard; 'LGEHRT@Cerner.com'; 'kmcardle@cerner.com'; XT:Weeks, Guy HLTH:IN; Pop, Sorin HLTH:EX; Connors, Sujata  
**Cc:** 'amanda.buckley@cerner.com'; 'lisa.pantuso@cerner.com'; 'devin.smith@cerner.com'; Marefat, Mehdi; Hein, Marcia; Swaga, Russell; XT:HLTH Arndt, Douglas; Reece, Michael; Czyz, Patrick; 'Steve Schmidt'; MacLean, Jennifer - IMIT; Jeske, Michelle; Boyd, Josh A; McKenzie, Shelley; Aitken, Jeff HLTH:EX  
**Subject:** Best Possible Medication History (BPMH) is live at Oceanside Health Centre

Dear sponsors:

The BPMH project team and leadership are delighted to announce that we are live with nurses and Nurse Practitioners conducting BPMH processes using the new integration with PharmaNet within Cerner.

One of the urgent care nurses, Barb, who was the first nurse to complete the BPMH on her patient, s.22 said she was so delighted to be using this new, easy functionality in Cerner. She told us that the positive influence it made on her workflow while providing patient care made it the "The highlight of my day". s.22 was gracious enough to allow us to take her picture to commemorate this first of kind functionality in Canada. We had the opportunity to explain to her how this new process would achieve a higher level of care and medication safety for her now and in any future encounters with services at Oceanside.

Barb and s.22

Today we will focus on ensuring all nurses and nurse practitioners have access to this new functionality while we work out some of the minor access issues that we encountered yesterday.

Please join me in thanking the project team who have shown tremendous creativity, technical and clinical expertise, problem solving and collaborative skills in making this enhanced patient care functionality a reality. As well, I would like to extend our personal thanks to Oceanside Health Centre leadership, especially Sujata and Shelley, for embracing and promoting BPMH within their site. Finally, last but not least, I would like to extend our thanks to the wonderful clinical staff at Oceanside who are so delighted to welcome us and this new functionality which they had been looking forward to for quite some time.

We couldn't have done this without all the levels of support we received along the way.

Regards

Christine Monford

Acting Director, Records Management Island Health Authority

p. (250) 370-8111 loc 13183 c. (250) 588-4533

**Tryan, Derek N HLTH:EX**

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**From:** Pop, Sorin HLTH:EX  
**Sent:** Wednesday, April 01, 2015 1:37 PM  
**To:** Walman, Barbara J. HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX  
**Subject:** Thank You from HSIMIT

Hi Barbara,

Quick note to let you know that Tracee and Paul have been delighted about your personal support for the electronic prescribing project as expressed during the ADM meeting.

Thank you,

Sorin Pop  
Director PharmaNet  
Medical Beneficiary & Pharmaceutical Services Division

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## Tryan, Derek N HLTH:EX

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**From:** Pop, Sorin HLTH:EX  
**Sent:** Thursday, April 02, 2015 9:37 AM  
**To:** Walman, Barbara J. HLTH:EX (Barbara.Walman@gov.bc.ca)  
**Cc:** Uyeno, Kelly HLTH:EX; Moneo, Mitch  
**Subject:** UPDATE: April 13th ePrescribing Pilot Is Postponed

Hi Barbara,

HSIMIT informed us that the proposed start date for the next round of pilot deployments of EMR applications has been postponed by about a month (sometime in May). They provide various reasons for the decision (agreements completion, connectivity of vendor to Ministry production systems, practitioner schedule, etc.). I think that it is a decision that we can support given the circumstances.

Thank you.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
PO BOX 9652 STN PROV GOVT  
Victoria, BC V8W 9P4  
T: 250-952-2288

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## Tryan, Derek N HLTH:EX

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**From:** Pop, Sorin HLTH:EX  
**Sent:** Wednesday, April 29, 2015 5:54 PM  
**To:** Walman, Barbara J. HLTH:EX (Barbara.Walman@gov.bc.ca)  
**Cc:** Uyeno, Kelly HLTH:EX  
**Subject:** Details in Support of Dr. Hohl's Request  
**Attachments:** LOS\_MoH\_KT\_2015\_DRAFT.docx

Hi Barbara,

Kelly advised that you are looking for a bit of information on the request from Dr. Hohl.

### A. Background / History:

1. In July 2011, the Ministry (not PSD) (through BC HPSO) co-funded the Adverse Drug Event Screening quality improvement program. This allowed the Health Authority to expand access to clinical pharmacists in emergency departments (ED) to improve the recognition of adverse drug events. The research showed that having a pharmacist complete medication review in the ED reduced the hospital length-of-stay by 10%. Based on these results, VGH has re-instituted the role of pharmacist in the ED to review the medications of high-risk patients.
2. As part of the 2011 ADE Screening Program, PSD provided a letter of support (first) and made changes to the conformance standards for PharmaNet to allow the research team to develop and pilot an ADE reporting platform in PharmaNet. This was accomplished by utilizing existing functionality in PharmaNet that at the time was not available in ED (no financial investment made by PSD). This platform didn't work well, as it provided insufficient space and detail to document the clinically relevant information. That led to #3.
3. In October 2012, PSD provided a letter of support (second) for the Partnership in Health Systems Improvement Grant. It is part of this work that the team identified the need for, and methods for how they probably need to expand adverse drug event reporting in PharmaNet. The next step is the KT and eHIPP projects, for which the team is looking for new letters of support from MBPSD.
4. The KT grant is to engage with care providers across the province to ensure that the development of ADE fields in PharmaNet makes sense and that the knowledge is disseminated.
5. The second grant is for an eHIPP (e-Health Innovation Partnership Program), which will provide the funds to allow the research team to develop modules for health authority and community pharmacy implementation of an adverse drug event field implementation in PharmaNet.
6. Attached is the letter of support for the KT grant (Kelly and I reviewed and made changes according to our level of comfort). The content of the other letter would need to be further discussed within MBPSD before a draft can be considered (we have a few weeks to work on / decide).

### B. Rationale for this work. I will quote Dr. Hohl's note for this purpose:

- Adverse drug events, unintended and harmful events resulting from medication use, are a leading cause of ED visits and hospital admissions. Research enrolling over 3000 patients in three BC hospitals suggests that adverse drug events account for 12% of ED visits, causing over 200,000 ED visits in BC annually. Of these visits, 70% are preventable.

- Based on conservative estimates, 1/3 of preventable adverse drug events are avoidable by designing new adverse drug event reporting fields in PharmaNet to create a real-time, effective communication link between healthcare sectors. The team estimates that this platform will prevent over 40,000 ED visits each year.
- On November 6<sup>th</sup> 2014, a new law (Bill C-17) was introduced in federal legislation that requires Canadian healthcare institutions to report serious adverse drug reactions, a subset of adverse drug events. The proposed enhancements to PharmaNet are aligned with this legislation.

C. Please find attached the letter (draft) to consider for showing MBPSD support for the KT grant.

Thank you – please let me know how else I can help.

Sorin Pop

Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health

PO BOX 9652 STN PROV GOVT

Victoria, BC V8W 9P4

T: 250-952-2288

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Review Panel, Knowledge Synthesis Grant Competition  
Canadian Institutes of Health Research  
160 Elgin Street, 9<sup>th</sup> Floor  
Locator 4809A  
Ottawa, ON K1A 0W9

April 20, 2015

**RE: CIHR Knowledge Synthesis Grant Application  
Modernizing Adverse Drug Reaction Reporting in British Columbia to Improve Patient  
Safety and Strengthen Drug Safety Surveillance**

Dear Review Panel,

I am writing to express my support for the above-mentioned project led by Dr. Corinne Hohl, aiming to better understand the local contexts across the province allowing us to adapt a new adverse drug reaction (ADR) reporting platform in PharmaNet. The reporting platform will allow healthcare providers to document and communicate patient-level ADRs between health care sectors, ultimately improving patient safety by mitigating the possibility of recurrent ADRs occurring due to re-exposure to culprit medications.

The Ministry aims to examine the functioning of the acute care system, and in particular to improve linkages to community health care. By enabling health care providers to document ADRs in the acute setting and communicate them to the community, this project will link inpatient and outpatient care in a user-friendly and effective electronic manner. Another priority is to drive evidence-informed access to clinically effective pharmaceuticals. However, it is known that ADRs are presently under-reported by healthcare providers, thereby limiting the data available to researchers investigating drug safety and effectiveness. I understand that this project will provide additional evidence to support these priorities.

Dr. Hohl's project is timely as we have plans for a PharmaNet project in conjunction with health authorities. The knowledge gained by Dr. Hohl and her team will provide invaluable insights into the business requirements for this work, and will assist my team with defining new fields within PharmaNet that are well-adapted to clinical workflows, user-friendly to access, and contain appropriately categorized and usable information. In short, we are delighted that she is undertaking this work, and look forward to her research results and the contributions it will bring towards the future development of PharmaNet.

Please do not hesitate to contact me with further questions.

Sincerely,

## Tryan, Derek N HLTH:EX

---

**From:** Pop, Sorin HLTH:EX  
**Sent:** Friday, May 01, 2015 2:21 PM  
**To:** Walman, Barbara J. HLTH:EX  
**Subject:** RE: Details in Support of Dr. Hohl's Request  
**Attachments:** 1033723 Knowledge Synthesis Grant Competition FINAL.doc

Hi Barbara,

I've CLIFF-ed the proposed Letter of Support for the KT (first) grant for Dr. Hohl. As we've done in October 2012 I've prepared the letter for my signature with a pc to you. Please see attached (sorry for the e-mail as I understand that eApprovals is not working).

Please advise if you are OK with releasing this letter to Dr. Hohl.

Thank you and have a nice weekend.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
PO BOX 9652 STN PROV GOVT  
Victoria, BC V8W 9P4  
T: 250-952-2288

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---

**From:** Pop, Sorin HLTH:EX  
**Sent:** Thursday, April 30, 2015 7:21 AM  
**To:** Walman, Barbara J. HLTH:EX  
**Subject:** Re: Details in Support of Dr. Hohl's Request

Hi Barbara,

Only if we agree to implement the changes that she is working on for recording adverse drug reactions. The attached letter, for the KT grant, does not engage us to implement.

On the other hand, for the eHIPP grant, which I understand is much larger, the ideal language would suggest that we will eventually implement something based on her work. That is why I've let her know that this second letter would require further discussion and a separate decision.

I think that in the long term what she is working on can enhance PharmaNet's ability to record and disseminate information, and should aid practitioners to increase patient safety while reducing demands on the healthcare system.

The implementation of such changes would fit within the second phase of the Clinical Information System Integration project with the HAs. That work is years away and is yet to be scoped and approved.

If you are comfortable with the KT letter we could issue it and then I can prepare a draft for the eHIPP letter, which would hopefully provide what she needs but offer us necessary protection. We have a few weeks for considering this other letter.



Thank you,

Sorin Pop  
Director PharmaNet  
Medical Beneficiary & Pharmaceutical Services Division

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**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Wednesday, April 29, 2015 23:27  
**To:** Pop, Sorin HLTH:EX  
**Subject:** Re: Details in Support of Dr. Hohl's Request

Will this cost us something when this grant work is completed? Changes to Pnet etc?  
Thx for the note.

Barbara Walman  
ADM

On Apr 29, 2015, at 5:54 PM, Pop, Sorin HLTH:EX <[Sorin.Pop@gov.bc.ca](mailto:Sorin.Pop@gov.bc.ca)> wrote:

Hi Barbara,

Kelly advised that you are looking for a bit of information on the request from Dr. Hohl.

A. Background / History:

1. In July 2011, the Ministry (not PSD) (through BC HPSO) co-funded the Adverse Drug Event Screening quality improvement program. This allowed the Health Authority to expand access to clinical pharmacists in emergency departments (ED) to improve the recognition of adverse drug events. The research showed that having a pharmacist complete medication review in the ED reduced the hospital length-of-stay by 10%. Based on these results, VGH has re-instituted the role of pharmacist in the ED to review the medications of high-risk patients.
2. As part of the 2011 ADE Screening Program, PSD provided a letter of support (first) and made changes to the conformance standards for PharmaNet to allow the research team to develop and pilot an ADE reporting platform in PharmaNet. This was accomplished by utilizing existing functionality in PharmaNet that at the time was not available in ED (no financial investment made by PSD). This platform didn't work well, as it provided insufficient space and detail to document the clinically relevant information. That led to #3.
3. In October 2012, PSD provided a letter of support (second) for the Partnership in Health Systems Improvement Grant. It is part of this work that the team identified the need for, and methods for how they probably need to expand adverse drug event reporting in PharmaNet. The next step is the KT and eHIPP projects, for which the team is looking for new letters of support from MBPSD.
4. The KT grant is to engage with care providers across the province to ensure that the development of ADE fields in PharmaNet makes sense and that the knowledge is disseminated.

5. The second grant is for an eHIPP (e-Health Innovation Partnership Program), which will provide the funds to allow the research team to develop modules for health authority and community pharmacy implementation of an adverse drug event field implementation in PharmaNet.
6. Attached is the letter of support for the KT grant (Kelly and I reviewed and made changes according to our level of comfort). The content of the other letter would need to be further discussed within MBPSD before a draft can be considered (we have a few weeks to work on / decide).

B. Rationale for this work. I will quote Dr. Hohl's note for this purpose:

- Adverse drug events, unintended and harmful events resulting from medication use, are a leading cause of ED visits and hospital admissions. Research enrolling over 3000 patients in three BC hospitals suggests that adverse drug events account for 12% of ED visits, causing over 200,000 ED visits in BC annually. Of these visits, 70% are preventable.
- Based on conservative estimates, 1/3 of preventable adverse drug events are avoidable by designing new adverse drug event reporting fields in PharmaNet to create a real-time, effective communication link between healthcare sectors. The team estimates that this platform will prevent over 40,000 ED visits each year.
- On November 6<sup>th</sup> 2014, a new law (Bill C-17) was introduced in federal legislation that requires Canadian healthcare institutions to report serious adverse drug reactions, a subset of adverse drug events. The proposed enhancements to PharmaNet are aligned with this legislation.

C. Please find attached the letter (draft) to consider for showing MBPSD support for the KT grant.

Thank you – please let me know how else I can help.

Sorin Pop

Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health

PO BOX 9652 STN PROV GOVT

Victoria, BC V8W 9P4

T: 250-952-2288

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<LOS\_MoH\_KT\_2015\_DRAFT.docx>





1033723

Review Panel  
Knowledge Synthesis Grant Competition  
Canadian Institutes of Health Research  
9<sup>th</sup> Floor, 160 Elgin St  
Locator 4809A  
Ottawa ON K1A 0W9

**RE: CIHR Knowledge Synthesis Grant Application  
Modernizing Adverse Drug Reaction Reporting in British Columbia to Improve  
Patient Safety and Strengthen Drug Safety Surveillance**

Dear Review Panel:

I am writing to express my support for the above-mentioned project led by Dr. Corinne Hohl, aiming to better understand the local contexts across the province allowing us to adapt a new Adverse Drug Reaction (ADR) reporting platform in PharmaNet. The reporting platform will allow healthcare providers to document and communicate patient-level ADRs between health care sectors, ultimately improving patient safety by mitigating the possibility of recurrent ADRs occurring due to re-exposure to culprit medications.

The Ministry intends to examine the functioning of the acute care system, and in particular to improve linkages to community health care. By enabling health care providers to document ADRs in the acute setting and communicate them to the community, this project will link inpatient and outpatient care in a user-friendly and effective electronic manner. Another priority is to drive evidence-informed access to clinically effective pharmaceuticals. However, it is known that ADRs are presently under-reported by healthcare providers, thereby limiting the data available to researchers investigating drug safety and effectiveness. I understand that this project will provide additional evidence to support these priorities.

Dr. Hohl's project is timely as we have plans for a PharmaNet project in conjunction with health authorities. The knowledge gained by Dr. Hohl and her team will provide invaluable insights into the business requirements for this work, and will assist my team with defining new fields within PharmaNet that are well-adapted to clinical workflows, user-friendly to access, and contain appropriately categorized and usable information. In short, we are delighted that she is undertaking this work, and look forward to her research results and the contributions it will bring towards the future development of PharmaNet.

...2

- 2 -

Please do not hesitate to contact me if I can be of any further assistance in this matter.

Yours truly,

Sorin Pop  
Director of PharmaNet  
Medical Beneficiary and Pharmaceutical Services Division

pc: Barbara Walman, Assistant Deputy Minister, Medical Beneficiary and Pharmaceutical  
Services Division

## Tryan, Derek N HLTH:EX

---

**From:** Pop, Sorin HLTH:EX  
**Sent:** Monday, June 01, 2015 10:48 AM  
**To:** Walman, Barbara J. HLTH:EX (Barbara.Walman@gov.bc.ca)  
**Cc:** Uyeno, Kelly HLTH:EX  
**Subject:** Clarification: RE: PharmaCare Newsletter 15-006

Hi Barbara,

I wanted to clarify the reason why in the June 1<sup>st</sup> PharmaCare Newsletter there is a mention of a Nurse Practitioner access to PharmaNet pilot.

As the Information Management regulations have reduced the categories of practitioners who can access PharmaNet under their own credentials, Communications / Policy thought that we need to communicate something about this. The only practitioners, other than pharmacists and physicians, that are mentioned in the regulations are the Nurse Practitioners.

We are still working to complete the changes to the forms needed to enroll NPs (appears to be capacity issues with the Ministry's forms processing unit). We are also on our way to confirm that the technology will work as described by the technical team at Maximus. Consequently, a compromise was reached in which for the time being the focus of the communications is on the pilot work.

The pilot mentioned above was not in the original plan, but I felt that we need to confirm the technical solution rather than simply believe that it will work. We are very close in signing up the first NP at Island Health to connect to PharmaNet for this purpose. I will keep you appraised on our progress.

Please note that in my discussions with members of the Health Sector Workforce Division responsible for nurses, I learned that a delay, as introduced by the pilot, is acceptable.

Thank you.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
PO BOX 9652 STN PROV GOVT  
Victoria, BC V8W 9P4  
T: 250-952-2288

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**From:** Trafford, Tanya HLTH:EX  
**Sent:** Monday, June 1, 2015 8:32 AM  
**To:** Arenson, Darlene H HLTH:EX; Biserovic, Jesmina HLTH:EX; Bouma, Susan HLTH:EX; Bryan, Frances HLTH:EX; Capelli, John HLTH:EX; Chong, Elaine HLTH:EX; Fazlagic, Tijana HLTH:EX; Foley, Lindsay; Forrest, Anthony; Graff, Kim E HLTH:EX; Healey, Susan HLTH:EX; Jabs, Ryan GCPE:EX; Kerr, James HLTH:EX; King, Rita HLTH:EX; Kwan, Joseph HLTH:EX; Kwok, Jess HLTH:EX; Larson, Eric HLTH:EX; Lun, Eric HLTH:EX; MacDougall, Cindy GCPE:EX; Middlemiss, Maria HLTH:EX; Moneo, Mitch HLTH:EX; Moulton, Kimberly HLTH:EX; Munro, Deborah HLTH:EX; Muturi, Elisheba HLTH:EX; Nguyen, Anne HLTH:EX; Oram, Don; Patrick, Jennifer; PharmaCare Information Support; Pop, Sorin HLTH:EX; Rizzuto, Li; Scolnick, Timothy HLTH:EX; Scott, Glenn; Stovel, Laura GCPE:EX; Tan, Dominic HLTH:EX; Trafford, Tanya HLTH:EX;

Uyeno, Kelly HLTH:EX; Voggenreiter, Christine HLTH:EX; Walman, Barbara J. HLTH:EX  
**Subject:** PharmaCare Newsletter 15-006

Hello, everyone,

The attached PharmaCare Newsletter will be published on our [website](#) today, June 1, 2015.

Please note:

- Some of the links are not live yet.
- The content of newsletters and bulletins is confidential until published online. This is an “advance notice” e-mail intended for selected recipients, PSD Special Authority staff, and the PharmaCare HelpDesk at HIBC. Please do not share this email or its attachment with anyone without first advising Susan Healey or me.

Those not included on this list can [subscribe](#) to be notified as soon as a newsletter or bulletin is posted on our website.

Thank you.

Thank you.

**Tanya Trafford**, Technical Writer, Policy, Outcomes Evaluation & Research  
Medical Beneficiary and Pharmaceutical Services Division, Ministry of Health  
Phone: 250-952-2248 Email: [tanya.trafford@gov.bc.ca](mailto:tanya.trafford@gov.bc.ca)

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## Tryan, Derek N HLTH:EX

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**From:** Pop, Sorin HLTH:EX  
**Sent:** Wednesday, July 29, 2015 5:43 PM  
**To:** Walman, Barbara J. HLTH:EX  
**Cc:** Moneo, Mitch HLTH:EX; Uyeno, Kelly HLTH:EX  
**Subject:** RE: Prime

Will do. I will also discuss with the HSIMIT Project Management Office about their approval process to understand if they need PID or Project Charter for kick off. We'll then approve / sign off the appropriate one(s).

Thanks Barbara.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health PO BOX  
9652 STN PROV GOVT Victoria, BC V8W 9P4  
T: 250-952-2288

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-----Original Message-----

From: Walman, Barbara J. HLTH:EX  
Sent: Wednesday, July 29, 2015 5:39 PM  
To: Pop, Sorin HLTH:EX  
Cc: Moneo, Mitch HLTH:EX; Uyeno, Kelly HLTH:EX  
Subject: Re: Prime

We need to get to Brad et al. Pls proceed.

Barbara Walman  
ADM

> On Jul 29, 2015, at 5:00 PM, Pop, Sorin HLTH:EX <[Sorin.Pop@gov.bc.ca](mailto:Sorin.Pop@gov.bc.ca)> wrote:  
>  
> The PID did not go to Barbara for sign off - it is DRAFT and for discussion only.  
>  
> Thanks.  
>  
> Sorin Pop  
> Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services  
> Division | Ministry of Health PO BOX 9652 STN PROV GOVT Victoria, BC  
> V8W 9P4  
> T: 250-952-2288  
>

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>

> -----Original Message-----

> From: Moneo, Mitch HLTH:EX

> Sent: Wednesday, July 29, 2015 4:56 PM

> To: Walman, Barbara J. HLTH:EX

> Cc: Uyeno, Kelly HLTH:EX; Pop, Sorin HLTH:EX

> Subject: RE: Prime

>

> It is the latest draft that we have that was approved by both Kelly and I.

> Not sure if it was provided to you for final sign off though. Was it?

>

>

>

>

>

> -----Original Message-----

> From: Walman, Barbara J. HLTH:EX

> Sent: Wednesday, July 29, 2015 4:53 PM

> To: Moneo, Mitch HLTH:EX

> Cc: Uyeno, Kelly HLTH:EX; Pop, Sorin HLTH:EX

> Subject: Re: Prime

>

> Was it in final?

>

> Barbara Walman

> ADM

>

>> On Jul 29, 2015, at 4:51 PM, Moneo, Mitch HLTH:EX <[Mitch.Moneo@gov.bc.ca](mailto:Mitch.Moneo@gov.bc.ca)> wrote:

>>

>> My understanding is that a copy of the PID and the regulation was sent last week with the meeting invitation. Will conform.

>>

>> -----Original Message-----

>> From: Uyeno, Kelly HLTH:EX

>> Sent: Wednesday, July 29, 2015 4:13 PM

>> To: Walman, Barbara J. HLTH:EX

>> Cc: Moneo, Mitch HLTH:EX; Pop, Sorin HLTH:EX

>> Subject: Re: Prime

>>

>> Mitch,

>>

>> Please forward our latest copy.

>>

>> Otherwise, I've copied Sorin here as he can send with a copy of our reg.

>>

>> THanks,

>>

>> Kelly



>>  
>>  
>>  
>> Sent from my iPad  
>>  
>>> On Jul 29, 2015, at 3:55 PM, "Walman, Barbara J. HLTH:EX" <[Barbara.Walman@gov.bc.ca](mailto:Barbara.Walman@gov.bc.ca)> wrote:  
>>>  
>>> They need the project initiation document. ASAP. Thx  
>>>  
>>> Barbara Walman  
>>> ADM

## Tryan, Derek N HLTH:EX

---

**From:** Pop, Sorin HLTH:EX  
**Sent:** Friday, October 16, 2015 5:52 PM  
**To:** Walman, Barbara J. HLTH:EX (Barbara.Walman@gov.bc.ca)  
**Cc:** Uyeno, Kelly HLTH:EX; Moneo, Mitch; Warren, Leanne HLTH:EX  
**Subject:** Update on PRIME Policy Development Resources

Hi Barbara,

This is to let you know that I have not forgotten about the info that you were looking for in order to assist with identifying policy resources for the project. Leanne and I made progress which we are now finalizing. I expect that early next week we could share with you our findings.

Thank you and have a nice weekend.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
PO BOX 9652 STN PROV GOVT  
Victoria, BC V8W 9P4  
T: 250-952-2288

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## Tryan, Derek N HLTH:EX

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**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Thursday, December 10, 2015 4:17 PM  
**To:** Pop, Sorin HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX; Moneo, Mitch HLTH:EX  
**Subject:** Re: Update- NP Access to PharmaNet

I don't get the work required but happy to discuss. Let's touch base soon.

Barbara Walman  
ADM

On Dec 10, 2015, at 4:07 PM, Pop, Sorin HLTH:EX <[Sorin.Pop@gov.bc.ca](mailto:Sorin.Pop@gov.bc.ca)> wrote:

Barbara, until I meet with Leanne and Kimberly to discuss about the level of changes still needed in the Compliance Standards, I cannot answer this. I am scheduling the meeting with them shortly. Can I get back to you on a date early next week?

Thank you.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
PO BOX 9652 STN PROV GOVT  
Victoria, BC V8W 9P4  
T: 250-952-2288

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**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Thursday, December 10, 2015 3:41 PM  
**To:** Pop, Sorin HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX; Moneo, Mitch HLTH:EX  
**Subject:** Re: Update- NP Access to PharmaNet

So when is the anticipated rollout to nurse ps?

Barbara  
ADM  
Sent from my iPad

On Dec 10, 2015, at 3:38 PM, Pop, Sorin HLTH:EX <[Sorin.Pop@gov.bc.ca](mailto:Sorin.Pop@gov.bc.ca)> wrote:

Here it is Barbara.

There were four components to complete before roll out:

1. Confirm technical capability of PNet to accept requests from NPs directly
2. Revise agreements and PNet Compliance Standards to include NPs

3. Determine the level of monitoring required to ensure the privacy of the records in PNet
4. Communications: revise web sites and formally announce the availability of the service

Our progress is as follows:

1. Technical capability: the pilot with Island Health has confirmed PNet's capability to accept NPs direct connectivity, but it also ran into a technical issue, which impacts PNet; currently HSIMT is working with VIHA to bring them back into compliance with the standards for accessing PNet
2. Agreements / Compliance Standards:
  - a. the agreement for community access of NPs went through a few revisions and is currently with Forms Management (FM); we've heard back from FM that the form will likely be available on the MoH website during the week of Dec. 14
  - b. the agreement for NPs accessing PNet from within Health Authorities has been partially revised; more is needed, but could be part of a second wave of deployments instead of further delaying the roll out
  - c. compliance standards have been revised (draft); review in progress; more is needed
  - d. delays are due to internal MBPSD capacity to respond to project requests for revisions and support of operational needs (e.g. draft the IM regulation, replace all community practitioner agreements with new ones – due to IM Regulation changes, work on HA Integration agreements and the access of their vendors to MoH systems, IM Regulation changes to enhance vendor tech support for electronic prescribing, Plan G program changes, ADTI changes, Smoking Cessation program changes, etc.)
3. Monitoring: decision complete; no impact to timeline
4. Communications: pending, dependent on items under #2 before can be executed.

In Kelly's absence, Mitch and I will be happy to meet with you to discuss the above.

Thank you.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
PO BOX 9652 STN PROV GOVT  
Victoria, BC V8W 9P4  
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**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Thursday, December 10, 2015 2:16 PM  
**To:** Pop, Sorin HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX; Moneo, Mitch HLTH:EX  
**Subject:** Re: Update- NP Access to PharmaNet

No we have been saying its underway for awhile. Need to explain delays.

Barbara Walman  
ADM

On Dec 10, 2015, at 12:34 PM, Pop, Sorin HLTH:EX <[Sorin.Pop@gov.bc.ca](mailto:Sorin.Pop@gov.bc.ca)> wrote:

Barbara, I will work with Kelly and Mitch to come up with a timetable that considers the previous commitments and current priorities. I will provide you an update before end of day with my progress.

Is there anything else other than the information about the timeline that you need for Lynn?

Thanks.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division |  
Ministry of Health  
PO BOX 9652 STN PROV GOVT  
Victoria, BC V8W 9P4  
T: 250-952-2288

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**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Thursday, December 10, 2015 11:52 AM  
**To:** Pop, Sorin HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX; Moneo, Mitch HLTH:EX  
**Subject:** Re: Update- NP Access to PharmaNet

As you know this was a priority and we agreed to get this done I need a better response.

Barbara  
ADM  
Sent from my iPad

On Dec 10, 2015, at 11:32 AM, Pop, Sorin HLTH:EX  
<[Sorin.Pop@gov.bc.ca](mailto:Sorin.Pop@gov.bc.ca)> wrote:

Hi Barbara,

Here it is:

- ? The new agreement required a change; will be completed today by our Communications group and then sent to Forms Management
- ? Forms Management needs to complete the Plan G form before they can finalize the NPs



- agreement; they will advise when they can address the NPs (are aware of the urgency)
- ? I will finish reviewing the changes to PharmaNet Compliance Standards by Friday; these will go to HSIMT for publication
  - ? Kimberly (BMSRS) is working on a communications plan; needs to be reviewed with MBPSD Communications.

The plan: we intend to roll this out first to community NPs and then, in a second wave a few months later, to the remainder of the NPs working in Health Authorities (we understand that those NPs already have access to PNet, but would require a new agreement that is different than the community NPs one).

I don't have a date though expect that the whole package may be ready in the first quarter of 2016. I will provide an update when I have a confirmed date from Forms Management.

To prioritize this work higher Mitch, Forms Management supervisor, and Jeff Aitken / Paul Shrimpton need to be consulted.

Health Data Access Services (under Kelly Moran) would process the applications. I understand that they are also under capacity constraints and already dealing with a backlog of applications.

Thank you.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
PO BOX 9652 STN PROV GOVT  
Victoria, BC V8W 9P4  
T: 250-952-2288

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**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Thursday, December 10, 2015 10:32 AM  
**To:** Pop, Sorin HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX  
**Subject:** Fwd: Update- NP Access to PharmaNet

Update pls

Barbara Walman

## Tryan, Derek N HLTH:EX

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**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Thursday, December 10, 2015 10:32 AM  
**To:** Pop, Sorin HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX  
**Subject:** Fwd: Update- NP Access to PharmaNet

Update pls

Barbara Walman  
ADM

Begin forwarded message:

**From:** "Stevenson, Lynn HLTH:EX" <[Lynn.Stevenson@gov.bc.ca](mailto:Lynn.Stevenson@gov.bc.ca)>  
**Date:** December 10, 2015 at 10:31:01 AM PST  
**To:** "Walman, Barbara J. HLTH:EX" <[Barbara.Walman@gov.bc.ca](mailto:Barbara.Walman@gov.bc.ca)>  
**Subject:** RE: Update- NP Access to PharmaNet

[Hi again..any update, being hounded by NPs...lynn](#)

---

**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Thursday, November 19, 2015 8:20 AM  
**To:** Stevenson, Lynn HLTH:EX  
**Subject:** Re: Update- NP Access to PharmaNet  
Understaffed ! Manjits area Will circle back and get more detail.

Barbara Walman  
ADM

On Nov 19, 2015, at 8:18 AM, Stevenson, Lynn HLTH:EX <[Lynn.Stevenson@gov.bc.ca](mailto:Lynn.Stevenson@gov.bc.ca)> wrote:

yep but no cigar! what is the date as i am meeting with the cno and the last time i met with them about this i said june and we are a bit past that....so really need to know when and what the backlog about forms is about? thxx lynn

Sent from my iPad

On Nov 19, 2015, at 7:29 AM, Walman, Barbara J. HLTH:EX  
<[Barbara.Walman@gov.bc.ca](mailto:Barbara.Walman@gov.bc.ca)> wrote:

Update...we are close.

Barbara  
ADM  
Sent from my iPad

Begin forwarded message:

**From:** "Uyeno, Kelly HLTH:EX"  
<[Kelly.Uyeno@gov.bc.ca](mailto:Kelly.Uyeno@gov.bc.ca)>  
**Date:** November 18, 2015 at 10:49:04 PM PST  
**To:** "Walman, Barbara J. HLTH:EX"  
<[Barbara.Walman@gov.bc.ca](mailto:Barbara.Walman@gov.bc.ca)>  
**Cc:** "Pop, Sorin HLTH:EX" <[Sorin.Pop@gov.bc.ca](mailto:Sorin.Pop@gov.bc.ca)>  
**Subject:** Update- NP Access to PharmaNet

Hi Barb,

As requested, here's an update on our progress for NP Access:

- Sorin has confirmed that technically, we've proven that PharmaNet is ready to accept requests for medication dispensing histories from NPs
- We've run two small pilots with VIHA, both have been successful in demonstrating the connectivity and exchange of data with PharmaNet
- A DBN has been prepared for you and it will be coming up to you through eApprovals. We are seeking to confirm a direction on how much monitoring should be put into place prior to opening up registration for NPs. The recommendation takes into consideration that the desired proposed approach is to allow the NPs to sign up for access under current agreements (as revised by PIPE), which do not include monitoring by the Ministry. However, most NPs are part of HAs and they will be covered by the various internal audit processes which are in place in HAs. After the implementation of PRIME, NPs, together with the rest of practitioners accessing PNet, will be subject to a consistent monitoring of access, as developed under PRIME.
- PIPE (Leanne) is finalizing the agreements needed for registering NPs for access; last I've heard (about a week ago) I understand that there is an issue with a backlog of work with Ministry's forms unit
- Sorin is meeting with our colleagues in health workforce to provide an update

Please let us know if you need additional information.

Thank you,

Kelly

PS. Sorin, thank you for your work on this.

## Tryan, Derek N HLTH:EX

---

**From:** Pop, Sorin HLTH:EX  
**Sent:** Tuesday, December 15, 2015 3:51 PM  
**To:** Walman, Barbara J. HLTH:EX  
**Cc:** El Agab, Charlotte S HLTH:EX; Uyeno, Kelly HLTH:EX  
**Subject:** RE: Latest Version of the PRIME MPP

Barbara, I'll provide you a clean copy before the end of the week.

Thank you for your support!

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
PO BOX 9652 STN PROV GOVT  
Victoria, BC V8W 9P4  
T: 250-952-2288

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---

**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Tuesday, December 15, 2015 3:49 PM  
**To:** Pop, Sorin HLTH:EX  
**Cc:** El Agab, Charlotte S HLTH:EX; Uyeno, Kelly HLTH:EX  
**Subject:** RE: Latest Version of the PRIME MPP

Ok, will someone send me the original or do I sign this one?

---

**From:** Pop, Sorin HLTH:EX  
**Sent:** Tuesday, December 8, 2015 3:39 PM  
**To:** Walman, Barbara J. HLTH:EX  
**Cc:** El Agab, Charlotte S HLTH:EX; Uyeno, Kelly HLTH:EX  
**Subject:** Latest Version of the PRIME MPP

Hi Barbara,

Kelly has asked that I send you the latest version of the MPP for PRIME. It includes revisions based on feedback from IT Services. More feedback has been received (BMO, FCSD, MBPSD), but not yet incorporated in the document.

I believe that only one of the comments not yet addressed is material to the review. This is related to the split between capital and operating expenditure for the delivery of Phase 1 activities. I've discussed with FCSD (Darlene and John Kelly from IT) and have received guidance on how to further breakdown the costs. The overall costs do not change, but the responsibility center and amortization amounts will need to be adjusted. I require 1-2 weeks before I can finalize this revision (will then share the respective section with you).

Thank you.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
PO BOX 9652 STN PROV GOVT

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## Tryan, Derek N HLTH:EX

---

**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Wednesday, January 06, 2016 10:58 PM  
**To:** Pop, Sorin HLTH:EX; Uyeno, Kelly HLTH:EX; Moneo, Mitch HLTH:EX  
**Subject:** Fwd: Nurse Practitioners Access to PharmaNet

Nice

Barbara  
ADM  
Sent from my iPad

Begin forwarded message:

**From:** "McRae, Glenn" <[Glenn.McRae@interiorhealth.ca](mailto:Glenn.McRae@interiorhealth.ca)>  
**Date:** January 5, 2016 at 3:53:13 PM PST  
**To:** "'Walman, Barbara J. HLTH:EX'" <[Barbara.Walman@gov.bc.ca](mailto:Barbara.Walman@gov.bc.ca)>  
**Subject:** RE: Nurse Practitioners Access to PharmaNet

Barbara,

Thank you so much for the very welcome news.

What a great way to start the year.

All the best,  
Glenn

---

**From:** Scott, Pam HLTH:EX [<mailto:Pam.Scott@gov.bc.ca>] On Behalf Of Walman, Barbara J. HLTH:EX  
**Sent:** Tuesday, January 05, 2016 2:57 PM  
**To:** McRae, Glenn  
**Subject:** Nurse Practitioners Access to PharmaNet

Dear Mr. McRae,

I am writing to you to advise that, effective immediately, the Ministry of Health is opening the enrolment of NPs for access to the BC Ministry of Health PharmaNet system. Details of how to enroll are included in the attached letter.

PharmaNet is the province-wide network that links all BC community pharmacies to a central set of data systems. Every prescription dispensed in community pharmacies in BC is entered into PharmaNet. Making this comprehensive information available, at no cost by the Ministry, to health professionals provides them with a stronger base for clinical decision making, supporting better care and improved patient safety.”

I trust that as a health professional you will find the important drug information very useful to you in your practice. Thank you for your patience.

Sincerely,

Barbara Walman  
Assistant Deputy Minister  
Medical Beneficiary and Pharmaceutical Services

## Tryan, Derek N HLTH:EX

---

**From:** Pop, Sorin HLTH:EX  
**Sent:** Wednesday, January 06, 2016 5:10 PM  
**To:** Walman, Barbara J. HLTH:EX  
**Subject:** RE: can you drop by to see me?

Will do Barbara. Do you want me to bring anything at the meeting?

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
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---

**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Wednesday, January 6, 2016 4:13 PM  
**To:** Pop, Sorin HLTH:EX  
**Subject:** can you drop by to see me?

Re Roadmap tomorrow morning...thanks

**Barbara Walman**  
Assistant Deputy Minister  
Medical Beneficiary & Pharmaceutical Services Division  
*Ministry of Health*  
*Government of British Columbia*  
Phone: (250) 952-1464

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## Tryan, Derek N HLTH:EX

---

**From:** Pop, Sorin HLTH:EX  
**Sent:** Thursday, January 28, 2016 1:46 PM  
**To:** Walman, Barbara J. HLTH:EX; Uyeno, Kelly HLTH:EX; Moneo, Mitch HLTH:EX; Warren, Leanne HLTH:EX; Cookson, Guy HLTH:EX; Kocurek, Brad A HLTH:EX; Moulton, Kimberly HLTH:EX  
**Subject:** RE: PRIME Steering Committee

Dear Members of the PRIME Steering Committee,

As a result of the progress made with the signing of the Master Project Plan and due to the agreement reached earlier today with Brad and Guy we do not need to meet on Monday.

Thank you Brad and Guy for acknowledging the progress made by the team and for agreeing to sign the MPP. I also appreciate the advice regarding the immediate term plan, which could lead to approval of funding for the next 4-6 months for the project. I will work with Kelly to draft a briefing note for Barbara and Deb detailing the needs of the project until the external reviews are completed and Ministry decides on direction (should be within 4-6 months based on the reports being ready by end of March 2016).

Thank you.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
PO BOX 9652 STN PROV GOVT  
Victoria, BC V8W 9P4  
T: 250-952-2288

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-----Original Appointment-----

**From:** Watt, Hilary HLTH:EX **On Behalf Of** Pop, Sorin HLTH:EX  
**Sent:** Thursday, December 24, 2015 9:05 AM  
**To:** Pop, Sorin HLTH:EX; Uyeno, Kelly HLTH:EX; Moneo, Mitch HLTH:EX; Warren, Leanne HLTH:EX; Cookson, Guy HLTH:EX; Kocurek, Brad A HLTH:EX; Walman, Barbara J. HLTH:EX; Moulton, Kimberly HLTH:EX  
**Subject:** PRIME Steering Committee  
**When:** Monday, February 1, 2016 11:00 AM-12:00 PM (UTC-08:00) Pacific Time (US & Canada).  
**Where:** ADM Boardroom

## Tryan, Derek N HLTH:EX

---

**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Friday, March 04, 2016 4:17 PM  
**To:** Pop, Sorin HLTH:EX  
**Cc:** Moneo, Mitch HLTH:EX; Uyeno, Kelly HLTH:EX  
**Subject:** RE: NRGH Letter of Agreement

Thanks! Kelly should send a short note to Kelly

---

**From:** Pop, Sorin HLTH:EX  
**Sent:** Friday, March 4, 2016 3:59 PM  
**To:** Walman, Barbara J. HLTH:EX  
**Cc:** Moneo, Mitch HLTH:EX; Uyeno, Kelly HLTH:EX  
**Subject:** RE: NRGH Letter of Agreement

Hi Barbara,

Thank you for the approval of the Letter for Nanaimo and the IBN for the shutdown of the environments. I will connect with GCPE on this. Do you want to advise Lynn of the shutdown and will you send a quick note to her?

Thank you – have a great time off.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
PO BOX 9652 STN PROV GOVT  
Victoria, BC V8W 9P4  
T: 250-952-2288

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---

**From:** Moneo, Mitch HLTH:EX  
**Sent:** Friday, March 4, 2016 1:13 PM  
**To:** Walman, Barbara J. HLTH:EX  
**Cc:** Pop, Sorin HLTH:EX  
**Subject:** FW: NGRH Letter of Agreement

Hi Barbara,

Please be aware that we are awaiting your consent to send the Letter of Agreement for the Nanaimo pilot. I know that Deb Shera is also required for approval for the BN supporting the pilot. Is it possible for you to have Deb review and approve, or at least indicate that she is alright with the pilot, so we can act on the Letter while you are on vacation.

Thanks

---

**From:** Uyeno, Kelly HLTH:EX  
**Sent:** Friday, March 4, 2016 12:12 PM  
**To:** Tryan, Derek N HLTH:EX  
**Cc:** Pop, Sorin HLTH:EX; Moneo, Mitch HLTH:EX  
**Subject:** Re: NGRH Letter of Agreement



Please make sure that we have Deb's sign off on the NAnaimo DBN. Thx

Sent from my iPhone

On Mar 4, 2016, at 12:09 PM, Uyeno, Kelly HLTH:EX <[Kelly.Uyeno@gov.bc.ca](mailto:Kelly.Uyeno@gov.bc.ca)> wrote:

Approved. Thank you.

Sent from my iPhone

On Mar 4, 2016, at 12:02 PM, Tryan, Derek N HLTH:EX <[Derek.Tryan@gov.bc.ca](mailto:Derek.Tryan@gov.bc.ca)> wrote:

Hi Kelly, are you able to approve this via email.  
Dom said he could not approve it on behalf of you

Thanks

**Derek Tryan**

Executive Assistant, Business Management, Supplier Relations & Systems  
Medical Beneficiary & Pharmaceutical Services Division, BC Ministry of Health  
301-960 Quayside Drive  
New Westminster BC V3M 6G2  
Tel: (604) 660-1978  
Fax: (604) 660-2108

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<1041665\_NRGH\_LetterOfAgreement\_FINAL.docx>

## Tryan, Derek N HLTH:EX

---

**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Friday, March 04, 2016 4:17 PM  
**To:** Pop, Sorin HLTH:EX  
**Subject:** RE: NRGH Letter of Agreement

Sorry to Lynn

---

**From:** Pop, Sorin HLTH:EX  
**Sent:** Friday, March 4, 2016 3:59 PM  
**To:** Walman, Barbara J. HLTH:EX  
**Cc:** Moneo, Mitch HLTH:EX; Uyeno, Kelly HLTH:EX  
**Subject:** RE: NRGH Letter of Agreement

Hi Barbara,

Thank you for the approval of the Letter for Nanaimo and the IBN for the shutdown of the environments. I will connect with GCPE on this. Do you want to advise Lynn of the shutdown and will you send a quick note to her?

Thank you – have a great time off.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
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---

**From:** Moneo, Mitch HLTH:EX  
**Sent:** Friday, March 4, 2016 1:13 PM  
**To:** Walman, Barbara J. HLTH:EX  
**Cc:** Pop, Sorin HLTH:EX  
**Subject:** FW: NGRH Letter of Agreement

Hi Barbara,

Please be aware that we are awaiting your consent to send the Letter of Agreement for the Nanaimo pilot. I know that Deb Shera is also required for approval for the BN supporting the pilot. Is it possible for you to have Deb review and approve, or at least indicate that she is alright with the pilot, so we can act on the Letter while you are on vacation.

Thanks

---

**From:** Uyeno, Kelly HLTH:EX  
**Sent:** Friday, March 4, 2016 12:12 PM  
**To:** Tryan, Derek N HLTH:EX  
**Cc:** Pop, Sorin HLTH:EX; Moneo, Mitch HLTH:EX  
**Subject:** Re: NGRH Letter of Agreement

Please make sure that we have Deb's sign off on the NAnaimo DBN. Thx

Sent from my iPhone

On Mar 4, 2016, at 12:09 PM, Uyeno, Kelly HLTH:EX <[Kelly.Uyeno@gov.bc.ca](mailto:Kelly.Uyeno@gov.bc.ca)> wrote:

Approved. Thank you.

Sent from my iPhone

On Mar 4, 2016, at 12:02 PM, Tryan, Derek N HLTH:EX <[Derek.Tryan@gov.bc.ca](mailto:Derek.Tryan@gov.bc.ca)> wrote:

Hi Kelly, are you able to approve this via email.  
Dom said he could not approve it on behalf of you

Thanks

**Derek Tryan**

Executive Assistant, Business Management, Supplier Relations & Systems  
Medical Beneficiary & Pharmaceutical Services Division, BC Ministry of Health  
301-960 Quayside Drive  
New Westminster BC V3M 6G2  
Tel: (604) 660-1978  
Fax: (604) 660-2108

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<1041665\_NRGH\_LetterOfAgreement\_FINAL.docx>

## Tryan, Derek N HLTH:EX

---

**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Tuesday, March 15, 2016 3:52 PM  
**To:** Pop, Sorin HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX; Moneo, Mitch HLTH:EX  
**Subject:** RE: Final Terms for the Pilot at Nanaimo

Ok, proceed thanks

---

**From:** Pop, Sorin HLTH:EX  
**Sent:** Tuesday, March 15, 2016 3:51 PM  
**To:** Walman, Barbara J. HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX; Moneo, Mitch HLTH:EX  
**Subject:** Re: Final Terms for the Pilot at Nanaimo

I don't believe that there is a risk to our systems. The Ministry has agreed in the past to provide similar waivers for pilots (e.g. Early Adopter for ePrescribing). We'll likely be asked to consider waivers by the other HA when they'll start their pilot work. We'll consider each request based on its merit.

Sorin Pop  
Director PharmaNet  
Medical Beneficiary & Pharmaceutical Services Division

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---

**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Tuesday, March 15, 2016 15:46  
**To:** Pop, Sorin HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX; Moneo, Mitch HLTH:EX  
**Subject:** RE: Final Terms for the Pilot at Nanaimo

Is there any risk at all to our system or how we treat others?

---

**From:** Pop, Sorin HLTH:EX  
**Sent:** Tuesday, March 15, 2016 3:46 PM  
**To:** Walman, Barbara J. HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX; Moneo, Mitch HLTH:EX  
**Subject:** Re: Final Terms for the Pilot at Nanaimo

Barbara, I propose that we ask VIHA to sign it as-is while pointing to an appendix that includes their notes on ability to meet terms and agreeing to work with us to remediate. I'll work with VIHA to ensure the appropriate language is included in the appendix.

Thanks,



Sorin Pop  
Director PharmaNet  
Medical Beneficiary & Pharmaceutical Services Division

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---

**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Tuesday, March 15, 2016 15:40  
**To:** Pop, Sorin HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX; Moneo, Mitch HLTH:EX  
**Subject:** RE: Final Terms for the Pilot at Nanaimo

Do we need to amend the agreement?

---

**From:** Pop, Sorin HLTH:EX  
**Sent:** Tuesday, March 15, 2016 3:06 PM  
**To:** Walman, Barbara J. HLTH:EX  
**Cc:** Uyeno, Kelly HLTH:EX; Moneo, Mitch HLTH:EX  
**Subject:** Final Terms for the Pilot at Nanaimo

Hi Barbara,

I wanted to gauge your comfort with proceeding with the pilot at Nanaimo.

VIHA can meet six terms (out of total of eight) as-is. They will not fulfill the requirements for the remaining two items, use of unique site identifier and the demonstration of how they secure the downloaded information from PNet.

Issues/Risks/Mitigation:

1. Because VIHA cannot implement the "unique site identifier" we cannot identify if a request for PNet information comes from Oceanside or Nanaimo. This information may be important in case of reviewing a privacy breach. VIHA proposes to assist with information about access to PNet by extracting it from their systems, if the Ministry needs it. They are also proposing to work with us to identify a common solution to meet this requirement at a later date.
2. The way that VIHA has secured the downloaded information from PNet is through policy. We were expecting that their application would do that automatically. The risk is that PNet information may be accessed after the discharge of the patient. Our main concern is the use of such information for purposes other than direct patient care. We allow such uses only in a very specific circumstance (for medico-legal reasons such as dealing with complaints) under strict access protocols. They are proposing to work with us to identify a mechanism to meet this requirement at a later date.

Despite VIHA not fully meeting our terms, I think that by proceeding with the pilot we get a payback by learning about the challenges in an acute care setting together with realizing immediate patient care benefits. I am encouraged that VIHA wants to work with us to remedy the shortcomings, which coupled with the recent experience with a similar situation gives me confidence that we will resolve these issues in a timely fashion. The longest that this situation can continue is until December 31, 2016 when VIHA must transition to the new conformance standards, which include the stronger controls that we expect of such implementations.



VIHA plans to deploy to Nanaimo on Saturday, March 19, 2016. Depending on your response I will confirm with them the plan and ask for their endorsement of the Letter of Agreement, including the remediation plans.

I look forward to your response.

Thank you.

Sorin Pop

Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health

PO BOX 9652 STN PROV GOVT

Victoria, BC V8W 9P4

T: 250-952-2288

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## Tryan, Derek N HLTH:EX

---

**From:** Walman, Barbara J. HLTH:EX  
**Sent:** Wednesday, May 18, 2016 7:04 PM  
**To:** Pop, Sorin HLTH:EX  
**Cc:** Shera, Deborah HLTH:EX; Moneo, Mitch HLTH:EX; Uyeno, Kelly HLTH:EX; Kocurek, Brad A HLTH:EX; Cookson, Guy HLTH:EX; Squires, Paul E HLTH:EX; Warren, Leanne HLTH:EX; Egli, Cam D HLTH:EX  
**Subject:** Re: Revised PRIME Timeline

Thank very much. Deb, will you send to send to DM?

Barbara Walman  
ADM

On May 18, 2016, at 6:56 PM, Pop, Sorin HLTH:EX <[Sorin.Pop@gov.bc.ca](mailto:Sorin.Pop@gov.bc.ca)> wrote:

All,

As discussed – attached is a high level timeline for delivering PRIME in the next 23 months. Phase 1 was originally about 7.5 months, now shows 9 months. I've extended Phase 2 from 5 months to 7.5 months. The PRIME pilot is three (3) months with an overlapping evaluation period.

From a project delivery perspective the highest risk is in phase #3, as we know very little about what is needed or can be accomplished in the remaining time, which is about 7.5 months (down from about 10 months). It is imperative that we push hard to be ahead of the schedule.

I've applied some fast tracking in addition to some buffers for phases 1 and 2. I am comfortable with the amount of overlap (about 1.5 months), but I also think that we have little choice in order to get to end of job.

IMPORTANT: If there is only one final solution, which requires the transition to HIAL connectivity of all PharmaNet vendors, then I think that we will not achieve our ultimate goal of being able to enrol all new users through the new process as of May/June 2018. I cannot see how we get all vendors developing the solution, compliance testing it, and then deploying to all their user base.

Thank you for your input – let me know how else I can help.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
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Victoria, BC V8W 9P4  
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<PRIME\_Timeline.pptx>

## Tryan, Derek N HLTH:EX

---

**From:** Pop, Sorin HLTH:EX  
**Sent:** Tuesday, September 15, 2015 5:23 PM  
**To:** Walman, Barbara J. HLTH:EX (Barbara.Walman@gov.bc.ca)  
**Cc:** Uyeno, Kelly HLTH:EX; Scott, Pam  
**Subject:** 10 Yr Capital Investment (+ Ongoing Operations + Amortization)  
**Attachments:** 10yr\_CapitalInvestmentAsk.xlsx

Hi Barbara,

Please find attached the requested update to the 10 yr. investment plan for PharmaNet.

The ongoing costs are order of magnitude estimates based on my expectation (numbers are not validated with anyone and likely have very low accuracy at this point). Amortization was identified based on the suggested capital investment using an amortization period of five years (10 years for the PNet Transformation due to its size).

Please let me know if I can provide further assistance with this item.

Thank you.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
PO BOX 9652 STN PROV GOVT  
Victoria, BC V8W 9P4  
T: 250-952-2288

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Page 107 to/à Page 110

Withheld pursuant to/removed as

s.17

Withheld pursuant to/removed as

## Tryan, Derek N HLTH:EX

---

**From:** Pop, Sorin HLTH:EX  
**Sent:** Saturday, January 30, 2016 3:13 PM  
**To:** Walman, Barbara J. HLTH:EX; Uyeno, Kelly HLTH:EX; Moneo, Mitch HLTH:EX  
**Subject:** Notes for Monday @ 8:45 (Trevor H)  
**Attachments:** TrevorH\_Recommendations\_DiscussionPoints.doc

Barbara,

Kelly, Mitch and I reviewed the slide deck and have put together some thoughts for the meeting on Monday morning.

I've included the same content below (long) and the attachment.

Mitch, <sup>s.22</sup> - if I've missed some important points please advise.

Thank you.

Sorin Pop  
Director, PharmaNet | Pharmaceutical Services | Ministry of Health  
1515 Blanshard St., Victoria, BC V8W 3C8  
Office: 250-952-2288 | E-mail: [Sorin.Pop@gov.bc.ca](mailto:Sorin.Pop@gov.bc.ca)

### Feedback

Pg. 3:

- clarification needed around the enhancements of PNet related to medication reviews – this change was to introduce real time claim adjudication
- Add the implementation in 2014/15 of the provider enrolment regulation changes to PNet + blood glucose test strips controls (all part of Release 3)

Pg. 4:

- identify that the 2014 roadmap included other initiatives, such as integrated Special Authority

Pg. 5:

- suggest that we are more specific about the HA Integration delay. Instead of “PNet policy” identify the issues as existence of personally identifiable info in non-production environments and HA vendor ability to meet HA requirements (see sig field and practitioner identification issues)
- the statement “It is recognized within the Ministry that there is neither the budget nor the capacity/capability to deliver these 3 projects in the PharmaNet portfolio, all at the same time.” needs some qualifiers – for example “within the expected timelines / project parameters”. Important to highlight that there are a number of other active projects that need access to many of the same resources, which compounds the concern expressed earlier. Also, the roadmap and the 10-yr capital plan already identifies upcoming projects starting in 2016 in addition to the three mentioned

Pg. 8: revise spelling for “Mitch Moneo” and “Brad Kocurek”

Pg. 11: under the “pharmacists ...” capitalize PRIME

Pg. 12:



- I expected just the “issues” and not solutions; e.g. “public accountability” – “For e-prescribing, the public commitments have been made and significant amounts of money spent.” and not include “A decision to complete the project should be made immediately.”
- Under PRIME – “a key project that remains unfunded” (remove “is”)

Pg. 13:

- “medical policy” – the part following “e.g.” does not meet what I’ve heard from Ailve at CPSBC
- Not clear on the services card opportunity – patient portal is not in scope of discussions

Pg. 15: I challenge the conclusion as the only option is to roll out eRx. Notwithstanding the investment made we should not throw good money after bad s.13,s.17 Are there good and demonstrable benefits of e-prescribing beyond those currently in place due to EMR use? I do not advocate not to deploy but to consider this other option and demonstrate why should be dismissed

Pg.16&17 – PharmaNet Roadmap

- We fully agree that this needs to be maintained and updated; resources to do that is a problem
- We would like to acknowledge that additional business needs were described in separate documents prepared for the OCIO and approved at the time by Barbara, Lindsay, and Manjit.
- integrated Special Authority was also included which needs further development as a strategic initiative
- To address your concerns with business priorities evolving/changing over time, the proposed management team can provide a central intake that can manage this on a continuous basis to ensure there is a systemic approach
- MBPSD relies on HSIMIT to advise on the technical options (architecture, HIAL, applications, etc.) in the context of the business owner’s needs and priorities. This will allow the management team to carefully manage project decisions that will optimize the allocation of funds.
- Under “issues” on pg. 17 our information implies that PNet cannot continue to operate for 10-15 years even without changes – information from MAXIMUS suggests a much shorter time span; realize that it may be a conflict of interest
- Items #5-8 unlikely to be realized without increasing the support / capacity of the PNet team (not only about IT resources)
- Curious what was used to determine that a replacement for PNet will take 3 years

Pg.18-20 – PharmaNet Governance & Management

- We are pleased to see there is support for a portfolio governance structure that recognizes the ADM, MBPSD as the business owner that can approve and monitor projects, with the appropriate support of HSIMIT and BMO.
- Based on the project needs, we agree that the required working groups with external stakeholders are established
- Very pleased to see the support for dedicated resources and capacity for a management team, as well as project support.
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- Item #24: given the project's impact on resources used by all the other projects under consideration, this project must report in the Ministry governance for coordination; agreed that SCIMIT and Leadership Council have an interest and if visibility is low (although we thought that this was one of the 10 top projects for SCIMIT) then communication must be enhanced
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- This project has a strong dependency on PRIME as it would make changes to how users are enrolled and authorized – would add as an issue and a risk to schedule
- Like most projects this is not foremost an "IT project"; perhaps it is not re-branding that is needed but an acknowledgement that the realization of the "business value" side of the project is significant in scope and requires appropriate attention
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Pg. 32:

s.17



## Feedback

Pg. 3:

- clarification needed around the enhancements of PNet related to medication reviews – this change was to introduce real time claim adjudication
- Add the implementation in 2014/15 of the provider enrolment regulation changes to PNet + blood glucose test strips controls (all part of Release 3)

Pg. 4:

- identify that the 2014 roadmap included other initiatives, such as integrated Special Authority

Pg. 5:

- suggest that we are more specific about the HA Integration delay. Instead of “PNet policy” identify the issues as existence of personally identifiable info in non-production environments and HA vendor ability to meet HA requirements (see sig field and practitioner identification issues)
- the statement “It is recognized within the Ministry that there is neither the budget nor the capacity/~~capability~~ to deliver these 3 projects in the PharmaNet portfolio, all at the same time.” needs some qualifiers – for example “within the expected timelines / project parameters”. Important to highlight that there are a number of other active projects that need access to many of the same resources, which compounds the concern expressed earlier. Also, the roadmap and the 10-yr capital plan already identifies upcoming projects starting in 2016 in addition to the three mentioned

Pg. 8: revise spelling for “Mitch Moneo” and “Brad Kocurek”

Pg. 11: under the “pharmacists ...” capitalize PRIME

Pg. 12:

- I expected just the “issues” and not solutions; e.g. “public accountability” – “For e-prescribing, the public commitments have been made and significant amounts of money spent.” and not include “A decision to complete the project should be made immediately.”
- Under PRIME – “a key project that remains unfunded” (remove “is”)

Pg. 13:

- “medical policy” – the part following “e.g.” does not meet what I’ve heard from Ailve at CPSBC
- Not clear on the services card opportunity – patient portal is not in scope of discussions

Pg. 15: I challenge the conclusion as the only option is to roll out eRx. Notwithstanding the investment made we should not throw good money after bad <sup>s.13,s.17</sup> appear to still be needed). Are there good and demonstrable benefits of e-prescribing beyond those

currently in place due to EMR use? I do not advocate not to deploy but to consider this other option and demonstrate why should be dismissed

#### Pg.16&17 – PharmaNet Roadmap

- We fully agree that this needs to be maintained and updated; resources to do that is a problem
- We would like to acknowledge that additional business needs were described in separate documents prepared for the OCIO and approved at the time by Barbara, Lindsay, and Manjit.
- integrated Special Authority was also included which needs further development as a strategic initiative
- To address your concerns with business priorities evolving/changing over time, the proposed management team can provide a central intake that can manage this on a continuous basis to ensure there is a systemic approach
- MBPSD relies on HSIMIT to advise on the technical options (architecture, HIAL, applications, etc.) in the context of the business owner's needs and priorities. This will allow the management team to carefully manage project decisions that will optimize the allocation of funds.
- Under "issues" on pg. 17 our information implies that PNet cannot continue to operate for 10-15 years even without changes – information from MAXIMUS suggests a much shorter time span; realize that it may be a conflict of interest
- Items #5-8 unlikely to be realized without increasing the support / capacity of the PNet team (not only about IT resources)
- Curious what was used to determine that a replacement for PNet will take 3 years

#### Pg.18-20 – PharmaNet Governance & Management

- We are pleased to see there is support for a portfolio governance structure that recognizes the ADM, MBPSD as the business owner that can approve and monitor projects, with the appropriate support of HSIMIT and BMO.
- Based on the project needs, we agree that the required working groups with external stakeholders are established
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## Tryan, Derek N HLTH:EX

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**From:** Pop, Sorin HLTH:EX  
**Sent:** Monday, February 29, 2016 5:50 PM  
**To:** Walman, Barbara J. HLTH:EX (Barbara.Walman@gov.bc.ca)  
**Cc:** Uyeno, Kelly HLTH:EX; Moneo, Mitch  
**Subject:** February 2016 - PRIME Executive Status Update Report  
**Attachments:** 2016\_02\_29\_PRIME.docx

Hi Barbara,

Please find attached the latest report for PRIME. This is collected by Deb through the Project Management Office (PMO) and will be summarized by Deb for Associates.

Please let me know if you have questions or would like to see changes made before releasing to the PMO.

Thank you.

Sorin Pop  
Director, PharmaNet | Medical Beneficiary & Pharmaceutical Services Division | Ministry of Health  
PO BOX 9652 STN PROV GOVT  
Victoria, BC V8W 9P4  
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