

## BC Renal Pharmacy Services Committee – Terms of Reference

Approved by PSC: June 20, 2024. Updated: October 4, 2024

BC Renal Pharmacy Services Committee – Terms of Reference (October 4, 2024)	
<b>Purpose</b>	<p>To define a comprehensive and justified list of drugs and nutritional supplements to be funded by BC Renal (BCR) that are essential for the care of renal patients receiving dialysis or CKD therapy and registered with BC Renal in PROMIS.</p> <p>To ensure that the BC Renal formulary, chosen by a multidisciplinary, provincial representative group is:</p> <ul style="list-style-type: none"> <li>• Done in accordance with the published evidence in renal populations, and that the best available level of evidence is considered, and decisions are available for review.</li> <li>• Designed to reduce the morbidity and mortality of patients.</li> <li>• Justified and essential in renal patients.</li> <li>• Used to facilitate the implementation of best medication practices.</li> </ul> <p>To promote rational and appropriate use of medications used in nephrology through:</p> <ul style="list-style-type: none"> <li>• Identifying best practice and systematically implementing this provincially through algorithms (e.g., anemia, occluded catheter), changing practice (e.g., medication reconciliation), and generating new evidence if the data are unclear (e.g., glomerulonephritis, ADPKD).</li> <li>• Ensuring most cost-efficient option for money spent.</li> </ul> <p>To provide for safe, effective and efficient community-pharmacy care for BC Renal patients:</p> <ul style="list-style-type: none"> <li>• Provide clinical guidance and oversight for the RFP process with community pharmacies in order to support the BCR Business Operations and PHSA Procurement in implementing and managing these processes.</li> <li>• Define clinical deliverables for contracted community pharmacies.</li> <li>• Provide clinical guidance and oversight for the contract management and issue management processes and evaluation of contracted pharmacies’ performance in order to support the BCR Business Operations in implementing and managing these processes.</li> </ul> <p>To provide guidance and oversight of the budget and financial implications of use of specific drugs in CKD populations.</p> <p>To ensure communication with relevant stakeholders regarding processes, medication use, reimbursement and education.</p> <p>To develop and implement education and knowledge translation activities and programs for community pharmacies’ staff, primarily pharmacists, and hospital-based renal pharmacists.</p> <p>To ensure medications and nutritional supplements are distributed to patients and community dialysis units in a safe and cost-efficient manner (e.g., community pharmacy contracts, community dialysis unit supplies contract (medications)).</p>

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	<p>In summary, the committee is active in the following key areas or work streams:</p> <ul style="list-style-type: none"> <li>• Formulary – drug and ONS evaluation; formulary review and updating; financial impact review.</li> <li>• Best practices – evaluation and audit of performance, drug and ONS use, patient and system outcomes/ quality metrics, processes, financial impact.</li> <li>• Education – education for community and hospital pharmacists, patients.</li> </ul>
<b>Responsibilities</b>	<p>To ensure that there is an accountability framework for drug and nutritional supplement selection that is transparent, and evidence-based.</p> <p>Through its formulary, the committee should aim to delay progressive deterioration of health (e.g., cardiovascular, metabolic, and nutritional status) in patients with CKD. This includes the delay or prevention of complications, adverse events and mortality by supporting best practice in all aspects of medication therapy.</p> <p>The choice of drugs will be rational and may be limited within each class, consistent with good clinical care and financial equivalency on economic and evidence bases:</p> <ul style="list-style-type: none"> <li>• For example: the choice of CCB, ACEI, beta blockers etc. may be limited to 2-3 from each class based on data available or consensus.</li> <li>• Remove drugs from the formulary if they are no longer used, or inappropriate.</li> <li>• Ensure that appropriate nutritional and vitamin supplements are included.</li> </ul> <p>The committee will ensure that an overt process is established whereby there is:</p> <ul style="list-style-type: none"> <li>• Regular review of the formulary: <ul style="list-style-type: none"> <li>✓ Accountability to patients, other physicians.</li> <li>✓ Accountability to MOH / PharmaCare.</li> </ul> </li> <li>• Control of formulary choices through evaluation and review of data: <ul style="list-style-type: none"> <li>✓ Data will be obtained from PROMIS, other databases, and PharmaCare.</li> </ul> </li> <li>• Outcomes, relationships to drug utilization and access will be evaluated as applicable.</li> <li>• Reports accessible to all patient groups, and physicians regarding drug usage, outcomes and costs.</li> <li>• Best practice guidelines, algorithms and protocols that are developed in concert with other BC Renal committees for provincial implementation.</li> </ul> <p>The committee is responsible – via its Education sub-committee – for the development and implement of education and knowledge translation activities and programs for community pharmacies’ staff, primarily pharmacists, and hospital-based renal pharmacists.</p> <p>The committee is also responsible for providing clinical guidance and oversight for selecting, contracting and monitoring of community pharmacies that provide BC Renal contracted pharmacy services to BC Renal patients, processes that are implemented and managed by the BCR Business Operations team.</p>

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<b>Deliverables</b>	<ul style="list-style-type: none"> <li>• Current recommended formulary for drugs and nutritional supplements with regular review and updating essential to the care of renal patients.</li> <li>• Documentation of rationale and evidence for selection choices.</li> <li>• Development and assistance with implementation of algorithms / protocols supporting best practice of medication.</li> <li>• Demonstration that the guidance and formulary decisions are approved by the community using transparent processes and existing structures (such as BC Renal Medical Advisory Group, etc.).</li> <li>• Outline of plan for evaluation of drug usage review, outcomes linkage.</li> <li>• Establishment of regular processes and outputs.</li> <li>• A group of quality community retail pharmacies contracted to provide services to BC Renal patients. Established list of clinical deliverables for community pharmacies.</li> <li>• Regular review of reports that monitor the quality of service being provided by community pharmacies to BC Renal patients.</li> <li>• Regular education and knowledge translation activities and programs delivered to contracted community pharmacies’ staff, primarily pharmacists, and hospital-based renal pharmacists.</li> <li>• Effective and timely management of critical incidents and adverse events in collaboration with other BCR modality committees, where PSC’s support and clinical judgement is required.</li> <li>• Effective and timely evaluation of vendor performance in collaboration with BCR Business Operations where PSC’s support and clinical judgement is required.</li> <li>• Effective and timely management of vendor and supply chain-related issues in collaboration with BCR Business Operations where PSC’s support and clinical judgement is required.</li> </ul>
<b>Membership</b>	<p>Membership will be multidisciplinary and will include:</p> <p><b>Voting committee members:</b></p> <ul style="list-style-type: none"> <li>• Committee chair.</li> <li>• Committee vice-chair.</li> <li>• Pharmacists (at least one pharmacist representative per health authority renal program, including adult and pediatric renal pharmacy representation).</li> <li>• Physicians (preferably representing all health authority renal programs, urban and rural settings).</li> <li>• Dietitian.</li> <li>• Representation from the BC Renal leadership team.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Social worker.</li> <li>• Patient partners (preferably one with lived experience of KCC care, one with lived experience of dialysis – HD and/or PD – care).</li> </ul> <p><b>Non-voting committee members:</b></p> <ul style="list-style-type: none"> <li>• BC Renal project manager.</li> <li>• BC Renal Business Operations team representative.</li> <li>• BC Renal business administrative coordinator.</li> <li>• BC Renal Analytics team representative / biostatistician / data management personnel.</li> <li>• PROMIS business analyst or change lead.</li> <li>• PHSA pharmacoeconomist.</li> </ul> <p><b>Note:</b> For further clarification, non-clinical committee members (except patient partners) and BCR staff on the committee are non-voting members.</p>
<b>Committee Structure</b>	<p>The committee has the following structure, subject to change as the committee evolves and at the committee’s approval:</p> <ul style="list-style-type: none"> <li>• Chair.</li> <li>• Vice-chair(s).</li> <li>• Committee executive core group (chair, vice-chair, PM, Business Operations manager, admin coordinator).</li> <li>• Sub-committees: <ul style="list-style-type: none"> <li>a. Formulary (Lead: PSC chair).</li> <li>b. Best practices (Lead: PSC vice-chair).</li> <li>c. Education (Lead: PSC vice-chair).</li> </ul> </li> </ul> <p><b>Note:</b> Committee executive core group is the first-line committee representative body to work with other modality committees and BCR Business Operations on addressing issues and incidents, as needed, due to its more frequent meetings and leaner membership.</p> <p><b>Note:</b> Other sub-committees may be considered in the future to focus on other work streams.</p>
<b>Reporting Relationships</b>	<p>Pharmacy Services Committee reports to the BC Renal Executive Committee – via the BC Renal Leadership Team as the core group of the Executive Committee – and works in close collaboration with other BC Renal committees.</p>
<b>Decision-Making</b>	<ul style="list-style-type: none"> <li>• Decisions or recommendations will be based on: <ul style="list-style-type: none"> <li>d. A review of the clinical evidence based on a systematic (preferred) or comprehensive literature review.</li> <li>e. A review of pharmacoeconomic analyses from HTA agencies such as CADTH, NICE (UK), SMC (Scotland), PHARMAC (New Zealand), PBAC (Australia) as available.</li> <li>f. A budget impact analysis from the perspective of BC Renal.</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>• Decisions or recommendations should be made based on consensus. If consensus cannot be reached, a majority vote can be requested by the chair.</li> <li>• Majority is defined as 50% of the committee’s voting members plus one vote.</li> <li>• The committee may use a decision support scoring system as one of the instruments to support decision-making on matters with a significant budget impact, and where a consensus cannot be reached among committee members.</li> <li>• Quorum is required for meetings to occur (quorum is defined as 60% of all members).</li> <li>• Decisions or recommendations made by the committee are subject to funding, and approval by the BC Renal Leadership Team and the Medical Advisory Group.</li> </ul>
<b>Meetings</b>	<ul style="list-style-type: none"> <li>• Committee meetings are at the chair’s request – with a minimum of 3 meetings in a calendar year, at least 90 minutes each, with one of them being a 180-minute face-to-face meeting as appropriate.</li> <li>• Committee executive core group meets once per calendar month, for 30 minutes, or as appropriate.</li> <li>✓ Committee executive core group will meet once per week, for 60 minutes, starting in October 2024 and for a period mutually agreed on by the group members in order to address a backlog of action items.</li> <li>• Sub-committees may meet between once per quarter (4 meetings per calendar year) to no more than bi-monthly (up to 6 meetings per year maximum).</li> <li>• Meeting minutes will be prepared by BC Renal support staff and shared with committee members and the BC Renal leadership team. Meeting minutes will also be stored and available on the approved BC Renal shared storage solution.</li> </ul>
<b>Section 51 Considerations</b>	<p>As delegated by the BC Renal Executive Committee – a Regional Quality Committee approved and authorized by the Boards of the Provincial Health Services Authority and the BC Health Authorities and Providence Health Care – to evaluate, control and report on clinical practice with respect to medication use in CKD and dialysis care in a hospital / health authority / multiple hospitals / health authorities, including community dialysis units, in order to continually maintain and improve the quality and safety of patient care in the hospital(s) / health authority(ies), or otherwise perform a function for the appraisal and control of the quality of patient care in the hospital(s) / health authority(ies). In particular:</p> <ul style="list-style-type: none"> <li>• To ensure quality and safety of care by reviewing and reporting on critical incidents and resulting actions that may have provincial ramifications, as well as reviewing and reporting on quality of care in general.</li> <li>• To perform risk management functions by sharing critical incidents and resulting actions that may have provincial ramifications in order to avoid / reduce similar future incidents.</li> </ul> <p>For its quality and safety assurance activities for which reporting is restricted by Section 51 of the Evidence Act, the Pharmacy and Formulary Review Committee is accountable,</p>

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	<p>through the chair, to the BC Renal Executive Committee, and, subsequently, through the BC Renal Executive Director / chair of the Executive Committee, to the PHSA board of directors, and each of the other BC health authority boards of directors (VCH/PHC, FHA, IHA, NHA, VIHA). Reports from the committee will be presented annually or as required:</p> <ol style="list-style-type: none"> <li>1. Records created by, or produced for, the Pharmacy and Formulary Review Committee are restricted for use only as directed by the committee.</li> <li>2. Documents created by or for the Pharmacy and Formulary Review Committee are to be headed “Privileged and Confidential: For Quality Improvement Purposes”, or otherwise indicated as “For Use by the BC Renal Pharmacy and Formulary Review Committee”.</li> <li>3. Records that are not created specifically by or for the Pharmacy and Formulary Review Committee (e.g., the original health authority record) are not restricted from disclosure by the committee but are subject to the provisions of the Freedom of Information and Protection of Privacy Act (FIPPA), and PHSA policy on access to records.</li> </ol> <p>Quality and safety reviews under the Section 51 of the BC Evidence Act shall be maintained as “Privileged and Confidential: For Quality Improvement Purposes”. This part of the meeting that is performing the quality and safety assurance function shall be recorded “in camera” separately in the meeting minutes.</p> <p>Discussions and information shared regarding the clinical practices and quality improvements under review are held in strict confidence by committee members.</p>
<b>Decision Support Scoring Tool</b>	<p>The committee may utilize a scoring system to help in decision-making, particularly for decisions that will (a) result in a significant budget impact and (b) cannot be made by consensus among committee members.</p> <p>When the scoring system is used, each voting committee member may provide their scores, and the final score will be calculated as the average of all individual voting committee members’ scores.</p>
<b>Annual Pharmacy Services Committee Work Cycle</b>	<p>The committee strives to pursue the following standard activities throughout each fiscal year (April to March):</p> <ul style="list-style-type: none"> <li>• <b>April-May</b> – review budget utilization for the previous fiscal year and budget projection for the new fiscal year, including for a select list of medications of interest.             <ol style="list-style-type: none"> <li>g. <b>Note:</b> Budget is prepared and presented to the committee by BCR Finance at the request of the committee.</li> <li>h. <b>Note:</b> The committee does not set the budget but can review it for transparency and accountability and to assist in clinical decision-making.</li> </ol> </li> <li>• <b>May-August</b> – plan education activities for the September-June period, including education for community pharmacies, participation in BC Kidney Days and province-wide rounds, etc.</li> <li>• <b>May and November</b> –             <ol style="list-style-type: none"> <li>i. Conduct an annual horizon scan and submit a funding request to BC Renal for potential formulary additions.</li> </ol> </li> </ul>

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	<p>j. Provide and present updates to the committee’s work plan at the bi-annual BCR Executive Committee meetings.</p> <ul style="list-style-type: none"> <li>• <b>January-March</b> – conduct annual business review meetings with select vendors and community pharmacies.</li> </ul>
<b>Standard Process for Bringing a Matter before the Pharmacy Services Committee for Review</b>	<ul style="list-style-type: none"> <li>• New matters resulting in a budget impact must be brought to the chair and/or vice-chair of the committee in writing.</li> <li>• The committee chair or vice-chair will review the matter and bring it to the committee for review and decision by a simple majority (50% of the committee’s voting members plus one vote) via email or at a meeting conducted in person or by video (at the discretion of the chair or vice-chair).</li> <li>• The chair has a tie breaking vote; the vice-chair has a tie breaking vote if the chair is not present at the meeting or can’t respond to emails.</li> </ul>
<b>Standing Agenda Items</b>	<p>Each committee meeting agenda may include the following items (as placeholders):</p> <ul style="list-style-type: none"> <li>• Review of critical incidents and adverse events that require the Pharmacy Services Committee attention, if any.</li> <li>• Review of highest priority medication-, vendor- and supply chain-related issues – in collaboration with BCR Business Operations.</li> <li>• Review of report(s) from sub-committee(s).</li> <li>• Review of report(s) from PROMIS relative to the committee and reports from ongoing committee projects.</li> <li>• Discussion of latest industry trends and their impact on renal formularies and committee operations, as needed.</li> </ul>
<b>Committee Operations Budget Allocation</b>	<p>The Pharmacy Services Committee will have an annual operations budget defined by BCR.</p> <p>The following items will be covered from the annual committee operations budget:</p> <ul style="list-style-type: none"> <li>• Chair stipend.</li> <li>• Vice-chair stipend.</li> <li>• Committee meeting and travel expenses.</li> </ul> <p>Other expenses, such as physician sessional fees for participation in committee activities, subscription and publication fees, etc., may be covered on an ad hoc basis and based on a specific request made by the committee to BC Renal, subject to approval and funds availability.</p>