



Developing a Provincial Hospital Formulary: The New Brunswick Experience...where innovation matters and efficiencies and impacts are being achieved

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Speaker Disclosure

Presenter has no real or potential conflicts to disclose

Seemingly Impossible Tasks

Start by doing the necessary,
then the possible and suddenly
you are doing the impossible.

St. Francis of Assisi

Background – New Brunswick

- Population: 751,171
- Only official bilingual province
- 2 Regional Health Authorities (RHAs)
- 21 hospitals
- 2011/2012 RHA Drug Expenditure: \$72,958,494 (last year - \$73,260,107)
- Regionalization in Sept 2008 (8 to 2 RHAs)
- Provincial Health Plan Announced 2009
 - Included single provincial hospital formulary
- Provincial Drugs & Therapeutics committee launched in Fall 2010



Two Regional Health Authorities:

- Horizon Health Network – Réseau de Santé Horizon
- Vitalité Health Network – Réseau de Santé Vitalité

Why have a provincial Hospital Formulary?

- Equality of services
 - Achieves a new provincial approach
- Seamless transfers between sites
- Consolidation of scarce resources
 - Minimizes duplication of effort
 - Draws upon larger pool of expertise
 - Maximizes limited resources and expertise
- Achieves best practice and standardization
- Politics / Opportunity
 - Working closer with provincial counterparts/government
 - Alignment with publicly funded provincial outpatient drug program
- Potential for cost savings with better overall formulary management

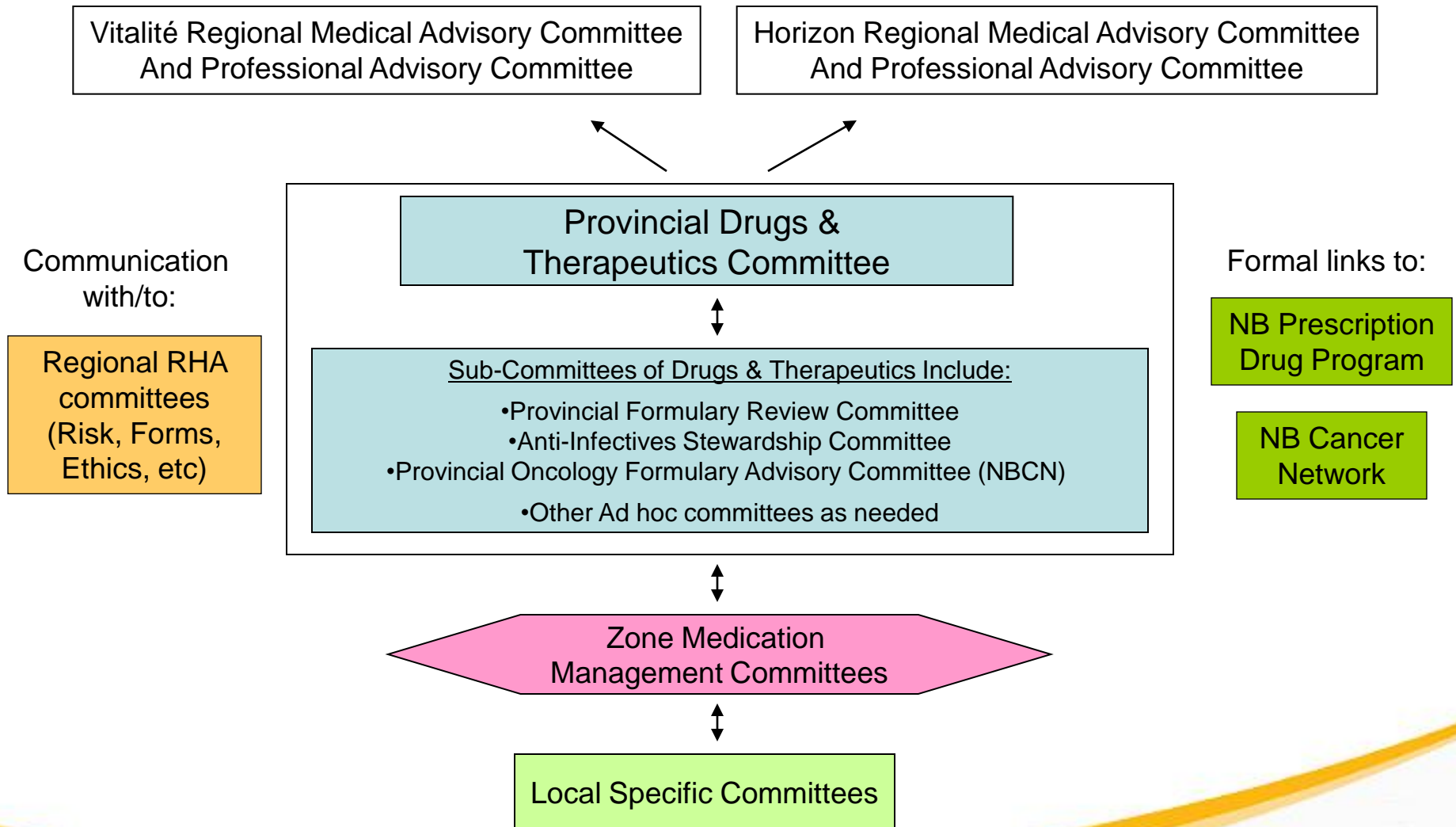
New Brunswick experience – where we came from

- Previous 8 regions had own formularies and P&T committees
 - Many smaller rural hospitals
 - Scramble for medications when transferring from tertiary care sites
 - Prescribing patterns often based on individuals not best practice
 - few dedicated staff for formulary review
 - If you scream loud and long enough we'll add it to formulary
 - “you can get it if you live...”
 - Open formularies and large inventories common
 - **Ultimately one payer in the province**
 - Politicians assume we're all doing the same thing

New Brunswick experience – Planning & Initiation

- Representatives from Vitalité and Horizon met with Department of Health April 16, 2009 to discuss provincial pharmacy direction and mandate
 - Single provincial Drugs & Therapeutics committee proposed
- Project plan and Steering committee struck following this to develop a Provincial Hospital Pharmacy and Therapeutics Committee and Structure
 - 5 meetings (videoconference: 7 sites) between July 2009 – April 2010
 - Set guiding principles
 - Drafted structure for Provincial D&T and Terms of Reference
 - SWOT analysis

Provincial Drugs and Therapeutics Committee Structure



New Brunswick experience

Guiding Principles:

- Utilize evidence-based decision making including cost-effectiveness
- Minimize duplication of effort
- Maximize limited resources and expertise
- Comply with accreditation standards – Required Organizational Practices (ROPs)
- Respond to local needs
- Respect working language of each zone
- Support safe and effective medication use

New Brunswick experience

Opportunities

- **Achieves a provincial approach**
- **Achieves best practice and standardization**
- **Minimizes duplication of effort**
- Draws upon larger pool of expertise
- Maximizes limited resources and expertise
- Positions us well to align with one Group Purchasing Organization (GPO)
- Working closer with NBPDP and the Department of Health

Challenges

- **Major change** – will require significant political will and senior management support
- Can be perceived by regions as relinquishment of power
- Will further stretch existing resources
- Will require **simultaneous translation of materials** – costs/accessibility
- Timeliness of decisions/scheduling and length of meetings (monthly/bi-monthly, quarterly)
- **Travel, distance & remuneration**

Who needs buy-in?

- Hospital Administrators
- Medical Staff (at all levels – provincial, regional, local)
- Department of Health
- Pharmacy staff/managers (at all levels – provincial, regional, local)
- Existing/Former Pharmacy & Therapeutics committee members

Beware of the CAVE people



*“Citizens Against
Virtually Everything”*

New Brunswick experience – Outcomes

- New structure initiated October 2010
- 2011/2012 Hospital Drug Expenditure: \$72,958,494 (last year - \$73,260,107)
 - National average numbers in range of 4% increase (CIHI data). NB had 0.3% decrease. Based on 4%, net (deferred) savings overall ~\$2.9M
- Process maps with regular review of processes
 - Tightening up of processes consistently done across province
- Wide provincial participation
 - Physicians, staff, administrators
- Formulary changes (2011/2012):
 - 18 new formulary evaluations completed
 - 20 class synopses & reviews completed
 - over 200 drug items reviewed

New Brunswick experience – Outcomes

- 9 meetings of Provincial D&T
 - Very large and diverse committee
 - Members are committed
- Active subcommittees
 - Formulary Review Committee
 - Anti-Infective Stewardship Committee
 - Oncology Formulary Advisory Committee
- Ad hoc subcommittees
 - ER Antidotes (2011/2012)
 - Parenteral Therapy Steering committee (2012/2013)
- common policies established
 - Examples: Conflict of Interest, Formulary Request, Non-Formulary Request, High Cost Non-Formulary Request policies

New Brunswick experience - Challenges

- **Major change initiative** – required significant political will and senior management support
- **Perceived initially by some as relinquishment of power/power grab**
 - a lot of handholding and meetings
 - Larger hospitals felt they were doing all the work
 - Smaller hospitals felt they were being dictated to
- **Consensus building with anonymous voting** a must
 - Utilize electronic voting
 - Can't “glare” at someone until they agree
- Language: Simultaneous translation of materials – costs/accessibility
- **Timeliness of decisions/scheduling and length of meetings** (monthly/bi-monthly, quarterly)
- Geography: Travel, distance & remuneration

Keys to success we've learned

- Always have people see themselves in the structure.....Context and Relevance Matters
- Pull versus Push to help build consensus and understanding
- Communicate lots and well
 - Don't be ambiguous and believe what you're selling

Rewards so far...

- Major provincial initiative
 - great buy-in
 - closer working relationship and alignment with publicly funded provincial outpatient drug program
- Higher level of practice
 - evidence informed approach
 - degree of scrutiny is higher/expectations are higher
 - consolidation of human resources
- Equality for patients
- Better control of inventory
 - lower drug costs

Thank You

Questions / Discussion



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