MINUTES
Council Meeting
ALBERTA COLLEGE OF PHARMACISTS
March 2-3, 2017
Varscona Hotel, Edmonton

1. Introduction

1.1 Call to Order

President Pereira called the meeting to order at 1:00 p.m.

The business meeting of Council was held over two days. On Thursday, March 2, the meeting convened at 1:00 p.m. and recessed at 5:05 p.m. On Friday, March 3, the business meeting of Council reconvened at 8:00 a.m. and adjourned at 4:10 p.m.

1.2 Roll Call

Registrar Eberhart called the roll and identified the following individuals in attendance:

- District 1 - Brad Willsey
- District 2 - Clayton Braun
- District 3 - Rick Hackman (Past President)
- District 3 - Taciana Pereira (President)
- District 4 – Stan Dyjur
- District 5 - Kamal Dullat
- District 5 - Brad Couldwell (President Elect)
- District A - Kelly Boparai
- District B - Jennifer Teichroeb
- Bob Kruchten - Public Member

Non-Voting

- Neal Davies - Dean, Faculty of Pharmacy & Pharmaceutical Sciences

Absent with Regrets

- Al Evans - Public Member (Executive Member at Large)
- Mary O'Neill - Public Member

Also in attendance:

- Greg Eberhart – Registrar
- Dale Cooney - Deputy Registrar
- Lynn Paulitsch - Operations and Finance Director
- Leslie Ainslie - Executive Assistant
- Shirley Nowicki - Communications Director
- Jim Krempien, Complaints Director (Mar. 2, 1:30-4:50 pm)
- Shao Lee, Professional Practice Director (Mar. 2, 1:30-3:00 pm)
- Debbie Lee, Competence Director (Mar. 2, 1:30-3:00 pm & Mar. 3, 10:50 am-12:00 pm)
- Lisa Guirguis, Faculty of Pharmacy & Pharmaceutical Sciences (March 3, 8:00-9:00 am)
- David Jardine, Shores Jardine LLP (March 2, 3:30-4:50 pm)
- Greg Sim, Field Law LLP (March 2, 3:30-4:50 pm)
- Observers/Members of the Public

1.3 Invocation

Rick Hackman read the invocation.

1.4 Adoption of the Agenda

1.4.1 Consent Agenda

MOTION: to approve the Consent Agenda report presented by Registrar Eberhart.
Moved by **Bob Kruchten**/Seconded by **Jennifer Teichroeb/**CARRIED

1.4.2 Additions to the Agenda

MOTION: to approve the agenda as circulated to Council**.**
MOVED by **Kelly Boparai**/Seconded by **Stan Dyjur**/CARRIED

1.5 Minutes from Previous Meetings

1.5.1 Minutes – December 5-6, 2016 Council Meeting

MOTION: to adopt minutes of the December 5-6, 2016 council meeting upon amendment to the second motion under Agenda Item 2.5 where it states that President-Elect Couldwell was opposed to the motion "to change the Critical Success Factor weighting to 40% for Public and Stakeholder Confidence, 40% for Quality Care, and 20% for Effective Organization". The minutes should note that President-Elect Couldwell was opposed to removing SSMA's in the Indicators, not opposed to the Critical Success Factor weightings.
Moved by **Rick Hackman**/Seconded by **Brad Willsey**/CARRIED

1.6 Disposition of Directives

The Disposition of Directives was provided for information. President Pereira invited questions; however, none arose.
MOTION: to accept the Disposition of Directives as information.
Moved by **Kamal Dullat**/Seconded by **Kelly Boparai**/CARRIED

2. Governance

2.1 Compliance Monitoring and Reports

2.1.1 Executive Limitations – Compliance Reports

Reports from the Registrar have been provided for each of the following executive limitation policies.

2.1.1.1 EL-4 Financial Condition (Internal)

Council received Internal Financial Statements and Variances for the month ending December 31, 2016.

MOTION: that the Registrar's compliance report on EL-4 Financial Condition of the College be approved.
Moved by **Kamal Dullat**/Seconded by **Stan Dyjur**/CARRIED

2.2 Generative Discussion

Assessment is a cornerstone to person-centered care; and is a cornerstone to differentiating the roles and responsibilities of pharmacists and pharmacy technicians. Three of five of ACP's Strategic Goals focus on clinical services provided by pharmacists. These include:

- Pharmacists will consistently conduct an appropriate assessment of each patient prior to providing any pharmacist service.
- Patient care records will include continuous documentation of pharmacist assessments, treatment plans, record of care, and monitoring results.
- Patients will expect pharmacists to provide appropriate assessments, advice, and support about their health (treatment) plan at each encounter.

ACP's Pharmacy Practice Consultants have observed that assessments by pharmacists in low to medium performing pharmacies (53%) are incomplete, not comprehensive, and of poor quality. In many practices, workflow is designed so that individuals seeking pharmacist services are met by an assistant, and if a pharmacy technician is available, possibly a pharmacy technician. It is not uncommon for individuals to receive a prescription without speaking to a pharmacist. In some situations, an assistant/pharmacy technician will ask whether an individual wishes to speak to a pharmacist.

Pharmacists and pharmacy systems (workflow) are more likely to be prescription focused, rather than patient focused. Most often behaviors focus on the prescription, and review of the dispensed drug profile. It is less common for pharmacists to focus on the holistic health of individuals, and to consider the appropriateness of a prescription in that context. When refilling prescriptions, it is more common for pharmacists to focus on compliance (is it time for the prescription to be refilled) than it is to focus on changes in individual's health status; and in that context, focus is more likely on the primary condition being treated, than monitoring indicators of secondary conditions that could benefit from early intervention.

The frequency of pharmacists accessing NETCARE is improving; however, continues to be inconsistent. Concerns have been brought to ACP's attention, which after investigation, could have been prevented if NETCARE was accessed. The uptake of pharmacists ordering laboratory tests remains low.

ACP is responsible for establishing, monitoring, and ensuring compliance with standards of practice for pharmacists and pharmacy technicians. On April 1, 2017, ACP's current minimum standards will have been in effect for 10 years. We have fostered a culture of quality improvement to incrementally achieve compliance with the standards. Many practices are complying with the standards; however general compliance with respect to assessment is poor.

- Standard 2 – Pharmacists and pharmacy technicians must establish and maintain professional relationships with their patients.
- Standards 3 – Pharmacists must consider appropriate information for each patient.
- Standard 4 – Pharmacists must determine whether a patient has or is likely to have a drug therapy problem.

Council considered the following strategic and generative questions:

1. Why are pharmacists not consistently conducting appropriate assessments of individuals prior to providing drug therapy? What is the definition of an "assessment"? Council took into account personal, organizational, and systemic factors. Which of these fall within ACP's "circle of ownership"? Which fall within ACP's circle of "influence"? Which can ACP not impact?

   Council considered that pharmacists might not be fully aware of the standards of practice; they may not be confident to handle all issues that might arise from an assessment, there may be a lack of, or lack of confidence, in their critical thinking skills, and that poor workflow or lack of control over workloads may hinder pharmacists performing appropriate assessment. Availability of pharmacy technicians, or communication barriers can make it difficult to do assessments. Assessments are hard work, and getting the information from patients can be daunting. Relationships amongst health care professionals (physician resistance), and communications with patients can be difficult. Council considered do we all have the same expectations of what an assessment is?

   Two sentinel observations/thoughts arose from this discussion:
   - Pharmacists are trained to be reactive; rather than being proactive. They are trained to identify problems and respond to them. In contrast, there is value in pharmacists being more proactive to inquire into the holistic health needs and personal preferences of individuals; and through dialogue with them, identify alternatives and priorities for follow-up.
   - Assessment is not a standard, one size fits all process. Assessment must occur with every individual, at every encounter; but should be tailored in context with the health status and needs of the individual at that point of time.

2. What tools are available to ACP to change these trends and behaviors? What strategies might ACP consider to enhance the probability of individuals receiving appropriate assessments prior to being provided drug therapy by pharmacists?

   Leadership at all levels; including ACP, pharmacy licensees, and corporate owners can drive innovation in the community environment. In a competitive environment, sometimes individuals base their satisfaction on how quickly their prescription is filled, so assessments can slow this process significantly. Any time new regulations are in place ie: compounding standard, can also take time away from work time for assessments. Reimbursement is also a big issue, with an overall feeling that the "system" is not set up for success. How can ACP provide solutions or strategies to "get there" when the solutions may need to be very different?

3. What are the long-term implications of pharmacists not consistently performing appropriate assessments of individuals prior to prescribing, authorizing the dispensing of a drug, or recommending an alternative

intervention? Council considered the implications to public policy, the health system (including private payers), and patients.

Council reflected on the importance of pharmacists committing to person (patient)-focused care. This means addressing each individual's health goals by focusing on their needs and preferences more holistically, and not simply focusing on the prescribed prescriptions. ACP's Standard 3 of the Standards of Practice for Pharmacists and Pharmacy Technicians, outlines information that must be considered by pharmacists when providing professional services; regardless whether that includes dispensing or prescribing. Council agreed that it is hard to argue against the central distribution of prescriptions if patients are not receiving the care they need from pharmacist.

2.3 Reflecting on 2016-2017 Update on Initiatives

2.3.1 Demonstration of Structured Practical Training (SPT) Portal

Debbie Lee, ACP's Competence Director, provided an overview of the new Structured Practical Training program and a demonstration of the online SPT portal. The SPT program provides interns with the opportunity, resources and support to understand the scope of practice for pharmacists in Alberta, and learn about ACP's *Standards of Practice for Pharmacists and Pharmacy Technicians*. Through the SPT, interns apply their knowledge and skills to a practical setting, and, develop and demonstrate entry-to-practice competencies. Interns need to demonstrate these competences to advance in their practice.

There are three levels in the SPT program: Level 1 consists of a minimum of 450 hours, Level 2 consists of a minimum of 450 hours, and Level 3 consists of a minimum of 100 hours. The third level is intended to confirm the proficiency in all entry-to-practice competencies and to assess readiness for the intern to practice. All Canadian graduates are required to complete Level 3 of the program prior to being admitted to the clinical register. The online SPT program has new practice activities that reflect competences of the National Association of Pharmacy Regulatory Authorities (NAPRA) and ACP's *Standards of Practice for Pharmacists and Pharmacy Technicians*. The online program supports both the intern and their preceptor with easy navigation through the program activities. The online SPT allows the college to monitor both intern and preceptor activities while reducing administrative duties of the competence department. The framework for the online program helps to enforce ACP's program rules:

- direct supervision is required for all SPT hours,
- an intern must complete Level 3 of the SPT program at a different practice site and with a different preceptor than in Level 2
- the preceptor must be:
    - a clinical pharmacist who has been registered on the clinical register of the Alberta College of Pharmacists for the past 2 years or more, and,
    - be in a registrant in good standing,
- a preceptor may not have more than 2 interns under their preceptorship at the same time.

- interns are required to complete the Jurisprudence Learning Module prior to starting the SPT program.
- interns are required to successfully complete ACP's ethics and jurisprudence exam prior to starting Level 2.

There is a transition period for interns who registered before February 1, 2017 and are using the former paper based program. Interns must complete this program prior to July 31, 2017 (if not they will have to start the new online program) or they may switch to the new online program. Interns that registered on or after February 1, 2017 must complete the new online SPT program.

2.3.2 Pharmacy Manpower, CIHI 2015 Pharmacy Manpower Results

Agenda Item 2.3.2 will be brought back for discussion at the April council meeting.

2.3.3 Panel Discussions with Program Directors

Deputy Registrar Cooney and ACP's program directors provided Council an overview of achievements, observations, and trends from ACP's four program areas of registration, competence, practice, and complaints during the past year (See Appendix 1-4 for presentations). The following trends arose from these discussions:

- ACP's Pharmacy Practice Consultants report that in general, pharmacy practice in Alberta is improving, however, there remains opportunity for continued improvement, particularly with respect to patient assessments and exercising evidence-informed judgement to make timely and appropriate drug-use decisions.
- The number of international pharmacy candidates seeking registration in Alberta has continued to increase at a high rate for a second consecutive year.
- The number of 'new' licensed community pharmacies has increased at unprecedented rates in 2015 and 2016.
- The number of pharmacists with Additional Prescribing Authorization (APA) continues to increase however, APA has only been granted to just over 25 per cent of pharmacists on the clinical register.
- Over 75 per cent of pharmacists on the clinical register have authorization to administer drugs by injection.
- Individuals seeking registration as a pharmacy technician has plateaued. There are approximately 1430 pharmacy technicians in Alberta; and 139 individuals on the provisional register. This presents two challenges: what strategies are required to increase the number of pharmacy technicians to meet demand, particularly in community practice, and is administering the PEBC qualifying evaluation for pharmacy technicians sustainable, due to a low uptake across Canada?
- The number of concerns about pharmacist practice continues to increase; however, in 2016 an increased percentage of concerns arose from pharmacists complaining about other pharmacists.
- Pharmacists require guidance about how to determine their personal limitations; and upon doing so, what to do about it.
- Pharmacists indicated a high level of satisfaction with the Competence Program. 56% indicated that the outcome of their implementation initiative improved their practice, 32% transferred knowledge, and 8% indicated that it contributed to improvements in their organization.

- There was a higher percentage of audited pharmacist learning records that did not meet minimum requirements in 2016 than in 2015.
- Bow Valley College has noted that many pharmacy technician students don't understand what professional self-regulation means.

2.4 Pharmacy Practice Research

Dr. Lisa Guirguis, Associate Professor with the Faculty of Pharmacy and Pharmaceutical Sciences at the University of Alberta, presented findings from two research papers recently published about pharmacist practice in Alberta Research Article in Science Direct. The first research paper "*How pharmacists check the appropriateness of drug therapy? Observations in community pharmacy*", focused on Asthma Care questioning "To what extent are Alberta pharmacists currently monitoring asthma control, discussing corticosteroid with patients, or using asthma action plans?" and the second paper "*Chat, Check, Chart Implementation Evaluation – Dr. Shao Lee and Dr. Lisa Guirguis*" focused on the Chat, Check Chart (CCC) model questioning "To what extent are Alberta pharmacists familiar with the CCC model and tools, and to what extent are Alberta pharmacists using the CCC model and tools?"

The studies expose gaps and inconsistencies in pharmacy practice consistent with those observed and reported on by ACP's pharmacy practice consultants. The results of the studies (while small in size) reinforce the importance of Council's strategic goals for pharmacists to consistently conduct an appropriate assessment of each patient prior to providing any pharmacist service; and, to enhance patients' expectations to provide appropriate assessments, advice, and support about their health (treatment) plan at each encounter.

2.5 Environmental Scan and Reflection on Strategic Goals

Using its March 2016 environmental scan as a foundation, and trending provided by ACP's program directors, Council reflected on whether there were any significant environmental changes since its last scan that may impact pharmacy practice, or the role and business of ACP.

Council noted the following changes/trends:

- Applications from international pharmacist candidates continued to be extraordinarily high;
    - There are indications that career opportunities for new pharmacy graduates are not as plentiful as in previous years.
- The dynamics of the workforce have changed; lower pay at least at entry to practice.
- The opening of new pharmacies, particularly independently owned pharmacies is extraordinarily high;
    - A high percentage of new pharmacies are located immediately adjacent to a medical clinic.
- There continues to substantive change in leadership within the Ministry of Health and the Department of Health.
- AH/AHS/AMA amended the physician contract; placing a heightened emphasis on PCN's, the governance of PCN's, and the rostering or patients;
    - Much of the "health agenda" has shifted to facilitating terms of this agreement;

- There is a large 5-year financial commitment to developing a new IM/IT infrastructure for AHS, which now demands the largest portion of AH's investment in IT;
- Slowly, individuals are identifying with pharmacists in new ways, as a result of experiencing more patient centered services.
- Indicators continue to grow that there is a lack of trust in professions.
- The opiate crisis has continued to grow.
- The volume of prescriptions being processed is growing; this could have an impact on quality in the absence of appropriate human resources and technologies.

Council considered these issues and trends in context with ACP's five strategic goals outlined in ACP's three -year business plan. Council reaffirmed its commitment to its five strategic goals:

1. Pharmacy technicians will be integrated into pharmacy practice teams, exercising responsibility for roles they're authorized to fulfill;
2. Pharmacists will consistently conduct an appropriate assessment of each patient prior to providing any pharmacist service;
3. Patient care records will include continuous documentation of pharmacist assessments, treatment plans, record of care, and monitoring results;
4. Patients will have access to pharmacist prescribing and injections through all licensed pharmacy practice settings; and,
5. Patients will expect pharmacists to provide appropriate assessments, advice, and support about their health.

2.6 Issue Prioritization for Second Half of 2016-17 Council Term

Registrar Eberhart provided Council with a recap of issues brought to Council and/or the Executive Committee's attention; providing an update on each. Based on this summary, Registrar Eberhart requested that Council prioritize those issues to be addressed in the second half of this council term.

- Pharmacy Security – Council gave direction to work with police forces and the Office of Controlled Substances (OCS) to collect more information to determine the feasibility of requiring time-delayed safes. ACP is monitoring policy development in British Columbia about restricted access of individuals to the dispensary. Jim Krempien, ACP's Complaints Director was nominated to the OCS National Working Group on Pharmacy Inspections.
- Manufacturer's Coupons - Policy options to be analyzed, pending the outcome of Court of Appeal decision on inducements. During delay in the court decision, this issue seems to be escalating. Registrar Eberhart asked Council if an alternate approach needs to be considered?
- Marihuana – The Council of Pharmacy Registrars of Canada (CPRC) is holding a national symposium on March 30. The goal will be to achieve a common understanding and policy direction respecting the role of pharmacists (or not), with respect to marijuana for medical and recreational use. This will inform Council deliberations thereafter.
- Role Statements – The second version of role statements is being drafted for further consultation. Alberta Health has advised that ACP may be able to update

our current role statement in Schedule 19 of *the Health Professions Act* (HPA) in the spring of 2018, in conjunction with other HPA amendments. ACP would need to have any amendments changes ready for mid-May to mid-June.

- Organizational Name - Akin to modernizing the role statements, Alberta Health has advised that this could be accommodated by amending Schedule 19 of the *Health Professions Act* in the spring of 2018; in conjunction with other HPA amendments.
- Assessing New Practices to Determine if in Scope - As per the recent Executive Committee meeting, ACP continues to get requests about whether new services fall within the scope of practice of pharmacists. A standardized approach to analyzing these requests is desirable. Amongst other factors, all proposals must be considered in context with the role statements in schedule 19 of the HPA, and in conjunction with s16 of the Pharmacists and Pharmacy Technicians Regulation (restricted activities).

In light of the possibility to seek amendment to Schedule 19 of the *Health Professions Act*, within the next year, Council requested that engagement occur with registrants and stakeholders about modernizing role statements for pharmacists and pharmacy technicians, and whether ACP should change its name to better reflect of its multiple regulatory responsibilities. Ultimately, the decision to amend legislation lies with government, however Council would prioritize these two issues for the second half of the 2016-17 Council Term.

MOTION: that ACP purse amendments to Schedule 19 of the *Health Professions Act* and prioritize modernization of the role statements and consultation on the organizational name change.
Moved by **Bob Kruchten**/Seconded by **Jennifer Teichroeb**/CARRIED

2.7 Competence Committee

2.7.1 Proposed Amendments to the Terms of Reference

The purpose of the Competence Committee is to fulfil the legislative responsibilities as outlined in the *Health Professions Act* and Pharmacists and Pharmacy Technicians Profession Regulation. The Competence Committee advises the Competence Director in matters regarding development and maintenance of ACP's continuing competence programs that provide for regulated members to maintain competence to enhance the provision of professional services. ACP's Competence Committee reviewed its Terms of Reference and brought forth amendments for Council's consideration. The amended Terms of Reference:

- further clarifies reporting of the Committee to Council,
- introduces generative responsibilities for the committee, and
- clarifies the appointment and role of panels in addressing subject cases.

MOTION: to approve the amended Terms of Reference for the Competence Committee.
Moved by **Rick Hackman**/Seconded by **Jennifer Teichroeb**/CARRIED

2.7.2 Identification of Prescribed Learning by Pharmacists for 2018/19

Based on its generative discussions, environmental scan, and reports provided by the Deputy Registrar and Program Directors, Council identified the following themes for the Competence Committee to consider when prioritizing learning "requirements" of pharmacists in 2019:

- Professionalism;
- How to talk to individuals;
    - How to interview individuals and collect information,
    - How to have difficult discussions, about difficult/complex issues.
- Assessment and Monitoring.

3. Legislated Responsibilities

3.1 Hearing Tribunal Sanctions (Appendix 5)

Council expressed concern that the sanctions prescribed by some Hearing Tribunals may not reflect the gravity of the conduct determined to be unprofessional or unethical in nature; and may therefore demonstrate diminished accountability by the College. A panel consisting of Jim Krempien (Complaints Director), David Jardine (ACP Legal Counsel), and Greg Sim (Independent Legal Counsel), addressed Council to share the legal framework within which sanctions are considered.

The panel discussion provided insight to:

- how sanctions have been determined or recommended in the past;
- the principles that provide a foundation for common expectations, and understanding of the legal framework by:
    - Council Members;
    - Hearing Tribunal Members,
    - role players in ACP's processes under PART 4 of the *Health Professions Act;*
    - the Registrar as a key individual in considering the possibility of appeal to Council; and,
    - the Complaints Director and legal counsel when negotiating sanctions as part of an agreed statement of facts.

Much of the panel's discussion was supported by a publication on the Regulation of Professions in Canada (Chapter 14) that addresses sentencing. The reference uses case law to address the purpose of sentencing, mitigating factors that may be considered in determining a proper penalty, and 13 factors cited in the Jaswal vs. Medical Board (Nfld) to be considered in determining an appropriate sanction.

Council queried David Jardine, ACP's legal counsel, if conditions could be prescribed by Council, or the Registrar, "after the sentencing", and should a policy be developed outlining the Registrar's authority, i.e. if a registrant has been before a Hearing Tribunal, should the registrant be sanctioned; so that they are not able to be a licensee for a period of time? Registrar Eberhart will engage legal counsel about the authorities of Council and a policy about the Registrar's authority.

3.2 Compounding and Repackaging Agreement for Services Delivered Outside of Alberta

Council considered a privileged letter from legal counsel addressing risks associated with delivering pharmacy services across provincial borders. It then reviewed a DRAFT Compounding and Repackaging Agreement to support compounding and repackaging services delivered into other provincial/territorial jurisdictions. This agreement is adapted from that approved by Council in December 2016, for services provided within Alberta. The purpose of this agreement is to clarify roles, responsibilities, and accountabilities of pharmacies preparing, and pharmacies receiving, compounded and repackaged drugs.

Consensus: Council requested that Registrar Eberhart engage legal counsel to modify the DRAFT agreement to mitigate the risks identified in their letter to Council. The agreement will be reviewed again at the April council meeting.

3.3 Appointment of Panel of Council to Review Registration Decision of Registrar

3.3.1 Applicant - Abdelhamid Bayoud

MOTION: to appoint the following Panel of Council to review a registration decision of the Registrar in the matter of Abdelhamid Bayoud:

- Brad Willsey, Chair
- Jennifer Teichroeb
- Al Evans, Public Member
- Kelly Boparai, Alternate

Moved by **Brad Couldwell**/Seconded by **Jennifer Teichroeb**/CARRIED

4. Miscellaneous Business for Council's Consideration

4.1 Health Information Exchange: Engaging Providers in Health Care Innovation, a Whitepaper commissioned by the Health Information Executive Committee

Council received a "whitepaper" commissioned by Alberta Health's "Health Information Executive Committee". The whitepaper served as the foundation for discussion at an invitational symposium sponsored by the Deputy Minister, and facilitated by the Institute of Health Economics and the O'Brien Institute for Public Health at the University of Calgary. The following is the Executive Summary and Key Messages from the whitepaper:

"Alberta is a national leader in digital health information integration and delivery but the potential of a digital integrated health record has not yet been fully realized. To transform care so that it is truly focused on the patient, we must provide patients with the information and tools necessary to be active partners in their care. For patients and their care teams to receive maximal benefit from a shared record, all stakeholders – patients, providers and system administrators- must contribute to the health record and be committed to sharing this information locally and provincially across the continuum of care.

The exchange of health information between individuals and across points of care requires a high degree of diligence to ensure patient information is appropriately accessed and used. The *Health Information Act* (HIA) outlines the rules regarding the collection, use and disclosure of health information to ensure that patient information

remains private and permits access to authorized health care professionals involved in an individual's care, along with the individual themselves. The rules of health information articulated in the HIA can be translated to an electronic environment, and arguably, the rules of access may be more effectively enforced in an electronic environment.

A significant barrier to generating a comprehensive and integrated electronic health record has been variable user buy-in. Some care providers that are custodians of health information have been reluctant to open their electronic medical records (EMRs), citing concerns of information privacy and non-interoperability of electronic record systems. Care providers also have concerns that integrated health records may lead to confusion in the provision of care if goals of care and roles of team members are not strictly defined. Further, providing care in a paradigm where information is potentially available at all times on all their patients may lead providers to be overwhelmed by health data and a high perceived accountability to respond to that information.

The objective of this document is to demonstrate that the potential benefits of an integrated health record are substantial, and that the concerns of providers can be managed. Health care and medical science should embrace well-proven technologies that benefit their patients. To not innovate within the health care system in the face of compelling evidence is a failure to the citizens that support and use the system.

The objectives of this document are:

1) Outline how digital health information sharing is central to the provision of quality health care.
2) Demonstrate that health care provider/health information custodians have a professional obligation to contribute to a comprehensive electronic health record.
3) Provide recommendations to assist in the transition from a model of segregated health information to an integrated health information paradigm.
4) Provide a framework that can encourage dialogue and action for health care innovation in Alberta."

"Key Messages:

- Health is important to all Albertans and health care systems need to place greater focus on promoting and maintaining health
- High quality health information is essential for quality health care. Patients and their care teams should have access to the best information whenever and wherever it is needed.
- Integrated health records that allow secure health information exchange will improve health care delivery in Alberta by ensuring patients get the right care, with the right providers at the right time.
- A focus on integrated care needs to involve secure communication between all stakeholders (including the patient).
- An integrated care model requires that all stakeholders commit to work collaboratively for the health of Alberta's citizens and advancement of the entire health system.
- Alberta is a Canadian leader in health information sharing and has the capacity to move swiftly to a model of highly integrated care."

Council did not express any concerns with the whitepaper; only to note that it could not be owned by regulators, and that many of the recommendations needed to be owned by others. Council agreed that it was important to bring this to the Faculty's attention, as input to curriculum and competence development for pharmacists.

4.2 Principles for E-Prescribing

The Federal Government granted Canada Health Infoway (CHI), 40 million dollars to pilot a national approach to e-prescribing over the next 2 years. Alberta Health has signed an agreement with CHI expressing interest in CHI's "Prescribe IT" e-prescribing solution. The protocols for these pilots is very prescriber oriented, and there has been limited engagement to address the concerns of pharmacy regulators. ACP was advised that some pharmacy owners have agreed to pay a "fee per transaction" to support the business case for the proposal.

The Registrars of pharmacy regulatory bodies across Canada, have expressed concern about the protocol and proposed business case. Registrar Eberhart presented DRAFT principles for e-prescribing for Council's consideration. The e-prescribing principles will support ACP in future discussions and correspondence from Council to Alberta Health about this initiative. Council approved the following seven e-prescribing principles as being foundational to ACP's support for these pilots:

1. Provincial Solution – Alberta must provide a single, publicly funded provincial solution for prescribing.
2. Patient Choice – patients must be able to exercise their choice of health professional/pharmacy; free of direction or influence by any product or service provider.
3. Provider Equity – acceptable solutions must be equally available and accessible, and subject to the same terms, to all pharmacists; regardless of role and practice setting.
4. Transmission – prescribing and dispensing data should be "pushed" from the prescriber or dispenser to a central hub dedicated as Alberta's sole provincial repository of health information in a manner and format that ensures the security, integrity, and privacy of the information. Health professionals should be allowed to "pull" information from the system to provide services they are authorized to provide.
5. Authentication and Validation – the central hub, dedicated as Alberta's sole provincial repository for the collection of universal prescribing and dispensing data, must authenticate and validate all data received and transferred from it.
6. Prescription Data Content – prescription data must be complete, transmitted in standardized datasets approved by the Health Information Executive Committee of Alberta.
7. No Advertising or Promotion – all prescriptions and any other health information transactions must be void of any advertising or promotion of products or services.

MOTION: to approve principles for e-prescribing as amended.
Moved by **Rick Hackman**/Seconded by **Kelly Bopa**rai/CARRIED

4.3 Alberta Health – Opioids and Substances of Abuse Report Quarter 4 - 2016

Council received a report from Alberta Health as information.

4.4 AHS MAID Statistical Update February 13, 2017

Council received a report from Alberta Health Services on the Medical Assistance In Dying (MAID) requests as of February 13, 2017. There have been approximately 85 Medical Assistance in Dying (MAID) interventions in Alberta; less than 30 per cent of these occurred in the community setting. Euthanasia has been the preferred intervention for MAID.

5. Evaluation of Meeting

Council reflected on its; and each Council Member's personal performance, at the meeting.

5.1 Evaluation of Council Performance

Council considered a new tool for evaluating council member performance. In general, Council liked the tool as it provided an opportunity for council members to be reflective in a confidential way, however Council agreed that a plan needs to be considered on how to address any deficiencies. How does Council incorporate or use the tool? Is new council member orientation providing the information valuated on the tool? Council agreed to use the tool after each meeting, however they will formally reflect on their performance twice a year, at the March and December council meetings. Council requested that a space for "free text" be included after each theme, and that the amended tool be brought forward at the April council meeting to assist with planning of the fall board development agenda.

5.2 Self-Evaluation of Council Performance at this Meeting

President Pereira reminded Council Members to complete the electronic meeting evaluation form for collation and review at its next council meeting. The self-evaluation will be facilitated through survey monkey. The link to the survey is on the Council agenda, and Leslie Ainslie will forward a link to the survey after the meeting.

5.3 Summary of Results for the December 5-6, 2016 Council Meeting

A summary of the December 5-6, 2016 council meeting evaluations was circulated with the agenda for information.

6. Adjournment

6.1 Forthcoming Events and Council Meeting Dates

- **6.1.1 April 27-28, 2017 – Council Meeting (Calgary)**
- **6.1.2 April 28-29, 2017 – Leadership Symposium (Calgary)**
- **6.1.3 June 21, 2017 – Council Meeting (Edmonton)**
- **6.1.4 June 21, 2017 – Celebration of Leadership and Installation of President (evening)**
- **6.1.5 June 21-23, 2017 - Leadership Forum (Edmonton)**

6.2 Adjournment

MOTION: that this meeting of Council be adjourned.
Moved by **Brad Willsey**
Meeting was adjourned at 4:10 p.m.