

Practice Spotlight: Eric Lun

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When Dr Eric Lun first joined the Pharmaceutical Services Division of BC's Ministry of Health Services in 2007, the division had recently undergone significant revitalization under the leadership of Assistant Deputy Minister Bob Nakagawa. Dr Lun took on the role of Executive Director of the Drug Intelligence Branch, 1 of 5 branches within the division. The other branches are Policy Outcomes, Evaluation and Research; Business Management, Supplier Relations, and Systems; Drug Use Optimization; and Partner and Stakeholder Relations. The respective roles of each branch can be summarized as best drugs, best policies, best deals, best prescribing, and best relations. Together, the branches support the mission of the division as a whole: to improve the health of British Columbians by advancing optimal drug therapy.

Dr Lun leads 3 teams within the Drug Intelligence Branch: Formulary Management, Special Authority, and Clinical Decision Support. At any one time, the branch has 35 to 40 staff members, including about 12 pharmacist positions.

The Formulary Management team helps decide which drugs are covered under the BC PharmaCare program, making sure that each drug on the formulary supports better health and offers good value for taxpayers. To accomplish this goal, Formulary Management is responsible for the province's drug review process. Key elements in each drug review include completing a clinical evidence review, obtaining a listing recommendation from an independent body (the Drug Benefit Council), and implementing a listing decision.

Dr Lun believes that with the growing pressures on the health system, an evidence-based foundation is critical when making drug formulary decisions. New drugs added to the BC PharmaCare formulary should clearly demonstrate comparable or better safety than existing alternatives and should also offer improved clinical and economic value. To obtain the necessary

clinical and cost-effectiveness evidence, staff in the Formulary Management team work with the national Common Drug Review of the Canadian Agency for Drugs and Technologies in Health and, if needed, with the Faculty of Medicine at the University of British Columbia in Vancouver.

As part of the formulary decision-making process, Dr Lun works closely with the Drug Benefit Council. In making its recommendations, the council considers many issues, including the clinical evidence for effectiveness, safety, and cost-effectiveness of a medication in the context of the overall therapeutics of the disease, patient care considerations, existing PharmaCare coverage and policies, ethics, and budget impact.

Recently, the drug review process of the Pharmaceutical Services Division was in the spotlight following a review by the Pharmaceutical Task Force, which was completed in May 2008. The mandate of the Pharmaceutical Task Force, an external body, was to advise the BC government on how best to maximize value for patients and value for money, as well as to examine ways to continuously improve the drug review process. In response to the task force's recommendations, Dr Lun's team members are assisting in the development of strategies to improve the province's drug review process by making it more transparent, by improving timelines for formulary decisions, and by allowing for more input from stakeholders.

The Special Authority team of the Drug Intelligence Branch administers an important program within BC PharmaCare. BC PharmaCare generally provides coverage for drugs as either regular benefits or limited-coverage benefits. The latter group includes drugs for which coverage is limited to individuals who meet predetermined clinical criteria. These drugs are usually second- or third-line alternatives to drugs covered as regular benefits. The Special Authority program manages the requests for limited-coverage drugs. It also considers physician requests for nonbenefit drugs (nonformulary drugs) if a patient's situation warrants exceptional drug coverage. The Special Authority team processes about 500 requests daily for the approximately 130 limited-coverage drugs and other exceptional drug requests. The current system uses phone and fax communication, but the division is in the early stages of developing an electronic alternative.

The Special Authority program is one of the few programs within the ministry that participates directly in individual



patient care. To strengthen the provision of clinical services by the Special Authority program, Dr Lun is planning a quality assurance and outcomes research framework. One component of this framework is a drug funding model called “coverage with evidence development”, whereby patients receive temporary drug coverage when there is limited clinical evidence to support a drug listing. Evidence of the drug’s real-world safety and effectiveness, based on strategically designed research questions, is collected during the drug coverage period. The results of the evaluation are then used to inform a drug policy decision. The Alzheimer’s Drug Therapy Initiative, introduced by the ministry in October 2007, is an example of coverage with evidence development.

The Clinical Decision Support team of the Drug Intelligence Branch is relatively new and is still being developed. Dr Lun envisions this new team helping the division to make better drug policy decisions by enhancing the clinical perspective of the evaluation and decision-making process. Its other area of focus will be improving the alignment between the BC PharmaCare formulary and the formularies of the province’s various health authorities for chronic disease medications.

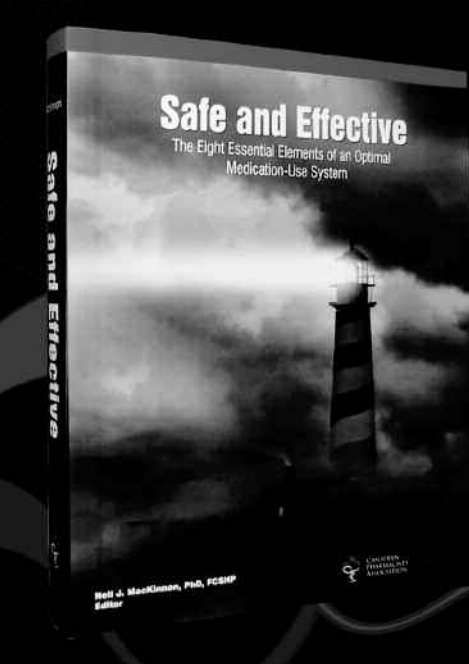
Dr Lun’s work with the Pharmaceutical Services Division in the Ministry of Health Services is enjoyable and satisfying,

and he feels fortunate to serve the citizens of the province alongside the talented and dedicated people in the ministry. He also appreciates the opportunity to work with the many different stakeholders and enjoys the dynamic nature of his work, which blends pharmacy, clinical practice, policy development, and business.

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