Nova Scotia
Prescription Monitoring Program

Business Plan 2006/07

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Section A: Introduction

The Nova Scotia Prescription Monitoring Program (NSPMP), established in 1992, is a government-funded program administered by Medavie Blue Cross. An independent Board of Directors governs the NSPMP and provides direction in the development of policy. The mandate of the Program is to reduce the misuse and abuse of controlled drugs in Nova Scotia. The NSPMP's role in promoting optimal health for Nova Scotian's, and its ability to act as a resource for the provinces health care professionals and organizations, are also key focuses for the Board.

The following document has been crafted to identify the current developmental focus for the Program and to outline key business objectives in this regard. The business plan results from collaboration between Medavie Blue Cross, the Department of Health and the NSPMP Board of Directors.

Section B provides a summary of the overall business plan. Section C provides the historical context for the plan and outlines current Program operations. Next, an environmental scan is provided in section D to place context to the Program and to assist in identifying developmental objectives, which are outlined in section **E**. The final sections (F and G) of this document focus directly on the strategy for attaining set objectives and measuring success.

Section B: Executive Summary

The Nova Scotia Prescription Monitoring Program, established in 1992, is one of five Programs that exist in Canada today. The goal of the NSPMP is to promote the appropriate use of controlled drugs and the reduction of abuse or misuse of controlled drugs. The Nova Scotia Prescription Monitoring Act, legislation that was passed in 2005, supports these goals. The Board of Directors also supports a mandate to serve as a resource to health care professionals and organizations.

The Nova Scotia Prescription Monitoring Program is currently engaged in upgrading to a computerized, on-line and real time system. This development will significantly improve the ability of the NSPMP to provide timely and useful information to prescribers, pharmacies and pharmacists and will aid in the goal of reducing the abuse of controlled drugs. In addition, the more robust system will allow for more in-depth data analysis and opportunities to provide resource information to health care professionals and organizations.

In developing a business plan for the 2006/07 fiscal year (April 2006 - March 2007), NSPMP staff members, the Department of Health and the Board of Directors have considered the current environment in both Canada and the United States. Trends in drug abuse, prescribing patterns, health care practices, prescription monitoring, and the current legislative environment must all be considered in determining the key business objectives for this important program.

Based on a review of information presented with regards to the noted areas, the objectives of the NSPMP, and the functionality brought to the Program by the new on-line system, the following key business objectives have been identified:

- Completing the transition of pharmacies to the on line system;
- Refining data analysis and reporting processes;
- Building our profile in the health care system and in our communities;
- Determining Program outcome measures;
- Developing a service agreement/contract between the Department of Health, the Board of Directors and Medavie Blue Cross.

The various actions involved within each of the above categories have been outlined, along with overall milestone planning. This process will allow Medavie Blue Cross and the Board to review the progress in meeting established business goals throughout the 2006/07 fiscal business year.

By implementing a business planning process, the Board, the Department of Health and Medavie Blue Cross strive to ensure that the maximum benefit of the Program is derived. The overall effectiveness of monitoring controlled drugs will be enhanced and greater utilization of the NSPMP information and resources will be achieved. Both of these outcomes will contribute to promoting optimal health and wellness of Nova Scotians.

Section C: Program Overview

The Nova Scotia Prescription Monitoring Program has been administered by Medavie Blue Cross on behalf of the Nova Scotia Department of Health since 1994. The initial program relied on paper copies of filled prescriptions for controlled drugs from the provinces pharmacies, which were then entered into a database system for review. Prescribing trends, threshold analysis reviews, and potential situations of multiple doctoring or other forms of abuse / drug diversion were assessed and addressed as quickly as possible.

Due to mailing and data entry time lags, the initial system was deemed to be too retrospective in the information gained and in 2004 it was decided that a real time on line adjudication system would be developed.

The new on line system was built to capitalize on existing pharmacy software and information networks, with efforts to minimize as much as possible the system upgrade requirements and costs for pharmacies. With this system, prescriptions for controlled drugs can be adjudicated and submitted on line, removing both the need for mailing prescription copies and Program data entry delays. This allows the Program to provide real time drug utilization information to physicians and prescribers. In addition, pharmacists are provided with messaging at the time of dispensing that will identify possible situations of stolen prescription pads being used, multiple physician activity, and other information. This will allow pharmacists an opportunity to open a dialogue with the patient and/or prescribers and have increased confidence in the dispensing of these medications.

Other features of the on-line system include more robust data analysis capabilities and an intervention management system that allows NSPMP staff to establish electronic records for tracking and follow up. Correspondence and other documentation is stored electronically within the system by patient.

Although Stage One of the on line system was implemented in June 2005, most software vendors were not prepared for the transition to the new Program at that time. Currently, the Program is involved with all vendors and pharmacy chains to secure certification of each software product used, to complete pilot testing, and to secure implementation schedules. The first store was successfully piloted in November of 2005; one software vendor has completed implementation of all its stores as of this date. It is anticipated that 60% of all pharmacies will be on line by fall 2006 and 90% on line by the end of 2006.

As the Program transitions to the on-line system, the Board is focused on maximizing the benefits for prescribers, pharmacists, and on the overall health promotion of Nova Scotians. The focus of this business plan is to identify and outline specific targeted developments in this regard.

Program Overview (Cont'd)

The NSPMP currently completes various activities and tasks related to the stated objective. An outline of these is deemed appropriate such that a solid understanding of the operation is gained:

Data Entry: At the present time the NSPMP employs four Customer Service Representatives whose primary task involves daily keying of all prescription copies mailed from pharmacies for controlled drugs. On average, approximately 5,000 scripts are received and keyed into the system each week. Due to time delays required for mailing and keying, the information available for analysis is typically 2-3 weeks old. As pharmacies come on line, the staffing requirements in this area will decrease accordingly.

Provider Registry: Medavie Blue Cross maintains an up to date electronic registry of all licensed physicians, pharmacists, dentists and pharmacies registered with the NSPMP. This Provider Registry Network (PRN) allows NSPMP to verify the validity of a prescriber and prescriptions immediately. This function is encompassed within the online system, providing the pharmacy with this validity measure as well.

Data Analysis: The NSPMP captures and performs analysis on submitted data to further the objectives of the Program. Regular analyses are completed to monitor the prescribing of controlled medications (for example, are prescribing trends in keeping with drug thresholds set by the NSPMP?), to identify patients who may be at risk for abuse due to obtaining prescriptions from multiple prescribers, to review prescribing trends in the province, and to respond to various requests for data from authorized parties. Data analysis is also completed for industry presentations and authorized research programs. Again, strict privacy guidelines are applied in any data release. The timeliness of the data available for these analyses is impacted by the requirement to manually enter prescription information. As the on line program moves towards full on line implementation, data will become increasingly up to date, allowing 'real time' analysis to occur.

Patient Profiles: Patient profiles, which identify the prescriptions individuals have received, the prescriber writing them and the pharmacy at which they were dispensed, are available to prescribers and pharmacists treating the specific patient. Authorized individuals can obtain these profiles by contacting the NSPMP and providing a written request form.

Customer Service: The four Customer Service Representatives also function to respond to all calls to the NSPMP in a call center environment. E-mail and voice messaging is also available to customers, with messages returned within the same business day. For the purpose of the Program, 'Customer' is broadly defined as any stakeholders who may have needs or questions related to controlled substances – prescribers, pharmacists, other health care organizations, researchers, private citizens, law enforcement, etc. Information releases are governed by strict privacy policies in keeping with the Prescription Monitoring Act.

Program Overview (Cont'd)

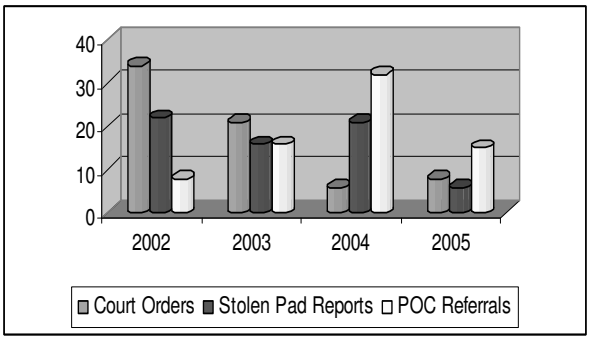
Prescription Pads: The NSPMP produces serialized triplicate prescription pads for all prescribers registered with the Program. This includes physicians and dentists in Nova Scotia as well as specialists located near the NS/NB boarder who treat patients from Nova Scotia. The original manual pad ordering process has been replaced with software that allows the NSPMP to associate individual pads with individual prescribers, to monitor the status and number of pads that are in circulation, and to track pads reported as lost, stolen, or void. Once all stores are on-line the Program will be able to advance to a duplicate pad rather than a triplicate as a copy will no longer need to be submitted to the NSPMP manually.

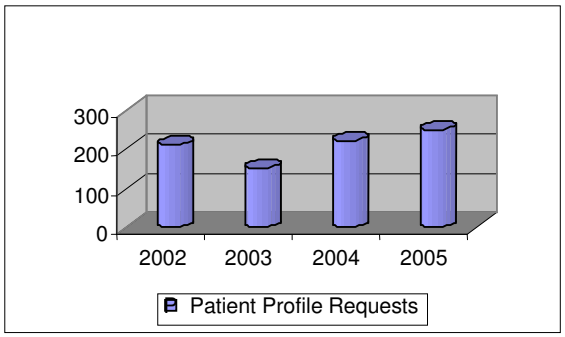
Promotion: Staff members of the NSPMP are available to attend and present at various appropriate industry functions to promote the goals of the Program and its profile as a resource.

Administrative: The Program provides administrative assistance to the Board. This includes the establishment and preparation for both Board and Program Operational Committee Meetings, completion of minutes and other required documentation, and ongoing support as required.

Industry Awareness: Program staff members maintain awareness of the status of prescription monitoring legislation and practices in Canada and the United States. By participating in opportunities to dialogue with other Canadian programs and US bodies, the wider context for the program and appropriate developmental objectives are identified. This information is provided to the Board and is important in the activity of business planning.

Statistical Reporting: Each year the NSPMP reports statistics regarding the activities of the Program. These are included in the Annual Report. Some of the items tracked include the following:





Section D: Environmental Scan

In order to establish appropriate business objectives for the NSPMP, it is essential to consider the various factors in today's environment that relate to prescription monitoring programs and practices. Key factors identified include the following:

Current Trends In Drug Abuse:

The abuse and diversion of prescription drugs in Canada and the United States has become an increasing area of concern. While there are no definitive statistics on the number of Canadians who abuse prescription drugs, Canada is noted to be one of the highest users of psychotrophic drugs in the world. A study completed by the Toronto Center for Addictions and Mental Health in 1999-2000 indicated that 11% of patients reported prescription drugs as a part of their addiction problem. The abuse of prescription drugs has become an issue for many communities, including native populations and the elderly – 20% of whom are prescribed controlled drugs on a long-term basis. The use of controlled prescription drugs has gained increasing popularity with youths who often view these drugs as "safer" than street drugs where the manufacturing is less known. The non-indicated use of even prescribed drugs, however, is not a safe practice and is linked to problems within communities and often contributes to drug related deaths.

Unfortunately, controlled drugs prescribed for legitimate medical treatments have reportedly become the street drugs of choice for many groups. At the current time, Hyrdomorphone, Morphine, and Oxycondone products are among the most popular. Also common is the abuse of stimulant medications such as Ritalin. All have reportedly become readily available on the streets of some communities, despite the fact that they are initially obtained through proper prescriptions.

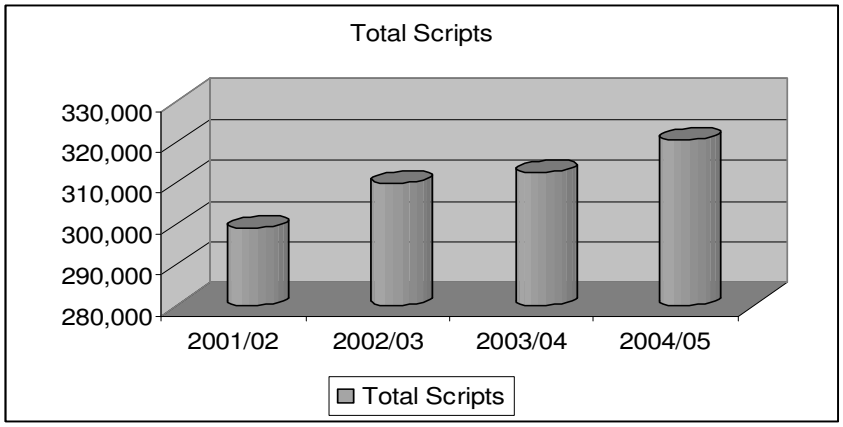
In addition to direct theft and or diversion of controlled drugs by a few parties, many controlled drugs available on the street are initially gained through prescriptions. In addition to selling medications prescribed for their own or others legitimate medical conditions, controlled substances are obtained through drug seeking behaviors such as multiple doctoring, stolen prescription pads and altered prescription pads.

Awareness of this increasing problem has prompted the development of prescription monitoring practices for controlled drugs on an international basis. In Canada and the United States, programs began to appear in the 1940's. Today, twenty three states have prescription monitoring programs and Canada has five provincial programs. These programs have demonstrated an ability to impact the misuse of controlled substances and the diversion of these drugs for non-medical use.

Environmental Scan (Cont'd)

Prescribing Trends in NS:

Review of NSPMP data indicates that the number of prescriptions written for controlled drugs has increased steadily over the last 4 years. The most commonly prescribed controlled drugs are those used for pain management, such as Hyrdomorphone, Morphine, and Oxycondone products.



It is important to note that prescription monitoring practices must be established with an awareness that simply targeting the amount prescribed may impact patients and appropriate pain control if prescribers feel they will be negatively scrutinized. In such an environment prescribers may become unwilling to prescribe the drugs or amounts required for that individual. Attention must be paid to appropriately targeting specific prescribing patterns that may require further information gathering rather than simply acting based on thresholds alone.

Developments in Prescribing:

North America is currently experiencing various developments that need to be considered in establishing or reviewing prescription-monitoring practices. These include the ongoing production of new drugs that flood the market with more and more controlled substances, the development of on line pharmacies (which can be legitimate or illegal operations) and cross boarder shopping for prescription medications. These factors raise interesting issues for development of national prescription monitoring efforts and will need to be examined in the future.

Section D: Environmental Scan (Cont'd)

Developments in Prescribing Cont'd:

In Nova Scotia, as well as other provinces, prescribing practices have been affected by factors that impact patients. It is now common for individuals to have difficulty booking regular visits with his or her family physician, or, even to obtain access to a family physician. Patients now may have longer travel to access a physician as well. For these reasons, physicians may write prescriptions for larger time periods, or for more repeats that perhaps they would have in the past. The potential exists, therefore, for more controlled substances to be available in the home and more repeats to be available then needed. This can place a patient at a higher risk for misuse or for being targeted for theft.

In addition, more and more physicians in the province are working in clinic settings, where numerous physicians may treat individual patients. This can leave the patient profile looking like a multiple doctoring situation when in fact they are simply attending to the clinic as established. For this reason it is important to take care in the assessment and identification of possible multiple doctoring situations.

Legislative Environment:

Legislation has been passed in various provinces and states to support the monitoring of controlled substances. In the USA, national legislation was passed in 2005 to support the establishment of electronic prescription monitoring programs in all states, with an emphasis on developing a system whereby states will be able to share gathered information. Government grants will be available for the start up and enhancement of programs until 2010. In Canada there is currently no national legislation regarding prescription monitoring. The legislation regarding prescription monitoring varies from province to province. The scope of the programs therefore varies as well. In Nova Scotia, the Prescription Monitoring Act passed in 2005 provides a strong mandate for the NSPMP to move forward in reaching its stated objectives.

Prescription Monitoring:

As indicated above, the United States has initiated efforts to establish prescription-monitoring programs with information sharing capacities in all states. This is supported by legislation and undoubtedly related to the factors outlined in the preceding text. The programs in the United States tend to be operated by drug enforcement agencies, pharmacy boards or other licensing bodies such as the College of Physician and Surgeons. All programs look carefully at potential multiple doctoring situations and issue letters to any physicians whose patients may be involved in this practice. Programs operated by drug enforcement agencies tend to have internal investigators who may contact individuals and interview them regarding their profile and prescription history. Most programs do not complete analysis of thresholds per patient, with the most commonly sited reason being the threshold levels and variance between individual drugs. Those who do utilize this sort of analysis tend to do so for specific drugs.

Environmental Scan (Cont'd)

Prescription Monitoring (Cont'd):

The typical alternative noted is the practice of identifying the top ten prescribers. Prescribing patterns are reviewed to determine if further investigation of individual prescribing practices for the identified professionals should be undertaken. In undertaking such an approach, it would be important to ensure that practice size and patient load were considered.

Within the United States, a national alliance of states with prescription monitoring programs has been established. This organization promotes the development of prescription monitoring practices and provides educational opportunities to its members.

Within Canada, the five provinces with prescription monitoring programs operate independently of each other. Three programs (Manitoba, Alberta, Saskatchewan) use a paper based triplicate process while British Columbia and Nova Scotia have developed systems that utilize computerized technology. Nova Scotia is currently the only province with a real time system. All programs would like to move to an electronic based system to decrease the manual data entry process. The types of assessments completed are similar to those completed by programs in the United States.

While communications had been established between the Canadian Prescription Monitoring Programs, travel costs seem to have interfered with the continuation of this project. The last meeting of the Canadian Prescription Practices Program was held in Halifax in 2003. Through initiation of contacts with the other programs, the NSPMP hopes to re-establish ongoing communication lines with Canadian programs such that information can be shared with regards to industry trends and developments.

Section E: Developmental Objectives

The Nova Scotia Prescription Monitoring Programs on line system is among those in Canada and the United States that possess the most potential. The focus for the present fiscal business year will be on those activities that will allow the NSPMP and Nova Scotia to derive the maximum benefit from this resource.

These objectives have been determined in review of the information outlined in this document and a review of the programs current status.

The identified objectives, or goals, can be broadly grouped into five categories:

- Completing the transition of pharmacies to the on line system;
- Refining data analysis and reporting processes;
- Building our profile with health care professionals/organizations and in our communities;
- Determining NSPMP outcome measures;
- Developing a service agreement/contract between the Department of Health, the Board and Medavie Blue Cross.

Each of the above represents an area that will be a focal point for the NSPMP during the 2006/07 fiscal year. The following section provides a breakdown and more detailed review of each objective and the activity that will be involved.

Section F: Detailed Objectives & Planning

Objective # 1: Completing the transition of pharmacies to the on line system

The single most important accomplishment for this fiscal period will be successful transition of all pharmacies to the new on line system. Program staff members have worked closely with all pharmacy software vendors to secure the upgrades required to connect the pharmacies with the system, to train pharmacies in the functions of the system and the messaging they will receive, and to support the stores as they come on line. The Pharmacy Association of Nova Scotia has undertaken an initiative to provide pharmacists with training on the new on-line system, which will be a significant benefit during this transition.

The implementation process has proceeded smoothly to date; however, some of the software venders have delayed the transition due to internal priorities. As no required compliance date was established with the legislation, the NSPMP has sought to engage the vendors and pharmacy chains and highlight the benefit of the system for all parties. In addition to regular and ongoing follow up with all vendors; the NSPMP staff members have sought meetings with all major pharmacy chains in an effort to address any concerns they may have. A recent meeting with one chain has resulted in a commitment to pilot a store and initiate planning for the remaining 54 stores under their banner.

At the current time, 25 pharmacies are on line. There have been no issues identified with the on-line system, and operations have run smoothly. The number of scripts being submitted electronically is increasing at a fast rate. It is anticipated that approximately 60% of stores will be on line by the fall of 2006 and the majority will be on line by the end of 2006.

During 2006/07, significant program resources will be dedicated to ensuring that this transition to the on-line system is attained. To this end, the following initiatives will be continued and or undertaken:

- Continued follow up with software vendors with regards to software certification, pilot stores and implementation schedules;
- Securing meetings with the major pharmacy chains that to date have not completed a pilot and or agreed to an implementation plan; identify business concerns/needs and opportunities to support implementation process;
- Conducting meetings with software vendors and pilot stores prior to implementation; reviewing provided documentation regarding process and system features and responding to any questions raised;
- Providing implementation date support for stores – technical support available to resolve any problems encountered and to respond to questions;
- Monitoring number of scripts being submitted electronically and manually each month.

Detailed Objectives & Planning (Cont'd)

Objective # 2: Refining data analysis and reporting processes

The NSPMP has been traditionally focused on threshold reporting and multiple doctoring assessments. With the new, robust on line system, real time data will be available to the NSPMP, prescribers and pharmacists. As such, a focus on the development of reporting is essential. To ensure that the maximum benefit is derived from the system, the types of analysis and reporting completed, as well as the logic behind them, should be re-examined. This activity will allow the NSPMP to refine how analysis and reporting is completed, examine the frequency and scheduling of these activities, and to define the desired outcomes. The activity associated with this objective is anticipated to include the following:

- Review the methodology behind and the use of threshold reporting in current prescription monitoring practices in Canada and the United States to determine various methods of use, anticipated benefits, and overall impact on furthering the mandate of the NSPMP. Research to date indicates that the use of this analysis varies from program to program due to the difficulty establishing appropriate threshold levels with various drugs. Opiod tolerance, ceilings, and individual dosing levels for drugs are some of the issues that affect this area. The types of drugs this analysis is completed on, how frequently, and when letters requesting information are sent to physicians should be reviewed. The use of morphine equivalents to look at total daily doses of narcotics is an additional area worth consideration.

- Review the methodology behind and use of multiple doctoring analyses in current Canadian and USA prescription monitoring practices. Factors to be considered should include the criteria applied to trigger a report of possible multiple doctoring, what specific exclusions should be applied in the logic to correctly identify the situations of high risk for misuse or abuse. Factors such as the increasing number of patients without family physicians, those who are treated in a clinic and may see numerous physicians during their care, individuals with life threatening conditions who may be involved with various specialists, must be considered when deciding when to forward letters to physicians. Research to date also indicates that programs vary in the level of activity they engage in when situations of possible multiple doctoring are identified – from internal investigation to physician notification only. This, again, is an area the NSPMP should consider to maximize its impact on the abuse of controlled substances.

- Consideration of other data analysis opportunities. In addition to the above, the new on-line system will allow the NSPMP greater flexibility in the analysis of data. Exploration of other possible routine analysis will be conducted.

- The NSPMP wishes to be viewed as a resource for prescribers, pharmacies and when appropriate, other health care organizations and law enforcement agencies. As an aspect of assessing our reporting and data analysis, the NSPMP will examine opportunities that may exist to provide value added information back to prescriber groups and pharmacies.

Detailed Objectives & Planning

Objective # 3: Building our profile in the industry and in our communities

In addition to our focus on reducing the misuse and abuse of controlled drugs, the NSPMP will continue efforts to build our profile in the health care community, thereby increasing the credibility and perceived value of the NSPMP. This will include the following areas of activity:

- Seeking opportunities to present to various health care organizations, including professional licensing bodies, educational programs, community groups focused on drug related issues, law enforcement agencies, and others. The focus of these sessions being to provide information regarding the program, its mandate and operations.

- Developing a quarterly communication to be forwarded to prescribers and pharmacies regarding the program.

- Obtaining prescriber and pharmacist feedback on the NSPMP and on what specific information or resources they would like to see provided;

- Encouraging prescribers and pharmacies to view the program as a resource and a positive support rather than a punitive mechanism.

Detailed Objectives & Planning

Objective # 4: Determining Program outcome measures

During the 2006/2007 fiscal year, the NSPMP will establish methods to measure outcomes of the various goals undertaken. These will relate to the specific goals outlined above:

- Measuring the success of transitioning the pharmacies to the on line program;
- Measuring the completion of reporting and data analysis reviews and resulting changes to the NSPMP;
- Determining the level of activity with regards to the NSPMP's profile building and the outcome of this activity;
- Measuring the overall use of the NSPMP by prescribers, pharmacists and law enforcement agencies, as well as their overall perception of the Program.
- Measuring the overall impact of the NSPMP activities on the abuse or misuse of prescription medications.

Detailed Objectives & Planning

Objective # 5: Developing a service agreement amongst key stakeholders (Department of Health, Medavie Blue Cross and the Prescription Monitoring Board)

As noted in previous sections, both the legislation governing the NSPMP, and the overall environment in which the NSPMP operates, have undergone significant change over the last several years. Based on the environmental scan and program objectives presented earlier, continued change is anticipated over the course of this planning cycle and beyond.

The current pricing model for the Program is addressed in the Agreement between the Nova Scotia Department of Health and Medavie Blue Cross Inc. Schedule D –(Annex A re Administrative Fees) outlines a 'fixed plus variable' pricing model. Fixed cost covers program management and other 'overhead', while the variable component is based on the number of prescriptions entered in the system over the course of the year. Also built into the variable component is the "information analysis, drug utilization review and administration processes in support of the PMP operation". Other key factors however, such as performance measures and a change management process, are not dealt with.

As the Prescription Monitoring Board and Program staff attempt to evolve this program over the next several years, it will be important to have a service agreement in place that speaks to the following:

1. A detailed baseline description of the services currently provided to the Prescription Monitoring Board by Medavie Blue Cross;

2. Agreement on what constitutes acceptable performance with respect to those services;

3. A funding model that addresses the cost to provide those services;

4. A formal change process that defines how to address mutually agreed upon changes to services and/or performance measures, as well as cost revisions associated with those changes; and,

5. A mechanism to resolve any material disputes that might arise between parties arising from Program administration.

The goal in striking an agreement would not be to encumber the day-to-day Program operations and communications between parties. Rather, by formally defining expectations and accountabilities for all parties (Medavie Blue Cross, NSDoH and the Prescription Monitoring Board), the pace and impact of program change can be approached in a consistent and measured manner.

Such an agreement will also help ensure that the finite resources available to the Program are appropriately leveraged in support of its primary goals and objectives.

Section G: Measuring Success

Progress towards the completion of the outlined NSPMP objectives will be monitored as the 2006/07 year progresses. A review of progress will be competed at the end of each fiscal year quarter (June 2006, September 2006, December 2006 and March 2006) to summarize the progress on business goals, any required changes in direction, and any perceived barriers to success. This document will be reviewed at the Board meetings closest to each quarter end. The format for this report is attached.