Nova Scotia Prescription Monitoring Program

Annual Report 2008/09

Prescription Monitoring Program
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Introduction

The Prescription Monitoring Association of Nova Scotia (PMANS) was incorporated in October 1991. In January 1992 the PMANS began operating a prescription monitoring program to monitor the prescribing and dispensing of specific narcotic and controlled drugs in Nova Scotia with the objective of curbing the overuse, misuse and diversion of these substances. Policy guidelines were established to give the program the ability to monitor the specific narcotic and controlled drugs through the use of a triplicate prescription pad. Pharmacists were required through legislation to dispense these drugs only when they were prescribed on a triplicate prescription pad.

Although PMANS was a voluntary association, it played a vital role in identifying the need to establish a legislative framework to support the operations of a prescription monitoring program. Consequently, the *Prescription Monitoring Act* was approved in October 2004 and subsequently proclaimed along with the Prescription Monitoring Regulations in June 2005. A Prescription Monitoring Board was appointed with the legislated mandate to establish and operate a prescription monitoring program for Nova Scotia. The objects of the Nova Scotia Prescription Monitoring Program (NSPMP) are to promote:

- the appropriate use of monitored drugs; and
- the reduction of abuse or misuse of monitored drugs.

Under the authority of the *Prescription Monitoring Act*, Medavie Blue Cross was appointed as the Administrator of the NSPMP.

In conjunction with the new legislation, the Administrator implemented an on-line system to receive prescription information for the specified list of monitored drugs. This information had historically been compiled using the part of the triplicate prescription pad which pharmacies were required to send into the program. By the end of 2007, all community pharmacies were submitting this information via the on-line system.

With the reduction in manual data entry work, the staff of the NSPMP became increasing involved in customer service-oriented tasks and analytical processes. The services offered through the NSPMP were expanded and efforts to engage various stakeholders were initiated.

Early in 2007, the Prescription Monitoring Board held a governance session. As a result, the Prescription Monitoring Board now operates under a governance charter, which clearly defines its governance responsibilities. The Board maintains a policy framework to provide guidance to the Administrator and to ensure the NSPMP meets its legislative requirements.

During the 2008/09 fiscal year, the Prescription Monitoring Board continued work on its Three-Year Strategic Plan with a focus on Year Two outcomes. Year Two outcomes included such things as establishing a Service Agreement with the Administrator, conducting an analysis of cost/benefit of adding benzodiazepines to the list of monitored drugs, branding of the NSPMP, developing a drug utilization review (DUR) “hub”, and the development of a public website.

This document provides an overview of the activities that have occurred during the 2008/2009 fiscal period in terms of strategic goals, operational activity and financial reporting.

Strategic Outcomes

The following chart provides an update of the status of the goals for the second year of the Board's three year strategic plan:

Area	Year Two Outcomes (2008/09)	Status		
		Complete	In Progress	Outstanding
Reputation/Brand	o Branding of name to better represent the Program's activity	X		
	o Conduct baseline survey of perception of the Program among prescribers and dispensers		X[1]	
Financial	(None for Year 2)			
Business Process Excellence	o In conjunction with the DOH, establish a service agreement with our Administrator (Medavie Blue Cross)	X		
	o Establish a process to evaluate progress against the strategic plan	X		
	o Establish a program evaluation process	X		
	o Develop, approve and implement policies for: research and strategic initiatives	X		
	o Develop, approve and implement policies for data integrity management		X	

[1] An online survey has been designed and will be deployed with the website launch in June 2009.

Area	Year Two Outcomes (2008/09)	Status		
		Complete	In Progress	Outstanding
	o Program receives reports from the coroner on drug-related deaths	X		
	o Analysis of cost/benefit of adding benzodiazepines to the list of monitored drugs	X		
Programs and Services	o Develop a DUR "hub" with the organizational structure to support it	X		
	o Retrospective, concurrent and prospective monitoring of the utilization of monitored drugs is established		X[2]	
Human Resources and Infrastructure	o Identify functions that cannot be delivered though the infrastructure provided by the Administrator under the service agreement or by linkages to DEANS and develop a plan to address gaps		X	
Stakeholder Relations	o Increased public awareness of monitored drug issues and the role of the Program		X[3]	
	o Public website for the Program is operational		X[3]	

[2] This functionality is being established with the DUR "hub".
[3] The public website will be launched in June 2009.

Monitoring & Reporting Activities

Annual Program Activity:
Overall Program activities compared to the previous fiscal period are outlined below.

Item	2006/07	2007/08	2008/09
Prescriptions Processed	411,843	521,413	579,891
Requests for Patient Profiles	668	792	943
Requests for Prescriber Profiles	18	26	23
Requests – Pharmacy Profiles	-	-	3
Referrals – Medical Consultant	47	26	28
Referrals – Practice Review Committee	7	3	8
Referrals – Licensing Authorities	3	0	1
Multiple Doctoring Notifications	1154	593	676
Alert Letters / Drug Utilization Review Inquires	251	198	167
Medical Examiner Requests	-	1	1
Referrals to Law Enforcement	-	-	1

A review of the activity indicates that while the prescribing of monitored drugs continues to increase, the overall usage of the Program by prescribers, pharmacists, and other groups is also increasing. A key indicator is the ongoing increase in requests for patient profiles.

Also of note are the decreases in the number of multiple doctor notifications and the number of alert letters/drug utilization review inquiries forwarded to prescribers. These changes reflect the ongoing evolution of more sophisticated analytical processes within the Program.

The 2008/09 period was the Program's third year with the new electronic on-line system and case management module. These tools have provided administrative staff with an increased ability to retain and easily reference case information on specific patients and prescribers when determining potential notifications. This information includes the previous notifications issued, the prescribers involved, and the outcome of the notifications and follow up activity taken. With more information available, more direct analysis of each case is supported. The Program's ability to more accurately identify and focus on cases of the highest potential concern has been strengthened. This process has also been supported by further data analysis refinement.

Monitoring & Reporting Activities (continued)

Analysis of Multiple Doctoring Notifications:
Review of data collected through the NSPMP over the last four years demonstrates that the level of multiple prescriber involvements with patients in the province has remained stable:

Multiple Prescriber Involvement	2005	2006	2007	2008
Receiving prescriptions from 1-2 prescribers	94%	94%	94%	93.5%
Receiving prescriptions from 3-5 prescribers	6015 (5.4%)	5809 (5.4%)	6046 (5.8%)	6414 (6.0%)
Receiving prescriptions from 6-11 prescribers	421 (0.4%)	394 (0.4%)	388 (0.4%)	425 (0.4%)
Receiving prescriptions from 12+ prescribers	19 (0.02%)	15 (0.01%)	17 (0.02%)	8 (0.01%)

While 93.5% of individuals, on average, receive monitored drugs from only one to two prescribers per year, approximately 6% of individuals have multiple prescribers (between three and twenty).

Many legitimate situations can account for cases that appear to represent multiple doctoring activities. Examples of individuals whose activity may not be intentionally illegal or inappropriate include the following:

- Individuals without a general practitioner, who seek treatment through emergency rooms to obtain required pain medication.
- Individuals with acute conditions that require numerous investigations and treatments to determine an appropriate diagnosis and treatment plan
- Individuals who are treated in a large clinic by numerous prescribers.
- Individuals who are treated in a teaching facility and see numerous interns and residents.

As part of its mandate, the NSPMP strives to identify and address the situations within this group that relate to criminal offences of drug abuse or diversion.

A significant decrease was noted in the number of individuals involved with 12+ prescribers and the Program considers this a positive step towards achieving its mandate.

Monitoring & Reporting Activities (continued)

The multiple doctoring analyses has been greatly refined by the new system functionality. When identifying situations where multiple doctoring activities may be occurring, the Program is now able to consider broad variables. For example, the NSPMP is able to differentiate between independent prescribers vs. those who work in the same clinic, as well as between general practitioners and types of specialists. Additional logic parameters allow the Program to more accurately identify potential situations of inappropriate behaviors.

Each year the overall effectiveness of the multiple doctoring notifications is analyzed. To complete this analysis, all individuals on which a notification was sent out are identified. The number of prescribers in the three months prior to the notification and the number of prescribers in the three months following notification are compared. For the 2008/09 period, there was a 40% decrease in the number of prescribers involved with these individuals in the three month period following notification. Note: In completing this analysis, patients who had multiple prescribers prior to the period and no prescribers in the subsequent period, or who died in the subsequent period, were removed from the analysis.

Data Reporting & Releases 2008/09:
During the 2008/09 period, the NSPMP Team Lead and the Consultant worked with several organizations to clarify information requests, extract the appropriate data and provide information reports in a timely fashion. These included the following:

Requested By	Information Requests
Prescriber	Multiple reports re: their prescribing of narcotics
Cape Breton Partnership on Prescription Drug Abuse	Oxycodone utilization – requested on a quarterly basis
Researcher (Dalhousie Faculty of Medicine)	Prescribing of narcotics drugs in Nova Scotia
Media Request *CBC*	General
Media Request *Cape Breton Post*	Oxycodone statistics for 2008

Community Involvement

Throughout 2008/09, members of the NSPMP Administrative Team have continued to remain involved with appropriate industry related activities and stakeholders. In addition to providing educational seminars and presentations to interested groups, the following is a summary of some of the major initiatives NSPMP staff members are involved in:

Chronic Non-Cancer Pain (CNCP) Management Continuing Medical Education (CME) Program:
The Manager of the NSPMP Administrative Team, or alternate, has continued to work with the CNCP Management CME Program as a panel member, traveling to sessions throughout Nova Scotia as scheduled. The feedback has indicated a great deal of positive learning has resulted for attendees with regards to the Prescription Monitoring Program and its services.

Drug Evaluation Alliance of Nova Scotia (DEANS):
The Manager of the NSPMP Administrative Team has joined the DEANS Management Committee to ensure that a close relationship is forged and maintained between these two important groups.

Nova Scotia College of Pharmacists – Methadone Task Force:
The Team Lead for the NSPMP will represent the NSPMP on the work of this task force.

Nova Scotia Chronic Pain Care Collaborative Network:
The Manager of the NSPMP is representing the Program and is the Vice-Chair for this initiative.

National Association of State Controlled Substances Authorities (NASCSA):
The Consultant for the NSPMP attended the NASCSA annual conference in Fort Lauderdale in October 2008.

Program Financial Report

Cost Area	Projected 2008/09 ($)	Actual 2008/09 ($)	Variance ($)
Fixed [4]	276,486.00	275,485.68	(1000.32)
Variable[5]	413,230.00	417,550.62	4320.62[6]
Flow Through (line charges)[7]	63,273.00	63,218.43	(54.57)
Flow Through (Board/Committee Expenses)[8]	10,500.00	4,828.49	(5671.51)[9]
Total	763,489.00	761,083.22	(2405.78)

[4] Fixed costs include the cost of salaries for Program management, analytical resources, and the Medical Consultant

[5] For 2008/09, variable costs were calculated at $0.722 per prescription processed. Variable Costs cover those items which change based on the activity of the Program – customer service representative salaries, administrative support, prescription pad costs, overhead related to staff, data processing, and data storage.

[6] There was an increase of 58,478 prescriptions processed in 2008/2009 from 2007/2008. As the volume of prescriptions increases, the cost of various activities, systems and overhead also increase.

[7] Flow Through Charges represent billing items that are charged directly to the Department of Health on behalf of the Board on an “incurred basis” – line charges levied by claims carriers to transmit claims.

[8] Flow Through Charges represent billing items that are charged directly to the Department of Health on behalf of the Board on an “incurred basis” – all expenses elated to Board and Committee meetings.

[9] Committee expenses are deceased due to fewer in person Board meetings/year. This amount is expected to increase in the coming fiscal year with the establishment of the DUR committee in 2009/2010.