Strategic Plan

2010/11 to 2012/13

History and Background

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.

In early 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 2007/08 fiscal year, the Prescription Monitoring Board undertook an extensive strategic planning process. A comprehensive three-year plan was developed to cover the areas of reputation/brand, finances, business process excellence, programs and services, human resources and infrastructure, and relationships with stakeholders. In November 2009 the Prescription Monitoring Board revisited its strategic plan with the view of updating its mission, values and vision to reflect the successful achievement of most of the operational and strategic outcomes established in 2007/08. The Board also reviewed outstanding operational and strategic outcomes and established a new set of outcomes for the next three years.

Mission

The Board's mission or raison d'être is rooted in its legislated mandate which is *to establish and operate a prescription-monitoring program for the Province, with the objects of promoting:*

> *(a) the appropriate use of monitored drugs, and*
>
> *(b) the reduction of the abuse or misuse or monitored drugs.*

The Board interprets this legislative mandate as including a mission to:

- **educate** prescribers, dispensers and the general public on the appropriate use of monitored drugs;
- **collaborate and develop working partnerships** with other key organizations in order to achieve the Program's objects; and
- **proactively share information** in a timely and responsive manner to allow others to do their part in achieving the Program's objects.

Values

In carrying out our Mission, we demonstrate:

- Accountability
- Honesty, integrity, professionalism and respect
- Collaboration with our partners to support best practices in the prescribing and use of monitored drugs

- Collaboration with researchers to measure Program outcomes
- Proactive, responsive and timely identification and communication of trends and potential issues, based on regular analysis of the data we collect
- Innovative approaches to our work
- An appropriate balance between transparency of our processes and information and the confidentiality of personal information, within the permitted scope of our legislation
- A commitment to the importance of communicating the Program's value to the public

Vision: The NSPMP in 2017

Reputation / Brand

By 2017, the Program will be well-known, understood and respected by its key stakeholders. It will be valued as a key resource for reliable and timely information on monitored drug use in Nova Scotia

The general public and those holding political office will understand and support both the scope and the limits of the Program's mandate.

Finances

By 2017, we will have adequate and sustainable funding from the Department of Health to support Board initiatives and the administration of the Program. We will develop, approve and manage the Program's budget. We will demonstrate efficiency in our operations and be accountable for the use of our funds through at least annual reports to the Minister of Health.

Business Process Excellence

In order to achieve our desired outcomes for our programs and services, stakeholder relations and reputation by 2017, we must excel in the following business processes:

- **Governance** – our board and committee structure must effectively and efficiently govern the Program's organization

- **Drug Utilization Review (DUR)** – a functional programmatic structure with policies and processes will support timely identification of trends and potential issues
- **Research** – facilitate research that will support the measurement of Program outcomes and provide information that can be shared with stakeholders
- **Communications and Relationship Management** – the objects of our Program will only be achieved in partnership with others
- **Securing and Managing Appropriate Resources** – we will have an efficient and effective compliment of staff and administration to carry out the work of the Program

Programs and Services

In 2017, the Prescription Monitoring Board's programs and services will enable:

- Real-time access to the information needed by prescribers and dispensers to achieve the objects of the Program
- Enhanced use of real-time electronic edits to manage utilization of monitored drugs
- Opportunities to respond to advances in e-health
- The elimination of the duplicate prescription pad system
- Drug utilization research
- Stakeholder use of the website for general information on monitored drug trends, data, issues on the horizon and available education programs
- Linkage with educational providers that deliver interventions relating to the prescribing and use of monitored drugs
- Collaboration among jurisdictions to achieve the objects of the Program

Human Resources and Infrastructure

By 2017, in addition to our relationship with an Administrator, we will employ staff to support the Board initiatives. Though our staff and Administrator, we will engage other individuals/organizations with expertise in key areas such as the design and delivery of education programs, trend/data analysis and reporting, research, program evaluation, policy development, communications and planning and management.

Relationships with Key Stakeholders

In 2017, the Prescription Monitoring Program will have fostered and developed a mature relationship with and among all key stakeholders.

The Program will facilitate linkages among prescribers, dispensers, law enforcement, addiction services, researchers, educators and other stakeholders who have an interest in promoting the appropriate use and reducing the abuse and misuse of monitored drugs. By working with its key stakeholders, the objects of the Program will be met.

Three Year Outcomes

In order to achieve the Program's vision for itself for 2017, the Board identified the following desired outcomes for fiscal 2009/10 and the three-year period from 2010/11 to 2012/13:

Area	Outcomes			
	2009/10	**2010/11**	**2011/12**	**2012/13**
Reputation/Brand	Develop a survey to identify prescriber and dispenser perceptions of the Program	Pilot and refine the survey – then survey prescribers and dispensers to determine their perceptions of the Program Develop a communications plan to address issues identified though the survey	Implement communications plan	Resurvey prescribers and dispensers to determine their perceptions of the Program Consider options for communicating the value of the Program to the public
Finances		Develop and approve a policy for funding received from non-DOH sources Identify sources of funding from foundations, etc. for stakeholder meetings, conferences, workshops, etc.	Pursue sources of funding for stakeholder meetings, conferences, workshops, etc.	Board to begin developing a plan for the budgeting process when the current Medavie contract expires in 2015

Area	Outcomes			
	2009/10	2010/11	2011/12	2012/13
Business Process Excellence	Approve Program's policy on ensuring data integrity Brief the Minister on the options for monitoring benzodiazepines and confirm direction to proceed Develop a proposal for the DOH to provide on-going staff to support the Board	Review the Program's drug utilization review (DUR) activities and consider options for refining and improving DUR Implement direction from Minister regarding benzodiazepines Obtain approval from the DOH for on-going staff to support the Board Investigate options for giving groups, such as addiction services, access to Program data	Implement opportunities for refining and improving the Program's DUR activities Encourage evaluation partners to evaluate the impact of the action taken on benzodiazepines Act on investigation re: - giving groups, such as addiction services, access to Program data	Board to revisit Program governance in conjunction with the plan for a new administrative service contract

Area	Outcomes			
	2009/10	2010/11	2011/12	2012/13
Programs and Services	Begin investigation of the benefits and risks of system changes to: - eliminate the duplicate prescription pad - use additional electronic messaging - provide prescribers and dispensers with real-time access to information they need at the point of care	Complete investigation of system changes and brief Minister on options Prioritize educational topics that are identified by the Board and the Committees Identify research that the Program will encourage stakeholders and partners to pursue	Act on direction from Minister regarding system changes Advocate and facilitate support for education and research that meet the objects of the Program and/or measure its effectiveness	Investigate options for the Program to actively promote its own education and research agendas
Human Resources and Infrastructure		Establish a staff resource for the Board Refine responsibilities and accountabilities of staff with respect to the Board and the Administrator	Define a process for staff review	Board to begin developing a plan for the division of functions between staff and Administrator when the current Medavie contract expires in 2015

Area	Outcomes			
	2009/10	2010/11	2011/12	2012/13
Relationship with Key Stakeholders		Develop a plan to establish a framework to facilitate regular communication with key stakeholders though meetings, conferences, workshops, etc.	Implement plan to establish a framework to facilitate regular communication with key stakeholders though meetings, conferences, workshops, etc.	Survey key stakeholders to determine their perceptions of the Program