Nova Scotia Prescription Monitoring Program

Annual Report 2009/2010

Prescription Monitoring Program
PO Box 2200, Halifax NS B3M 4W2
T 902.496.7123 **F** 902.481.3157
www.nspmp.ca

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.

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. In 2008, the prescription pad was reduced to a duplicate form.

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. It was during this year that the first Three-Year Strategic Plan (2007-2010) was developed which focused on the areas of reputation/brand, finances, business process excellence, programs and services, human resources and infrastructure, and relationships with stakeholders. Achievements to date include the establishment of a Service Agreement with the Administrator, branding of the NSPMP, development of a drug utilization review (DUR) “hub”, and the creation of a public website.

In 2009, the Prescription Monitoring Board revisited its strategic plan and updated its mission, values and vision to reflect the successful achievement of the operational and strategic outcomes set forth in the 2007-2010 Strategic Plan. The Board also reviewed outstanding operational and strategic outcomes and established new priorities with the development of a new Strategic Plan for the next three year period (2010-2013).

This document provides an overview of the activities that have occurred during the 2009/10 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 third year of the Board's three year strategic plan:

Area	Year Three Outcomes (2009/10)	Status			Comments
		Complete	In Progress	Outstanding	
Reputation /Brand	• Significant positive shift in the perception of the Program (re-survey of perception of the Program among prescribers and dispensers).	X			*Survey in development, for pilot in 2010/11.*
	• The Program's advocacy role is well defined.		X		*Board defined advocacy – as promoting & educating about the Program. Will be addressed further during 2011/12.*
Financial	• Develop, approve and implement financial policies: - Delegation of authority (signing authority)				*Moved to 2010/11 by Board.*
	• Approval of multi-year funding to support the strategic plan.				*Removed by Board.*
	• Consider options for, and feasibility of, cost recovery structures.				*Moved to 2010/11 by Board.*

Area	Year Three Outcomes (2009/10)	Status			Comments
		Complete	In Progress	Outstanding	
Business Process Excellence	• Approval of the final organization chart for the Program.	X			
	• Modified policy governance model is established.				*Moved to 2013, closer to expiration of contract with Administrator.*
	• Develop, approve and implement policies for e-prescribing.			X	*E-prescribing to be worked on as part of systems investigations. Policy will be considered once e-prescribing direction is decided.*
	• Develop and approve policies for the Programs data integrity.	X			
	• Develop, approve and implement policies on Advocacy role of the Program.				*Policy on advocacy will be developed through the communications plan in 2010/11.*
	• Develop and implement a process for regular policy review.	X			

Area	Year Three Outcomes (2009/10)	Status			Comments
		Complete	In Progress	Outstanding	
	• Consider requirement to eliminate the duplicate prescription pad.		X		*Process in progress to investigate the benefits and risks of system changes.*
	• Analysis of the system change requirements and consideration of alternate systems to eliminate the duplicate prescription pad (also consider in the context of e-prescribing).		X		*Process in progress to investigate the benefits and risks of system changes.*
	• Enhanced utilization of real-time electronic edits to manage utilization of monitored drugs		X		*Process in progress to investigate the benefits and risks of system changes.*
	• Consideration of recommending the addition of benzodiazepines to the list of monitored drugs.		X		*Brief the Minister on the options for monitoring benzodiazepines and confirm the direction to proceed. (Board Initiative)*
	• Completion of strategic planning session to look forward three years.	X			

Area	Year Three Outcomes (2009/10)	Status			Comments
		Complete	In Progress	Outstanding	
Programs and Services	• Potential education audiences identified; their learning needs identified; and programs designed.		X		*Progress has been made in education guidelines for program. Further clarification on educational topics, audiences and the Program's role will be ongoing.*
	• Educational programs implemented		X		*The program has participated in some educational programs. Further clarification on educational topics, audiences and the Program's role will be ongoing.*
	• Establish a research plan; secure funding; and, identify research partners				*Moved to 2010/11.*

Area	Year Three Outcomes (2009/10)	Status			Comments
		Complete	In Progress	Outstanding	
Human Resources and Infra-structure	• Funding approved for plan to address functional gaps that cannot be delivered though the infrastructure provided by the Administrator under the service agreement or by linkages to DEANS.				*Moved to 2010/11.*
Stakeholder Relations	• DHA's receive regular and relevant program information		**X**		*Some progress made, remains ongoing through DUR committee.*
	• Understand the structure of Non-Insured Health Benefits (First Nations & Inuit Health) and establish an ongoing information-sharing relationship.		**X**		*On going through DUR committee, some information sharing has been established through aggregate data requests.*
	• Information needs of law enforcement and addiction services are identified		**X**		*Some progress made, remains ongoing.*

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	2009/10
Prescriptions Processed	411,843	521,413	578,325	624,217
Requests for Patient Profiles	668	792	943	1161
Requests for Prescriber Profiles	18	26	23	65
Requests – Pharmacy Profiles	-	-	3	1
Referrals – Medical Consultant	47	26	28	37
Referrals – Practice Review Committee	7	3	8	3
Referrals – Licensing Authorities	3	0	1	1
Multiple Doctoring Notifications	1154	593	676	917
Alert Letters / Drug Utilization Review Inquiries	251	198	167	147
Medical Examiner Requests	-	1	1	0
Referrals to Law Enforcement	1	1	1	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.

The 2009/10 period was the Program's fourth 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.

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	2009
Receiving prescriptions from 1-2 prescribers	94%	94%	94%	93.5%	93.4%
Receiving prescriptions from 3-5 prescribers	6015 (5.4%)	5809 (5.4%)	6046 (5.8%)	6414 (6.0%)	6622 (6.2%)
Receiving prescriptions from 6-11 prescribers	421 (0.4%)	394 (0.4%)	388 (0.4%)	425 (0.4%)	476 (0.4%)
Receiving prescriptions from 12+ prescribers	19 (0.02%)	15 (0.01%)	17 (0.02%)	8 (0.01%)	17 (0.02%)

While 93.4% 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:

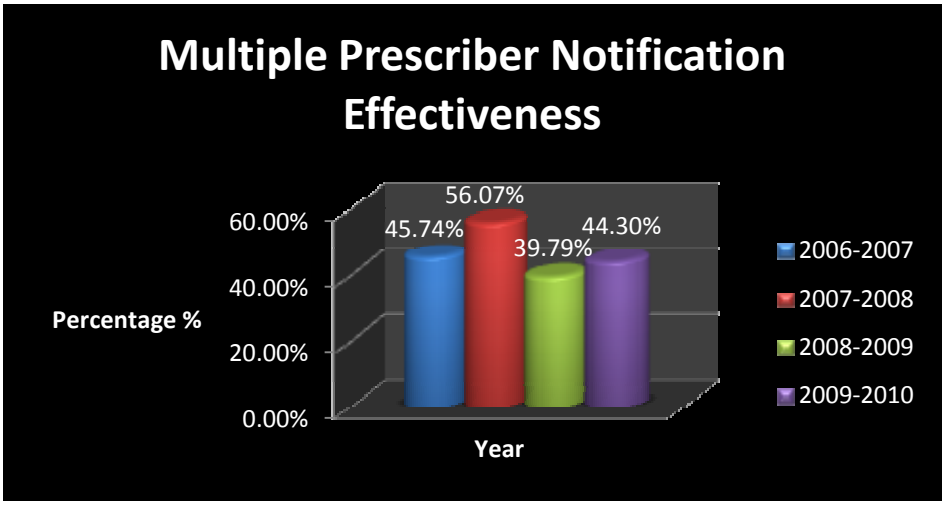
- Individuals without a general practitioner, who seek treatment through emergency rooms to obtain required pain medication.
- Individuals with acute conditions that require numerous investigations and treatments to determine an appropriate diagnosis and treatment plan
- Individuals who are treated in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

When situations of concern are identified, notification letters are sent to each prescriber involved with the patient. These letters indicate which drugs were prescribed, by whom on which date, where the prescription was filled and on what date. This encourages prescribers to work with each other and with their patients around the appropriate use of monitored drugs.

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 2009/10 period, there was a **44.3%** 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.

The following graph demonstrates the overall effectiveness of the NSPMP's Multiple Prescriber Notification process for the last 4 fiscal years. This graph shows the percent decrease in the number of prescribers seen by patients before and after a multiple prescriber notification was issued by the NSPMP.



Data Reporting & Releases 2009/10:

During the 2009/10 period, the NSPMP Manager 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
Aboriginal People Television Network	General Program Information
Addiction Services	Aggregate methadone data
Cape Breton Partnership on Prescription Drug Abuse	DHA 8 DUR of hydromorphone, methylphenidate, and oxycodone
CBC	Update on the addition of benzodiazepines to monitored drug list.
Department of Health	Aggregate methadone data
Media Request *Cape Breton Post*	Oxycodone, hydromorphone, and methadone data for 2009
Non Insured Health Benefits	Aggregate Oxycontin data
Prescriber	Multiple reports re: their prescribing of narcotics
Researcher (Dalhousie Faculty of Medicine)	Office Use Prescriptions
Researcher (Dalhousie Faculty of Medicine)	Cannabinoids

Community Involvement

Throughout 2009/10, 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 Pain Refresher Course:
Stacey Black attended this weekend conference that was presented by the Canadian Pain Society in Montreal. It was an excellent refresher on current trends in chronic pain treatment.

Dalhousie College of Pharmacy:
Denise Pellerin presented an overview of the NSPMP to third year Pharmacy Students.

Drug Diversion Continuing Medical Education (CME) Program:
The Manager of the NSPMP Administrative Team is working with the Dalhousie Continuing Medical Education and Continuing Pharmacy Education as a panel member for the educational sessions titled Drug Diversion: An Inter-professional Approach. These case-based panel discussions will travel to various communities in Nova Scotia with the objective of improving

collaboration and communications between physicians and pharmacist in the understanding of drug diversion.

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 Chronic Pain Care Collaborative Network (NSCPCCN):
Our Medical Consultant, Dr. Peter MacDougall is the Executive Director of the NSCPCCN. The NSCPCCN compliments the mandate of the NSPMP by providing access to support and education for physicians through a mentor-mentee network model of pain specialist experts in the community. This Program not only expedites early and effective access to expert pain care through a mentor but it also educates community physicians and nurses in pain management. Also, some of the specialists working with the NSCPCCN are addiction specialist which can provide valuable knowledge in opioid management.

The NSCPCCN continues to implement networks in various communities throughout the province, the NSPMP will present to physicians in these communities to educate on the services and value of the NSPMP.

Prescriptions and Drug Overdoses in Nova Scotia Working Group:
The NSPMP is a key participant in this committee that was convened to address concerns of drug misuse within the province. This committee is lead by Linda Smith, Executive Director, Mental Health, Children Services and Addiction Treatment Branch. Participants include representatives from the NS Medical Examiner Service, Mental Health & Addiction Services, NS Department of Health, NS Department of Justice, NS College of Pharmacists, and Child and Youth Strategy, Department of Community Services.

Research Article:
An article was drafted with Dr. Peter MacDougall for an Australian organization - Turning Point Alcohol and Drug Centre. This organization is publishing a special issue of Drug and Alcohol Review on Pharmaceuticals. The paper will describe prescription monitoring strategies undertaken in various places around the world and then discuss the NS system. The special issue is due to be published in October 2010.

Nova Scotia Chiefs of Police Association Annual Spring Meeting:
Denise Pellerin and Dr. Peter MacDougall presented to the Nova Scotia Chiefs of Police Association Annual Spring Meeting. Denise Pellerin presented an overview of the Prescription Monitoring Program and Dr. MacDougall presented on prescribing opioids and appropriate pain management from a prescriber's perspective.

Publications

The NSPMP supports research using the Program's rich resource of data to examine patterns and trends of monitored drug prescribing within the province. Research initiatives continue to be an area of priority for the Board. The NSPMP Strategic Plan 2010/11 to 2012/13 highlights the Board's continued focus on research initiatives that will facilitate the measurement of quantitative and qualitative Program outcomes. This information can be shared with stakeholders to assist with the appropriate use of monitored drugs and the reduction of abuse or misuse of monitored drugs. Listed below are some of the research posters and presentations which have been published by researcher's using our Program data.

Wright, A S, MacDougall, P, Foran, A. Variation in regional opioid prescribing in Nova Scotia – 2004 to 2006. Poster session presented at: American Society for Addictions Medicine; 2009 Apr 30 – May 3; New Orleans, LA.

Wright, A S, MacDougall, P, Foran, A. Variation in opioid prescribing and relation to population density – rural vs. urban. Poster session presented at: International Anesthesia Research Society Annual Meeting; 2009 Mar 13 - 17; San Diego, CA.

Wright, A S, MacDougall, P, Foran, A. Gender specific geographic variation in opioid prescribing in Nova Scotia. Poster session presented at: International Anesthesia Research Society Annual Meeting; 2009 Mar 13 - 17; San Diego, CA.

Wright, A S, MacDougall, P, Foran, A. Age related regional opioid usage in Nova Scotia – 2004 to 2007. Abstract presented at: Canadian Pain Society Conference; 2009 May 27 – 30, Quebec, PQ.

Wright, A S, MacDougall, P, Foran, A. A Comparison of opioid prescribing practice by primary care physicians and specialists in Nova Scotia for the years 2004-2007. Abstract presented at: Dalhousie University Anesthesia Research Day, 2009 May, Halifax, NS.

Program Financial Report

Cost Area	Projected 2009/10 ($)	Actual 2009/10 ($)	Variance ($)
Fixed [1]	282,035	282,035.16	(0.16)
Variable[2]	465,885	461,296.39	(4588.61)
Flow Through (line charges)[3]	63,000	64,129.45	1129.45
Flow Through (Board/Committee Expenses)[4]	10,500	10,395.77	(104.23)
Total	**821,420**	**817,856.77**	**(3563.23)**

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

[2] For 2009/10, variable costs were calculated at $0.739 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.

[3] 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.

[4] 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 related to Board and Committee meetings.