

Nova Scotia Prescription Monitoring Program
Annual Report 2007/08

May 27, 2008

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 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 objectives 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 increasingly 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 2007/08 fiscal year, the Prescription Monitoring Board undertook an extensive strategic planning process. A comprehensive three-year plan was developed to cover operational and governance policy, business process, stakeholder relations and fiscal planning.

This document provides an overview of the activities that have occurred during the 2007/2008 fiscal period in terms of strategic goals, operational activity and financial reporting.

Strategic Outcomes: 2007/08

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

Area	Year One Outcomes (2007/08)	Status		
		Complete	In Progress	Outstanding
Reputation/Brand	<ul style="list-style-type: none"> ▶ Approve strategic plan and establish a strategic milestones grid for transparency and accountability 	X		
Financial	<ul style="list-style-type: none"> ▶ Annual business planning/funding cycle established with DOH ▶ Funding for Year 1 of Strategic Plan approved ▶ Develop, approve and implement financial policies: <ul style="list-style-type: none"> - Annual review and approval of budget by Board - Payment of contractors - Regular financial reports to the Board by Administrator - Approval of unbudgeted expenses 	X X X		
Business Process Excellence	<ul style="list-style-type: none"> ▶ Approve an interim organizational structure for the Program ▶ In conjunction with the DOH, establish a service agreement with our Administrator (Medavie Blue Cross) ▶ 100% of pharmacies are submitting prescriptions for monitored drugs online (note: will never achieve 100% online transactions) ▶ Approve a policy format for the Program ▶ Review and refine the Board's terms of reference ▶ Review Executive Committee's terms of reference ▶ Review the purpose, structure, accountability and name of the Program Operations Committee (POC) ▶ Review the Program's privacy policy ▶ Develop, approve and implement policies for: <ul style="list-style-type: none"> - Governance - Confidentiality and information sharing - Conflict of interest - FOIPOP requests handled by the Administrator - Committees - Law enforcement engagement - Complaints management - Management of the monitored drug list - Alerts/notifications - Annual reports 	X X X X X X X X X	X	

Area	Year One Outcomes (2007/08)	Status		
		Complete	In Progress	Outstanding
	<ul style="list-style-type: none"> - Communications (media representation, stakeholders, public) - Policy template and approval ▶ Investigate process and system requirements for e-prescribing of monitored drugs 		X	
Programs and Services	<ul style="list-style-type: none"> ▶ Prescribers and dispensers understand how to access the Program ▶ Prescribers and dispensers are aware of how the Program can help them in their practice ▶ Establish a working link with DEANS so the Program can utilize DEANS for research, evaluation and education expertise 	X	X X	
Human Resources and Infrastructure	<ul style="list-style-type: none"> ▶ Secure in-kind liaison from the DOH ▶ Secure funding from the DOH for contractors as needed 	X X		
Stakeholder Relations	<ul style="list-style-type: none"> ▶ Formal relationship with the DOH established, including: an ongoing senior departmental contact for the Program; and, at least annual meetings with the Minister to review the Program's annual report and business plan (including cost projections) 		X	

Monitoring & Reporting Activities

Annual Program Activity:

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

Item	2006/07	2007/08
Prescriptions Processed	411,843	521,413
Requests for Patient Profiles	668	792
Requests for Prescriber Profiles	18	26
Referrals – Medical Consultant*	47	26
Referrals – Practice Review Committee	7	3
Referrals – Licensing Authorities	3	0
Multiple Doctoring Notifications	1154	593
Alert Letters / Drug Utilization Review Inquires	251	198

* *The Program was required to secure the services of an alternative medical consultant due to availability. The new Medical Consultant, to which all above referrals were made, started in October 2007.*

Monitoring & Reporting Activities (Cont'd)

A review of the activity indicates that the overall usage of the Program by prescribers, pharmacists, and other groups has increased over the last fiscal period. A key indicator is the ongoing increase in requests for patient profiles. As well, although not reflected in the above table, the frequency of general inquiries regarding the Program services and operations has increased steadily.

Also of note in the above table is the decrease in the number of multiple doctor notifications and DUR inquiries forwarded to prescribers in the past period. This decrease reflects the ongoing evolution of the Program to the use of more sophisticated analytical processes. The 2007/08 period was the Program's second year with the new electronic system and case management module. These tools have provided NSPMP administrative staff with an increased ability to analyse prescription data and retain and easily reference case information on specific patients and prescribers when determining whether a potential notification is appropriate. Information the Program considers includes the previous notifications issued, the prescribers involved, and the outcome of the notifications and follow up activity taken. With this additional 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.

Analysis of Multiple Doctoring Notifications:

Review of data collected through the NSPMP over the last three years indicates that the level of multiple prescriber involvements with patients in the province has remained stable:

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

While 94% of patients on average receive monitored drugs from only one to two prescribers a year, the number of individuals involved with multiple prescribers (between three and twenty) involves approximately 6% of patients.

Many legitimate situations can account for cases that appear to represent multiple doctoring activities. Examples of members of the group 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 physicians.

As part of its mandate, the NSPMP strives to identify and address the cases within the multiple prescriber groups that relate to criminal offences of drug abuse or diversion.

Monitoring & Reporting Activities (Cont'd)

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

Each year the overall effectiveness of the multiple doctoring notification process is analyzed. To complete this analysis, all individuals on whom a notification was sent out are identified. The number of prescribers in the six months prior to the notification and the number of prescribers in the three months following notification are compared. For the 2007/08 period, there was a 56% decrease in the number of prescribers involved with these individuals in the three month period following notification. (In completing this analysis, patients who had multiple prescribers prior to the period and no prescribers following, or who died in the following period were removed from the analysis.)

Data Reporting & Releases 2007/08:

During the 2007/08 period, the NSPMP 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
Chronic Non-Cancer Pain Management Program(Dalhousie CME)	Follow up on various types of requests after CB project
Prescriber	Demerol data for his patient population
Prescriber	Methadone data for 2006 vs. 2007 – for DHAs 4, 5, & 6
Prescriber	Multiple reports re: his prescribing of narcotics
Cape Breton Partnership	Oxycontin utilization – requested on a quarterly basis
Researcher (Dalhousie Medical)	Prescribing of narcotics drugs in NS
Media Request CBC	General
Media Request Ontario Pharmacy Practice Magazine	Changes within program and Oxycontin
Media Request Cape Breton Post	Oxycodone data for 2007

Community Involvement

Throughout 2007/08, 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 CME Program:

The Manager of the NSPMP Administrative Team or alternate has continued to work with the CNCP Program as a panel member, travelling to sessions throughout Nova Scotia as scheduled. Feedback from the educational program evaluation indicates 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 DEAN's 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 Customer Services Coordinator for the NSPMP will represent the NSPMP during the work of this task force.

Nova Scotia Chronic Pain Care Collaborative Network:

The Manager of the NSPMP is representing the Program, sitting as the Vice-Chair for this initiative.

Program Financial Report

Cost Area	Projected 2007/08	Actual 2007/08	Variance
Fixed	268,068	268,068	0
Variable	357,371	366,032	8,661*
Flow Through (line charges)	46,503	51,595	5,092*
Flow Through (Board/Committee Expenses)	6,897	7,232	335
<i>Total</i>	<i>678,839</i>	<i>692,927</i>	<i>> 14,088</i>

* Review of the projected and actual program costs for 2007/08 indicates that the primary variance resulted from a slightly higher volume of claims and line charges than anticipated. As all pharmacies came on-line with the Program by December 2007, it is estimated that the increase in volume and related line charges are related to the influx of claims for long term care facilities. These claims were not reported to NSPMP by pharmacies through the manual system but must be reported through the on-line system.