



Promoting the appropriate use,  
and reducing the abuse and misuse of monitored drugs in Nova Scotia.

## Change The New Look

### A Fresh Change

*There is nothing permanent except change.*

—Heraclitus

The Nova Scotia Prescription Monitoring Program (Program) has experienced significant change over the last five years – everything from new legislation and regulations to a new electronic system for submitted prescriptions.

The time had come for a visual change too. The result? A fresh new look along with an informative and eye catching website.

These changes started with the Program's Board identifying the need for a strategic plan to guide its decision making and the work of the Program.

Strategic planning sessions were initiated in March 2007. The Board's mission or raison d'être is rooted in its legislated mandate which is to promote the appropriate use of monitored drugs, and the reduction of the abuse or misuse of monitored drugs. In keeping with this mandate the Board members established a three year plan of objectives and goals for the Program. Included in this plan was a vision to brand the Program to better represent its activities and to develop a website that would provide general information on the Program, as well as information on monitored drug trends, data, issues and education programs.

The Board's vision was then translated into a clearly branded new identity that includes a comprehensive website, new stationery, and PowerPoint and report templates.

We are very excited to present its new look and announce the launch of our website. Be sure to check it out at [www.nspmp.ca](http://www.nspmp.ca). What you'll find:

- Contact Information
- Resource Material
- Registration Forms
- Policies and Procedures
- The Latest Program News Items

Please tell us what you think of the website by completing the quick on-line (anonymous) survey. Use the RSS feed tool to receive Program updates as they become available on the website.

We hope you enjoy the new look and the added website resource – stay tuned for more exciting changes to come as the Program and its Board move forward with more strategic initiatives.

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# Research and the Nova Scotia Prescription Monitoring Program

## Part I – Why Do It?

By Peter MacDougall, PhD MD FRCPC, Medical Consultant, Nova Scotia Prescription Monitoring

Research is one of those things to which people often ask the question: ‘Why bother?’ As a researcher, I want to discuss some of the reasons for doing so, and in a later article; I will describe the results of some of my most current work utilizing Nova Scotia Prescription Monitoring Program (Program) data.

The Program was initiated in 1992. The paper based tracking system required triplicate prescription pads be used for the prescribing of monitored drugs, and provided the first data in the Maritimes on prescribing patterns of opiates. In 2006 the paper based system was replaced with an electronic system and all pharmacies in the province now submit monitored prescriptions on-line.

The Program database, which is essentially a by-product of monitoring, is possibly one of the most comprehensive non-third party databases in North America and perhaps in the world. Until recently, the data had not been extensively explored from a research point of view. The data has been used to review prescribing patterns and the receipt of medications by patients. It allows for comparison of prescribing within the same area such as within a district health authority (DHA).

But what if your practice is somewhat different from the rest of the local prescribers? In order to determine whether the pattern of prescribing is normal or abnormal, one would expect that the medical literature would be replete with descriptions of what constitutes “normal”. Unfortunately, this is not the case. Little has been published to describe what is normal or abnormal prescribing within various settings. There are many reasons for this, but the most compelling is that there are few sources of data large enough and comprehensive enough to provide reasonable information from which to derive the normative data. That is the long way to say that the data from the Program may provide us with the ability to determine what is normal and what is not normal. Further, the ongoing nature of the data collection will allow the determination of normal to be dynamic in time so that we can continue to compare prescribing patterns to up-to-date normal data. From the prescriber’s point of view, this makes it less likely that normal prescribing in their practice environment will trigger questions from the Program. So one reason for research into the Program’s database is to determine what is normal or abnormal.

Another reason it is important to conduct research is to determine what, where and when problems exist. This is important to prescribers but it is also important to the other



stakeholders such as funding agencies and policy makers. For example, consider the scenario where the media reports that patients are receiving too much of a controlled drug. Speculation in the popular press may make it seem that prescribers are over prescribing or that patients are irresponsible in their use of controlled substances. Should there be new policy, law or enforcement initiatives undertaken to control the drug? Should public funds be diverted to educate prescribers and patients in the proper use of the medication? The answers to these questions can have broad ranging implications for a number of stakeholders from the patient to the prescriber to the Department of Health. Decisions on how to appropriately address these situations take time and must be made carefully to ensure they will achieve the desired result. Therefore, knowing if, when, and where there are problems is crucial to decision making. The only way to know this is with the best information.

The Program captures data on all the prescriptions filled for monitored drugs across Nova Scotia. I am currently involved with a research project that is using aggregate data from the Program to examine patterns of opioid prescribing in the province. We are investigating the characteristics of individuals who received opioids in the past five years, by age and gender, where they live and the quantity they received. We are also investigating the characteristics of the prescribers. The research uses only aggregate data so we are unable to identify patients or prescribers from this. We have also been careful to avoid looking at data in a way that will create a pathway for industry to target their advertising. We have presented four posters at meetings across North America and interest has been very high. It is expected that we will publish the first of a series of papers very soon. The next installment in this series will describe the patterns of prescribing that we have observed and what that may mean for prescribers, patients, policymakers and the provincial government.

## The New DUR Committee

As part of the Board's strategic plan to fulfill its mandate, the Program had been tasked with creating a capacity for regular drug utilization review (DUR) by an interprofessional group. The pivotal piece of this initiative is a newly established committee that will provide retrospective drug utilization review of aggregate data collected by the Program.

The DUR Committee consists of representatives appointed by the College of Physicians and Surgeons, the Nova Scotia College of Pharmacists, the Provincial Dental Board of Nova Scotia, the Drug Evaluation Alliance of Nova Scotia, and Department of Health Promotion and Protection. The terms of reference for this committee are available on our website at [www.nspmp.ca](http://www.nspmp.ca). The Program's Medical Consultant will be available to the Drug Utilization Review Committee as a resource. The DUR Committee's first meeting was held on May 11, 2009. Please stay tuned for more about the work of this new committee.



## The Program's Medical Consultant

### Who is the Medical Consultant?

The medical consultant is an independent physician with expertise in prescribing opioids and other controlled substances. The medical consultant works on a consulting basis for the Program to provide expert advice on prescribing monitored drugs. The consultant is an ex officio member of the Practice Review Committee (PRC) providing advice to the committee. In addition, the consultant is available to prescribers and pharmacists to provide advice. This may include questions about managing opioids or other monitored substances or advice on what to do when receiving a letter from the Program. Currently, the medical consultant is Dr. Peter MacDougall. He is an anesthetist and pain management specialist at the Pain Management Unit at the Queen Elizabeth II Health Sciences Centre in Halifax. His research interests include the prevention of chronic post-operative pain and opioid prescribing patterns.

### How can I reach the Medical Consultant?

The medical consultant can be reached by telephone at 902-478-0546 or email: [pcmacdou@gmail.com](mailto:pcmacdou@gmail.com) (please do not email any identifiable patient information).

## Out of Province Health Card Numbers

### Entering Health Card Numbers

Please note the following guidelines for entering health card numbers (HCN) when submitting prescriptions for monitored drugs for patients who do not have a Nova Scotia HCN:

Situation	HCN Prefix	HCN
Patient from another Province	Provincial Prefix	Patient's Provincial HCN
Patient from outside of Canada	"NSG"	0011984275
Office Use Prescriptions	"NSOU"	0011984283

A listing of provincial prefixes can be found in the Program's Online System Guide. The guide is available on our website at [www.nspmp.ca](http://www.nspmp.ca) or by contacting Program staff.