



Nova Scotia Prescription Monitoring
Program
Annual Report 2010/2011

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.

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 2010/11 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 first year of the Board's three year strategic plan:

Area	Year One Outcomes (2010/11)	Status			Comments
		Complete	In Progress	Outstanding	
Reputation /Brand	<ul style="list-style-type: none"> Pilot and refine survey then distribute survey to prescribers and dispensers to determine their perceptions of the Program. 	X			<i>Survey distributed and completed by end of Nov 2010.</i>
	<ul style="list-style-type: none"> Develop a communications plan to address issues identified through the survey. 		X		<i>Communications plan in development based on survey results.</i>
Financial	<ul style="list-style-type: none"> Develop, approve and implement financial policies: <ul style="list-style-type: none"> - Delegation of authority (signing authority). 			X	<i>Board initiative</i>
	<ul style="list-style-type: none"> Consider options for, feasibility of, cost recovery structures. 			X	<i>Board initiative</i>
	<ul style="list-style-type: none"> Develop and approve a policy for funding received from non DHW sources. 			X	<i>No progress made to date. Items remain outstanding.</i>

Area	Year One Outcomes (2010/11)	Status			Comments
		Complete	In Progress	Outstanding	
Financial <i>(continued)</i>	<ul style="list-style-type: none"> Identify sources of funding from foundations, etc. for stakeholder meetings, conferences, workshops, etc. 	X			<i>List of potential funding sources identified for conference/ stakeholder meeting.</i>
Business Process Excellence	<ul style="list-style-type: none"> Review the Program's drug utilization review (DUR) activities and consider options for refining and improving the process. Provide advice to the Minister of Health and Wellness regarding monitoring of benzodiazepines. 		X		<p><i>DUR committee report in development for the Board to review.</i></p> <p><i>Discussion held with potential researchers to develop research ideas.</i></p> <p><i>Meeting to be held with Criminal Intelligence Service Nova Scotia around potential aggregate data review.</i></p> <p><i>Meeting held with Minister of Health and Wellness to discuss potential monitoring of benzodiazepines.</i></p>

Area	Year One Outcomes (2010/11)	Status			Comments
		Complete	In Progress	Outstanding	
Business Process Excellence <i>(continued)</i>	<ul style="list-style-type: none"> Obtain approval from the Department of Health and Wellness for on-going staff to support the Board. 		X		<i>Board Initiative</i>
	<ul style="list-style-type: none"> Investigate options for sharing with groups, such as Addiction Services, access to aggregate level Program data. 		X		<i>Preliminary discussions held with Addictions Services to facilitate aggregate level reporting to DHA's.</i>
Programs and Services	<ul style="list-style-type: none"> Complete investigation of system changes and brief Minister on options. 		X		<i>IT system investigations are continuing. Discussion ongoing on a contractual basis between MBC and DHW.</i>
	<ul style="list-style-type: none"> Prioritize educational topics that are identified by the Board and the Committees. 		X		<i>Progress has been made and will continue as an ongoing strategic initiative.</i>
	<ul style="list-style-type: none"> Establish a research plan, secure funding, and identify research partners. 		X		<i>Research groups have been pursued; however, funding remains outstanding.</i>

Area	Year One Outcomes (2010/11)	Status			Comments
		Complete	In Progress	Outstanding	
Programs and Services <i>(continued)</i>	<ul style="list-style-type: none"> Identify research that the Program will encourage stakeholders and partners to pursue. 		X		<i>Progress made towards identification of research projects based on Program outcomes.</i> <i>Medical Consultant continues to explore PMP data through research projects and development of new potential projects.</i>
Human Resources and Infrastructure	<ul style="list-style-type: none"> Funding approved for plan to address functional gaps that cannot be delivered through the infrastructure provided by the Administrator under the service agreement or by linkages to DEANS. Establish a staff resource for the Board. Refine responsibilities and accountabilities of staff with respect to the Board and the Administrator. 		X X	X	<i>Board initiative</i> <i>Board initiative</i> <i>Board initiative</i>

Area	Year One Outcomes (2010/11)	Status			Comments
		Complete	In Progress	Outstanding	
Stakeholder Relations	<ul style="list-style-type: none"> Develop a plan to establish a framework to facilitate regular communication with key stakeholders through meetings, conferences, workshops, etc. 		X		<i>This will be further developed and refined through the communications plan.</i>

Monitoring & Reporting Activities

Annual Program Activity:

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

Item	2007/08	2008/09	2009/10	2010/11
Prescriptions Processed	521,413	578,325	624,217	709,222
Requests for Patient Profiles	792	943	1161	1643
Requests for Prescriber Profiles	26	23	65	33
Requests – Pharmacy Profiles	-	3	1	3
Referrals – Medical Consultant	26	28	37	35
Referrals – Practice Review Committee	3	8	3	10
Referrals – Licensing Authorities	0	1	2 ¹	14
Multiple Prescriber Notifications	593	676	917	1390
Alert Letters / Drug Utilization Review Inquiries	198	167	147	386
Medical Examiner Requests	1	1	0	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 continued increase in requests for patient profiles. The request for patient profiles for 2010/11 has increased by 41.5% over the 2009/10 time period. The increase in the number of Drug Utilization Review letters and Multiple Prescriber Notifications sent to prescribers is also reflective of the increase in prescriptions processed by the Program and an overall increase in activity.

Referrals to Licensing Authorities have seen a large increase in 2010/11. Contributing to this increase are the changes implemented to the NSPMP's Prescription Process Audit. The revisions were the result of analysis completed on audits conducted on community pharmacies since 2009. The Prescription Process Audit was revised to include more stringent criteria to better facilitate the required outcomes of the NSPMP's Data Integrity Policy. In order to ensure that the data submitted on-line by pharmacies reflects the written information on the original prescription for monitored drugs and adheres to the requirements for submission of claims through the NSPMP on-line system, the NSPMP has referred non-compliant pharmacies to the Nova Scotia College of Pharmacists.

¹ Numbers for 2009/2010 have been revised due to a re-examination of referrals to licensing authorities.

Analysis of Multiple Doctoring Notifications:

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

Multiple Prescriber Involvement	2006	2007	2008	2009	2010
Receiving prescriptions from 1-2 prescribers	94%	94%	93.5%	93.4%	93.1%
Receiving prescriptions from 3-5 prescribers	5809 (5.4%)	6046 (5.8%)	6414 (6.0%)	6622 (6.2%)	7123 (6.4%)
Receiving prescriptions from 6-11 prescribers	394 (0.4%)	388 (0.4%)	425 (0.4%)	476 (0.4%)	495 (0.5%)
Receiving prescriptions from 12+ prescribers	15 (0.01%)	17 (0.02%)	8 (0.01%)	17 (0.02%)	11 (0.01%)

While 93.1% of individuals, on average, receive monitored drugs from only one to two prescribers per year, approximately 7% of individuals have received them from multiple prescribers (between three and twenty).

Many legitimate situations may 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:

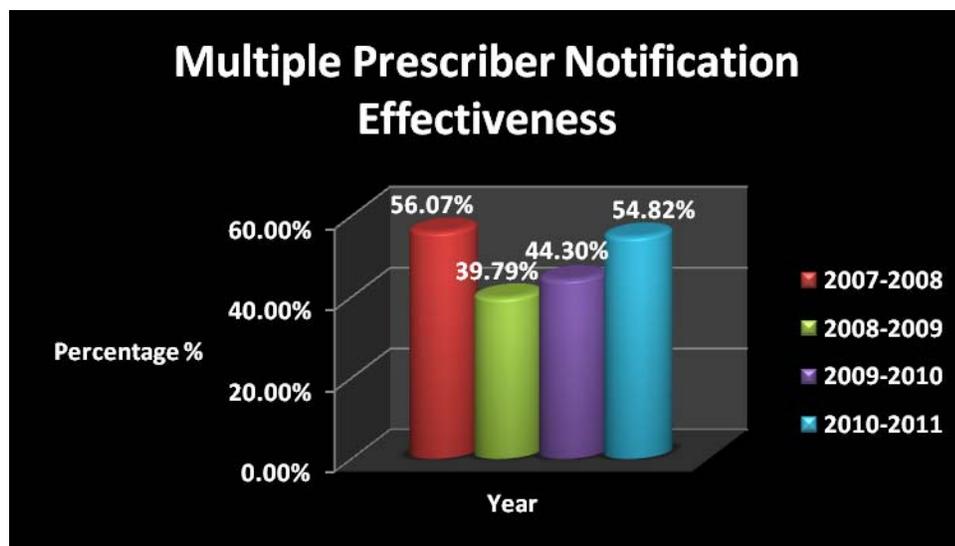
- Individuals without a general practitioner, who seek treatment through emergency rooms to obtain required pain medication.
- Individuals with acute conditions that require numerous investigations and treatments to determine an appropriate diagnosis and treatment plan.
- Individuals who are treated 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 individual. These letters indicate which drugs were prescribed, by whom, where the prescription was filled and on what date. This encourages prescribers to work with each other and with these individuals 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 2010/11 period, there was a **54.82%** decrease in the number of prescribers involved with these individuals in the three-month period following notification. Note: In completing this analysis, individuals 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 individuals before and after a multiple prescriber notification was issued by the NSPMP.



Data Reporting & Releases 2010/11:

During the 2010/11 period, the NSPMP 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
College of Pharmacy Dalhousie University – Drug Policy Residency Program	Aggregate meperidine data & aggregate opioid data
Cape Breton Partnership on Prescription Drug Abuse	District Health Authority (DHA) 8 – Drug utilization review of hydromorphone, methylphenidate, and oxycodone
Addiction Services Cape Breton Health Authority	Aggregate methadone data
Non Insured Health Benefits	Aggregate data on opioid claims & methadone utilization
Nova Scotia Department of Health and Wellness	Aggregate methylphenidate data
Dalhousie University Continuing Medical Education	Aggregate Butrans® Utilization and Prescribing data
Researcher (Dalhousie Faculty of Medicine)	Opioid utilization data in Nova Scotia
Prescriber	Prescriber report
Workers Compensation Board of Nova Scotia	Aggregate provincial opioid utilization data
Criminal Intelligence Service Nova Scotia	Aggregate opioid utilization data
Media Request, Kings College Journalism Student	Methylphenidate usage
Media Request, CBC	Dilaudid® versus hydromorphone utilization data
Chronicle Herald – Cape Breton Bureau	Response to drug charges in Cape Breton
CBC Information Morning	General Program information

Several of these groups had multiple data requests. There was a total of 23 data requests processed during 2010/11 for external groups. This represents an increase of 109% over data requests processed by the NSPMP during 2009/10.

Community Involvement

Throughout 2010/11, 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 the major initiatives in which NSPMP staff members are involved:

Atlantic Pain Conference Symposium:

The Manager of the NSPMP along with Dr. Peter MacDougall, the Program's Medical Consultant, and Kentville Police Chief Mark Mander, presented on the topic of *Managing Opioid Prescribing: From the Pad to the Street*. The presentation provided an overview of prescribing opioids, utilizing the NSPMP and issues and concerns from a law enforcement perspective.

Dalhousie College of Pharmacy:

The Manager of the NSPMP 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 participated in the development and delivery of 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 were presented in Halifax, Dartmouth, Bridgewater, Liverpool and Middleton with the objective of improving collaboration and communications between physicians and pharmacists in the understanding of drug diversion. Sessions are planned for 2011/12 in Amherst, Kentville, New Glasgow, Sydney and Truro.

Drug Evaluation Alliance of Nova Scotia (DEANS):

The Manager of the NSPMP has joined the DEANS Management Committee to ensure that a close relationship is forged and maintained between these two important groups.

Health Directors of the Confederation of Mainland Mi'kmaq (CMM):

The Manager of the NSPMP and the Medical Consultant presented to the Health Directors of the Confederation of Mainland Mi'kmaq. This tribal council represents the communities of Annapolis Valley, Bear River, Glooscap, Millbrook, Paq'nkek and Pictou Landing. We provided an overview of the Program's services and also presented on the issues related to providing appropriate pain management from a prescriber's perspective.

Law Enforcement Agencies throughout the Province:

The NSPMP has presented to various law enforcement agencies across the Province of Nova Scotia. These presentations have included law enforcement agencies in Sydney, Waycobah, Wagmatcook, Kentville, and two presentations to Halifax Regional Municipality officers. These sessions have been very informative, providing law enforcement with information about the Program's services and initiatives to address the appropriate use and potential diversion and/or misuse or monitored drugs. As part of the sessions, the NSPMP's Medical Consultant presented on the issues and challenges which prescribers face on a daily basis around appropriate pain management. This has helped law enforcement to gain a better understanding of each group's challenges around monitored drugs. The sessions have also provided an

excellent opportunity to exchange information relevant to issues which law enforcement encounters, around prescription drug diversion.

Presentation to Directors of Addiction Services:

The NSPMP's Manager and the Program's Medical Consultant presented to the District Health Authorities' Addiction Services Directors about the services of the Program, some of the challenges which prescribers encounter when managing pain and some of the Program's aggregate data. The NSPMP has also been working with the Directors to define aggregate data reporting which can assist the Directors to view potential trends and utilization across the province.

Nova Scotia Chronic Pain Care Collaborative Network Conference (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 specialists who can provide valuable knowledge in opioid management.

The NSCPCCN continues to implement networks in various communities throughout the province. The NSPMP presented to physicians in Amherst and Sydney to educate them on the services and the value of the NSPMP. The Program was also asked to present at the NSCPCCN Annual Conference held in Halifax in March 2011.

Valley Pain Day:

This event is held on an annual basis and is presented by Chronic Pain Services, Hants Community Hospital and Dalhousie University. The Manager of the NSPMP, along with the Dr. Peter MacDougall and Dr. John Fraser, presented on the topic of "Opioids in CNCP: How to Avoid Trouble."

Research

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 highlights of recent research projects.

Meperidine Research:

A group led by Dr. Judith Fisher, Post Doctoral Fellow, Drug Use Management and Policy Research, Dalhousie University, undertook a study to evaluate the impact of an intervention initiated by the NSPMP in March/April 2007 to reduce meperidine use in Nova Scotia. Monthly totals for the number of patients who filled a prescription for meperidine tablets, the number of prescriptions filled and the number of tablets dispensed from July 1, 2005 to December 31, 2009 were obtained from the NSPMP database and analyzed using interrupted time-series statistical methodology.

An overall downward trend was observed for all outcome measures. The time-series analyses also demonstrated that the intervention was associated with a statistically significant reduction in meperidine use, after adjusting for the overall trend. The monthly number of patients decreased by 12% the number of prescriptions by 10%, and the number of tablets by 13.5%.

Dr. Fisher received post-doctoral funding through the Network for End of Life Studies Interdisciplinary Capacity Enhancement, funded by Canadian Institutes for Health Research (CIHR) through a strategic initiative grant (#HOA-80067), 2006-2011, and additional funding through the Drug Use Management and Policy Residency, a summer studentship, funded by the Canadian Health Services Research Foundation (CHSRF), Canadian Institutes of Health Research (CIHR) and the Nova Scotia Health Research Foundation (NSHRF). Dr. Ingrid Sketris was the Faculty Advisor for this project. Dr. Sketris holds a CHSRF and CIHR Chair in Health Services Research, co-sponsored by NSHRF. Additional funding for this project was received from the Drug Evaluation Alliance of Nova Scotia (DEANS), Nova Scotia Department of Health and Wellness.

An Examination of Trends in Acetaminophen/Opioid Prescriptions:

During the summer of 2010, Roderick Clark worked with the Prescription Monitoring Program as a resident with the Drug Use Management and Policy Research Residency program, funded by Dalhousie University, to examine trends in acetaminophen/opioid prescription use in Nova Scotia. The Residency program is supported by the CHSRF, CIHR and the NSHRF. Roderick worked under the supervision of faculty advisors Drs. Grace Johnston and Judith Fisher, and preceptor Denise Pellerin.

Acetaminophen/opioid combination drugs are among the most commonly prescribed analgesics in Canada. However, acetaminophen use is associated with chronic hepatotoxicity at doses above the Health Canada recommended daily limit (4.0 grams per day). During 2009-2010, approximately 59,000 individuals in Nova Scotia filled prescriptions for acetaminophen/opioid combination tablets. Approximately six percent of these individuals filled prescriptions that exceeded this recommended daily dose. Further research is warranted to explore patterns of use in populations at greatest risk, the reasons for use above the recommended dose and the impact on patient outcomes.

Program Financial Report

Cost Area	Projected 2010/11 (\$)	Revised Projections 2010/11 ¹	Actual 2010/11 (\$)	Variance (\$)
Fixed ²	287,676	289,980	289,980.84	(0.84)
Variable ³	512,473	529,639	539,008.72	(9,369.72)
Flow Through (line charges) ⁴	69,300	70,901	69,997.08	903.92
Flow Through (Board/Committee Expenses) ⁵	10,500	10,500	7,011.85	3,488.15
Total	879,949	901,020	905,998.49	(4,978.49)

¹ Revised projections for 2010/11 have been provided due to higher variable fees (increased claims volumes) and line charges than originally projected in the last business plan. Also the projected Economic Price Adjustment (EPA) for 2010/11 was estimated to be 2% and the actual EPA for 2010/11 is 2.8% due to adjustments made by Statistics Canada.

² Fixed costs include the cost of salaries for Program management, analytical resources, and the Medical Consultant.

³ For 2010/11, variable costs were calculated at \$0.760 per prescription processed. The variable costs indicated above are calculated based on actual levels of net claims processed multiplied by the variable rate (adjusted by the projected EPA). 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.

⁴ Flow Through Line Charges represent line charges levied by claims carriers to transmit claims.

⁵ Flow Through Charges represent billing items that are charged directly to the Department of Health and Wellness on behalf of the Board on an “incurred basis” – all expenses related to Board and Committee meetings.