



Nova Scotia Prescription Monitoring  
Program  
Annual Report 2012/2013

**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. 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 to the Program. By the end of 2007, all community pharmacies were submitting this information via the on-line system.

The NSPMP has continued to see growth in prescription volume, stakeholder usage/communication and media coverage related to increased public attention regarding prescription drug abuse and diversion. In April 2012, the NSPMP launched 24 hour e-Access for prescribers and dispensers of monitored drugs in response to stakeholder requirements for access to patient information during off-peak hours. Communication regarding law enforcement 'Notification of Charges', based on charges related to the misuse and diversion of monitored drugs, is now provided to relevant prescribers and pharmacists. In addition, the Office of the Auditor General of Nova Scotia completed an audit of NSPMP operations in May 2012 and the Program is actively completing recommended actions outlined in the Auditor General's report.

This document provides an overview of the activities that have occurred during the 2012/13 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 (2012/13)	Status			Comments
		Complete	In Progress	Outstanding	
Reputation/ Brand	<ul style="list-style-type: none"> <li>Re-survey prescribers and dispensers to determine their perceptions of the Program.</li> </ul>			X	On hold as requested by Board due to Program staff workload with the DIS project and the AG Action Plan / Recommendations. Stakeholder survey has been added to the 2013/14 Business Plan.
	<ul style="list-style-type: none"> <li>Consider options for communicating the value of the Program to the public</li> </ul>		X		Completion of communications plan moved to 2013/14 Business Plan including revisions to prioritize target audiences and key messages. Program is continuing to liaise with stakeholder groups on a regular basis.
Financial	<ul style="list-style-type: none"> <li>Board to begin developing a plan for the budgeting process when the current Medavie contract expires in 2015.</li> </ul>	X			Administrator contract extended to 2017. Board has updated role related to financial management within the 2013-16 Strategic Plan

Area	Year Three Outcomes (2012/13)	Status			Comments
		Complete	In Progress	Outstanding	
<b>Business Process Excellence</b>	<ul style="list-style-type: none"> <li>Board to revisit Program governance in conjunction with the plan for a new administrative service contract.</li> </ul>	X			<p>Administrator contract extended to 2017.</p> <p>Board continues to review Program Policy and Procedures on a regular basis and is also playing an active role in monitoring progress against the recommendations provided by the Office of the Auditor General</p>
<b>Programs and Services</b>	<ul style="list-style-type: none"> <li>Investigate options for the Program to actively promote its own education and research agendas.</li> </ul>	X			<p>Presentations to various stakeholder groups continue to take place on a regular basis, as well as participation in local, provincial and National working groups.</p> <p>The Program continues to be supportive of external research/data requests</p>
<b>Human Resources and Infrastructure</b>	<ul style="list-style-type: none"> <li>Board to begin developing a plan for the division of functions between staff and Administrator when the current Medavie contract expires in 2015.</li> </ul>	X			<p>Administrator contract, including human resources and infrastructure funding, extended to 2017. On an ongoing basis the Board will consider industry best</p>

Area	Year Three Outcomes (2012/13)	Status			Comments
		Complete	In Progress	Outstanding	
					practices and resources potentially required to support the operation of the Program.
<b>Stakeholder Relations</b>	<ul style="list-style-type: none"> <li>Survey key stakeholders to determine their perceptions of the Program.</li> </ul>			<b>X</b>	Stakeholder survey has been added to the 2013/14 Business Plan.

### Comments on the Status of the Year Three Outcomes

The Program has made significant progress on many of its strategic initiatives. The Board has also completed the development of the 2013-2016 Strategic Plan to guide the Program's operation going forward.

The preparation for the implementation of a Provincial Drug Information System, the support and response to the Office of the Auditor General's Report and the launch of e-Access for prescribers and pharmacists represent three important initiatives that were significant focus areas in 2012/13. These areas were not originally considered within the original development of the Annual Plan. Additional details regarding these initiatives are provided on page 15 of this report.

## Monitoring & Reporting Activities

### Annual Program Activity:

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

Item	2009/10	2010/11	2011/12	2012/13
Prescriptions Processed	624,217	709,222	747,227	782,865
Requests for Patient Profiles – Internally Generated	1161	1643	2134	783
Requests for Patient Profiles – eAccess Generated				4493
Requests for Prescriber Profiles	65	33	44	39
Requests – Pharmacy Profiles	1	3	9	1
Referrals – Medical Consultant	37	35	62	97
Referrals – Practice Review Committee	3	10	16	7
Referrals – Licensing Authorities	2	14	19	11
Multiple Prescriber Notifications	917	1390	1341	1367
Drug Utilization Review Inquiries	147	386	369	486
Referrals to Law Enforcement	1	1	4	2
Request for Patient Profiles by Law Enforcement	32	113	167	233
Notification of Charges			53	71

**Note:** During production of this report an error was noted in the 2011/12 Annual Report of Referrals to Licensing Authority. The number of referrals has been corrected from 27 to 19.

A review of program activity indicates that the prescribing of monitored drugs continues to increase, and the overall usage of the Program by prescribers, pharmacists, and other groups is increasing. A key indicator is the continued increase in patient profiles accessed.

On April 1, 2012, NSPMP launched e-Access, which provides direct access to real-time patient profiles for prescribers and pharmacists. This has resulted in a decrease in the number of requests for profiles to be generated internally, but an overall increase in profiles being generated of 147 per cent.

In 2011/12, an increase in the number of Licensing Authority referrals was noted primarily due to an adjustment in the criteria used to evaluate pharmacy data entry through NSPMP's Prescription Process Audit. Overall, the number of referrals to Licensing Authorities has remained relatively consistent.

Requests for patient profiles by law enforcement are an area which has seen growth over the past several years. Under the *Prescription Monitoring Act*, the Program can release patient profile information to law enforcement if a request from law enforcement is received in writing and the request is deemed reasonable to achieve the objects of the Program.

The service of providing Notification of Charges to prescribers and pharmacists was initiated in April 2011. The NSPMP provides information to prescribers and pharmacists about their patients when charges have been laid related to a monitored drug. Only charges pertaining to drugs which are monitored by the NSPMP are communicated. The purpose of this notification is to keep prescribers and pharmacists informed, because the NSPMP cannot dictate professional practice. As the Program continues to increase its contact with law enforcement the number of notifications being distributed is increasing.

**Analysis of Multiple Doctoring Notifications:**

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

Multiple Prescriber Involvement	2009	2010	2011	2012
Receiving prescriptions from 1-2 prescribers	93.4%	93.1%	92.9%	92.8%
Receiving prescriptions from 3-5 prescribers	6622 (6.2%)	7123 (6.4%)	7381 (6.6%)	7493 (6.7%)
Receiving prescriptions from 6-11 prescribers	476 (0.4%)	495 (0.5%)	495 (0.4%)	515 (0.5%)
Receiving prescriptions from 12+ prescribers	17 (0.02%)	11 (0.01%)	18 (0.02%)	23 (0.02%)

While approximately 93% of individuals, on average, receive monitored drugs from only one to two prescribers per year, approximately 7% of individuals receive 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:

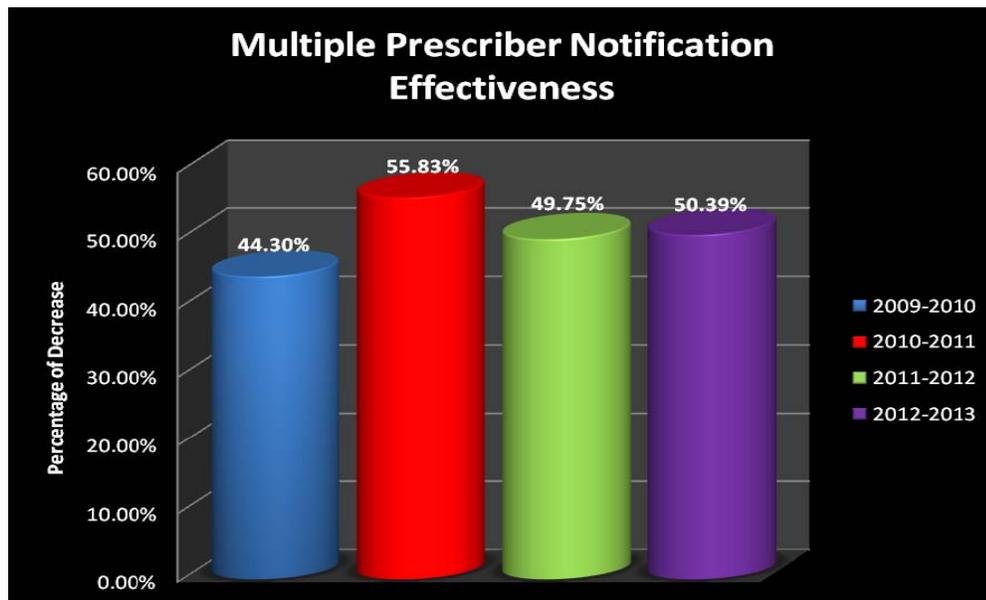
- Individuals without a general practitioner, who seek treatment through emergency departments or clinics to obtain required pain medication.
- Individuals with acute conditions that require numerous investigations and treatments to determine an appropriate diagnosis and treatment plan.
- Individuals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

- Individuals who are treated in a teaching facility and see numerous interns and residents.

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 effectiveness of the multiple doctoring notifications is analyzed. To complete this analysis, a sample of cases in which a notification was sent out is 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 2012/13 period, there was a **50.39%** 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.



**Note:** During production of this report, a review of 2009-2012 data was also completed. This resulted in an adjustment to the effectiveness rates in 2010-11 (+1.01%) and 2011-12 (minus 5.5%)

**Data Reporting & Releases:**

During the 2012/13 period, the NSPMP worked with several organizations in response to information requests, to extract the appropriate data and provide information reports in a timely fashion. These included the following:

<b>Requested By</b>	<b>Information Requests</b>
Nova Scotia Department of Health and Wellness	Aggregate data, obtained from the Program's Notification of Charges Related to a Monitored Drug initiative, pertaining to the type of drug offense & drug(s) involved.
College of Physicians and Surgeons of Nova Scotia	Summary of Suboxone® prescribers
Nova Scotia College of Pharmacists	5 requests for data pertaining to oxycodone and acetaminophen utilization.
Pictou Landing First Nations	Aggregate data, pertaining to oral opioid utilization in residents, aged 15 years and over, in Pictou County versus Nova Scotia. Data further separated by gender.
Addiction Services of Nova Scotia	Number of patients enrolled in the Program's weekly methadone monitoring and the number of prescribers that prescribe Suboxone®.
CBC	Aggregate data pertaining to Fentanyl® utilization in Nova Scotia for 2010, 2011 & 2012.
Global	OxyContin®, OxyNEO®, Hydromorph Contin® and Fentanyl® prescriptions filled in Nova Scotia over the past three years, by month.

**Media Inquiries:**

Media requests received by the NSPMP have increased in recent years to an average of over 10 per year. This increase is attributed to the increasing awareness of prescription drug abuse issues within the province, the Office of the Auditor General's review of the Program and the increased action being taken to combat misuse and diversion of monitored drugs on a local, provincial and National level.

Requested By	Information Requests
CBC	Information pertaining to the implementation date and cost of eAccess. News article was specific to the recommendations by the Prescription and Drug Overdoses in Nova Scotia Working Group.
The Chronicle Herald	Request for commentary about the Auditor General Report.
CBC Information Morning	Request for commentary about the Auditor General Report.
W5	News story pertaining to prescription opioid use in Nova Scotia communities.
W5	Interview to provide background information about the operation of the Program.
W5	Request for clarification of information contained in the Auditor General report.
Online Magazine Open File	Background information about the operation of the Program.
CTV	Request for comment about a NS resident unable to obtain prescriptions for monitored drugs. Request referred to the College of Physicians and Surgeons of Nova Scotia.
W5	Follow up request for information specific to the Program's Multiple Prescriber Notifications and Drug Utilization Review Interventions.
Editorial Board – Various Valley Newspapers	Information offered about the operation of the Program.
CBC	Request for information and commentary pertaining to Fentanyl® utilization in Nova Scotia.

## Community Involvement & Education

Throughout 2012/13, members of the NSPMP Team have continued to remain involved with a number of external activities and stakeholders. In addition to providing educational seminars and presentations to interested groups, the following is a summary of community, provincial and National initiatives in which NSPMP staff members are involved:

### **Annapolis Valley Health (AVH) District Opiate Issues Council:**

This committee was developed as a result of the Opiate Issues Think Tank held in the Annapolis Valley in June 2011. The purpose of this committee is to facilitate public participation and carry out planning, and effective implementation of plans, across many services and organizations with issues relating to opiate use and misuse. A minimum of 4 meetings are held annually and membership includes a wide range of stakeholders including AVH Mental Health and Addictions Services, Nova Scotia Department of Health and Wellness, Department of Community Services, Department of Justice, the Royal Canadian Mounted Police (RCMP), Kentville and Annapolis Town Police, Corrections Canada, Annapolis Valley Community pharmacist and physicians, Annapolis Valley Regional School Board and the NSPMP.

### **Drug Evaluation Alliance of Nova Scotia (DEANS):**

The Manager of the NSPMP is a member of the DEANS Management Committee to ensure that a close relationship is forged and maintained with this group of experts.

<http://www.gov.ns.ca/health/Pharmacare/committees/deans.asp>

### **Law Enforcement Agencies throughout the Province:**

The NSPMP has continued to work with and present to various law enforcement agencies across the Province of Nova Scotia. Presentations provide law enforcement with information about the Program's services and efforts to promote the appropriate use of monitored drugs and limit potential diversion and/or misuse of monitored drugs. In addition, meetings and sessions provide an opportunity to promote the availability of NSPMP services to law enforcement and encourage continued submission of notifications of charges.

In 2012, presentations were held in Yarmouth (12 attendees) and with the National Port Enforcement Teams (NPETs) enforcement staff (10 attendees).

### **Provincial Opiate Dependency Working Group:**

The Manager of the NSPMP serves as a member of this provincial working group. The purpose of this group is to collaborate to promote and improve access to quality opiate treatment through coordinated, integrated, evidence-informed continuum of service and supports for opiate dependent individuals. The membership of this working group includes a variety of key stakeholders from across the province.

### **Prescription and Drug Overdoses in Nova Scotia Working Group:**

This Working Group was organized to provide advice on how to facilitate more timely interventions and respond more effectively to the negative impacts of prescription drug abuse, including overdoses and death. Representation on this working group included three government departments plus other key professionals. The Working Group met on four occasions to discuss community and professional concerns about the number of prescription drug related deaths and the lack of availability and

accessibility of services and supports to treat individuals and their families with prescription drug-related problems. Recommendations were released in June 2011 and four key areas for action: (1) surveillance, (2) preventing diversion and encouraging safe disposal, (3) information sharing, and (4) education and treatment. The NSPMP remains a member of this Working Group.

<http://www.gov.ns.ca/DHW/Working-Group-Recommendations-Prescription-Drug-Overdoses.pdf>

#### **Canadian Community Epidemiology Network on Drug Use (CCENDU)**

The NSPMP Manager attended a CCENDU session in Halifax. CCENDU is a monitoring and surveillance project that fosters and promotes networking among agencies that have common interests in local, National, and international drug trends and patterns.

<http://www.ccsa.ca/Eng/Priorities/Research/CCENDU/pages/2010-report-summaries.aspx>

#### **85<sup>th</sup> Annual Dalhousie Refresher Course:**

The Manager of the NSPMP presented as part of a session that also included presentations by Dr. Gus Grant, Dr. John Fraser, Dr. Peter MacDougall and Dr. Mary Lynch, as well as a panel discussion. Approximately 100 people attended the presentation and the topics included:

Issues in Pain Management

*Dr. Mary E. Lynch*

Appropriate Prescribing of Controlled Substances and the 2010 Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain

*Dr. Peter C. MacDougall*

New CPSNS Guidelines for Methadone Maintenance Treatment for Addiction

*Dr. John Fraser*

What You Need to Know About the Nova Scotia Prescription Monitoring Program

*Mr. Kevin Lynch*

The College of Physicians and Surgeons of Nova Scotia: Disciplinary Approach to Issues Regarding Opioid Drugs

*Dr. Gus Grant*

#### **Drug Diversion Continuing Medical Education (CME) and Continuing Pharmacy Education (CPE) Program:**

The Manager of the NSPMP participated in the delivery of the Dalhousie Continuing Medical Education and Continuing Pharmacy Education for the educational session titled, *Drug Diversion: An Inter-Professional Approach*. The final session in this series was held in January 2013 in Sydney with approximately 25 attendees.

### **Unama'ki Prescription Drug Abuse Gathering**

The NSPMP Manager presented an overview of the NSPMP to representatives from five First Nations communities in Cape Breton. These communities are working together to address issues related to prescription drug abuse. The Manager also participated throughout the day in discussions regarding the next steps for the communities in their collaborative work. Approximately 100 people attended this session.

### **General Program Overview Presentations (approx. attendance):**

Canadian Pain Symposium (90)	Probus Club of Halifax (85)
Dalhousie College of Pharmacy (50)	Post-Graduate Medical Students (100)
Truro Pain Day (44)	Plastic Surgery Staff and Residents (15)
Pictou County Substance Abuse Symposium (45)	

### **National Strategy on Prescription Drug Misuse:**

The Canadian Centre on Substance Abuse (CCSA), in partnership with the Coalition on Prescription Drug Misuse (Alberta) and the Nova Scotia Department of Health and Wellness, has led the development of *First Do No Harm: Responding to Canada's Prescription Drug Crisis*.

The Manager of NSPMP participated in the development of this strategy as the Co-Chair of the Monitoring and Surveillance Working Group.

Recommendations were developed around five streams of action: Prevention, Education, Treatment, Monitoring and Surveillance, and Enforcement. In addition to the five streams, three other areas cut across all streams and are important to the strategy: legislation and regulations, research, and evaluation and performance measurement. The strategy demonstrates the linkages among the recommendations and across sectors. The development of a comprehensive and coordinated National strategy represents an important step in the process of reducing harms associated with the misuse and abuse of monitored drugs.

Complete information regarding the strategy is available at <http://www.ccsa.ca>

### **Education/Discussion Session: Methadone Maintenance Prescribers**

The NSPMP Manager attended and participated in this session. The key objectives of the session included:

- Increase knowledge and understanding of the new Methadone Maintenance Treatment Handbook. Identification of gaps in prescribers' ability to meet the guidelines and address barriers to implementation
- Provide a networking opportunity for prescribers to get to know one another and discuss better coordination of patients as they move within the province
- Explore the establishment of a community of practice to provide mentoring and support for physicians and other healthcare professionals who work in this field
- Strengthen partnerships between individual prescribers and existing clinics/programs
- Discuss long term provincial goals for opioid replacement therapy services in the province

## Projects & Initiatives

### **e-Access**

After 12 months of e-Access availability, the Program has 460 registered users of the system. General feedback that has been received from users has been very positive in terms of the system's valuable information, convenience and ease of use. The Program anticipates continued growth in registered users in 2013/14 and will continue to gather feedback regarding the web application's functionality and possible enhancements to the service.

### **Provincial Drug Information System**

The Province's transition to a Drug Information System (DIS) will result in system changes which will be necessary for the NSPMP to implement in order to receive prescription data from the DIS and maintain its system's functionality. Through 2012/13 the Program has worked in preparation for the transition that is planned for implementation during July, 2013 when the first community pharmacy will move to the DIS. The complete transition to the DIS is expected to be completed by the end of 2014. The change in the process for NSPMP to receive data, from the DIS versus directly from the pharmacy, will not impact service levels of the Program.

### **Office of the Auditor General Recommendations:**

In May 2012, the Office of the Auditor General completed an operational review of the NSPMP. The review concluded with seventeen recommendations. The NSPMP Board accepted each recommendation and identified a timeline in which the Program would complete the recommended operational adjustments. As of March 31, 2013, recommendations due for completion had been completed and progress had been made regarding recommendations due for completion by the end of 2013.

The Office of the Auditor General's Final Report and Recommendations can be found at <http://www.oag-ns.ca/May2012/ch5.pdf>.

## Program Financial Summary

The NSPMP has completed the 2012/13 fiscal under cost projections as demonstrated within the table below.

<b>NSPMP Cost Area</b>	<b>Projections 2012/13</b>	<b>Actual 2012/13 (\$)</b>	<b>Variance (\$)</b>
Fixed Fees	642,187	642,187	0
Variable Fees	177,944	176,013	(1,931)
Flow Through (line charges)	72,165	73,456	1,291
Flow Through (Board/Committee Expenses)	13,455	11,659	(1,796)
<b>Total</b>	<b>905,751</b>	<b>903,315</b>	<b>(2,436)</b>