



Nova Scotia Prescription
Monitoring Program
Business Plan 2014/15

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Prescription Monitoring Program
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History and Background

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 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.

The NSPMP continues to see growth in prescription volume and stakeholder usage/communication. In April 2012, the NSPMP launched 24 hour e-Access for prescribers and dispensers of monitored drugs in response to their 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 dispensers. In addition, the Office of the Auditor General of Nova Scotia completed an audit of NSPMP operations in May 2012.

In 2007 the Prescription Monitoring Board created statements describing its Mission, Values and Vision related to the Program's function, which were to be achieved by 2017 (Vision 2017). As part of the Board's Strategic Plan review in November 2012, the Mission, Value and Vision statements were reviewed and revised as necessary to ensure concordance between its guiding statements and the current operational elements of the program.

Key considerations in forming the 2014/15 NSPMP Business Plan include remaining operational adjustments in accordance with the 2012 Office of the Auditor General's report (i.e. the Drug Utilization Review process/system redesign), the continued integration of data management processes with the Nova Scotia Drug Information System and continued implementation of a stakeholder communications plan.

Introduction

The development, approval, implementation and ongoing evaluation of an annual business plan are essential for the continued growth and success of the NSPMP. The Business Plan identifies the Prescription Monitoring Board's current and planned strategic business objectives in support of its mandate. The Business Plan is developed in collaboration with the Nova Scotia Department of Health and Wellness and the Administrator. The Business Plan draws from various documents and is intended to:

1. Track the progress of ongoing operational/strategic initiatives;
2. Document strategic initiatives planned for the upcoming year;
3. Provide the Program cost projections, based on estimates of operational costs; and
4. Provide estimated costs associated with strategic initiatives which require funding.

Within the Business Plan document, the previous year's outcomes will be reviewed, as well as the planned objectives for the upcoming fiscal period. The final sections of the Business Plan will provide information on the financial structure and cost projections associated with operational costs and costs associated with strategic initiatives.

Business Planning

First Year of Strategic Planning Cycle (2013/2016)

Year to Date Outcomes (2013/14)

The following table documents the status of the operational and strategic outcomes established for the first year of the NSPMP Strategic Plan. The strategic planning cycle runs from April 2013 to March 2016 therefore the status reflected below represents year-to-date accomplishments:

Area	Year One Outcomes (2013/14)	Status			Comments
		Complete	In Progress	Outstanding	
Reputation/ Brand	<ul style="list-style-type: none"> Revise current plan to prioritize target audiences, key messages and consider any additional resources for implementation (i.e. external support). 	X			Communications plan approved by the Board and DHW December 2013.
	<ul style="list-style-type: none"> Consider external survey providers to support efficient administration and assessment of results. 	X			External survey provider selected and survey complete December 2013
	<ul style="list-style-type: none"> Assess results of survey and determine next steps based on results. 		X		Results to be reviewed by the Board in January 2014
Financial	Board to monitor best practice approaches and issues raised through their associations and bring forward to the board for discussion.		X		Board provided and continues to provide input into areas impacted by access to resources (i.e. Communications Plan and DUR redesign)

Area	Year One Outcomes (2013/14)	Status			Comments
		Complete	In Progress	Outstanding	
Business Process Excellence	<ul style="list-style-type: none"> Implement programming adjustments based on approved Auditor General's Audit response. 		X		All OAG recommendations with a completion date of December 31, 2013 are complete and a report has been submitted to DHW.
	<ul style="list-style-type: none"> Working group to complete the review process of the Drug Utilization Review and Multiple Prescriber processes and provide recommendations for implementation 	X			Working group has completed recommendations and system change requirements are being evaluated.
	<ul style="list-style-type: none"> First pharmacy to launch the DIS projected for July 2013. 	X			Claims from the first DIS pharmacy were successfully received in November 2013.
	<ul style="list-style-type: none"> Review of process/policies related to the launch of the DIS to be completed by June 2013. 	X			Process and policy reviews completed June 2013.
Programs and Services	<ul style="list-style-type: none"> Implement programming adjustments based on approved Auditor General's Audit response. 	X			All OAG recommendations and associated adjustments with a completion date of December 31, 2013 are complete and a report has been submitted to DHW.

Area	Year One Outcomes (2013/14)	Status			Comments
		Complete	In Progress	Outstanding	
	<ul style="list-style-type: none"> Assess potential for independent accreditation or inclusion of NSPMP content in existing accredited programming. Review current requests for data to determine any trends to address Program staff will continue to support data requests and research enquiries. 		X		Content/input provided into Nurse Practitioner prescribing guidelines. Funding for PMP presentation accreditation approved December 2013.
				X	PMP continues to support data requests and research inquiries as received.
Human Resources and Infra-structure	<ul style="list-style-type: none"> Board to monitor best practice approaches and issues raised through their associations and bring forward to the Board for discussion. 		X		Board provided and continues to provide input into areas impacted by access to resources (i.e. Communications Plan and DUR redesign)
Stakeholder Relations	<ul style="list-style-type: none"> Complete Communications Plan with consideration of key stakeholder groups 	X			Communications plan approved by the Board and DHW November 2013.

Area	Year One Outcomes (2013/14)	Status			Comments
		Complete	In Progress	Outstanding	
	<ul style="list-style-type: none"> Review Canadian Centre on Substance Abuse recommendations for potential opportunities for participation 	X			Manager of PMP participating as a member of the National Strategy Monitoring and Surveillance Implementation Team

Comments on the Year-to-Date Status of the Year One Outcomes

The Program has made significant progress on many of the Business Plan's activities and initiatives to date. The acceptance of prescriptions from the first Drug Information System pharmacy has been completed. The majority of remaining pharmacies are projected for completion in 2014. A significant focus continues to be the redesign of the Program's Drug Utilization Review system and associated processes. Recommendations have been completed and an assessment of system change requirements is underway.

The Program continues to see growth in registration for eAccess. Increased communication to pharmacists and physicians has contributed to positive results. As of January 2014 the Program surpassed 700 registered professionals for the service.

Second Year of the Strategic Planning Cycle (2013/2016)

Year 2 Planned Outcomes (2014/15)

The following table documents planned outcomes for the operational and strategic initiatives established for the second year of the strategic planning cycle. The identified activities and initiatives needed to achieve these outcomes are also noted.

Area	Year One Outcomes (2014/15)	Activities/Initiatives
Reputation/Brand	<ul style="list-style-type: none"> • Complete implementation of the Communications plan approved until March 31, 2015 • Complete 2014 annual stakeholder survey and provide results to the Board. 	<ul style="list-style-type: none"> • Implement Communications plan activities. • Consider results from 2013 Stakeholder to support any plan adjustments and/or enhancements. • Assess results of survey and determine next steps based on results.
Financial	<ul style="list-style-type: none"> • On an ongoing basis, the Board will provide input regarding current program resources and make recommendations regarding any potential adjustments 	<ul style="list-style-type: none"> • Board to monitor best practice approaches and issues raised through their associations and bring forward to the Board for discussion.

Area	Year One Outcomes (2014/15)	Activities/Initiatives
<p>Business Process Excellence</p>	<ul style="list-style-type: none"> • Complete Auditor General's Recommendations with 2014 completion dates. • Complete implementation of Board and DHW approved recommendations for system and process changes related to the Drug Utilization Review (DUR) and Multiple Prescriber Report (MPR). • Implement/manage changes related to data/program integration with the NS Drug Information System (DIS). 	<ul style="list-style-type: none"> • Implement programming adjustments based on approved Auditor General's Audit responses. • Implementation projected for completion by December 31, 2014 • Majority of pharmacies projected to complete transition to the DIS by December 31, 2014.
<p>Programs and Services</p>	<ul style="list-style-type: none"> • Complete Auditor General's Recommendations with 2014 completion date. • Complete an assessment of any potential programming changes related to the completion of the DIS implementation (i.e. Rx Pad discontinuation) • Advocate and facilitate support for education and research that meet the objects of the Program and/or measure its effectiveness. 	<ul style="list-style-type: none"> • Implement programming adjustments based on approved Auditor General's Audit response. • Complete recommendations to the Board by December 31, 2014 • Program staff will continue to support data requests and research enquiries.
<p>Human Resources and Infra-structure</p>	<ul style="list-style-type: none"> • On an ongoing basis, the Board will provide input regarding current program resources and make recommendations regarding any potential adjustments 	<ul style="list-style-type: none"> • Board to monitor best practice approaches and issues raised through their associations and bring forward to the Board for discussion.

Area	Year One Outcomes (2014/15)	Activities/Initiatives
<p>Stakeholder Relations</p>	<ul style="list-style-type: none"> Align Communications Plan with the approach for meetings, conferences & workshop attendance (i.e. key messages, outcomes etc...) Participate in National PMP strategy development and working groups where appropriate 	<ul style="list-style-type: none"> Implement Communications Plan activities Manager of PMP to continue as a member of the National Strategy Monitoring and Surveillance Implementation Team

Program Cost Projections (2013/14 and 2014/15)

The Administrator is funded to operate the NSPMP in accordance with the *Prescription Monitoring Act* and Regulations and based on Schedule D of the Service Agreement between Medavie Inc. and the Nova Scotia Department of Health (2005). A new pricing model was agreed upon and came into effect on December 1, 2011. This new model provides significant cost savings and is more reflective of the current state of the Program. Under the new model, Medavie Inc. bills the cost of administering the NSPMP to the Nova Scotia Department of Health & Wellness under three categories:

Fixed Costs:

Fixed costs for the NSPMP under the new model include the cost of salaries and overhead for all program staff members including Customer Service Representatives, Business Support Analysts, a Communication Liaison Officer and the Manager. The base annual fixed cost in 2012/2013 was \$642,187. This cost increases each year by the CPI (Consumer Price Index) as stipulated in the contract.

Variable Costs:

Under the new costing model the variable cost component consists of a fee per prescription processed by the Program and is only associated with the systems and systems maintenance required. This provides a significantly lower variable fee for the NSPMP and assists in managing costs associated with increasing volumes of prescriptions. The transaction fee per prescription processed increases each year by the CPI. Transaction fees under the Service Agreement are as follows:

2012/13:	\$0.135
2013/14:	\$0.138
2014/15:	\$0.140 (based on a projected 2% CPI over the 2013/14 transaction fee)

As well, the number of prescription pads will continue to be billed as a variable cost with the 2013/14 cost per pad for production and shipping as the follows:

1 pad	- \$8.460
3 pads	- \$4.909
6 pads	- \$4.027
Fee per blank pad produced (shipping extra)	\$3.145

Flow Through Charges:

Flow through charges represent billing items that are charged directly to the Department of Health and Wellness on an 'as incurred' basis. Areas of flow through costs include:

1. Board/Committee Expenses: all expenses related to Board and Committee meetings.
2. Line Charges: charges levied by the claims carriers (such as Emergis) to transmit claims through their lines.
3. Courier charges for the shipping of blank emergency pads.

Operational Costs under the Service Agreement (Comparison of Actual and Projected Costs)

Cost Area	Actual 2012/2013	Projections 2013/14 ¹	Projected 2014/15 ²
Fixed Fees	642,187	654,774	667,870
Variable Fees	176,813	191,013	97,907
Flow Through (line charges)	75,456	75,000	75,000
Flow Through (Board/Committee Expenses)	11,659	12,500	13,180
Total	906,115	933,287	853,957

A reasonable determination of overall program expenses considers the fixed, variable and flow through charges, as well as new costs related to strategic initiatives. The need for funding to support strategic initiatives outside the Agreement is determined on an annual basis in the context of operational savings.

¹ Projections for 2013/2014 are based on the actual results as of November 30, 2013, annualised.

² The projected numbers for 2014/15 are based on an anticipated Consumer Price Index (CPI) of 2% and a cumulative decrease of 9% per month of variable volumes due to the implementation of the Drug Information System (DIS). It does not include any cost associated with the additional effort due to the implementation of DIS.

The province's move towards 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.

The following estimates include operational cost projections and costs related to strategic initiatives that are covered under the contract between Medavie Blue Cross and the Department of Health and Wellness. Although noted below as strategic initiatives, changes required for the DIS Project, to address recommendations of the Office of the Auditor General and activities identified as a part of the NSPMP Communications Plan are managed through the DHW/Administrator change request process.

Estimated Operational Costs 2014/15	
Cost Area	Projected Cost
Fixed Costs	667,870
Variable Costs	97,907
Line Charges (flow through)	75,000
Committee (flow through)	13,180
Total Projected Program Budget:	853,957
Costs Related to Strategic Initiatives	
Initiative	Projected Cost
DIS Project Communications plan. Assessment and completion of changes related to the PMP's Drug Utilization Review	Required system changes are managed through the change request process between the DHW and the Administrator. There are two current change requests: <ol style="list-style-type: none"> 1. DIS Project 2. Communications plan 3. DUR Redesign
Subtotal	---
Total Projected Program Budget:	853,957

Note: Actual costs will fluctuate based on variable cost experience.