



Nova Scotia Prescription Monitoring  
Program  
Annual Report 2013/2014

**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 continues to see growth in prescription volume and stakeholder usage and communication. Key programming developments include the NSPMP launch, in April 2012, of eAccess for prescribers and dispensers of monitored drugs in response to stakeholder requirements for access to patient information during off-peak hours. The Program's work with law enforcement continues to be an important aspect of the PMP's operation including supporting patient profile requests, information sharing and 'Notification of Charges'. In addition, the Office of the Auditor General of Nova Scotia completed an audit of NSPMP operations in May 2012 and the Program has completed the majority of recommended actions outlined in the Auditor General's report.

This document provides an overview of the activities that have occurred during the 2013/14 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 (2013/14)	Status			Comments
		Complete	In Progress	Outstanding	
<b>Reputation/ Brand</b>	<ul style="list-style-type: none"> <li>Revise current plan to prioritize target audiences, key messages and consider any additional resources for implementation (i.e. external support).</li> </ul>	X			Communications plan approved by the Board and DHW December 2013.
	<ul style="list-style-type: none"> <li>Consider external survey providers to support efficient administration and assessment of results.</li> </ul>	X			External survey provider selected and survey complete December 2013
	<ul style="list-style-type: none"> <li>Assess results of survey and determine next steps based on results.</li> </ul>	X			Results reviewed by the Board in January 2014
<b>Financial</b>	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	
<b>Business Process Excellence</b>	<ul style="list-style-type: none"> <li>Implement programming adjustments based on approved Auditor General's Audit response.</li> </ul>	X			All OAG recommendations with a completion date of December 31, 2013 were completed and a report was submitted to DHW.
	<ul style="list-style-type: none"> <li>Working group to complete the review process of the Drug Utilization Review and Multiple Prescriber processes and provide recommendations for implementation</li> </ul>	X			Working group has completed recommendations and system change requirements are being assessed for implementation.
	<ul style="list-style-type: none"> <li>First pharmacy to launch the DIS projected for July 2013.</li> </ul>	X			Claims from the first DIS pharmacy were successfully received in November 2013.
	<ul style="list-style-type: none"> <li>Review of process and policies related to the launch of the DIS to be completed by June 2013.</li> </ul>	X			Process and policy reviews completed June 2013.
<b>Programs and Services</b>	<ul style="list-style-type: none"> <li>Implement programming adjustments based on approved Auditor General's Audit response.</li> </ul>	X			All OAG recommendations and associated adjustments with a completion date of December 31, 2013 were completed and a report was submitted to DHW.

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

Area	Year One Outcomes (2013/14)	Status			Comments
		Complete	In Progress	Outstanding	
	<ul style="list-style-type: none"> <li>Review Canadian Centre on Substance Abuse recommendations for potential opportunities for participation</li> </ul>	X			Manager of PMP participating as a member of the National Strategy Monitoring and Surveillance Implementation Team. Manager and Medical Consultant are participants in a research project focused on the evaluation of PMP's funded by CIHR.

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

The Program has successfully completed all year one strategic outcomes. Of particular note, the Program completed steps to address all recommendations, due in 2013, associated with the Office of the Auditor General's 2012 report including the review and redesign recommendations for the Drug Utilization Review process. The Office of the Auditor General's Final Report and Recommendations can be found at <http://www.oag-nb.ca/May2012/ch5.pdf>.

In January of 2014, the PMP began distribution of a Prescriber Profile Package. This package included provincial data regarding monitored drugs, a prescriber's individual prescriber data (compared to his/her District Health Authority and Province), information regarding best-practice for limiting misuse and abuse and/or diversion, continuing medical education options and resources to support prescribing.

The 2013 Package was provided to 100 prescribers who had prescribed the highest total volume of morphine equivalents milligrams (excluding methadone) in 2013. It is important to note that being included in this group was not a suggestion of wrong-doing on the part of the prescriber; however, it was determined that this group of active prescribers should be the first recipients of this type of information.

As a part of the development of the Prescriber Profile Package, enhancements were made to the Program's Prescribing Profile Report to provide additional drug categories, average age of patients, pill count and days' supply averages for tablet form prescriptions, as well as their percentages of first fill and part fill prescriptions. These additions were included to encourage a comprehensive prescribing review by prescribers. The Program has also requested feedback from prescribers who have received the Package and will incorporate this information into development of the package in 2015.

The PMP has also completed all necessary changes to its system to enable integration with the Nova Scotia Drug Information System (DIS). The full transition to the DIS is expected to be completed by the end of 2014. The implementation timeline is determined by the DIS and is not directly influenced by the work of the PMP. The change in the process for NSPMP to receive data, from the DIS versus directly from the pharmacy, will not impact services or the type of data provided by the PMP.

In September of 2013, PMP staff attended the National (USA) Prescription Drug Monitoring Program meetings. These meetings provided up to date information related to trends in prescription drug misuse and abuse and/or diversion. In addition, the meetings provided the opportunity to gain an understanding of key developments in the work of prescription monitoring programs. Information from the meetings was presented to the Prescription Monitoring Program Board, as well as the Drug Evaluation Alliance of Nova Scotia (DEANS) for consideration in programming decisions going forward.

## Monitoring & Reporting Activities

### Annual Program Activity:

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

Item	2010/11	2011/12	2012/13	2013/14
Patient Profiles – Internally Generated	1643	2134	783	839
Patient Profiles – eAccess Generated			4493	7118
Requests for Prescriber Profiles	33	44	39	27
Requests – Pharmacy Profiles	3	9	1	0
Referrals – Medical Consultant	35	62	97	163
Referrals – Practice Review Committee	10	16	7	13
Referrals – Licensing Authorities	14	19	11	6
Multiple Prescriber Notifications	1390	1341	1367	1748
Drug Utilization Review Inquiries	386	369	486	282
Referrals to Law Enforcement	1	4	2	3
Requests for Patient Profiles by Law Enforcement	76	296	368	513
Notification of Charges		53	71	78

**Note:** During production of this report it was noted that in the area of Request for Patient Profiles by Law Enforcement, the totals provided in past Annual Reports were only reflective of profiles released versus total number of requests for profiles received. In some cases a patient profile may not be released due to the fact that no monitored drug history exists or the reason for request did not meet the objects of the Program. The above revised numbers represent total requests for profiles.

### Activity Summary:

A review of Program activity indicates that the use of the PMP's services continues to increase. Specific areas of note include profiles generated via eAccess, which increased by 58% in 2013/14. This growth has been supported by the Program's work to increase eAccess registration, which has grown by 95% to nearly 900 registered prescribers and pharmacists.

During 2013/14, a decrease in the number of Drug Utilization Review (DUR) inquiries was identified. Upon review it was determined that the decrease was partially attributed to there being one less DUR intervention report generated and completed in 2013/14 compared to 2012/13. Intervention reports are automatically generated based on a 56 day cycle. The decrease was also attributed to the volume of cases that are identified through the PMP's threshold analysis, which have previous inquiries on file. In these cases, the file is reviewed to determine if the information previously provided is still accurate based on current prescribing history. The PMP reserves the right to inquire should it be deemed necessary.

Also of note is the continued growth in referrals to the PMP Medical Consultant. This growth is attributed to the PMP's continued efforts to respond to issues communicated to the Program that are of potential concern, as well as working to consider additional indicators that may represent issues of potential concern (i.e. high volume prescriptions).

The Program continues to grow its activity in support of law enforcement. While requests for profiles continue to grow, the submission of Notification of Charges has been consistent year over year. Communication efforts are ongoing to encourage law enforcement to establish the submission of notification of charges to PMP as a regular element of their processes.

Referrals to licensing authorities regarding prescribing issues remained consistent with previous years, while referrals to the Nova Scotia College of Pharmacists have declined. This is primarily due to an adjustment in pharmacy audit procedures, which incorporated an additional 6-month review for pharmacies with issues of data entry/submission concerns. Previously these issues may have been referred to the Nova Scotia College of Pharmacists, but now may involve education provided by the PMP and a follow-up audit to confirm changes have been completed. The PMP continues to have the ability to refer issues to the Nova Scotia College of Pharmacists as deemed necessary.

**Analysis of Multiple Prescriber 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	2010	2011	2012	2013
Receiving prescriptions from 1-2 prescribers	103,188 (93.1%)	104,136 (92.9%)	103,441 (92.8%)	103,719 (92.6%)
Receiving prescriptions from 3-5 prescribers	7123 (6.4%)	7381 (6.6%)	7493 (6.7%)	7671 (6.8%)
Receiving prescriptions from 6-11 prescribers	495 (0.5%)	495 (0.4%)	515 (0.5%)	622 (0.6%)
Receiving prescriptions from 12+ prescribers	11 (0.01%)	18 (0.02%)	23 (0.02%)	13 (0.01%)

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, with a decrease noted for individuals with 12 or more prescribers.

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:

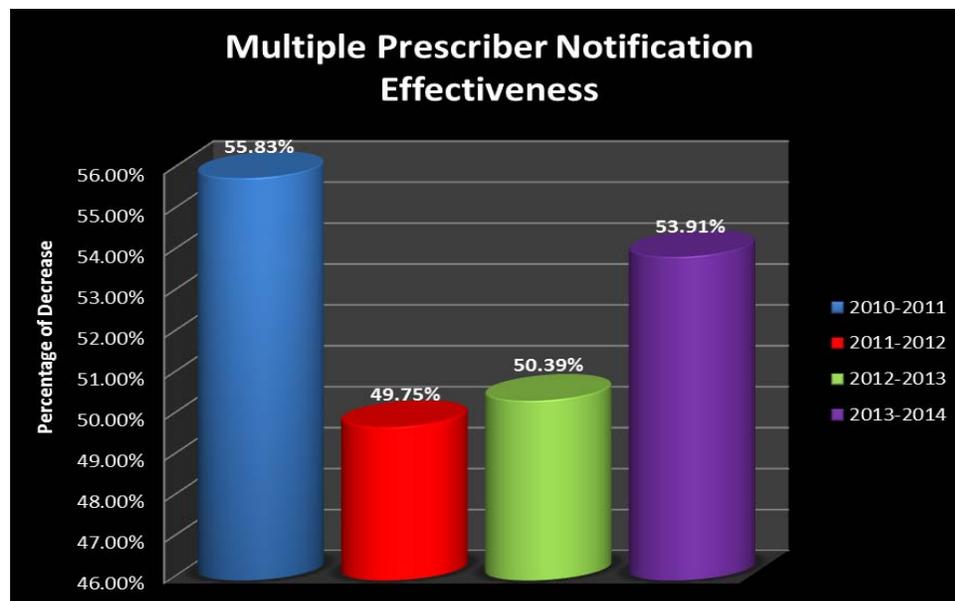
- Individuals without a general practitioner, who seek treatment through emergency departments or walk-in and after-hours clinics to obtain required pain medication.

- 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. In 2013/14 1,748 letters were distributed involving 464 unique patients.

Each year the effectiveness of the Multiple Prescriber 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 2013/14 period, there was a **53.91%** 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. This assessment was completed based on a sample size of approximately 7% of unique patients associated with distributed Multiple Prescriber Notifications.



**Data Reporting & Releases:**

During the 2013/14 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:

Requested By	Information Requests
Addiction Services, Nova Scotia Department of Health and Wellness	Aggregate data pertaining to methadone and Suboxone® usage for treatment of dependence.  A secondary request for average daily dosage data was submitted but was determined not to be required.
Kentville Police Chief - Mark Mander	Requested the number of patients receiving methadone for dependence.
Nova Scotia Department of Health and Wellness, Privacy and Access Office	Multiple requests for patient profile information related to Order of Production requests.
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.
Dr. Maureen Allen	Requested a prescribing profile outlining District Health Authority 7 prescribing numbers versus the NS Provincial average. Report did not provide any specific prescriber data.

**Media Inquiries:**

Requested By	Information Requests
CBC	Inquiry as to whether the Program would monitor benzodiazepines. No interview was provided as the story was about drugs not monitored by the PMP; therefore, it was outside of the Program's mandate.
CBC	Request for a radio interview to provide an overview of the Program. The story was associated with a previous interview provided by the Director of Addiction Services (DHW) pertaining to prescription fraud and ID cards. That story referenced the NSPMP.
The Chronicle Herald	Interview requested for an article providing an overview of the Program. Interview was completed, although no article was published.
The Chronicle Herald, South Shore Bureau Chief	Request pertained to a Bridgewater court case. One quote provided by the PMP Manager was included in the article printed February 13, 2014

## Community Involvement & Education

Throughout 2013/14, 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://novascotia.ca/dhw/pharmacare/drug-evaluation-alliance-of-nova-scotia.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 and sharing of information.

In 2013, presentations were held in Liverpool (75 attendees) and at a meeting of the Canadian Association of Chiefs of Police - Drug Abuse Committee (10 attendees) to provide an overview of NSPMP activities and program structure.

### **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 remains connected to CCENDU, which 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>

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

Dalhousie College of Pharmacy (50)

Post-Graduate Medical Students (100)

Law firm representing Canadian Medical Association Members (15)

**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 and remains a member of the implementation team, as well as the National Advisory Council.

The strategy included recommendations associated with 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.

Work of the Monitoring and Surveillance Implementation Team has resulted in the awarding of a Canadian Institutes of Health Research Grant to support research in the area of Prescription Monitoring Program evaluation. Both the Program's Manager and Medical Consultant are directly involved in this research project. Initial work was started in March of 2014.

Complete information regarding the *First Do No Harm* strategy is available at <http://www.ccsa.ca>

**Atlantic Mentorship Network 2<sup>nd</sup> National Mentorship Workshop:**

The Atlantic Mentorship Network - Pain and Addiction hosted the 2<sup>nd</sup> National Mentorship Workshop February 28-March 1, 2014. The Workshop theme was 'Common Threads - Pain, Addiction and Mental Health'. It was designed to provide an update in the field of pain management, addiction and mental health for family physicians and other health professionals. The Workshop included faculty from multiple disciplines and was tailored to facilitate a team approach including medicine, nursing, physiotherapy, psychology, pharmacy, occupational therapy, and other disciplines interested in pain management, addiction and mental health.

The PMP was represented by providing a booth for the event to create awareness regarding the Program's services and supports. 75-100 attendees were at the Workshop.

<http://www.atlanticmentorship.com/>

## Program Financial Summary

The NSPMP has completed the 2013/14 fiscal under cost projections as demonstrated within the table below.

<b>NSPMP Cost Area</b>	<b>Projections 2013/14</b>	<b>Actual 2013/14 (\$)</b>	<b>Variance (\$)</b>
Fixed Fees	654,774	654,774	0
Variable Fees	191,013	192,143	1,130
Flow Through (line charges)	75,000	73,864	(1,136)
Flow Through (Board and Committee Expenses)	12,500	12,364	(136)
<b>Total</b>	<b>933,287</b>	<b>933,145</b>	<b>(142)</b>