



Nova Scotia Prescription Monitoring  
Program  
Annual Report 2014/2015

**Prescription Monitoring Program**

PO Box 2200, Halifax NS B3J 3C6

**T** 902.496.7123 **F** 902.481.3157

[www.nspmp.ca](http://www.nspmp.ca)

## 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 PMP continues to see growth in prescription volume and stakeholder usage and communication. Key programming developments include the PMP 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 2014, Nurse Practitioners were approved as eligible prescribers of monitored drugs and initiated prescribing in Nova Scotia on November 1, 2014. The Program has also continued its transition to accepting data from the Nova Scotia Drug Information System (DIS). As of April 2015, over 140 Pharmacies were submitting data via the DIS.

This document provides an overview of the activities that have occurred during the 2014/15 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 second year of the Board's three year strategic plan:

Area	Year Two Outcomes (2014/15)	Status			Comments
		Complete	In Progress	Outstanding	
Reputation/ Brand	<ul style="list-style-type: none"> <li>Complete implementation of the Communications plan approved until March 31 2015</li> </ul>	X			Communications plan report to be provided to the Board in April 2015
	<ul style="list-style-type: none"> <li>Complete 2014 annual stakeholder survey and provide results to the Board.</li> </ul>			X	Survey postponed as staff focus on DIS and eAccess password reset implementation. Projected for fall of 2015
Financial	<ul style="list-style-type: none"> <li>On an ongoing basis, the Board will provide input regarding current program resources and make recommendations regarding any potential adjustments</li> </ul>	X			Board provided and continues to provide input into areas impacted by access to resources (i.e. eAccess and DUR redesign)

Area	Year Two Outcomes (2014/15)	Status			Comments
		Complete	In Progress	Outstanding	
<b>Business Process Excellence</b>	<ul style="list-style-type: none"> <li>Complete Auditor General's Recommendations with 2014 completion dates.</li> </ul>	X			SLA signed. DUR recommendations are on hold with DHW for future consideration.
	<ul style="list-style-type: none"> <li>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).</li> </ul>	X			PMP requirements completed.
	<ul style="list-style-type: none"> <li>Implement/manage changes related to data/program integration with the NS Drug Information System (DIS).</li> </ul>	X			Over 140 pharmacies transitioned. PMP status updates have been provided to DHW and the Board on a regular basis.
<b>Programs and Services</b>	<ul style="list-style-type: none"> <li>Complete Auditor General's Recommendations with 2014 completion date.</li> </ul>	X			PMP requirements completed.
	<ul style="list-style-type: none"> <li>Complete an assessment of any potential programming changes related to the completion of the DIS</li> </ul>	X			Requirements completed to date. Further assessment and recommendations

Area	Year Two Outcomes (2014/15)	Status			Comments
		Complete	In Progress	Outstanding	
	<p>implementation (i.e. Rx Pad discontinuation)</p> <ul style="list-style-type: none"> <li>Advocate and facilitate support for education and research that meet the objects of the Program and/or measure its effectiveness.</li> </ul>	X			<p>to be completed closer to DIS transition completion Estimated for June 2016.</p> <p>Data provided for the Truro Project. Also ongoing support provided as requested i.e. Cumberland DHA, prescriber group discussions in Cape Breton). Waiting for status update re CRISM and Health Canada grants. Request completed to First Do No Harm (CCSA) for funding.</p>
<b>Human Resources and Infrastructure</b>	<ul style="list-style-type: none"> <li>On an ongoing basis, the Board will provide input regarding current program resources and make recommendations regarding any potential adjustments</li> </ul>	X			<p>Board provided and continues to provide input into areas impacted by access to resources (i.e. eAccess and DUR redesign)</p>

<b>Stakeholder Relations</b>	<ul style="list-style-type: none"> <li>Align Communications Plan with the approach for meetings, conferences &amp; workshop attendance (i.e. key messages, outcomes etc...)</li> </ul>	X			Key messages regarding best-practice integrated into presentations and Prescriber Package distributed in March 2015 with prescriber scoring integrated.
	<ul style="list-style-type: none"> <li>Participate in National PMP strategy development and working groups where appropriate</li> </ul>	X			Manager of PMP participated as a member of the National Strategy Monitoring and Surveillance Implementation Team and CIHR Grant Team regarding the evaluation of PMPs.

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

#### Programming – Prescriber Risk Scoring:

In 2013, the PMP identified that approximately 40% of monitored drugs were prescribed by a relatively small percentage of prescribers in the province. The PMP recognizes that prescribing patterns vary dramatically based on such factors as patient demographics and physician special interest, but considering this trend, the PMP determined that programming should be enhanced to provide additional support to prescribers who most actively prescribe monitored drugs.

Activity was initiated in early 2014 to proactively provide Prescriber Profile Packages to the top 100 prescribers based on the total volume of opioids prescribed (limited to drugs that can be calculated by morphine equivalent volume). The packages included information regarding provincial trends for monitored drug prescribing, their individual prescribing profiles and information/resources related to best practices for the prescribing of monitored drugs. This initiative continued to be enhanced in 2014/15 and through data analysis and new reporting function was developed to incorporate multiple elements of prescriber prescription data. The newly designed Prescriber Risk Score Report allows the Program to assign a score to prescribers based on a number of prescribing criteria. Each element scored is considered to have some level of risk associated with it (i.e. high dose prescriptions). The Prescriber Risk Score Report can allow for a comparison against other prescribers, inform practice reviews and guide the proactive distribution of information to prescribers based on overall practice trends.

Prescriber Risk Score reporting represents a significant addition to existing PMP programming and is thought to represent a significant opportunity to proactively share PMP data and information where it can be best put to use. Working proactively with prescribers regarding overall prescribing practices will better allow the PMP to play a role in the implementation of best-practices for the prescribing of monitored drugs in Nova Scotia.

Based on the 2014 Prescriber Risk Score Report, the 100 highest scoring prescribers were sent their Prescriber Profile Package. 50 additional follow-up packages were provided to those individuals, who received the package in year one, but were not on the 2014 recipient list. In 2015, the Program will gather prescriber feedback and evaluate the overall results of the initiative.

### **eAccess**

The Program has successfully completed a number of targeted initiatives in 2014/15. Of key note is the continued growth of eAccess registration and use. In December of 2013, the PMP Board communicated its support for a policy regarding the mandatory review of patient profiles by prescribers to the College of Physicians and Surgeons of Nova Scotia. In June 2014 the College released a policy requiring monitored drug profile reviews when caring for patients in episodic, urgent or emergent care settings. This policy has contributed to the continued growth of the PMP's eAccess application with over 1,800 prescribers and pharmacists registered.

### **Nurse Practitioners and the Provincial Dental Board of Nova Scotia**

Nurse Practitioners also have had use of eAccess included in their prescribing standards since becoming eligible to prescribe monitored drugs in November of 2014. In support of the Nurse Practitioners initiating prescribing, the PMP conducted presentations across the Province to provide a general orientation to PMP procedures and services. In addition, representatives of the College of Registered Nurses of Nova Scotia were added to the PMP Board of Directors and to the Practice Review Committee.

In 2015 the Provincial Dental Board of Nova Scotia added questions regarding eAccess registration as a part of its annual Dental Practice Review (DPR) audits of licensed dentists. Dentists selected for DPR site visits will have their prescriber profiles reviewed by the Registrar.

### **Drug Information System**

The acceptance of prescriptions from the Drug Information System (DIS) pharmacies continues to be a focus with over 100 pharmacies currently connected to the DIS. The majority of remaining pharmacies are projected for completion by June 2016. Overall, the integration with the DIS has successfully enabled the transmission of data, although challenges remain in terms of manual intervention required to manage a variety of data related issues unique to the DIS.

### **Auditor General Recommendations**

The PMP completed all Program related requirements associated with the 2012 Auditor General's Report Recommendations due for completion in 2014.

## Monitoring & Reporting Activities

### Annual Program Activity:

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

Item	2011/12	2012/13	2013/14	2014/15
Patient Profiles – Internally Generated	2134	783	839	762
Patient Profiles – eAccess Generated		4493	7118	20,510
Requests for Prescriber Profiles	44	39	27	16
Requests – Pharmacy Profiles	9	1	0	1
Referrals – Medical Consultant	62	97	163	140
Referrals – Practice Review Committee	16	7	13	10
Referrals – Licensing Authorities	19	11	6	5
Multiple Prescriber Notifications	1341	1367	1748	1532
Drug Utilization Review Inquiries	369	486	282	332
Referrals to Law Enforcement	4	2	3	0
Requests for Patient Profiles by Law Enforcement	296	368	513	407
Notification of Charges	53	71	78	36

### 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 188% in 2014/15. In addition, eAccess registration has grown by 95% to over 1800 registered prescribers and pharmacists. This growth has been supported by the Program's work to increase awareness regarding eAccess use and support of the College of Physicians and Surgeons Policy, implemented in June 2014, mandating patient profile reviews in certain prescribing situations. Increased use of eAccess has also contributed to a slight decline of internally generated profiles.

In 2014, the process for Practice Review Committee (PRC) referrals and reviews was re-developed to standardize the process, use objective measures for identification for referrals and allow for the potential of increased impact regarding the implementation of best-practices for the prescribing of monitored drugs. The re-development process resulted in a slight decline in referrals to the PRC with the intent of the review to allow for increased activity in the coming years.

Although interaction with law enforcement has remained as significant element of the PMP's work, there has been a slight decline in profile requests and notification of charges. PMP will review current activities

and consider potential opportunities to enhance promotion of PMP services to ensure awareness of the Program remains high among law enforcement.

**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	2011	2012	2013	2014
Receiving prescriptions from 1-2 prescribers	104,136 (92.9%)	103,441 (92.8%)	103,719 (92.6%)	100,221 (92.6%)
Receiving prescriptions from 3-5 prescribers	7381 (6.6%)	7493 (6.7%)	7671 (6.8%)	7397 (6.8%)
Receiving prescriptions from 6-11 prescribers	495 (0.4%)	515 (0.5%)	622 (0.6%)	611 (0.6%)
Receiving prescriptions from 12+ prescribers	18 (0.02%)	23 (0.02%)	13 (0.01%)	6 (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.

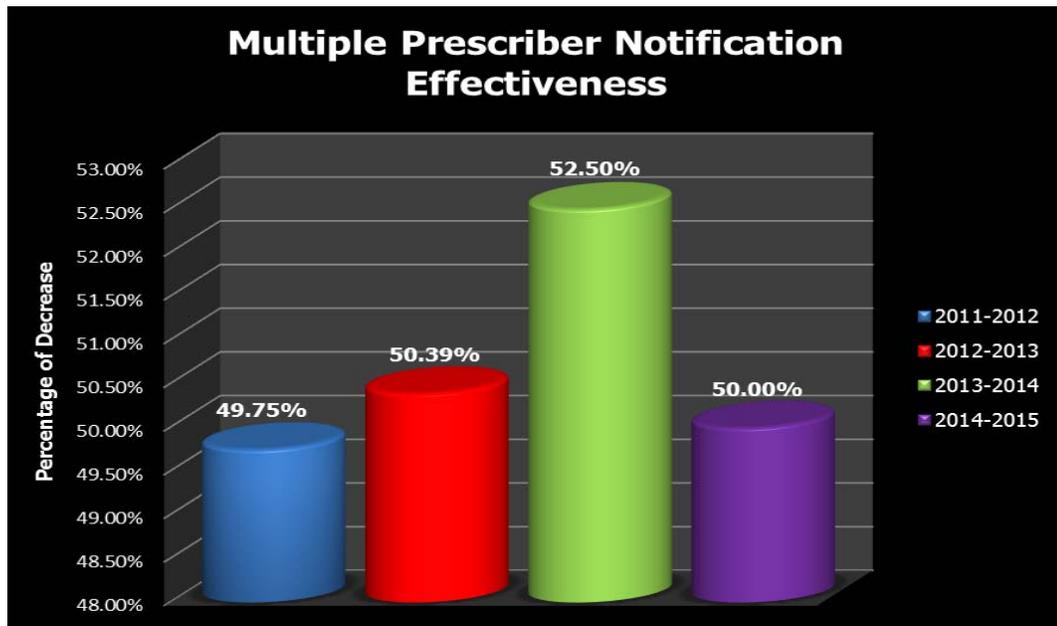
Many legitimate situations may account for cases that appear to represent multiple doctoring activities. Examples of individuals whose activity may not be intentionally illegal or inappropriate include the following:

- 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 2014/15 1,524 letters were distributed involving 471 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 2014/15 period, there was a **50%** 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 5% of unique patients associated with distributed Multiple Prescriber Notifications.



*\*Please note that the 2013/14 Annual Report incorrectly noted the 2013-2014 Percentage of Decrease as 53.91%.*

**Data Reporting & Releases:**

During the 2014/15 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
Capital District Health Authority (CDHA)	CDHA requested de-identified person level data as part of a research project titled Chronic Narcotic User After ICU Discharge – the ICU-PMP Dataset.
Cape Breton Health Authority (CBHA)	Request for data to assist with a review of CBHA prescribing compared to other District Health Authorities (DHA). Requestor provided with a non-prescriber specific Prescribing Report which provides data, on a number of areas, in a graphical format.
College of Physicians and Surgeons of Nova Scotia (CPSNS), Director of Communications	Requested the number of physicians that had registered for eAccess for a specified time frame.
Department of Health and Wellness, Mental Health, Children's Services, and Addictions	Requested data specific to the number of patients that receive methadone for dependence during a specified time frame.
Community Foundation of Nova Scotia	Requested a variety of prescribing trend data for their Health Indicators Report.
Canadian Virtual Hospice	Requested various data specific to methadone prescriptions.
Department of Health and Wellness, Mental Health, Children's Services, and Addictions	Multiple requests for data specific to methadone and Suboxone® usage.
Northern Shared Chronic Pain Services (Truro Project)	Multiple requests for prescribing data specific to Colchester East Hants Health Authority (CEHA) to assist with a prescriber education initiative.
Department of Health and Wellness, Mental Health, Children's Services, and Addictions	Requested prescriber-based data calculated into morphine equivalents.
Cumberland Health Authority	Requested 3 calendar years of prescribing data specific to this DHA compared against the NS average.

**Media Inquiries:**

<b>Requested By</b>	<b>Information Requests</b>
Department of Health and Wellness (DHW)	NSPMP Manager contacted in response to an article specific to a College of Physicians and Surgeons of Nova Scotia (CPSNS) disciplinary case decision in which information about the Nova Scotia Prescription Monitoring Program (NSPMP) was noted.
Allison Saunders – Freelance Journalist	NSPMP Manager received an interview request to provide an overview of the Program. This was in relation to a story about the Inverness' successful implementation of steps to reduce prescription drug abuse. The story has not been published to date.
CBC	Multiple requests related to whether the NSPMP monitors benzodiazepines.

## Community Involvement & Education

Throughout 2014/15, 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 2014/15, there was one presentation specific on RCMP detachment in Sydney. More frequently the PMP and law enforcement have both been represented at community meetings and as a part of ongoing committees (local and provincial).

### **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.

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

The PMP continues to support, where possible, the promotion of The Atlantic Mentorship Network - Pain and Addiction and provided endorsement for *The Prescribing Course-Safe Opioid Prescribing for Chronic Non-Cancer Pain*. <http://www.atlanticmentorship.com/>

**First Do No Harm National Advisory Committee:**

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 continued to support the strategy implementation for *First Do No Harm: Responding to Canada's Prescription Drug Crisis*.

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.

Both the PMP's Manager and Medical Consultant remain directly involved in work related to the Monitoring and Surveillance Implementation Team of the strategy.

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

**Prevention of Prescription Drug Misuse Reference Group:**

Previously referred to as; "The Prescription and Drug Overdoses in Nova Scotia Working Group". The original 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. The role of the Reference Group is to help coordinate NS's response to the FDNH Strategy. Representation on this Reference Group included three government departments plus other key professionals. The Reference 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 Reference 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>

**College of Registered Nurses of Nova Scotia**

PMP conducted 12 presentations to approximately 130 Nurse Practitioners prior to becoming prescribers of monitored drugs in November of 2014.

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

Dalhousie College of Pharmacy (50)      Post-Graduate Medical Students (100)

## Program Financial Summary

The NSPMP has completed the 2014/15 fiscal under cost projections as demonstrated within the table below.

NSPMP Cost Area	Projections 2014/15	Actual 2014/15 (\$)	Variance (\$)
Fixed Fees	654,774	662,631	7,857
Variable Fees	191,013	179,795	(11,218)
Flow Through (line charges)	75,000	69,551	(5,449)
Flow Through (Board and Committee Expenses)	12,500	11,032	(1,468)
<b>Total</b>	<b>933,287</b>	<b>923,009</b>	<b>(10,278)</b>