



Nova Scotia Prescription Monitoring
Program
Annual Report 2015/2016

Prescription Monitoring Program

PO Box 2200, Halifax NS B3J 3C6

902.496.7123 • 902.481.3157

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 PMP.

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 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'.

The program has continued to advance its work with prescribers of monitored drugs through its prescriber risk scoring initiative. This project has promoted and tracked adjustments in prescribing practices within individual and prescriber groups. Results have demonstrated reductions in the prescribing of high volume prescriptions, increased use of PMP data and supported the implementation of best-practices in the prescribing of monitored drugs.

The Program has also continued its transition to accepting data from the Nova Scotia Drug Information System (DIS). As of March 2016, over 230 Pharmacies were submitting data via the DIS.

This document provides an overview of the activities that have occurred during the 2015/16 fiscal period in terms of strategic goals, operational activity and financial reporting.

PMP Board Membership

Dr. Gus Grant, Chair

Registrar & CEO, College of Physicians and Surgeons of Nova Scotia

Dr. Marco Chariot, Vice Chair

Citadel Oral & Facial Surgery

Sue Smith

CEO & Registrar, College of Registered Nurses of Nova Scotia

Beverley Zwicker

Registrar, Nova Scotia College of Pharmacists

Dr. Martin R. Gillis

Registrar, Provincial Dental Board of Nova Scotia

Dr. Zachary Fraser

Family Physician, Woodlawn Medical Clinic

Lynn Miller

Policy Consultant, College of Registered Nurses of Nova Scotia

Lillian E. Berry

Inspector, Nova Scotia College of Pharmacists

Ron Surette

Public Member

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 Two Outcomes (2015/16)	Status			Comments
		Complete	In Progress	Outstanding	
Reputation/Brand	<ul style="list-style-type: none"> Re-develop the PMP Communications Plan. 	X			Key initiatives targeted include the stakeholder survey, prescriber profile distribution and assessment survey.
	<ul style="list-style-type: none"> Complete 2015 annual stakeholder survey and provide results to the Board. 	X			Survey completed and results shared with Board in November 2015.
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. 	X			Board provided and continues to provide input into areas impacted by access to resources (i.e. eAccess and DUR redesign).
Business Process Excellence	<ul style="list-style-type: none"> Complete implementation and evaluation of the Prescriber Risk Scoring and Review process. 	X			Implementation completed and project report submitted to the Canadian Centre on Substance Abuse and circulated to the Board.
	<ul style="list-style-type: none"> Implement/manage changes related to data/program integration with the NS Drug Information System (DIS). 	X			Over 230 pharmacies transitioned. PMP status updates have been provided to DHW and the Board on a regular basis.

Area	Year Two Outcomes (2015/16)	Status			Comments
		Complete	In Progress	Outstanding	
Programs and Services	<ul style="list-style-type: none"> 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. Engage the Board in the development of the 2016-19 Strategic Plan. 	X	X		<p>Ongoing in preparation for completion of the DIS implementation.</p> <p>PMP continues to support data requests on an ongoing basis, while being directly involved in research initiatives such as the development of a National Common Data Set, CCSA monitoring and surveillance initiatives and local research initiatives where requested.</p> <p>Strategic planning was initiated in November 2016. Final plan completion was delayed due to priority initiatives identified by the Board.</p>
Human Resources and Infra-structure	<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. 	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 (2015/16)	Status			Comments
		Complete	In Progress	Outstanding	
Stakeholder Relations	<ul style="list-style-type: none"> Align Communications Plan with current programming priorities (i.e. prescriber programming, law enforcement). 	X			Key messages regarding best-practice integrated into presentations and Prescriber Package distributed in March 2016 with prescriber scoring and increased emphasis on prescription dose levels integrated.
	<ul style="list-style-type: none"> Participate in National PMP strategy development and working groups where appropriate. 	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 Three Outcomes

The PMP has continued to evolve in terms of its support of health professionals in the prescribing and dispensing of monitored drugs, as well as in its work with law enforcement. The following summarizes key programming outcomes in 2015/16.

Prescriber Risk Scoring and Reviews:

Prescriber profile packages were distributed for the third year in March of 2016. This initiative continued to be supported by the use of the PMP's prescriber risk scoring analysis. Package recipients were selected based on scores calculated through an assessment of multiple elements of prescriber prescription data. The prescriber risk scoring 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 (e.g. 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.

The use of prescriber risk scoring is a significant addition to existing PMP programming and represents an opportunity to proactively share PMP data and information where it can have the greatest potential impact. Working proactively with prescribers regarding overall prescribing practices allows the PMP to play a more active role in the implementation of best practices for the prescribing of monitored drugs in Nova Scotia.

In 2016, the 100 highest scoring prescribers were sent their Prescriber Profile Package. Twenty individuals who had received the package in 2015, but were not on the 2016 recipient list received follow-up packages.

In addition to prescriber profile package distribution the Program has also expanded the role of its Practice Review Committee (PRC) with funding provided by the Canadian Centre on Substance Abuse. The PRC reviews individual practice trends identified using the prescriber risk score analysis. The committee then completes a comprehensive review of practice information held by PMP and sends an inquiry letter to the prescriber. Following a review of the prescriber response, the PRC may make further inquiries, make recommendations or refer the prescriber to the appropriate licensing authority. Upon completion of a recommendation letter, a committee follow-up review is scheduled. In March 2016, the Program completed an evaluation report for the PMP Board and the Canadian Centre on Substance Abuse outlining the key results of the initiative.

The following provides a brief overview of key findings based on a pre and post data review of prescribing patterns of those who received the 2015 prescribing profile package.

Results:

The PMP conducted an evaluation of prescribing data associated with the prescribers receiving a profile package in 2015. The evaluation was based on six months of prescribing data prior to receipt of the profile package and six months of prescribing data after the package was received.

The pre period included prescriptions from September 1, 2014 to February 28, 2015 and the post period included prescriptions from April 1, 2015 to September 30, 2015. PMP evaluated the overall risk scores for each prescriber, overall prescribing patterns and individual drug categories. The following are the key findings associated with the data review.

Category	Pre Information Package	Post Information Package	Result
# of patients receiving prescriptions written for 340-539 tablets	560 Patients	394 Patients	27% Decline
# of patients receiving prescriptions written for 540 or more tablets	137 Patients	95 Patients	31% Decline
# of prescriptions written for 360-539 tablets	1,223 prescriptions	918 prescriptions	25% Decline
# of prescriptions written for 540 or more tablets	263 prescriptions	179 prescriptions	32% Decline
# of prescriptions for dispensed for 60 days or more	5,002 prescriptions	4,061 prescriptions	19% Decline
Total Risk Score for the prescriber group receiving the information package	9,463 points	8,048 points	15% Decline

Next Steps

The PMP will continue to use and evolve prescribing risk scoring to identify prescribers for review of prescribing trends. Efforts will continue to be made to support the implementation of prescribing best practices including a focus on the reduction of high quantity prescriptions and

the reduction of patients on high dose medications.

Stakeholder Surveys

In 2015, the PMP gathered stakeholder feedback in order to better understand the use of the Program's resources, evaluate the stakeholder views of the operational support provided, and gain valuable insight regarding the future direction of the Program.

In addition, the PMP has gathered input through survey responses from recipients of its 2015 prescriber profile package. This information has supported the continued development of prescriber risk scoring and information sharing practices.

Drug Information System

The acceptance of prescriptions from the Drug Information System (DIS) pharmacies continues to be a focus with over 230 pharmacies currently connected to the DIS as of March 2016. The majority of remaining pharmacies are expected to be connected by the end of 2016. Overall, the integration with the DIS has successfully enabled the transmission of the necessary data. The DIS and PMP continue to work collaboratively to ensure the most efficient and effective use of both systems.

eAccess

Notably, registrations and use of eAccess continues to grow. With nearly 33,000 profile views in 2015/16 the use of the service increased by 61%. It is important to note that with the completions of the DIS, pharmacies will have a complete patient profile available for review via the DIS in 2016/17. This may reduce use of eAccess by pharmacists in the province, while the PMP will continue to promote the value of patient history reviews prior to dispensing monitored drugs.

Monitoring & Reporting Activities

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

Item	2012/13	2013/14	2014/15	2015/16
Patient Profiles – Internally Generated	783	839	762	992
Patient Profiles – eAccess Generated	4493	7118	20,510	32,951
Requests for Prescriber Profiles	39	27	16	15
Requests – Pharmacy Profiles	1	0	1	0
Referrals – Medical Consultant	97	163	140	131
Referrals – Practice Review Committee	7	13	10	22
Referrals – Licensing Authorities	11	6	5	4
Multiple Prescriber Notifications	1367	1748	1532	1506
Drug Utilization Review Inquiries	486	282	332	246
Referrals to Law Enforcement	2	3	0	0
Requests for Patient Profiles by Law Enforcement	368	513	407	300
Notification of Charges	71	78	36	34

Activity Summary:

A review of Program activity indicates that the PMP's provided services continue to be of value to stakeholders. Specific areas of note include profiles generated via eAccess, which increased by 61% in 2015/16. In addition, eAccess registration has grown to over 2,975 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.

In 2014/15, 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 during 2014/15 with the expectation that increased volume could be added in 2015/16. This objective was achieved with an increase of 120% last year.

Although interaction with law enforcement has remained a significant element of the PMP's work, there has been a decline in profile requests and notification of charges. In 2015/16 the PMP circulated information regarding request forms and processes associated with requesting information from the PMP. In addition, forms were revised based on law enforcement feedback in an effort to support continued collaboration between law enforcement and the PMP. The PMP continues to identify 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	2012	2013	2014	2015
Receiving prescriptions from 1-2 prescribers	103,441 (92.8%)	103,719 (92.6%)	100,221 (92.6%)	98,954 (92.2%)
Receiving prescriptions from 3-5 prescribers	7493 (6.7%)	7671 (6.8%)	7397 (6.8%)	7,677 (7.2%)
Receiving prescriptions from 6-11 prescribers	515 (0.5%)	622 (0.6%)	611 (0.6%)	666 (0.6%)
Receiving prescriptions from 12+ prescribers	23 (0.02%)	13 (0.01%)	6 (0.01%)	10 (0.01%)

Approximately 92% of individuals receive monitored drugs from only one to two prescribers per year, approximately 7% of individuals receive them from multiple prescribers, while the percentage of individuals with 12 or more prescribers remained the same.

Legitimate situations may account for many 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.

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- 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.

In 2015/16 1,512 letters were distributed involving 500 unique patients.

Data Reporting & Releases:

During the 2015/16 period the NSPMP processed the following information requests:

Requested By	Information Requests
College of Physicians and Surgeons of Nova Scotia (CPSNS)	Request for various information related to the methadone monitoring process.
MPH Practicum Student, Department of Health and Wellness, Mental Health, Children's Services, and Addictions	Request for various information to complete an opioid monitoring and surveillance report for the Atlantic provinces.
College of Registered Nurses of Nova Scotia (CRNNS), Policy Consultant	Request for Nurse Practitioner prescribing report, which included the number of NP's who had prescribed monitored drugs.
Northern Shared Chronic Pain Services (Truro Project)	Request for a variety of updated prescribing data.
Department of Health and Wellness, Mental Health, Children's Services, and Addictions	Request for the number of individuals enrolled in Methadone Maintenance Treatment programs.
College of Physicians and Surgeons of Nova Scotia (CPSNS), Investigations	Request for any supporting Nova Scotia Prescription Monitoring documents that may assist in a specific investigation.
College of Physicians and Surgeons of Nova Scotia (CPSNS), Registrar	Request for de-identified prescribing profiles for the top 5 prescribers based on risk scores.
College of Registered Nurses of Nova Scotia (CRNNS), Policy Consultant	Request for Nurse Practitioner specific data related to the number of prescriptions, number of NP's prescribing, treatment agreement monitoring and eAccess utilization.
College of Physicians and Surgeons of Nova Scotia (CPSNS)	Requests for specific prescribers and quarterly results.
Provincial Dental Board, Registrar	Request for a prescriber profile and data regarding risk scores and profiles for dentists and oral surgeons.
Nova Scotia Health Authority, Central Zone, Medical Director Pain Services	Request for the number of patients with 6 or more opioid prescriptions and the total number of patients receiving prescriptions with a morphine equivalent ranges.

Media Inquiries:

During the 2015/16 period the PMP received the following media requests.

Requested By	Information Requests
Michael Tutton-Canadian Press	Questions regarding an active case, as well as an inquiry regarding oxycodone/oxycodone prescription volumes. Information provided with no release of information pertaining to a specific case.
Ron Shaw-CTV	Interview regarding PMP operations.
Susan Bradley-CBC Radio/Web	Interview regarding PMP operations.
Sheldon MacLeod-News 95.7 Sheldon MacLeod Show	Interview regarding PMP operations.
Elizabeth Chiu-CBC TV/Web	Interview regarding PMP operations.
Elizabeth Chiu-CBC TV/Web	Response provided to follow up questions regarding prescribing thresholds and reporting protocols via email.
Elizabeth Chiu-CBC TV/Web	Response provided to follow up questions regarding program progress, program changes and the Auditor General recommendations via email. The reporter was referred to the Department of Health and Wellness for any additional information regarding the status of the Auditor General's report.
Sheldon MacLeod-News 95.7 Sheldon MacLeod Show	Interview request regarding the implementation of the Auditor General recommendations. The request was referred to the Department of Health and Wellness (DHW).
Natasha Pace-Global TV	Interview regarding PMP operations.
Jordan Parker-The Chronicle Herald	Interview regarding PMP operations and the work done on the Auditor General recommendations.
CBC Mainstreet-Radio	Interview regarding PMP operations.

Community Involvement & Education

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. In 2015/16 the council adjusted its approach to focus on local coordination of activities, while provincial stakeholders (i.e. PMP) would be engaged in activities as required.

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 be available to communicate with law enforcement agencies across the Province of Nova Scotia. In addition, meetings and community stakeholder 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.

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.

Atlantic Mentorship Network:

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.theprescribingcourse.com/> *The Prescribing Course* is also a key resource promoted by the PMP through its prescriber profile package.

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*.

Released in 2013, 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.

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

The PMP presented results of the Program's risk scoring initiative to CCSA strategy stakeholders to support discussion and dissemination of information related to potential prescription monitoring best-practices. Approximately 40 stakeholders were in attendance.

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 – in 2015 and 2016, the PMP provided support through an online module that allowed a complete introduction to the PMP for post-graduates. Traditional presentations had often had time constraints and this was thought to be an effective alternative.

Tuik'n Partnership General Program Overview Presentations:

Tuik'n is a health partnership of the five Cape Breton First Nations (Eskasoni, Membertou, Potlotek, Wagmatcook and Waycobah) with a collective mission is to help each other to achieve better health. The PMP presented to community health directors and staff regarding the potential integration of PMP data into their database. Approximately 25 were in attendance.

Program Financial Summary

The NSPMP has completed the 2015/16 fiscal near cost projections as demonstrated within the table below.

NSPMP Cost Area	Projections 2015/16	Actual 2015/16 (\$)	Variance (\$)
Fixed Fees	674,161	674,161	0
Variable Fees	123,289	127,966	4,677
Flow Through (line charges)	26,176	26,232	56
Flow Through (Board and Committee Expenses)	13,894	10,265	(3,629)
Total	837,520	838,624	1,104