



Nova Scotia Prescription Monitoring Program

Annual Report 2020-2021

Prescription Monitoring Program
PO Box 2200, Halifax NS B3J 3C6
902.496.7123 F 902.481.3157
www.nspmp.ca

Table of Contents

History and Background1

Current Strategic Priorities1

NSPMP Board Members2

Strategic Outcomes3

Comments on the Status of the Final Year of the Strategic Plan6

Monitoring & Reporting Activities7

Community Involvement & Education10

Program Financial Summary11

Prescription Monitoring Program
PO Box 2200, Halifax NS B3J 3C6
T 902.496.7123 F 902.481.3157
www.nspmp.ca

History and Background

The Nova Scotia Prescription Monitoring Program (NSPMP) was established in June 2005, following the proclamation of the Prescription Monitoring Act (approved in October 2004) along with the Prescription Monitoring Regulations. The legislation established a Prescription Monitoring Board to develop and operate the Program, which is currently administered by Medavie Blue Cross (MBC).

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

Preliminary work focused on the implementation of an on-line system to receive prescription information for a specified list of monitored drugs. By the end of 2007, all community pharmacies were submitting this information via the on-line system.

In April 2012, NSPMP launched eAccess, a key program development, in response to stakeholder requirements. An online portal for prescribers and dispensers of monitored drugs, eAccess permitted access to patient monitored drug dispense information during off-peak hours.

The program's work and relationship with law enforcement has continued to be an important aspect of the NSPMP's operation including supporting patient profile requests, information sharing, and notification of charges.

The NSPMP has continued to evolve and progress the program operation within its mandate. There was an expansion of monitoring activities in 2018 to integrate benzodiazepines into its collection of prescription dispensing data. There has also been development of monitoring activities on benzodiazepines, first prescription, drugs in combination, and a continued focus on opioid usage in the province. New drug utilization reviews have been launched, and work is ongoing with prescribers through the prescriber risk scoring and practice reviews.

Current Strategic Priorities

Building on its core functions (data collection, case identification and information sharing), the NSPMP has focused efforts toward achieving the current strategic priorities:

- Effective Monitoring of Benzodiazepines,
- Improving the First Prescription, and
- Governance

NSPMP Board Membership

Dr. Gus Grant, Chair

Registrar, College of Physicians and Surgeons of Nova Scotia

Dr. Marco Chiarot, Vice Chair

Oral and Maxillofacial Surgeon, Citadel Oral and Facial Surgery

Ms. Sue Smith

Registrar and CEO, Nova Scotia College of Nursing

Ms. Beverley Zwicker

Registrar, Nova Scotia College of Pharmacists

Dr. Martin Gillis

Registrar, Provincial Dental Board of Nova Scotia

Dr. Zachary Fraser

Family Physician, NSHA Opioid Treatment Program & Withdrawal Management Program

Dr. Robert Strang

Chief Medical Officer of Health, Department of Health and Wellness

Dr. Judith Fisher

Manager, Drug Technology Assessment Pharmaceutical Services & Extended Health Benefits, Department of Health and Wellness

Mr. Ronald Surette

Public Member

Strategic Outcomes

The following chart provides the status of the goals for 2020-2021:

Area	Year Outcomes (2020-21)	Status			Comments
		Complete	In Progress	Outstanding	
Governance Review	<ul style="list-style-type: none"> Evaluation of the governance review and recommendations put forward to DHW. Work with DHW to scope changes/processes to transition. 	X	X		<ul style="list-style-type: none"> The Board conveyed a preferred recommendation to the Minister of Health and Wellness. Discussions remain ongoing. Discussions are in progress with the Administrator, DHW and Board of Directors toward the most effective approach and any transition requirements.
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 to current program resources 	X			<ul style="list-style-type: none"> The Board provided and continues to provide input into areas impacted by access to resources.

Annual Report 2020-21

Data Integrity/ Infrastructure	<ul style="list-style-type: none"> Collaborate with the Drug Information System to ensure the NSPMP receives prescription data that is accurate, timely and effectively integrated into the NSPMP System Develop, build, and implement technology solutions for reporting and system upgrades to support the new reporting and intervention strategies 	<p style="text-align: center;">X</p>			<ul style="list-style-type: none"> NSPMP met and continues to meet regularly with the DIS to discuss and resolve issues related to data integrity. Technology solution was implemented in Q3
Data Analysis	<ul style="list-style-type: none"> Through development and evaluation, launch and advance the new prescriber risk scoring tool/DURs. 	<p style="text-align: center;">X</p>			<ul style="list-style-type: none"> New prescriber risk scoring tool was evaluated and implemented. Prescriber practice reviews began in Q1. New DURs were implemented in Q1 and Q4. Data refinement will be ongoing.
Business Process Excellence	<ul style="list-style-type: none"> Implement new reporting and Intervention strategies based on the strategic plan recommendations: <ul style="list-style-type: none"> Practice Based Patient Based Benchmarking/ Trending 	<p style="text-align: center;">X</p>			<ul style="list-style-type: none"> Practice Based interventions were implemented in Q1. <ul style="list-style-type: none"> Patient based interventions (DURs) began in Q1, with the remaining implemented in Q4 Benchmarking and Trend Analyses began in Q4.

<p>Information Sharing/ Stakeholder Relations</p>	<ul style="list-style-type: none"> • Develop prescribing communication materials. • Continue to incorporate best practice key messages on prescribing monitored drugs into communications with prescribers, pharmacists, and stakeholder groups. • Maintain and enhance, where possible, the NSPMP relationship with law enforcement. 	<p>X</p> <p>X</p> <p>X</p>			<ul style="list-style-type: none"> • A resource inventory was compiled and posted to the NSPMP website to support practitioners. • Reference to key guidelines and practice supports have been outlined in correspondence, presentations and continue to be relayed in day-to-day outreach activities. • Support has been and remains ongoing with requests and notifications from law enforcement.
<p>Brand/ Reputation</p>	<ul style="list-style-type: none"> • Monitor responses from the respective Colleges regarding the letter of request for adoption of a standard for opioid initiation. • Resume discussion on a new strategic planning cycle 	<p>X</p>		<p>X</p>	<ul style="list-style-type: none"> • May 2020, CPSNS posted a standard for "Initiation of Opioid Therapy for Acute Pain". • This has been and will continue to be monitored in tandem with the first prescription drug utilization reviews. • The Board supported a deferral to Q3 2021.

Comments on the Status of the Current Year of the Strategic Plan

Technology Solution

To assist NSPMP transitioning its work to align with strategic priorities, a solution was designed, built and deployed to focus on improved systems and reporting to enhance identification of potential cases, limit false positives and to ensure quality assurance with respect to program decisions and processes. It provided an enhanced environment for data extraction and reporting to support the work and evaluation of NSPMP.

Practice Based Interventions

A new prescriber practice risk tool was developed incorporating benzodiazepines and first prescription data. This new tool was evaluated and incorporated into the prescriber practice review process.

Procedural adjustments were made to improve efficiency of the practice reviews, leveraging the expertise of the Pharmacist Consultant. Front end data analysis by staff and the Pharmacist Consultant has resulted in the ability to compile and present complete prescriber review packages to the Practice Review Committee (PRC). This represents an efficiency from the former prescriber practice review process, where data analysis and content for letters of inquiry were completed collaboratively with the PRC committee.

Patient Based Interventions

Drug utilization reviews (DUR) expanded further to monitor first prescriptions, opioids, benzodiazepines, and other monitored drugs, either alone, or in combination. To support the new reviews, DUR letters were reviewed and updated with the appropriate line of inquiry and additional explanation to practitioners on the DUR process.

The DUR process and threshold criteria have undergone and will continue to undergo adjustments as experience is gained in these new drug utilization reviews. The process has also expanded to include a routine connect between the Pharmacist Consultant and the local pharmacy to collaborate on more complex reviews.

Objective analysis and reporting will evolve to evaluate the impact of the new DURs.

Annual Report 2020-21

Monitoring & Reporting Activities

Annual Program Activity:

Overall Program activities compared to the previous fiscal years outlined below:

Item	2017/18	2018/19	2019/20	2020/21
Patient Profiles – Internally Generated ¹	993	225	136	61
Patient Profiles – eAccess Generated	28,968	23,913	23,057	18,701
Requests for Prescriber Profiles	33	29	16	16
Requests for Pharmacy Profiles	0	0	0	0
Referrals to Medical Consultant	182	149	79	70
Referrals to Pharmacist Consultant ²	n/a	63	94	147
Referrals to Practice Review Committee ³	28	0	9	16
Referrals to Licensing Authorities	9	7	4	2
Multiple Prescriber Notifications ⁴	1123	130	3	0
Drug Utilization Review Inquiries	76	105	75	165
Referrals to Law Enforcement	0	1	0	1
Requests for Patient Profiles by Law Enforcement	79	35	33	16
Notification of Charges	30	16	3	3

- Notes:**
1. Generation of Patient Profiles decreased with discontinuation of some reports.
 2. The NSPMP Pharmacist Consultant role was introduced on Oct 17, 2018.
 3. Referrals to PRC are counted as new unique case referrals and excludes counts of previously reported ongoing open cases.
 4. Multiple Prescriber Notifications were discontinued July 2018. Supporting information for prescribers remains available on eAccess.

Activity Summary:

Covid-19 Pandemic

In order to maintain patient access to controlled substances when needed for medical treatments and to enable adherence to public health guidelines, such as self-isolation and social distancing measures, Health Canada issued exemptions under S.56 of the *Controlled Drugs and Substances Act* (CDSA) and its Regulations. These exemptions were to: permit pharmacists to extend prescriptions, permit pharmacists to transfer prescriptions to other pharmacists; and permit prescribers to issue verbal orders (i.e. over the phone) to extend or refill prescriptions. To support these changes, the Board of Directors of the NSPMP passed motions to permit pharmacists as temporary prescribers under the NSPMP, and to permit faxing of monitored drug prescriptions, to support patient and prescriber safety. The NSPMP worked collaboratively with the Drug Information System, Nova Scotia College of Pharmacists and the Department of Health and Wellness to effect the required changes.

The NSPMP experienced a 360% increase in out of province registrations compared to last year, directly related to the Covid-19 pandemic. The highest volume of registrants was from Ontario, New Brunswick, and Alberta. There was increased staff effort to actively contact and follow up with prescribers, and to support and process the prescriber registrations. At times this was a collaborative effort with local pharmacies.

General

In total, there have been 165 Drug Utilization Review and 21 Prescriber Practice Review inquiries. The Medical and Pharmacist Consultants have experienced higher referral volumes as a result.

Usage of the eAccess portal by prescribers to review patient drug profiles has declined over the past 3 years. With linkage to the DIS available for a complete patient profile review, it is not unexpected that a reduction in eAccess use be noted. The NSPMP has continued to promote the value of patient history reviews prior to dispensing monitored drugs.

Interaction with law enforcement has remained an important element of the NSPMP's work, although, there has been a decline in profile requests and notification of charges received. The NSPMP did make one referral to local law enforcement. The NSPMP continues to collaborate on a case by case basis and identify potential opportunities to enhance promotion of NSPMP services and ensure awareness of the program remains high amongst law enforcement.

The NSPMP website was updated to a new platform. A refreshed pharmacy guide and a list of practice resources were added to support practitioners and pharmacists in safe prescribing.

Annual Report 2020-21

Practice Review Committee (PRC)

The committee convened for five meetings. Committee members were provided an orientation to the new prescriber practice review process and risk tool. The committee has reviewed 15 Prescriber Practice Reviews (closed 14) and reviewed 1 Drug Utilization Review (closed). The Practice Review Committee referred 2 cases to licensing authorities: one to the College of Physicians and Surgeons of Nova Scotia, and one to the Nova Scotia College of Pharmacists.

The Practice Review Committee welcomed three new committee members in October, appointed from Doctors Nova Scotia, the College of Physicians and Surgeons of Nova Scotia, and the NSPMP Board of Directors.

Media Inquiries:

During 2020-21 the NSPMP did not receive any media requests.

Data Reporting & Releases:

During 2020-21 the NSPMP processed the following information requests:

Requested By	Information Request
Jason Meisner & Karim Mukhida, Dalhousie University	Data linkage for "Post-craniotomy opioid prescribing in Nova Scotia" research study
Jesse Ory, Dalhousie University	Aggregate data for testosterone dispense data for males only for research study (3 separate requests)
Joseph Saunders, Dalhousie University	De-identified patient level data for "Methadone versus buprenorphine/naloxone in opioid agonist therapy treatment retention: Analysis of daily-witnessed dispensed medication in Nova Scotia" study
Shelly LeDrew (Atlantic Mentorship Network)	Aggregate data regarding prescribing patterns related to Covid -19
Nova Scotia College of Pharmacists	# Pharmacists prescribing OAT medications and # prescriptions dispensed (methadone/buprenorphine) since the start of the pandemic

Community Involvement & Education

The following is a summary of community and provincial initiatives in which NSPMP staff members were involved:

Drug Evaluation Alliance of Nova Scotia (DEANS):

The Manager and Pharmacist Consultant of the NSPMP are members of the DEANS Management Committee. The focus of which is to contribute to the health of Nova Scotians by encouraging appropriate drug use. More information is available on the website.

<http://novascotia.ca/dhw/pharmacare/drug-evaluation-alliance-of-nova-scotia.asp>

General Program Overview Presentations:

Date	Group Name	Number of Participants
July 9, 2020	CPSNS Peer Assessor Group	11
March 10, 2021	Drug Evaluation Alliance of Nova Scotia	12

Annual Report 2020-21

Program Financial Summary

The NSPMP fiscal year results are noted in the table below:

NSPMP Cost Area	Projections 2020/21 (\$)	Actual 2020/21 (\$)	Variance (\$)
Fixed Fees	719,756	719,756	0
Variable Fees	31,087	19,046	12,041
Flow Through (Board and Committee Expenses)	16,129	8,623	-2,494
Strategic Plan Fees	336,514	319,472	17,041
Total	1,093,486	1,066,898	26,588

Note: The final payment for the balance of IT costs for the Strategic Plan Fees will be paid in quarter 1 of 2021/22. Projected fee \$ 100,000, Actual fee \$ 84,546, Variance \$ 14,454.