Nova Scotia Prescription Monitoring Program

Business Plan 2015/16

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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 Prescription Monitoring Association of Nova Scotia (PMANS) was incorporated in October 1991. In January 1992 the PMANS began operating a prescription monitoring program to monitor the prescribing and dispensing of specific narcotic and controlled drugs in Nova Scotia with the objective of curbing the overuse, misuse and diversion of these substances. Policy guidelines were established to give the program the ability to monitor the specific narcotic and controlled drugs through the use of a triplicate prescription pad. Pharmacists were required through legislation to dispense these drugs only when they were prescribed on a triplicate prescription pad.

Although PMANS was a voluntary association, it played a vital role in identifying the need to establish a legislative framework to support the operations of a prescription monitoring program. Consequently, *The Prescription Monitoring Act* was approved in October 2004 and subsequently proclaimed along with the Prescription Monitoring Regulations in June 2005. A Prescription Monitoring Board was appointed with the legislated mandate to establish and operate a prescription monitoring program for Nova Scotia. The objects of the Nova Scotia Prescription Monitoring Program (NSPMP) are to promote:

- the appropriate use of monitored drugs; and
- the reduction of abuse or misuse of monitored drugs.

Under the authority of *The Prescription Monitoring Act*, Medavie Blue Cross was appointed as the Administrator of the NSPMP.

In conjunction with the new legislation, the Administrator implemented an on-line system to receive prescription information for the specified list of monitored drugs. This information had historically been compiled using the part of the triplicate prescription pad which pharmacies were required to send into the program. By the end of 2007, all community pharmacies were submitting this information via the on-line system.

With the reduction in manual data entry work, the staff of the NSPMP became increasingly involved in customer service-oriented tasks and analytical processes. The services offered through the NSPMP were expanded and efforts to engage various stakeholders were initiated.

The NSPMP continues to see growth in prescription volume and stakeholder usage/communication. In April 2012, the NSPMP launched 24 hour e-Access for prescribers and dispensers of monitored drugs in response to their requirements for access to patient information during off-peak hours. Communication regarding law enforcement 'Notification of Charges', based on charges related to the misuse and diversion of monitored drugs, is

now provided to relevant prescribers and dispensers. In addition, the Office of the Auditor General of Nova Scotia completed an audit of NSPMP operations in May 2012.

Key considerations in forming the 2015/16 NSPMP Business Plan include the continued integration of data management processes with the Nova Scotia Drug Information System, completion and potential expansion of the PMP's prescriber review process and re-development of the Program's communications plan.

Introduction

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

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

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

Business Planning

Second Year of Strategic Planning Cycle (2013/2016)

Q3 Outcomes (2014/15)

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

Area	Year Two Outcomes (2014/15)	Status			Comments
		Complete	In Progress	Outstanding	
Reputation/ Brand	• Complete implementation of the Communications plan approved until March 31, 2015	**X**			Communications plan report to be provided to the Board in April 2015
	• Complete 2014 annual stakeholder survey and provide results to the Board.			**X**	Survey postponed to focus on DIS and eAccess password reset implementation. Projected for fall of 2015
Financial	• On an ongoing basis, the Board will provide input regarding current program resources and make recommendations regarding any potential	**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	
	adjustments				
Business Process Excellence	• Complete Auditor General's Recommendations with 2014 completion dates.	X			SLA signed. DUR recommendations are on hold with DHW for future consideration.
	• 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).	X			PMP requirements completed.
	• Implement/manage changes related to data/program integration with the NS Drug Information System (DIS).	X			Over 100 pharmacies transitioned. PMP status updates have been provided to DHW and the Board on a regular basis.
Programs and Services	• Complete Auditor General's Recommendations with 2014 completion date.	X			PMP requirements completed.
	• Complete an assessment of any potential programming	X			Requirements completed to date. Further assessment

Area	Year Two Outcomes (2014/15)	Status			Comments
		Complete	In Progress	Outstanding	
	changes related to the completion of the DIS implementation (i.e. Rx Pad discontinuation)				and recommendations to be completed closer to DIS transition completion Estimated for June 2016.
	• Advocate and facilitate support for education and research that meet the objects of the Program and/or measure its effectiveness.	X			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.
Human Resources and Infra-structure	• 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)
Stakeholder Relations	• Align Communications Plan with the approach for meetings, conferences & workshop attendance (i.e. key messages, outcomes etc…)	X			Key messages regarding best-practice integrated into presentations and Prescriber Package distributed in March 2015 with prescriber scoring integrated.

Area	Year Two Outcomes (2014/15)	Status			Comments
		Complete	In Progress	Outstanding	
	• 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 Year-to-Date Status of the Year One Outcomes

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 Nova Scotia College of Physicians and Surgeons. 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 1,700 prescribers and pharmacists registered. In addition, Nurse Practitioners also have had this required included in their prescribing standards since becoming eligible to prescribe monitored drugs in November of 2014.

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 is considered successful, although challenges remain in terms of manual intervention required to manage a variety of data related issues unique to the DIS.

The PMP completed all Program related requirements associated with the 2012 Auditor General's Report Recommendations. Through the review of the Program's reporting functions, development of an approach to reporting based on overall prescriber prescribing data was completed. The newly designed report allows the Program to complete reviews and distribute information to prescribers based on overall practice trends. This approach is an additional programming component and represents an enhanced ability to support prescribers in the implementation of best-practices for the prescribing of monitored drugs.

Based on the above noted reporting function approximately 150 Prescriber Information Packages were sent to select Nova Scotia family physicians. 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.

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

Year 3 Planned Outcomes (2015/16)

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

Area	Year Three Outcomes (2015/16)	Activities/Initiatives
Reputation/Brand	• Re-develop the PMP Communications Plan • Complete 2015 annual stakeholder survey and provide results to the Board.	• Gain Board approval and DHW support (if required) for a two year Communications Plan. • Complete identified and approved activities. • Assess results of survey and determine next steps based on results.
Financial	• On an ongoing basis, the Board will provide input regarding current program resources and make recommendations regarding any potential adjustments	• Board to monitor best practice approaches and issues raised through their associations and bring forward to the Board for discussion.
Business Process Excellence	• Complete implementation and evaluation of the Prescriber Risk Scoring and Review process • Implement/manage changes related to data/program integration with the NS Drug Information System (DIS).	• Implement programming and consider program improvements based on evaluation and stakeholder feedback • Implementation projected for completion by June 2016

Area	Year Three Outcomes (2015/16)	Activities/Initiatives
Programs and Services	• 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	• Complete recommendations to the Board by January 31, 2016. • Program staff will continue engage in potential research opportunities (i.e. CCSA), as well as support data requests and research enquiries. • Initiate the planning phase in the Fall of 2015.
Human Resources and Infra-structure	• On an ongoing basis, the Board will provide input regarding current program resources and make recommendations regarding any potential adjustments	• Board to monitor best practice approaches and issues raised through their associations and bring forward to the Board for discussion.
Stakeholder Relations	• Align Communications Plan with current programming priorities (i.e. prescriber programming, law enforcement) • Participate in National PMP strategy development and working groups where appropriate	• Implement Communications Plan activities. • Manager of PMP to continue as a member of National First Do No Harm Strategy Project Teams and research teams.

Program Cost Projections (2014/15 and 2015/16)

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

Fixed Costs:

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

Variable Costs:

Under the new costing model the variable cost component consists of a fee per prescription processed by the Program and is only associated with the systems and systems maintenance required. The transaction fee per prescription processed increases each year by the CPI. Transaction fees under the Service Agreement are as follows:

2012/13: $0.135
2013/14: $0.138
2014/15: $0.140
2015/16: $0.142
2016/17: $0.145 (based on a projected 2% CPI over the 2015/16 transaction fee)

As well, the number of prescription pads will continue to be billed as a variable cost with the 2015/16 cost per pad for production and shipping as the follows:

1 pad - $8.562
3 pads - $4.968
6 pads - $4.075
Fee per blank pad produced (shipping extra) $3.183

Flow Through Charges:

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

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

Operational Costs under the Service Agreement

(Comparison of Actual and Projected Costs)

Cost Area	Actual 2013/14 ($)	Projections 2014/15[1] ($)	Projections 2015/16[2] ($)
Fixed Fees	654,774	662,631	674,161
Variable Fees	192,143	182,220	82,499[2]
Flow Through (line charges)	73,864	72,722	85,203
Flow Through (Board/Committee Expenses)	12,364	11,239	15,604
Total	**933,145**	**928,812**	**857,467**

A reasonable determination of overall program expenses considers the fixed, variable and flow through charges, as well as new costs related to strategic initiatives. The program projects decreases in variable fees in 2015/16 associated with the delivery of data to the PMP from the DIS versus the existing process. In addition, lower than projected Board/Committee costs are related to a reduction of one public member, currently without an identified replacement, and adjusted agenda items for two meetings. Costs for 2015/16 are projected based on full Board/Committee representation and anticipated meeting plan.

[1] Projections for 2014/2015 are based on the budgeted results as of February 28, 2015, annualised.
[2] The projected numbers for 2015/16 are based on an anticipated Consumer Price Index (CPI) of 2% and a cumulative decrease of 6% per month of variable volumes due to the implementation of the Drug Information System (DIS). It does not include any cost associated with the additional effort due to the implementation of DIS.