



# Nova Scotia Prescription Monitoring Program

Business Plan 2020-21

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## 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 specific narcotic and controlled drugs through the use of a triplicate prescription pad. Pharmacists were required through legislation to dispense these drugs only when 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 Administrator of the Program is 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.

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 utilizing the part of the triplicate prescription pad 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.

In 2012, the NSPMP launched an online application (eAccess) that enabled prescribers and pharmacists to access program data 24/7. The portal allows prescribers and pharmacists to quickly access the most recent 18 months of NSPMP patient prescribing history prior to prescribing and dispensing monitored drugs.

In 2016, NSPMP fully integrated with the provincial Drug Information System (DIS) to transmit monitored drug claim information directly to NSPMP via multiple daily extracts. Once the extract is received, the monitored drug claims information is uploaded to the NSPMP database and to eAccess.

The NSPMP has continued to evolve and advance the program operation within its mandate. There has been expansion of monitoring activities in 2018 to integrate benzodiazepines into its collection of prescription dispensing data. Work continues on the operationalization of the monitoring activities of benzodiazepines, as well as, a continued focus on opioid usage in the province.

### 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
4. Provide estimated costs associated with those strategic initiatives which require funding.

Within this Business Plan document, the previous period 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.

### Summary of the Current Strategic Plan Cycle (2017-2020)

Building on its core functions (data collection, case identification and information sharing), the NSPMP will focus on improving efforts through a phased approach to achieve the established strategic priorities:

- Effective Benzodiazepine Monitoring
- Improving the First Prescription
- Governance

### Phased Approach Overview

#### **Phase 1 (Preliminary Planning for Program Expansion):**

This phase is complete and focused on informing and developing the capacity to take on the prescription monitoring of benzodiazepines in an effective manner. Service adjustments were completed and expert review activities were completed to inform the recommendations for benzodiazepine and opioid intervention activities.

**Phase 2 (Assessment and Implementation):**

Requirements gathering activities and a systems analysis were completed based on expert review and recommended intervention strategies. Work is in progress to configure the database to deliver reports for operational response with thresholds for case identification being evidence based and expert informed. Work will continue toward implementation of new patient based and practice based intervention strategies.

**Phase 3 (Final Reporting and Systems Rollout):**

Enhanced mechanisms for data analysis, trending and reporting will be completed, in addition to, key indicators for measuring program impact and evaluation processes for newly developed intervention activities.

**Governance:**

A governance review is ongoing and the Administrator, Board, and Department of Health and Wellness are working toward the most effective approach going forward.

## Business Planning

### Strategic Planning Cycle (2017-2020)

#### Outcomes (2019-20)

The following table documents the status of the operational and strategic outcomes established for 2019-20 relating to Phase 1 & 2 of the NSPMP Strategic Plan.

Area	Year Outcomes (2019-20)	Status			Comments
		Complete	In Progress	Outstanding	
<b>Governance Review</b>	<ul style="list-style-type: none"> <li>Complete a governance review to inform best practice.</li> <li>Evaluate and recommend a Governance Model.</li> </ul>	X			<p>A governance review is ongoing.</p> <p>Discussions are in progress with the Administrator, DHW and Board of Directors toward the most effective approach.</p>
<b>Financial</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			Board provided and continues to provide input into areas impacted by access to resources.

Area	Year Outcomes (2019-20)	Status			Comments
		Complete	In Progress	Outstanding	
Business Process Excellence	<ul style="list-style-type: none"> <li>Complete a data analysis of NS Prescriber practices for monitored drugs, including benzodiazepines</li> </ul>	X			Data analysis was completed and presented to the Board of Directors in June, 2019.
	<ul style="list-style-type: none"> <li>Complete an environmental scan regarding support of safe prescribing of opioids and benzodiazepines</li> </ul>	X			A literature review was completed and presented to the Board of Directors in October, 2019.
	<ul style="list-style-type: none"> <li>Complete strategic plan recommendations to address program evolution, including how to incorporate Benzodiazepine monitoring and first prescriptions for acute pain.</li> </ul>	X			Recommendations paper was completed and presented to the Board of Directors in October, 2019.
	<ul style="list-style-type: none"> <li>Letter to Regulatory Colleges requesting adoption of a standard regarding opioid initiation in acute pain</li> </ul>	X			Letters sent to prescribing Colleges and NSCP in January, 2020.
	<ul style="list-style-type: none"> <li>Consult with the Board on the value of further stakeholder consultations via survey</li> </ul>	X			Consultation determined that the literature review and data analysis were sufficient to inform the Strategic Plan. Annual stakeholder surveys will resume at a later time.

Area	Year Outcomes (2019-20)	Status			Comments
		Complete	In Progress	Outstanding	
	Complete an analysis and subsequent project plan to assess, develop, build and implement technology solutions for reporting, systems upgrades to support the new reporting and intervention strategies. Submit to DHW for approval.	X			Project plan was submitted to DHW and approved March 25, 2020.
<b>Programs and Services</b>	<ul style="list-style-type: none"> <li>Advocate and facilitate support for education and research that meets the objects of the Program and/or measure its effectiveness.</li> </ul>	X			Ongoing support continues to be provided based on stakeholder requests. Requests have been received from Dalhousie, CPSNS and others.
<b>Human Resources and Infra-structure</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			Board provided and continues to provide input into areas impacted by access to resources (i.e. Pharmacist Consultant)
<b>Stakeholder Relations</b>	<ul style="list-style-type: none"> <li>Align communications with current programming priorities (i.e. Benzodiazepine Monitoring, First Prescription)</li> </ul>		X		Key messages regarding best practice are being integrated into presentations, resource information and the development of new Prescriber Profile Packages.

### Comments on the Status of the Third Year of the Strategic Plan

From 2019-2020, the NSPMP has continued to move forward in advancing work via expert review and data analysis toward best practice monitoring of opioids and benzodiazepines (including the first prescription), in addition to, completing some evaluation of the Board Governance Structure. The following summarizes key programming outcomes in 2019-20 that have informed the development of the 2020-21 Business Plan.

#### **Benzodiazepine Monitoring and First Prescription**

To support a planned expansion of monitoring activities to include benzodiazepines, expert and other reviews were conducted, to validate the current practice landscape and develop meaningful performance metrics to support the new strategic priorities.

The expert review sessions involved engagement with health professionals and their input on best practice approaches for prescribing opioids/benzodiazepines, first prescription and Program engagement.

These results were considered, in conjunction with a literature review, NSPMP data analysis, peer-reviewed literature, standards issued by provincial regulatory bodies, provincial drug formularies, and prescribing guidelines, to produce a Strategic Plan Recommendations report.

The Strategic Plan Recommendations report contained recommendations addressing legislation, regulation and standards, education initiatives, as well as, multi-pronged initiatives. This was received and supported by the Board.

Letters of request to adapt/support a standard on opioid initiation in acute pain were sent to the prescribing Colleges and to the Nova Scotia College of Pharmacists (NSCP). NSCP responded in support and will work collaboratively with the College of Physicians and Surgeons of Nova Scotia.

#### **Practice Review Committee (PRC)**

In 2018, case referrals were put on hold while work shifted to focus on revising the processes in preparation for case volume increases with expanding monitoring activities relating to the incorporation of benzodiazepines. The NSPMP staff worked proactively to make changes to the case preparation/summary templates and nine cases have been reviewed since June, 2019. To support ongoing work, the committee also provided feedback regarding enhancements made to the Prescriber Reports that will support the new Prescriber Risk Tool and subsequent practice reviews.

## Year Four of the Strategic Planning Cycle

### Year 4 Planned Outcomes

The current Strategic Plan will require another year to complete the implementation. The following table documents planned outcomes for the operational and strategic initiatives to complete the 2017-20 strategic planning cycle.

Area	Year Four Outcomes (2020-21)	Activities/Initiatives
<b>Governance</b>	<ul style="list-style-type: none"> <li>Evaluation of the governance review and recommendations put forward to DHW.</li> <li>Work with DHW to scope changes/processes to transition.</li> </ul>	<ul style="list-style-type: none"> <li>Board of Directors and Administrator to convey to the Minister of Health and Wellness, a preferred recommendation.</li> <li>DHW decision on recommendation.</li> <li>Assess the processes and changes necessary to transition.</li> </ul>
<b>Brand/Reputation</b>	<ul style="list-style-type: none"> <li>Monitor responses from the respective Colleges regarding the letter of request for a standard on opioid initiation. Review for support engagement and participation in a collaborative effort.</li> <li>Resume discussion on a new strategic planning cycle</li> </ul>	<ul style="list-style-type: none"> <li>Monitor outcome and assess adjustments to first prescription monitoring</li> <li>Discussion will resume with the Board.</li> </ul>
<b>Financial</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>	<ul style="list-style-type: none"> <li>Board to provide and continue to provide input into areas impacted by access to resources.</li> <li>Respond to any adjustments based on governance review.</li> </ul>

Area	Year Four Outcomes (2020-21)	Activities/Initiatives
<b>Data Integrity / Infrastructure</b>	<ul style="list-style-type: none"> <li>• Collaborate with the Drug Information System to ensure the NSPMP receives prescription data that is accurate, timely and effectively integrated into the existing NSPMP system.</li>   <li>• Develop, build and implement technology solutions for reporting and systems upgrades to support the new reporting and intervention strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to work with the DIS to identify any potential problems/solutions which may improve NSPMP data integrity.</li>   <li>• Report regularly to the Board regarding the effectiveness of efforts to improve data integrity and volume of data errors tracked.</li>   <li>• Required reporting and systems upgrade implementation with roll out of new reporting and intervention strategies.</li> </ul>
<b>Data Analysis</b>	<ul style="list-style-type: none"> <li>• Through development and evaluation, launch and advance the new prescriber risk scoring tool/DURs.</li> </ul>	<ul style="list-style-type: none"> <li>• Continual evaluation and reporting to inform necessary adjustments and process updates to ensure effective, efficient monitoring.</li> </ul>
<b>Business Process Excellence</b>	<ul style="list-style-type: none"> <li>• Implement the new reporting and Intervention strategies based on the Strategic Plan Recommendations                             <ul style="list-style-type: none"> <li>• Practice Based</li> <li>• Patient Based</li> <li>• Benchmarking/Trending</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Phased approach to implementation aligned with the system upgrades.</li> </ul>
<b>Information Sharing</b>	<ul style="list-style-type: none"> <li>• Develop prescribing communication materials.</li>   <li>• Continue to incorporate best practice key messages on prescribing of monitored drugs into communications with prescribers, pharmacists and stakeholder groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Complete an inventory of resources and prescriber profile data templates.</li>   <li>• Leverage key guidelines and best practice supports.</li>   <li>• Leverage information from the Nova Scotia's Opioid Framework.</li> </ul>

Area	Year Four Outcomes (2020-21)	Activities/Initiatives
	<ul style="list-style-type: none"> <li>Maintain and enhance, where possible, the NSPMP relationship with law enforcement.</li> </ul>	<ul style="list-style-type: none"> <li>Continue the work of the Practice Review Committee related to prescriber reviews and DUR.</li> <li>Ongoing support continues to be provided based on LE requests.</li> </ul>

## Program Costs Actual (2019-20) and Projections (2020-21)

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 model include the cost of salaries and overhead for all program staff members including Business Analyst, Business Support Analysts, Pharmacist Consultant, Medical Consultant, and the Manager. The base annual fixed cost increases each year by the CPI (Consumer Price Index) as stipulated in the contract.

### **Variable Costs:**

The number of prescription pads will continue to be billed as a variable cost with the 2019-20 and 2020-21 (increase based on 1.63% CPI) cost per pad for production and shipping as follows:

1 pad - \$9.151 (\$9.300, 2020-21)
3 pads - \$5.310 (\$5.396, 2020-21)
6 pads - \$4.355 (\$4.426, 2020-21)
12 pads - \$3.812 (\$3.874, 2020-21)
Fee per blank pad produced (shipping extra) \$3.402 (\$3.457, 2020-21)

### **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. Courier charges for the shipping of blank emergency pads.

## Operational Costs under the Service Agreement

(Comparison of Actual and Projected Costs)

Cost Area	Actual 2018/19 (\$)	Actual 2019/20 (\$)	Projections 2020/21 (\$)
Fixed Fees	693,062	708,240	723,750
Variable Fees	64,745	64,501	74,460
Flow Through (line charges)	-		-
Flow Through (Board/Committee Expenses)	9,000	8,524	14,000
<b>Total</b>	<b>766,807</b>	<b>781,265</b>	<b>812,210</b>

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 lower than projected variable fees are related to a decrease in volume of prescription pads produced. This may need to be reviewed and with consideration given to the current climate of CDSA exemptions and the impact of COVID-19 on prescriber practices.

The lower than projected Board/Committee costs are related to a reduction of one public member, currently without an identified replacement and slight reduction in the meeting frequency of the Practice Review Committee in 2019. Costs for 2020-21 are projected based on full Board/Committee representation and anticipated meeting plan.

In addition, the need for funding to support strategic initiatives outside the contractual agreement is determined through the change request process.

The following estimates include operational costs projections and costs related to Phase 2-3 strategic initiatives not covered under the contract between Medavie Blue Cross and the Department of Health and Wellness.

Estimated Operational Costs 2020-21	
Cost Area	Projected Cost
Fixed Costs	723,750
Variable Costs	74,460
Line Charges (flow through)	-
Committee (flow through)	14,000
<b>Total Projected Program Budget:</b>	<b>812,210</b>
Costs Related to Strategic Initiatives	
Initiative	Projected Cost
Assessment, development and build of technology solutions for reporting and systems upgrades to support the new reporting and intervention strategies	Required reporting and systems upgrade implementation with roll out of new reporting and intervention strategies.
<b>Subtotal</b>	<b>384,975</b>
<b>Total Projected Program Budget:</b>	<b>1,197,185</b>

**Note:** Actual costs will fluctuate based on variable cost experience