



# Nova Scotia Prescription Monitoring Program Business Plan 2021-22

**Prescription Monitoring Program**

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## Table of Contents

<b>Introduction .....</b>	<b>1</b>
<b>Business Planning .....</b>	<b>1</b>
<b>Comments on the Year-to-Date Status of Year Four Outcomes.....</b>	<b>4</b>
<b>Program Cost Projections (2020-21 and 2021-22) .....</b>	<b>8</b>

### 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.

### Business Planning

#### Fourth Year of Strategic Planning Cycle (2017-2020)

##### Q3 Outcomes (2020-21)

The following table documents the status of the operational and strategic outcomes established for the current year relating to Phase 2 & 3 of the NSPMP Strategic Plan. The status reflected below represents year-to-date accomplishments:

Area	Year Four Outcomes (2020-21)	Status			Comments
		Complete	In Progress	Outstanding	
<b>Governance Review</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>	X	X	X	<ul style="list-style-type: none"> <li>The Board of Directors has communicated its recommendations to the Minister.</li> <li>Work continues with the Administrator, DHW and Board of Directors toward the most effective approach.</li> <li>Work will begin once an approach has been established.</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.</li> <li>Resume discussion on a new strategic planning cycle.</li> </ul>	X			<ul style="list-style-type: none"> <li>CPSNS posted a standard May 29, 2020.</li> <li>Standards will be reviewed against current monitoring of the first prescription.</li> <li>DHW and Board of Directors support initiation activity to begin Q3 2021</li> </ul>
<b>Financial</b>	<ul style="list-style-type: none"> <li>On an ongoing basis, the Board may review recommendations regarding any potential adjustments to current Program resources.</li> </ul>	X			<ul style="list-style-type: none"> <li>Board may review recommendations regarding any potential adjustments to current Program resources.</li> </ul>
<b>Data</b>	<ul style="list-style-type: none"> <li>Collaborate with the</li> </ul>	X			<ul style="list-style-type: none"> <li>NSPMP continues to</li> </ul>

Area	Year Four Outcomes (2020-21)	Status			Comments
		Complete	In Progress	Outstanding	
<b>Integrity/Infras tructure</b>	<p>Drug Information System to ensure the NSPMP receives prescription data that is accurate, timely and effectively integrated into the existing NSPMP system.</p> <ul style="list-style-type: none"> <li>Develop, build and implement technology solutions for reporting and systems upgrades to support the new reporting and intervention strategies.</li> </ul>	<b>X</b>			<p>work with the DIS to identify any potential problems/solutions which may improve NSPMP data integrity.</p> <ul style="list-style-type: none"> <li>NSPMP reports regularly to the Board regarding the effectiveness of effort to improve data integrity and volume of data errors tracked.</li> <li>Technology roll out of new reporting and intervention strategies to be completed Q3.</li> <li>Intervention strategies in effect January 2021.</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>	<b>X</b>			<ul style="list-style-type: none"> <li>Continual evaluation and reporting to inform necessary adjustment and process updates to ensure effective, efficient monitoring.</li> </ul>

Area	Year Four Outcomes (2020-21)	Status			Comments
		Complete	In Progress	Outstanding	
<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 and trending</li> </ul> </li> </ul>		<b>X</b>		<ul style="list-style-type: none"> <li>Practice Based Reviews implemented and completed quarterly.</li> <li>Phased approach to Patient Based Monitoring in progress. All will be in effect Q4.</li> <li>Benchmarking and trending is in progress and ongoing.</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> <li>Maintain and enhance, where possible, the NSPMP relationship with law enforcement.</li> </ul>	<b>X</b>			<ul style="list-style-type: none"> <li>Inventory of resources and prescriber profile data templates completed.</li> <li>Communications have been updated to incorporate relevant best practice key messages.</li> <li>Ongoing review will continue to ensure NSPMP is leveraging best practice supports.</li> <li>Ongoing support and education continues to be provided based on LE requests.</li> </ul>

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

During 2020-2021, the NSPMP has continued to move forward in advancing work of Phase 2-3 to develop, build and implement technology solutions for reporting and systems upgrades to support the new reporting and intervention strategies. The following summarizes key programming outcomes in 2020-21 that have informed the development of the 2021-22 Business Plan.

#### **Expansion of Technology Solutions, Reporting and Intervention Strategies**

A significant focus of Phase 2-3 was to develop, build and implement technology solutions. This work is nearly complete and the solution is scheduled to be implemented in Q3 and the new interventions are scheduled to run Q4 (January 2021).

The Strategic Plan Recommendations report contained recommendations addressing legislation, regulation and standards, education initiatives, as well as, multi-pronged initiatives.

Letters of request to adapt/support a standard on opioid initiation for acute pain were sent to the prescribing Colleges and to the Nova Scotia College of Pharmacists (NSCP). In support, the College of Physicians and Surgeons of Nova Scotia posted a standard on initiation of opioid therapy for acute pain in May of 2020. This will continue to be reviewed in relation to ongoing monitoring initiatives.

Multi-pronged recommendations were initiated. Work toward advancing the prescriber risk tool to align with the strategic priorities on benzodiazepine and first prescription monitoring was completed. Procedural reviews and updates were made for operational readiness and prescriber practice reviews were initiated in Q1. Reviews continue and were recently expanded to include other prescriber groups, in addition to, physicians.

Patient based interventions identified in the Strategic Plan, were developed and validated. A benzodiazepine intervention was implemented manually and has been running monthly. Continuous process review is in place to refine and adjust monitoring efforts. The remaining patient based interventions will begin in Q4.

#### **Governance Review**

The NSPMP Board of Directors, Department of Health and Wellness and Medavie BlueCross continue to work toward the most effective approach to governance. Once an approach is determined, work will focus on advancement and transitioning to the new approach, if required.

## Year Five of the Strategic Planning Cycle

### Year 5 Planned Outcomes

The current Strategic Plan will require another year to complete and operationalize the implementation. The following table documents planned outcomes for the operational and strategic initiatives to complete the current strategic planning cycle. Key areas of focus for this year will include: operationalization of the new reporting systems, quality assurance on the new DURs and advancement/completion of the governance review.

Area	Year Five Outcomes (2021-22)	Activities/Initiatives
<b>Governance</b>	<ul style="list-style-type: none"> <li>Review and discussion on DHW response to the proposed governance recommendation put forward by the Board.</li> <li>Work with DHW to scope changes/processes to transition.</li> </ul>	<ul style="list-style-type: none"> <li>Review and discuss DHW response to the Board recommendations.</li> <li>Assess the processes and changes necessary to transition.</li> </ul>
<b>Brand/Reputation</b>	<ul style="list-style-type: none"> <li>Resume discussion on a new strategic planning cycle.</li> </ul>	<ul style="list-style-type: none"> <li>Discussion will resume with the Board in Q3.</li> </ul>
<b>Financial</b>	<ul style="list-style-type: none"> <li>On an ongoing basis, the Board may review recommendations regarding any potential adjustments to current Program resources.</li> </ul>	<ul style="list-style-type: none"> <li>Board may review recommendations regarding any potential adjustments to current Program resources.</li> <li>Respond to any changes based on governance review.</li> <li>If applicable, the Board will work with the Program to bring a business case to present to DHW to request funding.</li> </ul>
<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</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> </ul>



Area	Year Five Outcomes (2021-22)	Activities/Initiatives
	existing NSPMP system.	<ul style="list-style-type: none"> <li>Report regularly to the Board regarding the effectiveness of efforts to improve data integrity and volume of data errors tracked.</li> </ul>
<b>Data Analysis</b>	<ul style="list-style-type: none"> <li>Track volume of new DUR and Prescriber Practice Reviews against targets.</li> <li>Establish baseline trending to assess impact of new DUR and Prescriber Reviews.</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> <li>Review and track performance metrics and volume.</li> </ul>
<b>Business Process Excellence</b>	<ul style="list-style-type: none"> <li>Monitor, evaluate and adjust the new reporting and Intervention processes:                             <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>Continual review of processes to improve quality, efficiency and volume of reviews.</li> </ul>
<b>Programs and Services</b>	<ul style="list-style-type: none"> <li>Advocate, facilitate support for education and research that meets the objects of the Program and/or measure its effectiveness.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing support continues to be provided based on stakeholder requests.</li> </ul>

Area	Year Five Outcomes (2021-22)	Activities/Initiatives
<b>Information Sharing</b>	<ul style="list-style-type: none"> <li>Continue to incorporate best practice key messages on prescribing of monitored drugs into communications with prescribers, pharmacists and stakeholder groups.</li> <li>Maintain and enhance, where possible, the NSPMP relationship with law enforcement.</li> </ul>	<ul style="list-style-type: none"> <li>Leverage key guidelines and best practice supports.</li> <li>Continue the work of the Practice Review Committee related to prescriber reviews and DUR cases.</li> <li>Continue to participate in DEANS Committee meetings.</li> <li>Ongoing support continues to be provided based on LE requests.</li> </ul>
<b>Human Resources and Infrastructure</b>	<ul style="list-style-type: none"> <li>On an ongoing basis, the Board may provide input regarding current Program resources and review recommendations regarding any potential adjustments.</li> </ul>	<ul style="list-style-type: none"> <li>Board provides and continues to provide input into areas impacted by access to resources (i.e. Pharmacist Consultant) and may review recommendations regarding potential adjustments.</li> <li>Assess the need for added Medical Consultant support.</li> </ul>
<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>	<ul style="list-style-type: none"> <li>Key messaging regarding best practices and Program data to effect change will continue to be integrated into presentations, resource information.</li> </ul>

### Program Cost Projections (2020-21 and 2021-22)

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 the Business Support Analysts, the 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 2020-21 and 2021-22 (increase based on 0.19% CPI) cost per pad for production and shipping as follows:

- 1 pad - \$9.300 (\$9.318, 2021-22)
- 3 pads - \$5.396 (\$5.406, 2021-22)
- 6 pads - \$4.426 (\$4.434, 2021-22)
- 12 pads - \$3.874 (\$3.887, 2021-22)
- Fee per blank pad produced (shipping extra) \$3.457 (\$3.4633, 2021-22)

### Flow Through Charges:

Flow through charges represents 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 2019-2020 (\$)	Projections 2020-21 (\$)*	Projected 2021-22 (\$)
Fixed Fees	708,240	719,756	721,124
Variable Fees	64,501	30,247	35,215
Flow Through (Board/Committee Expenses)	8,524	3,355	8,000
<b>Total</b>	<b>781,256</b>	<b>753,358</b>	<b>764,339</b>

*\*Note: Projections for 2020-21 are based on the actual results as of October 30, 2020 annualized.*

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 projections and projected costs for variable fees are related to a decrease in volume of prescription pads produced. This is directly related to the s.56 CDSA exemptions (i.e. permission of verbal orders) which remain in effect until September 2021 and the impact of COVID-19 on prescriber practices (i.e. telehealth).

The lower projection costs for Board/Committee expenses are related to less travel expenses due to online Board and Committee meetings through 2020-21 (COVID-19) and vacant Board member positions: one public member, one NSCP member (appointment pending), and one NSCN member. Costs for 2021-22 are projected based on full Board/Committee representation, anticipated meeting plans and catering/travel costs (should in-person meetings resume).

The following estimates include projected operational costs related to Phase 2-3 strategic initiatives not covered under the operational contract between Medavie Blue Cross and the Department of Health and Wellness. The budget envelope for 2021/22 will cover the balance of the IT upgrade costs, annual IT licensing fees (to support the upgrades) and funding for two operational staff (Pharmacist Consultant and Business Analyst) from Phase 1, both of which have not yet been converted to the operations budget (fixed costs). Activities planned for this fiscal will need to be covered in the day to day operations. Processes are underway at DHW to consider the transfer of the two costs (two staff

resources and licensing fees) to the NSPMP operational budget for the 2022-2023 fiscal year. New strategic initiatives and planning for the next strategic cycle will begin in Q3.

Estimated Operational Costs 2021-22	
Cost Area	Projected Cost
Fixed Costs	721,124
Variable Costs	35,215
Committee (flow through)	8,000
<b>Total Projected Program Budget:</b>	<b>764,339</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	Balance of payment for IT upgrade required with roll out of new reporting and intervention strategies. Two operational staff (PC and BA) and annual licensing fees, not yet converted to operational funding.
<b>Subtotal</b>	<b>377,407</b>
<b>Total Projected Program Budget:</b>	<b>1,141,746</b>