OPERATIONAL REVIEW OF THE *Prescription Monitoring Act*

Discussion Paper
Department of Health
April 2019

New Nouveau Brunswick

Department of Health
Operational Review of the *Prescription Monitoring Act*

Published by:

Department of Health
Government of New Brunswick
P.O. Box 5100
Fredericton, New Brunswick
E3B 5H1
Canada

Printed in New Brunswick

ISBN 978-1-4605-2002-4 (print edition)
ISBN 978-1-4605-1403-0 (PDF: English)
ISBN 978-1-4605-1404-7 (PDF: française)

12271-04-2019

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Message from the Minister of Health

As Minister of Health, I would like to thank you for taking the time to review this discussion paper and provide your input into the operational review of the *Prescription Monitoring Act*.

The *Prescription Monitoring Act* enables the Prescription Monitoring Program (PMP) to support the safe use of monitored prescription drugs in New Brunswick, prevent and reduce associated harms, and identify individuals at risk for addiction.

As part of the Act's provisions, the *Prescription Monitoring Act* must be the subject of an operational review four years after coming into force. The purpose of the review is to ensure that this important piece of legislation continues to remain current and effective and that it is administered in a way that continues to serve its original purpose.

The importance of the PMP has increased in the last few years with the ongoing challenges associated with the growing misuse of medications for pain management. The PMP helps health care professionals support individuals who may be at risk, and prevent and reduce associated harms.

As part of our consultation process, we are seeking feedback from stakeholders and the public about how well the Act is working and opportunities for improvements to both the Legislation and the Program.

We therefore encourage you to send your views to the Department of Health. Your contribution will provide valuable insight into the operation of the *Prescription Monitoring Act* and the PMP as well as opportunities for enhancements.

Sincerely,

Hon. Hugh J. Flemming, Q.C
Minister of Health

Introduction

The *Prescription Monitoring Act*, which enables the collection, use and dissemination of information related to monitored drugs, states that "within 4 years after the commencement of this Act, the Minister shall undertake a comprehensive review of the operation of this Act and shall, within one year after the review is undertaken or within such time as the Legislative Assembly may allow, submit a report on the review to the Legislative Assembly" (section 19).

The Act came into force in August 2014. As such, the Department of Health expects to table a report in the Legislative Assembly no later than August 2019.

Input from stakeholders and the general public is important to the success of this review. This discussion paper was developed to provide background information on the *Prescription Monitoring Act*, its operation since the Act came into force, and provide areas of improvement for consideration by examining aspects of the Act that have been the subject of discussions over the past four years.

The *Prescription Monitoring Act* can be consulted online on the Government of New Brunswick website. The regulations which support the Act can also be found online.

Submissions on this review can be sent electronically or through regular mail.

Electronic submissions can be sent by e-mail to: **healthconsultationsante@gnb.ca**

Submissions by **regular mail** can be sent to:

Prescription Monitoring Act Legislative Review
New Brunswick Department of Health
P.O. Box 5100
Fredericton, New Brunswick
E3B 5H1

All submissions should be received by: May 24, 2019

Your privacy is important

Please do not provide personal health information as part of this consultation. In addition, it is important that your views and ideas are heard and understood. You may therefore be contacted to clarify elements of your submission. Your name will not be placed on any lists, including mailing lists, which are not related to this review.

What is the Prescription Monitoring Program (PMP)

The Prescription Monitoring Program allows New Brunswick prescribers and pharmacists to view a patient's monitored drug prescriptions. Monitored drugs include medications such as Dilaudid, Percocet, Ritalin and Ativan. The PMP relies on real-time prescription information submitted by community pharmacies to the Drug Information System (DIS), housed within the provincial Electronic Health Record (EHR).

The PMP shows authorized healthcare professionals a patient's most up-to-date prescription information to help the professionals make safe, informed decisions about patient care. The PMP can assist in the early identification of patients at risk for addiction. It also helps improve prescribing of narcotic and controlled substances and support ways to lower or prevent the harms related to these drugs.

Prescribers and pharmacists can see information on filled monitored drug prescriptions such as:

- Potentially high doses
- Multiple prescriptions for similar monitored drugs
- Different pharmacies where prescriptions have been filled
- Possible risky combinations of monitored drugs

The PMP does not limit the use of monitored drugs for legitimate medical purposes.

Summary of the Implementation of the PMP from 2014 to 2018

The *Prescription Monitoring Act* received Royal Assent on December 18, 2009. The Act was proclaimed August 1, 2014 and the Regulations were made on September 1, 2014.

Between 2014 and 2016, the Department of Health collaborated with Service New Brunswick to build the technological infrastructure necessary to run the Drug Information System (DIS), connect all pharmacies to the DIS, and connect the DIS to the Electronic Health Record (EHR). The DIS/PMP network began collecting information in October 2014 starting with the connection of the first pilot pharmacy.

During this time, the Department of Health continued to conduct high-level project planning to identify requirements and timelines for policy development and stakeholder engagement. For example, the Department established a PMP Working Group composed of physicians, pharmacists, nurses, regulatory bodies, professional associations, as well as representatives from public health and addictions and mental health to validate and finalize the PMP vision, mission, goals, and objectives, as well as identify policy direction for key clinical, program, and stakeholder interventions.

The EHR Pharmacy Technical Work Group, composed of pharmacists, professional and regulatory body representatives, and pharmacy software vendor and corporation representatives has also played a key role in the implementation of the PMP. The group provided a structure and process for identifying and communicating operational and technical pharmacy issues to the Department of Health and to pharmacy stakeholders related to the EHR, PMP and DIS. This group also served as a mechanism for the Department of Health to communicate ongoing implementation and operational updates.

By December 2016, all community pharmacies across the province were connected to the DIS and have since been submitting prescription information.

Beginning in 2018, the Department of Health also undertook activities to inform health care providers about the PMP and promote its use. This included live sessions for physicians, with the support of the New Brunswick Medical Society, to provide information on opioid treatment guidelines, the PMP, and approaches to assessing and managing pain.

The Department of Health is engaged in ongoing improvements to the PMP. Additional PMP functionality including alerts to prescribers and pharmacists will be developed in collaboration with stakeholders.

Discussion Topics

1. Prescription Monitoring Program users.

Currently, section 6 of the *Prescription Monitoring Act* allows prescribers of monitored substances (physicians, dentists and nurse practitioners) as well as dispensers of monitored drugs (licensed pharmacists) to register with the PMP and thus access PMP information.

It has been suggested that access to the PMP by delegates can support workflows, aid decision-making, and make the PMP more effective. Delegates may include additional health professionals such as nurses and pharmacy technicians, health professionals in training such as medical students and pharmacist interns, and non-prescribing employees such as office medical assistants. Delegates would be required to register with the PMP and adhere to the same privacy and ethical standards as authorized prescribers and dispensers.

Allowing prescribers to delegate access to other staff members involved in the circle of care of the patient such as office medical assistants and nurses could improve clinical workflow and support the regular and consistent use of PMP information for decision-making.

Some believe that patients would benefit if nurses could view PMP information because nurses administer medications, including opioids, as part of their scope of practice. Both the nurse and patient would benefit if PMP information is shared to inform safe patient care.

It has also been suggested that patients would benefit if pharmacy technicians could view PMP information because it is within the scope of practice of a technician to refill prescriptions. Allowing technicians to access the PMP could support workflows and provide information to the technician to assist in decision-making.

Some Canadian provinces allow students of regulated health professions such as medicine and pharmacy to access EHR. Allowing students to access the EHR and PMP could enhance the training of future healthcare professionals and support their use of patient information to provide optimal patient care.

Questions:

a) Should nurses and pharmacy technicians be added to the list of health professionals authorized to access the PMP under the law?

b) Should delegates such as office medical assistants and health professional students be granted access to the PMP?

c) Are there other health professionals that should gain access to the PMP? Please elaborate.

2. Requiring all prescribers and dispensers to register with the PMP.

Currently, registration of prescribers or dispensers with the PMP under section 6 of the *Prescription Monitoring Act* is done on a voluntary basis. There are no obligations for prescribers or pharmacists to participate in the Program.

The colleges regulating these professions do encourage their members to seek access to the EHR so that relevant PMP patient information such as a medication summary profile or monitored drug summary may be viewed. While the EHR registration rate is high for pharmacists at 96% because pharmacists are directly involved with filling prescription and submitting prescription data to the EHR, this rate is much lower for physicians at approximately 52%.

It has been suggested that making PMP registration mandatory for all New Brunswick prescribers and dispensers would enhance the visibility of the initiative and provide better results. It has also been suggested that closing such gaps within the prescriber and dispenser communities would enhance patient safety.

Questions:

a) Should the *Prescription Monitoring Act* be amended so that **all** prescribers and dispensers are required to register with the PMP?

b) Should the Act provide for a transition period to allow prescribers and dispensers a sufficient window of time to meet a mandatory registration requirement?

c) If your answer to the above question is yes, would a one-year transition period to mandatory registration from the date the law takes effect be sufficient?

3. Adding the Nurses Association of New Brunswick and the Midwifery Council of New Brunswick as licensing authorities under the *Prescription Monitoring Act*.

Currently the legislation requires that licensing authorities listed in the legislation have duties regarding PMP, namely to notify the PMP if one of their member's privileges to prescribe or dispense is revoked, suspended or otherwise altered. The list of licensing authorities that are subject to this legislation is currently limited to the bodies that regulate physicians, dentists, and pharmacists. The Act provides regulation-making authority to add additional bodies to the list of licensing authorities defined in the legislation.

It has been suggested that all professional bodies regulating a profession where members can prescribe monitored drugs should be subject to the same duties and responsibilities under the Act as the regulating bodies overseeing New Brunswick physicians, dentists, and pharmacists.

Questions:

a) Since nurse practitioners and midwives can also prescribe monitored drugs, should the licensing bodies for these two professions have the same duties and responsibilities under the Act as those for physicians, dentists and pharmacists?

4. Requiring pharmacies to submit information about compounded drugs that contain active ingredients from the monitored drug list.

Compounding is a practice in which a licensed pharmacist combines, mixes, or alters ingredients of a drug to create a medication tailored to the needs of an individual patient.

Currently pharmacies are not required to submit information regarding compounded drugs that include a monitored drug. Collecting information about compounded drugs that contain active ingredients from the monitored drug list would help support the goals of the PMP.

The *Prescription Monitoring Act* provides regulation-making authority to add compounded drugs to the PMP.

Questions:

a) Should the *Prescription Monitoring Act* require pharmacies to submit information about compounded drugs that contain active ingredients from the monitored drug list?

b) Are there any operational concerns or preoccupations with adding this requirement in legislation?

5. Including non-traditional dispensing locations in the definition of "pharmacy" in the Act.

Currently the *Prescription Monitoring Act* defines "pharmacies" who must participate in the PMP as pharmacies that have been issued a valid certificate of accreditation under the *Pharmacy Act*. However, there are some dispensing locations that do not have such certificates that dispense drugs, including monitored drugs, to patients. Namely, there are very few physicians in New Brunswick who dispense drugs directly to patients.

It has been suggested that if the overall objective of the *Prescription Monitoring Act* and the PMP is to capture information on the dispensing of all monitored drugs in the province, required participation in the PMP should include all pharmacies that have the ability to dispense monitored drugs.

Questions:

a) Do you have any concerns with including all dispensing locations that have the ability to dispense monitored drugs to the definition of "pharmacies" under the Act?

b) Do you have any additional views on this question?

6. Establishing a Prescription Monitoring Program Advisory Committee.

Section 9 of the *Prescription Monitoring Act* mandates that an advisory committee known as the Prescription Monitoring Program Advisory Committee be established to make recommendations and advise the Minister of Health on matters related to the Act and the PMP.

As mentioned earlier in this discussion paper, the Department of Health established a PMP Working Group to inform the initial focus for PMP and get certain elements of the Program firmly established. With this work now completed, the Department wishes to proceed with the establishment of the Prescription Monitoring Program Advisory Committee.

Questions:

a) Looking at the membership of the Prescription Monitoring Program Advisory Committee as described under subsection 9(1) of the *Prescription Monitoring Act*, do you see any gaps or overlaps in the composition of the Committee?

b) If your answer to the question above is yes, which groups or individuals should be added or removed from the membership of the Committee?

c) Looking at the description of the Mandate of the Committee under subsection 9(2) of the Act, do you believe that this mandate is sufficiently complete or should additional responsibilities be considered for the Committee?

d) Do you have any other comments or concerns with respect to the Prescription Monitoring Program Advisory Committee?

7. Other suggestions for consideration.

Questions:

a) Are there other areas of the *Prescription Monitoring Act* or the Prescription Monitoring Program that should be explored by the Department of Health? If so, what are they?

b) Do you have any other comments respecting the operation of the Act and the PMP that you would like to share with us?

Submissions

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