

Chapter 7

Health – Monitoring Opioid Prescribing and Dispensing

1.0 MAIN POINTS

Canada is facing an opioid crisis driven by both illegal and prescription opioids. Prescribers commonly use prescription opioids as one of several approaches to address chronic pain. Unfortunately, opioids are associated with a high risk of addiction.

About 16 Canadians are hospitalized each day, and eight people die each day because of opioid-related poisonings. This is more than the average number of Canadians killed daily in motor vehicle collisions. In 2018, 119 people died due to opioids (117 in 2017) in Saskatchewan.

For the six most prescribed opioids, Saskatchewan's prescribing of opioids is well above the national level. Physicians prescribe almost all opioids in Saskatchewan.

This chapter reports on the processes that the Ministry of Health uses to reduce misuse and addiction of prescribed opioids. It notes that the Ministry needs to:

- Consider whether the scope of its monitoring activities is sufficient to reduce inappropriate prescribing and dispensing of opioids in Saskatchewan.

Since 1988, the Ministry helps fund a physician prescription monitoring and education program. It receives limited information to determine whether the program helps reduce prescribed opioid misuse. The audit identified various improvements needed in delivering the program, including giving the program access to necessary patient information, and a functional IT system.

The Ministry does not actively monitor dispensing practices of Saskatchewan's 385 pharmacies, or know whether those practices contribute to the opioid crisis. A risk-based monitoring approach would help it determine whether pharmacies properly dispense opioids.

Also, the Ministry did not monitor all opioids prescribed in Saskatchewan including ones known to be more addictive, and to cause overdose or death. Monitoring all opioids would help detect misuse and inappropriate opioid prescribing.

- Work with the College of Physicians and Surgeons of Saskatchewan to promote physicians reviewing patient medication profiles before prescribing opioids. Professional bodies in other provinces like Alberta and British Columbia require physicians to do so for high-risk drugs like opioids. Such reviews may help physicians identify a patient's potential misuse of opioids or over-prescribing.

Opioid misuse affects people in communities across Saskatchewan. Actively monitoring prescribing and dispensing of opioids helps ensure only patients experiencing chronic pain receive opioids, and risks of addiction to opioids are appropriately managed.



2.0 INTRODUCTION

Opioid medications are some of the controlled substances under *The Controlled Drugs and Substances Act* (Canada) and *The Narcotic Control Regulations* (Canada). This Act and related Regulations provide a framework for the control of substances that can alter mental processes, and may produce harm to an individual or society when diverted to an illicit market.

The Regulations set out prescribing and dispensing rules that practitioners and pharmacists must follow. Practitioners include all persons who, by law, are entitled to write opioid prescriptions (e.g., physicians, nurse practitioners, dentists).

2.1 Provincial Ministerial Responsibility

Under *The Provincial Health Authority Act*, the Ministry of Health is responsible for the strategic direction of the health care system in Saskatchewan, and administers the provincial drug plan. The Ministry is also responsible for monitoring the prescribing and dispensing of opioid medications within the province under *The Prescription Drugs Act*.

2.2 Impact of Opioid Use in Canada and in Saskatchewan

Opioids are causing a growing number of overdoses and deaths in Canada. The Government of Canada views this trend as a national public health crisis.¹

Canada is the second largest consumer of prescription opioids in the world, and a large percentage of youth report using prescription opioids for non-medical purposes.² The International Narcotics Control Board reports that Canadians' use of prescription opioids increased by nearly 200% between 2000 and 2014.³ In addition, the Canadian Institute for Health Information found that between 2012 and 2017 the number of prescriptions has leveled off and decreased by one percent in Canada.⁴ Opioid poisonings resulted in an average of 16 hospitalizations daily in Canada in 2016-17.⁵

As shown in **Figure 1**, between 2013 and 2018, the number of individuals receiving prescribed opioids from Saskatchewan pharmacies has slowly declined. For the 2018-19 fiscal year, 98,947 individuals received prescribed opioids for pain with pharmacists filling 441,354 opioid prescriptions in Saskatchewan; the majority of which were for hydromorphone (45%), codeine (32%), and morphine (10%). For the 2018-19 fiscal year, Saskatchewan pharmacies dispensed 359,681 prescriptions for opioids used for treating opioid addiction (e.g., methadone).⁶

¹ www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/responding-canada-opioid-crisis.html. (09 October 2018).

² Non-medical use is the use of opioids for purposes other than those directed by a prescriber, including taking them more frequently and/or in higher doses and taking them to achieve euphoria.

³ Fisher B., et al, *Effective Canadian Policy to Reduce Harms from Prescription Opioids: Learning from Past Failures*, (2006), p. 1241.

⁴ Canadian Institute for Health Information, *Opioid-Related Harms in Canada*, (2017), p. 18.

⁵ *Ibid.*, p. 8.

⁶ Based on the records provided by the Ministry of Health.

Figure 1 – Number of Individuals Who Received Prescribed Opioids for Pain from a Saskatchewan Pharmacy ^A

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	% Change between 2017-18 and 2018-19
Saskatchewan residents on an opioid prescription	106,952	106,806	107,626	106,691	102,281	98,947	(- 3.3%)

Source: Records provided by the Ministry of Health.

^A **Figure 1** does not include prescribed opioids dispensed in Saskatchewan hospitals.

Saskatchewan is also impacted by the national opioid crisis. For the six most prescribed opioids (i.e., codeine, hydromorphone, oxycodone, tramadol, morphine, and fentanyl) Saskatchewan's 2017 defined daily doses of 6,616 doses per 1,000 population is well above the national level of 5,479 per 1,000 population.^{7,8}

Among 19 Canadian cities with populations greater than 100,000, Regina ranked first for the highest rate of opioid poisoning hospitalizations with a rate of 28.3 per 100,000 people in 2016-17. The rate in Saskatoon was 26.1—higher than both Vancouver's rate of 20.5 per 100,000, and Toronto's rate of 7.9 per 100,000.⁹

According to the Chief Coroner's April 2019 report, Saskatchewan had 119 deaths due to opioid drug toxicity in 2018 and 117 in 2017. It reported that, in 2018, overdosing of fentanyl (32), hydromorphone (31), methadone (26), and morphine (25) caused most of these deaths.¹⁰

Pain is one of the most common reasons for seeking health care in North America. Recent research indicates that six million people in Canada report a form of chronic pain.¹¹

While opioid medication can bring significant improvements to patients' quality of life by relieving pain, it has a high-risk of misuse and abuse leading to addictions, overdoses, and deaths. According to the Centre for Disease Control and Prevention, taking opioids for more than three days will increase risk of addiction.¹² Long-term use of opioids can lead to the development of physical dependence to opioids. Those who have developed a physical dependence can also experience withdrawal symptoms when the dose is lowered. The potential for addiction increases with repeated use of higher doses.¹³

Actively monitoring prescribing and dispensing of opioids helps ensure only appropriate patients experiencing chronic pain receive opioids. In addition, it can lower or prevent risks of harm related to opioids, and help identify patients potentially at risk of addiction. Ineffective monitoring of prescribing and dispensing of opioids may result in increased abuse of opioids and diversion leading to overdoses and death, as well as additional costs to the health care system.

⁷ Canadian Institute for Health Information, *Pan-Canadian Trends in the Prescribing of Opioids and Benzodiazepines, 2012 to 2017*, p. 20.

⁸ A defined daily dose is a statistical measure of drug consumption defined by the World Health Organization. It is the assumed average maintenance dose per day for a drug used for its main indication in adults. www.who.int/medicines/regulation/medicines-safety/toolkit_ddd/en/ (14 April 2019).

⁹ Canadian Institute for Health Information, *Pan-Canadian Trends in the Prescribing of Opioids and Benzodiazepines, 2012 to 2017*, p. 33.

¹⁰ Office of Chief Coroner, *Drug Toxicity Deaths Saskatchewan, 2010 to 2019 (Updated – April 8, 2019)*, pp. 2, 3.

¹¹ Statistics Canada, *Prevalence of chronic pain among individuals with neurological conditions*, (2018), p. 11.

¹² www.choosingwisely.org/patient-resources/using-opioids-safely-after-surgery/ (16 April 2019).

¹³ Canadian Centre on Substance Abuse and Addiction, *Prescription Opioids*, (2017), p. 2.



3.0 AUDIT CONCLUSION

We concluded that, for the 12-month period ending February 28, 2019, the Ministry of Health had effective processes, except in the following areas, to monitor the prescribing and dispensing of opioids to reduce misuse and addiction.

The Ministry needs to:

- **Establish a risk-based approach to identify concerns in opioid dispensing in Saskatchewan pharmacies**
- **Determine whether the Prescription Review Program helps reduce the misuse of prescribed opioids in Saskatchewan**
- **Work with the College of Physicians and Surgeons of Saskatchewan to consider requiring its members to review patient medication profiles prior to prescribing opioids**
- **Confirm which prescribed opioids need to be monitored, and better support the identification of potential misuse of them**

Figure 2—Audit Objective, Criteria, and Approach

Audit Objective: to assess the effectiveness of the Ministry of Health's processes, for the 12-month period from March 1, 2018 to February 28, 2019, to monitor the prescribing and dispensing of opioids, to reduce misuse and addiction.

Audit Criteria:

Processes to:

1. Design prescribing and dispensing of opioid misuse monitoring program
 - 1.1 Educate practitioners (e.g., physicians) and pharmacists on good practice for prescribing and dispensing of opioids and related addictions
 - 1.2 Set methods to actively identify and address possible misuse of prescribed opioids (e.g., criteria to determine drugs and quantities subject to monitoring, concerns from other sources such as police)
 - 1.3 Give practitioners and pharmacists tools to allow for identifying and monitoring of possible opioid misuse at the point of care
 - 1.4 Establish data requirements to monitor prescribing and dispensing practices
 - 1.5 Agree upon roles and responsibilities of key parties (e.g., Ministry of Health, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan College of Pharmacy Professionals)
 - 1.6 Use drug formulary to limit potential opioid misuse
2. Identify potential prescribing and dispensing of opioid misuse
 - 2.1 Collect opioid prescribing and dispensing data
 - 2.2 Consider complaints (receipt, and follow-up)
 - 2.3 Analyze data patterns to identify opioid misuse and actions taken
3. Take timely action
 - 3.1 Alert practitioners, pharmacists, and other appropriate parties of potential opioid misuse
 - 3.2 Follow-up to assess if behavioural change in prescribing and dispensing practices occur
 - 3.3 Collaborate with professional colleges on the sufficiency of their activities to address identified potential opioid misuse
 - 3.4 Make adjustments where necessary (e.g., add drugs to the prescription review program, adjust IT program, adjust drug formulary)
 - 3.5 Inform senior management and public of actions taken to address key trends

Audit Approach:

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Ministry of Health's processes, we used the above criteria based on our related work, reviews of literature including reports of other auditors, and consultation with management. The Ministry's management agreed with the above criteria.

We examined the Ministry of Health's agreement with the College of Physicians and Surgeons of Saskatchewan, and records that relate to monitoring opioid prescribing and dispensing. We assessed the Ministry's processes to monitor prescribing and dispensing of opioids. We tested a sample of correspondence between physicians and the College of Physicians and Surgeons of Saskatchewan. We consulted with independent consultants with subject matter expertise in the area. The consultants helped us identify good practice.

4.0 KEY FINDINGS AND RECOMMENDATIONS

4.1 Key Partners in Addressing the Opioid Crisis Identified

The Ministry recognizes that tackling the opioid crisis is a national effort. It knows it must work with health care professionals who prescribe and dispense opioids, their related professional bodies, along with those responsible for training and educating.

Professional health care practitioners with the ability to prescribe opioids to patients include physicians, dentists, and nurse practitioners. Pharmacists dispense these opioid prescriptions to patients.

As shown in **Figure 3**, physicians wrote nearly all of the prescriptions for opioids (95%) in Saskatchewan for the 12-months ended December 2018. Dentists and nurse practitioners each write a similar number at 2% for the same period.

Figure 3—Percentage of Opioid Prescriptions by Professional Body

Professional Health care Practitioner	Related Professional Body	Number of Prescribers	Number of Prescriptions	% of Prescriptions
Physicians and Surgeons	College of Physicians and Surgeons of Saskatchewan	2,353	774,261	95%
Dentists	College of Dental Surgeons of Saskatchewan	441	19,287	2%
Nurse Practitioners	Saskatchewan Registered Nurses Association	199	13,145	2%
Miscellaneous	Out-of-Province ^A	Not Available	9,974	1%
Total		3,000	816,667	100%

Source: Adapted from data provided by the Ministry of Health and is for the 12-month period ending December 31, 2018.

^A Out-of-Province are prescriptions from seven other provinces. They are written by out-of-province prescribers or include patient receipts for medications purchased out of province and submitted to and processed by the Drug Plan.

As also shown in **Figure 3**, in Saskatchewan, each of these health care professionals belong to a professional body. The bodies are the College of Physicians and Surgeons of Saskatchewan, the College of Dental Surgeons of Saskatchewan, and the Saskatchewan Registered Nurses Association. Pharmacists belong to the Saskatchewan College of Pharmacy Professionals.



The Ministry recognizes that, by law, each of these professional bodies are self-regulated, with responsibility to set and maintain standards of competency and conduct for its members.¹⁴ We found that the Ministry fully realizes that each body, and not the Ministry, is responsible for supervising their members and enforcing those standards by disciplining members who fail to adhere to them. Ministry staff noted they must be respectful of the role of these professional bodies when determining its opioid reduction strategy.

In addition, the Ministry showed appreciation for the role of post-secondary institutions in educating these health care professionals. It expected them to equip students with an understanding of the risks of opioid use, pain management, and treatment options other than opioids.

Furthermore, the Ministry acknowledged that many of its Saskatchewan health care professionals are trained elsewhere. Hence, it needed to be engaged at the national level. At February 2019, about 65% of physicians practicing in Saskatchewan were trained out of province.¹⁵

We found the Ministry's representatives were active members of various provincial and national groups that discussed opioid crisis actions, trends, and best practices. We found the Ministry used these meetings to keep up to date with concerns and practices across the country.

We also found the Ministry works with other provinces nationally. For example, a Ministry representative sits on the National Prescription Monitoring Program Network. This Network focuses on sharing information and experiences of monitoring prescribing practices in Canadian jurisdictions. Its purpose is to advise governments on prescription monitoring policies and strategies. This Network developed a document identifying best practices for prescribing monitoring programs, which the Ministry plans to incorporate into its Prescription Review Program (see **Figure 6**).

In addition, the Ministry works with the federal government. For example, in November 2018, the Government of Saskatchewan signed a bilateral agreement under the Government of Canada's Emergency Treatment Fund. This agreement will provide more than \$5 million in funding to the Ministry from the Government of Canada to improve access to treatment for people with substance abuse disorders, including opioids.

Collaboration among governments and other agencies improves access to current practices aiming to reduce harm and deaths associated with opioid misuse, and helps to increase the opportunity for taking co-ordinated and complementary reduction strategies.

4.2 Key Data Generally Collected and Tracked

The Ministry tracks, on an ongoing basis, key information about prescribed opioids dispensed in Saskatchewan other than prescribed opioids dispensed in Saskatchewan hospitals.

¹⁴ A self-regulating professional body is responsible for protecting the public interest from harm caused by their members. Generally, it has the legal power to licence members to practice in specific areas, and the power to discipline them. It is responsible in setting educational, technical and ethical standards for its members.

¹⁵Ministry of Health Medical Services Branch, *Annual Statistical Report for 2017-18*, p.40.

As briefly described in **Figure 4**, the Ministry maintains the following two IT systems that contain information about drugs prescribed and dispensed in Saskatchewan.

- The drug claims system that it uses to administer the payments related to the Saskatchewan Drug Plan. Under the Saskatchewan Drug Plan, Saskatchewan residents with valid Saskatchewan health cards may be eligible to pay a reduced amount for prescription drugs.¹⁶

The drug claims system collects data on all prescriptions filled in Saskatchewan at pharmacies (other than in hospitals) for individuals with a valid Saskatchewan health number. For prescriptions filled in Saskatchewan pharmacies, information is sent directly to the provincial drug IT system in real time. For out-of-province pharmacies, information is recorded and transferred electronically to the provincial drug IT system hourly.

- The provincial drug IT system (called the Pharmaceutical Information Program or PIP) includes the medication profiles of Saskatchewan residents with prescriptions filled in pharmacies other than Saskatchewan hospitals. It also includes additional information about how to use a medication (direction of use). Information is recorded in real time.

Information in the Provincial drug IT system forms part of the drug information repository of Saskatchewan's provincial electronic health records (eHR) administered by eHealth Saskatchewan. Authorized users (e.g., physicians) can access patient medication profiles held in the provincial electronic health records through eHR Viewer or directly through the provincial drug IT system website.¹⁷

Figure 4—Brief Description of Ministry Drug-Related IT Systems

The drug claims system is used to administer the Saskatchewan Drug Plan.

When filling a prescription, pharmacists enter, online, the patient's health card number, prescribing physician, and the prescribed drug. The system automatically captures the related dispensing pharmacy and dispensing pharmacist when the pharmacist logs into the system.

Each day, information in this system is transferred electronically to the Prescription Review Program; information is not transferred in real time.

The system has built-in checks to pay only for drugs listed on the Saskatchewan formulary to an individual with a valid Saskatchewan health card. If the individual meets the criteria for drug plan coverage, the Ministry pays for part or all of the cost of drug being dispensed (e.g., some seniors 65 years or older are covered for eligible drug costs in excess of \$25 on each prescription).

The provincial drug IT system (called the Pharmaceutical Information Program or PIP) includes the medication profiles of Saskatchewan residents with prescriptions filled in Saskatchewan and certain out-of-province pharmacies (other than in Saskatchewan hospitals) and directions of use.

A medication profile contains a patient's health card number, name, address and history about each prescribed medication dispensed in Saskatchewan pharmacies.

The system includes a number of programmed edits designed to alert pharmacists of potential medication issues. For example, it alerts pharmacists of a dangerous combination of prescribed medications, or when individuals try to receive a partial fill for an opioid prescription early (e.g., try to receive another 30-day supply when the first 30-day supply was dispensed 10 days ago).

It prompts pharmacists to document in the system why it is appropriate to dispense a prescribed medication with an alert (e.g., checked with physician, dispensed early due to patient's loss of drugs). The written explanation becomes part of a patient's medication profile.

¹⁶ www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage/extended-benefits-and-drug-plan/saskatchewan-drug-plan (12 April 2019).

¹⁷ The eHR Viewer allows users to view patient data over the Internet.



Information in this system is also accessible through Saskatchewan's electronic health records (eHR Viewer) or directly through the provincial drug IT system website.

Drug Information in eHR Viewer includes:

- Description: Medication information is displayed from the Pharmaceutical Information Program (PIP) for the previous 25 months
- Location: All Pharmacies
- Summary: 100% of all pharmacies; dispensed medication profile from PIP
- Additional information is also available such as drug allergies, pharmaceutical notes, and other medication information such as contraindications

eHR Viewer also includes laboratory results, immunization information, transcribed clinical documents, medical imaging reports, hospital visits, and chronic disease information.

Source: Adapted from data provided by the Ministry of Health.

The Ministry does not track or know the amount of drugs (including opioids) dispensed in Saskatchewan hospitals, including emergency rooms. Rather, each hospital in Saskatchewan uses its own IT system (e.g., BDM – pharmacy management system) to track medication prescribed to a patient.

Not having a complete medication profile (i.e., patient's full prescription history) increases the risk of opioid medications being inappropriately prescribed and dispensed. This could lead to serious side effects for patients (e.g., overdose of opioids).

1. We recommend the Ministry of Health assess the cost and benefit to patient safety of recording hospital-dispensed opioids in the provincial drug IT system.

Canadian Institute for Health Information (CIHI) public data includes the top six prescribed opioids according to the number of prescriptions dispensed, and general statistics related to the prescribing of opioids in Canada.¹⁸

The Office of the Chief Coroner of Saskatchewan tracks, and publicly reports on, the number of deaths in Saskatchewan by each type of opioid drug (e.g., oxycodone).

In addition, we found the Ministry routinely shares its information about opioid prescribing, and use (e.g., statistics on number of individuals who received prescribed opioids). For example, it shared data with the CIHI, a reputable national health research body. CIHI makes key statistics public.

The Ministry's website contains links to reports on opioid drug use made by the Office of the Chief Coroner of Saskatchewan and to national reports prepared by CIHI.

Maintaining and sharing reliable statistics on opioid use helps the Ministry to understand trends and determine reduction strategies. In addition, it allows the Ministry, other health care organizations, health care professional bodies, and the public to monitor opioid-related harms to individuals, their families, and society at large.

¹⁸ www.saskatchewan.ca/opioids#utm_campaign=q2_2015&utm_medium=short&utm_source=%2Fopioids (10 April 2019).

4.3 Broad Reduction Strategies for Reducing Prescribed Opioids

The Ministry has broad reduction strategies to reduce misuse of and addiction to prescribed opioids, but limited detailed action plans exist.

Its main strategies consist of:

- Supporting the education of health care providers about best practice in pain management, prescribing opioids, and identifying opioid misuse
- Helping self-regulated health care professional bodies protect the public through supporting a program to identify prescribers with inappropriate prescribing practices, and patients possibly misusing high-risk medications

These strategies are part of the Minister of Health's 2016 public commitments. The Ministry, along with all other provincial Ministers of Health, committed to take action to reduce the abuse and diversion of opioids. (See **Figure 5** for the 2016 Joint Statement of Actions).

Figure 5—Excerpt from November 19, 2016 First Ministers of Health Joint Statement of Actions

The Ministry of Health, Province of Saskatchewan commits to:

- *Continuing to provide data and financial support to the College of Physicians and Surgeons of Saskatchewan to operate the Prescription Review Program to reduce the abuse and diversion of opioids*
- *Continuing with the provincial Pharmaceutical Information Program to allow authorized health care professionals to electronically view current and past prescriptions of Saskatchewan residents*
- *Continuing to support the RxFiles, a Saskatchewan-based academic detailing program that provides ongoing education to health professionals on various aspects of drug therapy, including pain management and prescription misuse*
- *Continuing the work initiated in 2015 to provide training and Take Home Naloxone kits at no cost to eligible Saskatchewan residents in collaboration with regional health authorities*
- *Working with the provincial coroner's office to ensure the Saskatchewan Ministry of Health has up to date information on the number of opioid overdose deaths, and monitor for regions and populations where risk is increasing*
- *Increasing the number of locations across the province that provide the training and distribution of the Take Home Naloxone kits to individuals at risk of an opioid overdose*
- *Working with the Pharmacy Association of Saskatchewan to have Take Home Naloxone kits in retail pharmacies and to ensure that complementary training occurs in these situations.*

Source: www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/federal-actions.html (17 November 2018).

In addition, in 2016, the Ministry created the Saskatchewan Drug Task Force. We noted the focus of the Task Force does not include reducing misuse and addiction to prescribed opioids.

Not having detailed action plans about reducing misuse of and addiction to prescribed opioids increases the risk of being unsuccessful in reducing prescribed opioid misuse and subsequent addiction. See **Recommendation 5** about determining whether the



Prescription Review Program is helping to reduce prescribed opioid misuse in the province.

4.4 Education Programming About Opioids Ongoing

The Ministry directly supports educating health care professionals about opioids.

Since 1997, the Ministry provided funding for a project called the RxFiles Academic Detailing Program (RxFiles Program). This Program provides objective, current, and unbiased drug information to physicians, in order to enhance patient care, and to communicate the effectiveness, safety, and cost of drug therapies for optimal decision making by health professionals.¹⁹ As of February 2019, the Ministry gave the Program nearly \$470,000 per year under a two-year agreement expiring in March 2020.

Ministry officials use its membership on an advisory committee for the RxFiles Program to reinforce the importance of providing education in prescribing opioids, and on pain management and treatment.

We found the RxFiles Program was active in developing educational materials about opioids for practitioners in Saskatchewan, and providing either one-on-one or group education sessions on current health issues that included topics about opioids. For example, in 2017 and 2018, RxFiles Program:

- Sent its published materials to every physician in the province with an invitation to contact RxFiles for educational sessions. Its published materials included guidance on prescribing opioids and reducing opioid doses for patients
- Provided educational sessions about opioids to nearly 550 prescribers (e.g., physicians, nurse practitioners) and 100 non-prescribers (e.g., pharmacists)
- Presented at various professional conferences (e.g., orientation for new physicians in the province) with about 325 physicians in attendance
- Published all resources on its website²⁰

In addition, the Ministry participates on an Opioid Stakeholder Group. This Group consists of representatives from the Ministry, health care professional bodies (e.g., College of Physicians and Surgeons of Saskatchewan, College of Pharmacy Professionals), and provincial agencies (e.g., Saskatchewan Health Authority, Saskatchewan Cancer Agency, Office of the Chief Coroner of Saskatchewan).

We found the Group met quarterly to share information on actions taken to address the opioid crisis in Saskatchewan (e.g., opioid harm reduction strategies, educating Saskatchewan practitioners).

Furthermore, the Ministry included an educational component to the Prescription Review Program (see **Figure 6**).

¹⁹ Agreement between the Minister of Health and University of Saskatchewan for RxFiles Academic Detailing Program effective for February 15, 2018 to March 31, 2020.

²⁰ www.rxfiles.ca (04 February 2019).

Providing relevant ongoing education helps to support practitioners in providing appropriate treatment and to avoid prescribing high-risk doses of opioids.

4.5 Drug Formulary Regularly Reviewed

The Ministry routinely reviews the drugs, including opioids, on the Saskatchewan formulary.

The Saskatchewan formulary lists the type and strength of drugs eligible for which the Ministry pays under the Saskatchewan Drug Plan. The goal of the formulary is to list a range and variety of drugs that will enable prescribers to select an effective course of therapy for most patients.²¹ In 2017-18, the Ministry of Health paid \$385.4 million in drug plan and extended health benefits, including benefits for prescribed opioids.

Consistent with good practice, the Ministry has an appointed Drug Advisory Committee of Saskatchewan responsible for recommending to the Minister of Health additions or deletions of drugs from the formulary. The Committee is comprised of 13 members with expertise in the areas of medicine and pharmacy. It meets 10 times a year. Its evaluation process includes ongoing consideration as to which prescribed opioids the Ministry should pay for, and in which dosage and quantity.

The Ministry evaluates drugs (strength and form, e.g., tablets) to determine therapeutic value, cost-effectiveness, and patient impact in comparison to accepted therapy. The Ministry considers only drugs approved by Health Canada.

We found opioid drugs eligible for a given prescription on the formulary are approved by Health Canada, and permitted under *The Controlled Drugs and Substances Act*.

Properly controlling the dosage and quantities of prescribed opioids can help reduce their misuse.

4.6 Reconsideration for Scope of Monitoring Needed

The Ministry has not considered whether the scope of its monitoring activities is sufficient to reduce inappropriate prescribing and dispensing of opioids, and its misuse.

The Ministry's sole monitoring activity is supporting the Prescription Review Program (see **Figure 6**); it has done so since 1988.

Figure 6—Services to be Provided by the College as Part of the Prescription Review Program

The Prescription Review Program is an educationally-based program that monitors for inappropriate prescribing and inappropriate use of a panel of monitored prescription drugs. The principal participants in the Program are the College of Physicians and Surgeons of Saskatchewan (the College), the College of Dental Surgeons of Saskatchewan, the Saskatchewan College of Pharmacists [now called the Saskatchewan College of Pharmacy Professionals] and the Government of Saskatchewan. Each provide funding for the Prescription Review Program with the Ministry of Health providing about 90% of funding. An additional stakeholder is the Saskatchewan Registered Nurses Association.

²¹ www.formulary.drugplan.health.gov.sk.ca/PDFs/PREFACE_Updated_March_1_2017.pdf (28 February 2019).



The College is to provide the following services as part of the Prescription Review Program:

- Generate and review prescription information to attempt to identify possible misuse of medication(s) by patients or inappropriate prescribing by provider groups (e.g., physicians, dentists, nurses)
- Generate prescriber, patient, and pharmacy profiles relevant to the panel of monitored prescription drugs
- Issue initial alert letter to providers where data suggests inappropriate use of medication(s) by patients, or provide the information to a provider's regulatory body to allow that regulatory body to provide such alert letters
- Generate statistics and reports relevant to the panel of monitored prescription drugs

The College will:

- Engage and utilize only suitable and qualified personnel;
- Obtain all licences, approvals or permits which may be required; and
- Comply with all applicable laws, regulations, bylaws or codes

Source: Agreement between the Ministry of Health and College of Physicians and Surgeons of Saskatchewan, April 1, 2015 to March 31, 2019.

We found the scope of the Prescription Review Program does not include monitoring of all prescribed opioids, and focuses on prescribing with limited attention given to dispensing.

As noted in **Figure 5**, in 2016, the Ministry committed to continuing to provide data and financial support to the College of Physicians and Surgeons of Saskatchewan to operate the Prescription Review Program to reduce the abuse and diversion of opioids. See **Figure 6** for the Prescription Review Program services to be provided by the College.

Our review of the Program found it is an educationally-based program, which monitors for inappropriate prescribing and inappropriate use of a panel of monitored prescription drugs. The College of Physicians and Surgeons of Saskatchewan sets out the panel of monitored drugs in the College's Regulatory Bylaws.

Our review of the panel of monitored prescription drugs found that it appropriately focuses primarily on opioids. The panel lists 31 drugs of which 19 are opioids. See **Section 5.0** for opioids included in the panel. The opioids listed in the panel are controlled drugs under the federal *Controlled Drugs and Substances Act*.

Not All Prescribed Opioids Monitored

We found the panel of monitored drugs was not up to date or complete. We found the panel of monitored prescription drugs referred to in the Ministry's Prescription Review Program agreement:

- Does not include five controlled opioid medications listed in the federal Act. For example, it does not include heroin, sufentanil, or remifentanil. These opioids are rarely prescribed in Saskatchewan, but have a high risk of overdose or addiction.
- Does not include opioids monitored by certain other provinces. For example, it does not list the opioid tramadol, which can cause addiction, overdose and death.²² We noted four Canadian jurisdictions monitor prescribing and dispensing of

²² Tramadol is a synthetic opioid drug, and, as a narcotic painkiller, has potential for abuse and can be dangerous in large doses.

tramadol.²³ Health Canada gave notice in June 2018 that it intends to add tramadol to the controlled opioid medications listed in the federal Act.

We determined, based on the Ministry's records, for the 12-month period ending February 2019, about five percent of the total number of prescribed opioids were for tramadol medications (i.e., 45,854 tramadol prescriptions dispensed to 16,483 Saskatchewan residents).²⁴

The College must amend its regulatory bylaws to change the panel of monitored drugs. Per section 88 of *The Medical Professions Act, 1981*, the Ministry must approve these bylaw changes.

We further found the Ministry has not asked the College to keep the panel of monitored prescription drugs up to date. Rather, the Ministry and principal Program participants meet on an ad hoc basis to discuss the panel of monitored drugs. The College last updated the panel in 2012. This is before the Ministry's 2016 commitment to take action to reduce opioid abuse and misuse.

Good practice involves the use of a broad-based advisory committee when deciding which prescribed drugs to monitor. Good practice also expects regular review (e.g., one to two years) of the list to keep it up to date.²⁵

Not monitoring all opioids that are, or can be, associated with misuse and addiction increases the risk of undetected misuse and inappropriate opioid prescribing.

2. We recommend the Ministry of Health participate in a regular review of the list of opioid drugs associated with misuse and addiction that it wants monitored.

Limited Monitoring on the Dispensing of Prescribed Opioids

The Ministry does little to monitor dispensing of opioids by pharmacies. It does not have a risk-based process to check if pharmacists are dispensing opioids in a manner that could lead to misuse or addiction.

As of February 2019, over 385 different pharmacies operate in Saskatchewan.²⁶ Saskatchewan has just over 1,900 pharmacists and 270 pharmacy technicians.²⁷

²³ The four jurisdictions include Alberta, New Brunswick, Ontario, and Newfoundland and Labrador.

²⁴ Saskatchewan formulary does not include tramadol, so it is not part of the Saskatchewan Drug Plan.

²⁵ Canadian Centre on Substance Abuse, *Prescription Monitoring Programs in Canada: Best Practice and Program Review*, 2015, p.1.

²⁶ This does not include pharmacies operating within Saskatchewan hospitals. It includes pharmacies in the communities bordering Saskatchewan (e.g., Lloydminster, Alberta; Swan River, Manitoba).

²⁷ As of December 13, 2018, there were 385 community pharmacies in Saskatchewan and a total of 2,178 members; 1,908 pharmacists and 270 pharmacy technicians. (Saskatchewan College of Pharmacy Professionals, *SCOPE newsletter*, January 2019, p. 3).



The Ministry has an agreement with each of these pharmacies requiring them to do the following:

- Dispense drugs based on a valid prescription after viewing a valid prescription and the patient's valid Saskatchewan health card
- Collect payment amounts for drugs to Saskatchewan residents consistent with rates set out under the Saskatchewan Drug Plan
- Enter information on drugs dispensed into the Ministry's drug claims system
- Keep a copy of the written prescription for at least two years

Each of the agreements give the Ministry the right to conduct inspections.

As shown in **Figure 6**, the Prescription Review Program focuses on inappropriate prescribing, and, where issues are identified, it follows up with prescribers, as necessary. Given the self-regulatory nature of professions involved, the Ministry cannot expect the Program to assess the dispensing practices of pharmacists. Rather, the Ministry asks the Program to inform the College of Pharmacy Professionals when it finds a potential misuse of opioids.

We found the Ministry does not check whether a pharmacy records all prescribed drugs dispensed in the drug claims system, and records details accurately as required under the pharmacist agreements.

In addition, it does not collect or analyze data to determine whether pharmacies are dispensing opioids appropriately. For example, it does not obtain details from the Prescription Review Program on potential misuse of opioids related to dispensing reported to the Saskatchewan College of Pharmacy Professionals. In addition, it could obtain the detailed results of inspections of Saskatchewan pharmacies done by Health Canada each year.

In 2017-18, Health Canada inspected 11 Saskatchewan pharmacies to assess compliance with *The Controlled Drugs and Substances Act and Regulations*. It published on its website common deficiencies by region (e.g., Western Canada). Western Canada regional deficiencies included incomplete and inaccurate inventory records, insecure storage of controlled substances, and inaccurately dispensing drugs as prescribed (over-dispensing).

Because the Ministry does not collect data about dispensing practices in Saskatchewan pharmacies, the Ministry does not know if any Saskatchewan pharmacies contribute to Saskatchewan's opioid crisis. Not having a risk-based process to consider if Saskatchewan pharmacies consistently and properly dispense opioids could lead to the Ministry missing potential opioid misuse, and opportunities to reduce misuse.

3. We recommend the Ministry of Health establish a risk-based approach to identify concerns in opioid dispensing in Saskatchewan pharmacies.

4.7 Expectations of Prescribers to Check Patient Medication Profiles Inconsistent With Others

The Ministry of Health has not worked with health care professional bodies of key prescribers of opioids to encourage them to require checking of patient medication profiles prior to prescribing high-risk medications like opioids.^{28,29} Such checks may help better identify potential opioid misuse prior to issuing a prescription, and encourage the use of other treatment options.

As shown in **Figure 3**, physicians prescribe almost all prescribed opioids in Saskatchewan.

We found the expectations of the College of Physicians and Surgeons of Saskatchewan (the physicians' regulatory body) regarding checking medication profiles before dispensing high-risk medications differ from some of their Canadian counterparts, and from the Saskatchewan College of Pharmacy Professionals.

The College of Physicians and Surgeons of Saskatchewan does not require physicians to check patients' medication profiles prior to prescribing high-risk medications like opioids. The College informed us it has a working group that is discussing mandatory education for physicians prescribing opioids, and mandatory use of the provincial drug IT system or eHR Viewer.

We found the Colleges of Physicians and Surgeons in Alberta and British Columbia require physicians to review patient medication history before prescribing high-risk medications such as opioids.^{30,31} In addition, Alberta requires physicians to review a patient's medication profile before renewing opioid prescriptions, and to periodically check patient profiles when a prescription is for long-term opioid treatment.

The Saskatchewan College of Pharmacy Professionals requires pharmacists, as one of many steps before dispensing a prescribed drug, to consult the patient's medication profile for the following reasons:

- Confirm there are no contraindications or allergies to the prescribed drug
- Confirm there are no incompatibilities with the prescribed drug and:
 - other prescription or non-prescription drugs the patient may be taking
 - foods
 - disease states or medical conditions
- Determine the patient's utilization pattern³²

Pharmacists do this through the provincial drug IT system.

²⁸ Patient medication profiles can be found in the provincial drug IT system or through the eHR Viewer in the Electronic Health Record.

²⁹ Professional bodies of prescribers include the College of Physicians and Surgeons of Saskatchewan, the College of Dental Surgeons of Saskatchewan, and the Saskatchewan Registered Nurses Association.

³⁰ College of Physicians and Surgeons of Alberta Standard of Practice Prescribing: *Drugs Associated With Substance Use Disorders Or Substance-Related Harm*. www.cpsa.ca/standardspractice/prescribing-drugs-misuse-diversion/ (14 April 2019)

³¹ College of Physicians and Surgeons of British Columbia Practice Standard – *Safe Prescribing of Opioids and Sedatives*. www.cpsbc.ca/files/pdf/PSG-Safe-Prescribing.pdf (14 April 2019).

³² Saskatchewan College of Pharmacy Professionals *Reference Manual*, Appendix A.



Our understanding is these are the same reasons as to why the Colleges of Physicians and Surgeons in Alberta and British Columbia require physicians to review patient medication history before prescribing high-risk medications.

Checking the medication profile of a patient prior to prescribing opioids may help prescribers better identify patients at risk of misusing opioids, and reduce the risk of patients double-doctoring (that is, obtaining the opioid prescriptions from multiple doctors).

Professional bodies of key prescribers are responsible for setting the standards of practice for their members.

- 4. We recommend the Ministry of Health work with the College of Physicians and Surgeons of Saskatchewan to consider requiring its members to review patient medication profiles prior to prescribing opioids.**

4.8 Better Monitoring of the Prescription Review Program Needed

The Ministry does not actively monitor the Prescription Review Program.

The Prescription Review Program predates the opioid crisis. Since 1988, the Ministry has given the College of Physicians and Surgeons of Saskatchewan financial support for the Prescription Review Program. The Ministry funds the Program at a cost of about \$276,000 annually (this is about 90% of total Program costs). It enters into short-term agreements (e.g., three to four years) with the College. Each agreement sets out the purpose of the Program, and general activities it expects the Program to include. (See **Figure 6** for a brief summary of the Program). Typically, the agreement does not contain continuance clauses.

We noted the stated purpose of the Program and general activities have not changed significantly since its inception.

We also noted, from time-to-time, the Ministry extends the agreement for one-year intervals before renewing or evaluating it. For example, in April 2019, the Ministry plans to extend the April 1, 2015 to March 31, 2019 agreement until March 2020. The Ministry was unable to demonstrate when it last evaluated whether the Program was making a difference in helping participating health care professional bodies educate and/or discipline members with inappropriate prescribing practices or those contributing to misuse of prescribed opioids.

We further found that the agreement, in place at February 2019, included limited monitoring and reporting provisions. Monitoring and reporting provisions included requiring the College to submit audited annual financial statements; and the Ministry having full access to Program records, the right to request additional Program information, and the right to inspect/evaluate records. The agreement does not include a dispute resolution mechanism.

We found in practice that the Ministry did not request much additional information. Rather, it used its involvement on the quarterly Opioid Stakeholder Group, and periodic meetings with the Program to obtain insight on the Program's activities.

We also found the Program's *2017 Annual Report* (received in conjunction with the annual audited financial statements) did not show whether the Program achieves its purpose. The Report contains some information on the activities set out in the Agreement (e.g., number of alert letters sent) (See **Figure 8**). As of mid-April 2019, the Ministry had not received the Program's 2018 annual report.

Obtaining regular (e.g., each quarter) information about key Program activities would give the Ministry a sense of the number and nature of potential opioid misuse cases that exist in the province. In addition, actively monitoring the Program would help the Ministry show that Program funding is spent for the intended purposes. In addition, it would help the Ministry determine whether it is doing enough to reduce prescribed opioid misuse.

5. We recommend the Ministry of Health determine whether the Prescription Review Program is helping reduce the misuse of prescribed opioids in Saskatchewan.

4.9 Access to Broader Patient Information Needed to Support an Effective Prescription Review Program Analysis

The Ministry has not given the Prescription Review Program access to sufficient information to enable efficient identification of potential opioid misuse and inappropriate prescribing practices.

As part of its 2016 public commitments, the Ministry committed to continuing to provide data to the College of Physicians and Surgeons of Saskatchewan to operate the Prescription Review Program to reduce the abuse and diversion of opioids. (See **Figure 5** for the 2016 Joint Statement of Actions).

The Prescription Review Program has access to information in the drug claims system (see **Figure 4**). This includes a patient's name and health card number, prescriber's name and licence number, and details about the dispensed prescription (prescription number, date filled, drug identification number, quantity of drug, dose).

The Program does not have access to the information in the provincial drug IT system, which includes additional information (e.g., direction of use, patient address). Direction of use includes information such as how many tablets to take per morning and evening.

The Program could use the additional information to more efficiently identify potential inappropriate prescribing practices and opioid misuse. For example, having information about the direction of use for a prescribed opioid, and directed frequency of partial-fills would reduce the need for the Program to call the dispensing pharmacy to obtain these details. In addition, having patient addresses would help the Program assess possible opioid misuse by other members of a patient's household.



We note the Ministry, through eHealth Saskatchewan, provides authorized health care practitioners online access to the provincial drug IT system. We encourage it to provide the Program with similar access.

Not providing the Prescription Review Program with access to complete patient information related to use of medications increases the risk of not identifying potential opioid misuse and inappropriate prescribing practices. Identification of prescribers with inappropriate prescribing practices provides the related self-regulated health care professional body with information enabling them to take appropriate steps to protect the public.

- 6. We recommend the Ministry of Health give those responsible for monitoring inappropriate opioid prescribing access to necessary patient information.**

4.10 Reasonable Criteria Used in the Prescription Review Program to Identify Potential Opioid Misuse

The Prescription Review Program uses criteria to identify potential opioid misuse that aligns with good practice.³³ It refers to this criterion as questionable activity criteria.

For example, the questionable activity criteria is appropriately designed to look for:

- Prescribing doses consistently higher or lower than recommended doses for different types of opioids
- Prescribing of opioids in excessive quantities
- Repeatedly prescribing large quantities of immediate-release opioids with/without the use of a sustained-release preparation³⁴
- Potentially addicted individuals and/or those receiving multiple prescriptions for commonly misused drugs from multiple prescribers and/or pharmacies – also known as double-doctoring³⁵

Having criteria align with good practice increases the likelihood of detecting potential opioid misuse and inappropriate prescribing practices.

³³ www.samhsa.gov/capt/sites/default/files/resources/pdmp-overview.pdf (20 November 2018).

³⁴ Sustained-release preparations slowly releases opioids into the human body. For example, the duration for controlled releases for morphine and codeine is up to 12 hours.

³⁵ Double-doctoring is when a patient received opioids from three or more physicians, at three different practice site addresses in a calendar month.

4.11 Prescription Review Program Personnel Properly Qualified

The Prescription Review Program uses properly qualified personnel to carry out its monitoring and educational activities.

As shown in **Figure 6**, the Ministry requires the College of Physicians and Surgeons of Saskatchewan to engage and utilize only suitable and qualified personnel.

The Program has about three full-time equivalent positions employed by the College. They include a Manager, Analyst, Administrative Assistant and one part-time contract position.

We found the positions are appropriately filled with qualified staff – the Manager and contract positions were staffed by pharmacists, and the Analyst position was staffed with a pharmacy technician.

Having staff with appropriate qualifications and the ability to assess potential opioid misuse increases the likelihood of detecting potential misuse and inappropriate prescribing practices.

4.12 Prescription Review Program Not Identifying Potential Opioid Misuse—IT Solution Under Development

The Prescription Review Program does not use a systematic IT approach to analyze prescription data when trying to identify potential misuse of drugs and inappropriate prescribing practices.

We noted the limited functionality of the Ministry-owned data extraction tool that the Program uses made analysis of prescription data challenging and time-consuming.

The Program initiated assessments of suspect opioid prescribing based on complaints made to the College of potential opioid misuse, inappropriate prescribing practices, or when it identified a potential issue in its own analysis. The Program used the questionable activity criteria in its analysis (see **Section 4.10**). To apply the questionable activity criteria, the Program manually cross-referenced the information from various reports. It analyzed all of a patient's prescriptions by drug type. The Program manually maintained a listing of prescribers of whose prescribing practices it closely monitored (monitoring list).

The Program was fully aware of the limitations of the data extraction tool, and inefficiencies in its approach. It recognized that its monitoring list of about 20 prescribers was likely incomplete. The Program also recognized that it was not likely identifying all instances of double-doctoring. It noted that since late 2017, the Program stopped using the data extraction tool to identify potential double-doctoring, as the tool's results were unreliable. Since then, the Program identified double-doctoring through its manual assessments. The Program identified about 60 cases of double-doctoring in 2018 (see **Figure 8**).



Our analysis supported these acknowledgments.

Our analysis of the top five prescribers in the province for the three most prescribed opioids (hydromorphone, oxycodone and methadone) found:

- Seven of 15 prescribers were not on the Program’s monitoring list
 - For three of these prescribers, the Program had some correspondence with each in 2018
 - For four of these prescribers, we agreed with the Program’s assessment of no concerns with prescribing practices (e.g., prescribing an opioid to a cancer patient, prescribing opioids for treating opioid addiction)
- Eight of the 15 prescribers were on the Program’s monitoring list

Our review of opioids dispensed in 2018 found an example of double-doctoring that the Program had not identified. As shown in **Figure 7**, one patient received nine prescriptions from three different prescribers for three different opioids within 13 days in January 2018, and filled them in one pharmacy.

Figure 7—Auditor Identified Example of Double-Doctoring for One Patient in January 2018

Date filled	Generic opioid name	Total days’ supply	Prescriber
2018-01-15	Fentanyl	5	Prescriber #1
2018-01-15	Methadone	7	Prescriber #2
2018-01-16	Hydromorphone	17	Prescriber #3
2018-01-16	Hydromorphone	30	Prescriber #3
2018-01-19	Hydromorphone	30	Prescriber #3
2018-01-19	Methadone	7	Prescriber #2
2018-01-21	Fentanyl	5	Prescriber #1
2018-01-26	Methadone	7	Prescriber #2
2018-01-28	Fentanyl	5	Prescriber #1

Source: Provincial Auditor of Saskatchewan based on data provided by the Ministry of Health.

To improve its ability to analyze the prescription information, the Program collaborated with the Ministry and eHealth Saskatchewan to develop a new Ministry-owned IT system to analyze prescription data. The Program began testing the new IT system in August 2018.

As of April 2019, the Program started to use the new system to analyze data, and was optimistic the system would make its analysis more efficient and effective. However, it noted the system was not yet fully functioning.

Providing the Prescription Review Program with an IT system that supports improved and efficient identification and analysis of prescription drugs would contribute to the discovery of inappropriate prescribing practices and misuse of prescription drugs. Identification is the first step in addressing inappropriate prescribing practices either through education, or to enable the related self-regulated health care professional body to determine if disciplinary action is warranted (e.g., restrictions of practice).

7. We recommend the Ministry of Health give those responsible for monitoring inappropriate opioid prescribing a functional IT system useful in identifying potentially inappropriate prescribing practices and opioid misuse.

4.13 Standard Review Program Letters Used

The Program uses standard templates for letters to communicate with a relevant prescriber (i.e., physician) about what it identified as potentially inappropriate prescribing practices or misuse, and outlines steps it expects the prescriber to take. For example, the Program expects prescribers advise it of the accuracy of the prescription written, and answer the Program's questions within 14 days of receipt of its letter.³⁶

See **Figure 8** for the number of letters by type sent in 2017 and 2018.

Figure 8—Standard Letters Sent by the Prescription Review Program

Letter Type	Purpose of Letter	Count	
		2017	2018
Explain (first contact)	'Explain' letters sent to physicians to request their rationale for prescribing (e.g., provide the medical indication and dosing)	528	128
Alert	'Alert' letters are sent to physicians when a patient is identified as potentially misusing his/ her medications		113
Second Request	Sent if a physician did not respond to explain letter within 14 days	40	11
Response/ Recommendations	Sent to a physician with response to explain/alert letter to set out recommended educational resources, and recommended educational actions	288	130
Double-Doctor	Sent when a patient received opioids from three or more physicians, at three different practice site addresses in a calendar month	6,002	60 ^A
Law Enforcement Requests	Sent to law enforcement to provide a patient's medication profile for the purpose of an active investigation	79	55

Source: College of Physicians and Surgeons of Saskatchewan, *Prescription Review Program Annual Report 2017*, p. 27 for 2017; The College of Physicians and Surgeons of Saskatchewan records for 2018.

^A60 alert letters were sent in 2018 for potential double-doctoring situations instead of automatically generated double-doctoring letters. The Program discontinued the automatically generated letters as most did not reflect a true double-doctoring situation.

For each of the 11 assessments we tested, where a letter was sent to a prescriber (called explain/alert letters in **Figure 8**), the Program used the appropriate standard template letters when communicating with a prescriber.

Using standard templates to communicate with prescribers regarding potential opioid misuse increases the likelihood of the prescriber understanding what they are being asked, and improves the chances of the prescriber's response, if required, in being accurate and complete.

³⁶ College of Physicians and Surgeons of Saskatchewan, *Prescription Review Program Annual Report 2017*, pp. 4-5.



4.14 Prescription Review Program Advises Professional Body of Concerns Regarding Physicians

The Program consistently advises the relevant health care professional body of the prescriber (and if relevant, the dispenser) of identified instances of potentially inappropriately prescribing or dispensing of opioids or other monitored drugs.³⁷

In 2018, the Program submitted nine cases of inappropriate prescribing of opioids or other monitored prescription drugs to the College of Physicians and Surgeons of Saskatchewan for further review. In addition, the College had three ongoing cases carried over from 2017.

Our discussion with the College found it had reviewed all submitted cases and determined next steps. It noted steps included restricting prescribing abilities of a physician, further assessment, or formal investigation.

The Program realizes each health care professional body is responsible for supervising its members, and enforces those standards by disciplining members who fail to adhere to them.

4.15 Improvements Needed in Delivering the Prescription Review Program

The Program inconsistently follows its processes, or documents its activities. The Ministry does not receive reporting on the Program's activities to sufficiently monitor the Program.

We found the following:

- The Program does not track the number of assessments it completes each year on potential opioid misuse, or the nature of assessments completed (e.g., type of opioids prescribed, dangerous combinations of prescribed medications, number of over prescribed or dosages of opioids). It does not document completed assessments where it has not identified concerns.

Not tracking the nature and extent of completed assessments makes it difficult to determine the appropriate level of staffing necessary to carry out the Program's monitoring activities.

- The Program did not consistently notify practitioners of identified potential opioid misuse within a reasonable timeframe. Between April to December 2018, the Program identified 150 cases of potentially inappropriate prescribing practices, but, as of March 2019, had not sent the explain letters because Program management had not yet reviewed them to decide if a letter was warranted. During 2018, the Program also experienced a number of staffing changes.

Failing to promptly notify practitioners with potential concerns about prescribing opioids increases the risk of prescribers continuing inappropriate prescribing

³⁷ Health care professional bodies are Saskatchewan College of Pharmacy Professionals, College of Physicians and Surgeons of Saskatchewan, College of Dental Surgeons of Saskatchewan, the Saskatchewan Registered Nurses Association.

practices that cause potential harm to patients. The Ministry was unaware of the delay.

- For all 11 assessments where explain letters were sent to prescribers about particular patients we tested, the Program did not document whether it checked the patient's medication profile for changes in prescribing patterns after the Program sent the letter. In addition, five of 11 patients changed prescribers since the Program sent the explain letter. For all five patients, the potential of prescribed opioid misuse was still concerning but there was no evidence that the Program followed up with the new prescribers.
- Only half of physicians who were sent an explain letter in 2018 received an educational letter with recommendations to improve prescribing practices.

To achieve the educational component of the Program, the Program assesses the reasonableness of physician responses to its explain letters and, if required, sends an educational letter outlining educational support and/or information, as well as recommendations about appropriate prescribing practices.³⁸

Failing to provide education to individual prescribers is inconsistent with the purpose of the Program. It increases the risk that practitioners may continue to provide inappropriate treatment and prescribe high-risk doses of opioids.

- After December 2018, the Program discontinued centrally listing patients to monitor based on whether their physicians changed prescribing practices following the Program's correspondence with the prescribing physician. Beforehand, the monitoring occurred three to four months after alert letters were sent. This listing was discontinued due to a position vacancy.

For all 11 assessments we tested, the Program documented its communication with practitioners about a patient's prescriptions (e.g., date alert letter sent to a physician, or date the Program contacted a pharmacy to gather more information). However, the Program did not document its follow-up on whether a practitioner's prescribing practices changed after the receipt of the Program's correspondence.

- The Program does not keep track of the number, or nature, of identified potential misuse cases that it reported to the health care professional bodies for dentists, nurse practitioners, or pharmacists. Dentists and nurse practitioners prescribe only a small amount of opioids each year (see **Figure 3**). However, pharmacists are involved in all prescribed opioids dispensed.

Information on the number and nature of potential opioid misuse cases reported to the health care professional bodies will give the Ministry a sense of the magnitude of concerns identified by the Program.

- The Program does not track the number, or specific nature, of complaints of potential opioid misuse or inappropriate prescribing practices received from the public or practitioners. However, it centrally tracks the receipt of law enforcement reports.

³⁸ College of Physicians and Surgeons of Saskatchewan, *Prescription Review Program Annual Report 2017*, pp. 4-5.



As a result, the Program does not know whether it appropriately followed up on complaints received, and whether it did so within a reasonable time-period.

Inconsistently following established practices and not documenting key activities increases the risk the Program is not fulfilling its responsibilities. It also increases the risk the Ministry will not know the number and nature of potential opioid misuse cases that exist in the province.

5.0 LIST OF OPIOIDS MONITORED BY THE PRESCRIPTION REVIEW PROGRAM

Generic Name of the Monitored Prescription Opioid Drug	Dosage
Acetaminophen with codeine	In all dosage forms <u>except</u> those containing 8 mg or less of codeine
Acetylsalicylic acid (asa) with codeine	In all dosage forms <u>except</u> those containing 8 mg or less of codeine
Anileridine	In all dosage forms
Buprenorphine	In all dosages forms
Butalbital with codeine	In all dosage forms
Codeine	As the single active ingredient, or in combination with other active ingredients, in all dosage forms <u>except</u> those containing 20 mg per 30 ml or less of codeine in liquid for oral administration
Fentanyl	In all dosage forms
Hydrocodone – dihydrocodeinone	In all dosage forms
Hydromorphone – diphhydromorphone	In all dosage forms
Levorphanol	In all dosage forms
Meperidine – pethidine	In all dosage forms
Methadone	In all dosage forms
Morphine	In all dosage forms
Normethandone-p-hydroxyephedrine	In all dosage forms
Oxycodone	As the single active ingredient or in combination with other active ingredients in all dosage forms
Oxymorphone	In all dosage forms
Pantopon	In all dosage forms
Pentazocine	In all dosage forms
Propoxyphene	In all dosage forms

6.0 SELECTED REFERENCES

Canadian Centre on Substance Abuse. (2015). *Prescription Monitoring Programs in Canada: Best Practice and Program Review*. Ottawa: Author.

College of Physicians and Surgeons of Saskatchewan. (Last updated February 2019). *Regulatory Bylaws for Medical Practice in Saskatchewan*. Saskatoon: Author.

Health Canada. (2019). *Community Pharmacy Inspection Program Annual Report, Fiscal Year 2017-2018*. Ottawa: Author.

Louisiana Legislative Auditor. (2018). *Oversight of the Prescription Monitoring Program Louisiana Board of Pharmacy*. Baton Rouge: Author.

National Alliance for Model State Drugs. (2015). *Components of a Strong Prescription Monitoring Program*. Charlottesville: Author.

Office of the Auditor General of Nova Scotia. (2012). *Report of the Auditor General, May 2012, Health and Wellness: Nova Scotia Prescription Monitoring Program*. Halifax: Author.

Provincial Auditor of Saskatchewan. (2017). *2017 Report – Volume 1, Chapter 6, Health—Detecting Inappropriate Physician Payments*. Regina: Author.

Provincial Auditor of Saskatchewan. (2017). *2017 Report – Volume 1, Chapter 12 Saskatoon Regional Health Authority—Overseeing Contracted Special-Care Homes*. Regina: Author.

