Narcotics Monitoring System (NMS) Update
DISCLOSURE OF COMMERCIAL SUPPORT

- This program has received no financial or in-kind support.

- Potential for conflict(s) of interest:
  - None
Faculty/Presenter Disclosure

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- Relationships with commercial interests:
  - No commercial interests
Mitigating Potential Bias

- N/A
Background

• Prior to the implementation of the Narcotics Monitoring System (NMS), there was no centralized system in place in Ontario to monitor and record the dispensing of narcotics and controlled drugs (“monitored drugs”).

• In 2011, the Narcotics Safety and Awareness Act, 2010 and its Regulations came into force which among other things:

  • Require prescribers to record an identifying number on prescriptions for monitored drugs
  • Specify the types of acceptable identifying numbers
  • Specify the information that must be recorded by pharmacies when dispensing monitored drugs
  • Exempt prescribers in certain settings such as hospitals and prisons from the requirements
  • Set out requirements for the collection, use, disclosure and record keeping of information for monitored drugs.
  • Provide the authority for the ministry to collect information, including Personal Health Information about monitored drugs

• Therefore, the ministry developed the NMS to collect dispensing information for all prescriptions for monitored drugs dispensed for all Ontarians, regardless of whether the prescription is paid for under a publicly funded drug program, through private insurance or by cash
Background

- The NMS was built by leveraging the existing Health Network System (HNS), the Ontario Drug Benefit (ODB) claims adjudication system.

- The NMS was activated on April 16, 2012 and began to collect dispensing data from all Ontario pharmacies for all monitored drugs dispensed to people in Ontario. The NMS:
  - Records dispensing information for all monitored drugs dispensed to people in Ontario.
  - Provides real-time Drug Utilization Review (DUR) responses to dispensers (e.g. double-doctoring, poly-pharmacy) at the time of dispensing.
  - Enables retrospective reviews of dispensing information.

- Note: The NMS does not permit health care providers to access patient records at the point-of-care when a prescription is being written (i.e., they are not be able to view patient profile information, patient prescription history on the NMS), nor does it include diagnostic information (i.e., the reason for the prescription).
Data Summary

• For every prescription for a narcotic or controlled drug that is dispensed in Ontario, pharmacists are required to submit all of the following information to the NMS:

  – The prescriber’s registration number, issued by their College and number identifying the professional college to which they belong (i.e. CPSO)
  – The patient’s name, date of birth, gender, and ID number
  – The date on which the monitored drug is dispensed, the drug identification number (DIN), quantity of the monitored drug dispensed, and number of days required for the monitored drug
  – The prescription number
  – The pharmacist’s ID number (registration number from the Ontario College of Pharmacists) and Pharmacy ID number

• All 3,800+ pharmacies in Ontario are submitting dispensing data about monitored drugs to the NMS. As of September 30, 2015, the NMS has received:

  – Almost 98M submissions
  – Submissions for over 5.1M different patients
  – Submissions attributed to over 67,000 different prescribers
Forms of Identification

- Of the **98M submissions** received by the NMS (data from April 16, 2012 to September 30, 2015)
  - 97.24% (~95M) used the ON Health Card
  - 1.69% (~1.7M) used the FNIAH status card
  - 0.58% (~570,000) used other approved ID
  - 0.09% (~89,000) are for out of country residents
  - 0.06% (~58,000) are for patients with no approved ID
  - 0.08% (~80,000) were submitted as Office Use prescriptions

- Almost 99% of NMS submission are made using an Ontario Health Card, a health card from another province or another unique identifying number which allows pharmacists to receive real-time Drug Utilization Review (DUR) messages at the time of submission, to facilitate the identification of potential “double-doctoring” or “ploy-pharmacy” use.

- Less than 1% of NMS submissions involve a patient who has presented an alternate approved form of identification (DUR alerts are not available for these submissions).
Narcotics Monitoring Working Group

• Convened in Fall 2013 to provide advice regarding the use of NMS data to identify potential educational strategies and recommendations for ongoing data review

• Members include practicing physicians and pharmacists as well as representatives from the Ontario Medical Association (OMA), the College of Physicians and Surgeons of Ontario (CPSO), the Ontario Pharmacists Association (OPA) and the Ontario College of Pharmacists (OCP) in an observer capacity to provide advice and information when necessary
NMS Activities

- The NMS is used by the ministry for information gathering and sharing and has resulted in:
  - A significant (40-60%) drop in potentially inappropriate prescribing*;
  - Referrals to OPP for possible double doctoring;
  - Upon request by CPSO, prescriber profiles are provided to support inspection and investigation activities;
  - Upon request, profiles are provided to OPP and other police services for ongoing investigations;
  - Prescriber profiles provided to the CPSO for review of prescribing practices;
  - Referrals to the Ontario College of Pharmacists (OCP) for review of concerns related to the dispensing of monitored drugs.


“The prevalence of potentially inappropriate opioid, benzodiazepine and stimulant prescriptions in Ontario fell by 40 per cent, 58 per cent and 60 per cent, respectively, after legislation and a centralized prescription monitoring system was implemented.”
NMS Data Trends

• Based on NMS data, the following slides show trends in the number of NMS submissions (dispense events) for a number of opioid groups, MMT and Suboxone

• Data from July 01, 2012 to Mar 31, 2014
Number of NMS dispense events for Short-Acting Opioids in Ontario
2012/13 Q2 – 2014/15 Q4

- Codeine compounds
- Percocet
- Hydromorphone IR
- Tramadol
- Morphine IR
- Oxycodone IR
Number of NMS dispense events for Long-Acting Opioids in Ontario
2012/13 Q2 – 2014/15 Q4

- Hydromorphone SR
- OxyNEO
- Morphine SR
- Fentanyl patches
- Oxycodone SR
Number of NMS dispense events for Methadone Maintenance Treatment (MMT) and Suboxone in Ontario, 2012/13 Q2 – 2014/15 Q4
NMS Data Trends

• Analysis of Fentanyl dispense events between 13/14 and 14/15 showed:
  • Number of dispense events decreased from approximately 370,000 in 2013/14 to 341,000 in 2014/15
  • 31,000 Ontarians were dispensed Fentanyl in 2014/15
  • Predominantly Fentanyl patches versus instant release tablets
  • North East, South West and Erie St. Clair LHINs had the highest per population rates (per 10,000)
  • Static maps created (next slides) to demonstrate how much the rate may differ between LHINs and within a LHIN
Challenges/Next Steps

- Working with stakeholders on initiatives that leverage information in the NMS:
  - Educational strategies
  - Monitoring opioid utilization
  - Resource allocation or care planning
  - Other?

- Informational letters for prescribers
Questions?