



Pharmacy Network and the Prescription Monitoring Program

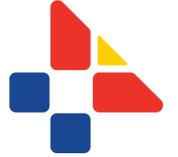
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Pharmacy Network Program Manager
NL Health Services

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Clinical Pharmacist, PMP
NL Health Services

Agenda:

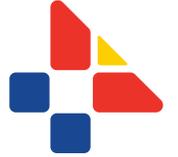
- Client Registry Searches
- Rx Transfers
- Dispense Pick-ups
- Immunizations
- Outages and Issues
- Common Errors
- PMP

Client Registry

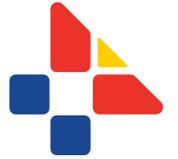


- Majority of calls to pharmacies:
 - Linkage tasks/Singletons
 - Incorrect syncs
- Consequences:
 - Missing/incorrect Rx's on the patient's profile
 - DUR integrity
 - Clinical decisions may be made by others they would not have otherwise made
 - Discrepancies in PHR

Client Registry



- BE CERTAIN before you synchronize!
 - Name and DOB don't always return the correct match
 - If possible, search by MCP
 - Will only return one result
 - If MCP not available, enter as much information as possible
 - Don't rely on address or phone number to rule out a potential match
 - Confirm patient demographic information periodically



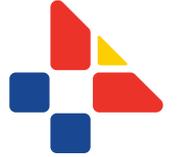
Out of Province Patients (OOPs)

- Summer and Christmas seasons bring spikes of OOPs incorrectly added to CR
- Do not assume a OOP is not already in the CR
- Do not assume that an MCP on the patient's CR record means it's not the correct record
- If Rx is received by fax, call patient to verify info prior to sync
- If the patient presents HCN from another province, record it in the patient notes.



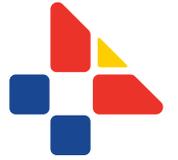
Prescription Transfers

- Sends a message to the PN to reassign ownership of the Rx
 - Must use the correct ELID of the receiving pharmacy
- Allows receiving pharmacy to import the Rx from the PN
 - NLPB SoP
 - reduces risk of transcription errors
 - keeps patient profiles tidy
- If you must enter the Rx from scratch, ensure you abort the old record.
 - Compounds
 - Mis-matched units of measure



Recording Dispense Pick-ups

- Why is an accurate pick-up time important?
 - DURs
 - DURs in the PN run on dispenses
 - Drugs are included in the DUR effective at the time of dispense and run for the duration of the days' supply
 - Countdown on the days' supply starts when the dispense is picked up
 - Quantity Remaining
 - Updates with the recording of the pick-up
 - Affects the integrity of HEALTHeNL profiles
 - Affects the integrity of the prescription transfer process
 - New unmanageable error coming to prevent the transfer of prescriptions for which there is as associated dispense that has not been picked up.



Immunization Administrations

- Not just for COVID-19 and influenza vaccines
- HEALTHeNL and Vaccine Portal
- Will be included in a future phase of the PHR
- Can return and record the administration of a previously dispensed immunization
 - PPMS configuration change may be required
- Other injections can be recorded as a professional service



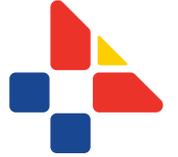
Pharmacy Network Outages

- Necessary for upgrades, security patches, addition of new functionality, etc.
- Planned outages are always scheduled for Sunday evenings at 10:00 PM with rare exceptions
- Emergency changes may occur at anytime
- Queue transactions for submission at a later time

Experiencing Pharmacy Network Problems?



- Call/email the Service Desk
 - 1-877-752-6006
 - service@nlchi.nl.ca
- Details are important!
 - Time
 - User ID
 - Error message received



Common Errors

- Why am I getting a ‘prescription is no longer actionable’ error message?
- Why am I getting ‘prescribed drug does not match dispensed drug’ when I am substituting an interchangeable brand?
- Why am I getting a “cannot connect to remote server” error message?
 1. This is an issue with your PPMS router configuration and needs to be addressed by your PPMS support
 2. If PPMS support says it a DIS problem, see #1



NL Health
Services

Newfoundland and Labrador Prescription Monitoring Program

Jeremy Harnum B.Sc. (Pharm)

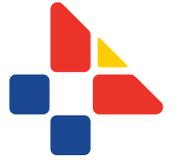
Clinical Pharmacist – PMP-NL



What is PMP-NL?

Part of the Provincial
Government's Opioid Action
Plan

- ❖ Address the province's growing opioid issue
- ❖ Prescription Monitoring Act legislated January 1, 2018



What is PMP-NL?

Consists of two components

- ❖ Proactive: Clinicians making informed decisions with medication profile checks before prescribing or dispensing an opioid
- ❖ Retroactive: Evaluating report data for monitoring, analysis, and education



Prescription Monitoring Act

8.(2) Before dispensing a monitored drug a dispenser shall

(a) review the patient medication profile in the electronic health record relating to the individual for whom the monitored drug is being dispensed; and

(b) ensure that any identity verification requirements prescribed in the regulations are satisfied.

8.(3) A dispenser shall ensure that each time a monitored drug is dispensed it is recorded in the pharmacy network in accordance with the regulations.

Centre's Role

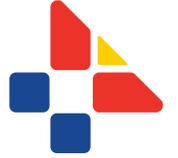
Responsible for administration of PMP-NL

- ❖ Program development and maintenance
- ❖ Collect and evaluate information on opioid prescriptions and dispenses from the Pharmacy Network and HEALTHeNL

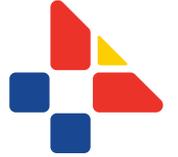
Track the utilization of monitored drugs

Promote appropriate opioid prescribing and dispensing practices

Inform prescribers, dispensers, and other PMP-NL stakeholders of trends in opioid usage



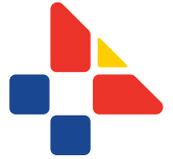
Reporting



Key operational function of PMP-NL is analyzing reports. This includes:

- ❖ Investigating questionable activities
- ❖ Ensuring compliance of regulatory requirement to check a patient's medication profile before prescribing or dispensing an opioid

- 1 Multiple opioid prescriptions from multiple prescribers
- 2 Multiple opioid dispenses from multiple pharmacies
- 3 Dispensing opioids with no MCP number recorded
- 4 Prescribing methadone or Suboxone with other opioids
- 5 Opioid dispenses of ≥ 90 day supply



HEALTHe NL Monitored Drug Viewer

- HEALTHe NL users now have the option when viewing the medication profile to view only medications monitored by the Prescription Monitoring Program. Also, when viewing the full profile, a column has been added to “Prescription Summary” to indicate whether a medication is monitored by the program.

Prescription Summary

Range: 4 months 12 months 24 months
Status: Aborted Active Completed Suspended
Show: All types Monitored drugs only

BY DEFAULT, PRESCRIPTIONS ARE SORTED ACCORDING TO LAST DISPENSED DATE. IN CASES WHERE A PRESCRIPTION HAS NOT BEEN DISPENSED, IT IS SORTED AS PER ITS PRESCRIBED DATE. NOTE THAT ONLY THE MOST RECENT PRESCRIPTION FOR EACH STRENGTH OF EACH MEDICATION APPEARS IN THE SUMMARY. USE THE PRESCRIPTION VIEWER BELOW IF YOU WISH TO VIEW OLDER PRESCRIPTIONS.

	Order	Drug	Form	Prescriber	Prescribed	Last Dispensed	Status	Directions	Prescribed Qty	Qty Remaining	Monitored
	523648	ACETAMINOPHEN/CODEINE/CAFFEINE 300 MG-30 MG-15 MG	tablet	BLANCHARD, Crystal	2022-Oct-17	2022-Oct-17	COMPLETED	TAKE 1 & 1/2 TABLETS TWICE DAILY	100	90	YES
	516709	OXYCODONE HCL 5 MG	tablet	PATEL, Prerak	2022-Feb-18	2022-Feb-18	COMPLETED	AS DIRECTED	100	100	YES

Prescription Summary

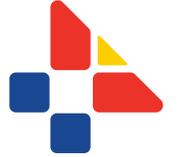
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	528106	CELECOXIB 200 MG	capsule	BALL, Justin	2023-Oct-23	2023-Oct-23	ACTIVE	TAKE 1 CAPSULE ONCE A DAY	30	30	
	528020	RAMIPRIL 1.25 MG	capsule	COOMBS, Richard	2023-Oct-17	2023-Oct-17	ACTIVE	1 (ONE) CAPSULE(S), ONCE DAILY FOR 30 DAYS. END...	60	30	
	528017	CITALOPRAM HYDROBROMIDE 20 MG	tablet	COOMBS, Richard	2023-Oct-17	2023-Oct-17	ACTIVE	1 (ONE) TABLET(S), ONCE DAILY FOR 10 DAYS. ENDI...	10	0	

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Positive Trends in Opioid Prescribing



- In 2019 an average of 15,788 pts/mth (patients per month) received non-ODT opioids and in 2023 an average of 13,838 pts/mth received non-ODT opioids, a 12% decrease.
- In January 2024 there were 3151 patients who received ODT in the province up from 2293 in January 2019, a 37% increase.
- Patients receiving opioids from multiple prescribers in a 30-day period is down over 40%, from an average of 1110 pts/mth to under 650 pts/mth.

Questions?

