

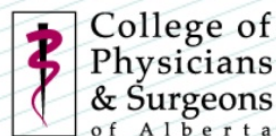
# Alberta's Triplicate Prescription Program

a partnership for safe patient care



## 2014-15 Annual Report

Prepared by



# We're all in this together...

Misuse of prescription drugs affects everyone - patients, their families and friends, co-workers and employers. Alberta's TPP brings together more stakeholders than any other drug monitoring program in Canada to collaborate in reducing the associated risks and protecting patient and public safety.

## TPP Steering Committee members

College of Physicians & Surgeons of Alberta (CPSA)

Alberta College of Pharmacists (ACP)

Alberta Dental Association and College

Alberta Medical Association (AMA)

Alberta Pharmacists' Association (RxA)

Alberta Veterinary Medical Association (ABVMA)

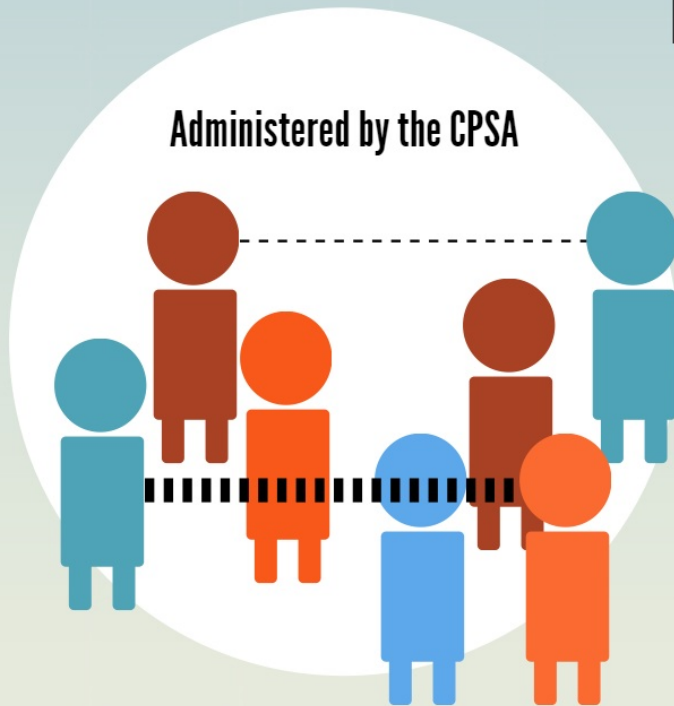
College and Association of Registered Nurses  
of Alberta (CARNA)

Yukon Medical Council

Alberta Health

Alberta Health Services

Administered by the CPSA



Stakeholders also include:

Other health professional regulatory colleges, addictions agencies, law enforcement agencies and other provincial and national prescription drug monitoring programs and strategies.

## Why we're involved

To monitor and prevent misuse and  
abuse of medications

- Alberta College of Pharmacists

...growing concerns about the misuse, abuse, and  
addiction to prescription medications...

- Alberta Health Services

The TPP tells us when we need to intervene and work with our members to improve  
their prescribing competence, to keep the public safe.

- College of Physicians & Surgeons of Alberta

To support health care providers in encouraging appropriate drug  
use and reduce the risks associated with drug abuse

- Alberta Pharmacists Association

Veterinarians are in the unique situation of being able to acquire and dispense controlled substances with less oversight than a physician or a dentist; protection of our members leads directly to protection of the public.

- Alberta Veterinary Medical Association

# What the TPP does

The TPP creates data and information on the use of targeted medications that:



enables care providers to

***optimize patient care***

by providing notification of potential concerns...



...and supports efforts to

***decrease societal burdens***

related to the misuse and abuse of these medications.

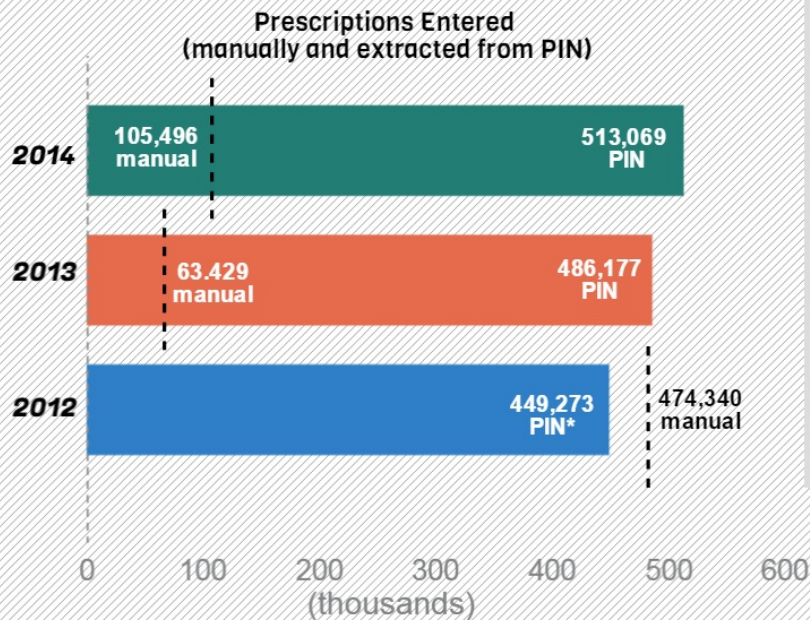


We do this through...

- ***surveillance & data collection***
- ***notification***
- ***education***
- ***policy and program recommendation***

# Surveillance & data collection

## TPP monitors prescribing and dispensing data for all targeted medications



\*All TPP prescriptions were entered both manually and from PIN in the 2012 transition year.

### The PIN difference

Since 2012, the TPP has extracted prescribing and dispensing data for Alberta patients from the Pharmaceutical Information Network (PIN).

Previously, the program received and entered all TPP prescriptions manually, and no dispensing data was available.

While most TPP data now comes from PIN, the program continues to receive and manually enter TPP prescriptions for:

- Yukon patients
- veterinary patients (animal)
- compounded prescriptions (e.g., methadone)

## What's monitored: TPP medication list

All products containing the following listed generic ingredients are included in the TPP, unless a trade name is specifically excluded:

Buprenorphine  
Butalbital Preparations  
Butorphanol  
Dextropropoxyphene  
Fentanyl/Sufentanil/Alfentanil  
Hydrocodone – Dihydrocodeinone  
Hydromorphone-Dihydromorphinone  
Methylphenidate\*  
Meperidine – Pethidine  
Ketamine  
Hydromorphone - Dihydromorphinone  
Methadone\*\*  
Morphine  
Pentazocine  
Tapentadol  
Normethadone  
Oxycodone

\*Exception: Concerta® brand of methylphenidate is excluded from TPP requirements

\*\*May be prescribed only by physicians authorized by Health Canada for opioid dependency or pain management

### Benzodiazepine use studied in advance of incorporation into TPP

Gaining a better understanding of benzodiazepine use in Alberta has been a priority for the TPP for the past two years.

Widely prescribed, benzodiazepine medications are typically used to treat insomnia and anxiety conditions. However, some patients may develop a dependency and experience withdrawal symptoms when the medication is reduced or stopped.

There is also the potential for other serious adverse effects. In 2014 the Office of the Child and Youth Advocate released an investigative report on "Baby Annie", whose death at 14 days was linked to high levels of benzodiazepine exposure while in utero.

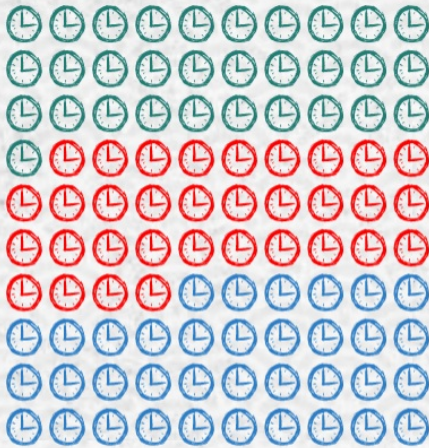
In 2014, the TPP developed 3 reports on benzodiazepine use in the province:

- Benzodiazepine Related Medication in Alberta
- Benzodiazepine Utilization in the Elderly in Alberta
- Benzodiazepine Utilization in Alberta

The TPP is now focused on developing educational materials and other interventions to ensure benzodiazepines are prescribed safely, and will soon incorporate benzodiazepines into the program as a monitored Type 2 medication.

# TPP dedicates 400+ hours each year to methadone monitoring

## Staff Hours Monitoring Methadone



■ 410 in 2014 ■ 439 in 2013 ■ 486 in 2012

Methadone monitoring is vital to the safe care of the vulnerable patients receiving this treatment.

A significant part of the TPP workload, methadone monitoring involves additional tasks not required for other TPP medications. These include:

- ✓ Manually interpreting and entering methadone prescription data (compound prescription)
- ✓ Filtering methadone prescriptions from other TPP data
- ✓ Receiving and entering methadone program intake and discharge information
- ✓ Reporting monthly to Alberta Health, Alberta Health Services, addiction treatment clinics and agencies
- ✓ Contributing methadone data to national strategies (i.e., Canadian Centre on Substance Abuse)

## Notification

### TPP helps practitioners help patients






The TPP analyzes data and notifies practitioners when certain criteria indicate a possible patient safety concern. The CPSA provides physicians with resources and advice for managing the care of patients who may have a dependence disorder.

#### Multi-Doctoring Notifications

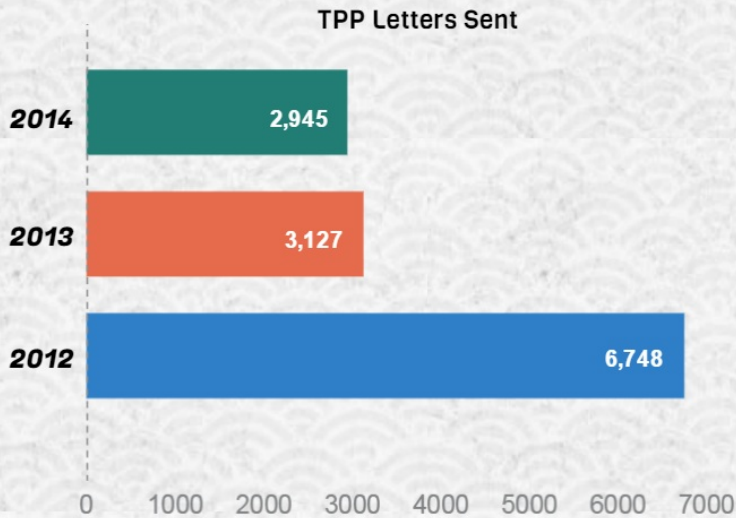
The TPP runs a quarterly report and notifies prescribers when a patient has seen 3 or more prescribers in a 3-month period.



#### The TPP also sends letters:

-  requesting additional information for patient profiles, such as to confirm a suspected malignancy or to update the patient's status
-  notifying prescribers and pharmacies when TPP prescriptions/pads are lost or stolen
-  welcoming practitioners when they register with the program
-  providing temporary TPP prescription forms to practitioners who run out before receiving a new pad
-  providing stakeholder organizations with information related to their members

# TPP sent a total of 2,945 letters in 2014, including 2,084 multi-doctoring notifications



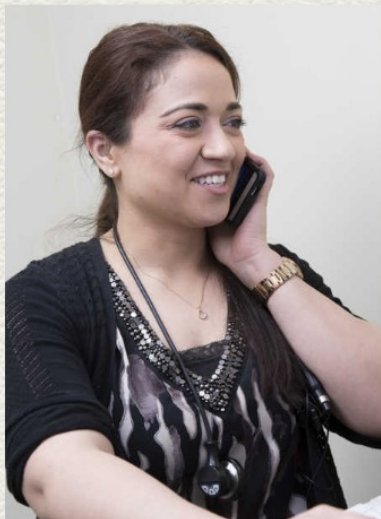
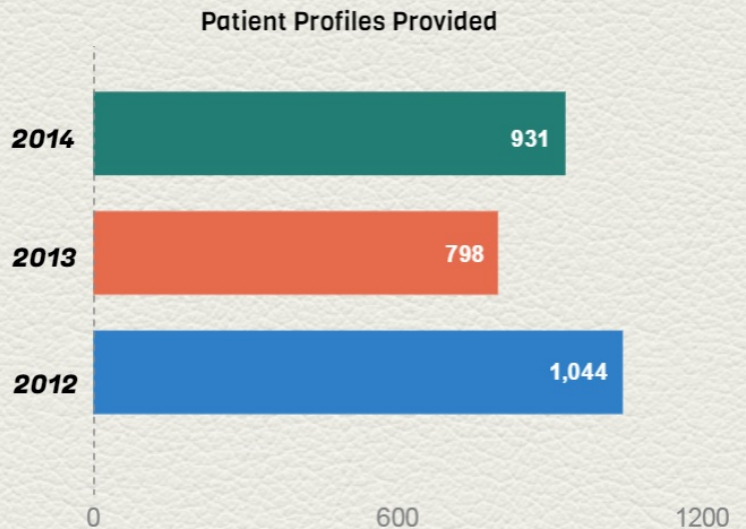
**Note:**

Integration of the TPP with the Pharmaceutical Information Network (PIN) has decreased the number of letters sent since 2012, as the criteria for multi-doctoring notifications were revised at that time.

## ...and responded to 931 requests for patient profiles

Practitioners concerned about a patient's use of a TPP medication may contact the program to request the patient's TPP profile.

These requests started to decrease after 2012, as more practitioners gained access to their patient's prescription information through secure access to the Pharmaceutical Information Network (PIN).



The TPP also responds to approximately 5,000 telephone inquiries each year from physicians, pharmacists, government, addiction agencies and others seeking information and resources related to the use of TPP medications in Alberta.

# Stakeholders also use TPP data to inform their members

Based on TPP data and specific criteria, the CPSA and ACP send these notifications to their members:

## High Risk Patient Identification Letters

The CPSA and ACP notify physicians and pharmacists respectively when a patient on a high oral morphine equivalent dose has attended more than 2 physicians and 2 pharmacies in a 3-month period. Only 2 physicians continued prescribing for the patient after receiving a HRPI letter in 2014.

## High Quantity Letters

With a quality improvement focus, the CPSA sends letters to physicians who prescribe a TPP medication in an amount > 1,000 tablets at one time, to increase awareness of the potential risks to patient and public safety.

2014 (first year of program)



2013-2014



## TPP helps prevent fraud

TPP prescription pads are unique to each prescriber. Every form identifies the prescriber's name and contact information and has a unique TPP prescription number. This enables tracking of these prescriptions and identification of attempts to alter or misuse the forms.

A large number of missing or stolen prescriptions are recovered and destroyed before they are misused, many by pharmacists who receive notification and are alert to fraud attempts. However, most missing or stolen prescriptions remain unaccounted for over time.

Only a few fraudulent prescriptions are actually dispensed each year, testament to an effective partnership between the TPP, prescribers, pharmacies and law enforcement agencies.

Upon receiving a report of stolen or missing triplicate prescriptions, the TPP confirms with the physician and notifies pharmacies and local police.\* Occasionally, law enforcement agencies submit production orders for release of specific documentation. TPP responded to two production orders and made one court appearance in 2014.

\*If the number of the last prescription written is unknown (PIN does not identify specific prescription numbers), TPP reports the whole prescription pad(s) to ensure no stray prescriptions are missed.

	Missing	Stolen	Recovered	Unaccounted	Dispensed	% Dispensed	Altered
<b>2014</b>	707	1,263	312	1,658	22	1.32%	17
<b>2013</b>	371	143	271	243	2	0.29%	6
<b>2012</b>	814	354	271	897	22	2.45%	24

## New Methadone Maintenance Treatment (MMT) course aims to improve access for patients

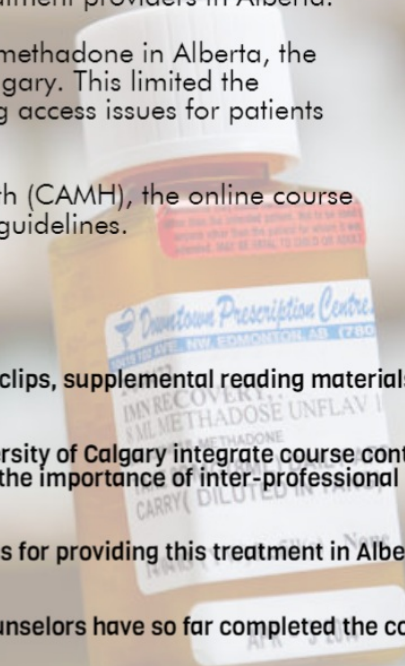
With a \$100,000 grant from Alberta Health, in 2014 the CPSA and partners developed an online MMT course intended to address an acute shortage of methadone treatment providers in Alberta.

A prerequisite for obtaining a Health Canada exemption to prescribe methadone in Alberta, the training was previously available only once a year in Edmonton or Calgary. This limited the number of practitioners who could offer methadone treatment, causing access issues for patients particularly outside the province's major cities.

Based on core content from the Centre for Addiction and Mental Health (CAMH), the online course is customized for Alberta and aligns with Alberta MMT standards and guidelines.

### By the numbers

- 5 self-directed modules lead learners through readings, audio and video clips, supplemental reading materials and a variety of learning activities
- 4 "virtual patient" case studies developed in collaboration with the University of Calgary integrate course content and allow learners to select diagnostic and treatment options, highlighting the importance of inter-professional communication
- 4 podcasts convey the practical aspects of MMT, including the regulations for providing this treatment in Alberta (developed by 2 physicians, a pharmacist and an addiction counselor)
- 117 total physicians, pharmacists, nurses, social workers and addiction counselors have so far completed the course, including 55 in 3 pilot projects in fall 2014
- 6 University of Calgary faculty have been trained to facilitate future online workshops



## Resources for safer prescribing

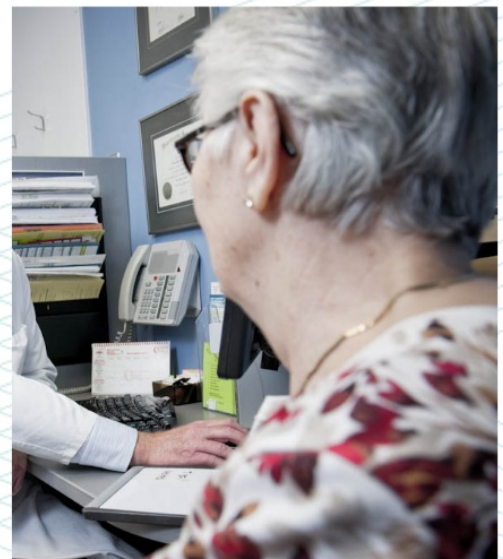
### Optimized Prescribing With Seniors

To help physicians manage the complex prescribing needs of older patients, in 2014 the College and Alberta Medical Association (AMA) together developed Optimized Prescribing with Seniors (OPS), an information and advice column published bimonthly in each organization's member newsletter.

Coordinated by a Calgary geriatrician, OPS columns explore specific clinical questions or medication management issues, offering physicians practical, evidence-based information to improve care for older patients.

### Other stakeholder communications

Regulatory colleges for Alberta physicians, pharmacists, dentists, veterinarians and the Yukon Medical Council also regularly publish prescribing information for their members. Information about the TPP and links to other provincial and national resources are also available online at [cpsa.ab.ca](http://cpsa.ab.ca)



"Optimized Prescribing With Seniors" is a new bimonthly resource to help physicians with the unique prescribing challenges of older patients



# Policy and Program Recommendation





The TPP uses data to recommend policies and programs to minimize risk and unsafe use of targeted medications.

For example, TPP data enables the CPSA to identify potential concerns in physician prescribing. Through its Physician Prescribing Practices program, a component of the College's Continuing Competence approach, the CPSA offers members educational materials, peer support and practice tools to improve both individual prescribing competence and the overall quality of prescribing in Alberta.

The TPP also contributes to initiatives such as First Do No Harm: Responding to Canada's Prescription Drug Crisis by the Canadian Centre on Substance Abuse and the Coalition on Prescription Drug Misuse in Alberta.

## Priorities going forward

The TPP is currently engaged in the following initiatives to significantly increase the scope of the program and strengthen its effectiveness in reducing prescription medication misuse and abuse.

-  incorporating benzodiazepine and codeine-containing medications into the TPP as monitored Type 2 medications in fall 2015 and early 2016 respectively. This is a major undertaking that will also involve an awareness campaign for practitioners
-  enhancing the use of TPP data in developing evidence-informed interventions, measuring outcomes and identifying trends in prescription medication use
-  developing a secure online portal for individual physicians to access their prescribing profile at any time and compare with their peers (CPSA)
-  enhancing collaboration with other prescription drug monitoring programs in Canada, to learn from each other and build on success

## Alberta TPP Atlas

The 2012 TPP Atlas continues to be an important resource for stakeholders.

The TPP Atlas provides detailed data on utilization of TPP medications regionally across Alberta, based on data collected by the program both manually and through the Pharmaceutical Information Network.

As well as geographic data, the TPP Atlas breaks down utilization rates by age group, medication category and anatomical therapeutic classification (ATC) enabling data users to target specific interventions.


For example, since 2012 the CPSA has used the TPP Atlas to identify communities to include in its Regional Tour program, to gain insight into their unique challenges and discuss prescribing practices with local physicians.

### Future access will be online

Rather than updating the TPP Atlas in its current form, the TPP is focused on developing an electronic tool that will provide stakeholders with access to real-time data online.



# TPP Grant Report 2014-15

<b>GAMS Grant ID</b>		<b>Grant-004961</b>	
		<b>UNAUDITED FINANCIAL REPORTING FOR GRANTS</b>	
		<b>MULTI-YEAR AGREEMENT</b>	
		<b>YEAR 1 of 3</b>	
<b>Grant Recipient:</b>		<b>College of Physicians &amp; Surgeons of Alberta</b>	
<b>Description of Grant:</b>		<b>Triplicate Prescription Program</b>	
<b>Term of Agreement:</b>		1-Apr-14 to 31-Mar-17	Date: 20-May-15
<b>Financial Reporting for the Period:</b>		1-Apr-14 to 31-Mar-15	

	Current Fiscal Period: Year-To-Date			Full Term of Agreement Agreement-To-Date		
	Budget	Actuals	Variance	Budget	Actuals	Variance
<b>Revenue</b>						
Contribution from Alberta Health & Wellness	(515,000.00)	(515,000.00)	-	(1,830,400.00)	(515,000.00)	(1,315,400.00)
Government Grant - Investment Income	-	(578.33)	578.33	-	(578.33)	578.33
Grant - Other Sources	(110,000.00)	(111,100.00)	1,100.00	(349,300.00)	(111,100.00)	(238,200.00)
Levy from Operations	(136,900.00)	(133,692.00)	(3,208.00)	(415,900.00)	(133,692.00)	(282,208.00)
<b>Total Revenue</b>	<b>(761,900.00)</b>	<b>(760,370.33)</b>	<b>(1,529.67)</b>	<b>(2,595,600.00)</b>	<b>(760,370.33)</b>	<b>(1,835,229.67)</b>
<b>Expense</b>						
<b>General Program Expenditures</b>						
Consulting	69,900.00	126,000.00	(56,100.00)	239,300.00	126,000.00	113,300.00
Consulting - Special	-	-	-	52,500.00	-	52,500.00
Legal	1,900.00	1,233.76	666.24	7,400.00	1,233.76	6,166.24
Occupancy Costs	67,700.00	61,900.00	5,800.00	210,500.00	61,900.00	148,600.00
Operating Costs	43,900.00	45,074.99	(1,174.99)	146,000.00	45,074.99	100,925.01
Printing, Supplies & Courier	18,000.00	14,842.17	3,157.83	50,600.00	14,842.17	35,757.83
Professional Development	6,500.00	5,767.69	732.31	22,400.00	5,767.69	16,632.31
Salaries & Benefits	292,700.00	274,992.65	17,707.35	1,021,100.00	274,992.65	746,107.35
Special printing	256,400.00	254,304.81	2,095.19	832,500.00	254,304.81	578,195.19
Telephone & Fax	4,100.00	2,153.38	1,946.62	12,200.00	2,153.38	10,046.62
Travel, Meals & Accommodation	800.00	2,034.36	(1,234.36)	1,100.00	2,034.36	(934.36)
Sub-total	761,900.00	788,303.81	(26,403.81)	2,595,600.00	788,303.81	1,807,296.19
<b>Committee Expenses</b>						
Per Diem/Honorarium	-	-	-	-	-	-
Travel, Meals & Accommodation	-	91.04	(91.04)	-	91.04	-
Sub-total	-	91.04	(91.04)	-	91.04	(91.04)
<b>Total Expenses</b>	<b>761,900.00</b>	<b>788,394.85</b>	<b>(26,494.85)</b>	<b>2,595,600.00</b>	<b>788,394.85</b>	<b>1,807,205.15</b>
<b>Deficit</b>	-	28,024.52	(28,024.52)	-	28,024.52	(28,024.52)


  

<b>Unexpended Funding</b>	
<input type="checkbox"/> Attached Request (s) for Retention of Unexpended Funding Form	Current Surplus/ (Deficit) -
	Less: Attached Request (s) for Retention of Unexpended Funding -
	Closing Balance: Unspent Retention -

<b>Finance Contact:</b>		<b>Program Contact:</b>	
Tracy Simons	780-969-4983	Ed Jess	(780) 969-4946
Name	Phone #	Name	Phone #

<b>Finance Approval:</b>		
Owen Heisler	Assistant Registrar	
Name	Position / Phone #	
	(780) 969-4905	20-May-15
	Date	Signature

**Note:**

A program deficit of \$28,024.52 for 2014-15 is being covered by the CPSA.

