Ontario's Narcotics Monitoring System

Frequently Asked Questions

This fact sheet provides basic information only. It must not take the place of medical advice, diagnosis or treatment. Always talk to a health care professional about any health concerns you have, and before you make any changes to your diet, lifestyle or treatment.

1. What is the Narcotics Monitoring System?

The NMS will serve as a central database to enable reviews of monitored drug prescribing and dispensing activities within the community health care sector. The NMS will also have real-time Drug Utilization Review (DUR) capabilities. When a dispensing record is submitted by a pharmacy to the NMS, the system will conduct DUR checks. If potential issues, such as double-doctoring and poly-pharmacy visits are detected, the NMS will issue an alert to the pharmacy in real-time (i.e. at the time that the prescription is being dispensed). *More information on DUR checks and alerts is provided below.*

The NMS will collect dispensing data from pharmacies in relation to all monitored drugs regardless of how the prescription is reimbursed (e.g., publicly funded drug programs, private insurance, and cash payments).

2. When does this come into effect?

The ministry activated the NMS on April 16, 2012. Pharmacies that have completed their Pharmacy Software Conformance testing may begin submitting prescription information for monitored drugs starting on this date. All pharmacies are required to submit this information to the NMS no later than May 14, 2012.

3. Will health care providers have access to the information on the NMS? What kind of information is available to the prescribers and to the dispensers?

As noted above, the NMS is intended to enable reviews of prescribing and dispensing activities for monitored drugs. Although the system issues real-time alerts to the pharmacy in certain circumstances where inappropriate use may be identified, the NMS does <u>not</u> permit health care providers to access patient records at the point-of-care when a prescription is being written. Prescribers, dispensers/pharmacies, and other health care providers will <u>not</u> be able to view patient profile information (e.g. patient prescription history) on the NMS.

Point-of-care access to patient information is part of the larger Medication Management System initiative currently under development through eHealth Ontario.

4. How will the implementation of the NMS affect prescribers and dispensers?

Prescribers and dispensers must comply with the requirements set out in the *Narcotics Safety and Awareness Act, 2010*, which came into effect on November 1, 2011. Most notably, prescribers must record on each prescription for a monitored drug the patient identification number (e.g. health card number or other form of identification approved by the ministry) and the prescriber registration number, in addition to other information required to be recorded on a prescription.

Likewise, among other requirements, dispensers must keep a record of the information listed on each prescription for a monitored drug, including the patient identification number (e.g. health card number or other form of identification approved by the ministry) and the prescriber registration number, along with other information required for a prescription. Compliance with these requirements will serve to improve the accuracy and completeness of the data collected on the NMS. Learn more about the *Narcotics Safety and Awareness Act, 2010* and its requirements.

What information will the dispenser/pharmacy need to submit to the NMS?

A dispenser/pharmacy will be required to submit all of the following information to the NMS when dispensing a monitored drug:

- Prescriber's registration number issued to the prescriber by the College of which he or she is a member
- Prescriber ID reference (identifying the professional college to which the prescriber belongs, e.g., member of CPSO, RCDSO, etc.)
- Identification number of the patient
- Name of the person for whom the monitored drug is prescribed
- Date of birth and gender of the person for whom the monitored drug is prescribed
- Date on which the monitored drug is dispensed
- Drug identification number
- Quantity of the monitored drug dispensed
- Length of therapy, in number of days, of the monitored drug
- Prescription number
- Pharmacist ID (registration number from the Ontario College of Pharmacists)
- Pharmacy ID

For further information about the requirements on the different data fields and codes, please refer to the Narcotics Monitoring System Pharmacy Reference Manual, available at: http://health.gov.on.ca/english/providers/program/drugs/resources/narcotics_manual.pdf.

5. Are there any exceptions for submitting information to the NMS?

Submission to the NMS is not required for prescriptions of monitored drugs under the following circumstances:

- dispensed to an in-patient of a public hospital as part of his or her treatment in a hospital
- dispensed to prisoners or inmates and includes the following facilities:
    - correctional institutions
    - penitentiaries and prisons, or
    - youth custody

These prescriptions are not monitored at this time as they are exempt under Ontario Regulation 381/11, made under the *Narcotics Safety and Awareness Act, 2010*.

6. My pharmacy has been keeping a record of prescription information for monitored drugs as required by the Narcotics Safety and Awareness Act, 2010 since November 1, 2011. Do I need to submit prescription record information that I have on file to the NMS prior to April 16, 2012?

No. Dispensers/pharmacies will not be required to retroactively submit dispensing information to the NMS for monitored drugs that were dispensed prior to April 16, 2012.

7. Does the pharmacy require the patient's consent before submitting transactions to the NMS? How does this impact privacy legislation?

The *Narcotics Safety and Awareness Act, 2010* provides dispensers/pharmacies and prescribers with authority to collect and disclose to the ministry, information, including personal health information, for the purpose of complying with the Act. A patient cannot opt out from the Act. This ensures that the NMS has a complete and accurate history of prescription narcotic and controlled drugs dispensed in Ontario's community health care sector. This supports ongoing education and helps to ensure that these products are prescribed, dispensed and used appropriately.

8. What are Drug Utilization Review (DUR) alerts?

When a dispenser/pharmacy submits a dispensing record to the NMS, the system will perform, in real-time, two different types of checks: data integrity checks and DUR checks.

Data integrity checks are performed to ensure that information submitted to the NMS is complete and conforms to established standards. For example, the NMS will reject a transaction if a valid patient identification number was not provided in the transmission. For more information on data integrity checks, please refer to the Narcotics Monitoring System Pharmacy Reference Manual, available at: http://health.gov.on.ca/english/providers/program/drugs/resources/narcotics_manual.pdf.

DUR checks are performed by the NMS based on an analysis of the current dispensing record and previous dispensing records to identify potential drug therapy concerns. If any of the drug utilization issues outlined below are identified, the NMS will issue, in real-time, a warning message to the dispenser.

The following table describes the different DUR checks that the NMS will perform, the warning messages that will be issued to the dispenser/pharmacy, and the circumstances under which these warning messages will be triggered.

Drug Utilization Review (DUR) Response Code & Description	**Meanings of the Warning Message***
MH - May be double doctoring*	Indicates that, including the current claim, the recipient has obtained monitored drugs prescribed by 3 or more different prescribers in the past 28 days.
MI - Poly-pharmacy use indicated	Indicates that, including the current claim, the recipient has obtained monitored drugs from 3 or more different dispensaries in the past 28 days.
D7- Refill too soon	Indicates that, based on the days supply of the previous claim submitted to the NMS, a refill should not be required at this time. The patient may still have enough product available.
DE - Fill/refill too late	Indicates that, based on the days supply of the previous claim submitted to the NMS, a refill is overdue at this time.
MY - Duplicate drug other pharmacy	Indicates that prior dispensing transaction exists for: • same patient • same Drug Identification Number/Product Identification Number or interchangeable product • same date of service • different dispensary

When the NMS returns any of the above DUR warnings, the system will also include a message line that includes only the following information:

- The transaction date of the previous claim submitted prior to the claim currently being processed;
- The phone number of the pharmacy that filled the previous claim;

- The quantity dispensed for the previous claim; and
- The drug identification number (DIN) of the previous claim.

For additional details regarding DUR checks and warning responses, please refer to the Narcotics Monitoring System Pharmacy Reference Manual, available at: http://health.gov.on.ca/english/providers/program/drugs/resources/narcotics_manual.pdf.

***Note**: The NMS DUR warnings and triggers have been developed based on the same specifications (i.e., timing and thresholds) as those currently used in the ministry's Health Network System for the adjudication of Ontario Drug Benefit claims. The NMS DUR warnings are intended to alert dispensers of potential inappropriate use of monitored drugs and represent only one component of all information to be considered in the delivery of patient care.*

Please note, other adjudication systems and other regulatory bodies may define the terms used in the DUR alerts differently. For example, "double-doctoring" should not be confused with the legal requirement referenced under the federal Narcotic Control Regulations, made under the Controlled Drugs and Substances Act, where it is prohibited for a person who has received a prescription for a narcotic to seek or receive another prescription or narcotic from a different practitioner without disclosing to that practitioner particulars of every prescription or narcotic that he or she has obtained within the previous 30 days.

9. How should prescribers and dispensers respond to DUR alerts?

The recommendations below have been provided through collaboration with the regulatory colleges.

DUR warnings issued by the NMS are intended to alert dispensers of potential inappropriate use of monitored drugs and represent only one component of all information to be considered in the delivery of patient care. In responding to DUR warnings, health care providers are encouraged to exercise professional judgment and to work collaboratively in determining the most appropriate course of action.

It is important to note that health care providers, including dispensers/pharmacies, do not have access to patient profile information (e.g. patient prescription history) on the NMS. Dispensers/pharmacies receive DUR alerts only when a prescription is sent to NMS and specific triggers are met, and the DUR warnings contain limited information (*please refer to the above question for details about DUR alerts*).

Currently, dispensers may receive similar DUR alerts through various pharmacy management systems; however, because the NMS will collect data for all monitored drugs dispensed in Ontario, it is anticipated that health care providers will be asked to respond to more alerts overall. As a result, an increase in exchanges between dispensers and prescribers, or among different pharmacies, may occur. Prescribers and dispensers should consider the level of urgency when making or responding to inquires and requests for information to other health care providers.

Dispensers and prescribers should use their professional judgment and include other providers and the patient in the information gathering and decision making processes where appropriate.

Recognizing that prescribers and dispensers are part of the "circle of care", prescribers and dispensers may provide the information they have about the alert and patient information, as appropriate, to help inform the appropriate course of action (*please refer to the question below for further information about "circle of care"*).

10. Can the patient information that resulted from the DUR alerts be shared among the prescribers and dispensers that are involved in the care of the patient?

Under the *Personal Health Information Protection Act, 2004*, the consent for collection, use, and disclosure of personal health information for direct health care purposes in Ontario operates primarily on an "implied consent" model.

Implied consent authorizes the sharing of information between health care providers involved in the patient's care. The group of people responsible for providing health care or assisting in providing health care to the patient is informally referred to as the "circle of care". This means that those individuals who form part of a patient's "circle of care" (e.g., doctors, nurses, dental professionals, pharmacists, pharmacies, etc.) can access, use, disclose, and retain patient information for the purposes of ongoing care and treatment.

In that regard, prescribers and dispensers are encouraged to work collaboratively within the "circle of care" and use their professional judgment to ensure there is effective communication and appropriate information shared between parties that are involved in the care of the patient to achieve optimal care for the patient and help to prevent misuse and abuse of monitored drugs.

Prescribers and dispensers are encouraged to discuss and inform patients of any related concerns directly associated with the use of monitored drugs.

Prescribers and dispensers should be aware that no action or legal proceedings would be taken against a prescriber, dispenser or operator of a pharmacy for any act done in good faith in the performance or intended performance of a duty under the *Narcotics Safety and Awareness Act, 2010*.

11. How are DUR alerts from the NMS different than those of other systems (e.g. Ontario Drug Benefit Health Network System)?

The NMS collects dispensing data for all monitored drugs that are dispensed in Ontario, regardless of the method of payment. As such, DUR checks performed by the NMS may capture prescription records of monitored drugs that are not included in other systems and databases (e.g. the Ontario Drug Benefit Health Network System and adjudication systems from private payors). However, there are only five DUR functions available through the NMS: double-doctoring, poly-pharmacy, refill too soon, refill too late, and duplicate drug other pharmacy. Other systems may be equipped with additional DUR functions such as drug-to-drug interactions. Depending on the pharmacy software and the different adjudication systems being used for a particular claim, pharmacies may receive several sets of DUR alerts from various systems for each claim.

12. Will the NMS database be empty when it is implemented? Or will it be pre-populated with Ontario Drug Benefit (ODB) data?

When dispensers begin submitting information to the NMS on April 16, 2012, the database will be empty. Therefore, in the initial stages, Drug Utilization Review (DUR) functionalities will be limited until patient profiles are established.

13. Can dispensers override the NMS responses?

The NMS will only reject a submission based on "data integrity" issues, and these cannot be overridden. The *Narcotics Safety and Awareness Act, 2010* requires dispensers to disclose monitored drug information to the ministry, and the data must be complete and accurate. The NMS Drug Utilization Review responses will only include informational messages for double-doctoring, poly-pharmacy, fill-too-soon, fill-too-late and duplicate drug other pharmacy. Since these responses will be informational only, not rejections, there is no requirement to override.

14. How will information on the NMS be used?

The ministry intends to use the data collected through the NMS to identify drug utilization patterns and trends and to detect unusual activities. The primary use of the information is to inform harm reduction strategies, education initiatives, and to improve prescribing and dispensing practices related to monitored drugs.

If there is suspected illegal activity or professional misconduct, the ministry may undertake stronger interventions, such as reporting to law enforcement and to regulatory colleges as applicable.

15. Who should I contact if I have technical difficulties with the NMS?

Data submission requirements from pharmacies are outlined in the Narcotics Monitoring System Pharmacy Reference Manual, available at:
http://health.gov.on.ca/english/providers/program/drugs/resources/narcotics_manual.pdf

For technical issues relating to the submission of data to the NMS, pharmacies should contact their pharmacy software vendor or contact the ministry at: ODB Pharmacy Help Desk at: 1-800-668-6641

16. I have additional questions. Where can I obtain more information?

For technical issues relating to the submission of data to the NMS, please contact your pharmacy software vendor or send your question(s) to the ministry at: @MOH-G-NarcoticsMonitoringSystem

For general questions relating to the Narcotics Monitoring System, the Ontario Narcotics Strategy, the *Narcotics Safety and Awareness Act, 2010* and its requirements, please visit:
http://health.gov.on.ca/en/pro/programs/drugs/ons/ons_faq.aspx

Or call: **ServiceOntario**, Infoline at 1-866-532-3161, TTY 1-800-387-5559. In Toronto, TTY 416-327-4282. Hours of operation: 8:30am - 5:00pm

To learn about Ontario's Narcotics Strategy, the requirements under the *Narcotics Safety and Awareness Act, 2010*, or to obtain the list of monitored drugs, please visit:
http://www.health.gov.on.ca/en/pro/programs/drugs/ons/.