

## Chapter 28

# Health—Monitoring Opioid Prescribing and Dispensing

### 1.0 MAIN POINTS

The Ministry of Health is responsible for monitoring the prescribing and dispensing of opioid medications. The Ministry monitors prescribed opioids by funding the Prescription Review Program operated by the College of Physicians and Surgeons of Saskatchewan.

By August 2021, the Ministry improved some of its processes to better monitor opioid prescribing and dispensing practices. It implemented three of seven recommendations we initially made in 2019.

Key improvements included the Ministry:

- Regularly reviewing the monitored opioids list to ensure it captures all prescribed opioids.
- Providing a functional IT system for Prescription Review Program staff to better analyze prescription data to identify inappropriate prescribing or dispensing practices, and/or opioid misuse.
- Working with the College of Physicians and Surgeons to require its members have access to the provincial drug IT system or electronic health record to review patient medication information prior to prescribing opioids. This will help decrease the risk of inappropriate prescribing or multi-doctoring.<sup>1</sup>

However, the Ministry still needs to conduct analysis on the cost and benefits of including information on hospital-dispensed opioids in the provincial drug IT system, which would show more complete patient medication details to prescribers.

In addition, the Ministry needs to evaluate whether its funded Prescription Review Program helps to reduce opioid misuse and whether it needs to focus more on pharmacy dispensing practices in the province. The Ministry gave staff responsible for the Prescription Review Program access to some patient information needed for analysis to identify opioid misuse. However, it still needs to provide access to urine drug-screening results, which will help Program staff conduct effective analysis in identifying potential opioid misuse.

Opioids can be misused or diverted, leading to addictions, overdoses and deaths. Saskatchewan had 303 deaths related to opioid toxicity in 2020, an increase of 69% from 2019 (179 deaths). Actively monitoring opioid prescribing and dispensing practices helps ensure only appropriate patients receive opioids, and risks of addiction to opioids are appropriately managed.

<sup>1</sup> Multi-doctoring is obtaining multiple prescriptions for the same or similar medications from multiple providers.



## 2.0 INTRODUCTION

The Ministry of Health is responsible for monitoring the prescribing and dispensing of opioid medications within the province under *The Prescription Drugs Act*.

Opioid medications are some of the controlled substances under *The Controlled Drugs and Substances Act* (Canada) and *The Narcotic Control Regulations* (Canada). While opioid medication can bring significant improvements to patients' quality of life by relieving pain, it has a greater risk for misuse and abuse leading to addictions, overdoses, and deaths.<sup>2</sup>

As shown in the **Figure 1**, between 2015–16 and 2020–21, the number of individuals receiving prescribed opioids from Saskatchewan pharmacies slowly declined. In 2020–21, 85,131 individuals received prescribed opioids for pain with pharmacies filling 429,739 opioid prescriptions; hydromorphone (47%), codeine (30%) and morphine (11%) made up the majority of these prescriptions. In 2020–21, pharmacies dispensed 371,932 prescriptions for opioids used for treating opioid dependence (e.g., methadone, buprenorphine/naloxone).<sup>3,4</sup>

**Figure 1—Number of Individuals Who Received Prescribed Opioids from a Saskatchewan Pharmacy<sup>A</sup>**

|  | 2015–16 | 2016–17 | 2017–18 | 2018–19 | 2019–20 | 2020–21 | % Change between 2019–20 and 2020–21 |
|--|---------|---------|---------|---------|---------|---------|--------------------------------------|
| Saskatchewan residents with an opioid prescription | 107,626 | 106,691 | 102,281 | 98,947  | 94,260  | 85,131  | (9.7%)                               |

Source: Based on information provided by the Ministry of Health.

<sup>A</sup> **Figure 1** does not include prescribed opioids dispensed in Saskatchewan's hospitals.

While many of the harms (addictions, overdoses, and deaths) may be due to the use of illicit opioids, such as heroin, prescription opioids are also contributing to the public health crisis.

According to Saskatchewan's Coroners Service September 2021 report, the province had 303 apparent opioid toxicity deaths in 2020, an increase of 69% from 2019 (179 deaths in 2019).<sup>5</sup> Fentanyl, hydromorphone, and acetyl-fentanyl were the top three opioids causing deaths.<sup>6</sup>

The Ministry monitors prescribing and dispensing practices for prescribed opioids by funding the Prescription Review Program operated by the College of Physicians and Surgeons of Saskatchewan; it has done so since 1988.

<sup>2</sup> [www.choosingwisely.org/patient-resources/using-opioids-safely-after-surgery/](http://www.choosingwisely.org/patient-resources/using-opioids-safely-after-surgery/) (24 March 2021).

<sup>3</sup> Based on information provided by the Ministry of Health.

<sup>4</sup> The number of opioid prescriptions remained relatively unchanged since 2018–19 with 441,354 opioid prescriptions and 359,681 prescriptions for opioids used for treating opioid dependence.

<sup>5</sup> [publications.saskatchewan.ca/#/products/90505](http://publications.saskatchewan.ca/#/products/90505) (9 September 2021).

<sup>6</sup> Acetyl-fentanyl is an opioid analgesic drug that is a fentanyl analog and estimated at 15 times more potent than morphine, but much less potent than pure fentanyl. Acetyl-fentanyl is an illicit drug, therefore the Ministry of Health has no ability to monitor the use of this drug.

Actively monitoring prescribing and dispensing of opioids helps ensure only appropriate patients receive opioids. In addition, monitoring can improve prescribing practices for opioids, lower or prevent risk of harms related to opioids, as well as help to identify patients potentially at risk of addiction. Ineffectively monitoring prescribing and dispensing of opioids may result in increased opioid abuse or diversion leading to overdoses and death, as well as additional costs to the healthcare system.

## 2.1 Focus of Follow-Up Audit

This audit assessed the status of seven recommendations made in our *2019 Report – Volume 1*, Chapter 7, about the Ministry of Health’s processes to monitor the prescribing and dispensing of opioids to reduce misuse and addiction. We concluded for the 12-month period ended February 28, 2019, the Ministry had, other than the areas identified in our seven recommendations, effective processes.

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Ministry’s progress toward meeting our recommendations, we used the relevant criteria from the original audit. Ministry management agreed with the criteria in the original audit.

To complete this follow-up audit, we interviewed key Ministry and College of Physicians and Surgeons of Saskatchewan staff; and examined key committee minutes, other records, and reports relating to monitoring opioid prescribing and dispensing practices.

## 3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at August 31, 2021, and the Ministry of Health’s actions up to that date.

### 3.1 Opioids Dispensed in Hospitals Not Tracked Provincially

***We recommended the Ministry of Health assess the cost and benefit to patient safety of recording hospital-dispensed opioids in the provincial drug IT system.*** (2019 Report – Volume 1, p. 102, Recommendation 1; Public Accounts

Committee has not yet considered this recommendation as of October 29, 2021)

**Status**—Not Implemented

The Ministry of Health has not assessed the cost and benefit to patient safety of recording prescribed opioids dispensed in Saskatchewan hospitals in the provincial drug IT system.<sup>7</sup>

Saskatchewan pharmacies record all dispensed opioids in the provincial drug IT system. This IT system does not include information about any drugs (including opioids) dispensed in Saskatchewan hospitals.

<sup>7</sup> The provincial drug IT system is called the Pharmaceutical Information Program or PIP.



Rather, each hospital in the province operated by the Saskatchewan Health Authority, uses its own IT system (e.g., BDM—pharmacy management system) to track all medication prescribed to a patient while in the hospital, including in emergency rooms.

In early 2020, the Ministry planned to engage main partners in Saskatchewan's health sector (i.e., the Authority and eHealth) to discuss integrating data on hospital-dispensed opioids in the provincial drug IT system. However, in March 2020, the priority in the health sector shifted to the COVID-19 pandemic response. The Ministry does not anticipate assessing the cost and benefit of integrating hospital-dispensed opioids into its provincial drug IT system sooner than 2022–23.

Without information on opioids prescribed at hospitals, prescribers do not have a complete medication profile (i.e., patient's full prescription history). This increases the risk of opioid medications inappropriately prescribed and dispensed, which could lead to serious side-effects for patients (e.g., overdose) or to opioid diversion.

## 3.2 Physicians Encouraged to Review Patient History Before Prescribing Opioids

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***We recommended 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.***

*(2019 Report – Volume 1, p. 110, Recommendation 4; Public Accounts Committee has not yet considered this recommendation as of October 29, 2021)*

**Status**—Implemented

The Ministry of Health worked with the College of Physicians and Surgeons of Saskatchewan (the physicians' regulatory body) to recommend physicians check patient medication profiles prior to prescribing opioids.

In fall 2019, the Ministry began discussions with the College about requiring physicians to review patient medication profiles through either the provincial drug IT system or electronic health records (eHR Viewer) prior to prescribing opioids.<sup>8</sup>

In September 2020, the College approved, and publicly posted on its website, a policy requiring all physicians to have an account for either the provincial drug IT system and/or eHR Viewer.<sup>9</sup> We found that the number of physician accounts in the provincial drug IT system and eHR Viewer is similar to the number of practicing physicians in the province (i.e., about 2,600). As shown in **Figure 2**, the policy sets out guiding principles and expectations for physicians. For example, the College highly recommends physicians review patients' medication profiles before prescribing opioids, especially when prescribing medication to a patient for whom they do not regularly provide care.

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<sup>8</sup> The eHR Viewer includes medication information from the Pharmaceutical Information Program (PIP) for the previous 25 months, as well as additional information such as drug allergies, pharmaceutical notes, and other medication information (e.g., contraindications).

<sup>9</sup> [www.cps.sk.ca/imis/CPSS/CPSS/Legislation\\_ByLaws\\_Policies\\_and\\_Guidelines/Legislation\\_Content/Policies\\_and\\_Guidelines\\_Content/Prescribing\\_Access\\_to\\_PIP\\_or\\_eHR\\_Viewer.aspx](http://www.cps.sk.ca/imis/CPSS/CPSS/Legislation_ByLaws_Policies_and_Guidelines/Legislation_Content/Policies_and_Guidelines_Content/Prescribing_Access_to_PIP_or_eHR_Viewer.aspx) (21 September 2021).

### Figure 2—Guiding Principles and Expectations for Physicians to Access the Pharmaceutical Information Program (PIP) or Electronic Health Record (eHR) Viewer Prior to Prescribing Drugs

#### Guiding Principles:

The College recognizes that optimal prescribing requires access to a patient's past and current medication profile, including current prescriptions and dosages. Ideally, physicians (or in the case of the eHR Viewer, their designate with appropriate credentials) should access a patient's medication profile in the PIP or the eHR Viewer prior to the physician writing any prescription, and particularly for Prescription Review Program medications. The review of this information has the potential to reduce risk by alerting physicians to contraindications and allergies, therefore preventing harmful drug interactions and combinations. It also has the potential to alert physicians to patients who are not taking their medications as prescribed, and to assist in preventing patients from obtaining multiple prescriptions for the same or similar medications from multiple providers.

#### College Expectations:

- All physicians licensed in Saskatchewan who prescribe and/or order medications must have active login capability with either the PIP and/or the eHR Viewer.
- The College recommends that physicians view a patient's medication profile in the PIP or the eHR Viewer prior to prescribing medication. This is highly recommended when prescribing opioids or other psychoactive medications to a patient and, most particularly, when the physician does not look after the patient on a regular basis.

Source: Adapted from the College of Physicians and Surgeons of Saskatchewan's policy *Prescribing: Access to the Pharmaceutical Information Program (PIP) or Electronic Health Record (eHR) Viewer*.

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

## 3.3 List of Monitored Opioids Reviewed and Updated

***We recommended the Ministry of Health participate in a regular review of the list of opioid drugs associated with misuse and addiction that it wants monitored.*** (2019 Report – Volume 1, p. 107, Recommendation 2; Public Accounts Committee has not yet considered this recommendation as of October 29, 2021)

#### Status—Implemented

The Ministry of Health participates in regular reviews and updates the list for monitored opioids associated with misuse and addiction.

In October 2019, the Ministry formed a Prescription Review Program Advisory Committee and drafted the Committee's terms of reference. One of the Committee's purposes is to annually review the monitored drugs list, and update it as required.<sup>10</sup>

As shown in **Figure 3**, the Committee is co-led by the Ministry and the College of Physicians and Surgeons of Saskatchewan and has representatives from key program partners.

<sup>10</sup> The College of Physicians and Surgeons of Saskatchewan sets out the monitored drugs list in the College's Regulatory Bylaws.

**Figure 3—Membership of the Prescription Review Program Advisory Committee****Co-chairs:**

- Director, Professional Practice Unit, Drug Plan and Extended Benefits Branch, Ministry of Health
- Registrar, College of Physicians and Surgeons of Saskatchewan

**Members include:**

- Representatives from:
  - College of Physicians and Surgeons of Saskatchewan
  - Saskatchewan Registered Nurses Association
  - Saskatchewan College of Pharmacy Professionals
  - Saskatchewan College of Dental Surgeons
  - Ministry of Health, Drug Plan and Extended Benefits Branch
- Prescription Review Program Pharmacist Manager
- Prescription Review Program Operations Manager

Source: Adapted from the Prescription Review Program Advisory Committee, *Terms of Reference*.

Prescription Review Program staff reviewed the list of drugs in *The Controlled Drugs and Substances Act* to determine which drugs, including opioids, should be added to the monitored drugs list. Program staff also reviewed what drugs other provinces monitor. As a result of this work, and in consultation with key partners, Program staff proposed to the Prescription Review Program Advisory Committee adding 13 drugs (seven of them opioids) to the monitored drugs list. For example, the proposal included adding opioids the Program did not previously monitor, but were listed in the *Controlled Drugs and Substances Act* (e.g., diacetylmorphine [heroin], diphenoxylate), as well as opioids monitored by other provinces (e.g., tapentadol). These drugs have a greater risk of overdose or addiction.

At the October 2019 meeting, the Advisory Committee approved the additions to the list of monitored drugs, including certain opioids. The College amended its regulatory bylaws to update the list of monitored drugs and received the Ministry's approval in February 2020.<sup>11</sup>

Due to the COVID-19 pandemic, the Advisory Committee has not met since October 2019. However, we found the Ministry and Program staff continue to consult on drugs with a higher risk of misuse. For example, in November 2020, the Ministry suggested adding two other drugs (not opioids) at a higher risk for misuse to the monitored drugs list. The College amended its regulatory bylaws in January 2021 and the Ministry approved the bylaw changes in April 2021.

Regularly reviewing the monitored drugs list ensures it is current and all opioids that are, or can be, associated with misuse and addiction are monitored by the Prescription Review Program.

### 3.4 Prescription Review Program Assessment Needed

***We recommended the Ministry of Health determine whether the Prescription Review Program is helping reduce the misuse of prescribed opioids in Saskatchewan.*** (2019 Report – Volume 1, p. 111, Recommendation 5; Public Accounts Committee has not yet considered this recommendation as of October 29, 2021)

**Status—Not Implemented**

<sup>11</sup> Under section 88 of *The Medical Professions Act, 1981*, the Ministry of Health must approve the College's bylaw changes.

The Ministry of Health has not yet assessed whether the Prescription Review Program helps reduce the misuse of prescribed opioids in Saskatchewan.

In October 2020, the Ministry drafted a business proposal to engage an external consultant for an independent evaluation of the Prescription Review Program in 2020–21. The proposal included potential areas for evaluation such as appropriate allocation of public funds; engagement of appropriate staff; current approach for identifying inappropriate prescribing; and frequency and content of Program reporting to the Ministry.

Because of the Ministry's involvement in the COVID-19 pandemic response, the Ministry postponed plans for an independent evaluation. Although, the Ministry intends to resume its work to engage an external consultant after the pandemic, it does not have a targeted date as of August 2021.

Conducting an independent evaluation of the Program would help the Ministry determine whether the Program achieves its purpose in reducing prescribed opioid misuse in Saskatchewan.

### 3.5 Risk-Based Monitoring of Opioid Dispensing in Pharmacies Needed

***We recommended the Ministry of Health establish a risk-based approach to identify concerns in opioid dispensing in Saskatchewan pharmacies.*** (2019 Report – Volume 1, p. 102, Recommendation 3; Public Accounts Committee has not yet considered this recommendation as of October 29, 2021)

**Status**—Not Implemented

The Ministry of Health has not yet determined how to better identify concerns with opioid dispensing in Saskatchewan pharmacies.

As noted in **Section 3.4**, the Ministry planned to rely on an external evaluation of the Prescription Review Program to help it establish a risk-based approach to identify concerns in opioid dispensing. This evaluation was expected to also include the role of pharmacies (see below). Planned areas of evaluation included:

- An environmental scan of practices in other jurisdictions (i.e., Canada, North America, and globally) to gauge good practice
- Research in monitoring opioid dispensing practices
- Identifying areas in the province with higher opioid dispensing volumes and locations at highest risk with respect to public safety
- Identifying and auditing pharmacies with respect to opioid dispensing
- Collaborating with stakeholders (e.g., Prescription Review Program, Saskatchewan College of Pharmacy Professionals, other program partners) to develop and implement processes to establish and sustain the risk-based approach



Due to the COVID-19 pandemic, the Ministry postponed this work.

At present, Program staff continue to refer any potential cases of inappropriate pharmacist dispensing practices to the Saskatchewan College of Pharmacy Professionals. In 2020–21, Program staff referred 23 pharmacists (2019–20: 13 pharmacists) with potentially inappropriate dispensing practices to the Saskatchewan College of Pharmacy Professionals. Saskatchewan has just over 1,700 pharmacists and 380 pharmacy technicians.<sup>12</sup> At December 2020, 400 community pharmacies operated in the province.<sup>13</sup>

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

### **Close Monitoring of High-Risk Dispensing Practices**

Even though the Ministry of Health has not yet determined a strategy to systematically evaluate dispensing practices, it closely monitored prescribing and dispensing of opioids in specific circumstances when pharmacists extended opioid prescriptions for treating opioid dependence.

In April 2019, the Saskatchewan College of Pharmacy Professionals with support from the College of Physicians and Surgeons of Saskatchewan sought and received a six month exemption under section 56 of the *Controlled Drugs and Substance Act* from Health Canada.<sup>14</sup> The exemption allowed pharmacists to refill prescriptions for methadone and buprenorphine/naloxone (to treat opioid dependency) under specific circumstances for patients of particular prescribers (who were no longer able to prescribe those opioids). In September 2019, Health Canada extended the exemption for an additional six months.

In March 2020 at the beginning of the COVID-19 pandemic in Canada, Health Canada issued a six month, nationwide exemption for pharmacists to extend prescriptions for controlled drugs (including opioids), to accept verbal extension or refills for prescriptions, and to deliver prescriptions for controlled drugs to patients' homes. In September 2020, Health Canada extended the exemption for one year until September 2021.<sup>15</sup>

The Ministry of Health conducted monthly audits between April and June 2020 to assess whether any inappropriate pharmacist prescribing/dispensing practices occurred.<sup>16</sup> The audits did not identify any significant concerns. As the Prescription Review Program has access to all dispensing data, it can identify any concerning dispensing activities through its day-to-day operations. Program staff indicated it has not found any concerning pharmacist dispensing practices during the Health Canada exemption periods.

<sup>12</sup> Saskatchewan College of Pharmacy Professionals, *SCOPE newsletter*, March 2021, p. 8.

<sup>13</sup> Saskatchewan College of Pharmacy Professionals, *2020 Annual Report*, pp. 9–10.

<sup>14</sup> Under Section 56.1 of the *Controlled Drugs and Substance Act* pharmacists were exempt from certain provisions of the Act and its regulations when prescribing, selling, or providing a controlled substance to a patient or transferring a prescription for a controlled substance to a pharmacist in Canada.

<sup>15</sup> Health Canada further extended this exemption as of October 1, 2021 to September 30, 2026.

<sup>16</sup> The monthly audits evaluated whether pharmacists extended prescriptions appropriately and provided appropriate direction of use for opioids. The Ministry also conducted audits between July and December 2020, but due to the COVID-19 pandemic, it has not yet reported the results.

### 3.6 Some Access Given to Patient Information for Identifying Inappropriate Prescribing and Dispensing Practices

***We recommended 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.*** (2019 Report – Volume 1, p. 115, Recommendation 7; Public Accounts Committee has not yet considered this recommendation as of October 29, 2021)

**Status**—Implemented

***We recommended the Ministry of Health give those responsible for monitoring inappropriate opioid prescribing access to necessary patient information.*** (2019 Report – Volume 1, p. 112, Recommendation 6; Public Accounts Committee has not yet considered this recommendation as of October 29, 2021)

**Status**—Partially Implemented

The Ministry of Health provided the Prescription Review Program with a functional IT system to help identify potentially inappropriate prescribing and dispensing practices, as well as opioid misuse. However, it still needs to provide the Program with necessary patient information for more efficient analysis.

In March 2019, during our initial audit, the Prescription Review Program began using a new Ministry-owned IT system to analyze data. However, at that time, the system was not fully functioning. By May 2019, Program staff indicated they were using the now fully-functioning IT system daily.

The new IT system provides more analytical functionality and reporting compared to the former IT system used by the Program. It provides reports identifying patients who receive more opioid prescriptions than others, physicians prescribing more opioids than others, and patients multi-doctoring (i.e., receiving similar opioid prescriptions from three or more prescribers in one month).

The new IT system contains data on opioid prescription information (e.g., patient name, prescriber name, quantity of opioids prescribed), but does not include other patient information stored in the provincial drug IT system and eHR Viewer. For example, the new IT system does not include directions for prescribed opioid use, opioid refill guidance, or urine drug-screening results. Program staff need this information to effectively interpret data to identify potentially inappropriate prescribing practices and opioid misuse. The Ministry began working with eHealth Saskatchewan to provide such data.

In spring 2019, the Ministry requested eHealth provide Program staff access to urine drug-screening results stored in eHR Viewer. Management indicated a data-sharing agreement is currently being drafted. However, this work has been delayed due to other priorities in the health sector, including the COVID-19 pandemic. eHealth plans to resume this work in fall 2021.



Having urine drug-screening results help Program staff confirm whether a patient used prescribed drugs (to potentially identify diversion) or whether other non-prescribed drugs are present in a patient's body. As Program staff await access to this information, it relies on physicians to forward urine drug-screening results to them.

The Ministry also worked with eHealth to give Program staff access to the provincial drug IT system. In February 2020, Program staff gained such access. However, due to the confidentiality aspect of personal health information in this IT system, Program staff cannot access the provincial drug IT system for investigative purposes. Rather, Program staff can only access the provincial drug IT system when needing information to provide clinical advice to a prescriber regarding a particular patient. In cases where Program staff need more details on opioid prescriptions for assessing potentially inappropriate practices or opioid misuse (e.g., directions for prescribed opioid use, opioid refill guidance), they contact pharmacies to enquire about more information on prescriptions.

Having a functional IT system supports improved and efficient identification and analysis of prescription drugs which contributes to the detection of inappropriate prescribing and dispensing practices as well as prescription drug misuse or diversion. However, not providing Prescription Review Program staff with access to complete patient information related to use of medications increases the risk of not identifying potential opioid misuse and inappropriate prescribing practices.