



The College of Physicians and Surgeons of Ontario

Jurisdictional Research: Prescription Programs and Information Systems

The College of Physicians and Surgeons of Ontario conducted research on the Drug Information Systems (DIS) in other jurisdictions, particularly to understand the role of medical regulatory colleges interacting with provincial DIS. Nine Canadian Medical Regulators were contacted, including: British Columbia, Alberta, Manitoba, Saskatchewan, Nova Scotia, Newfoundland, Prince Edward Island, New Brunswick and Quebec.

When discussing their interaction with the DIS, most Colleges provided an overview of the prescription program in their jurisdiction. To understand how the prescription program in each jurisdiction interacts with the DIS, background information regarding the DIS was collected from the internet. The following chart contains an overview of each provincial program and/or DIS.¹ In jurisdictions that do not have a DIS, the current projects underway to create the DIS or Electronic Health Record are summarized.² In addition, relevant legislation is listed.

Province	Description of Program / Drug Information System
British Columbia	<p data-bbox="443 800 1415 829">Controlled Prescription Program / Prescription Review Program (PRP)</p> <ul data-bbox="489 878 1877 1276" style="list-style-type: none"> <li data-bbox="489 878 1877 979">• The Controlled Prescription Program (formerly the Triplicate Prescription Program) focuses on the appropriate use of high-risk controlled drugs for which a duplicate prescription is required. Dentists and veterinarians are also included in this program. <li data-bbox="489 987 1877 1088">• The Prescription Review Program is a peer review initiative of the College to review physician prescribing of controlled substances. The fundamental purpose of this program is educational rather than disciplinary. <li data-bbox="489 1096 1877 1164">• The College has access to a subset of the PharmaNet database which provides accurate, next day information on all controlled substances prescribed in BC. <li data-bbox="489 1172 1877 1208">• The PRP performs periodic reviews for specific drugs of potential risk for abuse, misuse or diversion. <li data-bbox="489 1216 1877 1276">• The results of these reviews are shared with the Prescription Review Committee (PRC) who may direct a review of particular prescribing patterns of concern. The success of the program lies with the collegial

¹ This information was updated on July 26, 2010.

² This is not an exhaustive summary of all e-Health related activity in each jurisdiction.

interchange that occurs between the PRC and the profession.

PharmaNet³

- PharmaNet is the province-wide network that links all B.C. pharmacies to a central set of data systems.
- Every prescription dispensed in B.C. is entered into PharmaNet by a pharmacist.
- In 2007, over 47 million prescriptions were processed on PharmaNet and the system flagged more than 24 million potential drug interactions.
- PharmaNet is administered by the Ministry of Health Services and the College of Pharmacists of B.C.
- PharmaNet does the following:
 - Helps to prevent accidental duplication of prescriptions and prescription fraud;
 - Protects patients from drug interactions and dosage errors;
 - Promotes the cost-effective use of drugs;
 - Offers authorized health professionals the comprehensive medication information they need to provide high quality care;
 - Provides immediate adjudication of claims under the BC PharmaCare program.

Medical Practitioner Access to PharmaNet⁴

- On February 1, 2005, the Provincial Cabinet approved an amendment to the PharmaNet regulation that would allow province-wide access to the PharmaNet database to approved physicians.
- Medical Practice Access to PharmaNet allows authorized medical practitioners to request and receive up-to-date records of medications dispensed to a patient, in a timely and secure manner, at each registered medical practice.
- Access to PharmaNet aims to enhance patient care by providing complete, accurate and comprehensive patient and drug information. This service is available for physicians in medical practices and supervised

³ <http://www.health.gov.bc.ca/pharmacare/pharmanet/netindex.html>

⁴ <http://www.health.gov.bc.ca/access/medpract.html>

⁵ <http://www.health.gov.bc.ca/pharmacare/newsletter/edrugupdate3.pdf>

persons acting on their behalf.

- As of December 5, 2005, the Medical Practitioner Access to PharmaNet database has been made available to College registrants as a natural extension of the emergency room access and pilot medical practice access programs. Both initiatives were strongly supported and facilitated by the Ministry of Health.
- Based upon the past work of the College Drug Programs, the Council of the College believes that the treating physician will find PharmaNet to be a valuable tool in providing patients with appropriate care in the treatment of chronic pain and/or addiction, as well as in the provision of locum services or care in the walk-in clinic setting.
- It is a requirement of the new regulation that an agreement must be signed by the physician before being granted access to the PharmaNet database. This agreement is established between the government and the individual physician; the College will not be a party to that process.

E-Drug Project⁵

- The eDrug Project, one of several projects under the eHealth initiative, will improve medication management and patient safety for British Columbians by upgrading and enhancing the existing PharmaNet system. The new PharmaNet system will be called **PharmaNet-eRx**.
- A key enhancement will be “electronic prescribing.” This new capability will allow physicians to submit prescriptions to PharmaNet using their office computer system. Pharmacies will then be able to retrieve prescriptions from PharmaNet.
- PharmaNet-eRx will also provide an expanded medication history that will include clinically relevant information from hospital stays as well as relevant oncology medications dispensed by the BC Cancer Agency.
- Making this comprehensive information available to health professionals will provide them with a stronger base for clinical decision making, supporting better care and improved patient safety.
- This initiative is currently in development, and the College is involved in the advisory group.

Legislation

- *Medical Practitioners Act*
- Rules made under the *Medical Practitioners Act*

<p>Alberta</p>	<p>Triplicate Prescription Program (TPP)</p> <ul style="list-style-type: none"> • The Program has been in existence since 1986 and has evolved over time. • TPP began as a multi-disciplinary program and had buy in from all professions involved. Later, the CPSA became the administrator of the program and runs it on behalf of dentists, pharmacists and veterinarians. The Yukon Medical Council also participates. • The CPSA is working to reinforce the multidisciplinary aspects of TPP. • The program costs approximately \$600,000 to \$700,000 per year to run. About 80% is funded by Government. Approximately \$225,000 covers the annual cost of triplicate prescription pads. A significant portion of the remainder is staff costs for data entry). TPP is pursuing access to electronic information from the provincial Pharmaceutical Information Network. Funding from the Government will decline dramatically once manual data entry is no longer required. • The Program’s mandate is as follows: <ul style="list-style-type: none"> ○ provide relevant information to registered practitioners on the prescribing of TPP drugs; ○ liaise with other health and professional organizations with a stake in the operation of the TPP; ○ to collect and collate data in a prescription database to enable the above activities. • The CPSA Council established the TPP Standing Committee. The Committee recommends to CPSA Council a list of drugs for inclusion in the TPP, and advises on any other matters requiring policy direction. • A copy of each TPP prescription is entered into a database. TPP staff generates patient medication profiles for health care providers on request and on a monthly basis using specific criteria, produces information that alerts prescribers regarding patients who may be ‘double doctoring’. Statistical reports are also created to monitor utilization trends. <p>Physician Prescribing Practices Program (P4)</p> <ul style="list-style-type: none"> • CPSA uses information from TPP to review practitioner prescribing patterns. Prescribers flagged by CPSA receive requests from the College for additional feedback and follow up as required. • The Registrar may review the prescribing of TPP drugs using the TPP prescription database and clinical records of practitioners. • Using the information collected in the TPP, the CPSA may occasionally become aware of a physician who
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could be prescribing inappropriately.

- Through its Physician Prescribing Practices Department, the CPSA may follow-up with these physicians, using an educational/quality assurance approach.
- The new Physician Prescribing Practices Program (P4) offers physicians educational materials, peer support and practice tools contributing to the overall quality of physician prescribing in Alberta.
- P4 emphasizes a quality improvement approach to prescribing that includes collaboration between physicians, College staff and others with expertise in prescribing practices.
- Initially, the program will focus on providing Alberta physicians with information related to medications on the TPP list. Future plans include incorporating information from additional databases made available to P4.

Netcare - Drug Information System⁶

- Information about prescribed dispensed drugs is a vital component of Alberta Netcare EHR. The Alberta Netcare EHR teams are working to capture and include within the Alberta Netcare EHR information on the drugs prescribed and dispensed to Albertans.
- Alberta Netcare EHR Teams work closely with pharmacists, the Alberta College of Pharmacists (ACP) and the Alberta Pharmacists Association (RxA) to support effective gathering and access to prescribed dispensed drug information within the Alberta Netcare EHR Portal.
- Including this information within Alberta Netcare EHR Portal ensures that drug information is available for viewing by authorized health service providers, which brings significant patient care and safety benefits. It also supports prescribing activities of both physicians and pharmacists.

Pharmaceutical Information Network (PIN)⁷

- PIN is a separate drug information management system that has been seamlessly integrated into Alberta Netcare EHR Portal to support access to prescribed drug and Over the Counter (OTCs) drug information.
- PIN provides authorized health service providers with the following information:
 - Prescription information from physicians

⁶ <http://www.albertanetcare.ca/210.htm>

⁷ <http://www.albertanetcare.ca/210.htm>

	<ul style="list-style-type: none"> ○ Prescribed dispensing information from pharmacies ○ Drug-to-drug interaction alerts to avoid prescriptions that conflict ○ Database of all available drugs and their common dosages <ul style="list-style-type: none"> ● The integration of PIN within Alberta Netcare EHR Portal allows the health service provider caring for a patient to view that patient’s drug information alongside lab results, diagnostic imaging results and other medical information. ● As of September 1, 2007, all pharmacists working in Alberta’s community-based pharmacies are required to submit drug dispensing information to AHW to be entered into PIN. This is in according with section 7.1 of the amended Health Information Regulation of the HIA. ● As a result, the Alberta Netcare EHR Portal now contains more than 90% of current prescribed drug dispense activity in the province. ● A key challenge with drug dispense information is to ensure it is associated with a unique patient to ensure data quality. As a result, Alberta Netcare is also supporting pharmacists in ensuring that each drug dispense event is associated with a specific Provincial Health Number (PHN) or Unique Lifetime Identifier (ULI). ● A data quality initiative is being carried out in partnership with the Alberta College of Pharmacists (ACP). As custodians under the HIA, pharmacists are authorized to collect PHNs and the ACP's new standard of practice now requires pharmacists to collect PHNs as part of the demographic information important to each patient record. ● In the near future, Alberta Netcare will invest resources in the development of a "system to system" (S2S) method of interacting with pharmacies. Pharmacy S2S will seamlessly integrate Alberta Netcare Portal with the Pharmacist's vendor system. <p>Legislation</p> <ul style="list-style-type: none"> ● <i>Health Information Act</i>
Saskatchewan	<p>The Prescription Review Program</p> <ul style="list-style-type: none"> ● In June 2006, the Minister of Health approved a new by-law (Section 40, pursuant to <i>The Medical Profession Act, 1981</i>) replacing the triplicate prescription by-law. ● The program applies to certain drugs listed in the College’s by-law.

- Physicians do not need to use special prescription forms for the drugs covered by the program.
- The drugs cannot be prescribed verbally and prescriptions must contain information set out in the by-law.
- Prescriptions must be issued in accordance with policies and procedures agreed to by the CPSS, the College of Dental Surgeons of Saskatchewan, the Saskatchewan Registered Nurses Association and the Saskatchewan College of Pharmacists.
- The CPSS may gather and analyze information pertaining to the prescribing of medications to which the PRP applies in Saskatchewan for the purpose of limiting the inappropriate prescribing and inappropriate use of such drugs.
- The College can access prescribing information from the Pharmaceutical Information Program (controlled and operated by the Government of Saskatchewan) with respect to drugs in the PRP.
- The Manager of the PRP can look at a physician's prescribing profile for a certain period of time (i.e. the last 45 days).
- Also, the Manager often views each patient's profile for a certain period of time (i.e. the last 6 months) to see if they are double doctoring.
- The PRP is able to select profiles for patients who are: inappropriately using a certain drug(s), long-term users of a drug(s), using methadone, getting early refills, diverting drugs, etc.
- Based on the review of the profile, physicians may be contacted and asked to come in for an interview.
- The PRP may also send letters (under the Deputy Registrar's signature) to physicians who have patients who may be double doctoring.
- The letter may also contain questions for physicians to answer about their prescribing practices.
- If there still are issues with a physician's prescribing, they may be referred to a newly created Opioid Advisory Committee. Physicians would meet with the Committee (which contains 5-6 peers) for educational purposes.
- The PRP has expanded and now requires a Full-Time Assistant to help administer the Program. This will free up the Manager of the PRP to attend physicians' offices to discuss their prescribing practices.
- In the last year, the PRP has begun to address the issue of ineligible or incomplete prescriptions.
- Pharmacists can now contact the PRP if they have an ineligible or incomplete prescription and the PRP will send alert letters to the physicians.
- As of January 2010, the PRP is sending information to the College of Pharmacists regarding pharmacists that may be dispensing inappropriately.

	<ul style="list-style-type: none"> • The College of Pharmacists then contacts their members to inquire about concerning dispensing. • SaskHealth is now looking at formalizing the PRP by putting it in legislation. <p>The Pharmaceutical Information Program⁸</p> <ul style="list-style-type: none"> • The Pharmaceutical Information Program (PIP) is a program controlled and operated by the government of Saskatchewan. It operates independently of the College. • Initially, PIP used information from the Saskatchewan Drug Plan. In 2004, the Drug Plan was enhanced to collect information on all prescriptions dispensed from community pharmacies, including those that were not previously collected under the Drug Plan. • ADAPAT is a program which requires pharmacists submit all prescriptions. • The PIP allows physicians to directly access information about the drugs their patients have been prescribed. All prescriptions after January 1, 2005 are included in the database. <u>It is not limited to drugs of abuse.</u> • Unlike physicians who can access information about all drugs that have been prescribed to their patients, the College <u>does not</u> have general access to the information in PIP. It only has access to prescribing information pertaining to drugs in the PRP. • PIP is part of a wider government strategy to create an electronic health record. <p>Legislation</p> <ul style="list-style-type: none"> • Section 40, pursuant to <i>The Medical Profession Act, 1981</i>
Manitoba	<p>Prescribing Practices Program</p> <ul style="list-style-type: none"> • This program was formerly known as both the Multiple Prescription Program and the Triplicate Prescription Program. • The aim of the program is to promote and support appropriate drug use management. It is a prospective at-source risk management system to minimize drug diversion for Controlled and Narcotic medications and

⁸ <http://www.health.gov.sk.ca/pip/>

facilitate communication among health care professions, regulatory authorities, and federal, provincial and territorial Governments regarding drug utilization issues and information.

- This program was funded by the government and required physicians use a triplicate prescription pad for certain drugs.
- The patient would take 2 copies to the pharmacy – the pharmacist would keep one and send the other to Manitoba Health (which then came to the CPSM).
- The CPSM would then enter the data into an in-house computer program, which gave the College the ability to use that information to identify which narcotics are prescribed the most, which physicians prescribed over the recommended max, which patients are receiving large amounts of narcotics, etc.
- The College used to administer the Prescribing Practices Program, but gave notice to Manitoba Health that as of March 31, 2005, they would discontinue their involvement due to funding shortfalls from the government and liability issues.
- As a result, the Manitoba Pharmaceutical Association agreed to do some of the funded activities previously performed by the CPSM.⁹
- Data are not analyzed retrospectively for individual patient care issues.
- The CPSM does not review any of the information in the Drug Programs Information Network (DPIN). The College could access the DPIN data if they specifically request it from the province, but it takes a long time to receive the information.

Drug Programs Information Network (DPIN)¹⁰

- This is the province's first dispensing system which has been in existence since the 1990s.
- The computer system hasn't been updated since, so the government is looking at updating the system and creating a new database.
- Pharmacists are required to submit information regarding dispensed drugs in the DPIN.
- When a patient brings in a prescription, a pharmacist can pull up information about the patient, physician,

⁹ http://www.napra.ca/pages/mtb_GoverningPractice/PracticeSG.aspx

¹⁰ <http://www.gov.mb.ca/health/>

	<p>other pharmacists, etc.</p> <ul style="list-style-type: none"> • Manitoba Health is now moving towards allowing physicians to access patient information (i.e. prescription information in the DPIN). • In the future they hope to make prescriptions electronic so that information is automatically available to pharmacists and becomes part of the DPIN. <p>Legislation</p> <ul style="list-style-type: none"> • <i>The Pharmaceutical Act, 2005</i> – Regulation Amendment
<p>Nova Scotia</p>	<p>Nova Scotia Prescription Monitoring Program (NSPMP)</p> <ul style="list-style-type: none"> • The program (established in 1992), is a government funded program with the mandate to promote the appropriate use of, and reduce the misuse and abuse of, controlled drugs in Nova Scotia. • It allows for the consolidation and analysis of data derived from prescriptions and refills in order to identify early refills, excessive quantities and double doctoring. • The Program includes monitoring, reporting and observation of potential trouble areas to practitioners, pharmacists and regulatory agencies as well as real-time submission of claims data for all narcotics and controlled substances in the province regardless of the prescriber, insurer, pharmacy or payer. • The program was converted from a paper-based system to an automated e-system in 2005. • The list of prescription drugs that are identified by law as ‘controlled and restricted’ are outlined in the <i>Controlled Drugs and Substances Act</i> of May, 1997 (excludes: Testosterone, when dispensed as a compound for topical application for local effect; and Benzodiazepines). • The NSPMP is governed by an independent Board of Directors, which includes dentists, physicians, pharmacists and public members. The Registrars + designate from each college are members of the board. 2 non-voting members from the NS Department of Health are also on the Board. • The Board develops policy and oversees the operation of the Program. The Board makes recommendations to the Ministry of Health, and it is ultimately the government who decides if the recommendation is implemented. • The government hired a third party to administer the Program (i.e. IT, running the database). Medavie Blue Cross is remunerated for services based on a fixed and variable rate, as negotiated in the Medical Services

Insurance Agreement between Medavie Blue Cross and the Nova Scotia Department of Health.

- The NSPMP collects detailed information on all prescriptions filled for monitored drugs. A new on-line system has recently been implemented throughout Nova Scotia's pharmacies which allow the information to be entered into the PMP system at the time of dispensing.
- As part of this on-line system, pharmacists are provided with messages when dispensing monitored drugs. These messages are intended to provide information to the pharmacist and to promote communication.
- The NSPMP completes a monthly analysis of all information collected. In cases where very high doses of monitored drugs are being prescribed, or when a patient is receiving these medications from more than one prescriber in a short period of time, prescribers may be contacted for additional information or for notification purposes.
- There is a Drug Utilization Committee, which provides a retrospective drug utilization review of aggregate prescription data for the purpose of monitoring the prescribing and utilization of monitored drugs and identifying unusual and potentially inappropriate trends. The Committee is comprised of representatives from the College of Physicians, Doctors Nova Scotia, the Dental Board of NS, the Department of Health, Addiction Services and First Nations and Inuit Health, Health Canada.
- There is a Practice Review Committee (composed of a physician appointed by the College, pharmacists, dentists and a representative from the Medical Association) which is responsible for peer review as a result of monthly drug utilization reviews. If physicians (or other members) are identified by the Program as requiring further investigation, this Committee reviews the information and may decide to refer the member to their College.
- Physicians, Dentists and Pharmacists can also call to get feedback on their prescribing/dispensing or can access patient profiles.
- The Program is solely run for educational purposes, and they do not actively monitor all prescriptions.
- The Board interprets the Program's mission to: educate prescribers, dispensers and the general public on the appropriate use of monitored drugs; collaborate and develop working partnerships with other key organizations in order to achieve the Program's objects; and proactively share information in a timely and responsive manner to allow others to do their part in achieving the Program's objects.
- In April 2008, the NSPMP started to implement duplicate prescription pads (to replace triplicate prescription pads) because the pharmacist enters prescription into the database (online system was implemented).

	<p>Nova Scotia Hospital Information System (NSHIS)¹¹</p> <ul style="list-style-type: none"> • The Nova Scotia Hospital Information System (NSHIS) provides health care professionals with quick, accurate, and appropriate access to patient's medical history information, which is important to providing patient care. • The provincial information system is a first step towards creating a provincial Electronic Health Record (EHR) for every Nova Scotian. The EHR will provide an integrated view of patient information, and will support the sharing of pertinent information among attending care providers within and between provincial hospitals more quickly than ever before. • The information system will benefit many Nova Scotians. In addition to providing health care professionals with up-to-date patient information, it will lessen the need for patients to repeat information over and over again, and can provide important medical history when a patient is not able to. • As of March 31, 2006 Nova Scotia's hospital information system has now been implemented in 34 hospitals across eight district health authorities, making it easier for health-care workers to access information critical to their patients' care. To date, more than one million patients are on file. The system will eventually be linked to the systems used by Capital Health and the IWK Health Centre. <p>Legislation</p> <ul style="list-style-type: none"> • <i>Prescription Monitoring Act</i>
<p>Newfoundland & Labrador</p>	<p>Tamper Resistant Prescription Drug Pad Program</p> <ul style="list-style-type: none"> • The purpose of tamper resistant prescription drug pads is to reduce prescription drug abuse and diversion by reducing the likelihood for prescription forgeries and/or alterations. The tamper resistant prescription pads contain a number of security features that make it difficult to duplicate or alter. • The list of specific drugs included in the program is on the website.¹²

¹¹ <http://gov.ns.ca/health/nshis/>

¹² <http://www.cpsnl.ca/>

- Participation of all physicians, dentists, and veterinarians is mandatory.
- It is important to note that the tamper resistant drug pad program is not a monitoring program. It is in response to the issue of prescription drug abuse and concerns regarding the diversion of certain prescription drugs, some of which is the result of prescription forgeries and alterations.

Provider Registry¹³

- The Provider Registry is a single source of information about licensed health professionals and is key to the continued support of the Electronic Health Record (EHR) system and the adoption national standards, such as CeRX (a Canadian standard for electronic data interchange of clinical drug information).
- One of the main goals of the Provider Registry is to provide a link between a single health professional's licensing information across all care settings. In addition to basic demographic data, the Provider Registry is designed to store and use six specific pieces of information about a health professional as part of limiting access to personal health information within the EHR to authorized users.
- The College provides the following information about physicians to the Centre for Health Information: the physician's name; the physician's practice address; the physician's practice telephone number; the physician's license number, as issued by the College; whether the physician's license is current and in good standing; and, any specific restrictions imposed by the College on the physician's ability to prescribe drugs and controlled substances.
- In Newfoundland and Labrador, the project is currently supporting the pharmacy network, and will eventually serve as a foundational system, supporting the integration of clinical systems in the Electronic Health Record.
- The Provider Registry project includes health professional groups whose members prescribe, dispense or view medication profiles. The registration information about the health professionals will come from the Newfoundland and Labrador Pharmacy Board, College of Physicians and Surgeons of Newfoundland and Labrador, Association of Registered Nurses of Newfoundland and Labrador, Newfoundland and Labrador Dental Board, and the Newfoundland and Labrador Optometric Board.

¹³ http://www.nlchi.nf.ca/health_providerregistry.php

¹⁴ http://www.nlchi.nf.ca/health_pharmacy.php

- The project has already expanded to include a sixth group – the Newfoundland and Labrador Veterinary Licensing Board. These are known as the source organizations.
- In the future, the Provider Registry will expand to include other licensed health professionals as additional clinical information system components of the Electronic Health Record are developed and the need arises.
- This program is now being implemented on a trial basis (i.e. pilot program) and is in the very early stages.
- This will be done through the Pharmacy Network – the provincial drug information system and a component of the Newfoundland and Labrador Electronic Health Record (EHR).

The Pharmacy Network¹⁴

- The Pharmacy Network is a provincial drug information system that contains a record of patient medication information and comprehensive drug information which will assist pharmacists in identifying potential adverse drug interactions.
- When visiting any pharmacy, information about prescriptions are captured in the Pharmacy Network, no matter where a patient fills a prescription in Newfoundland and Labrador.
- Overtime, this will enable a patient’s full medication record to be available in one location. The pharmacist will also add other important information to the profile, such as allergies.
- Using the Pharmacy Network, health professionals will have access to complete patient-medication profiles at the point of distribution and prescribers will be able to enter and transmit medication orders online.
- Pharmacists will be the first to experience the Pharmacy Network; in the future, physicians and other health professionals will have role-based access to patients’ drug information.
- The successful implementation and adoption of the Pharmacy Network is an important step in the development of the Newfoundland and Labrador Electronic Health Record.
- The Pharmacy Network is a component of the provincial electronic health record (EHR) designed to support improved patient safety and enhanced care for patients. The network will provide pharmacists, and eventually physicians and other authorized health professionals, with medication information when and where it is needed by connecting them to comprehensive electronic medication profiles for their patients.
- On May 26, 2010, Newfoundland and Labrador had officially begun connecting community pharmacies to the provincial Pharmacy Network
- Implementation in more than 190 community pharmacies province-wide will continue in a phased-in

	<p>approach throughout 2010. Once a pharmacy is connected, information about medications held at that pharmacy will be added to the Pharmacy Network. Having this information available in the provincial EHR provides a more complete picture for health professionals making decisions about patient care.</p> <ul style="list-style-type: none"> • After community pharmacies, the next step is connecting facilities in the four Regional Health Authorities to the Pharmacy Network. • In the future, physicians and other authorized health professionals will have access to the system. <p>Legislation</p> <ul style="list-style-type: none"> • <i>Pharmacy Act</i> • <i>Medical Act</i>
<p>Prince Edward Island</p>	<p>Drug Information System (DIS)¹⁵</p> <ul style="list-style-type: none"> • This program consists of a computer-based system where information on all prescription drugs dispensed to Island residents will be gathered and securely stored. • All pharmacists are required by the <i>Pharmaceutical Information Act</i> to record all prescriptions filled for residents of PEI in the new DIS beginning January 1, 2008. • The system is electronically linked to all health care sites (i.e. physician’s office, walk-in clinic, hospital etc) and is accessible to authorized health care professionals, including physicians and pharmacists. • The system allows the patient to request that a password be applied to their medication profile. This password: <ul style="list-style-type: none"> ○ allows you to control access to your information; and ○ must be provided to your pharmacist and physician at each visit. • The system only allows authorized health care professionals who have signed confidentiality forms to have access to information in the DIS. • It also lists specific reasons for pharmacists and physicians to access your medication information. This list includes writing and filling prescriptions.

¹⁵ <http://www.gov.pe.ca/health/index.php3?number=1021948&lang=E>

	<p>Legislation</p> <ul style="list-style-type: none"> • <i>Pharmaceutical Information Act</i>
New Brunswick	<p>Prescription Monitoring Program</p> <ul style="list-style-type: none"> • The New Brunswick government has committed to the development of an online drug control program. • This system will allow community pharmacists to view a patient's history of narcotics and controlled drugs in real-time prior to dispensing a prescription for monitored drugs. It will also allow doctors and dentists to see a patient's prescription history. • The Department of Health will use the information collected to monitoring prescribing patterns by patients and doctors. • A stakeholders' working group provided recommendations on the design and requirements of the monitoring program. The group included representatives from the New Brunswick Medical Society, the College of Physicians and Surgeons, the New Brunswick Pharmacists' Association and the New Brunswick Pharmaceutical Society. • Legislation was introduced in November 2009 to create electronic records for prescription drug use in New Brunswick. • The legislation was introduced to set up the system, along with amendments to the province's privacy legislation to make sure records are seen only by people who need to look at them. • The Department of Health is planning to have the prescription monitoring program in place by early 2011. • However, the implementation has been delayed and the target date might change. <p>Legislation</p> <ul style="list-style-type: none"> • <i>Prescription Monitoring Act, 2009</i>
Quebec	<p>Régie de l'assurance maladie du Québec – Prescription Drug Insurance</p> <ul style="list-style-type: none"> • Everyone in Quebec must have a prescription drug plan – it is either public or private. • Quebec doesn't have a DIS, but Régie de l'assurance maladie du Québec collects information on all

prescriptions dispensed that are funded by the public prescription drug insurance plan.

- College Inspectors can request prescribing information (for publicly funded drugs) from the Régie.
- The College had a problem requesting this information in the past due to privacy laws, but now can access the information by signing a contract ensuring the information will be kept confidential.
- The College can request the information regarding a specific physician(s), usually before visiting the physician for the second time in their investigation.
- The information isn't automatically provided to the College; the College has to initiate the request.
- At this point in time, the College can sometimes request information from private insurance companies, but they don't do it often and have to pay for the information.
- The College would like to have more access to information in the private sector. More specifically, they would like to have indicators for certain drugs to measure how much is being prescribed vs. what is considered appropriate.
- A potential problem the College anticipates is having a conflict of interest with private pharmacy systems.

Legislation

- *An Act Respecting Prescription Drug Insurance*

Electronic Health Record¹⁶

- The Government of Quebec has committed to creating a Quebec Health Record for all, which will operate at the regional level and connect into the source system at the hospital level.
- One of the projects that will be integrated with the health records is the creation of a drug information system that allows health-care providers to view a profile of a patient's medication history, helping to prevent harmful drug interactions.
- This work is in progress.

¹⁶ http://www.dossierdesante.gouv.qc.ca/en_citoyens_experimentation_capitale_nationale.phtml