MDsnapshot

Prescribing

UNTRUTHS

It is a report card

Places doctors at risk of disciplinary interventions

TRUTHS

It is Confidential

It is part of the Continuing Competency arm of the CPSA, NOT the Disciplinary arm

MD SNAPSHOT-PRESCRIBING

What is the MD Snapshot – Prescribing report?

- Broad-based prescribing report Distinct from traditional prescribing interventions which focused on just higher risk prescribing
- Personalized report for MDs for self-reflection, practice optimization, prescribing awareness, patient care
- Educational + supportive QI tool (as opposed to disciplinary)

MD SNAPSHOT-PRESCRIBING

Why was the report developed?

- Opioid Crisis – first report circulated Dec 2016
- Comparative audit and feedback tool; proven interventional approach
- Component of QI/QA for physicians

CONTINUING COMPETENCE

- Improve all physician practices – optimize quality of care provided to Alberta patients by their physicians

- To identify practices that may be at risk to the patient and to intervene before patient harm/complaint occurs

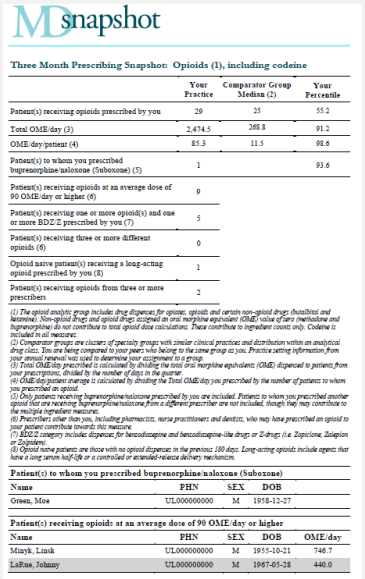
Proactive Approach

College of Physicians & Surgeons of Alberta

Wainwright, William
Registration Number: 987654

MDsnapshot

Prescribing
Quarter 1, 2019



MDsnapshot

Three Month Prescribing Snapshot: Opioids (1), including codeine

	Your Practice	Comparator Group Median (2)	Your Percentile
Patient(s) receiving opioids prescribed by you	29	25	55.2
Total OME/day (3)	2,474.5	268.8	91.2
OME/day/patient (4)	85.3	11.5	98.6
Patient(s) to whom you prescribed buprenorphine/naloxone (Suboxone) (5)	1		93.6
Patient(s) receiving opioids at an average dose of 90 OME/day or higher (6)	9		
Patient(s) receiving one or more opioid(s) and one or more BDZ/Z prescribed by you (7)	5		
Patient(s) receiving three or more different opioids (8)	0		
Opioid naive patient(s) receiving a long-acting opioid prescribed by you (8)	1		
Patient(s) receiving opioids from three or more prescribers	2		

(1) The opioid analytic group includes drug dispenses for opiates, opioids and certain non-opioid drugs (butalbital and ketamine). Non-opioid drugs and opioid drugs assigned an oral morphine equivalent (OME) value of zero (methadone and buprenorphine) do not contribute to total opioid dose calculations. These contribute to ingredient counts only. Codeine is included in all measures.
(2) Comparator groups are clusters of specialty groups with similar clinical practices and distribution within an analytical drug class. You are being compared to your peers who belong to the same group as you. Practice setting information from your annual renewal was used to determine your assignment to a group.
(3) Total OME/day prescribed is calculated by dividing the total oral morphine equivalents (OME) dispensed to patients from your prescriptions, divided by the number of days in the quarter.
(4) OME/day/patient average is calculated by dividing the Total OME/day you prescribed by the number of patients to whom you prescribed an opioid.
(5) Only patients receiving buprenorphine/naloxone prescribed by you are included. Patients to whom you prescribed another opioid that are receiving buprenorphine/naloxone from a different prescriber are not included, though they may contribute to the multiple ingredient measures.
(6) Prescribers other than you, including pharmacists, nurse practitioners and dentists, who may have prescribed an opioid to your patient contribute towards this measure.
(7) BDZ/Z category includes dispenses for benzodiazepine and benzodiazepine-like drugs or Z-drugs (i.e. Zopiclone, Zaleplon or Zolpidem).
(8) Opioid naive patients are those with no opioid dispenses in the previous 180 days. Long-acting opioids include agents that have a long serum half-life or a controlled or extended-release delivery mechanism.

Patient(s) to whom you prescribed buprenorphine/naloxone (Suboxone)

Name	PHN	SEX	DOB
Green, Moe	UL000000000	M	1958-12-27

Patient(s) receiving opioids at an average dose of 90 OME/day or higher

Name	PHN	SEX	DOB	OME/day
Mmyk, Linik	UL000000000	M	1955-10-21	746.7
LaRue, Johnny	UL000000000	M	1967-05-28	440.0

MD SNAPSHOT-PRESCRIBING

- Current focus: opioids and BDZs
- High Risk Measures
- Companion materials, e.g., CPGs, CPD, FAQs, etc.
- Delivery through CPSA Physician Portal (March 2019)

MD SNAPSHOT
EVOLVING MEASURES

- **Opioids**
  - # of Pts. prescribed opioids
  - Average OME/day per patient
  - Pts. receiving opioids from 3 or more providers
  - Pts. receiving ≥90 OME/day from all prescribers
  - Concurrent Opioid + Benzo prescribed only by report recipient
  - Opioid Naïve patients initiated on a Long Acting Opioid
  - Pts. prescribed Suboxone®
- **Benzodiazepines**
  - # of Pts. prescribed benzos
  - Average DDD per patient
  - Pts. receiving ≥2 DDD from all prescribers
  - Pts. receiving 3 or more benzo ingredients
  - Pts. receiving benzos from 3 or more prescribers
  - Seniors receiving benzos
- **Antibiotics**
  - 2019-2020

DATA LIMITATIONS

Available

- Prescriber
  - Including PCN membership starting 2019
- Patient
- Pharmacy
- Drug
  - Strength
  - Quantity
- Peer Comparison groups

Unavailable

- Indication for use
- Days Supply
- Physician panel size
- Practice type

Challenges

- PIN data quality
  - Pharmacy Errors
- Reversals
- Compounded Prescriptions
- Forged prescriptions

PEER COMPARATOR GROUPS

Breakdown of Comparator Groups by prescribing domain

Opioids

- Family Medicine, Family Medicine (Sport and Exercise), General Practice
- Cardiology, Endocrinology & Metabolism, Gastroenterology, General Internal Medicine, Hematology, Internal Medicine, Nephrology, Neurology, Physical Medicine & Rehab, Respirology and Rheumatology
- Cardiovascular &Thoracic Surgery, General Surgery, Head and Neck Surgery, Neurosurgery, Obstetrics & Gynecology, Ophthalmology, Otolaryngology, Plastic Surgery, Thoracic Surgery, Urology and Vascular Surgery
- Orthopedic Surgery
- Psychiatry
- Anesthesiology and Family Medicine (Family Practice Anesthesia)
- Emergency Medicine and Family Medicine (Emergency Medicine)

BDZ (including Z-Drugs)

- Family Medicine, Family Medicine (Care of the Elderly), Family Medicine (Sport and Exercise Medicine) and General Practice
- Cardiology, Clinical Immunology & Allergy, Dermatology, Endocrinology & Metabolism, Gastroenterology, General Internal Medicine, Hematology, Infectious Diseases, Internal Medicine, Nephrology, Neurology, Physical Medicine & Rehabilitation, Respirology and Rheumatology
- Cardiac Surgery, Cardiovascular & Thoracic Surgery, Colorectal surgery, General Surgery, Neurosurgery, Obstetrics & Gynecology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Plastic Surgery and Urology
- Psychiatry
- Anesthesiology and Family Medicine (Family Practice Anesthesia)
- Emergency Medicine and Family Medicine (Emergency Medicine)

MD SNAPSHOT-PRESCRIBING SURVEY RESULTS

Snapshot Iteration	1st	4th	5th	6th
Data From (Quarter)	Q3 2016	Q3 2017	Q1 2018	Q2 2018
Date R_x Snapshot Sent	Q4 2016 (Dec. 2016)	Q4 2017 (Nov. 2017)	Q2 2018 (May 2018)	Q3 2018 (Aug. 2018)
R_x Snapshot Population	All MDs that had prescribed an opioid or benzo in Q3 2016	All MDs that initiated a long-acting opioid in an opioid naïve patient in Q3 2017	All MDs* that had prescribed an opioid or benzo in Q1 2018	All MDs that had prescribed an opioid and benzodiazepine to the same patient in Q2 2018
# Snapshots Sent	8,213	749	7,230	4,045
Date Survey Open	Dec. 2016-Jan. 2017	Jan. 2018	June 2018	Sept. 2018
Survey Response Rate	27% (n=2,184)	13% (n=99)	14% (n=989)	11% (n=456)
Total # Survey Questions	6 (5 closed; 1 open)	9 (8 closed; 1 open)	9 (7 closed; 2 open)	8 (7 closed; 1 open)

CPSA STANDARDS OF PRACTICE

Continuity of Care

Patient Record Content

Prescribing

MYTHS

- Physician fines are not imposed in regards to prescribing practices
- Out of 12,000 physicians in Alberta, less than 30 CURRENTLY have restrictions to their prescribing privileges
- Restrictions are for various reasons – not only inappropriate Rx

WHY?

- To help identify at risk patients that might be vulnerable
- Patients on LT opioid therapy who are now aging and developing more comorbidities: eg. COPD/sleep apnea, changes in metabolism
- To help physicians reflect on their practice and prescribing patterns
- To help physicians identify if their patients are receiving Rx's outside of their practice