

# SASKATCHEWAN COLLEGE OF PHARMACISTS

## POLICY STATEMENT PHARMACISTS ACCESSING PATIENT-SPECIFIC INFORMATION FROM THE MEDICATION PROFILE VIEWER (MPV) AVAILABLE UNDER THE PHARMACEUTICAL INFORMATION PROGRAM (PIP)

### **PREAMBLE**

In this policy:

“pharmacist” includes pharmacy proprietor; and,

“privacy legislation” means the Health Information Protection Act (Saskatchewan) and the Personal Information Protection and Electronic Documents Act (Canada).

PIP has been developed with the primary purpose of improving patient care in Saskatchewan. Via the MPV, PIP provides Saskatchewan pharmacists access through a secure computer network to information about drugs dispensed to Saskatchewan patients in Saskatchewan pharmacies.

Access to information within PIP is provided to pharmacists to assist them to deliver the best possible quality of pharmaceutical care to their patients.

Access, using, or disseminating information from the PIP program, other than as permitted in this policy is professional or proprietary misconduct.

### **GENERAL PRINCIPLES**

Pharmacists:

- 1) Must be able to justify the reason for accessing information through PIP;
- 2) Should only access information through PIP when the information that the pharmacist expects to obtain may reasonably affect the pharmaceutical care provided to the patient;
- 3) Should only access the minimum amount of information through PIP that is reasonably required for the purpose for which the information was accessed;
- 4) Should ensure that only those persons who have a need to know the information should be permitted to access the information;
- 5) Should only use the information from PIP for the purpose of providing pharmaceutical care to their patient, or as is otherwise permitted by privacy legislation or other applicable laws;
- 6) Should only disclose the information from PIP for the purpose of providing pharmaceutical care to their patient, with the consent of the patient, or as is otherwise permitted by privacy legislation or other applicable laws;
- 7) Should have appropriate policies and procedures in place to protect the information accessed through PIP from being seen by persons who are not authorized to see that information;
- 8) Must comply with privacy legislation in connection with the information accessed through PIP; and,
- 9) Should ensure that persons who the pharmacist authorizes to access the information within PIP are aware of and understand their responsibilities

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## **SPECIFIC REQUIREMENTS**

- 1) Pharmacists will not permit any other person under their authority or control (i.e. technician) to access the information within the PIP data base unless the following conditions are met:
  - a) That person has been specifically authorized by the pharmacist to access the PIP data base for a purpose for which the pharmacist may access the information; and,
  - b) That person has signed a confidentiality agreement in which that person has agreed, among other things, to access the information only on a need-to-know basis, and not to disclose the information to any other person except as permitted by privacy legislation.
- 2) Pharmacists must report to the PIP, or such other person or organization as may be specified by the PIP, all activities by any individual or entity that the pharmacist suspects may compromise the privacy of the patient or confidentiality of confidential information or be a breach of this policy.

## **MASKING OPTION**

PIP provides an option whereby patients can choose to “mask” their drug profiles. Unless unmasking of the drug profile is authorized as provided below, pharmacists are not permitted to access masked drug profiles.

The masking option is administered by Saskatchewan Health. Patients can initiate the masking process by contacting Saskatchewan Health. Pharmacists should be able to provide general information about the masking process to patients upon request.

Pharmacists may only access a masked drug profile in the following circumstances:

1. Expressed consent of the patient has been obtained;
2. In emergency circumstances where the pharmacist believes on reasonable grounds that the use or disclosure will avoid or minimize a danger to the health or safety of any person; or,
3. A prescription being filled is on the list of dangerous drugs attached to this policy statement. These are the same drugs as those monitored under the Prescription Review Program (PRP) pursuant to Bylaw 40 of the College of Physicians and Surgeons.

With respect to the list of dangerous (i.e. PRP) drugs attached, the College is of the view that pharmacists may, upon presentation of a prescription for a PRP drug, listed on Appendix A, access the patient’s masked drug profile given the inherent risk factors and patient safety issues associated with these drugs. Steps will be taken to specifically advise patients of this unmasking requirement at or near the time the patient applies for masking. As such, the patient need not be proactively advised by the pharmacist that his/her drug profile is being accessed in these circumstances. However, if inquiries are made, pharmacists should be prepared to advise patients of the unmasking requirement for this list of drugs and that the prescription cannot be filled without access to the drug profile.

## APPENDIX A

THE SASKATCHEWAN GAZETTE, JUNE 2, 2006

### COLLEGE OF PHYSICIANS AND SURGEONS — PRESCRIPTION REVIEW PROGRAM BYLAW AMENDMENTS

**Bylaw 40 is rescinded and the following substituted  
in its place:**

#### **“40 The Prescription Review Program**

(1) Panel of Monitored Drugs – The prescription review program shall apply to all dosage forms of the following drugs, except where indicated otherwise:

ACETAMINOPHEN WITH CODEINE – in all dosage forms except those containing 8 mg or less of codeine

ACETYLSALICYLIC ACID (ASA) WITH CODEINE – in all dosage forms except those containing 8 mg or less of codeine

AMPHETAMINES – in all dosage forms

ANABOLIC STEROIDS ANILERIDINE – in all dosage forms

BARBITUATES BENZODIAZEPINES – in all doses and forms

BUTALBITAL – in all dosage forms

BUTALBITAL WITH CODEINE – in all dosage forms BUTORPHANOL

CHLORAL HYDRATE COCAINE – in all dosage forms

CODEINE – as the single active ingredient, or in combination with other active ingredients, in all dosage forms except those containing 20 mg per 30 ml or less of codeine in liquid for oral administration

DIETHYLPROPION – in all dosage forms

FENTANYL – in all dosage forms

HYDROCODONE-DIHYDROCODEINONE – in all dosage forms

HYDROMORPHONE-DIPHRYDROMORPHONE – in all dosage forms

LEVORPHANOL – in all dosage forms

MEPERIDINE-PETHIDINE - in all dosage forms

METHADONE – in all dosage forms

METHYLPHENIDATE – in all dosage forms

MORPHINE – in all dosage forms

NORMETHANDONE-P-HYDROXYEPHEDRINE – in all dosage forms

OXYCODONE – as the single active ingredient, or in combination with other active ingredients in all dosage forms

PANTOPON – in all dosage forms

PENTAZOCINE – in all dosage forms

HENTERMINE – in all dosage forms

PROPOXYPHENE - in all dosage forms

(2) Prescriptions for drugs covered by the Prescription Review Program shall be issued by physicians according to the policies and procedures agreed to and amended from time to time by the College of Dental Surgeons of

Saskatchewan, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Registered Nurses Association and the Saskatchewan College of Pharmacists.

(3) In order to prescribe a drug to which the prescription review program applies, physicians shall complete a written prescription which meets federal and provincial legal requirements and includes the following:

(a) a statement that the prescription is only valid for three days;

(b) the patient's date of birth;

(c) the patient's address;

(d) the total quantity of medication prescribed, both numerically and in written form;

(e) the patient's health services number; and

(f) the prescriber's name and address.

(4) Physicians shall only prescribe part-fills of medications to which the prescription review program applies if the following information is specified in the prescription:

(a) the total quantity;

(b) the amount to be dispensed each time; and

(c) the time interval between fills.

(5) The office of the Registrar may gather and analyze information pertaining to the prescribing of medications to which the prescription review program applies in Saskatchewan for the purpose of limiting the inappropriate prescribing and inappropriate use of such drugs. In order to fulfill that role, the office of the Registrar may, among other activities:

(a) generally, provide education to physicians in order to encourage appropriate prescribing practices by physicians registered by the College;

(b) alert physicians to possible inappropriate use of medications to which the prescription review program applies by patients to whom they have prescribed such drugs;

(c) alert physicians to possible inappropriate prescribing of medications to which the prescription review program applies;

(d) make recommendations to a physician with respect to the physician's prescribing of medications to which the prescription review program applies;

(e) require physicians to provide explanations for their prescribing of medications to which the prescription review program applies. In making requests for explanations, the office of the Registrar may require the physician to provide information about the patient, the reasons for prescribing to the patient, and any knowledge which the physician may have about other narcotics or controlled drugs received by the patient;

(f) cause information, concerns or opinions of general application to the profession to be communicated to the physicians registered by the College without identifying the particular physician to whom such information relates;

(g) provide information gathered in connection with the Prescription Review Program to another health professional body including the College of Dental Surgeons of Saskatchewan, the Saskatchewan College of Pharmacists or the Saskatchewan Registered Nurses' Association, provided the information gathered is required by that body to perform and carry out the duties of that health professional body pursuant to an Act with respect to regulating the profession. Where the personal health information relates to a member of the health professional body seeking disclosure, disclosure by the Registrar of that information may only be made in accordance with The Health Information Protection Act, and in particular subsection 27(5) of that Act;

(6) Physicians shall respond to such requests for explanation, as described in paragraph 5(e) above, from the office of the Registrar within 14 days of receipt of such a request for information.

(7) The Registrar, Deputy Registrar, or Prescription Review Program Supervisor may extend the deadline for reply at their discretion, upon receipt of a written request for extension from the physician.

(8) All physicians who receive such a request for information will comply, to the best of their ability, fully and accurately with such request for information.

(9) Failure to comply with paragraphs 40(5)(e), 40(6) and 40(8) above is unbecoming, improper, unprofessional or discreditable conduct".

Certified a true copy of a bylaw passed by the Council of the College of Physicians and Surgeons on April 7, 2006.

Dated this 8th day of April, 2006.

CERTIFIED TRUE COPY:

Dr. D.A. Kendel, Registrar,  
College of Physicians and Surgeons.

Date: April 8, 2006.

APPROVED BY:

Honourable Len Taylor,  
Minister of Health.

Date: May 17, 2006.