Page 01 of 66 to/à Page 03 of 66

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MINISTRY OF MENTAL HEALTH AND ADDICTIONS
INFORMATION BRIEFING NOTE

CLIFF: 1235013

PREPARED FOR: Darryl Sturtevant, ADM **- FOR INFORMATION**

TITLE: Monitoring and Reporting of Prescribed Safer Supply Data

PURPOSE: To provide an update on data monitoring and proposed approach to public reporting of Prescribed Safer Supply (PSS) utilizing the Safe Alternative (SA) code in PharmaNet entered by prescribers and pharmacists

BACKGROUND:
In March 2020, the BC Centre on Substance Use (BCCSU), Ministry of Health (HLTH), and Ministry of Mental Health and Addictions (MMHA) released the first iteration of the *Risk Mitigation in the Context of Dual Public Health Emergencies: Interim Clinical Guidance* (RMG). RMG supports people who are at risk of COVID-19 infection and have a history of substance use, including opioids, stimulants, alcohol, benzodiazepines, or tobacco. It is considered phase 1 to the policy on the use of prescribed safer supply PSS medications released July 2021, called *Access to Prescribed Safer Supply in British Columbia: Policy Direction*.

Since June 2020, the BC Centre for Disease Control (BCCDC) has been analyzing administrative data as part of the RMG mixed methods evaluation study. Many of the drugs prescribed as alternatives to support people to reduce their reliance on the toxic illicit drug supply are also used for additional indications, including but not limited to pain, attention-deficit/hyperactivity disorder, and anxiety. The RMG evaluation team developed an enhanced algorithm that more accurately identifies dispensations of opioid medications for harm reduction purposes by excluding prescriptions for pain management and OAT. This was a critical first step to identify and separate harm reduction RMG prescriptions from all other prescriptions and is foundational to long-term data monitoring for PSS.

As of January 12, 2022, prescribers and pharmacists are being asked to add an SA flag to prescriptions and PharmaNet entries to clearly identify harm reduction-oriented prescribing of stimulants, opioids, and benzodiazepines from other prescriptions. This requirement is aimed at improving data quality and collection for PSS services, enhancing monitoring and evaluation, and identifying unintended risks or harms.

DISCUSSION:
Prescriptions identifying the SA code have recently become part of an administrative data extract sent monthly from HLTH to BCCDC. Since January 2022, BCCDC has been working with MMHA and HLTH's Health Sector Information, Analysis and Reporting (HSIAR) Division to refine and adapt the methodology to incorporate SA code data into internal data monitoring processes, with plans to make this information publicly available.

Page 05 of 66

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Program ADM/Division: Darryl Sturtevant, ADM, Substance Use Policy Division
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Program Contact (for content): Darrion Campbell
Drafter: Carolyn Davison
Date: 2022-07-27

BC Centre for Disease Control
Provincial Health Services Authority

Provincial Health Services Authority

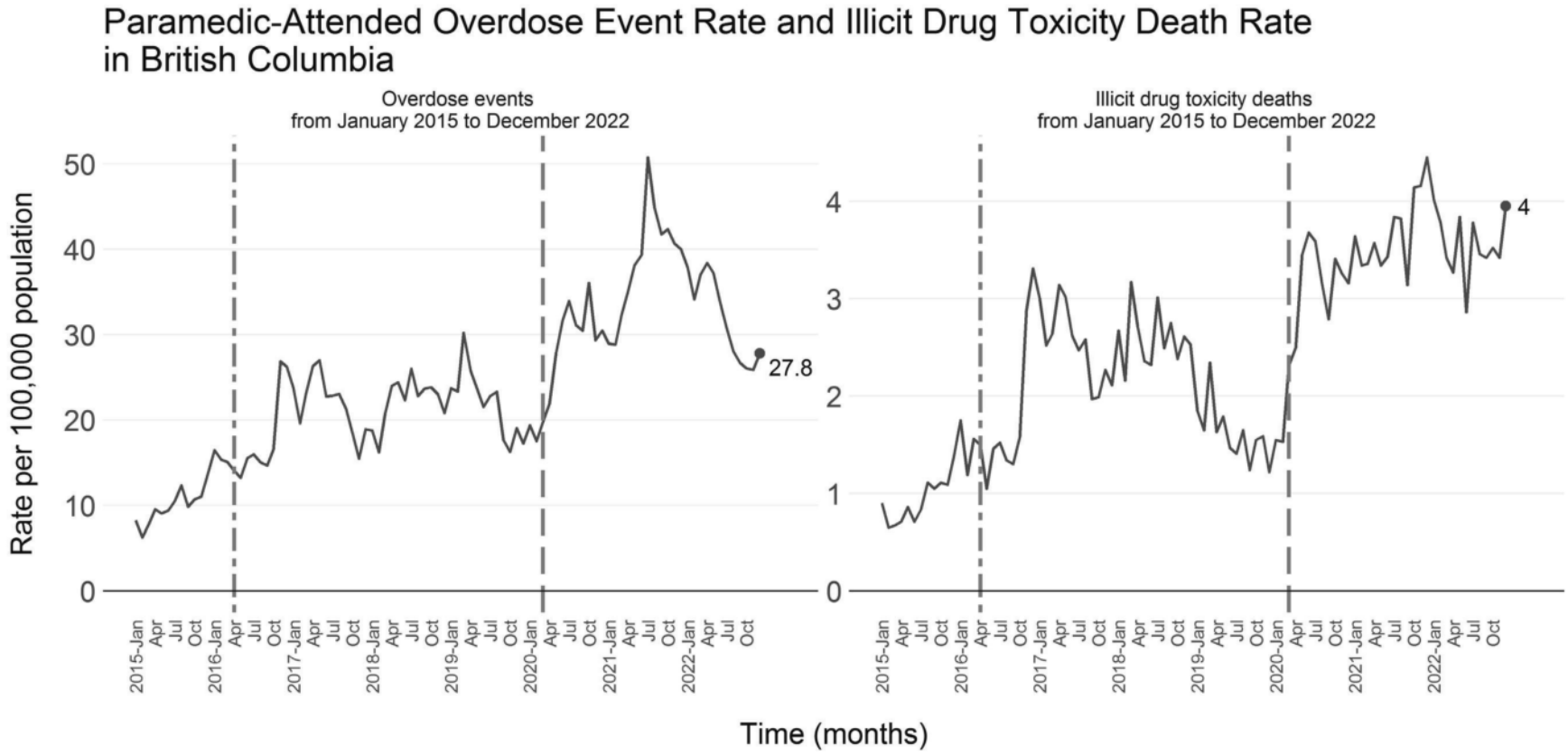
Unregulated drug poisoning emergency surveillance update

Drug Overdose and Alert Partnership meeting

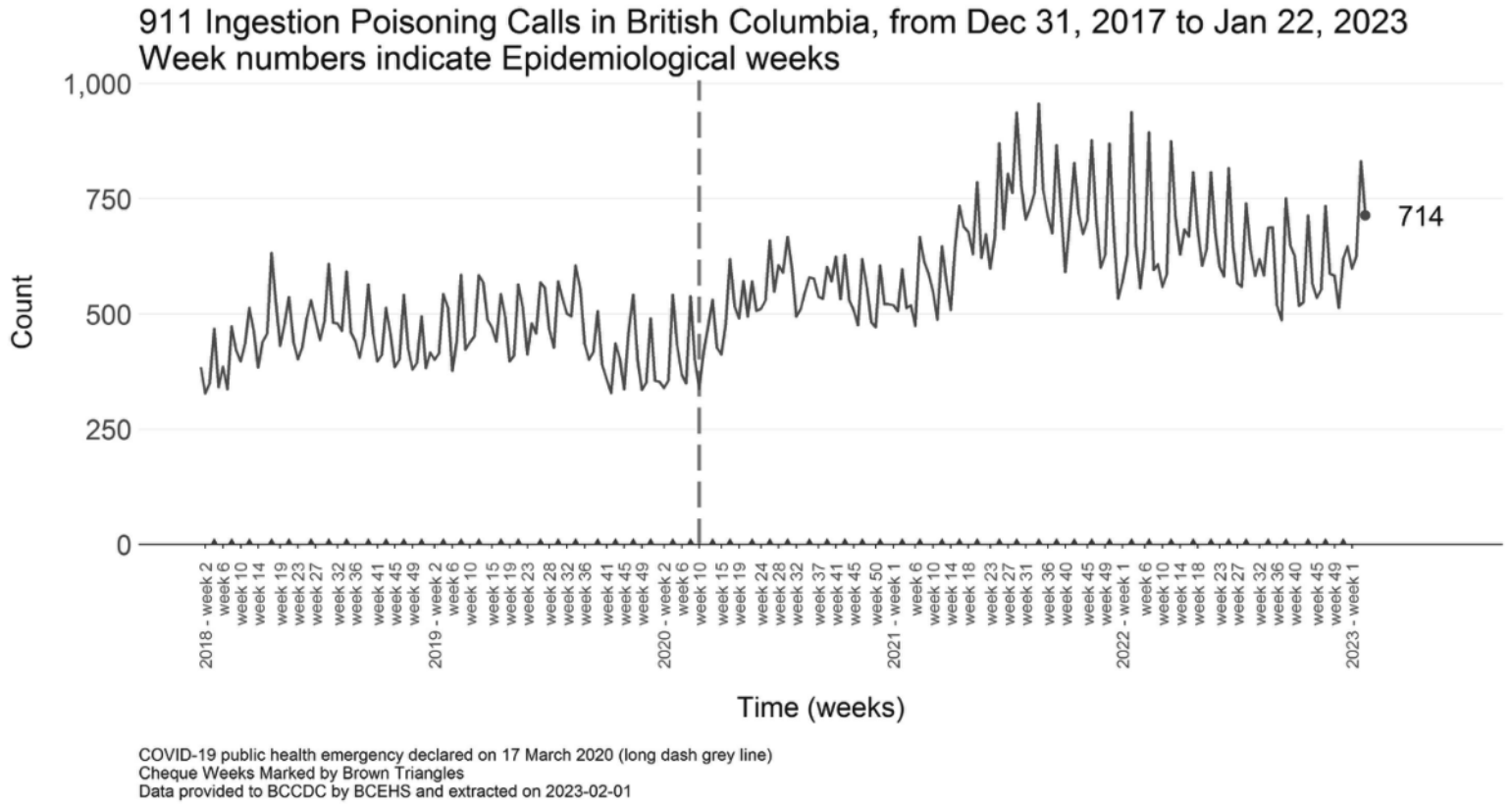
Date

With thanks to many DOAP colleagues for sharing their data

Paramedic-attended drug toxicity events have declined since 2021; Deaths from illicit drug toxicity continue at historic high rates

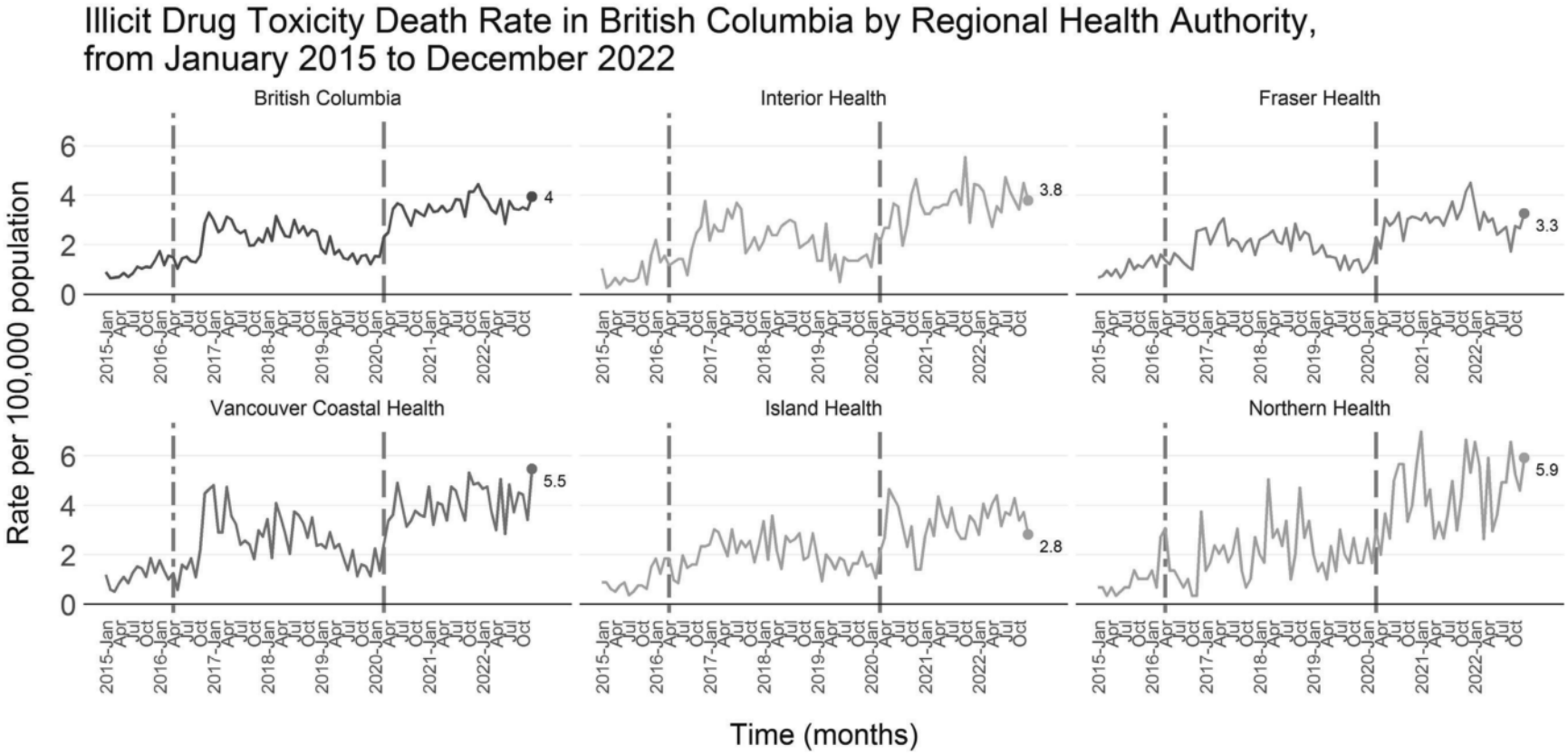


911 ingestion poisoning calls increased slightly in early 2023, following a decline which mirrored paramedic-attended calls



Unusual increase in week of Jan 15, particularly for Island Health

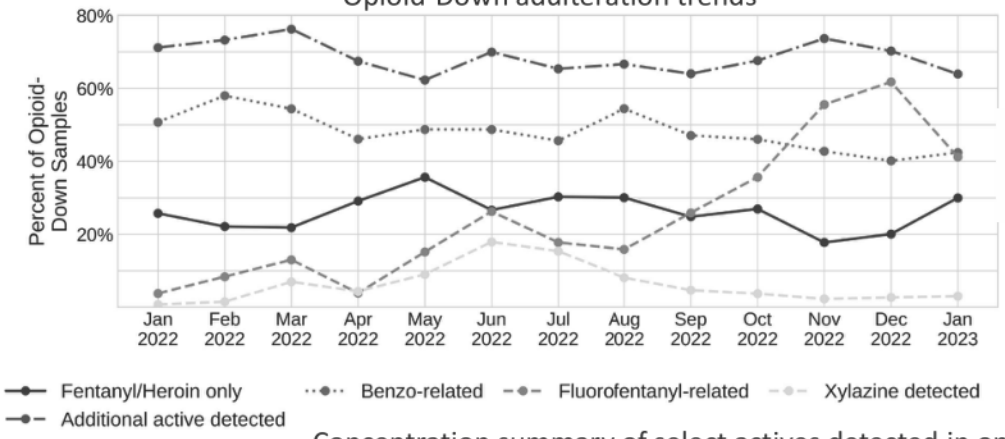
The lack of decline in illicit drug toxicity deaths is consistent across all regional health authorities



Vancouver Island Drug Checking Project – January Overview

Service Location / Model	Samples Checked
Substance	484 (+59 from Dec)
Distributed Sites (Campbell River, Comox Valley, Duncan, Port Alberni)	77 (+35 from Dec)
Outreach / Envelopes	124 (+51 from Dec)
Events	0 (same as Dec)
Total	685 (+145 from Dec)

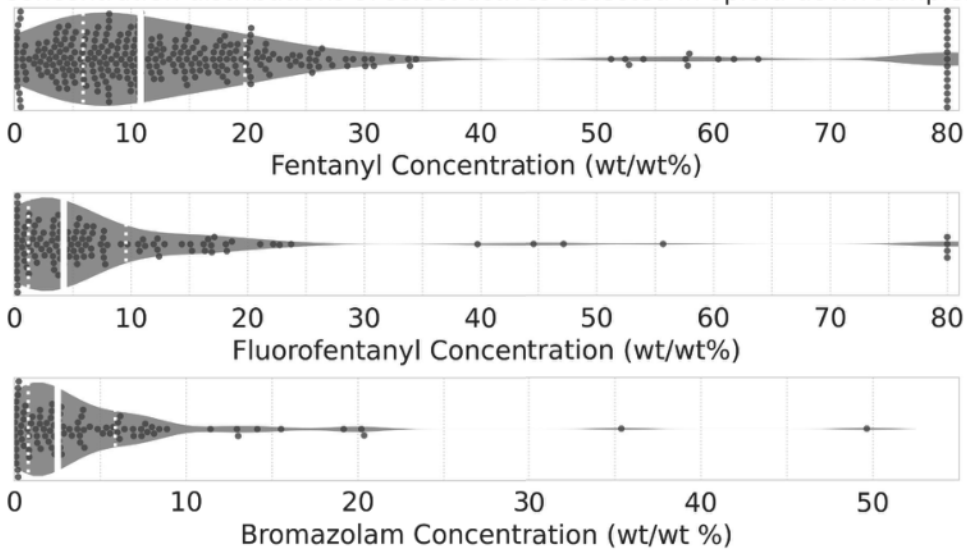
Opioid-Down adulteration trends



substance.uvic.ca

substance@uvic.ca

Concentration distributions of select actives detected in opioid-down samples



Concentration summary of select actives detected in opioid-down samples

substance	# quant	median	min	max	IQR
fentanyl	294	10.8%	0.1%	>80%*	5.9% - 19.8%
fluorofentanyl	134	4.2%	0.1%	>80%*	1.2% - 9.6%
bromazolam	99	2.5%	0.1%	49.7%	0.8% - 5.9%
etizolam	17	10.4%	0.3%	>25%	1.2% - 23.8%
xylazine	10	9.1%	0.1%	28.6%	0.5% - 12.5%
heroin	7	36.5%	24.9%	>80%*	28.8% - >80%
acetylmorphine	7	2.0%	1.1%	23.9%	1.5% - 3.0%
carfentanil	3	0.11%	0.06%	0.59%	0.09% - 0.35%

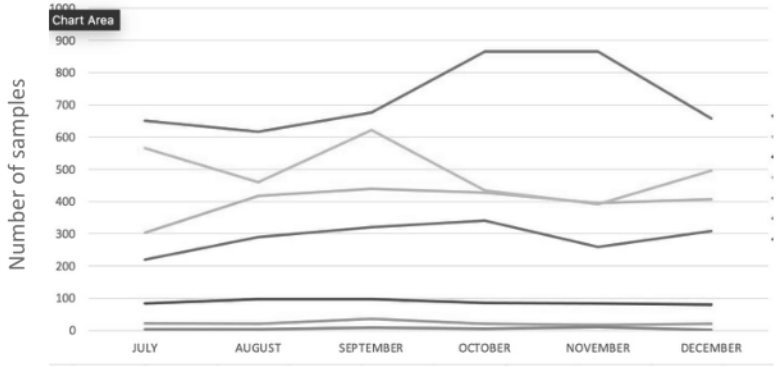
We gratefully acknowledge and respect the ləkʷəŋən peoples on whose traditional territory the university stands and the Songhees, Esquimalt and W̱SÁNEĆ peoples whose historical relationships with the land continue to this day.

BCCSU Drug Checking Project – December 2022 data

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE

w: drugcheckingbc.ca
e: drugcheckingbc@bccsu.ubc.ca

Number of drug samples checked in the past 6 months



Number of samples by drug category in December

Opioid	657
Stimulant	407
Depressant	80
Psychedelic	495
Other	21
Polysubstance	2
Unknown	308

Total: 1,970

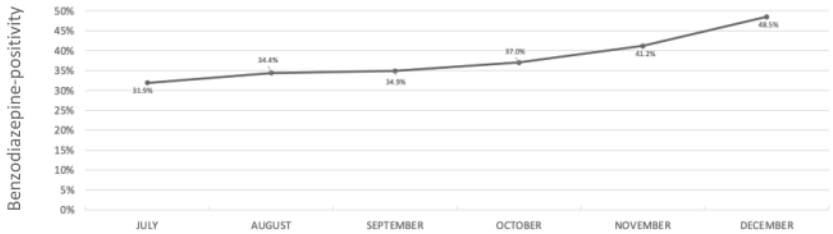
Xylazine Detection in December:
20 of 657 opioid samples

Xylazine Prevalence 2021/2022:

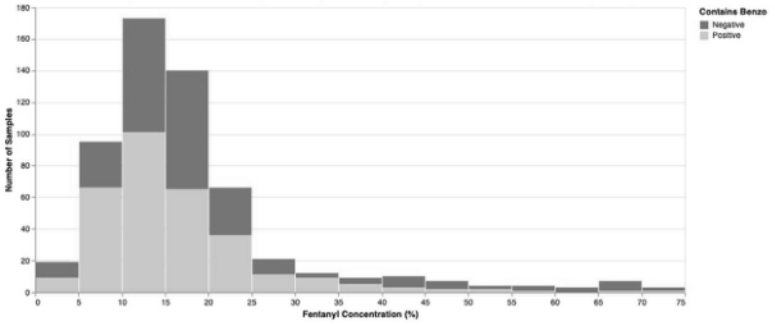
2021: 0.4%
28 of 6319 opioid samples

2022: 1.5%
118 of 8084 opioid samples

Percentage of opioids testing positive for benzodiazepines in the past 6 months



Fentanyl Concentration of Opioid Drug Checking Samples in BC, December 2022



median: 14.9%

Partnered Drug Checking Service Sites

ANKORS
ANKORS East
ASK Wellness
UBCO – HaRT
CMHA Nanaimo
SafePoint
Purpose Society
Mountainside Harm Reduction Society
Get Your Drugs Tested
Overdose Prevention Society
Insite
Molson OPS – PHS
POUNDS
Northern Health – Terrace

Total Access Points in December = 26

For more data please visit:
https://drugcheckingbc.ca/dashboard/

BC Centre for Disease Control
Provincial Health Services Authority

HSIAR
Analytics to Action

Prescribed Safer Supply: Data Monitoring and Reporting

DOAP
February 7, 2023

Brooke Kinniburgh, Senior Practice Leader Epidemiologist
on behalf of Harm Reduction and Substance Use Services, BCCDC and Pharmaceutical Analytics, Community and Cross Sector Branch, HSIAR, MoH

We respectfully and gratefully acknowledge that BCCDC is located on the unceded, ancestral, and traditional homelands of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and sel̓íl̓witulh (Tsleil-Waututh) Nations.

I would like to acknowledge the Lekwungen speaking people whose land that the 1515 Blanshard building sits and to the neighbouring nations of Esquimalt, Songhees & Wsanec (Saanich).

Provincial Health Services Authority

Prescribed Safer Supply (PSS) Policy background

- *Risk Mitigation Guidance in the Context of Dual Public Health Emergencies* (RMG Policy) announced in March 2020.

- *Access to Prescribed Safer Supply in British Columbia: Policy Direction* (PSS Policy) was announced by the Ministry of Mental Health and Addictions and the Ministry of Health in July 2021.

- Additional guidance about PSS prescribing is included in *Opioid Use Disorder: Practice Update* (January 2022) and *Stimulant Use Disorder: Practice Update* (June 2022)

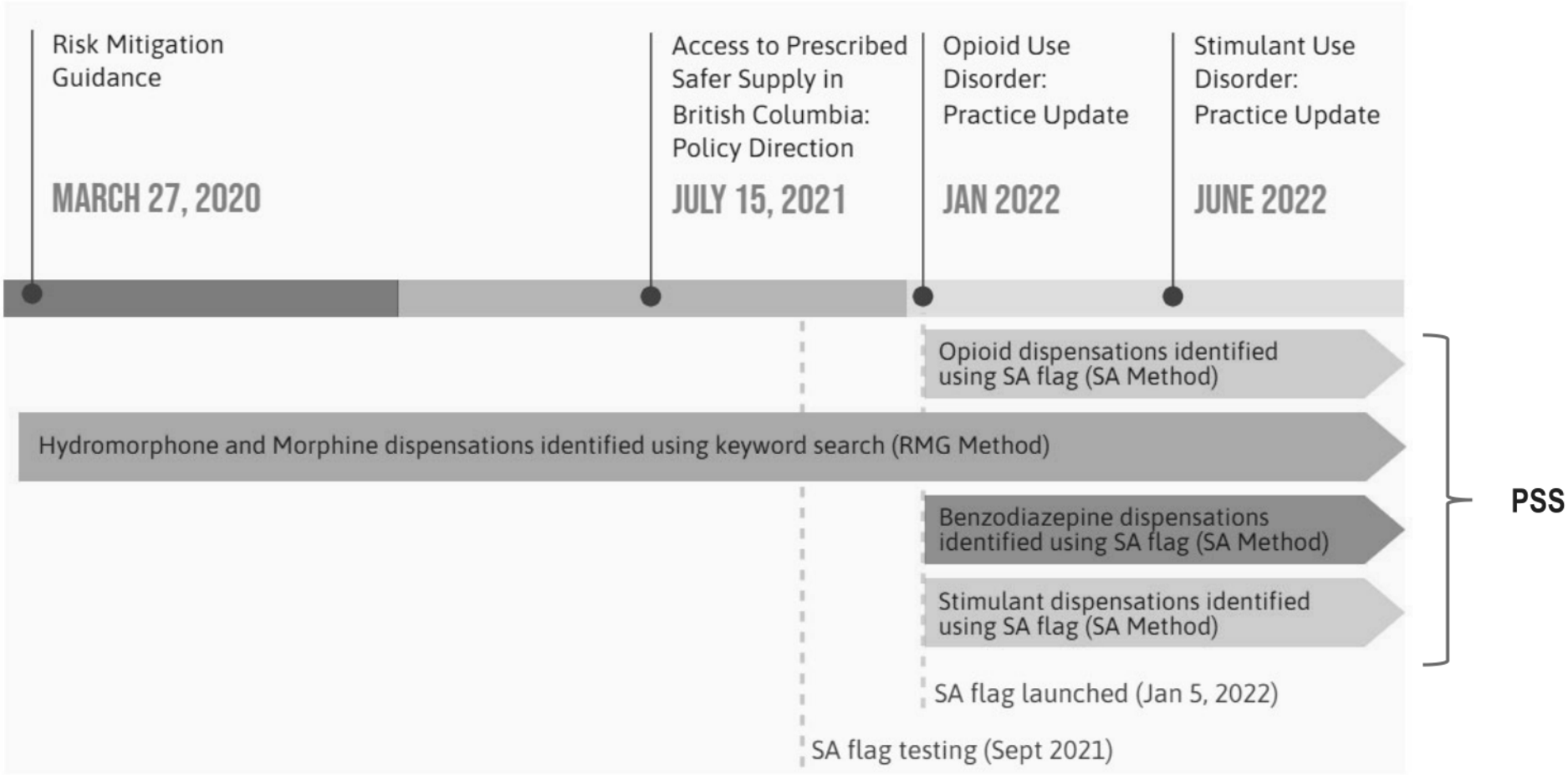
HSIAR
Analytics to Action

PSS case-finding background

- The necessary speed of the response to COVID-19 meant that *a priori* systems were not put in place to identify, measure, or evaluate the outcomes of RMG.
- To generate preliminary estimates of clients receiving dispenses under these policies, the BCCDC developed a case-finding algorithm.
- Starting in January 2022 prescribers were asked to add “SA” (safer alterative) to prescriptions, and pharmacists are asked to enter “SA” as an intervention code for PharmaNet dispenses of “any drug identified as a safer alternative, or for risk mitigation to support self-isolation or quarantine due to COVID-19”.
- HSIAR has worked with the BCCDC to refine this algorithm and incorporate the new “SA” intervention code. This co-operation ensures better alignment in terms of client estimates and cost estimates.

HSIAR
Analytics to Action

POLICY TIMELINE



CASE FINDING TIMELINE

Page 18 of 66 to/à Page 25 of 66

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Questions?

Glossary

- **Drug Class:** Opioids, Stimulants, Benzodiazepines
- **Drug Type:** specific drugs within a Drug Class, e.g. Morphine, Fentanyl, Diazepam, etc.
- **RMG Policy:** *Risk Mitigation Guidance in the Context of Dual Public Health Emergencies,* issued by BCCSU
- **RMG Method:** case-finding algorithm for morphine and hydromorphone dispensations based on keyword searches in directions for use field on PharmaNet.
- **PSS Policy:** *Access to Prescribed Safer Supply in British Columbia: Policy Direction*
- **PSS Indicators:** counts of clients and prescribers receiving prescribed safer supply using either the RMG Method or the SA Method
- **SA Code:** an unremunerated intervention code in PharmaNet where pharmacists can note that a dispensation is for a Safer Alternative
- **SA Method:** case-finding method that uses the SA code to identify dispensations. Used to identify opioid, stimulant, and benzodiazepine dispenses.

Acknowledgements

- Heather Amos (BCCDC)
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- Elisabeth Lerner (MoH)
- Kara Loewen (BCCDC)
- Peiyu Mei (MoH-HSIAR)
- Shicong Niu (BCCDC)
- Martin Odendaal (MoH-HSIAR)
- Jamal Taghavimehr (BCCDC)
- Barbara Tencer (MoH-HSIAR)
- Wahedullah Syed (BCCDC)
- Chloé Xavier (BCCDC)

MINISTRY OF MENTAL HEALTH AND ADDICTIONS
INFORMATION BRIEFING NOTE

CLIFF: 1245905

PREPARED FOR: Honourable Jennifer Whiteside, Minister **- FOR INFORMATION**

TITLE: Prescribed Safer Supply Data Monitoring

PURPOSE: To provide an overview on data monitoring of Prescribed Safer Supply (PSS) and the public reporting of opioid PSS data.

BACKGROUND:
In March 2020, the BC Centre on Substance Use (BCCSU), Ministry of Health (HLTH), and Ministry of Mental Health and Addictions (MMHA) released the first iteration of the *Risk Mitigation in the Context of Dual Public Health Emergencies: Interim Clinical Guidance* (RMG). It was introduced as an emergency COVID-19 pandemic-related response as a clinical resource for prescribers who support people who are at risk of COVID-19 infection and have a history of substance use, including opioids, stimulants, alcohol, benzodiazepines, or tobacco. RMG was the first phase of the implementation of PSS in BC.

In July 2021, *Access to Prescribed Safer Supply in British Columbia: Policy Direction* was released providing an enabling, harm reduction-oriented framework for prescribing pharmaceutical alternatives to illicit drugs for people at high risk of toxic drug poisoning; and supporting the ongoing prescribing of these medications beyond the COVID-19 pandemic response.

In 2021, MMHA, HLTH, in collaboration with the Office of the Provincial Health Officer (PHO), BC Centre for Disease Control (BCCDC), and key research and health system partners developed an evaluation and monitoring plan for the implementation of PSS that assesses both anticipated an unanticipated individual and population health impacts. Monitoring activities include the systematic collection, analysis, and dissemination of near real-time data to describe service utilization.[1] Data from monitoring activities are being used to inform the evaluation.

Since June 2020, BCCDC, has been analyzing and providing visualizations of administrative PSS data in collaboration with MMHA and HLTH, Health Sector Information, Analysis and Reporting (HSIAR).

Many of the drugs prescribed as alternatives to support people to reduce their reliance on the toxic illicit drug supply are also used for additional indications, including but not limited to pain, attention-deficit/hyperactivity disorder, and anxiety. As of January 12, 2022, prescribers and pharmacists are being asked to add an "SA" (safer alternative) code to prescriptions and PharmaNet entries to clearly identify harm reduction-oriented

[1] Appendix 5: *Evaluation and Monitoring Framework* in the PSS Policy. Accessed January 24, 2023

prescribing of stimulants, opioids, and benzodiazepines from other prescriptions.[2] This requirement is aimed at improving data quality and collection for PSS services, enhancing monitoring and evaluation, and identifying unintended risks or harms. PharmaNet SA data is transferred monthly to BCCDC who then adds it to their internal dashboard. This dashboard is available to regional health authorities and MMHA/HLTH to support needs-based planning and monitoring. BCCDC will commence reporting PSS data in their monthly report on toxic drug poisoning in February 2023.

DISCUSSION:

BCCDC has completed data visualization for data broken down by age group, health authority, and sex on the following four indicators:

- Number of clients dispensed opioid PSS per month
- Number of clients dispensed opioid PSS for the first time per month
- Cumulative number of clients ever dispensed opioids PSS
- Number of opioid PSS prescribers per month

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Program ADM/Division: Darryl Sturtevant, ADM, Substance Use Policy Division
Program Contact (for content): Carolyn Davison
Date: 2023-01-25

[2] https://www.bcpharmacists.org/readlinks/new-procedures-harm-reduction-prescriptions. Accessed January 20, 2023.

MINISTRY OF MENTAL HEALTH AND ADDICTIONS
INFORMATION BRIEFING NOTE

CLIFF: 1259168

PREPARED FOR: Honourable Jennifer Whiteside, Minister **- FOR INFORMATION**

TITLE: Estimating the Number of Clinicians Prescribing Safer Supply and/or Opioid Agonist Treatment in British Columbia

PURPOSE: To describe how the Ministry of Health and the College of Physicians and Surgeons of BC monitor and report the number of clinicians prescribing safer supply and/or opioid agonist treatment.

BACKGROUND:
The number of clinicians prescribing prescribed safer supply (PSS) and/or opioid agonist treatment (OAT) calculated by the Ministry of Health (HLTH) and provided to the Ministry of Mental Health and Addictions (MMHA), BC Centre for Disease Control (BCCDC), and regional health authorities is lower than number the College of Physicians and Surgeons of BC (CPSBC) has reported publicly and to the Minister (See Appendix A).

HSIAR OAT/PSS Prescriber Counts
Since January 2022, prescribers and pharmacists have been adding a "SA" (safer alternative) intervention code to PSS prescriptions and PharmaNet entries to clearly identify harm reduction-oriented prescribing of opioids, stimulants, and benzodiazepines from other prescriptions, e.g., OAT and opioids for pain. This requirement is aimed at improving data quality and collection for PSS services and enhancing monitoring and evaluation.

. HLTH staff have worked in collaboration with BCCDC and MMHA to refine the algorithm for both OAT and PSS - first created for the evaluation and monitoring of the implementation of the *Risk Mitigation Guidance* (RMG) - to now incorporate the new SA code. HLTH runs this more precise algorithm to identify patients, demographics, and prescriber information to inform program monitoring, needs-based planning, research, and evaluation.

BCCDC Dashboard Monthly Counts of OAT and PSS Prescribers
BCCDC, in collaboration with HLTH and MMHA, visualize the monthly counts of the number of OAT (public-facing) and PSS (internal and upon request by GCPE, media, researchers, key stakeholders, etc.) prescribers based on an agreed upon algorithm and SA intervention code through the Drug Poisoning Emergency Dashboard.

In the month of March 2023, the number of clinicians prescribing any form of OAT was 2,106 - an increase from February 2023 which was 1,914. This is one of four OAT indicators reported on BCCDC's Unregulated Drug Poisoning Emergency Dashboard.

In the month of March 2023, the number of clinicians prescribing any PSS was 851 – this includes opioids, stimulants, and/or benzodiazepines. The number of clinicians prescribing opioid prescribed safer supply in the month of March 2023 was 816 (increase from February 2023 which was 775) (See Appendix B).

The BCCDC dashboard numbers are based on the number of clinicians who prescribed either OAT or PSS to at least one client who filled that prescription in a given month. The data extract of the total number of prescribers in a given month provided by HLTH to BCCDC for visualization on the dashboard may include the following prescriber type: nurse practitioners, RN/RPN, pharmacist (for emergency supply and renewals only), or physician.

CPSBC PSS/OAT Prescriber Counts

All registrants of the CPSBC must complete the Annual License Renewal Form and pay a renewal fee each year by the end of February. During the Annual License Renewal for independently practicing physicians, CPSBC asks the following questions:

1. Do you prescribe opioid agonist treatment (OAT), either initiation or maintenance treatment, for opioid use disorder (OUD)?
2. As a harm reduction strategy, do you prescribe safer supply/pharmaceutical alternatives to your patients?

In June 2022, the CPSBC provided the following data as reported in the CBC article:

- *Of 7,229 practising family physicians, 1,607 self-reported on their 2022 annual licence renewal form that they prescribe safer supply.*

In April 2023, CPSBC reported to MMHA that of all physicians (N=14,401), 50% are in family practice (N=7,265), and 33% of family physicians self-report prescribing OAT (N=2,400) and 68% of those OAT providers provide PSS (N=1,637). They estimate that more than 1 in 5 doctors in family practice (22%) report providing PSS (see Table 1 below).

Table 1: CPSBC Data on OAT and PSS Prescribing Self-Reported by Family Physicians in the Annual License Renewal Form

	2020	**2021**	**2022**	**2023**
Total number of physicians in clinical practice	13,458	13,955	14,432	14,401
Number of family physicians	6,815	7,100	7,276	7,265
Do you prescribe opioid agonist treatment (OAT), either initiation or maintenance treatment, for opioid use disorder (OUD)	2,049	2,234	2,338	2,400
As a harm reduction strategy, do you prescribe safer supply / pharmaceutical alternatives to your patients?	N/A	N/A	1,607	1,637

DISCUSSION:

HLTH recently undertook a review of PharmaNet data for calendar years 2020 to 2023 to compare with CPSBC prescriber data (see attached Excel spreadsheet). The analytics team found that as of March 2023, the total number of BC physicians with prescriptions filled by clients at a community pharmacy (suggesting they have a clinical practice) was 14,493, and of those, 8,269 (57%) list family medicine as their main specialty. Of the 8,269 listed family physicians, 1,491 prescribed OAT (18%), and 608 family physicians prescribed PSS. Overall, this amounts to approximately 7% of the total number of family medicine physicians who prescribed PSS (see Table 2 below).

In 2022, the total number of BC physicians with prescriptions filled at a community pharmacy was 15,692 and of those, 8,788 (56%) list family medicine as their main specialty. Of the 8,788 listed family physicians, 2,276 prescribed OAT (26%), and 905 family physicians prescribed PSS. Overall, this amounts to approximately 10% of total family medicine physicians who provide PSS (see Table 2 below).

Table 2: PharmaNet and CPSBC Data: Number of OAT and PSS[a] Prescribers

Comparing CPSBC & HLTH Data on Family Physicians with OAT and PSS[a] Dispenses					
	2020	**2021**	**2022**	**2023*** **	**Source**
Total number of physicians in clinical practice	13,458	13,955	14,432	14,401	CPSBC
Total number of BC* physicians** with prescriptions filled at a community pharmacy	14,589	15,172	15,692	14,493	HLTH
Number of family physicians	6,815	7,100	7,276	7,265	CPSBC
Total number of BC* physicians** with 'family medicine' listed as main specialty with prescriptions filled at a community pharmacy	8,512	8,776	8,788	8,269	HLTH
Do you prescribe opioid agonist treatment (OAT), either initiation or maintenance treatment, for OUD	2,049	2,234	2,338	2,400	CPSBC
BC* OAT prescribers with 'family medicine' listed as main specialty	2,073	2,232	2,276	1,491	HLTH
% of total BC* physicians** with 'family medicine' prescribing OAT	24%	25%	26%	18%	
As a harm reduction strategy, do you prescribe safer supply/pharmaceutical alternatives to your patients	N/A	N/A	1,607	1,637	CPSBC
BC* PSS prescribers with 'family medicine' listed as main specialty	399	648	905	608	HLTH
All PSS prescribers	686	1,320	1,942	1,229	HLTH
% of total BC* physicians** with 'family medicine' prescribing PSS	5%	7%	10%	7%	
% of total BC* physicians** with 'family medicine' prescribing PSS that also prescribed OAT in the same year	18%	26%	32%	34%	

a Prescribed Safer Supply consists of two classifying algorithms: Risk Mitigation Guidance for opioids only, and the SA intervention code for opioids, benzodiazepines, and stimulants.

* Registered with CPSBC
** All prescribers where the Prescribing Practitioner Profession is listed as "physician"
*** Up to March 2023

Note: HSIAR data are extracted from the PharmaNet Analytic Ready object (PNET ARO), HealthIdeas, which contains dispensing and financial information related to dispenses from community pharmacies in B.C. and some specialized clinics. First Nation Health Authority (Plan W) and federally insured patients are captured. Data not captured include medication used in hospitals; office-use medication (O-MED); medications dispensed through the BC Cancer Agency, the BC Transplant Society, or the BC Renal Agency; special programs administered by PHSA (e.g., Expensive Drugs for Rare Diseases (EDRD), Retinal Disease Program).

The difference in physician and family physician count between HLTH are CPSBC is likely due to several factors:

a. CPSBC uses physicians registered at a specific point in time, whereas the HLTH methodology checks for physicians that have a dispense at any time in the year.
b. CPSBC may not include locums and residents, but if these groups had a prescription filled at a community pharmacy they are counted as BC physicians.
c. It is possible that CPSBC uses a different methodology to classify a physician as a family physician. In the HLTH analysis a prescriber is classified as a family physician if 'family medicine' is listed in their billing specialty fields. CPSBC may be using a stricter approach.
d. It is possible that prescribers are self-reporting a wider array of medications and interventions (including OAT) when answering "As a harm reduction strategy, do you prescribe safer supply/pharmaceutical alternatives to your patients?" compared to the PSS and OAT algorithms.
e. It is possible there are people in receipt of prescription for OAT and/or PSS from a family physician who do not fill the prescription and/or receive a dispensation for that prescription from a community pharmacy.

While the total number of physicians and family physicians counted by HLTH is higher than CPSBC, the total numbers of OAT and PSS prescriber are lower than those self-reported to the CPSBC.

Based on both HLTH and CPSBC's data, the number of physicians prescribing OAT and/or PSS continues to increase year over year. The overlap of OAT family physicians also prescribing PSS continues to increase year over year from 18% in 2020 to 34% in 2023.

Prescriber data from HLTH are likely more precise as the numbers are based on the SA intervention code and algorithm and includes the number of all types of clinicians (e.g., NPs, physicians, RN/RPN, pharmacists, etc.) who prescribed either OAT or PSS to at least one client who filled that prescription in a given month.

ADVICE:
It appears that more family physicians self-report to their College that they prescribe OAT and/or PSS than is captured by HLTH in PharmaNet.

BCCDC, in collaboration with HLTH and MMHA, will continue to report monthly counts of the number of OAT (public-facing) and PSS (internal and upon request by GCPE/researchers/key stakeholders) prescribers based on an agree upon algorithm and SA intervention code through the Drug Poisoning Emergency Dashboard.

Program ADM/Division: Darryl Sturtevant
Program Contact (for content): Carolyn Davison
Date: 2023-05-17

APPENDIX A: Report from CPSBC on Data for Prescribed Safer Supply and Opioid Agonist Treatment

ALRF Questions

On our Annual Licence Renewal for independently practicing physicians, we ask the following questions:

- Do you prescribe opioid agonist treatment (OAT), either initiation or maintenance treatment,
  for opioid use disorder (OUD)
- As a harm reduction strategy, do you prescribe safer supply/pharmaceutical alternatives to your
  patients?

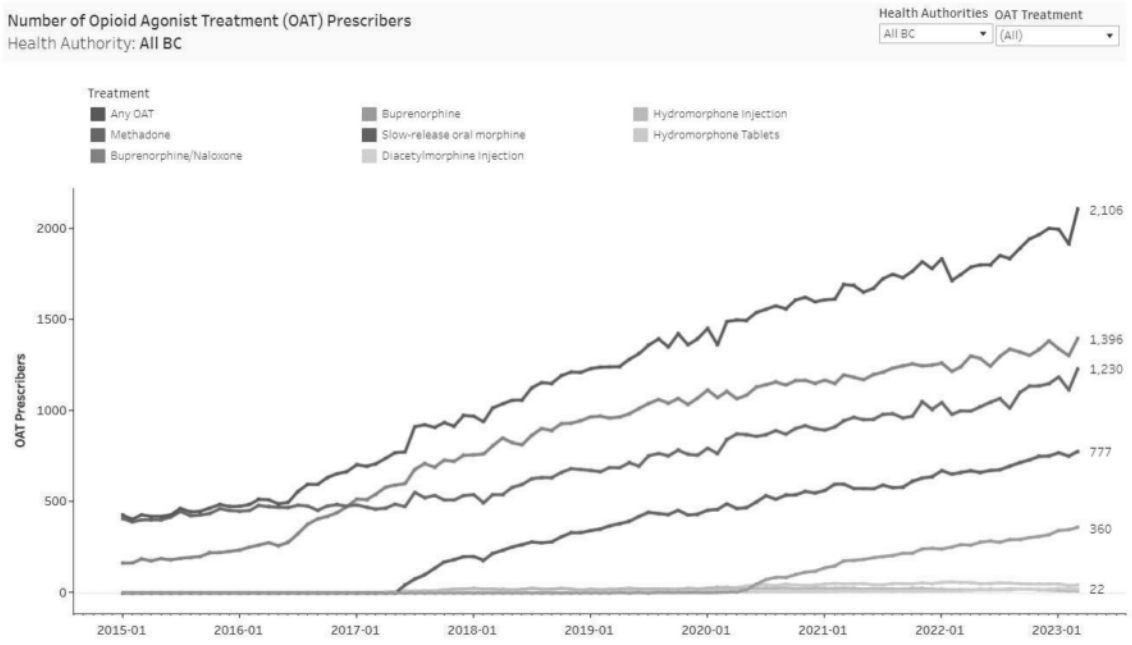
We have only asked the second question for the past 2 years. We have been impressed with the results. We are confident in the numbers both because we believe the question is quite clear, and because we have had consistent results.

Data

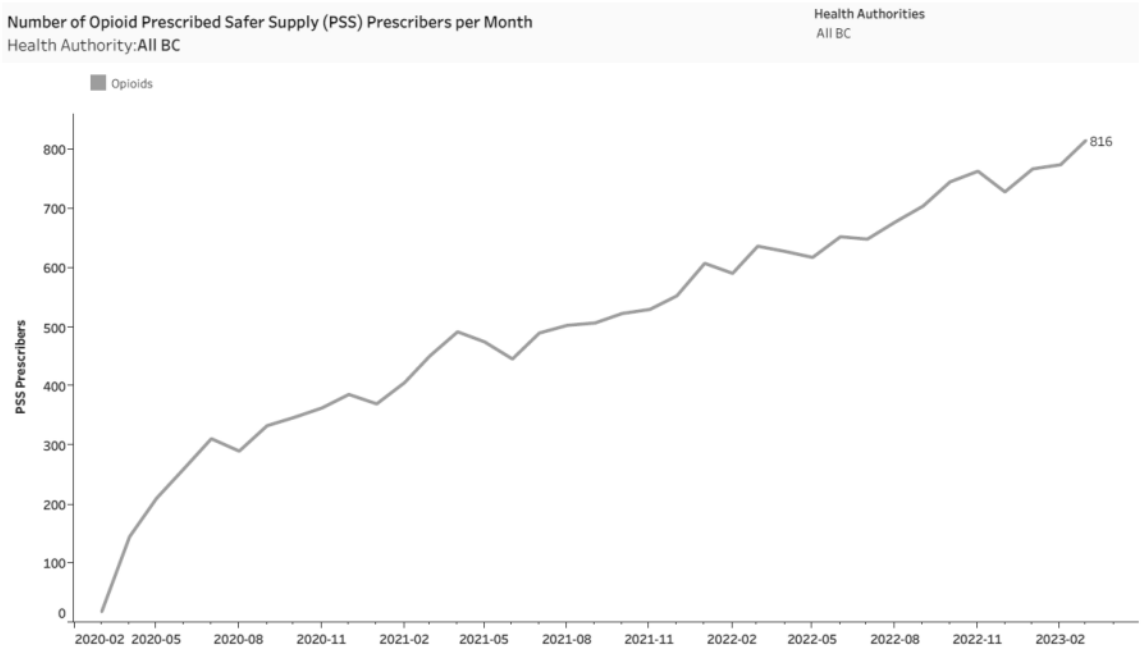
	2020	**2021**	**2022**	**2023**
Total number of physicians in clinical practice	13458	13955	14432	14401
Number of family physicians	6815	7100	7276	7265
Do you prescribe opioid agonist treatment (OAT), either initiation or maintenance treatment, for opioid use disorder (OUD)	2049	2234	2338	2400
As a harm reduction strategy, do you prescribe safer supply/pharmaceutical alternatives to your patients?	N/A	N/A	1607	1637

What is quite impressive is that of all physicians, 50% are in family practice, and fully 33% of family doctors provide OAT and 68% of those OAT providers provide PSS. More than 1 in 5 doctors in family practice (22%) are providing PSS.

APPENDIX B: BCCDC Dashboard: Number of OAT Prescribers (public) and PSS Prescribers (internal)



Notes:
- OAT prescribers are clinicians with at least one dispensation from a prescription they have written for a given OAT drug in a given month. This indicator does not reflect all clinicians who wrote an OAT prescription.
- As clinicians may prescribe more than one OAT drug type, the number of prescribers for the 'ANY OAT' category may be lower than the sum of prescribers from any combination of drug types.



Notes:
- Prescriber counts are assessed by PSS dispensations from community pharmacies.

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Analytics to Action

Prescribed Safer Supply: Data Monitoring and Reporting

Joint Steering Committee
January 17, 2023

Brooke Kinniburgh, Senior Practice Leader Epidemiologist
on behalf of Harm Reduction and Substance Use Services, BCCDC and Pharmaceutical Analytics, Community and Cross Sector Branch, HSIAR, MoH

We respectfully and gratefully acknowledge that BCCDC is located on the unceded, ancestral, and traditional homelands of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and sel̓íl̓witulh (Tsleil-Waututh) Nations.

I would like to acknowledge the Lekwungen speaking people whose land that the 1515 Blanshard building sits and to the neighbouring nations of Esquimalt, Songhees & Wsanec (Saanich).

Provincial Health Services Authority

Prescribed Safer Supply (PSS) Policy background

- *Risk Mitigation Guidance in the Context of Dual Public Health Emergencies* (RMG Policy) announced in March 2020.

- *Access to Prescribed Safer Supply in British Columbia: Policy Direction* (PSS Policy) was announced by the Ministry of Mental Health and Addictions and the Ministry of Health in July 2021.

- Additional guidance about PSS prescribing is included in *Opioid Use Disorder: Practice Update* (January 2022) and *Stimulant Use Disorder: Practice Update* (June 2022)

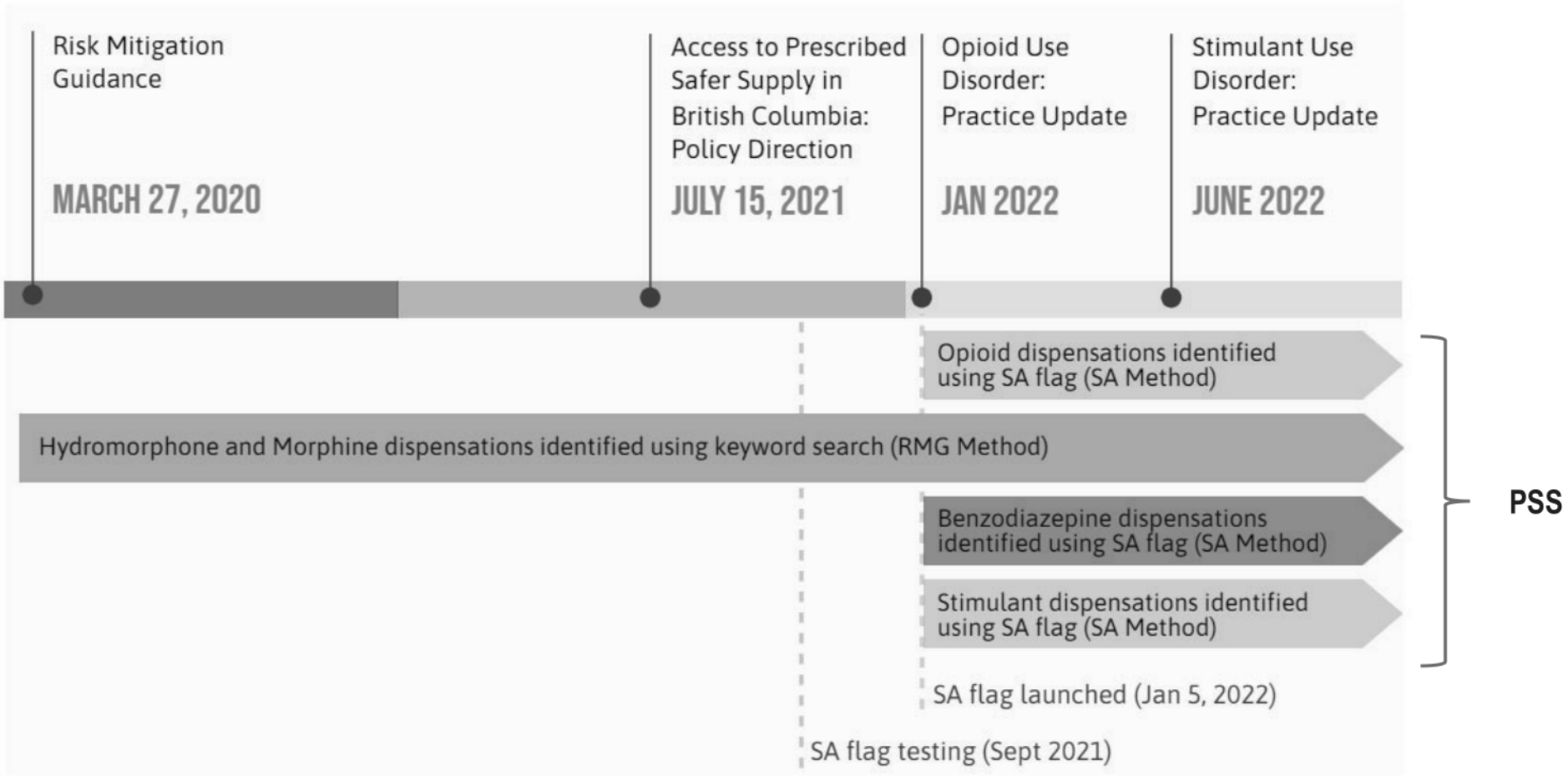
HSIAR
Analytics to Action

PSS case-finding background

- The necessary speed of the response to COVID-19 meant that *a priori* systems were not put in place to identify, measure, or evaluate the outcomes of RMG.
- To generate preliminary estimates of clients receiving dispenses under these policies, the BCCDC developed a case finding algorithm.
- In January 2022 prescribers were asked to add “SA” (safer alterative) to prescriptions, and pharmacists are asked to enter “SA” as an intervention code for PharmaNet dispenses of “any drug identified as a safer alternative, or for risk mitigation to support self-isolation or quarantine due to COVID-19”.
- HSIAR has worked with the BCCDC to refine this algorithm and incorporate the new “SA” intervention code. This co-operation ensures better alignment in terms of client estimates and cost estimates.

HSIAR
Analytics to Action

POLICY TIMELINE



CASE FINDING TIMELINE

Page 43 of 66 to/à Page 50 of 66

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BCCDC Confidential Internal Stakeholder PSS Dashboard

Internal Dashboard includes all PSS data

- Version 3.0 launched December 14, 2022
- PSS prescribers and clients identified using the RMG Method and the SA method:
  - Total Prescribers by month, Drug Class, Drug Type, HA, HSDA, or LHA
  - Total Clients by month, Drug Class, Drug Type, HA, HSDA, or LHA
  - New Clients by month, Drug Class, Drug Type, HA, HSDA, or LHA
    - Age and sex stratifications available only at BC and HA levels

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Data by case-finding method

- Designed to support monitoring and quality assurance for the SA code
- Most relevant for dispenses of Hydromorphone and Morphine
- Tipsheet with sample scenarios is available from the dashboard

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Questions?

Glossary

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- **Drug Class:** Opioids, Stimulants, Benzodiazepines
- **Drug Type:** specific drugs within a Drug Class, e.g. Morphine, Fentanyl, Diazepam, etc.
- **RMG Policy:** *Risk Mitigation Guidance in the Context of Dual Public Health Emergencies,* issued by BCCSU
- **RMG Method:** case-finding algorithm for morphine and hydromorphone dispensations based on keyword searches in directions for use field on PharmaNet.
- **PSS Policy:** *Access to Prescribed Safer Supply in British Columbia: Policy Direction*
- **PSS Indicators:** counts of clients and prescribers receiving prescribed safer supply using either the RMG Method or the SA Method
- **SA Code:** an unremunerated intervention code in PharmaNet where pharmacists can note that a dispensation is for a Safer Alternative
- **SA Method:** case-finding method that uses the SA code to identify dispensations. Used to identify opioid, stimulant, and benzodiazepine dispenses.

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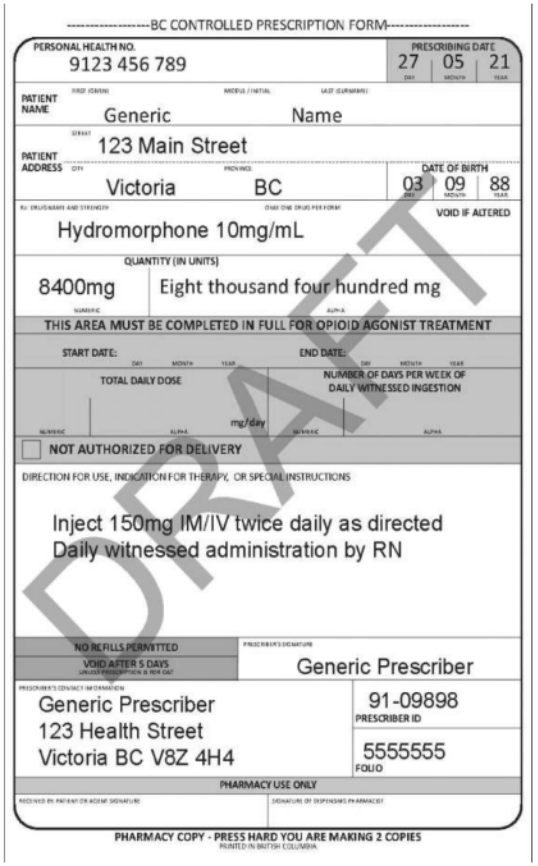
Supplementary slides

Risk Mitigation Guidance (RMG) method

- The case finding algorithm is based on a combination of client information, drug type, and keywords in the directions of use variable in PharmaNet.
- Limited to only hydromorphone and morphine opioids.
- A client is classified as having received RMG if the following conditions are met:
  - Client is age 16 or older at the time of dispense.
  - Client received a dispense from March 27th, 2020 onwards and has not received a dispense in the two months prior to March 27th, 2020.
  - A dispense with 'pain' in the direction of use is excluded.
  - The directions of use contained one or more of the following keywords:
    - Keyword List 1: corona, coronavir, coronaviru, coronavirus, covid, covid19, crisis, risk mitigation, risk mit, mitigat, mitigati, mitigatio, mitigation, riskmitigation, pande, pandem, pandemi, pandemic, pandemic withdrawal management, pprm, pwm, safe supply, safe supp, safe suppl, safer supply, unwit, unwitne, unwitness, unwitnessed, withdr, withdra, withdraw, withdrawa, withdrawal, witness, witnessed, 14X8mg, 13X8mg, 12X8mg, 11X8mg, 10X8mg, 9X8mg, 8X8mg, 7X8mg, 6X8mg, 5X8mg, 4X8mg, 3X8mg, 2X8mg
    - Keyword List 2: emergency supply, emergency, emerge, emergen, emergenc, interim, guidan, guidanc, guidance, guideline, management, isolation, isolatio, distancing, outbreak, craving, replacement, delivery, deliv, withd, dispensecarries, dispense deliver, dispense delivery, risk, suply, supply, safer, overdo, illici, illicit, guidelines, carries, carry, harm reduction



Safer Alternative (SA) method

- SA clients are identified based on pharmacists including ‘SA’ in one of two intervention code fields in PharmaNet.
- There are no age or diagnostic requirements.
- If a dispense is classified as SA then it is excluded from RMG method. The SA method is executed before the RMG method.
- The opioid medications available under the PSS policy are wider than drugs specified for RMG, including fentanyl patches and OAT.
  - This means a client receiving an OAT medication with a ‘SA’ intervention code will be included in the client count for both policies.
  - All compound fentanyl dispenses are classified as PSS – these require Special Authority and are only granted for PSS.
- SA intervention codes are also captured for stimulants and benzodiazepines.
- Since SA has a broader drug list than RMG it also has more chemical classes, these are: clonazepam; dextroamphetamine; diazepam; fentanyl; hydromorphone; oxycodone; methylphenidate; and morphine.

BC CONTROLLED PRESCRIPTION FORM

PERSONAL HEALTH NO.: 1234 567 890
PRESCRIBING DATE: 05 | 11 | 21
PATIENT NAME: Generic Name
PATIENT ADDRESS: 123 Main Street, Victoria, BC
DATE OF BIRTH: 16 | 12 | 76
Rx DRUG NAME AND STRENGTH (ONLY ONE DRUG PER FORM) — VOID IF HANDWRITTEN
Hydromorphone 8mg
QUANTITY (IN UNITS): 784 mg | Seven hundred eighty-four milligrams
THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)
START DATE: ____ END DATE: ____
TOTAL DAILY DOSE
NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION
NOT AUTHORIZED FOR DELIVERY
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS
Hydromorphone 8mg tablets x 14
Take 1-3 tablets every 1 hour as needed
Maximum 14 tablets daily
Daily dispense, no witness
Rx: Nov 8-14
SA
NO REFILLS PERMITTED
VOID AFTER 6 DAYS
PRESCRIBER'S SIGNATURE
PRESCRIBER'S CONTACT INFORMATION
Generic Prescriber
123 Health Street
Victoria BC V8Z 4H4
91-09898 PRESCRIBER ID
5555555 FOLIO
PHARMACY USE ONLY
RECEIVED BY: PATIENT OR AGENT SIGNATURE
SIGNATURE OF DISPENSING PHARMACIST
PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE

Prescribed Safer Supply (PSS) Indicators

Indicator	Number of Clients Dispensed Opioid PSS
Description of Measure	The number of unique clients dispensed opioid PSS medication(s) at community pharmacies in BC.
Definitions	**Client:** A client is included in the counts for opioid PSS when they have been dispensed an opioid classified as PSS at least once in a given month. A client can be identified as receiving PSS through the Risk Mitigation Guidance (RMG) using a combination of data elements including drug identification number (DIN), product information number (PIN), directions for use, previous diagnosis, previous dispensations, age, and dispensation date. A client can also be identified as receiving PSS if a dispense has the Safer Alternative (SA) intervention code entered by the dispensing pharmacy. This code was implemented in January 2022. **Drugs Included:** RMG has a defined list of eligible opioid drugs: hydromorphone and morphine. Opioid drugs dispensed with the SA intervention code include – but are not limited to – fentanyl, oxycodone, opioid agonist treatment drugs, as well as hydromorphone and morphine. See the supplementary table below for more information on the drugs eligible for inclusion in this indicator. **Geography:** Geography is assigned based on client's residential address at the time of dispense. In PharmaNet, the Best Available Address for a client is derived using their home, mailing, or group living (residential care or assisted living) address, based upon completeness and recent updates. A client's Best Available Address is reassessed each time any of these client addresses is updated, and is therefore subject to change within and between months. When a client known to live in BC has an unclear/unknown address, dispenses are included in the category "Unknown HA". Depending on the report, the indicator may be available for the province, Health Authority (HA), Health Service Delivery Area (HSDA), or Local Health Area (LHA). **Frequency:** This indicator is based on calendar dates and is refreshed monthly. The indicator monitoring begins March 27th, 2020. **Lag:** Data on the most recent complete month becomes available four to six weeks after the end of that month. **Format:** Aggregate numbers by geography, month, age, and sex.
Data Source	BC PharmaNet Data are provided by Pharmaceutical Analytics, Integrated Analytics: Community & Cross Sector Branch, Health Sector Information, Analysis, & Reporting Division, British Columbia Ministry of Health.
Data Notes	• Data represent clients who filled prescriptions at community pharmacies within BC, not all clients who were written prescriptions. PSS dispensed at inpatient settings are not included. • Opioid PSS clients are defined as having received opioid PSS in a given month based on at least one dispensation. This indicator does not measure retention or discontinuation. • Parts do not sum to the totals (clients can be in multiple groups in each period – including age, geography, and medications used). As clients may be dispensed more that one opioid drug in the same month, the opioid category is representative of the sum of unique clients, not dispensations. • Due to the potential occurrence of reversals within the system, PharmaNet data are not considered stable until at least 3 months after dispense date. Changes are to be expected with every monthly data refresh. • The increase in 'new' opioid PSS client counts between January and April 2022 is the result of multiple factors. The SA intervention code was implemented in January 2022 as an additional method for classifying dispenses as PSS. This coincides with an expansion of the drugs considered safer supply,

	and clinical guidance that expanded client eligibility for prescribed safer supply. Additional analyses are required to determine how each of the above effects the identified client counts. • Disclaimer: In some cases, a dispense of an opioid PSS drug is also an opioid agonist therapy (OAT) medication. For example, hydromorphone tablets dispensed for Risk Mitigation Guidance (RMG) cannot be distinguished from hydromorphone tablets dispensed as opioid agonist therapy (TiOAT) and a dispense may be classified as OAT and RMG. OATs that are dispensed with the SA intervention code are included in the PSS counts.

Prescribed Safer Supply (PSS) Indicators

Indicator	Number of Clients Dispensed Opioid PSS for the First Time
Description of Measure	The number of unique clients dispensed opioid PSS medication(s) for the first time at community pharmacies in BC.
Definitions	**First-time Client**: A client is included in the counts for opioid PSS when they have been dispensed an opioid classified as PSS at least once in a given month AND they have no prior opioid PSS dispenses. A client can be identified as receiving PSS through the Risk Mitigation Guidance (RMG) using a combination of data elements including drug identification number (DIN), product information number (PIN), directions for use, previous diagnosis, previous dispensations, age, and dispensation date. A client can also be identified as receiving PSS if a dispense has the Safer Alternative (SA) intervention code entered by the dispensing pharmacy. This code was implemented in January 2022. **Drugs Included:** RMG has a defined list of eligible opioid drugs: hydromorphone and morphine. Opioid drugs dispensed with the SA intervention code include fentanyl, oxycodone, opioid agonist treatment drugs, as well as hydromorphone and morphine. See the supplementary table below for more information on the drugs eligible for inclusion in this indicator. **Geography**: Geography is assigned based on the client's residential address at the time of dispense. In PharmaNet, the Best Available Address for a client is derived using their home, mailing, or group living (residential care or assisted living) address, based upon completeness and recent updates. A client's Best Available Address is reassessed each time any of these client addresses is updated, and is therefore subject to change within and between months. When a client known to live in BC has an unclear/unknown address, dispensations are included in the category "Unknown HA". Depending on the report, the indicator may be available for the province, Health Authority (HA), Health Service Delivery Area (HSDA), or Local Health Area (LHA). **Frequency:** This indicator is based on calendar dates and is refreshed monthly. The indicator monitoring begins March 27th, 2020. **Lag:** Data on the most recent complete month becomes available four to six weeks after the end of that month. **Format:** Aggregate numbers by geography, month, age, and sex.
Data Source	BC PharmaNet Data are provided by Pharmaceutical Analytics, Integrated Analytics: Community & Cross Sector Branch, Health Sector Information, Analysis, & Reporting Division, British Columbia Ministry of Health.
Data Notes	• Data represent clients who filled prescriptions at community pharmacies within BC, not all clients who were written prescriptions. PSS dispensed at inpatient settings are not included. • Opioid PSS clients are defined as 'new' in the month when a person receives their first dispensation classified as PSS. New clients may include persons previously receiving the drug before March 27, 2020; in another province, territory, or country; or in an inpatient setting, as dispensations in these settings are not available in our records. This indicator does not measure retention or discontinuation. • Due to the potential occurrence of reversals within the system, PharmaNet data are not considered stable until at least 3 months after dispense date. Changes are to be expected with every monthly data refresh. • The increase in 'new' opioid PSS client counts between January and April 2022 is the result of multiple factors. The SA intervention code was implemented in January 2022 as an additional method for classifying dispenses as PSS. This coincides with an expansion of the drugs considered safer supply, and clinical guidance that expanded client eligibility for prescribed safer supply. Additional analyses are required to determine how each of the above effects the identified client counts.

- Disclaimer: In some cases, a dispense of an opioid PSS drug is also an opioid agonist therapy (OAT) medication. For example, hydromorphone tablets dispensed for Risk Mitigation Guidance (RMG) cannot be distinguished from hydromorphone tablets dispensed as opioid agonist therapy (TiOAT) and a dispense may be classified as OAT and RMG. OATs that are dispensed with the SA intervention code are included in the PSS counts.

Prescribed Safer Supply (PSS) Indicators

Indicator	Number of Opioid PSS Prescribers
Description of Measure	The number of clinicians prescribing opioid PSS medication(s) as assessed by prescriptions filled at community pharmacies in BC.
Definitions	**Prescriber**: Opioid PSS prescribers are clinicians who prescribed opioid PSS to at least one client who filled that prescription in a given month. Dispensations can be classified as PSS through the Risk Mitigation Guidance (RMG) using a combination of data elements including drug identification number (DIN), product information number (PIN), directions for use, previous diagnosis, previous dispensations, age, and dispensation date. A client can also be identified as receiving PSS if a dispense has the Safer Alternative (SA) intervention code entered by the dispensing pharmacy. This code was implemented in January 2022. **Drugs Included:** RMG has a defined list of eligible opioid drugs: hydromorphone and morphine. Opioid drugs dispensed with the SA intervention code include fentanyl, oxycodone, opioid agonist treatment drugs, as well as hydromorphone and morphine. See the supplementary table below for more information on the drugs eligible for inclusion in this indicator. **Geography**: Geography is assigned using the clinician's most current and best available address at the time of dispense. Most current address uses the most recent payee number assigned to the clinician (if a clinician has more than one active payee number). Best available address corresponds to the payee address, when available, which is associated to the MSP billing information of each prescriber. If payee address is not available, then addresses reported by the prescriber regulatory college are used in the following order: college practice address (e.g. site address), college mailing address, college payment address. Depending on the report, the indicator may be available for the province, Health Authority (HA), Health Service Delivery Area (HSDA), or Local Health Area (LHA). **Frequency:** This indicator is based on calendar dates and is refreshed monthly. Indicator monitoring begins March 27th, 2020. **Lag:** Data on the most recent complete month becomes available four to six weeks after end of that month. **Format:** Aggregate numbers by geography and month.
Data Source	BC PharmaNet Data are provided by the Pharmaceutical Analytics, Integrated Analytics: Community & Cross Sector Branch, Health Sector Information, Analysis, & Reporting Division, British Columbia Ministry of Health.
Data Notes	• Data represent prescriptions filled at community pharmacies within BC, not all prescriptions written. PSS dispensed at inpatient settings are not included. • Opioid PSS prescribers are clinicians with at least one opioid PSS dispensation from a prescription they have written for a PSS drug in a given month. This indicator does not reflect all clinicians who wrote a PSS prescription as not all prescriptions are filled. • Due to the potential occurrence of reversals within the system, PharmaNet data are not considered stable until at least 3 months after the dispense date. Changes are to be expected with every monthly data refresh. • Disclaimer: In some cases, a dispense of an opioid PSS drug is also an opioid agonist therapy (OAT) medication. For example, hydromorphone tablets dispensed for Risk Mitigation Guidance (RMG) cannot be distinguished from hydromorphone tablets dispensed as opioid agonist therapy (TiOAT) and a dispense may be classified as OAT and RMG. OATs that are dispensed with the SA intervention code are included in the PSS counts.

Supplementary information: Drugs included in PSS indicators (last updated November 15, 2022)

Drug Class	Drug type	Includes
Opioid	Hydromorphone	Hydromorphone injection, Hydromorphone tablets, Dilaudid
Opioid	Morphine	M-Eslon, Kadian, Morphine sulfate
Opioid	Fentanyl	Fentanyl buccal tablets, Fentanyl patches, Fentora, compounded Fentanyl, Sufentanil
Opioid	Other opioids	Oxycodone, OxyNeo, Supeudol, Acetaminophen with Codeine, Metadol, Methadone, etc.

NOTE:

Not all drugs included in these indicators are PharmaCare benefits.

Not all dispensations of the drugs listed above are counted as PSS; additional inclusion and exclusion criteria apply.

The drugs that are dispensed as Prescribed Safer Supply are subject to change based on clinical practice and policy guidance.

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s.13