Prescribing Drugs – General Consultation Survey Report

Introduction

The College of Physicians and Surgeons of Ontario (the "College") is currently reviewing its *Prescribing Drugs* policy.

As part of this review, the College has developed an updated draft of the policy which was released for external consultation from May to August, 2019. Invitations to participate in the consultation were sent via email to a broad range of stakeholders, including all Ontario physicians. In addition, a general invitation to provide feedback was posted on the College's website and social media platforms. Feedback was collected via regular mail, email, an online discussion forum, and an online survey.

This report summarises only the stakeholder feedback that was received through the online survey.

Caveats

Participation in this survey was voluntary. As such, no attempt has been made to ensure that the sample of participants is representative of any sub-population.

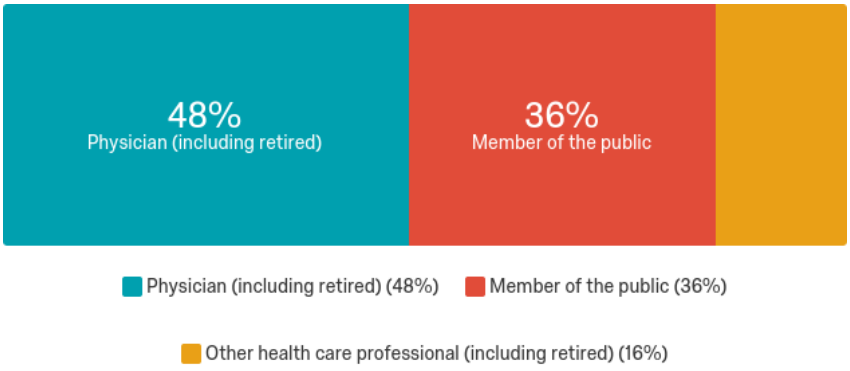
In the interest of space, stakeholder feedback to open-ended questions has been summarised to capture key themes and ideas.

Who we heard from

A total of 97 surveys were received in response to this consultation.

The majority of respondents were from Ontario (98%).

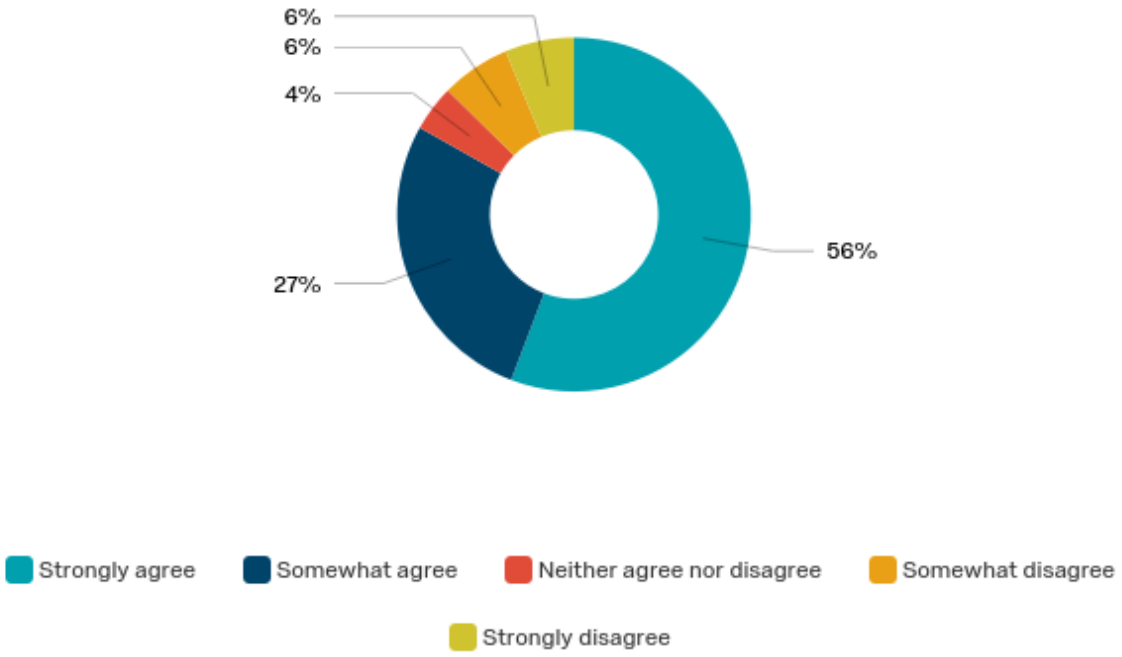
Respondent demographics



The following questions were posed to all respondents:

Topic: Draft expectations for tapering (reducing) and discontinuing prescriptions for narcotics and controlled substances, including opioids (relevant expectations can be found at provisions 35—36 of the draft policy).

Q1. Taken together, please indicate the extent to which you agree or disagree that these expectations are reasonable. (n = 95)

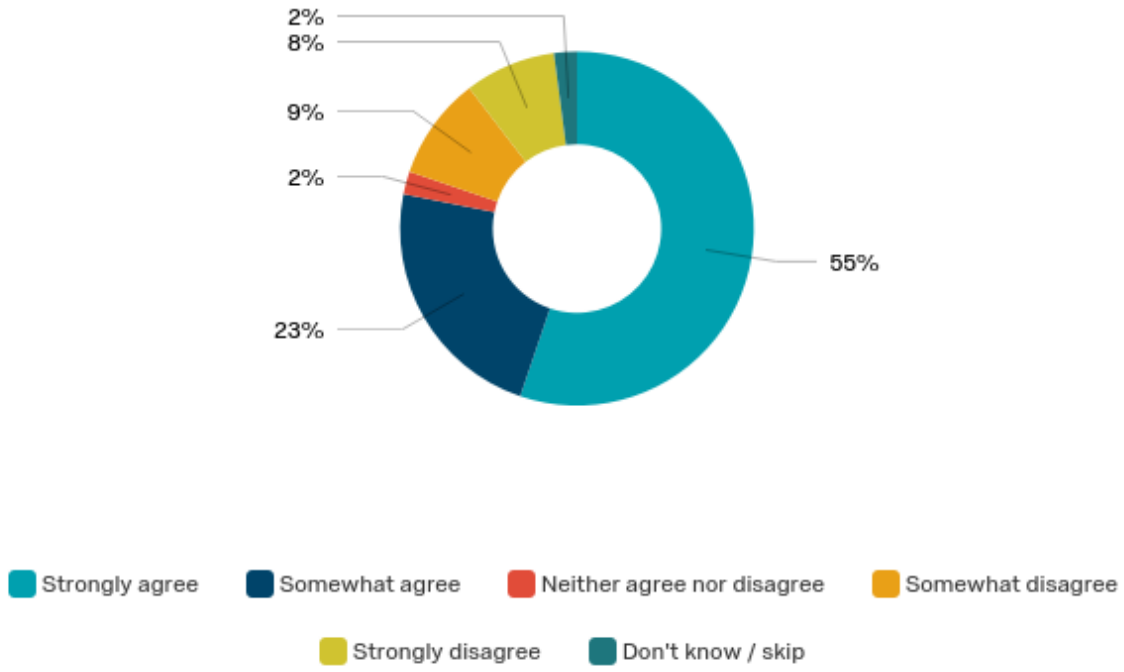


Please feel free to provide any additional thoughts on the above expectations. For example, are there specific expectations that you think are unreasonable? Are there expectations that we have missed and should include? (Optional)

- Several respondents supported the inclusion of expectations for tapering as they felt many physicians are inappropriately tapering narcotics and controlled substances.
- Several physician respondents suggested that the policy should address instances where patients disagree with or are unwilling to discuss tapering.
- Other physician respondents felt that the policy should not impede the ability of physicians to taper or refuse to prescribe, and suggested clearly outlining guidelines for these circumstances.
- Several respondents argued that the current pain management treatment regime is inadequate and physicians do not have alternative tools to offer to patients. Suggestions included physician training on pain management therapies and increased psychological support for opioid patients.
- Other issues identified in the feedback included requests to: reference the most recent version of the Centers for Disease Control and Prevention (CDC) guidelines for prescribing opioids; implement similar guidelines for psychiatric drugs; and ensure physicians do not refuse care to those using narcotics or methadone.

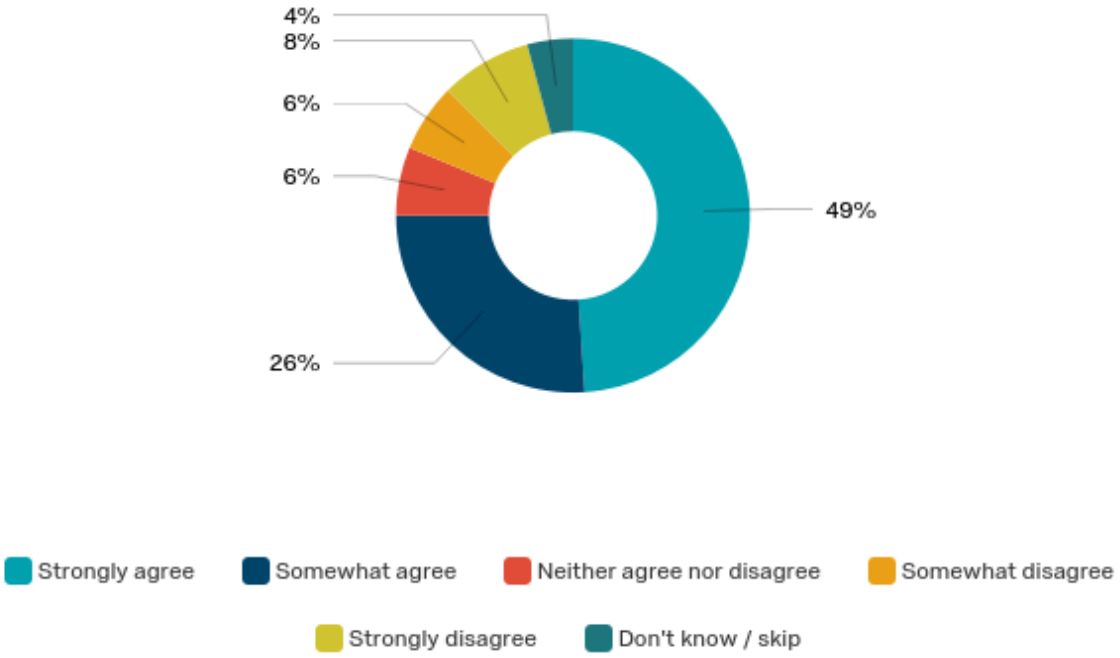
Topic: Draft expectations for "no narcotics" (opioid) prescribing policies (relevant expectations can be found at provision 39 of the draft policy).

Q2. Please indicate the extent to which you agree or disagree that these expectations are reasonable. (n = 95)



Topic: Draft expectations for reviewing a patient's digital prescription history before prescribing narcotics or controlled substances (relevant expectations can be found at provision 31 c. and 32 of the draft policy).

Q3. Please indicate the extent to which you agree or disagree that this is a reasonable expectation. (n = 96)



Please feel free to elaborate on your answer above. (Optional)

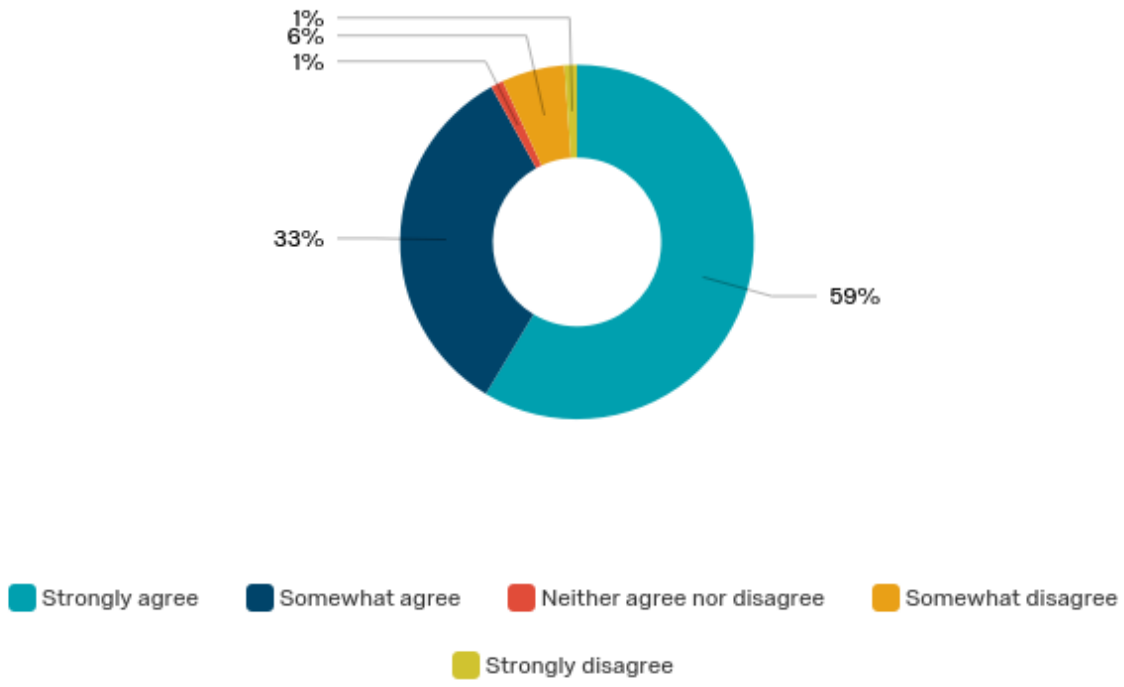
While respondents generally supported the policy's requirements with respect to patients' digital prescription histories, physicians highlighted several issues which could make these expectations difficult to discharge:

- Not all physicians are aware of or able to access these databases;
- Digital access may be unavailable in some areas;
- It may not always be possible or practical to access this information in certain practice situations (e.g. emergency departments);
- Adding this expectation will make prescribing more onerous and time-consuming; and
- Any new processes or databases should be easily accessible and offer rapid access as the current digital systems are slow and cumbersome.

Several respondents felt that physicians should actively collaborate or consult with pharmacists, and noted some pharmacies may already have access to the patient's digital prescription history, for instance through the Ontario Drug Benefit Program (ODB).

The following questions were only posed to respondents who indicated that they had read the draft *Prescribing Drugs* policy:

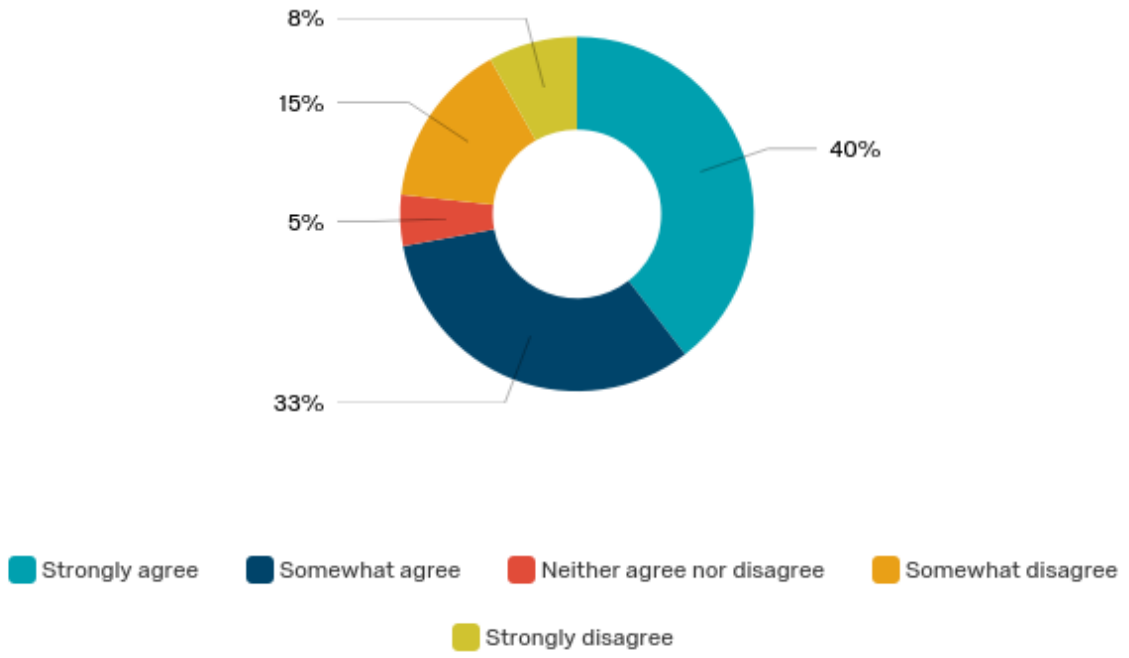
Q4. We would like to understand whether the draft policy is clear. Please indicate the extent to which you agree or disagree with the following statement: I clearly understand what the draft policy expects of physicians when prescribing drugs. (n = 87)



How can we improve the draft policy's clarity? (Optional)

- One physician indicated the prescribing requirements are currently unclear within the context of prescribing via telemedicine.
- Several respondents expressed support for prohibiting "no narcotics" prescribing policies, while others felt that these policies were justified in some practise settings (e.g. walk-in clinics and emergency rooms).
- Several respondents suggested referencing or including opioid prescribing guidelines to clarify issues surrounding tapering.
- Other respondent suggestions included:
    - Ensure prescriptions include a physician's CPSO number and fax number;
    - Consult with pharmacists to review a patient's digital drug prescription history before prescribing narcotics or controlled substances; and
    - Address prescribing narcotics within palliative and end-of-life care.

Q5. Please indicate the extent to which you agree or disagree that the draft policy is comprehensive. (n = 86)



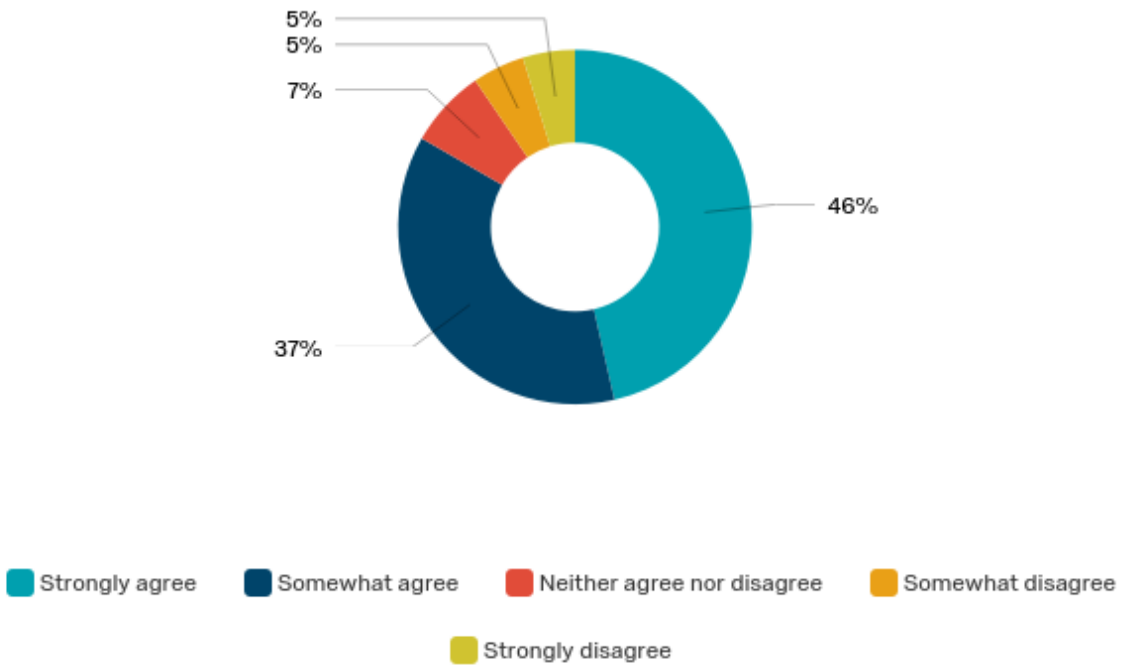
How can the draft policy be made more comprehensive? For example, are there issues that the draft policy does not address but should? (Optional)

- Several respondents indicated the draft policy should address issues related to off-label prescribing.
- Several respondents highlighted the importance of inter-professional communication between physicians and pharmacists. These respondents felt ongoing professional relationships and effective communication is crucial, especially responding in a timely manner to concerns (e.g. possible drug interactions).
- Some respondents felt the draft policy should provide specific advice for situations where a patient is seeking a prescription from someone other than their normal prescribing physician (for instance, at a walk-in clinic and not from their normal primary care physician).
- Several respondents requested guidance on medication refills for certain non-narcotics (e.g. psychiatric medication or SSRIs) when the patient is unable or unwilling to return to the prescribing physician for necessary follow-up: these medications require monitoring but discontinuing the therapy by not prescribing would be harmful.
- Other issues highlighted by respondents included non-physician prescribing, telemedicine, cannabis prescribing, and drug costs.

Alternatively, does the draft policy contain content or expectations that you feel are unnecessary and should be removed? (Optional)

- Several physician respondents thought blanket "no narcotics" prescribing policies may be appropriate in some instances, such as emergency rooms or high-risk communities.
- One physician respondent questioned why physicians are not permitted to redistribute drugs that have been returned by the patient. This respondent felt that the draft policy should allow for physicians' professional judgment to redistribute these medications.
- Other respondent suggestions included:
    - The expectation to keep a record of each prescription should be "advised" rather than a "must"; and
    - Include copies of any referenced clinical practice guidelines as an appendix to the policy.

Q6. We would like to understand whether the draft policy sets reasonable expectations for physicians. Taken as a whole, please indicate whether you agree or disagree that the draft policy sets reasonable expectations for physicians. (n = 84)



Please feel free to elaborate on your answer above. For example, are there specific expectations contained in the draft policy that you do not support or think are unreasonable? (Optional)

- Some respondents felt that the policy was too restrictive. One physician respondent believed the draft policy would make work more onerous for physicians and could result in physicians stopping narcotic prescribing altogether.
- Several respondents highlighted the importance of monitoring and cautionary prescribing given the volume of narcotics and controlled substances prescribed. One physician respondent suggested mandatory communication with pharmacists for any new narcotic prescriptions.
- Some respondents called for increased protection for chronic pain patients: these respondents felt many patients do not receive adequate care at emergency rooms or after-hours clinics due to “no narcotics” prescribing policies, and others felt the policy does not address possible discrimination of these patients by physicians.

Q7. If you have any additional comments that you have not yet provided, please feel free to provide them below.

Several respondents highlighted issues surrounding treatment of chronic pain patients:

- Many chronic pain patients do not receive adequate care or pain management.
- Some physicians may discriminate against pain patients by falsely claiming that prescribing narcotics and controlled substances is outside their scope of practice or clinical competence.

Other respondent suggestions included:

- Address prescribing by non-physicians (e.g. pharmacist authorisation of certain refills);
- Prohibit emergency room physicians from prescribing any cannabis-related products or opioids for more than three days in acute pain; and
- Require each narcotic prescription to include the patient's address and date of birth.