MD snapshot Prescribing

Frequently Asked Questions

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How should I review my Prescribing Snapshot?	Here are some tips to get the most out of your Prescribing Snapshot: • **Read the whole thing.** In addition to your personalized prescribing data, there is information on patients who are on multiple medications and/or receiving prescriptions from multiple prescribers, or other potentially high-risk measures for all reporting domains. Remember to review the Supporting Materials for additional information on MD Snapshot-Prescribing. If you would like to view the entire Snapshot at once, click on **View Full Prescribing Snapshot** from the Quick links Menu, or from the black bar at the top of the landing page. From here, you can also **print or save** your report either as a Full or Summary report. • **Review** and **reflect** on your prescribing. Ask yourself what is working well in your practice and what you might need to modify. MD Snapshot-Prescribing is not a judgment—your data is just one of many factors (patient, clinical and system) that impact your prescribing practice. Consider the information in your Snapshot within the context of your practice. • **Talk to your peers.** Ask what has worked well for them and their patients. You may be able to help each other. • **Take advantage of our resources.** To help you improve your practice, we have helpful links, additional information, support material and clinical resources available at www.cpsa.ca > Physicians > Prescribing. • **Claim Continuing Medical Education (CME) credits and start a PPIP activity.** Review your Prescribing Snapshot and claim uncertified Mainpro+ credits under the College of Family Physicians of Canada's

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	(CFPC) Assessment category. You can also complete a Linking Learning exercise to earn five Mainpro+ certified credits. Members of the Royal College of Physicians and Surgeons of Canada (RCPSC) can claim MOC Section 3 credits. For details, refer to the Continuing Medical Education document located on the homepage of the Analytics tab. You may also use your prescribing data as part of a practice-driven quality improvement activity using objective data, for CPSA's Physician Practice Improvement Program (PPIP). Find out more on our website. • **MD Snapshot-Prescribing is a tool to improve prescribing awareness and support good patient care.** We recognize there are wide variations in practices and patient complexities (even within peer groupings). Your Prescribing Snapshot is a tool for self-reflection, with the dual purpose of increasing your prescribing awareness and supporting you in optimizing care.
Why is CPSA reporting on antibiotic prescribing?	Antibiotic resistance is a complex issue with far-reaching impacts and significant concern as an emergent public health threat. Overuse and inappropriate antibiotic prescribing can contribute to and accelerate antibiotic resistance in the community. The current resistance to first-line agents is estimated at 26% .[1] Physicians are the largest prescriber group for antibiotics. As per Tracked Prescription Program Alberta Drug Utilization Atlas, more than 80% of patients received antibiotic prescriptions from physicians. For every 180 patients admitted to hospital in 2018, one antimicrobial-resistant infection was reported to the Public Health Agency of Canada. For some of these infections, one in five patients died.[2] MD Snapshot-Prescribing provides an opportunity for physicians to reflect on their prescribing of antibiotics and

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	offers resources for best prescribing practices. Refer to MD Snapshot's antibiotic educational document and the Prescribing Tools and Resources for more information. 1. *When Antibiotics Fail - the Expert Panel on the Potential Socio-Economic Impact of Antimicrobial Resistance in Canada* 2. *Canadian Antimicrobial Resistance Surveillance System Report 2020*
What are the risks with antibiotics?	Short and longer-term risks associated with antibiotic use include: • C. difficile infections and related costs (more than $280 million/year in Canada). • Increased emergency department visits (up to 20% are due to antimicrobial-related adverse drug reactions, e.g., severe skin reactions, QT interval prolongation, etc.). • Imbalance in gut biome leading to metabolic, immunologic, and developmental disorders, e.g., asthma, epilepsy, obesity, type 2 diabetes, colorectal adenoma. • Antimicrobial-resistant organism infections lead to prolonged symptom duration, increased rates of treatment failure, increased deaths, longer hospitalization stays. • Antimicrobial resistance can have social impacts: decreased quality of life, recreation and travel, trust in healthcare and increased isolation and discrimination. 1. *Friedman N, Temkin E, Carmeli Y. The negative impact of antibiotic resistance. Clinical Microbiology and Infection. 2016;22(5):416–422. doi:10.1016/j.cmi.2015.12.002.* 2. *de Kraker M, Davey P, Grundmann H. Mortality and Hospital Stay Associated with Resistant Staphylococcus aureus and Escherichia coli Bacteremia: Estimating the Burden of Antibiotic Resistance in Europe. PLoS*

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	Med. 2011;8(10):e1001104. doi:10.1371/journal.pmed.1001104. 3. *van Hecke O, Wang K, Lee J, Roberts N, Butler C. Implications of Antibiotic Resistance for Patients' Recovery From Common Infections in the Community: A Systematic Review and Meta-analysis. Clinical Infectious Diseases. 2017;65(3):371–382. doi:10.1093/cid/cix233.* 4. *AMR One-Pager (cca-reports.ca)* 5. *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7294451/* 6. *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4503917/*
Does CPSA prohibit doses of opioids or benzodiazepines/Z-drugs beyond clinical practice guideline recommendations?	No. We expect physicians to provide safe and effective care to their patients and, depending on the clinical situation, a prescriber may exceed the recommended threshold. When this occurs, the decision should be based on reasonable clinical justification and must be appropriately documented.
My numbers relative to the comparator median in MD Snapshot-Prescribing are high because I have a complex patient mix. Will my prescribing be flagged by CPSA?	No. Individualized prescribing information is provided to support self-reflection and for use, as desired, in practice improvement. Additionally, the included medians are not grades or judgements. Included peer comparisons should be interpreted within the context of your individual practice. The Prescribing Snapshots are not punitive or used internally for selecting members for program participation—they are intended solely as a tool to support self-directed practice improvement and greater prescribing awareness among regulated members.
What should I do if, on reflection, I feel the dose of the opioid or benzodiazepine my patient is on is too high?	Engage your patient in a risk-benefit discussion about their therapy based on evidence, guidelines, etc. Revisit treatment goals and compare them with progress to date. Motivational interviewing strategies can be useful in getting the patient's buy-in for treatment changes. Alternatively, if a patient is functioning well on their current dose and is not at risk, maintaining the therapy and monitoring the patient may be appropriate.

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	Resources can be found at cpsa.ca > Physicians > Prescribing > Prescribing Tools and Resources.
What should I do if I feel my patient may be developing a substance use disorder?	Ask yourself: • Is the patient on the lowest possible dose for the intended goal of their therapy? • Is the therapy indicated, safe and effective for the patient's current clinical diagnosis and medical background? • Is the patient experiencing side effects (e.g., sedation or functional impairment)? • Is the patient requesting early refills, multi-doctoring, or providing excuses for why additional medication is needed? • Is an addiction referral or treatment appropriate? • Find more details on CPSA's Opioid Agonist Treatment webpage.
What should I do if my patient needs more support for opioid-related concerns?	Look at initiating medication-assisted treatment. If appropriate, consider prescribing buprenorphine/naloxone for opioid use disorder. Prescribing approval from CPSA and registration with the Tracked Prescription Program (TPP) Alberta are not required for buprenorphine products typically used as a treatment for opioid use disorder (see TPP Type 2 Medication list).
What if I feel my data is inaccurate or individuals identified in my Prescribing Snapshot are not my patients?	Notify CPSA via the secure *Report an Issue* button in CPSA's Portal, located at the top of the Analytics section, or contact us at 780-969-4935 or 1-800-561-3899 (in Canada), extension 4935. We will investigate and, as necessary, coordinate with the applicable pharmacies to correct your record. Please note, it can take several weeks for data to be corrected at the Netcare/Pharmaceutical Information Network (PIN) level.
What can I do to improve the accuracy of my prescribing report?	The Prescribing Snapshot is populated with Netcare/Pharmaceutical Information Network (PIN) data. To help improve prescription accuracy, ensure your signature is legible, and your registration number is

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	included on your prescriptions. This is particularly important for Type 2 TPP drugs: e.g., tramadol, benzodiazepines/Z-drugs, as well as buprenorphine/naloxone and antibiotics. Including your registration number supports pharmacy staff in prescriber identification and reduces the risk of prescriber attribution errors. Review your Snapshot every quarter. If you notice an error, notify us using the contact information above.
How was my peer comparator determined?	Your comparator group is based on specialty information you provided in your most recent Renewal Information Form (RIF). If you are a member of a Primary Care Network (PCN), you also have the option of selecting PCN as your specialty group. Find out more about Comparator Groups.
Why are there so many new measures for opioid-new starts (formerly opioid-naïve) patients?	Providing information on the prescribing of opioids to patients who have not received opioids in the past two quarters (180 days) is intended to raise awareness for proactive prescribing and help prevent long-term opioid use and its associated risks. The higher the total dose and longer the duration of therapy, the greater the risks for long-term use, misuse and overdose. Interestingly, tramadol may be associated with a higher risk of long-term opioid use compared with other short-acting opioids. In addition, tramadol is associated with unreliable metabolism, interpatient variability, and similar adverse effects as other opioids even though it is a weak mu opioid receptor agonist. *Reference: Prescription of opioids for acute pain in opioid naïve patients (UpToDate)* *Authors: Carlos A Pino, MD; Sarah E Wakeman, MD* *Literature review current through: Oct 2022. Last updated: Nov 09, 2022.*

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My patients on long-acting opioids are not new to opioids as they received opioids in the hospital. Why are they being included in the opioid new starts measure?	As PIN does not include data from acute care facilities (or out-of-province prescriptions), there may be gaps in the patient history. As you know your patients' histories best, consider the information provided accordingly.
Patients who are palliative or in the end stages of a terminal illness may require opioids and benzodiazepines. Can these patients be excluded from the Prescribing Snapshot?	As CPSA does not have access to patient clinical information, it cannot be confirmed that a patient is palliative or has a terminal condition. As you know your patients' circumstances best, consider the information provided accordingly.
I would like a detailed report of dispenses of TPP Alberta-monitored drugs for a patient. How can I get this?	Use the secure *Report an Issue* link or contact CPSA by calling 780-969-4935 or 1-800-561-3899 (in Canada), extension 4935. Emails can be sent to AIR.Inquiries@cpsa.ab.ca, but patient details should not be included in the email. You can also check Netcare/PIN for patient dispense information.
The Prescribing Snapshot indicates my patient is getting opioids, benzodiazepines/Z-drugs or antibiotics from more than three prescribers. **I question this.**	In addition to physicians, prescribers may include other health care professionals such as pharmacists, dentists, nurse practitioners or podiatrists. For example, sales of low-dose, over-the-counter codeine products are included in the reporting with the pharmacist often reflected as the prescriber. You may wish to use the information included in the measures that identify patients receiving opioids, benzodiazepines or antibiotics from three or more

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	prescribers to open lines of communication with your patients.