

Bill 41 Regulations – Issue and Options Analysis Issue #12: Personal Health Identification Number



September 8, 2009 (revised)

Introduction and Background

PricewaterhouseCoopers LLP (“PwC”) has been engaged to work with the Manitoba Pharmaceutical Association (“MPhA”) and the Manitoba Society of Pharmacists (“MSP”) to assist with building consensus around thirteen issues, which were identified by the Steering Committee (see Appendix A), and which relate to the Bill 41 Regulations, thereby facilitating progress towards approval of the Regulations.

On March 5, PwC facilitated a Stakeholder Mapping Workshop that was attended by members of the Steering Committee and a representative of Manitoba Health and Healthy Living (“MHHL”). This workshop resulted in validation of the key stakeholders and a documented understanding of which stakeholder organizations/groups were perceived to be most interested in being engaged in consultations regarding each of the thirteen issues.

On April 7, 2009, PwC facilitated a full-day retreat (“Retreat”) involving several representatives of MPhA and MSP, and a representative of MHHL. During the retreat, PwC facilitated a series of discussions regarding twelve of the thirteen identified issues; the “Distance Care” issue was not addressed during the retreat because it was deemed too complex for productive discussion within the time available. During the Retreat, MSP and MPhA agreed upon specific action plans for seven of the twelve issues that were discussed; MSP and MPhA also agreed that further facilitated consultation was merited in relation to the other five issues discussed at the Retreat.

The five issues that will be discussed in a series of Focus Groups are the following:

- Tele-pharmacy;
- Pharmacy Technicians;
- Pharmacists Prescribing, which will be discussed in combination with Extended Practice Pharmacists & Specialty Care Practice; and
- Inducements.

The seven issues for which an action plan was agreed at the Retreat are as follows:

- Central Fill Component;
- Personal Health Information Number (“PHIN”);
- Practice Directions / Standards of Practice;
- Professional Liability Insurance;
- Record Keeping;
- Pharmacy Manager Qualifications; and
- Pharmacist Profiles.

With the agreement of the Steering Committee, the information presented herein will be used to develop an implementation plan that could ready the issue for a member vote.

Overview of Issue

Every Manitoba resident that is covered by the Provincial health care plan is assigned a unique, nine-digit Personal Health Identification Number (“PHIN”) by the Minister of Health. The PHIN is the only identification number for Manitoba residents that is universal (i.e., common to all health care providers) and unique to the individual; the prior six-digit registration number was not necessarily unique to an individual because it was associated either with a single person or a family. The PHIN is also the index key to access records in the Drug Programs Information Network (“DPIN”). Pharmacists can use the DPIN database to determine what other prescription drugs a patient may be using; however, the patient’s records in the DPIN database can only be accessed by the pharmacist if they have access to the patient’s PHIN.

The December 2007 Draft Regulations requires pharmacists to maintain patient profiles for every patient for whom they fill a prescription; the Draft Regulations further requires that the patient's PHIN be recorded in the profile (when the patient is a resident of Manitoba and has been assigned a PHIN).¹

According to a survey of Manitoba pharmacists conducted by the Manitoba Society of Pharmacists, 34% of respondents do not support a mandatory requirement to record a patient's PHIN in the patient profile. Some pharmacists are concerned that a mandatory requirement to obtain and records PHINs for all patients who are Manitoba residents and have been assigned a PHIN will be problematic because some patients will not provide their PHIN when they present a prescription.² Accordingly, some pharmacists are concerned that a mandatory requirement to obtain and record the PHIN will result in an inability to fill prescriptions that are important to a patient's health and/or safety.

MPhA Council believes that there is a health risk associated with a patient not providing their PHIN. The rationale for this is that, without the PHIN, a Pharmacist is not able to consult DPIN to determine which other prescription drugs the patient is taking. MPhA Council notes that according to section 69.2 of the Regulations, a Pharmacist cannot dispense a drug unless the PHIN is provided; however, the regulation includes certain exceptions to this rule.

Prior to the ratification vote on the Regulations, MSP wishes to review drafts of the Practice Directions that define the circumstances under which a prescription may be filled even though a PHIN has not been presented.

Options Paper

The remainder of this document provides information and background related to this issue. Specifically, the following information has been provided:

- **Suggested Course of Action:** A summary of the course of action which has been agreed to by the MPhA Council and the MSP Board;
- **Summary of Positions:** A summary of the positions of MPhA, MSP, and the Government of Manitoba has been provided. This summary identifies each stakeholder's high-level concerns and/or opinions following a Retreat held with the MPhA Council, the MSP Board, and a representative of MHHL in April 2009;
- **Jurisdictional Comparison:** A high-level summary of how other jurisdictions in Canada have addressed and/or are addressing the issue; and
- **Background:** The background document provides additional detail regarding the issue, including pertinent sections of the proposed draft regulations, detailed information on stakeholder concerns and/or positions; and a more detailed summary of how other Canadian jurisdictions address the issue.

Suggested Course of Action

At the Steering Committee Retreat in April, the following Action Plan was endorsed by the government, MSP, and MPhA.

¹ Both sections of the Regulations that require the recording of a patient's PHIN (section 60(1c) and 69(2)) allow for exceptions to this general requirement under circumstances that could be defined in a Practice Direction.

² This includes situations where patients do not recall their PHIN, do not have a record of their PHIN, and/or are unwilling to provide their PHIN.

Proposed Action Plan:

This issue could be partially mitigated through communications to both patients and pharmacists that raise the general awareness that a PHIN must be provided to a pharmacist before the pharmacist can fill a prescription and raises awareness of why the PHIN is required.

MSP to draft a Position Paper that outlines MSP's recommendations regarding a process for collecting PHINs and the conditions that must be satisfied in order to dispense a prescription when a PHIN is not available. MPhA will then use these recommendations to draft a Practice Direction regarding the collection of PHINs, giving consideration to the recommendations included in MSP's respective Position Paper.

MPhA also agreed to consider including a requirement in the draft Practice Direction that specifies that a notice must be posted at all pharmacy counters to inform patients that they must present their PHIN before a prescription can be filled.

The above Action Plan can be implemented without making any changes to the respective December 2007 Draft Regulations; the December 2007 Draft Regulations allows for definition of the detailed requirements for collection and recording of PHINs in a Practice Direction.

The agreed Action Plan is consistent with the popular practice adopted in other Canadian jurisdictions; collection and recording of a patient's PHIN (or equivalent) is currently mandated in three of the four (other) jurisdictions reviewed.

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Summary of Positions

MPhA Council	MSP Board	MHHL
<ul style="list-style-type: none"> • There is a risk that, without the PHIN, Pharmacists don't know what other medications a patient is currently taking, which increases the challenge of proper care and increases the risks to patient safety. • The concerns that are raised by MSP are understood by Council. • According to section 69.2 of the Regulations, a Pharmacist cannot dispense a drug unless the PHIN is provided; however, the regulations would provide for certain exceptions to this general rule through practice directions. • As the practice of pharmacy moves further towards an enhanced role for pharmacists, there is a greater need for more information to be available to a pharmacist when dispensing a drug to a patient and providing care to the patient. • The inability to provide a PHIN should not prevent a patient from receiving medication where it is deemed appropriate under the professional judgment of the pharmacist. 	<ul style="list-style-type: none"> ▪ This is a contentious issue for MSP. ▪ Agree that recording the PHIN in a patient's profile is part of the due diligence associated with filling a prescription. ▪ Other provinces have mandated that a PHIN be provided before any prescription is filled; however, failure to provide a PHIN should not prevent fulfillment of a prescription in a timely manner ▪ MSP potential solutions – strike 61 (c), recognizing that a PHIN is not always available (under extreme circumstances), or augment section 61 (c) with a Practice Direction that clarifies when a prescription may be filled in the absence of a PHIN and clarifies any requirements (e.g. documentation) that must be met when filling a prescription without a PHIN. 	<ul style="list-style-type: none"> ▪ Use of pseudo PHINs is problematic. ▪ What is the PHIN used for? To do physical adjudication and support patient safety. ▪ Pharmacists and patients need to understand that there is a need for some degree of accountability; fundamentally, pharmacists must obtain the PHIN and document instances when they are not able to obtain a PHIN. ▪ It seems as though MPhA and MSP are closer to resolution of this issue than they feel they are. ▪ There is a high cost to maintaining a help desk that looks up PHINs for pharmacists when patients can't provide their PHIN; the helpdesk is receiving high call volumes.

Jurisdictional Comparison

	Ontario	Saskatchewan	Alberta	British Columbia
Is a Personal Health Identification Number Required?	<ul style="list-style-type: none"> ▪ No. 	<ul style="list-style-type: none"> ▪ Yes. 	<ul style="list-style-type: none"> ▪ Yes. 	<ul style="list-style-type: none"> ▪ Yes.
Details	<ul style="list-style-type: none"> ▪ Prescription drugs are not covered by OHIP (Ontario Health Insurance Plan), thus a valid health card number is not required to fill a prescription. ▪ The <i>Personal Health Information Protection Act 2004</i> provides that a health information custodian <u>may</u> collect personal health information. 	<ul style="list-style-type: none"> ▪ Prescription Drugs Act requires pharmacists to collect information and to submit it to Saskatchewan Health: ▪ Information includes the Health Services Number or other identifying information. 	<ul style="list-style-type: none"> ▪ Health Professions Act Standards for Pharmacist Practice No. 18: pharmacist must create and maintain patient records. ▪ Patient’s personal health number (“PHN”) must be included in the patient record. 	<ul style="list-style-type: none"> ▪ Standards of Practice 10 (1) states that a patient record must be prepared and kept current for each patient for whom a Schedule I drug is dispensed. This record includes, among other personal information, the patient’s personal health number.
Future Changes	N/A.	N/A.	N/A.	N/A.

Background

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Draft Pharmaceutical Regulations: Policy Document, December 3, 2007	
Patient profile	<p>60(1) No drug may be dispensed pursuant to a prescription, unless a patient profile of the following is made and retained:</p> <ul style="list-style-type: none"> (a) the name of the patient; (b) the address of the patient; (c) where the patient is a Manitoba resident and a PHIN is assigned, the PHIN of the patient, as required under the appropriate practice direction; (d) a reference to the prescription number for each prescription filled for the patient; (e) any written medical history or information collected regarding the patient; (f) any declaration waiving of the use of a child resistant container, and the name of the person waiving its use; and (g) any written authorization forms, order forms, terms of purchase and sale, or other agreements between the pharmacy and the patient.
DPIN Required	<p>69(2) No drug may be sold or dispensed to a resident of Manitoba who has been issued a PHIN, unless the prescription is recorded in DPIN as required under the appropriate practice directions.</p>
Positions	
MPhA Council Position / Comments	<p>Meeting: Retreat April 7, 2009</p> <ul style="list-style-type: none"> • There is a risk that, without the PHIN, Pharmacists don't know what other medications a patient is currently taking, which increases the challenge of proper care and increases the risks to patient safety. • The concerns that are raised by MSP are understood by Council. • According to section 69.2 of the Regulations, a Pharmacist cannot dispense a drug unless the PHIN is provided; however, the regulations would provide for certain exceptions to this general rule through practice directions. • As the practice of pharmacy moves further towards an enhanced role for pharmacists, there is a greater need for more information to be available to a pharmacist when dispensing a drug to a patient and providing care to the patient. <ul style="list-style-type: none"> ▪ The inability to provide a PHIN should not prevent a patient from receiving medication where it is deemed appropriate under the professional judgment of the pharmacist.

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	<p>Document: Amalgamation of the decisions and suggestions of the RAC and the Respective decisions of Council</p> <p>Regulations 60(1)c The RAC Committee recommends that Council remove the requirement of recording the PHIN where the person refuses to provide the information.</p> <p><i>The Council rejected the recommendation of the RAC and the Requirement to record the PHIN was retained in the discussion document in section 60 (1)c, which was provided to the membership for review and comment.</i></p> <p>Note: Statement made in April 2007.</p>
MSP Board Position / Comments	<p>Meeting: Retreat April 7, 2009</p> <ul style="list-style-type: none"> ▪ MSP Board agrees that recording a PHIN in a patient's profile is part of due diligence. ▪ MSP Board notes that while other provinces do mandate that a PHIN be provided before any prescription is filled, it believes that failure to provide a PHIN should not prevent the fulfillment of a prescription in a timely manner. ▪ MSP Board proposed the following solutions: <ul style="list-style-type: none"> - Strike section 61.3, recognizing that a PHIN is not always available (under extreme circumstances); or - Develop in the regulations 61 (c) as appropriate practice directions (Jan 08) so there is not a contravention. <p>Document: MSP Position Statement December 9, 2008</p> <p>The Manitoba Society of Pharmacists supports the requirement that due diligence be exercised to achieve the benefits associated with including PHINs in patient profiles. However, it is essential that an inability to include a PHIN in a patient's profile should not prevent a pharmacist from being allowed to exercise professional judgment and fill the prescription to prevent negative health outcomes, which may result if a prescription is not dispensed in a timely manner. Pseudo PHINs could be established to aid Manitoba Health in tracking prescription drug utilization.</p> <p>Given the current inadequacies related to the Drug Programs Information Network, consideration should be given to opportunities which may be available for improving patient drug profiles via Electronic Health Records. Significant improvements in this area may assist in satisfying the Manitoba Ombudsman that "emerging circumstances or a rationale that necessitates the requirement to collect the PHIN" of a patient.</p>
MHHL	<p>Meeting: Retreat April 7, 2009</p> <ul style="list-style-type: none"> ▪ MHHL noted that the use of "placeholder" PHINs is

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	<p>problematic.</p> <ul style="list-style-type: none"> ▪ Pharmacists and patients need to understand that there is a need for some degree of accountability; fundamentally, pharmacists must obtain the PHIN and document instances when they are not able to obtain a ▪ There is a high cost to maintaining a help desk that can look up PHINs for pharmacists when patients cannot provide their PHIN; the help desk is receiving high call volumes.
Surveys	<p>Document: MSP Questionnaire 5 –Prescriptions and Records</p> <ul style="list-style-type: none"> ▪ 56 percent of respondents agreed with section 60 regulations; however, a large number of the comments noted that the ability to collect a PHIN should not be mandatory (i.e., a large number of respondents felt that absence of a PHIN should not preclude the filling of a prescription). <p>Document: April 2007 MPhA Discussion Document survey:³</p> <ul style="list-style-type: none"> ▪ 89% of respondents (179) in favor of section 60 and 86% (175) in favor of section 69. <p>Document: July 2007 MPhA Second Discussion Document Survey:³</p> <ul style="list-style-type: none"> ▪ 96% of respondents (92) in favor of section 69.
MPhA Subcommittees	<p>Document: Records Subcommittee Report</p> <p>Recommended that the change be made to say that only under extreme circumstances can a prescription be filled without a PHIN.</p>
Other: Manitoba Ombudsman	<p>In a letter dated July 7, 2008 from the Manitoba Ombudsman, the following information was provided:</p> <p>"Based on the information presented to us and the information gleaned from research sources, there is not an apparent need for the collection of the PHIN in order to provide services in a manner contemplated under <i>The Pharmaceutical Act</i>. However, if there are emerging circumstances or a rationale that necessitates the requirement to collect the PHIN related to that professional responsibility, we would certainly review the draft regulation again considering that information."</p>
Personal Health Identification Number in Other Jurisdictions	

³ It is noteworthy that the surveys conducted by MPhA asked members whether they were in favor of the *intent* of the referenced section.

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Ontario	<p>The <i>Personal Health Information Protection Act 2004</i> provides that a health information custodian may collect personal health information about an individual directly or indirectly, from the individual, even if the individual is incapable of consenting, if the collection is reasonably necessary for the provision of health care and it is not reasonably possible to obtain consent in a timely manner.</p> <p><i>No specific mention found, whether or not prescriptions can be filled without the provision of the Ontario Health Insurance Plan number.</i></p> <p><i>By personal experience, an OHIP Card is not required.</i></p>
Saskatchewan	<p>Data Collection and Use – Prescription information is collected under the authority of The Prescription Drugs Act. This Act requires pharmacists to collect the prescription information and to submit it to Saskatchewan Health. It also provides specific purposes for which the collection may be used. The information collected includes:</p> <ul style="list-style-type: none"> ▪ Health Services Number or other identifying information; ▪ Certain information about your prescription, including the date dispensed, the drug, the quantity of drug, the prescriber, and the pharmacy. <p>SCP Bylaws February 2009</p> <p>14.5.5 Patient profiles (either manual or electronic) must be maintained on which shall be recorded information: name, address, birth month and years, Health Services Registration Number, allergies and special information, date, prescription number, identification of prescriber, identification of pharmacist, name and strength of medication, quantity, directions, repeat identification.</p>
Alberta	<p>Health Professions Act Standards for Pharmacist Practice Number 18 states that the pharmacist must create and maintain patient records.</p> <p>A pharmacist must ensure that a written transaction record is created each time a schedule 1 drug is dispensed.</p> <p>A patient record must include:</p> <ul style="list-style-type: none"> (a) patient demographics; (b) a profile of drugs provided; and (c) a record of care provided. <p>Each of the above is outlined in more detail in Appendix A to the Standards. In this Appendix, it is noted that a patient's personal health number ("PHN") be included in the patient record.</p> <p>In accordance with the Canada Health Act, Alberta has a publicly administered and funded health care system that guarantees Albertans receive universal access to medically necessary hospital and health care services. Every Albertan registered in the system has a unique Personal Health Number on their Alberta Personal Health Card.</p>

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British Columbia	Patient Record <p>10 (1) A patient record must be prepared and kept current for each patient for whom a Schedule I drug is dispensed. This record includes, among other personal information, the patient's personal health number.</p> <p>PharmaNet is the province-wide network that links all B.C. pharmacies to a central set of data systems. Every prescription dispensed in B.C. is entered into PharmaNet.</p> <p>A PharmaNet profile includes:</p> <ul style="list-style-type: none">▪ All drugs dispensed, any reported drug allergies and clinical conditions, and demographic information such as Personal Health Number, name, address and date of birth;▪ Drug information and drug interaction evaluations; and▪ Claims information including eligibility, coverage and deductibles.