Dear Member

From its meeting on Friday, December 13, 2019, Council considered the following major items.

PRESCRIBING PRACTICES PROGRAM - CHIEF MEDICAL EXAMINER'S DEATH REVIEW

The College participates in the Adult Inquest Review Committee of the Chief Medical Examiner to review all deaths involving prescription medications. These reviews indicate that **stimulant-related deaths are climbing rapidly** while opioid deaths have levelled off. **Alprazolam** and **Gabapentin**, as well as **diphenhydramine**, have become significant drugs of abuse in Manitoba.

To enhance patient safety, knowledge of this data of these deaths is important for all prescribing physicians:

- **Alprazolam** is the benzodiazepine that contributed to the largest number of overdose deaths last year.
- The opioid responsible for the largest number of overdose deaths, either as a primary cause or a major contributing factor is **codeine** between 2013-18.
- Most opioid deaths can be attributed to one or more opioids combined with other drugs.
- The two drug classes that were the top contributors to opioid overdoses were **benzodiazepines** and **antidepressants** from 2014-17.
- The two over-the-counter ingredients that contributed to the largest number of deaths in 2018 were **diphenhydramine (including Gravol)** (16 deaths) and **dextromethorphan** (3 deaths).
- **Gabapentin** was a contributing cause to 25 drug and overdose deaths from 2016-18.
- **Alprazolam, Zopiclone**, and/or **SSRIs** contributed in total to 11, 9, and 8 drug and overdose deaths respectively from 2016-18.

The lessons learned from this provincial death data should transform physician prescribing practices. Physicians are urged to be mindful of polypharmacy - the overall risk may outweigh the benefit from individual medications. Physicians should be reminded that opioids, benzodiazepines, antidepressants, Z-Drugs, antipsychotics, and gabapentin all interact with each other often contributing to these deaths. See Drug Interactions 1 and Drug Interactions 2

Physicians are urged to take the following approach to polypharmacy:

- Set the stage
- Get a detailed history of every drug (DPIN or e-Chart ungrouped)
- Reformulate list of active problems (acute or in remission)
- Discontinue what is not indicated, not being taken, diverted, or reduce dose if appropriate

- Taper what can't be discontinued abruptly
- One at a time (if feasible)
- More frequent visits; increased supports; frequent safety messaging; enlist loved ones
- Be patient but persistent
- Listen to and actively collaborate with community/hospital pharmacist!

Following the College's review of each death involving prescribing medication, prescribers receive a letter from the College plus relevant resources, plus a summary of the Medical Examiner's report highlighting the manner of death, cause of death, notable circumstances of death, toxicology findings, and summary of relevant DPIN data. The letter may also include feedback regarding unidentified learning needs. The approach taken emphasizes education.

Recognizing the risk of benzodiazepines and Z-Drugs, as a Strategic Priority, the College has a Working Group preparing a draft Standard of Practice for Prescribing Benzodiazepines and Z-Drugs. Expect to see a draft in the spring.

For your review, click here to view the presentation to Council.

STANDARDS OF PRACTICE AND PRACTICE DIRECTIONS ONGOING REVIEW

The Standards of Practice and Practice Directions are being reviewed to determine ongoing relevance, best practices, and whether new standards are required to reflect changes in the practice of medicine and shifting societal norms. Some of the first to be reviewed include:

- Practice Environment
- Patient Records
- Advertising
- Medical Directors
- Qualifications and Registrations – Practice Direction
- Medical Corporations – Practice Direction

The College will consult with members and stakeholders on any changes to the Standards of Practice prior to implementation.

CONTINUITY OF CARE POLICIES– ONTARIO

The College of Physicians and Surgeons of Ontario recently approved four inter-related Continuity of Care policies. The CPSO's approach was to focus on those issues or elements of continuity of care that are within the control or influence of physicians. CPSM Council has directed that these policies be reviewed and added as a Strategic Priority for the College to

consider pursuing in the future. If interested, click here to review the Ontario Continuity of Care Policies.

- Availability and Coverage
- Managing Tests
- Transitions in Care
- Walk-in Clinics

M3P DRUGS - ADDITION OF XYREM AND REMOVAL OF FOQUEST

Certain prescription drugs listed under the Manitoba Prescribing Practices Program can only be prescribed on the M3P prescription pad and are governed by more stringent prescribing and dispensing requirements. Both Councils of the College of Pharmacists of Manitoba and Physicians and Surgeons of Manitoba have removed Foquest (methylphenidate hydrochloride) from the M3P list and have added Xyrem (sodium oxybate) to the M3P list.

Xyrem (sodium oxybate) is a gamma-hydroxybutyrate (GHB) oral solution indicated for cataplexy in narcolepsy patients. Xyrem can only be prescribed by a physician who has experience in cataplexy treatment and has completed the Xyrem Physician Success Program. It has a strong abuse potential and is known as a "date rape drug". For public safety it should be highly protected.

Foquest is a long-acting stimulant similar to Biphentin, Concerta, and Vyvanse. When these three drugs were removed from the M3P list in 2018, the new drug of Foquest should also have been removed at that time.

PRACTICING MEDICINE IN NUNAVUT

Many Manitoba physicians provide medical care to patients in Nunavut via telemedicine, frequently before and after in-person care. This in-person care may have occurred either in Nunavut or in Manitoba (usually at the tertiary hospitals). Sometimes, the medical care is provided remotely by video or telephone, and there may be no in-person care. Often, these are "one off" cases.

An issue arose recently with regard to Manitoba physicians treating patients in Nunavut via telemedicine. The Government of Nunavut and the College have acted quickly and put into place a Memorandum of Understanding respecting telemedicine services. Here are the salient points of the agreement:

- Manitoba physicians may provide medical care to patients in Nunavut via telemedicine without obtaining a Nunavut license.
- Nunavut agrees not to prosecute any Manitoba physician for providing medical care to patients in Nunavut via telemedicine without a license where the Manitoba physician provides medical care to Nunavut residents via telemedicine.

- Manitoba physicians will be subject to the registration requirements of the Manitoba College when providing medical care to patients in Nunavut via telemedicine.
- Manitoba physicians will be required to adhere to the College's Code of Ethics and Professionalism, Standards of Practice of Medicine, and Practice Directions when providing medical care to patients in Nunavut via telemedicine.
- The College maintains jurisdiction over the Manitoba physicians they register, regardless of the physical location of the physician if they provide medical care to patients in Nunavut via telemedicine.
- The College shall investigate and discipline Manitoba physicians respecting their provision of medical care to patients in Nunavut via telemedicine in substantially the same manner as in Manitoba.

We wish you and your family the happiest of holidays and all the best in 2020.

Sincerely

Anna Ziomek, MD
Registrar/CEO

Ira Ripstein, MD
President