

# Prescribing Corner

## Responding to potential prescription fraud



In early 2010, the College of Physicians & Surgeons of Alberta (CPSA) and the Alberta Medical Association (AMA) conducted a survey on prescription fraud.

677 Alberta physicians responded to the survey and shared their experiences, the results of which were reported in both the AMA's *Doctors' Digest* and the College's *Messenger* publications in September 2010.

Following publication of the results, the College received requests from physicians for further advice on how to respond to possible prescription fraud in their practices. Additional tips and advice are included below for your reference:

### Don't jump to conclusions

A physician should obtain additional information before deciding how the situation should be handled. This information might include corroborative data accessed through the College's Triplicate Prescription Program, the Pharmaceutical Information Network on Netcare and/or from the patient's pharmacy.

When possible, a physician should also discuss the situation directly with the patient to determine the clinical context.

For example: altering a prescription may indicate dependency, addiction, inadequate analgesia or financial issues.

### Should a physician discharge the patient from his or her practice?

Some patients move through a series of prescribers to obtain their drugs, never receiving treatment for an underlying dependency or addiction. A physician can be more helpful to a patient in this circumstance if he or she is willing to continue working with the patient. If the underlying issue that led to the prescription alteration or theft is addressed, the patient has a much better chance at successfully being treated in the long run. If the patient is persistently non-compliant, uncooperative or manipulative, terminating the relationship may be the physician's only reasonable option.

### Tips for managing a patient's prescribing status if the physician continues to treat the patient

The physician should first tighten control of the patient's treatment and make boundaries very clear. If an opioid contract is not in place, this would be a good time to implement one. A sample version of the contract is available at: [www.cpsa.ab.ca/Services/Physician\\_Prescribing\\_Practices/P4\\_Resources.aspx](http://www.cpsa.ab.ca/Services/Physician_Prescribing_Practices/P4_Resources.aspx) or [http://nationalpaincentre.mcmaster.ca/opioid/cgop\\_b\\_app\\_b05.html](http://nationalpaincentre.mcmaster.ca/opioid/cgop_b_app_b05.html).

A physician can also:

- Fax all prescriptions (including blister pack medications) directly to the pharmacy.
- Opt for shorter dispensing intervals, including daily dispensing if possible.
- Avoid prn doses.
- Increase the frequency of follow ups.
- Conduct random Urine Drug Screens.
- Access prescribing data on a regular basis.
- Enlist help from patient addiction support or through a chronic pain referral.

### Health Information Act – what can a physician disclose?

Part 5 of the *Health Information Act* covers what health information can be disclosed without special patient consent, including:

- Disclosure of patient information to the College as part of the administration of the Triplicate Prescription Program,
- Disclosure to comply with a subpoena, warrant or court order,
- Disclosure to another health professional in the patient's "circle of

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care” and/or police services when there are reasonable concerns of fraud, commission of an offence or abuse of health services

- Disclosure that protects the health and safety of Albertans

### What information should be provided to the police and the College if TPP prescriptions are stolen?

- Date of loss or theft.
- Serial number(s) of the missing pad(s).
- Name of the last patient for whom a triplicate prescription was written

Note: It is recommended that:

- the minimum patient data necessary is disclosed, including not releasing medical conditions or details.
- the physician makes note of the police file number, investigating constable name and phone number.

### Bottom Line

Prescription fraud is rare but upsetting for physicians when it happens. Keep regular and triplicate pads in a secure place on your person (when with patients) or in a locked drawer for storage,

and conduct regular inventory monitoring of your supply to avoid prescription fraud and theft.

For further information, contact Dr. Susan Ulan, Senior Medical Advisor at: 780-969-4930, 1-800-561-3899 ext. 4930 (in Alberta), or email [Susan.Ulan@cpsa.ab.ca](mailto:Susan.Ulan@cpsa.ab.ca).

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## Changes in registration criteria

To facilitate the mobility of physicians under the Agreement on Internal Trade, the Federation of Medical Regulatory Authorities of Canada has created national standards for registration. To be compliant with the new standards, College Council approved the following changes to the College's registration criteria:

- **General Register:** only the Licentiate of the Medical Council of Canada (LMCC) will be accepted for licensure on the General Register. The USMLE and COMLEX will no longer be accepted as alternatives to the LMCC.
- **Provisional Register Conditional Practice:** all international medical graduates, including those entering specialty practices in Alberta, will be required to pass the Medical Council of Canada Evaluating Examination (MCCEE).
- **MCCEE Exemption ends:** The College will no longer offer an exemption to the MCCEE requirement for those international candidates who will be practising in Alberta for less than 90 days.

Additional information is available on the College website at [www.cpsa.ab.ca](http://www.cpsa.ab.ca) under Programs & Services/Licensing & Registration/Alberta Medical Licence/General Eligibility Requirements.

Note: Changes take effect March 1, 2011. Applications already in progress will not be affected by the changes.

