A Look at Where We Are Headed

Prescription Monitoring Program’s Roundtable of Presentations

October 17, 2017
9:00am – 11:30am
San Antonio, Texas
Ralph Orr
Commonwealth of Virginia
ralph.orr@dhp.Virginia.gov
A bit of history

• Virginia’s PMP began as pilot in 2003, went statewide 2006
• 24/7 Auto-Response 2009
• PMPi August 2011
• Automated Registration for Prescribers and Pharmacists 2015-2016
• Limited Prescriber Mandatory Requests 2016, 2017
• Integration: Grant from Purdue Pharma to cover 18,000 prescribers and 400 pharmacies 2017
• Partnership with Departments of Health and Medicaid for Emergency Department Care Coordination Initiative 2017-2018
Interoperability and Integration

- Interoperable with 25 states and the District of Columbia
- Interoperable with all border states except ONE!

Integration:
- One physician group
- One health system
- One pharmacy chain

Results: # of Requests Through August 2017
- PMP AWARxE: 2,861,450
- PMPi: 1,811,541
- Integration: 5,369,325

- Just over 5 million total requests in 2016
Unsolicited Reports

• Criteria for Prescribers: Multiple provider episode based-≥9 Rx’s from 3 prescribers and 3 pharmacies within 60 days

• Criteria for Law Enforcement: Multiple provider episode (MPE) based-≥10 Rx’s from 7 prescribers and 3 pharmacies within 30 days and forgery indicators 1-2 prescribers and ≥5 pharmacies within 30 days

• Criteria for Unusual Occurrences of Prescribing or Dispensing: Sent to Agency Enforcement Division for review before sending out to field for investigation
  • Top 25 prescribers and dispensers in a quarter
  • Any prescriber or dispenser with a patient with a MME over 2000
  • Any prescriber or dispenser with 5 or more patients with a MME of 750 or greater
  • Any prescriber or dispenser with 25 or more patients with a MME of 500 or greater

• Daily Clinical Alerts coming soon: MPE rates, MME over 120MME, concomitant therapy of opioids and benzodiazepines
Allison Vordenbaumen Benz, R.Ph., M.S.
Texas State Board of Pharmacy

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September 1, 2016

• In 2015, the 84th Texas Legislature voted to transfer the PMP from DPS to the Texas State Board of Pharmacy.

• Senate Bill 195 moved the Prescription Monitoring Program from the Department of Public Safety (DPS) to the Board of Pharmacy; and

• Eliminated the Texas Controlled Substance Registration program.
HB 2561 amends the Texas Controlled Substances Act:

- to require pharmacies to send all required information for Schedule II – V prescriptions to the PMP not later than the next business day after the date the prescription is completely filled.

- to specify that after 9/1/2019, a RPh or prescriber authorized access the PMP, other than a veterinarian, shall access the PMP for the patient before prescribing or dispensing:
  - Opioids;
  - Benzodiazepines;
  - Barbiturates; or
  - Carisoprodol.

- to add a new Sec. 481.0764 titled “Reports of Wholesale Pharmaceutical Distributors” to require wholesalers to report to TSBP the sale of a controlled substance made by the distributor to a person in this state.
<table>
<thead>
<tr>
<th>Controlled Substance Dispensed</th>
<th># Rxs Dispensed</th>
<th>% of the 4 Controlled Substances Dispensed</th>
<th>% of ALL Controlled Substances Dispensed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbiturates</td>
<td>192,974</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>8,308,209</td>
<td>31%</td>
<td>21%</td>
</tr>
<tr>
<td>Carisoprodol</td>
<td>528,543</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Opioids</td>
<td>17,984,222</td>
<td>66%</td>
<td>45%</td>
</tr>
<tr>
<td><strong>Total of Above Controlled Substances Dispensed</strong></td>
<td><strong>27,013,858</strong></td>
<td></td>
<td><strong>68%</strong></td>
</tr>
<tr>
<td><strong>Total of Other Controlled Substance Dispensed</strong></td>
<td><strong>12,405,658</strong></td>
<td></td>
<td><strong>32%</strong></td>
</tr>
<tr>
<td><strong>Grand Total of All Controlled Substance Dispensed</strong></td>
<td><strong>39,419,516</strong></td>
<td></td>
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</tr>
</tbody>
</table>

Barbiturates, benzodiazepines, carisoprodol and opioids represent 68% of all controlled substances dispensed during this period.
Christie Frick
South Carolina
frickcj@dhec.sc.gov
• SCRIPTS began in 2008
• Housed in the Department of Health and Environmental Control
• Hosted by Appriess Health (2015)
• Over 60 million prescription records, retained for 6 years
• Currently sharing with 34 states
• Mandatory use law passed May 2017 (before issuing CII prescription)
• First integration of PMP into EHR – September 2015
• Over 1,000 registered users for SCRIPTS are out of state
SCRIPTS USERS ACCOUNTS

2009: 619 Prescribers 324 Pharmacists = 943 Total

2012: 3,058 Prescribers 784 Pharmacists = 3,842 Total

2014: 3,666 Prescribers 1,827 Pharmacists = 5,493 Total

2015: 4,512 Prescribers 2,506 Pharmacists = 7,018 Total

2016: 10,738 Prescribers 3,202 Pharmacists = 13,940 Total

2017(JULY): 15,146 Prescribers 3,907 Pharmacists = 19,053 Total
South Carolina’s Integrations (2016)

Practitioners accessing PMP through Aware: 7,136

Practitioners accessing PMP through Gateway: 685

Prescription Searches through Aware vs Gateway:

Aware: 2,612,483

Gateway: 2,212,051
Kevin Borcher  
Nebraska  
kborcher@nehii.org

- Enhanced Patient Search
- Grouping/Sorting
- Reporting ALL Prescriptions
Enhanced Patient Search

- Create a pick list for the user to select and combine multiple patients into one query
Grouping/Sorting

- Group controlled substances vs. non-controlled substances
- Flexibility to use as a PDMP tool or medication history tool
- Ability to sort by drug name or date
  - Preparation for 2018 all prescription reporting
Reporting ALL Prescriptions

• Beginning January 1, 2018
• Pharmacies to report all controlled and non-controlled substances dispensed
  • Controlled substances and “drugs of concern”
• Patient safety tool
• Comprehensive medication history to support medication reconciliation
• NPI, DEA, NDC, UPC, NADA
Emily Varner, PDMP Coordinator
St Louis County, Missouri
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PDMP Timeline

• March 2016
  • St. Louis County enacted PDMP legislation
  • Enables other jurisdictions to subscribe to the PDMP

• April 2017
  • St. Louis County PDMP launched for 14 jurisdictions

• October 2017
  • 48 participating jurisdictions
    • 71% of the state’s population
    • 88% of healthcare providers
  • Over 4,200 approved users performing 1,200 patient searches/day
  • Dispensing 17,000+ schedule II-IV controlled substances/day
PDMP Participation
Next Steps

- PMP InterConnect
- System-level/mass provider registration
- County-level reporting
- BJA Grants
  - Category 5: PDMP enhancement
    - Hiring additional PDMP staff
    - Covering PDMP costs for all subscribing jurisdictions
  - Category 6: Regional data collaboration
    - Hiring additional Opioid Prevention staff
    - Regional collaboration on innovative solutions to the opioid crisis
Dana Crenshaw
PMP Director, Mississippi

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Regulatory changes:

• In place - All prescribers with a DEA# must register to use the PMP
• Medical and Nursing Boards – several proposed changes mandating use mirroring the Governor’s Task Force recommendations
• Pharmacy Board – mandatory checks of PMP prior to dispensing

Hoping to get all proposed regulations in place before the end of the year

For discussion:
• State scheduling of Gabapentin vs. PMP reporting as drug of concern.
  • Push to schedule Federally?
Shannon M. Whitman, PMP Administrator, Minnesota

shannon.whitman@state.mn.us
Legislation S.F. 1440 - REQUIRED REGISTRATION

• Passed 2016 – Effective July 1, 2017
• ACTIONS:
  • Who is licensed in Minnesota?
  • Who has an active PMP account?
  • Lists sent to Health Licensing Boards monthly
• Each board determines compliance and discipline of their own licensees
• Example of current processes....
Grants

• **CDC Data Driven Prevention Initiative**: *Partnership with Dept. of Health to Assist in Registration of Licensees*
  • Integrated PMP account registration into licensee registration process
    • Medical Practice
    • Pharmacy
  • Evaluate for PMP account within 30 days, if no account PMP outreach

• **SAMHSA Strategic Prevention Framework Rx**: *Partnership with Dept. of Human Services for Prescriber Education*
  • Four training/education sessions per year for four years
    • Locations throughout the state
    • Focus audience is prescribers in Minnesota
    • Collaboration with DHS to incorporate treatment resources/education to prescribers
    • Planning phase in progress
Quick Tip Mailing Project

• Intent of Quick Tip
  • Query help
    • Abbreviated search criteria (Better results!)
    • Multi-state capabilities
      • Answers most common questions
  • Log in assistance
  • Visual reminder

• Recipients of mailing
  • Master account holders (no delegates at this time)
  • Address in MN only

• Feedback has been GREAT!
20 MINUTE
Q & A
• April 4, 2017 Successfully replaced the Michigan Automated Prescription System (MAPS) operating system to a new platform, PMP AWARxE with Appriss Health

<table>
<thead>
<tr>
<th></th>
<th>Old MAPS, In-House</th>
<th>New MAPS, PMP AWARxE</th>
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</thead>
<tbody>
<tr>
<td>Time to Query Reports</td>
<td>5-10 Minutes</td>
<td>0.7-0.4 Seconds</td>
</tr>
<tr>
<td>Registered Prescribers &amp; Pharmacists</td>
<td>27,614 (duplicates)</td>
<td>23,083</td>
</tr>
<tr>
<td>Registered Delegate Users</td>
<td>N/A</td>
<td>3,693</td>
</tr>
<tr>
<td>Staffing</td>
<td>13.5 FTEs</td>
<td>4.25 FTEs</td>
</tr>
<tr>
<td>Replacement Costs</td>
<td>$1 - $2 Million</td>
<td>$570,000</td>
</tr>
<tr>
<td>Replacement Completion</td>
<td>1-2 Years</td>
<td>6 months</td>
</tr>
</tbody>
</table>
Next Steps & Opportunities for MAPS

• BJA – Harold Rogers grant to pilot integrations
• BJA – Harold Rogers grant to create provider scorecards
  ➢ First round sent 8/9/17
• DHHS – CDC grant to create de-identified reports
• Clinical Alerts
  ➢ Implemented 8/11/17
• Integration with new licensing platform
• Statewide integrations with EMR and Pharmacy Dispensation Systems
• DHHS – SAMHSA grant to add Appriss Health’s NarxCare solution
• Law Enforcement Module
Drug Monitoring Section

• MAPS is housed in the Bureau of Professional Licensing’s Drug Monitoring Section, created in August 2016
• Focus on over prescribing, over dispensing, and drug diversion
• 29 practitioners Summarily Suspended, 27 of which remain suspended
• 38 licensees in total have had actions taken against their licenses
• New MAPS, PMP AWARxE platform, has helped Michigan improve its partnerships with professional boards, key health care groups and law enforcement Stakeholders
• Looking to make MAPS more of a clinical and preventative tool for users with Appriss Health’s NarxCare software
• Using MAPS as a way to better identify the worst of the worst, building cases around 100s of patients affected
PRESCRIPTION MONITORING PROGRAM (PMP)

JOE FONTENOT
ASSISTANT EXECUTIVE DIRECTOR
Act 76 (SB55)

- **PMP Auto-Registration**
- **New PMP Prescriber Mandate** – Prescriber or Delegate shall access the PMP and review the patient record prior to issuing the initial Rx for **any** opioid, and in the event the duration of therapy exceeds 90 days then to access the PMP and review the patient record every 90 days.

**Exceptions:**
- Hospice Patient or a Patient with Terminal Illness,
- Cancer-related chronic pain,
- Hospital in-patient, and
- No more than a single seven-day supply
2017 Louisiana Legislative Session

**Act 82 (HB 192)**

Requires the *prescriber* to *consult* with the patient prior to issuing any prescription for an opioid medication – to *inform the patient of the risks* associated with the opioid prescribed, and to advise the patient of their option to request a *partial fill* of the quantity prescribed. *The law imposes a quantity limit on the prescribing of an opioid medication* – for adults in outpatient settings with acute conditions, *no more than a seven-day supply on a first-time opioid prescription*; for minors in any setting, *no more than a seven-day supply on any opioid prescription*.

The seven-day limit is *waived* in the following circumstances:

- For the treatment of chronic pain.
- For the treatment of pain associated with a cancer diagnosis or palliative care.
- The medication is designed for the treatment of substance abuse or opioid dependence.

- When the prescriber’s professional medical judgment dictates more than a seven-day supply is required to treat the patient’s acute medical condition, with such conditions triggering a prescription for more than a seven-day supply to be documented in the patient’s medical record with a notation that a non-opioid alternative was not appropriate to address the condition.
Reyne Kenton, K-TRACS Program Manager
Kansas Board of Pharmacy
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New Look

We are re-branding the PDMP
CDC Grant
- State Wide Integration
- 3 major chains
- 29 independent pharmacies
- 7 hospitals

Harold Rogers Grant 2017
- Prescriber’s Report Card
Ellen Mitchell
Idaho
ellen.Mitchell@bop.Idaho.gov
Gateway

• Launched with Kroger stores August 2016
Grants

• Prescriber Report Cards – Office of Drug Policy
• Gateway Integration – Department of Health & Welfare, Division of Public Health
Legislation

• July 1, 2014
  • All prescribers required to register with PMP

• July 1, 2015
  • Opioid Antagonist

• July 1, 2017
  • All pharmacists required to register with PMP
  • PMP Data to be kept for 5 years
10 MINUTE
Q & A
THANK YOU