

**VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS
VIRGINIA PRESCRIPTION MONITORING PROGRAM
MINUTES OF ADVISORY COMMITTEE**

Thursday, March 14, 2019

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

CALL TO ORDER:	A meeting of the Advisory Committee of the Prescription Monitoring Program was called to order at 1:02 p.m.
PRESIDING	Rodney Stiltner, PharmD, VCU Health System
MEMBERS PRESENT:	Dean Beauglass, Pharmacist, DMAS Brenda Clarkson, Hospice and Palliative Care Randall Clouse, Office of the Attorney General Debbie Condrey, Virginia Department of Health Tana Kaefer, Pharmacist, Brema Pharmacy Virginia LeBaron, Assistant Professor, University of Virginia School of Nursing Mary McMasters, M.D., Addiction Medicine Physician Mellie Randall, Representative, Department of Behavioral Health and Developmental Services Mark Ryan, M.D., VCU Health Systems John Welch, 1SG, Virginia State Police
MEMBERS ABSENT:	Jeffrey Gofton, M.D., Office of the Chief Medical Examiner Vacant Positions: Pain Management Specialist, Physician
STAFF PRESENT:	Barbara Allison-Bryan, M.D., Chief Deputy Director, DHP Ralph A. Orr, Director, Prescription Monitoring Program Ashley Carter, Deputy for Analytics, Prescription Monitoring Program Carolyn McKann, Program Deputy of Operations, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS	Mr. Orr welcomed everyone to the meeting of the Advisory Committee and all attendees introduced themselves.
APPROVAL OF AGENDA	The agenda was approved as amended.
APPROVAL OF MINUTES	The minutes for the previous meeting held September 2018 were approved as presented.
PUBLIC COMMENTS	None.
Barbara Allison-Bryan. M.D.: DEPARTMENT OF HEALTH PROFESSIONS REPORT	Dr. Allison-Bryan noted that she recently presented at psychiatric grand rounds at Eastern Virginia Medical School. During the grand rounds, she was able to discuss tremendous improvements in prescribing patterns over the past two to three years. She also presented what she calls “What the Heck Happened to My

	<p>PMP.” This presentation about the PMP included information regarding the development and interpretation of NarxScores. Dr. Allison-Bryan announced that DHP is updating its entire web site since it has been many years since the website was created. The Board of Nursing will be first to roll out the new look. Dr. Allison-Bryan also discussed bills introduced during the recent General Assembly session. She stated that DHP has been tasked to study the provision of telemedicine. The study is related to two bills introduced about telemedicine for which it became apparent more information was required to produce desired results. She further noted with respect to medical education, foreign medical graduates now only need one year of residency in the U.S. within the same residency program for licensure. This is the same requirement for stateside medical graduates. Dr. Allison-Bryan also noted that DHP’s 14th regulatory board, the Board of Health Professions, is tasked with studying whether to regulate a new profession -- music therapy.</p> <p>Five pharmaceutical processors currently have provisional licenses to produce CBD oil in Virginia. Dr. Allison-Bryan noted there was a bill to add four more processors, one more in each service area which did not go forward.</p> <p>Dr. Allison-Bryan reported that Virginia is reviewing a recently released notification of a CDC grant. Eligibility for funding is conditional upon the state’s PMP meeting several special conditions. DHP is working closely with all stakeholders involved. Under this funding opportunity, Virginia is eligible for a grant award of up to \$5.5 million annually for three years.</p>
<p>Ralph Orr: LEGISLATION AND REGULATION UPDATE</p>	<p>Mr. Orr noted that there were three bills that directly affected the PMP.</p> <p><u>HB 2557</u>: Gabapentin is now a Schedule V controlled substance in Virginia effective July 1, 2019. The inventory requirements for a dispenser will apply, but other requirements such as obtaining a DEA registration to prescribe gabapentin do not apply because it is not federally scheduled.</p> <p><u>SB1516</u>: The Department of Corrections has law enforcement agents within their facilities who conduct drug diversion investigations. These individuals will be allowed to register to use the PMP, but they will have to attend the State Police Drug Diversion School prior to registration.</p> <p><u>SB 1653</u>: Amendment to the veterinarian bill. This bill resulted from concerns about feline buprenorphine and canine butorphanol dispensing by veterinarians and lack of availability of these products at retail pharmacies. The bill authorizes dispensing to be exempted from reporting, but veterinarians shall maintain separate records and DHP investigators will be</p>

**Ralph Orr:
PROGRAM UPDATE**

checking these records for compliance during facility inspections.

Mr. Orr introduced 12 new videos that have been added to the DHP YouTube channel and may be found via the DHP homepage. To view, scroll down to the section entitled “DHP on Social Media” and select the YouTube button. DHP is redesigning their website to use WordPress and once transitioned to the new platform, a new section on the PMP webpage will more prominently feature the videos.

The videos include: The Many Benefits of the PMP, Virginia’s Opioid Regulations and the PMP, and five NarxCare tutorial videos. “The Proper Dose” is a series of five videos with conversations between Mr. Orr and each of the following: DHP Director, Dr. David Brown; Dr. Allison-Bryan; Secretary of Health and Human Resources, Dr. Daniel Carey; former Secretary of Health and Human Resources, Dr. Bill Hazel; and State Health Commissioner, Dr. Norm Oliver.

**Ashley Carter:
PROGRAM
ANALYTICS**

Ashley Carter discussed the PMP’s Annual Report. The document is submitted as a Report to the General Assembly in accordance with the Division of Legislative Automated Systems (DLAS) publication guidelines. The content of this report was adapted into a series of one or two page fact sheets entitled “Progress Toward Safer Prescribing.” Dr. Allison-Bryan noted that these fact sheets would be an excellent addition to the Board of Medicine periodic newsletter and may be of interest to other Boards.

Beginning July 1, 2020 any prescription containing an opioid must be submitted electronically from prescriber to dispenser. Ms. Carter reported that, overall, e-prescribing for opioids is increasing incrementally each quarter, but presently only 16% of opioid prescriptions are electronically submitted. By comparison, in July 2017, only 8% of opioids were electronic. Legislation passed this year will enable licensing boards, under certain circumstances, to grant prescribers a waiver of the electronic prescription requirement for up to one year. Mr. Orr noted that NY State was first to require e-prescribing and initially offered similar waivers.

Ms. Carter covered current trends in doses and prescriptions dispensed by drug class. The PMP is now trending opioids, benzodiazepines, stimulants and non-benzodiazepine sedative hypnotics. Ms. Carter asked the committee if anything should be added. Dr. Ryan suggested tracking gabapentin. It was noted that buprenorphine is not tracked here, but its volume is very low. Dr. McMasters indicated that buprenorphine should be included as use of this medication for pain is increasing. Methadone for pain

<p>Carolyn McKann: PROGRAM OPERATIONS</p>	<p>is included among opioids. Virginia LeBaron asked if Long Acting (LA) formulations could be further analyzed.</p> <p>Ms. Carter also presented the CDC performance measures for the Prevention for States (PFS) grant. The next award from CDC which will be replacing the PFS grant may have different performance measures.</p> <p>Ms. Carter discussed the VDH Opioid Addiction Indicators Dashboard. Ms. Carter noted that the next iteration of the dashboard will include county-level totals of opioid prescription count, dose quantity, and days' supply based on the patient's residence. This will be the first time that Virginia's PMP data has been made available to the public by county.</p> <p>Debbie Condrey noted that VDH will be sharing the prototypes of the re-designed dashboard with DHP and discussing online placement of the tool. Further, Ms. Condrey stated that emergency department data on overdoses and overdose reversals will be included. Expected completion for the dashboard is August 2019.</p> <p>A quick glimpse of top ten cites/counties by prescribing rate in 2018 was provided for opioids, benzodiazepines, stimulants, and non-benzodiazepine sedative hypnotics. Mellie Randall noted that the top-ranked counties comes as no surprise since many are medically underserved areas and substance misuse is associated with social determinants of health.</p> <p>Carolyn McKann discussed PMP's compliance activities and noted regulatory requirements for reporting and error correction. Ms. McKann stated that the PMP is working closely with Appriss to develop reports to track compliance with reporting requirements. These reports will be based more on both the frequency of delinquency and the identification of trends related to error correction.</p> <p>Ms. McKann reported on utilization data and discussed the three types of tracking elements: the AWARe (login) platform, PMPi or interoperability (data sharing between PMPs), and integration (providing PMP information within the clinical workflow). Integration is driving most of the increase in volume. Ms. McKann noted that PMPi now includes the U. S. Territory Puerto Rico, the Military Health Systems, and the State of Florida.</p> <p>Ms. McKann discussed registration initiatives and the committee agreed that delegate accounts should be reviewed annually and disabled if not accessed. Ms. McKann noted that PMP staff have identified over 25,000 accounts that were migrated from the</p>
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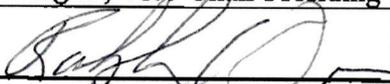
**Ralph Orr: DIRECTOR
REPORT**

Optimum Technology platform and have never been used. Many of these are duplicate accounts and are scheduled to be disabled. The committee also agreed that all accounts should be reviewed annually to ensure need for continued access.

Mr. Orr introduced EDCC, or Emergency Department Care Coordination. Mr. Orr noted that this is a care coordination initiative and that the PMP is required by law to be integrated for health care providers in the emergency department. Ms. Condrey noted that the PMP overdose risk score was added about two weeks ago. Mr. Orr noted that the greatest barrier to health systems or pharmacies becoming integrated is the legal review process. However, most of Virginia's major health systems are presently integrated. Ms. Condrey mentioned that simplicity and efficiency, like that afforded by integration, are key. The PMP is part of the EDCC's alert criteria; currently a NarxScore of 500 or higher may trigger an alert. An additional alert to identify opioid naïve patients is being considered.

Mr. Orr also discussed NPEDE which is a grant program with three major components. The first is adding a dataset that will inform the overdose risk score when an individual has recently been released from incarceration. The second is adding information about a patient admitted to an emergency department for a drug overdose. This will inform the overdose risk score and be annotated on a patient's NarxCare report as an additional risk indicator. The third part of the project is adding information to the data collection process to identify the person picking up a controlled prescription. This could be a point of sale system similar to NPLEX which is currently used to track pseudoephedrine purchases. Such a requirement would require legislation; in the interim, a pilot may be conducted where a pharmacy already collects this information. Virginia will be exploring turning on the use of incarceration data first. Inclusion of overdose data may require additional legislative authority.

Mr. Orr provided an update on prescriber reports. He noted that during each cycle, the PMP receives fewer questions about the reports. In order to receive a prescriber report, a prescriber must prescribe at least one opioid prescription during the report period and be a registered user with a current active DEA, email address, and their healthcare specialty indicated. During the last cycle, approximately 15,000 prescriber reports were generated. An additional 10,000 prescribers, otherwise meeting inclusion criteria, did not have their specialty indicated and, consequently, did not receive a report. Approximately 900 prescribers did not receive a report because the DEA number in their user account was invalid. Provided with each prescriber report was an updated user guide based on previously provided feedback. The next prescriber reports will be generated on April 25, 2019.

	Dr. Mark Ryan asked if it was possible to get a hot link to the patients with dangerous combination therapy that is noted on the prescriber report. This will be an item brought to the vendor's attention for review.
MEETING DATES FOR 2019:	June 12, 2019 and September 18, 2019.
NEXT MEETING	The next meeting will be held on June 12, 2019 from 1:00 to 3:00 p.m.
ADJOURN:	With all business concluded, Dr. Stiltner adjourned at 3:08 p.m.
	
	Rodney Stiltner, PharmD, Vice-Chair Presiding
	
	Ralph A. Orr, Director