DRAFT

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

Thursday, September 14, 2017 — 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 9:35 a.m.
PRESIDING:	Holly Morris, RPh, Crittenden's Drug, Chair
MEMBERS PRESENT:	Brenda Clarkson, Executive Director, Virginia Association for Hospices and Palliative Care Jeffrey Gofton, M.D., Office of the Chief Medical Examiner Kate Neuhausen, M.D., Chief Medical Officer, DMAS Mellie Randall, Representative, Department of Behavioral Health and developmental Services Mark Ryan, M.D., VCU Medical Center Harvey Smith, 1SG, Virginia State Police
MEMBERS ABSENT:	Randall Clouse, Office of the Attorney General
STAFF PRESENT:	Lisa Hahn, Chief Deputy Director, DHP James Rutkowski, Assistant Attorney General, Office of the Attorney General Elaine Yeatts, Senior Policy Analyst, DHP Ralph Orr, Program Director, Prescription Monitoring Program Robert Perrine, Administrative Assistant, DHP
WELCOME AND INTRODUCTION	Ms. Morris welcomed everyone to the meeting to the advisory committee and all attendees introduced themselves.
APPROVAL OF AGENDA	The agenda was approved as presented.
APPROVAL OF MINUTES	Ms. Randall made a note on pg.3 of the minutes that DBHDS could not track all naloxone distribution, as parts of the REVIVE program were outside the scope of DBHDS. Ms. Neuhausen presented a motion to approve the minutes from the June 7, 2017 meeting of the PMP Advisory Committee and all were in favor. The minutes were approved with Ms. Randall's note.
PUBLIC COMMENTS	No public comments were made.
Lisa Hahn DEPARTMENT OF HEALTH PROFESSIONS REPORT	Ms. Hahn noted that as a part of the 2017 Legislative Initiative, DHP had been tasked with hosting two workgroups that she could provide an update on: The E-Prescribing and Opioid curriculum Workgroups. The E-Prescribing workgroup has met a few times and is ironing out the challenges faced by dispensers and prescribers. The Opioid Curriculum

Workgroups:	Workgroup is establishing core competencies for medical, dental, pharmaceutical, nurse practitioners and physician assistant schools throughout the Commonwealth.
Online E-Complaint	Ms. Hahn was pleased to share the new button displayed on the DHP website that allowed for individuals to file complaints online. This button will be posted on every Board and Program website, and DHP has already received 30 complaints since its debut on September 8.
Unsolicited Reports	Ms. Hahn shared with the committee that DHP was now running unsolicited reports on PMP data, based on the following criteria: providers or dispensers with 1 patient with an MME over 2000 or 10 patients with an MME over 1000. The first reports resulted in 18 cases, of which 3 cases were being addressed in other investigations, 4 were closed no violation after investigation, 2 were closed undetermined, and 1 is still in the probable cause review. Ms. Hahn explained that a case closed undetermined could be reexamined by the respective board if more information came to light. Moving forward, a more substantial criterion, to be based in code, would be established as the case intake process is refined.
Elaine Yeatts LEGISLATION AND REGULATION UPDATE 2018 Legislation	Ms. Yeatts provided handouts to the committee about legislative proposals relevant to PMP. One bill would amend "covered substance" to include schedule V, and added naloxone as a stand-alone category (not a drug of concern). Ms. Morris asked why this would be helpful, as the VA Pharmacies, Chains and Drugstores had originally opposed the revision because they were concerned about a chilling effect if naloxone was reported, especially if a patient was filling their prescription for use by a family member. Dr. Neuhausen pointed out that this data would be extremely helpful as both the CDC and Medicaid wanted more patients to have access to naloxone. Dr. Ryan asked if a checkbox for naloxone prescribed could be added to the prescriber report on PMP, so providers could confirm their patients had access to the drug. From a patient safety perspective, Dr. Neuhausen said that she would like to know her patients were filling the prescription, as prescribers have few other options to confirm this. Ms. Randall noted that VA already has an open order for naloxone, meaning that no prescription was necessary to acquire it. At the moment, through Project REVIVE and community service boards there were a number of outlets to get naloxone that would not be reported to the PMP. She was concerned with the stigmatization of family member, and that a clear distinction was necessary between dispensers who would be tracked. Drs. Neuhausen and Ryan noted that other states are reporting naloxone, and that this information would keep providers better informed, especially as it related to minimizing the mixing of opioids and benzodiazepines. Ms. Yeatts pointed out that the Boards of Medicine and Pharmacy Regulations state "a physician shall prescribe" naloxone when prescribing opioids, but it was still up to the patient to actually fill the script.

Status of Regulations	Ms. Yeatts also provided a handout regarding the status of current regulations. All boards are looking at adopting permanent regulations to replace their emergency regulations concerning opioids.
Ralph Orr: DISCUSSION: PMP ENHANCEMENT INITIATIVES (Prescriber Reports)	Mr. Orr announced that the next round of prescriber reports will be sent to prescribers the morning of October 5. Prescribers are encouraged to update their "User Profile" in PMP AWARxE to include verifying healthcare specialty listed and the presence and accuracy of their DEA registration number. Mr. Orr cautioned the committee that users who change their email address associated with PMP would effectively change their username for logging-in to the program. The email will contain the actual report and explanations about the date found within the report. This information is meant to individual prescribers only, not their office staff or healthcare system. Dr. Neuhausen suggested that PMP explain why a report of this nature was coming to prescribers, which would provide context to the information prescribers were being asked to verify and update to their profiles.
Ralph Orr: CLINICAL ALERTS MODULE AND ADVANCED ANALYTICS PACKAGE	Mr. Orr noted that the Clinical Alerts Module would be available as soon as October or November, but available only to prescribers. These alerts will run daily, so prescribers are updated about new risks, not continuing old ones. As a part of the Enhanced Prescriber and Dispenser Thresholds, a Daily Active MME threshold is being established, that would alert providers when a patient crosses this threshold (BOM regulations currently set at 120 MME). Dr. Ryan suggested these be placed on the individual's dashboard, along with links on de-escalation and treating high risk patients. He also wanted to make sure the PMP was not inundating providers with emails, to the point that they are ignoring this vital information. Mr. Orr mentioned that the advanced analytics package will be available shortly, greatly increasing the program's capability to use PMP data to better inform and evaluate policy decisions and optimize available resources. This could also inform the presentation of information to the end user in a more user-friendly and functional manner.
Ralph Orr: PROGRAM UPDATE **Integration** **Emergency Department Care Coordination- Dr. Neuhausen**	Mr. Orr provided an update on the integration of PMP data into prescriber and dispenser workflow. 2016 saw 5 million total requests of the PMP, but in 2017 the PMP has processed 7.5 million requests to date with a large percentage of these requests via integration utilization. In January, the PMP received a $3.1 million grant from Purdue Pharma to provide integration for up to 18,000 prescribers and 400 pharmacies. Bayview Physicians, SENTARA Health System, and Kroger Pharmacies are currently integrated, with others to follow by the end of 2017. The PMP is working to integrate with independent pharmacies that have the technical capacity to incorporate the PMP. DHP and DMAS are working to provide real time integration of the PMP in Emergency rooms. This corresponds with the Emergency Department Care Coordination efforts passed by the General Assembly that provide for a state wide technical communication network between emergency departments in hospitals, providers and healthcare plan coordinators. Dr.

	Neuhausen explained that VDH has the lead, and are connecting with the VA Emergency Department Care Council. They expect to have a vendor by October, and have the program enacted in June of 2018. The first year would cover all Medicaid plans, with expansion to all healthcare plans by year 2. Washington state already demonstrated the effectiveness of this program, with fewer visits to the Emergency Room. Dr. Neuhausen will have an update at the next meeting. Mr. Orr reinforced that the integration efforts apply to smaller prescriber practices as well as large health systems, and that there are vendors with platforms designed for small and medium practices. There is a link on the PMP homepage to request more information, which is sent directly to Appriss for review. They can also provide demos for interested healthcare systems or groups who already have a platform in place.
Interoperability	Mr. Orr provided an interoperability update. The PMP is currently reaching 25 states and the District of Columbia, with talks continuing with both Texas, Mississippi and Georgia. Mr. Orr is still waiting to hear from North Carolina, and expects legislative action necessary for Florida to join. Data from the annual report indicates that the states closest to Virginia are making the most requests.
Gabapentin	Mr. Orr explained that gabapentin is now listed as a drug of concern by the General Assembly, in a bill that was signed 2/23/17. This was necessary for the PMP to track gabapentin without a providers DEA number. Gabapentin tracking will be beneficial because while it is not considered abusable when taken by itself, when combined with other drugs may have a synergistic effect. Gabapentin is most commonly prescribed for neuropathy, seizures, and fibromyalgia, but has shown some success in controlling withdrawals from opioids or alcohol. OCME is reporting higher levels being found in death investigations, and Mr. Orr disclosed that there is even a street name for gabapentin: “Johnnys”. Gabapentin is now the number 1 drug tracked by the PMP, in terms of prescription counts.
Dr. Kate Neuhausen: ARTS UPDATE	Dr. Neuhausen provided an update on the ARTS (Addiction and Referral to Treatment System) program. She highlighted the expansion of treatment, and how effective this program has been for Medicaid patients. VDH is providing maps of ARTS clinics for all patients, while the General Assemble is covering ARTS visits by those at or below the poverty line. Dr. Neuhausen noted that some patients in the Southwest were going out of network, and paying cash at suspected pill mills, even with other high quality opioid provider options already paid for. Dr. Ryan agreed with Dr. Neuhausen that cash clinics were taking patients away, some of whom need continual treatment to become healthy.
Ralph Orr: ANNUAL REPORT STATISTICS	Mr. Orr showed the committee a presentation regarding statistics for consideration to be included in the Annual Report. This is a new requirement for the PMP, and the development of some of these statistics are available only by using new capabilities of the new platform. The plan is for the report to have four main sections: Impact, Utilization,

	Unsolicited Reports, and Initiatives. Mr. Orr explained that the charts presented are in draft only and encouraged comments from the committee. The Committee provided Mr. Orr with a few suggestions about the presentation of specific PMP data, to make it more easily understood and meaningful. The report will be presented to the Joint Commission on Health Care and to the Senate Education and Health and the House Education, Welfare, and Institutions Committees in November.
NEXT MEETING:	December 6, 2017. Dates for March and June, 2018 to be determined.
ADJOURN:	With all business concluded, the committee adjourned at 12:01 p.m.
	Holly Morris, Chairman
	Ralph A. Orr, Director