

FINAL

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

Thursday, September 27, 2018

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 1:06 p.m.
PRESIDING	Jeffrey Gofton, M.D., Chair
MEMBERS PRESENT:	Dan Beauglass, Pharmacist, DMAS Jill Costen, Office of the Attorney General (for Randall Clouse) Jeffrey Gofton, M.D., Office of the Chief Medical Examiner Tana Kaefer, Pharmacist, Bremono Pharmacy Mary McMasters, M.D., Addiction Medicine Physician Mellie Randall, Representative, Department of Behavioral Health and Developmental Services Rodney Stiltner, PharmD, VCU Health Systems John Welch, 1SG, Virginia State Police
MEMBERS ABSENT:	Randall Clouse, Office of the Attorney General Shaheen Lakhan, M.D., Chief Manager, Carilion Clinic Mark Ryan, M.D., VCU Health Systems Brenda Clarkson, Executive Director, Virginia Association for Hospice and Palliative Care
STAFF PRESENT:	Lisa Hahn, Chief Operating Officer, Department of Health Professions (DHP) Elaine Yeatts, Policy and James Rutkowski, Assistant Attorney General, Office of the Attorney General 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 presented.
APPROVAL OF MINUTES	The minutes for the previous meeting held March 2018 were approved as presented.
PUBLIC COMMENTS	None.

<p>Lisa Hahn: DEPARTMENT OF HEALTH PROFESSIONS REPORT</p>	<p>Lisa Hahn told the committee members that during 2017, legislation was passed which allowed PMP-generated investigations of licensees (prescribers and dispensers). Following that authority, much effort was given to set up criteria and then evaluate that criterion. During that time, the Department determined that there was need for a Data Analyst. Ms. Ashley Carter began as the new Deputy for Analytics in June of 2018.</p>
<p>Elaine Yeatts: LEGISLATION AND REGULATION UPDATE</p> <p>ELECTION OF CHAIR AND VICE CHAIR FOR FY2019</p> <p>Mr. Orr: PROGRAM UPDATE</p>	<p>Ms. Yeatts provided a summary of the 2018 General Assembly. Ms. Yeatts indicated that the definition of covered substance changed to include all Schedule V drugs for which a prescription is required and naloxone. She also noted that 5 pharmaceutical processors should be operational and reporting to the PMP by mid-2019.</p> <p>Ms. Yeatts also noted that veterinarians began reporting to the PMP as of July 1, 2018. Veterinarians who prescribe for less than a 7-day course of treatment are exempt from reporting to the PMP. Mr. Orr noted that in July 2017, the species code requirement was added, and those prescriptions dispensed for animals now display a dog emoji on that prescription detail.</p> <p>Dr. Jeffrey Gofton was nominated for the Chair position of the Advisory Committee. He was unanimously voted in as Chair. Dr. Stiltner volunteered to be the Vice Chair. He was unanimously voted in as Vice Chair. Mr. Orr noted that there are still two vacant positions on the committee – one nurse practitioner and one physician that the program is working to fill.</p> <p>Mr. Orr communicated to the committee that NarxCare Enterprise, which provides risk scores for Narcotics, Stimulants, Sedatives plus an Overdose Risk Score based on 2 years of prescription data, went live on August 1, 2018. He further noted that some entities have been integrated for quite some time, including Kroger pharmacies, which became integrated in 2016. He also pointed out that buprenorphine is completely carved out of the narcotic score. Mr. Orr also noted that NarxCare has a resource tab, which may be used to locate office-based addiction treatment providers within a zip code based area. With respect to Medication Assisted Treatment (MAT), Mellie Randall noted that currently 800 MAT providers are waived in Virginia; 200 of those have asked to not be on the public list provided by the Substance Abuse and Mental Health Services Administration (SMHSA).</p> <p>Mr. Orr also discussed CDC Prevention for States Grant Projects. Through this grant, approximately 15,000 prescriber reports were sent to prescribers in July. Mr. Orr noted that due to absence of DEAs and/or specialty designations in prescriber user accounts, some prescriber reports were not sent. Through the CDC</p>

Prevention for States grant, the PMP also hired Ashley Carter as the PMP's Deputy for Data Analytics.

Mr. Orr introduced the communications initiative, also grant-funded, to include 5-minute video shorts presented by hired actors. Video shorts will also include interviews by DHP/PMP staff with various guests.

Also as part of the communications initiative, several "how-to" tutorial videos will instruct users how to use and how to navigate the AWAxE platform as well as how to interpret the patient profiles (NarxCare reports).

Dr. Boone, a Professor of Statistics at VCU, is developing an MME calculator whereby prescribers can type in the medication and dose of each patient's prescriptions to determine their total MME score. A demonstration of the prototype was provided.

Mr. Orr also discussed integration of the Virginia PMP. Integration has had a significant impact on the volume of requests in the past year. In 2017, total requests to the Virginia PMP exceeded 18 million. To date in 2018, we have already surpassed 19 million requests and anticipate approaching 30 million requests for calendar year 2018. In August alone, nearly 2 million requests were processed from the integration initiatives. Currently that are 31 EMR systems integrated with the Virginia PMP and 39 EMR and pharmacy software vendors. Several other state PMPs are currently working on integration initiatives.

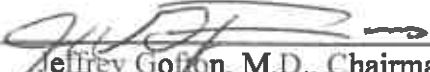

Mr. Orr introduced the Emergency Department Care Coordination Initiative (EDCC), which went live in June. This project was initiated by legislation whereby the PMP is required to integrate PMP information for healthcare providers in the emergency department. The EDCC initiative covers 22 health systems of which 8 systems have signed license agreements for the PMPs integration solution—NarxCare.

Ms. Carter provided an overview of the proposed indicators of unusual prescribing and dispensing that were presented to the advisory panel members for consideration. The panel unanimously approved the use of seven indicators for identifying egregious outliers.

The following five indicators will be used to identify outlier prescribers:

- 1) The top ten prescribers of opioids per quarter by dose quantity
- 2) The top ten prescribers of opioids with minimal PMP use

Ashley Carter:
**OVERVIEW OF PMP
ADVISORY PANEL
INITIATIVES**

<p>PERIODIC REPORTS AND WEBSITE PRESENTATION OF PMP DATA</p>	<p>3) Prescribers of patients with a daily MME\geq1,500 [with overlapping benzodiazepine 4) Top ten prescribers of ER/LA opioids to opioid naïve patients 5) Top ten prescribers of buprenorphine for MAT dosing$>$24 mg/day</p> <p>The following two indicators will be used to identify outlier dispensers:</p> <p>1) Top ten dispensers of opioids from out of state [out of health region] prescribers 2) Top ten dispensers based on ratio of CS II to all CS II-V prescriptions, minimum of 1,000 CS II prescriptions</p> <p>Ms. Carter asked the panel members what type of reports they think should be housed in the repository. Mr. Orr noted that information provided by the PMP should be comprised of information not necessarily housed in other Virginia agency websites. First Sergeant Welch indicated that information is most helpful for law enforcement if it is reported by drug schedule. The panel agreed that explanatory information should be provided on each slide. Panel members also communicated that data tables are most helpful, and that 6 previous quarters of data presented in the repository is sufficient in most cases.</p>
<p>MEETING DATES FOR 2019:</p>	<p>March 14, June 12 and September 18, 2019.</p>
<p>NEXT MEETING</p>	<p>The next meeting will be held on March 14, 2018 from 1 p.m. to 3:00 p.m.</p>
<p>ADJOURN:</p>	<p>With all business concluded, Dr. Gofton adjourned at 3:03 p.m.</p>
	<p> Jeffrey Gofton, M.D., Chairman</p>
	<p> Ralph A. Orr, Director</p>