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VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS
VIRGINIA PRESCRIPTION MONITORING PROGRAM
MINUTES OF ADVISORY PANEL

Thursday, September 27, 2018 — 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233-1463

CALL TO ORDER:	A meeting of the Advisory Panel of the Prescription Monitoring Program was called to order at 9:02 a.m.
PRESIDING	Ralph Orr, Director, Prescription Monitoring Program
MEMBERS PRESENT:	Dean Beauglass, Pharmacist, Representative, Department of Medical Assistance Services Lori Conklin, M.D., University of Virginia Medical Center, Representative, Virginia Board of Medicine Dr. William Harp, Executive Director, Representative, Virginia Board of Medicine Blanton Marchese, Citizen Member, Representative, Virginia Board of Medicine Beth O'Halloran, Deputy Executive Director, Representative, Virginia Board of Pharmacy Mellie Randall, Representative, Department of Behavioral Health and Developmental Services Ellen Shinaberry, Deputy Executive Director, Representative, Virginia Board of Pharmacy
MEMBERS ABSENT:	Debbie Condrey, Representative, Virginia Department of Health
STAFF PRESENT:	Dr. David Brown, Director, DHP Lisa Hahn, COO, DHP James Rutkowski, Assistant Attorney General, Office of the Attorney General Josh Boggan, Manager, Case Intake Manager Ralph A. Orr, Program Director, Prescription Monitoring Program Ashley Carter, PMP Deputy for Analytics Carolyn McKann, PMP Program Deputy for Operations
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 were approved as amended.
PUBLIC COMMENTS	No public comments were made.

Dr. Brown: DEPARTMENT OF HEALTH PROFESSIONS REPORT	Dr. David Brown noted that the Department of Health Professions must set criteria for outlier prescribing and dispensing with input from this advisory panel. He noted that developing effective procedures and appropriate criteria is not a simple process. Dr. Brown welcomed Ashley Carter to the PMP coming to us from the Virginia Department of Health (VDH). Dr. Brown also introduced Josh Boggan, Case Intake Manager for the Enforcement Division. He noted that Mr. Boggan oversees all complaints that come into DHP. Dr. Brown noted that it has been challenging to determine actually what "outlier behaviors" are with respect to prescribing and dispensing. This is coupled with a need to best utilize the resources of the Department.
Ralph Orr: PROGRAM REPORT	Mr. Ralph Orr showed the panel members a brief video of NarxCare Enterprise (NarxCare). NarxCare is a risk assessment tool incorporated into the Virginia AWARxE platform intended to provide a predictive analysis of each individual's relative risk of medication abuse and overdose. Dr. Lori Conklin appreciated the value of NarxCare Enterprise but noted that it is imperative that overdose data be incorporated into the Virginia Prescription Monitoring Program (PMP). Mr. Orr responded that three bills presented during the recent General Assembly session were all tabled. These bills would have required reporting by an Emergency Department to all prescribers of each individual who had been admitted for a drug overdose. DHP received a letter from the Chairman of Health Education and Welfare, requesting information be gathered on how to best provide overdose information to prescribers and a report be provided by November 1, 2018 to include any legislative needs to expand authority for providing or sharing this data. Mr. Orr reminded panel members that beginning July 1, 2017, the Virginia PMP received the authority to forward to the Enforcement Division the names of prescribers and dispensers who were demonstrating outlier behaviors for possible investigation. Mr. Boggan noted that the Enforcement Division has historically been reactive in terms of responding to complaints and that this proactive perspective is a new approach for Enforcement staff. Mr. Orr stated that the goal of the meeting today is to refine parameters for identifying prescribers and dispensers who warrant further investigation.
Ashley Carter: CRITERIA DEVELOPMENT FOR UNSOLICITED REPORTS – PRESCRIBING/DISPENSING	Ms. Carter noted that recommendations resulting from a previous panel meeting resulted in a search of PMP data for the top 10 prescribers and dispensers based on all covered substances. Also generated were lists of prescribers with patients with >2000 MME/day; prescribers with at least 10

	patients with >1000 MME/day; prescribers with at least 5 patients with > 750 MME/day. These searches were not run concurrently. Initially, 62 prescribers/dispensers were forwarded to the Enforcement Division for review. Ms. Carter then reviewed for panel members PMP's proposed indicators of unusual prescribing and dispensing. Ms. Carter noted that proposed indicators were analyzed primarily in terms of dose quantity (instead of prescription quantity) because dose is a better representation of trends over time, it differentiates between short-term use (e.g. surgery) and ongoing prescribing, and it reflects the current progression toward safer prescribing which has resulted in limiting the # of doses per prescription. Proposed Indicators of unusual prescribing/dispensing for discussion: A. Top 10 prescribers of opioids per quarter by dose quantity B. Top 10 prescribers of opioids with minimal PMP use C. Prescribers of patients with a daily MME ≥ 1,500 [with overlapping benzodiazepine] D. Top 10 prescribers of ER/LA opioids to opioid naïve patients E. Top 10 prescribers of buprenorphine for MAT dosing > 24mg/day F. Top 10 dispensers of opioids from out of state [out of health region] prescribers G. Top 10 dispensers based on ratio of CS II to all CS II-V prescriptions, minimum of 1,000 CS II prescriptions Mr. Orr inquired of Dr. Harp how the Board of Medicine had evaluated prior PMP referrals for outlier prescribing, and Dr. Harp noted that reviewers had "exempted" review of prescribers with the following types of patients: hospice patients, palliative care and sickle cell anemia. The panel discussed the definition of opioid naïve. The Centers for Disease Control (CDC) currently defines opioid naïve as individuals who have not taken an opioid in the last 45 days. The CDC had recently changed the definition from 60 days to 45 days, during which time the number of opioid naïve patients jumped from 8% to 19%. Approximately 92% of doses of opioids are immediate release (IR) opioids in Virginia currently. Mr. Boggan then spoke to some of the challenges associated with the initial referrals of outlier prescribing and dispensing to the Enforcement Division. He noted that due to the confidentiality requirements subject to 42 CFR Part II, substance abuse records are hard to get, even with a subpoena. The panel then discussed some topics about opioid prescribing in general. Dr. Conklin noted that some patients claimed that they needed higher doses of opioids because lab tests had documented that they were rapid metabolizers.

	Mellie Randall also noted that new injections for substance user disorder have promise because the injections are given monthly in the healthcare provider's office and there is nothing to divert. The panel also discussed sharing data among state boards. Counsel to the PMP, Jim Rutkowski said he would have to clarify, but that if an investigation involved an individual with licenses in additional states, this information could probably be shared with other state boards. Ms. Carter discussed the proposed indicators for dispensers. Dean Beauglass indicated that the differentiation between Medicaid and commercial prescribers is not clear when a patient presents his or her insurance card, so the payment type indicator may not be of much assistance. Mr. Orr also noted that the public may have heard information from the press suggesting that consumers inquire whether the cash price is cheaper than their copay; therefore in this instance private pay may no longer be a red flag for diversion. Dr. Conklin and Ellen Shinaberry suggested that outpatient hospital pharmacies should be excluded from the search for outlier dispensers for indicator G. The panel discussed how the DEA may not be a reliable indicator with respect to prescription reporting because prescribers may have multiple DEAs. If they practice near a state line, they will often have 2 DEA numbers. In addition, the DEA registration may not be associated with the appropriate address as the prescriber can choose to associate their DEA registration with one of many practice addresses or even their home address. Dr. Beauglass noted that for the purposes of this panel, this may be a good opportunity for data sharing with DMAS and would communicate with PMP staff as to what may be available. Dr. Shinaberry noted that this second round of prescribers and dispensers will be more valuable as there has been more scrubbing of the data. Mr. Boggan noted that during the first round, the spreadsheets provided for investigation of dispensers literally included thousands of prescriptions creating a labor-intensive process to evaluate and identify patterns for further investigation. What is presented today is a much more meaningful analysis. Mr. Orr stated that this process of identifying outlier prescribers and dispensers going forward would occur quarterly and results would likely be prioritized; prescribers or dispensers identified in two or more indicators would be sent to the Enforcement Division for review first. Dr. Conklin made a motion and Dean Beauglass seconded to recommend the presented indicators for use in identifying outlier prescribers and dispensers for review. The motion was approved unanimously.

ADDITIONAL MEETING DATES FOR 2019:	March 14, 2019; June 12, 2019 and September 18, 2019.
NEXT MEETING	The next meeting will be held on March 14, 2018 from 10 a.m. to 12:00 noon.
ADJOURN:	With all business concluded, the committee adjourned at 11:00 a.m.
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	Ralph A. Orr, Director