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

Thursday, September 17, 2020

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 10:03 a.m.
PRESIDING	Jeffrey Gofton, M.D., Chair, Office of the Chief Medical Examiner, Presiding
MEMBERS PRESENT:	Alexis Aplasca, M.D., DBHDS Chief Clinical Officer Randall Clouse, Office of the Attorney General Eduardo Fraifeld, M.D., Pain Medicine Physician Tana Kaefer, Pharmacist, Bremo Pharmacy Virginia LeBaron, Assistant Professor, University of Virginia School of Nursing, Nurse Practitioner Radhika Manhapra, M.D., VA Hampton Medical Center John Welch, 1SG, Virginia State Police Sarah Ebbers-West, M.D., Riverside Health System Lisa Wooten, VDH IT & Data Systems
MEMBERS ABSENT:	Donna Franciono-Proffitt, DMAS Rodney Stiltner, RPh, Vice Chair, Pharmacist, VCU Health Vacant Positions: Primary Care Physician
STAFF PRESENT:	David Brown, D.O., Director, DHP Barbara Allison-Bryan, M.D., Chief Deputy Director, DHP Jim Rutkowski, Counsel, Office of the Attorney General Ralph A. Orr, Program Director, Prescription Monitoring Program Ashley Carter, Sr. Deputy Director, Prescription Monitoring Program Carolyn McKann, Program Deputy for Operations, Prescription Monitoring Program Desire Brown, Administrative Assistant, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS	Dr. Gofton welcomed everyone to the meeting of the Advisory Committee and all attendees introduced themselves.
MOTION TO AMEND AGENDA TO ADD APPROVAL OF PREVIOUS MINUTES	Dr. Aplasca made a motion to amend the agenda and Dr. Fraifeld seconded the motion; motion to amend the agenda was approved.
APPROVAL OF AGENDA	Dr. Fraifeld made a motion to approve. Randy Clouse seconded the motion; the agenda was approved as amended.
APPROVAL OF MINUTES	Tana Kaefer made a motion to approve the minutes for the previous meeting held June 2019. Dr. Ebbers-West seconded the motion; the minutes were approved as presented.

Dr. David Brown: DEPARTMENT OF HEALTH PROFESSIONS REPORT	Dr. David Brown provided an overview of the agency for new and existing members. Dr. Brown noted the Department of Health Professions' (DHP) core function is the work of the thirteen regulatory boards. DHP issues over 425,000 licenses, primarily for individuals, and focuses primarily on licensure, policy-making and discipline of licensees. Resulting from the most recent General Assembly session, DHP is participating in a workgroup to establish a statewide telehealth plan. DHP has also been involved in marijuana workgroups as it relates to the Commonwealth's current five pharmaceutical processors, for which the Board of Pharmacy is responsible. The Secretary of Health has developed a workgroup specifically to discuss medical marijuana, and the Virginia Department of Agriculture has another workgroup to discuss adult recreational use of cannabis products.
Barbara Allison-Bryan, M.D.: PMP 101	Dr. Allison-Bryan presented an introduction to the Prescription Monitoring Program (PMP). She noted that participation in the advisory committee is in statute, and mentioned the purpose of both the committee and the advisory panel. Dr. Allison-Bryan advised the committee members that the advisory panel is a vehicle that allows the PMP to review data proactively for outlier prescribing and dispensing. She discussed who can access the PMP data, what constitutes PMP data, outlined some exemptions from reporting, and provided a detailed description of the NarxScores including the Overdose Risk Score (ORS). She mentioned that there have been changes to 42 CFR Part II that may allow reporting of dispensing from methadone clinics to the PMP, dependent on individual patient consent. Lastly, she noted that notation of a recent release from incarceration, which puts individuals at risk for overdose, may soon be incorporated into patient prescription history reports. Dr. Fraifeld asked if contextual data (e.g., cancer diagnosis) might also be included in patient PMP reports. Mr. Ralph Orr responded that some states are requiring diagnosis codes to be reported but this would require further review and consideration. Dr. Fraifeld inquired about the ability to obtain up to 5 years of patient prescribing history, as that may be beneficial when trying to confirm some patient histories. Mr. Orr responded that two years of data is provided, as there were concerns with respect to software performance if request thresholds were to be increased. Two years of data corresponds with code requirements for the storage of prescription records. Dr. Gofton noted that the absence of dispensing from methadone clinics is a huge limitation when conducting death investigations. Dr. Allison-Bryan responded that 42 CFR Part II has disallowed the reporting of this protected health data in the past. Due to recent changes in the regulation, this information may be reported in the near future with some restrictions. Dr. Radhika Manhapra asked when the dispensing of

	medical marijuana would be available on PMP reports. Dr. Allison-Bryan responded that dispensing would be reported within 24 hours just as required from any other dispenser. The first products are expected to be available within the next two months.
Carolyn McKann: OPERTIONS UPDATE	Ms. McKann provided an overview of compliance capabilities, including a description of the tools available in Tableau to identify submission errors, errors of omission, and identification of various threshold outliers. Ms. McKann compared the compliance dashboard to the data quality dashboard, and outlined the attributes and potential applications to compliance tracking and error correction. Ms. McKann discussed the status of pharmaceutical processors in Virginia, describing the preparation required by the PMP to ensure the timely and accurate reporting of the dispensation of CBD and THC-A oils to the PMP. Ms. McKann noted that once reporting begins, these dispensations would be available on PMP patient history reports.
Ashley Carter: ANALYTICS UPDATE	Ashley Carter reviewed her analytics update, initiating discussion on improving the data quality for over 50,000 user accounts. She noted this lengthy project has been particularly important for prescriber report distribution, directly resulting in a 36% overall increase in prescribers eligible to receive the report. Ms. Carter also noted that allowing Gateway access without an AWARxE account is a security vulnerability. Ms. Carter stated that on Tuesday, September 15, any user who accesses the PMP through an integrated solution must have an active AWARxE account. Ms. Carter discussed results from an analysis on compliance with the mandatory PMP registration requirement by occupation. Ms. Carter informed the committee that county level opioid prescribing has been posted to the PMP website in formats that both the public and data analysts can utilize. Ms. Carter also addressed the impact of COVID-19 on requests and dispensations. Additionally, Ms. Carter presented recent data on electronic prescribing for opioids given the new (July 1, 2020) requirement that any prescription containing an opioid must be transmitted electronically from prescriber to dispenser. At present, 76% of opioids are e-prescribed.
Ralph Orr: PROGRAM DIRECTOR REPORT	Mr. Orr discussed the impact of integration on the utilization of the Virginia PMP. As of June 2020, there were 4,931 integrated facilities in Virginia; this distribution reflects the population density of prescribers in each county or city of the Commonwealth. Mr. Orr pointed out that integration requests average over 4 million requests each month, which may translate to over 4 million possible patient encounters each month. Mr. Orr noted that Veterans Health Administration (VHA) facilities across the nation will be integrated with and receive prescription data from all state PMPs this fall. This includes the

	three major VHA facilities and outpatient clinics in Virginia. Mr. Orr compared the NABP's national footprint of interoperability to the Virginia PMP's footprint. There are only five states represented by NABP that are not interoperable with Virginia's PMP. Mr. Orr also discussed some of the implications of the 2108 Support Act and Mission Act. States must require their Medicaid providers to check the PMP beginning on 10/1/2021 when prescribing a controlled substance. In addition, the Drug Utilization Review Annual Report from CMS will require PMPs to report percentages of Medicaid prescribers viewing the patient's PMP history report. PMPs will also be required to report aggregate trends. More regulations are expected to be promulgated resulting from the Support Act requirements. PMP staff will collaborate with DMAS staff on specifics for providing essential data from the PMP and DMAS in order to meet these requirements. Mr. Orr presented opportunities to enhance the content of NarxCare reports, including the possibility of adding both overdose reversal information and recent release from incarceration, among others. Mr. Orr stated that the addition of more interactive treatment and resource location information would be a welcome addition to the PMP and especially its users. The addition of a communications module is possible whereby those accessing a specific patient's prescription profile may add and review relevant care notes. Dr. Fraifeld noted that it would be specifically helpful if he could note that a patient was on an opioid treatment plan limiting the patient to one pharmacy, for example. Ms. Virginia LeBaron expressed concern that release from incarceration information may possibly affect a patient's care and treatment. Mr. Orr explained that the planned use of this data would be to inform Risk Scores, not published on a specific patient's report as a data element.
MEETING DATES FOR 2020:	To be Determined
ADJOURN:	With all business concluded, Dr. Gofton adjourned at 11:52 a.m.
	Jeffrey Gofton, M. D., Presiding
	Ralph A. Orr, Program Director