

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

Thursday, June 2, 2022

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 10:04 a.m.
PRESIDING	Jeffrey Gofton, M.D., Chair, Presiding Office of the Chief Medical Examiner.
MEMBERS PRESENT:	Randall Clouse, Office of the Attorney General Tana Kaefer, Pharmacist, Bremo Pharmacy Virginia LeBaron, Assistant Professor, University of Virginia School of Nursing, Nurse Practitioner Radhika Manhapra, M.D., Hampton VA Medical Center MaryAnn McNeil, DMAS Michelle Thomas, DBHDS (proxy for Dr. Aplasca) John Welch, 1SG, Virginia State Police Liz Zaunick, VDH
MEMBERS ABSENT:	Sarah Ebbers-West, M.D., Riverside Health System Eduardo Fraifeld, M.D., Pain Medicine Physician Rodney Stiltner, RPh, Vice Chair, Pharmacist, VCU Health
STAFF PRESENT:	David Brown, D.C., Director, DHP Lisa Hahn, Chief Operating Officer, DHP Erin Barrett, Senior Policy Analyst 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 Desiré 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.
APPROVAL OF AGENDA	Michelle Thomas made a motion to approve the agenda as amended and Tana Kaefer seconded the motion; the agenda was approved as amended.
APPROVAL OF MINUTES	Randy Clouse made a motion to approve the minutes for the meeting held June 2021. John Welch seconded the motion; the minutes were approved as presented.
PUBLIC COMMENT	None Provided

<p>DEPARTMENT OF HEALTH PROFESSIONS REPORT: Dr. David Brown</p>	<p>Dr. Brown noted that we have a new Secretary of Health and Human Resources, John Littel. Dr. Brown noted that attendees may have noticed some different procedures since we changed security vendors for the Perimeter Center to RMC Events. DHP is also currently upgrading the AV system with an expected completion date around the end of the summer. Dr. Brown then discussed medical cannabis. The Board of Pharmacy (BOP) recently developed a Guidance Document for prescribers regarding both re-certifications and potential drug interactions. The BOP oversees the medical cannabis program, and it has changed significantly each year since its inception. Initially, medical cannabis was exclusively used for the initial diagnosis of intractable epilepsy. A recreational retail program is anticipated to be established in 2024. Currently the only legal way to obtain cannabis is through the medical cannabis program. An initial patient evaluation can now be performed via telehealth and the demand for medical cannabis has skyrocketed.</p> <p>Dr. Gofton noted that they are doing more and more cannabis testing at the Office of the Chief Medical Examiner (OCME). He further noted that between 80-90% of homicide cases have cannabis present on the toxicology screen.</p>
<p>LEGISLATION AND REGULATION UPDATE: Erin Barrett</p>	<p>Ms. Barrett noted that her predecessor, Elaine Yeatts, has retired. Ms. Barrett reviewed the status of bills from the 2022 General Assembly session that were relevant to the work of this committee. The bill specific to the PMP, HB192, repealed the sunset provisions relating to a prescriber requesting information about a patient when prescribing opioids. After initially passing the House and Senate, the Governor amended the legislation to reinstate the sunset provision through July 2027 and this change was accepted by the legislature.</p>
<p>SECTION 5042 SUPPORT ACT REPORTING AND CMS FUNDING OPPORTUNITY: Ashley Carter and MaryAnn McNeil</p> <p>PMP SURVEY DISCUSSION: Ashley Carter and Liz Zaunick</p>	<p>Effective in September 2021, Medicaid providers were required to check the PMP for Schedule II drugs as part of the SUPPORT Act. DMAS will be required to submit their first report in October 2023 on compliance with this requirement. The SUPPORT Act also provides a funding opportunity for the PMP upon being designated as “certified.” Other state PDMPs using the same vendor have already successfully completed the certification process and we don’t anticipate any challenges doing so.</p> <p>The last Virginia PMP survey was conducted in 2004 and another is planned for 2022 using funding from the Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) grant. PMP will again contract with the Survey & Evaluation Research Lab (SERL) at Virginia Commonwealth University for this purpose and are targeting a launch in October 2022. Ms. Carter presented some topics under consideration to include frequency of use, utility in treatment/dispensing decision making, interest in expanding data collected to OTP or non-controlled substances, and use of Prescriber Reports, among others. Ms. Carter asked the committee members for their suggestions and feedback on the proposed topics. MaryAnne</p>

**PROGRAM
REPORTS:
PROGRAM
OPERATIONS:
Carolyn McKann**

McNeil suggested adding questions about Suboxone dispensing. Dr. Brown noted that it may be informative to compare responses from users of an electronic health record (EHR) or pharmacy dispensing system (PDS) integrated with the PMP to those that access it via the web application.

Carolyn McKann provided an overview of registration initiatives including the transition to online registration for all law enforcement and regulatory users of the PMP. Ms. McKann noted that the online process is simpler for both prospective registrants and for PMP staff. Seven roles have been enabled so far this year. Ms. McKann also noted that 92% of all law enforcement/regulatory users required by regulation to renew their accounts every even-numbered year have already done so. Ms. McKann provided a summary of integration, noting that currently there are >650 software vendors that meet the Virginia PMP's requirements, and nearly 5,000 entities across the Commonwealth have integrated the PMP into their clinical workflow. Most of the growth of integration has occurred within the last two years.

**PROGRAM
ANALYTICS: Ashley
Carter**

Ms. Carter defined prescriber penetration and noted that Bamboo Health started tracking prescriber penetration in July 2020. Ms. Carter noted that prescriber penetration has increased from 56% of unique prescribers actively prescribing covered substances to 69%. Dr. Manhapra inquired further about how prescriber penetration is calculated. Mr. Orr noted that we do not have the ability at this time to track pharmacist penetration in a similar fashion.

Ms. Carter also addressed electronic prescribing for opioids, which was required beginning July 1, 2020. As of 2022Q1, 92% of opioid prescriptions were transmitted electronically.

Ms. Carter then discussed the utilization of opioids and buprenorphine for opiate use disorders (OUD). She noted that in March 2017, the BOM regulations set a limit for buprenorphine monoprodukt. Since 2015, buprenorphine dispensing for OUD has increased by about 25%.

Ms. Carter then showed a summary of the proactive investigations by Enforcement; there were 37 prescriber investigations and 23 dispenser investigations since 2016. Covid-19 did have an impact on the identification of proactive investigations. Of the 91 licensees sent for review, 60 were docketed for investigation, 50 have since been closed, eight had violations, and six licensees were sanctioned. The rate of a violation finding from these PMP-initiated cases were above that of similar complaint-driven investigations. Dr. LeBaron asked about the MME thresholds and Ms. Carter noted that the thresholds may represent overlapping prescriptions, and every effort was made to exclude cases that involved end-of-life, cancer treatment, sickle cell disease, or exempted situations. Lisa Hahn

**ELECTION OF
CHAIR AND VICE-
CHAIR: Term
September 2022 - June
2023**

**PROGRAM
DIRECTOR
REPORT: Ralph Orr**



noted that the committee helped develop the thresholds and criteria for the proactive investigations, and commended the group.

Tana Kaefer made a comment about Suboxone dispensing in response to mention of accessibility challenges by MaryAnn McNeil. Ms. Kaefer stated that pharmacies lose money for every Suboxone prescription dispensed. MaryAnn McNeil noted that DMAS of this issue and working to modify how the dispensing fee is paid. The BOP, SAMHSA, DBHDS, DMAS, DEA, and other state and federal agencies are working with private industry to investigate and alleviate other access barriers to access by those being treated for OUD. Dr. Manhapra said the Hampton Veterans Administration is in the process of comparing patient retention and outcomes when receiving the monthly the shot (Sublocade) versus Suboxone.

Randy Clouse nominated Dr. Gofton for Chair and John Welch seconded the motion. All in favor; none opposed. Randy Clouse made a nomination for Dr. Stiltner to continue as Vice Chair and John Welch seconded the motion. All were in favor, none opposed.

Ralph Orr announced his retirement to the committee and began a 20-year overview of Virginia's PMP. Senator Wampler (R), Virginia, put forth legislation to create a prescription monitoring program as a pilot project in southwest Virginia. The PMP was implemented when Robert Nebiker was the Director of the Department of Health Professions. The initial PMP data was stored in an ACCESS database. Access to data at this time was limited and no pharmacists had access.

Initially, funding was an issue for the Virginia PMP. DHP's Enforcement Division provided some seed money to get started. There was concern that PDMPs would have a chilling effect on opiate prescribing. In accordance with a requirement of the 2002 legislation, an evaluation of the program and PMPs in general resulted in the following recommendations among others: that the program continue indefinitely; that data collection expand to Schedules II – IV; that the program cover the entire Commonwealth; and that pharmacists may register to use the program. The 2005 General Assembly passed legislation that incorporated almost all of the recommendations provided in the report. In 2007 there was a court settlement involving Purdue Frederick company. Randy Clouse, of the Medicaid Fraud Control Unit, was instrumental in an agreement for the PMP to receive \$20 million under the settlement. This settlement, held in a trust fund, has been foundational in creating financial stability for the PMP and allowing it to expand to provide better services to users of the program. Utilization skyrocketed after 24/7 response was enabled in 2009. Removing the barriers to access and making it simple results in healthcare practitioners using the PMP, which in turn improves patient safety.

	<p>The first grant for integration was obtained in 2017 from Purdue Pharma. In addition, the Virginia PMP invested in NarxCare Enterprise. Additional funding included the Prevention for States grant and then the OD2A grant, which will end in August 2023. Mr. Orr enumerated five main areas that the committee and the program will need to consider over the next two to three years. These are funding sustainability, access, what information is to be provided, collaborations, and data analysis and distribution.</p> <p>Randy Clouse, Chief of Virginia's Medicaid Fraud Control Unit, commented that Virginia's PMP is seen as a leader nationally in the area in which he works. He commended the PMP for its assistance in providing timely and accurate information that has assisted in several high level investigations that have led to huge settlements benefitting the Commonwealth and its citizens.</p> <p>In closing, Dr. Brown announced Ashley Carter will succeed Mr. Orr as PMP director upon his retirement and the end of June.</p>
<p>NEXT MEETING DATE FOR 2022:</p>	<p>September 7, 2022</p>
<p>ADJOURN:</p>	<p>With all business concluded, Dr. Gofton adjourned at 12:14 p.m.</p>
	<p> Jeffrey Gofton, M. D., Presiding</p>
	<p> Ralph A. Orr, Program Director</p>