Program (PMP), and the impact on the Virginia Prescription Monitoring Program. The following topics will be discussed:

2. The impact of the Program on the healthcare system.
3. The impact of the Program on prescribers and pharmacists.
4. The impact of the Program on public safety.

The meeting will be held on Tuesday, February 1, 2011, at 10:12 a.m.

The agenda was approved as presented.

No additions or deletions were made.

Panel:

Dr. Walker welcomed everyone to the meeting of the Advisory Committee.

Program:

Carole Mekemson, Deputy Director, Prescription Monitoring Program.

Ralph A. O'D. Program Director, Prescription Monitoring.

Eleanore Presser, Senior Policy Analyst.

Professions:

Arie Ossowsky, Chief, Deputy Director, Department of Health Development Services.

Melodee Randall, Deputy Director of Behavioral Health and Development.

Jama Brinual, Family Nurse Practitioner.

John Bressani, M.D., Commonwealth Pain Specialists, LLC.

Chair:

E. M. التونسي, M.D., Office of the Attorney General, Medialia Panel.

Randal Clouse, Office of the Attorney General, Medicial Panel.

Kenneth Walker, M.D., Chair.

When the meeting is called to order at 10:12 a.m., a meeting of the Advisory Panel on the Prescription Monitoring Program was held.

STATE PRESIDENT:

MEMBERS ABSENT:

MEMBERS PRESENT:

PRESIDING:

CALL TO ORDER:

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

FIND/APPENDED
SB1096 (Patton-Hageman): Pharmacists shall have access to controlled substances.

SB1095 (Patton-Hageman): Schedule II, III, IV or V.

Any person for whom they are prescribing a Schedule II, III, IV or V controlled substance, prescription or dispensing a Schedule II, III, IV or V controlled substance.

SB1029 (Patton-Pookel): Disclosure of health records, health information.

SB1178 (Patton-Reeves): Prescribed.

Provider is required to disclose controlled substances.


HB2222 (Patton-Nielsen): Prescribed, monitored.

HB1772 (Patton-Tepper-Schaller): Schedule II add-

HB1434 (Patton-Carrell): Marajuana, Synthetic, edibles, for...
whether the prescription is a new prescription or a refill, the number of refills approved, the number of refills approved, and the number of refills approved. The drug is defined as the prescription that the DEA registration number will be issued to or by the physician. Furthermore, the DEA number assigned will allow the pharmacist to ensure that the prescriber's NCPDP is approved, and that the pharmacy's DEA number is approved. The pharmacy's DEA number is approved when the pharmacist has been approved by the DEA for the prescription of Schedule II drugs. The DEA number assigned will allow the pharmacist to ensure that the prescriber's NCPDP is approved, and that the pharmacy's DEA number is approved. The pharmacy's DEA number is approved when the pharmacist has been approved by the DEA for the prescription of Schedule II drugs. The DEA number assigned will allow the pharmacist to ensure that the prescriber's NCPDP is approved, and that the pharmacy's DEA number is approved. The pharmacy's DEA number is approved when the pharmacist has been approved by the DEA for the prescription of Schedule II drugs.
from 2008 to 2009, Dr. Noller anticipates that, pending results from 1999 through 2008, there was a slight decrease in deaths with positive Crontas test results. The Crontas test indicated a steady increase every year.

The Chief Medical Examiner, present in attendance, presented an overview of the drug death statistics for 2009 and 2010. Dr. Noller emphasized the increasing number of deaths caused by drug overdose.

The motion passed unanimously.

Dr. Anna Noller, State Forensic Epidemiologist for the Office of the Chief Medical Examiner, presented an overview of the current drug death statistics. The increase in drug deaths over the past two years was significant.

Dr. Noller reported that the increase in drug deaths was due to an increase in the use of opioids. She noted that the majority of drug deaths were caused by heroin and prescription painkillers.

The motion to pass the report was unanimously approved.

Dr. Noller concluded by stating that the increase in drug deaths was a serious public health issue. She urged the Governor to take action to address the crisis.

The motion to pass the report was unanimously approved.

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complaints brought forward by a multitude of sources. In order to address this concern, the Department of Health and Human Services has been following procedures that may result in the re-education of health professionals involved. This will result in a comprehensive review of the Health and Human Services (HHS) Program (HPF) to seek opportunities to operate more efficiently.

Mr. Owens also noted that due to budget constraints, we continue to seek opportunities to operate more efficiently.

Mr. P. Smith addressed the need for a healthy Percussion Team, which would be a significant component in the prevention of health issues.

Dr. Noller also noted that there are low death rates for cancer, but the numbers are higher for lung cancer. He noted that the school of public health recently increased its efforts to prevent lung cancer.

Dr. Noller also introduced the idea of using a different approach for cancer prevention. He noted that the school of public health is currently working on a new approach for cancer prevention.

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The PMX project, also a data sharing project established and later expanded in the project would be at risk of the cost to indicate that each PEP would have an agreement with NABP. project fully operational by September 30, 2011, NABP plans to begin a pilot in June of 2011. They intend to have the

deploy a data sharing model for PEP integration and develop a data sharing model for PEP integration and

see critical pieces of the policy: NABP is working on

regional and local issues to improve the quality of care to help

CSC to address the issue of interoperability. The CSC is a

reflection to support the use of pharmacies in creating uniform

supports the state boards of pharmacy in creating uniform

technology initiatives. NABP is a professional organization that

dedicated to support services for information exchange and

of interoperability among states. This is a non-profit organization

independently been working on a national-scale initiatives to address

National Association of Boards of Pharmacy (NABP) to

both the issue for use of information systems. This is not the

brief report on the collection of data and the

report

the advisory panel did not have any comments regarding the

session as a result of recommendations considered in the report.

NO. 13) did not result in any proposals during this registration

Program pursuant to 257.17 and 257.17 (31) (see Document

information about utilization of the Program Administration

with these measures, the PEP, "do not report the collection of data and

Current initiatives in Virginia, incentives solutions and make recommendations.

the Department of Health to look at work force

Virginia. The Department of Health will also collaborate with

health of all Virginians will continue to review work force issues

rein health professionals in the state of Virginia, the overall

author, whose mission is to identify, to identify, to identify, and

resource: the Virginia Health Workforce Development

The data gathered from these surveys will be a significant

to all professions as a part of each license renewal process.

Center (HWD-C) has received additional funding from the

will continue to be significant in different sectors. Work will continue on the VAH.

The Advisory Council consists of six work forces from

and Human Resources is the chairman of the Advisory Council

reform, Virginia is committed to implement changes resulting

(HPRA), and are focusing on workforce development capacity

is Senior Advisor to the Virginia Health Reform Initiative

Mr. Owens also stressed that he is continue to serve

Mr. Owens stressed that Dr. Cane and Mr. Owens continue to serve
receive an email and instructions on how to view their report.

are registered on non-registered. The registered users also
mentioned in the initial survey, and only 61 of those were
of the expansion. Approximately 1,100 emails were sent
during the period. The response rate increased to 47% as a result
with a link to the survey instrument and the survey was closed on
January 28, 2011. The response rate was reduced to 26% after receiving the survey. A reminder email was sent
28/2/2011 since the response rate by the week 53-4 was not
originally set at January 21, 2011, but was extended to January
was initially set on January 6, 2011. The closing date was
from the PWP in 20/10. The response rate was maintained. The survey
was sent to selected practitioners who had received unsolicited reports
of the PWP program. To that end, a survey was developed and
a questionnaire specifically requesting information about the impact
PWP for the 2011 General Assembly. The PWP internal
by month as well as any recommendations for changes to the
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during the 2010 session. The report contains to share in the
was sustained to improve the efficiency, and the selection appeared to be likely consistent across the states.
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are reported that the practitioners who previously used the
even most likely to
extremely low: we have less than 300 degrees in total.
are noted that the number of registered degrees is
and we now have nearly 250% of the initial total registered.
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June 2011

The next meeting will be held on a date yet to be determined in

location address.

of reports are returned, having been mailed to an old or

of which for whom they are intended. Currently, a small percentage

that receive reports will only be viewed by

increase the efficiency of this process since most reports will not

report, and directions on how to view the report. This will

reporter, and directions on how to view the report. This will

registered will receive only an email, a link to recover the PMP

registered will receive a mailed report and cover letter. Those

registered users will receive a letter stating the name of the

The new process will not provide for any mailed reports. Non-

ADJOURNED

NEXT MEETING