COMMONWEALTH OF VIRGINIA
Meeting of the Virginia Prescription Drug Monitoring Advisory Panel

Perimeter Center, 9960 Mayland Drive, Second Floor **804-367-4566(Tel)**
Henrico, Virginia 23233 **804-527-4470(Fax)**

Agenda of Meeting
July 10, 2012
10:00 AM
Training Room 2

Call to Order: Dr. Kenneth Walker, Chairman
- Welcome and introductions
- Reading of emergency evacuation script: Ralph Orr
- Approval of Agenda
- Approval of minutes (2-8)
- Election of Chair and Vice-Chair

Public Comment:

Department of Health Professions Report: Dr. Dianne Reynolds-Cane, Director

Informational Discussion: ConnectVirginia (Virginia's Health Information Exchange):
Kim Barnes, Virginia Department of Health (9-18)

ONC/SAMHSA/MITRE Workgroups--Enhancing Access to PDMPS: TBA (19-27)
- Overview of project
- Report recommendations
- Discussion

Note: Working Lunch at approximately Noon

Program Update: Ralph Orr (28-33)
- PMP Interoperability—Status (34-35)
- Discussion of legislation--effective date of July 1, 2012 (36-38)
- Program Statistics: Carolyn McKann (39-45)
- Unsolicited reports: Carolyn McKann (46-47)
- Marketing and educational efforts: Carolyn McKann (48-51)
- PMP requests related to civil matters: Howard Casway (52)
- Project: Enhancing PMP registration process for prescribers and dispensers (53)

Discussion and Recommendations:

Next Meeting

Adjourn

DRAFT/UNAPPROVED

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

Tuesday, June 14, 2011 — 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 10:10 a.m.
PRESIDING	Kenneth Walker, M.D., Chair
MEMBERS PRESENT:	Carola Bruflat, Family Nurse Practitioner Randall Clouse, Office of the Attorney General, Medicaid Fraud Unit, Vice Chair Brenda Mitchell, President, Virginia Association for Hospices Holly Morris, RPh, Crittenden's Drug Mellie Randall, Representative, Department of Behavioral Health and Developmental Services Harvey Smith, 1SG, Virginia State Police Dr. Amy Tharp, Office of the Chief Medical Examiner
MEMBERS ABSENT:	John Barsanti, M.D., Commonwealth Pain Specialists, L.L.C.
STAFF PRESENT:	Howard Casway, Senior Assistant Attorney General, Office of the Attorney General Diane Powers, Director of Communications, Department of Health Professions Elaine Yeatts, Senior Policy Analyst Ralph A. Orr, Program Director, Prescription Monitoring Program Carolyn McKann, Deputy Director, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS	Dr. Walker welcomed everyone to the meeting of the advisory panel.
PUBLIC COMMENT:	No public comments were made.
APPROVAL OF AGENDA	Mr. Orr requested adding an agenda item entitled "educational events" to the agenda between program statistics and update on unsolicited reports within the program update section. The agenda was approved as amended.
APPROVAL OF MINUTES	The Panel reviewed draft minutes for the February 1, 2011 meeting. The minutes were approved as presented.
ELECTION OF CHAIRMAN AND VICE-CHAIRMAN	Dr. Kenneth Walker was elected Chairman of the Advisory Panel for another term; all were in favor, none opposed. Dr. Randall Clouse was elected as Vice-Chairman for another term; all were in favor, none opposed.

DEPARTMENT OF HEALTH PROFESSIONS REPORT

Mr. Ralph Orr discussed an interagency work group that the Virginia Department of Behavioral Health and Developmental Services (DBHDS) has initiated to provide a context for budget initiatives for substance abuse treatment services to be presented to the Governor. This group is specifically looking at what systems, services and resources are currently available to address the Commonwealth's substance abuse problem and compare those resources to what is needed. The committee specifically wants to enhance opportunities for individuals and families who need substance abuse services and to develop a strategic plan to increase community-based substance abuse services across the Commonwealth.

Mr. Orr stated that he is serving on a methamphetamine study group due to previously proposed legislation to schedule Sudafed, which would have required Sudafed to be reported to the PMP. The study is exploring possible approaches to control the illegitimate sale of pseudoephedrine products which may include making these products prescription drugs. First Sergeant Smith noted that, with respect to methamphetamine, a lot of the product is originating in Mexico. He explained that what is being produced in the Commonwealth is coming from small "shake and bake" meth sources, not the large meth labs.

Mr. Orr noted that a bill applicable to the PMP program was passed by the 2011 General Assembly, and will be effective beginning July 1, 2011. This bill clearly outlines that pharmacists can share data, and prompts pharmacists to discuss data with other prescribers.

The committee discussed Oxycontin OP, a new formulation of oxycontin, which is designed to be difficult to chew, crush, or dissolve. This new formulation has caused drug-seekers to look for other opiate products such as Opana (oxymorphone), which may be easier to crush and snort, and/or inject the resulting powder.

PROGRAM UPDATE: RALPH ORR

Mr. Orr attended the "White House Roundtable on Prescription Drug Abuse and Health Information Technology" and the National Annual Conference of States with Prescription Monitoring Programs, recently held in Washington, DC.

The White House Roundtable was chaired by Gil Kerlikowske, Director of the Office of National Drug Control Policy (ONDCP) and co-chaired by President Obama's Chief Technology Officer, Aneesh Chopra.
During the White House Roundtable, it was noted that prescription drug abuse is by far the greatest problem today and is growing at an alarming rate prompting the development of an action plan.

The national prescription drug abuse action plan consists of four essential elements:

1) Education
2) Prescription Monitoring Programs
3) Prescription Drug Disposal Programs
4) Support to Law Enforcement Agencies

The White House Roundtable focused on three goals related to PMPs:

1) Real-time use of PMP data at the point of care to facilitate proper prescribing.
2) Applications for real-time PMP data exchange at the point of dispensing at the pharmacy.
3) Leveraging PMP data at Emergency Rooms through Health Information Exchanges.

The committee reviewed some statistics that were presented at the Roundtable on prescription drug abuse. National statistics show that drug-induced deaths have exceeded motor vehicle deaths in several states. Drug-induced deaths in Virginia may exceed death by motor vehicle in certain areas of the state, but not for the state as a whole. Nationwide, for every drug-induced death, there are 461 non-medical users of opioid analgesics. In addition, health care costs for opioid users are 8.7 times greater than for non-abusers.
As of June 2011, 48 states now have active PMPs or legislation allowing an active PMP. Missouri and New Hampshire do not have such legislation.
The national drug control strategy also includes reauthorizing the National All Schedules Prescription Electronic Reporting Act (NASPER). NASPER was specifically unfunded in the continuing resolution for the fiscal year 2011, but is expected to be included in the fiscal year 2012 budget. Mr. Orr noted that currently Veteran's Administration facilities and the Department of Defense do not believe they can legally submit prescription data to state PMPs; this is of concern because prescription drug abuse is higher in some parts of the military than for the general public.

Mr. Orr noted that during the National PMP Annual Meeting, innovation of PMPs with Health Information Exchange (HIE) was a very popular topic. Also of interest during the annual PMP meeting was the ability to incorporate registration with state PMPs on-line with each state's licensure renewal cycle for prescribers and pharmacists.

PMP INTEROPERABILITY

Mr. Orr discussed the NABP Interconnect project. The Ohio and Virginia PMPs were the first two programs to sign on with the NABP

interoperability project known as PMPi. Kansas and five other PMP programs have signed MOU's with NABP. For PMIX (Prescription Monitoring Information Exchange), the Alliance of State PMP's interconnect vehicle, the Virginia PMP would be required to submit a change request to our software vendor, Optimum Technology, each time a new state is added. The accommodation of each additional state would be both time-consuming and costly. The NABP Interconnect project will allow the Virginia PMP to provide interoperability with other states without any additional cost to Virginia for at least five years.

Of note, the Virginia PMP may be adding the patient's "zip code" as a required field when inputting requests in order to differentiate the correct address for persons with the same name but living in different states. By the fall of 2011, NABP anticipates that as many as twenty states may be participating in PMPi.

DRUG TAKE-BACK EVENT TOOL BOX

Attorney General Kenneth Cuccinelli, II, assembled a task force including members from DHP, DEQ, BOP, Virginia State Police, etc., in order to plan and coordinate a drug disposal event "tool box" to assist communities in Virginia that wish to plan and hold community take–back events. Mr. Orr was a member of this task force; he discussed elements of the completed document which was included in the agenda packet. This document will also be posted on the PMP website. On Aril 30, 2011, the Drug Enforcement Administration (DEA) hosted the second National Prescription Drug Take-Back Day. Nationwide, there were 5,300 collection sites. In Virginia, 9,500 pounds of unused and expired prescription drugs were collected and incinerated, an increase from the 5,182 pounds collected last September 25, 2010 during the first ever National Prescription Drug Take Back Day. There is a third National Take Back Day scheduled for October of this year.

PROGRAM STATISTICS

Ms. Carolyn McKann reviewed the program statistics for utilization of the program through June 3, 2011. The program continues to receive increasing numbers of requests for patient-specific prescription history. So far in 2011, the program has exceeded the number of requests processed in the first two quarters of 2010. One day last week, the program processed greater than 2,500 requests during a 24-hour period. During 2011, the program's registered users exceeded 10,000 persons. The program continues to register approximately 50-75 users each week. The number of registered prescribers currently represents about 20 percent of the eligible population. The program continues to add approximately one million prescription records each month with currently over 62 million records in the PMP database. Mr. Orr noted that the Virginia PMP may soon keep only two years of prescription records active, and the

previous three or so years inactive. There is currently a 93% auto response rate, but this rate is expected to increase with fewer records for the database to review with each request.

EDUCATION INITIATIVES

Mr. Orr introduced the free educational forums on Prescription Drug Abuse being sponsored by the Medical Society of Virginia, One Care of Southwest Virginia, Inc., Virginia Dental Association, and Virginia Pharmacists Association. These four forums are provided to educate health care providers and pharmaceutical dispensers on how to prevent the abuse of prescription drugs. These sessions will include a brief introduction of the Virginia PMP, and will be held on the following dates: Saturday, July 16th, Sunday, July 17th, Saturday, September 17th, and Sunday September 18th in four different locations throughout southwest Virginia. The forums will explain the legal and regulatory requirements for using controlled substances to treat chronic pain as well as how health care providers can work with law enforcement to curb prescription drug abuse. The Virginia PMP will load the presentations on the thumb drives purchased by the program. Ms. Morris proposed informing registrants to bring their laptops if they wish to follow along with the overheads.

OTHER EDUCATIONAL INITIATIVES

Ms. Diane Powers discussed the development of an 18-month editorial calendar which will address an emphasis on third party outreach. Ms. Powers indicated that a plan that is committed to paper will assist the PMP in quantifying outreach initiatives. The calendar will include a list of due dates whereby the PMP can plant educational messages intended for specific constituents including the Board of Medicine, hospital systems (to include in-service meetings or grand rounds), community service boards and the 32 health districts. Ms. Powers noted Mr. Orr's live interview regarding the PMP was presented on the WHSV Fox TV-3 evening news on Thursday, May 19, 2011. Ms. Powers and Ms. McKann will be working to develop this editorial calendar.

UPDATE: UNSOLICITED REPORTS

Ms. McKann discussed the two types of unsolicited reports currently processed by the Virginia PMP. A "traditional" threshold report recognizes individuals meeting specific criteria within a thirty day period with regard to total number of prescribers seen and the total number of pharmacies utilized. PMP reports are no longer mailed to all prescribers. Registered users simply receive an email with a link to the PMP report. Non-registered prescribers receive a letter naming the patient and encouraging them to register with the program. Program staff halted this process once it was noted that some registered prescribers were receiving more than one email. Optimum Technology is working toward a resolution to this problem. Following resolution of this computer issue, program staff will

continue sending traditional threshold report notifications.
The second type of unsolicited report may recognize prescriptions that represent forgeries. These reports recognize individuals that see only one practitioner and numerous pharmacies within a thirty day period. Mr. Orr sent letters to the prescriber for each of those individuals recognized. The committee then reviewed a sample report of a real individual who had obtained 101 prescriptions written by the same prescriber and filled at twelve different pharmacies at different intervals during a five-six month period. Ms. McKann noted that the street value of the prescriptions, given that all the prescriptions were for oxycodone hydrochloride, at $1.00 per mg, would be nearly $140,000.

For both types of reports, program staff is now tracking the percentage of non-registered users that register with the program 4-5 weeks following receipt of a notification of an unsolicited report received by the prescriber.

IMPLEMENTATION OF NEW REPORTING REQUIREMENTS

New reporting requirements for the Virginia PMP are effective October 1, 2011. These changes to the regulations were exempt from the regulatory process because they are required in order for the Virginia PMP to continue to be eligible for federal grant funding. Required elements included uploading with ASAP standard Version 4.1, reporting of data within 7 days of dispensing, the DEA number of the dispenser (instead of the NCPDP#), the date the prescription was written, whether the prescription is new or a refill, and the number of refills authorized.
The updated Reporting Manual is nearly complete, however the ASAP standard is copyrighted and therefore the Virginia PMP cannot publish the reporting attributes in the reporting manual, as there is a fee to ASAP to obtain these.
Mr. Orr noted that the final rule on e-prescribing is due out soon. The DEA to this date has received only one application from an entity to act as the certifying authority. The DEA does not want to be the entity responsible for the certification of users. The validation should include a 2-factor authentication; i.e., something you know and something you have (such as a username and password along with a token or other biometric).

DISCUSS REMAINING RECOMMENDATIONS PURSUANT TO SJR73 AND SJR75

Ms. Elaine Yeatts discussed the remaining recommendations for 2011. Ms. Yeatts noted that there is language regarding an exception to the rule in the Patient Privacy Act. During the 2011 session, there was an amendment to the PMP law regarding redisclosing PMP information. This amendment states clearly that information can be shared by pharmacists with prescribers of the patient.
Ms. Yeatts also noted that several bills were presented regarding

synthetic marijuana which was difficult to get good language for because synthetic marijuana is burned similar to incense and therefore does not conform to existing criminal code.

Mr. Orr discussed the remaining recommendations from the study and asked if the Panel wished to recommend them again this year. The following recommendations were made:

1. The PMP Advisory Panel recommended that both tramadol and carisoprodol be moved to Schedule IV in the Drug Control Act, in support to the Board of Pharmacy's recommendation to schedule these drugs.
2. The PMP Advisory Panel also recommended that we expand the authority to access the PMP to the following:

a) Federal law enforcement such as FBI, FDA, Veteran Affairs,
b) Worker's compensation reviewers (as long as they are otherwise eligible to be registered as prescribers)

3. The PMP Advisory Panel recommended that the method of payment be added to reporting requirements.
4. The PMP Advisory Panel recommended that authority to send unsolicited reports to law enforcement and regulatory personnel be added to the PMP code.

PMP AND HEALTH INFORMATION EXCHANGE

The Commonwealth of Virginia's Health Information Exchange (COV-HIE) is a collaborative effort involving both public and private stakeholders across the Commonwealth. Virginia is now recognized as a leader in Health Information Technology. Virginia is the only state with two entities (MedVirginia and CareSpark) in the Nationwide Health Information Network (NHIN). COV-HIE's strategic plan frequently mentions the Virginia PMP and notes that the PMP may be used to push health information. The states have already received a considerable amount of funding to implement Health Information Exchanges through federal grants.

NEXT MEETING

The next meeting date to be determined with probable date either in January or February, 2012.

ADJOURN:

With all business concluded, the committee adjourned at 2:00 p.m.

_____
Kenneth Walker, M.D., Chairman

_____
Ralph A. Orr, Program Director

Statewide Health Information Exchange

Kim Barnes
HIT Project Coordinator
Office of Information Management
and Health IT

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Statewide Health Information Exchange History

2009

HITECH Act is passed as part of ARRA

2010

HITAC developed a Strategic Plan and an Operational Plan for the Virginia Statewide HIE

Spring 2011

VDH issued an RFP for a contractor to establish a Statewide HIE governance structure, create the Statewide HIE organization, manage the Statewide HIE's operations on an ongoing basis, and put in place and operate the technology infrastructure of the Statewide HIE

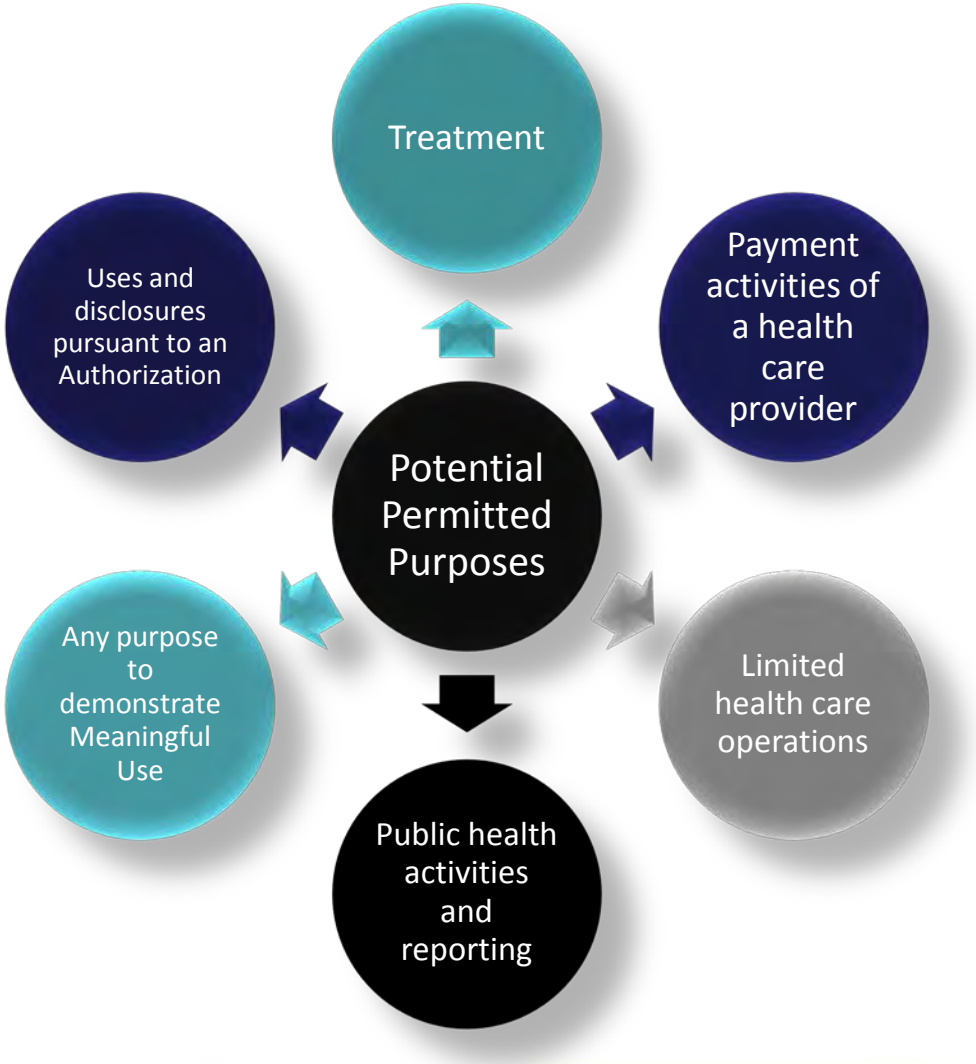
October 2011

VDH awarded Community Health Alliance the contract for the Statewide HIE

ConnectVirginia Exchange

- Collection of standards, policies and message based services providing a secure method for ConnectVirginia Exchange Participants and their users to query and retrieve patient data across all ConnectVirginia Exchange Participants
- Based on the Nationwide Health Information Network specifications and standards supported and maintained by ONC

Exchange only for "Permitted Purposes"



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ConnectVirginia
Advancing Virginia's Health Care
Exchange

ConnectVirginia Exchange Basic Components

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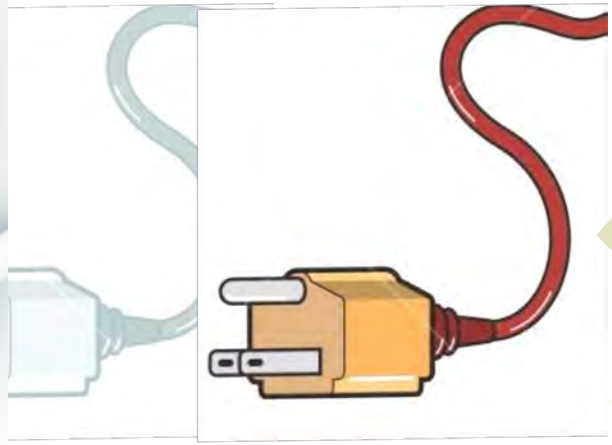
ABC Health Care Organization



UL LISTED

ConnectVirginia
Advancing Virginia's Health Care
Exchange

Certification & On-boarding

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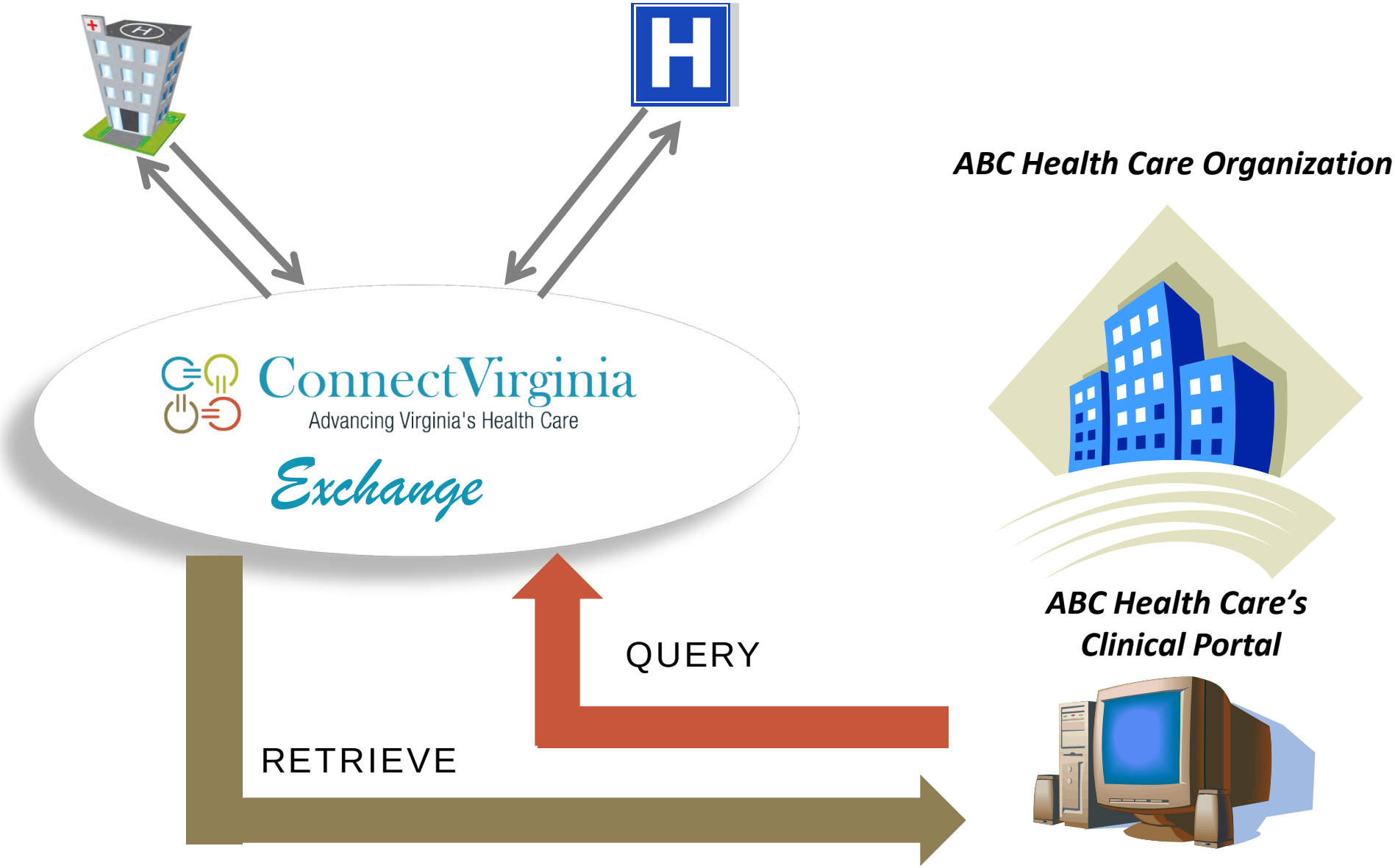

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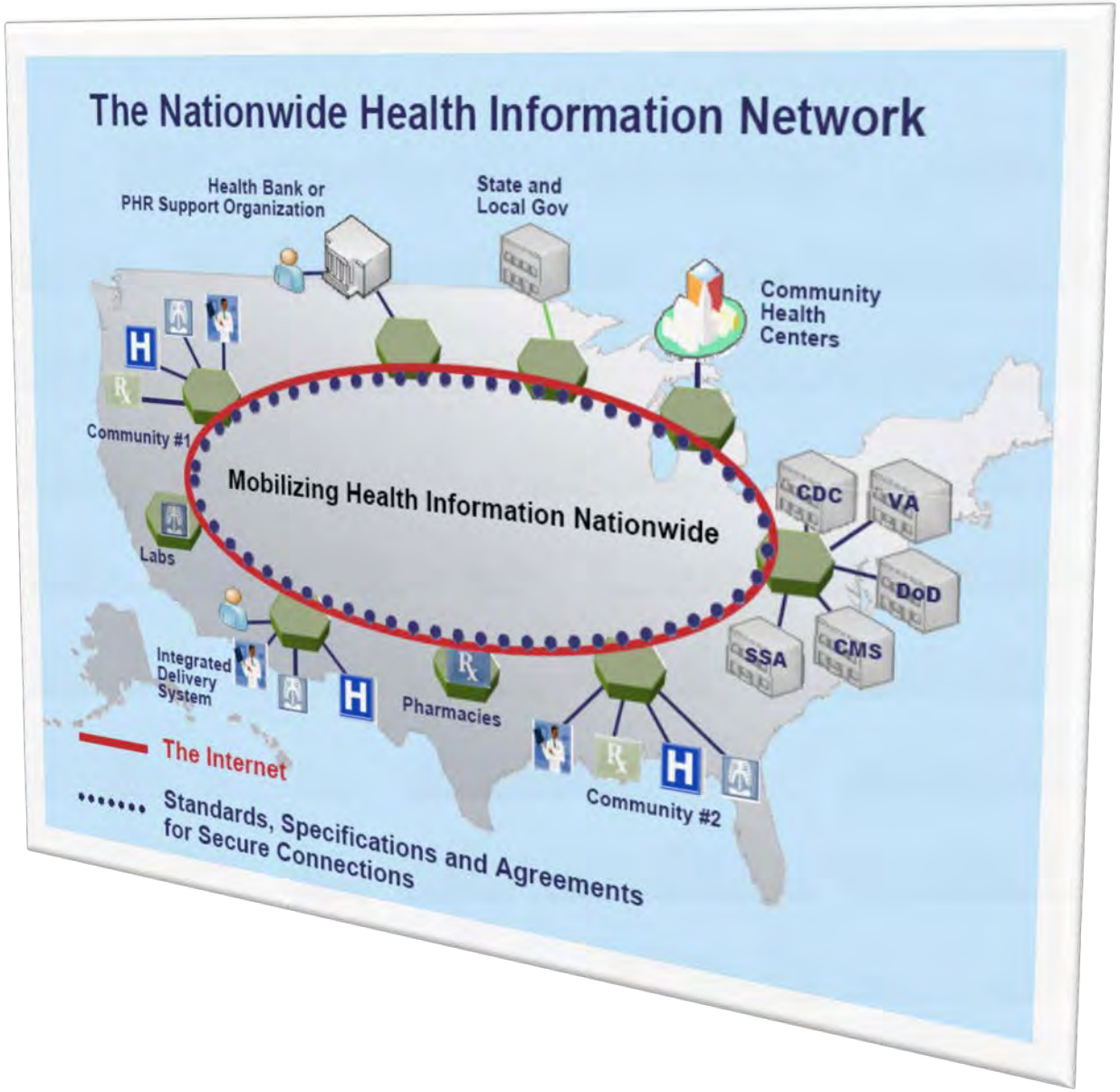
Statewide HIEs are Connected via NwHIN Exchange



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HIE is more than just technology

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ONC/SAMHSA Workgroup Recommendations for PMPs

(Notes from presentation at 2012 PMP National Meeting)

FIVE IMPEDIMENTS TO PMP USE:

- Low usage
- Limitations on authorized users
- Workflow issues
- Low technical maturity
- Lack of business agreements

LOW USAGE

- Issues with awareness and system registration
  - Streamline registration process
  - Increase limited liability immunity
  - Increase awareness
  - More real-time transmission

LIMITATIONS ON AUTHORIZED USERS

- Expand pool of authorized users
- Delegates (align with HIPAA)

WORKFLOW ISSUES

- Support of clinical practices and workflows
  - Integrate access with EHR and pharmacy systems
  - Provide secure communication of unsolicited alerts
  - Provide patient-at-risk filters
  - Provide variety of mechanisms for access at point of care
  - Define a standard set of data that should be available to support clinical decision making

LOW TECHNICAL MATURITY

- Lack of system level access and standards
  - Standardize and adopt a data exchange standard-eg NIEM PMP specification for information exchange
  - Define application programming interface
  - Standardize interfaces to improve interoperability
  - Share and distribute technical products

LACK OF BUSINESS AGREEMENTS

- Develop an agreement framework and model agreements to facilitate data sharing.

PILOTS

- Concept is to move from human-centric processes to machine centric
- Goals of pilots:
  - Extensible results
  - Vendor neutral solutions
  - Determine what works and what doesn’t
- Types of results:
  - Clinical
  - Technical
  - Legal

PILOTS

- 4 types of pilots:
- Emergency Department—Hub Pilot
- Ambulatory—intermediary pilot (Risk profile with link to full PMP report)
- ED—HIE Pilot (single sign-on and patient context)
- Pharmacy—Switch—Hub—PMP Pilot (Threshold driven—accept/reject flag prompting use of PMP)

PROGRAM UPDATE

2012 NATIONAL PMP MEETING

- State updates
- Other speakers

Annual Meeting of the Alliance of States with Prescription Monitoring Programs (ASPMP) June 4-6, 2012.

Highlights:

- Indiana now allows "user-led" unsolicited reports: this allows INSPECT prescribers to forward a copy of a patient's Rx history report to other prescribers and dispensers listed on the report. Heavily dependent upon email address collection. Additionally, the PMP is involved in a pilot with direct linkage with a health information exchange. ADDED PMP registration link to renewal process.

- Massachusetts has done some interesting evaluation of their unsolicited reporting system

- North Dakota allows access for licensed addiction counselors

- Sherry Green from NAMSDL gave a legislation review of PMPs. PA is considering legislation to modernize their PMP program. NAMSDL revised their PMP Model Act in 2011. Several states are looking at requirements for training prior to use of PMP applications.

- Nick Reuter from SAMHSA gave an update of activities/data: 10% of active-duty military report non-medical use of medication. Online CME (4hr) available at www.opioidprescribing.com , an Outpatient Treatment Program Overdose Prevention Kit has been developed, changes to naloxone status coming in the future (see Project Lazurus-NC)

- WA-PMP sharing info with "public" insurers. Ie Medicaid, Workers Comp, Corrections

- KS announced that a Medicaid Lock-in program is being put in place with PMP use part of the program.

- MI PMP now allows prescribers to receive their own prescribing history reports. Requests are reviewed by staff, contain only 60 days of data, and staff confirms no open investigations prior to release.

- MI, KY, and some other states going to 24-hour reporting requirements

- NC is expecting the release of an evaluation of their PMP to be released in late June.

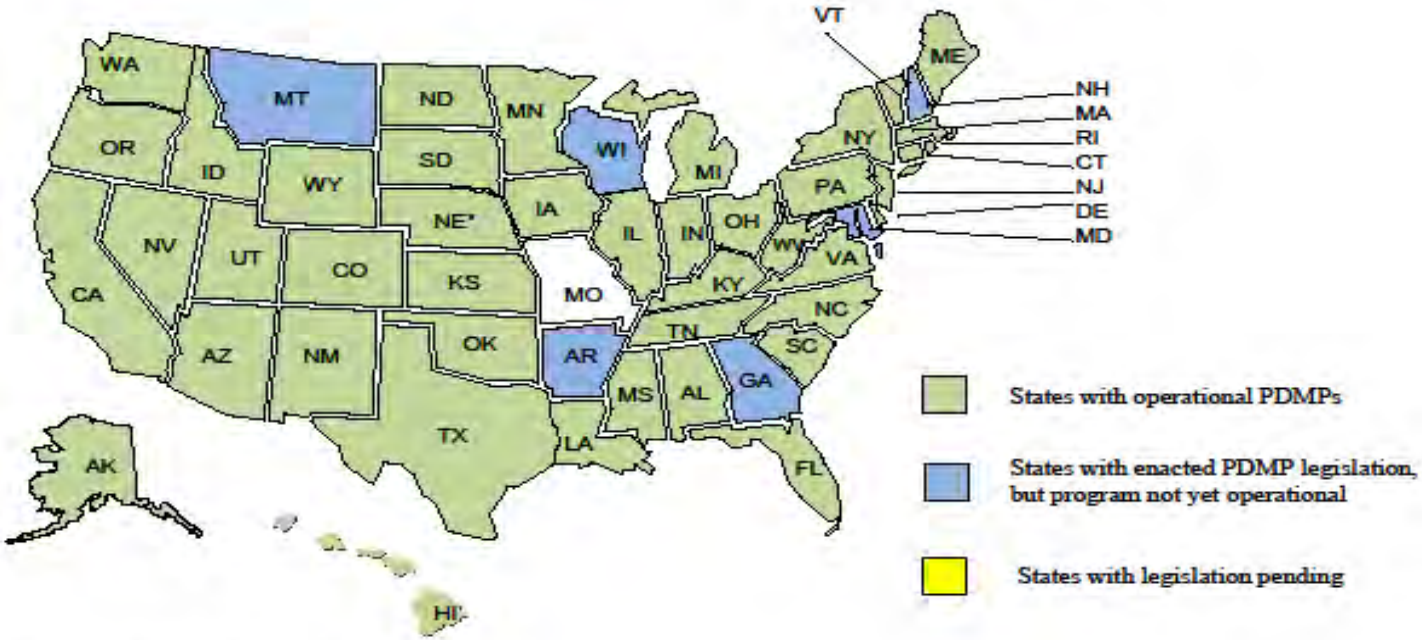
- Jeanne Tuttle, RPh, from the Veterans Administration announced that in most regions, practitioners may now access state PMPs as long as they have obtained the consent of the patient. VA reporting of data to state PMPs will take longer to make reality due to regulatory processes and software/technology barriers.

- TN-new law does include interstate data sharing authority. Mandatory registration and mandatory use for benzodiazepines and opiates.

- UT-has developed a tutorial and quiz at renewal of license.

Department of Health Professions

Status of State Prescription Drug Monitoring Programs (PDMPs)



*The operation of Nebraska's Prescription Monitoring Program is currently being facilitated through the state's Health Information Initiative. Participation by patients, physicians, and other health care providers is voluntary.

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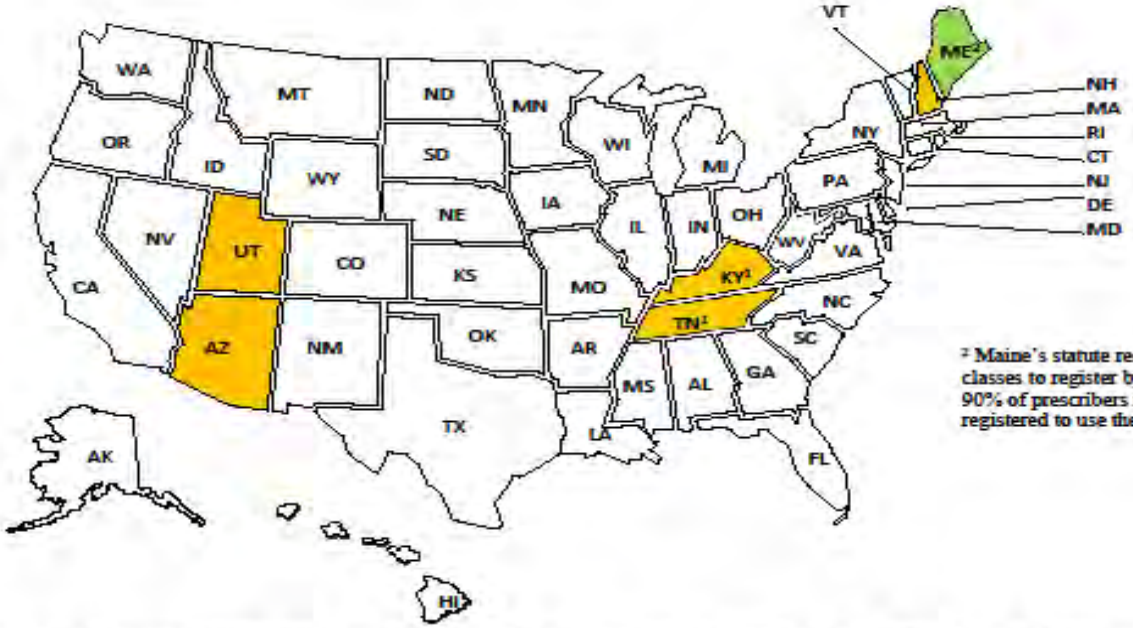
This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives.

Department of Health Professions

States that Require Practitioners to Register for PMP Database*



[2] Maine's statute requires all prescribers in six classes to register by March 1, 2014 if less than 90% of prescribers in each class have not registered to use the PMP by January 1, 2014.

* Many states require that persons requesting access to the state PMP database first register as an authorized user. This map and the accompanying memorandum is concerned with only those states that require all practitioners licensed in the state to also register to use the PMP database.

[1] The Kentucky provision goes into effect in July 2012. The Tennessee provision goes into effect on January 1, 2013.

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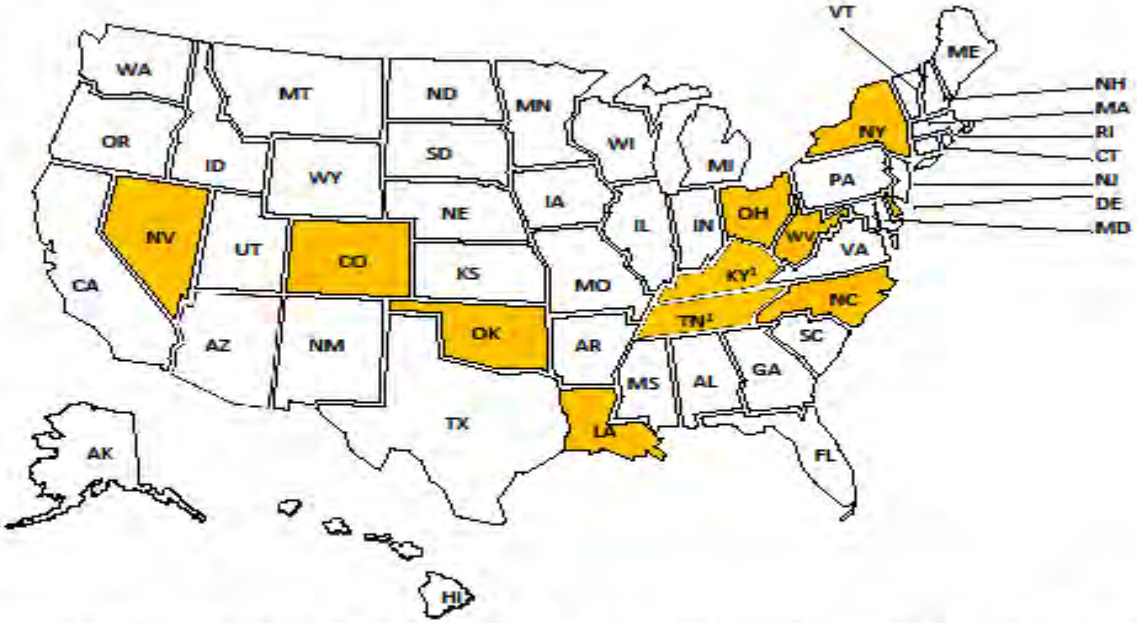
This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.

Department of Health Professions

States that Require Prescribers and/or Dispensers to Access PMP Information in Certain Circumstances*



* Please see the accompanying memorandum for specifics as to the circumstances under which a prescriber and/or dispenser is obligated to access the PMP database in each state.

[1] The Kentucky law goes into effect in July 2012. Parts of the new Tennessee law go into effect on January 1, 2013, while other aspects go into effect on April 1, 2013. The New York law goes into effect one year after enactment. Please see the companion memorandum for more information.

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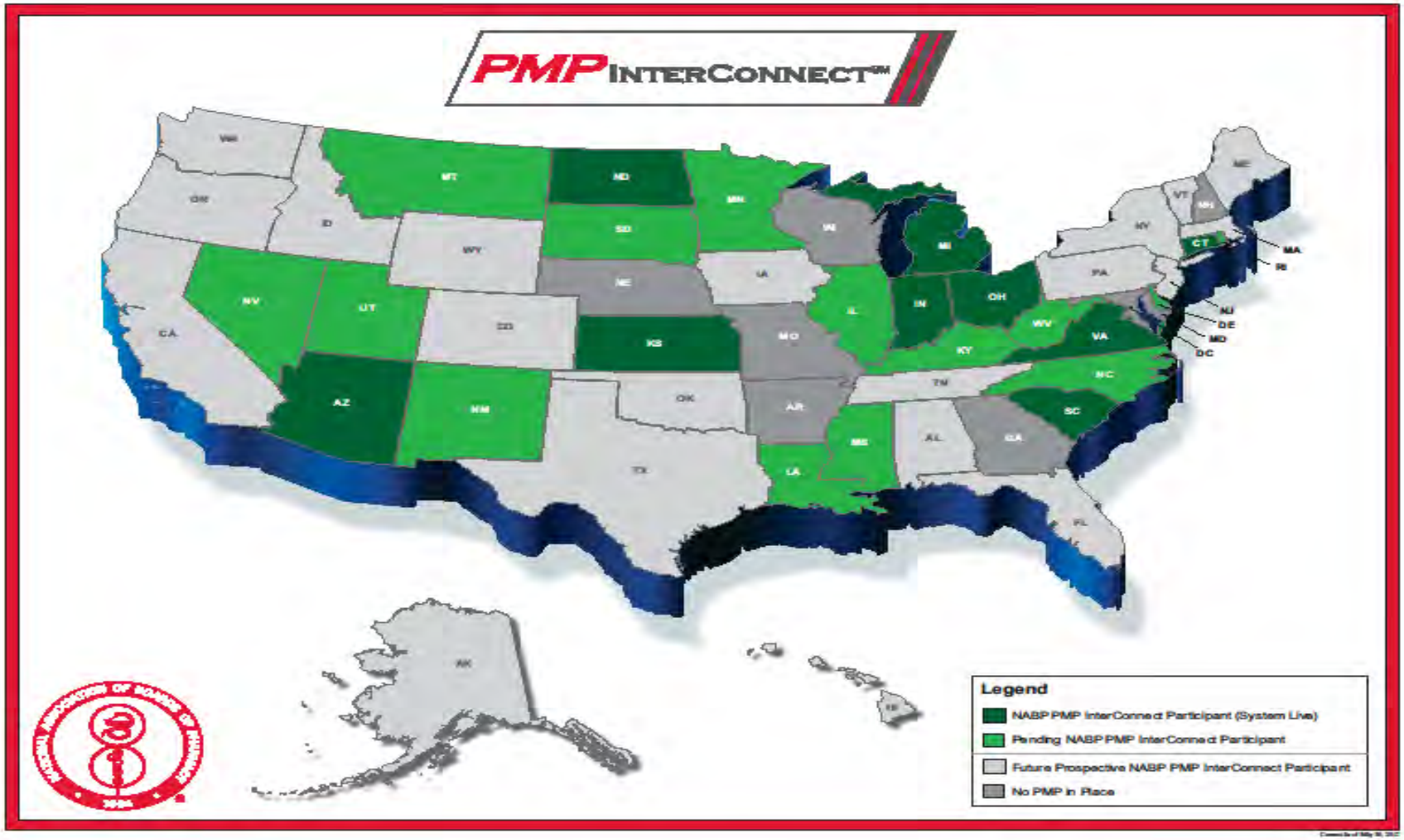
This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.

PMP INTEROPERABILITY

- Virginia PMP users have made over 5455 requests in 2012.
- Out-of-State users have made 35279 requests in 2012.
- 10% of all requests have had an interoperability component in 2012.

Department of Health Professions



PMP LEGISLATION 2012

- Effective July 1, 2012
  - Add method of payment as a required data element
  - Expanded access to all federal law enforcement agencies with authority to conduct drug diversion investigations
  - Removed restriction on number of delegates a prescriber may have
  - Expanded authority of the program to send unsolicited reports to agents of the State Police for the purpose of investigation into possible diversion

CHAPTER 21

An Act to amend and reenact §§ 54.1-2521, 54.1-2523, 54.1-2523.1, and 54.1-2523.2 of the Code of Virginia, relating to the Prescription Monitoring Program.

[H 347]

Approved February 28, 2012

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2521, 54.1-2523, 54.1-2523.1, and 54.1-2523.2 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2521. Reporting requirements.

A. The failure by any person subject to the reporting requirements set forth in this section and the Department's regulations to report the dispensing of covered substances shall constitute grounds for disciplinary action by the relevant health regulatory board.

B. Upon dispensing a covered substance, a dispenser of such covered substance shall report the following information:

1. The recipient's name and address.
2. The recipient's date of birth.
3. The covered substance that was dispensed to the recipient.
4. The quantity of the covered substance that was dispensed.
5. The date of the dispensing.
6. The prescriber's identifier number.
7. The dispenser's identifier number.
8. *The method of payment for the prescription.*
9. Any other non-clinical information that is designated by the Director as necessary for the implementation of this chapter in accordance with the Department's regulations.
~~9~~ *10.* Any other information specified in regulations promulgated by the Director as required in order for the Prescription Monitoring Program to be eligible to receive federal funds.

C. The reports required herein shall be made and transmitted in such manner and format and according to the standards and schedule established in the Department's regulations.

§ 54.1-2523. Confidentiality of data; disclosure of information; discretionary authority of Director.

A. All data, records, and reports relating to the prescribing and dispensing of covered substances to recipients and any abstracts from such data, records, and reports that are in the possession of the Prescription Monitoring program pursuant to this chapter and any material relating to the operation or security of the program shall be confidential and shall be exempt from the Virginia Freedom of Information Act (§ 2.2-3700 et seq.) pursuant to subdivision 15 of § 2.2-3705.5. Further, the Director shall only have discretion to disclose any such information as provided in subsections B and C.

B. Upon receiving a request for information in accordance with the Department's regulations and in compliance with applicable federal law and regulations, the Director shall disclose the following:

1. Information relevant to a specific investigation of a specific recipient or of a specific dispenser or prescriber to an agent designated by the superintendent of the Department of State Police to conduct drug diversion investigations pursuant to § 54.1-3405.

2. Information relevant to an investigation or inspection of or allegation of misconduct by a specific person licensed, certified, or registered by or an applicant for licensure, certification, or registration by a health regulatory board; information relevant to a disciplinary proceeding before a health regulatory board or in any subsequent trial or appeal of an action or board order to designated employees of the Department of Health Professions; or to designated persons operating the Health Practitioners' Monitoring Program pursuant to Chapter 25.1 (§ 54.1-2515 et seq.) ~~of this title~~.

3. Information relevant to the proceedings of any investigatory grand jury or special grand jury that has been properly impaneled in accordance with the provisions of Chapter 13 (§ 19.2-191 et seq.) of Title 19.2.

4. Information relevant to a specific investigation of a specific *recipient,* dispenser, or ~~specific~~ prescriber to an agent of ~~the United States Drug Enforcement Administration~~ *a federal law-enforcement agency* with authority to conduct drug diversion investigations.

C. In accordance with the Department's regulations and applicable federal law and regulations, the Director may, in his discretion, disclose:

1. Information in the possession of the program concerning a recipient who is over the age of 18 to that recipient.

2. Information on a specific recipient to a prescriber, as defined in this chapter, for the purpose of establishing the treatment history of the specific recipient when such recipient is either under care and

treatment by the prescriber or the prescriber is initiating treatment of such recipient. In a manner specified by the Director in regulation, notice shall be given to patients that information may be requested by the prescriber from the Prescription Monitoring Program.

3. Information on a specific recipient to a dispenser for the purpose of establishing a prescription history to assist the dispenser in determining the validity of a prescription in accordance with § 54.1-3303 when the recipient is seeking a covered substance from the dispenser or the facility in which the dispenser practices. In a manner specified by the Director in regulation, notice shall be given to patients that information may be requested by the dispenser from the Prescription Monitoring Program.

4. Information relevant to an investigation or regulatory proceeding of a specific dispenser or prescriber to other regulatory authorities concerned with granting, limiting or denying licenses, certificates or registrations to practice a health profession when such regulatory authority licenses such dispenser or prescriber or such dispenser or prescriber is seeking licensure by such other regulatory authority.

5. Information relevant to an investigation relating to a specific dispenser or prescriber who is a participating provider in the Virginia Medicaid program or information relevant to an investigation relating to a specific recipient who is currently eligible for and receiving or who has been eligible for and has received medical assistance services to the Medicaid Fraud Control Unit of the Office of the Attorney General or to designated employees of the Department of Medical Assistance Services, as appropriate.

6. Information relevant to determination of the cause of death of a specific recipient to the designated employees of the Office of the Chief Medical Examiner.

7. Information for the purpose of bona fide research or education to qualified personnel; however, data elements that would reasonably identify a specific recipient, prescriber, or dispenser shall be deleted or redacted from such information prior to disclosure. Further, release of the information shall only be made pursuant to a written agreement between such qualified personnel and the Director in order to ensure compliance with this subdivision.

D. The Director may enter into agreements for mutual exchange of information among prescription monitoring programs in other jurisdictions, which shall only use the information for purposes allowed by this chapter.

E. This section shall not be construed to supersede the provisions of § 54.1-3406 concerning the divulging of confidential records relating to investigative information.

F. Confidential information that has been received, maintained or developed by any board or disclosed by the board pursuant to subsection A shall not, under any circumstances, be available for discovery or court subpoena or introduced into evidence in any medical malpractice suit or other action for damages arising out of the provision of or failure to provide services. However, this subsection shall not be construed to inhibit any investigation or prosecution conducted pursuant to Article 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2.

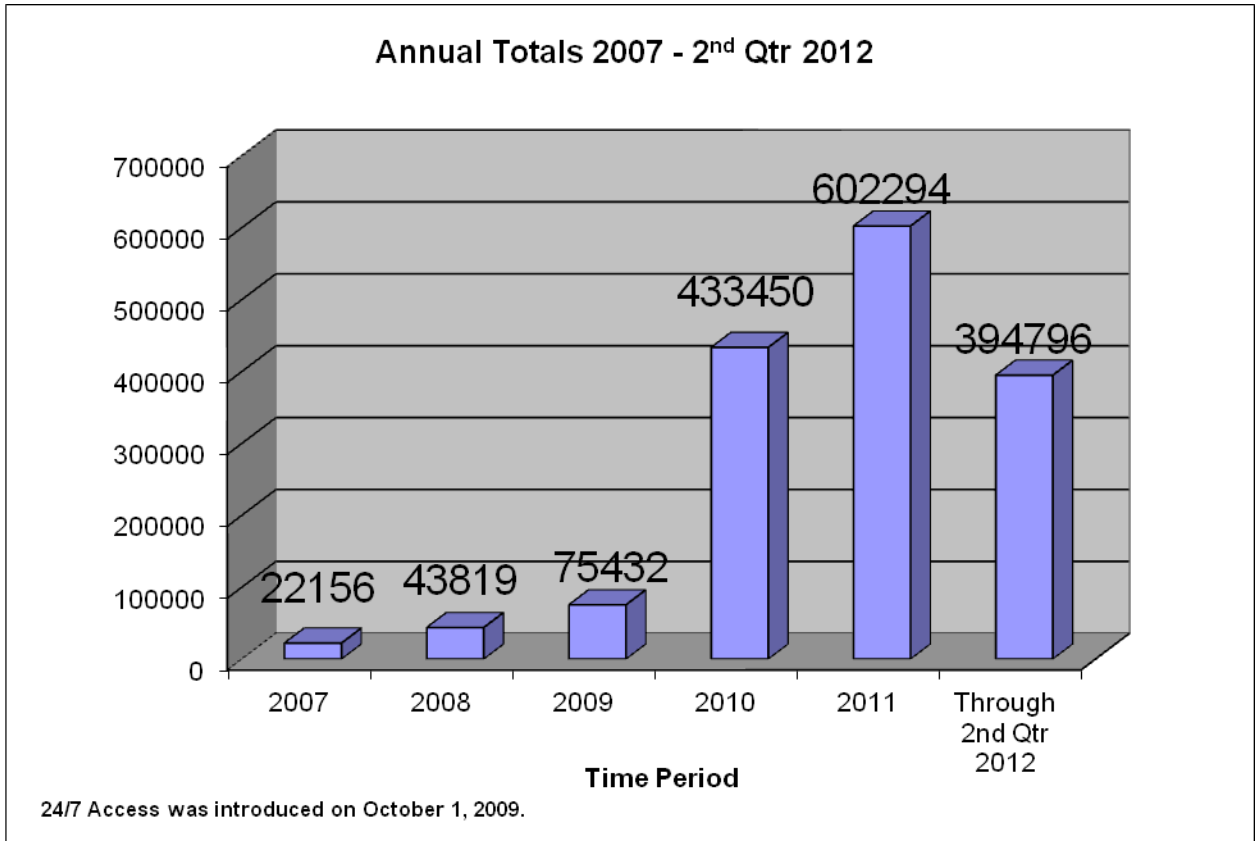
§ 54.1-2523.1. Criteria for indicators of misuse; Director's authority to disclose information; intervention.

The Director shall develop, in consultation with an advisory panel, criteria for indicators of misuse and a method for analysis of data collected by the Prescription Monitoring Program using the criteria for indicators of misuse. Upon the development of such criteria and data analysis, the Director may, in addition to the discretionary disclosure of information pursuant to § 54.1-2523, disclose information using the criteria that indicates potential misuse by recipients of covered substances to *(i)* their specific prescribers for the purpose of intervention to prevent such misuse *or abuse or (ii) an agent designated by the Superintendent of the Department of State Police for the purpose of an investigation into possible drug diversion*.

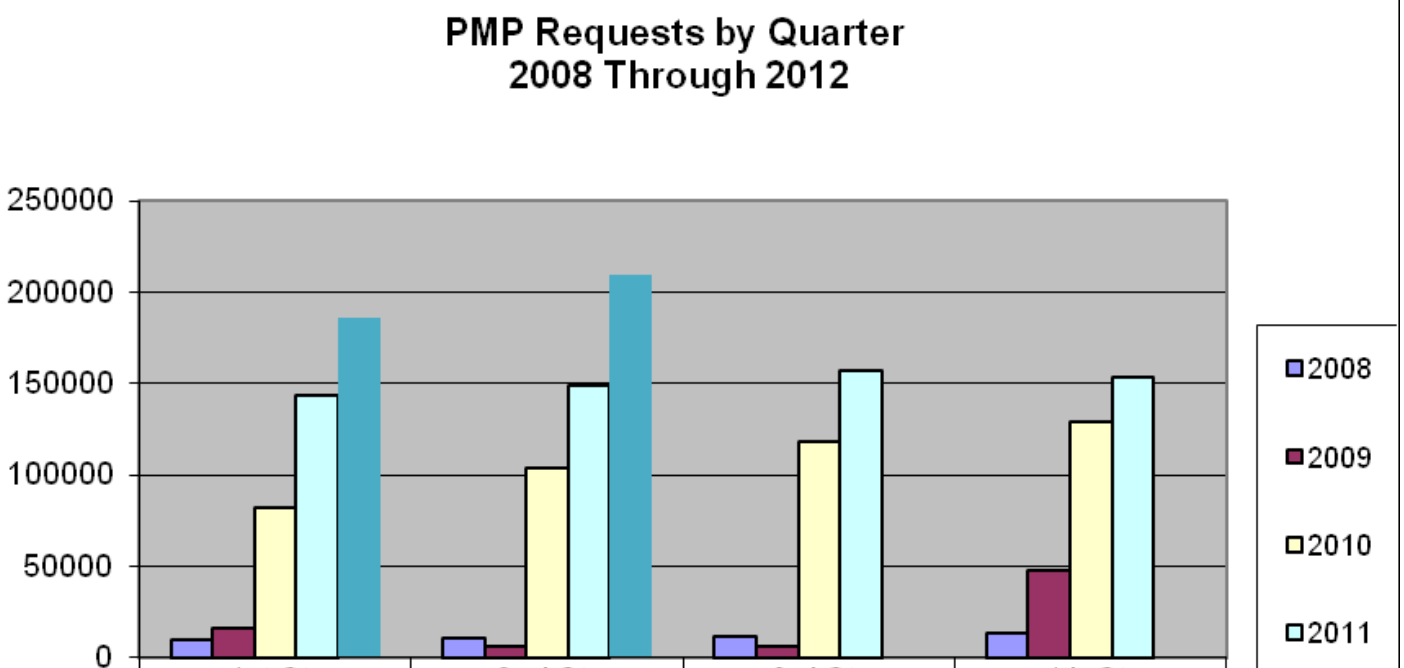
§ 54.1-2523.2. Authority to access database.

Any prescriber authorized to access the information in the possession of the Prescription Monitoring Program pursuant to this chapter may, pursuant to regulations promulgated by the Director to implement the provisions of this section, delegate such authority to ~~up to two~~ health care professionals who are (i) licensed, registered, or certified by a health regulatory board under the Department of Health Professions~~,~~ and (ii) employed at the same facility and under the direct supervision of the prescriber.

Program Statistics

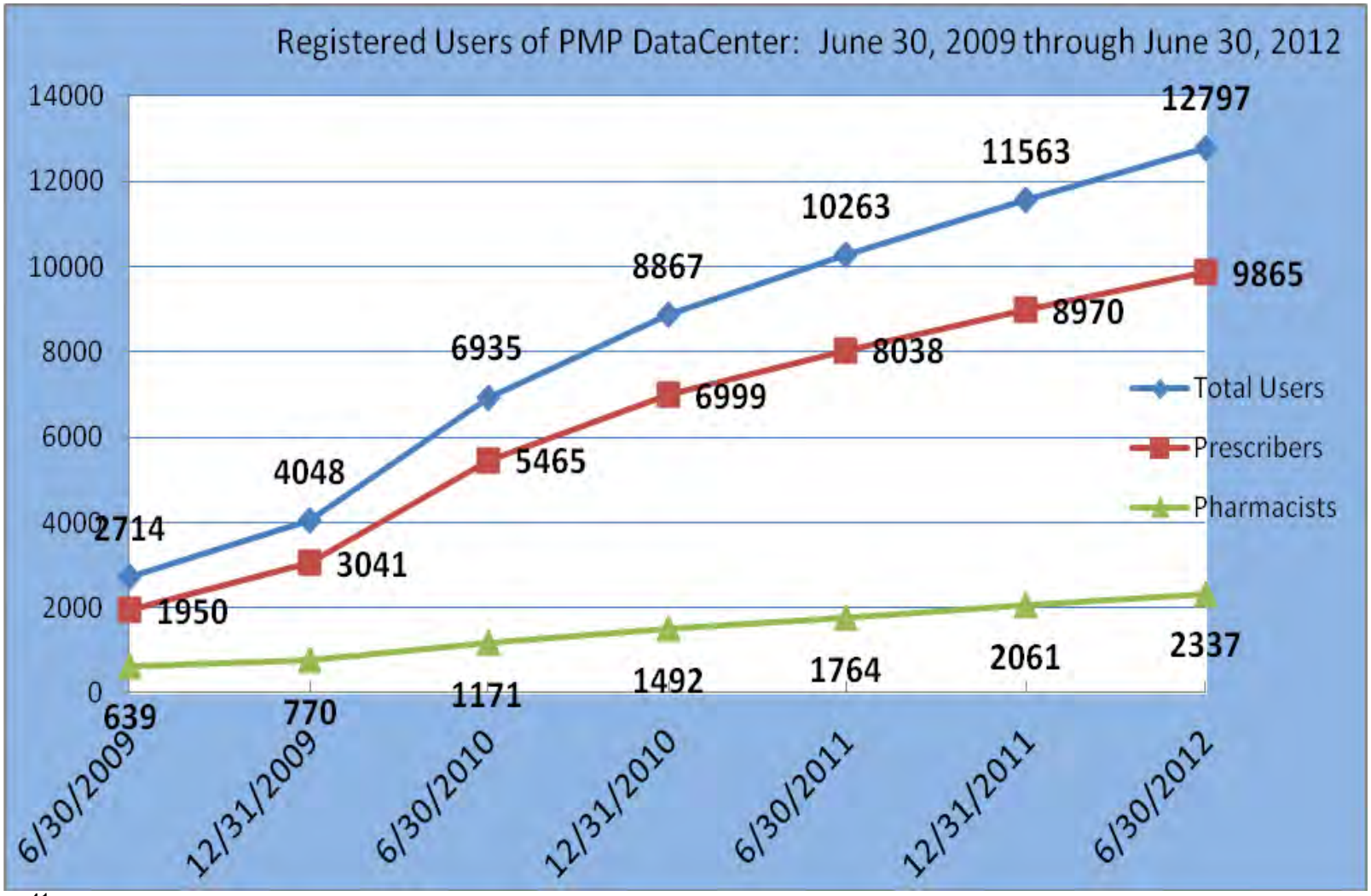


Department of Health Professions

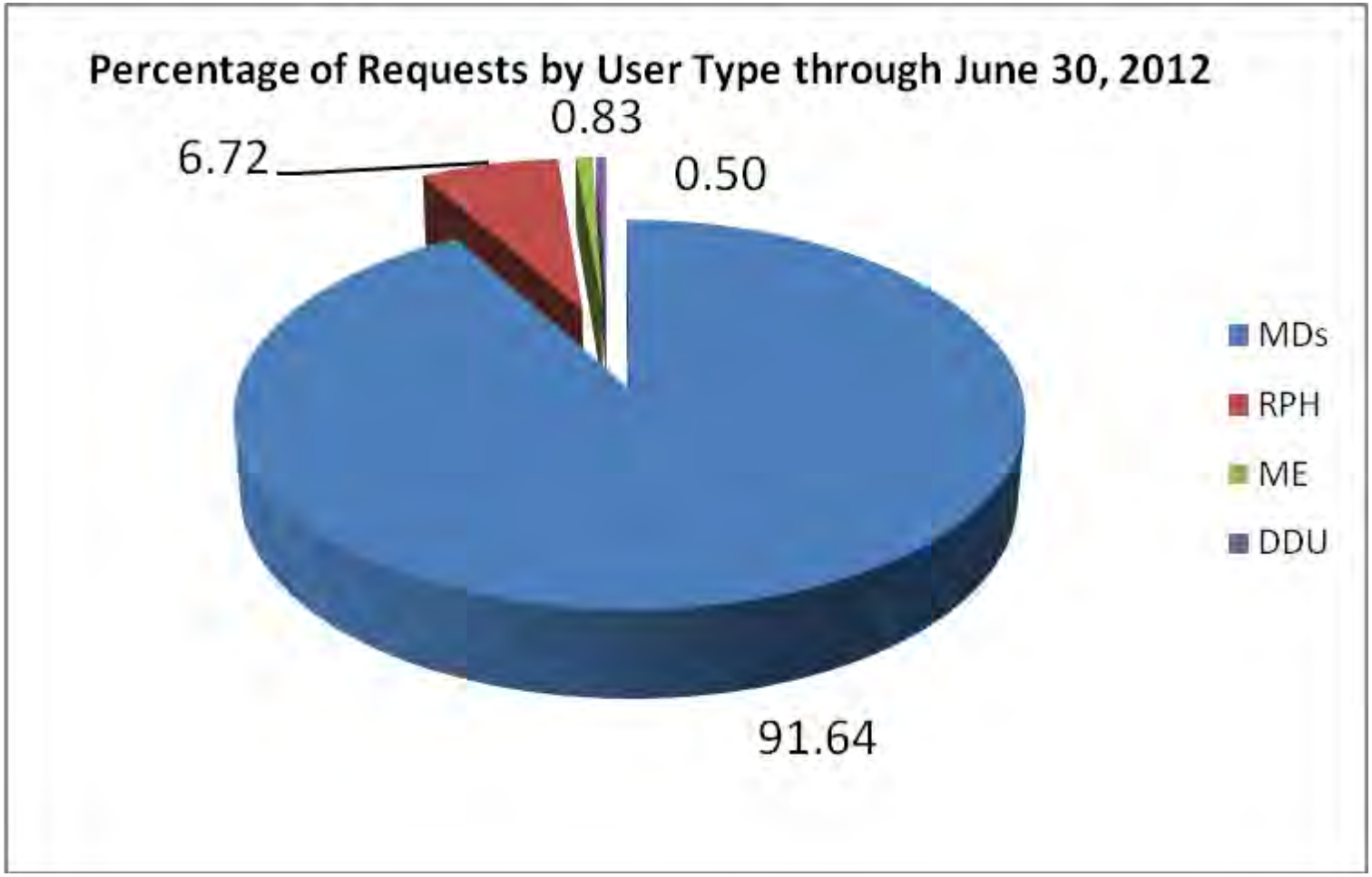


	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
2008	9235	10227	11567	12790
2009	15844	6147	6127	47324
2010	82223	103672	118307	129248
2011	143197	148604	156818	153675
2012	185807	208989		

Department of Health Professions



Department of Health Professions



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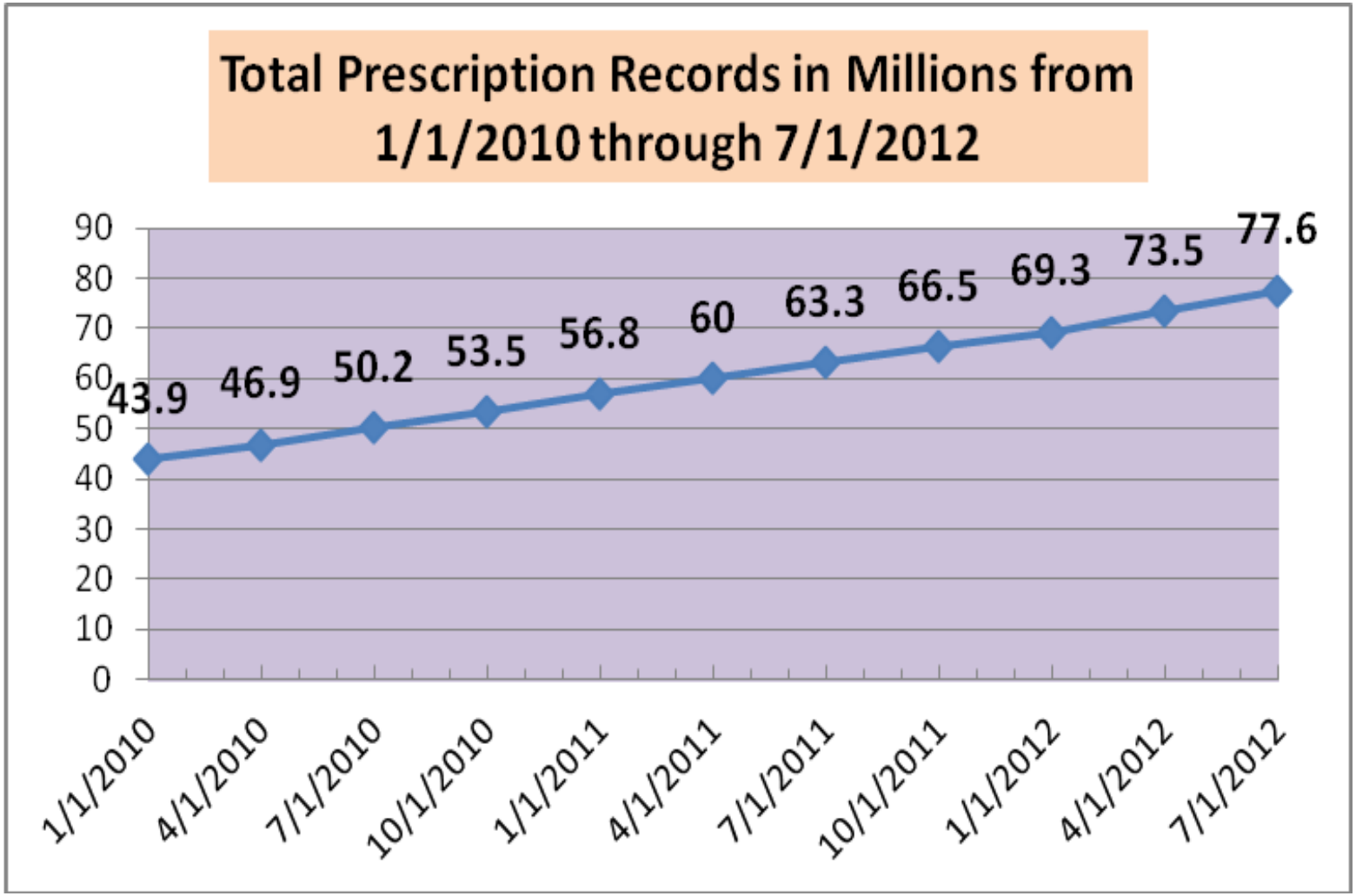
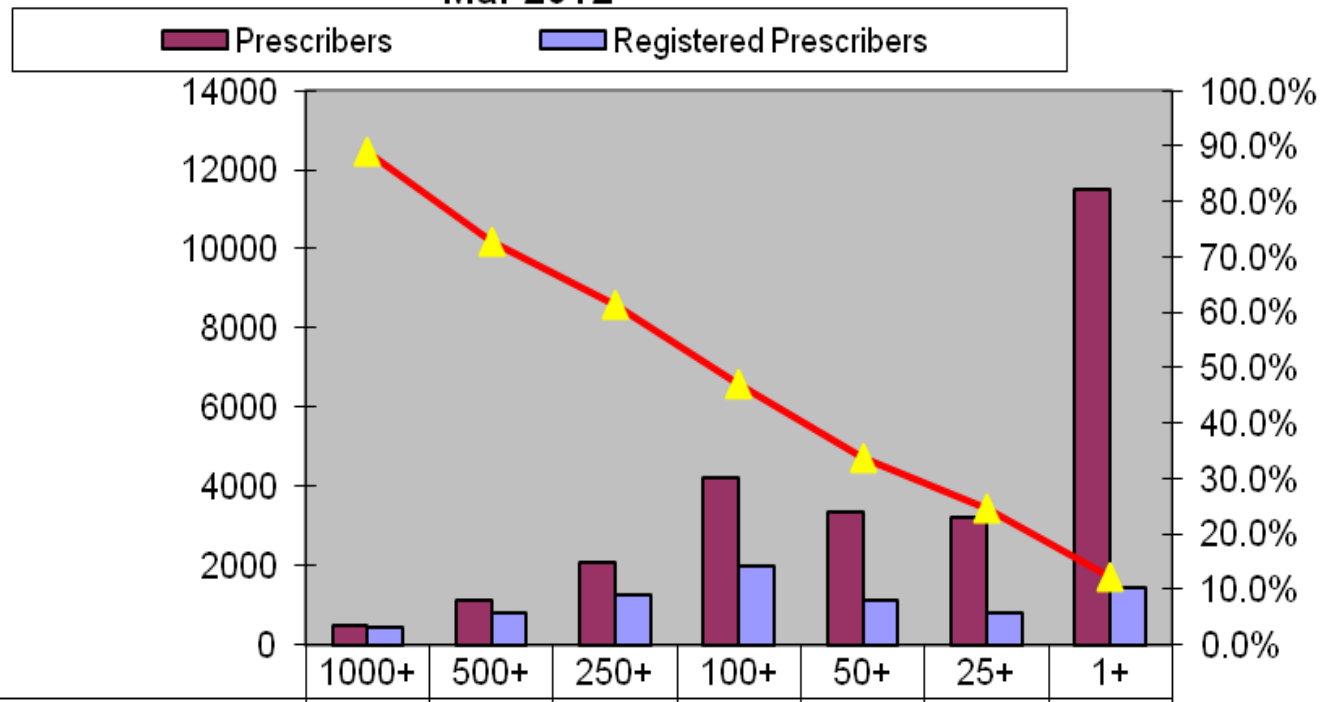


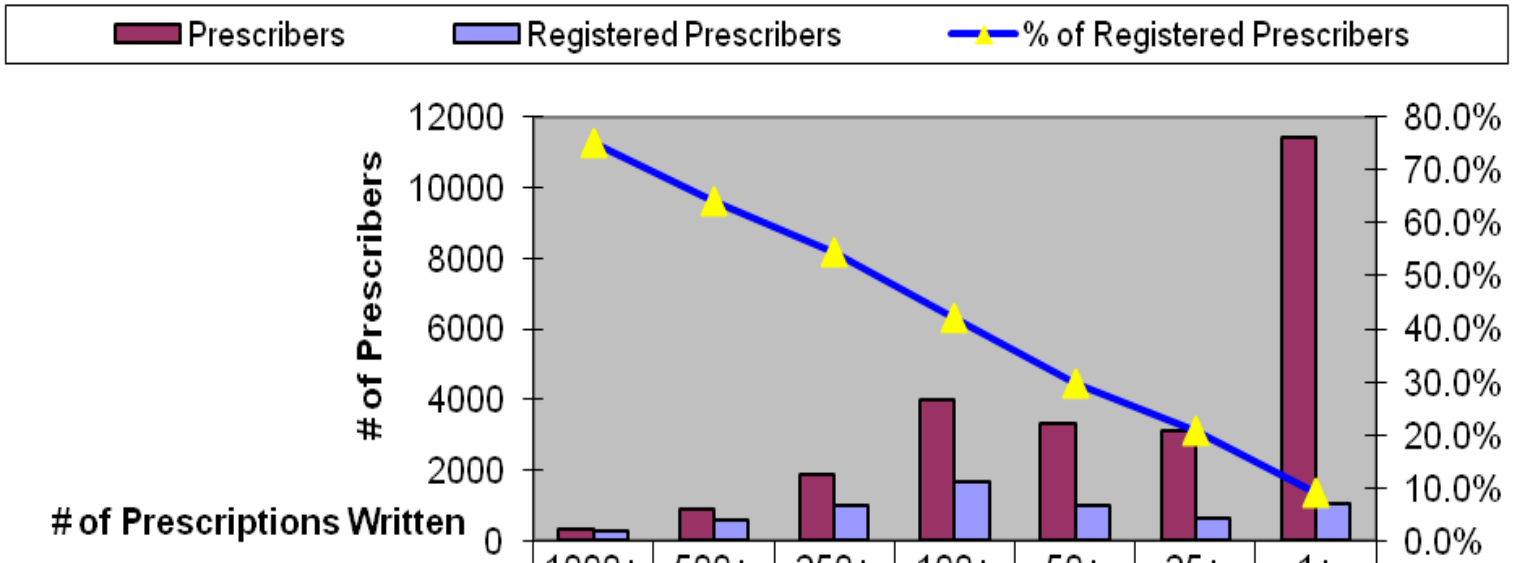
Department of Health Professions



	1000+	500+	250+	100+	50+	25+	1+
Prescribers	478	1101	2059	4202	3327	3201	11522
Registered Prescribers	425	802	1263	1977	1120	786	1418
% of Registered Prescribers	88.9%	72.8%	61.3%	47.0%	33.7%	24.6%	12.3%

Department of Health Professions

Percentage of Prescribers as Registered Users of VPMP: January - March 2011



	1000+	500+	250+	100+	50+	25+	1+
Prescribers	342	923	1879	3972	3327	3136	11393
Registered Prescribers	257	592	1021	1669	990	650	1040
% of Registered Prescribers	75.1%	64.1%	54.3%	42.0%	29.8%	20.7%	9.1%

UNSOLICITED REPORTS

PMP Advisory Committee, Tuesday, July 10, 2012
Overview of Unsolicited Reports

Summary of Threshold Search: 3 or More Pharmacies and 7 or More Prescribers					
Time Frame	Rx Range	# of Doses-Range	# of Prescribers - Range	Total # of Repeat Patients (on Previous Month's Report)	TOTAL # of Patients
January 1 -31, 2012	7-23	84-1210	7-15	NA	105
February 1-29, 2012	7-22	58-1557	7-14	19 (22%)	86
March 1 – 31, 2012	7-23	111-1777	7-15	14 (18%)	79

Traditionally we have sent letters via U.S. mail to all registered users with a copy of the patient's PMP report to whom they have prescribed. In addition, a PMP report is mailed to all non-registered prescribers on each report with a cover letter asking them to register with the program.

Last year we initiated a new process whereby registered users were notified by email with a link to the associated PMP report, requiring them to log into the PMP DataCenter. Non-registered prescribers continue to get a letter naming the individual, but the associated PMP report is no longer mailed. Again, the cover letter asks non-registered prescribers to register with the program.

Summary of Threshold Search: 5 or More Pharmacies and 1 Prescriber				
Time Frame	Rx Range	# of Doses-Range	Total # of Repeat Patients (on Previous Month's Report)	TOTAL # of Patients
January 1 -31, 2012	5-21	111-3040	NA	43
February 1-29, 2012	5-26	86-2430	8 (22%)	36
March 1 – 31, 2012	5-14	53-1440	13 (28%)	47

This second threshold search is usually indicative of prescription forgery. This report is valuable because in light of the new regulations, we may now forward names of these individuals to the Virginia State Police Drug Diversion unit for further investigation.

MARKETING AND EDUCATION

PMP Advisory Committee, Tuesday, July 10, 2012
Summary of Outreach and Educational Efforts

July 16 and 17, 2011:
Ralph Orr and Carolyn McKann each presented on overview of the PMP entitled "Prescription Monitoring Program (PMP): Your Partner in Pain Management with Controlled Substances" at two Substance Abuse Forums in southwest Virginia, one at Wytheville Community College on Saturday, July 16 and the second at New River Community College on Sunday, July 17. These Substance Abuse Forums are the result of collaboration between the PMP, OneCare of Southwest Virginia, The Medical Society of Virginia, Virginia Pharmacists Association and other stakeholder groups.

August 1 through 3, 2011
Ralph Orr attended VHPA's annual conference to provide information about the PMP program, specifically new reporting requirements effective October 1, 2011. Over 180 pharmacists attended.

August 25, 2011
Ralph Orr provided an overview of the PMP at a lunchtime presentation to medical staff at INOVA Loudoun Hospital. About 30 medical staff attended. The topic of pain management was also covered.

September 9, 2011
Ralph Orr provided an overview of the PMP to the Board of Dentistry.

September 16, 2011
Ralph Orr provided an overview of the PMP to the Substance Abuse Services Council, an advisory group to the Department of Behavioral Health and Developmental Services.

September 17, 2011
Carolyn McKann provided an overview of the PMP at a Substance Abuse Forum in Richlands, Virginia. Approximately 200 healthcare professionals and pharmacy students attended. This was a continuation of the efforts initiated on July 16 and 17 in southwest Virginia.

September 18, 2011
Carolyn McKann provided an overview of the PMP at a Substance Abuse Forum in Big Stone Gap, Virginia. Approximately 60 healthcare professionals and pharmacy students attended. This was a continuation of the efforts initiated on July 16 and 17 in southwest Virginia.

September 20, 2011
Ralph Orr provided an overview of the PMP at the Virginia Drug Court Association annual meeting in Roanoke, Virginia. There were over 100 attendees including Virginia judges involved in Drug Courts.

September 23, 2011
Ralph Orr provided an overview of the PMP during the DHP Board Orientation to new board members.

October 5, 2011
Ralph Orr provided an overview of the PMP at the State Police Drug Diversion School in Roanoke, Virginia.

October 5, 2011
Ralph Orr provided an overview of the PMP at the Southwest Virginia Psychiatric Society in Roanoke, Virginia.

October 13, 2011
Ralph Orr attended a drug abuse summit entitled "A Dose of Prevention: Summit on the Prescription Drug Abuse Crisis", sponsored by Substance Abuse Free Environment, Inc. (SAFE), a substance abuse prevention coalition based in Chesterfield County. The summit sought input from participants on their perspectives about the prevention drug abuse problem. Mr. Orr provided an overview of the PMP at the summit. Phase II and Phase III of this summit followed in the fall of 2011 and the spring of 2012.

October 14, 2011
Ralph Orr provided an overview of the PMP during the Fairfax/Falls Church Community Services Board Substance Abuse Awareness Day.

October 17-21, 2011
Ralph Orr provided an overview of educational efforts of the Virginia PMP to provide information about the PMP at numerous Substance Abuse Forums in southwest Virginia sponsored by the Medical Society of Virginia. The overview was presented during the National Association of State Controlled Substances Authorities (NASCSA).

October 29, 2011
Ralph Orr provided an overview of the PMP during the Medical Society of Virginia (MSV) annual conference at the Homestead. The participant list of this meeting was reviewed in May of 2012. Out of 134 participants, 24 were registered users at the time of the conference. Seventeen (17) additional participants had since registered , or 31% of the total participant list.

November 10, 2011
Ralph Orr provided an overview of the PMP to students at the Hampton University School of Pharmacy.

December 2, 2011
Ralph Orr provided an overview of the PMP to the Program Committee for the Health Practitioners Monitoring Program (HPMP). The committee provides oversight for the HPMP; the overview was designed to provide information on how the PMP may be used by HPMP to assist in monitoring clients.

March 14, 2012
Carolyn McKann provided an overview of the PMP at a Bon Secours Medical Group (BSMG) Risk and Insurance Services (RIS) Summit to over 100 RIS staff and BSMG Physician Practice Leaders. Dr. Leanne Yanni, Medical Director for Palliative Medicine at Bon Secours Richmond Health System, followed up with guidelines for integrating the PMP into the workflow of a physician practice.

March 15, 2012
Ralph Orr provided an overview of the PMP to the Pharmacy class of 2012 at the VCU School of Pharmacy. Over 100 students attended the event.

April 24, 2012
Carolyn McKann provided an overview of the PMP to emergency department personnel at Bon Secours Memorial Regional Medical Center.

April 27, 2012
Carolyn McKann provided an overview of the PMP at the Advanced Practice Nurse Summit for Advanced Practice Nurses within the Bon Secours Richmond Health System held at the Heart Institute at Reynolds Crossing in Richmond, Virginia. Approximately 35 Bon Secours employees attended the event.

May 8, 2012
Carolyn McKann attended Chesterfield's SAFE's Summit on the Medication Abuse Crisis: Phase III. Five established workgroups formed during Phase II shared ideas for a comprehensive plan of action to reduce prescription drug abuse among youth in Chesterfield County. Ms. McKann, as a member of the Tracking and Monitoring workgroup, provided information on the number of prescribers in Chesterfield County compared to the number of registered users of the PMP.

May 9, 2012
Ralph Orr gave a presentation and demonstration of the PMP to Dr. Howard Koh, Assistant Secretary for Health at the U.S. Department of Health and Human Services. The demonstration showed how a prescriber accesses the Virginia PMP to make a request, including interstate requests. The information provided will be used to make decisions which will address the epidemic of prescription drug abuse nationally.

May 19 – 20, 2012
Carolyn McKann provided an overview of the PMP during 2 Substance Abuse Forums. The first, located in Roanoke was sponsored by the Carilion Health Systems and was held at the Virginia Tech Carilion School of Medicine. Approximately 100 health care providers attended the event. The second, located in Martinsville, was held at the Patrick Henry Community College. About 40 individuals attended the second event. This was a continuation of the efforts initiated on July 16 and 17 in southwest Virginia.

May 24, 2012
Ralph Orr provided an overview of the Virginia PMP at the regional perinatal council meeting of the Fetal Infant Mortality Review Program. Approximately 25 participants attended the event.

June 4-6, 2012
Ralph Orr provided an overview of Virginia PMP's experience with interoperability with other state PMPs at the Annual Meeting of the Alliance of States with Prescription Monitoring Programs.

PMP REQUESTS IN CIVIL CASES

PROJECT: Enhancing Registration Process for Prescribers and Dispensers