

FINAL/APPROVED

**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 April 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