

Governor's Task Force on Prescription Drug and Heroin Abuse

Data and Monitoring Workgroup

Meeting Two, Minutes (FINAL)

December 1, 2014

Members/Staff Present:

Co- Chair: Carol Forster, M.D. Mid-Atlantic Permanente Medical Group
Co- Chair: Katya Herndon, Chief Deputy Director, Department of Forensic Science
Staff: Ralph Orr, Director, Virginia Prescription Monitoring Program
Baron Blakely, Research Analyst, Department of Criminal Justice Services
Greg Cherundolo, ASAC, Richmond DEA-US DOJ
Timothy Coyne, Public Defender
Delegate Charniele Herring, Virginia House of Delegates
Brian Hieatt, Sheriff, Tazewell County
Rosie Hobron, MPH, Statewide Forensic Epidemiologist, VDH-OCME
Major Rick Jenkins, Deputy Director, BCI, Virginia State Police
Rusty Maney, RPh, Richmond District Pharmacy Supervisor, Walgreens
Lisa Miller, DVM
Amanda Wahnich, MPH, Enhanced Surveillance Analyst, VDH
Anne Zehner, MPH, Epidemiologist, VDH

Members/Staff Absent:

Marissa Levine, M.D., State Health Commissioner,
Marty Mooradian, Impacted Family Member
David Sarrett, DMD, MS, Dean, VCU School of Dentistry
Deborah Waite, Ops Manager, Virginia Health Information
Staff: Chris Palmer, Graduate Student Intern, Health and Human Resources

Guests:

Enrique Cancel, DEA
William Gormley, M.D., Chief Medical Examiner

Meeting Agenda

Welcome and Introductions
Review Minutes from November 12, 2014
Presentations:
ASAC Greg Cherundolo: DEA/HIDTA Data
Major Rick Jenkins, VSP: Recommendations specific to Data/Monitoring Group
Baron Blakely, DCJS: Initial look at de-identified PMP data
Deborah Waite (postponed), VHI Overview
Ralph Orr, PMP: Morphine Equivalent Dosing and NARxCheck
Recommendations: Prioritization
Needs for next Meeting: December 16, 2014

Workgroup mission: To advance solutions to share and integrate data among relevant licensing boards, state and local agencies, law enforcement, courts, health care providers and organizations, and programs such as the PMP, in order to clarify and address public safety and public health concerns, understand emerging trends, and utilize data-driven decision-making to mitigate harm.

Welcome & Introductions

All Workgroup members and guests introduced themselves to fellow attendees.

Review of Minutes from November 12, 2014

Dr. Forster asked Workgroup members to briefly review the minutes from the previous meeting and make comments/suggestions. The minutes were amended, and approved as amended.

ASAC Greg Cherundolo: 2014 National Drug Threat Assessment Summary

Mr. Cherundolo discussed a portion of the 2014 National Drug Threat Assessment Summary, addressing, in particular, the data about Controlled Prescription Drugs (CPDs) and heroin. The public summary is now available on the DEA website at www.dea.gov.

The threat assessment summary compiles survey responses from approximately 1,200 law enforcement agencies across the United States. Twenty-two percent of the law enforcement agencies surveyed indicated that prescription drugs are their greatest threat. Twenty-nine states and the District of Columbia now have more accidental deaths from drug overdoses/poisonings than from motor vehicle accidents. Of note, marijuana is still the most abused drug (65%), followed by prescription opioids at 26%. The economic cost of the abuse of prescription opioids in the United States now exceeds \$53 billion annually. Generally, when the threat of prescription opioids goes down, the threat from heroin goes up. This is because once an individual has a substance addiction; heroin can be obtained at a relatively low cost compared to controlled prescription drugs. Heroin seizures have increased 87% in the past 5 years, both in the number of seizures and in the amount seized. Fifty percent of all DEA investigations are dedicated to either heroin and/or prescriptions drugs.

Major Rick Jenkins, VSP: Recommendations Specific to Data/Monitoring Workgroup

Major Jenkins prepared a handout for the Workgroup that contained recommendations from State Police drug diversion agents and narcotics task forces that address subjects related to the Data and Monitoring Workgroup Major Jenkins reviewed the recommendations in the handout, which included the following:

- Amending Code § 54.1-3303 to mandate pharmacies to report suspected invalid prescriptions.
- Amending Code § 54.1-3405 to provide local law enforcement investigating drug diversion cases the same access to prescription records at a pharmacy as state police agents.
- Amending Code § 54.1-3408.2 to require prescribers and dispensers to report suspected abuse to law enforcement; current statute makes reporting permissive.

- Amending Code § 54.1-3420.1 to require proof of identify to maintained_ at each pharmacy for at least 6 months. Baron Blakely noted that requiring an ID for all schedules may create difficulties getting refills for some who need these medications.
- Mandating that medical personnel/facilities report fatal overdoses to law enforcement.
- Requiring federally funded healthcare (the Veterans Administration, TRICARE, and the Department of Defense) to report to the PMP. Mr. Orr noted that the three VA facilities in Virginia are now reporting to the PMP. TRICARE is also reporting for the most part. Mr. Orr noted that this task force could make a recommendation requiring DOD to report to the PMP.
- Requiring the PMP to report indications of indiscriminate prescribing or dispensing to the appropriate licensing board for audits, etc and to law enforcement to determine if a criminal investigation is warranted. There would need to be specific criteria established for these reports.
- Requiring pharmacists to verify the validity of out of state prescriptions for Schedules II through V. After discussing the proposal, the Workgroup decided to pursue the recommendation for Schedule II prescription narcotics only.
- Permitting a physician, in cases where a person has never seen the doctor and no record exists, to complete an affidavit attesting to the fact that: 1) the person is not a patient, 2) the prescription in question is not theirs, and 3) they did not prescribe the medication and the signature on the prescription is not theirs.

Baron Blakely, DCJS: Initial look at de-identified PMP data

Mr. Blakely analyzed de-identified data from the Virginia PMP covering January 2010 through August 2014. During that time, 30 million records were added to the PMP and 48% of those were prescription opioids, 26% were benzodiazepines and 14% were stimulants.

Ralph Orr, PMP: Morphine Equivalent Dosing and NARxCheck

Mr. Orr showed the Workgroup members a sample of an outlier report from Arizona's PMP. These reports are being sent to prescribers representing an Arizona patient's current morphine equivalent doses per day (MEDD). Different groups have represented different MEDD rates as excessive, ranging from 80 – 200 MEDD dosing. Mr. Orr also noted that the PMP may need additional authority to send information "prescriber report cards". Dr. Forster noted that we need clear criteria regarding what constitutes an "outlier", rather than just terms like "high", "outlier", etc., noting that someone is always "No. 1." Mr. Orr noted that teenagers are typically first exposed to prescription opioids through an encounter with a dentist, and that patients often doctor shop via dentists, but none of this activity would be covered by any mandatory use guidelines. Mr. Orr also noted that, when Ohio began utilizing reports with morphine milligram equivalents, every prescribing board in Ohio issued guidelines for the reports. Mr. Orr also stated that this Workgroup could make a recommendation that each Virginia PMP report have an MEDD score, with an additional recommendation that each Licensing Board of dispensers and prescribers develop guidelines related to the MEDD score.

Mr. Orr also showed an example NARxCheck report, which gives a narcotic score, a sedative score and a stimulant score.

Katya Herndon suggested that the Workgroup review the chart of proposed recommendations, as well as those discussed during Major Jenkins' presentation, and decide which proposals the Workgroup would try to pursue as recommendations for December versus June. Proposals for December will be discussed further at the Workgroup meeting on December 16 so that they may be presented to the full Task Force when it meets later that day. The Workgroup reviewed the proposals and designated those recommendations it would discuss further at its next meeting and those that would be considered for June.

Meeting Adjourned- The meeting adjourned at 12:30 p.m. The next Workgroup meeting is scheduled for December 16, 2014 at 10:00 a.m. (location to be determined).