

Governor's Task Force on Prescription Drug and Heroin Abuse

Data and Monitoring Workgroup

Meeting Four, Minutes

February 25, 2015

Members/Staff Present:

Co- Chair: Carol Forster, M.D. Mid-Atlantic Permanente Medical Group
Co- Chair: Katya Herndon, Chief Deputy, Department of Forensic Science
Staff: Ralph Orr, Director, Virginia Prescription Monitoring Program
Baron Blakely, Research Analyst, Department of Criminal Justice Services
Timothy Coyne, Public Defender
Rosie Hobron, MPH, Statewide Forensic Epidemiologist, VDH-OCME
Major Rick Jenkins, Deputy Director, BCI, Virginia State Police
Marissa Levine, M.D., State Health Commissioner,
Rusty Maney, RPh, Richmond District Pharmacy Supervisor, Walgreens
Lisa Miller, DVM
Marty Mooradian, Impacted Family Member
David Sarrett, DMD, MS, Dean, VCU School of Dentistry
Mike Shawver, Chief of Operations Tazewell County Sheriff's Office (representing Sheriff Brian Heatt)
Amanda Wahnich, MPH, Enhanced Surveillance Analyst, VDH
Deborah Waite, Ops Manager, Virginia Health Information

Members Absent:

Greg Cherundolo, ASAC, Richmond DEA-US DOJ
Delegate Charniele Herring, Virginia House of Delegates
Anne Zehner, MPH, Epidemiologist, VDH

Guests:

Carolyn McKann, Deputy Director, Virginia Prescription Monitoring Program

Meeting Agenda

Welcome and Introductions
Review Minutes from December 16, 2014
Status of Short Term Recommendations approved by the Task Force
Long Term Recommendations of the Workgroup: Status update
In Depth Discussion Topics
Prioritize Future In-Depth Discussion Topics
Next Meeting: March 19, 2015, 9:30 A.M.-12:00 P.M., Location to be determined.

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

The meeting was called to order at 1:19 p.m. by Ms. Herndon. All Workgroup members and guests introduced themselves to fellow attendees.

Review of Minutes from December 16, 2014 Meeting

Ms. Herndon asked Workgroup members if there were any suggested changes to or comments about the draft minutes from the previous meeting, which had been distributed. Being none, the minutes were approved as presented.

Status of Short Term Recommendations approved by the Task Force:

Mr. Orr reviewed the status of the short term recommendations.

1. Legislative Action Items

- a. Amend §54.1-2522.1: HB1841 was introduced by Delegate Herring (Agenda Packet Page 4). This bill passed the House and the Senate.
- b. Amend §54.1-2521: No legislation was introduced.
- c. Amend §54.1-2523: HB1810 was introduced by Delegate Herring (Agenda Packet Page 5). This bill passed the House and Senate with an amendment that replaced the word “information” with the word “records” -in 2 specific passages.

Mr. Orr noted that an additional bill, SB817, adds access to the PMP for probation and parole officers who meet certain criteria similar to requirements for State Police and local law enforcement personnel. This bill also passed the House and the Senate.

2. Non-Legislative Action Items

- a. Placement of Morphine Equivalent Doses per Day on PMP reports
- b. Develop clinically oriented criteria for unsolicited reports. The PMP vendor, Optimum Technology, was contacted about this, and the topic will be discussed by the Workgroup at a later date.
- c. Develop individual prescriber feedback reports. The PMP vendor, Optimum Technology, was contacted about this, and the topic will be discussed by the Workgroup at a later date.
- d. Direct applicable agencies to share data related to prescription drug and heroin abuse. Mr. Orr noted that, when this item was discussed at the last Task Force meeting, Secretary Moran and Secretary Hazel both stated their intent that applicable agencies under their Secretariats would share data.

Mr. Orr noted that a “Dear Colleague letter” (Appendix 1) resulting from a recommendation of the Education Workgroup of the Task Force was sent out under Dr. Hazel’s signature on January 30, 2015. The receipt of the letter significantly increased prescriber registration and use of the PMP in February.

Long Term Recommendations of the Workgroup: Status Update

In Depth Discussion Topics:

1. Discuss development of guidance on use of Morphine Equivalent Daily Dose (MEDD) information by healthcare practitioners (Agenda Packet Page 7-13).
Dr. Forster provided information on the use of MEDD information. Dr. Forster noted that the application of the score by providers is not universal; some prescribers and

groups use “80 MEDD” as a “slow down and reevaluate” threshold while others use “100 MEDD”. Others will not exceed 120 MEDD, unless there is a referral or consultation with a pain management specialist.

Dr. Forster presented information on data that Kaiser Permanente collects to provide feedback to prescribers. Data elements include: prescribing data by specialty, facility, prescriber, MEDD, and by monthly prescription count; data to help identify use of concurrent benzodiazepine, hydrocodone/oxycodone and carisoprodol (“triad” or “Trinity”), and data points grouped together to identify patients that may be exhibiting drug -seeking behavior. MEDD information is grouped with other information such as time since last in-person visit with primary care provider and numbers of pharmacies used and number of prescribers seen.

Mr. Orr discussed guidance from Ohio Board of Medicine, New York City, and Washington State. The MEDD score can be easily placed on the PMP report but Mr. Orr asked whether guidance from the applicable Boards or other source should be developed first or if there is widespread understanding of what the MEDD score represents. Mr. Blakely suggested that a guidance table or other resources would be helpful that noted, for example, that “at this level the risk is X, at this level the risk is Y”, etc.

It was the consensus of the Workgroup that the MEDD score should be added to the PMP report as soon as possible and that resources describing the use of the score be made available.

2. Discuss amending requirements to reporting to the PMP such as adding NPI number, species code and daily reporting of dispensing (Agenda Packet Pages 14-23). Mr. Orr explained that the recommendation for adding the NPI number and species code to PMP reporting requirements did not get introduced as legislation for the 2015 General Assembly. There was an expectation that a tabled bill from 2014 to change reporting requirements from within 7 days of dispensing to within 3 days would be re-introduced but that did not occur. The PMP was required to provide a report in reference to the 2014 proposed legislation to the Senate Committee on Education and Health, which it did in the fall of 2014. Mr. Orr gave a brief overview of the contents of the report and pointed out that nationally the movement is towards daily reporting. The Workgroup consensus is that adding requirements to report the NPI number and species code is necessary for providing prescriber feedback reports; however, the Workgroup requested more information be gathered on the reporting interval requirements.
3. Discuss data collection/sharing needs (Agenda Packet Pages 24-54, 55-58)
Mr. Orr introduced New York’s “RxStat” technical assistance manual which describes different data sets relevant to problem drug use that may be available from public health and public safety agencies. The questions for the Workgroup include: In Virginia, what data is actually available? Is it de-identified or not? Can the data be put on a dashboard? Is there a need to analyze different sets of data?
Dr. Levine pointed out that we should not let data itself be the limiting or defining factor. The question should be what data do we need and for what purpose? She

noted that if there is a huge spike in deaths somewhere, that Virginia has a good system to address emergencies but not always a good way to identify the causation leading up to the “emergencies”; in other words there is a need for situational awareness. Major Jenkins observed that different groups use different data streams. He says it is important to develop relationships that will promote the data sharing—“Here’s your contact – email them!”

Dr. Levine noted that we need a seamless relationship from law enforcement → medical community → public health → policy development, etc. In addition to details about the data, focus on the data flow channels/relationships.

Ms. Waite commented that a dashboard would be helpful to everyone. If a dashboard could present death statistics in addition to admissions for overdose or substance abuse treatment, arrests, etc., that may help put the problem in perspective. Mr. Orr cautioned that one issue may be that some data can be obtained but not be made public, i.e. certain law enforcement data.

The Workgroup worked on filling out a spreadsheet (Appendix 2) showing the proposed dataset, agency, state or federal data, whether the collection was plausible and notes. Mr. Orr will reach out to EMS regarding possible data on ambulance calls for suspected overdose events and will contact Mr. Cherundolo regarding orders for opioid stock as a resource.

Mr. Orr advised that, in accordance with a recommendation from the Education Workgroup, the Commonwealth will develop a Resource Center web page. He noted that a “data center” could be part of that resource. There are still some questions to be answered such as who will be the gatekeeper, what can be presented, etc.

Mr. Blakely showed an example (Appendix 3) of how data from the PMP on prescriptions dispensed, from the Office of the Chief Medical Examiner (OCME) on drug deaths, and from the Department of Forensic Science (DFS) on prescription opioid cases could be combined and presented. Of note, the OCME ratio, the PMP ratio, and the DFS ratio showed that southwest Virginia was highest in all measures. Chief Mike Shawver commented that it would be helpful to look at prescribers who have many patients in jurisdictions far away from where they live and Mr. Blakely discussed a graph titled *Sources of Opioid Prescriptions Filled in Virginia Pharmacies*, depicting the location of where prescriptions were written and then dispensed by Virginia pharmacies.

Ms. Wahnich discussed a short report entitled *Analysis of Emergency Department Drug Overdose Visits Virginia, 2012-2014* (Appendix 4), explaining that some localities were grouped together for distribution purposes and pointing out the inclusion and exclusion terms.

Ms. Hobron discussed the need for an all drug deaths task force. Legislation that would have provided authority and funding was not passed by the 2015 General Assembly. Mr. Orr asked if following a model from Maryland where there was a focus on just three localities could be implemented in Virginia as a pilot to show the worth of such a program. Ms. Hobron is concerned that reviewing a few cases would be too limited and that current authority is for federal review, so if you looked at a

locality, it could be problematic. Mr. Orr suggested the possibility of exploring federal grant funding to start the program. Consensus of the Workgroup was to recommend supporting the integrating the comprehensive surveillance of poisoning deaths into the current V-MEDS system.

4. Explore the use of data and monitoring to help prisoners with substance abuse problems and/or mental health issues with the purpose of breaking the cycle with this population.

Mr. Orr noted that co-morbidity of mental health disorder and substance abuse is an issue for many prisoners in Virginia's prisons and jails. While there is a Virginia Adult Re-entry Initiative for the state prison system, resources present in the state prison system are not always available at the regional or local jail systems. Chief Shawver noted that while substance use questions may be asked at booking into a jail that does not mean that there are treatment services available in the jail or referral to services when released. Mr. Coyne noted that our jails are ill-equipped to provide substance abuse treatment and recommended that the Treatment Workgroup look at the problem. The consensus of the Workgroup was to send refer issue to the Treatment Workgroup.

Prioritize Future In-Depth Discussion Topics:

- Expand access to PMP information to pharmacists and prescribers involved in team healthcare. This item will be discussed at the next meeting of the Workgroup.
- Expand mandatory use of the PMP. This item will be scheduled for discussion at the April meeting of the Workgroup.
- Report drug overdoses to Law Enforcement—specifically timely reporting of overdoses resulting in death. This item will be discussed at the next meeting of the Workgroup.
- Review ID Verification requirement when dispensing controlled substances. This item will be scheduled for discussion at the April meeting of the Workgroup.
- Develop clinically oriented criteria for unsolicited reports: (i.e. reporting/identification of patients taking concurrent carisoprodol, opiates and benzodiazepines). The PMP vendor has been approached to provide possible enhancements to address this recommendation. This item will be reviewed by the Workgroup once information has been received from the PMP vendor.
- Develop individual prescriber feedback reports. The PMP vendor has been approached to provide possible enhancements to address this recommendation. This item will be reviewed by the Workgroup once a response has been received from the PMP vendor.
- Other: March 19 meeting: discuss reporting interval for prescription data. April and May meetings: Continue Data discussions.

Next Meeting: March 19, 9:30- Noon. Location to be determined.

Meeting adjourned at 4:45 P.M.