

# Governor's Task Force on Prescription Drug and Heroin Abuse

## Data and Monitoring Workgroup

### Meeting Five, Minutes FINAL/APPROVED

March 19, 2015

#### 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  
Timothy Coyne, Public Defender  
Greg Cherundolo, ASAC, Richmond DEA-US DOJ  
Brian Hieatt, Sherriff, Tazewell County  
Rusty Maney, RPh, Richmond District Pharmacy Supervisor, Walgreens  
Amanda Wahnich, MPH, Enhanced Surveillance Analyst, VDH  
Deborah Waite, Ops Manager, Virginia Health Information  
John Welch, 1SGT, VSP representing Major Rick Jenkins  
Anne Zehner, MPH, Epidemiologist, VDH

#### Members Absent:

Delegate Charniele Herring, Virginia House of Delegates  
Rosie Hobron, MPH, Statewide Forensic Epidemiologist, VDH-OCME  
Major Rick Jenkins, Deputy Director, BCI, Virginia State Police  
Marissa Levine, M.D., State Health Commissioner,  
Lisa Miller, DVM  
Marty Mooradian, Impacted Family Member  
David Sarrett, DMD, MS, Dean, VCU School of Dentistry

#### Guests:

First Sgt. Welch, Virginia State Police (representing Major Jenkins)  
Enrique Cancel, DEA

#### Meeting Agenda

Welcome and Introductions

Review Minutes from February 25, 2015

1. Expand access to PMP information to pharmacists and prescribers involved in team healthcare
2. Report drug overdoses to Law Enforcement—Removed
3. Discuss amending requirements to reporting to the PMP such as adding NPI number, species code, and daily reporting of dispensing
4. Review Dataset Worksheet
5. Determine Next Meeting

**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 and Introductions**

The meeting was called to order at 9:35 a.m.

**Review of Minutes from February 25, 2015 Meeting**

Dr. Forster asked Workgroup members if there were any suggested changes to or comments about the draft minutes from the previous meeting, which had been distributed. Dr. Forster recommended an amendment to the section describing the presentation given on Mid-Atlantic Permanente's initiative to provide feedback to prescribers. The minutes were approved as amended (Posted on Task Force Website).

**Expand access to PMP information to pharmacists and prescribers involved in team healthcare**

The Workgroup was provided copies of existing law and regulation related to access to PMP data for prescribers and pharmacists (See meeting materials). Mr. Orr explained that the authority to access PMP information is restricted to those with the prescribing or dispensing function. This interpretation has been confirmed by program counsel from the Office of the Attorney General. A need for access to PMP information by clinical pharmacists and prescribers performing consultant services as part of care teams has been identified. Dr. Forster noted that several other states have this authority for clinical access now. The Workgroup recommended the development of a legislative proposal to expand access to the PMP for these healthcare providers.

**Report drug overdoses to Law Enforcement—TABLED**

This agenda item was tabled until the next meeting so that Major Jenkins will be present for the discussion. Additionally, Major Jenkins will be asked to provide an overview of the Virginia Fusion Center.

**Unsolicited Reports to Law Enforcement**

Although not on the draft agenda, Mr. Orr brought up for discussion the fact that the PMP cannot currently send information to law enforcement on prescribers. The PMP's current authority only permits the PMP to send information to law enforcement on recipients (patients). Sgt. Welch noted that the State Police is prosecuting 75-80% of the cases for which the PMP is currently sending unsolicited reports. There was discussion about the need for specific criteria correlated with inappropriate prescribing in order for any unsolicited reports to be sent to either law enforcement or regulatory boards. There are a number of other states that currently send information to law enforcement and regulatory boards. Information regarding other states' practices will be compiled and presented to the Workgroup at its next meeting.

**Discuss amending requirements to reporting to the PMP such as adding NPI number, species code, and daily reporting of dispensing**

Mr. Orr reiterated that the recommendation from the Workgroup for a legislative proposal to add the National Provider Identifier (NPI) and Species Code to the reporting requirements of the PMP did not get introduced in the 2015 General Assembly Session. A proposal to change the frequency of reporting to the PMP was expected to be introduced and these elements could have been added to the bill through an amendment to the same Code section. As requested by the Workgroup at the last meeting, Mr. Orr presented information updating the status of the frequency of reporting prescription data across the country (See meeting materials). A movement towards daily reporting is a definite trend with five states moving to daily reporting since July 2014, and two more scheduled to implement daily reporting January 1, 2016. It was noted that there would be no cost to the PMP to move to daily reporting. The Workgroup confirmed its previous recommendation expanding reporting requirements

to include the NPI and Species Code, and it recommended moving the reporting frequency from within 7 days of dispensing to daily reporting.

### **Review Dataset Worksheet**

The Workgroup reviewed the spreadsheet identifying potential data sources and discussed information provided by the Maternal Mortality Review Team (MMRT) and Child Fatality Review Team (See meeting materials). These potential data sources were added to the spreadsheet and representatives will be invited to present at the next meeting of the Workgroup. Of special note, the MMRT document includes support for daily reporting of prescription information and reviewing how PMP and other information is available to law enforcement and regulatory boards. As presented to the Task Force in December, this includes: a) Reporting of fatal overdoses; b) Expanding the ID verification requirement for dispensing; and c) Sending “Unsolicited” reports indicating indiscriminate prescribing or dispensing (e.g., geographic distribution). These are all future topics of discussion for the Workgroup. Mr. Orr advised that a Resource Website will be developed as suggested by the Education Workgroup. A way for individual owners of identified datasets to share data on a wide scale could be to develop “Dashboards” of dataset information to be posted on this new website. Given that the Task Force is scheduled to complete its work in June, perhaps a task for another group would be to develop a mechanism to include an oversight control process allowing for analysis of such information.

Mr. Blakely suggested that the Workgroup form a subcommittee of the “data holders” on the Workgroup to further discuss the sources of available data and develop recommendations to bring back for discussion by the entire Workgroup. An initial meeting of March 31, 2015, 2 p.m. was scheduled with Mr. Blakely agreeing to find a meeting location. Initial membership of the Subcommittee will include Katya Herndon, Baron Blakely, Rosie Hobron, Rick Jenkins, Ralph Orr, Amanda Wahnich, Deborah Waite, and Anne Zehner; however, all Workgroup members are welcome to attend.

Dr. Forster and Ms. Herndon distributed and briefly reviewed the Workgroup’s presentation to be given in the afternoon at the Task Force meeting and invited Workgroup members to attend, if possible.

**Next Meetings:** A discussion of possible additional agenda items for the next meeting ensued with topics including information on the Virginia Youth Survey, dentist prescribing of controlled substances, veterinary medicine’s role in combating prescription drug abuse, and an overview of data maintained by Virginia Health Information.

Subsequent meetings were scheduled for April 14, May 12, and June 9 from 9:00 to Noon (same days as Task Force meetings). Locations to be determined.

The meeting adjourned at 11:30 a.m.