Prescription Drug and Heroin Abuse Taskforce
Data/Monitoring Workgroup Meeting Agenda
April 14, 2015, 10:30 A.M.-4:00 P.M.
Virginia Health Information
102 N 5th Street, Richmond, VA

Welcome and Introductions: Dr. Carol Forster and Katya Herndon

Review Minutes from March 19, 2015 (pages 1-3)

Presentations (10:30-Noon)

- Maternal Mortality Review Team Report: Emily Womble (page 4)
- Child Fatality Review Team Report: Emily Womble (page 5)
- Fusion Center: Captain Steve Lambert (pages 6-9)
- Virginia Youth Survey: Anne Zehner (page 10)
- Role of Veterinarians in Reducing Prescription Drug Abuse: Dr. Lisa Miller (pages 11-13)
- Virginia Health Information: Deborah Waite (page 14)

Noon: Lunch

Discussion Topics and Reports:

- Dataset Subcommittee Report: Baron Blakely
- Final Recommendations (pages 15-27)
    - Recommendations Completed
    - Short Term Recommendations
    - Long Term Recommendations
    - Legislative Recommendations
    - Recommendations for Further Review and Consideration
- Implementation Plan Development

Discuss Agenda for Next Meeting (April 29, 2015):

Governor's Task Force on Prescription Drug and Heroin Abuse

Data and Monitoring Workgroup

Meeting Five, Minutes (DRAFT)

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.

(1)

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.

Virginia Maternal Mortality Review Team Statement to the Governor's Prescription Drug and Heroin Abuse Task Force

- The Virginia Maternal Mortality Review Team is a multidisciplinary team which reviews all deaths to a woman who was pregnant when she died or who had been pregnant within one year of her death.
- For every 100,000 live births, 4.5 women who were pregnant or recently pregnant died from drug overdoses in Virginia.
- Two-thirds of the decedents who died from drug overdoses had toxicology results indicating at least one prescription drug was present.
- Almost half of the deaths were attributable to combined or mixed toxicity with at least one substance being a prescription drug.
- Using what has been learned from review of the circumstances surrounding these deaths, the Maternal Mortality Review Team has developed recommendations to reduce the incidence of similar deaths. One of these recommendations states, "The Maternal Mortality Review Team supports the proposed recommendations of the Governor's Prescription Drug and Heroin Abuse Task Force for action and/or study relating to providing additional clinical information in the Prescription Monitoring Program to prescribers and dispensers. These recommendations relate to improving logistics regarding use of Prescription Monitoring Program data which includes daily reporting of dispensed prescriptions and reviewing how drug overdose, dispensing and Prescription Monitoring Program information is available to law enforcement and regulatory boards."

Contact Information:
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Virginia State Child Fatality Review Team Statement to the Governor's Task Force on Prescription Drug and Heroin Abuse

- The State Child Fatality Review Team is currently reviewing the deaths of all children aged 0-17 who died as a result of poisoning from 2009-2013. The Team just concluded its review of teens, aged 13-17. The Team has not yet begun reviewing the deaths of children aged 0-6. No children between the ages of 7-12 died from poisoning from 2009-2013.
- Prescription medication(s) caused death in 73% of the teenage cases. In the majority of these cases, all or some of the prescription medications came from the teen's home and were often prescribed to a parent or caregiver.
- Heroin caused the death of two teenagers in this review. Heroin was the only illicit drug that caused death in this review.
- The child's substance use was known to his or her parents or caregivers in almost all of the teen cases in this review. The Team identified many issues of parents enabling their children's substance use by supplying the substances to them, failing to recognize the risk of their child's misuse, or failing to follow through with recommended referrals for treatment.
- Many of the teens lived in homes where one or more parent and/or caregivers were abusing substances. In many cases, the Team found that the teens were from substance-abusing families. This meant that these children had little advocacy at home to protect them substance use, fully understand the risks of drug use, or seek adequate treatment.
- All of the teens in this review lived in a home with a parent or caregiver. The Team noted a prolific need for children to receive substance abuse treatment that involves the entire family. Individual treatment of a child who lives in a toxic environment is not conducive to recovery.
- The child population has unique opportunities for prevention because their involvement with systems is greater. Children are seen by pediatricians, schools, juvenile justice, etc., which allows for more risk identification and intervention opportunities to get involved in treating mental health and substance abuse.
- While many similarities exist between the child and adult population of substance abusers, there are unique characteristics of the child population that are not present in, or relevant to, the adult population. For this reason, the State Child Fatality Review Team fully supports the recommendations from the Governor's Task Force on Prescription Drug and Heroin Abuse but encourages the Task Force to also consider addressing these unique needs of substance-abusing children and children in substance-abusing families.

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National Network of Fusion Centers Fact Sheet

On This Page:

"A fusion center is a collaborative effort of two or more agencies that provide resources, expertise and information to the center with the goal of maximizing their ability to detect, prevent, investigate, and respond to criminal and terrorist activity."
- Baseline Capabilities for State and Major Urban Area Fusion Centers (October 2008)

Overview

State and major urban area fusion centers (fusion centers) serve as primary focal points within the state and local environment for the receipt, analysis, gathering, and sharing of threat-related information among federal, state, local, tribal, and territorial (SLTT) partners. Located in states and major urban areas throughout the country, fusion centers are uniquely situated to empower front-line law enforcement, public safety, fire service *(PDF - 22 pages, 2.21 MB)*, emergency response, public health, critical infrastructure protection *(PDF - 30 pages, 3.54 MB)* and private sector security personnel to lawfully gather and share threat-related information. They provide interdisciplinary expertise and situational awareness to inform decision-making at all levels of government. Fusion centers conduct analysis and facilitate information sharing, assisting law enforcement and homeland security partners in preventing, protecting against, and responding to crime and terrorism. Fusion centers are owned and operated by state and local entities with support from federal partners in the form of:

- Deployed personnel,
- Training,
- Technical assistance *(PDF - 40 pages, 2.43 MB)*,
- Exercise support *(PDF - 1 page, 577 KB)*,
- Security clearances,
- Connectivity to federal systems,
- Technology *(PDF - 22 pages, 1.1 MB)*, and
- Grant funding

What Fusion Centers Do

Fusion centers contribute to the Information Sharing Environment (ISE) through their role in receiving threat information from the federal government; analyzing that information in the context of their local environment; disseminating that information to local agencies; and gathering tips, leads, and suspicious activity reporting (SAR) from local agencies and the public. Fusion centers receive information from a variety of sources, including SAR from stakeholders within their jurisdictions, as well as federal information and intelligence. They analyze the information and develop relevant products to disseminate to their customers. These products assist homeland security partners at all levels of government to identify and address immediate and emerging threats.

Beyond serving as a focal point for information sharing, fusion centers add significant value to their customers by providing a state and local context to help enhance the national threat picture. Fusion centers provide the federal government with critical state and local information and subject matter expertise that it did not receive in the past – enabling the effective communication of locally generated threat-related information to the federal government.

More from DHS

Fusion Center Performance Program (FCPP)

Annual Fusion Center Assessment and Gap Mitigation Activities

State and Major Urban Area Fusion Centers

Intelligence and Analysis

Fusion Center Success Stories

Building Law Enforcement and Homeland Security Partnerships

Fusion Center Locations and Contact Information

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Integrating and connecting these state and local resources creates a national capacity to gather, process, analyze, and share information in support of efforts to protect the country.

Our nation faces an evolving threat environment, in which threats not only emanate from outside our borders, but also from within our communities. This new environment demonstrates the increasingly critical role fusion centers play to support the sharing of threat-related information between the federal government and SLTT partners.

Fusion Center Priorities

"To prevent acts of terrorism on American soil, we must enlist all of our intelligence, law enforcement, and homeland security capabilities. We will continue to integrate and leverage state and major urban area fusion centers that have the capability to share classified information"
- National Security Strategy (May 2010)

In 2007, the National Strategy for Information Sharing called for the establishment of "baseline operational standards" for fusion centers. In 2008, the federal government, in collaboration with SLTT partners, published the Baseline Capabilities for State and Major Urban Area Fusion Centers *(PDF, 37 pages - 4.6 MB)* to establish baseline operational standards and to outline the capabilities necessary for fully operational fusion centers. By achieving the baseline capabilities, a fusion center will have the necessary structures, processes, and tools in place to support the fusion process.

During the 2010 National Fusion Center Conference, Fusion Center Directors, in partnership with the federal government, distilled the Baseline Capabilities for State and Major Urban Area Fusion Centers into National Network priorities, including four Critical Operational Capabilities (COCs):

- Receive: Ability to receive classified and unclassified information from federal partners
- Analyze: Ability to assess local implications of that threat information through the use of a formal risk assessment process
- Disseminate: Ability to further disseminate that threat information to other state, local, tribal, territorial and private sector entities within their jurisdiction
- Gather: Ability to gather locally-generated information, aggregate it, analyze it, and share it with federal partners as appropriate

Additionally, both Fusion Center Directors and the federal government identified the protection of privacy, civil rights, and civil liberties (P/CRCL) as a key priority and an important enabling capability to ensure fusion centers protect the privacy and other legal rights of Americans, while supporting homeland security efforts.

Strengthening the ability of fusion centers to execute the COCs and ensure P/CRCL protections is critical to building an integrated National Network of Fusion Centers capable of sharing information with the federal government and SLTT partners during situations involving time-sensitive and emerging threats. In September 2010, federal, state, and local officials conducted a Baseline Capabilities Assessment (BCA), the first formal assessment of fusion center capabilities. The data collected during the BCA provided a snapshot of fusion center capabilities and identified major trends, as well as strengths and gaps across the National Network.

The current focus of the federal government is to support fusion centers in mitigating the capability gaps identified by the BCA and to assist fusion centers in reaching an enhanced level of capability for all four COCs and P/CRCL protections. The Department of Homeland Security, in coordination with federal interagency partners, has developed and provided a wide range of resources and services, including a guidebook, sample policies, templates, best practices, workshops, and various training sessions, to support fusion centers in strengthening their COCs and P/CRCL protections. The Department will continue to assist fusion centers in fully achieving and maintaining the COCs and P/CRCL protections.

Fusion Centers are a Shared Responsibility

In recent years, partners at all levels of government have reiterated the need for unified and coordinated support for fusion centers. The federal government is committed to assisting them in becoming centers of analytic excellence that serve as focal points for the receipt, analysis, gathering, and sharing of threat-related information among federal and SLTT partners. Federal interagency partners, including Department of Homeland Security, Department of Justice, Federal Bureau of Investigation, Office of the Director of National Intelligence, Program

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Manager for the ISE, Office of National Drug Control Policy, and Department of Defense, are committed to providing effective, efficient, and coordinated federal support to fusion centers. In turn, fusion centers support their SLTT partners by developing actionable intelligence, disseminating relevant information to homeland security partners, participating in the Nationwide SAR Initiative, and supporting the maturation of their statewide fusion processes.

Last Published Date: *August 6, 2014*

Was this page helpful?

◯ Yes ◯ No

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Virginia Fusion Center

Back to VSP

Potential Signs of Terrorism

Video

Eliciting Information

Questioning individuals at a level beyond mere curiosity about particular facets of a facility's or building's purpose, operations, security procedures, etc.

Testing of Security

Deliberate interactions with, or challenges to, installations, personnel or systems that reveal physical, personnel or cyber security capabilities.

Photography

Taking pictures or video of facilities, buildings or infrastructure in a manner that would arouse suspicion. Examples include taking pictures or video of:

- Infrequently used access points
- Personnel performing security functions
- Security-related equipment (fencing, security cameras, etc.)

Observation/Surveillance

Demonstrating unusual interest in facilities, buildings or infrastructures beyond mere casual or professional (e.g., engineers) interest. Examples include:

- Observation through binoculars
- Taking notes
- Attempting to measure distances, etc.

Supplies

Purchasing or stealing explosives, weapons, ammunition, etc. Acquiring military uniforms, decals, flight manuals, passes, or badges.

Impersonation

People who do not seem to belong in the workplace, neighborhood, establishment, etc. Suspicious border crossings, impersonation of law enforcement, military personnel or company employees.

Funding

Suspicious transactions involving large cash

What is a Fusion Center?

A fusion center is a collaborative effort of state and federal agencies working in conjunction with local partners to share resources, expertise, and/or information to better identify, detect, prevent, and respond to terrorist and criminal activity utilizing an all crimes/all hazards approach.

The multidisciplinary approach of a fusion center increases state and local law enforcement's understanding and awareness of threats to public safety which is now a cornerstone of modern law enforcement activity.

Fusion centers were created after 9/11 as a way to mitigate intelligence gaps and readily share intelligence across all levels of local, state, and federal partners.

More...

Partners

Virginia State Police
Virginia Department of Emergency Management
Virginia Department of Corrections
Virginia Department of Health
Virginia Department of Fire Programs
Virginia National Guard
U. S. Department of Homeland Security
Federal Bureau of Investigation

Information Exchange

The exchange of information and resources derived from Virginia Fusion Center (VFC) partnerships is fundamental to providing a coordinated response to terrorism and criminal-related issues affecting the Commonwealth of Virginia. Information received and generated by the VFC is used to:

- Prevent, interdict or respond to terrorism and criminal activity
- Educate law enforcement, homeland security officials and VFC partners on current terrorist and criminal activity
- Pursue and apprehend offenders
- Obtain evidence necessary to support prosecution

Privacy Policy

The Virginia Fusion Center's (VFC) privacy policy establishes internal guidelines to protect the civil rights and civil liberties of the citizens we serve as it relates to the collection, submission, disclosure, and retention of personal identifiable information with a nexus to terrorist and/or criminal activity that could impact public health or safety. It is the mission of the VFC to ensure that information collectors do not seek information about an individual or organization solely on the basis of political, religious, or social views, or race, ethnicity, citizenship, place of origin, age, disability, gender, or sexual orientation. Any comments or concerns related to potential or actual violations of the above policy and guidelines should be directed to the VFC Privacy Officer through email at: vfcprivacyofficer@vsp.virginia.gov.

Virginia Fusion Center statutes

VA Code 52-48 and VA Code 52-49

Helpful Links

IMPORTANT

For Emergen Threats/Incid Involving Susp Acts of Terror ***Dial 911***

SUSPICIOU ACTIVITY

Call - 877-4' TIPS (877-482-84

Email

or

Use the NE mobile ap

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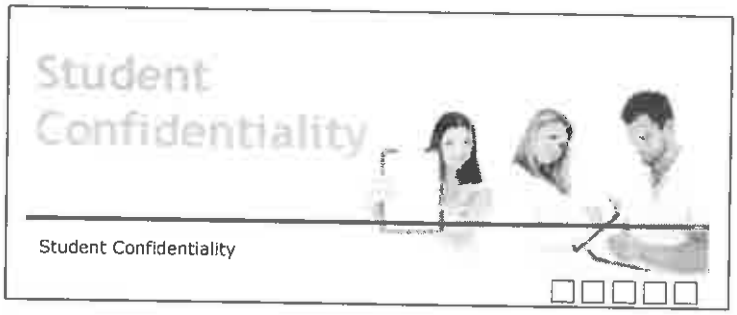
Virginia Youth Survey

Through a five-year grant provided by the Centers for Disease Control and Prevention, the Department of Health, with support from the Department of Education, will be gathering information about the health risk behaviors of youth. The Virginia Youth Survey (VYS) has been developed to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults within the Commonwealth of Virginia. for more...



Student Confidentiality

Request Data & Technical Support

Virginia Youth Survey Questionnaires

Virginia Youth Suvey Results

Links

Schools and Parents

Contact Us

For more information contact:
Virginia Youth Survey Coordinator
Division of Policy and Evaluation
Office of Family Health Services
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Email Us

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Last Updated: 05-30-2013

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TO: Members, Data/Monitoring Workgroup
Governor's Task Force on Prescription Drugs and Heroin Abuse

FROM: Lisa Miller, DVM

DATE: March 16, 2015

While our workgroup has only briefly mentioned mandatory veterinary participation in the PMP (and at the December 2014 meeting, decided as a group to delay the matter until 2015), you should know that this issue has been discussed at length within the Department of Health Professions/Board of Veterinary Medicine. I would like to suggest two potential action items and share some critical differences in animal and human prescribing practices that must be addressed should veterinary participation in the PMP become a necessity.

I would also like to state that, at this time, in my professional experience, mandatory veterinary participation in the PMP is not warranted. This is also the opinion of our state association, the Virginia Veterinary Medical Association (VVMA). A survey of our membership in December 2014 showed that 79% of respondents did not support veterinary participation in the PMP. I believe most veterinarians are cautious when prescribing controlled drugs for our patients. If an owner repeatedly says they have lost their pet's meds or comes up with other excuses, it throws up a red flag.

However, if, after accurate data is collected, it becomes apparent that veterinarians are more of a source of diverted controlled drugs than we suspect, we would understand the importance of joining the PMP. Given that we will be looking at the issue again in 2015, the VVMA developed the above-referenced PMP questionnaire for our membership that went out in December 2014. The responses gave us some additional useful information to consider as we take up the issue again this year. In the months ahead, I think it is important for the VVMA to do all we can to inform Virginia veterinarians of the issue of drug diversion, and we have committed to work with the Board of Veterinary Medicine to improve our regulations on drug storage and auditing to address employee diversion. If data at any point supports veterinary participation in the PMP, I am confident the VVMA will work with the Department and other stakeholders to implement that participation. In the meantime, in my and the association's opinion, there are a few things that can be done now to improve the quality of animal prescription data being entered into the PMP by pharmacists to more accurately query data relative to veterinary prescribers.

RECOMMENDATIONS:

1. The PMP has a "species" code; one for human prescriptions and one for animal prescriptions. Pharmacists filling veterinary prescription are not uniformly using the correct species code.

Recommendation:

Require pharmacists use the correct species code when entering veterinary prescription data.

2. The Board of Veterinary Medicine requires that veterinary prescriptions for companion animals be labeled with:
1. Name and address of the facility;
2. Name of client; (owner)
3. Animal identification; (name of animal)
4. Date dispensed;
5. Directions for use;
6. Name, strength (if more than one dosage form exists), and quantity of the drug; and
7. Name of the prescribing veterinarian.

This is done to capture the necessary information, including identifying both the owner and the animal.

Recommendation:

If at all possible, pharmacies should follow the Board of Veterinary Medicine prescription labeling format for all animal prescriptions. (18VAC150-20-190. Requirements for drug storage, dispensing, destruction, and records for all establishments, full service and restricted.)

DIFFERENCES IN HUMAN AND ANIMAL PRESCRIBING AND OTHER PMP ISSUES:

1. The differences in species, weights, and metabolic rates of most animals and humans vary greatly. While there are a number of common drugs that are used cross-species, the dosages can be dramatically different from animal to animal, and from animal to human. For example, 300 Tramadol might be a month supply for a Great Dane or a year supply for a Chihuahua. How will the PMP identify/evaluate veterinary overprescribing in light of the species, size and dosage range variations?

2. Where would veterinary data fit into the program, even if the correct species code were used? Can we have accurate vet prescribing data? How can medication prescribed for the pet ("Fluffy" Jones) attach to the owner without appearing the owner is legitimately taking, or illegally seeking, these medications themselves? If an investigator were looking into the database for illegal prescribing patterns or to investigate a potential abuser, would the veterinary prescriptions still accrue to the owner and cause a problem, even if all of the drugs prescribed for him/her were legitimate? For example, an owner could have a Golden Retriever on Tramadol for arthritis and Valium for fear of thunderstorms, a Yorkie on butorphanol for a cough, and have his/her own legitimate prescription for Hydrocodone. All of these drugs coming to one person at the same address may look suspicious at first glance but be, in fact, completely justified.

3. Conversely, a drug abuser may take their dog to multiple vets giving different patient information (name, breed mix, etc.) and the prescription data may not be linked together in the PMP if the tracking doesn't follow the person. However, the scenario in # 2 shows how tracking the person could unfairly indicate someone as an abuser who is not.

Dog's don't have photo ID's - so how does it work if photo ID is required to get these medications? Owner ID used?

Pharmacy computer systems typically identify prescribers by their NPI number. Veterinarians

cannot obtain an NPI number. Does this impact data currently input by pharmacists into the PMP?

Multiple owners: A dog may be legitimately owned by multiple people (show dogs, for example). How will the PMP correctly track different owners?

Due to the small size of many of our patients (birds, reptiles), veterinarians depend on compounding pharmacies, many of which are out of state. How do compounded prescriptions filled out of state fit in to the PMP system?

BUSINESS CONCERNS:

Veterinarians could provide our clients with written prescriptions for all controlled drugs to be filled by pharmacists. While that would shift the burden of veterinary PMP reporting entirely to the pharmacists, it would be a dramatic hit to our income as a small business. It eliminates one more service we can provide to our clients, i.e. the convenience of picking up medications when they pick up surgical patients, etc.

Who would bear the expense of adding veterinarians to the program, providing compatible software, etc.? There are still some vets who are not using computers at all for writing prescriptions. If the vet bears the expense that would be a burden on a small business (a burden that may not even be necessary if vets are not proven to be a source of the problem). If the State bears the expense, is it worth the cost to address only a small fraction of the problem?

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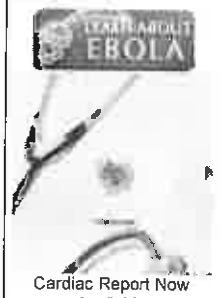
Ex[illegible]

VA [illegible] Claims Database



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VIRGINIA HEALTH INFORMATION
102 N. 5th Street | Richmond, VA 23219

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Governor's Task Force on Prescription Drug & Heroin Abuse

Data-Monitoring Workgroup Recommendations

May 12, 2015

Data-Monitoring Workgroup Completed Recommendations

-Amend § 54.1-2522.1 to add pharmacists to mandatory PMP registration requirement, allow for registration not based on renewal, and remove language potentially discouraging use of treatment agreements

-Amend § 54.1-2523 to clarify that PMP data shall not be available for civil subpoena nor shall such records be deemed admissible as evidence in any civil proceeding

Data-Monitoring Workgroup Status of Accepted Recommendations

-Amend § 54.1-2521 to require reporting of prescriber National Provider Identifier (NPI) for prescriptions for human patients and to add "Species Code" as a required data element, which will enable the PMP to determine in what specialty the prescriber is practicing : Regulatory process to be initiated

-Place Morphine Equivalent Doses per Day (MEDD) information on PMP Reports: Testing complete, explanatory statement to be added to score prior to implementation

-Develop clinically oriented criteria for unsolicited reports to prescribers on specific patients: Issue being explored by PMP and its vendor

Data-Monitoring Workgroup Status of Accepted Recommendations

-Develop individual prescriber feedback reports: Need NPI information to fully implement, PMP reviewing issue with vendor and IT support to determine intermediate solutions

-Direct applicable agencies to share data on prescription drug and heroin abuse, overdoses, drug seizures, arrest information, etc., so that data can be analyzed to mitigate harm from prescription drug and heroin abuse: Workgroup has identified several datasets, Sub-Committee is working to further identify specific data points and recommendations for presentation of such data

Data-Monitoring Workgroup Short Term Recommendations

Data-Monitoring Workgroup
Long Term Recommendations

Data-Monitoring Workgroup Legislative Recommendations

-Amend §54.1-2523 Paragraph C to expand access to PMP information to clinical (non-dispensing) pharmacists and consulting physicians (not necessarily the prescriber) involved in "care team" of the patient

-Amend §54.1-2521 to shorten the timeframe in which dispensers must report to PMP (currently, within 7 days) to within 24 hours of dispensing

-Amend §54.1-2523.1 to provide unsolicited reports to law enforcement and regulatory boards for prescribing and dispensing outliers

NAMSDL

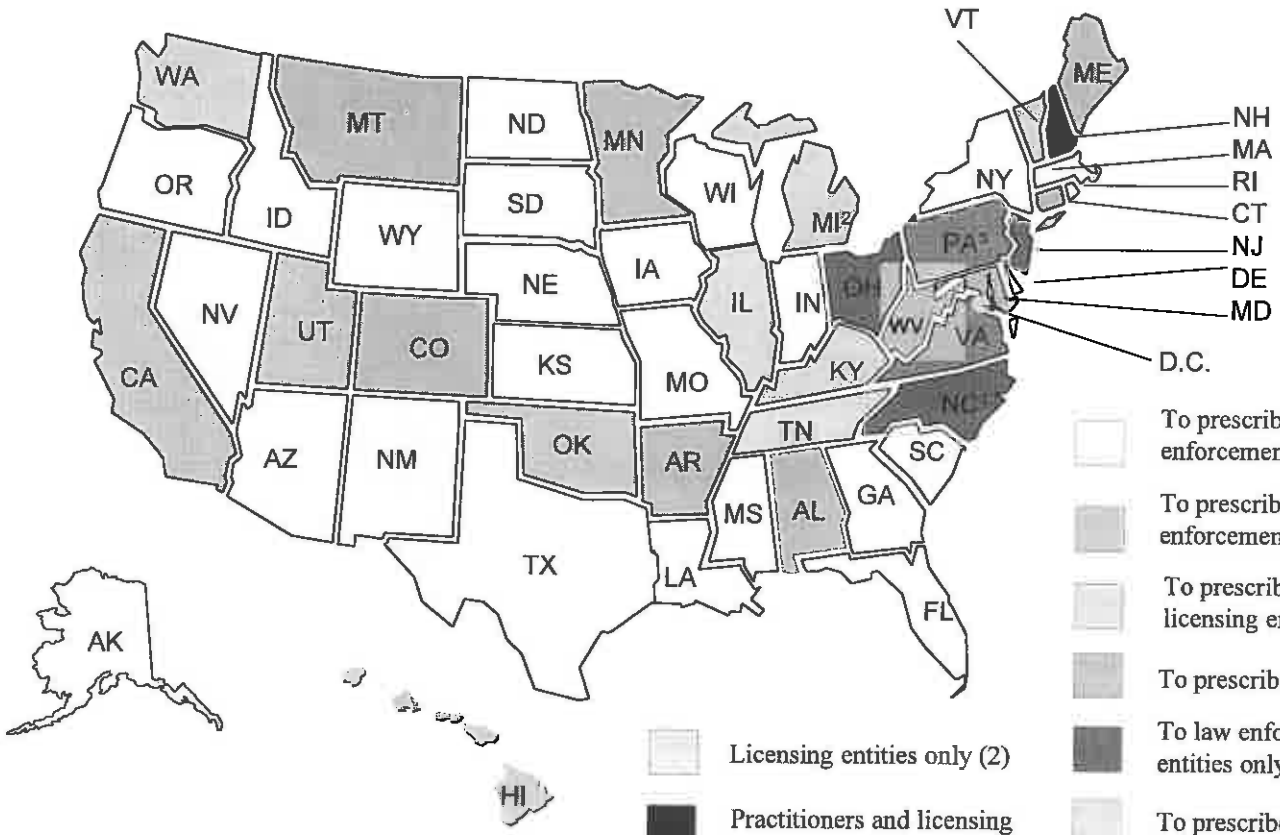
National Alliance for Model State Drug Laws

Unsolicited PMP Reports/Alerts to Prescribers, Pharmacists, Law Enforcement and Licensing Entities

Research Current Through December 2014.

This project was supported by Grant No. G1399ONDCP03A, awarded by the Office of National Drug Control Policy. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States of Government.

Unsolicited PMP Reports/Info to Prescribers, Pharmacists, Law Enforcement and Licensing Entities



To prescribers, pharmacists, law enforcement and licensing entities (20)

To prescribers, pharmacists and law enforcement only (4)

To prescribers, pharmacists and licensing entities only (2)

To prescribers and pharmacists only (8)

To law enforcement and licensing entities only (4)

To prescribers only (3)

To prescribers and law enforcement only (1)

Law enforcement only (1)

[1] North Carolina provides unsolicited reports to the Attorney General who has the discretion to forward the information to law enforcement. [2] Michigan send alerts to physicians when a patient surpasses the threshold but does not send the actual report. [3] Pennsylvania will begin sending unsolicited reports to licensing boards only beginning June 30, 2015.

National Alliance for Model State Drug Laws
MODEL PRESCRIPTION MONITORING PROGRAM (PMP) ACT
Revised November 22, 2013.

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SECTION 8. ACCESS TO AND USE OF THE PRESCRIPTION MONITORING INFORMATION; CONFIDENTIALITY.

(d) The [designated state agency or entity] shall review the prescription monitoring information. If the review identifies information that satisfies criteria established by the [designated state agency or entity] in consultation with the Advisory Committee:

(i) for referring information about a patient to a prescriber or dispenser, the [designated state agency or entity] shall provide the relevant information to the appropriate prescribers and dispensers.

(ii) for referring information to a law enforcement agency or a professional licensing or certification agency or board, the [designated state agency or entity] shall provide the relevant information to the appropriate agency or board for further inquiry and action, as deemed appropriate by that agency or board.

Data-Monitoring Workgroup Recommendations for Further Review and Consideration

Data-Monitoring Workgroup Recommendations

Questions & Comments?

Governor's Task Force on Prescription Drug & Heroin Abuse

Data-Monitoring Workgroup

Co-Chairs: Dr. Carol Forster, Ms. Katya Herndon

May 12, 2015