

Governor's Task Force on Prescription Drug and Heroin Abuse

Data and Monitoring Workgroup

Meeting Six, Minutes APPROVED

April 14, 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 Blakley, Research Analyst, Department of Criminal Justice Services
Timothy Coyne, Public Defender
Greg Cherundolo, ASAC, Richmond DEA-US DOJ
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
David Sarrett, DMD, MS, Dean, VCU School of Dentistry
Mike Shawver, Chief of Operations Tazewell County Sheriff's Office (representing Sheriff Brian Heatt)
David Trump, M.D., Chief Deputy Commissioner, Virginia Department of Health (representing Dr. Levine)
Amanda Wahnich, MPH, Enhanced Surveillance Analyst, VDH
Deborah Waite, Ops Manager, Virginia Health Information

Members Absent:

Delegate Charniele Herring, Virginia House of Delegates
Brian Heatt, Sherriff, Tazewell County
Marissa Levine, M.D., State Health Commissioner,
Marty Mooradian, Impacted Family Member
Anne Zehner, MPH, Epidemiologist, VDH

Guests:

Captain Steven Lambert, Virginia State Police, Virginia Fusion Center
Emily Womble, Child Fatality Review Coordinator, Office of the Chief Medical Examiner

Meeting Agenda

Welcome and Introductions

Review Minutes from previous meeting

Presentations

- 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)

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

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 10:35 a.m.

Review of Minutes from March 12, 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. Being none, the minutes were approved as presented.

Presentations:

Maternal Mortality Review Team Report:

Ms. Womble presented information from the Virginia Maternal Mortality Review Team (Meeting Materials and Agenda Packet page 4), highlighting system factors contributing to overdose deaths due to overdoses as well as several recommendations from the Review Team, some of which have already been considered by the Governor's Task Force.

Child Fatality Review Team Report:

Ms. Womble presented preliminary findings from the Child Fatality Review Team (Meeting Materials and Agenda Packet page 5), highlighting a review of poisoning cases and noting issues such as isolated families and children and lack of coordinated response.

Fusion Center:

Captain Lambert presented information on Virginia's Fusion Center (VFC) established out of needs identified after the 9/11 attacks in 2001 (Meeting Materials and Agenda Packet pages 6-9). The Fusion Center is designed to collect data from various sources in a timely manner and make the information available to law enforcement from a central access point. Among entities the Fusion Center communicates with are the regional Virginia Poison Control Centers, the Virginia Department of Health (VDH), and the Office of Emergency Medical Services in VDH. The VFC is developing communication methods for dissemination of heroin related intelligence to the medical community.

Virginia Youth Survey:

Ms. Zehner was unable to attend the meeting but provided a presentation for discussion (Meeting Materials and Agenda Packet page 10). Mr. Orr expressed that there is a lot of data captured by the survey but the specific information of prescription drug abuse is very alarming with percentage of

students who have taken a prescription drug without a doctor's prescription one or more times during their life, starting at about 10% in 9th grade and increasing to 20% by 12th.

Role of Veterinarians in Reducing Prescription Drug Abuse:

Dr. Miller discussed the memorandum addressed to the Workgroup (Agenda Packet pages 11-13). Dr. Miller pointed out that veterinarian prescriptions may be dispensed by the practice or sent to a pharmacy to be dispensed and that currently the PMP cannot easily identify prescriptions filled for a pet versus one filled for a human patient. Additionally, there are differences in prescribing for animals versus humans which may not be universally known.

Virginia Health Information:

Ms. Waite gave a presentation on information collected and made available by Virginia Health Information (Meeting Materials and Agenda Packet page 14). Of particular interest was information derived from the All Payer Claims Database (APCD) showing inpatient discharges related to drug dependence from acute hospital care or psychiatric care and the average charge for both of these institution types. Ms. Waite also highlighted how inpatient discharges for opioid abuse and dependence increased from 14.44% in 2009 to 21.59% in 2013.

Discussion Topics and Reports:

Dataset Subcommittee Report:

Mr. Blakley provided an overview of subcommittee discussions as recorded in the minutes of the April 14, 2015 meeting.

Final Recommendations: (Agenda Packet pages 15-27)

Ms. Herndon explained the schedule for Workgroup and Task Force actions as disseminated to Workgroup staff.

- Workgroups will present their final recommendations to the Task Force at the May 12th meeting for approval.
- An implementation plan based on the recommendations will be developed and presented to the Task Force at the June 16 meeting.
- The Workgroups will continue to meet over the summer, and final reports, etc. will be presented at the Task Force meeting on September 21st, which will be held in Charlottesville.
- The Data Monitoring Workgroup has a meeting scheduled for April 29th to finalize its recommendations in advance of the May Task Force meeting.

Mr. Orr presented the slide template to be used for the presentation to the Task Force on May 12th, explaining that some slides are already complete but that there is space for additional recommendations.

- There are two completed legislative recommendations from the Workgroup which Governor McAuliffe signed at a bill signing event in Winchester on April 7th.
- There are currently five additional accepted recommendations from the Workgroup:
 - The recommendation for requiring reporting of the prescribers' National Provider Identifier (NPI) code and "Species Code" will be implemented through regulation
 - The recommendation for the placement of Morphine Equivalent Doses per Day (MEDD) scores on PMP reports is expected to be completed by July 1st
 - The recommendation for unsolicited reports to prescribers is being explored by the PMP and its vendor

- The recommendation for individual prescriber feedback reports is being explored by PMP and its vendor
- The recommendation for sharing data between agencies is being implemented as described in the Subcommittee report from Mr. Blakley.

The Workgroup discussed two other areas of interest:

- Requiring licensing boards to mandate continuing education on issues related to prescription drug abuse by licensing boards. It was pointed out that the Board of Pharmacy has the authority to identify specific continuing education that must be completed during a license period; it is not an ongoing requirement but allows the Board to recognize a topic of great need at a specific time. This could be a model to be used by other licensing boards.
- Given the presentations from the two mortality review teams, the Workgroup discussed the fact that women, children and teenagers need special consideration and coordination of responses to effectively address their substance abuse. This need spans across schools, law enforcement, treatment providers, and healthcare providers.

The consensus of the Workgroup was that Data & Monitoring was not the appropriate Workgroup to make recommendations regarding these areas, and it was suggested that staff from the Education and Treatment Workgroups be contacted so that these topics could be suggested to be placed on the agenda for discussion at the upcoming joint meeting of the Education and Treatment Workgroups.

The Workgroup also discussed the need for a group or entity to provide oversight on the implementation of Task Force recommendations on a going forward basis.

The Workgroup endorsed the following additional 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. Note: Also a Recommendation approved by the Prescription Monitoring Program Advisory Panel.
- 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. Note: Also a Recommendation approved by the Prescription Monitoring Program Advisory Panel.

The Workgroup discussed the following additional legislative recommendation:

- Amend §54.1-2525 to specify that reports received from the PMP may be placed in the medical or prescription record of the patient. Note: A member of the Workgroup asked why the PMP report cannot be placed in the medical record. Current language is unclear on this point but does state that “It shall be unlawful for any person having access to the confidential information in the possession of the program or any data or reports produced by the program to disclose such confidential information except as provided in this chapter.” Placing the PMP report in the medical or prescription record can back up notes or comments made based on review of the report. Mr. Maney stated that pharmacists would find it helpful to have the PMP report placed in the record.

The Workgroup will have further discussion on this recommendation at its meeting on April 29.

Mr. Orr presented information on two outstanding recommendations and areas of concern not acted upon at the December 2014 Task Force meeting:

1. Expanding mandatory PMP requests to include acute treatment

2. Sending “Unsolicited” reports indicating indiscriminate prescribing or dispensing (i.e. geographic distribution)

Mr. Orr discussed a handout (Meeting Materials) reflecting Kentucky’s experience when mandatory requests were implemented. The data from the program reflect significant decreases in the number of prescriptions and doses for certain opiates and benzodiazepines. A complete evaluation of the impact of this legislation is due within the next two weeks. If available for the next meeting, Mr. Orr will provide a summary of the report and other information related to mandatory requests to the PMP from other states. At issue is the fact that the current law does not cover controlled substances prescribed in emergency departments, urgent care centers or dental offices where patients may be inappropriately accessing care and receiving these medications.

Mr. Orr explained that the PMP cannot currently share any information indicative of inappropriate prescribing or dispensing with either a regulatory board or with law enforcement. The PMP does currently have authority to send unsolicited information to prescribers and to law enforcement on patients. Information from the National Alliance for Model State Drug Laws was presented (Agenda Packet Pages 22-24) showing the distribution of states with authority for unsolicited reports and model language providing authority for unsolicited reports to law enforcement and licensing entities. Mr. Orr was asked to provide some more information for the next meeting of the Workgroup.

Next Meeting: April 29, 2015 in Training Room 1, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, VA 23233

The meeting adjourned at 3:50 p.m.