VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS PRESCRIPTION MONITORING PROGRAM MINUTES OF ADVISORY PANEL

Tuesday, December 8, 2009 9960 Mayland Drive, Suite 300

Henrico, Virginia 23233-1463

CALL TO ORDER: A meeting of the advisory panel of the Prescription Monitoring

Program was called to order at 10:15 a.m.

PRESIDING Kenneth Walker, M.D., Chair

Randall Clouse, Office of the Attorney General, Medicaid Fraud

MEMBERS PRESENT: Unit, Vice Chair

Amy Tharp, M.D., Office of the Chief Medical Examiner Brenda Mitchell, President, Virginia Association for Hospices

Carola Brufalt, Family Nurse Practitioner Holly Morris, RPh, Crittenden's Drug Harvey Smith, 1SG, Virginia State Police

Mellie Randall, Representative, Department of Behavioral

Health and Developmental Services

MEMBERS ABSENT STAFF PRESENT:

John Barsanti, M.D., Commonwealth Pain Specialists, L.L.C.

Sandra Whitley Ryals, Director, Department of Health

Professions (DHP)

Howard Casway, Senior Assistant Attorney General

Diane Powers, Director of Communications, Department of

Health Professions

Ralph A. Orr, Program Director, Prescription Monitoring

Program

Carolyn McKann, Deputy Director, Prescription Monitoring

Program

PUBLIC COMMENT DIRECTOR'S UPDATE:

No comments were received.

Ms. Ryals welcomed the committee and asked for introductions to be made. An overview of the current status of the PMP program was provided. A Q & A regarding April's data breach incident was distributed to all advisory members during the meeting and is posted on the DHP web site. Ms. Ryals explained that there is an ongoing criminal investigation being conducted by local and federal law enforcement authorities to determine the identity of the entity(ies) involved in the data breach incident.

24/7 ACCESS

Ms. Ryals spoke about the PMP program's 24/7 access which was initiated on October 1, 2009. No active marketing has taken place to advertise the software enhancements, yet it has been a tremendous success. Only current users as of October 1, 2009 were notified of the enhancements, yet the program continues to break records regarding the number of processed requests. On November 30, 2009, the Monday following the Thanksgiving

weekend, the PMP program processed greater than 1,000 requests during one twenty-four hour period for the first time. PMP staff had processed requests manually from the end of June until the system became available for 24/7 access on October 1, 2009.

Ms. Ryals emphasized that the program is a tool practitioners can use to provide effective, appropriate pain management for their patients.

ACCESS TO PMP

Ms. Ryals reported that DHP staff looked at totals for medical doctors, podiatrists, physician's assistants, osteopaths, nurse practitioners with the authority to prescribe, interns, dentists, etc registered to use the PMP compared to being licensed by DHP. Of approximately 33,000 licensed prescriber types, nearly 10% are registered users of the Prescription Monitoring Program. The PMP anticipates meeting the 10% mark of registered prescribers by the end of calendar year 2009. Currently 10% of the licensed pharmacists in Virginia participate in the PMP program.

AWARENESS OF PMP PROGRAM

Ms. Ryals emphasized that a major purpose of the panel discussion for today's meeting is to solicit advice from panel members about raising awareness of the PMP program.

Ms. Morris asked whether we were able to differentiate user types (i.e., whether a prescriber is an ER physician or a pain management physician.) Mr. Orr responded that we cannot at this point differentiate to that level. Ms. Morris suggested that we begin by targeting pain management physicians to raise awareness of the program. Dr. Tharp further stated that when looking at prescription profiles of overdose patients, they consistently see prescriptions written by the following specialties: pain management, emergency medicine (ER docs) and dentists. Ms. Ryals stated that she had recently received a phone call from an ER physician who praised the PMP program and raved about the 24/7 access.

2009 LEGISLATIVE UPDATE

Ms. Ryals discussed the key components of the 2009 legislative session impacting on the PMP. The major recommendation from this group: to remove the requirement for individual authorization to allow prescribers to utilize the PMP program was passed and signed into law. The following changes to the PMP regulations became effective in May of 2009: 1) allow prescribers to post a sign in a conspicuous place indicating that the PMP may be used to assist in making treatment decisions, 2) gives the Director of DHP the authority to enter into interoperability agreements with other states to retrieve PMP data from neighboring states on behalf of registered users, 3) allow prescribers to have up to two (2) delegate users to submit requests on their behalf. Delegate users must be licensed,

PROGRAM MANAGER UPDATE: System Enhancements registered or certified by one of the regulatory boards of DHP. Ms. Ryals stated that although there was interest in requiring that licensed prescribers enroll in the PMP program, this avenue was not pursued in order to remain focused on the removal of the individual authorization requirement.

Mr. Orr reviewed new program features, specifically the 24/7 access, driven by the "Power Search" feature. Mr. Orr stated that the one of the most popular features of the new software enhancement is the ability to get a report within about one (1) minute along with the 24/7 access. Mr. Orr estimated that 97-99% of all requests are automatically returned to the registrant submitting the request. Among those returned to the administrator (PMP staff) for review, the majority involve persons with the same name and different dates of birth (e.g., sons with the suffix "Jr.") (Handout pages1-7)

Mr. Orr described the new report format, noting that it allows you to see the name and address for each prescriber and pharmacy associated with each prescription. Phone numbers are not available within the system for prescribers. Some pharmacy phone numbers are available.

Mr. Orr gave a demonstration of the online program including special features such as announcements, information pages, and how to update account information. Mr. Orr demonstrated how to submit a request and how to retrieve a report which is not automatically processed. Mr. Orr stated the "Alerts" function is only used at this time to notify registered users of events such as missing/stolen prescription pads.

Dr. Walker stated that he is very pleased with the 24/7 feature.

Ms. Morris asked that if a pharmacy inputs social security numbers (SSN) for their patients into their pharmacy software system, is there a mechanism whereby that information will not be uploaded to the database? Ms. Ryals stated that the vendor, Optimum Technology, has been instructed not to send SSNs to the program and that is now part of the routine processing of uploaded reports from pharmacies. Additionally, DHP also reviews the PMP database for possible inclusion of such these numbers to further insure that no SSNs are in the database. Ms. Morris stated that the SSN helps pharmacists to identify persons in the Medicare program, including the type of Medicare coverage they have.

COMMUNICATIONS
DIRECTOR: Program
Communication

Ms. Powers discussed how we are currently drafting scripted statements to use when the PMP system is down for an undetermined amount of time in order to inform registered users that the program is aware of the problem and is working on a solution.

Ms. Morris began a brief discussion on how the communication

of the data breach was provided to various stakeholder groups such as the Virginia Pharmacist's Association. Ms. Ryals explained that communications were sent to several stakeholder groups including the Medical Society of Virginia and the Virginia Pharmacist's Association informing those groups that the letter was being sent to certain persons with information in the database.

Mr. Casway read the code citation which requires written notification (including governmental agencies) in the event of a data breach involving the social security number (§18.2-186.6 of the Code of Virginia)

Ms. Ryals noted that 534,000 individuals were mailed the letter, and a call center, including PMP staff, was set up to handle incoming calls from citizens with questions about the content of the letter.

COMMUNICATIONS
DIRECTOR:
Marketing/Education
Plan--Solicitation of Ideas
from Panel Members

Ms. Powers requested input from panel members on how to improve public and healthcare professional awareness of the PMP program. Ms. Powers stated that DHP is in the early stages of putting together an agency communication plan, and the agency wants the PMP program to be a "go-to" place for licensees to learn about patient management with controlled substances. Elements of the communication plan will include evaluation methods as well as audiences we expect to reach. Ms. Powers stated that she plans to draw from her previous experience in media relations in order to develop a communications plan for the PMP program. While looking at the development of the PMP in terms of peaks and valleys, we need to visualize the "valleys" as opportunities to educate the public and healthcare professionals about the program.

Ms. Powers solicited feedback centered around the following three questions:

- 1) Who do you feel are the top audiences for PMP messages? Key Word: AUDIENCES
- 2) What are the top PMP messages to convey during this time of development? Key Word: MESSAGES
- 3) Are there specific communication challenges that we should be aware of? Key Word: CHALLENGES

Ms. Powers stated that she expects lessons learned here to be used by other parts of the Agency.

AUDIENCES

The panel identified the following potential audiences:

- 1) Department of Social Services
- 2) Prescribers: Various conferences, newsletters, websites
 - a) MDs and DOs
 - b) Dentists
 - c) Podiatrists

- d) Nurse practitioners with authority to prescribe
- e) Physician Assistants
- f) TPA Certified Optometrists
- 3) Virginia State Police: Holds annual Diversion School
- 4) General Public: First Sgt. Smith noted that the average demographic for an abuser of prescription medication is a white female age 28 to 35.
- 5) Medical Staff Offices: (Hospitals)
 - a) Hospitalists
- 6) Pharmacists: Various conferences, newsletters, websites
 - a) Virginia Pharmacists Association
 - b) Virgina Association of Chain Drug Stores
- 7) School PTAs
- 8) School nurse associations
- 9) School resource officers
- 10) School social workers
- 11) MCV curriculum; all medical schools
- 12) Pharmacy schools
- 13) Department of Justice (includes attorneys who rotate but aren't aware of the PMP program. Awareness of the PMP could reduce their investigation time by 50%)
- 14) Police Academy

MESSAGES

- 1) Program features:
 - a) 24/7 access
 - b) Auto response
 - c) Delegates
 - d) Use of reports
- 2) Therapy is available for patients with substance abuse problems; PMP should provide information on these resources.
- 3) Dr. Walker stated that the PMP program should provide information to all prescribers identifying patients that exceed certain thresholds of use that may indicate misuse, abuse, or diversion. Mr. Orr discussed unsolicited reports and the numbers of patients that may be identified; creating significant workload management issues (Handout page13). Unsolicited report notification from the PMP to prescribers will resume in 2010.
- 4) Ms. Morris stated that she felt drug disposal guidelines should be included as a vital part of the message of the PMP program.

PROBLEMS

- 1) Liability of users
- 2) Are there social security numbers in database
- 3) Communication and interoperability with other state programs.

PMP PROGRAM

Mr. Orr discussed several program statistics with the Committee

MANAGER: Program Evaluation

(Handout pages 8-13) highlighting the increases in registered users and requests in 2009. The implementation of 24/7 access has had a tremendous impact of usage. For instance, the program expects to fulfill more requests in the 4th quarter of 2009 than were processed in all of 2008. Additionally, more than 1500 registered users will be added in 2009 for a total of over 3800 users; prescribers continue to make the greatest percentage of requests, over 81%; and approximately 1.7 million individuals received a prescription for a schedule 2-4 controlled substance between January 1 and June 30, 2009 with just over a million prescription records added to the database every month of 2009. Mr. Orr discussed news reports that show doctor shoppers are now frequently crossing state lines to obtain their controlled substances since prescribers do not always access out-of-state PMPs. There is an increasing urgency for more cooperation between state PMPs as a result of this illegal behavior.

Mr. Orr announced that interoperability will be the top enhancement priority for the Virginia PMP in 2010. Interoperability will allow registered users to obtain prescription data from other states while just accessing one state's PMP. Software modications will have to be made to the existing program to allow for interoperability.

Mr. Orr stated that a draft MOU has been reviewed by the Attorney General's office that if approved will enable the PMP to share test data with the Ohio and Kentucky programs in the future.

Mr. Orr proposed that the biggest challenge to implementing interoperability is the way the Virginia PMP program authenticates users. NASPER, a federal grant program administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), to assist in funding PMPs; requires that authentication of users include obtaining a notarized registration form. Several of our borders states currently require notarized registration forms but the Virginia PMP does not. Authenication requirements will have to be reviewed and communicated with other state programs to determine if our standards meet the intent of their program standards. Mr. Orr discussed the possibility of developing an online Learning Management System (LMS) to serve as an introduction and instructional aide to Virginia's PMP. A PowerPoint presentation was shown which could be used in the interim as a quick "how-to" reference resource for the PMP. Mr. Orr noted that some state PMPs requires potential registrants to complete training prior to a registration being approved for a user. (Handout pages 14-21) Mr. Orr gave a brief summary of the Louisiana PMP training program and demonstrated portions of its online training. The Committee endorsed this concept. Mr. Orr announced that the next educational PMP conference

PMP PROGRAM MANAGER: User Instructional Tools will be held Saturday, March 6, 2010 at the University of Virginia Medical Center in Charlottesville, Virginia, and is scheduled for 9:00 a.m. through 2:00 p.m. This conference will also be available as a satellite feed at various locations to be determined at a later date.

NEXT MEETING

The next meeting date was not determined.

ADJOURN:

With all business concluded, the committee adjourned at 1:55

p.m.

Kenneth Walker, M.D., Chairman

Ralph A. Orr, Program Manager



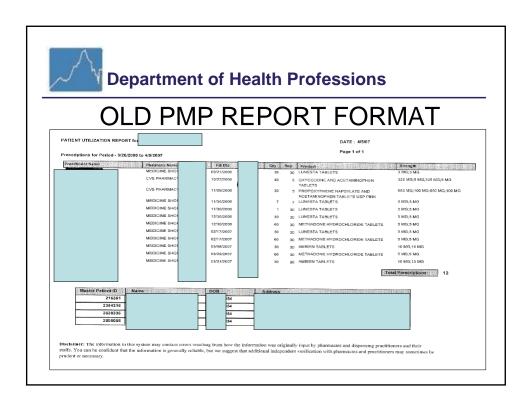
PRESCRIPTION MONITORING PROGRAM

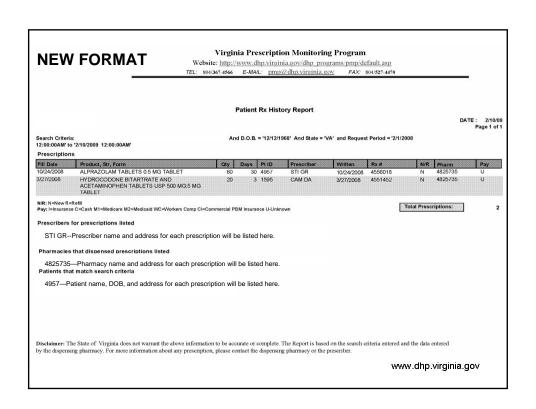
24/7 ACCESS NEW REPORT FORMAT

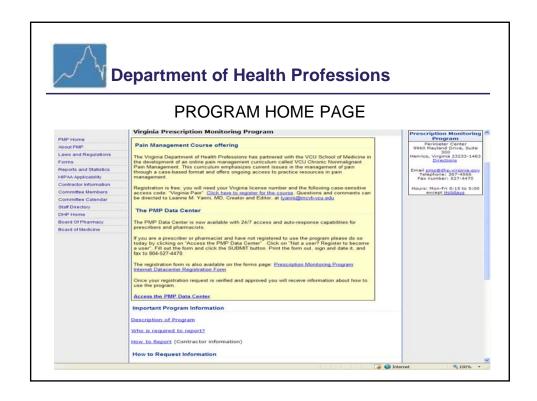


24/7 ACCESS: HIGHLIGHTS

- Power Search Software-very powerful search software
- Allows for "auto-response" to requests from prescribers and dispensers
 - Approximately 97% of requests are processed automatically
 - Response to requests is generally within 1-2 minutes









REGISTRATION PROCESS FOR PRESCRIBERS AND PHARMACISTS

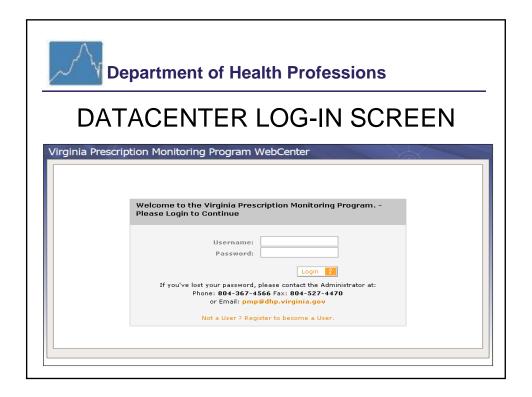
If you are a prescriber or pharmacist and have not registered to use the program please do so today by clicking on "Access the PMP Data Center" on the program webpage at

www.dhp.virginia.gov/dhp_programs/pmp/default.as p. Click on "Not a user? Register to become a user", Fill out the form and click the SUBMIT button. Print the form out, sign and date it, and fax to 804-527-4470.



TOUR OF PMP DATACENTER

PMP DataCenter "Test"









REQUESTS VIEW SCREEN



The top block is defaulted to "All" Requests Sent to You. This block is not normally used. The bottom block is defaulted to "Ready" Requests Sent by You. This is where most of the reports will be found.



Department of Health Professions

24/7 ACCESS: NUMBERS

- 2650 requests were processed manually in September 2009
- Over Thanksgiving weekend (Thursday-Sunday) 1100 requests were submitted and processed



24/7 ACCESS: REGISTERED USERS

- On January 1, 2009 there were 2305 registered users of the program.
- Since September 30th, 2009 over 550 prescribers have registered to use the program for a total of over 2700 registered prescribers
- There are now over 3600 registered users of the program.



PROGRAM MARKETING & EDUCATION PLAN

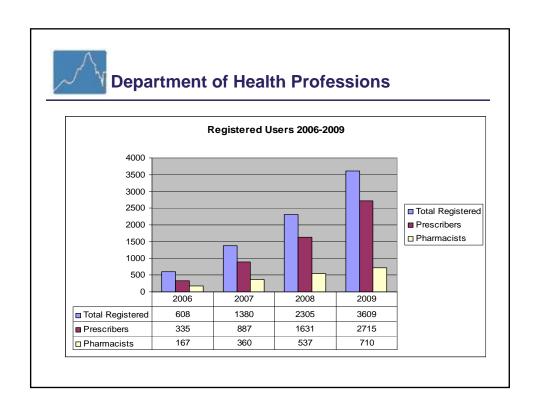
SAMPLE MEDIA COVERAGE

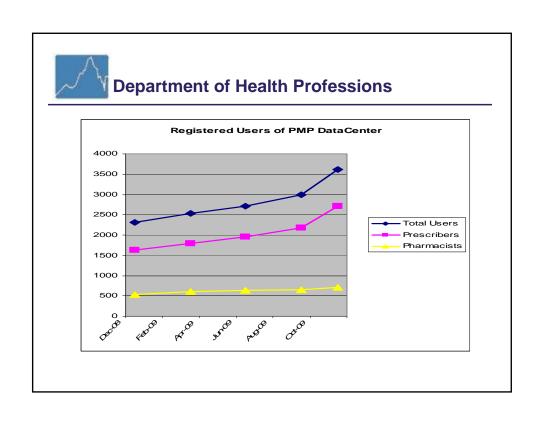


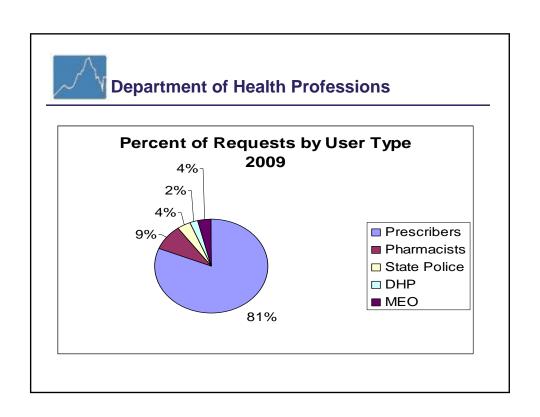


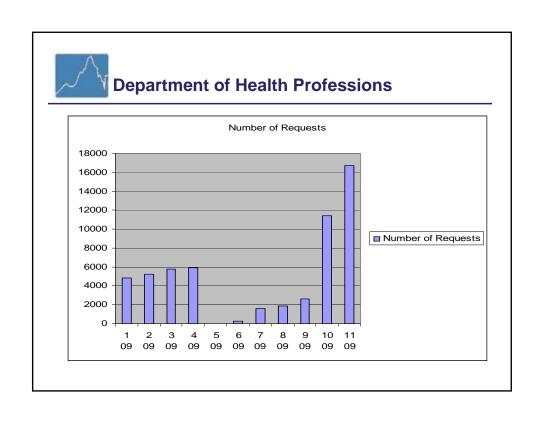
PRESCRIPTION MONITORING PROGRAM

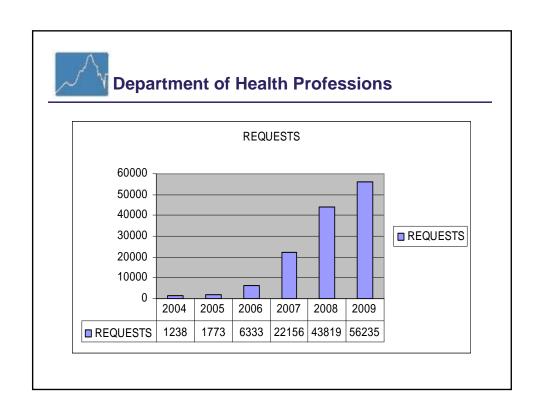
PROGRAM STATISTICS

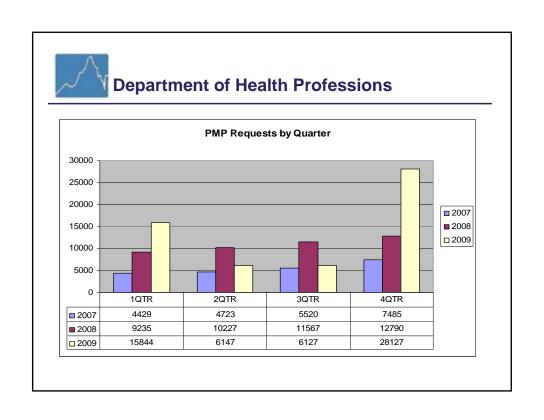


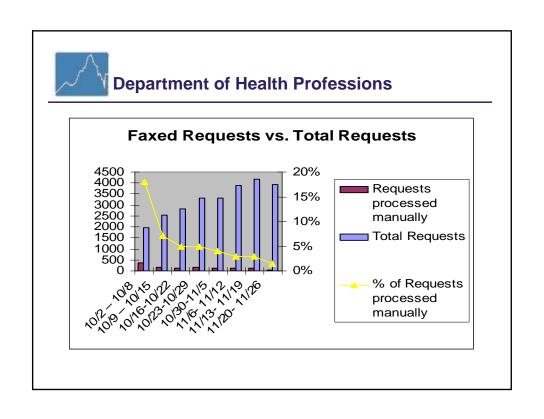


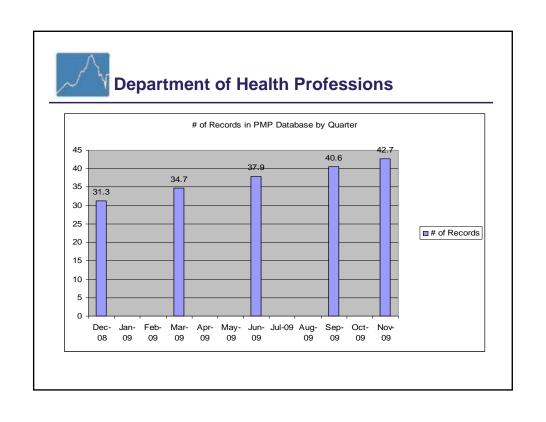


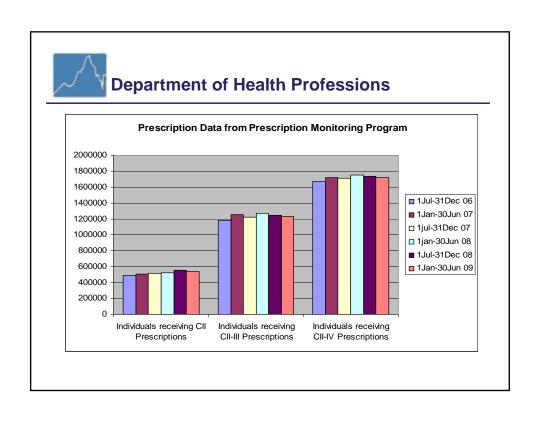


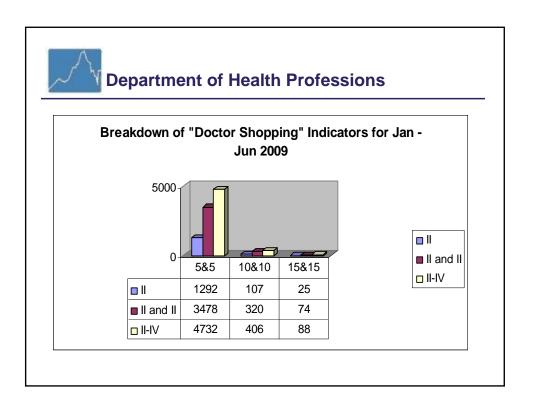














OTHER EVALUATION TOOLS

- Drug death data from Office of the Chief Medical Examiner
- ARCOS reports of wholesale distribution from DEA
- Summary of DEA Theft/Loss Reports regarding controlled substances



VIRGINIA'S PRESCRIPTION MONITORING PROGRAM

A Brief Introduction and Instructions for Use



WHAT IS A PRESCRIPTION MONITORING PROGRAM?

Prescription Monitoring Programs (PMPs) are systems in which controlled prescription drug data are collected in a database, centralized by each state, and administered by an authorized state agency to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse, and diversion of controlled substances.



WHAT KIND OF DRUGS ARE REPORTED TO THE PMP?

- Oxycontin, methadone, morphine, Ritalin (SCHEDULE II)
- Lortab, Vicodin, testosterone, Tylenol with Codeine (SCHEDULE III)
- Valium, Xanax, Darvocet-N100, Ambien (SCHEDULE IV)



Department of Health Professions

WHO MAY GET INFORMATION FROM THE PMP?

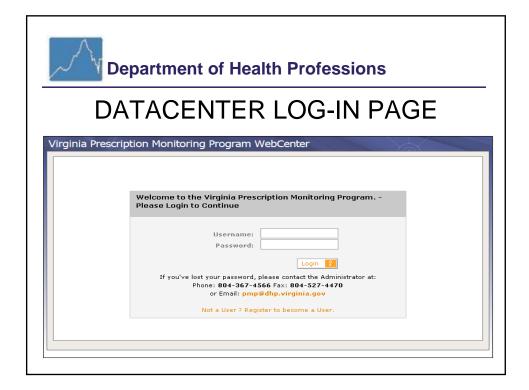
- Doctors and Pharmacists for their patients
- Investigators for licensing boards and certain law enforcement agents if they have an open investigation
- Patients for their own prescription history



REGISTRATION PROCESS FOR PRESCRIBERS AND PHARMACISTS

 If you are a prescriber or pharmacist and have not registered to use the program please do so today by clicking on "Access the PMP Data Center" on the program webpage at

www.dhp.virginia.gov/dhp_programs/pmp/default.as p. Click on "Not a user? Register to become a user", Fill out the form and click the SUBMIT button. Print the form out, sign and date it, and fax to 804-527-4470.









HOW TO LOCATE REPORTS



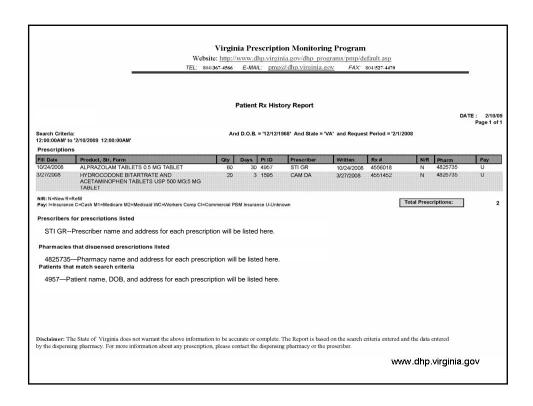
The top block is defaulted to "All" Requests Sent to You. This block is not normally used. The bottom block is defaulted to "Ready" Requests Sent by You. This is where most of the reports will be found.



HOW TO LOCATE REPORTS



However, if a request must be reviewed by an administrator, the report is put in a different category. To view this report, choose either "Responded" or "All" from the dropdown box to see the request you submitted.





USE OF THE REPORT: What a prescriber or dispenser can do

- They may:
 - Discuss indirectly the contents of the report with
 - The patient,
 - · Another health care provider treating the patient
 - A dispenser who has dispensed or will dispense medications to the patient



USE OF THE REPORT What a prescriber or dispenser can't do

- THEY MAY <u>NOT GIVE</u> THE ACTUAL REPORT TO ANYONE INCLUDING THE PATIENT
- Note: A patient over the age of eighteen may request their own report



Department of Health Professions

ACCESS TO OTHER PROGRAMS

- West Virginia: https://65.78.228.163
- Kentucky: http://chfs.ky.gov/os/oig/KASPER.htm
- Tennessee: https://prescriptionmonitoring.state.tn.us
- North Carolina

http://www.ncdhhs.gov/mhddsas/controlledsubstance/index.htm



PROGRAM CONTACT INFORMATION

- Program Phone #: 804-367-4566
- Fax 804-527-4470
- Email- pmp@dhp.virginia.gov
- www.dhp.virginia.gov/dhp_programs/pmp/def-ault.asp



Department of Health Professions

USE OF A LEARNING MANAGEMENT SYSTEM FOR USER TRAINING

LA PMP User Training