FINAL APPROVED

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

Wednesday, July 8, 2015

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 10:18 a.m.
PRESIDING	Randall Clouse, Chair
MEMBERS PRESENT:	Holly Morris, RPh, Crittenden's Drug, Vice Chair John Barsanti, M.D., Commonwealth Pain Specialists, L.L.C. Carola Bruflat, Family Nurse Practitioner Dr. Amy Tharp, Office of the Chief Medical Examiner Mellie Randall, Representative, Department of Behavioral Health and Developmental Services Brenda Clarkson, Executive Director, Virginia Association for Hospices and Palliative Care S. Hughes Melton, M.D., Mountain Valley Health
MEMBERS ABSENT:	Harvey Smith, 1SG, Virginia State Police
STAFF PRESENT:	David E. Brown, D.C., Director, Department of Health Professions (DHP) James Rutkowski, Assistant Attorney General, Office of the Attorney General Ralph A. Orr, Program Director, Prescription Monitoring Program Carolyn McKann, Deputy Director, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS	Mr. Clouse welcomed everyone to the meeting of the PMP Advisory Panel.
APPROVAL OF MINUTES	Dr. Melton presented a motion to approve the minutes from the March 30, 2015 minutes of the PMP Advisory Panel and all were in favor. The minutes were approved as presented.
PUBLIC COMMENT:	No public comments were made.
APPROVAL OF AGENDA	The agenda was approved as presented.
ELECTION OF CHAIR AND VICE-CHAIR FOR FY2016	Ms. Randall nominated Dr. Melton to serve as chair and was elected unanimously. Dr. Melton served as Chair for the remainder of the PMP Advisory Panel meeting. Mr. Clouse nominated Ms. Morris to continue to serve as Vice-Chair and was elected unanimously.

DEPARTMENT OF HEALTH PROFESSIONS REPORT	Dr. Brown stated that he did not have a Department of Health Professions report but would focus his discussion on the Governor's Task Force on Prescription Drug and Heroin Abuse.
David E. Brown, D.C.: Governor's Task Force on Prescription Drug and Heroin Abuse:	Dr. Brown welcomed the Panel and thanked them for taking time from their schedules. Dr. Brown noted that many individuals present currently serve on the Governor's Task Force. Dr. Brown serves on the task force, Mr. Orr serves as staff for the Data Monitoring Workgroup, Ms. Randall serves as staff for the Treatment Workgroup and Ms. Laura Rothrock, Dr. Brown's Executive Assistant, is lead staff for the entire task force. Dr. Brown noted that the task force will be completing its work soon, as only one more meeting is scheduled. He also noted that many recommendations have been sent forth from the committees and some have already been implemented. The Workgroup Dr. Brown serves on (the Education workgroup) is currently developing a web site for healthcare providers and consumers to use as a resource. There are already 2 recommendations with respect to the PMP being developed as proposed legislation for next year's General Assembly session. The first would allow pharmacists to access PMP data when consulting with a prescriber in a clinical capacity. The second would change reporting requirements to within 24 hours of dispensing. Dr. Hazel, Secretary of Health and Human Resources is planning a multistate conference in September in Wise, Virginia, to draw on the experience in other states with respect to addressing prescription drug and heroin abuse. The focus will be on the Appalachian region. There is another conference scheduled to be held in Roanoke, Virginia November 16 – 18 to highlight the work of the Governor's Task Force and implementation of its recommendations.
2015 Legislation and Regulations Update: Ralph Orr	Mr. Orr reviewed this year's new legislation related to the PMP. HB1841 allows the PMP to register licensed prescribers in bulk, not as part of the renewal process. Bulk registration will begin soon with the smallest group of licensed prescribers (optometrists) and will proceed through the end of 2015. The bulk registration generates the registration for the prescriber or pharmacist. It is then up to each licensee to activate their account. Dr. Barsanti inquired about query frequency and Mr. Orr stated that the way the law is written, it does not prescribe a required request interval other than the original request for situations described in the code. However, the law does say that "Nothing in this section shall prohibit prescribers from making additional periodic requests for information from the Director as may be required by routine prescribing practices."

	The second piece of legislation (HB 1810) specifically states that PMP records shall not be available for civil subpoena. The third and final piece of legislation (SB 817) will allow certain local probation and parole officers to register with the Virginia PMP. As with law enforcement, probation and parole officers are required to complete the Drug Diversion School (presented by NADDI and the Virginia State Police) held each October.
Utilization of PMP Data: Neal Kauder, Ralph Orr	Mr. Orr introduced Mr. Neal Kauder, President of VisualResearch, Inc., a consulting firm that specializes in predictive analytics. The PMP, until recently, has not had the capability to look at PMP data in bulk. Using new features to compile de-identified data sets; Mr. Kauder and his team reviewed over 100 million de-identified records. The team used considerable effort to review and clean up the data, resulting in a less than 1% error rate in the database. Mr. Kauder stated that very rarely has he had access to so much data with such a minimal error rate. The de-identified data sets contain the following data fields: de-identified patient, prescriber, and pharmacy information to include the birth year of the patient, zip code, county, NDC #, date written, date dispensed, # of refills, quantity, days supply, payment method, etc. Mr. Kauder has created additional variables (21 health planning districts or HPDs), and can aggregate them into even smaller regions. He could also use another grouping of regions currently utilized by the "Council on Virginia's Future". Using what is called "exploratory data analysis", Mr. Kauder will be able to identify trends and emerging patterns regarding prescribing in Virginia such as at the number of opiates prescribed in each region. Dr. Brown inquired whether we could look at data by provider type (e.g., what dentists are prescribing) and Mr. Orr indicated that would not be possible with the existing data elements, but that it may be possible in the future if we add NPI as a required reporting element. Dr. Melton asked Mr. Kauder if they are looking at PMP data from other states and he responded that no, they are not; this type of data is not at present publicly available. Mr. Orr mentioned that there is currently collaboration between the CDC and Brandeis University to collect PMP data sets from all participating states, but he in unaware of the progress of that initiative. Mr. Kauder suggested that it may possible to overlay overdose deaths from the OCME as well as diversion data from the state police to identify patterns and trends. Use of PMP data combined with these other data sets could be used to inform policy.
Recommendation of Criteria that May Trigger Unsolicited Reports to	Mr. Orr indicated that a recommendation from the Data Monitoring Workgroup is for the PMP to develop unsolicited reports addressing the clinical aspect of care, not simply possible

Prescribers on Their Specific Patients	doctor shopping. Mr. Orr noted that the placement of the MEDD on the PMP reports provides well-documented information on the PMP report. As requested by the panel at the last meeting, the PMP has provided an MEDD score on each report and placed a statement on each report from the CDC indicating that a significant increase in risk for overdose death exists among patients with an MEDD greater than 100. Mr. Orr inquired whether the panel would want the PMP to be able to query a list of individuals with an opiate/benzo combination for example. He also inquired whether the panel would want to stop utilizing the existing doctor shopping indicators. The consensus was that we should continue to utilize our current doctor shopping indicators. Ms. Randall noted that she is very concerned about the numbers of individuals using both opiates and benzodiazepines, and suggested we track that. Dr. Tharp stated that while many people are able to wean off the opiates and stimulants, many still stay on the benzos. Dr. Brown wondered if the unsolicited reports could be sent as a general email. Discussion centered on thresholds generating too many notifications for particular specialties, namely pain management, and Dr. Barsanti noted that perhaps there could be a limit to the total number of notifications sent within a given time period. Mr. Kauder noted that we will be able to use the data to determine the types of questions we need to ask in order to generate the appropriate reports/notifications. Dr. Melton suggested a report which shows patients travelling the longest distance between prescriber and dispenser. However, Mr. Clouse noted that we have many snowbirds in Virginia who live in Florida part of the year - a long distance between prescribing and dispensing. Dr. Barsanti emphasized that we need to keep it very simple – perhaps just stick with the MEDD for the time being. Ralph agreed to discuss the threshold reports with our vendor. The panel asked that MEDD and combination therapy criteria be explored with the vendor and the program to continue running reports indicative of doctor shopping.
Development Recommendation for Information to Be Included in Prescriber Feedback Report: Ralph Orr	Mr. Orr stated that prescriber feedback reports are a long term goal of the Virginia PMP. He stated that perhaps the report could include the total number of patients in a prescriber's panel that are receiving opiates. Another consideration would be the # of patients receiving greater than 120 MEDD. The panel discussed that the report should show a snapshot of the practice. Mr. Orr asked the panel whether the report should go to everyone or to just outliers. Dr. Tharp was concerned that if the report went to everyone every month, most would stop looking at it. Dr. Brown suggested we include a measure of how often each prescriber uses the PMP. The panel also considered that it could be an annual report; perhaps call it a "prescribing summary" instead of a "report card". Also included in the summary could be the average patient MEDD level, and it could be sent to all

	prescribers during their renewal cycle. In order to use a comparison by specialty, the PMP will need to collect the NPI number which contains specialty codes.
Unsolicited Reports to Law Enforcement and Licensing Boards Related to the Indiscriminate Prescribing and Dispensing of Controlled Substances: Ralph Orr	Mr. Orr stated that this topic is still under discussion by the Data Monitoring Workgroup. The panel discussed that the PMP could refer names to the licensing boards, and the boards could simply utilize the processes already in place. For example, prescribers could be notified by CCA that their prescribing is outside the norm. Those notified could then be aware that their practice patterns need further scrutiny, and the notice is not publicly held information. The panel determined that panel members need to agree on appropriate data points that would signify standard of care vs. criminal behavior. The panel will continue discussion of this topic at the next meeting.
Mandatory Requests for PMP Information: Ralph Orr	Mr. Orr cited an Express Scripts study that showed individuals who are on opioids for greater than 30 days typically stay on them for three years or more. Mr. Orr also stated that the reference to *chronic* pain management in the law ignores the fact that overdose and death can occur as a result of prescribing in urgent care settings, dental offices, and for short term use. Ms. Morris stated that ER patients specifically are a big issue; they do doctor shop. The panel discussed how access to the PMP within each EHR would simplify the process and encourage use of the PMP. Incorporating PMP data in EHRs is work that is being explored at a national and state level. The panel will continue discussion of this topic at the next meeting.
Review Draft Form: Research Request for PMP Data: Carolyn McKann	Ms. McKann referred panel members to the draft research request form which incorporated components of several other state PMP's forms. Those forms were reviewed during the March advisory panel meeting. The draft form included a 2-year MOU, reference to approval by an institutional review board, and that any results of the associated study would be shared with the Virginia PMP before publication. Dr. Tharp asked that a requirement is added to destroy any and all PMP related data at the end of the term of the MOU. Dr. Melton suggested that someone with experience with institutional review boards take a look at the draft form for comment. Panel members agreed the form was fine if those elements are met.
PROGRAM UPDATE: Carolyn McKann Program Statistics	Ms. McKann reviewed the program statistics and stated that the PMP expects to process greater than 2.5 million requests in 2015. Ms. McKann noted that those prescribers writing the most prescriptions typically are the most likely to be registered with the program and that the percentage of registered prescribers continues to increase for each group. Additionally, the percentage of requests relative to new prescriptions written also continues to increase.

Morphine Equivalent Daily Dose Score on PMP Reports	Ms. McKann reviewed the MEDD sample report included in the agenda packet. Ms. McKann told panel members that response from prescribers to the MEDD score has been positive, and that most phone calls have been from patients expressing concern about their physician intending to reduce their MEDD to less than 100.
Addition of Dentists as Dispensers Reporting to the PMP	Ms. McKann shared with the panel the PMP's initiative to obtain information from all dentists regarding whether they dispense controlled substances from their office and to obtain a waiver form from those dentists who do not dispense from their office. Ms. McKann noted that the PMP still needs information from approximately 1,000 dentists, as the program has only received information from about 5,700 of the 6,700 or so current active licenses. Ms. McKann noted that the dentists were given the opportunity to claim their waiver status during online license renewal, but only 2,000 of the active licensees responded at that time that they did not dispense. The PMP is working with the Board of Dentistry to reassign the responsibility for determining the waiver status of the remaining 1,000 or so dental licensees.
PMP Interoperability and Integration -- Status	Ms. McKann noted that the next state interoperable with the Virginia PMP will be Maryland. Ms. McKann noted that the PMP is working with our software vendor and VITA to enable the PMP test region to allow for testing interoperability with states that do not have software functional in a production environment.
NEXT MEETING	The next meeting will be held on Wednesday, September 30, 2015 from 10 a.m. to 2 p.m.
ADJOURN:	With all business concluded, the committee adjourned at 2:15 p.m.
	Dr. S. Hughes Melton, Chairman
	Ralph A. Orr, Director