FINAL

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

Friday, October 28, 2016

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

CALL TO ORDER:	A meeting of the special advisory panel of the Prescription Monitoring Program was called to order at 10:02 a.m.
PRESIDING	Ralph Orr, Director, Prescription Monitoring Program
MEMBERS PRESENT:	Lori Conklin, M.D., Board Member, Board of Medicine David Taminger, M.D., Board Member, Board of Medicine Ryan Logan, Board Member, Board of Pharmacy Jody Allen, Board Member, Board of Pharmacy
MEMBERS ABSENT:	None
STAFF PRESENT:	Lisa Hahn, Deputy Director, Department of Health Professions (DHP) James Rutkowski, Assistant Attorney General, Office of the Attorney General William L. Harp, M.D., Executive Director, Board of Medicine Caroline Juran, Executive Director, Board of Pharmacy Ralph A. Orr, Program Director, Prescription Monitoring Program Carolyn McKann, Deputy Director, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS/READING OF EVACUATION SCRIPT	Mr. Orr welcomed everyone to the meeting of the advisory panel.
APPROVAL OF AGENDA	The agenda was approved as presented.
APPROVAL OF MINUTES	The minutes were approved as presented.
PUBLIC COMMENT:	No public comments were made.
CRITERIA FOR UNSOLICITED REPORTS - PATIENTS: Carolyn McKann, Deputy Director	Mr. Orr reminded the members that during the last meeting of the advisory panel, members discussed unusual occurrences of prescribing or dispensing and expressed that this meeting had three goals: 1) to provide parameters for unsolicited PMP reports to be sent to prescribers, 2) to provide parameters for a "pop-up" patient alert generated during solicited reports and 3) to provide parameters for identifying outlier prescribing and dispensing to forward to the Enforcement Division for possible investigation.

CRITERIA FOR UNSOLICITED REPORTS – PRESCRIBERS AND DISPENSERS: Ralph Orr, Program Director	Carolyn McKann began the discussion by introducing the current criteria for unsolicited reports, sent both to prescribers (representing possible doctor shopping) and to Virginia State Police (representing possible forgery). Ms. McKann then shared parameters developed by the Department of Medical Assistance Services (DMAS) for their Patient Utilization Management System (PUMS). The PMP ran threshold reports based on two of these sets of parameters to provide background information to panel members to provide an idea of the number of patients this represents and the volume of work this represents for PMP staff. The panel discussed the patient alert parameters to be generated during solicited reports with the new software system in place beginning November 30, 2016. Mr. Orr suggested the parameters be set for a 90-day period, all individuals utilizing three or more prescribers and three or more pharmacies. The panel discussed the parameters further and all were in favor of using the recommended criteria. The panel noted that they would prefer to remove the header on the pop-up that says: "Suspected Prescriber/Pharmacy Shopper". The panel discussed the current unsolicited report criteria and based upon staff recommendation decided to set the criteria for unsolicited reports to prescribers at ≥9 controlled substance prescriptions from three prescribers and three pharmacies within a sixty day period. The panel recommended that the PMP staff continue to use the same parameters for Virginia State Police with respect to possible forgery indicators. The panel then discussed parameters for unsolicited reports identifying unusual occurrences of prescribing and dispensing. Mr. Orr reported the PMP staff could run threshold reports for all individuals with an MME of 1000 or more over a six-month period, however that could mean the Enforcement Division would have 255 cases as a starting point for investigation, which would have major impact on the Division, APD, and the licensing Boards given available resources. Dr. Taminger suggested a higher threshold, perhaps 3,000 MME. Ms. Hahn reminded the group that the PMP is the source of the investigation only, not involved with the investigation. Dr. Harp noted he was concerned about the missing parameters with respect to the clinical nature of the data. Ms. Hahn suggested that we start with a small group of patients, perhaps looking at prescribers and pharmacies with ten or more patients with greater than 1,000 MME.

	All panel members agreed to the following parameters to be used for possible referral to the Enforcement Division: prescribers and pharmacies with ten or more patients with an MME greater than 1,000 and all patients with an MME greater than 2,000.
NEXT MEETING	The next meeting is yet to be determined, but may be held in March 2017 in conjunction the PMP Advisory Committee meeting.
ADJOURN:	With all business concluded, the panel adjourned at 12:05 p.m.
	Ralph A. Orr, Director