

DRAFT

**VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS
VIRGINIA PRESCRIPTION MONITORING PROGRAM
MINUTES OF ADVISORY COMMITTEE**

Wednesday, March 2, 2016

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

CALL TO ORDER:	A meeting of the advisory committee of the Prescription Monitoring Program was called to order at 10:09 a.m.
PRESIDING	S. Hughes Melton, M.D., Chair
MEMBERS PRESENT:	John Barsanti, M.D., Commonwealth Pain Specialists, L.L.C. Carola Bruflat, Family Nurse Practitioner Randall Clouse, Office of the Attorney General Dr. Amy Tharp, Office of the Chief Medical Examiner Brenda Clarkson, Executive Director, Virginia Association for Hospices and Palliative Care Holly Morris, RPh, Crittenden's Drug, Vice Chair Mellie Randall, Representative, Department of Behavioral Health and Developmental Services
MEMBERS ABSENT:	Harvey Smith, 1SG, Virginia State Police
STAFF PRESENT:	David E. Brown, D.C., Director, Department of Health Professions (DHP) Lisa Hahn, Deputy Director, Department of Health Professions (DHP) James Rutkowski, Assistant Attorney General, Office of the Attorney General Elaine Yeatts, Senior Policy Analyst Ralph A. Orr, Program Director, Prescription Monitoring Program Carolyn McKann, Deputy Director, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS	Dr. Melton welcomed everyone to the meeting of the advisory committee.
APPROVAL OF AGENDA	The agenda was approved as presented.
APPROVAL OF MINUTES	Dr. Melton accepted a motion to approve the minutes from the January 6, 2016 minutes of the PMP Advisory Committee. The minutes were approved as presented.
PUBLIC COMMENT:	No public comments were made.
David E. Brown, D.C.: DEPARTMENT OF HEALTH	Dr. Brown welcomed the committee members and deferred to Elaine Yeatts for an overview of current legislation and regulation updates. Dr. Brown noted that he would make further comments about specific

PROFESSIONS REPORT

**Elaine Yeatts:
2015 LEGISLATION
AND REGULATION
UPDATE:**

bills following her overview.

Ms. Yeatts provided an overview of legislation related to the Prescription Monitoring Program. Ms. Yeatts indicated that it was a very active session and that DHP was following 88 bills of interest to the Department. She noted that 15 of the bills were DHP or Secretary HHR bills.

Ms. Yeatts noted that she would not cover HB293 presented by Delegate Herring because it has an identical companion bill (SB 513). Ms. Yeatts also noted that Dr. Brown will review HB657.

HB829: This bill authorizes the Director to disclose to the Board of Medicine those individuals who meet certain thresholds for the purpose of requiring CE for prescribing opioids and pain management.

HB1044: This bill provides access to physicians and pharmacists employed by health plans access to the PMP to determine eligibility for and to manage patients in a Patient Management Safety Program.

HB1242: Adds eluxodoline as a Schedule IV drug.

SB287: This requires reporting of PMP data within 24 hours of dispensing and allows access to the PMP by consulting prescribers and pharmacists. It also provides that a prescriber may include information from the PMP in the recipient's medical record.

SB480: Adds certain chemicals to Schedule I.

SB481: Same bill as HB1044.

SB513: Will require prescriber to check PMP for prescribing of opiates 14 days or more and list 6 specific exemptions. The legislation has a 2019 sunset.

SB701: Not yet passed; would allow process facilities in Virginia to produce marijuana oil for intractable epilepsy. The bill which would allow marijuana oil for treatment of cancer was carried over to 2017.

**Dr. Brown: 2016
LEGISLATION
UPDATE:**

Dr. Brown stated that this year several legislative enhancements included changes in mandatory use requirements of the PMP, added CE requirements for licensees of the Board of Medicine, and required 24-hour reporting along with adding authority for unsolicited reports to be sent to DHP's Enforcement Division. Dr. Brown applauded efforts of the Medical Society of Virginia for working on the language for many of these bills. Dr. Brown elaborated on HB657: This bill involves unsolicited report disclosure; allows the disclosure only to DHP's Enforcement Division. If enforcement staff determines there is probable criminal activity involved, the issue can be forwarded to law enforcement. Dr. Brown also noted that the Department will create, by policy, an advisory panel specifically for data analysis purposes to assist in developing the criteria for these reports. The panel will have representatives of staff and members from the Boards of Pharmacy and Medicine as well as the Chair of this committee. The purpose of the panel will be to identify unusual patterns of prescribing or dispensing, and may also include individuals from various stakeholders and resource experts.

Dr. Brown explained that the current Advisory Committee composition would have 2 additions: a second pharmacist member and another representative from the Medicaid agency. The term is also changing. Current terms are four years; the new term will be 2 years in order to allow for more flexibility. Dr. Brown then asked for input from committee members. He asked if there were any questions about the

**Neal Kauder: UPDATE
ON UTILIZATION OF
PMP DATA**

composition of the advisory panel. None were stated. He then asked if there any questions about the composition of the advisory committee. None were stated. Dr. Tharp reported that this would be her last meeting and that Dr. Gormley would be reaching out to Dr. Brown as to designating a replacement. Dr. Brown explained that state employees were selected to serve by their respective agencies heads and therefore there are no specific term limits for these members.

Neal Kauder from Visual Research, Inc., reported on the analytics requested during the last advisory committee meeting. Mr. Kauder said they had results for every KPI the advisory committee requested. After reviewing the data, they obtained the KPI results for the 3rd quarter of 2015 which consisted of approximately 3.6 million cases. He noted that they looked at adults only and changed the suggested rate of per 100 to per 1000, which is more consistent with the way other researchers handle their data. Mr. Kauder distributed maps of the Health Planning Regions (HPR) and Health Planning Districts (HPD) and noted that they determined the number of scripts written by HPD, determined by either pharmacy zip code, prescriber zip code or recipient (patient) zip code. Additionally, they created two databases: 1) a prescription database and 2) a person database. They removed the outliers in an appropriate way. Graphic 1 showed opioid rates by HPR, the Northern region showing the lowest rate and the Southwest region showing the highest rate. Graphic 2 shows opioid rates by HPD, with rural areas demonstrating higher rates and higher variations (of prescribing, dispensing and receiving). The more populated areas have much more even sets of bars. Graphic 4 show the % of adults with MMEs greater than 100, which are approximately 22.6% of the population in the database; less outliers the rate is 21.6% of the population in the database. Regardless of how the outliers were treated, the median and the mode remained the same. Mr. Kauder noted that rural areas have increased prescribing rates. Dr. Tharp noted that the OCME is going to begin capturing the MME from the PMP reports and input them in the database alongside their other death data.

**Ralph Orr: PBSS
MEASURES
OVERVIEW**

Mr. Orr reviewed PBSS measures and noted that tramadol was added to Schedule IV in 2014, and possibly responsible for the increase in dispensing of opiates. Prescribing of stimulants continues to rise. Page 2 shows the rates per 1000 citizens by drug class and age group. Ms. Morris noted that once a patient is started on benzodiazepines, they are likely on the medication for a long time. Mr. Orr noted that persons age 65 and over have the highest rates for opioids and benzodiazepines. Ms. Randall noted that it is dangerous for individuals to withdraw from benzodiazepines without medical support. Page 6 of the handout shows numbers of individuals who obtain controlled substances using both Medicaid and cash. Dr. Brown inquired whether the PBSS measures are static, or could the PMP ask for more analysis. Mr. Orr stated that he did not know the answer to that question, but that he could find out. Dr. Brown specifically wanted to know whether the prescribers on page 3 were living in Virginia; this table compares the number of prescribers licensed to the PMP registration rate as well as the PMP utilization rate. Table 7 showed the average MME for

<p>Ralph Orr: HEALTH AND CRIMINAL JUSTICE DATA COMMITTEE UPDATE</p>	<p>patients in the database by year. Page 10 shows the percent of individuals (opiate naïve) prescribed a long acting/extended release (LA/ER) opiate. Dr. Tharp noted that they see people in the ER all the time that are prescribed methadone, the patient takes as prescribed and ends up dead. Lisa Hahn asked Neal Kauder what he thought about the validity of the PBSS measures and he said he didn't have enough information about their methodology to know or evaluate. He noted that any slight nuance could give you an entirely different picture.</p> <p>Mr. Orr discussed four slides from a recent report of the Health and Criminal Justice Data Committee. The formation of this committee was a major recommendation of the Governor's Task Force on Prescription Drug and Heroin Abuse. The first slide compared hospitalizations to fatal overdoses related to prescription opioids. Mr. Orr suggested that this data may represent an opportunity for an offer of substance abuse treatment to be given before discharge from a hospitalization for overdose. In reviewing the second slide, Dr. Tharp noted that for heroin, these individuals do not end up in the hospital or call for rescue because they don't want to get arrested. Deaths from prescription opioids and heroin continue to increase. Dr. Tharp also noted that drug deaths are caused by (in order) hydrocodone, oxycodone, methadone and fentanyl, which doesn't exactly match those prescribed (in order): hydrocodone, oxycodone, tramadol and buprenorphine. The third slide shows submissions to the Virginia Department of Forensic Science for prescription opioids and heroin. The last slide shows the top six opioid drugs prescribed in Virginia for the first half of 2015. Mr. Orr commented that data by itself does not always tell the complete story; for instance tramadol was not a mandatory report to the PMP until the fall of 2014.</p>
<p>Ralph Orr: RESEARCH REQUESTS REVIEW:</p>	<p>Mr. Orr discussed research requests, reporting to the committee that the PMP does not have the authority to charge a fee for providing research data. Mr. Orr noted that we have received inquiries about possible requests for research data, but no formal applications have been received for the committee to review. Mr. Orr inquired whether the committee members felt the research should only be allowed under certain circumstances. How much control should the PMP have over the final results of research? Mr. Kauder noted that what is in the database is not research ready. Dr. Carter noted that the data Mr. Kauder has prepared is research ready. Mr. Orr explained that the final decision for approving a research request is at the discretion of the Director. Dr. Brown stated that creating a panel to look at this specific issue would be helpful.</p>
<p>PROGRAM UPDATE: Carolyn McKann: AUTOMATED REGISTRATION UPDATE:</p>	<p>Ms. McKann noted that the automated registration of prescribers and pharmacists is nearly complete. Ms. McKann also noted that the PMP sent a letter in January requesting current email addresses from those we were unable to automatically register, and Dr. Levine's email, sent in December, requested the same. At some point in the near future, automated registration will generate more registered users from these valid emails that PMP staff has collected.</p>
<p>Carolyn McKann: INTEROPERABILITY</p>	<p>Ms. McKann indicated that the implementation of an integration solution with Kroger Pharmacies was responsible for a majority of the</p>

<p>AND INTEGRATION UPDATE:</p> <p>Carolyn McKann: PROGRAM STATISTICS</p>	<p>program's growth in 2015. Ms. McKann noted that no other states have been added for interoperability since December after Rhode Island and New Jersey were added last fall. Ms. McKann reported that 36 states now have Memorandums of Understanding (MOUs) with NABP's PMPi and that Virginia is interoperable with 19 of those. Mr. Orr noted that our neighboring state, North Carolina, still has not obtained the capability to share data with other states. PMPi growth continues to be sustained by Gateway requests from Kroger pharmacies in Virginia. Mr. Orr added that the pharmacists love the NarxCheck reports generated by the Gateway system as part of the agreement.</p> <p>Ms. McKann reviewed year-end 2015 program statistics, pointing out that the program processed nearly 5 million requests in 2015 and over 2 million during the last quarter alone. Ms. McKann noted that the PMP added over 45,000 registered users to the program by automated registration in 2015, and the database currently holds over 126 million prescription records. Ms. McKann showed the query rate for groups of prescribers based on the number of prescriptions for controlled substances they wrote in the last quarter of 2015. The average query rate for all registered users is just over 9% of the number of prescriptions actually written. Dr. Barsanti asked how the measure is affected by episodes of care where a prescriber may write, for example, five prescriptions. Ms. McKann noted that the rate only represents a rate per prescription, not per encounter but the rate is tracked over time providing a usable measure of utilization of the program. Ms. McKann also showed a chart that showed the significant impact of a single integration implementation on the volume of requests processed by the Virginia PMP in 2015.</p>
<p>NEXT MEETING</p>	<p>The next meeting will be held on June 15, 2016 from 10 a.m. to 2:00 p.m.</p>
<p>ADJOURN:</p>	<p>With all business concluded, the committee adjourned at 1:20 p.m.</p>
	<p>_____ S. Hughes Melton, M.D., Chairman</p>
	<p>_____ Ralph A. Orr, Director</p>