

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

Tuesday, July 13, 2010

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 10:22 a.m.
- PRESIDING** Kenneth Walker, M.D., Chair
- MEMBERS PRESENT:** Carola Bruflat, Family Nurse Practitioner
Brenda Mitchell, President, Virginia Association for Hospices
Holly Morris, RPh, Crittenden's Drug
Gordon Prior, D.D.S.
Harvey Smith, 1SG, Virginia State Police
Mellie Randall, Representative, Department of Behavioral Health and Developmental Services
Amy Tharp, M.D., Office of the Chief Medical Examiner
- MEMBERS ABSENT** John Barsanti, M.D., Commonwealth Pain Specialists, L.L.C.
Randall Clouse, Office of the Attorney General, Medicaid Fraud Unit, Vice Chair
- STAFF PRESENT:** Dianne Reynolds-Cane, M.D., Director, Department of Health Professions (DHP)
Arne Owens, Chief Deputy Director, Department of Health Professions
Howard Casway, Senior Assistant Attorney General
Diane Powers, Director of Communications, Department of Health Professions
Elizabeth Russell, Executive Director, Board of Pharmacy
Ralph A. Orr, Program Director, Prescription Monitoring Program
Carolyn McKann, Deputy Director, Prescription Monitoring Program
- WELCOME AND INTRODUCTIONS** Dr. Walker introduced Dianne Reynolds-Cane, M.D. to the panel members. Prior to coming to the Department of Health Professions, Dr. Cane most recently served as Medical Director of the Daily Planet in Richmond, Virginia. Dr. Walker also introduced Arne Owens, Chief Deputy Director, and Dr. Gordon Prior. Dr. Prior is a new member on the Advisory Panel and stated that he has been involved in drug education and has served on the Caring Dentist Committee for 23 years, and currently practices at the Goochland Free Clinic and Crossover Ministries in Richmond.
- PUBLIC COMMENT:** No public comments were made.

**APPROVAL OF
AGENDA**

Dr. Tharp moved and Ms. Mitchell seconded to approve the agenda. The agenda was approved as presented.

**APPROVAL OF
MINUTES**

The Panel reviewed draft minutes for the December 8, 2009 meeting. Ms. Mitchell moved and Ms. Randall seconded to approve the minutes. The minutes were approved as presented.

**DEPARTMENT OF
HEALTH
PROFESSIONS
REPORT:**

Dr. Cane introduced herself to the panel and noted that Dr. Walker and she had previously served together on the Board of Medicine. Dr. Cane discussed several initiatives at DHP. Jim Stewart, the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS), is forming a Prescription Drug Abuse initiative, and Mr. Orr, VPMP Program Director has been chosen to participate on the Committee. Dr. Cane noted that DHP has formed a Prescription Drug Abuse Reduction Committee, and anticipates participating in the Drug Enforcement Administration's national take-back drug initiative to be held on September 25, 2010. Lastly, Dr. Cane discussed DHP's Healthcare Workforce Data Center, which has tracked employment trends among Registered Nurses, to include projected workforce shortages. Evaluation of employment trends among medical doctors will follow. Dr. Cane is currently working with the Virginia Department of Health to develop what is to be called the "Workforce Development Authority."

PANEL COMMENTS:

Dr. Prior inquired whether the VPMP program included educating prescribers regarding the proper prescribing of controlled prescription drugs. Dr. Prior explained that while serving on the Caring Dentist Committee, he noted several instances of what seemed to be large amounts of narcotics being prescribed and dispensed. Dr. Prior asked if the program uses prescription data to initiate regulatory action on prescribers or dispensers.

Ms. Russell explained that, when the VPMP was established, there were concerns that the program may interfere with proper prescribing. She noted that the VPMP does not have the statutory authority to review, for example, the top 100 prescribers in order to initiate an investigation. She further explained that originally there was concern that law enforcement would go "fishing" for physicians who exceeded some arbitrary prescribing threshold. While the VPMP undertakes several educational efforts and provides unsolicited reports on patients to prescribers, VPMP does not have the authority at this time to initiate investigations or to provide information to law enforcement or regulatory personnel without there being an open investigation specifically related to the request for information.

**COMMUNICATIONS
DIRECTOR: Program
Marketing and Education
Plan**

Ms. Powers introduced herself to the panel and explained that her approach to problems and solutions have been shaped by her work experience, explaining that she has a strong background in health communications in particular.

Ms. Powers stated that Dr. Prior's question about prescribing was a good segue as to how the VPMP plans to develop its "brand identity." Ms. Powers introduced a 2-page document (Handout pp. 1-2) which summarizes the marketing and education plan of the VPMP, and asked the advisory panel to review the document and provide feedback to either Ralph Orr or Carolyn McKann before the next advisory committee meeting. Ms. Powers stated that she seeks the input of all advisory committee members to help her identify key stakeholders. Ms. Powers explained that the second page specifically identifies the tactics by which the marketing plan will be carried out.

Ms. Powers indicated the plan will cover a 24-month period, and includes the ability to make mid-course corrections if the plan as written does not meet expectations. The plan is based on using specific technologies designed to reach out to potential users. The plan includes utilizing the name Virginia Prescription Monitoring Program, or VPMP, not simply PMP to better describe and identify the program.

Ms. Powers also described the use of interstitials, or 15-90 second "radio" spots on the DHP web site describing VPMP, including important messages such as that it is available 24/7. Plans include aggressively leveraging capabilities within the DHP web site to promote the VPMP and having VPMP staff to be visible at conferences and provide VPMP materials at educational events over the next 2 years.

Ms. Powers discussed using the Commonwealth Knowledge Learning Center to further assist in providing education to healthcare professionals. Ms. Powers mentioned that on the list of things to do is an outreach project between the Department of Defense and the Veterans Administration facilities in Virginia and the VPMP.

Since there is money earmarked for marketing purposes with respect to the VPMP that must be obligated by August 2010, Ms. Powers suggested investing in flash drives with the VPMP logo. This marketing piece would have high appeal to medical students and others. Ms. Powers indicated the VPMP may want to initiate contacts with all the medical teaching hospitals, colleges, and universities.

Ms. Powers emphasized that the marketing program is primarily targeting awareness of the program among licensees, in order to increase utilization of the program. She suggested that the advisory committee provide a list of the top 3-6 items or combination of promotional items that could best be utilized to promote VPMP.

Ms. Bruflat mentioned that with respect to stakeholders, she has a contact at each of the schools for nurse practitioners in the

Commonwealth. VPMP should be a routine exhibitor at the annual Nurse Practitioner's conference, the next conference which is to be held in March, 2011.

Ms. Morris suggested that the flash drive be pre-loaded with the registration form for the VPMP. She also suggested that we target hospitals and ER doctors.

Ms. Russell suggested the flash drive also include links to free CE programs.

Ms. Mitchell stated that she liked the idea of a flash drive to market the program, and suggested the program include marketing to the occupation of hospitalist medicine, because many hospitalists treat patients with substance abuse problems while they are inpatients.

Ms. Randall suggested that VPMP have a prevention page, noting that the Department of Behavioral Health and Developmental Services works very hard on prevention education in the local school systems.

First Sergeant Smith mentioned that the Virginia State Police does have education activities for the community, and noted that Mr. Orr speaks at the Drug Diversion School every year. First Sergeant Smith further suggested that in order to renew one's license, the licensee should complete mandatory on-line training with respect to VPMP. First Sergeant Smith noted that VPMP is an essential tool for the Drug Diversion Agents, and has significantly reduced hours of investigation time spent performing pharmacy profiles.

Dr. Tharp reinforced that the license renewal screen should display something about VPMP. Dr. Tharp was asked how OCME uses the VPMP and she stated that the OCME runs a PMP report on each and every case. Depending on what is on the VPMP report determines if they run a drug screen as well as what type of drug screen.

Dr. Prior asked how VPMP addresses the prescribers with respect to proper prescribing. Ms Morris asked how do we teach people on proper use; and if identified, how do they get to treatment? Mr. Orr noted that there are links in the VPMP Webcenter to various websites such as "Locate Substance Abuse Treatment Services in Virginia" among others. It was agreed that this is a complicated issue that requires much more discussion.

Mr. Orr reviewed the program statistics (Handout pp.3-6). Mr. Orr noted that in early fall 2009, stakeholders were notified when "24/7" access was initiated. In January of 2010, 39,000 folders were mailed to licensees in the Commonwealth. These marketing initiatives had a huge impact; VPMP has processed greater than 200,000 requests this year and now has over 7,000 registered users of the program. At year end 2009, VPMP had 10% of eligible licensed prescribers and licensed pharmacists with a Virginia address registered to use the program. To date, the VPMP has 16-17% of eligible licensees as registered users,

**PROGRAM
EVALUATION:
Program Statistics**

and may exceed 20% of the licensed prescribers by year end 2010. Mr. Orr stated that the rapid increase of registrations and reports indicates that the new VPMP with 24/7 access and auto response software is a product/tool that healthcare providers want and also meets their needs. Mr. Orr added that off-hours availability is being well utilized with 1/3 of all requests being requested after normal business hours and on weekends. The VPMP adds approximately 1 million records each month, for a population of 7.8 million people. The lag time for records to be housed in the database ranges from 14-21 days, on average. VPMP is working toward the ability to do data mapping of the information contained within the database (Handout pg. 7). Mr. Orr discussed the map showing the concentration of registered users of the program and concluded that this can be a very helpful tool in determining where to expend marketing and education resources. Staff will continue to fine tune the use of mapping software to assist in showing critical data in an easy to understand format.

Mr. Orr stated that, in Virginia, we have the authority to send unsolicited reports to prescribers on patients who meet certain thresholds and discussed findings related to reports generated for the first quarter of 2010 (Handout pp. 8-16). This data shows a much greater number of patients identified as “doctor-shoppers” in northern and central-southeast Virginia than in southwest. Mr. Orr explained that this could be because patients in southwest Virginia are traveling across borders to obtain drugs or are obtaining these drugs through legitimate means (i.e. Medicaid or Workmen’s Compensation) but not using all the medications with the excess either being kept in medicine cabinets, sold, given away or stolen. Mr. Orr pointed out that the existing criteria is set to identify the most egregious instances of possible doctor-shopping and further explained that the VPMP does not have authority to send unsolicited reports to law enforcement or regulatory personnel.

On May 1, 2010, a conference was held at the University of Virginia that was very well-received (Handout pp. 20-21). Over 70 healthcare professionals attended, and 75% noted that the information presented would cause them to make changes in their practice.

**Status of Planned System Upgrades:
Interoperability and New Version of Program Software**

Mr. Orr noted that the next important piece in the evolution of VPMP is interoperability with other states and that the new version of software from Optimum Technology will support this (Handout pp.17-19). The new version is based on the “.net 3.5/AJAX standard”, and will include various security features. Software applications must be on this .net3.5 platform in order to participate in the technology that is being developed for interoperability. VPMP has the licenses for the software; planning for the implementation of the software is now underway.

Federal Grant Eligibility Requirements:

Harold Rogers Prescription Drug Monitoring Program: VPMP has been utilizing funds from this federal grant program since VPMP's inception, and currently meets all requirements to continue with this program. VPMP is only eligible to apply for enhancement grants, funds cannot be used for ongoing operational expenses. (Handout pg. 23)

National All Schedules Prescription Electronic Reporting Act (NASPER): This is a competing Federal formula grant with awards based on compliance with minimum eligibility requirements, submission of an application, and on the number of pharmacies with a DEA registration in each competing state. (Handout pp.24-26) Based on Public Law 109-60, VPMP would need to upgrade from ASAP Standard 1995 to ASAP 2007 requiring a regulatory change and also require weekly reporting, as well as other reporting elements that are not currently collected from dispensers. While many of these requirements do enhance the capabilities of a program, there are other elements that cause concern such as a person wishing to receive their own prescription history having to apply in person. VPMP will work toward enhancing the program in areas that improve the capabilities of the program and will continue to monitor this grant program as a possible revenue source in the future.

Statistics and Evaluation related to SJR73: Mr. Orr explained that a report containing specific program statistics must be completed by November of 2010. Recommendations for enhancing the program to be included in the report to the General Assembly must be finalized at the next meeting of the committee. (Handout pp. 27-28)

**PROGRAM
ENHANCEMENT
RECOMMENDATIONS**

Mr. Orr asked the Advisory Committee to brainstorm enhancements and/or changes to the PMP program, including reporting requirements and regulatory changes, among others. The Committee suggested the following as possible recommendations:

- 1) Add Schedule V controlled drugs as a covered substance of the program
- 2) Add tramadol as a covered substance of the program
- 3) Add Soma as a covered substance of the program
- 4) Add general authority to add additional drugs of concern
- 5) Add authority to provide unsolicited information to law enforcement and regulatory agencies
- 6) Expand access to include federal law enforcement and other states' law enforcement entities
- 7) Expand reporting requirements to encompass those required by NASPER
- 8) Add method of payment to the reporting requirements
- 9) Expand reporting requirements to include ASAP version 2007 and weekly reporting
- 10) Expand access to include medical reviewers for workman's compensation

**ELECTION OF
CHAIRMAN AND VICE-
CHAIRMAN**

Dr. Kenneth Walker was unanimously elected Chairman of the Advisory Committee for another term. Mr. Clouse was unanimously elected as Vice-Chairman of the Advisory Committee for another term.

NEXT MEETING

The next meeting date was set to be held Tuesday, September 21, 2010 from 10:00 a.m. to 2:00 p.m.

ADJOURN:

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

Kenneth Walker, M.D., Chairman

Ralph A. Orr, Program Manager

Handout 7-13-10 VPMP Meeting

2010 – 2012 Draft Plan to Increase Awareness of VPMP among Licensed Prescribers

This is a preliminary plan to increase awareness of the Department of Health Professions (DHP) Virginia Prescription Monitoring Program (VPMP) among primary stakeholders. *The VPMP mission is to promote the appropriate use of controlled substances for legitimate medical purposes while deterring the misuse, abuse and diversion of controlled substances.*

Situation Analysis

With some 6, 900 registered users in place after more than 48 months of service, the DHP VPMP is now ready to extend the reach of its messages and market its benefits to Virginia's prescribers and pharmacists of class II – IV drugs.

Concerns one year ago, following a much publicized cyber attack, have been acknowledged and additional safeguards to the program have been installed by state information technology experts.

PMP seeks to continue to increase the number of registered users in the system and reach DHP healthcare licensees with the authority to prescribe or dispense controlled substances who may not yet be aware of the benefits of the VPMP web-based program.

Stakeholders

Primary stakeholders for VPMP messages are: healthcare workers licensed by the Department of Health Professions to prescribe or dispense controlled substances; medical schools (including those for – DOs, Pharmacists, Physician Assistants and Nurse Practitioners, Dentists and Veterinarians); medical institutions; pharmacies; and, health-related and other governmental agencies.

Secondary stakeholders for VPMP messages include elected officials and the public.

Objectives

- Increase PMP users by (20%) over the next 24 months to increase the number of eligible users registered in 2012 by 35%.
- Strengthen the DHP VPMP brand identity to ensure its use as a top risk management tool among prescribers and dispensers.

Strategy

- Use technology to expand VPMP outreach to licensed prescribers and dispensers to underscore the web-based concept. Tabulate the numbers of people reached.
- Increase VPMP's name recognition through creation of a logo and tag line.
- Phase-in the proposed tactics from the attached chart over eight quarters in two years.

Tactics

(See attachment)

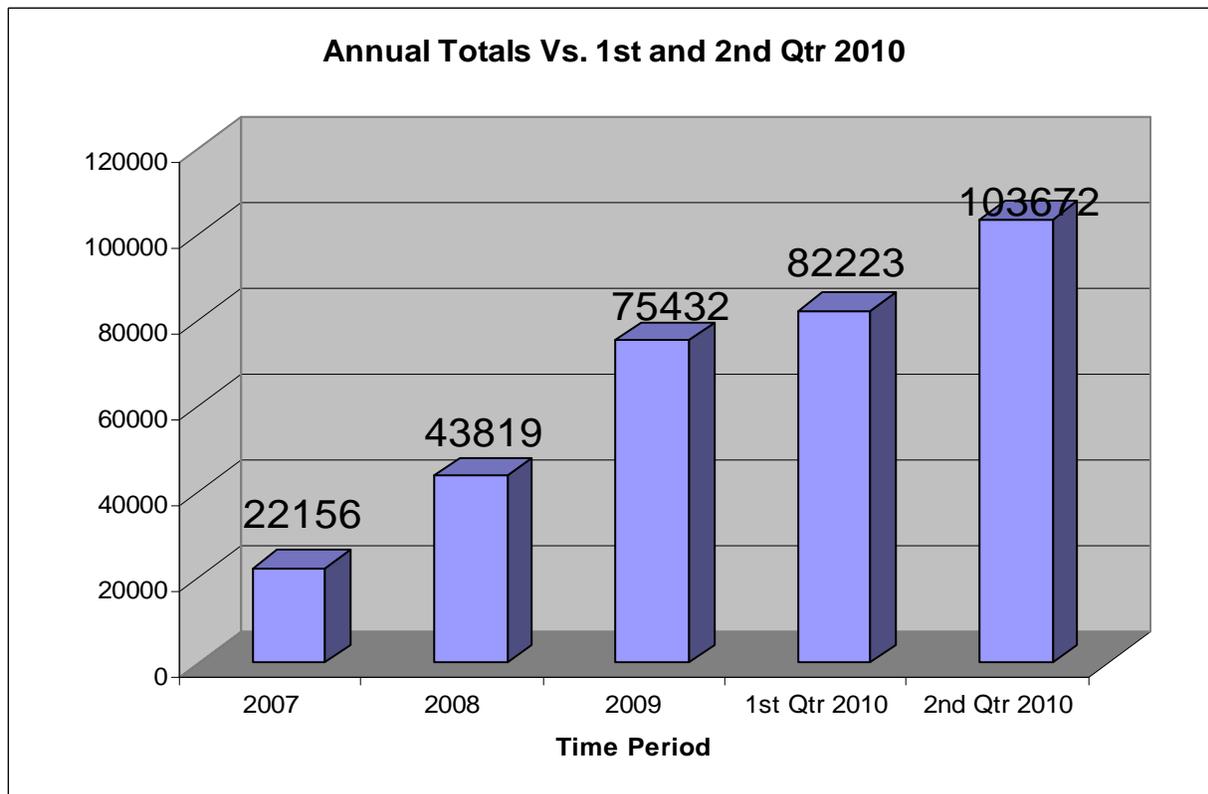
Evaluation Measures

- Count the number of hits to the DHP VPMP web page and VPMP video vignettes.
- Quantify the number and quality of placements of VPMP feature articles in publications targeting health professionals. Estimate the dollar value of placements.
- Total the number of VPMP CDs disseminated to medical schools and other stakeholders.
- Tabulate the number of flash drives with VPMP logos distributed at exhibits.

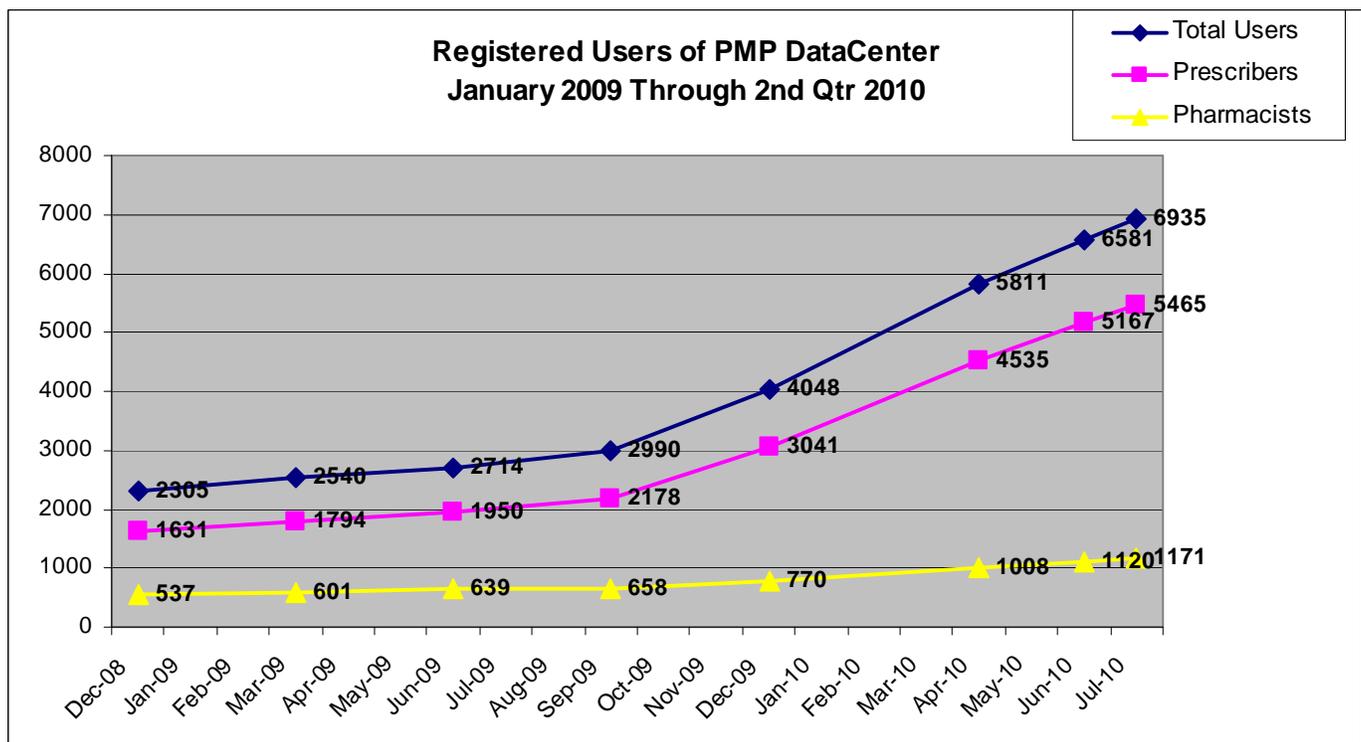
Handout 7-13-10 VPMP Meeting

Primary Stakeholders for PMP Messages and Proposed Outreach Tactics

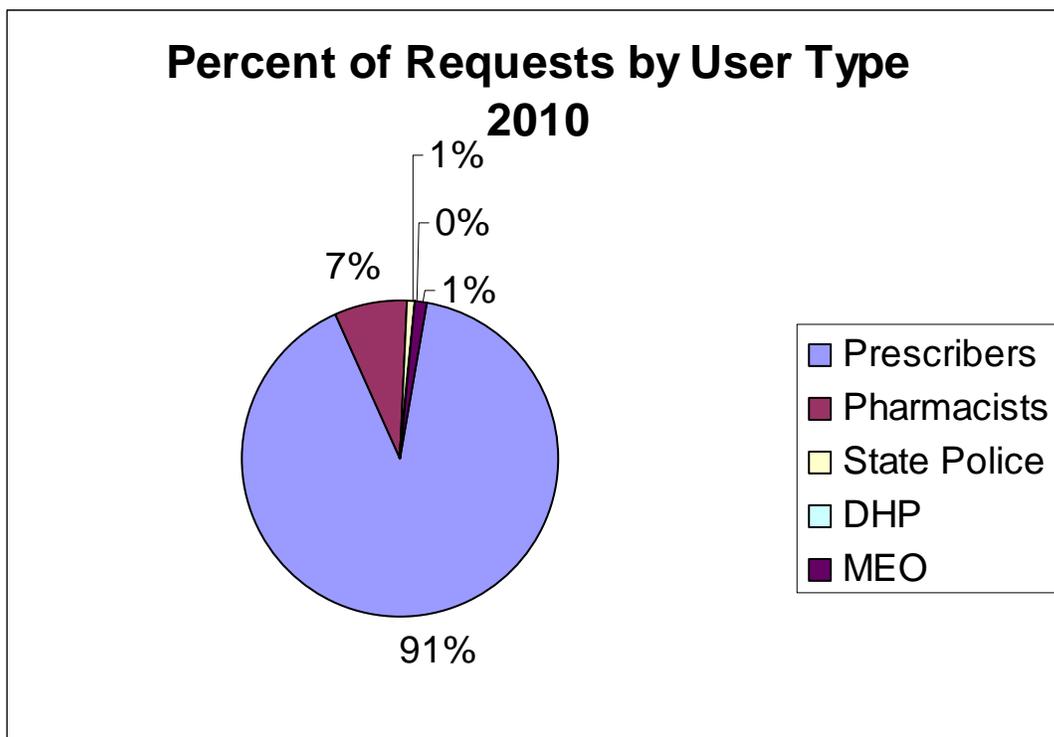
Target Audience(s)	Sample Messages	Sample Outreach Tactics
<p><i>DHP Licensees</i></p> <ul style="list-style-type: none"> Physician Assistants Medical Doctors Emergency Room Physicians Veterinarians Nurse Practitioners Dentists Podiatrists Optometrists Licensees of DHP's 13 health regulatory boards 	<p>VPMP supports prescription making decisions</p> <p>VPMP is a risk management tool</p> <p>VPMP prevents drug diversion</p> <p>VPMP is a free governmental service for prescribers of class II-IV drugs</p> <p>PMP data is confidential and available to select authorized users such as law enforcement with an open case</p> <p>The Virginia Department of Health Professions has partnered with the VCU School of Medicine in the development of <i>VCU Pain Management: An Online Curriculum</i></p> <p>The VPMP Data Center is available with 24/7 access and auto-response capabilities for prescribers and pharmacists</p>	<p>Design DHP PMP logo, tagline and include web address - vpmp@dhp.virginia.gov on all materials</p> <p>Increase VPMP's visibility on DHP's website production and placement of video vignettes on the site</p> <p>Exhibit, present and disseminate materials at professional medical conferences and other meetings</p> <ol style="list-style-type: none"> Place existing brochure in registration bags Brand flash drive with PMP logo Develop a PMP video short for others to use at their meetings and stream excerpts onto DHP's website <p>Write and place feature articles on PMP</p> <p>Develop downloadable PMP signage for pharmacy use and distribute it at conferences</p> <p>Institute online PMP training modules on the Commonwealth Knowledge Learning Center</p>
<p><i>Opinion leading institutions for PMP messages</i></p> <ul style="list-style-type: none"> Virginia's five medical schools and other healthcare professional schools National pharmacy chains located in the Commonwealth Military hospitals and other medical units under the auspices of the Department of Defense Publications of professional healthcare societies Select news organizations Governmental health and drug enforcement agencies 	<p>Through VPMP, Virginia continues its tradition of applying technology to solve challenges</p> <p>Pain management CE's are available through VPMP</p> <p>*Use messages above targeting DHP licensees as appropriate</p>	<p>Exhibit the PMP traveling display on tour of the five medical schools</p> <p>Seek speaking engagements</p> <p>Provide CDs of the PMP video short to professors of select courses at medical schools</p> <p>Incorporate PMP materials into the coursework of medical schools via BOM, BON, BOP, BOD</p> <p>Secure meetings with DOD/ Veterans Administration to brief medical decision makers on a proposed pilot test of VPMP's effectiveness for future approval throughout DOD medical facilities in Virginia</p> <p style="text-align: right;"><i>July 2010 DHP Communications</i></p>



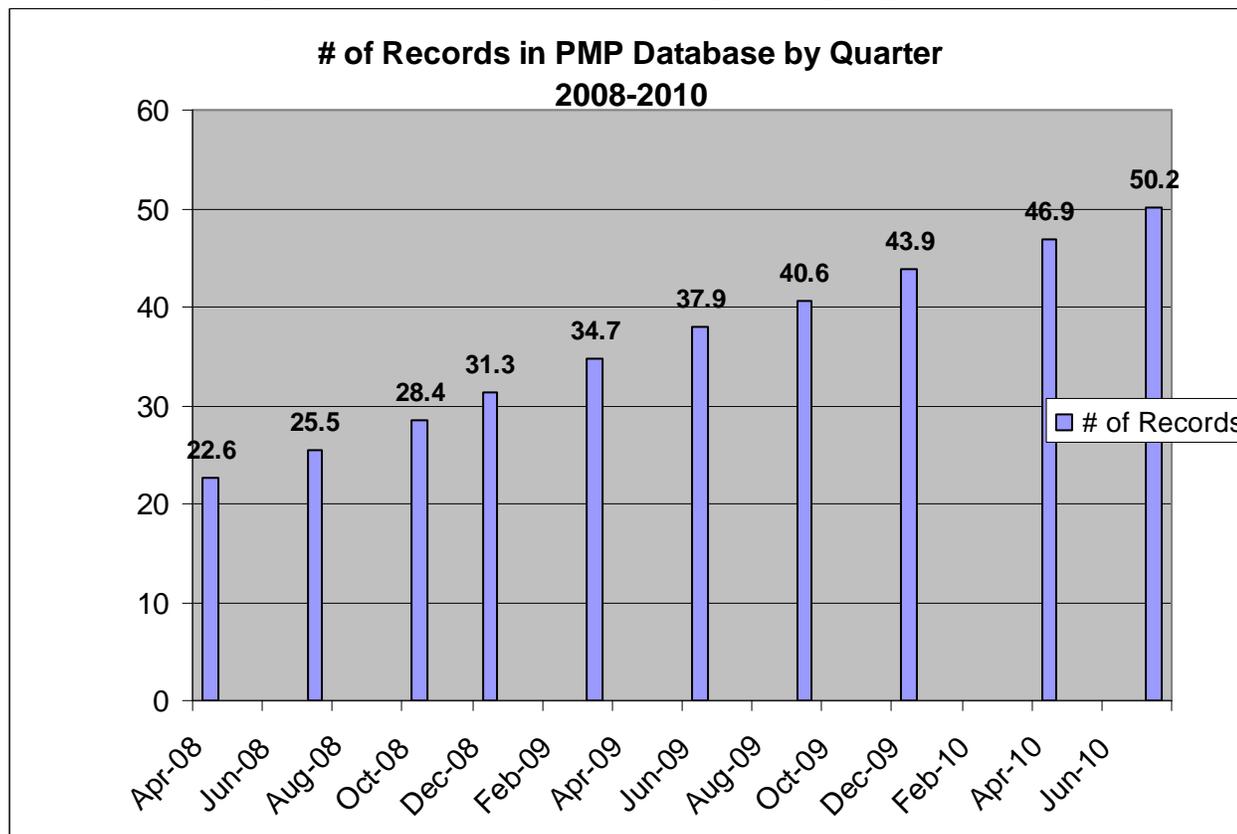
The program processed more requests in the first quarter of 2010 than in all of 2009. The second quarter showed a 26% increase over the first quarter.



The program has more than 2 ½ times the number of users than July of 2009.



The percentage of Prescriber requests has grown to a significantly larger percentage of total requests (91% in 2010 compared to 84% in all of 2009.) This percentage represents the first half of 2010.



The program has added greater than 3 million records in the last three months.

Handout 7-13-10 VPMP Meeting

Registered Prescribers by State

State	# Registered
AZ	1
DC	7
DE	2
GA	1
IN	1
KY	44
MD	16
NC	7
NM	1
OH	4
PA	1
SC	1
TN	173
TX	2
VA	4833
WA	1
WV	59
TOTAL	5154

Registered Pharmacists by State

State	# Registered
AL	1
CO	1
DC	1
FL	2
KY	2
MD	2
MO	1
NC	5
NJ	1
NY	1
OH	1
PA	3
SC	1
TN	21
TX	1
VA	1061
WV	11
TOTAL	1116

Approximately 7000 pharmacists licensed by the Board of Pharmacy have a Virginia address

Registered Prescriber by Profession (Virginia address only)

Profession	# Registered**	# Licensed in VA
Dentist	393	4787
Doctor of Medicine	3022	19291
Doctor of Osteopathy	209	841
Intern/Resident	90	2032
Nurse Practitioner*	523	3142
Optometrist	8	975
Physician Assistant	393	1548
Podiatrist	46	329
Unknown/delegate	149	
TOTAL	4833	32945

*With Authorization to Prescribe
 **Virginia address only

NOTE: Data compiled on 5-20-2010

Percentage of Registered Users to Licensed in Virginia by Profession

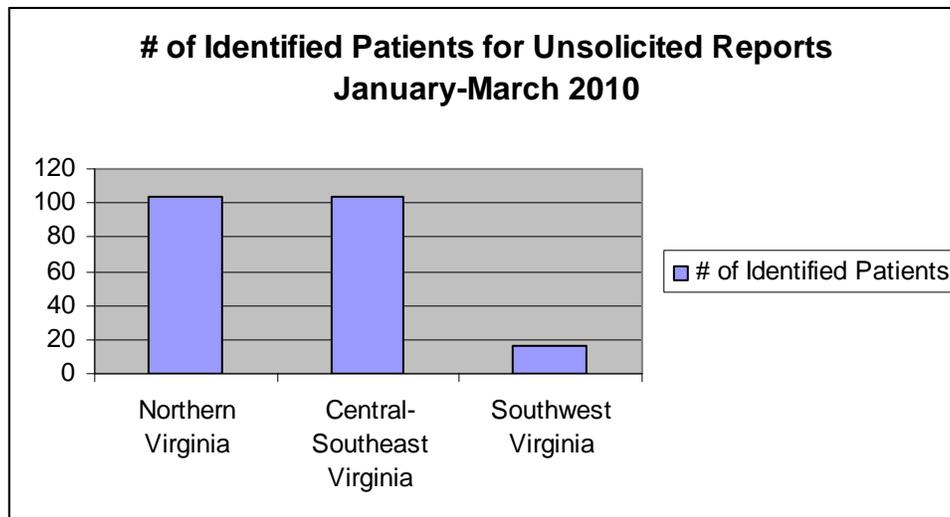
Profession	Percentage Registered
Dentist	8.2
Doctor of Medicine	15.7
Doctor of Osteopathy	24.9
Intern/Resident	4.4
Nurse Practitioner*	16.6
Optometrist	0.8
Physician Assistant	25.4
Podiatrist	13.9
Pharmacist	15.1
Unknown/delegate	N/A
TOTAL	14.75

*With Authorization to Prescribe

Handout 7-13-10 VPMP Meeting

The Virginia Prescription Monitoring Program (VPMP) has authority to send unsolicited reports to the prescribers of individual patients identified as having received controlled substances in schedules II-IV that meet or exceed certain thresholds. In the first quarter of 2010 the program identified 224 patients (of which 190 were unique) that had exceeded the threshold of prescribers and pharmacies utilized within a one month period. A total of 1,964 letters were sent to the prescribers of these patients who received a total of 2,776 prescriptions.

Program staff has analyzed this data to determine if there is a specific region of the Commonwealth where these indications of possible “doctor-shopping” is more prevalent.



Note: Northern Virginia-includes 3-digit zip codes 201, 220-229, Central-Southeast Virginia-includes 3-digit zip codes 230-239, Southwest Virginia- includes 3-digit zip codes 240-246

The number of prescribers seen by patients within a one month period ranged from 7 to 25; with 63 patients receiving prescriptions from 10 or more prescribers.

10 or more Prescribers in one Month Jan-Mar 2010	# of Prescriptions	# of Pharmacies	# of Doses	# of Prescribers
TOTALS	989	583	34362	758

VPMP has received information from one of our border states reporting that prescription forgeries are on the rise as their program is utilized more frequently by prescribers and dispensers. This report prompted VPMP staff to perform a simple query for the reporting period of 5/16/10 – 5/31/10 to identify patients utilizing one prescriber and 3 or more pharmacies to receive controlled substances in schedules II-IV. The query identified 295 patients that received 1156 prescriptions from 918 pharmacies. The range of prescriptions received ranged from 3 to 15 while the range of pharmacies utilized was 3 to 6. Several patient reports identified as using the higher number of pharmacies were reviewed by staff. The review indicates that there is a likely need for further investigation of these reports by regulatory and/or law enforcement personnel.

Handout 7-13-10 VPMP Meeting

Virginia Prescription Monitoring Program Unsolicited Report Data 1st Quarter 2010

Summary:

- Threshold criteria is not currently set at a level depicting possible misuse but at a level where the most egregious levels of doctor shopping may be occurring. Reports, which can be very beneficial in educating prescribers about the program; are very labor intensive to compile, produce, and mail out. Reports must also be very carefully screened prior to being released.
- In order to make unsolicited data more available while reducing impact on staff and other resources; consideration should be made to move from providing reports to providing notification. Maximum utilization of email addresses from the licensing database will greatly extend the reach of the program. This could have the added effect of encouraging more prescribers to register for the program since they will not receive a report but a notification that prescription data on one of their patients indicates the possibility of misuse, abuse, or diversion. Instructions on how to register for the program to receive this information would be provided as part of the notification.
- VPMP does not have the authority to provide unsolicited reports to law enforcement or regulatory personnel which may be appropriate for many of the reports generated currently.

Handout 7-13-10 VPMP Meeting

Unsolicited Reports 1st QTR 2010 Compilation

DATE of Report	Patient ID	3-dig Zip	# Rx	# Pharms.	# Doses	# Pract.	Last Sent	Date Sent	# Letters Sent	# of Registered users
Jan-10	166	221	33	30	990	25		3/31/2010	25	5
Feb-10	53	220	31	18	1076	20	Jan-10	5/19/2010	20	7
Mar-10	125	221	22	13	382	20		5/27/2010	19	1
Feb-10	166	220	22	21	795	19	Jan-10	5/20/2010	19	6
Mar-10	53	220	25	17	1175	17	Feb-10	5/24/2010	17	4
Jan-10	53	220	22	16	770	16		3/31/2010	16	4
Mar-10	15	226	21	9	372	15	Feb-10	5/20/2010	14	1
Mar-10	130	201	19	8	358	14		6/3/2010	14	3
Mar-10	77	220	25	12	416	14	Feb-10	5/25/2010	14	6
Feb-10	44	234	19	13	561	14	Jan-10	5/19/2010	14	6
Mar-10	108	234	14	10	262	14		5/26/2010	13	7
Jan-10	91	236	19	13	315	14		3/31/2010	14	4
Feb-10	5	237	17	16	1953	14	Jan-10	5/19/2010	13	4
Feb-10	77	220	20	9	349	13	Jan-10	5/18/2010	13	5
Jan-10	100	226	15	9	245	13		3/31/2010	10	2
Mar-10	38	232	17	9	1532	13		5/21/2010	13	4
Feb-10	223	239	15	6	441	13		5/14/2010	11	7
Mar-10	121	201	15	8	279	12		5/27/2010	12	5
Feb-10	27	222	16	8	368	12	Jan-10	5/17/2010	11	1
Jan-10	92	230	12	8	233	12		3/31/2010	11	4
Mar-10	57	233	19	10	956	12		5/24/2010	11	4
Jan-10	44	234	19	11	460	12		3/31/2010	12	4
Mar-10	62	234	18	11	625	12	8-Jun	5/24/2010	12	9
Jan-10	70	237	15	7	468	12		3/31/2010	11	4
Mar-10	173	201	15	10	484	11		6/7/2010	11	1
Feb-10	186	201	13	5	199	11		5/13/2010	10	7
Jan-10	25	201	12	5	355	11		3/31/2010	10	5
Jan-10	77	220	16	7	327	11		3/31/2010	11	7
Jan-10	176	220	11	10	282	11		3/31/2010	11	5
Feb-10	149	223	18	9	635	11		5/19/2010	11	4
Mar-10	191	224	19	6	724	11		6/9/2010	11	7
Feb-10	15	226	16	8	277	11	Jan-10	5/17/2010	11	6
Mar-10	41	226	11	9	280	11	Jan-10	5/21/2010	11	2
Jan-10	197	230	18	13	502	11		3/31/2010	11	2

Handout 7-13-10 VPMP Meeting

Unsolicited Reports 1st QTR 2010 Compilation

DATE of Report	Patient ID	3-dig Zip	# Rx	# Pharms.	# Doses	# Pract.	Last Sent	Date Sent	# Letters Sent	# of Registered users
Jan-10	65	233	13	7	318	11		3/31/2010	11	5
Mar-10	149	233	13	8	612	11	Feb-10	6/4/2010	11	5
Jan-10	5	237	15	10	1468	11		3/31/2010	11	3
Feb-10	98	237	13	5	430	11		5/14/2010	9	3
Mar-10	98	237	11	7	248	11	Feb-10	5/25/2010	8	0
Mar-10	178	238	12	11	1250	11	Jan-10	6/7/2010	11	7
Jan-10	198	201	17	6	315	10		4/5/2010	10	4
Mar-10	21	201	15	8	851	10	Feb-10	5/20/2010	10	5
Feb-10	133	201	13	10	382	10	Jan-10	5/19/2010	10	4
Mar-10	113	201	12	3	397	10		5/26/2010	10	5
Jan-10	93	201	11	7	191	10	9-Apr	4/5/2010	9	0
Jan-10	123	220	10	6	184	10		4/5/2010	10	0
Jan-10	156	221	15	5	760	10		4/5/2010	10	1
Mar-10	140	224	13	8	284	10		6/3/2010	10	5
Mar-10	212	224	12	7	280	10		6/9/2010	9	5
Jan-10	37	225	11	7	192	10		4/5/2010	9	9
Mar-10	145	225	11	10	800	10		6/4/2010	10	6
Jan-10	160	225	11	7	219	10		4/5/2010	9	6
Feb-10	160	225	11	7	240	10	Jan-10	5/14/2010	8	4
Mar-10	160	225	11	7	655	10	Feb-10	6/7/2010	8	7
Jan-10	41	226	10	6	268	10		4/5/2010	10	2
Feb-10	8	229	13	10	399	10		5/19/2010	10	6
Mar-10	2	229	11	4	171	10		5/20/2010	9	7
Jan-10	168	232	16	5	723	10		4/5/2010	10	2
Jan-10	170	233	17	10	524	10		4/5/2010	10	6
Jan-10	175	234	15	8	918	10		4/5/2010	10	2
Mar-10	205	236	12	5	361	10	Feb-10	6/9/2010	10	6
Feb-10	70	237	14	7	340	10	Jan-10	5/14/2010	9	4
Jan-10	172	241	12	8	1136	10		4/5/2010	10	7
Jan-10	21	201	17	9	696	9		4/15/2010	9	5
Mar-10	203	201	16	8	566	9		6/9/2010	9	2
Jan-10	10	201	15	8	655	9		4/22/2010	9	3
Feb-10	10	201	15	10	701	9	Jan-10	5/19/2010	9	4
Mar-10	159	201	12	9	1020	9		6/7/2010	9	4

Handout 7-13-10 VPMP Meeting

Unsolicited Reports 1st QTR 2010 Compilation

DATE of Report	Patient ID	3-dig Zip	# Rx	# Pharms.	# Doses	# Pract.	Last Sent	Date Sent	# Letters Sent	# of Registered users
Feb-10	74	201	9	7	153	9		5/14/2010	9	1
Feb-10	147	220	12	2	334	9		5/10/2010	9	3
Feb-10	80	221	10	9	159	9		5/18/2010	9	5
Jan-10	26	222	13	7	436	9		5/4/2010	9	3
Feb-10	199	222	13	5	393	9	Jan-10	5/13/2010	8	0
Jan-10	199	222	11	5	255	9		4/13/2010	9	0
Jan-10	210	223	21	7	338	9		5/4/2010	9	1
Mar-10	170	223	11	10	272	9	Feb-10	6/7/2010	9	4
Feb-10	115	224	12	6	540	9		5/14/2010	9	2
Jan-10	161	224	12	8	442	9		5/4/2010	9	6
Mar-10	94	225	16	7	671	9		5/25/2010	9	4
Jan-10	4	225	15	11	437	9		4/22/2010	9	4
Feb-10	67	225	15	9	888	9	Jan-10	5/18/2010	9	2
Jan-10	15	226	16	10	294	9		4/22/2010	9	2
Feb-10	117	228	10	6	169	9		5/14/2010	8	6
Jan-10	19	228	9	8	176	9		4/8/2010	9	2
Jan-10	181	229	11	8	295	9		4/22/2010	9	5
Mar-10	12	230	12	6	232	9		5/20/2010	9	4
Feb-10	58	230	9	7	135	9		5/17/2010	9	4
Mar-10	76	231	14	11	396	9		5/25/2010	8	3
Mar-10	194	231	11	7	330	9		6/9/2010	9	5
Jan-10	95	231	10	5	281	9		4/22/2010	8	3
Feb-10	95	231	9	4	222	9	Jan-10	5/11/2010	9	2
Mar-10	105	231	9	5	297	9		5/25/2010	9	2
Jan-10	124	232	12	6	782	9		5/4/2010	9	2
Jan-10	32	232	11	7	342	9		4/22/2010	9	4
Jan-10	107	234	10	6	198	9		5/4/2010	9	3
Jan-10	201	236	14	8	516	9		4/5/2010	9	6
Feb-10	112	236	10	6	178	9		5/14/2010	9	3
Mar-10	85	238	29	7	1439	9	Feb-10	5/25/2010	9	3
Feb-10	85	238	23	8	1235	9	Jan-10	5/17/2010	9	5
Jan-10	60	238	9	5	355	9		4/22/2010	8	5
Jan-10	89	245	20	7	530	9		4/14/2010	9	3
Mar-10	138	201	21	10	1020	8		6/3/2010	8	2

Handout 7-13-10 VPMP Meeting

Unsolicited Reports 1st QTR 2010 Compilation

DATE of Report	Patient ID	3-dig Zip	# Rx	# Pharms.	# Doses	# Pract.	Last Sent	Date Sent	# Letters Sent	# of Registered users
Feb-10	21	201	15	7	913	8	Jan-10	5/14/2010	8	4
Feb-10	64	201	13	6	388	8		5/14/2010	8	2
Jan-10	133	201	12	10	405	8		5/6/2010	8	2
Mar-10	133	201	12	8	412	8	Feb-10	6/3/2010	8	1
Feb-10	29	201	11	5	402	8		5/13/2010	8	3
Mar-10	34	201	11	6	285	8		5/21/2010	8	2
Mar-10	214	220	15	9	872	8		6/9/2010	8	3
Jan-10	152	220	10	7	479	8		5/6/2010	8	3
Jan-10	67	221	17	9	1155	8		5/5/2010	8	2
Mar-10	48	221	8	6	479	8		5/24/2010	8	2
Mar-10	104	221	8	7	109	8		5/25/2010	8	4
Jan-10	20	223	11	7	303	8		5/6/2010	8	0
Mar-10	59	223	8	6	599	8		5/24/2010	8	0
Feb-10	188	223	8	6	690	8		5/14/2010	8	0
Mar-10	218	224	15	8	505	8		6/9/2010	8	0
Jan-10	144	224	12	5	522	8		5/5/2010	8	6
Jan-10	202	224	11	6	333	8		5/5/2010	6	6
Jan-10	120	224	10	7	485	8		5/5/2010	8	4
Jan-10	116	224	9	5	474	8		5/5/2010	8	5
Mar-10	141	224	8	7	132	8		6/3/2010	7	4
Feb-10	185	224	8	3	125	8		5/11/2010	8	6
Feb-10	157	225	15	9	1167	8		5/18/2010	8	2
Mar-10	131	225	11	5	267	8		6/3/2010	8	4
Mar-10	129	225	9	6	310	8		6/3/2010	8	4
Mar-10	106	225	8	4	81	8		5/26/2010	8	4
Feb-10	73	226	15	6	381	8		5/14/2010	8	7
Jan-10	47	227	13	8	405	8		5/5/2010	8	2
Jan-10	90	229	11	7	461	8		5/6/2010	7	4
Mar-10	9	230	14	5	745	8		5/20/2010	7	2
Jan-10	88	230	8	5	152	8		5/7/2010	8	3
Jan-10	111	230	8	7	432	8		5/5/2010	8	4
Feb-10	193	231	12	8	317	8		5/17/2010	8	3
Feb-10	137	231	11	5	500	8		5/13/2010	6	5
Mar-10	63	231	9	9	354	8	8-Mar	5/24/2010	8	2

Handout 7-13-10 VPMP Meeting

Unsolicited Reports 1st QTR 2010 Compilation

DATE of Report	Patient ID	3-dig Zip	# Rx	# Pharms.	# Doses	# Pract.	Last Sent	Date Sent	# Letters Sent	# of Registered users
Feb-10	66	232	12	8	411	8		5/17/2010	8	3
Jan-10	119	232	12	9	475	8		5/6/2010	7	4
Feb-10	168	232	12	5	717	8	Jan-10	5/13/2010	7	2
Jan-10	97	232	11	7	372	8		5/6/2010	8	4
Mar-10	75	232	10	7	335	8		5/25/2010	8	4
Mar-10	114	232	8	6	119	8		5/27/2010	8	4
Mar-10	127	232	8	6	196	8		6/3/2010	8	3
Jan-10	158	232	8	6	690	8		5/6/2010	8	3
Feb-10	51	233	10	3	353	8		5/11/2010	7	2
Jan-10	101	234	17	8	435	8		5/6/2010	5	3
Feb-10	182	234	14	8	556	8		5/18/2010	7	4
Mar-10	126	234	11	7	189	8		6/3/2010	8	5
Jan-10	153	234	11	5	476	8		5/6/2010	8	3
Mar-10	82	234	10	6	381	8		5/25/2010	8	5
Mar-10	153	234	10	9	525	8	Feb-10	6/4/2010	8	3
Mar-10	122	234	9	3	392	8		5/27/2010	8	4
Feb-10	192	234	9	3	405	8		5/10/2010	8	2
Mar-10	36	234	8	4	123	8		5/21/2010	8	6
Feb-10	187	236	10	7	333	8		5/17/2010	8	6
Feb-10	205	236	8	3	195	8		5/11/2010	6	3
Feb-10	18	237	14	4	549	8		5/11/2010	8	3
Jan-10	13	237	10	6	234	8		5/5/2010	7	2
Jan-10	85	238	21	6	960	8		5/6/2010	8	3
Jan-10	178	238	12	9	1570	8		5/5/2010	8	5
Jan-10	14	239	9	5	540	8		5/6/2010	6	2
Feb-10	132	242	13	3	590	8		5/10/2010	8	4
Feb-10	216	245	9	1	555	8		5/10/2010	8	2
Feb-10	33	544	8	8	283	8		5/18/2010	8	6
Mar-10	128	201	16	7	753	7		6/3/2010	7	3
Mar-10	102	201	11	6	198	7		5/25/2010	7	3
Mar-10	143	201	8	4	224	7		6/4/2010	7	3
Mar-10	155	201	8	8	480	7		6/4/2010	7	3
Mar-10	195	201	8	5	116	7		6/9/2010	7	0
Mar-10	204	220	10	5	1026	7		6/9/2010	7	3

Handout 7-13-10 VPMP Meeting

Unsolicited Reports 1st QTR 2010 Compilation

DATE of Report	Patient ID	3-dig Zip	# Rx	# Pharms.	# Doses	# Pract.	Last Sent	Date Sent	# Letters Sent	# of Registered users
Mar-10	221	221	9	7	243	7		6/10/2010	7	3
Mar-10	219	221	8	5	127	7		6/10/2010	7	0
Mar-10	209	221	7	4	142	7		6/9/2010	7	3
Mar-10	211	221	7	7	278	7		6/9/2010	7	4
Mar-10	217	223	14	5	539	7		6/9/2010	7	1
Mar-10	188	223	8	6	760	7	Feb-10	6/7/2010	7	1
Mar-10	190	225	9	4	248	7		6/9/2010	11	7
Mar-10	136	226	9	7	186	7		6/3/2010	7	4
Mar-10	139	230	9	6	224	7		6/3/2010	7	3
Mar-10	220	230	9	7	256	7		6/10/2010	8	5
Mar-10	35	230	7	5	137	7		5/21/2010	7	3
Mar-10	40	230	7	5	116	7		5/21/2010	6	3
Mar-10	109	231	24	6	803	7		5/26/2010	7	2
Mar-10	31	231	9	7	350	7		5/21/2010	7	4
Mar-10	50	231	9	7	222	7		5/24/2010	7	4
Mar-10	213	231	9	3	285	7		6/9/2010	7	2
Mar-10	1	232	12	7	765	7		5/20/2010	7	2
Mar-10	103	232	10	6	285	7		5/25/2010	7	2
Mar-10	207	232	10	4	269	7		6/9/2010	7	3
Mar-10	69	232	9	8	382	7		5/25/2010	7	5
Mar-10	81	232	8	4	248	7		5/25/2010	7	4
Mar-10	184	232	8	3	272	7		6/7/2010	6	3
Mar-10	7	232	7	5	256	7		5/20/2010	6	0
Mar-10	165	232	7	6	260	7		6/7/2010	7	1
Mar-10	28	233	14	3	320	7		5/21/2010	7	1
Mar-10	183	233	12	4	400	7		6/7/2010	7	4
Mar-10	61	233	11	9	519	7		5/24/2010	7	4
Mar-10	24	233	10	4	200	7		5/21/2010	7	3
Mar-10	51	233	8	5	325	7	Feb-10	5/24/2010	7	4
Mar-10	215	233	7	3	121	7		6/9/2010	7	3
Mar-10	39	234	14	12	1195	7		5/21/2010	6	1
Mar-10	148	234	12	7	689	7		6/4/2010	7	3
Mar-10	43	234	9	6	366	7		5/21/2010	7	2
Mar-10	164	236	12	7	524	7		6/7/2010	7	2
Mar-10	56	236	11	6	576	7		5/24/2010	6	3

Handout 7-13-10 VPMP Meeting

Unsolicited Reports 1st QTR 2010 Compilation

DATE of Report	Patient ID	3-dig Zip	# Rx	# Pharms.	# Doses	# Pract.	Last Sent	Date Sent	# Letters Sent	# of Registered users
Mar-10	46	236	9	4	355	7		5/21/2010	7	2
Mar-10	84	236	7	4	366	7		5/25/2010	7	4
Mar-10	196	236	7	6	245	7		6/9/2010	7	2
Mar-10	222	236	7	3	158	7		6/10/2010	6	6
Mar-10	70	237	10	7	400	7	Feb-10	5/25/2010	7	0
Mar-10	142	237	10	8	183	7		6/4/2010	7	5
Mar-10	180	237	8	3	368	7		6/7/2010	7	4
Mar-10	208	238	8	3	132	7		6/9/2010	7	0
Mar-10	224	240	14	4	970	7		6/10/2010	6	3
Mar-10	83	240	9	5	428	7		5/25/2010	7	4
Mar-10	146	240	9	6	384	7		6/4/2010	6	2
Mar-10	118	240	8	6	348	7		5/27/2010	7	4
Mar-10	30	241	9	4	381	7		5/21/2010	6	4
Mar-10	177	242	13	4	446	7		6/7/2010	7	2
Mar-10	3	242	9	4	111	7		5/20/2010	7	4
Mar-10	49	243	9	3	336	7		5/24/2010	6	4
Mar-10	174	245	13	10	350	7		6/7/2010	7	4
Mar-10	110	245	9	5	575	7		5/26/2010	6	2
Mar-10	151	245	9	7	300	7		6/4/2010	7	3

TOTALS

2776 1584 103859 2024 1964 784

Two hundred twenty-four patients were identified in the first quarter. Of these one hundred ninety were unique patients. A total of 1,064 letters were sent.

*Enhanced Prescription
Monitoring Solution*



OptimumTechnology

100 E. Campus View
Blvd, Suite 380
Columbus, Ohio 43235



Technical Improvements

- *Developed using .Net 3.5/AJAX*
- *Improved Performance using paginated data grids*
- *Cross browser support (IE 6.0 and above, Mozilla and Safari)*
- *Single solution/website for Manager, Web Center and Data Collection portals*
- *Ability to work with web farm or load balancing server.*
- *More intuitive drop down list that allows users to search the list with more than one character instead of just mouse select*
- *Ability to navigate across the portal while a function is being executed (for e.g. when a file upload is in progress, the user can navigate to report and execute a report)*
- *Reports to be generated using SQL Server Reporting Services (for SQL Server Database)*

Functional Improvements

Ease of Data Input

- *Selection list provided where applicable (e.g. provide a matching list from previous search by the user as the user input last name on request page)*

Inter State Data Sharing

- *Support for PIMIX (optional)*

Automatic Registration Process

- *Support for automatic user registration -Administrator configurable*
- *Automatic user name/password suggestion on manual approval of registration*
- *Number of security question – configurable*
- *Security question that can appear on registration - configurable*

User Initiated Password Reset

- *Automatic forgotten user password reset*

Data Upload

- *Support for ASAP 97, 2005 & 2007 format*
- *Support for online/point of sale transactions data transfer*
- *Automatic transparent data upload*

Reporting Tool

- *Creation of customizable reports on the fly (common statistics queries)*
- *Support for Harold Rogers Report*
- *Support for system Up time report(Hosted Application only)*
- *Automatic report generation of users whose uploads are most often rejected, and user who continually provide files under the file names that are not unique & notify PMP administrator*
- *Prescribing trend analysis report*
- *Geo-coding mapping of top x reports – Ability to display the report on US map to better understand the results*
- *Doctors shopping report (utilizing power search)*

Handout 7-13-10 VPMP Meeting

Advanced Notification

- *Prescription data correction – System automatically notifies, any error(s) to be corrected after n days or until it is fixed or flagged off by PMP Administrator.*
- *Support for portal broadcasts – scrolling text on the portal for general notification*
- *Automatic notification to user accounts with expired/soon-to-be expired passwords*
- *Automatic notification to dispensers when delinquencies occur (message content editable) – based on configuration*
- *Inter User Communication(with e-mail/message center support)*

Security Auditing

- *Log user account changes*
- *Log unsuccessful login attempts of invalid user*
- *Automatic report of unsuccessful login attempts*
- *User to be randomly asked to answer additional security question to identify themselves*

Administrative Management

- *Allow PMP Administrator to view user's password as plain text*
- *Exception DEA# - Support allowing non-standard DEA# with PMP administrator's approval*
- *Configurable reporting period for delinquency reports*
- *Automatic error message deletion – based on configuration*
- *Different threshold values for patients and practitioner requests*
- *Allows PMP administrator to submit request on behalf of a user*

Handout 7-13-10 VPMP Meeting

COURSE DESCRIPTION

The Virginia Prescription Monitoring Program is a state-wide program designed to monitor the use of schedule II-IV prescription drugs by providing a central data resource, in the Department of Health Professions, of your patient's prescription history.

(www.dhp.virginia.gov) This conference will present best practices and risk management perspectives in the prescribing of controlled substances, and is designed for prescribers (physicians of all specialties, nurse practitioners, and physician assistants) and pharmacists.

EDUCATIONAL OBJECTIVES

Upon completion of this conference, participants should be able to:

1. List at least three ways in which "patients" may try to illicitly obtain prescriptions for controlled substances.
2. Describe the requirements in the law for a bona-fide doctor-patient relationship.
3. Outline an appropriate initial workup for a pain management patient, to include gathering of pertinent medical records and appropriate lab studies.
4. Explain the importance and elements of thorough, accurate and timely records in pain management.
5. Describe the role of buprenorphine in the treatment of opioid addiction.
6. List the steps a practitioner should take when confronted with a patient who may be misusing, abusing, or diverting prescription drugs.
7. Identify the role of risk management database tools and training for prescription monitoring in Virginia.
8. Describe dosing and monitoring considerations necessary when prescribing or dispensing methadone for pain management.

ACCREDITATION AND DESIGNATION STATEMENT

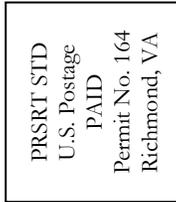
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Virginia School of Medicine and Virginia Prescription Monitoring Program and the Virginia Board of Medicine. The University of Virginia School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

The University of Virginia School of Medicine designates this educational activity for a maximum **4 AMA PRA Category 1 Credits**.[™] Physicians should only claim credit commensurate with the extent of their participation in the activity.

The University of Virginia School of Medicine awards 0.1 Continuing Education Unit (CEU) per contact hour to each non-physician participant who successfully completes this educational activity. The CEU is a nationally recognized unit of measure for continuing education and training activities that meet specific educational planning requirements. The University of Virginia School of Medicine maintains a permanent record of participants who have been awarded CEUs.

ATTENDANCE AND CERTIFICATE DISTRIBUTION

The University of Virginia Office of Continuing Medical Education requires that all participants at live CME activities sign attendance sheets daily to confirm participation in the CME activity for that day. Certificates of attendance, designating the maximum number of hours of participation, are distributed to each participant at the CME activity. Participants are responsible for accurately tracking their actual participation at live events.



University of Virginia
Office of Continuing Medical Education
PO Box 800711
Charlottesville, VA 22908-0711

CONFERENCE SATURDAY, May 1, 2010
VIRGINIA PRESCRIPTION MONITORING PROGRAM

PATIENT MANAGEMENT WITH CONTROLLED SUBSTANCES

PRESENTED BY

THE VIRGINIA PRESCRIPTION MONITORING PROGRAM

AND THE

VIRGINIA BOARD OF MEDICINE

AND

SPONSORED BY THE OFFICE OF CONTINUING MEDICAL

EDUCATION, UNIVERSITY OF VIRGINIA

SCHOOL OF MEDICINE



Saturday, May 1, 2010
Jordan Hall Conference Center
University of Virginia
Health System
Charlottesville, VA 22908

**There is no charge for this program, but
seating is limited.
CME is available.**



Virginia Department of Health Professions

Handout 7-13-10 VPMP Meeting REGISTRATION FORM

VIRGINIA PRESCRIPTION MONITORING PROGRAM May 1, 2010

Please PRINT legibly to ensure accuracy.

Please visit our website, www.cmevillage.com, to see if online registration is available for this conference.

Pre-registration for this conference will close two business days (three days for online registrations) prior to the conference date. Please call to confirm that onsite registration will be available.

Mr. Mrs. Ms. Dr.

First Name _____ M.I. ____ Last Name _____

Credentials (MD, PhD, etc.) _____

Specialty _____

Affiliation/Business/Organization _____

Primary Address (home work)

Street _____

City _____ State/Province _____ Zip _____

Country _____

Phone _____

Fax _____

Email _____

Please print clearly for successful email delivery of your confirmation letter.

Are you an employee of the University of Virginia? Yes
 No

Are you a resident physician? Yes No Are you a fellow? Yes No

Do you require special assistance because of a disability or have any dietary restrictions? If so, please describe:

Birth date (required for tracking CME credits/CEU):

____/____/____
MM DD YYYY

ACKNOWLEDGEMENT

This program is made possible in part by an educational grant from the Bureau of Justice Assistance through the Virginia Department of Health Professions.

SEND REGISTRATIONS TO:

Bebe Moore, Registrar

Virginia Prescription Monitoring Program

Office of Continuing Medical Education, Box 800711

University of Virginia School of Medicine, McKim Hall

Charlottesville, VA 22908-0711

Phone: 434-924-5310; Fax: 434-243-6393

PROGRAM SCHEDULE

May 1, 2010

Program Moderator: William L. Harp, MD
Executive Director, Virginia Board of Medicine
Department of Health Professions

8:00-8:25 AM - REGISTRATION

8:25-8:30 AM - OPENING REMARKS

William L. Harp, MD, Course Director

Executive Director, Virginia Board of Medicine Department of Health Professions

8:30- 9:15 AM - "WHAT DOES A DOCTOR SHOPPER LOOK LIKE?"

Special Agent Greg Hopkins, Drug Diversion Agent, Virginia State Police

9:15- 10:00 AM - "UNIVERSAL PRECAUTIONS FOR PRESCRIBING CONTROLLED SUBSTANCES"

Mary McMasters, MD, Assistant Professor of Medicine at the University of Virginia

10:00- 10:15 AM BREAK

10:15 -11:00 AM - "BUPRENORPHINE: A SAFER ALTERNATIVE TO METHADONE?"

Sam Melton, MD, Co-Director, REMOTE; Medical Examiner, Russell County; Visiting Assistant Professor of Family Medicine at the University of Virginia; Physician, Co-Founder, C-Health, PC; President, Melton Healthcare Consultants; Physician, Russell County Medical Center Emergency Room

11:00 -11:30 AM - "VIRGINIA'S PRESCRIPTION MONITORING PROGRAM: PROMOTING MANAGEMENT, REDUCING RISK"

Ralph Orr, BPA, Director for Virginia's Prescription Monitoring Program

11:30 -12:15 PM - "AVOIDING CARDIAC MORTALITY ASSOCIATED WITH METHADONE"

Mark P. Haigney, MD, FAHA, Professor of Medicine at the Uniformed Services University, Professor of Pharmacology at the Uniformed Services University

12:15- 12:45 PM - PANEL Q & A

CONFIRMATION & CANCELLATION POLICY

Upon receipt of registration, you will receive an email confirmation. The University of Virginia School of Medicine reserves the right to cancel CME activities if necessary. **To cancel, please contact Bebe Moore at bjm7f@virginia.edu or 434-924-5310.** All other expenses incurred in conjunction with this CME activity are the sole responsibility of the participant.

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Disclosure of faculty financial affiliations

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All speakers participating in an accredited CME activity are expected to disclose to the readers relevant financial relationships with commercial entities occurring within the past 12 months (such as grants or research support, employee, consultant, stock holder, member of speakers bureau, etc.). The University of Virginia School of Medicine will employ appropriate mechanisms to resolve potential conflicts of interest to maintain the standards of fair and balanced education to the participant. Questions about specific strategies can be directed to the Office of Continuing Medical Education, University of Virginia School of Medicine, Charlottesville, Virginia.

The faculty and staff of the University of Virginia Office of Continuing Medical Education have no financial affiliations to disclose.

Disclosure of discussion of non-FDA approved uses for pharmaceutical products and/or medical devices

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The Americans with Disabilities Act of 1990 requires that all individuals, regardless of their disabilities, have equal access. The Office of Continuing Medical Education at the University of Virginia School of Medicine is pleased to assist participants with special needs. Written requests must be received 30 days prior to the conference date. These should be mailed to UVA Office of Continuing Medical Education, Box 800711, Charlottesville, VA 22908 or to uvacme@virginia.edu. Some of the conference venues used by the University of Virginia Office of Continuing Medical Education are registered by historic properties and may not be fully ADA accessible. Please feel free to contact the facility if you have specific questions.

CONTACT INFORMATION

Please contact John A. Owen in the Office of Continuing Medical Education with any questions regarding this activity (phone: 434-924-5318; fax: 434-982-1415; email: jao2b@virginia.edu).

WARNING!

VA CODE §18.2-258.1

IT IS A FELONY TO:

1. Obtain or attempt to obtain controlled substances from doctors or pharmacists by fraud, deceit, misrepresentation, subterfuge or concealment of a material fact.
2. Use a false name or address or to seek controlled substances from multiple doctors by use of any of the above methods.
3. Telephone in fraudulent prescriptions.

It is a felony to provide false information for the purpose of obtaining or attempting to obtain any controlled substance.

4. Forge or alter prescriptions.

It is a felony for any person to make or utter any false, altered or forged prescription.

VA CODE §54.1-3420.1

1. Before dispensing any drug listed on Schedules II through V, a pharmacist may require proof of identity.

CONVICTION FOR A FELONY MAY RESULT IN:

- A. Imprisonment from 1-5 years in a state penitentiary or \$2500 fine or both.
- B. Civil and administrative sanctions.
- C. Loss of driver's license for six months.

Virginia State Police Pharmaceutical Diversion Unit

Phone: (804) 674-2779

or contact your local police or

Fax: (804) 674-2930

sheriff's office

Handout 7-13-10 VPMP Meeting

Agency:	U.S. Department of Justice, Office of Justice Programs' Bureau of Justice Assistance	
Purpose:	To enhance the capacity of regulatory and law enforcement agencies and public health officials to collect and analyze controlled substance prescription data through a centralized database administered by an authorized state agency	
Enabling Law:	Public Law 107-77, FY 2002 U.S. Dept. of Justice Appropriations Act	
Eligibility:	Virginia is eligible for an Enhancement Grant (Category 3) because Virginia has an operational PDMP.	
Award Amount:	Up to \$400,000 for a 24-month period	
Priority:	Given to applicants who propose to implement information sharing with other state PDMPs using the Prescription Monitoring Information Exchange (PMIX)	
	REQUIREMENT	Currently Meet Requirement
		Action Needed to Meet Requirement
	1. Provide data that measures results of the PDMP's work	YES, provide performance measures on users who are formally and informally trained to use the PMP.
		N/A
		YES, provide performance measures on the increase and number of reports (both solicited and unsolicited) generated.
		N/A
		YES, provide performance measures on the tracking of the number of individuals who fill prescriptions from multiple pharmacies
		N/A
		Yes, provide performance measures on the number of licensed prescribers and distributors formally trained in coordinating and sharing data.
		N/A
	2. Enhancement applications who are proposing to implement information sharing with other state PDMPs using the PMIX specifications, applicants must demonstrate the program implementation plan to become fully engaged in the PMIX system to share with other states by the end of the grant period.	YES, VPMP has authorizing legislation to implement information sharing with other state programs and has purchased license for software necessary to implement interoperability. Implementation Plan to be finalized.

Handout 7-13-10 VPMP Meeting

Funding Title:	National All Schedules Prescription Electronic Reporting Act of 2005 Program	
Estimated Award Amount:	\$21,467 - \$113,129	
Due Date for Applications:	August 10, 2010	
Length of Project Period	One Year	
Grant Type:	Improvements to an existing State controlled substance monitoring program	
NASPER REQUIREMENT	CURRENTLY ELIGIBLE? YES/NO	EXPLANATION/RESOLUTION
1. PMPs must adopt the 4.1 or higher version of the American Society for Automation in Pharmacy (ASAP) standard for electronic prescription formatting by September 30, 2010. If a legislation change must be made, VPMP must provide documentation formally requesting legislation change.	NO	VPMP currently uses the 1995 ASAP standard; compliance with this requirement will require a regulatory change
Require dispensers to report DEA registration of the dispenser, number of refills ordered, whether the drug was a refill or a first-time request and date of origin of the prescription. These are new data elements.	NO	Regulatory action required (54.1-2521 B-8)
2. Information must be reported from the dispenser to the PMP after each dispensing of a controlled substance in the State to an ultimate user not later than 1 week after the date of dispensing.	NO	Regulatory action should be explored.
3. PMPs must have a mechanism for correcting inaccuracies by physicians, pharmacies, patients and others.	YES	VPMP will formalize this mechanism with a policy and procedure with associated form.
4. PMPs must adopt health information interoperability standards that are consistent with the Integrated Justice Information System's NIEM XML standard. VPMP must provide a plan on how to achieve interoperability with at least one other state PMP, or, if VPMP has not achieved interoperability at the time of application, include a description of the manner in which the State PMP will achieve interoperability with the geographically bordering state.	YES	VPMP has procured the appropriate software for interoperability and the program is awaiting implementation. The application shall include a description of the manner in which VPMP will achieve interoperability with a bordering state.

Handout 7-13-10 VPMP Meeting

5. For disclosure to patients for their own prescription history, the patient must submit a written, notarized request with name, address, phone #, and a copy of a government issued photo I.D. The request must be submitted in person.	NO	VPMP requires a written, notarized request with the data elements as described; however VPMP does not requires the request to be submitted in person.
6. NASPER is proposing that prospective registered users of PMP programs submit a hard copy written, signed, notarized request every three years to the designated state agency.	NO	VPMP currently requires a hard copy written signed request, but does not require a notarized request. VPMP also does not require re-enrollment at any time.
7. NASPER recognizes that sub-accounts (i.e., delegates) are permissible, but that the master account holder (i.e., prescriber supervisor) must be accountable for the sub-accounts and the master account holder must periodically verify that the sub-account holder is still under his/her supervision.	NO	VPMP does not currently have a mechanism in place to periodically verify that all delegate users are still under the supervision of the master account holder (i.e., prescriber supervisor.)
8. NASPER is recommending that PMP programs send unsolicited reports on any individual who has filled six or more controlled substance prescriptions from six different prescribers, <u>or</u> six different dispensers in the State, within a one month period to each prescriber on the report (this is called the “6/6/1 threshold”.)	NO	VPMP does not currently use these criteria for its unsolicited reports. The recommended six prescribers is a more stringent threshold than is currently used. VPMP does not have authorization to send unsolicited reports to pharmacies.
9. NASPER indicates that States may propose an alternate plan for unsolicited disclosures, but must also provide an evaluation plan demonstrating the effectiveness of the program.	YES	VPMP plans to submit an alternate plan to the “6/6/1” threshold described previously.
10. PMPs should send notifications (i.e., unsolicited reports) to at least 5% of registered prescribers (DEA registrants) and pharmacies in the state in one calendar year.	NO	VPMP has not tracked the percent of registered prescribers who have received unsolicited reports. VPMP has been focused on increasing the number (and percent) of prescribers registered with the program.
11. NASPER states that each PMP must have a master administrator who is responsible for assigning usernames and passwords to those who are granted access.	YES	VPMP currently has a master administrator.

Handout 7-13-10 VPMP Meeting

<p>12. NASPER states that the administrator must have the ability to maintain a log that accurately details those who have accessed and received data from the database.</p>	<p>YES</p>	<p>VPMP currently has the ability to accurately track those who have accessed and received data from the database.</p>
<p>13. NASPER will require that grantees must periodically review the performance data they report to SAMHSA and assess their progress and use their information to improve management of their grant projects. NASPER will require that grantees report on progress, barriers encountered, and efforts to overcome barriers in a performance assessment report to be submitted at least semi-annually</p>	<p>Post Award Requirement</p>	<p>VPMP can meet this requirement.</p>

Handout 7-13-10 VPMP Meeting

SJR No.	Description	
Senate Joint Resolution No. 73	Requires that VPMP <u>shall collect data as specified in SJR No. 75 below</u> and submit it to the Joint Subcommittee to Study Strategies and Models for Substance Abuse Prevention and Treatment. The subcommittee shall then include the findings of VPMP in their report to the Governor and 2011 Session of the General Assembly.	
Senate Joint Resolution No. 75	Requires that the Department of Health Professions (VPMP) collect data on and information about utilization of the Prescription Monitoring Program by prescribers and dispensers of controlled substances and responses to notifications sent (i.e., unsolicited reports) by the Department to prescribers. <i>Specific requirements of SJR No. 75 are listed below.</i>	
SJR No. 75 REQUIREMENT	Currently Compliant? YES/NO	Explanation/Resolution
1. For each month of 2010, VPMP shall report the numbers of registered users eligible to receive reports from VPMP.	YES	VPMP currently tracks on a weekly basis, the current number of registered users by user type.
2. For each month of 2010, VPMP shall report the number of reports of dispensing of covered medications submitted to.	YES	VPMP currently tracks on a daily basis, the number of prescription records reported to the VPMP.
3. For each month of 2010, VPMP shall report the number of exemptions from reporting requirements authorized.	YES	VPMP currently tracks on a cumulative basis, the names of dispensers who are exempt from reporting requirements.
4. For each month of 2010, VPMP shall report the number of requests from registered users made and responded to.	YES	VPMP currently tracks on a daily basis, the number of requests submitted and responded to by user type.
5. For each month of 2010, VPMP shall report the number of notifications (i.e., unsolicited reports) of indications of potential misuse or abuse of covered substances sent to prescribers and the number and nature of responses to such notifications.	YES	VPMP currently tracks on a daily basis, the number of unsolicited reports (“indications of potential misuse”) sent to prescribers. VPMP also tracks inquiries/responses as they relate to the unsolicited reports sent.

Handout 7-13-10 VPMP Meeting

Overview of SJRs Nos. 73 & 75 and Comparison to Current Virginia PMP Program Requirements

SJR No. 75 REQUIREMENT	Currently Compliant? YES/NO	Explanation/Resolution
6. For each month of 2010, VPMP shall report the numbers of responses to requests for information relevant to an investigation of a specific recipient, prescriber or dispenser made, and the agency or entity to which such information was released.	YES	VPMP currently tracks on a daily basis, the number of requests submitted and responded to by user type. VPMP also has the capability to determine all totals, by user type, relevant to an investigation and the agency or entity to which such information was released.
7. For each month of 2010, VPMP shall report the number of disciplinary proceedings initiated by a health regulatory board against a person required to reported dispensing of a covered substance to VPMP for failure to report as required	YES	VPMP does not currently track this, but can easily do so.
8. DHP shall also include any recommendations for changes to VPMP and any other information relevant to the use of VPMP as DHP shall deem appropriate.	YES	Recommendations can be incorporated in the report.
9. DHP shall submit to the Division of Legislative Automated Systems an executive summary and a report of the data on and information about utilization of the Prescription Monitoring Program by prescribers and dispensers of controlled substances and responses to notifications sent by VPMP to prescribers and dispensers no later than the first day of the 2011 Regular Session of the General Assembly.	YES	VPMP shall complete the report for submission to the Division of Legislative Automated Systems by the deadline indicated.