

DRAFT

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

Wednesday, June 12, 2019

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 1:02 p.m.
PRESIDING	Jeffrey Gofton, M.D., Office of the Chief Medical Examiner, Presiding
MEMBERS PRESENT:	Dan Beuglass, Pharmacist, DMAS Brenda Clarkson, Hospice and Palliative Care Laurie Forlano, Deputy Commissioner of Population Health, Virginia Department of Health Tana Kaefer, Pharmacist, Bremo Pharmacy Virginia LeBaron, Assistant Professor, University of Virginia School of Nursing Radhika Manhapra, M.D., VA Hampton Medical Center Suresh Soundararajan, Virginia Department of Health Sarah Ebbers West, Riverside Health System
MEMBERS ABSENT:	Randall Clouse, Office of the Attorney General Mark Ryan, M.D., VCU Health Systems John Welch, 1SG, Virginia State Police Vacant Positions: Vacant, Pain Management Specialist, Physician Vacant, Representative, Department of Behavioral Health and Developmental Services
STAFF PRESENT:	Barbara Allison-Bryan, M.D., Chief Deputy Director, DHP Jim Rutkowski, Counsel, Office of the Attorney General Ralph A. Orr, Director, Prescription Monitoring Program Ashley Carter, Deputy for Analytics, Prescription Monitoring Program Carolyn McKann, Program Deputy of Operations, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS	Mr. Orr welcomed everyone to the meeting of the Advisory Committee and all attendees introduced themselves.
APPROVAL OF AGENDA	The agenda was approved as amended.
APPROVAL OF MINUTES	The minutes for the previous meeting held March 2019 were approved as presented.
PUBLIC COMMENTS	None.

<p>Barbara Allison-Bryan. M.D.: DEPARTMENT OF HEALTH PROFESSIONS REPORT</p>	<p>Dr. Allison-Bryan noted that the new DHP web site has been launched. Some of the connections still need to be updated. Dr. Allison-Bryan also noted that two work groups have been formed as a result of this year's legislative session. Dr. David Brown will chair a group on telemedicine. With respect to telemedicine, they changed the definition from the site of the patient to the site of the practitioner. This is problematic because the licensee is on the end outside of Virginia's jurisdiction with respect to having authority over the DHP licensee. Dr. Allison-Bryan will serve on a work group regarding international medical graduates. Not all medical schools in other foreign countries are consistent, and the work group will look at how many folks with excellent medical training are actually working outside their field of choice. The BOP has also been asked to report on the status of drug take-back initiatives in Virginia. The Community Coalitions of American in Roanoke have drug collection sites in all the sheriff's offices. In the Fairfax area, efforts are underway to make distribution of disposal kits mandatory with each opiate prescription dispensed. We are about 4 months out from the first dispensing of CBD oil and THC-A oils. There will be one pharmaceutical processor dispensing these oils in each Health Planning Region (HPR). Prescribers must register to certify the products and patients must register to use them. In Connecticut, a trained pharmacist dispenses these products. It is an all cash business because the Federal Government still recognizes these products as Schedule I drugs, and you cannot charge a Schedule I substance on a credit card.</p>
<p>Ralph Orr: LEGISLATION AND REGULATION UPDATE</p>	<p>Ralph Orr discussed the scheduling of gabapentin. As of July 1, 2019, gabapentin will be a Schedule V drug in Virginia. Mr. Orr noted that this change is really the only PMP legislation from this year's legislative session. Last year in October the President signed HR 6, "The Support Act". From a CMS perspective, they will be issuing guidelines related to the PMP. Medicaid shall be expected to query the PMP. Medicaid could benefit from the use of another field for this purpose. Medicaid shall work collaboratively with the PMP to make sure that the PMP is being checked. A lot of the things that they are saying should be funded, the Virginia PMP is already doing.</p>
<p>Carolyn McKann: PROGRAM OPERATIONS</p>	<p>Ms. McKann discussed compliance and reviewed the attributes of each resource that PMP staff utilizes to track compliance. With respect to Clearinghouse, Ms. McKann noted that PMP staff have access to an administrative account which allows review of any file submitted by a dispenser up to 30 days old. The 30-day limit is not a huge problem because delinquencies are usually resolved within the 30-day time frame. Ms. McKann noted that dispensers receive emails daily if they have submitted files with errors. Ms. LeBaron asked if the errors were largely due to data entry and Ms. McKann confirmed that this is the case. Mr. Orr inquired why only 30 days was available and Ms. McKann responded that the amount of prescriptions uploaded</p>

daily would limit the speed of the application if greater than 30 days were made available. Ms. McKann noted that PMP staff consistently works with Appriss to develop improved tracking tools. For example, Virginia PMP asked for more specific details regarding errors, and this detail was recently provided as an enhancement on the Tableau compliance dashboard.

Ms. McKann provided an update of Account Management and noted that nearly 29,000 inactive users are scheduled to be removed by Appriss from the Virginia PMP AWAxRxE platform simply because they have never utilized their account since being migrated from the Optimum Technology platform in November of 2016. Once these individuals are removed, Virginia PMP staff will be looking at delegates who have not accessed their own account in over a year's time.

Ms. McKann also noted that the web site has received an upgrade and asked committee members to submit comments and/or suggestions for improvement with respect to the PMP site. Lisa Speller-Davis provided comment and suggestions on the educational toolkit, noting that the information contained in the toolkit can be condensed into multiple tabs on the menu bar which would mirror the Board of Nursing's platform on the DHP website. Ms. Speller-Davis noted that she will work with PMP administrators and the technology department to create a working website.

**Ashley Carter:
PROGRAM
ANALYTICS**

Ashley Carter noted that she has added gabapentinoids to the doses dispensed by drug class. In 2015 tramadol began to be reported to the PMP. Due to feedback from the last PMP committee meeting, Ms. Carter has added buprenorphine to the trends in monthly prescriptions by drug class. Buprenorphine prescriptions are now also tracked by indication (MAT and non-MAT). Ms. Carter has now also updated elective prescribing for opioids. Ms. Carter then reviewed the quarterly report. During the last advisory committee meeting, Ms. Carter mentioned the opioid addiction indicators dashboard and noted that this dashboard is still a work in progress. Beginning in August there will begin monthly demonstrations of the dashboard. Ms. Carter noted that fewer prescriptions for fewer days at lower doses appears to be the trend. The dashboard will also include what Virginia is doing to assist with the opioid crisis. The Deputy Commissioner of Population Health, Laurie Forlano, noted that the dashboard has had some bumps in the road, but is progressing.

Ms. Carter then discussed indicators of unusual prescribing and dispensing. Ms. Carter initially performed analytics on the first two indicators for prescribers. Josh Boggan, Intake Case Manager for DHP's Enforcement Division, noted that to date there have been only 80 PMP –initiated complaints (out of

**Ralph Orr: PROGRAM
DIRECTOR REPORT**

15,000 received by Enforcement) in the past three years, so it is a small number. Ms. Carter noted that for dispenser indicators, while the perfect indicator would be point to point, the mileage between zip codes provides a better metric. Ms. LeBaron(?) inquired as to what happens to the reports that include a specialty such as oncology? Ms. Carter responded and noted that when she looked at the top 50 prescribers, they weren't oncology. Ms. Carter indicated that when *you include minimal PMP usage*, that is what really helped to identify true outliers. PMNR was high, oncology wasn't really rising to the top, but sometimes sickle cell was, for example. Enforcement is specifically looking at *outliers*.

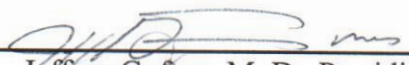
Ms. Carter then discussed her study of physical therapy as a treatment for pain. They were trying to determine whether there was sufficient access to physical therapy providers. The study compared opioid prescribing by county and PT/PTA workforce by county. Appalachian to non-Appalachian ratio of MME per capita was 2.5. The workforce shortages are evident. Ms. Carter noted that it is difficult to hone in on exactly what is an individual prescriber's specialty.

Ralph Orr reviewed PMPi, including Washington State, DHA and one-way sharing with Wyoming. Mr. Orr noted the Virginia PMP has processed over 22 million requests via AWARDx, PMPi and integration as of today for 2019. Last year we had totaled 33-34 M in all of 2018.

Mr. Orr also discussed the EDCC initiative. A Narx Score of greater than 500 will generate an EDIE alert. Providers in the ED can click on the ribbon and review a NarxCare report. He further noted that an overdose risk score (ORS) does not generate an EDIE alert.

Mr. Orr also discussed NPEDE. He noted that the PMP has always been about prescription data. The question has been posed whether an individual's recent release from incarceration be incorporated into the risk score. This is among other data sets that may be explored in the future. For our purposes, the incarceration data would inform the risk score only. Care would be given to limit where this information goes. Should the score fall off for incarceration data as time goes on? Mr. Orr noted that risk for overdose or an adverse events does falls off after 6 months have passed after release from incarceration. With respect to the Narx Score, older prescriptions are weighted.

Mr. Orr then discussed prescriber reports. Of the 30,000 prescribers who wrote a prescription for an opiate during the last round of prescriber reports, only 15,000+ received a prescriber report. They have to have written at least one opioid prescription. The primary reason for the low number of reports is because prescribers had not identified their specialty. All the health care specialties are based on the NPI. Going forward, the report will

	<p>be comparing only to specialty, regardless of the prescriber type (MD, PA, NP).</p> <p>Mr. Orr then discussed pharmaceutical processors. Mr. Orr noted a study whereby all CBD products were purchased on-line and the content varied widely with respect to the level of THC. Some synthetic CBD oils are very toxic. One of the requirements of the licensed CBD oil processors is to test for the level of THC.</p> <p>There will be a specific dispensing guide for pharmaceutical processors, currently in development by the PMP.</p>
MEETING DATES FOR 2019:	Mar 12, 2020, June 11, 2020 and September 17, 2020.
NEXT MEETING	The next meeting will be held on June 12, 2019 from 1:00 to 3:00 p.m.
ADJOURN:	With all business concluded, Dr. Gofton adjourned at 2:58 p.m.
	 Jeffrey Gofton, M. D., Presiding
	<hr style="width: 20%; margin-left: auto; margin-right: 0;"/> Ralph A. Orr, Director