FINAL APPROVED

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

Wednesday October 4, 2006 — 6603 West Broad Street, 5th Floor, Richmond, Virginia 23230-1712

CALL TO ORDER:	A meeting of the advisory panel of the Prescription Monitoring Program was called to order at 11:10 a.m.
PRESIDING:	Kenneth Walker, M.D, Acting Chairman
MEMBERS PRESENT:	Randell Clouse, Office of the Attorney General, Medicaid Fraud Unit William Massello III, M.D., Office of the Chief Medical Examiner Brenda Mitchell, President, Virginia Association for Hospices Mellie Randall, Department of Mental Health, Mental Retardation, and Substance Abuse Services (for Dr. Evans) John Barsanti, M.D., Commonwealth Pain Specialists Holly Morris, RPh, Crittenden's Drug
MEMBERS ABSENT:	Harvey Smith, Virginia State Police
STAFF PRESENT:	Sandra Ryals, Director, Department of Health Professions (DHP) Emily Wingfield, Office of the Attorney General Betty Jolly, Assistant Director for Policy Education Howard Casway, Senior Assistant Attorney General Scotti Russell, Executive Director, Board of Pharmacy Dr. William Harp, Executive Director, Board of Medicine Dr. Barbara Matusiak, Board of Medicine Ralph A. Orr, Program Manager, Prescription Monitoring Program
INTRODUCTIONS:	Ms. Ryals was introduced as the new Director of the Department of Health Professions and Holly Morris was introduced as a new committee member.
PUBLIC COMMENT:	No comments were received.
PROGRAM UPDATE	Mr. Orr discussed the results of several recent federal surveys that were released since the last meeting. Of special interest to the committee is that according to the 2005 National Survey on Drug Use and Health (NSDUH), past year initiates for pain relievers were higher than any other category reported including marijuana for persons age 12 and older. Mr. Orr reviewed data from the Substance Abuse and Mental Health Services Administration (SAMHSA) that shows substance abuse treatment admissions in Virginia for non-heroin opiates have increased significantly from 2000 to 2004. Ms. Randall explained that this does not reflect an increase in treatment capacity but rather a dramatic shift to persons seeking admission and treatment for abuse of opiates, aka prescription drugs from other substances that were commonly seen in the past.

Mr. Orr briefly discussed the results of a review of 2005 ARCOS data from the Drug Enforcement Agency (DEA), which reports on the wholesale distribution of certain controlled substances to pharmacies and other DEA registrants. Oxycodone distribution increased from 2004 to 2005 in northern Virginia, while decreasing slightly in central-southeast Virginia and remaining approximately the same for southwest Virginia. Hydrocodone distribution continued to rise in all areas of the Commonwealth from 2004 to 2005.

Mr. Orr discussed the expansion of the program to statewide beginning in June 2006 stating that over 4 million prescription records had been added to the program database since June 1. Additionally, requests for information from the program have also substantially increased going from just over 200 requests in May to over 700 in September. Mr. Orr stated that more requests were processed from June to September (2198) than for all of 2005 (1791). Prescribers have made 70% of the requests followed by pharmacists making 15%, and other authorized users making up the other 15% of requests. The program has also seen a substantial increase in the number of users registering to use the program's internet-based DataCenter which decreases the amount of time it takes to process requests, therefore getting the requested data back to the user in a timelier manner.

Mr. Orr reported that there are 2384 dispensers licensed or permitted to dispense by the Board of Pharmacy. A dispenser may request a waiver or exemption from reporting if they do not dispense any Schedule II, III, or IV controlled substances or meet the requirements for an exemption under the code. 442 dispensers now hold a waiver or exemption to reporting from the program.

Mr. Orr gave an overview of non-reporting dispensers stating that there is still a problem with a number of dispensers not reporting or are consistently late in reporting. Mr. Orr informed the committee that the Board of Pharmacy has reviewed this issue and has asked that certified letters be sent to all non-reporting dispensers, after which if reports are still not received a pre-hearing consent order will be sent including a $1000 fine for each non-reporting period.

Mr. Orr reported on program education efforts since the last committee meeting. This included a one-day seminar for prescribers and pharmacists in April, a presentation for the Virginia Pharmacists Association, and prescribers in Pulaski, Virginia. Dr. Barsanti suggested that contacting various professional associations such as the Virginia Academy of Family Physicians would be beneficial. Dr. Harp reported that the Board of Medicine will have a booth at the annual meeting of the Medical Society of Virginia and that the program could be represented there. The program continues to look for ways to educate possible users about the program including newsletter articles.

Mr. Orr reported that the program spent $532,553.08 in FY06. $302,000 was for new software which included 5 years of support and maintenance. The program has been awarded a $400,000 federal grant from the Harold Rogers Prescription Drug Monitoring Program grant program. The grant is for 2 years and should provide funding for the program through FY08.

Mr. Orr briefly reviewed some law and regulation changes that have

gone into effect since July 1, 2006. Nurse Practitioners may now prescribe Schedule II controlled substances if approved by their supervising practitioner and approval of a registration from the Drug Enforcement Agency. Final regulations for the PMP went into effect on August 23, 2006. Dr. Harp briefly described a proposed regulation the Board of Medicine is beginning to consider that will incorporate portions of the pain management guidance document into regulation.

DEVELOPMENT OF CRITERIA FOR PRACTITIONER NOTIFICATION REPORTS

Section 54.1-2523.1 of the Code of Virginia requires the Director of DHP to develop, in consultation with an advisory panel, criteria for indicators of misuse and a method for analysis of data collected by the Prescription Monitoring Program using the criteria for indicators of misuse. The Director may then disclose information that indicates potential misuse by recipients of covered substances to their specific prescribers for the purpose of intervention to prevent such misuse. The reports will allow the prescriber to take appropriate action such as placing a patient on a pain management contract, referral to a pain management specialist or treatment for abuse, or in some cases the discontinuation of prescribing controlled substances to these patients. Mr. Orr gave a brief review of programs in Nevada and Maine that are providing practitioner notification reports to prescribers. Criteria for these reports change with trends or may be determined by the number of reports that the program can reasonably process and track. The critical criteria to be determined are the time period, the number of pharmacies, and the number of prescribers. Other elements may include the number of prescriptions or dosage units. Mr. Orr provided statistics for various possible thresholds to show the differences in using the different criteria. The committee discussed what the appropriate criteria should be. Upon advice of counsel, the criteria was not established by this committee in open session for program security reasons. Additionally the criteria for reports will most likely need to change based on what the data shows and the numbers of reports generated. The criteria for disclosure is a decision that will be made by the Director who may contact advisory committee members individually for assistance. The committee suggested that a beginning set of reports be sent to prescribers in November, and that the initial number sent should be fairly small to determine impact. The program will track those patients on which reports are prepared to see what, if any, effect the reports have on behavior of the prescribers. Mr. Orr explained that the program also intends to send a short survey to each prescriber who receives a report to ask if the report was useful, if any action was taken, and if the prescriber had other comments about the program. Results of these actions will be reviewed at the next committee meeting.

DEVELOPMENT OF RESOURCE INFORMATION FOR PRACTITIONERS

Mr. Orr asked for comments on the draft letter and enclosures in the agenda materials that will accompany the notification reports. The committee stated that the basic letter framework was fine, however it determined for brevity, only the letter and report would be sent to the prescriber. The letter will include a reference to the website for additional information about how the prescriber can handle an

identified problem patient. Ms. Randall will begin to investigate a list of resources for intervention and treatment that will be added to the website. Dr. Harp will investigate whether there is specific guidance from the Board of Medicine that can be placed on the website. The committee felt that once the original reports are sent out and feedback is received this information can be better tailored to prescribers' needs.

NEXT MEETING: The next meeting will be April 18, 2007 at 11 AM. The committee will elect a Chairperson for fiscal year 2008 at this meeting.

ADJOURN: With all business concluded, the panel adjourned at 2:00 pm.

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Kenneth Walker, M.D, Chairman

Ralph A. Orr, Program Manager