

**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