

FINAL

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

Wednesday, September 14, 2016

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

PUBLIC HEARING: Proposed Regulations: Updating reporting format and additional data elements	A public hearing was convened at 9:45 by Holly Morris, RPh. No public comments were made or received. Ms. Morris noted that written comments may be sent to Elaine Yeatts, DHP, or posted on the Regulatory Town Hall no later than September 23, 2016. The public hearing was concluded at 9:50.
CALL TO ORDER:	A meeting of the Advisory Committee of the Prescription Monitoring Program was called to order at 10:07 a.m.
PRESIDING	Holly Morris, RPh, Crittenden's Drug, Vice Chair
MEMBERS PRESENT:	John Barsanti, M.D., Commonwealth Pain Specialists, L.L.C. Carola Bruflat, Family Nurse Practitioner Randall Clouse, Office of the Attorney General Jeffrey Gofton, M.D., Office of the Chief Medical Examiner Holly Morris, RPh, Crittenden's Drug, Vice Chair Kate Neuhausen, M.D., Chief Medical Officer, DMAS Mellie Randall, Representative, Department of Behavioral Health and Developmental Services Harvey Smith, ISG, Virginia State Police
MEMBERS ABSENT:	Brenda Clarkson, Executive Director, Virginia Association for Hospices and Palliative Care
STAFF PRESENT:	Lisa Hahn, Chief Deputy Director, Department of Health Professions (DHP) James Rutkowski, Assistant Attorney General, Office of the Attorney General Matt Treacy, Communications Associate, DHP Ralph A. Orr, Program Director, Prescription Monitoring Program Carolyn McKann, Deputy Director, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS	Ms. Morris welcomed everyone to the meeting of the advisory committee. Ralph Orr introduced Austin Jones, the newest member of the PMP staff and Matt Treacy, Communications Associate for DHP. Mr. Orr also introduced two new members of the Advisory Committee. Dr. Kate Neuhausen is Chief Medical Officer for the Department of Medical Assistance Services. Dr. Jeffrey Gofton is from the Office of the Chief Medical Examiner.
APPROVAL OF AGENDA	The agenda was approved as presented.

<p>APPROVAL OF MINUTES</p>	<p>Ms. Morris presented a motion to approve the minutes from the March 2, 2016 minutes of the PMP Advisory Panel. The minutes were approved as presented.</p>
<p>ELECTION OF CHAIR AND VICE CHAIR FOR FY2017</p> <p>Lisa Hahn: DEPARTMENT OF HEALTH PROFESSIONS REPORT</p> <p>Ralph Orr: LEGISLATION AND REGULATION UPDATE</p>	<p>Mr. Orr noted that elections normally occur in June of each year but since the June 2016 meeting was canceled, the election for a Chair and Vice Chair had been delayed. Randall Clouse nominated Ms. Morris as Chair. Carola Bruflat seconded the motion and all were in favor. Dr. John Barsanti nominated Ms. Bruflat for the Vice Chair position, and all were in favor.</p> <p>Lisa Hahn invited all committee members to Board Member Training to be held on October 24, 2016 from 9:30 a.m. to 3:30 p.m. Maria Everett will be presenting information about the Freedom of Information Act (FOIA) at the training and Erin Barrett from the AG's office will be speaking about board member conduct. Board members will also hear from investigators Ann Hardy and Christina Bargdill about a typical day's work of an investigator. Dr. Brown will give an overview of the agency. Mr. Orr will send the invitation to committee members.</p> <p>Mr. Orr noted that Chapter 406 of the 2016 Acts of Assembly requires that prescribers query the PMP database when writing an initial prescription for opiates that exceeds 14 days. Chapter 406 also expands delegate authorization, allowing prescribers and pharmacists to designate unlicensed employees to request PMP information on their behalf. Mr. Orr mentioned that a new software update to the PMP allows prescriber delegates to register on-line and assist supervisors (prescribers) in managing their delegates.</p> <p>Chapter 309 of the Acts of Assembly requires daily reporting to the PMP with an effective date of January 1, 2017, it also clarifies that PMP reports may be put in medical records and expands access to consultant pharmacists and prescribers working on a health care team and involved in the care of a specific patient.</p> <p>Chapter 98 authorizes the PMP to send unsolicited reports of unusual patterns of dispensing and prescribing to the Enforcement Division of DHP for investigation.</p> <p>Chapter 447 of the Acts of Assembly authorizes the PMP to provide information for the purpose of selecting prescribers for relevant continuing education. The Board of Medicine will establish specific criteria during the December Board meeting.</p> <p>Chapter 410 of the Acts of Assembly authorizes physicians and pharmacists from a Virginia Medicaid Managed Care Program to request PMPs on certain members of the program. The information will only be used to manage the care of a specific</p>

recipient. Dr. Kate Neuhausen indicated that the managed care program is called PUMs. Dr. Neuhausen inquired about the delegate enhancement, specifically how it had been communicated and Mr. Orr stated that it had been communicated to stakeholder groups. He noted that the Board of Medicine intends to send out a news brief to include information about the PMP's delegate enhancement.

Mr. Orr asked the committee about volunteer groups such as RAM; asked members if they felt volunteers could utilize delegates during these events based on the way the regulation reads. Dr. Neuhausen stated that she hoped they would not prescribe opioids during these interactions. Ms. Mellie Randall will follow up to see if anything is prescribed during the RAM events. Committee members agreed there was more research needed on this topic.

Mr. Orr reviewed a recommendation from the Board of Pharmacy to expand coverage of the PMP to include the dispensing of Schedule V controlled substances. Mr. Orr noted that several state PMPs collect Schedule II – V drugs. Dr. Barsanti noted that collecting all Schedule II – V would be too much information to sift through, but perhaps adding promethazine with codeine would be prudent. First Sergeant Harvey Smith noted that they are not seeing promethazine in combination with anything else. He recommended making it a drug of concern. This action will allow the group to determine how much is being dispensed and whether it should be scheduled. Mr. Orr will inquire of other states if they are experiencing issues with promethazine with codeine products and their response.

Special Agent Charles Elliott: STATE POLICE DRUG DIVERSION PRESENTATION

Special Agent (SA) Elliott gave a presentation discussing the role that patient identification plays in drug diversion investigations. He indicated that pharmacists are their "front line" or main source for information about prescription fraud. He explained that to pick up schedule II drugs, pharmacies are required to ask for a picture I.D with some exceptions. SA Elliott asked the committee if they felt it would be helpful if the PMP collected the name of the individual picking up the schedule II drug. SA Elliott presented a sample case involving a drug ring that included obtaining approximately \$625,000 of Schedule II drugs. The ring presented authentic-looking prescriptions to various pharmacies often presented on weekends or nights in order to elude identification. Drug rings order prescription grade tamper resistant paper over the internet making it hard to determine forgeries. The prescriptions were made out to a fictitious person, and taken to several pharmacies. Currently State Police investigators have to go to each of the pharmacies to determine the identity of the person picking up the prescription. While the State Police investigator is identifying other patients, the drug

	<p>ring begins using a different doctor or a different fictitious patient name. Several pharmacies electronically log the patient's name and driver's license number or ID card number of some type. SA Elliott indicated the benefits of the PMP collecting the identification information are numerous. Investigators would not need to call or visit any pharmacies in the process of doing business to determine the identity of the patient picking up the prescription. One problem this could immediately address is if the diversion is within the practice. If the prescriber sees on the PMP that, for example, his receptionist picked up a patient's prescription, the prescriber then knows that he has a problem. SA Elliott noted that NPLEX captures the individual picking up Sudafed products for the methamphetamine tracking system. Lisa Hahn noted that we may have to review the Drug Control Act in order to make this happen. James Rutkowski and Lisa Hahn noted that this would require a regulatory change for the PMP, which would require a NOIRA (Notice of Intended Regulatory Action) and the steps required thereof. Mr. Orr will research how many PMPs are collecting patient identification now, review the reporting standard and report back to the committee at the next meeting.</p>
<p>Matt Treacy, DHP Communications Office: PMP Education Toolkit</p>	<p>Matt Treacy presented the new PMP Education Toolkit. The idea was to create a new page that would be a one-stop-shop which works like a Wikipedia page. The page will include recent communications such as the recent letter describing the delegate enhancement to the PMP. The page will also include recent press clippings of interest to PMP users. The committee members then viewed the new PMP video. The advisory members were very impressed with the new PMP resources.</p>
<p>Ralph Orr: PMP Enhancement Activities: Enhanced Delegate Module, PMP AWAxRE Platform Implementation and New Reporting Requirements</p>	<p>Mr. Orr discussed the new enhanced delegate module, noting that the new upgrade allows prescribers to check a box that says "include delegates". If the prescriber works at multiple practice locations, the prescriber can then select to view those requests submitted by the delegates supervised at that location only. Mr. Orr also discussed the PMP AWAxRE platform which will be available beginning November 30, 2016 as a replacement to our current software. The AWAxRE platform allows for "tablet" compatibility as well as ability to manage delegates from their own user page. Pharmacies will be able to indicate whether they are closed on specific days so that no "non-report" status is generated for that pharmacy on those days. The AWAxRE platform also provides for 24/7 password reset support from Appriss staff. After the transition to the new platform, only 2 years of active data will be available. The username for each user will have to be changed to their current valid email address. Prescribers will be required provide their health care specialty at initial login, which will help the PMP determine prescribing patterns by specialty type. Rollout of the new AWAxRE</p>

<p>Ralph Orr: PMP Advisory Panel Overview</p>	<p>platform includes initial communication with current users on October 7 and 14, 2016, distribution of the new dispenser guide on November 7, 2016 and a “heads-up” reminder on November 29, 2016. AWA Rx E also provides streamlined, easy communication with new states as new states are added to the Virginia PMPi list.</p> <p>Mr. Orr noted that the new reporting requirement for daily reporting is effective as of January 1, 2017.</p>
<p>PROGRAM UPDATE: Carolyn McKann: AUTOMATED REGISTRATION UPDATE, INTEROPERABILITY AND INTEGRATION UPDATE, PROGRAM STATISTICS:</p>	<p>Mr. Orr stated that the PMP Advisory Panel on unsolicited reporting includes two BOM members – Dr. Conklin and Dr. Taminger and two BOP members – Jody Allen and Ryan Logan. The next advisory panel meeting will be held on October 28, 2016. Mr. Orr noted that the panel is looking specifically at extreme outliers. He asked committee members what they thought about daily MMEs of greater than 5,000 as one example. He noted that the purpose of the advisory panel is to determine the criteria for the unsolicited reports to send to DHP Enforcement Division for investigation.</p>
	<p>Carolyn McKann noted that automated registration from last year added about 40,000 new registered users bringing the PMP to more than 80,000 registered users. Ms. McKann showed the impact of the increase in registered users in terms of the increase in the number of queries by prescribers each month. Ms. McKann noted that the increase in registered pharmacists did not reflect a similar increase in requests. Ms. McKann noted that there are still about 3,800 users that have not been registered.</p> <p>Ms. McKann noted that Virginia is now interoperable with 21 states. New York was added in July and Massachusetts was added in August. Someone requested that we reach out to Wisconsin because they have noted a group of patients filling prescriptions there and they cannot obtain Wisconsin data through the Virginia PMP. Ms. McKann noted that we will share data with North Carolina as soon as possible, and Mr. Orr noted that D.C. is now operational, and will be reached out to shortly.</p> <p>Ms. McKann briefly reviewed the program statistics for the second quarter including the total number of requests, total registered users, total prescription records and requests by user type. Ms. McKann also reviewed the chart showing the number of queries in relation to number of prescriptions written for controlled substances based on the total number of prescriptions for that quarter. Ms. McKann noted that the average query rate for all groups is just over 11% and she also noted that former PMP Advisory Chair, Dr. Hughes Melton, noted that the query rate should be closer to 20 or 25% of all prescriptions written. Dr. Neuhausen agreed with Dr. Melton’s assessment.</p>

	Mr. Orr reviewed the draft PBSS data brief and information from Visual research to show prescribing of LA/ER opiates to opioid naïve patients; what age groups receive what types of controlled substances; overlapping prescriptions by drug; information on most frequently prescribed days' supply for opioids and benzodiazepines; and prescribing/dispensing patterns in different regions of Virginia.
MEETING DATES FOR 2017:	Next meeting dates to be determined.
ADJOURN:	With all business concluded, the committee adjourned at 12:25 p.m.
	<i>Holly K. Morris</i>
	Holly Morris, Chairman
	Ralph A. Orr, Director