

DRAFT

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

Thursday, March 22, 2018

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

---

<b>CALL TO ORDER:</b>	A meeting of the Advisory Committee of the Prescription Monitoring Program was called to order at 10:08 a.m.
<b>PRESIDING</b>	Holly Morris, RPh, Chair
<b>MEMBERS PRESENT:</b>	Shaheen Lakhan, M.D., Chief Manager, Carilion Clinic Mark Ryan, M.D., VCU Health Systems Matthew Keats, M.D., Medical Director, DMAS
<b>MEMBERS ABSENT:</b>	Harvey Smith, 1SG, Virginia State Police Rodney Stiltner, PharmD, VCU Health Systems Mellie Randall, Representative, Department of Behavioral Health and Developmental Services Jeffrey Gofton, M.D., Office of the Chief Medical Examiner Randall Clouse, Office of the Attorney General Brenda Clarkson, Executive Director, Virginia Association for Hospices and Palliative Care
<b>STAFF PRESENT:</b>	Lisa Hahn, Chief Operating Officer, Department of Health Professions (DHP) Barbara Allison-Bryan, M.D., Deputy Director, Department of Health Professions James Rutkowski, Assistant Attorney General, Office of the Attorney General Ralph A. Orr, Director, Prescription Monitoring Program Desiré Brown, Admin. & Data Compliance Specialist, Prescription Monitoring Program
<b>WELCOME AND INTRODUCTIONS</b>	Ms. Morris welcomed everyone to the meeting of the Advisory Committee and all attendees introduced themselves.
<b>APPROVAL OF AGENDA</b>	The agenda was approved as presented.
<b>APPROVAL OF MINUTES</b>	Ms. Morris asked for a motion to postpone the approval of the minutes from the September 14, 2017 meeting of the PMP Advisory Committee and all were in favor. The approval of the minutes have been postponed to June 6, 2018
<b>PUBLIC COMMENTS</b>	Dr. Kurt Elward, President of the Medical Society of Virginia, commended the PMP staff for the exceptional service received and how beneficial the Prescription Monitoring Program is to Primary Care physicians. Dr. Elward asked that the PMP insure prescriber reports are readily accessible and encouraged

	<p>participation in committee activities by prescribers across the spectrum of care. Dr. Elward ended his comments stating, “Physicians remain committed to using the PMP for prescribing in Virginia and are eager to lend our help to solve the opioid crisis in Virginia.”</p>
<p><b>DEPARTMENT OF HEALTH PROFESSIONS REPORT</b></p>	<p>Lisa Hahn introduced Dr. Barbara Allison-Bryan as the new Chief Deputy of the Department of Health Professions and Lisa Speller-Davis as a Policy Analyst in the Board of Nursing. Dr. Allison-Bryan thanked the committee for its work and stated she is looking forward to working with PMP as well as all the staff and boards at DHP.</p>
<p>Ralph Orr: <b>LEGISLATION AND REGULATION UPDATE</b></p>	<p>Ralph Orr presented the legislative update on behalf of Ms. Elaine Yeatts.</p> <p>Mr. Orr reviewed legislation passed during the 2018 General Assembly; following are summary of bills affecting the PMP.</p> <p><u>HB1173</u>: Eliminates the surgical or invasive procedure treatment exception to the requirement that a prescriber request certain information from the Prescription Monitoring Program (PMP) when initiating a new course of treatment that includes prescribing opioids for a human patient to last more than seven (7) days. Mr. Orr noted the language has an expiration date of July 1, 2022.</p> <p><u>HB1556</u>: Schedule V prescriptions and Naloxone dispensed by pharmacies shall be reported to the Prescription Monitoring Program. Mr. Orr noted the bill becomes effective July 1, 2018.</p> <p><u>SB226</u>: Requires veterinarians who dispense covered substances as part of a course of treatment lasting more than seven (7) days to report certain information to the Prescription Monitoring Program (PMP). Mr. Orr emphasized the Species Code data element added to reporting requirements in July 2017 led to approximately 50,000 prescriptions reported to the PMP under the animal species code in the second quarter. Preceding the effective date, the PMP will be working with the Boards of Veterinary Medicine and Pharmacy to educate Veterinarians and Pharmacists on correct procedures of reporting animal prescriptions to the PMP.</p> <p><u>SB330</u>: Adds cannabidiol oil (CBD oil) or THC-A oil to the list of covered substances, the dispensing of which must be reported to the Prescription Monitoring Program. Mr. Orr noted the Prescription Monitoring Program would be required to track the dispensing of these products from pharmaceutical processors approved by the Board of Pharmacy. Mrs. Hahn mentioned interested pharmaceutical processors would have to request an application and undergo an evaluation process created by the</p>

	<p>Board of Pharmacy. The amount of permit requests will be limited; application submissions will begin in April.</p> <p><u>SB728</u>: Expands the PMP Advisory Panel, which is responsible for assisting with the development of criteria for unsolicited reports, to include representatives from the Department of Health, Department of Medical Assistant Services and the Department of Behavioral Health and Development Services. The PMP has not determined a date for the first meeting with the expanded panel. The bill also requires the PMP to add additional information to the existing annual report sent to the Joint Commissioner on Health Care by November 1<sup>st</sup> of each year.</p> <p><u>SB735</u>: Allows the Director of the Department of Health Professions to disclose information about a specific recipient of covered substances who is a recipient of medical assistance services to employees of the Department of Medical Assistance Services for the purposes of determining eligibility for and managing the care of the recipient in a Patient Utilization Management Safety.</p>
<p><b>PROGRAM UPDATE</b> Ralph Orr</p>	<p>Mr. Orr reported that he had presented a brief overview of the Prescription Monitoring Program to congressional staff members from the Senate “HELP” Committee and the House Committee of Energy and Commerce in DC March 13. The primary purpose of the briefing was to provide information on existing interoperability initiatives and integration processes taken by Virginia. Mr. Orr presented slides used which provide an overview of what PMPs do; describes users of the PMP and requests made via traditional login application, interoperability requests from other states, and in-state integration requests; provides critical details on PMPi (interoperability) and Integration advantages; and the impact that is shown by use of PMP data. In reviewing the requests made to the program, Mr. Orr pointed out that in 2012, there were 859,765 requests made to the PMP. In five short years, the total number of requests rose to over 18 million requests.</p>
<p><b>Integration Report</b></p>	<p>Mr. Orr provided information on the NarxCare initiative stating there are currently over 9,000 prescribers connected via NarxCare and another 14,000 prescribers are awaiting integration. The newest health system to implement NarxCare is INOVA and Valley Health Systems on March 15. Approximately 150 pharmacies are currently integrated; many vendors are in the process of making integration solutions available. Mr. Orr noted there is still grant funding available to prescribers and pharmacies to aid in the integration process of NarxCare. This grant funding will be available until June 30<sup>th</sup>, 2019. Dr. Ryan inquired about the specific algorithm used for NarxScore (risk indicator scores) and the availability of interstate information via</p>

	<p>an integration solution. Mr. Orr suggested that a demonstration of NarxCare and an overview of the NarxScores at the next PMP Advisory Committee Meeting might be helpful; all committee members agreed. Mr. Orr explained that interstate requests are still available in an integration solution but it is a system decision as to which states the system will query. Mr. Orr also provided a short list of EMR and Pharmacy Dispensing applications with currently available integration solutions.</p>
<p><b>Interoperability Report</b></p>	<p>The PMP is now interoperable with twenty-nine (29) states and the District of Columbia, the newest state added to Virginia’s PMP is North Carolina in January 2018.</p> <p>Mr. Orr noted prescribers and pharmacists could set “Default PMPi States” within their PMP account. This allows the user to receive patient data from those states without the need to select those states for each request.</p>
<p><b>Prescriber Reports</b></p>	<p>In January, over 14,000 reports were sent to prescribers. Mr. Orr reviewed the requirements of receiving a prescriber report and discussed the importance of having delegates for prescribers correctly specify on whose behalf they are making a PMP request to better track the “PMP Usage”. Mr. Orr then noted a new enhancement to the PMP interface; prescribers now have the ability to review past Prescriber Reports within their PMP profile. A reminder will be sent shortly to all active prescribing users to ensure all requirements to receive a prescriber report is met; this includes an active email address, an active DEA number and the selection of a healthcare specialty, if there were no covered substances reported during the six-month time frame a prescriber report will not be sent. The next quarterly prescriber report is scheduled for April 9-11.</p>
<p><b>Clinical Alerts</b></p>	<p>There are currently three clinical alerts set within the Prescription Monitoring Program. Multiple Provider Episodes (MPE) alerts the prescribing physician a patient has visited three (3) or more prescribers and pharmacies in a thirty-day period. Morphine Milligram Equivalent (MME) alerts the prescribing physician a patient has exceed the 120 daily recommended MME value and finally Combination Therapy – Opioids and Benzodiazepines alerts the prescriber a patient has prescriptions for an opioid and a benzodiazepine, the notification is set only for concurrent active prescriptions. Mr. Orr noted the week of March 5<sup>th</sup> – 11<sup>th</sup>, 29,255 alerts were recorded and 6,904 total prescribers received the alert, of those 15,852 were Combination Therapy – Opioid and Benzodiazepine Alerts. Mr. Orr asked committee members of their opinion on additional clinical alerts to include a Daily Active Methadone Threshold and an Opioid Consecutive Day Threshold, this will be a follow-up item for the next meeting. Dr. Ryan and Dr. Lakhan felt more customizability and specifications of intervals might be beneficial to the end user.</p>

<p><b>EMERGENCY DEPARTMENT CARE COORDINATION</b></p>	<p>Dr. Ryan along with other committee members addressed concerns related to the issue of the exemption from reporting for Narcotic Treatment Programs; Mr. Orr stated 42-CFR Part 2 prevents the Prescription Monitoring Program from receiving data from these treatment programs. SAMHSA is reviewing the regulatory language but there does not seem to be movement towards easing the restrictions that prohibit reporting of dispensing from a program to a PMP unless it comes via federal legislation.</p> <p>The 2017 Virginia General Assembly established the Emergency Department Care Coordination (EDCC) Program to provide a single, statewide technology solution that connects all hospital emergency departments in the Commonwealth to facilitate real-time communication and collaboration among physicians, other health care providers and clinical care management personnel for improving the quality of patient care services. Mr. Orr stated emergency department integration is required by June 30<sup>th</sup>, 2018. The Prescription Monitoring Program will provide a report on the status of PMP integration by July 1<sup>st</sup>, 2018. Mr. Orr addressed the collaboration efforts with the PMP and Collective Medical and the concern of providing meaningful information to prescribers in the Emergency Department in addition to meeting the requirements of the Prescription Monitoring Program set in law. The solution currently in development includes the display of a NarxScore (Risk Score for narcotics, stimulants, sedatives, and overdose) that has met certain criteria developed by the programmer. A hyperlink will display the NarxCare report to prescribers within the emergency department. Mr. Orr stated the NarxScore or a link to PMP data would not be available to Health Plans.</p>
<p><b>Education Update</b></p>	<p>Mr. Orr reported on recent and upcoming educational activities. The PMP is looking at developing more video and FAQ type information for posting on the program webpage.</p>
<p><b>Advanced Analytics</b></p>	<p>Mr. Orr reviewed the timeline of events leading up to today's improved VAPDMP software system and noted the PMP has received grant funding through the Virginia Department of Health (VDH) from the Centers for Disease Control for advanced analytics. The PMP implemented Phase One November 15, 2017 along with an enhanced version of Tableau products provided by Appriss, Phase Two is scheduled for release in the 2<sup>nd</sup> quarter of 2018.</p>
<p><b>PERIODIC REPORTS AND WEBSITE PRESENTATION OF PMP DATA</b> Ralph Orr</p>	<p>Mr. Orr noted the annual report will contain additional data elements based on requirements in legislation passed by the 2018 General Assembly and then reviewed the recently posted quarterly report and emphasized the purpose is to help measure the effects of new legislation and regulation. The PMP is</p>

	exploring solutions to publish de-identified statistical reports by using products such as TABLEAU PUBLIC on the program website. Mr. Orr highlighted in the fourth quarter of 2017, 719,254 queries were made before a new opioid or benzodiazepine prescription was issued.
<b>ADDITIONAL MEETING DATES FOR 2018:</b>	TBD September 2018
<b>NEXT MEETING</b>	The next meeting will be held on June 6, 2018 from 10 a.m. to 2:00 p.m.
<b>ADJOURN:</b>	With all business concluded, the committee adjourned at 1:00 p.m.
	_____ Holly Morris, Chairman
	_____ Ralph A. Orr, Director