



COMMONWEALTH OF VIRGINIA

Meeting of the Virginia Prescription Drug Monitoring Advisory Committee

Perimeter Center, 9960 Mayland Drive, Suite 300
Henrico, Virginia 23233

804-367-4514(Tel)
804-527-4470(Fax)

Agenda of Meeting

March 24, 2021

10:00 AM

Virtual Access Only

*****Refer to Page 2 of the Agenda for Meeting Access Information*****

Call to Order: Dr. Gofton

- Welcome
- Virtual Meeting Procedures
- Introductions
- Approval of agenda
- Approval of minutes

Department of Health Professions Report: David Brown, D.C., Barbara Allison-Bryan M.D.

Program Update:

PMP Interoperability and Integration Presentation: Ralph Orr

Program Operations: Carolyn McKann

- Website reorganization and update
- User registrations
- Compliance update: Desiré Brown
 - Submission tools
 - Non-Compliance
 - Common errors

Program Analytics: Ashley Carter

- Periodic reports
- Analytics Initiatives

Program Director Report: Ralph Orr

- PMP participation with Board of Pharmacy cannabis oil program
- PDMPWorks.org
- Informational topics

Meeting Dates for 2021:

- June 3, 2021
- September TBD

Adjourn Dr. Gofton

Virginia Prescription Monitoring Program
Instructions for Accessing March 24, 2021 Virtual Advisory Committee
Meeting

- **Access:** Perimeter Center building access remains restricted to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below.
- Please call from a location without background noise.
- Dial (804) 367-4515 to report an interruption during the broadcast.
- FOIA Council *Electronic Meetings Public Comment* form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>

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Meeting Number (access code): 1853676988##

PMP Advisory Committee Meeting

March 24, 2021

Call to Order

- **Welcome**
- Virtual Meeting Procedures
- Introductions
- Approval of Agenda
- Approval of Minutes



Department of Health Professions Report

David Brown, D.C., Director, Department of Health Professions

Dr. Barbara Allison-Bryan, Chief Deputy Director, Department of Health Professions

Lisa Hahn, Deputy Director of Administration, Department of Health Professions

Program Update: Interoperability and Integration

Ralph Orr, Program Director

Why are interoperability & integration important?

Ease of access to PMP data drives utilization thereby...



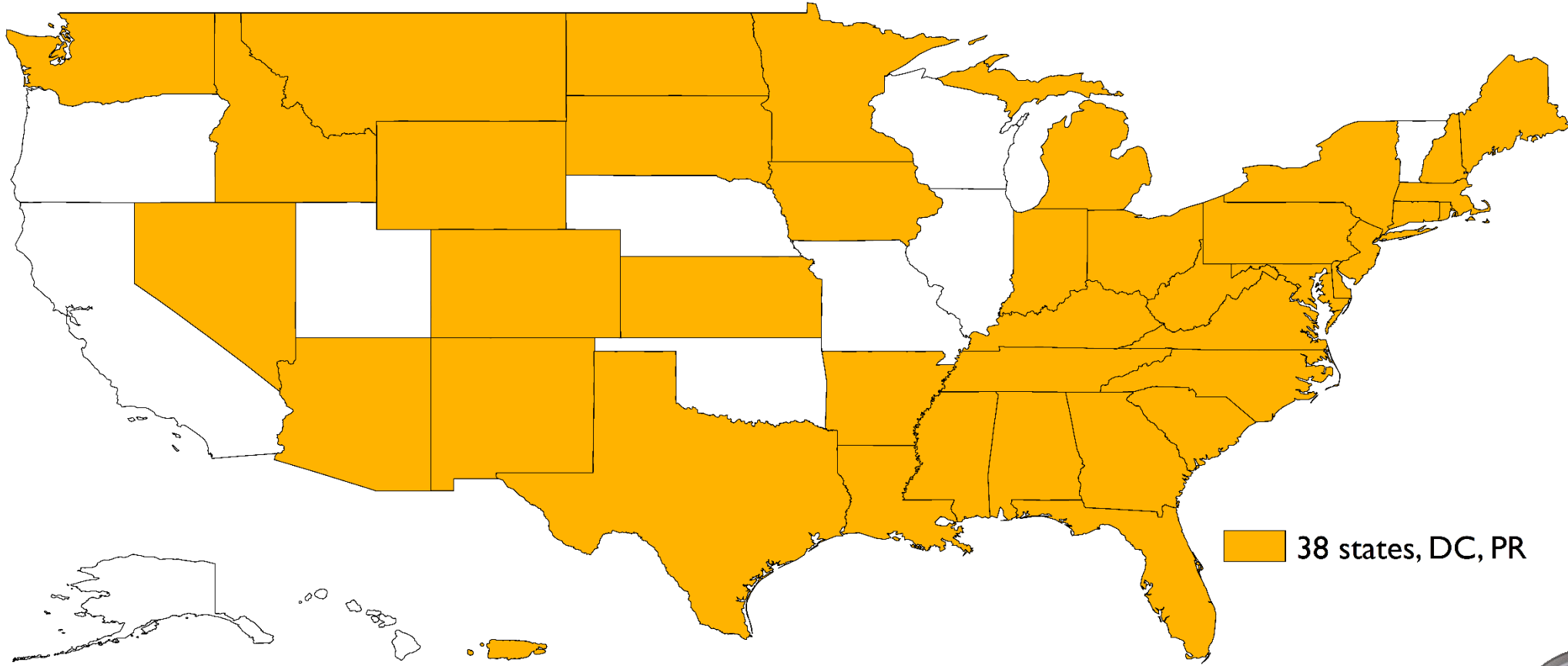
Informing treatment and dispensing decisions using unbiased prescription history to facilitate best possible patient outcomes



Helping practitioners effectively comply with federal and state requirements for mandatory review and “corresponding responsibility” by accessing PMP data within their clinical workflow



Virginia PMP interoperability



In addition to US states and territories, Virginia PMP is interoperable with the Department of Defense Military Health System PMP



Integration via Gateway

What?

Integration puts access to PMP data within the user's electronic health record (EHR) or pharmacy management system (PMS)

Who?

Prescribers and pharmacists

Where?

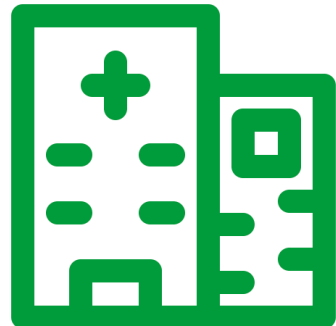
~455 software vendors have developed a solution for Gateway API

How?

PMPi is the building block for integration and maintains interoperability capabilities

Funding?

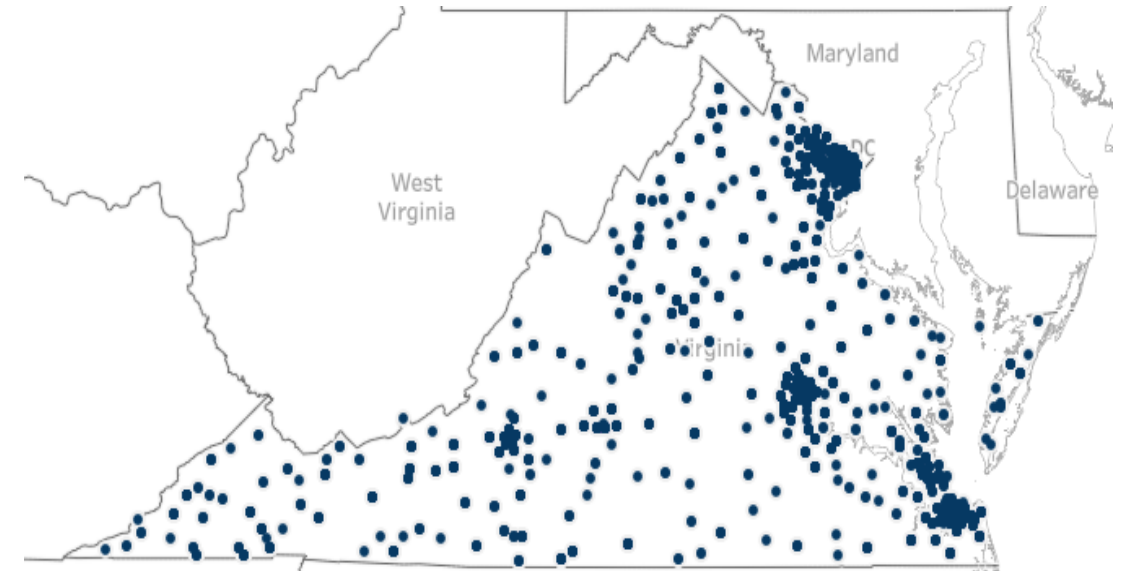
Via CDC Overdose Data to Action grant awarded to the state department of health



Virginia Gateway Integration Update

Key Metrics:

- Individual facilities that are live with Gateway: **5,321**
- Licensees that have active requests for integration (in progress): **289**
- January 2021 Gateway requests from VA: **4,636,435**
- January 2021 Gateway requests to VA from other states: **14,722,267**



Active Gateway locations

Source: Apriss Health/PDMPworks.org

Advantages of Gateway

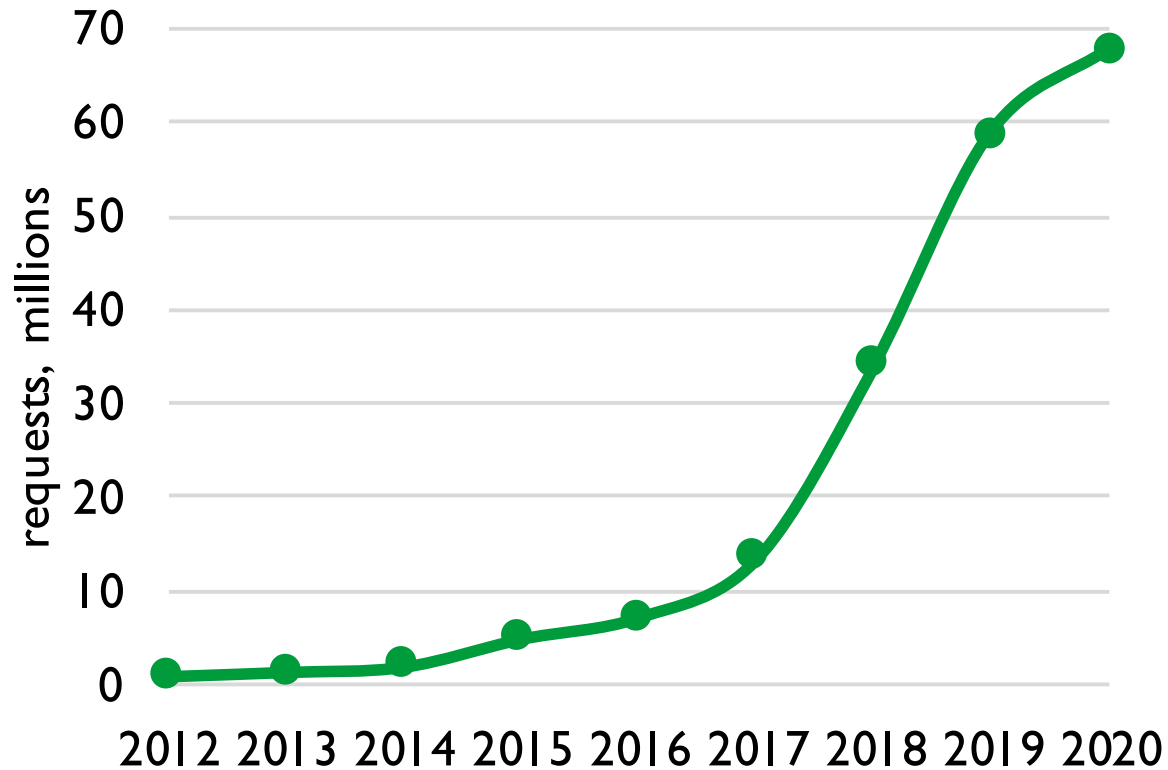
- In-workflow access to PMP data
- Proven scalability
- Proven performance
- Connections for multiple healthcare settings
- Robust audit capability
- Limited need for increased staffing
- Other



Assessing Impact



Increasing PMP utilization



- Requests for a patient's prescription history grow exponentially each year
- Increased **33%** in 2020Q4 compared to 2019Q1
- 75% of total requests are through an integrated application

Opioid prescriptions exceeding 120 MME/day

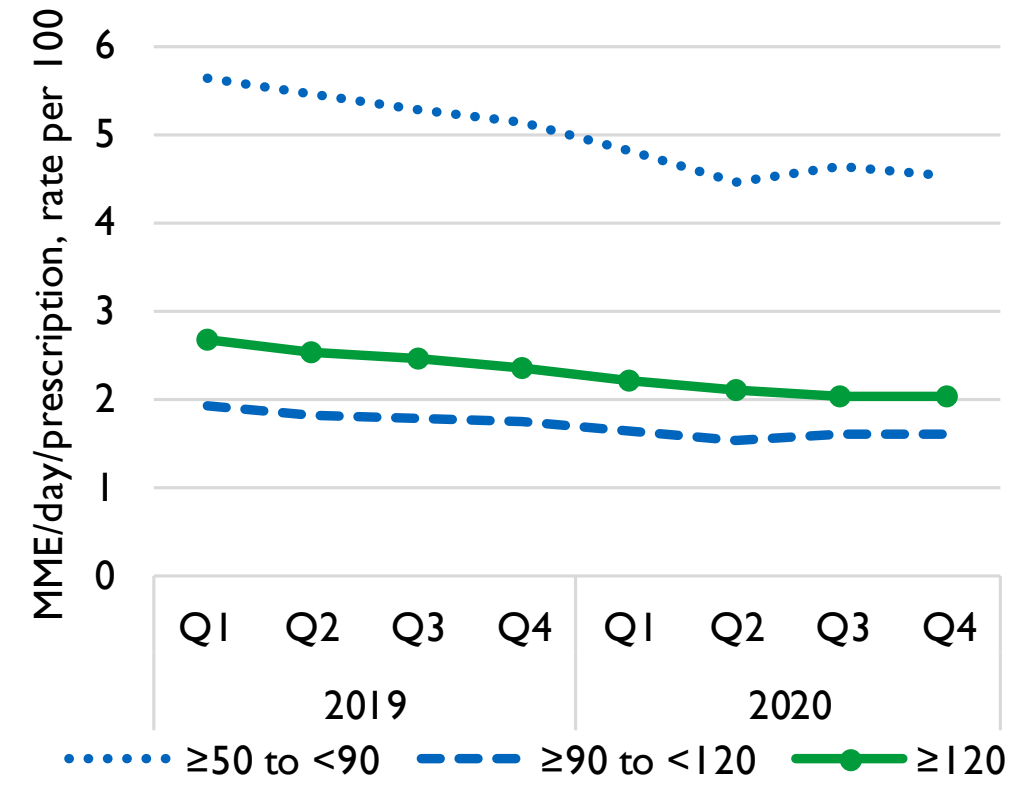
- *Regulations Governing Prescribing of Opioids and Buprenorphine (18VAC85-21-70)*

- Specific requirements of prescribers if exceeding 120 MME/d

- % change, 2019Q1-2020Q4

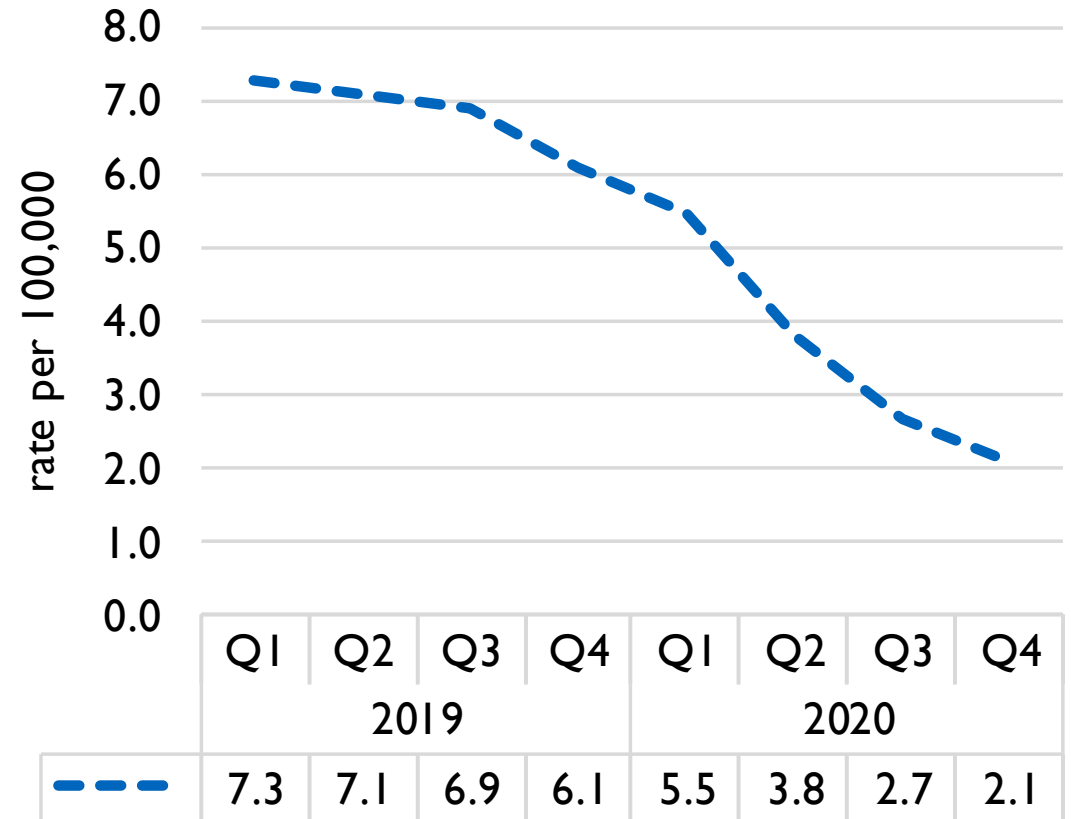
- ≥50 to <90 -20%
- - - - ≥90 to <120 -16%
- —●— ≥120 **-25%**

Opioid prescriptions by MME/day, 2019Q1-2020Q4



Multiple provider episodes for opioids

- ≥ 5 prescribers and ≥ 5 pharmacies in a 6 month period
- Can be an indicator of doctor shopping and/or inadequate care coordination
- Dropped from 7.3 to 2.1 per 100,000 residents in since 2019Q1



Program Update: Operations

Carolyn McKann, Deputy Operations

Desiré Brown, Administrative Assistant, Compliance Specialist

Website

- Sought feedback from committee (December 2020)



The screenshot shows the website for the Virginia Prescription Monitoring Program (PMP). The header includes the Virginia Department of Health Professions logo and the title "Prescription Monitoring Program". Below the header is a navigation menu with "Public Resources", "Participant Resources", and "About PMP". The main content area features a breadcrumb trail: "DHP Home > Practitioner Resources > Prescription Monitoring Program". The title "Prescription Monitoring Program" is displayed in a large blue font. The introductory text describes the PMP as a 24/7 database containing information on dispensed controlled substances. To the right of the text is an image of an orange pill bottle lying on its side with several white pills spilled out. Below the main text is a light pink box titled "How to Access the Virginia PMP:" containing a list of instructions and contact information.

Virginia Department of
Health Professions
Prescription
Monitoring Program

Public Resources Participant Resources About PMP

DHP Home > Practitioner Resources > Prescription Monitoring Program

Prescription Monitoring Program

Virginia's Prescription Monitoring Program (PMP) is a 24/7 database containing information on dispensed controlled substances included in Schedule II, III and IV; those in Schedule V for which a prescription is required; naloxone, all drugs of concern, and cannabidiol oil or THC-A oil dispensed by a pharmaceutical processor in Virginia. The primary purpose of the PMP is to promote safe prescribing and dispensing practices for covered substances by providing timely and essential information to healthcare providers. Law enforcement and health profession licensing boards use the PMP to support investigations related to doctor shopping, diversion, and inappropriate prescribing and dispensing.

How to Access the Virginia PMP:

- Navigate to: <https://virginia.pmpaware.net>.

Users may want to review the [User Support Manual](#) for in depth details.

For Technical Assistance: Contact Appriss at 1-855-4VA-4PMP (1-855-482-4767) Or submit a support request at: <https://apprisspmp.zendesk.com/hc/en-us/requests/new>

Should you have any questions, you may contact the Virginia Prescription Monitoring Program at (804) 367-4514 or by email at pmp@dhp.virginia.gov.

Public Resources Tab completely revised

[DHP Home](#) > [Practitioner Resources](#) > [Prescription Monitoring Program](#) > Public Resources

Public Resources

- [What is the PMP?](#)
- [About my PMP Report](#)
- [PMP Timeline](#)
- [FAQ](#)
- [Reports and Statistics](#)
- [Additional Resources](#)



Website additions

Additions to PMP Landing Page

Introduction to the PMP

PMP 101

 [Download an introduction to basic information](#) regarding the Who, What, Where, Why, and How of the PMP.

NarxCare Report Fact Sheet

Download a brief overview outlining  [How to Utilize NarxCare](#) reports.

Additions to PMP Participant Resources Page

[DHP Home](#) > [Practitioner Resources](#) > [Prescription Monitoring Program](#) > [Participant Resources](#) > [Access the PMP](#)

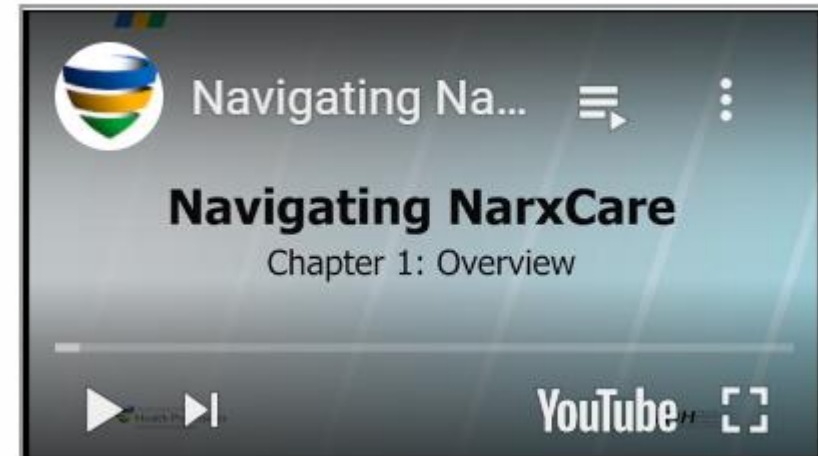
How to Access the Virginia PMP

- Navigate to: <https://virginia.pmpaware.net>.

Planned updates

- 1) “Navigating NarxCare” video series will be updated (About PMP: media)
- 2) YouTube videos on the Virginia Board of Veterinary Medicine site need to be updated (VBVM: Practitioner Resources: PMP)
- 3) Quarterly Newsletters to be labeled by topic (About PMP: news)

Please email me with any suggestions!



A Veterinarian's Role in Safe Prescribing (Chapter 1)

Registration update: existing methods

1. “Autolicense File”: File is sent to Appriss on a monthly basis consisting of all newly licensed prescribers and pharmacies as required:
2. Online Registration: Health practitioners may register at the link provided on the AWAARxE login screen at any time
3. Forms: Law Enforcement/Regulatory must submit a paper form certified by their supervisor.

Upgraded online registration

Enhanced registration provides for the prospective user to confirm both email and password to prevent erroneous and duplicate accounts

[? Registration Process Tutorial](#)
Can't View This File? Get Adobe Acrobat Reader

Register for an Account

Please create your own account and do not create an account on behalf of someone else.

Email	Confirm Email
<input type="text"/>	<input type="text"/>
Password	Confirm Password
<input type="text"/>	<input type="text"/>

Password Must:

- Minimum of 8 characters
- Contain one upper case letter
- Contain one lower case letter
- Contain one special character (! @ # \$ etc.)
- Maximum of 72 characters

[Continue](#)

[Already have an account? Log In](#)

[Need Help?](#)

Other registration actions

- Auto-enrolled 200+ users from the **Veterans Health Administration** practicing in a Virginia location
- Implemented a “**Delegate Audit**” registration renewal **process** in December 2020
 - Provides for prescriber and pharmacist supervisors to re-certify access to the PMP for each delegate annually
 - Those accounts that are not re-certified are automatically deactivated

Managing User Accounts

- Deactivate PMP accounts when **summarily suspended or otherwise ineligible for an AWA Rx E account** (Board suspensions, APD notices, suspensions in other states)
- **Law Enforcement/Regulatory accounts must be renewed biennially** as required in the Regulations Governing the Prescription Monitoring Program (18VAC76-20-50)

Data Compliance Update

Reporting of dispensed covered substances required every 24 hours or next business day

File Listings ▾ Error Files File Upload

File Upload

Submit New File For Consolidation

Use this screen to submit files to the PMP system.

How to Upload Your Files

1. Click the "Browse" button to select a file on your local computer
2. Click the "Upload" button to begin the uploading process.
3. A confirmation message appears when the upload is finished.

Select PMP

Virginia

File Upload:

Browse

Upload

New Claim Form

Create Universal Claim Form

PMP * Indicates Required Field

Pmp.*

Virginia

● Patient

Animal

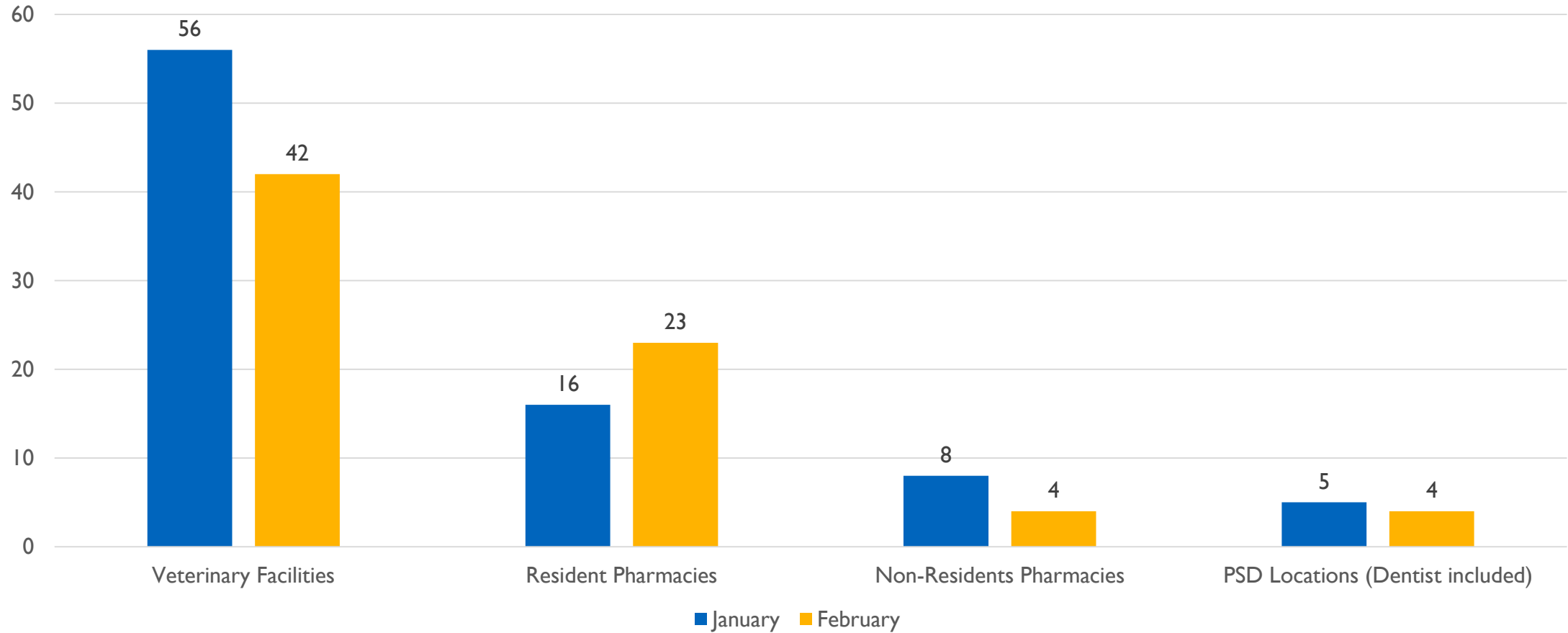
First Name - PAT08.* Middle Name - PAT09 Last Name - PAT07.*

Date of Birth - PAT18.* Gender - PAT19.*

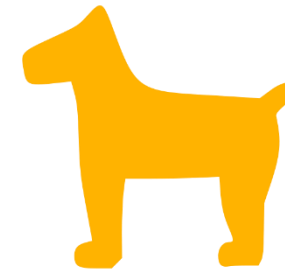
MM/DD/YYYY Unknown

Phone Number - PAT17 Patient Location - PAT21

Non-Compliant Dispensers by License Type



Common Errors Identified



Patient Information

- First & Last Name
- Birthdate
- Gender
- Address
- Animal Name

Prescription

- NDC Number
- Authorized Refill

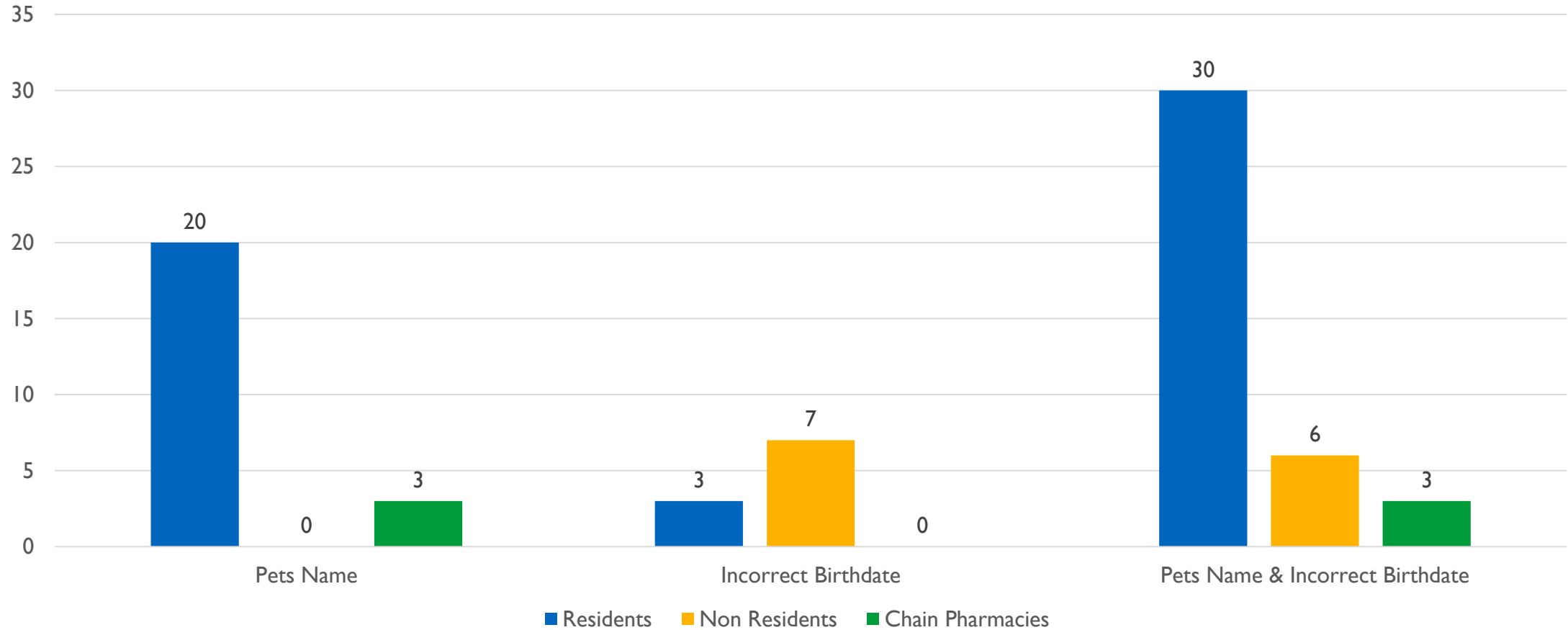
Prescriber

- DEA Number

Veterinarian Prescriptions

- Pet name or K9 instead of owner name
- Incorrect birthdate

Vet Prescriptions Reported Incorrectly



Goals



Receive timely and accurate patient and prescription data



Reduce number of reporting dispensers delinquent for more than 10 days



Receive accurate vet prescription information



Reduce number of errors

Program Update: Analytics

Ashley Carter, Senior Deputy

Periodic reports

Annual

2020 Annual Report

Utilization of the PMP database

Authorized users of the PMP are able to search within the database for a patient's prescription history; each search is referred to as a request. There are three types of requests: NarxCare, interoperability (PMPi), and integration (Gateway). NarxCare requests are those that are submitted via the web-based application. PMPi facilitates interoperability and interstate data sharing among states' PMPs. Gateway integrates PMP data into electronic health records (EHR) and pharmacy management systems (PMS) and is viewable within the clinical workflow. Integration within the workflow is a significant advancement in ease of use and efficiency and has contributed positively to overall utilization.

PMP use by prescribers, pharmacists, and their delegates as a risk management tool to increase in support of safer prescribing. Requests for a patient's prescription history have grown exponentially in recent years (Fig. 1). This rapid rise in use of the PMP is primarily the result of expansions in integration within the EHR/PMS. The disruption to the health system as a result of Covid-19 is evident in PMP usage. Following continuous increase over the last several years, requests declined for the first time in 2020Q2 (Fig. 2).

Figure 1. Prescription history requests, 2012-2020

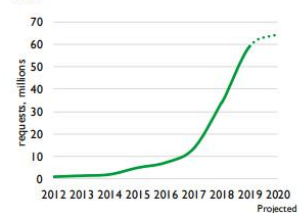


Fig. 1. Requests for a patient's prescription history increased 75x over eight years

Figure 2. Prescription history requests, January 2018-June 2020

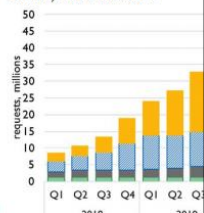


Fig. 2. Volume increase in requests: NarxCare, 32%; PMPi, 54%; Gateway (out of state), 12x

Interoperability allows users of Virginia's PMP to access a patient's prescription history from other states, the District of Columbia, Puerto Rico, and the Military Health System

2020 Annual Report

prescription during the year. In the most recent year for which national data is available, 2018, Virginia was below the United States overall (44.8 per 100 Virginians; 51.4 per 100 Americans).⁴

Opioid dispensing varies geographically across Virginia. Per capita, opioids are dispensed at greater strengths in southwest and more rural areas (Fig. 7). Dispensing was highest to patients in Dickenson and lowest in Arlington. The amount of opioids dispensed to Dickenson residents was 16 times higher than in Arlington and 3 times greater than in Virginia overall.

Figure 7. Opioid dispensing by county, 2019

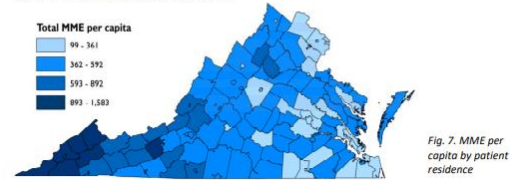


Fig. 7. MME per capita by patient residence

Electronic prescribing

Pursuant to Code of Virginia § 54.1-3408.02, any prescription containing an opioid must be transmitted electronically (e-prescribed) from the prescriber to the dispenser as of July 1, 2020. Previously, prescriptions for Schedule II controlled substances (opioids, stimulants) could be written (§ 54.1-3410) or electronic. Approaching the new law's effective date, there was a dramatic increase in opioid e-prescribing from 18% in January 2019 to 52% in June 2020 (among prescriptions with a mode of transmission reported; Fig. 8). Prescribers were able to apply for a one-year waiver from the requirement to the applicable licensing board; thus, the full impact of this legislative change will not be fully realized until July 2021.

Figure 8. Opioid prescriptions by transmission type, January 2019-June 2020

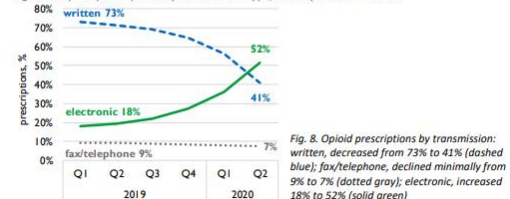


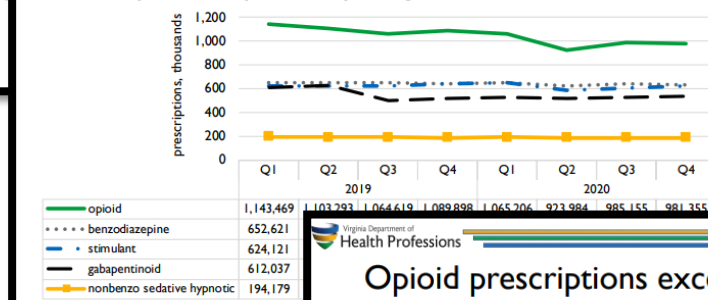
Fig. 8. Opioid prescriptions by transmission: written, decreased from 73% to 41% (dashed blue); fax/telephone, declined minimally from 9% to 7% (dotted gray); electronic, increased 18% to 52% (solid green)

Quarterly

Key Findings for the Fourth Quarter (2020Q4)

- Prescribers queried the patient's prescription history before issuing 2,549,527 new opioid or benzodiazepine prescriptions this quarter. This was an increase of 28% from the beginning of the year (1,994,746).
- Over 4 of out 5 (83%) of opioid prescriptions are transmitted electronically from prescriber to dispenser.
- Through this period, 27,862 prescribers wrote at least one prescription for an opioid medication dispensed by a Virginia pharmacist.
- Naloxone dispensations reached a high last quarter (14,500) after reporting of naloxone dispensations of 10,604 quarterly.

Prescriptions dispensed by drug class, 2019Q1-2020Q4

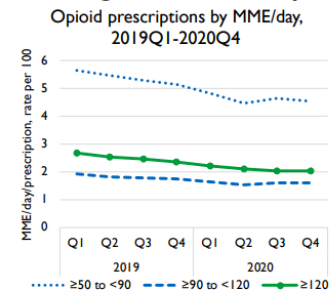


*All opioids, including drugs not typically used in outpatient settings or otherwise not controlled substances, are included in this report.

Opioid prescriptions exceeding 120 MME/day

- Regulations Governing Prescribing of Opioids and Buprenorphine (18VAC85-21-70)
 - Specific requirements of prescribers if exceeding 120 MME/d

- % change, 2019Q1-2020Q4
 - ≥50 to <90 -20%
 - ≥90 to <120 -16%
 - ≥120 -25%

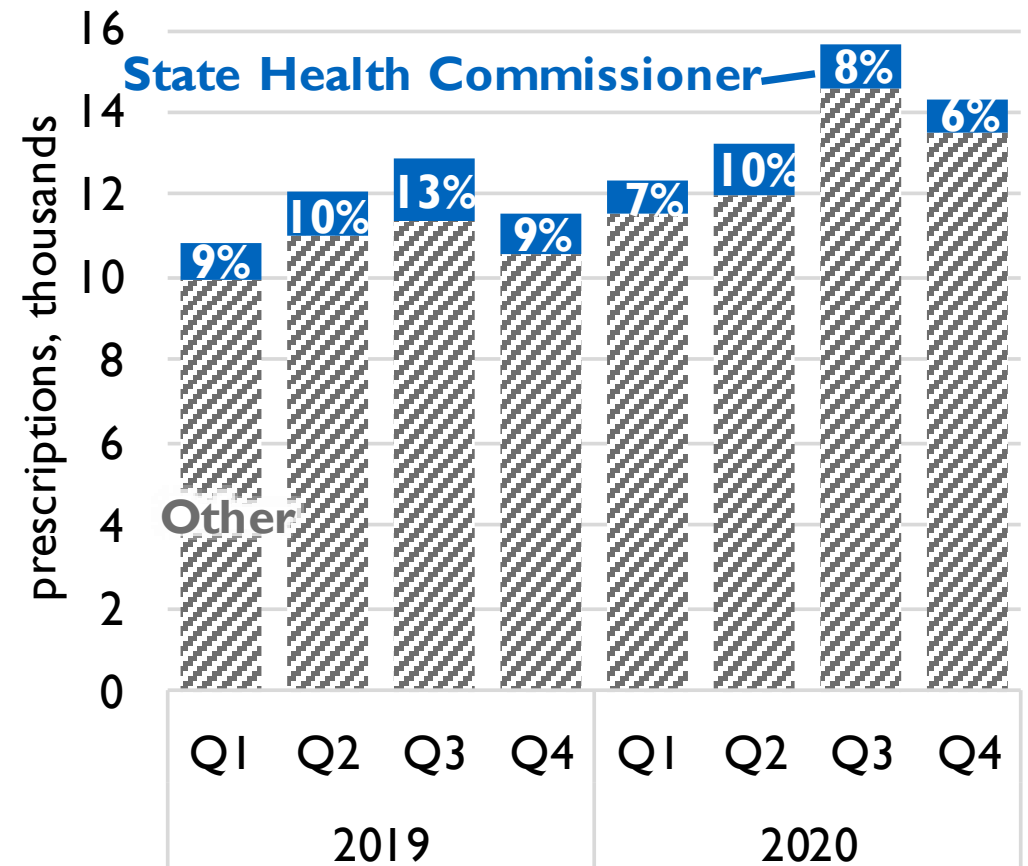


18VAC85-21-70: Regulations Governing Prescribing of Opioids and Buprenorphine https://www.law.com/virginia/publications/codetitles/18vac85-21-70/

Naloxone

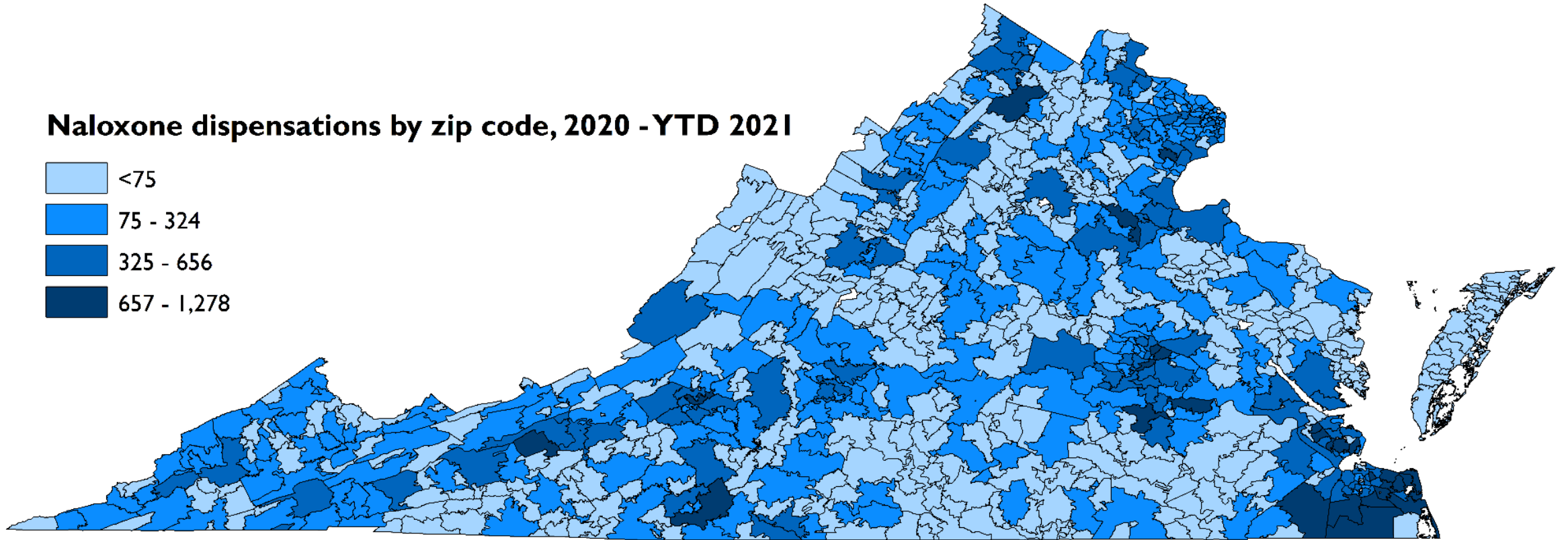
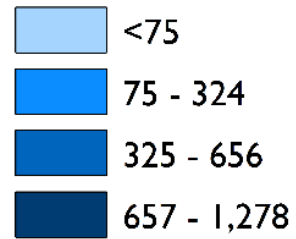
- State Health Commissioner's standing order authorizes Virginia pharmacies to dispense naloxone without a prescription
- 6% of total dispensations in 2020Q4 were dispensed using the standing order
- Naloxone became reportable to PMP as of July 1, 2018
 - Narcan[®] accounts for 99% of total naloxone dispensations

Naloxone prescriptions dispensed in pharmacies by prescriber, 2019Q1-2020Q4



Naloxone dispensations by zip code

Naloxone dispensations by zip code, 2020 - YTD 2021

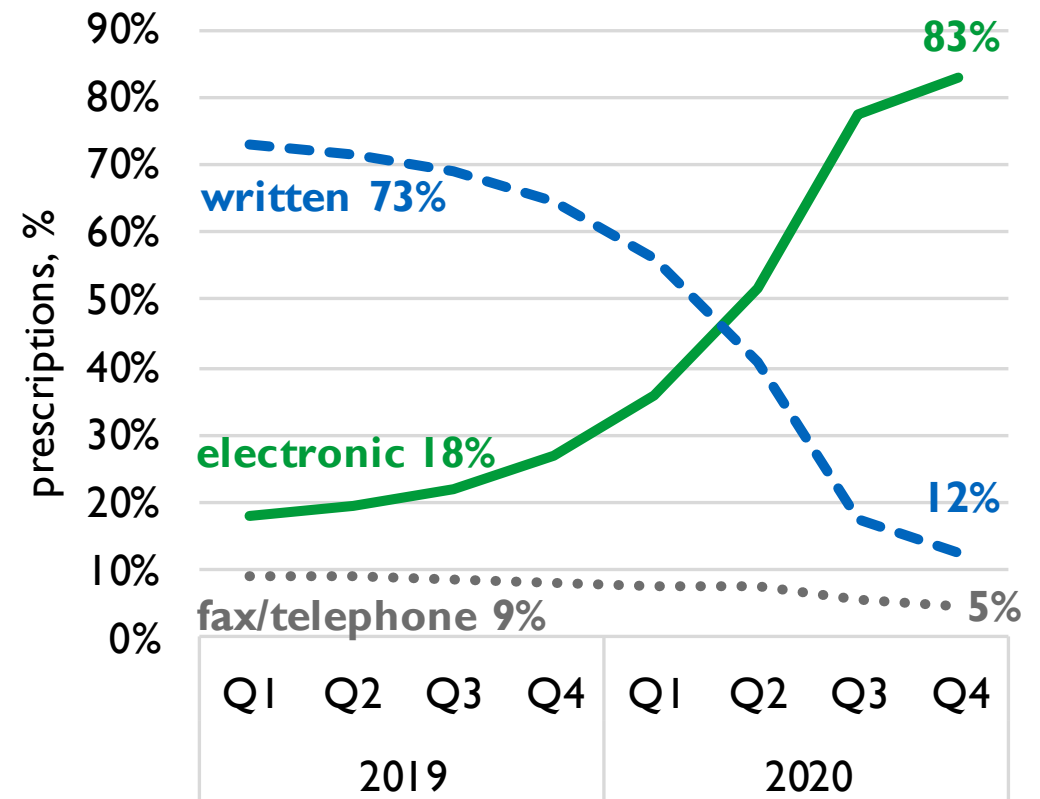


Zip code of patient residence
Virginia Prescription Monitoring Program | Data as of 02/25/2021

Electronic prescribing for opioids

- As of July 1, 2020 any prescription containing an opioid must be transmitted electronically from the prescriber to the dispenser (*Code of Virginia § 54.1-3408.02*)
- 83% of opioid prescriptions were **electronic** in 2020Q4


Opioid prescriptions by transmission type, 2019Q1-2020Q4



Analytics initiatives

- Nonfatal opioid overdose ED visits to PMP
 - Requires data sharing agreement with VDH
- Alert is fully customizable

RxSearch > Patient Request

 STATE DEPARTMENT OF HEALTH
Support: 888-898-9788

Beth Lowett, 37F

Narx Report Resources

Date: 11/10/2018 Print Report Download CSV


+ Beth Lowett

+ Communications

- Risk Indicators

NARX SCORES		
Narcotic	Sedative	Stimulant
672	512	190
Explanation		

OVERDOSE RISK SCORE
992
(Range 000-999)
Explanation

STATE INDICATORS (1)
 History of nonfatal [opioid or heroin] overdose on [date of event]
Explanation

This NarxCare report is based on search criteria supplied and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber. NarxCare scores and reports are intended to aid, not replace, medical decision making. None of the information presented should be used as sole justification for providing or refusing to provide medications. The information on this report is not warranted as accurate or complete.

Analytics initiatives

- CURES Act
 - Collaboration with DMAS to identify buprenorphine prescribers who are not participating in Medicaid
- CDC OD2A grant
 - Extended by 1 year
- SUPPORT Act
 - Specific indicators required reporting in 2023
 - Medicaid-specific
 - Combining efforts with other states with ask to vendor
- Update on Provider Authorization implementation

Program Director's Report

Meeting Dates and Adjournment

Next meeting: June 3, 2021

September meeting TBD