FINAL/APPROVED

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

Monday, March 30, 2015

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 1:03 p.m.
PRESIDING	Randall Clouse, Chair
MEMBERS PRESENT:	Holly Morris, RPh, Crittenden's Drug, Vice Chair Carola Bruflat, Family Nurse Practitioner Dr. Amy Tharp, Office of the Chief Medical Examiner Mellie Randall, Representative, Department of Behavioral Health and Developmental Services Brenda Clarkson, Executive Director, Virginia Association for Hospices and Palliative Care Harvey Smith, 1SG, Virginia State Police S. Hughes Melton, M.D., Mountain Valley Health
MEMBERS ABSENT:	John Barsanti, M.D., Commonwealth Pain Specialists, L.L.C.
STAFF PRESENT:	David E. Brown, D.C., Director, Department of Health Professions (DHP) James Rutkowski, Assistant Attorney General, Office of the Attorney General Elaine Yeatts, Senior Policy Analyst Ralph A. Orr, Program Director, Prescription Monitoring Program Carolyn McKann, Deputy Director, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS	Mr. Clouse welcomed everyone to the meeting of the advisory panel.
APPROVAL OF MINUTES	Dr. Melton presented a motion to approve the minutes from the November 10, 2014 meeting of the PMP Advisory Panel and Ms. Bruflat seconded the motion. The minutes were approved as presented.
PUBLIC COMEDDNT:	No public comments were made.
APPROVAL OF AGENDA	The agenda was approved as presented.
DEPARTMENT OF HEALTH PROFESSIONS REPORT	Dr. Brown stated that he did not have a Department of Health Professions report but emphasized that PMPs, Virginia's included, occupy a prominent position in healthcare today.

David E. Brown, D.C.: DEPARTMENT OF HEALTH PROFESSIONS REPORT Report on Governor's Task Force on Prescription Drug and Heroin Abuse	Dr. Brown welcomed the Panel and thanked them for taking time from their schedules. Dr. Brown discussed the Governor's Task Force on Prescription Drug and Heroin Abuse. He noted that work is being completed by five subgroups: education, treatment, data monitoring, disposal and education and that there is a lot of important work going on with respect to disposal of controlled substances and how to make the public aware of these opportunities. Dr. Brown concluded his remarks about the Governor's Task Force by acknowledging that education is an essential piece to solving this issue and that in America today, addiction usually begins with prescription drugs. Therefore, it is crucial that prescription drugs be prescribed and disposed of appropriately. Mr. Orr noted that information about the Task Force may be obtained on the DHP website by clicking on the link on the DHP home page. Mr. Orr also noted that some members present serve on Task Force committees – Ms. Randall and Dr. Melton on the Treatment Workgroup and himself on the Data-Monitoring Workgroup.
Elaine Yeatts: 2015 LEGISLATION AND DHP REGULATIONS UPDATE:	Ms. Yeatts provided on overview of bills passed during the most recent session, see pages 7 through 17 of the agenda packet. Three of the bills specifically addressed the PMP. HB1810 revised language to clearly state that data in possession of the PMP is not subject to civil subpoena in any civil proceeding. HB1841 requires all licensed dispensers (pharmacists) to be registered with the Virginia PMP. SB817 allows local parole and probation officers to have access to the Virginia PMP given that they have completed the Drug Diversion School presented each fall by NADDI and the Virginia State Police.
Ralph Orr: EXPAND ACCESS TO PMP FOR CLINICAL PHARMACISTS AND PRESCRIBERS PARTICIPATING ON HEALTHCARE TEAMS:	Mr. Orr discussed expanding access to the PMP for clinical pharmacists who are participating on healthcare teams with prescribers. He noted the draft language for a legislative proposal (Agenda Packet) for the 2016 General Assembly would allow pharmacists to access the PMP when working within their scope of care within a collaborative team. It would also allow a prescriber consulting on the care of a specific patient to use the PMP. The Panel approved a motion to support the draft legislation.
Ralph Orr: REVIEW REPORTING REQUIREMENTS TO PMP TO INCLUDE FREQUENCY OF REPORTING, SPECIES CODE AND OTHERS	Mr. Orr went over current reporting requirements and presented a legislative proposal (Agenda Packet) to reduce the reporting frequency currently in place. Mr. Orr stated that there is huge interest in shortening the time that prescription data gets reported to the PMP, not only in Virginia, but nationally. Some larger chains already report data to PMPs on a daily basis regardless of individual states' requirements. It was noted that the proposed language states that data shall be transmitted to the Department or its agent within 24 hours or the next business day whichever

	comes later since not all dispensers are open 7 days a week. Ms. Morris commented that daily reporting may be a burden on some independent pharmacies. The draft legislative proposal with respect to frequency was approved with Ms. Morris voting nay. Mr. Orr discussed language for proposed changes to program regulations (Agenda Packet) that were prompted by recommendations made by the Governor's Task Force. The primary recommendations are to add the National Provider Identifier (NPI) and the Species Code as reporting elements to support the implementation of prescriber feedback reports. Discussion by Ms. Yeatts recommended leaving the reporting frequency out of the proposal as it can be amended by an exempt action at a later date to conform to new legislation. Dr. Brown suggested deleting the language referencing the electronic reporting standard. She also noted that this legislation does not lend itself to fast-tracking, and that as a result, we are looking at a probable 2-year process. Ms. Yeatts suggested that the Panel could recommend initiating the Notice of Intended Regulatory Action without approving specific language at this time. Ms. Randall presented a motion to proceed, Ms. Bruflat seconded, and the motion was approved.
Ralph Orr: UTILIZATION OF PMP DATA: ANALYSIS OF INFORMATION HELD BY PMP	Mr. Orr told the panel that recently PMP has received an update to the software application that adds the ability to obtain de-identified data sets providing opportunities for analysis of PMP data not previously available to the program. The PMP is working on an MOU with Brandeis University under a CDC/FDA/BJA grant to provide data sets to Brandeis, which will apply 43 measures and provide a report back to PMP on these measures on a quarterly basis. There is also a current MOU with the Department of Criminal Justice Services and an MOU being developed to share de-identified data with the Department of Health. Mr. Orr noted that the Center for Disease Control just sent out an application for a grant with the enhancement of PMPs as a primary goal. A Department of Health must apply for the CDC grant, and in order to position ourselves to receive funding, we need to be able to offer de-identified data sets. The deadline to apply for this grant is early May 2015.
Ralph Orr: Guidance Related to Research Requests for PMP Data	Mr. Orr pointed the panel members to the copy of Virginia PMP's current request for research data form in the agenda packet. It is largely outdated, and Mr. Orr sought input from panel members regarding updating the form. This research form has only been utilized by the PMP program once since 2005. Panel members agreed that ideally any research must be approved by an Internal Review Board process prior to PMP approval. Also noted was that if the identity of an individual is accidentally divulged, certain actions must happen, and this form

	should also address such situations. The entity requesting the research data should also agree to destroy the data at the conclusion of the project. Panel members agreed that the PMP must develop a guidance document and an updated form. Panel members further commented that county level data cannot be utilized because some Virginia counties are so small that the identity of a sole pharmacy, for example, could be determined. Likewise, data should never be tracked by 5-digit zip code because the identity of individuals could be determined at that level of granularity.
Carolyn McKann: Program Statistics	Ms. McKann gave a report on program statistics (Agenda Packet) and stated that the PMP expects to process greater than 2 million requests in 2015. Ms. McKann noted that those prescribers writing the most prescriptions typically are the most likely to be registered with the program. Dr. Melton asked if there was a way to break down that data in order to determine where education could make the most impact with respect to utilization of the program. Mr. Orr noted that the data represented in the graphs cannot be viewed at that level of detail with our current capabilities. Ms. McKann noted that a letter from Dr. Hazel to all licensed prescribers with valid email addresses acknowledging the prescription drug abuse problem and containing a link to register with the PMP, significantly impacted our pending registrations for several weeks.
Carolyn McKann: PMP Interoperability	Ms. McKann noted that the Virginia PMP is currently interoperable with 17 of the 28 states which are contracted with NABP's PMPi to share data.
Ralph Orr: Integration	Integration into healthcare practitioner workflow is the next means to improve access of PMP information to healthcare practitioners. Mr. Orr has been participating on an Office of National Coordinator, Standards and Integration Framework project to develop a mechanism that will allow electronic health records (EHR), e-prescribing applications, and pharmacy applications to have PMP data integrated into their applications. NABP and its technology partner, Appriss are developing a translation service, called Gateway to facilitate the sharing of PMP data across applications. The project is currently in its pilot implementation phase and Virginia is likely to be participating with a pharmacy application vendor as well as a major EHR vendor. Testing of the Gateway is currently underway with CVS/Pharmacy in Virginia.
Carolyn McKann: Morphine Milligram Equivalent Dose	Ms. McKann informed the panel members that Virginia's PMP is now capable of providing a Morphine Equivalent Daily Dose (MEDD) score on its PMP reports after successfully testing in the PMP's QA region. The MEDD is computed by taking the strength of each opioid dispensed, multiplying that number by

	the multiplier for that drug, multiplying that number by the quantity dispensed and then dividing that result by the days supply. Ms. McKann noted that the MEDD score is not reflective of any benzodiazepines, stimulants, or many other drug types as it only reflects opioids. Dr. Melton felt it was crucial to have some sort of statement about the MEDD score that would represent some type of safety threshold. Panel members agreed that a good source for a statement would be from the Center for Disease Control (CDC).
Carolyn McKann: Unsolicited Reports, Update	Ms. McKann reviewed the unsolicited reports statistics for November 2014 through February 2015. (Agenda Packet) Ms. McKann noted a rise in the number of patients identified as doctor shoppers in January and February of 2015. The criterion that is currently used to recognize possible "doctor shopping" is based on the number of prescribers and dispensers that a recipient uses in a 30 day period. Dr. Melton noted that these parameters do add value, but suggested enlarging the scope of individuals that the report captures (by increasing the parameters). Mr. Orr noted that the parameters are indicative of doctor shopping, but the scope of the parameters needs to be updated to be more clinically applicable for prescribers. Ms. McKann asked the panel members for ideas for unsolicited reports which were clinically relevant, not just outliers in terms of large numbers. Dr. Brown and Dr. Melton felt the morphine equivalent dose exceeding a certain amount per day could be a good indicator for unsolicited reports. The panel members will consider evidence-based ideas for generating unsolicited reports.
Carolyn McKann: Outreach Activities	Ms. McKann provided a list of outreach activities and Mr. Orr briefly discussed his participation with the Substance Exposed Pregnancies Interagency Workgroup coordinated by the Department of Behavioral Health and Developmental Services.
NEXT MEETING	The next meeting will be held on a date yet to be determined in June 2015.
ADJOURN:	With all business concluded, the committee adjourned at 4:30 p.m.
	Randall Clouse, Chairman
	Ralph A. Orr, Director