FINAL/APPROVED

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

Wednesday, September 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 10:12 a.m.
PRESIDING	S. Hughes Melton, M.D., Chair
MEMBERS PRESENT:	Randall Clouse, Office of the Attorney General Holly Morris, RPh, Crittenden's Drug, Vice Chair John Barsanti, M.D., Commonwealth Pain Specialists, L.L.C. Brenda Clarkson, Executive Director, Virginia Association for Hospices and Palliative Care Harvey Smith, 1SG, Virginia State Police Kathrin Hobron, Virginia Department of Health (for Dr. Amy Tharp)
MEMBERS ABSENT:	Dr. Amy Tharp, Office of the Chief Medical Examiner Carola Bruflat, Family Nurse Practitioner
STAFF PRESENT:	James Rutkowski, Assistant Attorney General, Office of the Attorney General Ralph A. Orr, Program Director, Prescription Monitoring Program Carolyn McKann, Deputy Director, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS	Dr. Melton welcomed everyone to the meeting of the Advisory Panel and everyone introduced themselves.
APPROVAL OF MINUTES	Mr. Clouse presented a motion to approve the minutes from the July 9, 2015 PMP Advisory Panel. The minutes were approved as presented.
PUBLIC COMMENT:	No public comments were made.
APPROVAL OF AGENDA	The agenda was approved as presented.
LEGISLATION AND REGULATION UPDATE: Ralph Orr	Mr. Orr stated that all legislative items related to the PMP are still being considered. The Notice of Intended Regulatory Action (NOIRA) which would make reporting of the NPI code to the PMP mandatory has not yet been published. Mr. Rutkowski noted that once the NOIRA is published there will be a 30-day period for public comment. Once public comment has been received and reviewed specific language can be developed and reviewed as a proposed regulation. The entire process from

	reviewed as a proposed regulation. The entire process from NOIRA to final regulation will take at least 18 months.
REVIEW TASK FORCE RECOMMENDATIONS: Ralph Orr	Mr. Orr referred the Panel to page 7 of the agenda packet for a copy of the Data & Monitoring Workgroup's (Workgroup) Implementation Plan Updates. With respect to mandatory requests to the Virginia PMP, the Governor's Task Force requested to have exceptions reviewed and added to the recommendation. The Workgroup looked at all exceptions from all states that had some level of mandatory requests, and all agreed that the exceptions should be very simple. The recommended exceptions include: 1) do not have to query the database for the prescribing of opiates or benzodiazepines for use in hospice or palliative care situations; 2) do not have to query the database for the prescribing of opiates or benzodiazepines for short term use post-surgery when the prescription is not re-fillable; and 3) do not have to query the database when it is not available due to some temporary technological or electrical failure or natural disaster. Mr. Orr asked the Panel whether they would like to support the Workgroup's recommendations. Ms. Morris asked how the mandatory requests would be enforced and Mr. Orr responded that it would be complaint-driven. Mr. Clouse put forward the motion to support the task force recommendation and Ms. Clarkson seconded the motion and all were in favor. With respect to unsolicited reports the Workgroup recommended that unsolicited reports on outlier prescribing and dispensing be sent to law enforcement and licensing boards. The Workgroup then revised the recommendation to grant authority to the PMP to send unsolicited reports on egregious outlier prescribing and dispensing based on criteria developed by the PMP Advisory Panel. Advisory Panel members then discussed the definition of "egregious", noting that, for example, prescribers of interest may include those who attract patients from miles and miles away even though they are difficult to get to. Mr. Orr noted that regulatory boards have a lot of tools in their toolkits to discipline licensees including requiring continuing education hours in specific topic areas, Confidential Consent Agreements, fines, summary suspensions, etc., and that this would be up to their discretion. Mr. Clouse put forth a motion to have the Advisory Panel support the Workgroup's recommendation, First Sergeant Smith seconded the motion, and all were in favor. Highlighting actions from previous recommendations of the Task Force; Mr. Orr then reviewed a recent letter to Virginia healthcare providers from Dr. Marissa Levine, the State Health Commissioner regarding the current status of Virginia relating to fatal prescription opioid overdoses and promoting the recently released prescribing guidelines toolkit from the Substance Abuse and Mental Health Services Administration (SAMHSA). Mr. Clouse noted that prescribing guidelines may help PMP staff or

	law enforcement to identify suspicious activity. Dr. Barsanti asked about prescribing guidelines, noting they should be very basic (e.g., check PMP, do a urine drug screen, proceed cautiously when the MME is greater than 100, etc.). Mr. Orr then asked the Panel to look at the Prescription Behavioral Surveillance System (PBSS) measures related to an MOU recently signed with Brandeis. Participation will allow the Virginia PMP to see 43 different measures of its data and possibly see comparison data with other states. The first report should be available in January of 2016.
UPDATE ON UTILIZATION OF DE-IDENTIFIED DATA: Neal Kauder, VisualResearch, Inc.	Neal Kauder referred the Panel to page 28 of the agenda packet, referencing the summary of the suggested research and analytics plan. Mr. Kauder noted that the information within the PMP database has an error rate of less than 1%, and with millions of records there are many ways this information can be utilized. He emphasized that he would like the Advisory Panel to tell him what parameters they would like tracked. He also emphasized that indicators should be very simple. Determining the indicators is Phase II of this data project. Phase I was purely identifying the data and compiling descriptive statistics. Mr. Kauder noted that the data is very powerful because although de-identified, each component (e.g. patient, pharmacy, prescriber, etc.) is unique and therefore, we can do predictive analytics with the data which may inform policy decisions. Mr. Kauder noted also that Key Performance Indicators (KPIs) could grow out of research questions the Panel has. Following questions about deaths in Virginia, Ms. Hobron presented an overview of death statistics that she has been working on, comparing deaths by type of drug, age, etc. Mr. Orr noted that the PMP is working on two initiatives: 1) unsolicited reports that are clinically based and 2) prescriber summary reports. He felt that the Panel should consider these initiatives when thinking about specific KPIs. Dr. Melton suggested that a subcommittee meet to discuss potential KPIs, an ex-officio subcommittee of sorts. Ms. Morris, Mr. Clouse, Dr. Barsanti and Dr. Melton all were interested in serving on the subcommittee. Dr. Melton asked Mr. Kauder about "identified" data, and Mr. Kauder stated that once we identify an issue or trend, the PMP could explore the use of active data to assist in impacting health status of Virginians with respect to prescription data.
REPORT ON THE USE OF PMP REPORTS BY THE VIRGINIA STATE POLICE DRUG DIVERSION UNIT: First Sergeant John Welch	First Sergeant Welch presented a map of Virginia and noted that there are 7 divisions in the Commonwealth with a total of 23 drug diversion agents and 3 to 4 agents in each division. He stated that he polled each division as to the biggest threat in their division and each stated that prescription pills and heroin are the greatest problem and each had many repeat offenders. Dr. Melton inquired about the overwhelming number from Northern

	Virginia and First Sergeant Welch noted that the population density is the greatest in that region accounting for the large numbers. In addition, he noted that for some of those individuals, other agencies were already investigating the particular situation. He also noted that some Commonwealth Attorneys declined to prosecute in all cases. First Sergeant Smith noted that there are different penalties ranging from a Class 1 misdemeanor to a Class VI felony with respect to possession, diversion, trafficking, etc. With respect to doctor shopping and drug diversion, Dr. Barsanti asked if there could be some sort of "alert" system within the PMP regarding his patients that would indicate suspicious activity, and Mr. Orr said that none exists at this time.
UNSOLICITED REPORTS – UPDATE AND CRITERIA DISCUSSION: Carolyn McKann	Ms. McKann reviewed the summary of unsolicited reports at various thresholds (including the threshold the PMP currently utilizes) to generate unsolicited reports and email notifications to registered and non-registered prescribers. Dr. Melton asked whether the unsolicited reports work, and Ms. McKann noted that in general, patients identified as possible doctor shoppers have decreased from about 100 per month to around 30 per month on average over the past several years, so yes, it does work. The Panel discussed the time requirements for each level and the Panel agreed that the PMP should continue to use the current level since the time required to do more notifications may not be a good use of our time. Ms. McKann noted that law enforcement receives unsolicited reports only for those individuals who meet the doctor shopping criteria and also have 10 or more prescriptions dispensed to them during a one-month period. First Sergeant Smith said that it would be beneficial to the State Police to receive a full year of prescription history for those individuals that are identified as doctor shoppers to rule out any brief acute health condition. Ms. McKann also indicated that the PMP forwards reports to State Police on individuals who may be forging prescriptions. The threshold criteria for those individuals is one prescriber and five or more pharmacies during a one month period.
PROGRM UPATE: Program Statistics, Interoperability with MD, RI; Kroger, EPIC, and Automated Registration Update: Carolyn McKann	Ms. McKann reviewed the program statistics including total requests processed, total registered users, the number of practitioner self-reports generated and data sharing with neighbor states. Ms. McKann also noted that the recent dramatic increase in requests was from incoming requests from PMP Gateway®, which is an integration solution that allows pharmacy management applications to make requests by "translating" fields so that PMPs can process the information. The PMP Gateway® has enabled Virginia's PMP to share data with Kroger pharmacies in Virginia, Ohio and West Virginia. The bulk of our increase in requests is from incoming requests from Kroger pharmacies in Ohio and West Virginia. Ms. McKann stated that the Virginia PMP began sharing data

	with Maryland the week ending July 30, 2015, and hopes to begin sharing data with Rhode Island's PMP next. The Virginia PMP has also successfully tested sharing data with EPIC, an electronic medical record platform. Ms. McKann also shared with the Advisory Panel that automated registration has begun, and that the Virginia PMP had successfully registered all licensed optometrists with valid email addresses at the time the Advisory Panel met. Ms. McKann also shared the automated registration timeline with Advisory Panel members and noted that all licensed prescribers shall be registered with the PMP by January 1, 2016, and at that time the PMP will have approximately 60,000 registered users.
NEXT MEETING	The next meeting will be held on Wednesday, January 6, 2016 from 10 a.m. to 2 p.m.
ADJOURN:	With all business concluded, the committee adjourned at 1:25 p.m.
	Dr. Samuel Melton, Chairman
	Ralph A. Orr, Director