FINAL

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

Friday, March 31, 2017

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

CALL TO ORDER:	A meeting of the Advisory Committee of the Prescription Monitoring Program was called to order at 10:10 a.m.
PRESIDING	Holly Morris, RPh, Crittenden's Drug, Chair
MEMBERS PRESENT:	John Barsanti, M.D., Commonwealth Pain Specialists, L.L.C. Randall Clouse, Office of the Attorney General Jeffrey Gofton, M.D., Office of the Chief Medical Examiner Kate Neuhausen, M.D., Chief Medical Officer, DMAS Mellie Randall, Representative, Department of Behavioral Health and Developmental Services Harvey Smith, 1SG, Virginia State Police
MEMBERS ABSENT:	Brenda Clarkson, Executive Director, Virginia Association for Hospices and Palliative Care Carola Bruflat, Family Nurse Practitioner, Vice Chair
STAFF PRESENT:	Dr. David Brown, Director, DHP Lisa Hahn, Deputy Director, Department of Health Professions (DHP) James Rutkowski, Assistant Attorney General, Office of the Attorney General Elaine Yeatts, Senior Policy Analyst, 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 and all attendees introduced themselves.
APPROVAL OF AGENDA	The agenda was approved as presented.
APPROVAL OF MINUTES	Ms. Morris presented a motion to approve the minutes from the September 14, 2016 meeting of the PMP Advisory Committee and all were in favor. The minutes were approved as presented.
PUBLIC COMMENTS	No public comments were made.
Dr. Brown: DEPARTMENT OF HEALTH PROFESSIONS REPORT	Dr. Brown noted that Virginia's Commissioner of Health declared a public health emergency with regard to deaths from opioid overdoses. While there have been several initiatives implemented in this area; in 2015, there were 811 deaths from

	opioid overdoses and 1100 are expected for 2016, representing a 33% increase. While deaths from prescription opioids have leveled off, deaths from heroin and fentanyl have increased. Increased use of the PMP and other efforts related to information obtained prior to writing a prescription have made it more difficult to doctor shop. Along with an increase in heroin deaths, there has been an increase in the incidence of Hepatitis C, HIV, and NAS which may also be related to prescription drug abuse. Dr. Brown mentioned recent legislation involving the PMP. In 2016, the PMP was authorized to send to the Board of Medicine names of individuals and pharmacies associated with outlier prescribing and dispensing. Also in 2016, the General Assembling authorized Medicaid to be more aggressive in offering substance use treatment through their ARTS program. During the 2017 session, legislation was developed requiring prescribers to check the PMP when opioid prescribing exceeds a 7 days' supply. Both the Boards of Medicine (BOM) and Dentistry (BOD) were required by legislation to promulgate regulations regarding opioid prescribing. The BOM regulations are already in effect and the BOD regulations are currently at the Governor's office being reviewed. Electronic prescribing for certain controlled substances will be mandatory in 2020, as e-prescribing is less subject to fraud. Dr. Brown noted however that most physician offices do not meet requirements for electronic prescribing of controlled substances. Medicaid will expand coverage for more recovery programs, and a bill was passed allowing the Board of Health to have needle exchange programs in certain hard hit areas. Studies have shown that creating a mandated interaction with health care professionals as part of a person's participation in needle exchange programs increases entrance into treatment programs.
Elaine Yeatts: LEGISLATION AND REGULATION UPDATE	Elaine Yeatts presented the legislative update. Ms. Yeatts noted that updated regulations became effective on January 25, 2017. The reporting standard for the Virginia PMP was changed to the ASAP Version 4.2 (2011) given its ability to support e-prescribing, among other things. Several required data elements have been added including the gender code and species code. These requirements will be implemented July 1, 2017. Ms. Yeatts reviewed current legislation. Following are a few of the highlights. HB1767: Allows CSBs to get the controlled substance registration for the location itself to allow teleprescribing. This will allow the CSB to prescribe specific to telemedicine within applicable federal guidelines. Ms. Morris noted that difficulty to identify or confirm a bona fide practitioner-patient relationship concerns her as presenting a challenge for pharmacists.

	HB2046: BOP to develop guidelines for disposal of unused prescribed drugs (counseling to patients by pharmacies). HB2163: Places limitations on the prescribing of the buprenorphine mono-product. Bill will also be amended to include the BOVM. HB2164: Drug of concern gabapentin shall be reported to the PMP. HB2209: Emergency Department Care Coordination. Allows for emergency department coordination throughout the Commonwealth by allowing the Department of Health to provide a single statewide technology solution enabling real-time communication among health care providers. In year 1 will include Medicaid patients only, in year 2, other insurance carriers. Will include $3.3 M in HITECH matching funds and will integrate with the PMP. There will also be a smaller pilot with small practice groups. Mr. Orr noted that 10% of the cost will be paid up front by the PMP and 90% will be paid by CMS contingent on the approval and receipt of HITECH funds. Ms. Morris inquired whether hospitals are ready with the appropriate technology. Dr. Neuhausen noted that there is an existing legal framework, and that contracts will be required. SB848: Naloxone bill—This amended legislation passed last year expanding entities that can possess and dispense naloxone. SB1484: Expands authority for disclosure of PMP data to certain designees of a physician or pharmacist employed by the Virginia Medicaid managed care program.
DISCUSSION: Todd Prough, Group Supervisor Richmond Tactical Diversion Squad, DEA	Discussed mandatory reporting of information relating to the person picking up a controlled substance, and its use by law enforcement. Todd Prough, DEA Group Supervisor, talked about his experience with the use of this data in Massachusetts. Mr. Prough noted this information is very valuable and described an investigative situation in which an IT specialist who had authorized access to information was able to obtain names and numbers of legitimate physicians and patients as well as genuine prescription paper. He printed bogus prescriptions at his home and because he was using real people and real physicians it was difficult to detect any wrongdoing. However, as the investigation evolved, they noted 6 common driver's licenses. Because the identification information had been collected by the PMP, investigators could target their investigational efforts to specific prescription information, which they would not have had access to otherwise. Chuck Elliot, Special Agent Virginia State Police, also described a significant case in Virginia involving fraudulent prescription blanks. "Patients" are paid to pick up these fraudulent prescriptions. Because the information related to the individual picking up the prescription is not provided on the PMP report, investigators must actually observe someone "completing" the crime which may not actually move the investigation forward to the organizers of these rings. The

	perpetrators may ask a homeless individual to pick up the prescription; with information indicating who picked up the prescription, investigators can focus on their John Doe, not the homeless. Ms. Morris did note that she encounters a number of people who never have their ID with them, making it difficult to report this information. First Sergeant Smith noted this is also a great tool for prescribers and pharmacists. Dr. Barsanti asked about the possibility of limiting who could pick up the prescription, and Ms. Morris stated that she did not think this could be an option. Mr. Orr stated he would find out which states currently collect this information. Dr. Brown asked the group what types of mechanism we currently have in place to identify prescription fraud. Caroline Juran noted that there currently is nothing to specifically identify prescription fraud, but the BOP has provided a "Red Flags" video which can assist prescribers and pharmacists in identifying such. First Sergeant Smith says they have spoken as a group to pharmacy students for many years about how to recognize fraud. Ms. Morris noted that we will continue discussion about adding this data element at our next meeting.
Ralph Orr: Implementation of new AWARxE platform	Mr. Orr noted that the implementation of the new platform went well. With respect to data collection, the PMP still has some entities that are not yet reporting daily. It is evident that individuals are using the system because the PMP has already processed greater than 2 million requests this year to date compared to just over 5 million in 2016. There is no longer an alias feature, but use of the "partial name" feature for both first and last name greatly widens the scope of the search. Users have the ability to view all reports in either pdf or csv, which can easily be saved as an excel file. Mr. Orr noted that a patient alert is triggered when a patient sees 5 or more prescribers and pharmacists in a 90-day period.
Ralph Orr: Integration report	Mr. Orr then reviewed the NarxCare simulator. Dr. Brown inquired whether all the integration solutions will have NarxCare, and the response was that individual integration solutions must pay for access to this report solution. Individuals should check with their software vendor regarding NarxCare capability.
Ralph Orr: Interoperability Report	The PMP recently began sharing data with the District of Columbia bringing the total of PMPs Virginia is sharing with to 22. Pennsylvania will likely be the next state that Virginia will share with. There is still no timetable as to when NC will be interoperable with any state.
Ralph Orr: Reporting of Dispensing of Naloxone to the PMP	Mr. Orr noted that only 2 states require reporting of naloxone to its PMP and that new Board of Medicine regulations require the co-prescribing of naloxone when a patient is taking over

	120MME per day. Members discussed that it would be nice to know where it is being dispensed There is a perception that prescriptions for naloxone are often denied by insurance since it is written to an individual to keep on hand for a family member. Mr. Orr asked the membership if they would want to add this field to the PMP data. Mr. Orr noted this would require a legislative change. First Sergeant Smith noted that there is an illicit market for Narcan. Discussion will be continued at the next meeting.
Ralph Orr: Reporting of Schedule V Controlled Substances to the PMP	Mr. Orr reported that PMPs in 36 states collect Schedule II-V controlled substances and the Virginia is one of few that collects only Schedule II – IV. Mr. Orr asked committee members whether the PMP should begin collecting Schedule V as well (this includes cold and cough medications, Lyrica, and seizure medications, among others). Ms. Morris said it would not be difficult to report the additional drug Schedule, but wondered about overall interest in Schedule V drugs. However, Ms. Morris also noted that it is important to be consistent with other states.
Ralph Orr: Gabapentin as a Drug of Concern	Mr. Orr opened discussion by noting that Gabapentin will likely never be a controlled substance on its own. It is widely prescribed and there are synergistic effects in combination with either opioids or benzodiazepines making it an abused drug. This year's legislation originated from southwest Virginia and an emergency clause was developed requiring reporting of Gabapentin going back to February 23, 2017. For prescribers the PMP can enable the NPI to allow reporting since not all prescribers have DEA numbers. Of note, the NPI number will be a required data element beginning July 2017. Veterinarians also prescribe gabapentin and are not eligible for NPI numbers; the PMP will have to develop a method for their prescribing of gabapentin to be reported.
Ralph Orr: PMP ENHANCEMENT INITIATIVES: TABLEAU	TABLEAU is a reports program that will take data and create graphical representations of the data of interest. PMP staff will have access to TABLEAU beginning in mid-April. This will assist the PMP in developing an annual report to accommodate recent legislation and reports to the General Assembly
Ralph Orr: PMP ENHANCEMENT INITIATIVES: Prescriber Reports	The first prescriber reports summarizing a prescriber's prescribing history of controlled substances will be available by the end of May 2017. PMP staff may push this date back to June in order to review the reports, recommend changes and anticipate responses to comments. Prescribers have been asked to select their health care specialty as part of their user profile in PMP AWARxE. Users will receive an email that their prescriber report is ready to view.

Ralph Orr: PMP ENHANCEMENT INITIATIVES: Advanced Analytics	PMP staff will not have access to this until July. Access to advanced analytics is made possible by a CDC grant through the Department of Health. Access to advanced analytics will allow PMP staff to provide obtain more detailed information about unusual instances of prescribing and dispensing as required by law.
ADDITIONAL MEETING DATES FOR 2017:	TBD September, 2017
NEXT MEETING	The next meeting will be held on June 7, 2017 from 10 a.m. to 2:00 p.m.
ADJOURN:	With all business concluded, the committee adjourned at 1:40 p.m.
	Holly M. Mo.
	Holly Morris, Chairman
	Ralph A. Orr, Director