COMMONWEALTH OF VIRGINIA
Meeting of the Virginia Prescription Drug
Monitoring Advisory Committee

Perimeter Center, 9960 Mayland Drive, Second Floor   **804-367-4514(Tel)**
Henrico, Virginia 23233   **804-527-4470(Fax)**

Agenda of Meeting
March 14, 2019
1:00 PM
Board Room 1

Call to Order:
- Welcome and introductions
- Reading of emergency evacuation script: Ralph Orr
- Approval of agenda
- Approval of minutes (pg 1)

Public Comment:

Department of Health Professions Report: Barbara Allison-Bryan, M.D., Chief Deputy Director

Legislation and Regulation Update: Ralph Orr (pg 6)

Program Update:
Communications Update: Videos (pg 9 -11)
- The Many Benefits of Virginia's PMP
- Virginia's Opioid Regulations & the PMP
- Navigating NarxCare (5 episodes)
- The Proper Dose (5 episodes)

Program Analytics:
- Progress Towards Safer Prescribing (pg 13)
- CDC grant performance measures (pg 17)
- Opioid Dashboard and county-level data (pg 18)
- Data for reports to Enforcement Division (pg 21)

Program Operations:
- Compliance tracking activities (pg 22)
- Utilization data (pg 26)
- Registration data (pg 30)

Program Director Report:
- Electronic Health Record (EHR) and Pharmacy Software Application (PSA) integration (pg 33)
- Emergency Department Care Coordination (EDCC) initiative
- Grant activities
- National PDMP Enhanced Data Exchange (NPEDE; pg 35)
- Prescriber reports (pg 36)

Meeting Dates for 2019: 6/12 and 9/18
Adjourn

DRAFT

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

Thursday, September 27, 2018   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 1:06 p.m.
PRESIDING	Jeffrey Gofton, M.D., Chair
MEMBERS PRESENT:	Dan Beauglass, Pharmacist, DMAS
Jill Costen, Office of the Attorney General (for Randall Clouse)
Jeffrey Gofton, M.D., Office of the Chief Medical Examiner
Tana Kaefer, Pharmacist, Bremo Pharmacy
Mary McMasters, M.D., Addiction Medicine Physician
Mellie Randall, Representative, Department of Behavioral Health and Developmental Services
Rodney Stiltner, PharmD, VCU Health Systems
John Welch, 1SG, Virginia State Police
MEMBERS ABSENT:	Randall Clouse, Office of the Attorney General
Shaheen Lakhan, M.D., Chief Manager, Carilion Clinic
Mark Ryan, M.D., VCU Health Systems
STAFF PRESENT:	Lisa Hahn, Chief Operating Officer, Department of Health Professions (DHP)
Elaine Yeatts, Policy and
James Rutkowski, Assistant Attorney General, Office of the Attorney General
Ralph A. Orr, Director, Prescription Monitoring Program
Ashley Carter, Deputy for Analytics, Prescription Monitoring Program
Carolyn McKann, Program Deputy of Operations, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS	Mr. Orr 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	The minutes for the previous meeting held March 2018 were approved as presented.
PUBLIC COMMENTS	None.
Lisa Hahn: DEPARTMENT OF	Lisa Hahn told the committee members that during 2017, legislation was passed which allowed PMP-generated investigations of licensees (prescribers and dispensers).

HEALTH PROFESSIONS REPORT	Following that authority, much effort was given to set up criteria and then evaluate that criterion. During that time, the Department determined that there was need for a Data Analyst. Ms. Ashley Carter began as the new Deputy for Analytics in June of 2018.
Elaine Yeatts: **LEGISLATION AND REGULATION UPDATE**	Ms. Yeatts provided a summary of the 2018 General Assembly. Ms. Yeatts indicated that the definition of covered substance changed to include all Schedule V drugs for which a prescription is required and naloxone. She also noted that 5 pharmaceutical processors should be operational and reporting to the PMP by mid-2019. Ms. Yeatts also noted that veterinarians began reporting to the PMP as of July 1, 2018. Veterinarians who prescribe for less than a 7-day course of treatment are exempt from reporting to the PMP. Mr. Orr noted that in July 2017, the species code requirement was added, and those prescriptions dispensed for animals now display a dog emoji on that prescription detail.
ELECTION OF CHAIR AND VICE CHAIR FOR FY2019	Dr. Jeffrey Gofton was nominated for the Chair position of the Advisory Committee. He was unanimously voted in as Chair. Dr. Stiltner volunteered to be the Vice Chair. He was unanimously voted in as Vice Chair. Mr. Orr noted that there are still two vacant positions on the committee – one nurse practitioner and one physician that the program is working to fill.
Mr. Orr: **PROGRAM UPDATE**	Mr. Orr communicated to the committee that NarxCare Enterprise, which provides risk scores for Narcotics, Stimulants, Sedatives plus an Overdose Risk Score based on 2 years of prescription data, went live on August 1, 2018. He further noted that some entities have been integrated for quite some time, including Kroger pharmacies, which became integrated in 2016. He also pointed out that buprenorphine is completely carved out of the narcotic score. Mr. Orr also noted that NarxCare has a resource tab, which may be used to locate office-based addiction treatment providers within a zip code based area. With respect to Medication Assisted Treatment (MAT), Mellie Randall noted that currently 800 MAT providers are waivered in Virginia; 200 of those have asked to not be on the public list provided by the Substance Abuse and Mental Health Services Administration (SMHSA). Mr. Orr also discussed CDC Prevention for States Grant Projects. Through this grant, approximately 15,000 prescriber reports were sent to prescribers in July. Mr. Orr noted that due to absence of DEAs and/or specialty designations in prescriber user accounts, some prescriber reports were not sent. Through the CDC Prevention for States grant, the PMP also hired Ashley Carter as the PMP's Deputy for Data Analytics.

	Mr. Orr introduced the communications initiative, also grant-funded, to include 5-minute video shorts presented by hired actors. Video shorts will also include interviews by DHP/PMP staff with various guests. Also as part of the communications initiative, several "how-to" tutorial videos will instruct users how to use and how to navigate the AWARxE platform as well as how to interpret the patient profiles (NarxCare reports). Dr. Boone, a Professor of Statistics at VCU, is developing an MME calculator whereby prescribers can type in the medication and dose of each patient's prescriptions to determine their total MME score. A demonstration of the prototype was provided. Mr. Orr also discussed integration of the Virginia PMP. Integration has had a significant impact on the volume of requests in the past year. In 2017, total requests to the Virginia PMP exceeded 18 million. To date in 2018, we have already surpassed 19 million requests and anticipate approaching 30 million requests for calendar year 2018. In August alone, nearly 2 million requests were processed from the integration initiatives. Currently that are 31 EMR systems integrated with the Virginia PMP and 39 EMR and pharmacy software vendors. Several other state PMPs are currently working on integration initiatives. Mr. Orr introduced the Emergency Department Care Coordination Initiative (EDCC), which went live in June. This project was initiated by legislation whereby the PMP is required to integrate PMP information for healthcare providers in the emergency department. The EDCC initiative covers 22 health systems of which 8 systems have signed license agreements for the PMPs integration solution—NarxCare.

Ashley Carter:
OVERVIEW OF PMP ADVISORY PANEL INITIATIVES
	Ms. Carter provided an overview of the proposed indicators of unusual prescribing and dispensing that were presented to the advisory panel members for consideration. The panel unanimously approved the use of seven indicators for identifying egregious outliers.
	
	The following five indicators will be used to identify outlier prescribers:
	
	  1) The top ten prescribers of opioids per quarter by dose quantity
	  2) The top ten prescribers of opioids with minimal PMP use
	  3) Prescribers of patients with a daily MME$\geq$1,500 [with overlapping benzodiazepine
	  4) Top ten prescribers of ER/LA opioids to opioid naïve patients

	5) Top ten prescribers of buprenorphine for MAT dosing>24 mg/day The following two indicators will be used to identify outlier dispensers: 1) Top ten dispensers of opioids from out of state [out of health region] prescribers 2) Top ten dispensers based on radio of CS II to all CS II-V prescriptions, minimum of 1,000 CS II prescriptions
PERIODIC REPORTS AND WEBSITE PRESENTATION OF PMP DATA	Ms. Carter asked the panel members what type of reports they think should be housed in the repository. Mr. Orr noted that information provided by the PMP should be comprised of information not necessarily housed in other Virginia agency websites. First Sergeant Welch indicated that information is most helpful for law enforcement if it is reported by drug schedule. The panel agreed that explanatory information should be provided on each slide. Panel members also communicated that data tables are most helpful, and that 6 previous quarters of data presented in the repository is sufficient in most cases.
MEETING DATES FOR 2019:	March 14, June 12 and September 18, 2019.
NEXT MEETING	The next meeting will be held on March 14, 2018 from 1 p.m. to 3:00 p.m.
ADJOURN:	With all business concluded, Dr. Gofton adjourned at 3:03 p.m.
	Jeffrey Gofton, M.D., Chairman
	Ralph A. Orr, Director

Virginia Department of
Health Professions

VIRGINIA PMP ADVISORY COMMITTEE

BOARD ROOM 1

MARCH 14, 2019

2019 LEGISLATION IMPACTING PMP

- **HB 2557 Drug Control Act; classifies gabapentin as a Schedule V controlled substance.**

  - *Chief patron: Pillion*

  - *Summary as passed:*

  - **Drug Control Act; Schedule V; gabapentin.** Classifies gabapentin as a Schedule V controlled substance. Current law lists gabapentin as a drug of concern. The bill also removes the list of drugs of concern from the Code of Virginia and provides that any wholesale drug distributor licensed and regulated by the Board of Pharmacy and registered with and regulated by the U.S. Drug Enforcement Administration shall have until July 1, 2020, or within six months of final approval of compliance from the Board of Pharmacy and the U.S. Drug Enforcement Administration, whichever is earlier, to comply with storage requirements for Schedule V controlled substances containing gabapentin.

2019 LEGISLATION IMPACTING PMP

- **SB 1516** DOC; disclosure of information, delivery of controlled substances to prisoners.

  - *Chief patron: Carrico*

  - *Summary as passed Senate:*

  - **Department of Corrections; disclosure of information; delivery of controlled substances to prisoners.** Requires the Director of the Department of Health Professions, upon receiving a request for information, to disclose to an investigator for the Department of Corrections who has completed the Virginia State Police Drug Diversion School and who has been designated by the Director of the Department of Corrections information relevant to a specific investigation of a specific individual into a possible unlawful delivery of a controlled substance.

2019 LEGISLATION IMPACTING PMP

- **SB 1653** Prescription Monitoring Program; veterinarians.

- *Chief patron: Stanley*

- *Summary as passed:*

- **Prescription Monitoring Program; veterinarians.** Exempts the dispensing of feline buprenorphine or canine butorphanol from the requirement that the dispensing veterinarian report certain information about the animal and the owner of the animal to the Prescription Monitoring Program. The bill also requires that every veterinary establishment licensed by the Board of Veterinary Medicine maintain records of the dispensing of feline buprenorphine and canine butorphanol, reconcile such records monthly, and make such records available for inspection upon request.

Video series

- The Many Benefits of Virginia's PMP
- Virginia's Opioid Regulations & the PMP
- Navigating NarxCare (5 episodes)
- The Proper Dose (5 episodes)

- DHP YouTube channel

VA Department of Health Professions
123 subscribers

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Uploads   ▶ PLAY ALL

A Veterinarian's Role in Safe Prescribing (Chapter 2)
205 views • 7 months ago

A Veterinarian's Role in Safe Prescribing (Chapter 1)
435 views • 7 months ago

Filing a Complaint with a Health Regulatory Board
59 views • 8 months ago

An Overview of Virginia's Healthcare Workforce Data...
62 views • 10 months ago

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Navigating NarxCare

Five episode series: My Dashboard, Overview, PMP Data in EHRs/PSAs, Rx Search, Understanding the NarxScore
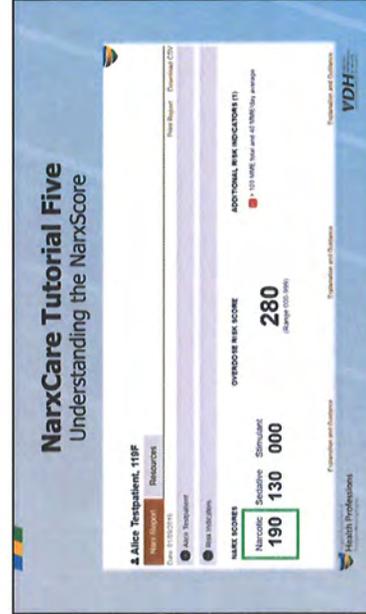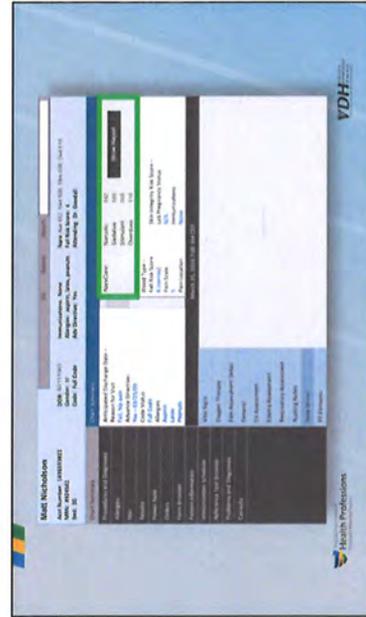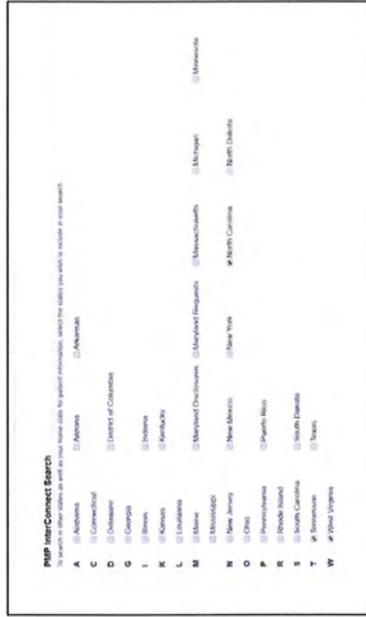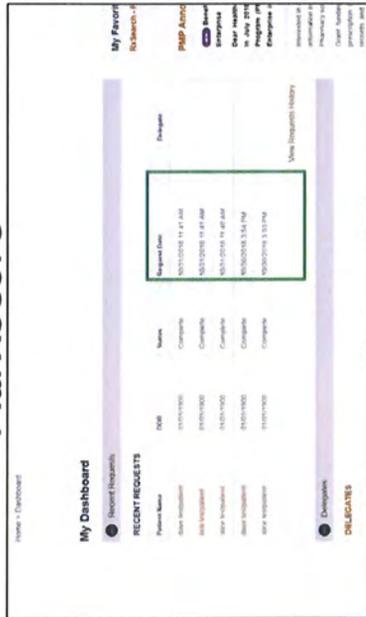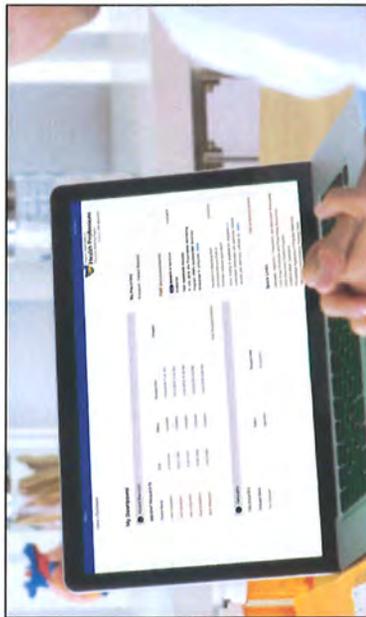
The Proper Dose

Five episode series featuring conversations with David Brown, Barbara Allison-Bryan, Daniel Carey, Bill Hazel, and Norm Oliver

Virginia Department of
Health Professions

Periodic reports

Annual

- Due November 1

Report of the
Department of Health Professions

2018 Annual Report
Virginia Prescription Monitoring Program

To the Joint Commission on Health Care, pursuant to *Code of Virginia* § 54.1-2523.1.

Report Document No. RD 394
Commonwealth of Virginia
November 1, 2018

Quarterly

- Published 4-6 weeks after close of quarter

Virginia Department of
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Virginia Prescription Monitoring Program Quarterly Report

October 1-December 31, 2018

The Virginia Prescription Monitoring Program (PMP) is a 24/7 database containing information on dispensed Schedule II-V prescriptions, naloxone, and drugs of concern. 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. The law governing Virginia's PMP is found in Chapter 25.2 of Title 54.1 of the *Code of Virginia*. Regulations governing the program are found at 18 VAC 76-20-10 et seq.

Summary Statistics for the Fourth Quarter of 2018 (Q4 CY18)

- Utilization of the PMP by prescribers, pharmacists, and their delegates as a risk management tool has increased steadily over time. Enhancements to PMP are ongoing and improvements to ease of use have contributed positively to overall utilization. Compared to the previous quarter, requests for a patient's prescription history increased by 32%, from 8,614,594 to 11,401,441.

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Progress Toward Safer Prescribing

Virginia Department of Health Professions

Adapted Annual Report content into fact sheet series

Electronic prescribing for opioids, 2018
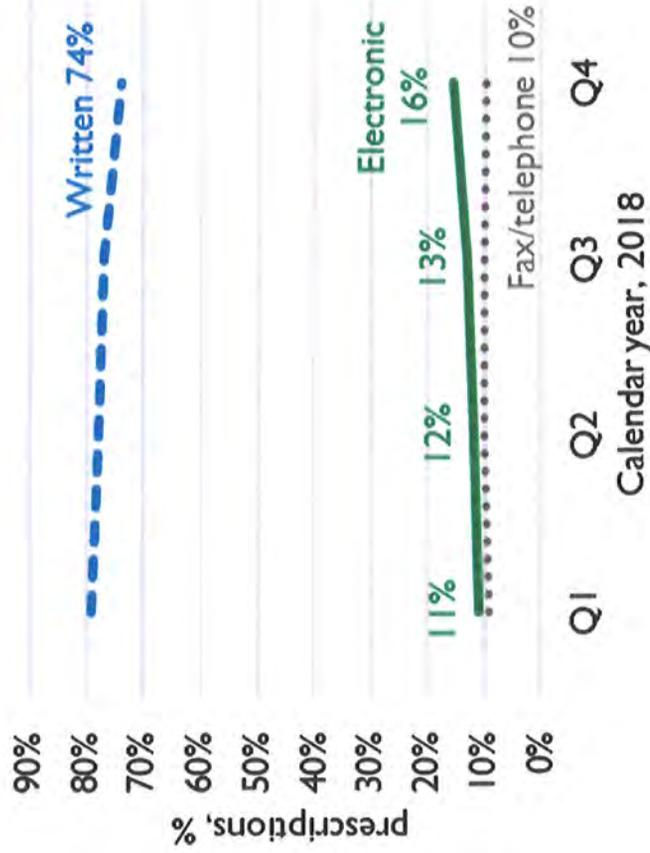
- Currently, Schedule II (opioids, stimulants) prescriptions must be written (§ 54.1-3410) or electronic
  - Percentage of electronic opioid prescriptions is increasing gradually
- Effective July 1, 2020, any prescription containing an opiate must be electronic (§ 54.1-3408.02)
  - Electronic Prescriptions for Controlled Substances (EPCS): DEA promulgated regulations in June 2010 to allow e-prescribing of controlled substances
  - Only 16% of opioid prescriptions were transmitted electronically in Q4 2018
- By comparison, gabapentin: 55% electronic, 31% fax/telephone, and 14% written
  - Gabapentin is not a controlled substance so EPCS requirements do not apply

Chart — prescriptions, % (0% to 90%) by quarter (Q1, Q2, Q3, Q4), Calendar year, 2018:
- Written 74%
- Electronic 16% (11%, 12%, 13%)
- Fax/telephone 10%

Analysis restricted to prescriptions reporting a mode of transmission
Code of Virginia § 54.1-3410 https://law.lis.virginia.gov/vacode/title54.1/chapter34/section54.1-3410/

Doses dispensed by drug class, 2018
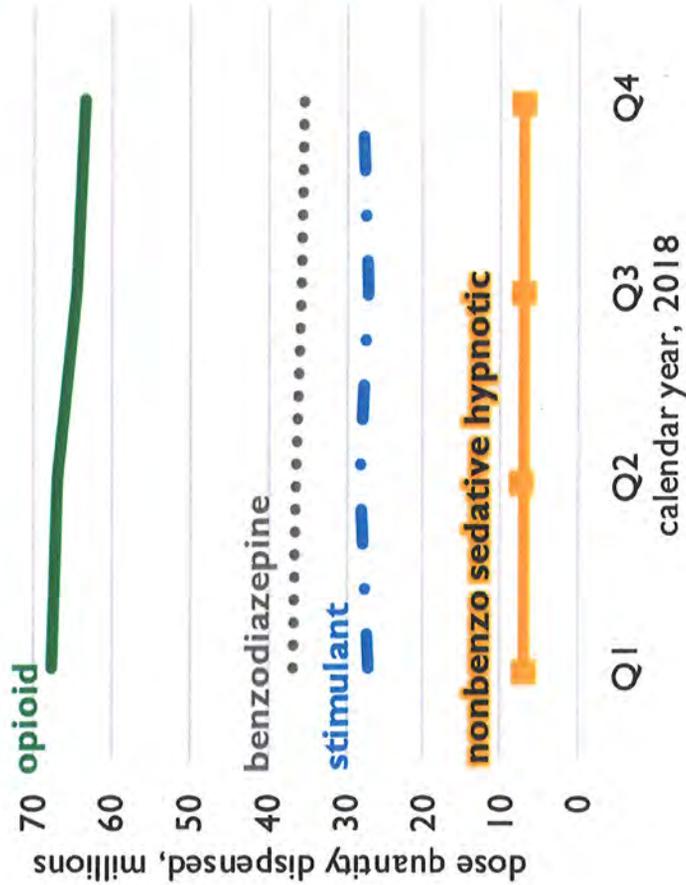
- **Opioids**
  - 7% decrease
  - includes tramadol
- **Benzodiazepines**
  - 4% decrease
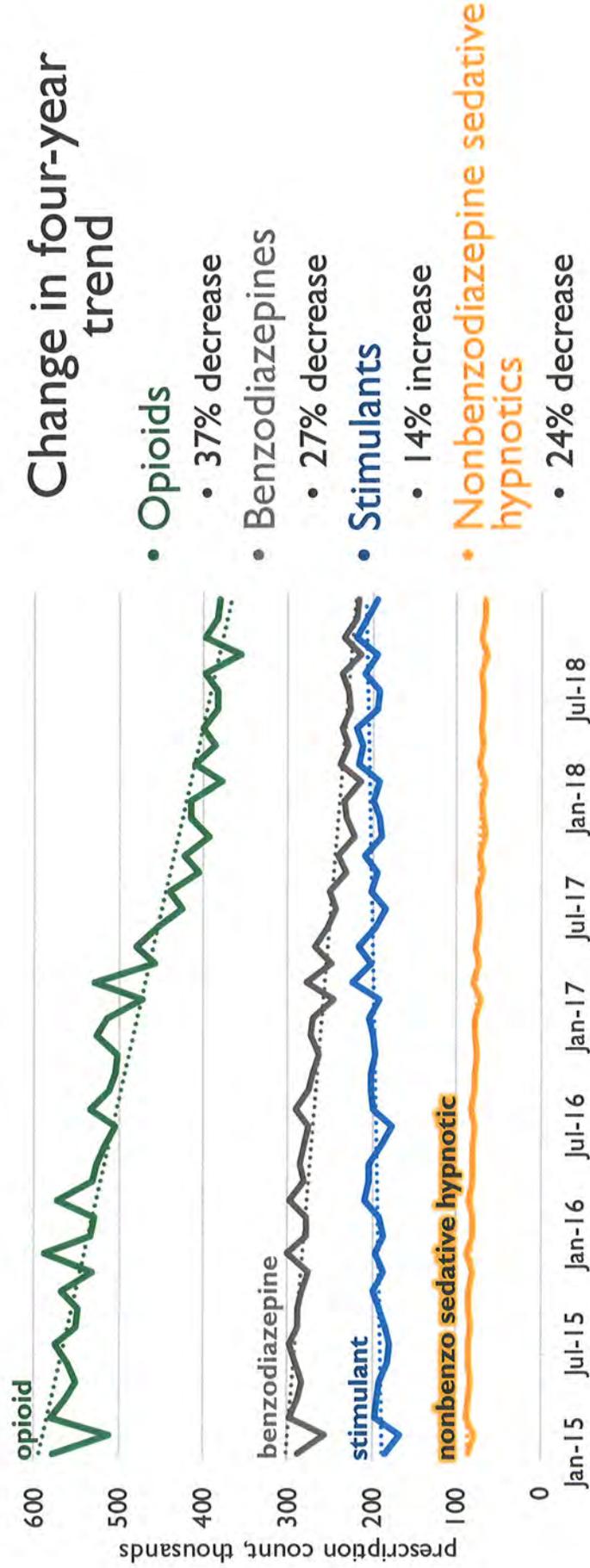 - diazepam (Valium®), temazepam (Restoril®)
- **Stimulants**
  - 3% increase
  - methylphenidate (Ritalin®), amphetamine salts (Adderall®)
- **Nonbenzodiazepine sedative hypnotics**
  - 2% decrease
  - Z drugs: eszopiclone (Lunesta®), suvorexant (Belsomra®), zaleplon (Sonata®), zolpidem (Ambien®)

Chart y-axis: dose quantity dispensed, millions (0, 10, 20, 30, 40, 50, 60, 70)

Chart x-axis: Q1, Q2, Q3, Q4 — calendar year, 2018

Series labels: opioid, benzodiazepine, stimulant, nonbenzo sedative hypnotic

Trends in monthly prescriptions by drug class, 2015-2018

Change in four-year trend

- Opioids
  - 37% decrease
- Benzodiazepines
  - 27% decrease
- Stimulants
  - 14% increase
- Nonbenzodiazepine sedative hypnotics
  - 24% decrease

prescription count, thousands

600
500
400
300
200
100
0

opioid

benzodiazepine

stimulant

nonbenzo sedative hypnotic

Jan-15 Jul-15 Jan-16 Jul-16 Jan-17 Jul-17 Jan-18 Jul-18

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CDC grant performance measures, 2014-2017

	2014	2015	2016	2017	Trend
Rate of opioid analgesic prescriptions per 1,000 state residents	671.0	744.7	608.7	584.5	
Patients receiving more than an average daily dose of ≥90 MME of opioid analgesics	9.4%	8.1%	7.3%	7.1%	
Multiple provider episodes for prescription opioids (≥5 prescribers, ≥5 pharmacies w/in 6 month period) per 100,000 residents	6.1	11.1	8.2	6.3	
Patients prescribed LA/ER opioids who were opioid naïve patients (60 days)	42.7%	9.8%	14.0%	12.5%	
Patient prescription days with overlapping opioid prescriptions	17.2%	17.3%	16.8%	16.0%	
Patient prescription days with overlapping opioid-benzodiazepine prescriptions	23.4%	21.8%	21.3%	18.6%	

Opioid Addiction Indicators Dashboard

- Developed by VDH
- Next iteration will include PMP opioid prescription data at county level by month
  - Use a zip code to county crosswalk and assign counts proportionally based on resident population
- New dashboard infrastructure will accommodate inclusion of other drug classes (e.g., buprenorphine, benzodiazepines)

Virginia Opioid Addiction Indicators

This dashboard displays the Opioid Addiction Indicators (Overdose Deaths, ED Visits, Narcan Adminstrations, Hepatitis C, Diagnosed HIV and NAS) in Virginia. Use the 'Year', 'Geographic Grouping' and 'Select Detail' filters to change the values in the tables and maps below.

Year 2017 · Geographic Grouping Locality · Select Detail (All)

2017 Virginia State Summary

	Fentanyl and/or Heroin Overdose	Prescription Opioid Overdose	ED Heroin Overdose	ED Opioid Overdose	EMS Narcan	Reported Hepatitis C (18-30 year olds)	Diagnosed HIV
Deaths	938	507					
Visits			1,586	8,578			
Administrations					4,533		
New Cases						2,141	894
Mortality Rate	11.0	5.9					
Visit Rate			18.9	102.0			
Administration Rate					53.9		
New Case Rate						140.9	10.6

Rates are calculated as per 100,000 Virginia residents, except for Neonatal Abstinence Syndrome (NAS), which is calculated as per 1,000 live births.

Locality Trends by Year

Overdose Mortality Rate

Neonatal Abstinence Syndrome (NAS) Rate

Reported Hepatitis C Cases & Rates (18-30 year olds)

Fentanyl and/or Heroin Overdose
Prescription Opioid Overdose
State Rate — Rate

Top 10 cities/counties by prescribing rate, 2018

Opioids

1. Dickenson
2. Buchanan
3. Lee
4. Norton City
5. Wise
6. Scott
7. Russell
8. Craig
9. Pulaski
10. Covington City

Benzodiazepines

1. Dickenson
2. Galax City
3. Norton City
4. Martinsville City
5. Henry
6. Wise
7. Lee
8. Covington City
9. Scott
10. Pulaski

# Top 10 cities/counties by prescribing rate, 2018

Stimulants

1. Poquoson City
2. Powhatan
3. Hanover
4. Chesapeake City
5. Buena Vista City
6. Virginia Beach City
7. Colonial Heights City
8. Staunton City
9. Chesterfield
10. Isle of Wight
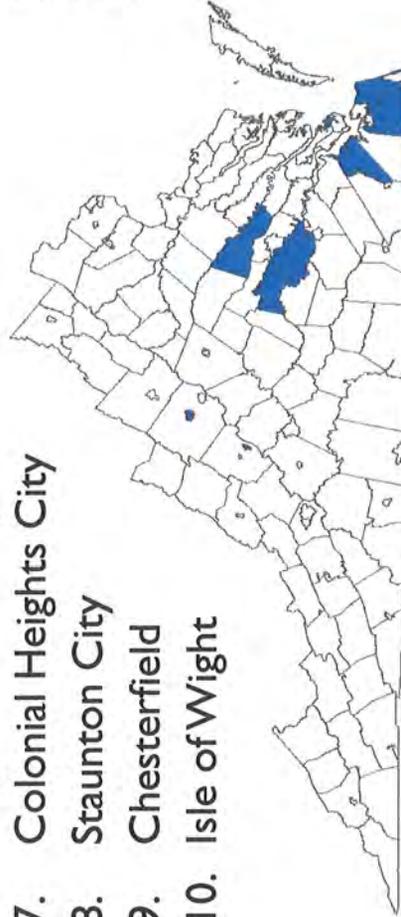
Nonbenzodiazepine sedative hypnotics

1. Dickenson
2. Norton City
3. Buchanan
4. Tazewell
5. Wise
6. Bland
7. Bristol City
8. Smyth
9. Poquoson City
10. Wythe

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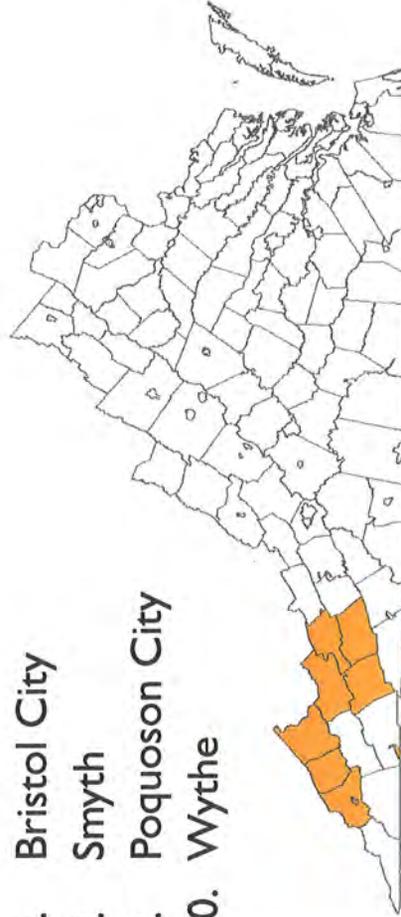
Indicators of unusual prescribing/dispensing

Prescriber

A. Top 10 prescribers of opioids per quarter by dose quantity

B. Top 10 prescribers of opioids with minimal PMP use

C. Prescribers of patients with a daily MME ≥ 1,500 [with overlapping benzodiazepine]

D. Top 10 prescribers of ER/LA opioids to opioid naïve patients

E. Top 10 prescribers of buprenorphine for MAT dosing > 24mg/day

Dispenser

F. Top 10 dispensers of opioids from out of state [out of health region] prescribers

G. Top 10 dispensers based on ratio of CS II to all CS II-V prescriptions, minimum of 1,000 CS II prescriptions

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Compliance: Chap. 25.2 of Title 54.1 of the Code of Virginia

- **§ 54.1-2521. Reporting requirements.**

- D. The reports required herein shall be made to the Department or its agent within 24 hours or the dispenser's next business day, whichever comes later, and shall be made and transmitted in such manner and format and according to the standards and schedule established in the Department's regulations.

Note: The relevant board may take disciplinary action when licensees do not adhere to these reporting requirements

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Compliance: 18VAC 76-20-10 et. seq.

- **18VAC76-20-40. Standards for the manner and format of reports and a schedule for reporting.**

D. Data not accepted by the vendor due to a substantial number of errors or omissions shall be corrected and resubmitted to the vendor within five business days of receiving notification that the submitted data had an unacceptable number of errors or problems.

Compliance: Daily Reporting

- Historically, the Virginia PMP has experienced approximately 95% compliance among it's licensed dispensers

- The Virginia PMP is working with Appriss, our software vendor, to improve tools to identify individual licensed dispensers who meet specific delinquency thresholds

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Compliance: Errors

- No historical or consistent way to track errors

- No consistent way to confirm that errors have been corrected

- Appriss is developing compliance reports which will allow PMP administrators to identify trends in error reporting or specific dispensers with a significant error rate

Utilization Data

PMPi:

Interoperability is the ability to share data among other states within the AWARxE platform and is primarily for the use of prescribers and pharmacists

- Monday, November 5, 2018
  First U.S. Territory live with Virginia PMP on November 5, 2018: Puerto Rico

- Wednesday, January 16, 2019
  Virginia is the first State PMP to become interoperable with the Military Health Systems, allowing access to prescription data from the Department of Defense and active military

- Friday, March 8, 2019
  Virginia PMP begins sharing data with Florida

Utilization Data

Integration: Gateway

- PMP Gateway ("Integration") means that prescription data (the "PMP Report") is embedded within the prescriber's or pharmacist's clinical workflow

- Integration accounts for the majority of the Virginia PMP's growth

- As of February 2019, 82 licenses for integration have been approved by the Virginia PMP

- The use of Gateway maintains interoperability

Increasing PMP utilization

- Requests for a patient's prescription history grow exponentially each year
- By the end of 2018, requests exceeded 33 million and nearly doubled compared to 2017 (18 million)
- Rapid rise in utilization of the PMP is primarily the result of expansions in integration within the electronic health record and pharmacy software applications

utilization: requests

requests, millions

35
30
25
20
15
10
5
0

2012 2013 2014 2015 2016 2017 2018

PMPi and Gateway Total: >51 M in 2018

Virginia Department of Health Professions

PMPi:Virginia
Incoming and Outgoing Requests

687,872
729,506
811,370
649,167
740,858
745,835
723,088
733,360
659,285
635,347
536,565
594,443

451,604
451,604
495,342
438,381
540,716
432,706
457,772
441,927
408,198
393,176
398,021
342,009

900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0

Jan-18 Feb-18 Mar-18 Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18

— Requests to Virginia — Requests from Virginia Users

Gateway:Virginia
Incoming and Outgoing Requests

3,137,173
2,740,146
2,066,114
1,572,672
1,754,892
1,769,955
1,497,457
1,524,063
1,365,912
1,243,737
1,093,329
973,163

2,610,553
2,594,800
2,146,511
1,529,354
1,682,256
1,326,900
1,070,046
883,942
836,584
835,245
696,891
746,755

3,500,000
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
500,000
0

Jan-18 Feb-18 Mar-18 Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18

— Gateway - Virginia Integration — Gateway - Out-of-State

Registration Data

- Current Activities

  - Identifying delegates that have not accessed their personal account – working with Appriss to disable these accounts

  - Identifying inactive accounts – users who have never activated their own account and/or have not logged in for a significant time

  - As required in 18VAC76-20-50, authorized agents (law enforcement, DHP enforcement staff and other regulatory users) shall register with the program and registration shall expire on June 30 of each even-numbered year. Biennial renewal of regulatory user was completed during July of 2018.

Regulatory Requests

Virginia Department of
Health Professions

Law Enforcement/Regulatory Use of AWARxE (Login) in 2018*

1,231

1,555

349

2,035

1,834

176

10,537

- DEA
- FBI
- DHP Investigator
- Local
- Medicaid Fraud
- Medical Examiner
- State Police
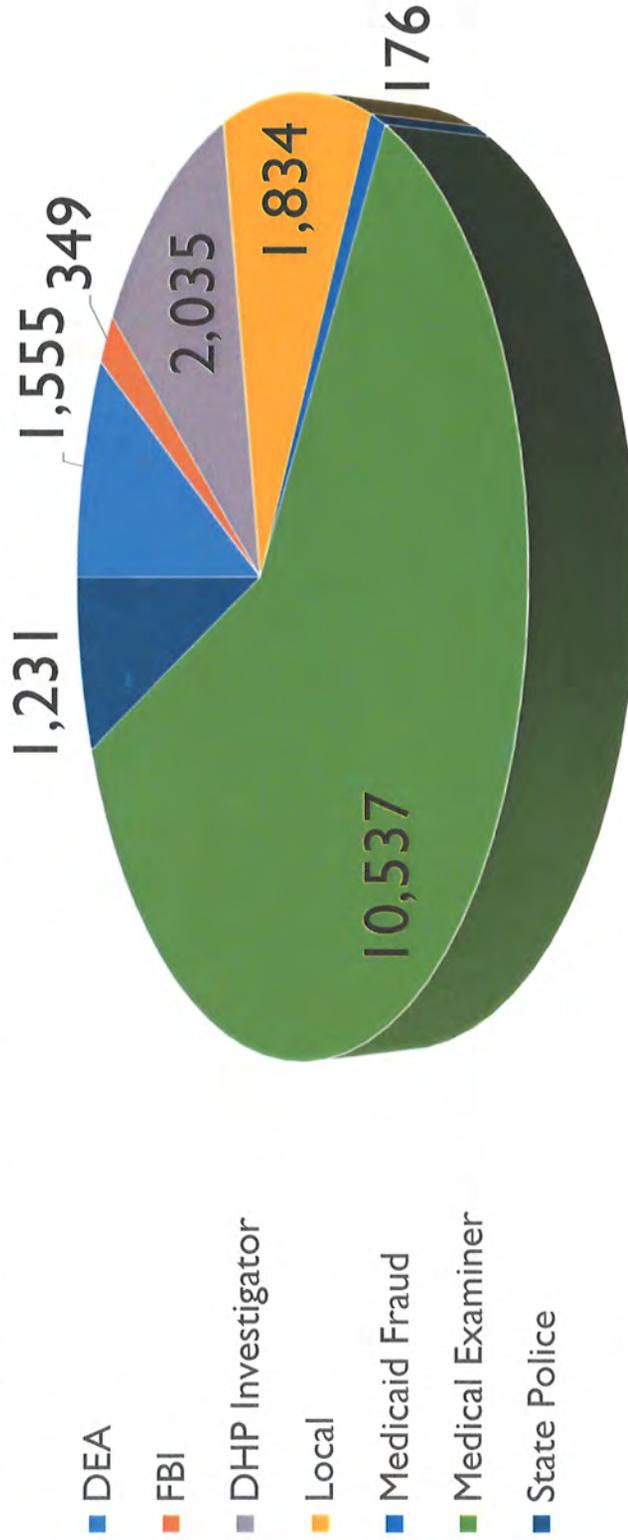
*Regulatory requests represent less than 1% of total 5.2 M requests in 2018.

AWARxE Enhancements: Pdf of "My Profile"

PMP Aware™
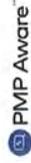
My Profile

Profile Info

Name: Test User (Last Login: 03/13/2019)
DOB: 01/01/1978
DEA Number(s): MG1234567
Professional License #: 0101000111 Type: MD
Registration Date: 12/29/2016
Registration Approval Date: 03/11/2019
Employer: DHP
    5950 Mayland Drive
    Henrico, VA 23233
Employer Phone: (804) 367-4566
Employer Fax:
Role(s): Physician (MD, DO)

Specialty

Healthcare Specialty
Allopathic & Osteopathic Physicians : Internal Medicine - Internal Medicine
Allopathic & Osteopathic Physicians : Radiology - Radiology

AWARxE Enhancements : Edit DEA

Edit Profile Info - Test User

Only the following information can be updated on your profile. Contact your state administrator if you need to update any profile information not shown below.

Updating to an invalid DEA may deactivate your account.

DEA Number(s)

MG1234567   **+ Add**

DEA Numbers Added

MG1234567   Remove

Employer Name

DHP

Street Address ✱

9960 Mayland Drive

Address Line 2

Cancel   **Update**

INTEGRATION:

EDCC: Health System Status

- **Implemented (8)**
  - Carilion
  - Riverside
  - INOVA
  - VCU
  - UVA
  - Sentara
  - Valley Health
  - Virginia Hospital Center
- **License but not Implemented**
  - Ballad Health
  - Mary Washington
  - CHKD

- **License Agreement in Final Legal Review or Fast Track Process***
  - Centra Health
  - HCA Hospitals
  - Bon Secours*
- **In Process (7)**
  - Augusta Health, Bath County, Buchanan General, Community Health System, Lifepoint Health, Novant Health, Chesapeake Regional

NPEDE: National PDMP Enhanced Data Exchange

- Grant program—Virginia is one of five states to participate in initial grant

- Initial Data Sets:
  - Justice: Inform Overdose Risk Score. Coordination with VCPI
  - Controlled Substance Identification: Identification of person picking up the prescription. This aspect or the project will require legislation or regulatory change
  - History of Non-fatal Overdose: Inform Overdose Risk Score and display in Additional Risk Indicators section of NarxCare. Coordination with Department of Health, possible need for legislation

Virginia Department of
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PRESCRIBER REPORTS

- Prescriber Reports
  - Sent quarterly covering previous 6 month period
  - Approximately 15,000 reports sent last cycle
  - New "User Guide"
  - Important elements for prescribers:
    - Ensure email address in account is up-to-date
    - DEA number is listed in account and is correct
    - Health Care Specialty is indicated in account and is correct

Virginia Department of Health Professions

VIRGINIA PRESCRIPTION MONITORING PROGRAM
PMP Prescriber Report

APPRISS HEALTH

DATE: 1/11/2019

NAME: Test Doctor

ROLE: Physician (MD, DO)

DATE COVERED BY THIS REPORT: 7/1/2018 - 12/31/2018

DEA #: AD1234568

SPECIALTY: Adult Medicine

MEMBER NUMBERS IN YOUR PEER GROUPS:	SIMILAR PRESCRIBER (SP): 89	WITHIN YOUR SPECIALTY (WS): 130

NUMBER OF PERSONS FOR WHICH YOU PRESCRIBED OPIOIDS *(MONTHLY AVERAGE)*

You	Similar Prescriber (SP)	Within your Specialty (WS)
1	12	8

NUMBER OF PRESCRIPTIONS YOU WROTE FOR OPIOIDS *(MONTHLY AVERAGE)*

You	Similar Prescriber (SP)	Within your Specialty (WS)
2	14	8

TOP MEDICATIONS PRESCRIBED *(FULL REPORT PERIOD)*

clonazepam	gabapentin	zolpidem tartrate

PRESCRIPTIONS BY DAILY MME (MORPHINE MILLIGRAM EQUIVALENT) *(FULL REPORT PERIOD)*
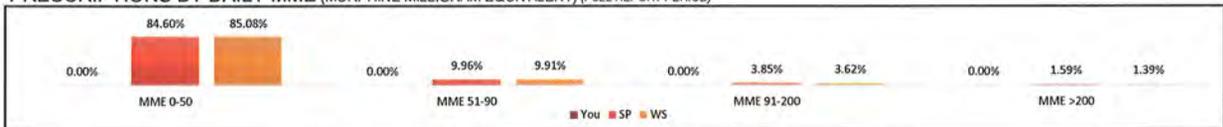
	MME 0-50	MME 51-90	MME 91-200	MME >200
You	0.00%	0.00%	0.00%	0.00%
SP	84.60%	9.96%	3.85%	1.59%
WS	85.08%	9.91%	3.62%	1.39%

Legend: You ■ SP ■ WS

OPIOID TREATMENT DURATION (% OF PATIENTS) *(FULL REPORT PERIOD)*

	< 7 Days	7-28 Days	29-90 Days	> 90 Days
You	50.00%	25.00%	25.00%	0.00%
SP	21.71%	21.91%	27.25%	29.12%
WS	21.26%	24.07%	28.72%	25.95%

Legend: You ■ SP ■ WS

PRESCRIPTION VOLUMES (TOTAL MME) *(MONTHLY AVERAGE)*

	Oxycodone Containing Products	Hydrocodone Containing Products	Other Opioids
You	0	0	0
SP	966	556	2,006
WS	477	389	1,383

Legend: You ■ SP ■ WS

ANXIOLYTIC / SEDATIVE / HYPNOTIC PRESCRIBING *(MONTHLY AVERAGE)*

PRESCRIPTIONS

You	SP	WS
60	16	14

DOSAGE UNITS

You	SP	WS
3,004	678	535

Legend: You ■ SP ■ WS
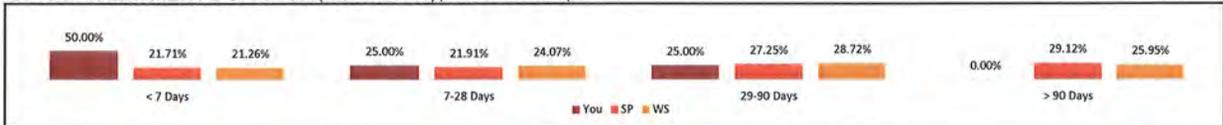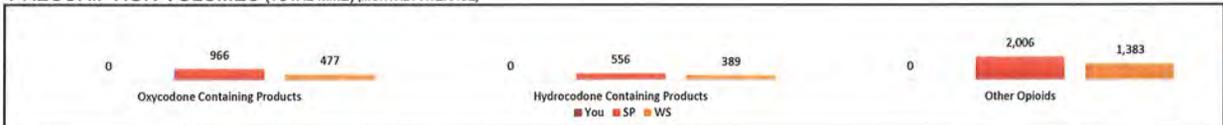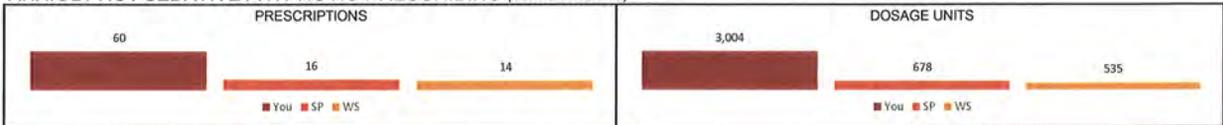
PDMP USAGE *(MONTHLY AVERAGE)*

PDMP REQUESTS BY YOU	PDMP REQUESTS BY YOUR DELEGATE(S)	SIMILAR PRESCRIBER AVERAGE	SPECIALTY FIELD AVERAGE
7	13	5	4

PATIENTS EXCEEDING MULTIPLE PROVIDER THRESHOLDS *(FULL REPORT PERIOD)*

PATIENTS EXCEEDING MULTIPLE PRESCRIBER THRESHOLD	PATIENTS EXCEEDING MULTIPLE PHARMACY THRESHOLD
0	0

DANGEROUS COMBINATION THERAPY

PRESCRIPTIONS FOR OPIOID + BENZO IN SAME MONTH		PRESCRIPTIONS FOR OPIOID + BENZO + CARISOPRODOL IN SAME MONTH	
0	18	0	1
BY YOU	BY YOU + OTHER PRESCRIBERS	BY YOU	BY YOU + OTHER PRESCRIBERS

Virginia PDMP Prescriber Report User Guide

This document is a guide to interpreting your Prescriber Report. Please see the additional attachment for your actual report, or log into the PDMP and navigate to Menu > RxSearch > Prescriber Report to download a copy. Report images below are examples and not a reflection of your prescribing history.

The Prescriber Report is intended to give prescribers insight into their prescribing patterns. Reports are provided quarterly to all registered PDMP users with an active account and a defined role and specialty who have written at least one opioid prescription during the prior six-month period. The data represented includes Schedule II-V drugs as reported to the state PDMP, by the dispensers and pharmacies, during the report period listed. The following includes information on how to interpret each section of the prescriber report. For additional questions, please email pmp@dhp.virginia.gov

Disclaimer: Comparisons with peer groups are meant to give prescribers a point of reference. The PDMP recognizes that no two practice settings are identical. Additionally, this report is not intended to be an indication that the prescriber or his/her patients have done something wrong. If you believe one or more of your patients may have substance use disorder (SUD), we encourage you to review educational materials that are available online including topics on referring patients to treatment for SUD, approaches to addressing SUD with patients, and effective opioid tapering practices.

Report Header
The "specialty" field represents the specialty as chosen by you upon registration with the PDMP. If you feel your specialty is misrepresented, you may update it within your PDMP account and these changes will be reflected in the next distribution of your prescriber report.

To update your specialty in the PDMP, please log-in to PDMP system. Under "Menu" tab, select "My Profile" and update your Specialty. For additional details on how to do this, please see the Q&A section of this document.

PRESCRIBER REPORT

SAMPLE

DATE: 6/25/2018	DATE COVERED BY THIS REPORT: 10/1/2017 - 3/31/2018
NAME:	DEA #:
ROLE: Physician (MD, DO)	SPECIALTY: Family Medicine

Most metrics include comparisons to median values of your prescriber peer groups. Only those prescribers who are registered with the PDMP with an active account and a defined role and specialty who have written at least one opioid prescription during the prior six-month period are included in the comparisons. The prescriber peer groups are defined as follows:
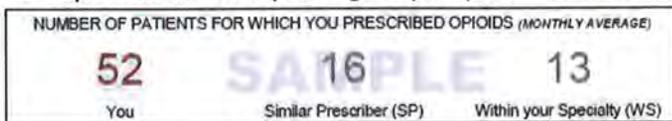
- Similar Prescriber (SP): The same role and the same healthcare specialty of the prescriber. For example, a comparison with other physician assistants in family practice.

- A value of * indicates that the SP peer group was too small for a statistically valid comparison and no comparison is provided.

o   Within Specialty (WS): The same healthcare specialty as the prescriber. For example, comparison with all other roles (physicians, nurse practitioners, physician assistants, etc.) practicing in family practice.

   o   The specialty as selected by the prescriber at the time of registration is used for this comparison. If Specialty Level 3 is too small for a statistically valid comparison, Specialty Level 2 is used. If Specialty Level 2 is too small for a statistically valid comparison, Specialty Level 1 is used.

PRESCRIBER NUMBERS IN YOUR PEER GROUPS	SIMILAR PRESCRIBER (SP): 4569	WITHIN YOUR SPECIALTY (WS): 6048

Number of patients for which you prescribed opioids (monthly average)
This represents a monthly average of your patients that were prescribed opioids compared to your peers.

NUMBER OF PATIENTS FOR WHICH YOU PRESCRIBED OPIOIDS *(MONTHLY AVERAGE)*

52	16	13
You	Similar Prescriber (SP)	Within your Specialty (WS)

Number of prescriptions you wrote for opioids (monthly average)
This represents a monthly average of opioid prescriptions that were written by you in comparison to your peers.

NUMBER OF PRESCRIPTIONS YOU WROTE FOR OPIOIDS *(MONTHLY AVERAGE)*

59	20	15
You	Similar Prescriber (SP)	Within your Specialty (WS)
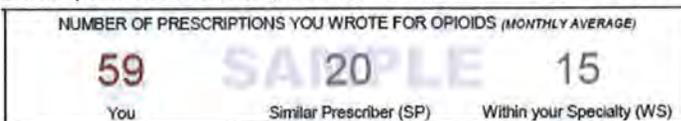
Top Medications Prescribed (Full Report Period)
This metric represents the top three Schedule II-V drugs (listed by generic name) based on the number of prescriptions prescribed by you and reported to the PDMP.

TOP MEDICATIONS PRESCRIBED *(FULL REPORT PERIOD)*

ALPRAZOLAM	TRAMADOL HCL	LORAZEPAM

Prescriptions by Daily MME (Morphine Milligram Equivalent) (Full Report Period)
This metric categorizes all opioid prescriptions written by you into four groups based on their Daily Morphine Milligram Equivalent (MME) range. Each Daily MME range includes a comparison to your peers.

PRESCRIPTIONS BY DAILY MME (MORPHINE MILLIGRAM EQUIVALENT) *(FULL REPORT PERIOD)*

|	MME 0-50			MME 51-90			MME 91-200			MME >200	
89.38%	76.73%	77.24%	7.19%	14.60%	14.35%	3.44%	6.06%	5.91%	0.00%	2.59%	2.46%

■ You ■ SP ■ WS

The Morphine Milligram Equivalent (MME) is the amount of morphine an opioid dose is equal to when prescribed. Buprenorphine is excluded from MME calculations in this report. The Centers for Disease Control and Prevention (CDC) recommends that prescribers should reassess evidence of the benefits and risks to the patient when increasing dosage to ≥ 50 MME/day (e.g., ≥ 50 mg hydrocodone; ≥ 33 mg oxycodone) and avoid increasing to ≥ 90 MME/day (≥ 90 mg hydrocodone; ≥ 60 mg oxycodone) when possible due to an increased risk of complications.

The CDC's Opioid Guideline Mobile App summarizes key recommendations on opioid prescribing and includes an MME calculator: https://www.cdc.gov/drugoverdose/prescribing/app.html

Opioid Treatment Duration (% Of Patients) (Full Report Period)

This metric categorizes your patients into four groups based on the duration of their opioid treatment. Each range includes a comparison to your peers. The ranges are based on the cumulative days' supply of a patient's prescriptions during the reporting period. The days' supply in the reporting period is not necessarily consecutive (e.g., two 5-day opioid prescriptions written a month apart would count as 10 days).
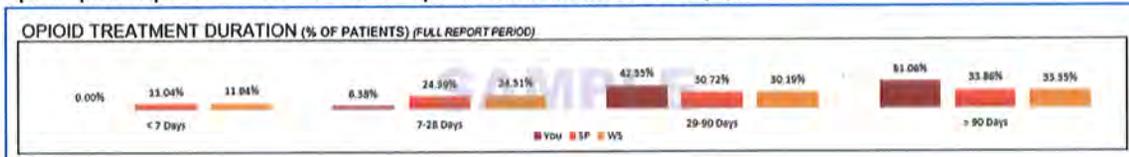
Prescription Volumes (Total MME) (Monthly Average)

This metric was calculated using the total dosage (Morphine Milligram Equivalent) of all opioid prescriptions written by you and is presented as a monthly average. Prescriptions are categorized by those containing oxycodone, hydrocodone and all other opioids. Each category includes a comparison to your peers.
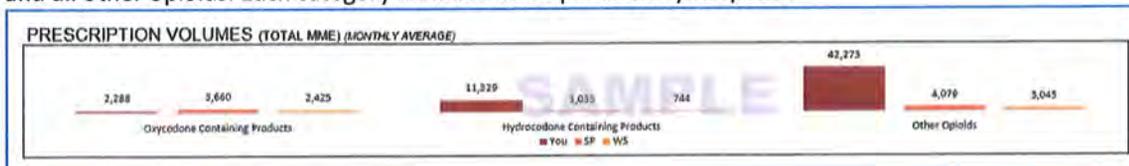
Anxiolytic/Sedative/Hypnotic Prescribing (Monthly Average)

This metric represents the monthly average of prescription counts and dosage units for Anxiolytic/Sedative/Hypnotic prescriptions written by you compared to your peers. All Anxiolytic/Sedative/Hypnotic prescriptions are included as a single category.
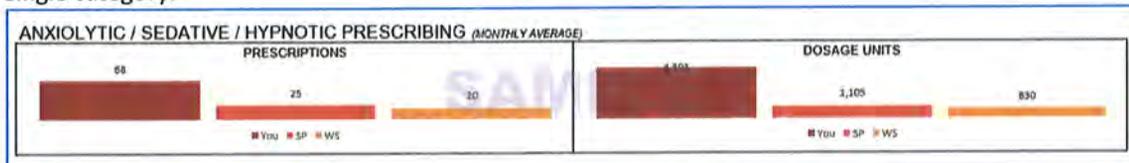
PDMP Usage (Monthly Average)

This metric represents the average number of PDMP patient report requests made within the reporting period by you and/or your delegates compared to your peers.

PDMP USAGE (MONTHLY AVERAGE)			
PDMP REQUESTS BY YOU	PDMP REQUESTS BY YOUR DELEGATE(S)	SIMILAR PRESCRIBER AVERAGE	SPECIALTY FIELD AVERAGE
14	1	17	15

Patients Exceeding Multiple Provider Thresholds (Full Report Period)

Multiple Prescriber Threshold: This metric represents the number of your patients who received controlled substance prescriptions from more than 5 prescribers, including you, within the past six months.

Virginia Department of
Health Professions
Prescription Monitoring Program

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Multiple Pharmacy Threshold: This metric represents the number of your patients who filled controlled substance prescriptions at more than 5 pharmacies within the past six months.

PATIENTS EXCEEDING MULTIPLE PROVIDER THRESHOLDS *(FULL REPORT PERIOD)*	
PATIENTS EXCEEDING MULTIPLE PRESCRIBER THRESHOLD	PATIENTS EXCEEDING MULTIPLE PHARMACY THRESHOLD
0	0

Dangerous Combination Therapy

This metric represents the number of patients in the reporting period receiving a prescription for both an opioid and a benzodiazepine (or an opioid, benzodiazepine and carisoprodol) for an overlapping period within the reporting period. The metric "by you" represents cases in which you wrote prescriptions for each of the drugs for the same patient. The metric "by you + other prescribers" represents cases in which you wrote at least one of the prescriptions (this metric is inclusive of the "by you" metric). Benzodiazepine prescriptions include any other anxiolytic, sedative and hypnotic medications.

DANGEROUS COMBINATION THERAPY			
PRESCRIPTIONS FOR OPIOID + BENZO IN SAME MONTH		PRESCRIPTIONS FOR OPIOID + BENZO + CARISOPRODOL IN SAME MONTH	
26	39	0	0
BY YOU	BY YOU + OTHER PRESCRIBERS	BY YOU	BY YOU + OTHER PRESCRIBERS

According to the CDC, concurrent benzodiazepine, opioid, and/or carisoprodol prescriptions should be avoided, given the high risk of adverse drug-drug interactions, specifically respiratory depression and death.

Questions and Answers (Q&A)

### How can I update my specialty so it is represented correctly in this report?

The "specialty" in the prescriber report represents the specialty level 2 as chosen by you upon registration with the PMP. If you feel your specialty is misrepresented, you may update it within your PDMP account and these changes will be reflected in the next distribution of your prescriber report.

To update your specialty, follow the steps below.

1. Login to https://virginia.pmpaware.net/
2. Click on your name in the top right corner of PMP AWARxE, click My Profile.
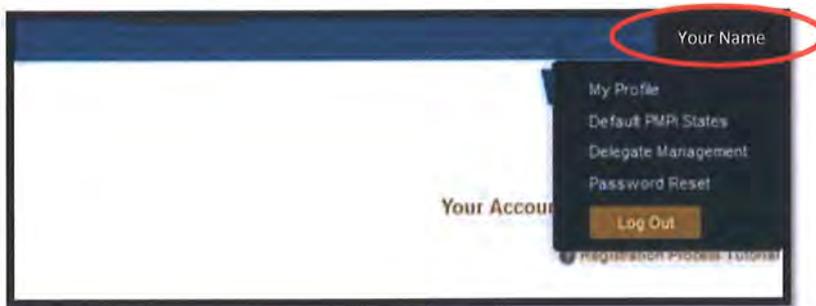
3. Under My Profile you will find Specialty which displays the currently selected Healthcare Specialty.

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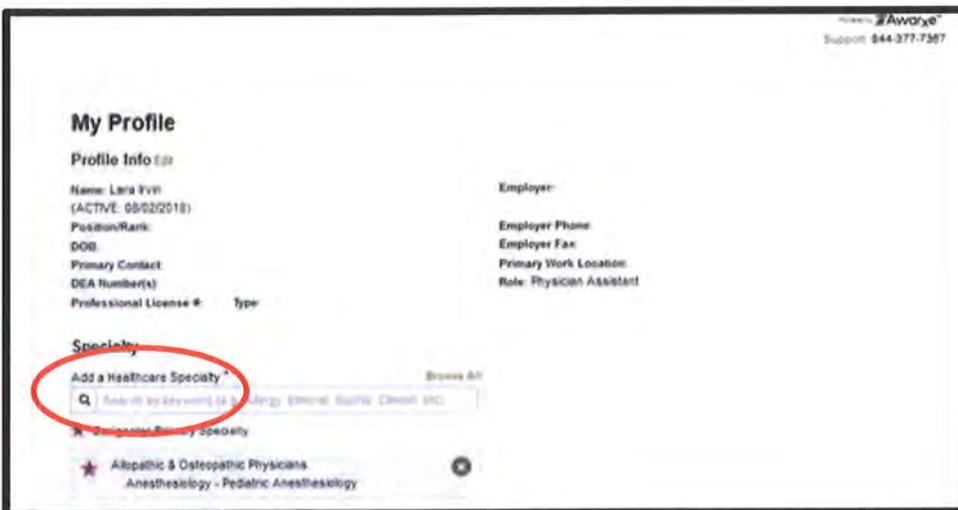
You may add additional specialties, if applicable, by clicking within the "Add a Healthcare Specialty" field and begin typing the name of your preferred specialty.
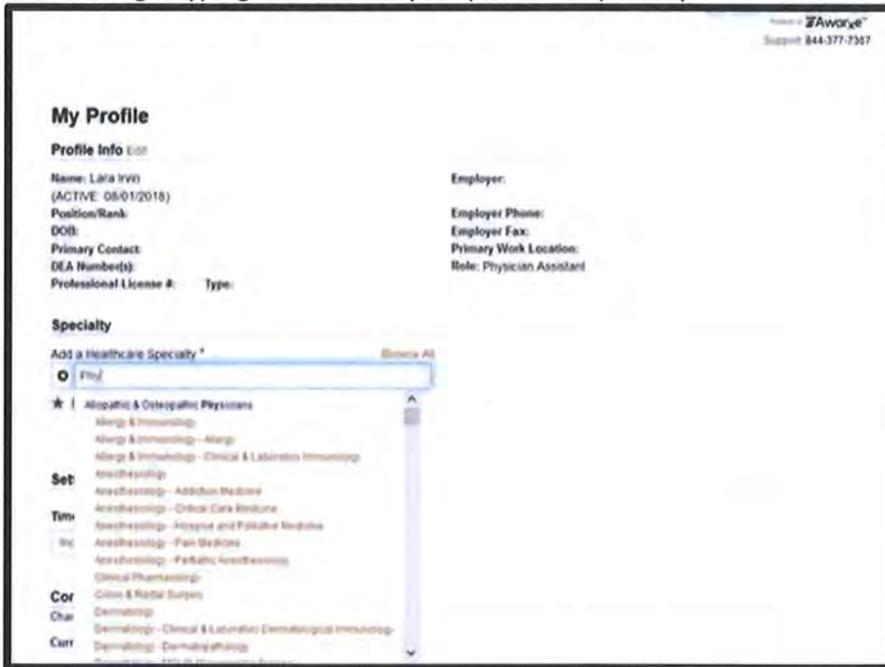
4. To delete an existing Healthcare Specialty click the "X" to the right of the specialty you wish to delete.
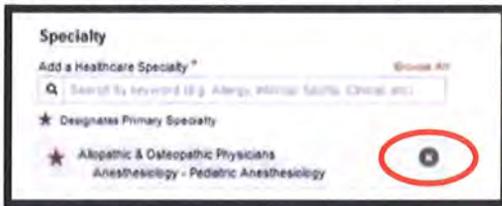
My DEA number is incorrect. How can I fix that?
You can validate or update your DEA number by visiting the DEA website:
https://apps.deadiversion.usdoj.gov/webforms/jsp/regapps/common/updateLogin.jsp

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Prescription Monitoring Program

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How can I look up my prescribing history?

You may further review your PDPMP prescription detail by following the below steps.

1. Login to https://virginia.pmpaware.net/
2. Click Menu from the top menu bar to expand the options
3. Click MyRX below RXSearch

Home	Data	RxSearch	Insight	User Profile
Dashboard	Accounts	Patient Request	New Reports	My Profile
PMP Announcements	Consolidation	Bulk Patient Search	Reports History	Default PMPi States
Quick Links	Rx Management	Requests History	Reports Processing	Delegate Management
		Requests Processing		Password Reset
		MyRx		Log Out
		Patient Alerts		
		Requests Approval		

4. MyRx will allow you to search for prescriptions written by you that have been dispensed to the patient and reported to the VA PMP.

Why did I receive this report when my peer prescriber has not received it?

Only prescribers that are registered with the Virginia PDMP receive this report. Additionally, prescribers with inaccurate, invalid, or inactive email addresses in the PDMP system would not be able to receive the report.