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
September 17, 2020
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

Department of Health Professions Report: Dr. Allison-Bryan

Program Update:

Program Operations: Carolyn McKann
- Compliance update
  o Compliance Tracking
  o Data Quality
  o Common Reporting errors
- Reporting of CBD and THC-A oil dispensing to the PMP

Program Analytics: Ashley Carter
- Improving data quality for user accounts
- County level opioid prescription information
- Periodic reports and recent trends during COVID-19

Program Director Report: Ralph Orr
- Integration update
- Interoperability
- 2018 SUPPORT Act requirements and PMP

Meeting Dates for 2021:

Adjourn Dr Gofton

<u>**Virginia Prescription Monitoring Program**</u>
<u>**Instructions for Accessing September 17, 2020 Virtual Advisory Committee**</u>
<u>**Meeting**</u>

- **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

JOIN BY AUDIO ONLY
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Meeting Number (access code): 132 635 9707
Meeting Password: 83962528

JOIN THE INTERACTIVE MEETING
Join Meeting

Virginia Department of
Health Professions

Virginia's
Prescription Monitoring Program
or PMP 101

Barbara Allison-Bryan, MD
Chief Deputy DHP

PMP 101: the Basics

WHO

WHAT

WHERE

WHY

HOW

PMP 101: Who

- Program Director: Ralph Orr
- Senior Deputy for Analytics: Ashley Carter
- Operations: Carolyn Mckann
- Vendor: Appriss Health
- NABP: PMPi allows for interstate data sharing
- Advisory **Committee** (§ 54.1-2520E) **YOU** assist in the implementation and evaluation of the PMP
- Advisory **Panel**: (§ 54.1-2523.1A) BOM, BOP, VDH, DMAS, DBHDS advises on criteria for unusual prescribing or dispensing

PMP 101: Who

- every licensed prescriber in VA has access by virtue of the license
- delegates of prescribers and pharmacists
- investigators for licensing boards
- office of the Medical Examiner
- authorized law enforcement agents
- approved parole and probation officers
- every veterinarian who dispenses an opioid or other covered substance >7days
- every person (or pet) who is dispensed a covered substance has a record of that dispensing in the PMP

PMP 101: What

- robust data base
- 24/7 record (a list) of dispensed schedules II – V drugs (which now include gabapentin), naloxone, cannabis oils: the dose, the prescriber, the filling pharmacy
- pharmacies & dispensing prescribers report within 24 hours of dispensing; 1 million Rx each month!

What's not included?

- reporting exemptions include samples, emergencies, administration of covered substances in hospitals or hospice, administration to patients in single source nursing homes, and (currently) federal opioid treatment centers

PMP 101:Where

Interoperable

with nearly 40 other states including all of Virginia's
border states, D.C., Puerto Rico, and military health facilities

Integrated

into the EMR workflow of thousands of users; 90% PMP
inquiries come from **Gateway Solution** integration

Accessible

anywhere the authorized user can log in via **AWARxE** platform

PMP 101: Why

- promotes the appropriate use of controlled substances for legitimate medical purposes
- helps to monitor compliance with a treatment plan
- deters the misuse, abuse, and diversion of controlled substances
- helps law enforcement to identify multiple prescriber use, drug diversion, and illegal prescribing and dispensing
- supports health profession licensing boards in investigations
- allows analysis of data that can help identify trends with specific drugs, geographic regions, patient demographics, and provider demographics

PMP 101: Why

A maximized PMP could answer or substantiate the answer to 4 important questions:

- Is this patient opioid naïve?
- Is this patient using controlled substances frequently or chronically?
- Is this patient's pattern of controlled substance use concerning?
- Is this patient at risk of overdose and in need of immediate help?

A simple LIST of prescriptions would require analysis to do this & TIME

PMP 101: How

NarxScores weigh medication used and medication behaviors
- Low Dose + Low Risk Behaviors = Low NarxScore
- Low Dose + Risky Behaviors = Mid-Range NarxScore
- High Dose + Low Risk Behaviors = Mid-Range NarxScore
- High Dose + Risky Behaviors + High NarxScore

Distribution of NarxScores
- 75% <200
- 5% >500
- 1% >650

The Fourth NarxScore
Overdose Risk Score

- 3 digits ranging from 000-999

- Highly correlated with risk of unintentional OD death

- Correlated to >5000 OD deaths

- And possibly coming soon: recent incarceration release

PMP 101: What's Next?

- Emergency Care Coordination Initiative

- continues to expand data analytic capabilities

- continues to increase interoperability with other state PDMPs

- continues to increase PMP integration with EMRs. E-prescribing platforms, and pharmacy software applications

Looking for more?

- 6 minute NarxCare Tutorial

https://app.brainshark.com/appriss/NarxCareNavigation?nodesktopflash=1

- Barbara Allison-Bryan, MD (Chief Deputy DHP)

barbara.allison-bryan@dhp.Virginia.gov

- Ralph Orr (Director PMP)

ralph.orr@dhp.Virginia.gov

Program Operations: Compliance Update

September 17, 2020

Tableau Resources Used for Tracking Compliance

Compliance Dashboard

- Based on data maintained within the AWARxE system

- Review and track the submission of prescription records

- Can identify dispensation data and errors

Data Quality Dashboard

- Review file submissions that exceed current thresholds

- Can identify submitters who most frequently exceed these thresholds

Compliance Dashboard

Submission Detail

Dea Number	File	Source File Name		Total Records	Error Records	Error Rate
	8/27/2020	9760542082620.TXT		21	0	0.0%
	8/27/2020	9760542082620.TXT		20	0	0.0%
	8/28/2020	9760542082720.TXT		26	0	0.0%
	8/29/2020	9760542082820.TXT		30	0	0.0%
	8/31/2020	9760542082920.TXT		17	0	0.0%
	9/1/2020	9760542083120.TXT		37	0	0.0%
	9/2/2020	9760542090120.TXT		21	0	0.0%
	9/3/2020	9760542090220.TXT		33	0	0.0%

Zero Reports

Dea Number	File	Start	End
	12/24/2019	12/22/2019	12/22/2019
	5/11/2020	5/10/2020	5/10/2020
	5/18/2020	5/17/2020	5/17/2020

Days Missing Submission
(Last 30 Days)

Dea Number	Days Missing
	8

Dispensation Dates

Fill	Sold	
8/8/2020	Null	7
8/10/2020	Null	35
8/11/2020	Null	26
8/12/2020	Null	34
8/13/2020	Null	20
8/14/2020	Null	11
8/15/2020	Null	13
8/17/2020	Null	46

Record Warnings

Age of Record

This represents details from a specific submitter.

Compliance Dashboard

Error Detail

Segment	Element	Error Records	Avg. Error Age
Dispensation	days_supply	580	42
	filled_at	70	245
	partial_fill	781	232
	refill_number	1	153
	sold_at	3	98
Drug	product_identifi..	2,725	168
	quantity	161	37
Patient	birthdate	1,617	164
	first_name	495	174

Error Dispensations

Dea Number	Prescription N..	Element	Message	Fill	Age of Error
	2013658	birthdate	Birthdate value must be present.	9/27/2019	347
	6121703	product_identifi..	NDC number is not present	8/21/2020	13
			NDC number must be a 10 or 11 digit number or a medic..	8/21/2020	13
			NDC number value must be present.	8/21/2020	13
		quantity	Quantity value must be present.	8/21/2020	13
	06235894	filled_at	Filled at must be newer than written at	4/3/2020	158
		written_at	Written at cannot be a future date	4/3/2020	158
			Written at must be older than filled at	4/3/2020	158
	02009245	filled_at	Filled at must be newer than written at	1/9/2020	218
		written_at	Written at must be older than filled at	1/9/2020	218

- Shows specific error detail
- Frequently the errors represent missing values.

Data Quality Dashboard

- Made available to the Virginia PMP in July of 2020

- States may set custom thresholds

- Provides detailed contact information for all data submitters

- May be used to identify thresholds to add to CH

Review of Error Types

1. Data Integrity: This is when the submitter (dispenser) submits the wrong information. Data is submitted but does not exceed the existing thresholds.

    Note: These are not identified by the delinquency report but through contacts from prescribers, dispensers or patients themselves.

2. Submission Errors: When incomplete or incorrect data is submitted (or no information is sent). If the majority of the file contains the same error/omission, the entire file may be rejected.

Sample 1: Tableau Data Quality Dashboard

The dashboard allows the PMP Administrator to select a specific issue and identify all those prescriptions that have met that threshold.

1) Select the Issue

(Example = Quantity > 5400 units)

Issue Summary

Select one to view additional details		
	Number of Records	34,523
	Needing correction	27
○	Future Filled At Flag	0
○	Neg. Refills	0
○	Days Supply <= 0 Days	0
○	Days Supply > 367 Days	10
○	Quantity <= 0	5
○	Quantity > 5400ml	0
⦿	Quantity > 5400ea	12
○	Quantity > 2000g	0
○	NDC < 10 Char	0
○	NDC > 11Char	0

2) View Specific Details by Prescription Number

Rx#	Animal Name	Narx Label Name	Units	Days Supply	Quantity
04003205	Null	LORAZEPAM..	each	1	15,000.000
04003329	Null	LORAZEPAM..	each	3	30,000.000
04003423	Null	LORAZEPAM..	each	3	30,000.000
04003453	Null	LORAZEPAM..	each	3	30,000.000
04003841	Null	LORAZEPAM..	each	2	30,000.000
02006041	Null	OXYCODONE..	each	1	20,000.000
02006517	Null	MORPHINE S..	each	5	18,000.000
02006526	Null	MORPHINE S..	each	1	18,000.000
02006542	Null	HYDROMOR..	each	3	15,000.000
02006543	Null	HYDROMOR..	each	15	15,000.000
02006590	Null	HYDROMOR..	each	10	30,000.000
04004454	Null	ALPRAZOLA..	each	30	30,000.000

This table also shows the data submitter's name and DEA number.

Sample 2: Tableau Data Quality Dashboard

Pharmacy Outreach

Select Filters

Written Date (M,Y)
(All) ▼

Received Date (M,Y)
(All) ▼

Filled Date (Y,M)
(All) ▼

DEA#
FB3

NPI
(All) ▼

Pharm. Name
(All) ▼

Pharm. Name	NPI	DEA#	Contact Name	Pharmacy Contact No.	Pharm. Address	Pharm. Postal Code	Total Issues
Grand Total							27
	Null	FB3		Null	6900 FOREST AVE	23230	22
	16192227..	FB3		80489386..	6900 FOREST AVE	23230	5

Allows PMP administrators to search data submitters by DEA number who have been identified as having numerous submission errors and provides contact information for quick outreach

Top 10 Reporting Errors as of August 2020 (from Compliance Dashboard)

1. Zip code not present
2. City not present
3. Street address not present
4. State not present
5. NDC code incorrect: not a 10 or 11 digit number
6. NDC code not present
7. Product identifier not valid
8. Product identifier not present
9. Partial fill value not present
10. Birth date not present

Reporting of CBD and THC-A to the Virginia PMP

- The Board of Pharmacy is responsible for the pharmaceutical processor program.

- Beginning on July 1, 2019, pharmaceutical processors were required to report CBD oils and/or THC-A oil dispensing to the Virginia PMP.

- The Virginia PMP and the Board of Pharmacy have worked together to ensure that the reporting of CBD oil/THC-A oil is enabled once dispensing of these products commences.

Reporting of CBD and THC-A to the Virginia PMP

Preparation Included:

- Assignment of facility identifiers (in lieu of DEA)
- Registering each pharmaceutical processor (PP) with Clearinghouse, allowing them to report dispensing
- Registering each PP within AWARxE to enable compliance tracking
- Assignment of product identifiers (in lieu of NDC codes)
- Revision of the data dispenser guide to accommodate reporting specific to PPs

Questions?

PMP ANALYTICS

Improving data quality for user accounts

- \>50,000 Virginia PMP user accounts
  - Professional license number*
  - DEA number
  - NPI number
  - Healthcare specialty*
- Began November 2019

- Objectives
  - Improve Prescriber Report distribution
  - Prepare for enabling provider authorization, maintain integrity in access
  - Quantify compliance with registration requirement (*Code of Virginia* § 54.1-2522) by occupation

Impact: data quality

- Professional license number **36%**

- DEA number **16%**

- NPI number **33%**

- Reduced accounts without any valid identifier by **77%**

My Profile

Profile Info Edit

Download PDF

Name: Test User
(Last Login: 09/13/2020)
DOB: 01/01/1978
DEA Number(s): MG1234567
Professional License #: 0101000111   Type: MD

Registration Date: 12/29/2016
Registration Approval Date: 03/03/2020
Employer: DHP
                  9960 Mayland Drive
                  Henrico, VA 23233
Employer Phone: (804) 367-4566
Employer Fax:
Role: Physician (MD, DO)

Specialty

Add a Healthcare Specialty *   Browse All
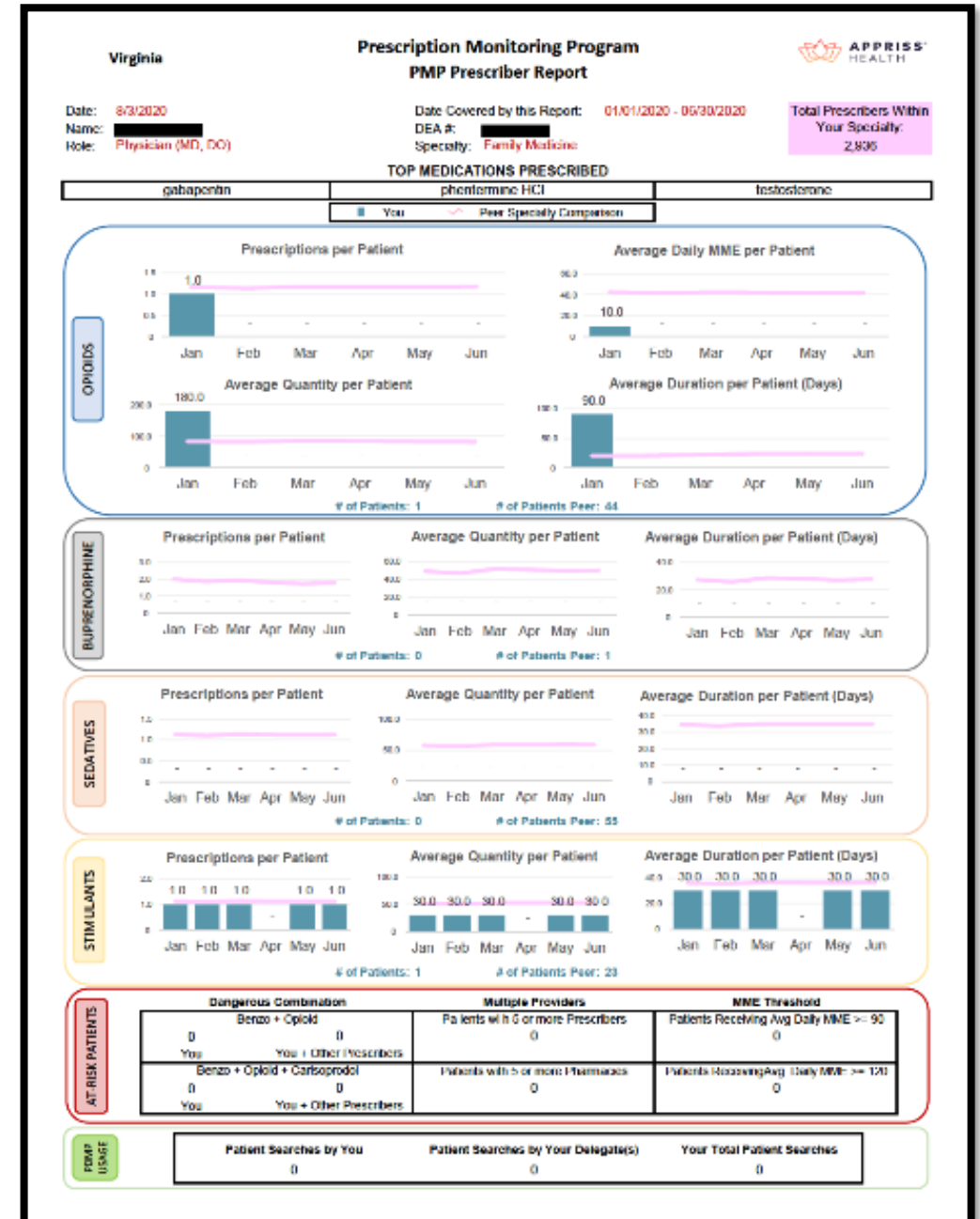
🔍 Search by keyword (e.g. Allergy, Internal, Sports, Clinical, etc)

★ Designates Primary Specialty

★ Allopathic & Osteopathic Physicians   ⊗
     Internal Medicine - Infectious Disease

Impact: Prescriber Report

- Improved Prescriber Report distribution
  - Far more prescribers of opioids than report recipients
  - **36%** increase in prescribers eligible for report
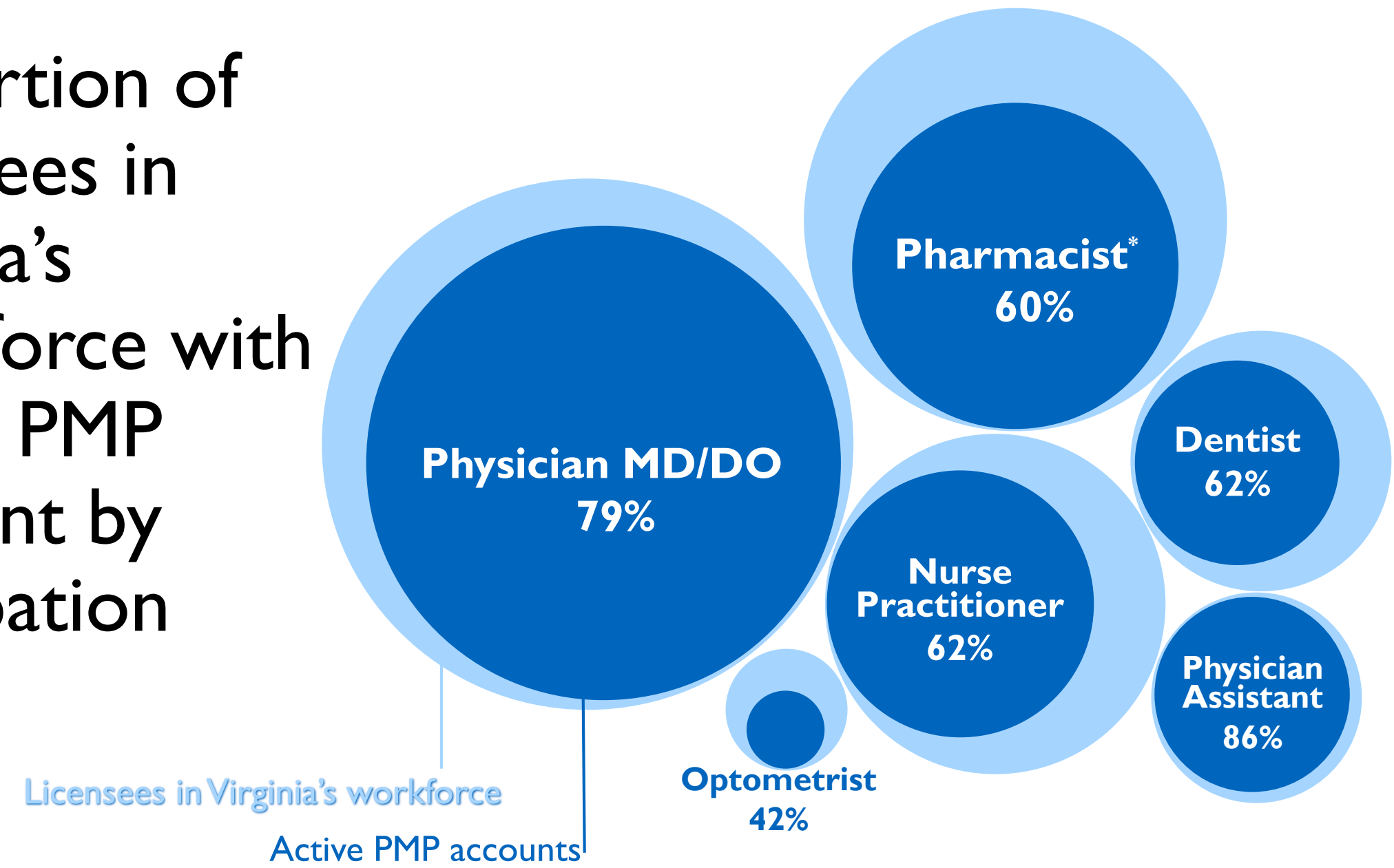
Compliance by Occupation

Occupation	Total licensees	Licensees in VA's workforce		Active PMP accounts	
		n	% total	n	% VA's workforce
Physician MD/DO	43,723	25,359	58%	19,632	79%
Pharmacist	15,813	15,813	--*	9,500	60%
Nurse Practitioner	11,953	9,801	82%	6,080	62%
Dentist	7,525	5,644	75%	3,523	62%
Physician Assistant	4,655	3,724	80%	3,205	86%
Optometrist	1,650	1,238	75%	523	42%
Overall	*85,319*	*61,579*	*72%*	*42,793*	*69%*

Data as of September 2020

*Due to licensing of non-resident pharmacies, all pharmacist licensees are included in the Virginia workforce.

Proportion of Licensees in Virginia's Workforce with Active PMP Account by Occupation

Pharmacist*
60%

Physician MD/DO
79%

Dentist
62%

Nurse Practitioner
62%

Physician Assistant
86%

Optometrist
42%

Licensees in Virginia's workforce

Active PMP accounts

*Due to licensing of non-resident pharmacies, all pharmacist licensees are included in the Virginia workforce.

County level opioid prescribing

	A	B	C	D	E	F	G	H	I	J	K	L
1					Opioid prescriptions and attributes by locality of patient residence, 2019							
2			Prescriptions				Days Supply			Morphine Milligram Equivalent (MME)		Population estimate
3	State/County FIPS	Locality name	Total	Prescription rate per 100 population	Prescription rate per 1,000 population	Prescription rate per capita	Total	Days supplied rate per capita	Average days supplied	Total	MME rate per capita	2018
4	51001	Accomack Co.	17,199	53.1	530.6	0.5	330,585	10.2	19	15,127,926	467	32,412
5	51003	Albemarle Co.	40,377	37.1	371.4	0.4	589,900	5.4	15	23,706,074	218	108,718
6	51005	Alleghany Co.	14,616	98.0	980.3	1	294,450	19.7	20	11,367,641	762	14,910
7	51007	Amelia Co.	7,715	59.3	592.8	0.6	131,820	10.1	17	6,170,262	474	13,013
8	51009	Amherst Co.	19,081	60.3	602.6	0.6	348,454	11	18	14,196,422	448	31,666
9	51011	Appomattox Co.	11,202	70.7	707.2	0.7	190,045	12	17	8,193,625	517	15,841
10	51013	Arlington Co.	42,656	18.0	179.6	0.2	553,312	2.3	13	23,621,153	99	237,521
11	51015	Augusta Co.	48,269	64.0	639.7	0.6	844,946	11.2	18	38,396,840	509	75,457
12	51017	Bath Co.	3,051	71.1	710.8	0.7	60,482	14.1	20	2,388,715	557	4,292
13	51019	Bedford Co.	47,089	59.8								
14	51021	Bland Co.	4,772	75.8								
15	51023	Botetourt Co.	22,440	67.4								
16	51025	Brunswick Co.	6,872	41.9								
17	51027	Buchanan Co.	31,179	146.9								
18	51029	Buckingham Co.	9,082	53.4								
19	51031	Campbell Co.	32,291	58.7								
20	51033	Caroline Co.	17,554	57.0								
21	51035	Carroll Co.	20,416	68.9								

technical notes | **2019-formatted** | 2019-machine readable | 2018

Virginia Prescription Monitoring Program
Reports and Statistics
New

- Quarterly Report Quarter 2 2020
- Opioid Prescriptions by Locality, 2015-2019
- 2019 Annual Report of the Prescription Monitoring Program

COVID-19 and PMP

- The disruption to the healthcare system due to COVID-19 also impacted observed trends in PMP use and dispensations during 2020Q2 compared to 2020Q1
  - **12%** reduction in PMP requests
  - **13%** decrease in opioid prescriptions

Prescription history requests by type, 2019Q1-2020Q2
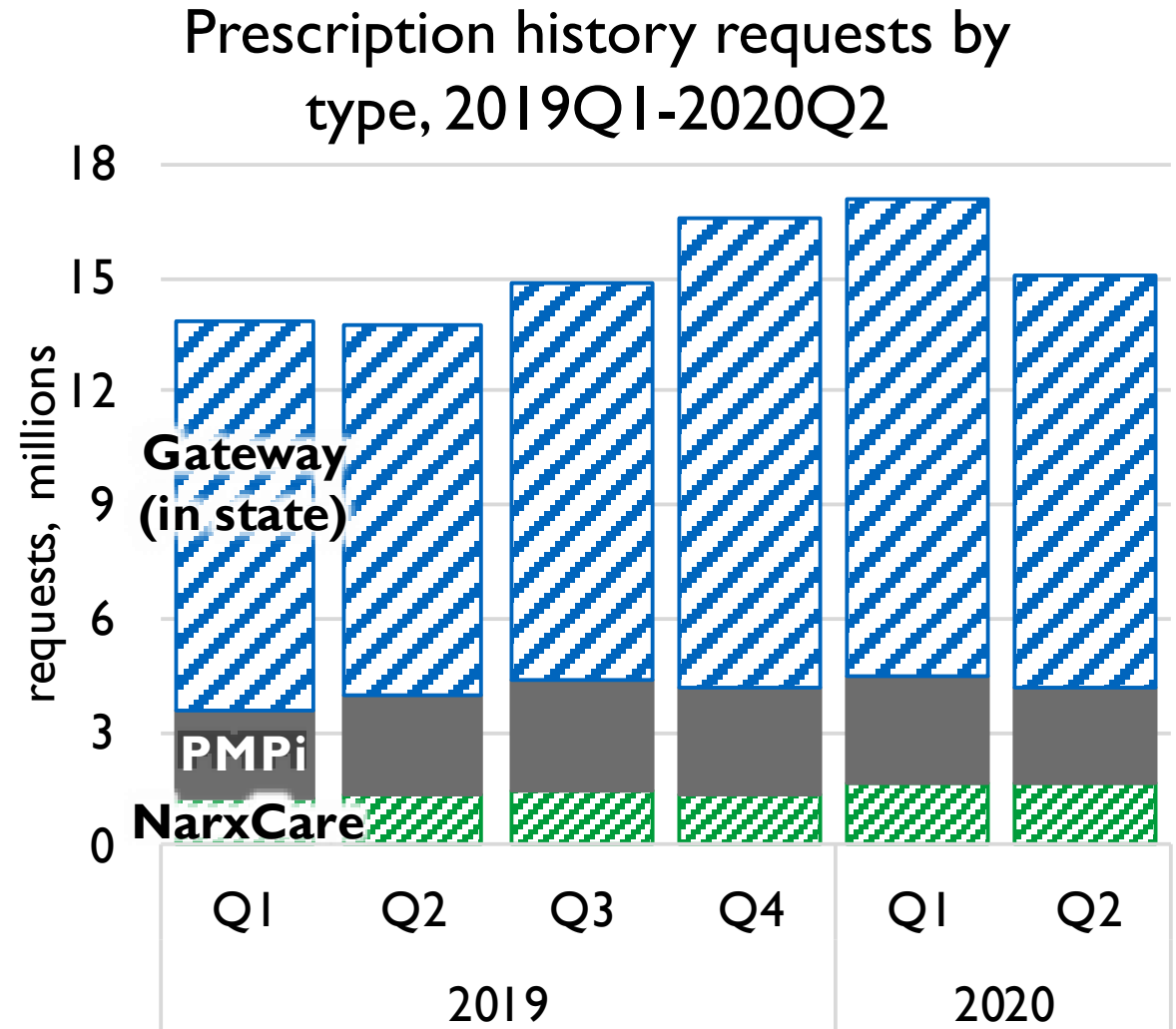
Drug class

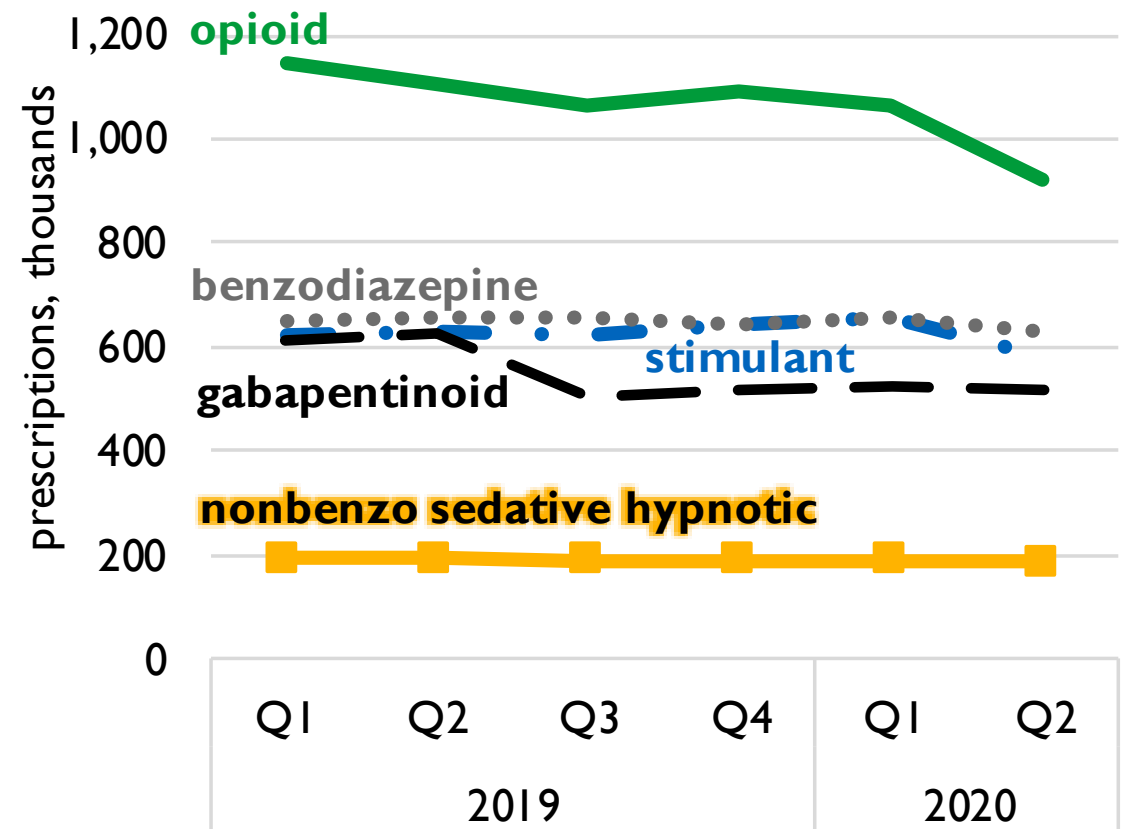## Percent change by drug class 2019Q1-2020Q2

Opioid* ↓19%

Benzodiazepine ↓4%

Stimulant ↓6%

Gabapentinoid ↓15%

Nonbenzo sedative hypnotics ↓5%

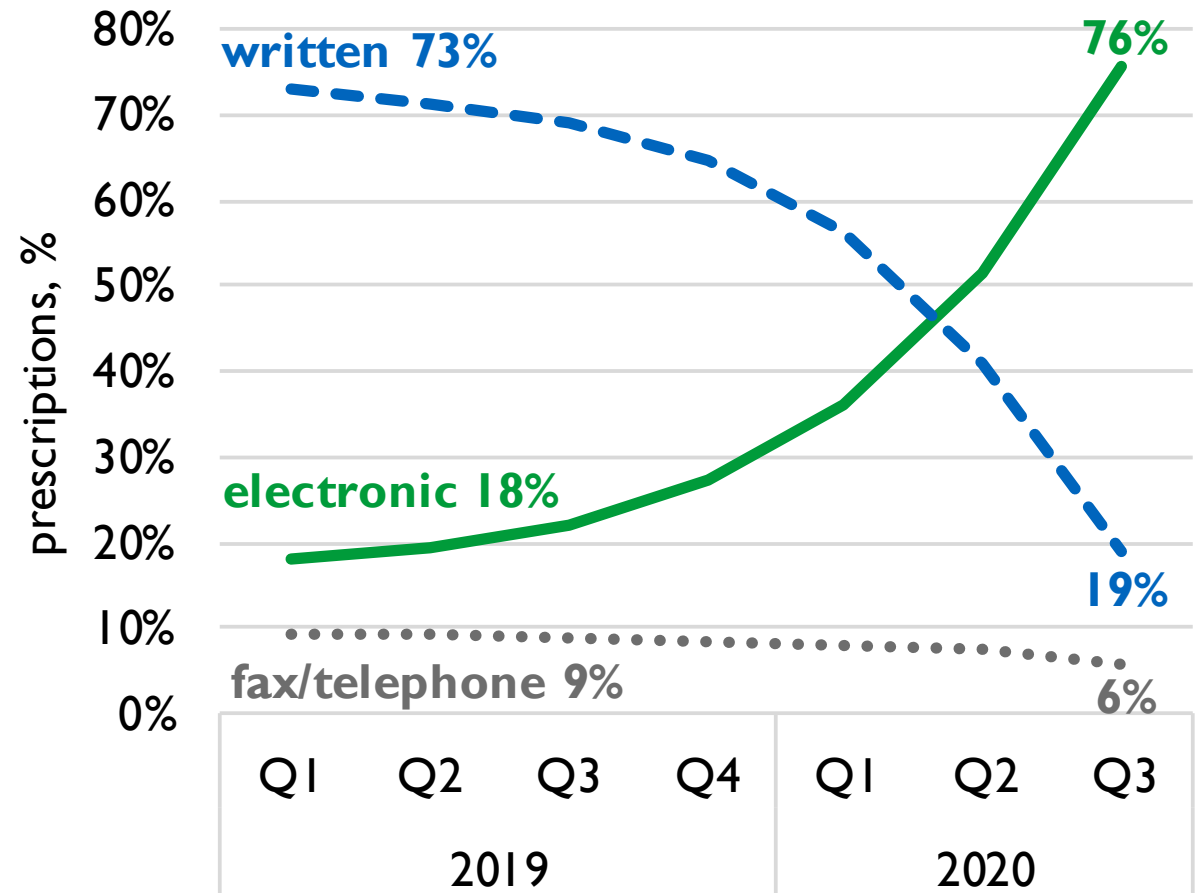### Prescriptions dispensed by drug class, 2019Q1-2020Q2

*All opioids, including drugs not typically used in outpatient settings or otherwise not critical for calculating dosages in MME, such as cough and cold formulas including elixirs, and combination products containing antitussives. decongestants, antihistamines, and expectorants; opiate partial agonists (e.g., buprenorphine) is excluded

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)

- 76% of opioid prescriptions were electronic in YTD 2020Q3

Opioid prescriptions by transmission type, 2019Q1-YTD 2020Q3

written 73%
76%
electronic 18%
19%
fax/telephone 9%
6%

prescriptions, %

80%
70%
60%
50%
40%
30%
20%
10%
0%

| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |

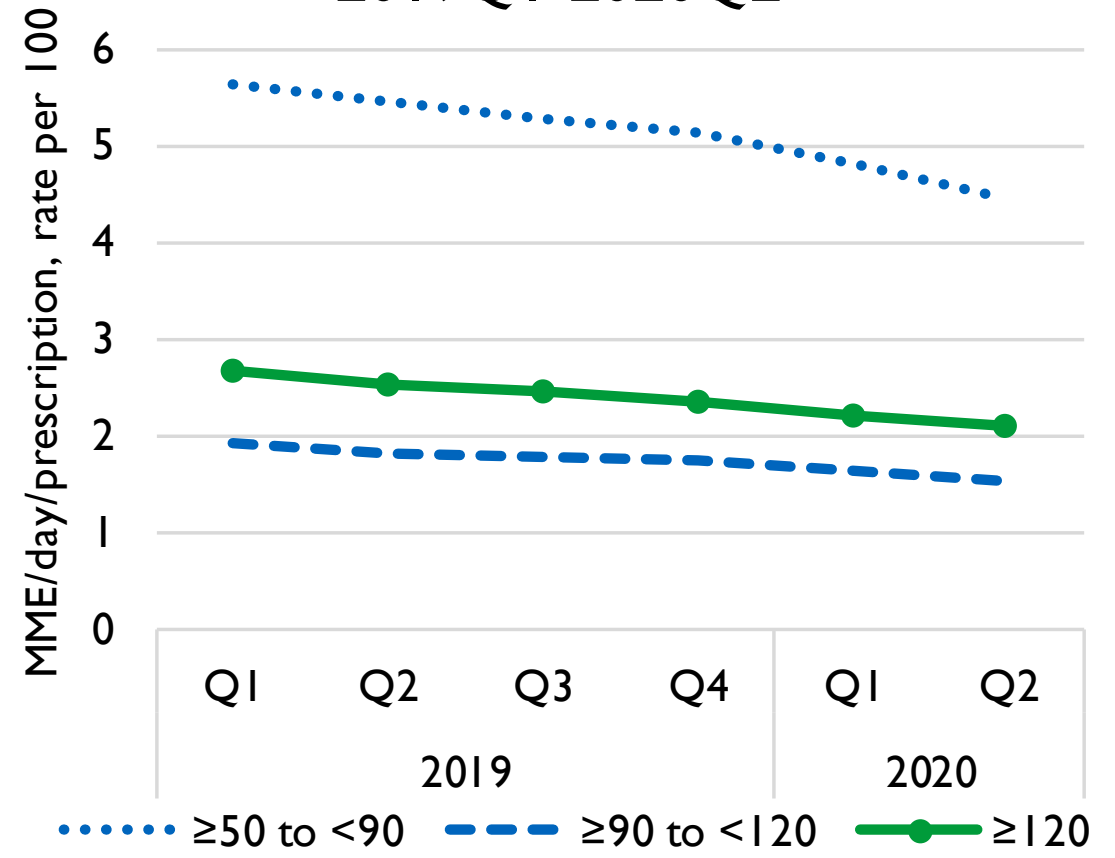2019   2020

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, 2019Q1-2020Q2

⋯⋯ ≥50 to <90	-15%
--- ≥90 to <120	-14%
——●—— ≥120	**-17%**

Opioid prescriptions by MME/day, 2019Q1-2020Q2

MME/day/prescription, rate per 100

⋯⋯ ≥50 to <90   --- ≥90 to <120   ——●—— ≥120

Program Director Report

September 17, 2020

INTEGRATION MAPPED OUT

Gateway Facilities

4,931 State VA

Active Facilities in Last 18 Months

Month
June 2020
☑ Show history
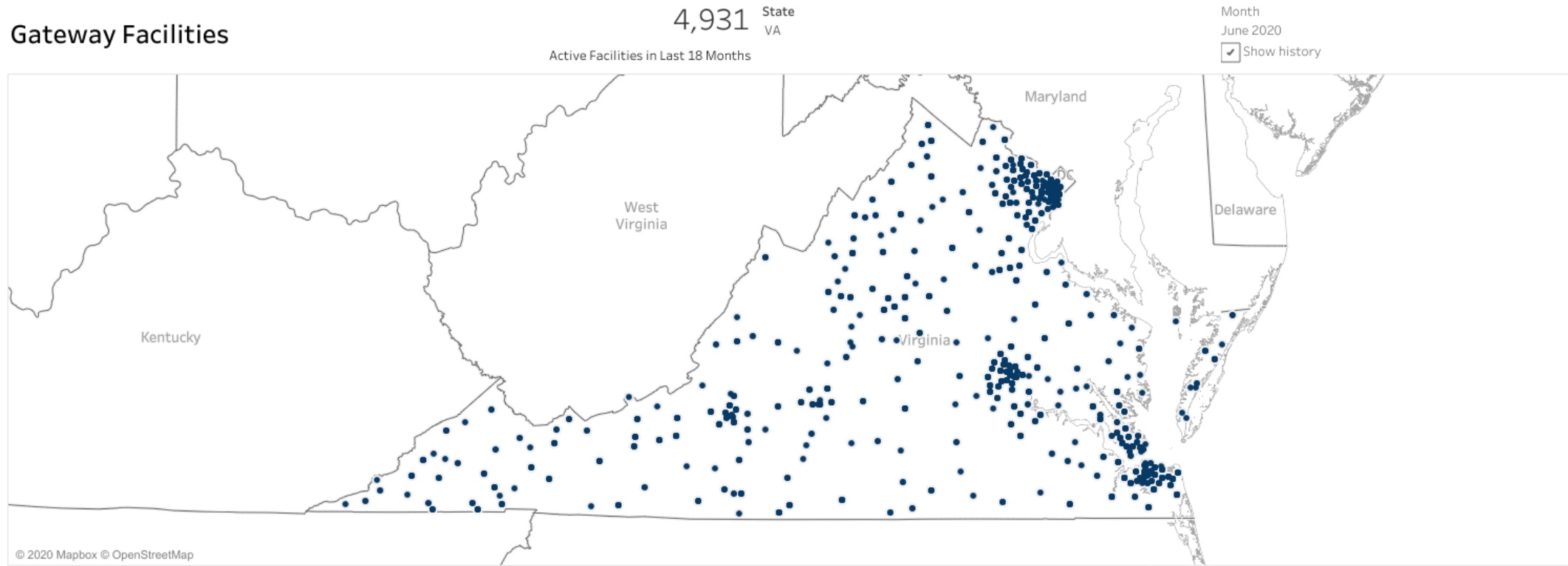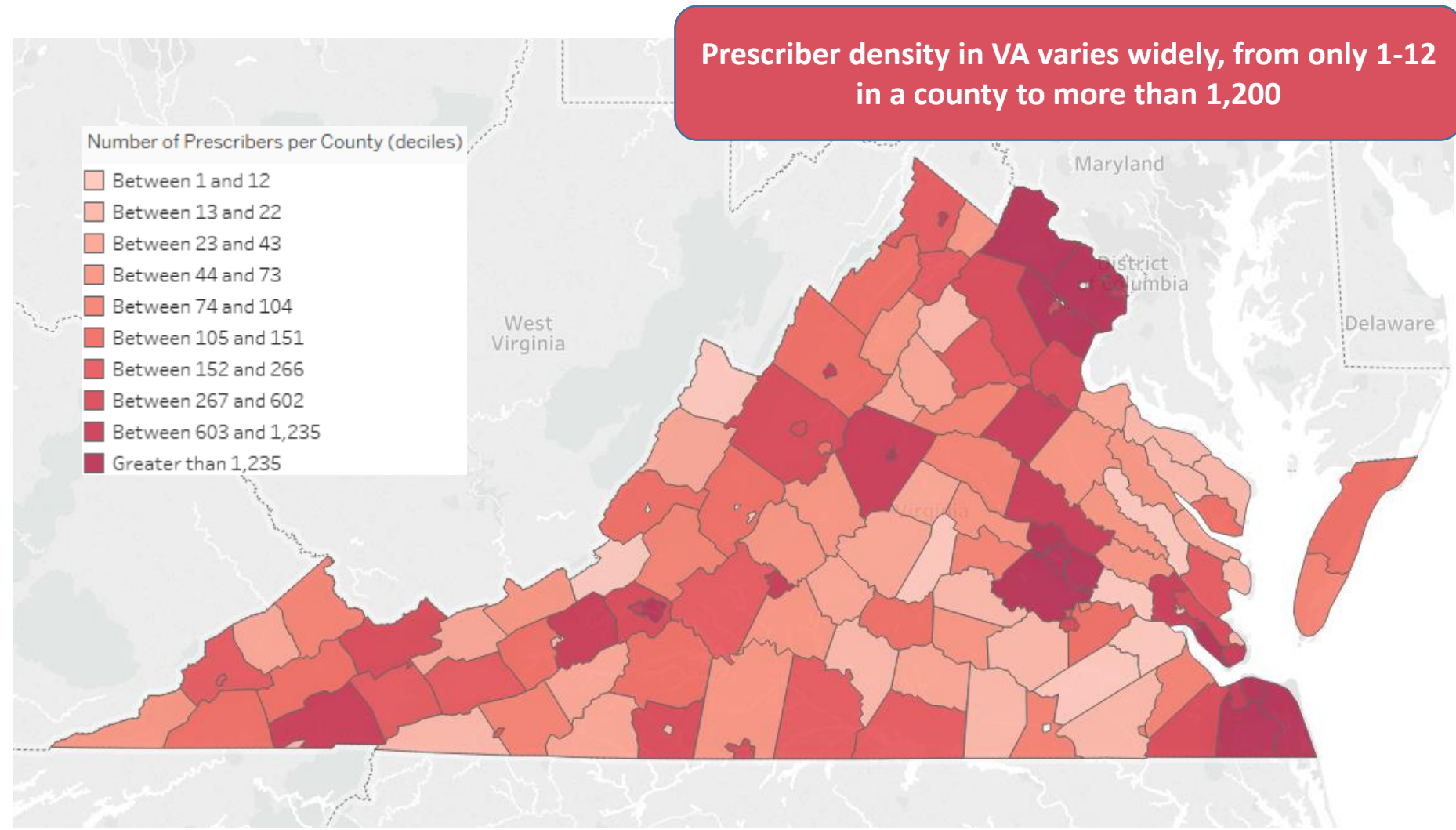
Integrated Facilities Include Hospitals, Clinics, Group and Private Physician Practices, Dental Practices, and Retail Pharmacies across the Commonwealth

Distribution of Virginia PDMP Prescribers

Prescriber density in VA varies widely, from only 1-12 in a county to more than 1,200

Number of Prescribers per County (deciles)

- Between 1 and 12
- Between 13 and 22
- Between 23 and 43
- Between 44 and 73
- Between 74 and 104
- Between 105 and 151
- Between 152 and 266
- Between 267 and 602
- Between 603 and 1,235
- Greater than 1,235

INTEGRATION NEWS

- Veterans Health Administration (VHA) healthcare facilities will become integrated with all state PMPs early this fall

- Provider Authorization: All prescribers and pharmacists who access PMP data via integration must have a fully activated PMP account as of September 15, 2020

IMPACT OF INCREASED ACCESS TO PMP: 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 3.8 per 100,000 residents in since 2019Q1

	2019				2020	
	Q1	Q2	Q3	Q4	Q1	Q2
- - - -	7.3	7.1	6.9	6.1	5.5	3.8
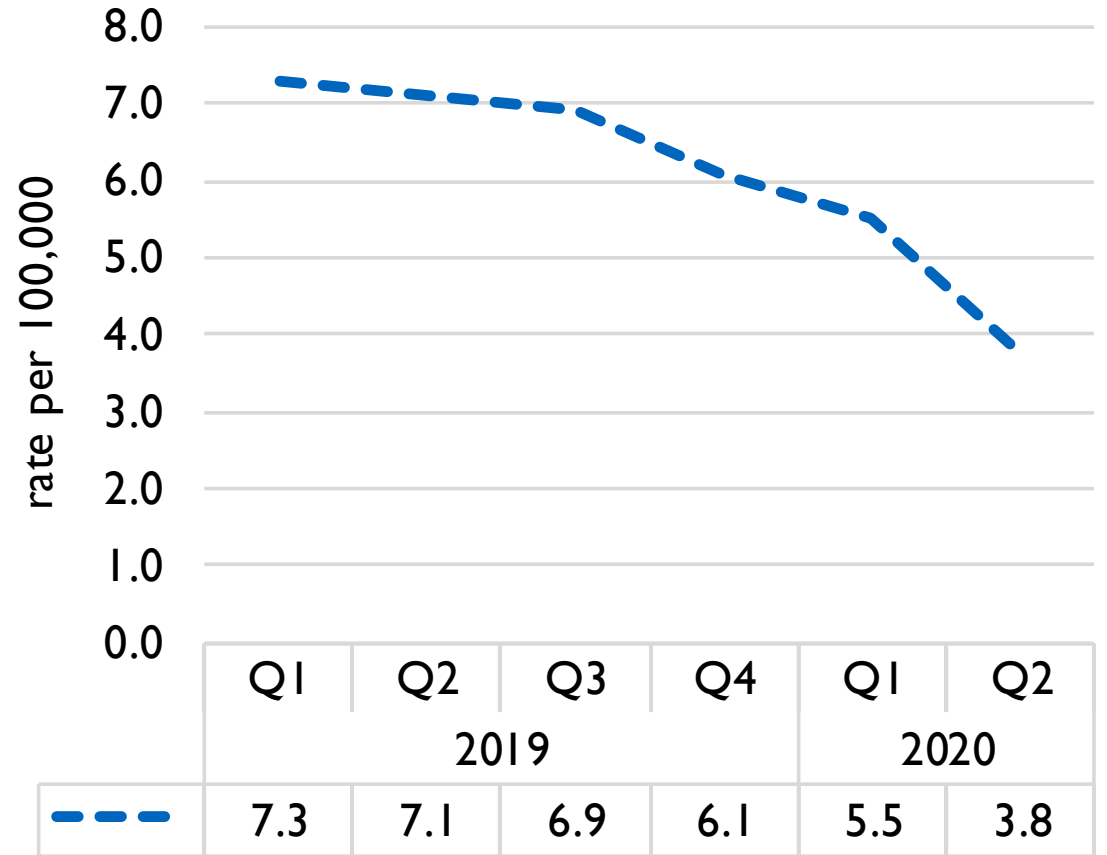
*CDC-defined opioids, excludes: 1) drugs not typically used in outpatient settings or otherwise not critical for calculating dosages in MME, such as cough and cold formulas including elixirs, and combination products containing antitussives. decongestants, antihistamines, and expectorants; 2) opiate partial agonists (e.g., buprenorphine)

INTEROPERABILITY

National Footprint

Virginia Footprint

2018 SUPPORT ACT REQUIREMENTS

- 10/1/2021: States must <u>require</u> Medicaid providers to check PDMP

- 2024: The 2023 CMS Annual DUR Report will require:

- **(A)**The percentage of <u>covered providers</u> who checked the prescription drug history of a <u>covered individual</u> before prescribing to such individual a <u>controlled substance</u>.

- **(B)**<u>**Aggregate**</u> trends with respect to prescribing <u>controlled substances</u> such as—
  - **(i)**the number and quantity of daily morphine milligram equivalents prescribed for <u>controlled substances</u> per <u>covered individual;</u> and
  - **(ii)**the types of <u>controlled substances</u> prescribed
  - Other data points to be determined

Opportunities

The NarxCare platform can display other information designed to further inform treatment and dispensing decisions. Some possibilities include:

- Add overdose reversal information to NarxCare Risk Indicators
- Add certain incarceration data to inform Risk Scores/indicators
- Add additional interactive treatment resource and location information
- Add a Communications Module to NarxCare

Meeting Dates for 2021

- March 10

or

- March 24

- June 3

or

- June 16

- Adjourn