

Virginia's Prescription Monitoring Program

Promoting Appropriate Use of Controlled Substances

DEA Practitioner Diversion Awareness Conference February 2020

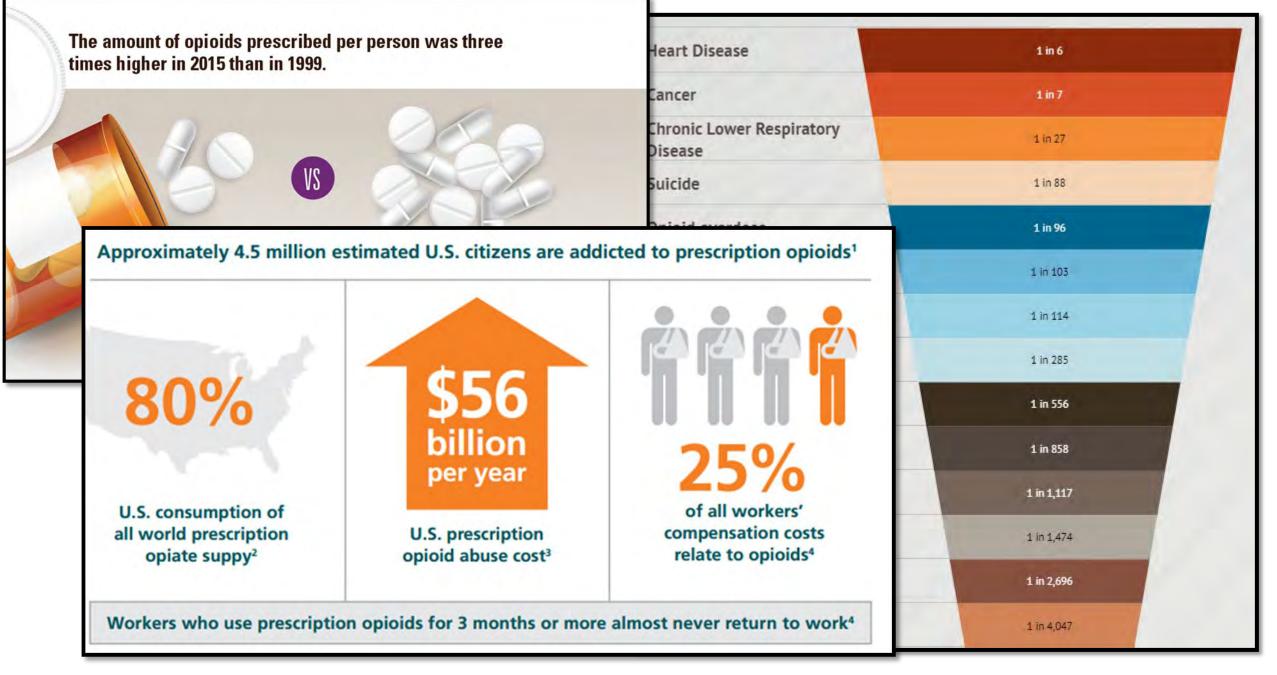




A Time-Release History

- 1911-1990s: opioids were primarily for acute and cancer pain
 - Short acting and used in the lowest dose for the fewest days
- 1995: American Pain Society launched "pain as the fifth vital sign" campaign; FDA approved OxyContin

- 2000: The Joint Commission published pain mgmt. standards, physicians mandated to provide adequate pain control
- 2001: OxyContin was the most prescribed non-generic narcotic
- 2017: The Joint Commission released new standards for pain treatment

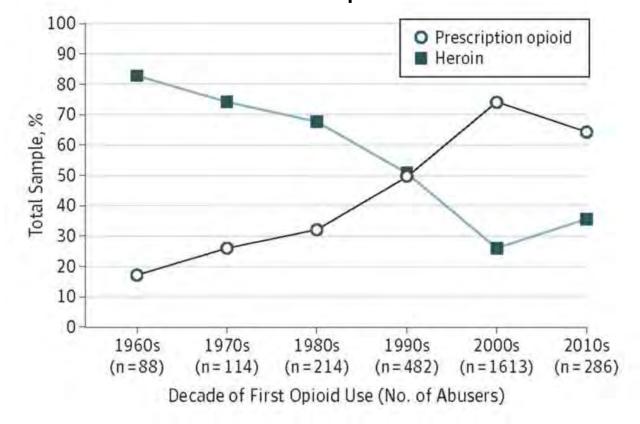




Prescription opioid use is a risk factor for heroin use

- People entering treatment for heroin addiction who began abusing opioids in...
 - 1960s: >80% started with heroin
 - 2000s: 75% started with Rx opioid

Percentage of the total heroin-dependent sample that used heroin or a prescription opioid as their first opioid of abuse





Prescription monitoring programs (PMPs)

- Goal: Promote safe prescribing and dispensing practices for covered substances
- Assist law enforcement to reduce doctor shopping, drug diversion, and illegal prescribing and dispensing
- Support health profession licensing boards with licensee investigations
- Facilitate analysis of data that can help identify trends with specific drugs, within geographic regions of the state, and by patient demographics





Virginia PMP

- What drugs are reported?
 - Schedule II-V medications, naloxone
- Who must report?
 - Pharmacies and other dispensers must report within 24 hours
- Exemptions to reporting?
 - As of July 2018, Veterinarians must report dispensing >7 days

• Who has access?

- Every prescriber and pharmacist licensed in Virginia, delegates
- Health profession licensing board investigators
- Law enforcement agents
- Parole/probation officers
- Patients requesting own prescription history



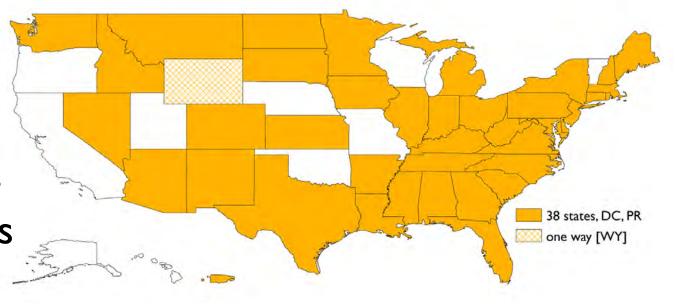


PMPs

 49 states and DC have legislation authorizing PMPs

 Each jurisdiction determines which medications are collected and who has access

 Integration into EHR and pharmacy software applications (PSA)

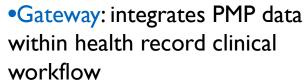


- Interoperability
 - Virginia is interoperable with 39 states, including all bordering states, plus DC, & PR
 - Department of Defense Military Health System

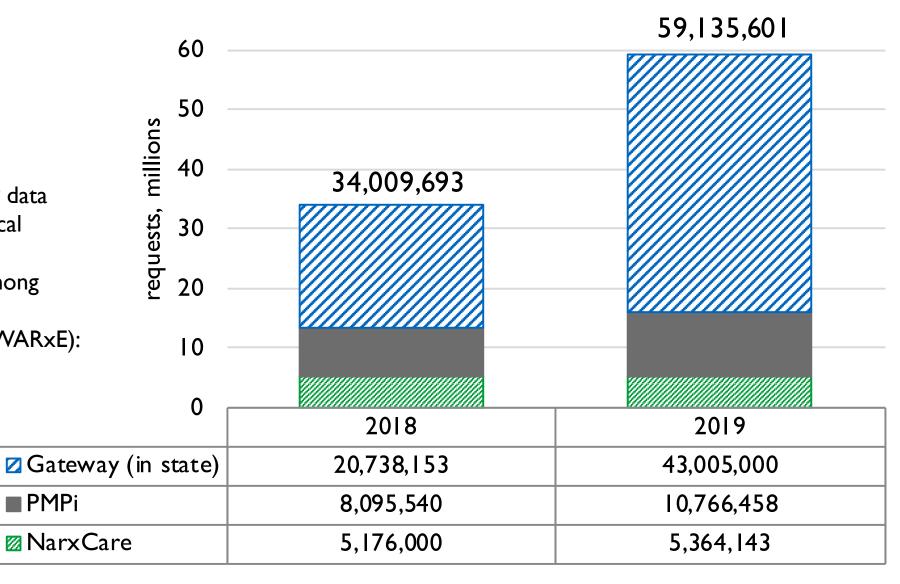


PMP Utilization

■ PMPi



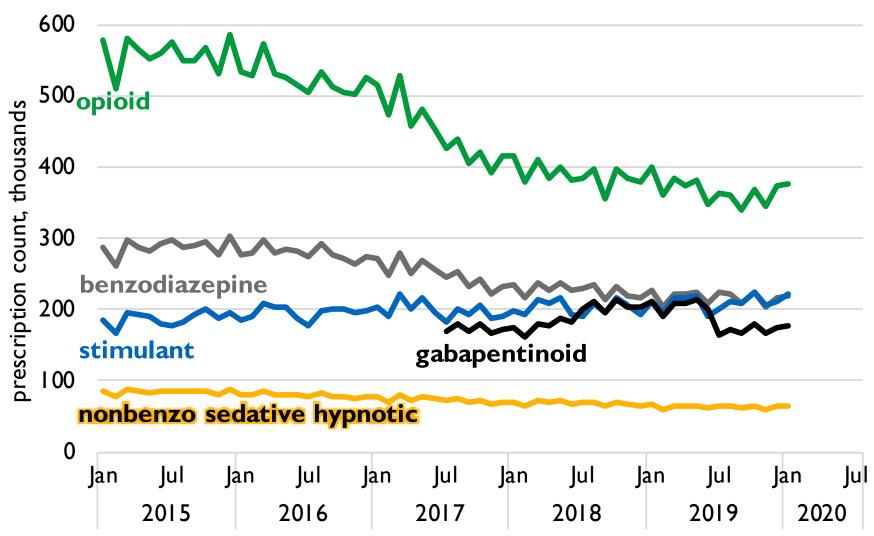
- PMPi: interoperability among states' PMPs
- •NarxCare (previously AWARxE): web-based application





Prescriptions dispensed by drug class, 2015-January



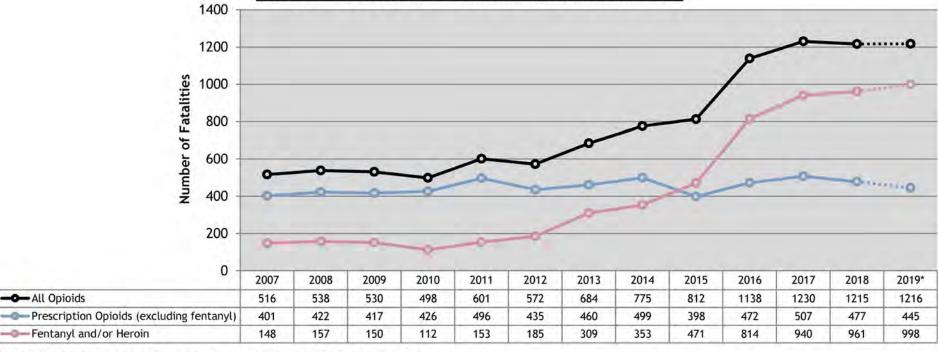


OPIOIDS- A DIFFERENT PERSPECTIVE

Prescription opioids are a group of drugs that are commercially made by pharmaceutical companies in certified laboratories that act upon the opioid receptors in the brain. Historically, fentanyl has been one of these drugs. However, in late 2013, early 2014, illicitly made fentanyl began showing up in Virginia and by 2016, most fatal fentanyl overdoses were of illicit production of the drug. Separating fentanyl from the grouping of prescription opioids for this reason demonstrates a slight decrease in fatal prescription opioid overdoses in 2015 and a dramatic increase in the number of fatal fentanyl and/or heroin overdoses. This has caused the significant rise in all fatal opioid overdoses in the Commonwealth since 2012.

Total Number of Prescription Opioid (Excluding Fentanyl), Fentanyl and/or Heroin, and All Opioid
Overdoses by Year of Death, 2007-2019*

(Data for 2019 is a Predicted Total for the Entire Year)



¹ 'All Opioids' include all versions of fentanyl, heroin, prescription opioids, and opioids unspecified

³ 'Prescription Opioids (excluding fentanyl)' calculates all deaths in which one or more prescription opioids caused or contributed to death, but excludes fentanyl from the <u>required list</u> of prescription opioid drugs used to calculate the numbers. However, given that some of these deaths have multiple drugs on board, some deaths may have fentanyl in addition to other prescriptions opioids, and are therefore counted in the total number. Analysis must be done this way because by excluding all deaths in which fentanyl caused or contributed to death, the calculation would also exclude other prescription opioid deaths (oxycodone, methadone, etc.) from the analysis and would thereby undercount the actual number of fatalities due to these true prescription opioids.



² Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.)



Enhancements to PMP application

Old: AWARXE

- Data routinely made available is complex
 - Each line of prescription data can be displayed with 12+ data fields
 - Not uncommon for PMP report to contain 50+ lines of prescription data
- From these hundreds (or thousands) of data points, a prescriber or pharmacist must quickly determine risk

New: NarxCare

- NarxCare automatically analyzes, scores, and generates an interactive, patient-centered, visually enhanced report for the most recent 2 years
- Enables prescribers and dispensers to quickly understand a patient's controlled substance use history



Accessing the PMP database

My Profile

- Select specialty
- Update DEA number

Default PMPi States

• Interstate request defaults

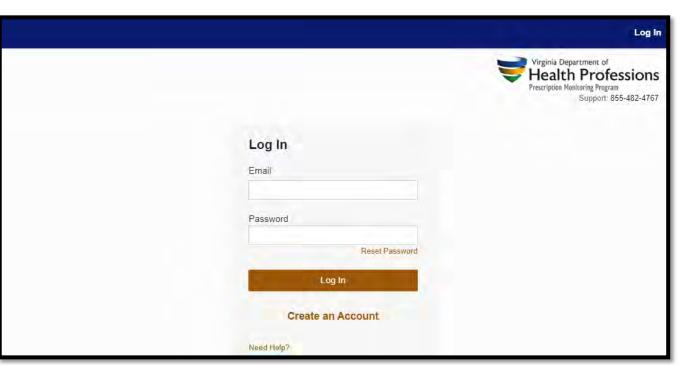
Delegate management

Patient prescription history

Accessing patient requests history

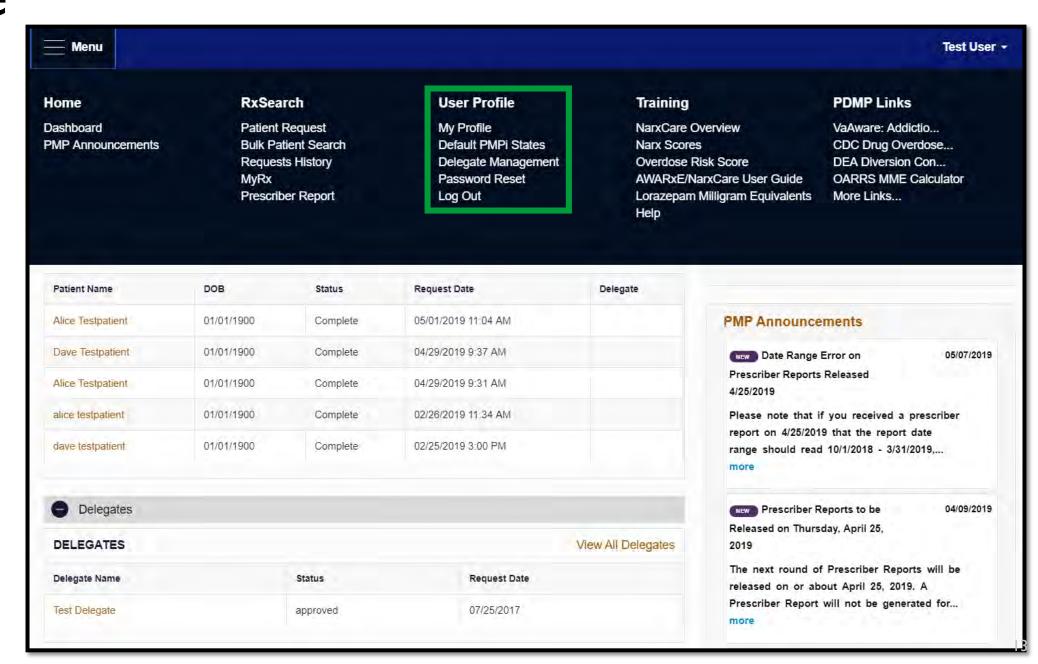
MyRx

• Prescriber's prescription history

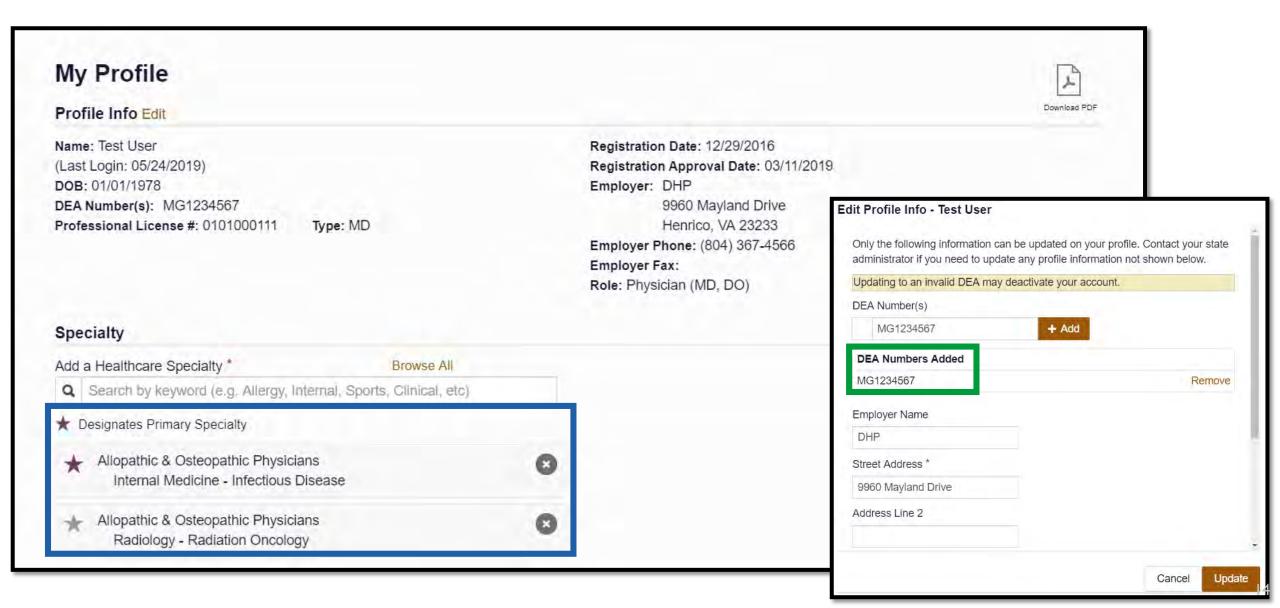


https://virginia.pmpaware.net/login

NarxCare menu

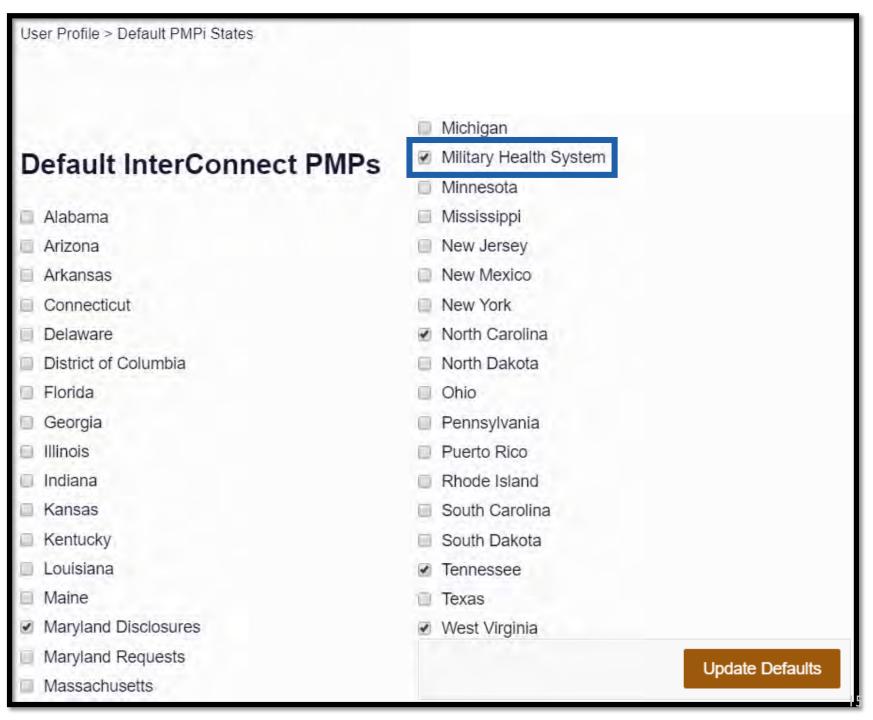


My Profile



Interstate data sharing





Managing delegates



Delegate Management

Select a delegate to review details.

First Last Role Delegate Status Date Requested Date Verified

Test Delegate Prescriber Delegate - Unlicensed Approved 07/25/2017

Test Delegate

Remove

Registration Approval Date: 07/25/2017

Role: Prescriber Delegate - Unlicensed

Phone: (804) 367-4566

Email: pmp.dhp+delegate@gmail.com (Verified)

Address: 9960 Mayland Drive

Henrico, VA 23233

Date of Birth: 01/01/1990

Delegate (approved)

Employer DEA

Employer NPI

Series and the series

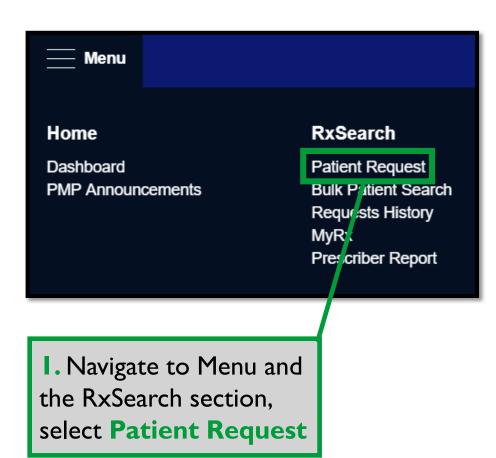
1 Supervisor

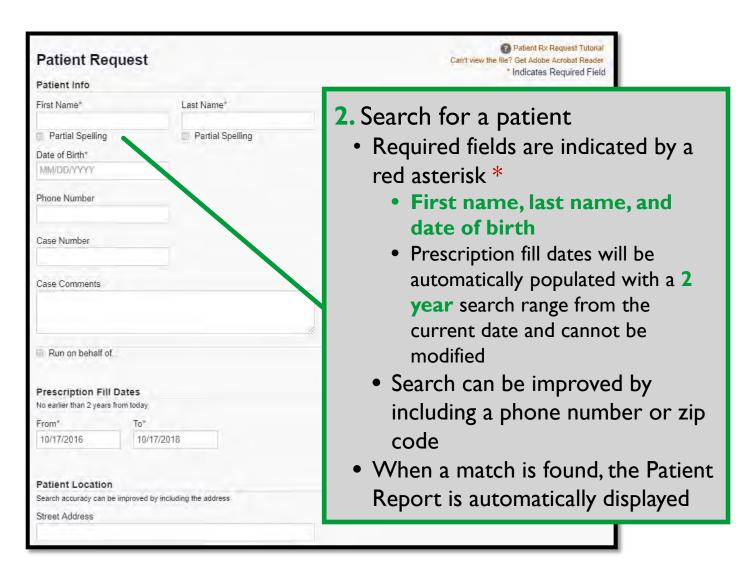
Test User (approved) pmp@dhp.virginia.gov

0 Delegates

Healthcare Specialty

Requesting patient prescription history



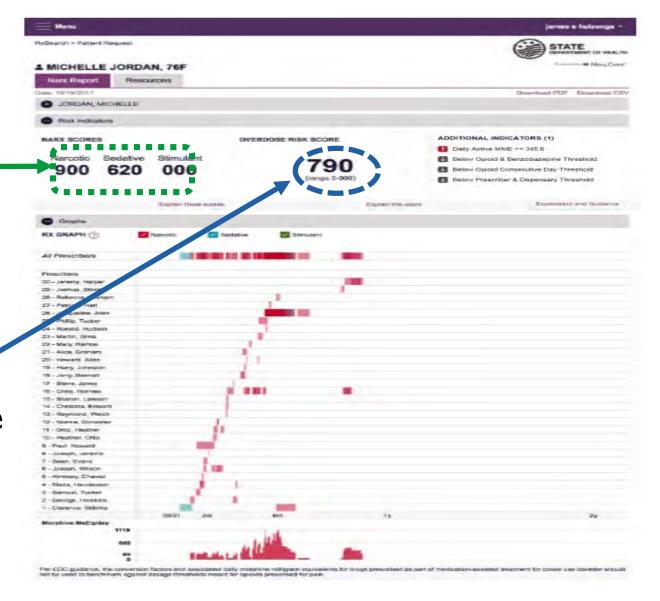




Patient Report

- Narx Scores: Percentilebased scores using PMP data for three different types of controlled substances
- Overdose Risk Score:

 Score based on a predictive model of overdose death, created using machine learning techniques





Narx Scores

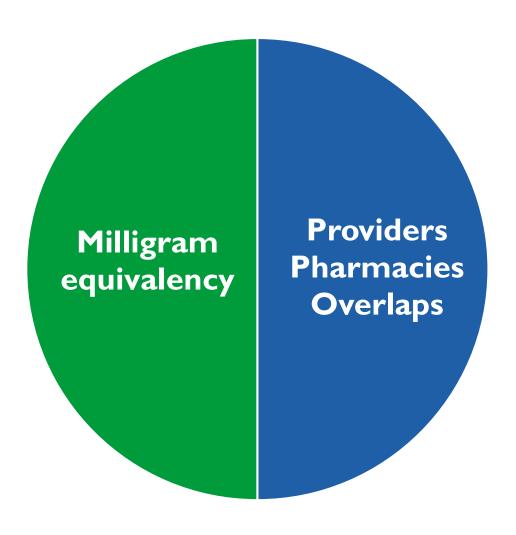
- Three drug type-specific use scores, called Narx Scores
 - Numerically represent PMP data for each patient
 - Narcotic, sedative, and stimulant
- Risk factors (previous 2 years)
 - Number of <u>prescribers</u>
 - Number of pharmacies
 - Amount of medication
 - Overlapping prescriptions of a similar type from different prescribers

- Primary purpose is to raise provider awareness to PMP data available for review
 - Concerning scores are intended to trigger a discussion with patient, not a decision
 - Must be applied to clinical scenario
 - Many patients obtain medications from multiple providers
 - Clinic staffed by multiple providers
 - Access to care challenges, urgent care/ED



Interpreting Narx Scores

- No "normal" Narx Score
- Percentile ranking for a single patient compared to the larger PMP population
- Scores range 000-99<u>9</u>
 - 75% score < 200
 - 5% score > 500
 - 1% score > 650
 - Last digit of each score represents the number of active prescriptions





Overdose Risk Score

- Predicts a patient's risk of opioid-related overdose death using the following risk factors
 - High MME
 - Rate of narcotic use over time
 - Rate of sedative use over time
 - Number of pharmacies visited
 - Number of providers visited
 - Rate of unique providers visited over time

- Correlated with risk of unintentional overdose death
 - Risk of death doubles every 100 point increase in score
 - Score >900 is 300x more likely to die of overdose compared to score

of <200





Overdose Risk Score

- Time elapsed for any risk factor decreases its contribution to the score
 - Example: I,000 MME dispensed last month will elevate the score more than I,000 MME a year ago
- Analogous to CDC's MME/d guidance
 - 450 ⇒ 50 MME/d
 - 650 ⇒ 90 MME/d

- Score was modeled and tested against >5,000 overdose deaths
 - Validated in 3 states with approximately 20,000 cases of unintentional overdose death
- Future innovations
 - Recent incarceration
 - ED overdose reversals

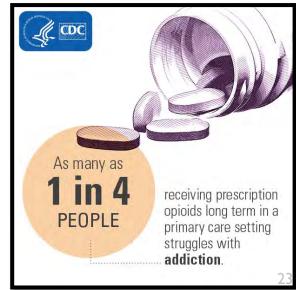


Relative scoring system

- Low score: small amounts of medication with limited prescribers/pharmacies
 - Low dose + low risk factors
- Mid-range score: large amounts of medication in accordance with recommended guidelines
 - Low dose + high risk factors
 - High dose + low risk factors

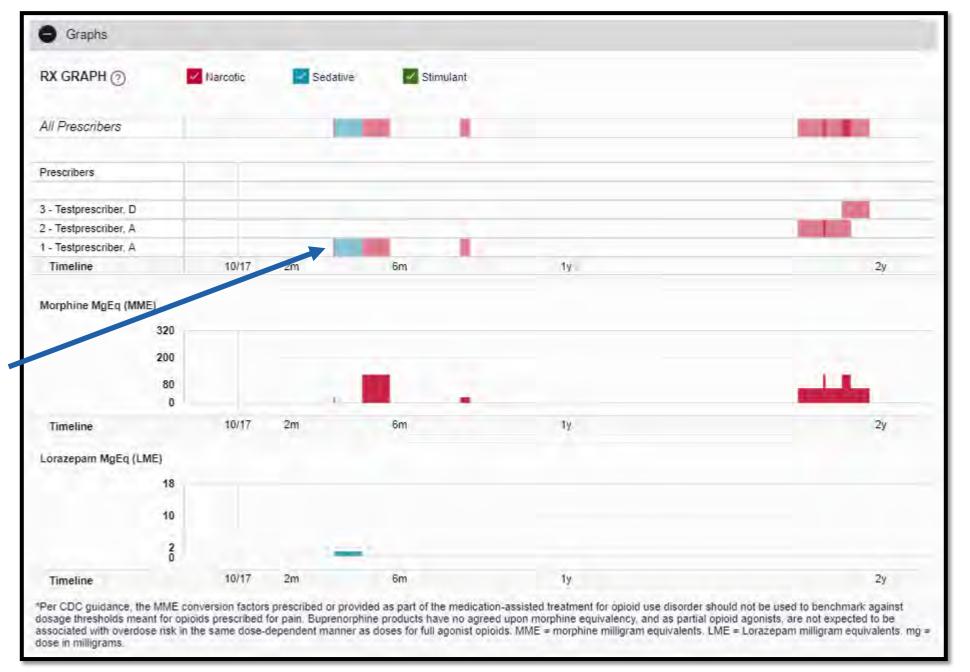
 High score: large amounts of medication, many prescribers/pharmacies with frequently overlapping prescriptions

High dose + high risk factors

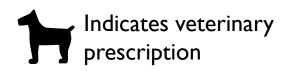


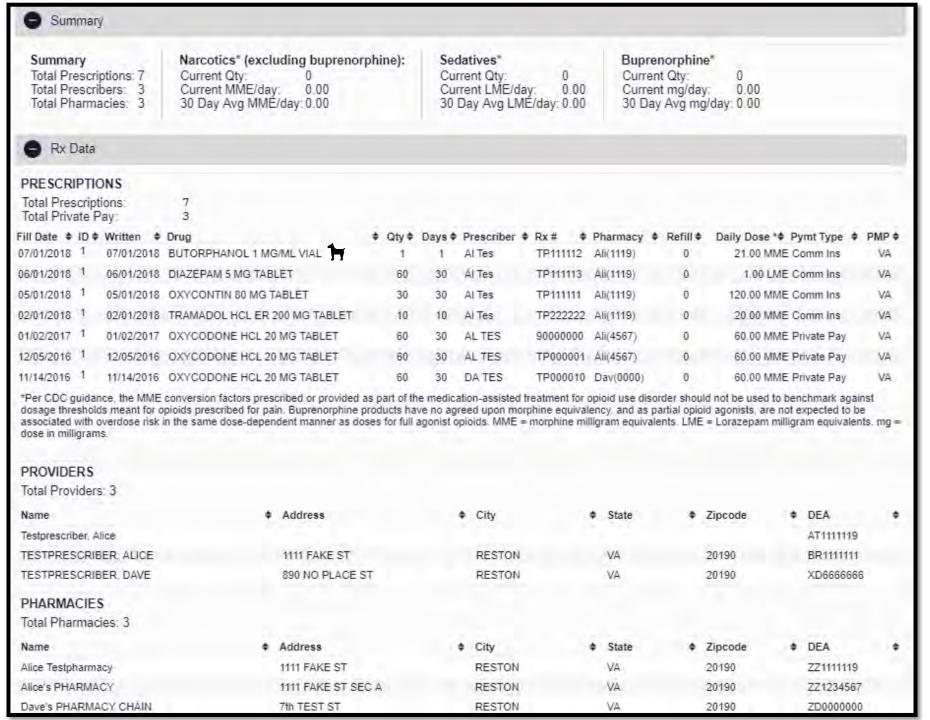
Patient report

Graphs are interactive

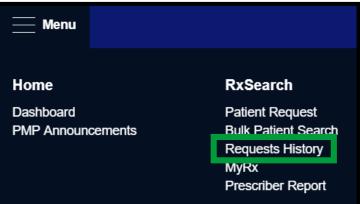


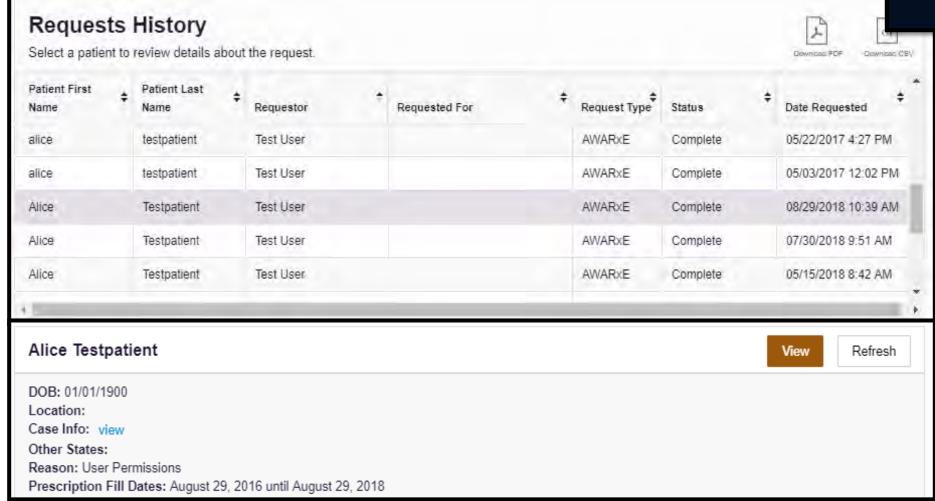
Patient report

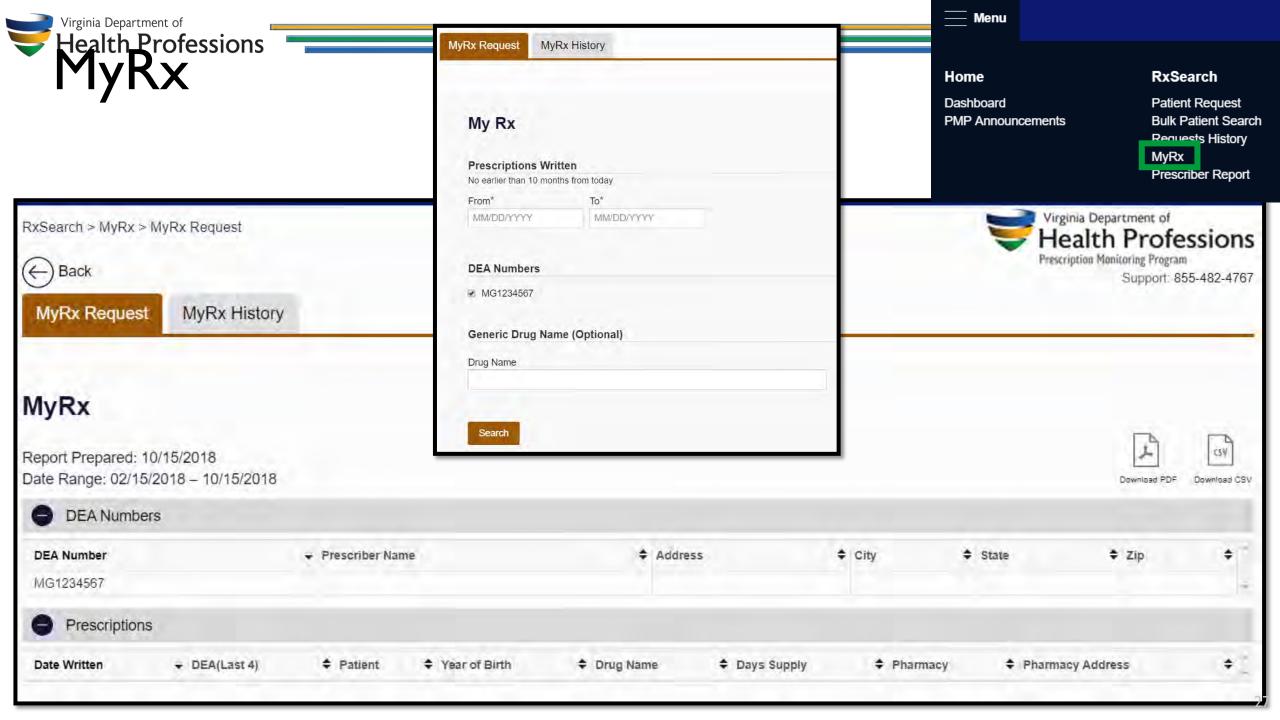






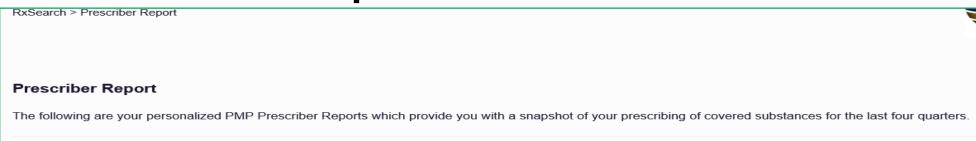








Prescriber Reports



RxSearch Patient Request Bulk Patient Search Requests History Requests Processing MyRx Prescriber Report Patient Alerts Requests Approval

- Provide insight into controlled substance prescribing
- Provided quarterly to all registered PMP users with an active account and a defined role and specialty who have written at least one opioid, sedative, or stimulant prescription during the prior 6-month period
- 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.



Name:

Prescription Monitoring Program PMP Prescriber Report



1/22/2020 Date:

Doctor Sample

Physician (MD, DO) Role:

Virginia

Date Covered by this Report: 07/01/2019 - 12/31/2019

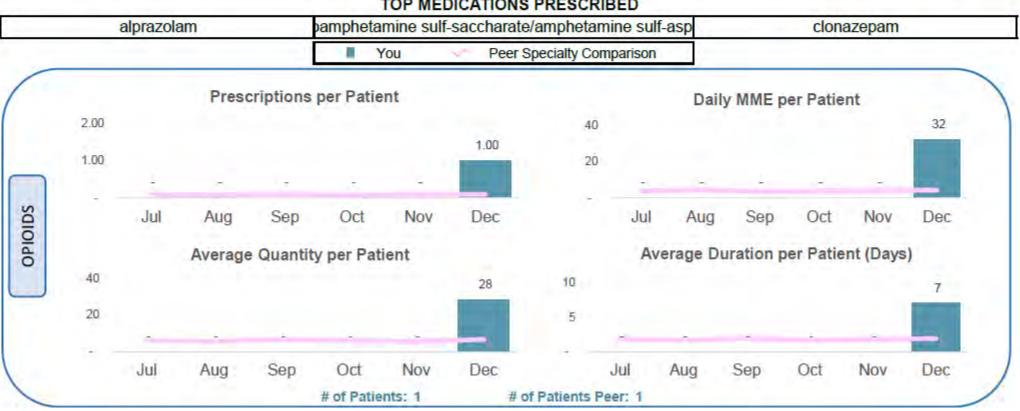
DEA #: AB1234567

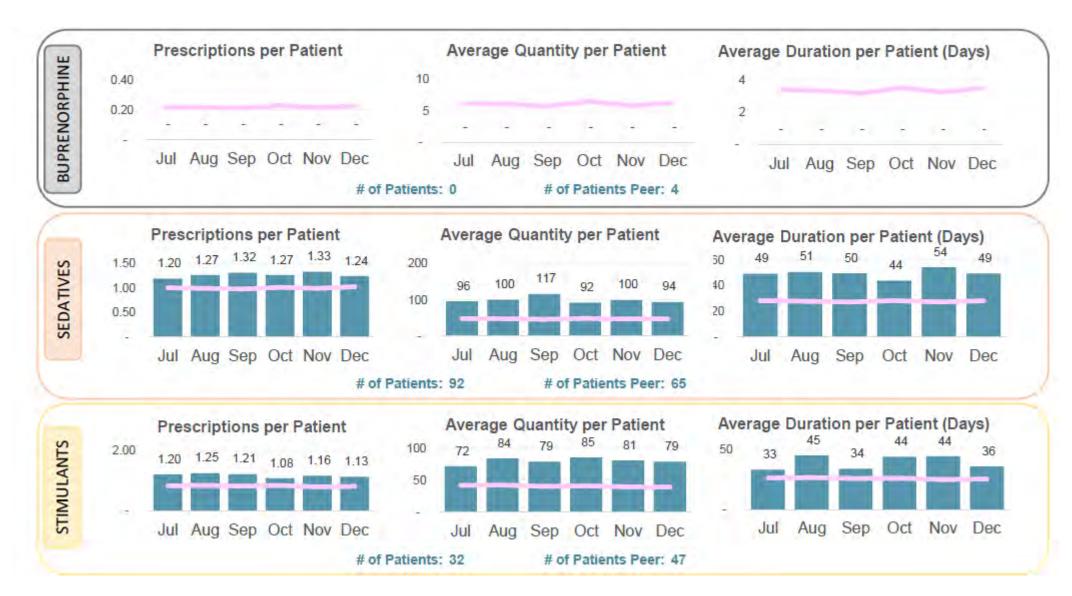
Specialty: Psychiatry (General Practice)

Total Prescribers Within Your Specialty:

707

TOP MEDICATIONS PRESCRIBED





	Dangerous Combination Benzo + Opioid		Multiple Providers Patients with 5 or more Prescribers	MME Threshold Patients Receiving Daily MME >= 90
SE SE	1	29	10	0
AT-RISK PATIENTS	You	You + Other Prescribers		
A A	Benzo + Opioid + Carisoprodol		Patients with 5 or more Pharmacies	Patients Receiving Daily MME >= 120
	0	0	0	0
	You	You + Other Prescribers		



What can I do with a PMP report?

- Prescriber/pharmacist may discuss the information contained in the report with...
 - Patient for whom the report was generated
 - Another health care provider providing or initiating treatment for the patient
 - Dispenser who has dispensed medications for the patient

 Prescriber may make a note in the medical chart/pharmacist may comment in the prescription record to document the use of the program information in the treatment/dispensing decision process





Potential actions after viewing a PMP report: Prescriber

- Evaluate risks and benefits of current treatment and treatment goals
 - Discuss with patient
- Modify treatment plan to reduce risk
 - Discontinuation of potentiating drugs, if present
 - Dose reduction
 - Consideration of non-opioid therapy
 - Provider/pharmacy lock-in
 - Naloxone prescription

- Consider contacting other prescribers/pharmacies directly
- Refer for substance use disorder evaluation/treatment or other specialist (e.g., pain management)
- Discharge from practice
- If diversion is suspected, file complaint with law enforcement





Potential actions after viewing a PMP report: Pharmacist

- Evaluate risks and benefits of current treatment
 - Discuss with patient
 - Dispense naloxone
- Consider contacting other pharmacies/prescribers
- Decline to dispense
- If diversion is suspected, file complaint with law enforcement

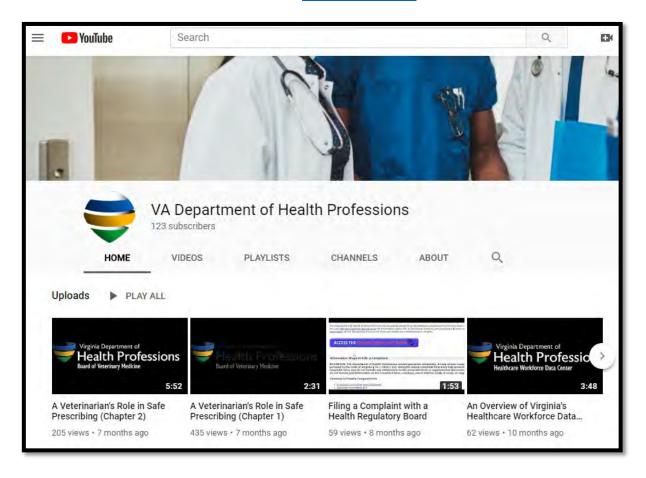




Video series

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

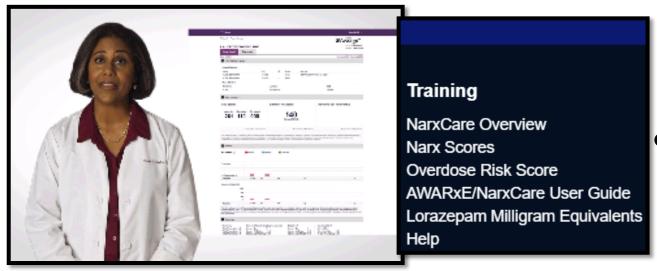
• DHP YouTube channel





Resources

- Appriss tutorials
 - NarxCare navigation video (5 min)
 - Narx Score methodology video (15 min)



Contacting PMP

- Phone: 804.367.4514
- Fax: 804.527.4470
- Email: pmp@dhp.virginia.gov
- PMP website: https://www.dhp.virginia.gov/PractitionerResources/PrescriptionMonitoringProgram/
- PMP database: https://virginia.pmpaware.net/login