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I. Introduction

The Prescription Monitoring Program (PMP) was started as a pilot program pursuant to Virginia General Assembly legislation in 2003 and covered Schedule II controlled substance prescriptions dispensed in southwest Virginia. The program was originally designed to assist (1) law enforcement agencies investigating instances of drug diversion, (2) regulatory boards in determining appropriate prescribing and dispensing of Schedule II controlled substances, (3) prescribers in making appropriate medical treatment decisions for patients requesting Schedule II controlled substances, and (4) the fraud unit of the Department of Medical Assistance Services to reduce the occurrence of Medicaid fraud. The program expanded statewide in June 2006 and now covers prescriptions dispensed in Schedules II, III, and IV.

An Advisory Committee comprised of stakeholders throughout Virginia advises and assists the Department of Health Professions (DHP).

The PMP collects data twice monthly from approximately 2000 dispensers that include resident pharmacies, mail order pharmacies, and dispensing physicians. The prescriptions are loaded into a secure database where certain authorized users may request information from the program. Authorized users are prescribers, pharmacists, certain law enforcement personnel (must have an open investigation), regulatory personnel, Office of the Chief Medical Examiner, and patients over the age of eighteen. Data may also be provided for research and education purposes with the provision that all personal identifying information is removed. Financial limitations have prevented the provision of immediate real time access to information.

The PMP educates prescribers in the use of the data collection in tracking of doctor shopping; provides training for prescribers in pain management and typical provider shopping behaviors. Financial constraints have limited the impact on the physician community.

II. Executive Summary:

This Briefing Paper is intended to provide information on the program's impact to date in meeting the legislative directive.

Specifically:

1. **Has tracking of prescriptions dispensed been conducted in a capable manner?**

The program has worked to ensure that the requirements for tracking prescription data has been easy for dispensers to comply with, ensure the confidentiality and security of the data, and availability to authorized users in an easy to understand format. We have enhanced the program to allow dispensers to use secure web technology and file transfer protocol to report data, which also allows for data to be loaded into the database more quickly. These technologies also provide immediate feedback to dispensers as to file receipt and any errors or other problems with their transmissions. The PMP is constantly looking for new ways to improve the reporting process and inform dispensers of requirements.

2. **Has the program addressed public health dangers?**

Prior to 2003, drug deaths due to prescription drugs in Virginia were increasing every year. Since the inception of the PMP, drug deaths have largely stabilized. Since 2003, the rate of wholesale distribution of oxycodone, hydrocodone, and methadone products have continued to increase but at a much lower rate than prior to the implementation of the PMP.

3. **Has the program assisted law enforcement efforts?**

During the pilot program, data showed a 53% decrease in man-hours spent conducting pharmacy profiles in southwest Virginia by agents of the State Police Drug Diversion Unit. Arrests increased by 31% in the region during the same time period. Data from the Drug Diversion Unit also appears to show that illegal activity had moved outside the program area. Complaints received statewide by the unit increased 26% while decreasing in the program area by 47%. Additionally, investigations by the Drug Diversion

Unit used to take up to 3 months to complete. With the PMP, investigations are normally complete within a month, generating huge man-hour savings.

4. **Has the program assisted prescribers in making appropriate medical treatment decisions?**

Since 2003, the rate of wholesale distribution of oxycodone, hydrocodone, and methadone products have continued to increase but at a much lower rate than prior to the implementation of the PMP. Anecdotally, prescribers who were uncomfortable prescribing certain medications for pain, now do so because they have a tool that helps them confirm treatment history and patient compliance. Prescribers are the largest user group of the PMP making over 70% of requests to the program. In just over 4 months into 2007, the PMP has fulfilled more requests (6333) than were fulfilled in all of 2006. The program expects that filling of requests will increase to over 2500 requests a month within the next 18 months.

5. **Finally, what additional resources are needed for program gaps/ maximization of efforts?**

With additional funding from the settlement:

Data Base enhancements to improve ease of use and extension of its user population to include more of the 35,000 physicians in Virginia (800 are presently using the data base)

Webpage enhancements to provide dedicated web pages with full information to all citizens of Virginia on the entire range of activities and resources provided by PMP and epidemiologically -based Geographical Information System (GIS) maps created from PMP data for controlled substance prescriptions dispensed within Virginia with constant updates on trend analysis for all controlled substance prescriptions in Virginia. (See model for Kentucky, the first PMP program: http://chfs.ky.gov/oig/KASPER.htm)

Public Education for prescribers and the public to provide constant and consistent information about the need for continuing education, and public safety as well as the appropriate use of pain medication. Outreach efforts would target primary doctors' compliance and education with relevant

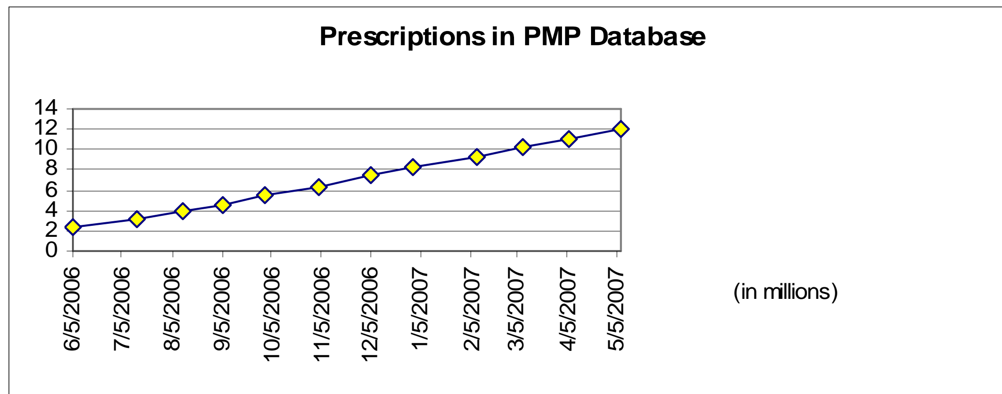
media, with outreach to the general public for the purpose of education on (1) program resources (2) effective addiction treatment available (including the recent approval by the FDA of office-based use of other addiction medications) and (3) information regarding the consequences and impact of addiction.

These needs are further described in this brief, including a draft communication plan, in Section IV. Unmet Needs to be Addressed with Settlement Monies

In fiscal year 2009, the program will no longer be able to rely on federal funds for the operation and maintenance of the PMP. Without the settlement money, operational funding of the program would come from licensing fees from the Boards of Medicine, Nursing, Optometry, and Dentistry based on a formula of the number of prescribers licensed by each board. This would require that license fees be increased by each of these boards.

III. Findings and Observations of Prescription Monitoring Program to Date

A. Data Base



- **In just over 4 months into 2007, the PMP has fulfilled more requests than were fulfilled in all of 2006 (6333). Over two-thirds of requests were made by prescribers, with pharmacists making the second most requests. It is anticipated the program will fill an excess of 2500 requests a month within the next 18 months.**

- **The PMP is planning to implement 24/7 access to the data in the database in late fall 2007. This implementation will greatly assist emergency rooms and urgent care centers besieged by patients seeking drugs without medical cause and free up valuable medical access to patients in need of urgent medical care.**

- **The PMP is adding approximately one million records a month to the database. Data of this magnitude requires that systems perform at top proficiency, provide timely access and are user-friendly while providing security for the data. Access to the data is strictly controlled with only authorized users having access and is secured within a firewall at DHP.**

B. Education

- **The program undertook an educational effort which included articles for Board and professional association newsletters, periodic briefings to the Boards of Health Professions, Pharmacy, and Veterinary Medicine and speaking at meetings of various groups such as the Virginia Drug Court Association and the Virginia Pharmacists Association.**

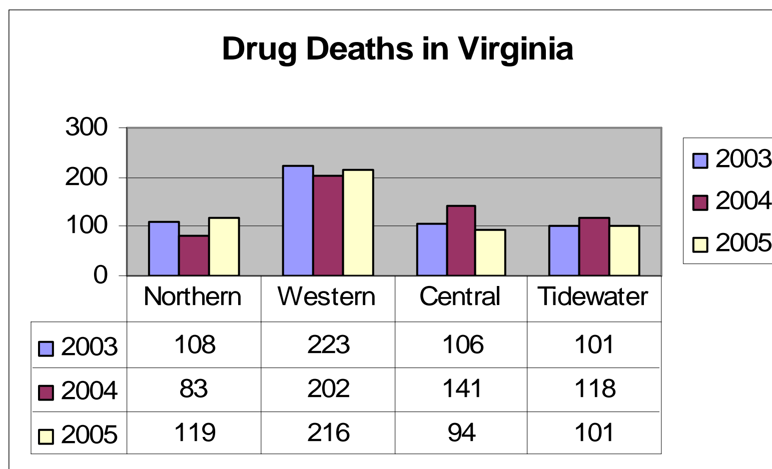
- **The program also sponsored a one day conference in October 2004 for stakeholders and policy makers to discuss the issues surrounding prescription drug abuse and how the program can be used as a tool in preventing the misuse, abuse, and diversion of controlled substances. Over 120 policy makers and stakeholders attended.**

- **In 2006, the program coordinated a one day seminar for over 100 prescribers and pharmacists that provided 5.5 hours of continuing medical education on addiction, pain management, research findings on deaths determined as caused by prescription drugs from southwest Virginia, Board of Medicine guidance on pain management, and an overview of the prescription monitoring program.**

- **The PMP will partner with other state agencies and education centers as opportunities arise to address prescription drug abuse. This will include education for citizens on the proper security and disposal of prescription drugs, medical education to health care professionals through seminars and online courses, and the development of a "map" of Virginia highlighting high usage areas of certain prescription drugs to assist in resource planning for education, treatment, and law enforcement activities.**

C. Performance

In the 2006 *Achieving Balance in State Pain Policy, A Progress Report Card,* issued by the Pain & Policy Studies Group, University of Wisconsin School of Medicine and Public Health, Virginia was one of only 2 states (Michigan the other) to receive an "A" rating. The evaluation is guided by what the Studies Group calls the "Central Principle of Balance" representing the obligation of government to prevent the abuse and diversion of controlled substances while ensuring that the drugs are available for legitimate medical needs.



	Northern	Western	Central	Tidewater
2003	108	223	106	101
2004	83	202	141	118
2005	119	216	94	101

- **Investigations by the State Police Drug Diversion Unit used to take up to 3 months to complete. With the PMP, investigations are normally complete within a month, generating huge man-hour savings.**
- **Prior to 2003, drug deaths due to prescription drugs were increasing every year. Since the inception of the PMP, drug deaths in Virginia are no longer increasing.**
- **Since 2003, the rate of wholesale distribution of oxycodone, hydrocodone, and methadone products have continued to increase, but at a much smaller rate than prior to the implementation of the PMP.**

- **Anecdotally, prescribers who were uncomfortable prescribing certain medications for pain, now do so because they have a tool that helps them confirm treatment history and patient compliance.**

D. Funding

The PMP has largely been funded by federal funds through Harold Rogers Prescription Drug Monitoring Program grants administered by the Bureau of Justice Assistance within the U.S. Department of Justice. Additionally, $182,000 from a court settlement (United States v.Dinkar N. Patel 10-25-99) was used to assist in the implementation of the program and $302,000 from a discontinued controlled substance registration program was used to purchase software to expand the program statewide. From 2003 through the end of June 2007, $1,094,369 will have been spent to implement, operate and enhance the PMP. The funding has paid for (1) personnel, (2) equipment, (3) data collection contracts, (4) software, and (5) education/marketing efforts.

(1) Personnel:

The Director of DHP has overall responsibility and authority for the operation of the PMP and serves as the legislative and regulatory liaison for the program.

The Program Manager is responsible for grant management efforts, coordinates and supervises the daily operation and evaluation of the program, promotes the use of the program among those who are eligible to query, serves as staff to the PMP Advisory Committee, and attends conferences related to prescription monitoring programs in order to keep abreast of new technologies, pending federal legislation, and new efforts of other states.

The program has a full-time administrative assistant who provides program and administrative support for the Prescription Monitoring Program. Duties performed include responding to requests for information from the program in accordance with law and regulation and preparing correspondence relating to the reporting of information to the program and maintaining an office filing system that

ensures access to program information while properly securing contents; responding to telephone and written inquiries related to the program, providing only public information consistent with the laws and policies of the Department; researching and preparing responses to Freedom of Information Act Requests related to the Prescription Monitoring Program; assisting in the collection of additional information required to evaluate the success of the PMP and assisting the Program Manager in development and distribution of reports; making all necessary arrangements for Advisory Committee meetings to include agenda and notice preparation and distribution; preparing correspondence; and maintaining and ordering needed supplies.

An additional part-time administrative assistant will be hired in June 2007 and a full time administrative assistant may be hired in the future to perform similar duties to assist in the daily administration of the program at such time as the number of daily inquiries increases to warrant additional staff.

An information technology specialist with knowledge and experience working at a technical level in a relational database application or system, internet web pages updates and searches, and networked PC Windows's environment will be hired in late 2008. This person will assist in maintaining the database, preparing ad-hoc reports, tracking compliance of reporting and assist with collecting data from other sources for the continuing evaluation of the program.

PMP support is also provided by the Department of Health Professions administrative, financial and information technology staff.

<u>(2) Equipment, (3) data collection contracts, (4) software and (5) education/marketing efforts</u>:

Expenditures for fiscal year 2007 are expected to be approximately $300,000. Estimated expenditures for fiscal year 2008 will be in the $700,000 range, of which $260,00 is for software enhancements to allow for 24/7 access to the program's database and to align the database for possible data-sharing with other state prescription monitoring programs in the future. Personnel costs to support the program make up the bulk of the remaining balance of the

Increase for FY2008. FY2008 expenditures will be covered by grant funds.

Estimated budget for current operations and planned enhancements FY09 and FY10:

Category	FY09	FY10
Personnel	**$300,455**	**$312, 473**
Education	**$18,000**	**$18,000**
Information Technology Support	**$45.000**	**$45,000**
Supplies (postage, office sup)	**$2,500**	**$3,000**
Consultants/contracts	**$132,500**	**$132,500**
Other costs (printing, etc)	**$13,000**	**$15,000**
Total	**$511,455**	**$525,973**

V. Unmet Needs

A. Data Base Enhancements and Maintenance

- **Electronic monitoring program - to track prescription drug activity in real time, which will be of great benefit in emergency rooms and urgent care centers.**

- **Epidemiologist - to provide Geographical Information System (GIS) maps created from PMP data based upon the reported patient address, for controlled substance prescriptions dispensed within Virginia with constant updates on trend analysis for all controlled substance prescriptions in Virginia.**

- **Web master - to provide the full information to all citizens of Virginia on the entire range of activities and resources provided by PMP. See model: http://chfs.ky.gov/oig/KASPER.htm**

B. Education for Prescribers and Public

- **Continuing education module (web accessible) is in development for prescribers and pharmacists. This will provide consistent and convenient information to educate the provider. DHP is partnering with Virginia Commonwealth University to design and house the training modules.**

- **Outreach coordinator to visit primary doctors' offices and hospitals. Primary care physicians play a critical role in screening, assessing and referring people with potential substance abuse problems.**

- **Outreach to general public for the purpose of education on (1) program resources (2) effective addiction treatment available (including the recent approval by the FDA of office-based use of other addiction medications) and (3) information regarding the consequences and impact of addiction.**

Draft communication plan:

1. Focus on market segments that are predisposed to the product's need: Southwest Virginia, which has the highest incidence of prescription medicine abuse, would be the target of a radio campaign & a billboard campaign.

Radio:
Roanoke **major media market of 5 stations, including Lynchburg and Blacksburg for a cost of $20,000;**
Bristol **major media market, 4 stations for a cost of $11,000**
15 minor markets **through the Southwest for $30,400**
Splash campaign for a total of 200 gross rating points per week

Billboard:
10 in Southwest, $350 per posting site, include production, development costs, and rent for one month. (This rate is the public relations special discount rate offered by the Outdoor Advertising Association of Virginia.)

2. Focus on early adopters in the target segment of the central Virginia densely populated regions of Richmond and the neighboring city of Petersburg with billboards in 50 sites.

3. Provide information to the retail outlets of doctors' offices and pharmacies with a pamphlet for consumer information on the PMP program to educate patients at the point of service about the role of the prescriber.

4. Expose participants with some experience with one or more of the professional prescribers to 2 workshops (focus groups) with 8 participants each and a range of ages socio-economic backgrounds, male and female and ethnic minorities to evaluate message development in light of promoting compliance and representing the interests of prescribers. Further qualitative research on any message statement prior to any communication launch done with a workshop of physicians and pharmacists.

5. Encourage information sharing and interaction between primary invested state agencies (social services and mental health) for the purpose of social/professional interactions to accelerate further adoption of the program through all respected leaders in the field.

6. Awareness-tracking survey instrument

According to enforcement and monitoring literature, providing information raises compliance rates. The goal is to convert a non-compliant, or non-interested, or non-adopting prescriber to a belief in the worth of reporting; to move that belief into an attitude that influences that professional as well as others; and to move that attitude into a value of the public protection partnership mandate of DHP & prescribers through compliance in reporting prescription drug abuse to the DHP database.

ANNEX 1- Funding Stream

Fiscal Year is July 1 through June 30.

Funding Sources:

Source	Amount	Description
2003 Federal Grant	$180,000	Implementation of Prescription Monitoring Program
Matching funds: Octagon	$180,069	Implementation of Prescription Monitoring Program
2004 Federal Grant	$82,500	Education conference, education efforts, survey
2005 Federal Grant	$350,000	Expansion of program
Legacy registration funds	$302,000	Procurement of software to support expansion of program
2006 Federal Grant	$400,000	Expansion of program
2007 Federal Grant application	$400,000	Procurement of software to allow for 24/7 access to program and sharing of data with other programs
TOTAL	$1,894,569	(Includes 2007 grant application request)

FY2003 through FY2008 are funded by the resources cited above.

EXPENDITURES

Fiscal Year	PERSONNEL[1]	EDUCATION[2]	INFORMATION TECHNOLOGY SUPPORT[3]	SUPPLIES[4]	CONTRACTS[5]	OTHER COSTS[6]	TOTAL
FY2003			$14,642	$80		$244	$14,966
FY2004*	$46,689	$2,722		$1,245	$31,763	$1,802	$84,221
FY2005**	$66,712	$17,457		$1,630	$36,315	$6,040	$128,154
FY2006***	$132,157	$12,423	$302,000	$931	$68,007	$16,973	$532,491
FY2007 TO DATE	*$125,236*	*$5,551*	*$30,000*	*$1,290*	*$160,000*	*$4,807*	*$326,884*
FY2008 projected****	$225,236	$17,913	$45,000	$2,500	$353,500	$12,410	$656,559
FY2009 projected*****	$300,455	$18,000	$45,000	$2,500	$132,500	$13,000	$511,455
FY2010 projected	$312,473	$18,000	$45,000	$3,000	$132,500	$15,000	$525,973

*FY2004-Personnel: 1 part-time program manager, 1 part-time administrative assistant
**FY2005-Personnel: 1 full-time program manager, 1 part-time administrative assistant
***FY2006-Information Technology: New software to support expansion of program
***FY2006-Personnel: 1 full-time program manager, 1 full-time administrative assistant
****FY2008-Personnel: 1 full-time program manager, 1 full-time administrative assistant, 1 part-time administrative assistant, 1 full-time information technology specialist
****FY2008-Contracts: Includes software for 24/7 access and data-sharing capability
*****FY2009-Personnel: 1 full-time program manager, 2 full-time administrative assistants, 1 part-time administrative assistant, 1 full-time information technology specialist

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[1] Personnel: Salaries, wages, taxes, fringe benefits
[2] Education: Travel, meals, lodging, room rentals, etc for presentations and education
[3] Information Technology Support: Software, computer hardware, VITA support
[4] Supplies: Postal services, office supplies, office equipment
[5] Contracts: Data collection, software maintenance, subscriptions, consultant fees, other contracts
[6] Other Costs: Phone, printing, production services, building capital leases, misc.