National Emerging Threats Initiative
a
National HIDTA Program

PDMPs & Emerging Threats

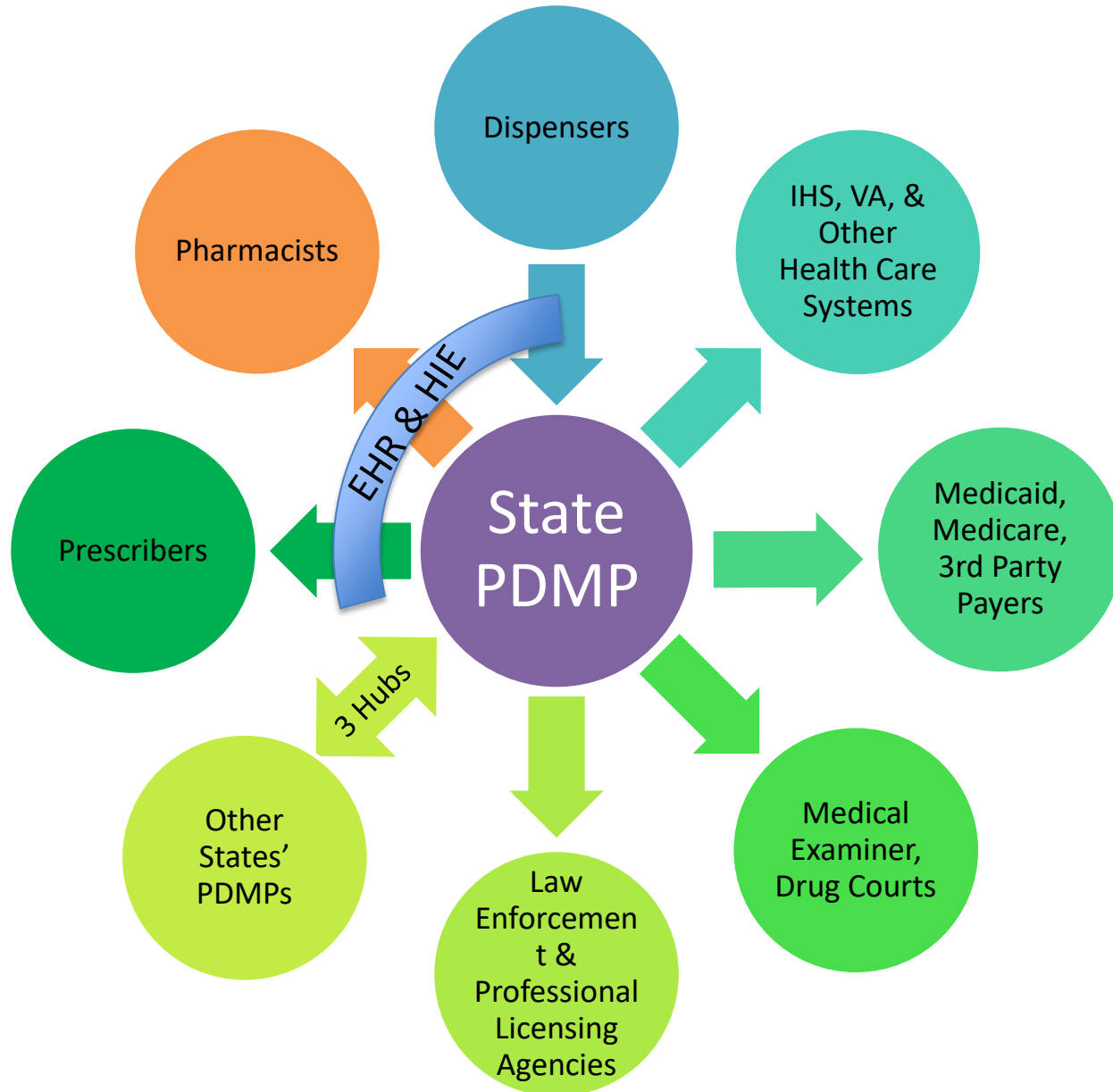**John L Eadie**

Public Health and PDMP Project Coordinator

Wednesday, October 4, 2017

Midwest HIDTA – Kansas City, MO

What PDMPs Do

PDMPs: Generation 3.0 to 3.4

- Dispensers
- Pharmacists
- IHS, VA, & Other Health Care Systems
- EHR & HIE
- State PDMP
- Prescribers
- Medicaid, Medicare, 3rd Party Payers
- 3 Hubs
- Other States' PDMPs
- Law Enforcement & Professional Licensing Agencies
- Medical Examiner, Drug Courts

*Other groups may also receive reports other than those listed

Prescription Information PDMPs Collect from Pharmacies

- Patient identification:
  - Name & Address
  - DOB & Gender
- Prescriber Information
- Dispensing Pharmacy Information
- Drug Information, e.g.
  - NDC # = name, type, strength, manufacturer
- Quantity & date dispensed
- Source of payment (some states)

PDMPs Providing Data Access to Law Enforcement

❑ Midwest HIDTA

❑

State	Open Investigation	Court/Grand Jury Process, e.g., Court Order, Subpoena, Search Warrant, Grand Jury
o Iowa		X
o Kansas		X
o Missouri		X
o Nebraska		X
o North Dakota	X	
o South Dakota	X	

Law Enforcement Access to PDMP Data

- Until 2016 - 3 states - law enforcement investigators direct access to PDMP database
  - CA, MA, WA
  - State Practice

- AR – 2016 – Implementing statute authorizing investigators' direct access
  - Consistent with other 3 states, but:
  - In law
  - Developing model for the nation
  - Being documented

AR Law Enforcement & PDMP Access: *Designation*

- Statute: Arkansas Act 901- of 2015
- CEOs of law enforcement agencies must designate investigators assigned to investigate prescription drug diversion.
  - Sheriff,
  - Chief of Police,
  - Drug Task Force Supervisor,
  - Special Agent Supervisor in Charge

AR Law Enforcement & PDMP Access: *Training*

- <u>Agency CEOs and investigators</u> must be trained:

- Instruct in advanced drug diversion investigations .
- Understanding of prescription drug abuse issues, PDMP and laws for use of PDMP data.
- Requirements and ethical considerations for the certified investigators' department CEOs.
- Must pass exam after training.
- Successful completion leads to investigator certification under Act 901.

AR Law Enforcement & PDMP Access: *Use of Accounts*

- After certification, investigators can open PDMP accounts on-line.

- For each data request, investigator must certify it is for an open investigation.

AR Law Enforcement & PDMP Access:
Supervision / Accountability

- Agency CEOs have access so can audit investigators' requests for data.

- CEOs held accountable for investigators' use of data.

- Each agency must file annual report:
  - Verification inquiries were part of a lawful prescription drug diversion investigation.
  - Disposition of the investigation.

Why is Law Enforcement Access to PDMP Data Important?

- Before access: a single case could take 4 or 5 weeks to prepare given the number of pharmacies and doctors involved.

- With access: can see whether a case should be investigated or not.

- With access: able to prepare a case for prosecution in only a week to ten days.

- Prescription Monitoring Program Center of Excellence. Notes from the Field. NF 2.3. Perspective from Kentucky: Using PMP Data in Drug Diversion Investigations. May 2011.

  http://www.pdmpexcellence.org/sites/all/pdfs/NFF_kentucky_5_17_11_c.pdf

Mandates on Prescribers
to
Use PDMP Data

Comprehensive Use Mandates

As of September 1, 2017:

24 states have enacted mandates on all prescribers to review PDMP data prior to at least initial opioid Rx:

State – Effective Date
- AK -- 7/2021
- AR – 1/2019
- CA – 6 mo. after Cures certified as ready- expected to be 2017
- CT – 7/2015
- GA – 7/2018
- KY – 7/2012
- ME – 1/2017
- MA – 1/2016
- MD – 7/2018
- NV – 10/2015
- NH – 9/2016
- NJ – 11/2015

State – Effective Date
- NM – 4/2014
- NY – 8/2013
- NC -- After CSRS achieves certain improvements - TBD
- OH – 4/2015
- OK – 11/2015
- PA – 6/2015
- RI – 3/20I5
- SC – 5/2017
- TN – 4/2013
- TX – 9/2019
- WV – 5/2013
- WI – 4/2017

Comprehensive Use Mandates - A

- Comprehensive mandates are objective:
  - Apply to all prescribers
  - Apply at least for all initial opioid prescriptions.
  - Drugs included:
    - All Schedule II, **II**I and **IV** – 8 states
    - Opioids and benzodiazepines – 5 states
    - Opioids only – 3 states
    - Schedule II and III drugs -- 1 state
    - Schedule II drugs for acute or chronic pain – 1 state

Comprehensive Use Mandates – B

- Triggering events:
  - Initial Prescription for included drugs – 18 states
  - For continued treatment:
    - All prescriptions – 3 states
    - At least every 90 days - 5 states
    - At least every four to six months - 4 states
    - At least annually – 3 states
    - No follow-up required – 3 states
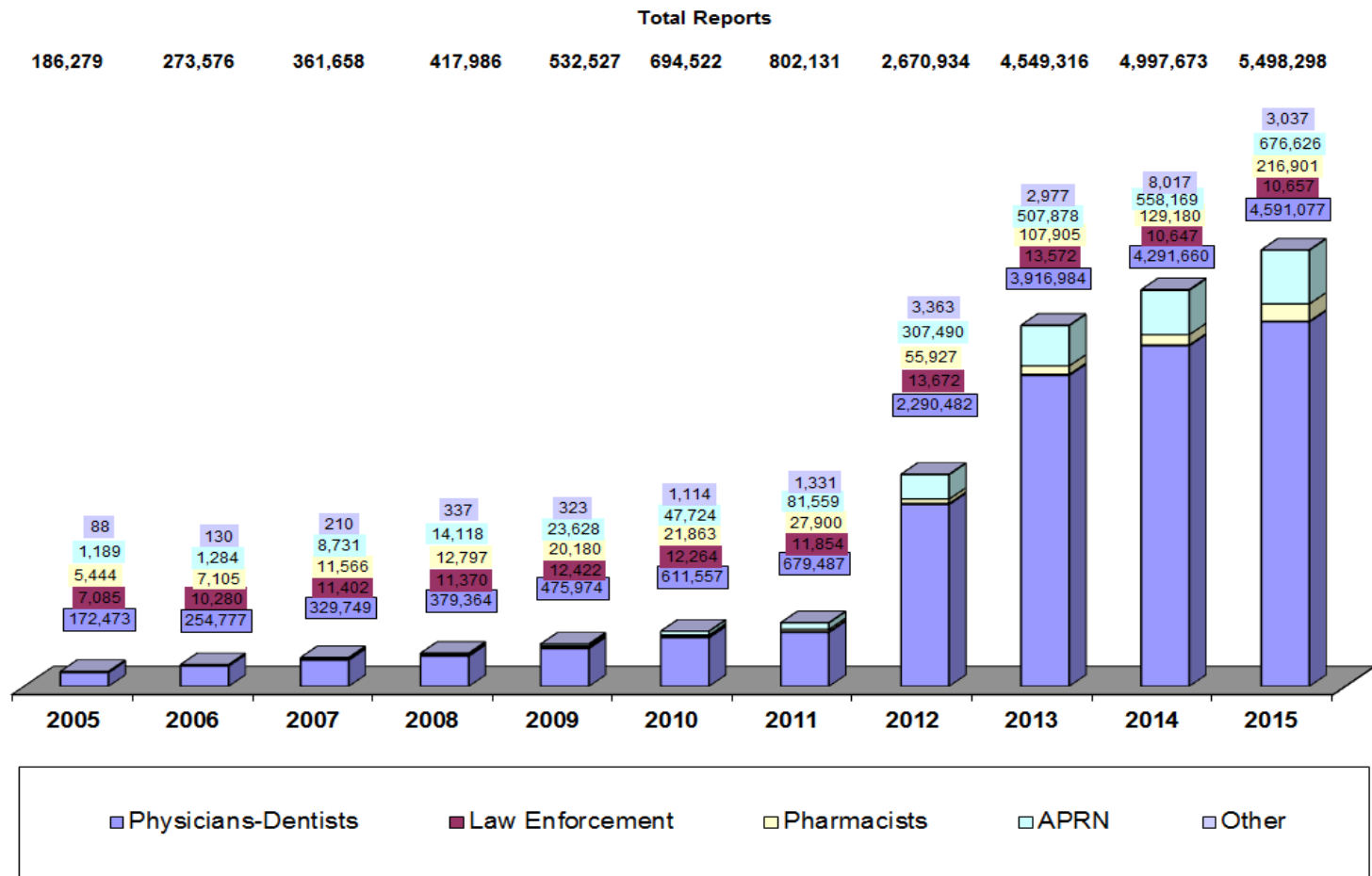
Comprehensive Use Mandates – C

Exceptions to Mandates – most common:

- Short duration prescriptions:
  - 5 days or less if issued in Emergency Dept. – 3 states
  - 7 days or less – 3 states
    (in 1 – excepted only if no refills)
  - 10 days or less – 1 state

- Terminally Ill Patients
  - Terminal Illness – 6 states
  - Terminal illness & under hospice care – 2 states

- Hospital or long term care in patients – 7 states
- If PDMP is inaccessible, e.g. electrical failure – 5 states

Provision for Prescriber Delegates

- Delegates can obtain PDMP reports for prescribers, when state law permits.
  - Prescribers set up subaccounts
  - Prescribers can audit delegates' use.
  - Prescribers are accountable for delegates' use.
- All states with comprehensive prescriber use mandates permit delegates.
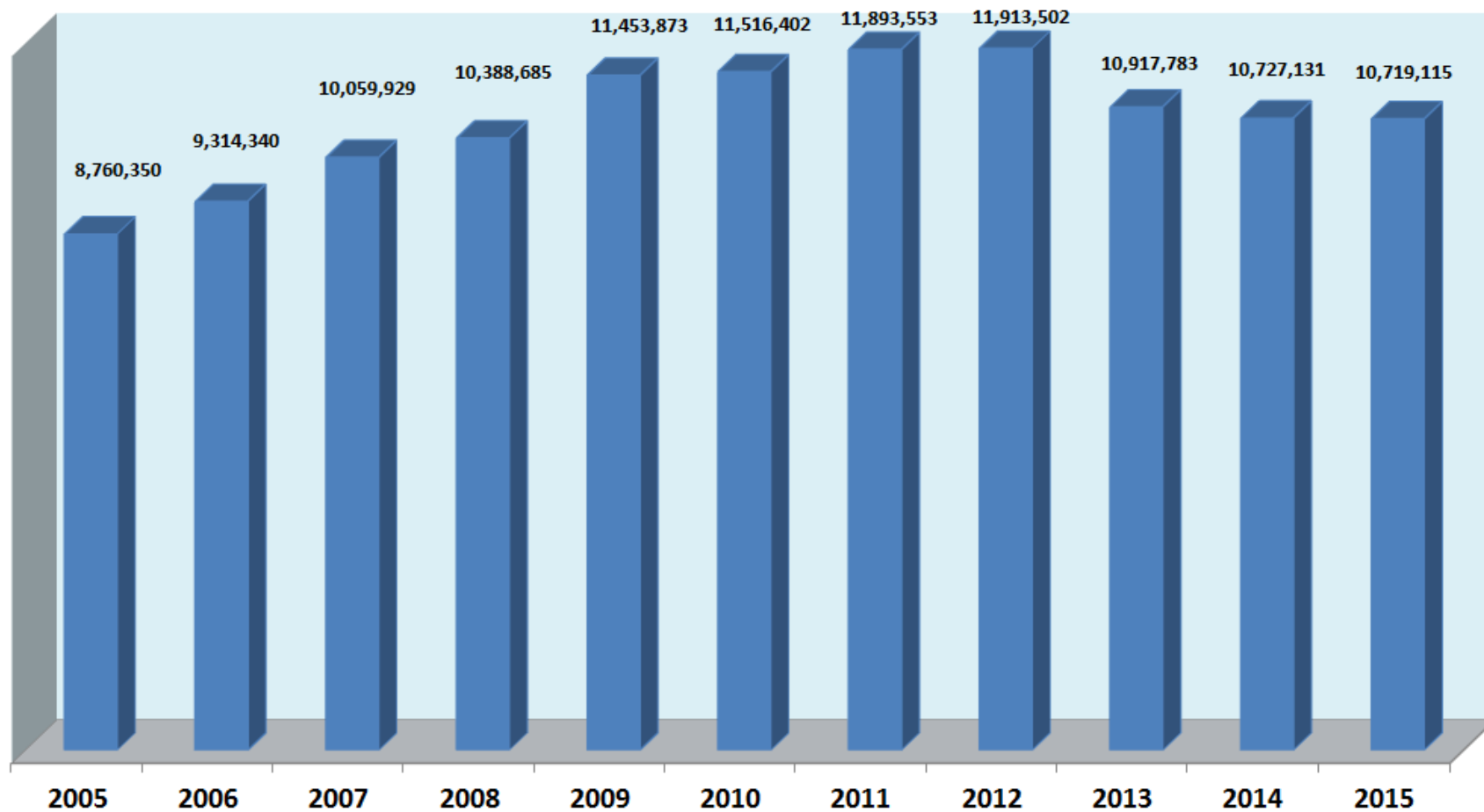- 47 states and DC authorize delegates.

Reports Requested Kentucky PDMP: 2005 through 2015

Total Reports

| 186,279 | 273,576 | 361,658 | 417,986 | 532,527 | 694,522 | 802,131 | 2,670,934 | 4,549,316 | 4,997,673 | 5,498,298 |

Year	Physicians-Dentists	Law Enforcement	Pharmacists	APRN	Other
2005	172,473	7,085	5,444	1,189	88
2006	254,777	10,280	7,105	1,284	130
2007	329,749	11,402	11,566	8,731	210
2008	379,364	11,370	12,797	14,118	337
2009	475,974	12,422	20,180	23,628	323
2010	611,557	12,264	21,863	47,724	1,114
2011	679,487	11,854	27,900	81,559	1,331
2012	2,290,482	13,672	55,927	307,490	3,363
2013	3,916,984	13,572	107,905	507,878	2,977
2014	4,291,660	10,647	129,180	558,169	8,017
2015	4,591,077	10,657	216,901	676,626	3,037

Legend: ■ Physicians-Dentists ■ Law Enforcement □ Pharmacists □ APRN □ Other

University of Kentucky Evaluation of Mandate – First year - A

- Pharmacist registrations increased 322% & queries increased by 124%.

- Prescriber registration increased 262%.

- Mean annual queries per prescriber increased 550 percent, from 34 queries in 2009 to 221 in 2013.

  – Increase continued thereafter – previous slide.

# Kentucky Rx Submitted to PDMP: 2005 through 2015

Year	Rx Submitted
2005	8,760,350
2006	9,314,340
2007	10,059,929
2008	10,388,685
2009	11,453,873
2010	11,516,402
2011	11,893,553
2012	11,913,502
2013	10,917,783
2014	10,727,131
2015	10,719,115

http://www.chfs.ky.gov/NR/rdonlyres/E5FDF281-27D7-44D4-8A60-D66A800A6A70/0/KASPERQuarterlyTrendReportQ42015.pdf

University of Kentucky Evaluation of Mandate – First year - B

- Both opioid and benzodiazepine prescribing decreased.

- A reduction in CII – CIV Rx from 4 to 8%.

  - Reduction continued thereafter – decrease is 10% by end of 2015 see previous slide.

- But a "chilling effect" on opioid prescribing did not appear.

University of Kentucky Evaluation of Mandate – First Year - C

- High-dose oxycodone Rx decreased.

- # patients receiving Rx for combination of an opioid, benzodiazepine, and muscle relaxant, decreased by 30%.

- Hospital discharges and deaths decreased.

- While increase in heroin discharges and deaths increased, that started a year before HB1.

- Doctor Shopping decreased by over 50%.

- University of Kentucky study at: http://www.chfs.ky.gov/NR/rdonlyres/8D6EBE65-D16A-448E-80FF-30BED11EBDEA/0/KentuckyHB1ImpactStudyReport03262015.pdf

NY State: Multiple Provider Episodes and PDMP Report Requests, October 2011- December 2015

Multiple Provider Episodes and PDMP Report Requests, October 2011 - December 2015
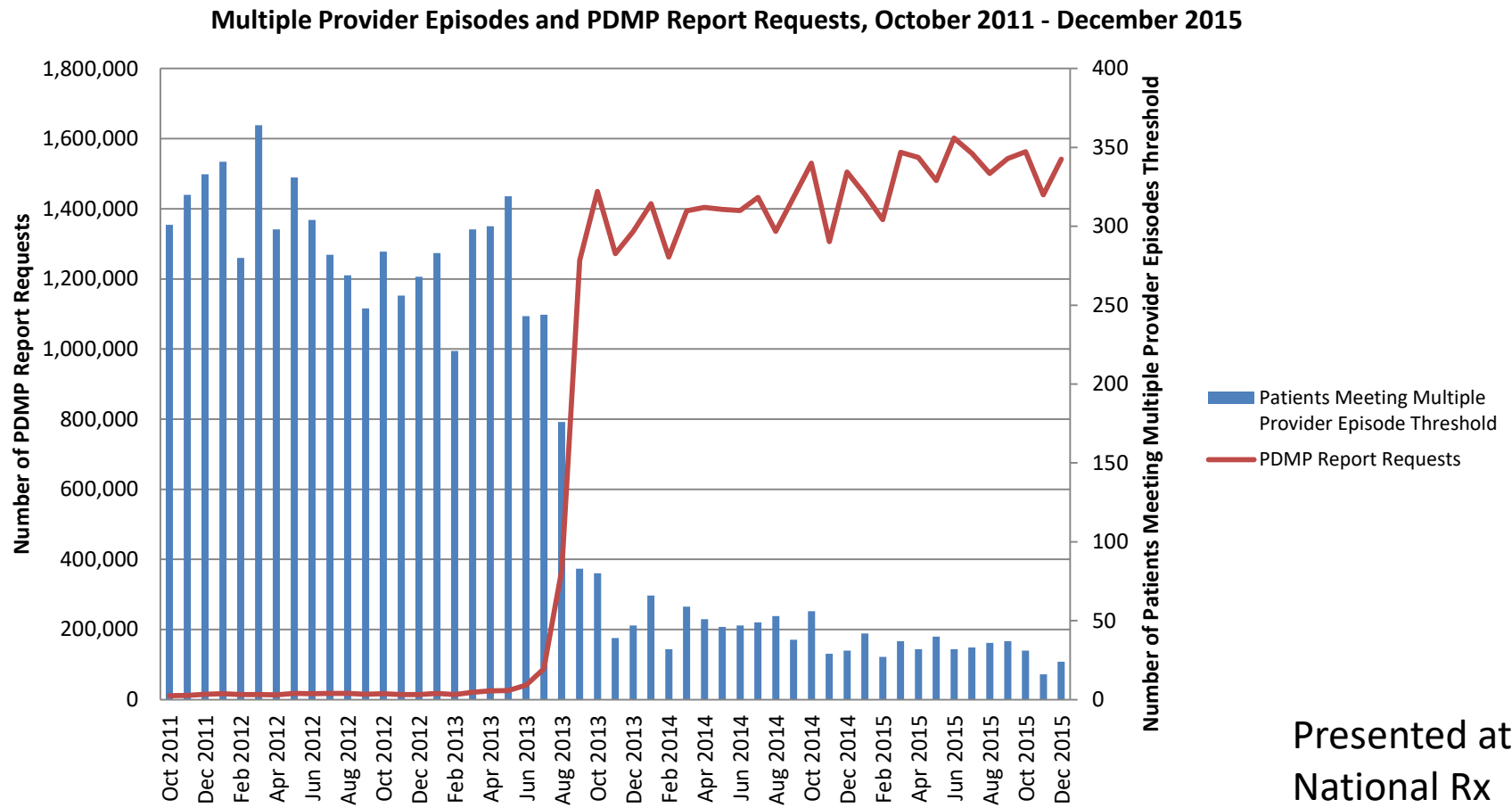
Note: Multiple provider episodes defined as patients using five or more prescribers and five or more dispensers within the month. **Source:** New York PDMP

Presented at National Rx Abuse & Heroin Summit 2017

NY Mandate on Prescribers to Use PDMP Data

- Prescriber requests increased up to 100 times.

- Doctor Shopping (Multiple Prescriber Episodes) decreased 90% in 2 years.

- High Risk Prescribing decreased.
  - Combination opioid & benzodiazepine Rx down.
  - High risk opioids, e.g. >100 morphine mg equiv. down.

New Data Elements:
First Time Not From Dispensers

- Prescribers who sign pain treatment agreements with patients – add that into PDMP record so other prescribers will know.
  - CA

- Law Enforcement and First Responders who administer Narcan add note into PDMP record so prescribers will know there was an OD (currently 90% who OD on opioids get more Rx). – WI

Other New Data Elements?

- Hospital Emergency Departments & EMS report all CS overdoses to PDMP?

- Objective findings of patients' behavior response to opioid's?

- Other clinical factors prescribers should know?

Proactive / Unsolicited Prescription Monitoring Program Reports / Alerts

Unsolicited Reports and Alerts

- PDMP data -- analyze to identify potential misuse and diversion, e.g.:
  - Potential doctor shopping,
  - Organized drug rings,
  - Prescription forgery
  - Pill Mills
  - Fraudulent sales of prescriptions by prescribers
- Send analyzed data rapidly to those who can intervene
  - Prescribers and Pharmacists
  - Law Enforcement
  - Health Professional Licensing Agencies

Why Unsolicited Reports Are Essential

- MA PMP survey – physicians receiving unsolicited reports:
  - Only 8% were "aware of all or most of other prescribers"
  - Only 9% said "based on current knowledge, including PMP report, patient appears to have legitimate medical reason for prescriptions from multiple prescribers."
- Alert prescribers of persons receiving more than 100 mg morphine equivalents of opioids per day
  - 8.9 times higher risk of death than low dose

PDMPs Can Help Save Lives

- Identify and intervene - persons doctor shopping

- West Virginia study of deaths 2005 to 2007:

  Doctor shoppers 7 times more likely to die than non-shoppers

  Pierce, et al; Doctor and Pharmacy Shoppers for Controlled Substances; *Medical Care,* Volume 00, Number 00, 2012

- **If PMP identifies them and intervenes, lives can be saved**

- Alerts / unsolicited report should be automated –
  to distribute more rapidly

States Issuing Unsolicited PDMP Reports - 2017

❑ **Midwest HIDTA**

❑ **States**	**Prescribers**	**Dispensers**	**Licensing Boards**	**Law Enforcement**
o Iowa	X			
o Kansas	X	X	X	X
o Missouri				
o Nebraska				
o North Dakota	X	X		
o South Dakota	X	X		

Identify Areas of Highest Risk for Opioid Overdoses and Deaths, Including Heroin

Tracking Rx Drug Misuse / Abuse

States Allowing Use of Deidentified PDMP Data

❑ Midwest HIDTA

o Iowa	Yes	
o Kansas	Yes	
o Missouri		No
o Nebraska		No
o North Dakota	Yes	
o South Dakota	Yes	

Law Enforcement Seizure Data

Data from
High Intensity Drug Trafficking Areas (HIDTAs)
Performance Management Process (PMP)

Changes in Heroin Seizures by HIDTAs
In Kilograms
United States – 2010-2016

Actual Change in Kilograms
2010 to 2016
- 1.0 - 45.5
- 45.6 - 82.6
- 114.3 - 301.4
- -13.3 - <1
- 82.7 - 114.2
- 301.5 - 454.6
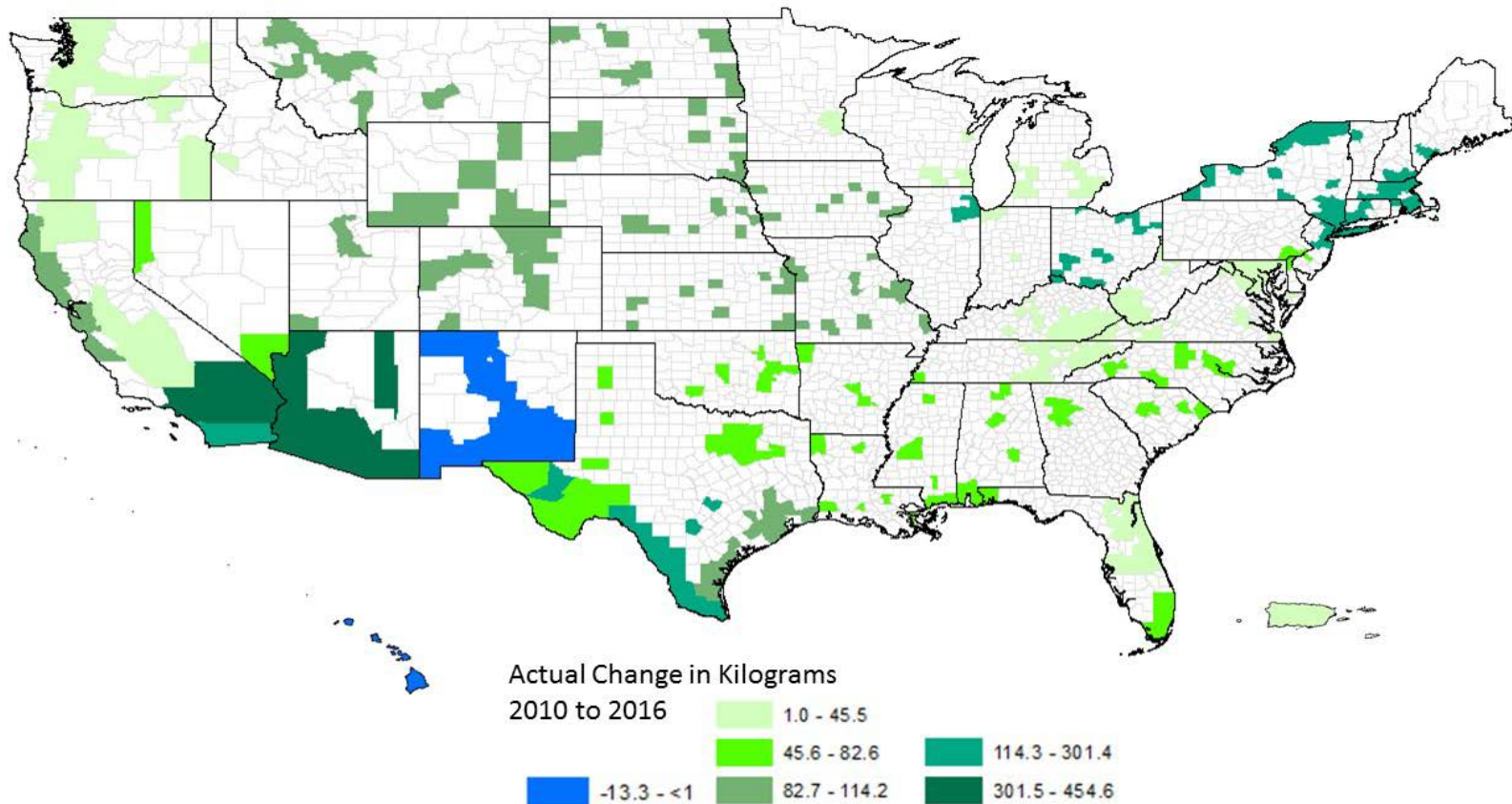
Changes in Stimulants Seizures by HIDTAs

In Kilograms (Cocaine and Methamphetamine Combined)
United States – 2010-2016

Actual Change in Kilograms
2010 to 2016

-2250.6 - -240.8	702.1 - 6672.7
-240.7 - <1	6672.8 - 18258.8
-2250.7	1.0 - 702.0
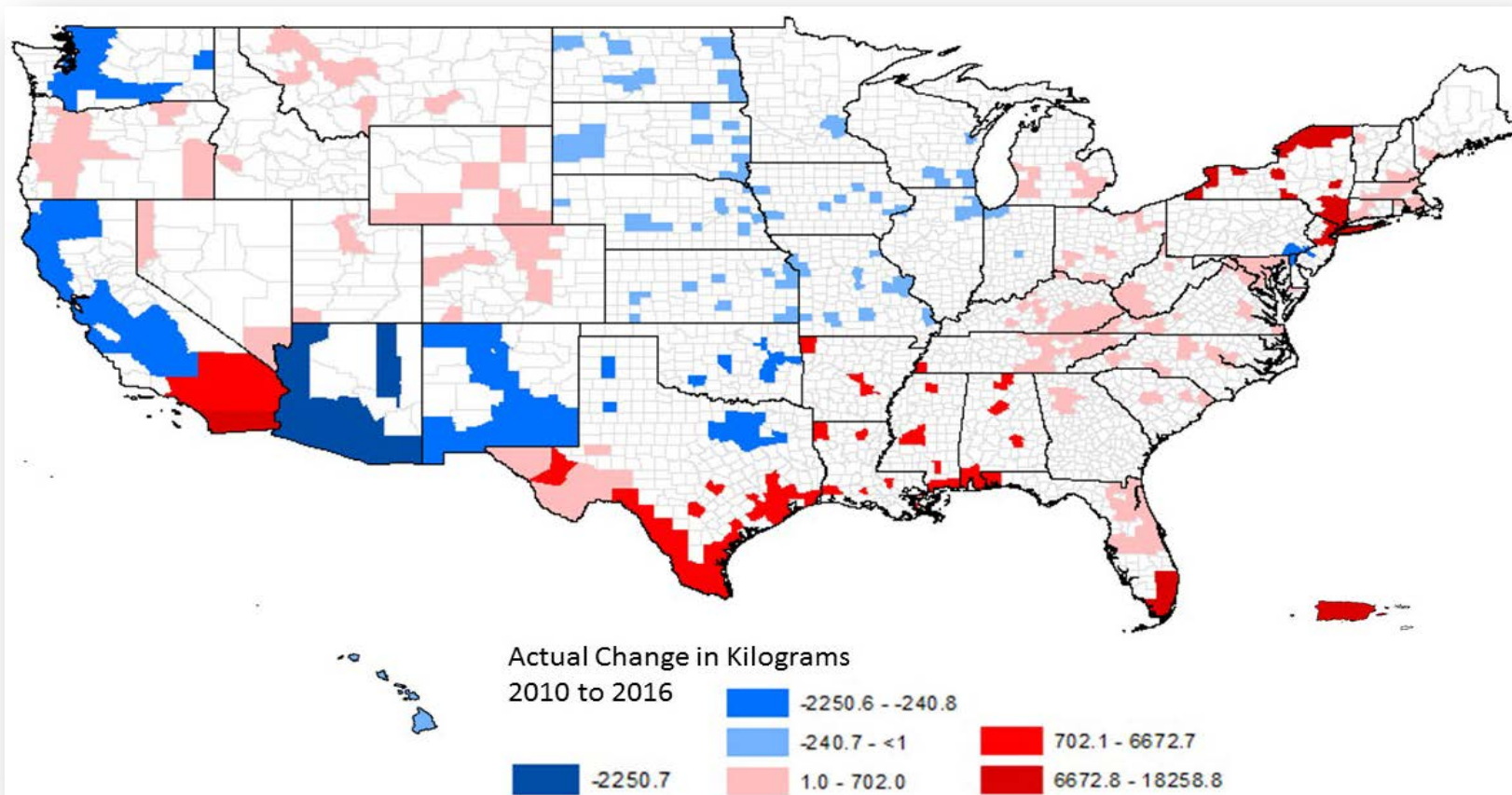
Comparison of Heroin & Stimulant Seizures

Greatest _Increase_ in Kilograms by HIDTA

United States - 2010-2016

Drug Type
- Heroin
- Stimulants
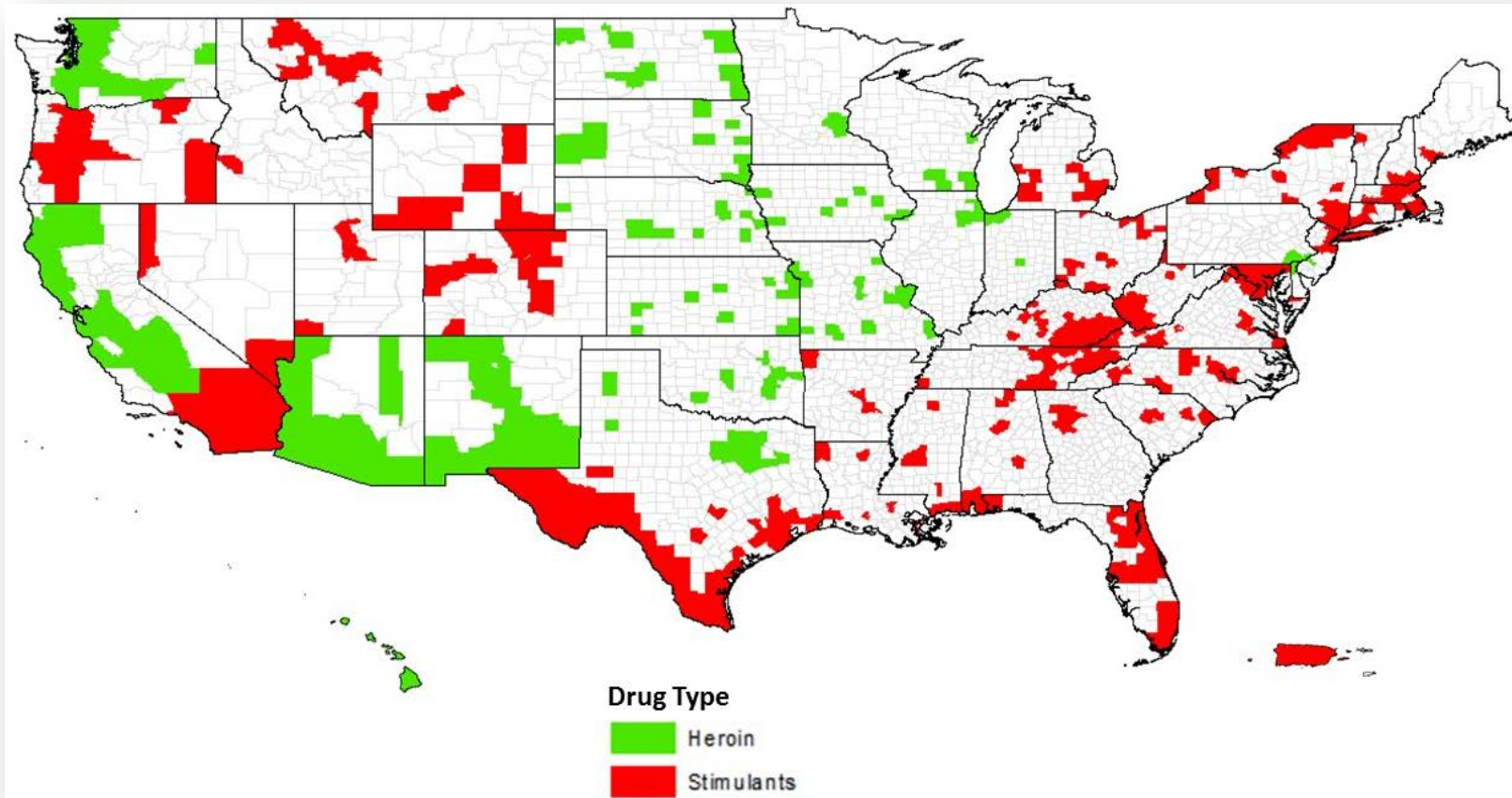
Summary of HIDTA Seizure Data

Total Seizures 2010-2016

Heroin	38,586.3 Kg
Stimulants Combined	596,998.7 Kg
Cocaine	469,144.6 Kg
Methamphetamine	127,854.1 Kg

15.5 Kg of Stimulants Seized for every 1.0 Kg of Heroin

Prescription Drug Monitoring Program (PDMP) Data

Provided by State PDMPs

Opioid & Other Controlled Substances Prescription Rates for Representative States
Rate of Rx per 1,000 Population - 2010-2016
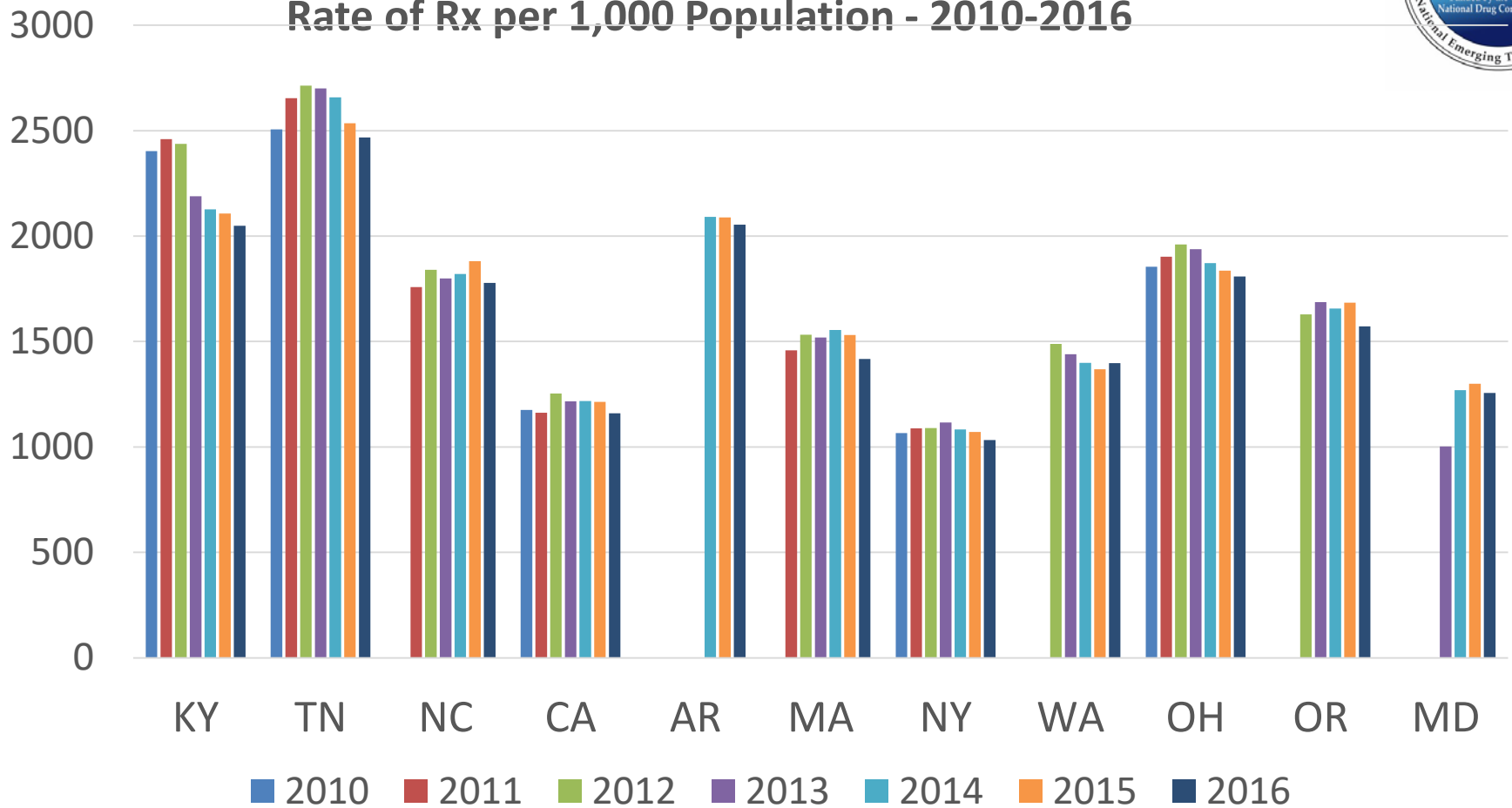
Stimulant Prescription Rates for Representative States
Rate of Rx per 1,000 Population - 2010-2016
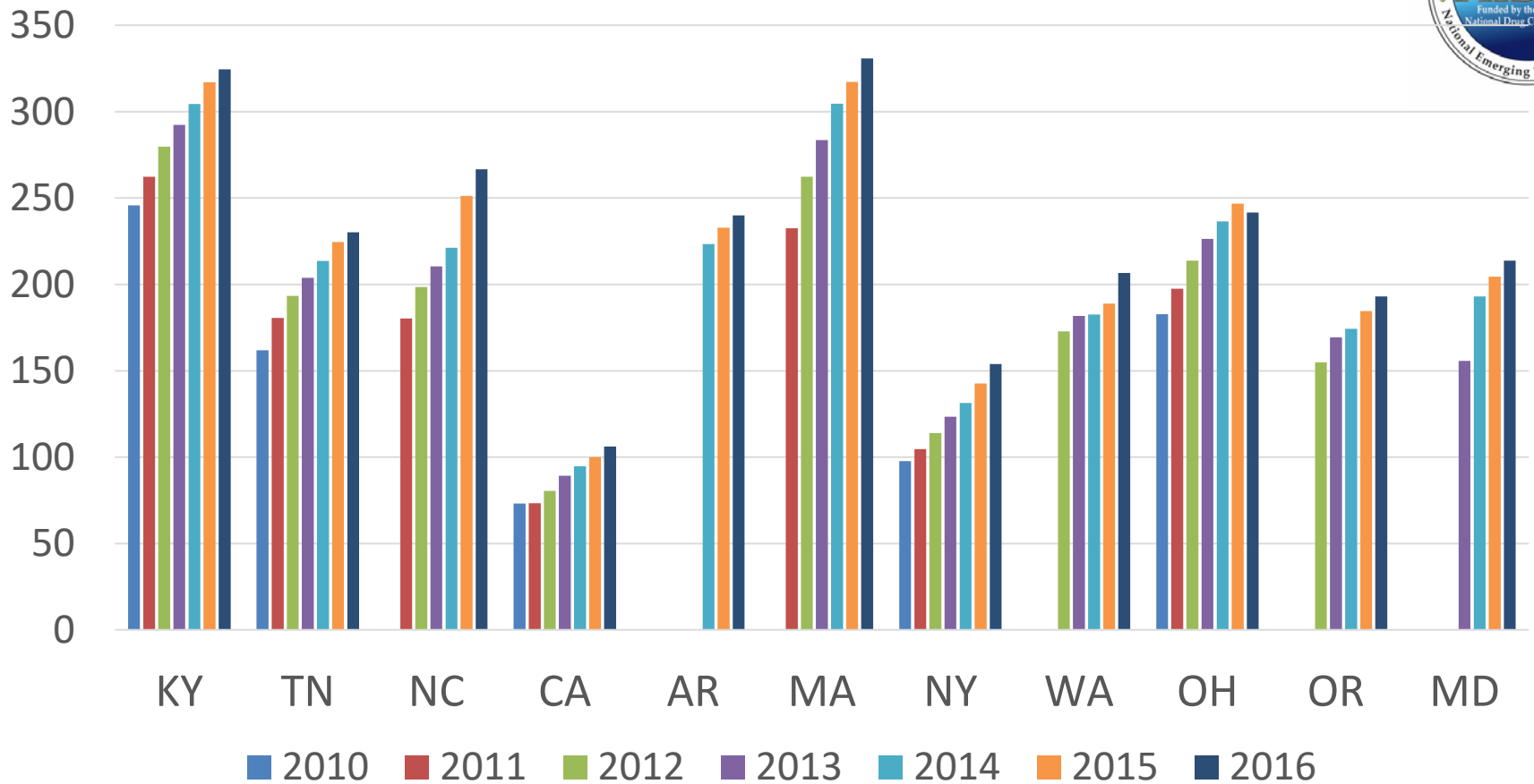
Stimulant Prescriptions by Age Group

- **Tennessee**   **# of Stimulant Rx**

Age Group	2010	2016	% change
19 or younger	562,263	691,695	23.0%
20 – 39	269,166	478,312	77.7%
40 – 59	166,129	293,548	76.7%
60 – 119	30,717	67,504	119.8%
Total	1,028,275	1,531,059	48.9%

  - TN stimulant Rx – 2016 Rate =   230.2/1,000 population
  - TN Stimulant Rx to children & youth – 2016 est. =   361.1/1,000 population

ARCOS Data from DEA – 2016

Automation of Reports and Consolidated Ordering System (ARCOS)
Drug Enforcement Administration (DEA)

National Survey on Drug Use and Health (NSDUH) 2015

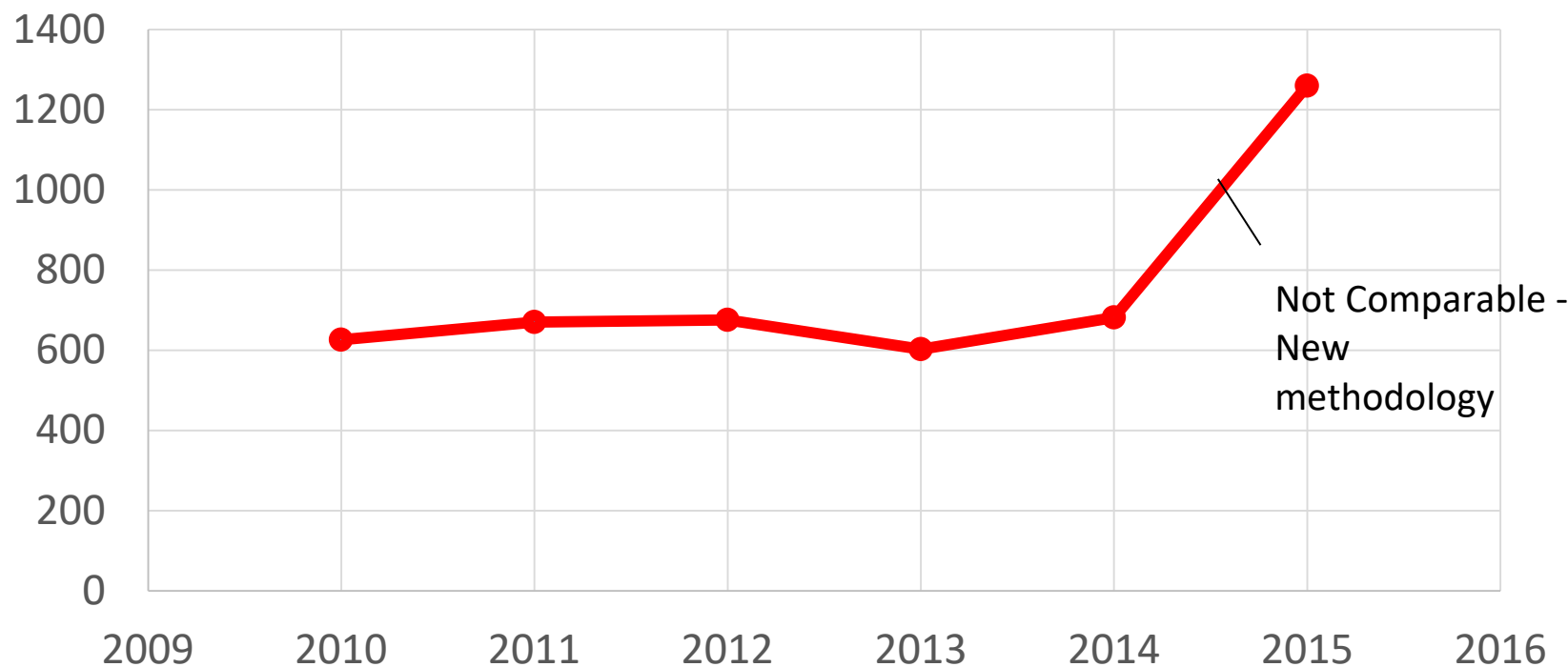# Substance Abuse and Mental Health Services Administration (SAMHSA)

New Initiates – Illicit Cocaine Use
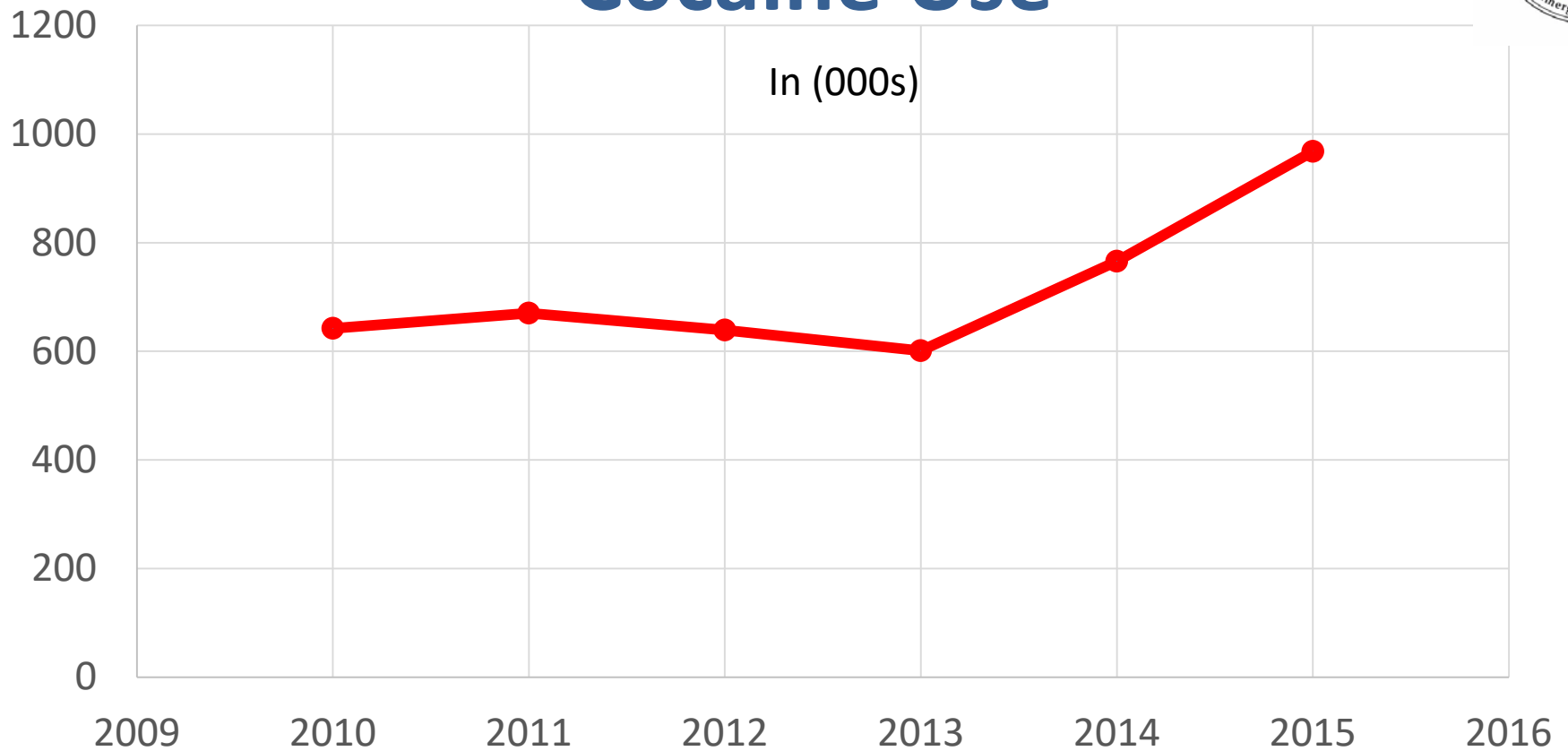
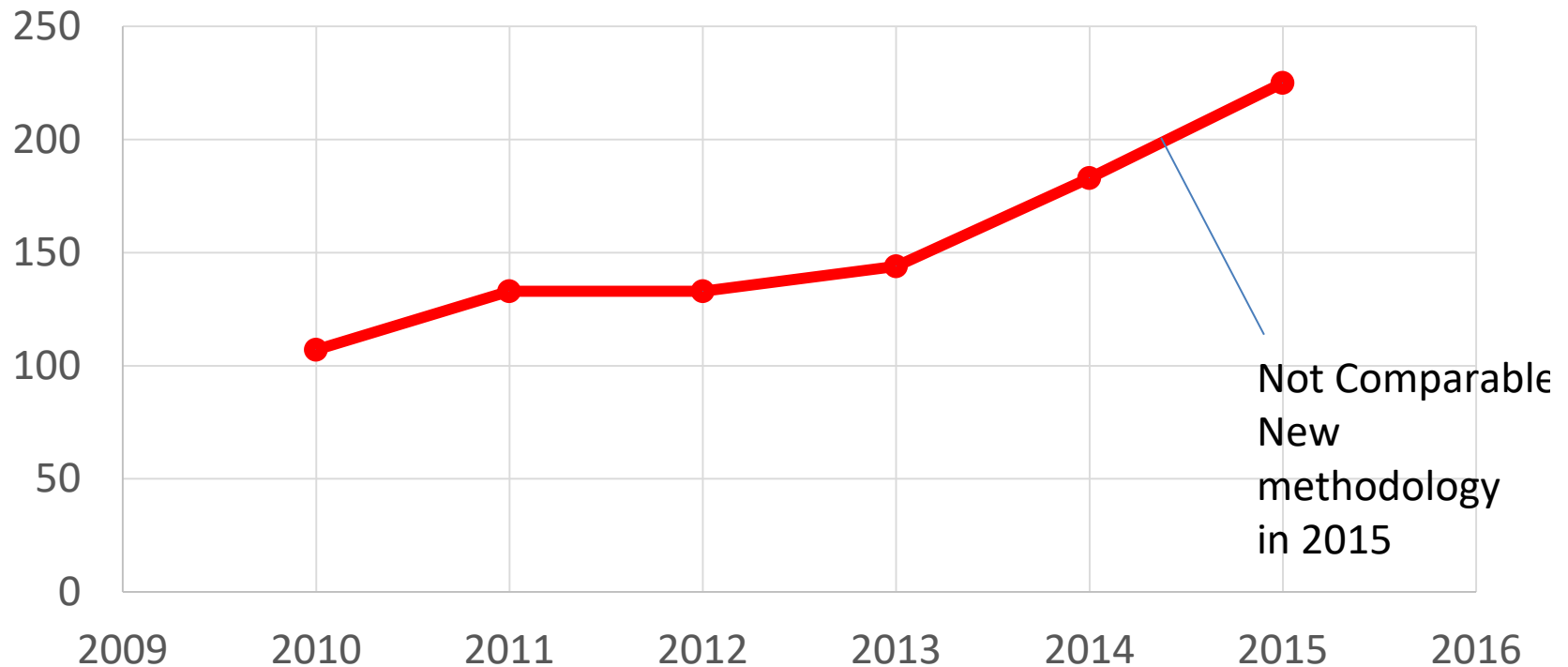# New Initiates – Nonmedical Use of Rx Stimulants

in (000s)

Not Comparable - New methodology

New Initiates – Illicit Methamphetamine Use

- in (000s)
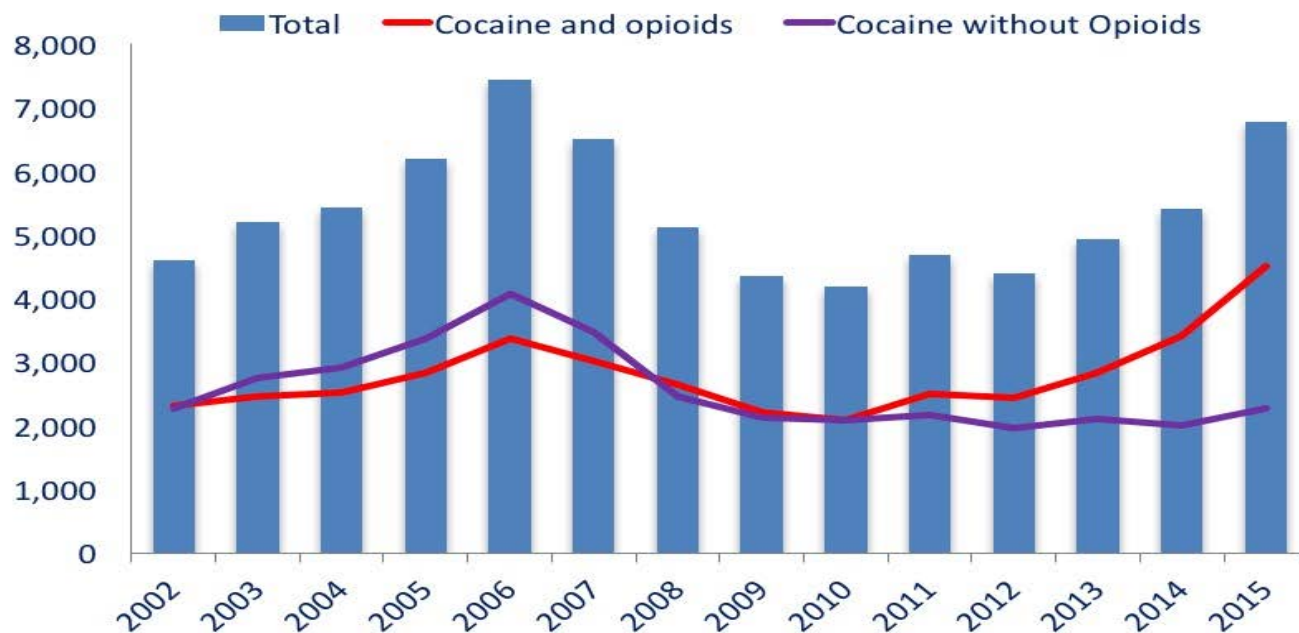
Cocaine & Opioid Involved Death

Center for Disease Control (CDC) Wonder Reports
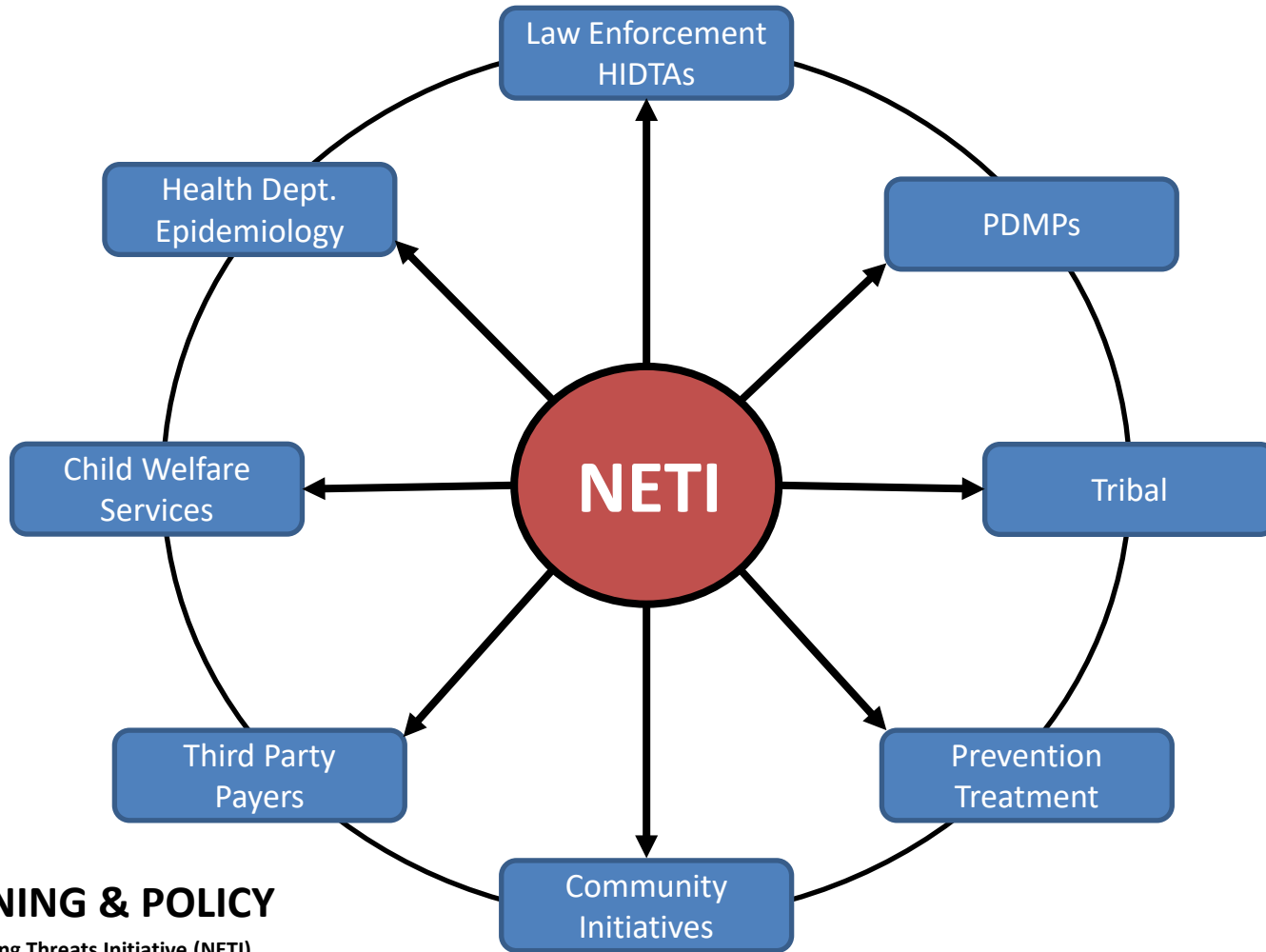## & National Institute for Drug Abuse (NIDA)

2012 to 2015 Rise: Cocaine & Opioid

Opioid involvement in cocaine overdose

Source: National Center for Health Statistics, CDC Wonder

EARLY WARNING & POLICY

Source: National Emerging Threats Initiative (NETI)
High Intensity Drug Trafficking Areas (HIDTA)

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