National Association of Boards of Pharmacy
PMP Interconnect
Problems with PMPs:

- Persons engaging in doctor shopping don’t stay in one state, particularly areas that border other states.
- Querying the state PMP may not give a complete picture to a prescriber or pharmacist of the controlled substances a person is obtaining.
- Low Utilization/Lack of Integration.
- PMPs lack function and Analytical Tools.

Solution:
• Creates interoperability for individual state PMPs via a hub system
• Prescribers and pharmacists log into their own state PMP and check boxes for other participating states from which they want data
• The hub routes the requests to the various states and the information back to the prescriber or pharmacist in one collated report
• All protected health information is encrypted and not visible to the hub, secure, and HIPAA compliant
  – No protected health information stored by the hub, just a pass through from one state to the authorized requestor in another state
• Easy for states
  – Only sign one memorandum of understanding (MOU)/contract with NABP – do not have to sign one for every other state to exchange data
  – Each state’s rules about access are enforced automatically by the hub
• July 2011 went live and today...since launch, PMP InterConnect℠ has processed over a half million requests in an average of 5.5 seconds to process a request.
• 10 PMPs--Arizona, Connecticut, Indiana, Kansas, Michigan, New Mexico, North Dakota, Ohio, South Carolina, and Virginia are actively sharing data
• Delaware, Illinois, Kentucky, Louisiana, and South Dakota should all be connected and sharing data later this year.
• Minnesota, Mississippi, Montana, North Carolina, Nevada, Rhode Island, Tennessee, West Virginia, and Wisconsin and are working toward connecting to InterConnect
Cost for States to Participate

• $0 participation costs, although may incur some costs by their own PMP software companies

• NABP paying from its own revenues (exams/accreditations):
  – All development and implementation costs for the program
  – Annual maintenance fee to the contractor to house the hub
  – Annual participation fees for states that cannot accept funding from pharmaceutical manufacturers, e.g. FL
NABP PMP InterConnect

Legend
- NABP PMP InterConnect Participant (System Live)
- Pending NABP PMP InterConnect Participant
- Prospective NABP PMP InterConnect Participant
- No PMP in Place
Combating Opioid Prescription Abuse

Stephen E. Heretick, JD
President, FSMB Foundation

Tri-Regulator Symposium
October 17, 2012
Washington, D.C.
FSMB Activities Related to Treatment of Pain

- State Medical Boards’ **dual** responsibility:
  - Ensure public safety
  - Ensure access to appropriate medical treatment for patients in need

- Until mid 1990s, physicians and SMBs struggled with lack of consistent policies related to the treatment of pain
FSMB Model Pain Policies


• Model Policy Guidelines for Opioid Addiction Treatment in the Medical Office (2002)

• FSMB, in collaboration with SAMHSA’s Center for Substance Abuse Treatment (CSAT), is currently updating Model Policies to be completed in 2013
FSMB Initiatives

• FSMB National Clearinghouse on Internet Prescribing

• The Online Prescriber Education Network (OPEN)

• Co-produced policy brief with the Center for Practical Bioethics and the National Association of Attorneys General, aimed at prescription drug diversion (2009)

• National Collaboration to Better Utilize HIT
Responsible Opioid Prescribing: Expanded 2nd Edition

Responsible Opioid Prescribing: A Clinician’s Guide, by pain expert Scott M. Fishman, M.D.

Details:

– Revised and expanded edition corresponds with CME credit in 3 online modules (7.25 AMA PRA Category 1 Credit) available on the FSMB website
– An e-Book version coming soon
– More than 160,000 hard copies of the 1st edition have been distributed to physicians by state boards
Collaborating with Federal Stakeholders

– Centers for Medicare & Medicaid Services
– Department of Health and Human Services
– Drug Enforcement Administration
– Food and Drug Administration
– National Conference of State Legislatures
– National Governors Association
– National Institute on Drug Abuse
– Office of National Drug Control Policy
– Office of the National Coordinator for HIT
– Substance Abuse and Mental Health Services Administration
– U.S. Congress
– Various national health care associations and stakeholders
Questions/Discussion/Contact Us

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President, FSMB Foundation

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Thank you!
Tri-Regulator Conference
October 17, 2012
Washington, DC

Combating Opioid Prescription Abuse

Barbara L. Morvant, MN, RN
Louisiana State Board of Nursing
Goal:
To improve the state’s ability to identify and inhibit the diversion of controlled and other drugs of concern within an efficient and cost-effective manner and in a manner that shall not impede the appropriate utilization of these drugs for legitimate medical purposes.
PMP con’t

- Dispenser report the essential data-elements of those transactions to the program
- PMP houses data in a secure database and makes that information available
- Authorized users:
  - Prescribers and dispensers caring for their own patients.
  - Regulatory agencies monitoring prescribers and dispensers
  - Law enforcement agencies that have acquired the appropriate administrative warrants.
- Funding comes from service fee.
Advisory Council

- Substance abuse treatment professional
- Law enforcement agencies, federal, state and local agencies.
- Associations of prescribers and dispensers
- Regulatory boards of prescribers, dispensers
PMP con’t

• APRN prescribing practices
APRN prescribing practices

- Understanding Opioid Prescribing Practices of APRNs
- Journal of Nursing Regulation October 2010
Licensee Use

- Authorized release
- Recovering Nurse Participants
- Investigation
Nurse Scenario

Nurse 1

- Night charge nurse in pediatric emergency room
- Diagnosed with chronic condition with pain in 2005.
- 2005-2011 Treatment for Chronic Pain
- Prescribed and filing prescriptions that would range from taking 6-12 Oxycondone tablets/day
Nurse 1

- 2012 LSBN received a report regarding the non-work related behaviors related to signs of substance abuse and taking large doses of narcotics.
- Diagnosed with Opioid dependence.
- Agreed to refrain from the practice of nursing until weaned off of Suboxone.
- Managed today with non-narcotic medications
Nurse Scenario

Nurse 2

• Poly-substance abuse
• 12 and one-half years of sobriety
• Underwent surgical procedure and was prescribed pain medications
• Triggered full-blown relapse for one month
Nurse Scenario

Nurse 2

• Nurse voluntarily sought treatment
• “I have learned a very difficult lesson about the power of addiction, even to someone who has long-term sobriety and a firm foundation in recovery”
• Prescriptions: Valium, Hydrocondon, Klonipen, Lortab, Suboxone
Nurse Scenario

Nurse 3

- 2007 complaints for ‘suspicious behavior’, insufficient evidence
- 2011 Anonymous complaint
- Nurse while receiving treatment and under the care of multiple physicians
- 2008-2012
- 2009- daily average of 16 tablets per day
- 2010- 2012 average 8-10 tablets/day
Nurse 4

- 2007 Exhibited impaired behaviors at work
- Slurred speech, illegible documentation
- Narcotic discrepancies Dilaudid and Demerol
- License suspension
Nurse 4 Con’t

• Evaluation: heavily dependent on opiates at the time, taking 20-25-10mg per day. He spent next four years in active, heavy addiction to opiates and was regularly abusing other substances (alcohol, marijuana, cocaine, amphetamines)
LSBN

- Declaratory Statement: Practicing under the influence of controlled substances
- Opioid Replacement Therapy Policy
Guidelines for Registered Nurses-

• A legitimate prescription is not an acceptable excuse for impairment in the workplace.

• Registered Nurses who are required to use prescription drugs authorized by a licensed prescriber are responsible for being aware of any effect such drug may have on the performance of their duties, and to

• report the use of such substances to their supervisor prior to reporting for work.
Guidelines for Employers

• Employers are encouraged to develop drug free workplace policies which address the use of prescription medications.

• The policy should be reviewed upon initial employment so as to give the nurse an opportunity to disclose the current use of prescribed narcotics.

• Provisions should be outlined in the policy for any and all future use of prescribed narcotics i.e. who to report use to, when to report, forms to utilize.
Treatment Facility Recommendation

• Palmetto Policy Statement: Controlled medications in a professional population, March, 2012

• Palmetto does not recommend use of controlled medications in a professional population.
Palmetto con’t

• “We believe that such medications create side effects and physiological dependence incompatible with the practice of a profession”

• Concern: Opiates, barbiturates, Benzodiazepines and stimulants.
BONs

• Key role in monitoring prescriptive practices of APRNS
• Development of standards and guidelines for prescribing controlled substances
• Collaboration with all stakeholders
• Use of controlled substances and Opioid replacement treatment by licensees
Future Discussions:

• ADD and the overuse of Adderall
Combating Opioid Prescription Abuse in Massachusetts

Karen Ryle, MS, RPH
NABP President-Elect
Member, Massachusetts Board of Registration in Pharmacy
Mass OxyContin and Heroin Commission November 4, 2009

- Members of the commission included Legislative and Gubernatorial appointments
- 71 page report to the State House
- Opioid overdose has become the leading cause of injury death in Massachusetts
- “The Commonwealth is in the midst of a serious and dangerous epidemic.”
- “Addiction is a medical disorder and we have a public health epidemic on our hands that is larger than the flu pandemic.”
- Panel made 20 recommendations including a recommendation to update the Prescription Monitoring Program (PMP) to deter “Doctor Shopping” and “Over-prescribing” and to require tamper resistant prescriptions.
Doctor Shopping and Over Prescribing
Regulatory Changes to Curb Drug Abuse in Massachusetts

- Senate bill 2125 passed in Massachusetts August 2012
- Prescribers will be required to enroll in the state PMP upon license renewal
- Prescribers will be required to check the PMP before prescribing a narcotic to a new patient.
- Pharmacists will be educated on the use of the PMP program
- Pharmacies will be required to file a copy of DEA 106 with State and Local police along with the DEA
- Pharmacies will be required to distribute a pamphlet produced by DPH with each narcotic prescription filled raising awareness about addiction risks
- Pharmacies can only fill prescriptions for narcotics outside of Mass from contiguous states and Maine within 5 days of prescribing
- Requires PMP to connect with other states
When should Pharmacist Access the PMP?

• Based on Professional Judgment
• Ohio Regulations: Pharmacist should review the PMP if they becomes aware of a person currently:
  1. Multiple Prescribers (doctor shopping)
  2. Longer than 12 consecutive weeks
  3. Abusing or misusing
     • Over-utilization
     • Early refills
     • Appears overly sedated when presenting RX
     • Unfamiliar patient requesting specific name, street name, color, identifying marks
  4. Patient or Prescriber is located out of state or outside usual geographic area
Accessing the PMP

• Challenges in Massachusetts:
  – It is voluntary to sign up for the PMP and the paperwork is viewed as cumbersome
  – Not all Pharmacists have access to the internet while at work and therefore can’t access the PMP
  – Over 8000 pharmacists actively working in the state and less than 200 signed up for access to PMP
  – Pharmacists don’t always know what to do with the information
    – Adderall- 60 Rx’s, 10 months, 1 MD, 10 Pharmacies

• PMP Advisory Counsel includes the Board of Medicine, Dentistry, Physician Assistance, Podiatry and Nursing
Corresponding Responsibility

- CFR, Title 21 sec 1306.04, Purpose of Issue of Prescription
  - A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice
- The responsibility for the proper prescribing and dispensing of controlled substances shall be upon the prescribing practitioner, but a corresponding responsibility shall rest with the pharmacist who fills the prescription
- What is the Legitimate Medical Purpose?
  - Methadone 40mg daily (for pain?)
  - Rx’s for “The Holy Trinity”: Opiate, Benzodiazepine and Carisoprodol
- Make an informed decision!!