



Arizona State Board of Pharmacy
Controlled Substances Prescription Monitoring Program
1616 W. Adams, Suite 120
Phoenix, AZ 85007

The Arizona State Board of Pharmacy held a Prescription Monitoring Program (PMP) Task Force Meeting on March 21, 2017 at the Board of Pharmacy Office.

Call to Order:

Chair Person Tom Van Hassel convened the meeting at 1:00 P.M. on March 21, 2017 and welcomed the audience to the meeting.

Introduction of Task Force Members:

Attendees: Tom Van Hassel (ASBP), Chuck Dutcher (RPh), Shanna Malone (AHCCCS), Kim Crawford (PMP), Elizabeth Dodge (PMP), Janeen Dahn (AZBN), Cindi Hunter (PMP), Julie Antilla (DEA), Jenna Jones (DO Brd), Steve Haiber (ASBP), Dr. Stephen Borowsky (Pain Med), Janet Underwood (ACPC), Lorri Walmsley (AZPA), Kam Gandhi (ASBP)

4&4 Threshold report issues discussed:

A 4&4 threshold report is an unsolicited report that is generated monthly and is used to identify patients who are using more than 4 doctors and 4 pharmacies. This report is useful in identifying possible doctor shoppers.

A problem was identified with the new system's threshold reports. The new system sends out a 4&4 threshold report to all residents associated with a DEA number of a hospital. The vendor is working on a way to exclude medical residents until they can be properly identified and properly reported with their appropriate suffix. Mr. Van Hassel was surprised that this was a problem since many states also use the same vendor. Ms. Dodge expressed that many states do not use the threshold reporting mechanism and that may be why this problem had not been fixed. Mr. Gandhi suggested that a temporary fix might be to put an explanatory note to medical residents about the situation on the introductory form letter.

Dr. Borowsky noted that the 4/4 threshold report can be a problem because a physician-of-record would not get the report because an on-call physician really wrote the Rx.

PMP report in chart discussed:

Arizona State Board of Pharmacy's (ASBP) legal counsel has advised the ASBP to not make a recommendation regarding this matter.

Are all pharmacies reporting to PMP?

Ms. Dodge stated that it was difficult to know if a pharmacy was not reporting if they have never reported into the PMP system because the main tracking method within the PMP is the DEA number of the pharmacy. The ASBP does not

collect the DEA number of pharmacies and, therefore, the only way we would have the DEA number of a pharmacy is if they reported at least once to the PMP. Ms. Dodge said that when those who have not been reporting are discovered, they are brought into compliance.

Do all dispensing practitioners report?

The PMP has no mechanism to know what practitioners are dispensing.

Report Card outliers and feedback issue:

An online form was developed to help with the numerous calls, emails and letters mostly from Report Card outliers. On the Report Card, an outlier is 1, 2, or >3 standard deviations above the mean for the practitioner's specialty. An online "Report Card Complaint" form was recently developed but the term "complaint" might require that they be investigated and acted upon so a suggestion was made to replace the word complaint with "comment" or "concern" or "recommendation" or "feedback."

Ms. Malone noted that the term "outlier," has been a problem from the beginning when report cards were sent only to 5 pilot counties and report cards have not been updated much since they have gone statewide. Ms. Malone suggested removing the word outlier and just using the wording "You have been identified as being X Standard Deviations above the mean for (specialty) prescribers in AZ."

Report Card specialty issue:

An issue with specialties also causes numerous calls, letters, and e-mails. Practitioners can notify PMP re: correct specialty within a list of 31 types. Some practitioners claim to be so specialized and the 31 specialties are not enough. The problem is how many individuals are required before another specialty is added, 20, 25 or a different number? No decision was made regarding how many prescribers needed to be in a specialty before we add it to the specialty list.

The PMP staff is working on 2016 Q3 report cards now and plans to produce at least one or two more quarters before the vendor starts producing them .

General discussion:

Is there a means of producing a ranking of practitioners by specialty across the entire state? Ms. Dodge stated that his may be done and currently the top 25-50 outliers are being captured. There have been legal issues with providing the various licensing boards with this information. Mr. Gandhi discussed data mining and the legal issues at stake. Ms. Dahn suggested that the boards get a list of anyone higher than 4 standard deviations above the mean. Ms. Dahn recalls that a list of the names of the top prescribers was once available online at the PMP site but ASBP was unaware of this being available to boards. Ms. Dahn said this report gave the Nursing Board guidance and allowed them to reach out to these prescribers.

Dr. Borowsky commented that some states report not just pain management doctors but internists, etc who prescribe opioids to X% or more of their patients and that a Opioid Core committee may be looking into it. Dr. Borowsky expressed concern that the CME requirements for license renewal may not be helping very much and many high prescribers do not respond to education or nudging. Dr. Borowsky suggested that the Task Force may be able to draft a recommendation letter to release more PMP information on high prescribers. This would help the licensing boards

identify the prescribers and allow them to investigate. As a result this may help the current public's perception that the licensing boards are not doing enough.

Integration comments:

PMP has statewide funded integration but individual hospitals might incur some charges from their own vendors. The funded statewide integration includes pharmacies.

Adjournment:

Chair Person Tom Van Hassel made a call to the public but no one came forth. There being no further business to come before the PMP Task Force, Chair Person Tom Van Hassel adjourned the meeting at 1:50 P.M.