

Prescription Monitoring Programs: Technology Challenges and Opportunities

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Controlled Substance Abuse



A National Perspective

From 1992 to 2003 the 15.1 million Americans abusing controlled prescription drugs exceeded the combined number abusing:

- Cocaine (5.9 million),
- Hallucinogens (4.0 million),
- Inhalants (2.1 million), and
- Heroin (.3 million).

Source: *Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the U.S.* Published by The National Center on Addiction and Substance Abuse at Columbia University (CASA), July 2005.

Controlled Substance Abuse in Kentucky

- 8.5% of Kentuckians used prescription psychotherapeutic drugs for nonmedical reasons in past year. (KY leads nation)
- 7% of Kentuckians have used prescription pain relievers such as Darvon and Percodan for nonmedical reasons in past year. (KY leads nation).
- 4.6% of Kentuckians have used prescription tranquilizers such as Valium and Xanax for nonmedical reasons in past year. (KY leads nation)
- 2.0% of Kentuckians have used prescription stimulants for nonmedical reasons in past year (KY fourth in nation)

Source: *Misuse of Prescription Drugs: Data from the 2002, 2003 and 2004 National Surveys on Drug Use and Health*, published by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, September 2006.

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Generation Rx

- 19% of teens report abusing prescription medications to get high.
- 40% of teens agree that prescription medicines, even if not prescribed by a doctor, are safer than illegal drugs.
- 29% of teens believe prescription pain relievers are not addictive.
- 62% of teens say prescription pain relievers are easy to get from parents' medicine cabinets

Source: *2005 Partnership Attitude Tracking Study on Teen Drug Abuse*, The Partnership for a Drug-Free America, May 16, 2006.

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Prescription Monitoring Programs

- PMPs are intended to help prevent the abuse and diversion of controlled pharmaceutical substances
 - In a manner that does not impede use for legitimate medical purposes!
- PMPs provide a tool for prescribers and dispensers to identify and prevent misuse, abuse and “doctor shopping”
- PMPs provide an investigative tool for law enforcement to inhibit and prevent diversion

What is KASPER?

KASPER is Kentucky's Prescription Monitoring Program (PMP). KASPER tracks Schedule II – V controlled substance prescriptions dispensed within the state as reported by pharmacies and other dispensers.

KASPER is a real-time Web accessed database that provides a tool to help address one of the largest threats to patient safety in the Commonwealth of Kentucky; the misuse, abuse and diversion of controlled pharmaceutical substances.

Controlled Substance Schedules

- Schedule I – Illegal Drugs
 - e.g. heroin, marijuana, etc.
- Schedule II – Most addictive legal drugs; high abuse potential
 - e.g. oxycodone (OxyContin, Percocet, Tylox).
- Schedule III – Less abuse potential than I or II
 - e.g. hydrocodone combinations (Vicodin, Lortab).
- Schedule IV – Less abuse potential than III
 - e.g. benzodiazepines (Xanax, Valium).
- Schedule V – least abuse potential
 - e.g. codeine containing cough mixtures.

KASPER Operation

- KASPER tracks most Schedule II – V controlled substances dispensed in KY.
 - Over 11 million controlled substance prescriptions reported to the system each year.
- KASPER data is 1 to 7 days old.
 - Dispensers have 7 days to report.
 - RelayHealth processes & provides data once per day.
- Reports available to authorized individuals.
 - Available via web typically within 15 seconds.
 - Available 24/7 from any PC with Web access.

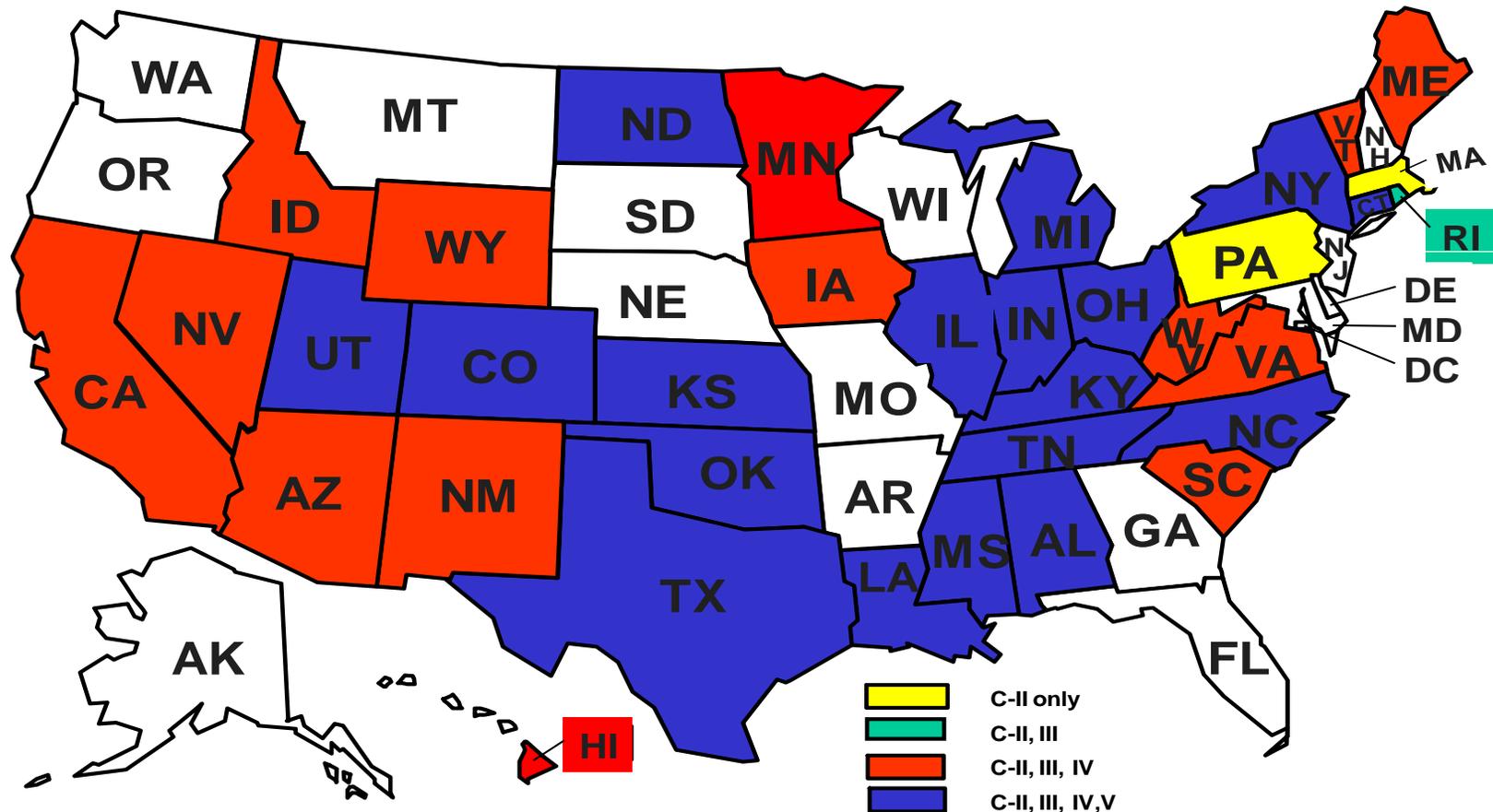
KASPER Stakeholders

- **Licensing Boards** – to investigate potential inappropriate prescribing by a licensee only.
- **Practitioners and Pharmacists** – to review a current patient’s controlled substance prescription history for medical and/or pharmaceutical treatment.
- **Law Enforcement Officers** – to review an individual’s controlled substance prescription history as part of a bona fide drug investigation.
- **Medicaid** – to screen members for potential abuse of pharmacy benefits and to determine “lock-in”; to screen providers for adherence to prescribing guidelines for Medicaid patients.
- **A judge or probation or parole officer** – to help ensure adherence to drug diversion or probation program guidelines.

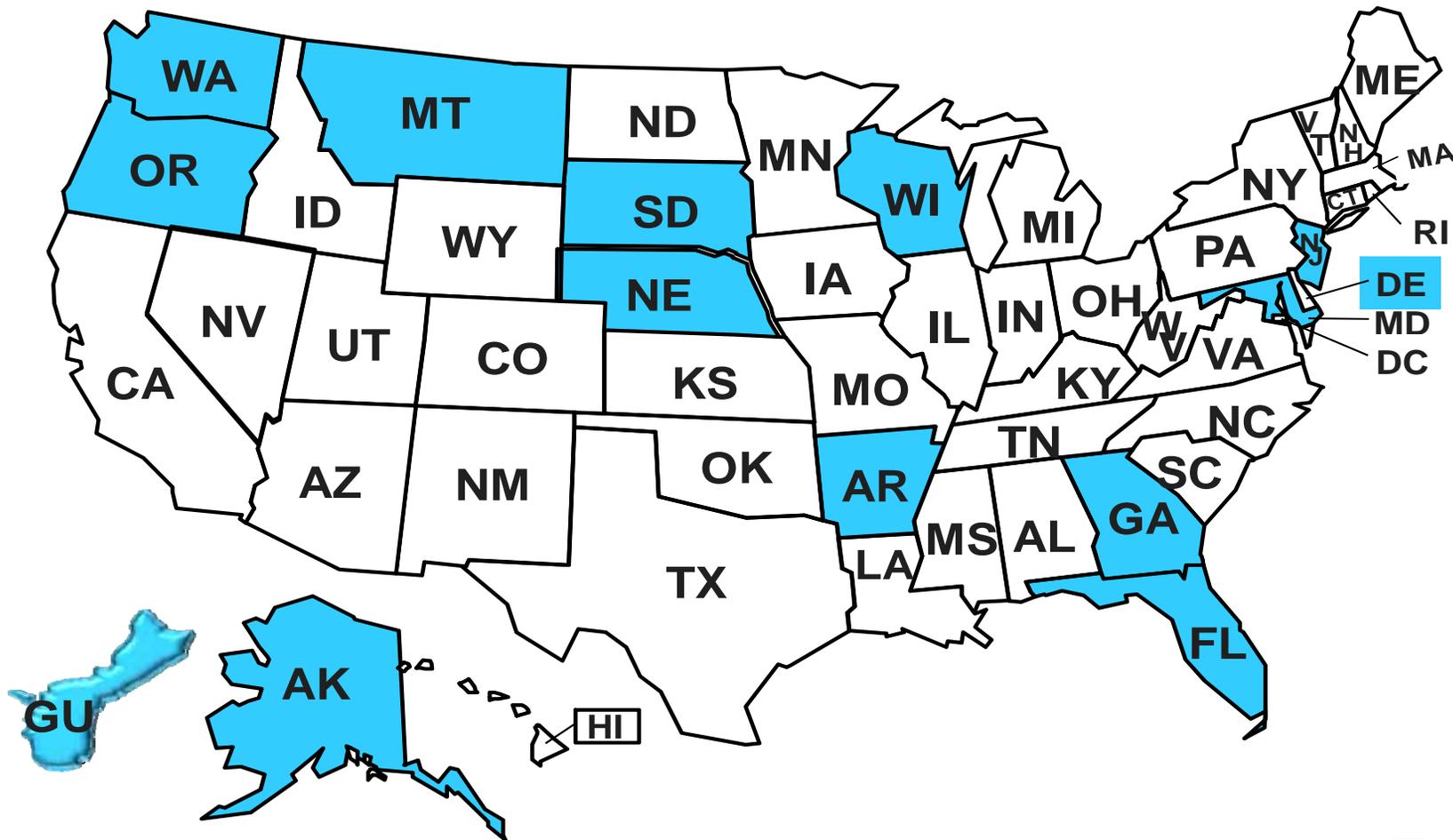
Goals of KASPER

- KASPER was designed as a tool to help address the problem with prescription drug abuse and diversion by providing:
 - A source of information for health care professionals.
 - An investigative tool for law enforcement.
- KASPER was not designed to:
 - Prevent people from getting prescription drugs.
 - Decrease the number of doses dispensed.

States with Prescription Monitoring Programs



States that have Passed PMP Legislation



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Technology Challenges and Opportunities to Enhance KASPER

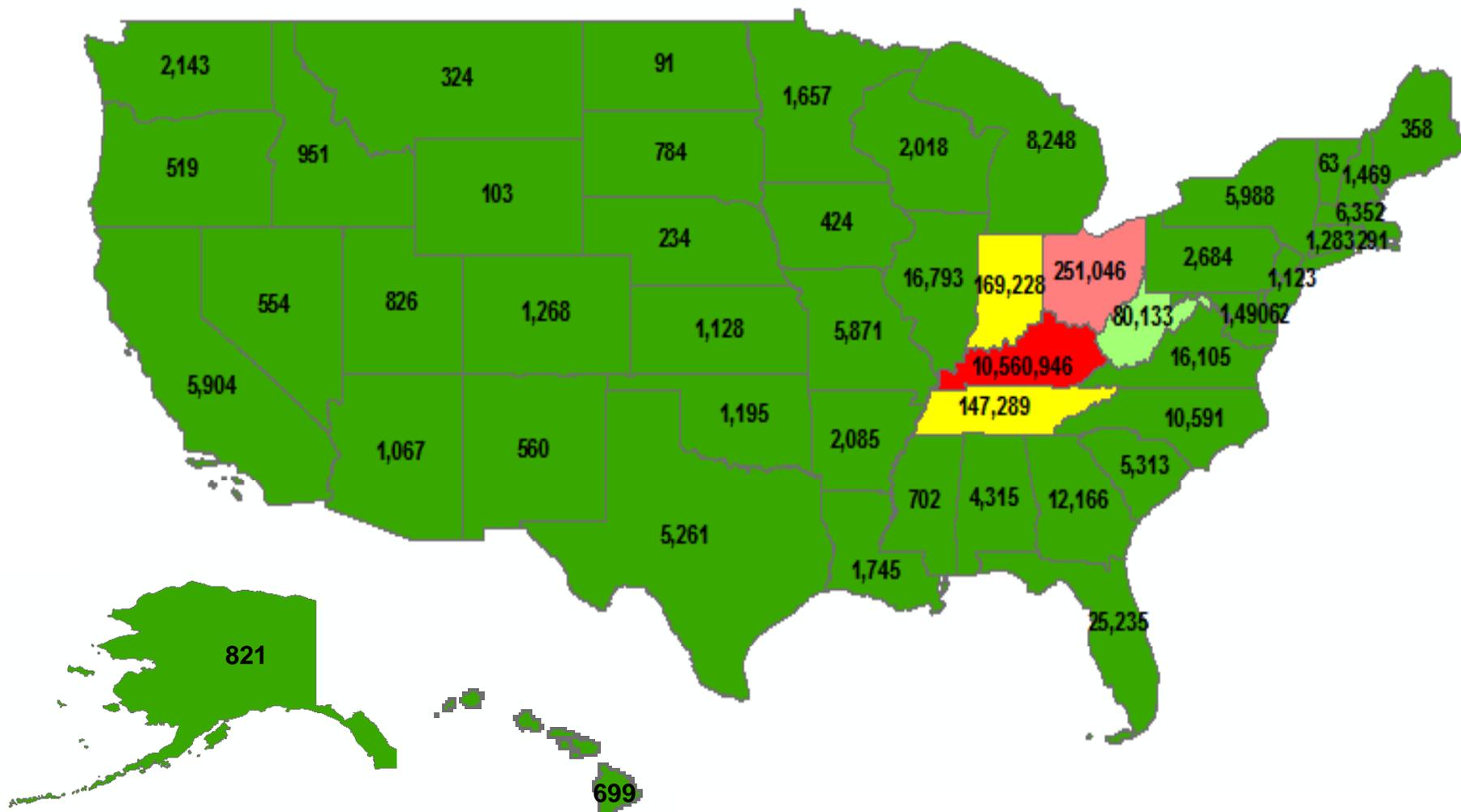


Interstate PMP Data Sharing

Why share data?

- Abusers/diverters not constrained by state borders
- Users requesting to see data from additional states
- Controlled substances dispensed within a state prescribed throughout the country

RXs Dispensed in KY by State of Origin 2010



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Interstate PMP Data Sharing

Prescription Monitoring Information Exchange

- National Architecture to facilitate interstate PMP data sharing
- State PMPs interface to a hub server that facilitates data transmission among states
- Open standards reduce state costs and protect their PMP technology investment
 - National Information Exchange Model (NIEM)
 - Global Reference Architecture (GRA)

KASPER Data Collection

- Study of real time KASPER data collection by University of Kentucky

Findings:

- Non-pharmacy dispensers would incur a cost burden
- No significant advantage of real time versus daily

Recommendations:

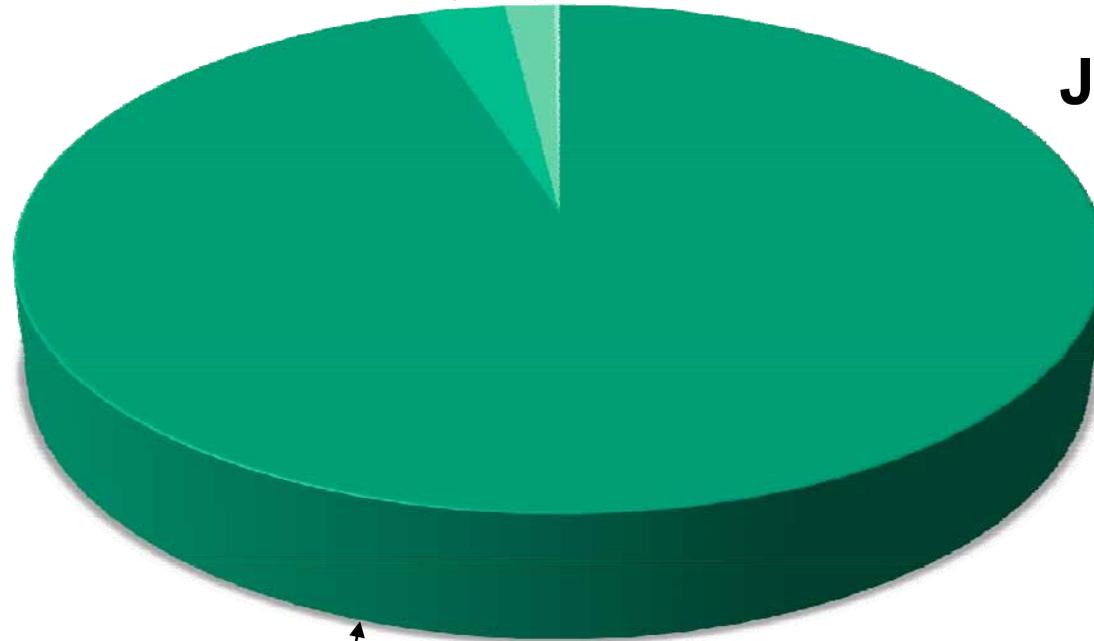
- Increase utilization of KASPER
- Move from weekly to daily data collection

KASPER Utilization - 2010

Pharmacists = 3%
**(23% of pharmacists
have accounts)**

Law Enforcement = 2%
**(14% of LE have
accounts)**

**Judges, Other
< .1%**



Prescribers = 95%
(30% of prescribers have accounts)

Increase KASPER Utilization

- Explore efficacy of mandatory KASPER accounts
- Consider required KASPER usage
 - New patients
 - Prior to first controlled substance Rx
 - ER's
- Improve dissemination of KASPER info
 - Prescribers and dispensers
 - Licensure boards

Prescriber and Dispenser Workflow

- Utilize Kentucky Health Information Exchange to access KASPER data
 - Single sign on to KHIE
 - Allow KASPER report to be part of medical record
- Provide KASPER report at time of admittance to Emergency Room
- Provide KASPER report or “alert” at point of dispensing

ePrescribing

- DEA now allows ePrescribing of controlled substances (EPCS)
 - Kentucky statutes aligned with DEA EPCS guidelines
- Capture controlled substance prescription data at time of ePrescribing
 - More accurate data
 - Need to reverse transactions when medications not picked up

Thank You!

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