CONGRESSIONAL BRIEFING

PRESCRIPTION DRUG MONITORING PROGRAMS (PDMPs):
CRITICAL DECISION SUPPORT TOOLS TO RESPOND TO THE OPIOID CRISIS

SEPTEMBER 8, 2017
12:00 P.M. – 1:00 P.M. RAYBURN 2075 (GROUND FLOOR)
LUNCH WILL BE PROVIDED

FINAL AGENDA

1. The Fundamentals of PDMP Operations
   - Collecting and disclosing data
   - Commonalities among PDMPs
   - Dispelling myths of PDMPs - What PDMPs are not
   - Speakers: Dave Hopkins, KASPER (KY PDMP); David Johnson (MA PDMP)

2. Data Integrity: Comprehensive, Reliable Data Available from PDMPs
   - Challenges associated with quality/type of data collected by PDMPs – data sources, error correction
   - Solutions to improve quality of data available from PDMPs – assistance at federal, national, regional, and state levels
   - Speaker: Barbara Carter, MN PMP

3. Health care and Workflow Integration and Interoperability
   - Enhancements to make PDMP data easier to access and use in a clinical environment
   - Types of access, including access through health/pharmacy IT systems
   - Challenges associated with clinical workflow integration and interoperability
   - Solutions to improve health care and workflow integration and interoperability – assistance at federal, national regional, and state levels
   - Speakers: Stanley Murzynski, IL PMP; Chad Garner, OARRS (OH PDMP)

4. The PDMP of the Future
   - Description of WI ePDMP
   - Speaker: Andrea Magermans, WI PDMP

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Prescription Drug Monitoring Programs (PDMPs): Critical Decision Support Tools to Respond to the Opioid Crisis

September 8, 2017

The Fundamentals of PDMP Operations

Dave Hopkins, Program Administrator
Kentucky All Schedule Prescription Electronic Reporting (KASPER)

David Johnson, Director
Massachusetts Prescription Monitoring Program

Prescription Drug Monitoring Programs

Critical Decision Support Tools to Respond to the Opioid Crisis

David R. Hopkins
Office of Inspector General
Kentucky Cabinet for Health and Family Services
Dave.Hopkins@ky.gov

Congressional Caucus on Prescription Drug Abuse
September 8, 2017

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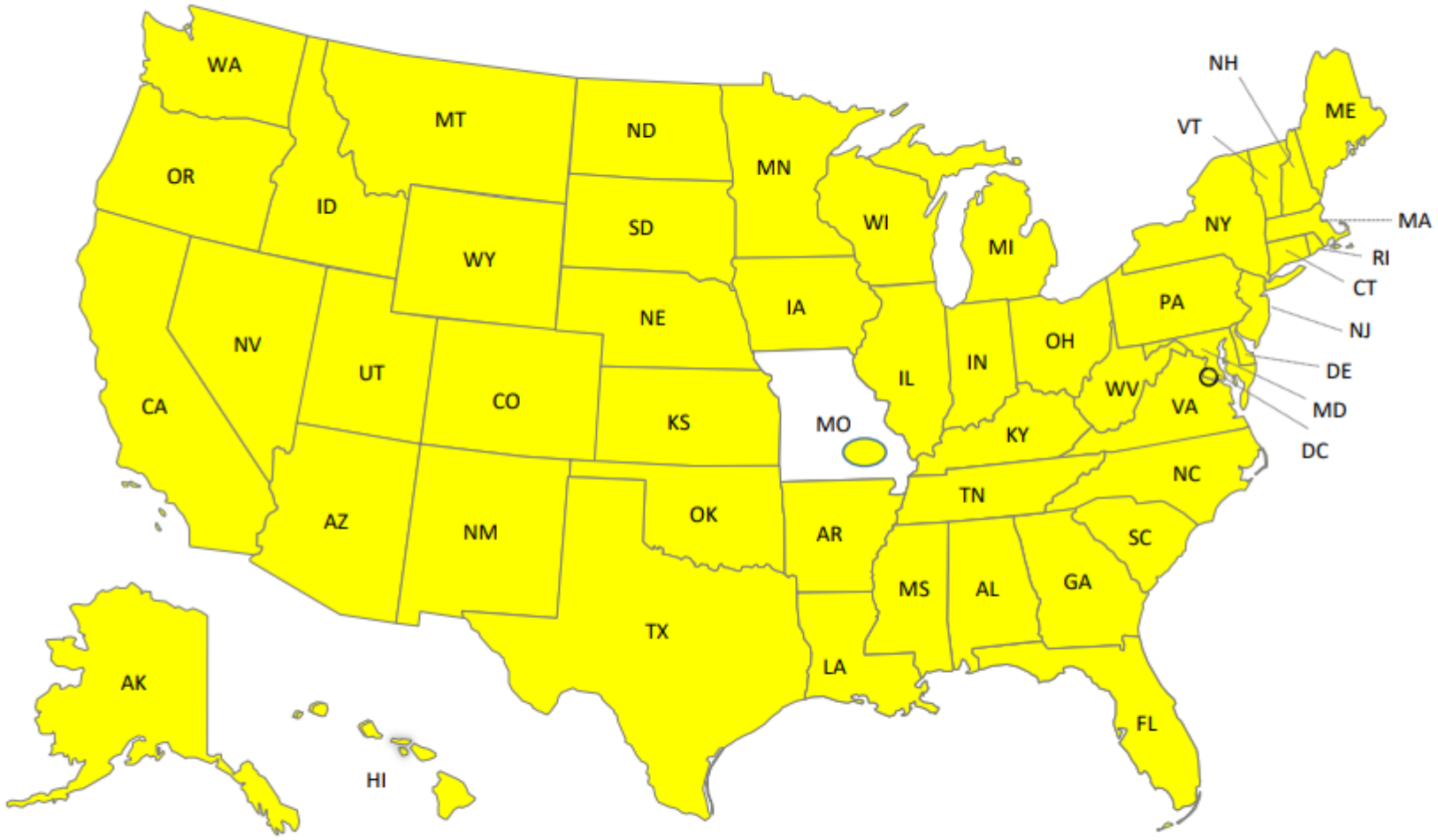
Cabinet for Health and Family Services

Controlled Substance Schedules

- Schedule I – Illegal Drugs
  - e.g. heroin, marijuana, ecstasy
- Schedule II – Most addictive legal drugs; high abuse potential
  - e.g. fentanyl (Actiq, Duragesic), oxycodone (OxyContin, Percocet), methylphenidate (Ritalin), hydrocodone (Vicodin, Norco)
- Schedule III – Less abuse potential than I or II
  - e.g. testosterone (Androgel), buprenorphine/naloxone (Suboxone)
- Schedule IV – Less abuse potential than III
  - e.g. benzodiazepines (Xanax, Valium)
- Schedule V – least abuse potential
  - e.g. codeine containing cough mixtures

Established and Operational PMPs - 51 Jurisdictions
(49 States, D.C. and St. Louis County)



St. Louis County has a network of 21 MO counties and six (6) MO cities participating in the PMP as of the 7/1/17 implementation date. Five (5) more MO counties are scheduled to participate as of the 8/1/17 implementation date, and two (2) more MO counties and one (1) more MO city are scheduled to participate as of the 9/1/17 implementation date.

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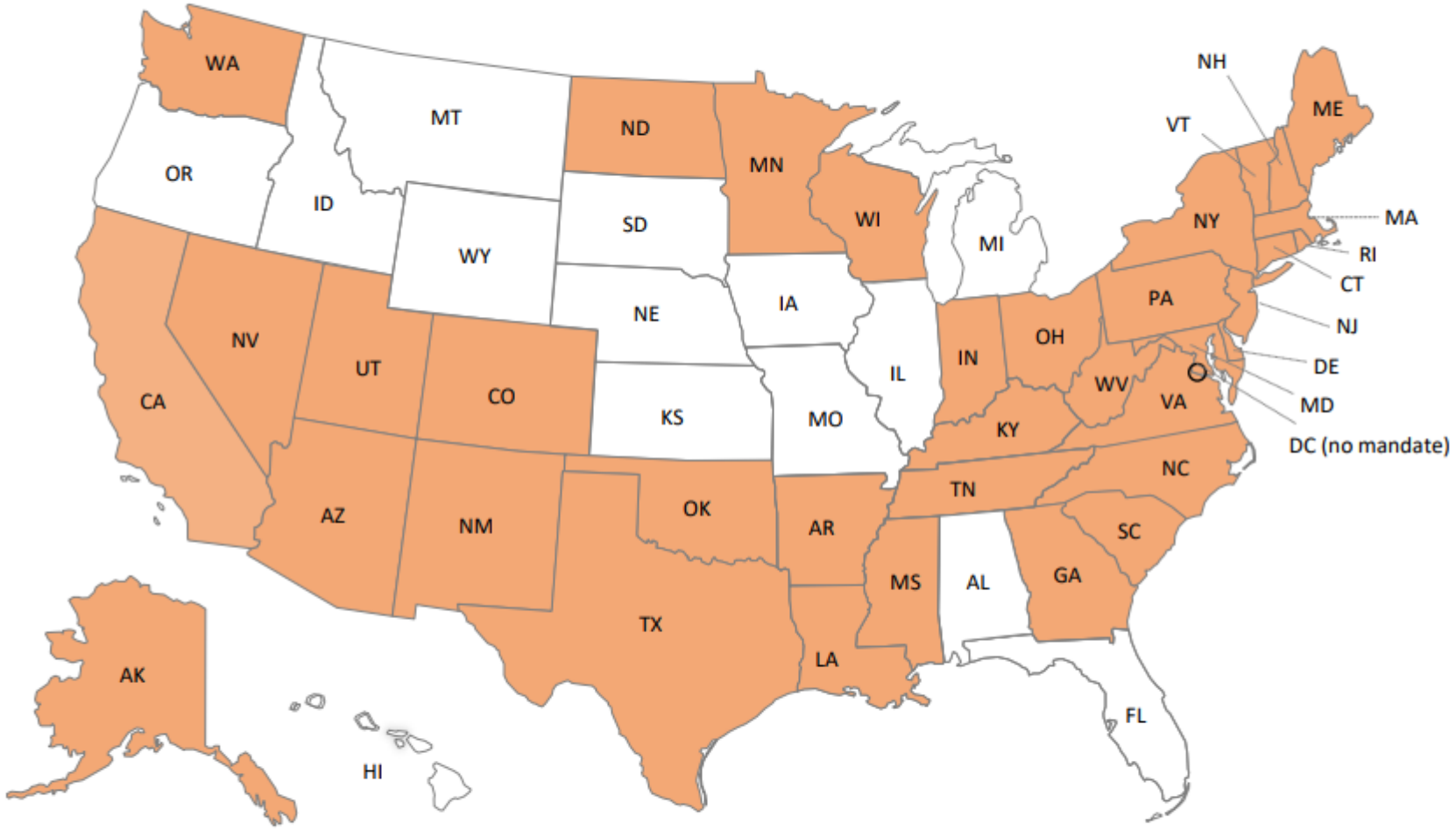
Mandated Use of PMPs – 36 States with Specified Circumstances Requiring Prescriber Access*



* Exceptions may apply and effective dates may vary. Preparation for implementation may result in a time difference between the enactment and effective date(s) and date of implementation of the mandate. For more information about mandated use of PMPs, please see *Mandated Use of Prescription Drug Monitoring Programs (PMPs) – Highlights of Key State Requirements*, www.namsdl.org

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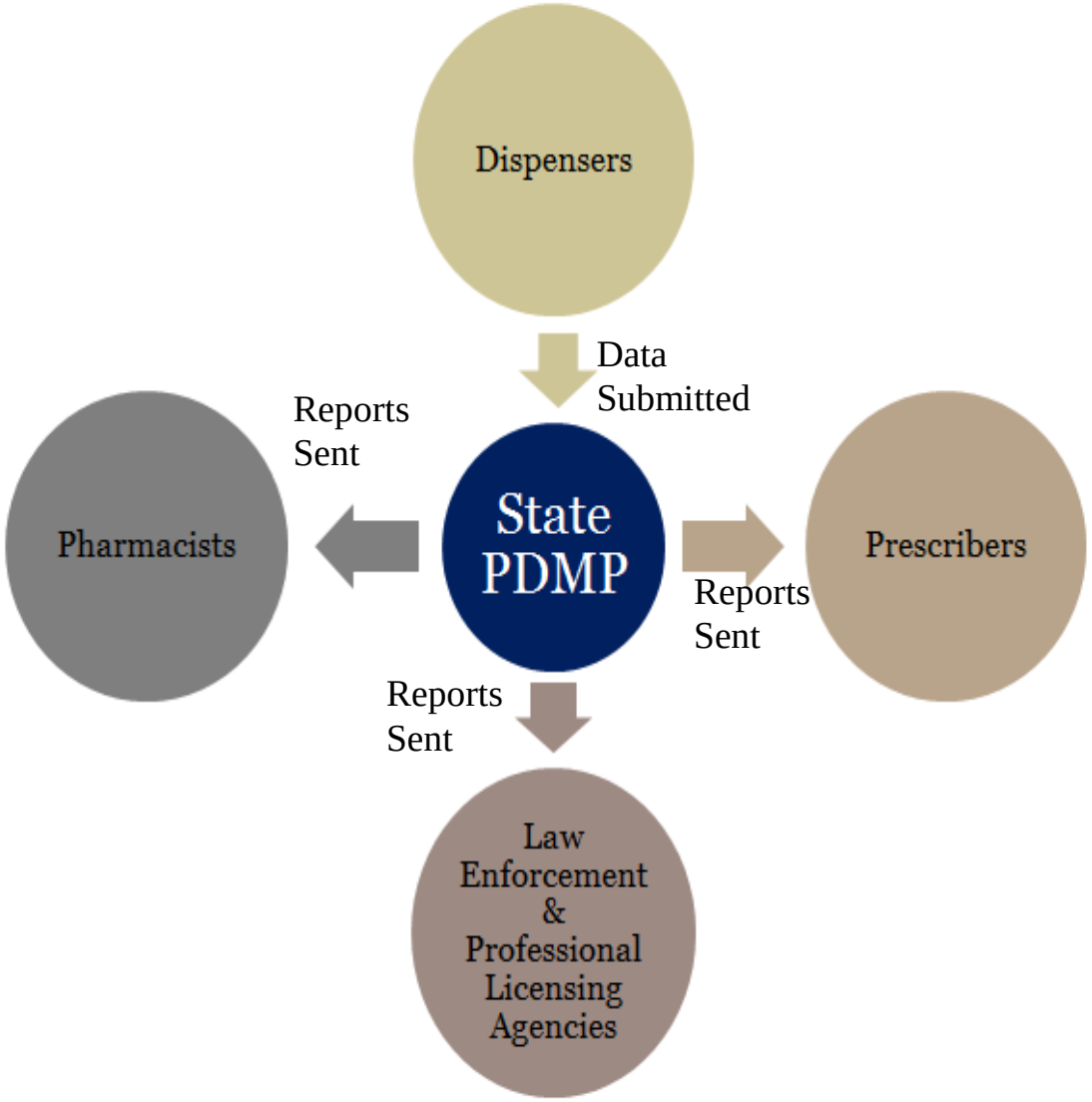
PDMP System Overview



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PDMP Data

PDMPs typically include data from:

- Retail pharmacies (in-state, mail order, Internet)
- Hospitals dispensing controlled substances to emergency department patients
  - e.g., >48 hour supply
- Practitioners dispensing a controlled substance in the office
- Dispensing from Department for Veterans Affairs pharmacies

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PDMP Data

- PDMPs typically do not track:
  - Methadone administered at a federally regulated methadone clinic
  - Controlled substances dispensed for administration to patients in hospitals, long-term care facilities, jails or correctional facilities
  - Pseudoephedrine (often tracked separately via NPLEx)
  - Dispensing by military pharmacies
  - Schedule I or other illegal drugs

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Prescription Information Collected

- Patient Information:
  - Name, Address, DOB, Gender, [SSN, Driver's License Number]
- Prescriber Information (DEA number)
- Dispenser Information (DEA number)
- Drug Information:
  - Dates prescription written and filled
  - Quantity and days supply
  - National Drug Code (provides drug name, strength)
  - Source of payment

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CABINET FOR HEALTH AND FAMILY SERVICES
Commonwealth of Kentucky
275 East Main Street
Frankfort, KY 40621-0001

Drug Enforcement Branch - KASPER

Patient Controlled Substance Report

Between 12/06/2014 and 12/06/2015

Requestor Name :

Request # :

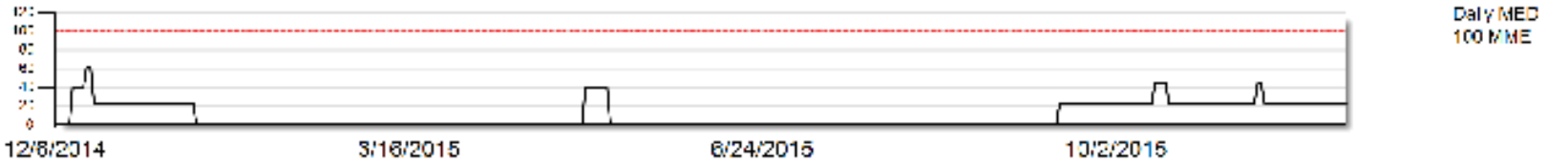
Patient Name:

Patients that matched the search criteria:

Pat ID	Patient Name	DOB	Address	
1		5/9/1974		KY
2		5/9/1974		

Active Cumulative Morphine Equivalent *
23

KY



Date Filled	Drug Name	Patient DOB	Qty	Days	Prescriber Name	Prescriber DEA City	Pharmacy Name	Pharmacy City	Rpt To	Daily MED*	Pat ID
12/11/2014	Hydrocodone/Acetaminophen 325MG/10MG	05/09/1974	20	5		Georgetown		Georgetown	KY	40	1
12/15/2014	Hydrocodone/Acetaminophen 325MG/7.5MG	05/09/1974	90	30		Georgetown		Georgetown	KY	23	1
05/05/2015	Hydrocodone/Acetaminophen 325MG/10MG	05/09/1974	24	6		Winchester		Georgetown	KY	40	1
09/16/2015	Hydrocodone/Acetaminophen 325MG/7.5MG	05/09/1974	90	30		Frankfort		Georgetown	KY	23	1
10/02/2015	Diazepam 5MG	05/09/1974	60	30		Maysville		Georgetown	KY		1
10/13/2015	Hydrocodone/Acetaminophen 325MG/7.5MG	05/09/1974	90	30		Frankfort		Georgetown	KY	23	1
10/30/2015	Diazepam 10MG	05/09/1974	60	30		Maysville		Georgetown	KY		1
11/11/2015	**Hydrocodone/Acetaminophen 325MG/7.5MG**	**05/09/1974**	**90**	**30**		**Frankfort**		**Georgetown**	**KY**	**23**	**1**
12/01/2015	**Diazepam 10MG**	**05/09/1974**	**60**	**30**		**Lexington**		**Georgetown**	**KY**		**2**

**The information in this report is based upon Schedule II through V controlled substance records reported by dispensers. Data should appear on KASPER reports within two to three business days after dispensing.*
**The records listed in the report are based on the patient identification information entered by the report requestor, and if not sufficiently unique may result in the report including records for multiple patients. Please verify the information in the report by contacting the prescribers and/or dispensers listed.*
**If the controlled substance records on this report appear to be in error, the patient or provider should contact the dispenser to determine if the information was reported accurately. If the dispenser certifies the information was reported accurately, the dispenser can contact the Drug Enforcement and Professional Practices Branch at 502-564-7985 to investigate the error.*
**The information in this report is intended for informational use only by the person authorized to request the report. Intentional disclosure of the report or data to someone not authorized to obtain the data is a Class B Misdemeanor.*

12/08/2015

Report Restrictions – A practitioner or pharmacist may share the report with the patient or person authorized to act on the patient's behalf and place the report in the patient's medical record, with the report then being deemed a medical record subject to the same disclosure terms and conditions as an ordinary medical record. (KRS 218A.202)

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PDMP Stakeholders

- Prescribers
- Pharmacists
- Health Profession Licensing Boards
- Law Enforcement
- Medical Examiners and Coroners
- State Medicaid Programs
- Drug Courts
- Patients

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Commonwealth of Massachusetts

Department of Public Health

David Johnson
Massachusetts Prescription Monitoring Program
Congressional Caucus on Prescription Drug Abuse
September 8, 2017

PMPs are a Tool

- To promote safe prescribing and dispensing practices for Schedule II-V controlled substances.
- For law enforcement to reduce doctor shoppers, drug diversion, and illegal prescribing and dispensing.
- For health profession licensure boards to support licensee reviews and investigations.
- To effectively reduce the amount of opioids and other controlled substances available for abuse.
- To allow analysis of data that can help identify problematic trends with specific drugs, geographic regions, patient demographics.

Commonwealth of Massachusetts
Department of Public Health

Patient Report Data Matching: Why a National Data Base Would be Less Efficient

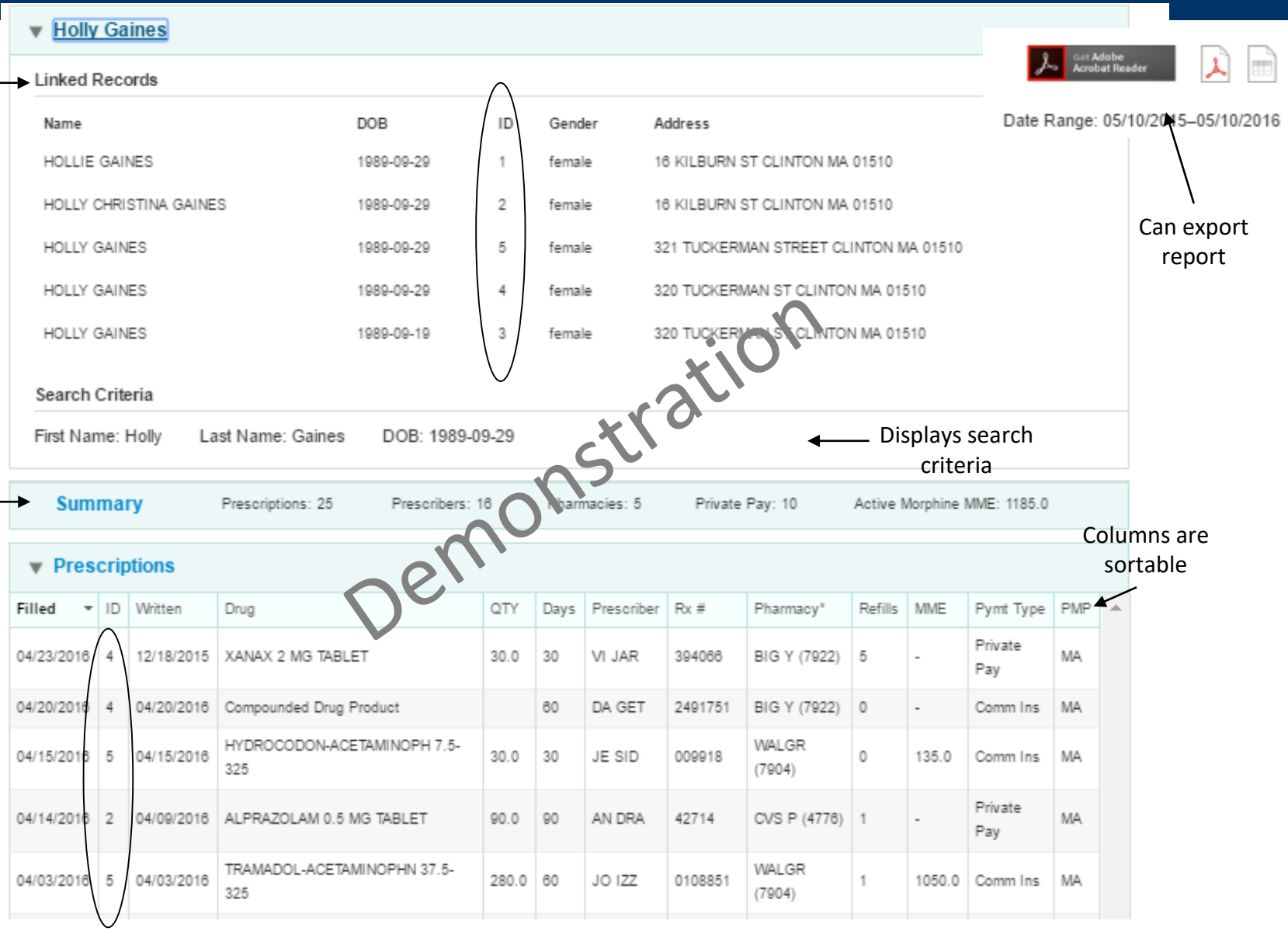
Drop down view of all patient name variations

Can export report

Patient summary information

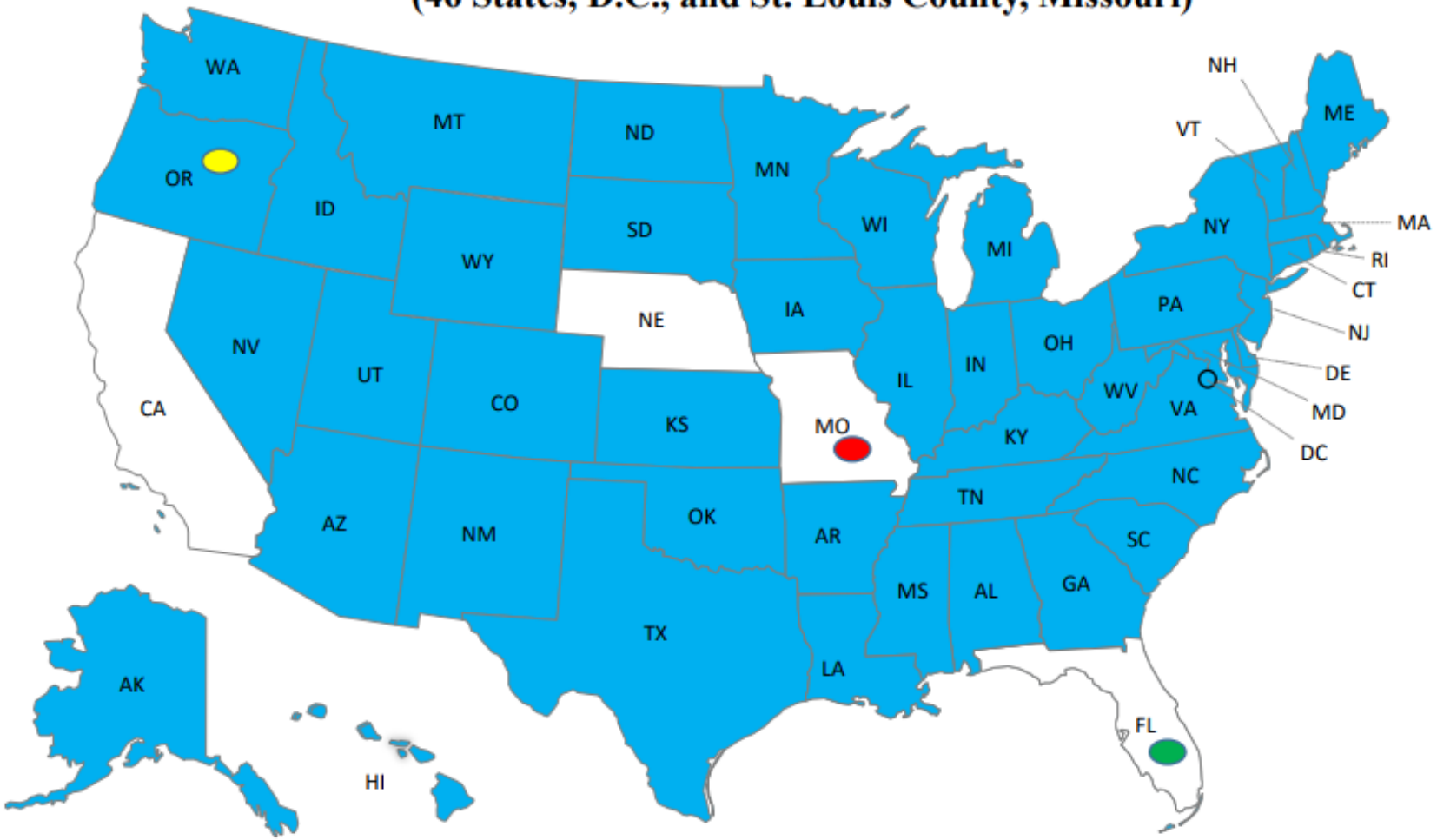
Displays search criteria

Columns are sortable



Demonstration

State/Local Jurisdictions Legally Authorized to Share Their PMP Data with Other State/Local Jurisdictions or Users Located in other State/Local Jurisdictions (46 States, D.C., and St. Louis County, Missouri)



Oregon allows prescribers in Washington State, California, Idaho and Nevada to access Oregon PMP Data.

St. Louis County, Missouri Narcotics Control Act allows the PMP network to share data with users in other jurisdictions.

Florida is able to receive PMP data from other jurisdictions and provide that data to authorized users in Florida.

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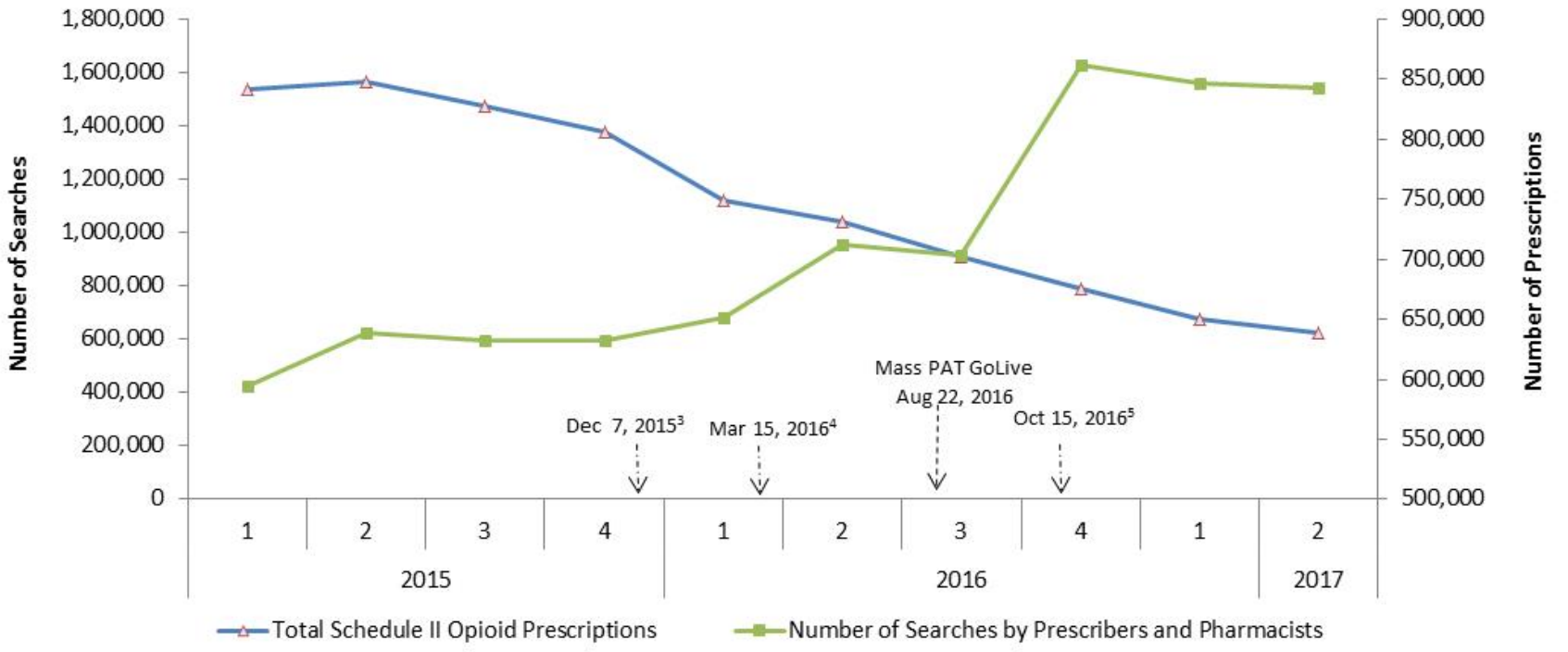
Commonwealth of Massachusetts
Department of Public Health

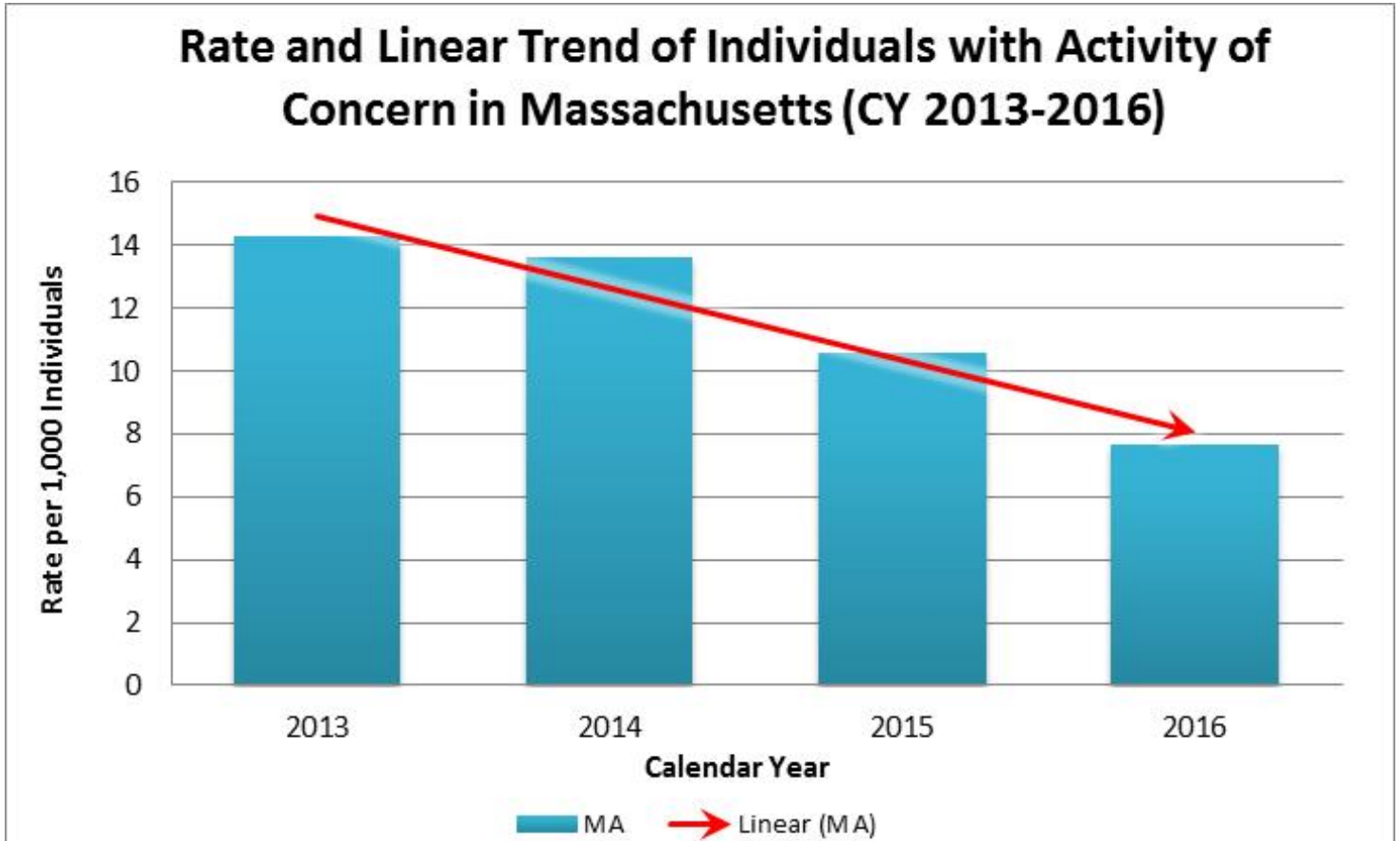
PMP Activity and Opioid Prescribing Trends

Figure 1. Schedule II Opioid Prescriptions and MassPAT[1] Search Activity[2] Trends
MA: 2015 - Q1 2017



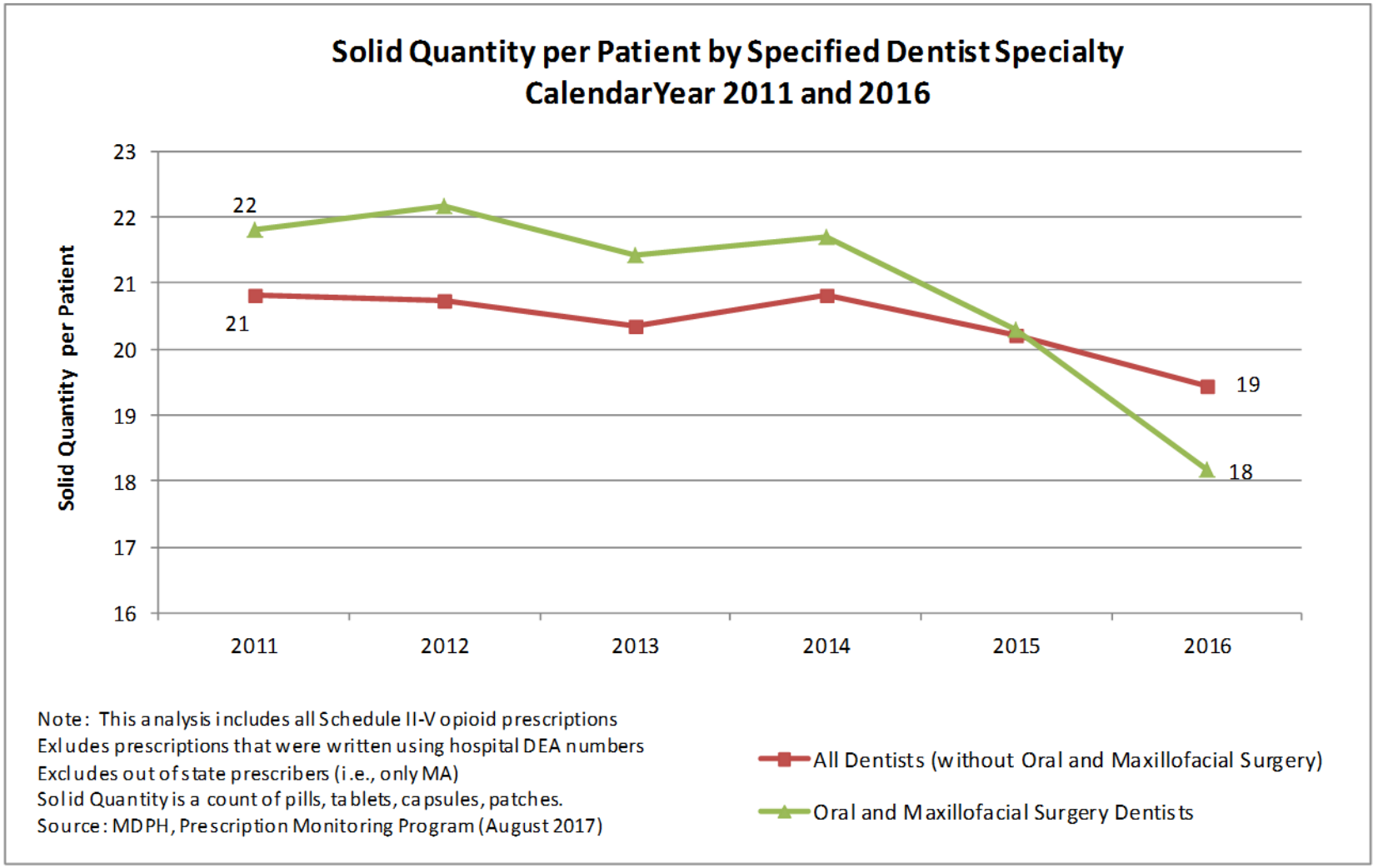
[1] MassPAT is the Massachusetts Prescription Awareness Tool (Online PMP)
[2] Search activity includes prescribers, delegates, and pharmacists registered in MassPAT
[3] Pharmacies required to report daily
[4] STEP bill signed into law (7-day supply requirements go into effect)
[5] MA prescribers required to look up patient when prescribing a Schedule II or III opioid medication

Rates of Activity of Concern Over Time In MA



Note: For this analysis, Activity of Concern (also referred to as Multiple Provider Episodes [MPEs]) is defined as any individual who obtains Schedule II opioid prescriptions from more than four different prescribers and has them filled at more than four different pharmacies within the specified time period.

By Practitioner & Specialty



Combining PMP with Other Data.

- At least 2 out of 3 people who died of an opioid-related overdose had an opioid prescription between 2011 and 2014. However, only 8 percent of people who died from an opioid overdose had legal access to prescription opioids during the same month of death.
- The use of 3 or more prescribers within a 3 month period is associated with a 7-fold increase in risk of fatal opioid overdose (baseline = 1-2 prescribers).
- The data show that having a concurrent prescription for opioids and benzodiazepines results in a four-fold increased risk of opioid-related death.

Prescriber Trend Reports

STATE
Seal

STATE PRESCRIPTION MONITORING PROGRAM

PDMP Prescriber Report

DATE COVERED BY THIS REPORT: 01/01/2017 - 06/30/2017 DATE: 7/15/2017

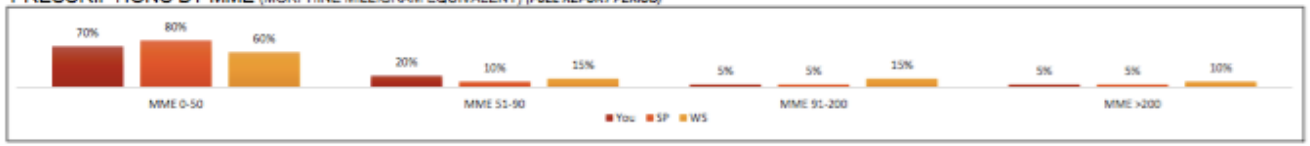
Joseph Prescriber Physician SPECIALTY: Family Medicine DEA #: AB1234567

NUMBER OF YOUR PATIENTS RECEIVING OPIOIDS (MONTHLY AVERAGE)			NUMBER OF PRESCRIPTIONS YOU WROTE FOR OPIOIDS (MONTHLY AVERAGE)		
400	300	350	1015	750	800
You	Similar Prescriber (SP)	Within your Specialty (WS)	You	Similar Prescriber (SP)	Within your Specialty (WS)

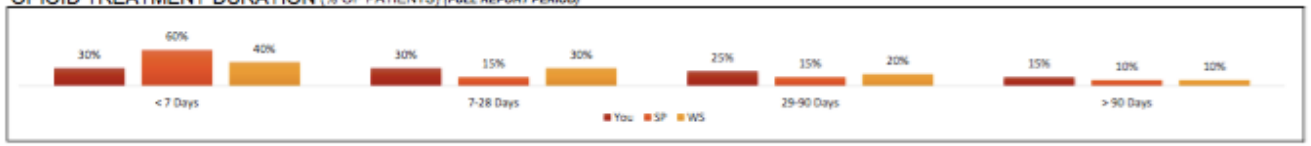
TOP MEDICATIONS PRESCRIBED (FULL REPORT PERIOD)

HYDROCODONE BITARTRATE/ACETAMINOPHEN	ALPRAZOLAM	ZOLPIDEM TARTRATE

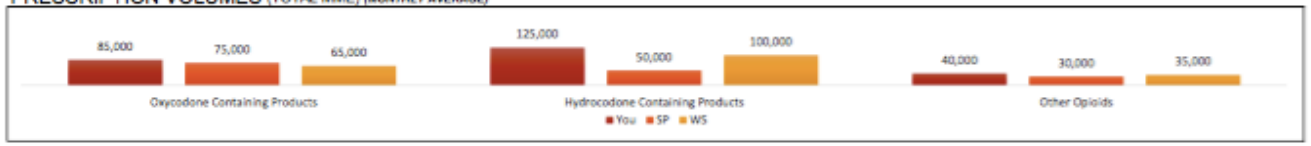
PRESCRIPTIONS BY MME (MORPHINE MILLIGRAM EQUIVALENT) (FULL REPORT PERIOD)



OPIOID TREATMENT DURATION (% OF PATIENTS) (FULL REPORT PERIOD)



PRESCRIPTION VOLUMES (TOTAL MME) (MONTHLY AVERAGE)

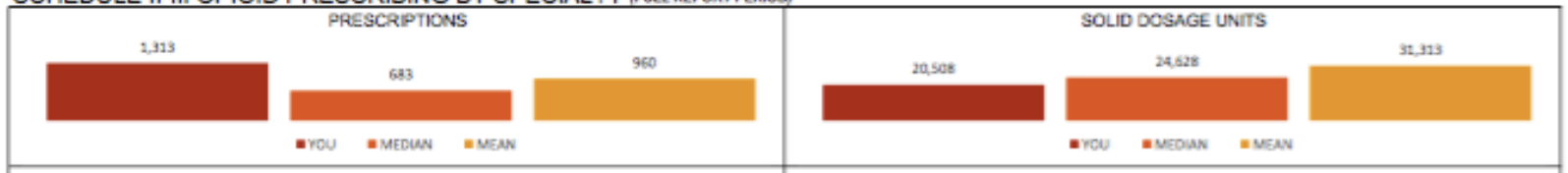


Commonwealth of Massachusetts
Department of Public Health

Provider Trend Notification Report (Page 2)

ANXIOLYTIC / SEDATIVE / HYPNOTIC PRESCRIBING *(MONTHLY AVERAGE)*

SCHEDULE II-III OPIOID PRESCRIBING BY SPECIALTY *(FULL REPORT PERIOD)*



70TH PERCENTILE - **ABOVE** MEDIAN	43TH PERCENTILE - **BELOW** MEDIAN

PDMP USAGE *(MONTHLY AVERAGE)*

POMP REQUESTS BY YOU	POMP REQUESTS BY YOUR DELEGATE(S)	SIMILAR PRESCRIBER AVERAGE	SPECIALTY FIELD AVERAGE
100	75	200	150

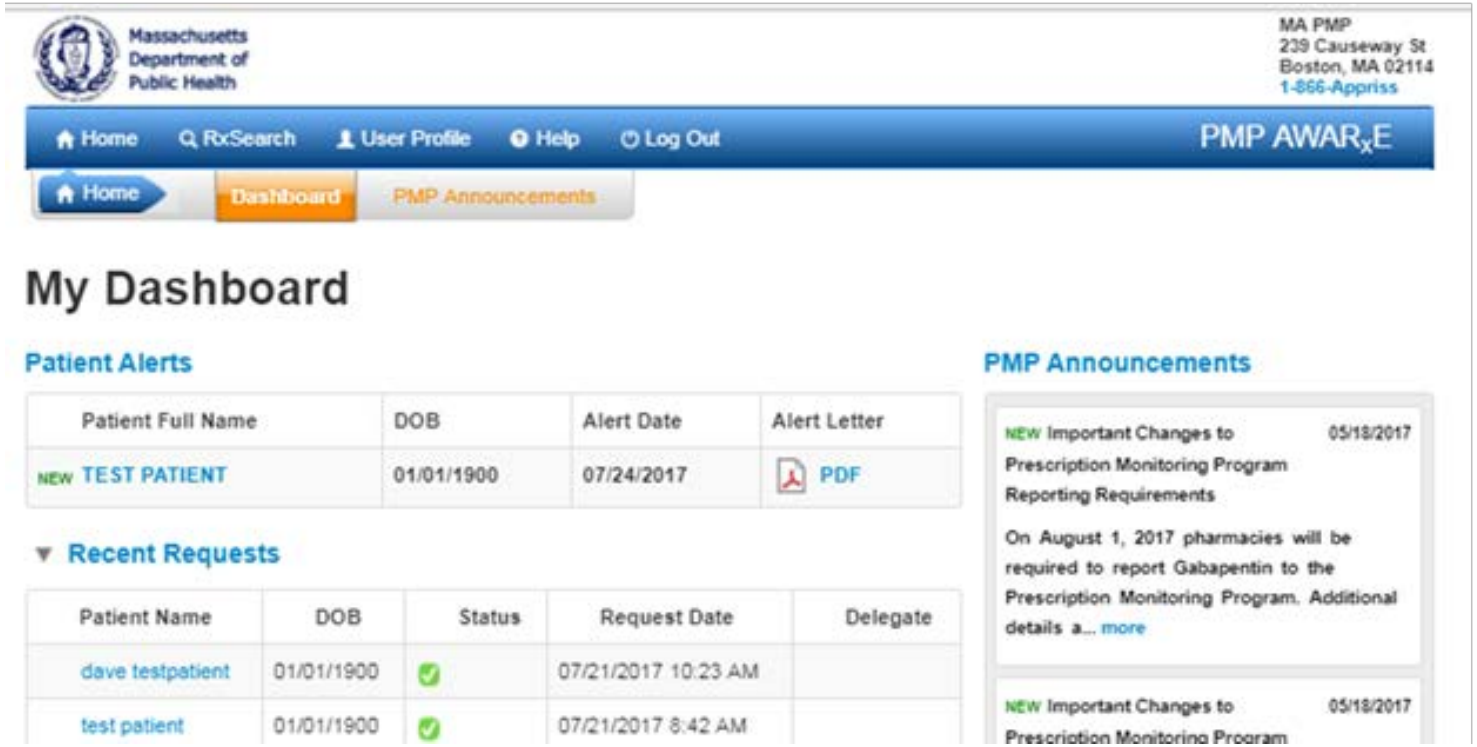
PATIENTS EXCEEDING MULTIPLE PROVIDER THRESHOLDS *(FULL REPORT PERIOD)*

PATIENTS EXCEEDING MULTIPLE PRESCRIBER THRESHOLD	PATIENTS EXCEEDING MULTIPLE PHARMACY THRESHOLD
25	15

DANGEROUS COMBINATION THERAPY

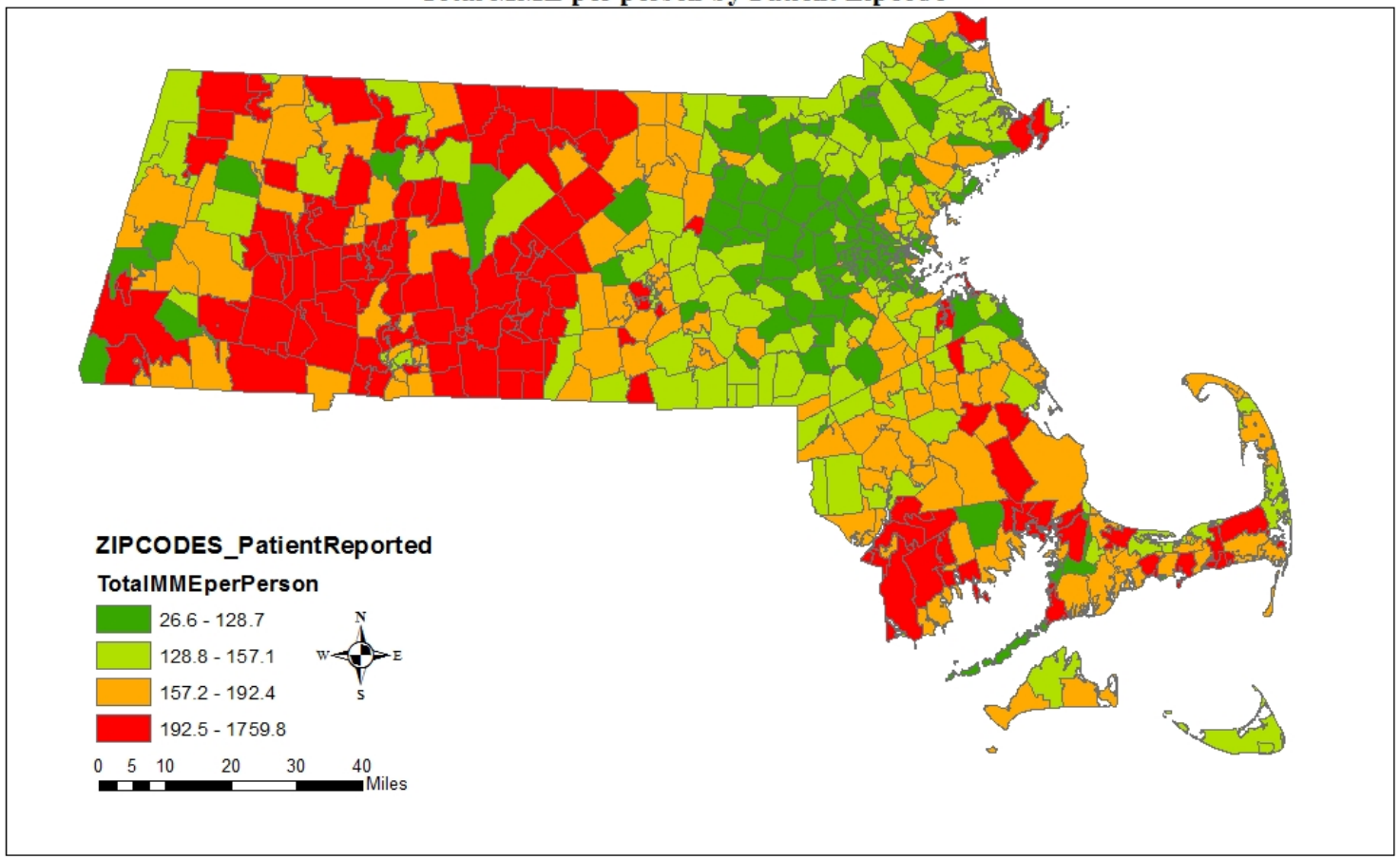
COMBO PRESCRIPTIONS FOR OPIOID + BENZO IN SAME MONTH		COMBO PRESCRIPTIONS FOR OPIOID + BENZO + CARISPORODOL IN SAME MONTH	
25	35	15	20
BY YOU	BY YOU + OTHER PRESCRIBERS	BY YOU	BY YOU + OTHER PRESCRIBERS

Patient Alerts



Geospatial Mapping/Analyses

Distribution of Opioids (excluding Buprenorphine) by Patient's reported place of Residence: Total MME per person by Patient Zipcode



Note: This map represents self reported zipcodes of patients who received any opioid prescription (excluding Buprenorphine products) in 2016.
Total MME per person is calculated as sum of all MME's by the number of persons who received opioids in that zip code.
In MA, the average MME per person (excluding Buprenorphine products) is 143.6

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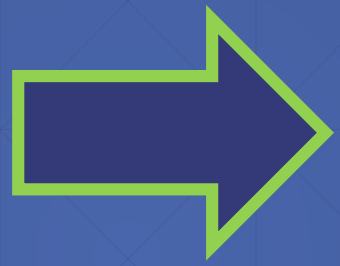
Data Integrity: Comprehensive, Reliable Data Available from PDMPs

Barbara Carter, PDMP Director
Minnesota Prescription Monitoring Program

PDMP Data Integrity & Quality



Challenges & Solutions

September 8, 2017

Barbara A Carter
PDMP Director
Minnesota Board of Pharmacy

Barbara.a.carter@state.mn.us
651-201-2833

Pharmacies/Dispensing Practitioners

Pharmacy RX transmitting vendor

PDMP software vendor

Prescription Drug Monitoring Program

HealthCare Providers

The Challenge

PDMP data may:

- Be incomplete by omission
  - Non-compliance in reporting
- Contain errors
  - Pharmacy data entry errors
  - Pharmacy RX transmitting vendor

The Causes: Data Submission Non-Compliance

Technological

- Computer/server connection issues
- Dispensers unaware data not transmitting

Lack of Knowledge

- Unaware of law or regulations

Intentional Non-compliance

- Not or only partially transmitting data → may be engaged in unlawful activities (i.e., RX fraud, pill mill)
- Do not feel obligated to report
- Honor system does not work

Prescription Drug Monitoring Program Training and Technical Assistance Center, PDMP Suggested Practices to Ensure Pharmacy Compliance and Improve Data Integrity. Accessed August 28, 2017. Available at: http://www.pdmpassist.org/pdf/Pharmacy_compliance_data_quality_TAG__FINAL_20150615.pdf

The Causes: Pharmacy Data Entry Errors

Type of Error	Error
Patient	Missing/incorrect/misspelled address or phone #
	Missing/incorrect DOB
	Misspelled name
	Wrong patient
Prescription	Incorrect days supply, incorrect quantity dispensed; not indicating partial fill
	Incorrect date written or date dispensed
	Incorrect drug name; inactive rather than active ingredient reported for a compound
Prescriber	Incorrect DEA #
	Wrong prescriber
Others	Duplicate RXs; multiple transmissions of same data file
	Transmission of a corrected RX mislabeled as a new RX
	RX data transmitted even though RX not dispensed to patient

Prescription Drug Monitoring Program Training and Technical Assistance Center, PDMP Suggested Practices to Ensure Pharmacy Compliance and Improve Data Integrity. Accessed August 28, 2017. Available at: http://www.pdmpassist.org/pdf/Pharmacy_compliance_data_quality_TAG__FINAL_20150615.pdf

Pharmacies by the numbers

- 67,000 pharmacies in the US
  - California >6,700
  - Alaska >100
- Minnesota
  - 2,136 licensed pharmacies
    - Some do business in multiple states
  - 1,261 located in Minnesota

Data Integrity - Minnesota

- **<u>Errors that significantly impact end-user</u>**: Missing or invalid patient DOB, blank patient first/last name, missing or invalid prescriber DEA #, missing or invalid NDC

Time Frame	# RX's Reported as Dispensed	# of Errors*	# of Pharmacies with Errors
6/5/17 to 6/11/17	164,131	1,297	343

# of Errors that Significantly Impact End-User*	# of Pharmacies with Errors
1,196	216

*Not necessarily uploaded to the MN PMP

The Solutions

- **Strongly encourage pharmacy software vendors to enhance their products**
  - Modify data entry systems to require confirmation of vital fields.
  - Modify data entry systems to validate data in fields such as dates of birth.
- **Strongly encourage dispensers to submit timely and accurate data**
  - Use most current or establish real-time links to NDC or DEA registration files.
  - Avoid using nicknames, abbrev names, alias on prescriptions.
  - Hold dispensers accountable for data reporting and data quality.
- **Support state level collection, maintenance and dissemination of PDMP data**
  - Assist state's to ensure appropriate levels of staffing to undertake initiatives for ongoing monitoring of compliance in reporting and increased quality of data.
  - Standardize processes to ensure dispensers are reporting timely and accurate data.
  - Develop processes for PDMP auditing for compliance in reporting and data quality both of which can easily be replicated from PDMP to PDMP.

Healthcare and Workflow Integration and Interoperability

Stanley Murzynski, IT Director
Illinois Prescription Monitoring Program

Chad Garner, Director of OARRS
Ohio Automated Rx Reporting System

“PMP EHR Integration”

Stan Murzynski, PMP IT

Illinois Prescription Monitoring Program

ILPMP
Illinois Prescription Monitoring Program

PMP-Basics

- Database
  - To store the prescriptions
- Portal
  - A way to access the PMP data
    - Website
    - Direct integration into a HealthCare Organization's Electronic Health Record

Website Limitations

- Break in clinical workflow
  - Need to leave the EHR system to login to PMP
- Extra Login information
  - Different username and password for PMP logon
- Time consuming
- Selective searching
  - Only search people who look like doctor shoppers
- Low use (in states without mandated use)

EHR Integration Benefits

- PMP directly integrated into the EHR
  - No need to Break workflow
- Uses login information of the EHR
  - No need to remember multiple logins
- Much faster and efficient
- Makes mandatory use easier to comply with
- Allows better patient searching to take place

Illinois EHR Integration

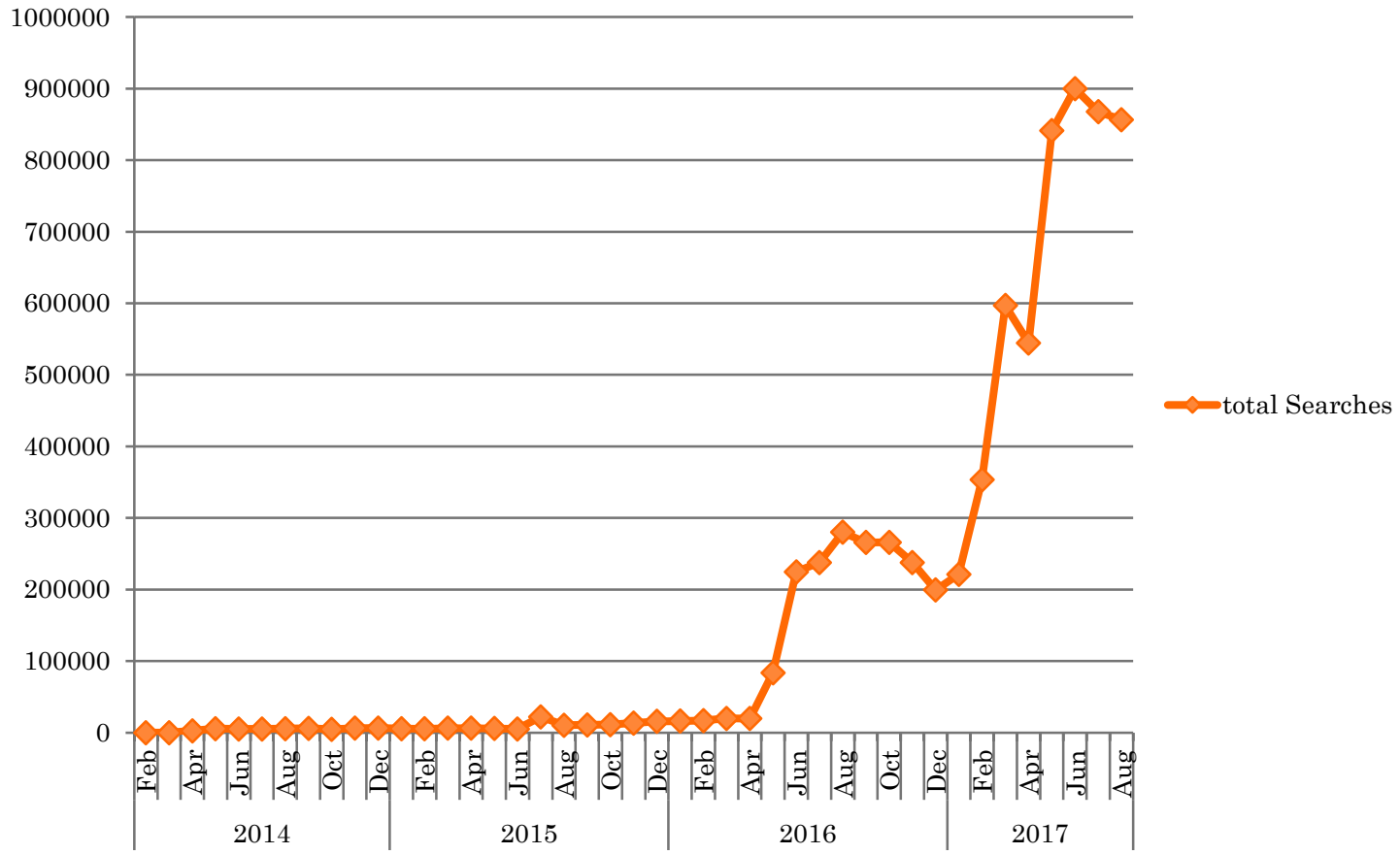
Before Integration

- PMP User logs on to website
- Average of two minutes from log on to search result
- View results on PMP website

After Integration

- User opens EHR
- PMP results-wait time by user (less than a second)
- View results on pdf inside EHR
- Integration into E.D., ambulatory services and EMT's
- Currently integrated in 321 locations with talks to expand implementation

Illinois EHR Integration Searches



OARxRS | OHIO AUTOMATED RX REPORTING SYSTEM

PROVIDED BY: STATE OF OHIO BOARD OF PHARMACY

Ohio Statewide Integration Initiative

Project Description

On October 26, 2015, Governor John Kasich announced that Ohio would be the first state to fund integration of PMP access into EHR and pharmacy dispensing software statewide.

- Governor's Office provided funding for the first two year ($1.5 million)
- State to cover the cost of PMP Gateway (startup fee + annual subscription)
- State does not cover fee's charged by EHR vendor of Pharmacy vendor

Why PMP Gateway?

1. Leverages the existing PMP Interconnect connection already developed and in use
   - Cost Effective
   - Security: No additional exposure to internet
   - Easy to administer

2. Attractive for software vendors
   - Code once for all customers in PMP Interconnect states
   - Less maintenance
   - PMP Gateway translates from vendor's "language" to PMP's "language"

3. Helps other states
   - Once vendors create connection for Ohio, it's reusable for any other PMP Interconnect state

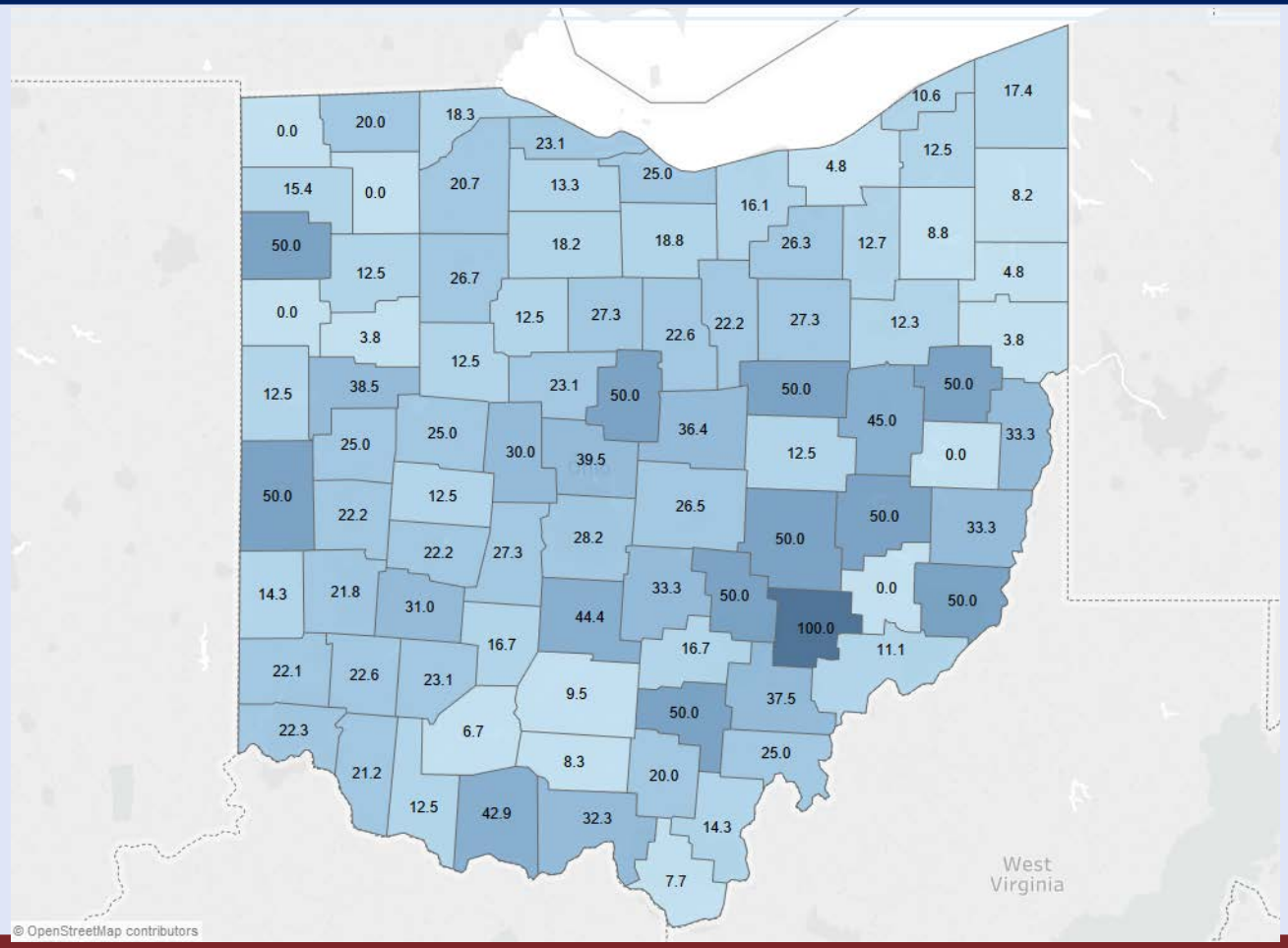
Integration Process

1. Submit online Integration Request Form
2. Review and sign Integration Terms and Conditions
3. Appriss works with software vendor to complete the integration.

Pharmacy Vendor Status

- **Kroger – Live**
- **Lagniappe Pharmacy Services – Live**
- McKesson – Unknown
- **PDX – Live**
- **Pioneer Rx – Live**
- **QS1 – Live**
- **Rx30 –Live**
- CVS – 11/15/17
- Walgreens – 2019
- Right Aid – Unknown
- Wal-Mart – Agreement signed, unknown ETA

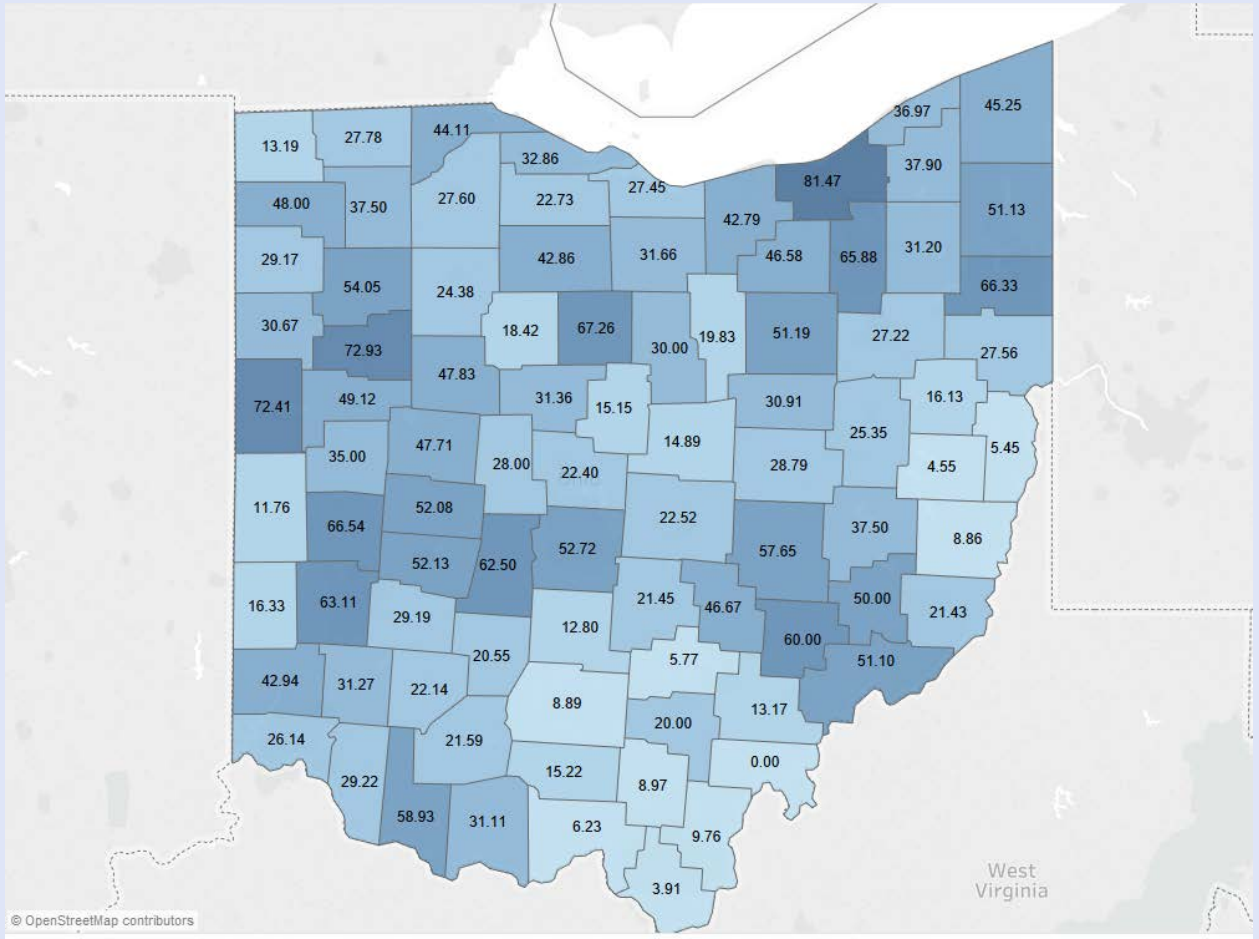
Pharmacy Integration Status



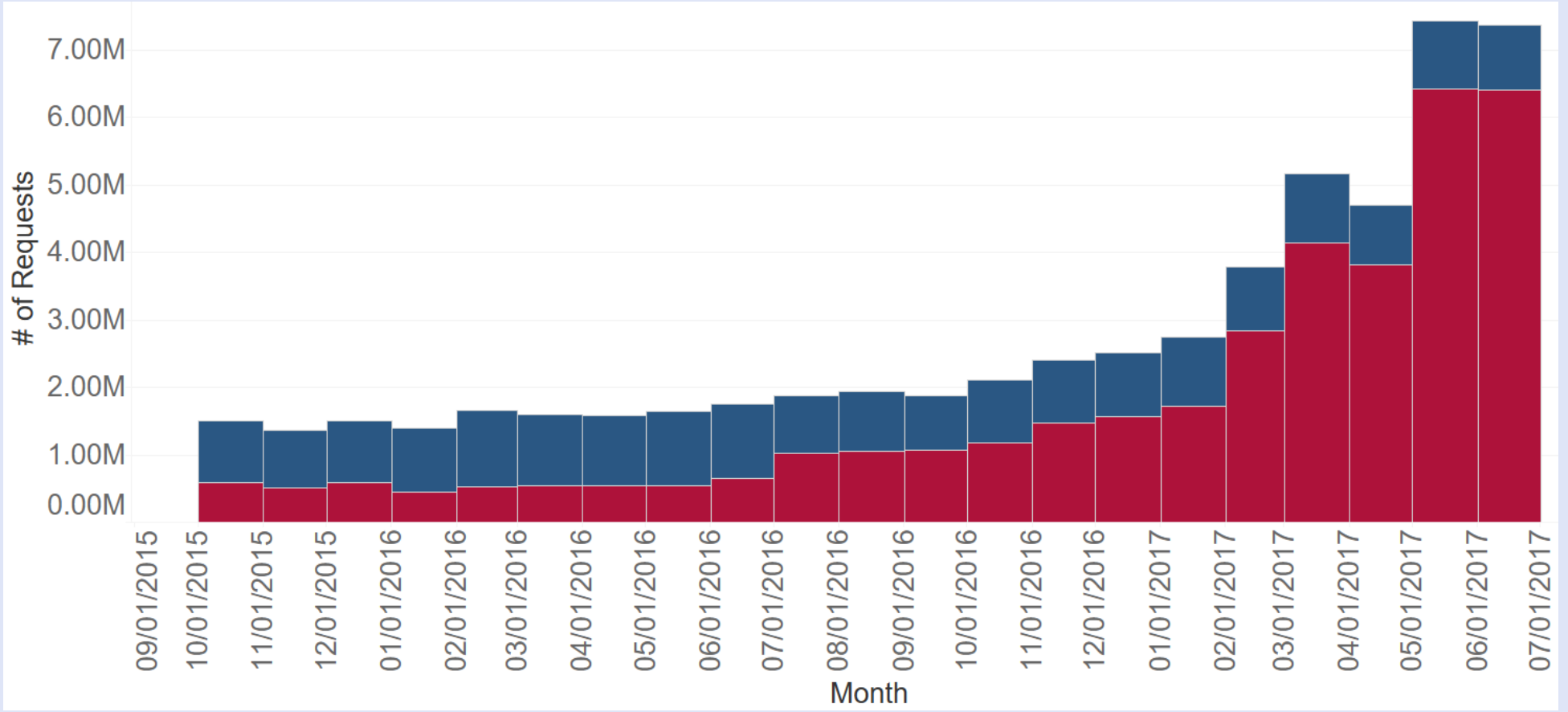
Prescriber Vendor Status

- **Medicity (HIE) – Live**
- Verinovum (HIE) – Unknown
- Allscripts – 9/5/17
- **Aprima – Live**
- AthenaHealth – 12/1/17
- **Cerner – Live**
- eClinicalWorks – 10/15/17
- **Epic – Live**
- GE Health – 10/1/17
- **Glenwood Systems – Live**
- Greenway Health – 10/23/17
- Health Business Systems – 9/11/17
- **Medent – Live**
- **Meditech (via Dr First) – Live**
- Netsmart – 10/1/17
- NextGen – 10/27/17
- **PastRx – Live**
- Practice Fusion – Unknown
- **ProComp – Live**
- Qualifacts – 10/1/2017
- **Salix - Live**

Prescriber Integration Status



Effect of Integration on Requests



NAMSDL
National Alliance for Model State Drug Laws

The PDMP of the Future

Andrea Magermans, Acting Managing Director
Wisconsin Prescription Drug Monitoring Program

WISCONSIN | ePDMP

The Wisconsin Prescription Drug Monitoring Program

Andrea Magermans
Wisconsin Department of Safety and Professional Services

Congressional Caucus on Prescription Drug Abuse

September 8, 2017

ROLE OF PDMP IN WISCONSIN

- Clinical Healthcare Tool
  - Direct EHR Integration
  - Enhanced User Interface
  - One-click Access to Patient Reports
- Interdisciplinary Communication Tool
  - Law Enforcement Alerts
- Prescribing Practice Assessment Tool
  - Prescribers
  - Medical Coordinators

ENHANCED USER INTERFACE

Patient History Report Results

Print

ALERT
Long-Term Opioid Therapy With Multiple Prescribers

ALERT
Multiple Prescribers or Pharmacies

ALERT
Report of a Stolen Controlled Substance Prescription

1

ALERT
Suspected Violation of the Controlled Substances Act involving Rx Drugs

4

Patient Demographics

SHERLOCK HOLMES

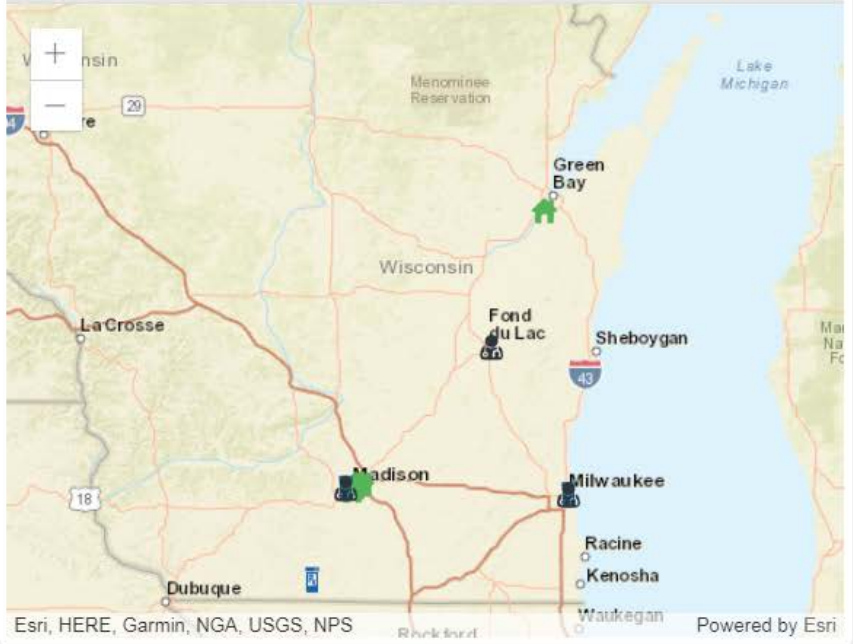
Age
63 years old

Date of Birth
1/6/1954

Gender

Most Recent Address
1400 E WASHINGTON
MADISON, WI 53708

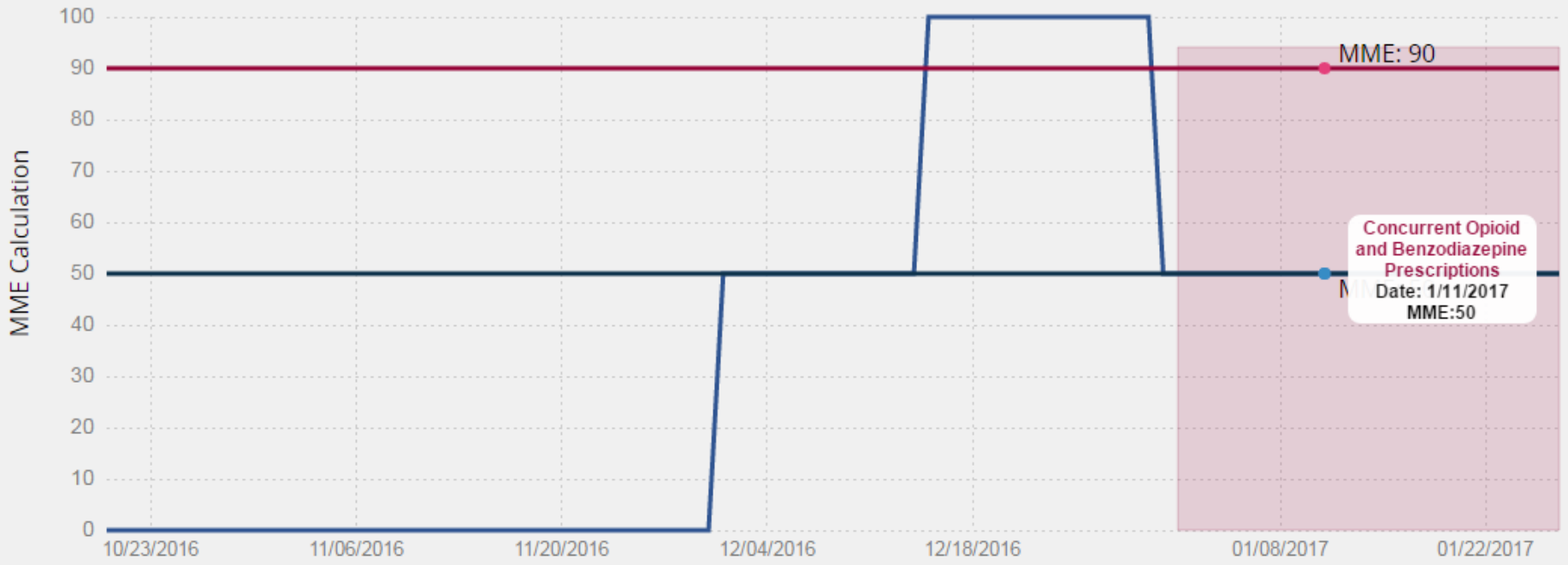
Prescription History Locations



ENHANCED USER INTERFACE

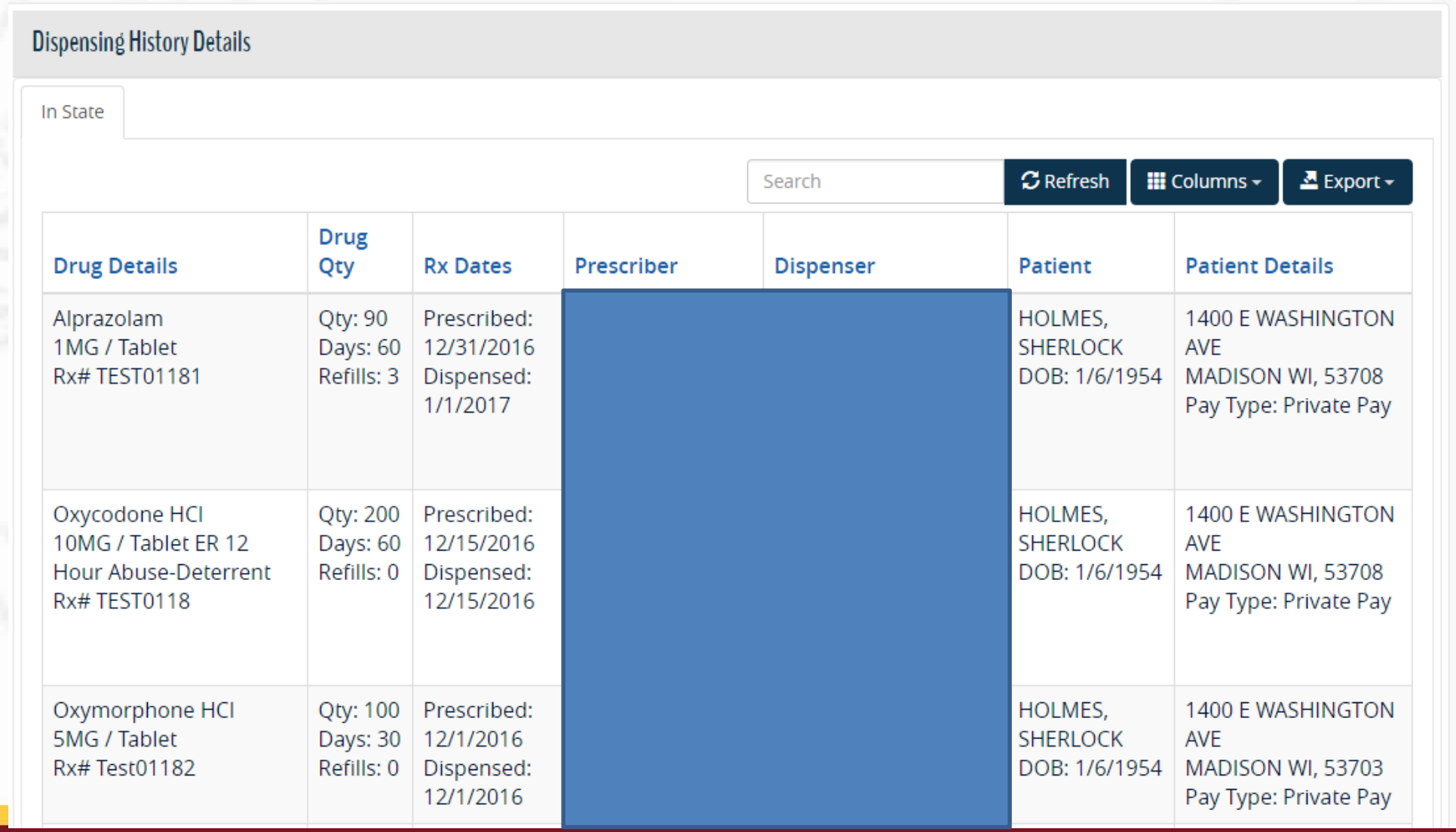
Total Opioid Daily Dose and Opioid-Benzodiazepine Concurrence for the Past 100 Days

According to the CDC, calculating the total daily dose of opioids helps identify patients who may benefit from measures to reduce risk of overdose. Concurrent use of benzodiazepines and opioids can place an individual at an increased risk for severe respiratory distress that can lead to overdose death. On the chart below, the line indicates the patient's cumulative daily dose of opioids and the red shading indicates when the patient had concurrent opioid and benzodiazepine prescriptions.



The total daily dose of opioids is calculated using the morphine milligram equivalent (MME) conversion values from the national Prescription Drug Monitoring Program Training and Technical Assistance Center at Brandeis University. The federal centers for disease control and prevention provides more information about the importance of MME calculations in calculating total daily dose.

ENHANCED USER INTERFACE



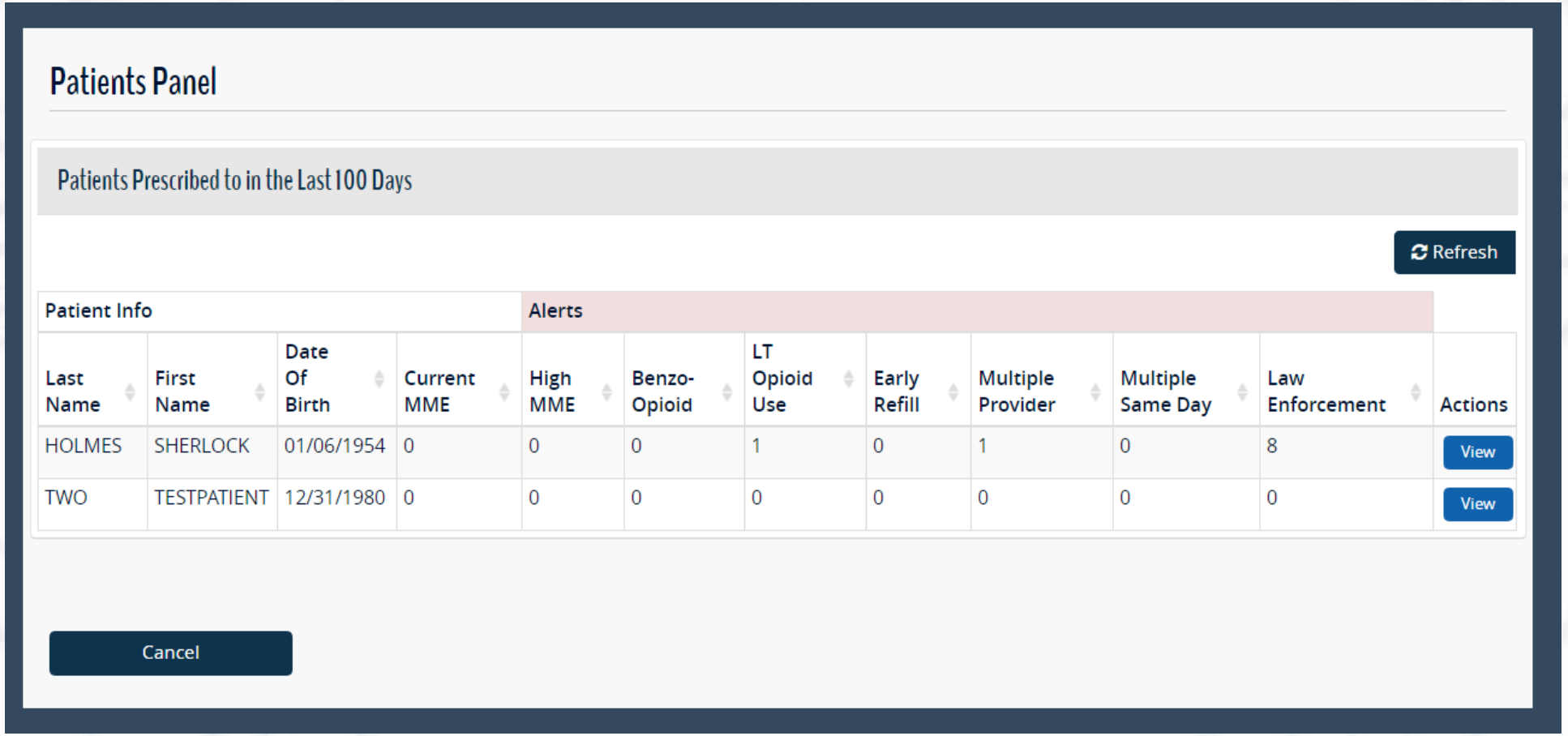
Dispensing History Details

In State

Search | Refresh | Columns | Export

Drug Details	Drug Qty	Rx Dates	Prescriber	Dispenser	Patient	Patient Details
Alprazolam 1MG / Tablet Rx# TEST01181	Qty: 90 Days: 60 Refills: 3	Prescribed: 12/31/2016 Dispensed: 1/1/2017			HOLMES, SHERLOCK DOB: 1/6/1954	1400 E WASHINGTON AVE MADISON WI, 53708 Pay Type: Private Pay
Oxycodone HCl 10MG / Tablet ER 12 Hour Abuse-Deterrent Rx# TEST0118	Qty: 200 Days: 60 Refills: 0	Prescribed: 12/15/2016 Dispensed: 12/15/2016			HOLMES, SHERLOCK DOB: 1/6/1954	1400 E WASHINGTON AVE MADISON WI, 53708 Pay Type: Private Pay
Oxymorphone HCl 5MG / Tablet Rx# Test01182	Qty: 100 Days: 30 Refills: 0	Prescribed: 12/1/2016 Dispensed: 12/1/2016			HOLMES, SHERLOCK DOB: 1/6/1954	1400 E WASHINGTON AVE MADISON WI, 53703 Pay Type: Private Pay

ONE-CLICK ACCESS



Patients Panel

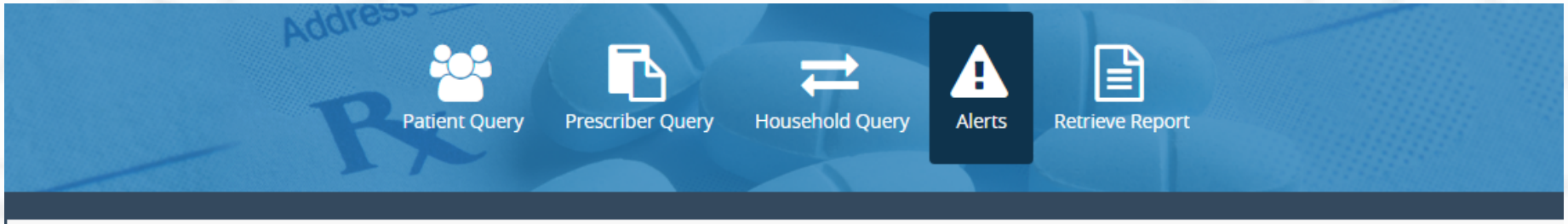
Patients Prescribed to in the Last 100 Days

Refresh

Patient Info				Alerts							
Last Name	First Name	Date Of Birth	Current MME	High MME	Benzo-Opioid	LT Opioid Use	Early Refill	Multiple Provider	Multiple Same Day	Law Enforcement	Actions
HOLMES	SHERLOCK	01/06/1954	0	0	0	1	0	1	0	8	View
TWO	TESTPATIENT	12/31/1980	0	0	0	0	0	0	0	0	View

Cancel

LAW ENFORCEMENT ALERTS



Submit an Alert

Wisconsin Act 268, which became effective on March 18, 2016, creates a duty for law enforcement agencies to submit information to the Wisconsin Prescription Drug Monitoring Program (PDMP) in four specific situations. The situations described in the law are:

1. When a law enforcement officer reasonably suspects that a violation of the Controlled Substances Act involving a prescribed drug is occurring or has occurred.
2. When a law enforcement officer believes someone is undergoing or has immediately prior experienced an opioid-related drug overdose.
3. When a law enforcement officer believes someone died as a result of using a narcotic drug.
4. When a law enforcement officer receives a report of a stolen controlled substance prescription.

When any of these situations occur, the law enforcement officer is required to submit to PDMP. All information submitted in an alert is viewable by users of the WI ePDMP. To ensure no undue harm to the reputational interests of the person affected by the event or any other individual identified in the alert, information should be short, objective, and fact-based. **Select a type of alert to get started.**

Alert

- Select -

Date of Event

MM/DD/YYYY

Person Affected by the Event

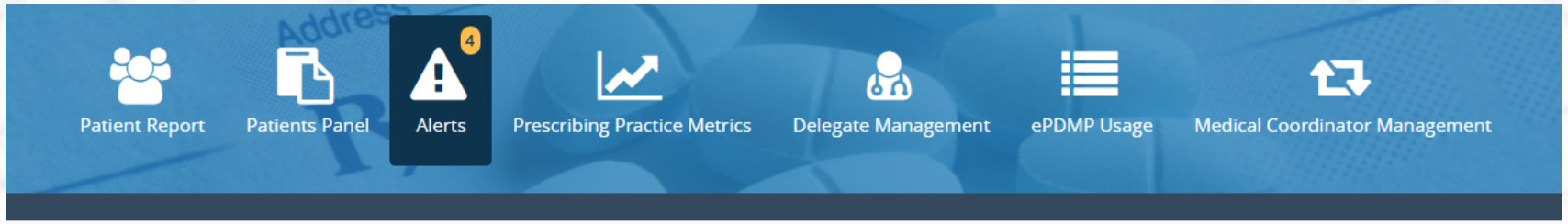
First Name

Last Name

Date of Birth

MM/DD/YYYY

LAW ENFORCEMENT ALERT DISPLAY



Alerts

Law enforcement agencies are required by Wis. Stat. § 961.37 to submit reports based on "reasonable suspicion" or "belief" under the following circumstances:

- When an officer suspects that a person violated the Controlled Substances Act with a prescription drug (such as diversion or unlawful possession)
- When the person experienced a fatal or non-fatal opioid-related overdose
- When the person reports to the agency that his or her controlled substance prescription has been stolen

Please note that an alert does not necessarily mean that the individual was arrested, convicted, or is guilty of any violation of law.

Like all of the other information available in the WI ePDMP, reports from law enforcement provide information to help healthcare professionals make prescribing, treatment, or dispensing decisions with more knowledge about the patient. The reports add to the totality of information and should not be used in isolation to make any decisions. It is up to the professional judgment of healthcare professionals to determine if or how a law enforcement report may affect their prescribing, treatment, or dispensing decisions.

Search | Refresh | Columns | Export

Person Affected First Name	Person Affected Last Name	Person Affected Date Of Birth	Date Of Event	Alert Type	Officer Email	Actions
Sherlock	Holmes	01/06/1954	08/01/2017	Report of a Stolen Controlled Substance Prescription	ben.moore.egov+LE@gmail.com	View Alert Details / Dismiss
SHERLOCK	HOLMES	01/06/1954	08/01/2017	Suspected Violation of the Controlled Substances Act involving Rx Drugs	pdmp.gds.users+le@gmail.com	View Alert Details / Dismiss
SHERLOCK	HOLMES	01/06/1954	08/01/2017	Suspected Violation of the Controlled Substances Act involving Rx Drugs	pdmp.gds.users+le@gmail.com	View Alert Details / Dismiss

LAW ENFORCEMENT ALERT DISPLAY

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SHERLOCK	HOLMES	01/06/1954	08/01/2017	Suspected Violation of the Controlled Substances Act involving Rx Drugs	pdmp.gds.users+le@gmail.com	View Alert Details Dismiss
SHERLOCK	HOLMES	01/06/1954	08/01/2017	Suspected Violation of the Controlled Substances Act involving Rx Drugs	pdmp.gds.users+le@gmail.com	View Alert Details Dismiss
sherlock	holmes	01/06/1954	08/01/2017	Suspected Violation of the Controlled Substances Act involving Rx Drugs	pdmp@wisconsin.gov	View Alert Details Dismiss

Alert Details

Alert Type **Suspected Violation of the Controlled Substances Act involving Rx Drugs**
Person Affected First Name **sherlock**
Person Affected Last Name **holmes**
Person Affected Date of Birth **01/06/1954**
Date of Event **08/01/2017**

Prescription Information

Prescriber First Name **N/A**
Prescriber Last Name **N/A**
RX Number **N/A**
Drug Name/Strength **N/A**
Patient First Name **N/A**
Patient Last Name **N/A**
Patient Date of Birth

Law Enforcement Information

Agent **Tester LE**
Agency **DSPS**
Phone **(555) 555-5555**
Email **pdmp@wisconsin.gov**
Date of Submission **08/01/2017**

Additional Information

Test County- changed from Dane.

LAW ENFORCEMENT ALERT DISPLAY

Patient History Report Results

Print

ALERT
Long-Term Opioid Therapy With Multiple Prescribers

ALERT
Multiple Prescribers or Pharmacies

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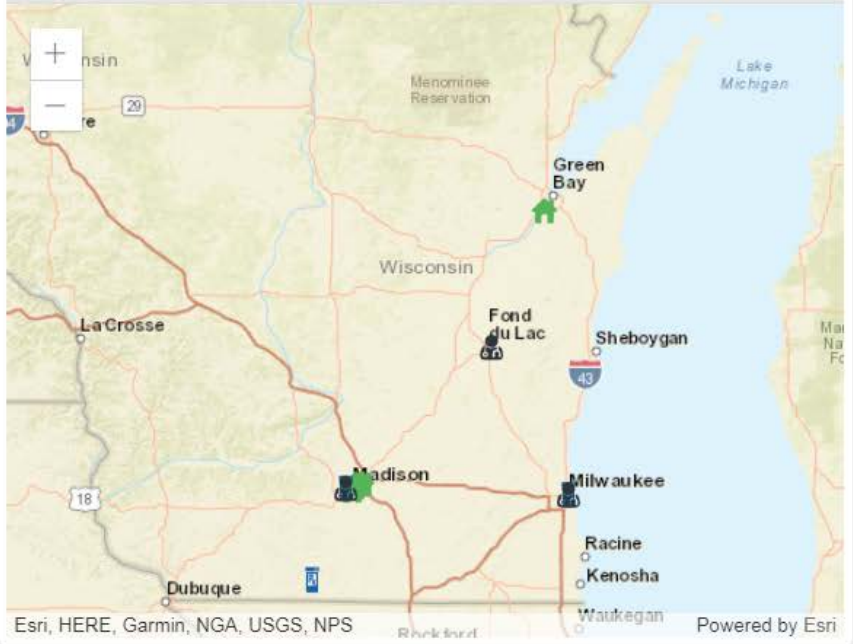
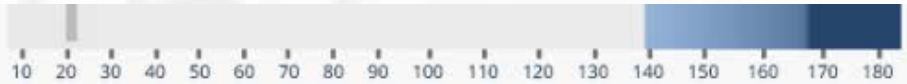
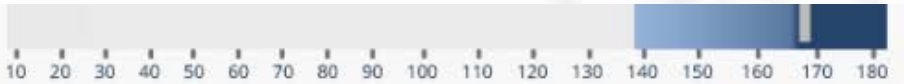
Prescription History Locations



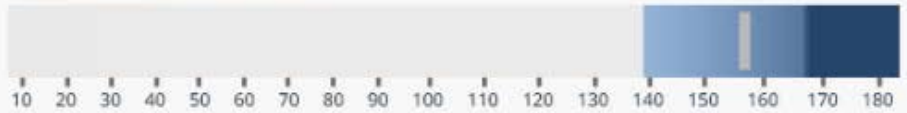
PRESCRIBING PRACTICE ASSESSMENT

PRESCRIBING PRACTICE ASSESSMENT

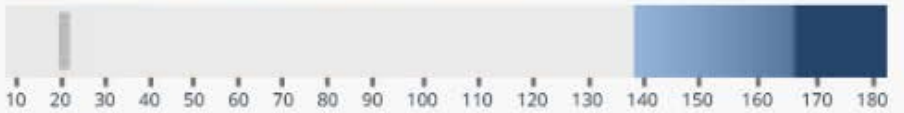




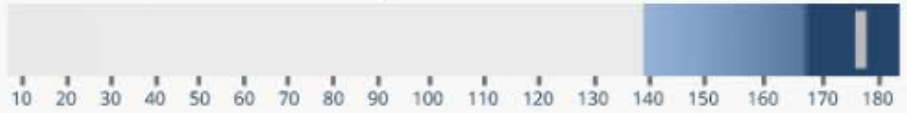
Stimulant Prescription Orders



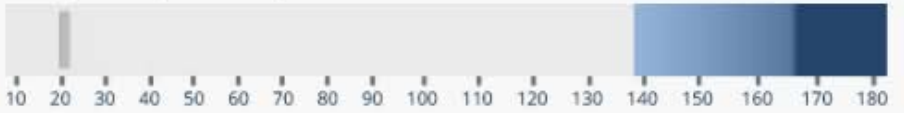
Average Doses per Prescription Order - Stimulant



Other Controlled Substance Prescription Orders



Average Doses per Prescription Order - Other



Concerning Patient History Alerts

2	Patients with Concurrent Benzodiazepine and Opioid Prescriptions Alert
2	Patients with Multiple Prescribers or Pharmacies Alert
0	Patients with Early Refill Alert
2	Patients with High Current Daily Dose of Opioids Alert
0	Patients with Long-Term Opioid Therapy With Multiple Prescribers Alert
2	Patients with Multiple Same-Day Prescription or Dispensing Events Alert

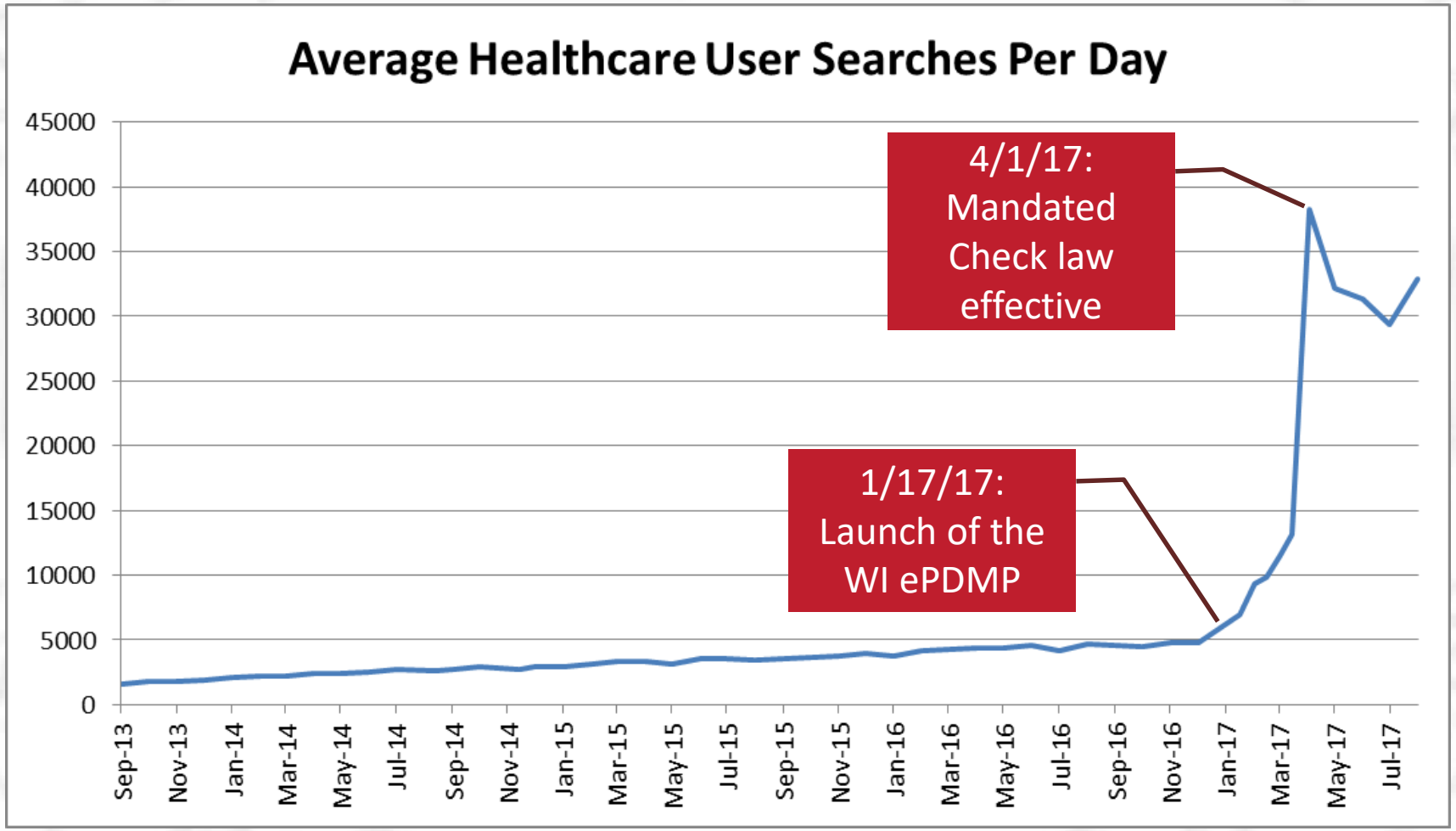
Law Enforcement Reports

0	Patients with Suspected Non-Fatal Opioid-Related Drug Overdose Alert
1	Patients with Suspected Fatal Narcotic Overdose Alert
0	Patients with Report of a Stolen Controlled Substance Prescription Alert
0	Patients with Suspected Violation of the Controlled Substances Act involving Rx Drugs Alert

Estimated ePDMP Usage since 4/1/17

46	Queries by User
1	Queries by Delegates
17	Prescription Orders Written by User
100.00%	Estimated ePDMP Usage Compliance Rate

WI ePDMP Usage



NAMSDL

National Alliance for Model State Drug Laws

Questions

NAMSDL

National Alliance for Model State Drug Laws

For More Information

Sherry Green, CEO

703-584-5358

sgreen@namsdl.org

Chad Zadrazil, Senior Legislative Attorney

703-584-7043

czadrazil@namsdl.org