K-TRACS

KANSAS TRACKING AND REPORTING OF CONTROLLED SUBSTANCES

An Introduction to the Kansas Prescription Monitoring Program

Kansas State Board of Pharmacy
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Overview

- Purpose
- Function
- Governance and Oversight
- Funding
- 50-State Comparisons
- Data
  - Reporting
  - Availability
  - Access
  - Use
- Program Improvements
- Statistics and Preliminary Findings
- Demonstration

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What is K-TRACS?

- K-TRACS is Kansas' Prescription Monitoring Program (PMP). K-TRACS monitors Schedule II-IV controlled substance prescriptions as well as drugs of concern dispensed within the state as reported by pharmacies and other dispensers
- K-TRACS is a web-accessible database, available 24 hours, that provides tools to help address one of the largest threats to patient safety in the state of Kansas: the misuse, abuse and diversion of controlled pharmaceutical substances

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Advisory Committee

MEMBERSHIP

2 Licensed Pharmacists	1 Licensed Dentist	2 Licensed Physicians	1 Kansas Bureau of Investigation	2 Education	1 Kansas Hospital Association
Nominated by Kansas Pharmacists Assn	Nominated by Kansas Dental Assn	Nominated by Kansas Medical Society	Nominated by Attorney General	KU School of Medicine, Nominated by Dean	Nominated by Kansas Hospital Assn
Nominated by Kansas Pharmacists Assn		Nominated by Kansas Assn of Osteopathic Medicine		KU School of Pharmacy, Nominated by Dean	

Other persons authorized to prescribe or dispense scheduled substances and drugs of concern, recognized experts and representatives from law enforcement

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Advisory Committee

- Authorized to:
  - review and analyze data for purposes of identifying patterns and activity of concern
  - notify the prescribers and dispensers who prescribed or dispensed the prescriptions
  - notify law enforcement or appropriate regulatory board(s) for additional investigation
  - may utilize volunteer peer review committees of professionals with expertise in the particular practice to create standards and review individual cases
- Shall work with the following groups to develop continuing education programs:
  - Agencies with oversight of prescribers and dispensers
  - Kansas Bar Association for attorneys
  - KBI for law enforcement

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PMP in Other States

- 49 states currently have operating PMPs for at least one class of controlled substance
  - Missouri does not have a PMP program
  - Most states mandate reporting (with exceptions)
  - Kansas does not require prescriber/dispenser use
    - 26 states require all prescribers and/or dispensers to register with their PMP
    - 29 states require prescribers and/or dispensers to access the PMP in certain circumstances
    - 35 total states require either registration or access

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PMP in Other States

- PMP InterConnect – reciprocal agreements to share data
  - Allows dispensers and prescribers an even more complete prescribing and dispensing history for patients
  - Funded by NABP through June 2018
- Participating states: 35
- Kansas sharing data with: 24
- Currently processing over 1 million requests per month

Arizona	Iowa	Nevada	South Dakota
Arkansas	Kansas	New Jersey	Tennessee
Colorado	Kentucky	New Mexico	Utah
Connecticut	Louisiana	North Dakota	Virginia
Delaware	Maryland	Ohio	West Virginia
Idaho	Michigan	Oklahoma	Wisconsin
Illinois	Minnesota	Rhode Island	
Indiana	Mississippi	South Carolina	

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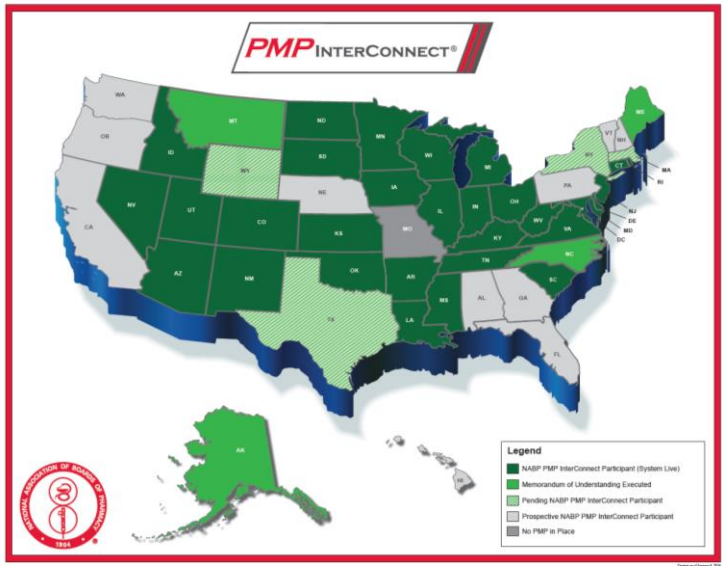
PMP in Other States



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Reporting

Who reports?

- Dispensers – practitioner or pharmacist who delivers to an end-user

Who doesn't report?

- Hospital pharmacy – distributes for the purpose of inpatient care
- Medical care facility – administers direct to patient
- Wholesale distributor
- Veterinarian
- Exempt Practitioner

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Reporting

- Dispensers report to K-TRACS
  - Daily, including zero reporting
  - Electronically
  - Each prescription dispensed for Schedule II-IV controlled substances and "drugs of concern"
- Non-reportable
  - Emergency dispensing for a 48-hour supply or less does not have to be reported
  - Dispensing to inpatients
- Waivers available for paper submission or in a force majeure event
- Reporting extensions available for electronic malfunction or circumstances beyond control

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Reporting

- Prescriber ID
- Date issued
- Dispenser ID or DEA #
- Date filled
- Rx number
- New/Refill
- Number of refills
- National drug code
- Quantity
- Dosage
- Frequency
- Number of days supply
- Patient ID
- Patient name
- Patient address
- Patient phone
- Patient DOB
- Source of payment

Controlled Substances

Schedule II (KSA 65-4107)	Schedule III (KSA 65-4109)	Schedule IV (KSA 65-4111)
• Morphine • Codeine • Hydrocodone • Dilaudid • Demorol • Oxycodone • Fentanyl • Methadone • Vicodin • Sufentanil • Coca leaves • Amphetamines • Phenobarbital • Adderall • Ritalin	• Amobarbital • Secobarbital • Barbituric Acid • Sulfonethylmethane • Ketamine • Tylenol with Codeine • Anabolic Steroids • Testosterone	• Alprazolam • Diazepam • Fospropofol • Lorazepam • Zopiclone • Butyl nitrite • Xanax • Darvocet • Valium • Ativan • Ambien • Tramadol

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Drugs of Concern

- Regulation outlines current "Drugs of Concern"

  (1) Any product containing all three of these drugs: butalbital, acetaminophen, and caffeine;

  (2) pseudoephedrine

  (3) tramadol

- The stakeholders of the program shall be notified by the Board if a drug is to be considered for classification as a drug of concern

- Any individual who wants to have a drug added to the program for monitoring may submit a written request to the Board

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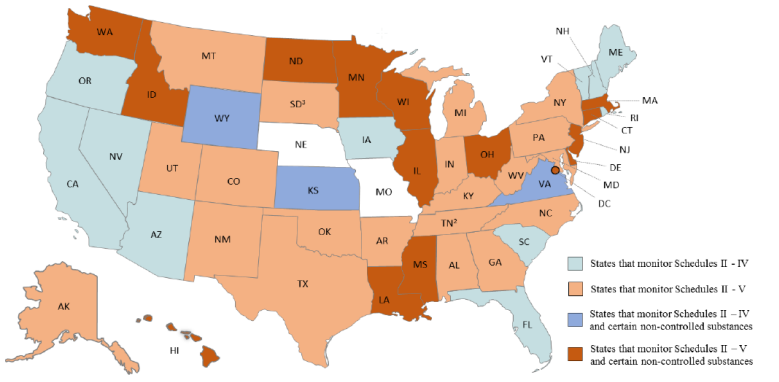
Substances Monitored



[1]This map reflects those states with statutory authority to collect dispensing data on certain non-controlled substances and does not necessarily reflect those states with such authority who are actively collecting such data. [2]Tennessee's law authorizes the monitoring of Schedule V substances that have been identified as demonstrating a potential for abuse. [3]In South Dakota, all federal Schedule V substances are listed in Schedule IV, so they do monitor Schedule V controlled substances.

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Data Confidentiality

- All information submitted to, maintained or stored by K-TRACS shall be privileged and confidential
- De-identified data may be provided to public or private entities for statistical, research or educational purposes

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Data Confidentiality

- Exceptions:
  - Prescribers or Dispensers for purpose of patient care
  - Patient's own record request
  - Regulatory Agencies with oversight of prescribers and dispensers
  - Law Enforcement
  - KDHE for Medicaid recipient information
  - Subpoena or court order in criminal action
  - PMP personnel for operational purposes
  - Board personnel for administration and enforcement of PMP Act
  - Medical examiners, coroners, etc.
- No Exception:
  - Civil proceedings
  - Requests under the Kansas Open Records Act (KSA 45-215 et seq)

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Threshold Letters

- In addition to reports prescribers and dispensers can request through K-TRACS, letters are sent to prescribers and dispensers when threshold numbers have been reached or exceeded by a patient in a given time period
- 5/5/90 Rule
  - Patient has seen 5 different prescribers **or** been to 5 different pharmacies in a 90 day period.
  - Set by Advisory Committee

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Violations and Penalties

- Violations
  - Failure to report
  - Reporting false information
  - Unlawful disclosure of data
  - Inappropriate data use, access, or attempt
- Penalties
  - Severity level 10, non-person felony

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Funding

- Allowed to apply for and accept grants or any donation, gift or bequest made to further any phase of the PMP
- Shall not impose any charge for
  - Implementation or maintenance of program to distributors, pharmacists, dispensers or prescribers;
  - Transmission of data to the database or receipt of information from the database
- Funded through June 30, 2016 by NABP Interconnect Grant
- Board has requested budget enhancement for FY17 to fund K-TRACS through June 30, 2017 with fee funds.
- Advisory Committee has directed Board to pursue all possible funding sources
- Annual cost approx. $215,000

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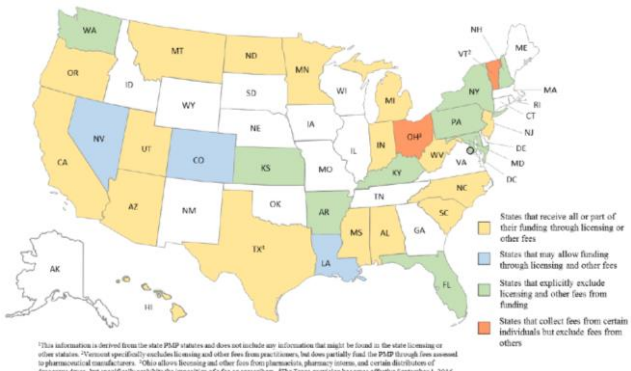
Funding

- Other State Models
  - 17 funded by licensing and other fees
  - 3 funded by controlled substance registration fees

Funding Provisions of PMPs[1]



[1]This information is derived from the state PMP statutes and does not include any information that might be found in the state licensing or other statutes. [2]Vermont specifically excludes licensing and other fees from practitioners, but does partially fund the PMP through fees assessed to pharmaceutical manufacturers. [2]Ohio allows licensing and other fees from pharmacists, pharmacy interns, and certain distributors of dangerous drugs, but specifically prohibits the imposition of a fee on prescribers. [3]The Texas provision becomes effective September 1, 2016.

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Potential Improvements

- Integration with Board's licensing system to automate dispenser enrollment
- Automated updating for user contact information
- Kansas Health Information Network
  - Potential funding source
  - Integration of EMR and PMP systems to increase ease of access for users
  - Many states considering EMR integration

KHIN
Kansas Health Information Network

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Miscellaneous Info

- No legal duty to review K-TRACS or liability for failure to do so
- No mandatory K-TRACS training for prescribers/dispensers
- Dispensers (not prescribers) using K-TRACS are required to notify patients
- Program is created and supported by a private vendor – Appriss
- HIPAA
  - In administrating the PMP program, KBOP is a "health oversight agency." Because disclosures to dispensers are mandatory and not discretionary, the patient does not need to be informed of the disclosure, and does not need to consent to it.
  - Users may consult with other prescribers and dispensers listed on the K-TRACS report without patient authorization in the course of "treatment."

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The Need for K-TRACS

- **Education and Information**. PMPs provide useful feedback to prescribers on their own prescribing trends as well as their patients' controlled substance histories. PMPs also provide useful information to prescribers when they suspect that a patient may be non-compliant in their controlled substance use.
- **Public Health Initiatives.** The public health community can use information from the PMP to monitor trends and address controlled substance prescribing or utilization problems.
- **Drug Abuse and Diversion Prevention.** Prescribers, dispensers, and consumers will be deterred from participating in illegal drug diversion schemes if they know a PMP is in place.
- **Early Intervention.** Identify patients for early assessment and treatment of potential controlled substance utilization problems.

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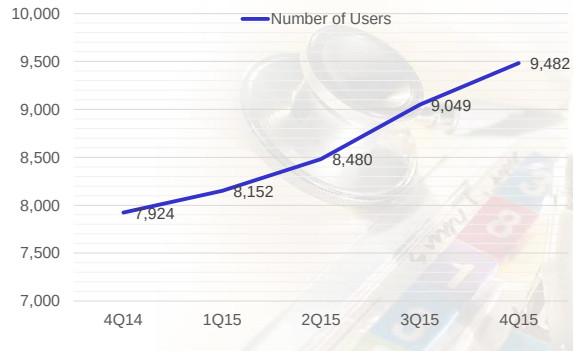
Total K-TRACS Users

12/31/2014	3/31/2015	6/30/2015	9/30/2015	12/31/2015
7,924	8,152	8,480	9,049	9,482



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Harold Rogers Data (Appriss Report)

Category	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
Registered Prescribers	4003	4162	4304	4454	4592	4703	4839	5125
Registered Pharmacists	1770	1831	1921	2034	2086	2151	2289	2496
Patients 5/5/90	218	211	207	196	218	263	256	283
Solicited Reports to Prescribers	24104	31732	41835	47562	54254	54027	57319	63650
Solicited Reports to Pharmacists	30190	36370	41279	46042	53020	57432	73110	77655
Solicited Reports to Medicaid Managed Care Organizations or Law Enforcement	27	19	44	28	4	66	24	15
Solicited Reports to Regulatory Agencies	32	32	0	0	0	0	0	0
Solicited Reports to Medical Examiners	3	4	6	9	20	11	7	9
Solicited Reports to Drug Treatment	0	0	0	0	0	0	0	0
Solicited Reports to Drug Courts	0	0	0	0	0	0	0	0
Solicited Reports to Other End Users	0	0	0	0	0	0	0	0
Unsolicited Reports to Prescribers	6198	1515	5452	6581	4565	3455	1172	6531
Unsolicited Reports to Pharmacist	631	433	634	667	637	614	419	673
Solicited Reports to Prescribers Out of State	463	609	714	751	718	598	595	683
Solicited Reports to Pharmacist Out of State	254	375	480	589	665	748	755	853
Unsolicited Reports to Prescribers Out of State	1308	202	1031	1505	945	602	146	1833
Unsolicited Reports to Pharmacist Out of State	138	53	123	157	60	76	14	99

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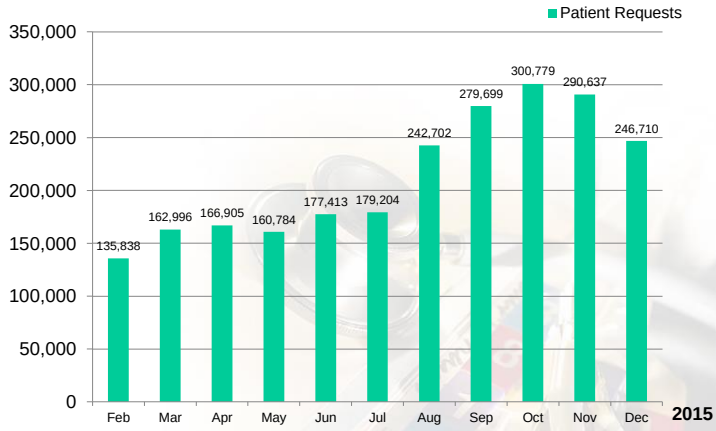
Number of Patients Queries by Month



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General PMP Updates

- 4Q15 Threshold report generated **265** individuals meeting 5/5/90.

- Top patient meeting threshold (5/5/90) visiting most **PHYSICIANS**:
- 19 Physicians/ 9 Pharmacies/ 20 Prescriptions (Q4 2015)
- 17 Physicians/ 11 Pharmacies/ 32 Prescriptions (Q3 2015)
- 20 Physicians/ 13 Pharmacies/ 27 Prescriptions (Q2 2015)
- 18 Physicians/ 7 Pharmacies/ 20 Prescriptions (Q1 2015)

- Top patient meeting threshold (5/5/90)visiting most **PHARMACIES**:
- 14 Physicians/ 13 Pharmacies/14 Prescriptions (Q4 2015)
- 15 Physicians/ 12 Pharmacies/19 Prescriptions (Q3 2015)
- 20 Physicians/ 13 Pharmacies/ 27 Prescriptions (Q2 2015)
- 13 Physicians/ 12 Pharmacies/ 15 Prescriptions (Q1 2015)

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General PMP Updates

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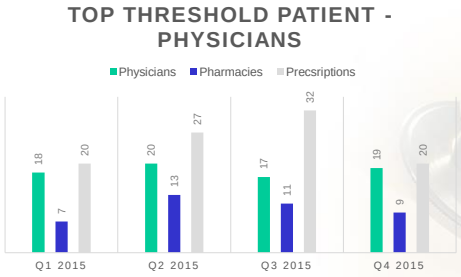

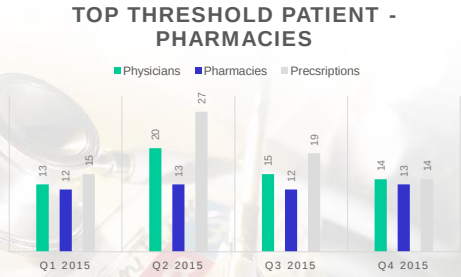

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PMP Threshold Data

	4Q'13	1Q'14	2Q'14	3Q'14	4Q'14	1Q'15	2Q'15	3Q'15
Threshold Patients	276	223	258	261	247	270	261	292
Total Threshold Letters Sent	3,580	2,961	3,485	3,365	3,289	3,384	1,271	1,161
Total Patient Alert E-mails Sent							2,104	2,482

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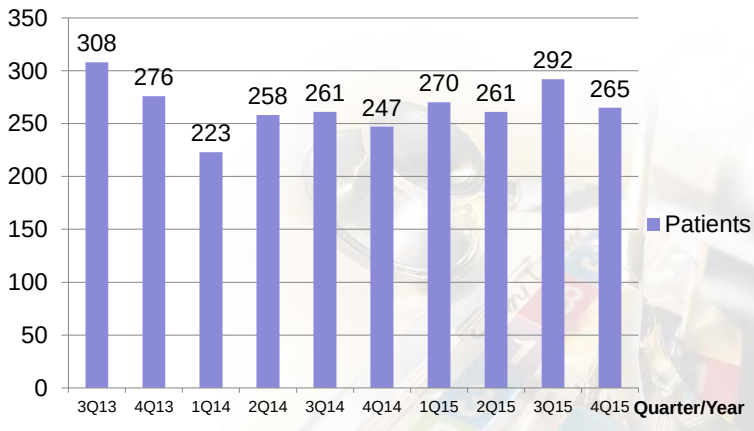
PMP Threshold Patients



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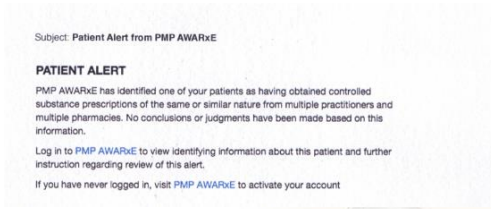
Admins can now generate e-mails as unsolicited patient alerts to prescribers and pharmacists-in-charge:



Subject: **Patient Alert from PMP AWARxE**

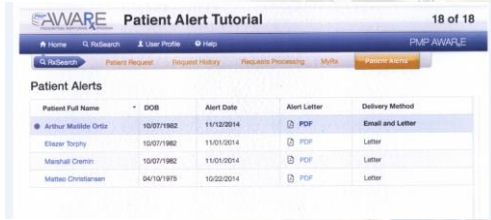
PATIENT ALERT

PMP AWARxE has identified one of your patients as having obtained controlled substance prescriptions of the same or similar nature from multiple practitioners and multiple pharmacies. No conclusions or judgments have been made based on this information.

Log in to PMP AWARxE to view identifying information about this patient and further instruction regarding review of this alert.

If you have never logged in, visit PMP AWARxE to activate your account

Recipients of patient alerts can view list of patient alert letters sent to them under RxSearch/Patients Alerts:



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Top Patients Meeting Threshold 5/5/90
Visiting Most Physicians
October 1, 2015 – December 31, 2015

Age	Gender	City	Number of Physicians	Number of Pharmacies	Number of Prescriptions	Total Quantity	Total Days Supply
25	F	Olathe	19	9	20	343	78
33	M	Kansas City KS	15	6	16	316	65
47	F	Pittsburg, KS Tulsa OK	15	5	18	381	127
23	M	Kansas City KS	15	9	18	381	89
36	F	Olathe	14	13	14	297	62
49	F	Overland Park	14	10	21	1169	328
40	F	Newton	13	7	17	1892	130
38	M	Hastings	13	11	13	223	43
34	F	Olathe	13	8	15	308	49
58	M	Burlingame	13	7	15	216	47

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Top Patients Meeting Threshold 5/5/90
Visiting Most Pharmacies
October 1, 2015 – December 31, 2015

Age	Gender	City	Number of Physicians	Number of Pharmacies	Number of Prescriptions	Total Quantity	Total Days Supply
36	F	Olathe	14	13	14	297	62
38	M	Hastings	13	11	13	223	43
39	F	Topeka	9	10	13	245	134
49	F	Overland Park	14	10	21	1,169	328
37	F	Overland Park	11	10	14	199	43
27	M	Kansas City KS	5	9	18	1,250	240
37	F	Wichita	7	9	14	821	175
30	F	Topeka	10	9	21	889	432
43	F	Augusta	9	9	15	554	152
63	F	Wichita	6	9	15	1,130	198

Preliminary Findings

- K-TRACS Trends
  - Prescribers are prescribing less frequently, smaller doses
  - Fewer prescriptions per threshold patient
  - Increasing
    - Number of threshold patients
    - Number of total prescriptions
    - Number of patients fillings prescriptions
  - Higher instance of patient overlap for opioids and benzodiazepine
  - Kansans pay primarily with commercial insurance, cash
  - Counties with high numbers of opioid prescriptions have high instances of overdose

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Preliminary Findings

- User Trends
  - 50% of prescribers (controlled substances and drugs of concern) use K-TRACS
  - 40% of all dispensers use K-TRACS
  - Increase in number of solicited reports
- Other Concerns
  - Post-overdose patients are still getting prescriptions
  - Benzo/Opioid overlap
  - Uniform and complete data collection

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Questions?

Sources:

- 2015 Annual Review of Prescription Monitoring Programs, National Alliance for Model State Drug Laws
- Fan Xiong, CDC/CSTE Applied Epidemiology Fellow, Kansas Department of Health and Environment
- Kansas Pharmacy Act, K.S.A. 65-1681, et seq.
- Kansas Uniform Controlled Substances Act, K.S.A. 65-4101, et seq.

Appriss® K-TRACS

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