

VERMONT2009

Vermont Prescription Monitoring System
Report to the Legislature on **Act 205**
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DEPARTMENT OF HEALTH
Agency of Human Services

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Background

Act 205, 2006, authorized the Department of Health to establish the Vermont Prescription Monitoring System (VPMS), contingent upon the receipt of federal funding.

Subsequently, the Department received funding from the Bureau of Justice and began planning for the implementation of this registry. The goal of the program is to promote the public health through enhanced opportunities for treatment for and prevention of abuse of controlled substances, without interfering with the legal medical use of those substances.. When a Schedule II, III, or IV controlled substance is dispensed to an outpatient, a standard set of information about the patient, the prescriber, and the drug is collected by the VPMS and maintained for six years on a secure, central database. This complete and up-to-date information gives providers access to a full history of their patient's prescriptions for controlled substances.

State and national reports indicate that the abuse of prescribed drugs is the fastest growing area of abuse and addiction, becoming a major problem among youth and young adults. Excluding alcohol, and after marijuana, prescription drugs are the second most commonly abused substances among every age group. Unlike illegal drugs, prescription medications are often readily available because people use them for legitimate medical purposes¹. Studies suggest most prescription drug abusers often get medications free from a friend or relative who holds a prescription². Meanwhile, as pain relievers are increasingly abused, chronic pain patients continue to be under-treated for their

¹ Manchikanti L. Prescription drug abuse: what is being done to address the new drug epidemic? Testimony before the subcommittee on criminal justice, drug policy and human resources. *Pain Physician*. 2006 Oct;9(4):287-321.

² Department of Health and Human Services; Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Results from the 2007 National Survey on Drug Use and Health: National Findings [monograph on the Internet]. Rockville (MD): Substance Abuse and Mental Health Services Administration, Office of Applied Studies; 2008 Sept [cited 2009 Jan 27]. Available from: <http://www.oas.samhsa.gov/NSDUH/2k7NSDUH/2k7results.cfm>.

conditions. In our current health care system, patients are able to visit multiple providers, and receive multiple prescriptions in an uncoordinated manner.

Prescription drugs are one of the primary reasons people enter substance abuse treatment in Vermont. In 2006, opiate dependence (other than heroin and non-prescription methadone) became second only to alcohol as the primary diagnosis for Vermonters entering into treatment centers supported by VDH. Opioids account for the largest number of Poison Center calls in Vermont for medication verification³ by both law enforcement and non law enforcement. However, among substance abuse-related cases⁴, stimulants and street drugs account for the largest burden of calls followed by alcohol. There have been several recent newspaper reports about an increase in criminal activity associated with prescription drug activities directly (e.g., assaults) or indirectly (e.g., robbery, larceny). In addition, police and prosecutors have suggested an increase in both drug trafficking and crimes associated with drug seeking, especially opioid analgesics (e.g., OxyContin[®], Vicodin[®]). The VPMS was designed as a tool for prescribers and pharmacists to better treat patients who are using Schedule II, III and IV controlled substances.

Introduction

The Vermont Prescription Monitoring System (VPMS) is a secure, web-based, free, clinical tool that Vermon-licensed providers can choose to use when prescribing schedules II-IV controlled substances to their patients. Information from the database is available to licensed Vermont health care providers and pharmacists to use in the active treatment of a patient. By maintaining complete and up-to-date information, providers and pharmacists have access to a full history of patients' prescriptions for controlled substances.

³ Medication is identified by shape, color, size, and markings

⁴ A substance abuse case is not confirmed with a clinical diagnosis but is determined by self report, someone else on the patient's behalf or poison center staff assessment

The VPMS has two primary purposes: providing a tool to assist providers in their care of patients and preventing the misuse of controlled medications. VPMS is a clinical tool to help ensure that patients receive adequate and timely medication for pain and other conditions that can benefit from a regimen of controlled substances. It is a verification tool for providers to serve the chronic pain patient with more confidence and greatly reduce the risk of having a prescription diverted for illegal use. Early identification should improve outcomes for patients who can benefit from appropriate assessment, treatment, and rehabilitation for drug abuse and addiction.

Access to VPMS is limited by the state to ensure that VPMS data is confidential. Providers who register can access information electronically from the database. Although providers are not required to register with the VPMS in order to use the system, we strongly encourage them to register to obtain access to the patient data. An eligible user of the VPMS must be a health care provider licensed or certified by the State, and must hold a Drug Enforcement Administration number (DEA#) which allows them to prescribe controlled substances. Pharmacists register with the VPMS using their own state license under the DEA# of the pharmacy. Providers who register can access information electronically from the database. A provider or pharmacist may fill out the VPMS registration, sign a copy of the privacy statement and submit copies of their current DEA # and Vermont license. The forms are processed within 3-7 business days. The user will then get a confirmation email with their password, access code and link to log onto the VPMS. Once a provider or pharmacist has registered, they may use the VPMS at any time at no cost. The use of the database complies with all HIPAA requirements. A help desk is available to all users to help trouble-shoot, navigate the system or provide any other assistance that may be needed.

In addition to establishing a mechanism by which health care providers and pharmacists can readily access a patient's controlled substance history prior to prescribing or dispensing such medications, there are three other reasons that information from VPMS can be disclosed. They are:

1. A representative of a professional board that is responsible for the licensure, regulation or discipline of health care providers or dispensers may request de-identified patient information from the VPMS database relating to a licensee pursuant to a bona fide specific investigation of that licensee. This information is requested through the VPMS office. Although professional licensing and certification boards can request information, they do not have access to the VPMS database.
2. A patient for whom a prescription for a controlled substance is written may request information from the VPMS database relating to himself or herself. The request for this information must be in writing, and the person must appear personally to receive the VPMS report. Patients do not have access to the VPMS database.
3. If the Commissioner of Health, after consulting with at least one of a patient's health care providers, believes that the disclosure of an individual's name is necessary to avert a serious and imminent threat to a person or the public, the Commissioner may personally notify the Commissioner of Public Safety.

Program Implementation

The Vermont Department of Health launched the Vermont Prescription Monitoring System on January 12, 2009. Both in-state and out-of-state pharmacies licensed by Vermont are required to report to VPMS every seven days on all Schedule II, III, and IV drugs dispensed. Pharmacies were required to report their controlled substance data retroactive to July 1, 2008.

The VPMS initiated registration of Vermont Health Care Providers beginning on April 20, 2009. Registration in the VPMS progressed slowly at first as the user registration process was tested and refined to make it as streamlined as possible. The user must complete a one-page registration form, and have it notarized. The registrant also

completes a Privacy Statement and submits the completed forms by mail to the VPMS with a copy of the user's license and DEA Certification.

VDH used a variety of sources to inform early registrants about the system. In the months prior to launching the database, VPMS staff met with numerous professional groups to discuss the System and the registration process. These groups included the Vermont Hospital Emergency Department Directors, the State Nurse Practitioner Association, the Vermont Pharmacy Association, the Vermont Dental Team and two presentations during Grand Rounds at Fletcher Allen Medical Center. In addition, the VPMS was explained in a number of professional newsletters, which included the Vermont Medical Society, the Vermont Nurses Association and the University of Vermont College of Medicine AHEC Program. In September, the Commissioner of Health sent a letter introducing the VPMS to all pharmacists and Vermont providers with a DEA number. The letter included VPMS registration forms and VPMS privacy statements. By the end of December 2009, a total of 710 individuals had registered to use the System's database.

The VPMS database is maintained by an outside contractor, Health Information Design, of Auburn, Alabama. The VPMS staff has identified a few user features that were lacking in the system. The addition of two new enhancements to the system will be featured at the beginning of 2010. The first enhancement allows a pharmacy to submit a "Zero Report" in any week in which it did not dispense any controlled substances. The Report can be generated automatically by the pharmacy, and it allows the VPMS staff to readily know which pharmacies are in compliance with the law and Rule. The second enhancement is a "Death Flag" being added to the database so that the user can readily see that a patient has died. This should preclude efforts by individuals to obtain controlled drugs using the identity of a deceased person.

The VPMS sends out *threshold reports* to Vermont Health Care Providers on a quarterly basis. The VPMS threshold report notifies providers of their patients who may be receiving more than a therapeutic amount of one or more regulated substances. Each of the

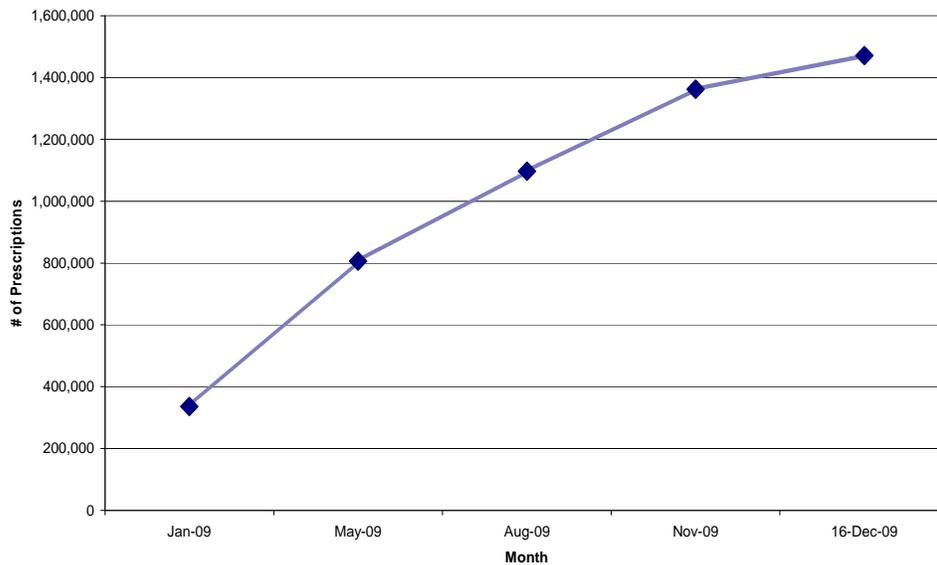
providers who prescribed controlled substances to the patient(s) listed on these reports during the quarter will receive the VPMS threshold letter.

Activity data are helpful to demonstrate the success of the VPMS. As of November 30, 2009, the System had:

- 710 Registered prescribers and pharmacists
- 4,621 Inquiries of the database by users since April 2009
- 1,463,632 Individual records in the database
- 132 Threshold report letters sent to providers.

Illustration I.

Vermont Prescription Monitoring System: # of Prescriptions



Prescription data in the VPMS have grown steadily since program implementation in January 2009 as depicted in the graph above.

Issues for Future Program Work

The VPMS has two Committees to assist in the implementation and periodic evaluation of VPMS: the *VPMS Advisory Committee* and *VPMS Medical Affairs Committee (MAC)*. MAC is a group of health care professionals, selected for their professional clinical expertise, who advise the VPMS Advisory Committee and the Department of Health on issues related to the prescription and dispensing of controlled substances; the referral of patients to appropriate treatment and/or rehabilitation services; and, in broad terms, the behavior of health care providers as it relates to controlled substances. In addition, the VPMS manager or staff is a member of the Prescription Drug Abuse Workgroup, a group convened jointly by the Vermont Department of Health and the Department of Public Safety to:

- Bring the issue of prescription drug abuse to the forefront and attend to this important issue with an efficient, strategic approach.
- Explore the idea of a statewide awareness campaign to educate pharmacists and physicians in a systematic way.

The work of these groups helped the VPMS management team formulate the following issues for future work:

Issue I: As a federal organization, the Veterans Health Administration (VHA), a component of the United States Department of Veterans Affairs (VA), is exempt from the VPMS reporting requirement. This creates a large gap in Vermont controlled substance prescription data. The VPMS does not collect New Hampshire data yet many Vermonters receive treatment from Dartmouth Hitchcock Medical Center and its practices.

Action Recommended: Explore the voluntary participation of the VA Hospital in White River Junction, VT; Dartmouth Hitchcock Medical Center in Lebanon, NH - a tertiary hospital that serves a large number of Vermonters; and several pharmacies located in other states near the VT border.

Issue II: Due to Vermont's close proximity to other states, it is easy for a Vermont patient to fill a script in New Hampshire, New York or other neighboring state. If a patient fills a script in a pharmacy other than a Vermont licensed pharmacy, the information will not be collected into the VPMS database, thus creating a large gap in Vermont controlled substance prescription data.

Action Recommended: Explore the feasibility of sharing patient-level data across state lines. This is also a priority for the Department of Justice at the Federal level.

Issue III: **The medical community is interested in learning more about how medications relate to addiction and diversion. In conjunction with the Vermont Medical Society, the ADAP Medical Director conducted a paper survey of Vermont doctors asking what further education they felt they needed. The most requested topic was pain management education and addiction education.**

Action Recommended: The VPMS education program should include information on the use of VPMS as well as basic pain management assessment/treatment information, addiction assessment/treatment information and information about strategies for reducing the diversion of scheduled medications. The educational program should be developed in conjunction with the health care community, through the respective professional associations, as resources permit.

Next Steps

- Work towards registering every Vermont physician in the VPMS.
- Work towards 100% reporting compliance of all Vermont licensed pharmacies.
- VDH will work with providers to understand how to use the VPMS information to improve their prescribing of controlled substances.
- Cultivate statewide collaboration among state and community groups by encouraging and supporting community education on narcotic abuse and chronic pain management.
- Develop and refine community-level database reports to use information from VPMS for research and public health promotion purposes.
- Explore drug take-back programs which are local initiatives that promote the disposing of expired medications in a manner that is safe for the people, the environment and complies with the law. VPMS will work with communities and our statewide partners to explore a design for a statewide model based on best practices. This will include development of cost estimates. This work will involve researching how other communities' programs have been most effective in removing unneeded drugs, and disposing of them consistent with the DEA guidance.

Appendix I : Testimonials

The following e-mails were sent to the staff of the VPMS program between April 2009 and December 2009. They are included here by permission to demonstrate providers' acknowledgement of the program's benefits.

Dear VPMS,

I am convinced that the VPMS has changed my practice for the better. I can prescribe with confidence adequate pain medication for the majority of the patients I see who are legitimately seeking pain relief. Likewise, I can confront with objective data the minority of patients who I see who are fraudulently seeking controlled substances.

Thank you for your efforts on this important program

Sincerely

**Fred Kniffin MD
Director Emergency Services
Porter Medical Center**

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Dear VPMS,

After several months of experience with the Vermont Prescription Monitoring System, I can honestly say that as a pharmacist provider it has turned out to be an asset at our practice.

The information is invaluable as our hunches haven't been as reliable as we would have hoped. Some of our patients who were not suspected of pharmacy/doctor shopping turned out to have very surprising patterns of obtaining controlled substances. On the flip side, the VPMS has reassured us that a few patients we have wondered about their habits have in fact turned out to be trustworthy. Finally, there is the comfort of having the complete history for a new patient who presents with a prescription for a controlled substance.

I look forward to more enhancements that we have discussed (sorting feature, notification of patient's status as living or deceased, etc) down the road.

Marty Irons

Marty Irons, RPh, CDE

**20 Washington Street
Fair Haven, VT 05743-1041**

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Meika,

I am the medical director for the ED at Southwestern Vermont Medical Center.

In June I cared for a patient with back pain. When I looked him up on the Vermont Prescription Monitoring System, I found he had been getting a huge amount of narcotics (100 percocet tabs at least weekly). I notified his Primary Care Physician (PCP). They were unaware of the number of prescriptions he was taking. I was concerned that he may have stolen the prescription pad but they don't think so. I talked to his PCP and they now have him on a patch and a much more controlled level of pain medication. Your hard work helped this patient. Thank you so much for this.

**Paul Vinsel, MD
Medical director, ED at Southwestern Vermont Medical Center**