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**Report to  
The Vermont Legislature**

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**Report on  
Vermont Prescription Monitoring System**

**In Accordance with 18 V.S.A. § 4286 (d)**

**Submitted to:** Senate Committees on Judiciary and on Health and Welfare  
House Committees on Judiciary and on Human Services

**Submitted by:** Harry Chen, M.D. Commissioner of Health  
On behalf of the Vermont Prescription Monitoring System  
Advisory Committee

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## Background

The misuse of certain prescription drugs intended to promote wellness and alleviate disease may, in fact, lead to addiction and even death. Nationwide and in Vermont, abuse of controlled prescription drugs is a fast growing area of concern. Nationally, overdoses as a result of ingestion of prescription drugs result in more deaths than those from crack or heroin; and, in 16 states, more deaths than from car crashes, according to the U.S. Centers for Disease Control and Prevention<sup>1</sup>. The highest rates of prescription drug overdose in the country are among persons aged 35 to 54 years old. Death rates from prescription drugs in that same age group exceed deaths from motor vehicle crashes, according to the CDC's statistics from 2006<sup>2</sup>.

In Vermont, following alcohol and marijuana, prescription drugs are the most commonly abused substances among every age group. In the current health care system, patients are able to, and often do, visit multiple providers, and can thus receive multiple prescriptions in an uncoordinated manner. As a result, people may be at risk of experiencing dangerous drug interactions or of inadvertently becoming addicted or dependent. Furthermore, a growing amount of prescription drugs are being diverted for use other than their intended purposes. The Vermont Prescription Monitoring System (VPMS) helps physicians and pharmacists better manage the prescribing and dispensing of controlled substances and aids in preventing misuse and diversion that may lead to addiction or death.

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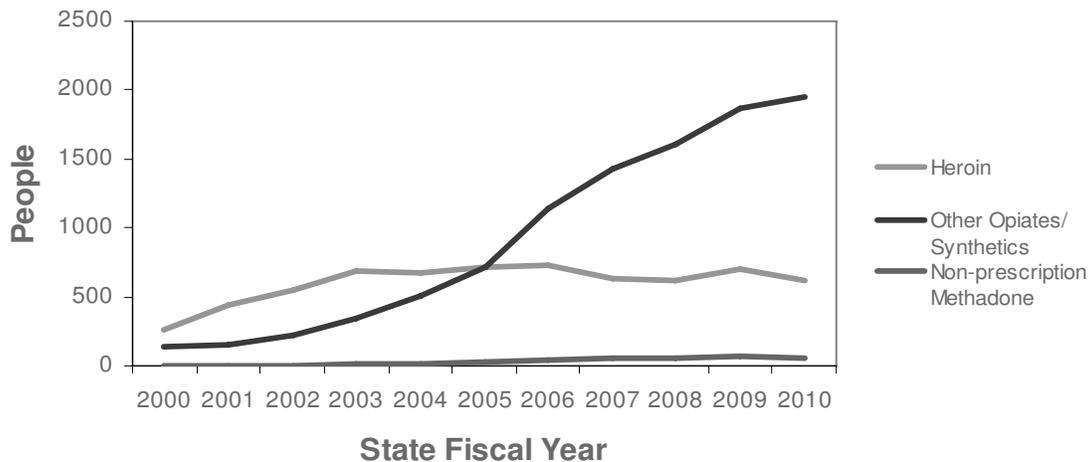
<sup>1</sup> Centers for Disease Control and Prevention (CDC). [National Vital Statistics Reports](#), Vol. 57, No. 14, April 17, 2009, Table 29, p. 105.

<sup>2</sup> CDC. [National Vital Statistics Reports](#), Vol. 57, No. 14, April 17, 2009, Table 11, p. 36.

## Statement of Problem

Prescription drug misuse or abuse is one of the primary reasons for people entering substance abuse treatment in Vermont. In 2008, Vermont had the second highest per capita rate of admissions to treatment for prescription opiates among all states. The majority (60%) of these admissions were young people 20 to 29 years old.<sup>3</sup> In 2006, other opiates surpassed heroin as the primary source of opiate addiction for people entering treatment at programs funded by the Division of Alcohol and Drug Abuse Programs (ADAP) at the Vermont Department of Health (VDH). Since then, the number of people seeking treatment for addiction to synthetic opiates has continued to increase each year.

**People Treated for Opiate Use in Vermont by Fiscal Year**



Source: Vermont Substance Abuse Treatment Information System. These numbers reflect only people receiving treatment at state funded facilities.

<sup>3</sup> Substance Abuse and Mental Health Services Administration. Treatment Episode Data Set, 1998-2008. Available online at: <http://www.dasis.samhsa.gov/teds08/teds2k8sweb.pdf>

To ensure the availability of prescription medications for serious medical conditions such as cancer or for relief of chronic pain, while also preventing their misuse by substance abusers, states can establish a prescription monitoring system. Prescription Monitoring Programs are tools used to assist in proactively supporting public health and safety.

The Vermont Prescription Monitoring System (VPMS), located in the Vermont Department of Health, was created by Act 205 in 2006. The intent was to balance the promotion of the safe use of controlled substances for the provision of medical care with the need to impede illegal and harmful activities involving these pharmaceuticals.

Preventing diversion and abuse of prescription controlled substances, while ensuring their availability for legitimate medical use, is an important public health goal. Vermont is one of 47 states that have legislation authorizing the creation and operation of a prescription monitoring program.

## **Overview**

The primary goal of the Vermont Prescription Monitoring System is to promote public health through identification of individuals that may benefit from treatment for and prevention of abuse of controlled substances, without interfering with the legal medical use of those substances. Use of the System provide information that can lead to early recognition of behaviors suggestive of potential abuse.

All pharmacies licensed by the Vermont Board of Pharmacy are required to submit a report to the VPMS of all schedules II-IV controlled substance prescriptions dispensed to

a patient in Vermont. Examples of scheduled II-IV controlled substances include buprenorphine products (Suboxone® and Subutex®), methadone (Dolophine®), oxycodone (OxyContin®) and diazepam (Valium®)<sup>4</sup>. The prescription information submitted to the VPMS includes the patient names, the name and quantity of the drug dispensed, the date of dispensing, and the name of the prescriber or dispenser. The information is collected and stored by an outside vendor, Health Information Designs, Inc. Prescription information in the VPMS has three main purposes:

1. The VPMS is a tool for prescribers and dispensers to identify potential risks associated with controlled substances. By reviewing a patient's controlled substance medical history a provider may adjust both the level and amount of opiates dispensed, and become aware of possible dangerous drug interactions.
2. The VPMS may help health care providers identify patients who may need treatment for drug abuse or addiction.
3. The VPMS data reports can be used to support the State's efforts in education, research, and abuse prevention.

### **How the System Works**

All Schedules II-IV controlled substances dispensed by pharmacies licensed by the state of Vermont are uploaded electronically by the pharmacies into the VPMS weekly (at least every seven days)<sup>5</sup>. Professionals who are eligible to become a user of the VPMS are:

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<sup>4</sup> <http://www.deadiversion.usdoj.gov/schedules/index.html>

<sup>5</sup> <http://www.leg.state.vt.us/statutes/fullchapter.cfm?Title=18&Chapter=084A>

- A health care provider licensed or certified by the State of Vermont who also holds a Drug Enforcement Administration number (DEA#) which allows them to prescribe controlled substances.
- Pharmacists, who may also register to use the VPMS using their own state license under the DEA# of the pharmacy.

Examples of users are:

- Physicians
- Dentists
- Advanced Practice Nurses
- Pharmacists
- Physician Assistants

Using a username and password, registered users of the VPMS can log on to the web site at <http://healthvermont.gov/adap/VPMS.aspx> to look up their patients online. Prescribers and dispensers have immediate, free online access to their patient's history of controlled substances. Registration is free and easy. The VPMS is a no-cost preventative tool that is considered a standard of care.

Others who may request limited information from the VPMS are:

- Patients, who can request a report of their own records, but do not have direct access to the VPMS.
- A representative of a professional board that is responsible for the licensure, regulation or discipline of health care providers or dispensers, who may request information from the database relating to a licensee, pursuant to a bona fide specific investigation of that licensee. Licensing Boards do not have direct access to the VPMS database.

## Program Update

The VPMS statute does not mandate the use of the VPMS by prescribers or dispensers; however, the VPMS program encourages the use of the system as a “best practice” standard. The Vermont Board of Medical practice has roughly 4,000 licensees (MDs, PAs, and podiatrists). Out of those licensees, 2,000 of those prescribers write prescriptions for controlled substances<sup>6</sup>. (This number excludes those licensed by the Office of Professional Regulations (Advanced Practice Registered Nurse (APRN), Doctor of Osteopathic Medicine (DO’s), dentists, etc.). Currently, the VPMS has over 1,350 registered users. Most registered prescribers are physicians (68%), followed by dentists (11%), nurses (7%), and physician assistants (6%).

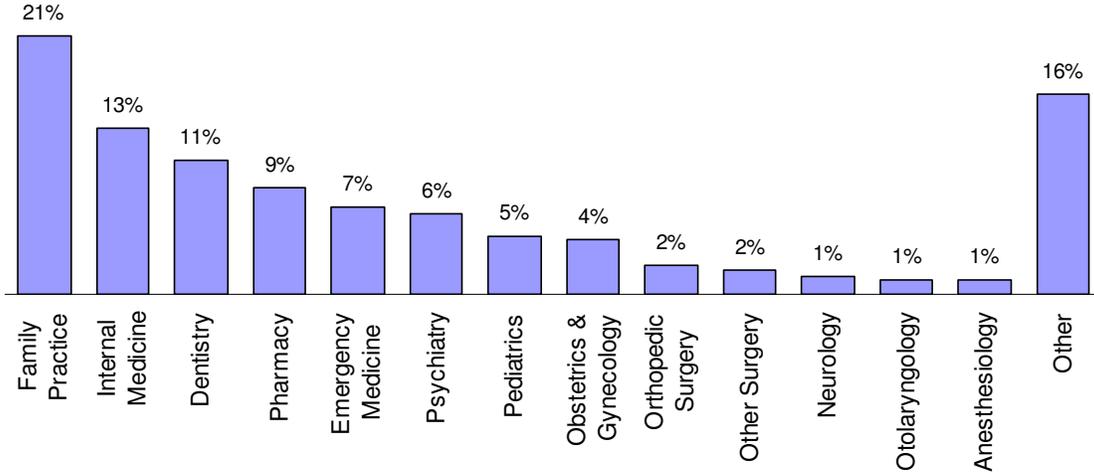
Out of 400 in-state pharmacists, 106 are registered and are actively using the VPMS. While it is Vermont law for Vermont licensed pharmacies to report to the VPMS every seven days, it is voluntary for an individual pharmacist to register as a user and access the online system. The pharmacist is able to check a patient’s controlled substance history in the VPMS before dispensing to the patient.

Utilization of the VPMS system for prescribers and dispensers has increased since its inception in 2009. During FY11, 368 prescribers made 15,552 inquiries to the VPMS. 52 pharmacists made 1,305 system queries during FY11.

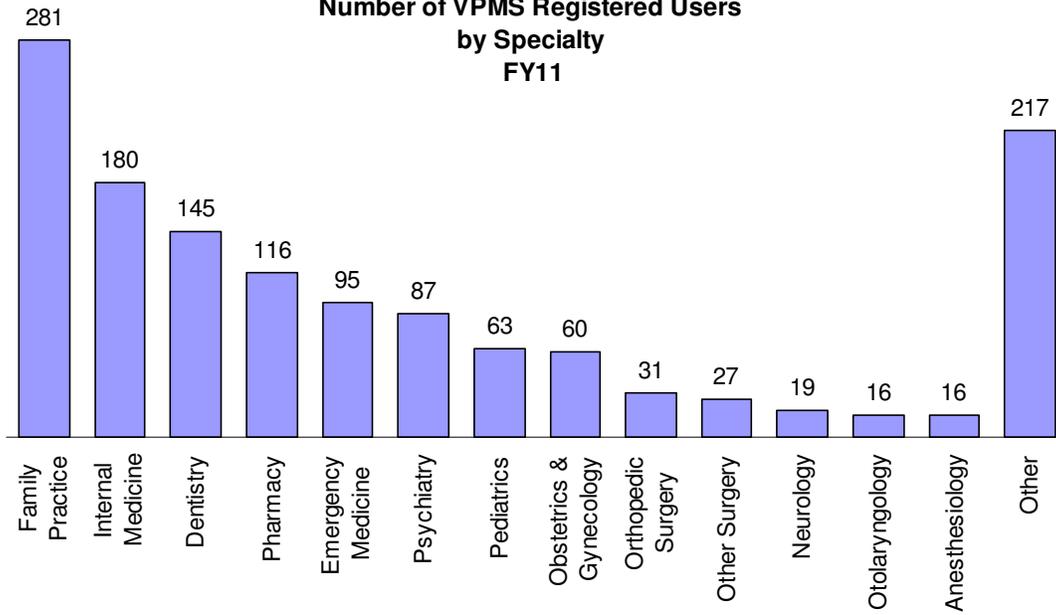
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<sup>6</sup> David K. Herlihy , Director Vermont Board of Medical Practice, personal communication.

**Percent of VPMS Registered Users  
by Specialty  
FY11**



**Number of VPMS Registered Users  
by Specialty  
FY11**



Quarterly, when it appears that a patient has crossed a specified, but nonpublic threshold for exceeding a specified number of prescribers and pharmacies, the VPMS sends out a *Patient Threshold Report* to providers who have prescribed controlled substances to the patient(s) listed on these reports during the quarter. The purpose of these reports is to ensure that each provider has an accurate picture of the patient's prescribed controlled substance history. The letter encourages prescribers to register to use the VPMS if they have not already done so. The threshold letter also has recommended action steps for the provider to take. As of this date, over 1,500 Threshold letters have been sent to Vermont prescribers.

Since the program's inception in June 2008, over three million prescriptions have been registered in the VPMS. The appendix to this report, which starts on page 16, illustrates some recent data on the prescriptions found in VPMS.

## **Program Initiatives and Highlights**

### **Vermont's Plan to Respond to Prescription Drug Abuse**

Jointly, the Deputy Commissioner of the Division of Alcohol and Drug Abuse Programs (ADAP) and the VPMS Program Coordinator convene a statewide group called the Prescription Drug Abuse Workgroup. The Workgroup is composed of health officials, the Medical Examiner's Office, the Attorney General's Office, the Department of Health Access (Vermont's Medicaid Division), the Poison Control Center, State Police, city police, doctors, nurses, pharmacists, the University of Vermont College of Medicine,

substance abuse prevention and treatment providers, the Vermont Board of Pharmacy and the Office of Professional Regulation. The group meets quarterly to review the latest issues in prescription drug abuse and diversion in Vermont, and to consider and promote approaches to effectively reduce the problem. This group is currently charged with the creation of a strategy modeled after the White House Office of National Drug Control Policy plan<sup>7</sup> that focuses on reducing prescription drug abuse. The Vermont plan will focus on education, prescription monitoring, proper disposal, and law enforcement strategies by implementing a systems approach with a cross-cutting reach.

### **Training/ Collaboration/ Promotion**

The VPMS database has a wealth of aggregate, de-identified (for privacy protection) information on drug use patterns at the local and regional level. The database is a valuable public health tool for focusing on education, training and initiatives to reduce prescription drug abuse at the local level. It also supports the efforts of community initiatives by using the data to target specific educational efforts to reduce prescription drug use and abuse in that community. In January, 2011, the VPMS published a report of aggregate data on system registrants and scheduled prescriptions filled during the 2011 fiscal year.

The VPMS Program Coordinator represented the Vermont Department of Health to work with the Vermont U.S. Attorney's Office to convene an opiate abuse conference on September 10, 2010. United States Attorney General Eric Holder, spoke to several

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<sup>7</sup> <http://www.whitehousedrugpolicy.gov/prescriptiondrugs/index.html>

hundred attendants on what he called “one of the greatest public safety and public health epidemics of our time.”<sup>8</sup> The VPMS Program Coordinator assisted in planning a subsequent conference with the U.S. Attorney’s Office in September, 2011 on offender reentry issues. Once again the topic of prescription drug abuse was prominently featured.

The VPMS has been a part of two statewide series of Grand Rounds presentations designed to educate prescribers and medical personnel on emerging issues in prescription drug use and abuse. The first featured the VPMS Program Coordinator, the ADAP Medical Director, and representatives from the Vermont Medical Society and Vermont Public Safety. It focused on both medical and legal perspectives, and educated health care providers about what to do if they suspected criminal activity or if patients might pose harm or threat to themselves or to the public. The second Grand Rounds presentation featured the ADAP Medical Director and the VPMS Program Coordinator with a series on “Universal Precautions,” a guide for all healthcare professionals who prescribe scheduled medications to treat chronic medical problems, including pain<sup>9</sup>.

At the beginning of 2011, the VPMS Program Coordinator and a Vermont Medical Practice Board special investigator visited healthcare practices in rural areas of the state to speak to physicians about best practices, including the VPMS. During the visits, they partnered with each town’s sheriff, emphasizing the importance of working with law enforcement to address prescription drug use and abuse.

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<sup>8</sup> <http://prescription-drug-abuse.com/drug-abuse-articles/u-s-attorney-general-discusses-opiate-drug-abuse-with-vermont-officials/>

<sup>9</sup> [http://www.medscape.org/viewarticle/503596\\_3](http://www.medscape.org/viewarticle/503596_3)

The VPMS Program Coordinator travels statewide to promote the effective use of VPMS. She has been to over 100 prescriber practices for VPMS training and has attended 12 professional conferences where she either spoke or hosted a table to talk to healthcare professionals and informed them about the system and how to register with VPMS. The VPMS Program Coordinator contacts physicians who have not registered and has done targeted mailings to inform the medical community about this free, clinical tool.

The VPMS Program also has an Advisory Committee and a Medical Affairs Committee that meet semi-annually. These groups include representatives from state regulatory bodies and professional organizations, including the Vermont Medical Association, Vermont Dental Society, Vermont Pharmacy Association, Vermont State Nurses Association, Vermont Substance Abuse Treatment Provider Association, and the Chair of the Vermont Emergency Room Directors Association; substance abuse treatment providers; the Vermont Department of Health Medical Director; the Vermont Drug and Alcohol Coalition; and consumer representatives of chronic pain and substance abuse. The VPMS Coordinator works with these stakeholders to educate the public and policy makers about the need for interstate data sharing and the necessity of changing the law to accommodate this need. Interstate data sharing would increase the usefulness of the VPMS by providing an even more complete record of potential abuses. Although there are many logistical issues that remain, this is a likely future direction.

The VPMS Coordinator cooperates with agencies in other states administering Prescription Monitoring Programs (PMPs) and participates in national and regional PMP meetings. It is important to monitor national standards and calibrate the Vermont VPMS by working with the PMP Alliance and the PMP Center of Excellence. This ensures that the standard of care is consistent with national best practices.

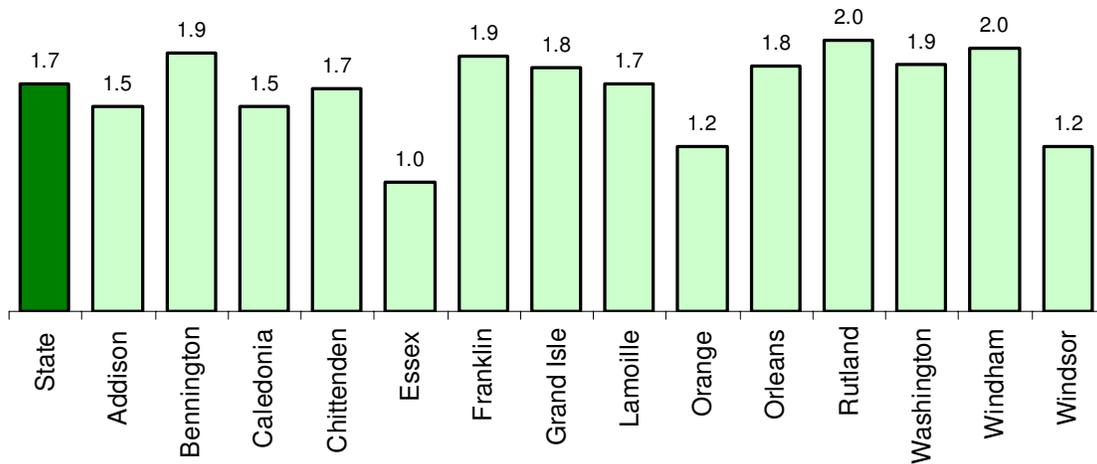
## **Programmatic and Policy Issues**

With several years of program experience, the VPMS is now able to identify programmatic and policy issues that need resolution. The following describes these issues and strategies for addressing them.

### **Issue 1: Implementation of Interstate Data-Sharing**

In spite of VPMS playing a significant role in helping to address prescription drug use in Vermont, the data currently provided by the VPMS is only a snapshot of where Vermont patients are getting their prescriptions. We are recommending that we pursue legislative authorization for participation in the exchange of prescription monitoring data with bordering states starting with New York and Massachusetts. Vermont shares borders with New Hampshire, New York, Massachusetts, and Quebec, Canada. The VPMS does not capture prescriptions filled by pharmacies that are not licensed by the state of Vermont and, therefore, under represents the scheduled prescription histories of many Vermonters. For example, Essex, Orange, and Windsor counties have the lowest rate of prescriptions per capita compared to other Vermont counties. This may be due to residents filling their prescriptions outside of Vermont.

### Number of Prescriptions Per Capita by County, FY11



Although the extent to which Vermont residents are filling prescriptions in bordering states is unknown, we do know that in fiscal year 2011, more than 4,700 New York residents, 3,300 New Hampshire residents, and 1,300 Massachusetts residents filled prescriptions in Vermont. Similarly, it is likely that Vermont residents are filling prescriptions in those bordering states. These data illustrate the potential value of sharing prescription information with neighboring states to fill existing gaps in Vermont residents' scheduled prescription history.

**Action Recommended:** To enable interstate data exchange, the Vermont Department of Health proposes to implement an extant national system called the Prescription Monitoring Information Exchange (PMIX). With appropriate legislative authorization, Vermont will implement an interstate exchange of prescription monitoring data through the PMIX hub server with participating states, starting with bordering New York and Massachusetts. The PMIX has developed tools and standards to build the capacity for the state of Vermont to efficiently and securely share data across state boundaries. This

would reduce the cost and effort that would be required to implement a communications link with each individual partner state. The PMIX would allow the VPMS to process a request for information from one of its authorized users from all participating states via a single query that is seamless to the user. No prescription or confidential data would be retained by PMIX, thus protecting Vermont's ability to control access to its own data, as well as the privacy and confidentiality of data that resides within each partnering state's prescription drug monitoring program systems.

**Issue 2: Authorize VPMS access for the Vermont Department of Health Access**

**(DVHA) Medical Director.** Currently, the DVHA Medical Director does not have access to the VPMS system. The DVHA Medical Director is required to review Medicaid patient charts and decide whether or not to approve, modify or deny any services for prescription drugs which often include pain medications. These are high risk patients who may need adjustments to the dosage frequency and quantity of medications who do not fit into the MedMetrics criteria<sup>10</sup> used by the DVHA Medical Director. The DVHA Medical Director needs to have access to the VPMS to provide him/her with crucial information on over “5,000 of our most difficult patients that have the most potential for abuse or addiction”<sup>11</sup>.

**Action Recommended**

The Vermont Department of Health will seek legislative authority for the Medical Director of DVHA to have direct access to the VPMS system. Access to patient's substance use histories from the VPMS will assist the DVHA Medical Director in

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<sup>10</sup> <http://www.medmetricshp.com/about-us/>

<sup>11</sup> Dr. Michael Farber, Medical Director, Vermont Department of Health Access, personal communication 2011

identifying Medicaid recipients who may be at risk for dangerous drug interactions, addiction due to extensive or contradictory prescribing by any single or multiple prescribers. This will enable the DVHA Medical Director to identify recipients who may warrant restriction to a single primary care physician, a single outpatient pharmacy, or a single hospital and/or may need approval, modification or denial of prescription drugs based on VPMS and other clinical information.

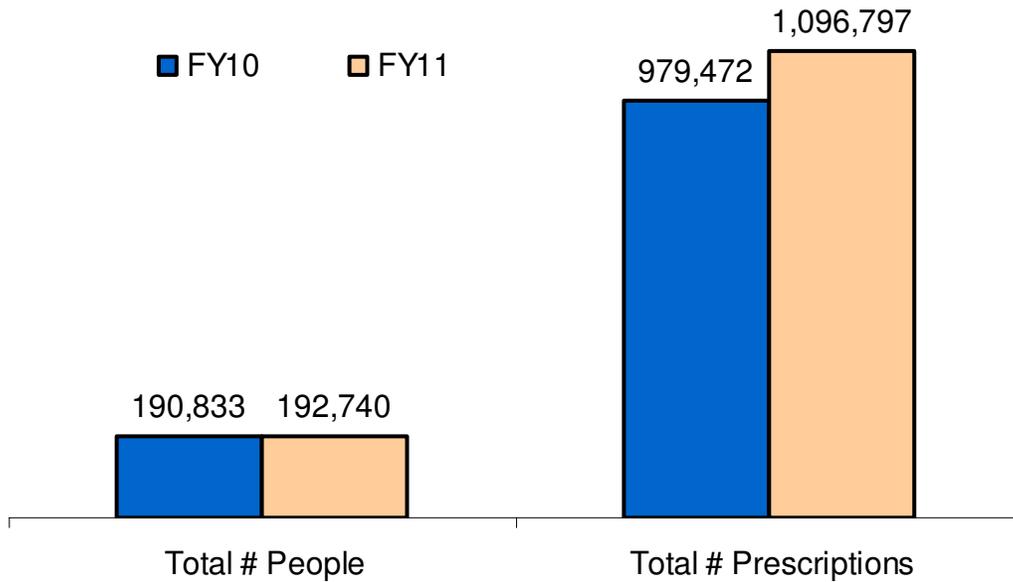
## Appendix

### *Prescription Data Figures and Tables*

#### **Total # of People Receiving Schedule II-IV Prescriptions and Total # of Schedule II-IV Prescriptions**

#### **Comparing Fiscal Year 2010 (FY10) and Fiscal Year 2011 (FY11)**

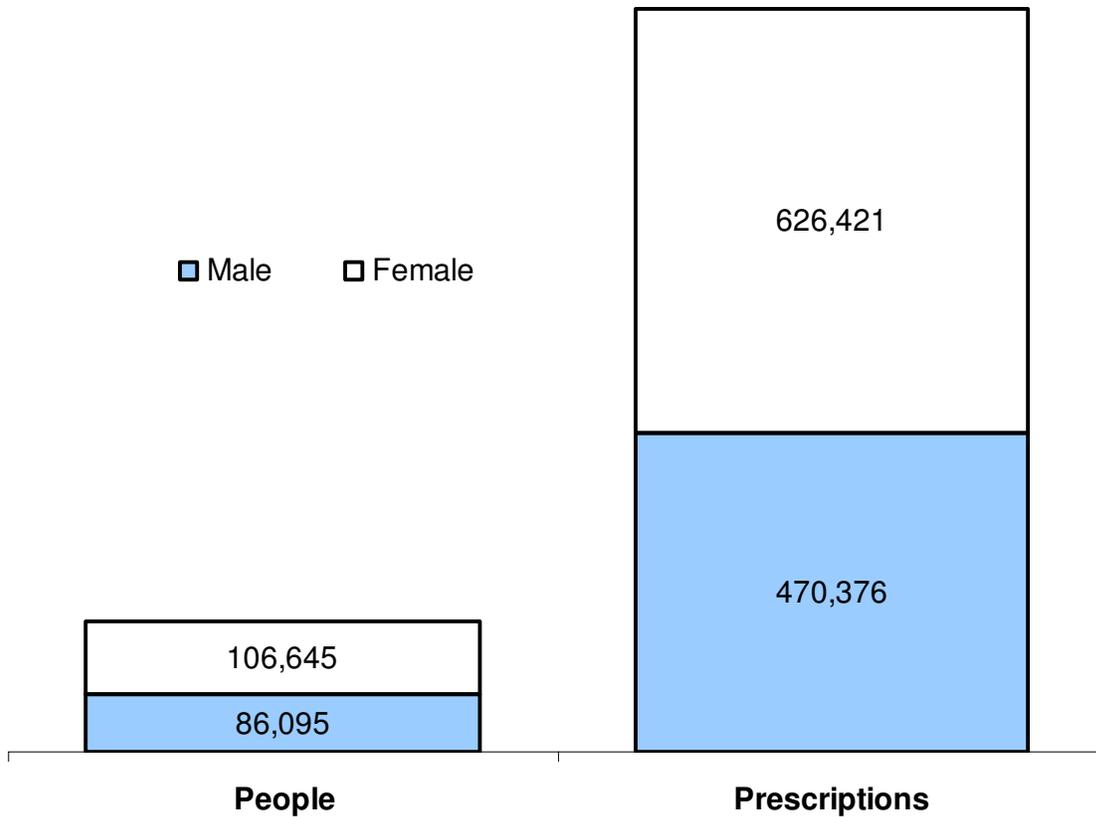
Between FY10 and FY11, the number of people filling prescriptions increased by nearly 2,000. The total number of filled prescriptions increased by more than 117,000 during the same time period.



**Total # of People Receiving Schedule II-IV Prescriptions and  
Total # of Schedule II-IV Prescriptions**

**By Sex, FY11**

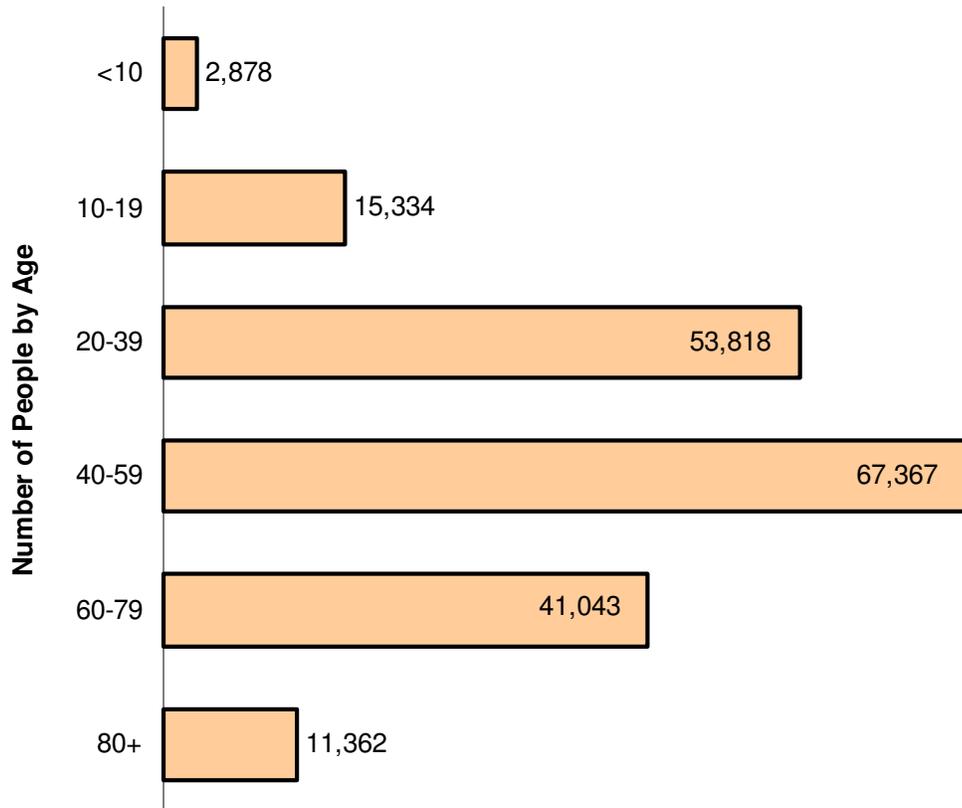
In FY11, 192,740 people filled 1,096,797\*\* Schedule II-IV prescriptions at in-state and out-of-state licensed pharmacies. Some people may be counted more than once due to multiple pharmacy records.



## Total # of Persons Receiving Schedule II-IV Prescriptions

### By Age, FY11

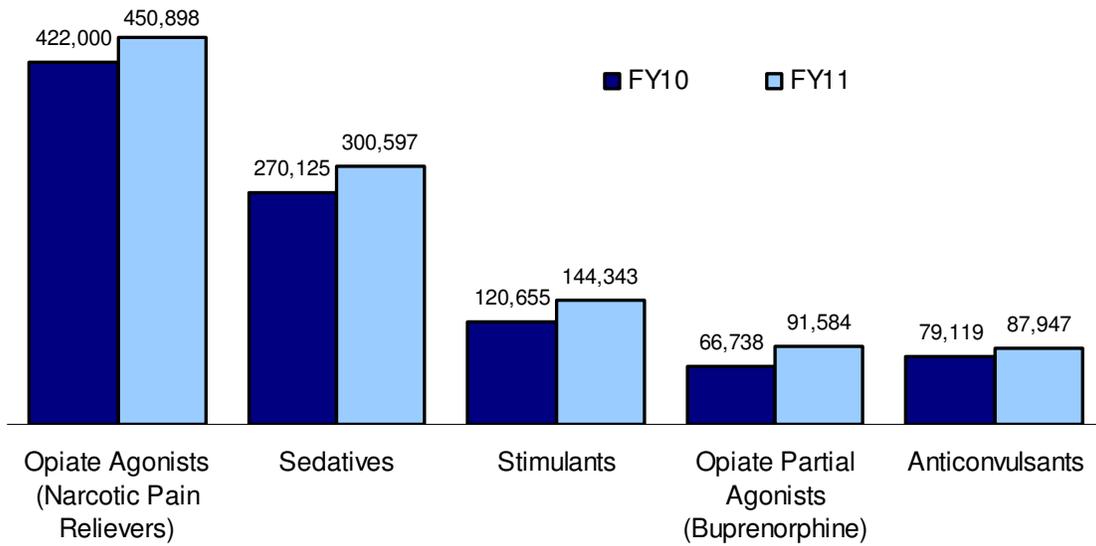
Individuals ages 40-59 were most likely to fill scheduled prescriptions, followed by those ages 20-39. The distribution by age did not change from FY10 to FY11. Some people may be counted more than once due to multiple pharmacy records.



## Total # of Schedule II-IV Prescriptions By Selected Therapeutic Classes

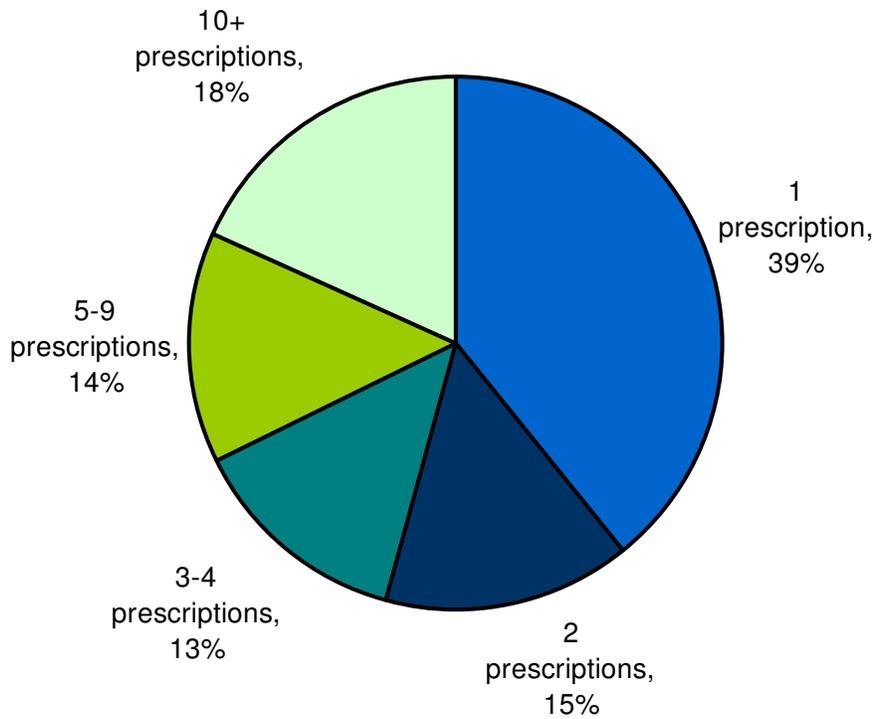
### Comparing FY10 and FY11

The number of Schedule II-IV prescriptions increased within all therapeutic classes between FY10 and FY11.



### Percent of People Filling Number of Prescriptions, FY11

Most people in the VPMS receive only one or two scheduled prescriptions. Individuals receiving 10 or more may be on maintenance medications for behavioral disorders such as attention deficit hyperactivity disorder (ADHD), or sleep or seizure disorders.



## **Distribution of Prescribers Associated with Prescriptions in VPMS**

### **By Professional Degree, FY11**

Prescription records in VPMS often identify the professional degree of the prescriber. Physicians write the majority of prescriptions in VPMS, followed by nurses and physician assistants. “Health care facility” refers to medical residents at teaching hospitals. Most teaching hospitals, including Fletcher Allen Health Care and Dartmouth Hitchcock Medical Center, assign one prescribing number to all residents.