

Preventing Pharmaceutical Abuse

An Update on Kentucky Legislation to Combat Prescription Drug Abuse and Diversion

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Prescription Drug Abuse in Kentucky

- 6.6% of Kentuckians (ages 12+) have used prescription pain relievers for nonmedical reasons in past year. (KY tied for second in nation)
 - National average = 4.9%
- Kentucky prescription opioid pain reliever overdose death rate is 17.9 per 100,000 of population (KY ranks sixth in the nation)
 - National average is 11.9 per 100,000 of population

Source: Data from the 2007, 2008 and 2009 National Surveys on Drug Use and Health, published by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Statistics and Quality.

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Jeff and Chris George



Photos from Palm Beach Post
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Dr. Paul H. Volkman



Story: Bill Estep, Lexington Herald-Leader, February 14, 2012. AP Photo released by U.S.
Marshals Service (undated)

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Care More Pain Management Clinic



Photo: Scott Utterback, Louisville Courier-Journal, January 25, 2012

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2012 Legislative/Regulatory Actions

- Pain Management Facilities
- Controlled Substance Prescribing Standards
 - Kentucky All Schedule Prescription Electronic Reporting (KASPER)
 - Licensure Board Administrative Regulations
- Reporting Improper, Inappropriate or Illegal Prescribing of Controlled Substances

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Pain Management Facilities KRS 218A.175



Ownership Requirements

- Physician ownership requirement on all pain management facilities (PMF)
- Exception for those health facilities operating as a PMF on April 24, 2012

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Oversight

- Licensure boards responsible for licensure standards for practitioner-owned pain management facilities
- OIG, Division of Health Care is responsible for licensure standards for existing pain management facilities that qualify for the physician-ownership exemption

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Determining Whether a Facility is a PMF

- The majority of patients of practitioners are provided treatment for pain that includes the use of controlled substances
- To determine majority, the OIG will calculate the majority of patients based upon the number of unduplicated patients treated in a one month time period and may use data from KASPER

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Results - Pain Management Facilities

- 10 non-provider owned facilities closed after passage of the legislation
- 11 non-provider owned facilities currently operating while license applications in process

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Controlled Substance Prescribing Standards



KASPER

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

Enhanced KASPER (eKASPER) is the real-time web accessed database that provides a tool to help address the misuse, abuse and diversion of controlled pharmaceutical substances.

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Controlled Substance Schedules

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

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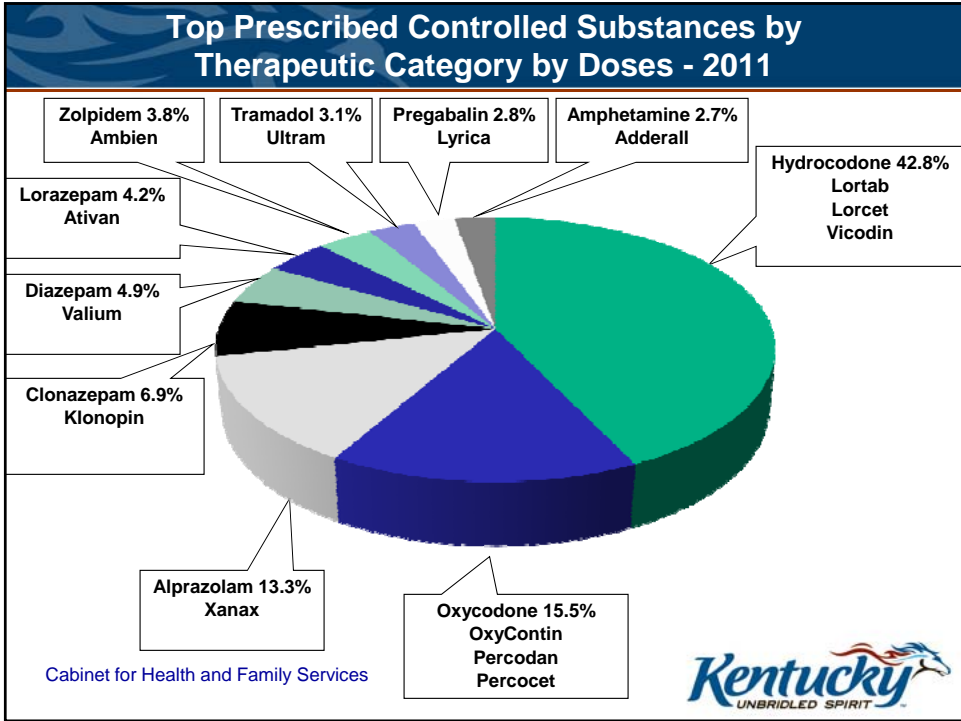


KASPER Operation

- KASPER tracks most Schedule II – V substances dispensed in KY.
 - Over 11 million controlled substance prescriptions reported to the system each year.
- KASPER data is 1 to 8 days old.
 - Dispensers have 7 days to report.
 - Health Information Designs processes & provides data once per day.
- Reports available to authorized individuals.
 - Available via web typically within 15 seconds (93% of requests).
 - Available 24/7 from any PC with Web access.

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KASPER Accounts - KRS 218A.202

- KASPER registration is mandatory for Kentucky practitioners or pharmacists authorized to prescribe or dispense controlled substances to humans.

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KASPER Provider Usage – KRS 218A.172

- KASPER must be queried:
 - Prior to initial prescribing or dispensing of a Schedule II controlled substance, or a Schedule III controlled substance containing hydrocodone
 - No less than every three months
 - Before issuing a new prescription or refills for a Schedule II controlled substance or a Schedule III controlled substance containing hydrocodone

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KASPER Prescriber Reports - KRS 218A.202

- CS prescribers can obtain a KASPER report on themselves:
 - To review and assess the individual prescribing patterns
 - To determine the accuracy and completeness of information contained in KASPER
 - To identify fraudulent prescriptions

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KASPER Patient Reports – KRS 218A.202

- KASPER reports can be shared with the patient or person authorized to act on the patient's behalf
- KASPER reports can be placed in the patient's medical record, with the report then being deemed a medical record subject to disclosure on the same terms and conditions as an ordinary medical record

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Results - KASPER Master Accounts

	12/31/2011	04/24/2012	07/20/2012	11/28/2012
Doctor*	5,470	5,680	11,923	16,505
APRN	690	781	1,523	1,842
Pharmacist	1,385	1,450	3,602	4,727
Total	7,545	7,911	17,048	23,074

*Includes physicians, dentists, optometrists and podiatrists

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Results - KASPER Reports

- 2011 weekday average: 2,888
- Current weekday average: 18,722

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Results - Controlled Substance Prescribing

Drug	August 2011	August 2012	Change
Hydrocodone	20,902,532	19,341,008	-7.5%
Oxycodone	7,598,985	7,118,746	-6.3%
Oxymorphone	167,404	103,776	-38.0%
Alprazolam	6,388,435	5,803,493	-9.2%
Methylphenidate	899,152	983,528	+9.4%
All Controlled Substances	63,616,887	59,873,246	-5.9%

Figures shown in doses dispensed

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Stakeholder Concerns

Common practitioner concerns:

- Ability to obtain report if KASPER unavailable
- Initial controlled substance prescribing standards under administrative regulations

Common stakeholder concerns:

- Physicians dismissing patients from practice or referring to pain management
- Lack of pain management providers
- Lack of substance abuse treatment facilities
- Urine drug screen costs/reimbursement

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Reporting Improper, Inappropriate or Illegal Prescribing of Controlled Substances



Agency Collaboration - KRS 218A.205

- MOU to address inappropriate or illegal controlled substance prescribing
 - Involves Licensure Boards, Kentucky State Police, Office of the Attorney General and Office of Inspector General
 - Implemented the Prescriber Information for Licensure Boards and Law Enforcement (PILLS) Complaint Database

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Results - Agency Collaboration

- PILLS Database Operational July 20, 2012
- Complaints entered as of November 28, 2012:
 - 2 for the Board of Dentistry
 - 41 for the Board of Medical Licensure
 - 9 for the Board of Nursing
 - 4 for the Board of Pharmacy
 - 1 for the Board of Podiatry
- 2 final dispositions entered

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THANK YOU!

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