Data Collection / Investigation after a PMP

- Smith’s Drug
- Rite Aid Central Office
- Pat’s Pharmacy
- Walgreen’s Regional Office
- Walgreen’s
- Lewis & Clark Drugs #1
- Lewis & Clark Drugs #2
- Joe’s Pharmacy
- WalMart Central Office
- WalMart Pharmacy
- Lewis & Clark Drugs #2
- Rite Aid Pharmacy
- Rite Aid Pharmacy
- WalMart Pharmacy
- WalMart Pharmacy
- City Police
- KSP Post
- Dental Board
- Pharmacy Board
- Medical Board
- County Police
- Area Drug Task Force
Decision Points

- Goals
- Where will data come from
- Drugs to include
- Agency to operate program
- Who can obtain information
- Liability for Health Care providers
- Funds to operate program
- Confidentiality & Security
Goals of PMPs

- Education & information
- Public Health Initiatives
- Early intervention & Prevention
- Investigation & law enforcement
- Protection of confidentiality
Goals of a PMP

• Prevent people from getting drugs
• “Cut them off”
• To decrease the number of pills dispensed

NOT
Decision Points

- Goals

- **Where will data come from?**
  - Drugs to include
  - Agency to operate program
  - Who can obtain information
  - Confidentiality & Security
  - Liability for Health Care providers
  - Funds to operate program
- **Dispensers**
  - Pharmacies
  - Practitioners
    - Office
    - Emergency Room

- **Inpatients?**
  - Hospital/nursing home
  - Jail
  - Assisted Living

- **E-prescriptions: pre-dispensing???
Decision Points

- Goals
- Where will data come from
- **Drugs to include?**
  - Agency to operate program
  - Who can obtain information
  - Confidentiality & Security
  - Liability for Health Care providers
  - Funds to operate program
Schedules Reported
Decision Points

- Goals
- Where will data come from
- Drugs to include
- Agency to operate program?
- Who can obtain information
- Confidentiality & Security
- Liability for Health Care providers
- Funds to operate program
Decision Points

- Goals
- Where will data come from
- Drugs to include
- Agency to operate program

- **Who can access information?**

- Confidentiality & Security
- Liability for Health Care providers
- Funds to operate program
NO NEW ACCESS!

- Entities already had access to patient’s medical records and prescriptions
- Rx records in one place
Who can access the data?

- Prescriber - own patient
- Pharmacist – own patient
- Licensing Board – own licensee
- Law Enforcement – active investigation – drug related
- ??Grand Jury Subpoena
- ??Individual – own information
PMP Issues

- Profiling/ Fishing/ Targeting Physicians
  - Express purpose limitations in statute
  - Double signature each LE request – KY, OH
Decision Points

- Goals
- Where will data come from
- Drugs to include
- Agency to operate program
- Who can obtain information

- **Liability for providers?**
- Funds to operate program
- Confidentiality & Security
Liability for Health Care Practitioners

- Statutory protection on point
  - OH, OK, AL
- Open to interpretation
  - ID, IN,
Decision Points

- Goals
- Where will data come from
- Drugs to include
- Agency to operate program
- Who can obtain information
- Liability for Health Care providers
- **Funds to operate program**
- Confidentiality & Security
PMPs are funded through:

**Federal grants** –

- Hal Rogers Grants
- NASPER Grants

**State funds:**

- Controlled substance license fees
- General tax revenue
- Professional license fees
- Fines and forfeitures
Decision Points

- Goals
- Where will data come from
- Drugs to include
- Agency to operate program
- Who can obtain information
- Liability for Health Care providers
- Funds to operate program

- Confidentiality & Security
  - Separate presentation
OHIO Pre-Legislation

- **2001 - Agency supports PMP concept**

- **May 2001 Obtain sponsor for PMP legislation**
  - Sponsor met with BOP + LE officers
  - Discussed other state laws

- **Draft PMP legislation**
OHIO Pre-Legislation, cont.

Fall 2001 - Seek input from stakeholders

- Medical - Board and Association
- Pharmacy - Board and Association
- Nursing - Board and Association
- Dental Board
- Retail Merchants
- Law Enforcement (State and Local)
- PhRMA rep.
OHIO Legislation

- Jan 2002 - Legislation introduced in House
- May 2002 – Passed House Health Committee
- May 2002 – Passed House
- November 2002 – Senate Hearings
- December 2002 – Died at end of legislative session
OHIO Legislation, cont.

- Jan 2004 – Legislation re-introduced in House
- May 2004 – Passed House Health Committee
- May 2004 – Passed House
- November 2004 – Passed Senate Health Committee
OHIO Legislation, cont.

- December 2004 – Passed Senate
- Dec 2004 – House concurred with amendments
- Feb 2005 - Governor signed
Ohio Automated Rx Reporting Program

OARRS
OAR&RS Implementation

- Summer – Fall 2005 Drafted Rules
- October 2005 – Hired Administrator
- Jan 2006 - Ohio Rules effective
- Feb – Apr 2006
  - Purchase equipment
  - Hire additional staff as needed
  - Communicate with stakeholders
OAR&RS Implementation

- May 2006 – Initial Rx data reporting
- July, August 2006 – Internal testing
- September 2006 – Pilot/external testing
- October 2006 – Full implementation
- Nov-Dec 2006 Refinements
- 2007 Enhancements
Controlled substances C-II, III, IV, and V
Carisoprodol (Soma®)
Tramadol (Ultram®)
Sales to prescribers by pharmacies or wholesalers
Statute requirements

- Pharmacies and wholesalers submit data
- OSBP staff collect, monitor & review data
- OSBP-PMP releases data as authorized by statute
OARxRS Budget

- $180,000 - 2003 Hal Rodgers Grant
- $350,000 - 2005 Hal Rodgers Grant
- $400,000 - 2006 Hal Rodgers Grant
- $? - Supplemental Funds

Cannot charge pharmacist, pharmacy, or prescriber to support OARxRS
OAR&RS Budget

- Future Funding
  - Grants
  - State Appropriations
  - Medicaid?
  - Workers’ Compensation?
OARxRS

Board is required to:

- Review data for potential law violations
- Notify LE agency or licensing board of potential violations
- Keep records of every request
NASPER

Grant Requirements

- Weekly reporting
- Minimum data fields
- Electronic format
- Interoperability
- Criteria for use/disclosure
- Client authentication
- Penalties for unauthorized disclosure
NASPER

- Data available to
  - Practitioner/Pharmacist for treating/evaluating a patient
  - LE/Licensing Agency in furtherance of investigation of diversion/misuse of a schedule II, III, or IV drug.
  - PMP of another state
  - HHS, DEA, Medicaid for research
NASPER

Carrot:
$$ to implement or enhance PMP

Stick:
• Preference for treatment $$ if state has a NASPER grant
RECOMMENDATIONS

• Allow data to be shared with out-of-state entities, subject to the same criteria and penalties as in-state entities

• Plan for training
  ■ Physicians
  ■ Pharmacists
  ■ law enforcement
Data from a PMP is NOT evidence!

Investigation is still required.
Resources

www.nascsa.org
Click on “Alliance of States With Prescription Monitoring Programs”

www.deadiversion.usdoj.gov
Click on “Publications”, then “Program Reports”

www.natlalliance.org
Click on “Prescription Drug Monitoring Project”
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