AGENDA

1. Discuss current PDMP technology

2. Describe process to improve PDMP effectiveness
   1. New Statutory Authorities
   2. New Technology

3. Preview the WI ePDMP
CURRENT PDMP TECHNOLOGY
WHAT IS A PDMP?

A state- or county-wide database to which pharmacies and other dispensers submit data about the controlled substance drugs that they dispense and from which authorized users may access or obtain prescription history data.
### 3 DISTINCT USER GROUPS

<table>
<thead>
<tr>
<th>USER GROUPS</th>
<th>PURPOSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Professionals</td>
<td>Provide patient care</td>
</tr>
<tr>
<td>Law Enforcement Agencies</td>
<td>Investigations</td>
</tr>
<tr>
<td>Public Health Officials</td>
<td>Research the prescription opioid and heroin problem</td>
</tr>
</tbody>
</table>

### 3 DISTINCT PURPOSES FOR USING THE PDMP
Effectively Meeting Healthcare Users’ Needs?


Prescription drug abuse in the United States is common and associated with substantial morbidity and mortality. Many classes of prescription drugs are prone to abuse. However, the diversion—unofficial use of prescription opioids is particularly noteworthy because of the high frequency of associated injury, death, and other accompanying public health consequences. Diversion of and addiction to opioids commonly occur among people who receive them directly from a single physician. Nonetheless, the diversion of opioids to ubiquitous at all levels of the pharmaceutical supply chain and contributes to the large volume of opioids available through illicit channels.

Prescription drug monitoring programs have emerged as one of the principal interventions that states have adopted to address this epidemic. These programs are state-specific electronic databases that collect, analyze, and report information on the prescribing and use of controlled substances. The programs are populated by data provided electronically by pharmacies and dispensing physicians about prescribing and dispensing of controlled substances for patients. State law determines which federal and state schedules of controlled substances are monitored by each prescription drug monitoring program. Some states have chosen to have their programs monitor drugs beyond those in the schedules.
Effectively Meeting Healthcare Users’ Needs?

“Consensus” on usefulness of PDMPs...

AND

“Consensus” on barriers to use:
• It takes too long to access data in a PDMP
• Cumbersome design
• Confusing layouts
• Unintuitive account creation and management
• PDMP data is not formatted in a user-friendly way
• PDMP data is not integrated into health information technology
IMPROVING PDMP EFFECTIVENESS
NEW STATUTORY AUTHORIZATIONS

• HOPE stands for Heroin, Opiate, Prevention, and Education

• WI Rep. John Nygren created the HOPE Agenda with 7 bills during the 2013-14 Session

• Rep. Nygren continued the HOPE Agenda with 10 additional bills during the 2015-16 Session

• HOPE Agenda has received unanimous bipartisan support
H.O.P.E. Agenda: 2015 Act 266

• 2015 Act 266 changes the operation of the PDMP:
  
  • Make data more timely: Submission timeline reduced from 7 days to 1-business day
  
  • Make prescribers use the data: Require prescribers to review PDMP data prior to issuing each prescription order for a controlled substance (limited exceptions)
H.O.P.E. Agenda: 2015 Act 266

• Enable law enforcement agencies and prosecutorial units to request PDMP data without court orders

• New standard:
  • Engaged in an active and specific investigation or prosecution or monitoring patient as part of a drug court
  • Data sought is reasonably related
H.O.P.E. Agenda: 2015 Act 266

- Adds access for non-prescriber healthcare and substance abuse professionals:
  - Medical Directors
  - Registered Nurses
  - Substance Abuse Counselors
  - Individuals licensed and certified to treat alcohol and drug abuse
H.O.P.E. Agenda: 2015 Act 268

• 2015 Act 268 requires two things:

  1. Law enforcement agencies shall report to the PDMP information about specific events

  2. The PDMP shall disseminate the information from law enforcement agencies to relevant PDMP users
The four events identified in 2015 Act 268:

1. A suspected violation of the CSA involving a prescription drug

2. A person who is undergoing or who prior experienced an opioid-related overdose event

3. A person who may have died as a result of using a narcotic drug

4. A report of a stolen controlled substance prescription
2015 WI Act 268 Reports By Type

- Suspected CSA Violation: 36%
- Suspected Narcotic-Related Death: 41%
- Suspected Opioid-Related Overdose (Non-Fatal): 19%
- Report of Stolen CS Rx: 4%
The primary goals of the project are to develop the Wisconsin Enhanced Prescription Drug Monitoring Program (ePDMP) to maximize the Program’s:

1. Value-added clinical workflow integrations
2. Data quality capabilities
3. Public health and public safety uses
PROJECT ENGAGEMENT

• Concerted effort to build user and stakeholder engagement at every step in the process
  • 2014 National Governors Association Policy Academy on Reducing Rx Drug Abuse
  • User review and involvement during scoping, designing, development, and testing
  • Professional Association feedback loops
PROJECT TIMELINE

- 2013 – 2015: Discovery and Scoping
- November 2015: Statement of Work for ePDMP development approved
- January 2016: Development Sprints began
- Q4 2016: ePDMP Go Live
PROJECT FUNDING

• Project is possible due to federal support and inter-agency collaboration:
  
  • 2014 Harold Rogers PDMP Enhancement Grant
  
  • 2015 Harold Rogers PDMP Enhancement Grant
  
  • 2015 CDC Prescription Drug Overdose Prevention Grant (in partnership with Wisconsin Department of Health Services)
PROJECT LOGISTICS

• Iterative Design and Development Process
  • Modular, user-centered focus

• Continual user input and testing

• Feedback loop with subject matter experts
OVERVIEW OF THE WI ePDMP
OVERVIEW OF THE WI ePDMP

ALL DATA USED IN THIS PRESENTATION IS FICTITIOUS
Welcome to the Wisconsin Enhanced Prescription Drug Monitoring Program

The ePDMP is a new tool to help combat the ongoing prescription drug abuse epidemic in Wisconsin. By providing valuable information about controlled substance prescriptions that are dispensed in the state, it aids healthcare professionals in their prescribing and dispensing decisions. The ePDMP also fosters the ability of pharmacies, healthcare professionals, law enforcement agencies, and public health officials to work together to reduce the misuse, abuse, and diversion of prescribed controlled substance medications.

Prescription Drug Abuse is a Nationwide Epidemic

That's why the Wisconsin Department of Justice, in conjunction with the Wisconsin Department of Health Services and partners across the state, is sharing a DOSE OF REALITY and working to prevent prescription painkiller abuse in Wisconsin. View more Information on the Heroin, Opioid, Prevention and Education (H.O.P.E.) Agenda.

WISCONSIN STATE AGENCIES
- Wi Dept. of Safety and Professional Services (DPS)
- Wi Dept. of Justice (DOJ)
- Wi Dept. of Health Services (DHS)
- State Council on Alcohol & other Drug Abuse (SCAODA)

FEDERAL AGENCIES
- Drug Enforcement Administration (DEA)
- Food and Drug Administration (FDA)
- Office of National Drug Control Policy (ONDCP)
- Centers for Disease Control and Prevention (CDC)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

LAWS AND REGULATIONS
- Enabling Statutes: Wis. Stat. § 961.385
- Administrative Rules: Chapter CSB 4
- Confidentiality of patient health care records: Wis. Stat. § 146.82
- H.O.P.E. Agenda Legislation
RESPONSIVE DESIGN
USER REGISTRATION

Account Registration

To get started accessing all of the benefits of the PDMP system, choose the type of user you are: Healthcare Professional, Law Enforcement Agent, Government Employee, pharmacy/dispensing physician, Government or researcher. When the registration process is complete you will be able to login and get started using the system immediately.

- All Fields Are Required

Account Type

- Healthcare Professional

Last Name: [Input Field]

Last Four SSN: [Input Field]

Date of Birth: MM/DD/YYYY

License Number: [Input Field]

License Type: [Input Field]

The License Number field is for the digits before the dash. Example 12345-00.

The License Type field is for the digits after the Dash. Example: 12345-00.

Lookup
PATIENT HISTORY REPORT

PATIENT INFORMATION

CAMERON TESTPATIENT

Age
36 years old

Date of Birth
08/08/1980

Gender

Most Recent Address
5 PRESTON DR
PLATTEVILLE, WI 53818

- On a Pain Agreement
- Lock-In Program Participant
- General Patient Alert
- Suspected Unauthorized Prescribing

Comment

Submit

PATIENT CLINIC/PRESCRIBER LOCATIONS

Map data ©2016 Google  Terms of Use  Report a map error
PATIENT HISTORY REPORT

OPIOID DAILY DOSE ALERT

Opioid Daily Dose exceeds 90 MME.

These are the notes for the Opioid Daily Dose Alert
This is for example purposes only. The chart type and data can be toggled with the dropdowns. (Not sure if there's a scenario for this). Data sets can be removed/added with the checkboxes.
| Drug Name | Drug Strength Text | Drug Dosage Form                          | Date Written | Date Filled | Prescriber Last Name | Days Supply | Payment Type | Pharmacy Name   | Pharmacy Street               | Pharmacy City |
|----------|--------------------|------------------------------------------|--------------|-------------|----------------------|-------------|--------------|----------------|--------------------------------|----------------|---------------|
| Fentanyl | 100 MCG/1 HR       | Patch, Extended Release                   | 08/31/2016   | 08/31/2016  | JUNG                 | 30          | 01           | WALGREEN CO    | 108 COTTAGE GROVE RD            | MADISON        |
## Patients Panel

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth</th>
<th>Last Prescription</th>
<th>Current MME</th>
<th>MME Trend</th>
<th>Alerts</th>
<th>View Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gilligan Denver</td>
<td>01/10/1935</td>
<td>01/05/2016</td>
<td>250</td>
<td>Up</td>
<td><img src="#" alt="Multiple Same Day" /></td>
<td><img src="#" alt="View Report" /></td>
</tr>
<tr>
<td>Mary Ann Summers</td>
<td>01/10/1945</td>
<td>10/05/2016</td>
<td>500</td>
<td>Up</td>
<td><img src="#" alt="Multiple Dispensers" /></td>
<td><img src="#" alt="View Report" /></td>
</tr>
<tr>
<td>Thurston Howell</td>
<td>01/10/1952</td>
<td>10/15/2016</td>
<td>2,458</td>
<td>N/A</td>
<td><img src="#" alt="Multiple Prescribers" /></td>
<td><img src="#" alt="View Report" /></td>
</tr>
<tr>
<td>Ginger Grant</td>
<td>01/10/1963</td>
<td>01/01/2016</td>
<td>2,257</td>
<td>Down</td>
<td><img src="#" alt="Early Refill" /></td>
<td><img src="#" alt="View Report" /></td>
</tr>
</tbody>
</table>

Showing 1 to 4 of 4 rows

Patient history report loads here after View Report button has been selected

---

*PDMP Directory  Statistics  Laws and Regulations  News  Forms  FAQs  Contact Us*

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Prescribing Practice Metrics

Name

Specialty

Account Type
Prescriber

Phone
000-000-0000

Address

City

State
AL

Zip Code
Daily Prescribing Volume Ranking

Average number of opioid prescriptions per day

Average number of stimulant prescriptions per day

Average number of doses per benzodiazepine prescription

Average number of doses per stimulant prescription

Average opioid patient MME
Prescriptions by Payment Type

- Cash
- Credit Card
- Check

Prescriber Analytics

- 45%  Patients with concerning history alerts
- 21%  Patients who meet doctor shopping threshold
- 15%  Patients who meet pharmacy shopping threshold
- 85%  Patients with law enforcement alerts
- 50 Miles  Median distance traveled by patients

Prescriber's Risk Assessment

Optional description of menu for Prescriber's Risk Assessment

Your percent of patients with Multiple Provider Episodes (MPE) - patients with prescriptions from 5 or more prescribers is very high
Your percentage of patient prescriptions by payment type cash is very high
Your percentage of patients prescribed LA/ER opioids who were opioid-naive is very high
The median distance in miles to your patients' addresses is above average
USE NONOPIOID TREATMENT
Opioids are not first-line or routine therapy for chronic pain.
In a systematic review, opioids did not differ from nonopioid medication in pain reduction, and nonopioid medications were better tolerated, with greater improvements in physical function.

REVIEW PDMP
Check PDMP for high dosages and prescriptions from other providers.
A study showed patients with one or more risk factors (4 or more prescribers, 4 or more pharmacies, or dosage >100 MME/day) accounted for 55% of all overdose deaths.

OFFER TREATMENT FOR OPIOID USE
Offer or arrange evidence-based treatment for patients with opioid use disorder (e.g., Medication-assisted treatment and behavioral therapies).

START LOW AND GO SLOW
When opioids are started, prescribe them at the lowest effective dose.
Studies show that high dosages (>100 MME/Day) are associated with 2 to 9 times the risk of overdose compared to <20 MME/Day.

AVOID CONCURRENT PRESCRIBING
Avoid prescribing opioids and benzodiazepines concurrently whenever possible.
One study found concurrent prescribing to be associated with near quadrupling of risk for overdose death compared with opioid prescription alone.

Patient Prescription History

<table>
<thead>
<tr>
<th>Date Prescribed</th>
<th>Date Dispensed</th>
<th>Rx Number</th>
<th>Refills Authorized</th>
<th>Refill Number</th>
<th>Drug Name</th>
<th>Strength</th>
<th>Dosage Form</th>
<th>Quantity Dispensed</th>
<th>Days Supply</th>
<th>Payment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/10/2016</td>
<td>10/21/2016</td>
<td>172480250</td>
<td>3</td>
<td>56784</td>
<td>BUTALBITAL/CODEINE</td>
<td>30</td>
<td>Capsule</td>
<td>45</td>
<td>45</td>
<td>Cash</td>
</tr>
<tr>
<td>10/30/2016</td>
<td>10/31/2016</td>
<td>52406091701</td>
<td>N/A</td>
<td>42355</td>
<td>FENTANYL CITRATE</td>
<td>200</td>
<td>Tablet</td>
<td>30</td>
<td>30</td>
<td>Cash</td>
</tr>
<tr>
<td>11/02/2016</td>
<td>11/05/2016</td>
<td>48253015801</td>
<td>3</td>
<td>69854</td>
<td>ACETAMINOPHEN</td>
<td>60</td>
<td>Capsule</td>
<td>50</td>
<td>30</td>
<td>Credit</td>
</tr>
<tr>
<td>10/10/2016</td>
<td>10/21/2016</td>
<td>172480250</td>
<td>3</td>
<td>56784</td>
<td>BUTALBITAL/CODEINE</td>
<td>30</td>
<td>Capsule</td>
<td>45</td>
<td>45</td>
<td>Cash</td>
</tr>
</tbody>
</table>

Showing 1 to 10 of 12 rows 10 records per page
Submit an Alert

Wisconsin Act 268, which became effective on March 18, 2016, creates a duty for law enforcement agencies to submit information to the Wisconsin Prescription Drug Monitoring Program (PDMP) in four specific situations. The situations described in the law are:

1. When a law enforcement officer reasonably suspects that a violation of the Controlled Substances Act involving a prescribed drug is occurring or has occurred
2. When a law enforcement officer believes someone is undergoing or has immediately prior experienced an Opioid-Related Drug Overdose
3. When a law enforcement officer believes a Narcotic-Related Death has occurred
4. When a law enforcement officer receives a report of Violation of Controlled Substance Act with Prescription Drugs

When any of the situations occur, the law enforcement agency is required to submit to the PDMP the applicable data below. Select the type of alert to get started.

Alert Type

- Stolen Controlled Substance Prescription

Suspect's Information

First Name

Last Name

Date of Birth

County

00/00/0000

00/00/0000
Chad Zadrazil, JD
Managing Director
608-266-0011
pdmp@wisconsin.gov