Vermont Prescription Monitoring System

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Prescription Drug Monitoring Programs (PDMPs)

- Collect, monitor, and analyze electronically transmitted dispensed data submitted by pharmacies and dispensing practitioners.

- The data is used to support states' efforts in education, research, enforcement and abuse prevention.

- Effective tools utilized by government officials for reducing prescription drug abuse and diversion.

Vermont Department of Health

States with Operational PDMPs
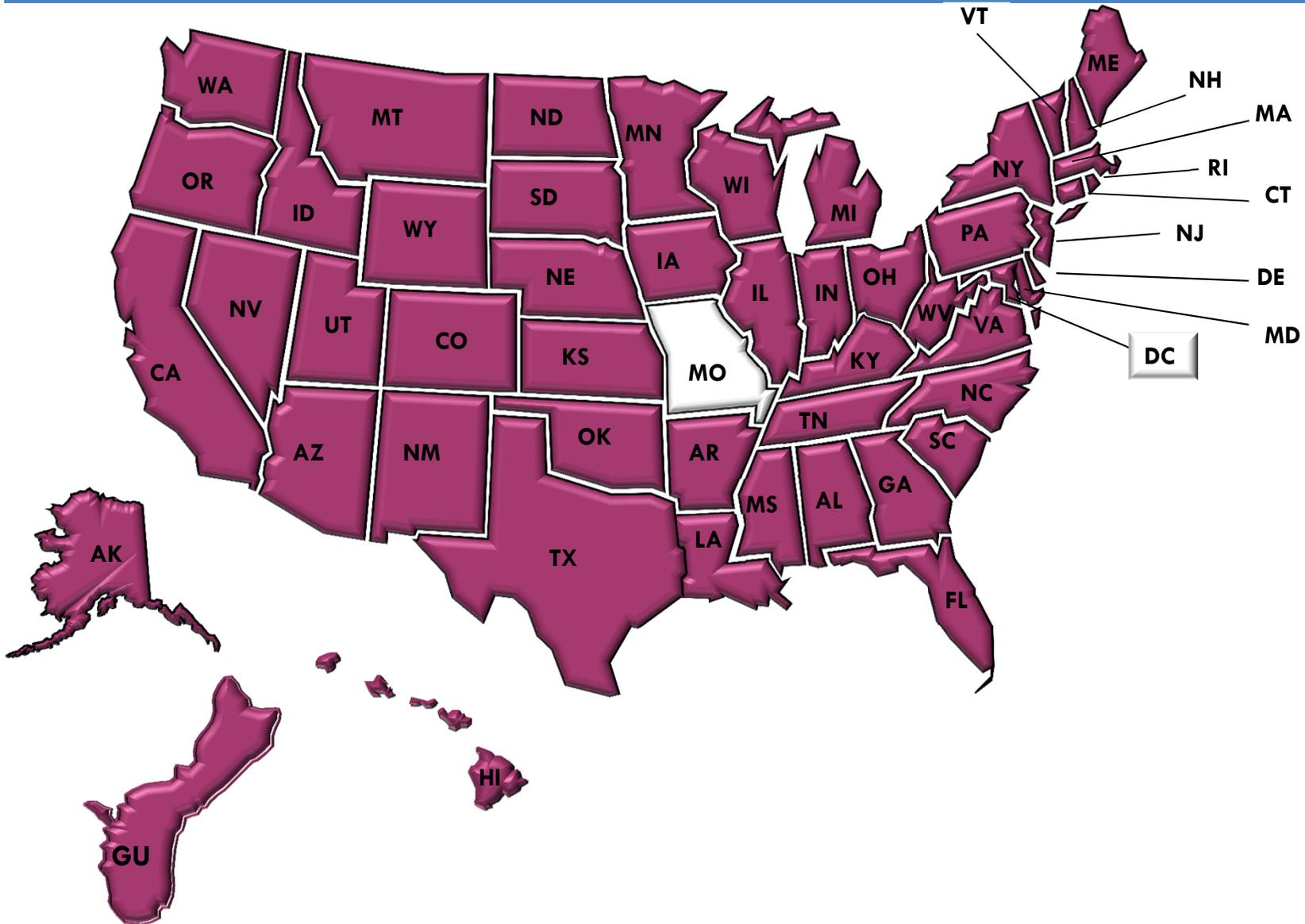
Purpose of the VPMS

- Act 205, 2006, authorized the Department of Health to establish the Vermont Prescription Monitoring System (VPMS)

- The VPMS became available for providers to access in 2009.

- VPMS is a clinical tool that exists to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse, and diversion of controlled substances.

- VPMS also serves as a surveillance tool that is used to monitor statewide trends in the prescribing, dispensing, and use of controlled substances.

Funding for the VPMS

- Until FY 13, VPMS counted on federal grant funding to support the program.

- Act 80, passed in 2007, relates to the increased need for transparency of prescription drug pricing and information.

- One provision of the Act established a fee (ref: 33 V.S.A. § 2004) to be collected annually by the Agency of Human Services (DVHA) from each pharmaceutical manufacturer of prescription drugs paid for DVHA

- The fee is 0.5 percent of the previous calendar year's prescription drug spending by DVHA and is to be assessed based on manufacturer or labeler codes used in the Medicaid rebate program.

- In the FY13 Act 162 - Section E.311.1) the Legislature expanded the allowable uses of the fee to include support for the VPMS Program.

Current VPMS Program

- VPMS maintains a database of all dispensed schedule II, III and IV controlled substances with over 5 million records.

- Controlled substances are scheduled for their potential for addiction.

- Examples include:

  - Schedule II – Drugs with a high potential for abuse, use may potentially lead to severe psychological or physical dependence. These drugs are considered dangerous.
    - Examples include: oxycodone, fentanyl, amphetamine, and methylphenidate.

  - Schedule III – Drugs with a moderate to low potential for physical or psychological dependence.
    - Examples include: products containing not more than 90 mg of codeine per dosage unit, buprenorphine, and anabolic steroids.

  - Schedule IV – Drugs with a moderate to low potential for abuse and low risk of dependence.
    - Examples include: clonazepam, diazepam, and alprazolam.

Current VPMS Program

▪ Information is collected from all Vermont licensed pharmacies (including prescribers who dispense) at least every 7 days.

▫ Controlled substance data collected includes information on the:

  ▪ Prescribed drug

  ▪ Recipient of the prescribed drug

  ▪ Health care provider who wrote the prescription

  ▪ Pharmacy that dispensed the prescription

Information in the VPMS

- When a provider registers with VPMS they receive the following information on all active patients:
  - Patient name and DOB
  - Any prescriptions for controlled substances for that patient
  - Medication & dose
  - Date dispensed
  - Prescriber
  - Dispensing pharmacy

Exempted Data

- Dispensing of a prescription for less then a 48 hour time period (Emergency Departments, Inpatient Hospice)

- Methadone treatment facilities (42 CFR part 2)

- Veterinarian offices

Total Number of Prescriptions and Recipients by Year

During the last four years, Vermont-licensed pharmacies dispensed more than 4.3 million prescriptions for Schedule II, III, and IV controlled substances.

The annual number of controlled substance prescriptions dispensed has increased slightly during this time while, the number of unique recipients of at least one controlled substance prescription has decreased slightly.
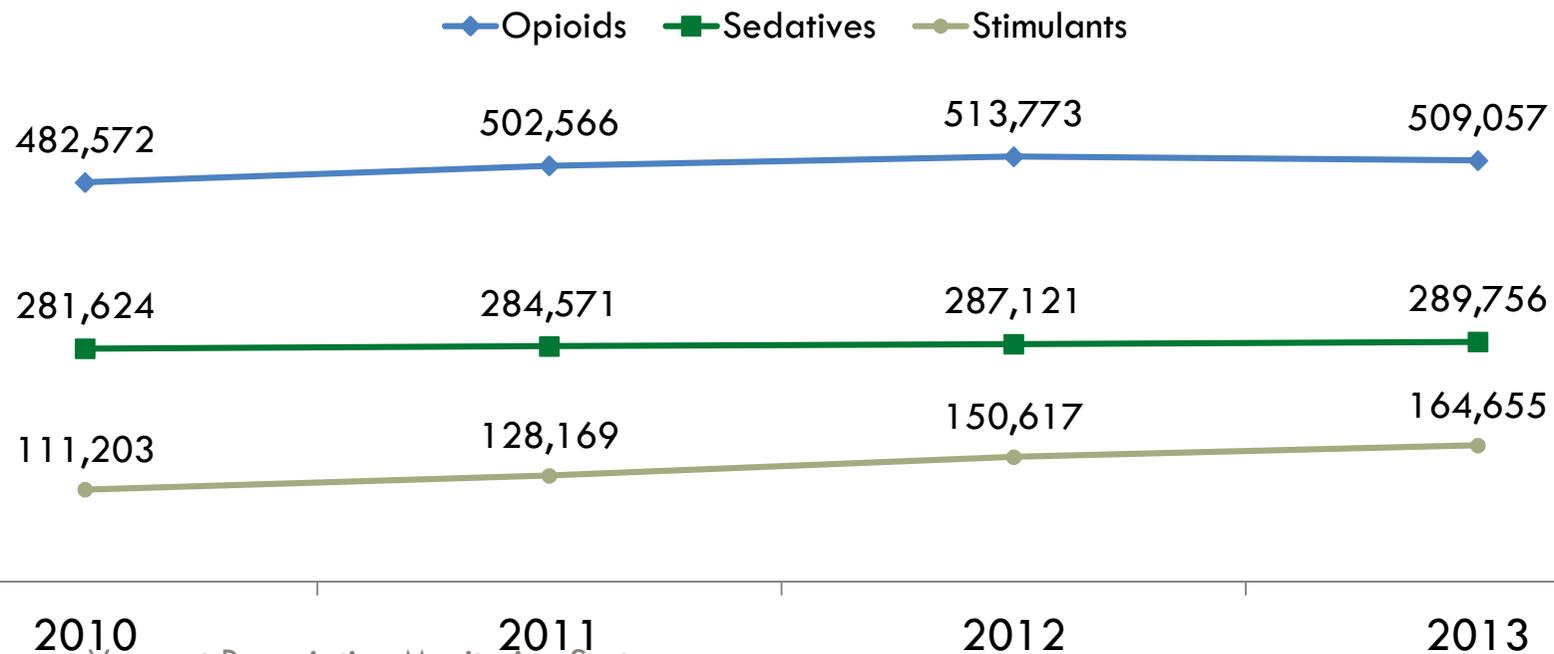
Total Number of Controlled Substance Prescriptions and Recipients by Year

	Total # of Prescriptions	Total # of Recipients	% of VT
2010	1,070,854	193,035	29%
2011	1,072,062	190,009	28%
2012	1,081,730	186,926	28%
2013	1,083,612	182,885	27%

Sources: Vermont Prescription Monitoring System & U.S. Census

Number of Prescriptions by Drug Type and Year

- Opioids account for approximately 46% of the controlled substances dispensed in VT on an annual basis. Sedatives account for approximately 27%.

- Opioids and stimulants are being prescribed at higher rates than they were four years ago.

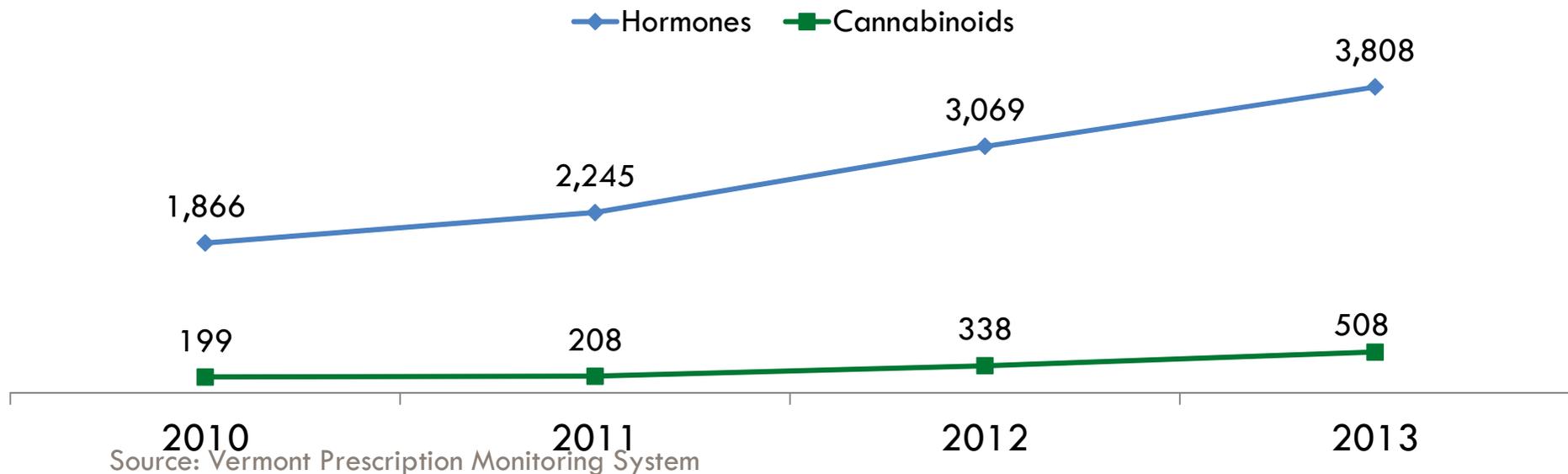**Total Number of Controlled Substance Prescriptions by Drug Type and Year**

◆ Opioids ■ Sedatives ● Stimulants

	2010	2011	2012	2013
Opioids	482,572	502,566	513,773	509,057
Sedatives	281,624	284,571	287,121	289,756
Stimulants	111,203	128,169	150,617	164,655

Source: Vermont Prescription Monitoring System

Number of Recipients by Drug Type and Year (cont.)

☐ Hormones and cannabinoids were dispensed to far fewer recipients than other drug types.

Total Number of Controlled Substance Recipients by Drug Type and Year

◆ Hormones ■ Cannabinoids

- 1,866 (2010, Hormones)
- 2,245 (2011, Hormones)
- 3,069 (2012, Hormones)
- 3,808 (2013, Hormones)
- 199 (2010, Cannabinoids)
- 208 (2011, Cannabinoids)
- 338 (2012, Cannabinoids)
- 508 (2013, Cannabinoids)

2010 2011 2012 2013

Source: Vermont Prescription Monitoring System

Updates to VPMS

- New vendor to host VPMS data
  - Timeline
  - New features
    - Interstate Data Sharing
    - Upgrading software
    - Morphine Equivalent Calculator
    - Multiple Query Reports
    - Emailed threshold letters
    - Setting own threshold levels (flags patient by severity)
    - Comment section
    - Ability to send copy of patients RX history report to other prescribers listed on that report

VPMS Query

How prescribers and dispensers

register and query the VPMS

Vermont Department of Health

Agency of Human Services

Registration
Vermont Prescription Monitoring System

Register to use the VPMS

Online registration for the Vermont Prescription Monitoring System is now available for prescribers and pharmacists.

Instructions for Prescribers, Pharmacists, Residents, Delegates

To Register:

1.   Check instructions

VERMONT HEALTH CONNECT
Find the plan that's right for you.

Vermont 2-1-1
Get Connected. Get Answers.
United Ways of Vermont

VDH Intranet
AHS Intranet

Secure Information Systems

Get Adobe Reader

Office of Professional Regulation

- **Advanced practice nurse**
- **Certified nurse midwife**
- **Dentist**
- **Natropathic physician**
- **Optometrist**
- **Osteopathic physician**
- **Osteopathic surgeon**

Register

Office of Professional Regulation

- **Pharmacist**

Register

Board of Medical Practice

- **Medical doctor**
- **Physician assistant**
- **Podiatric physician**

Register

Residents

- **Osteopathic physician limited**
- **Physician limited license**
- **Podiatric physician limited**

Register *Available soon*

ONLINE SERVICES

License Lookup & Download

Lookup a Licensee

Generate/Download Roster(s)

Login

User ID

Password

Log In

Register   Forgot Password   Forgot User ID

Vermont Department of Health

Prescription Monitoring System (VPMS)

VPMS Account

Registration Form

VPMS Account Registration Form

Please select a request form:

- ○ Medical Board Master
- ○ OPR Master
- ○ Prescriber Delegate
- ○ Pharmacist Delegate
- ○ Resident

Submit

Vermont Department of Health

Prescription Monitoring System (VPMS)

DEPARTMENT OF HEALTH

Medical Board VPMS
Account Registration
Form

Medical Board VPMS Account Registration Form

* Required

* First Name: [_____]   Middle Name: [_____]

* Last Name: [_____]   Suffix (Jr, Sr, etc.): [____]

* Date of Birth (MM/DD/YYYY): [_____]   * Email Address: [_____]

* Phone Number (123-456-7890x0000): [_____]

* Other than samples, do you dispense prescription drugs to your patients - either as a free part of your medical practice or for a separat

* Do you have an out of state practice? ○ YES ○ NO

* Primary Practice Name: [_____]

* Address (associated with Primary Practice): [_____]

* City: [_____]   * State: [Select a state ▾]   * Zip Code: [_____]

Mailing Address (if different from Primary Practice): [_____]

City: [_____]   State: [Select a state ▾]   Zip Code: [_____]

* What is the highest college degree that you hold? [Select Type ▾]   If other, specify: [____]

| Addiction Medicine |
| Addiction Psychiatry |
| Anesthesiology |

* Board Certified Medical Specialty: If other, specify:

Home Page

Requests

Requests

Report

VERMONT

Patient RX History Report

Date: 09-19-2014

Page: 1 of 2

This report may contain more than one patient's prescription information. Please review the "Patients that Match Search Criteria" section below to ensure all prescriptions belong to the requested patient.

Search Criteria: ((Last Name Begins ■■■■) (D.O.B ■■■■ : Period = '09/19/2010' To '09/19/2014'

Patients that match search criteria

Pt ID	Name	DOB	Address
7			

Prescriptions

Fill Date	Product, Str, Form	Quantity	Days	Pt ID	Prescriber	Written	Rx #	N/R	Pharm	Pay
09/01/2013	LYRICA, 50 MG, CAPSULE	60.00	15	7	RIC MI49	08/09/2013	234120	N	BO9569851	01
04/04/2013	OXYCONTIN, 20 MG, TABLET, FILM COATED, EXTENDED RELEASE	30.00	15	7	RIC MI49	04/04/2013	9976369	N	BO9569851	01
03/03/2013	Test Drug, ,	0.01	15	7	RIC MI49	03/03/2013	6876768	N	BO9569851	01
02/05/2013	OXYCODONE HYDROCHLORIDE, 15 MG, TABLET	30.00	15	7	BM2063333	02/05/2013	2236165	N	BM9331808	01
02/02/2013	OXYCONTIN, 20 MG, TABLET, FILM COATED, EXTENDED RELEASE	30.00	15	7	RIC MI49	02/02/2013	4876667	N	BO9569851	01
01/01/2013	OXYCONTIN, 20 MG, TABLET, FILM COATED, EXTENDED RELEASE	30.00	15	7	RIC MI49	01/01/2013	5676566	N	BO9569851	01

N/R: N=New R=Refill

Pay:01=Private Pay 02=Medicaid 03=Medicare 04=Commercial Ins. 05=Military Inst. and VA 06=Workers Comp 07=Indian Nations 99=Other

Total Prescriptions: 6

US Department Veterans Affairs Data

- States Reporting:
  - Maine, Pennsylvania, Virginia, Kentucky, North Carolina, South Carolina, Tennessee, Arkansas, Louisianan, Oklahoma, New Mexico, Arizona

VPMS Threshold Letters

- The VPMS runs quarterly reports on patients who have frequented a certain number of prescribers and or pharmacies in a given quarter.

- Each provider prescribing to that patient will get a notification "Threshold Letter" with information about that patient.

Recommendations for providers who receive a threshold letter:

- [ ] Verify that the patient(s) are under their care.
- [ ] Verify that the prescription(s) were written by the prescribing provider.
- [ ] Contact the other providers listed to discuss the best course of treatment for the patient.
- [ ] Discuss the findings with the patient, and determine if he or she wants or needs further help to overcome a drug abuse or addiction problem.

The number of patients crossing both thresholds has been declining over time

Longitudinal Summary of VPMS Thresholds

	2010 Q1	2010 Q2	2010 Q3	2010 Q4	2011 Q1	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3	2013 Q4
Lower Threshold	106	115	96	82	95	98	79	69	74	66	64	48	55	60	59	56
Upper Threshold	22	23	23	15	17	12	16	10	14	10	16	11	5	4	5	11
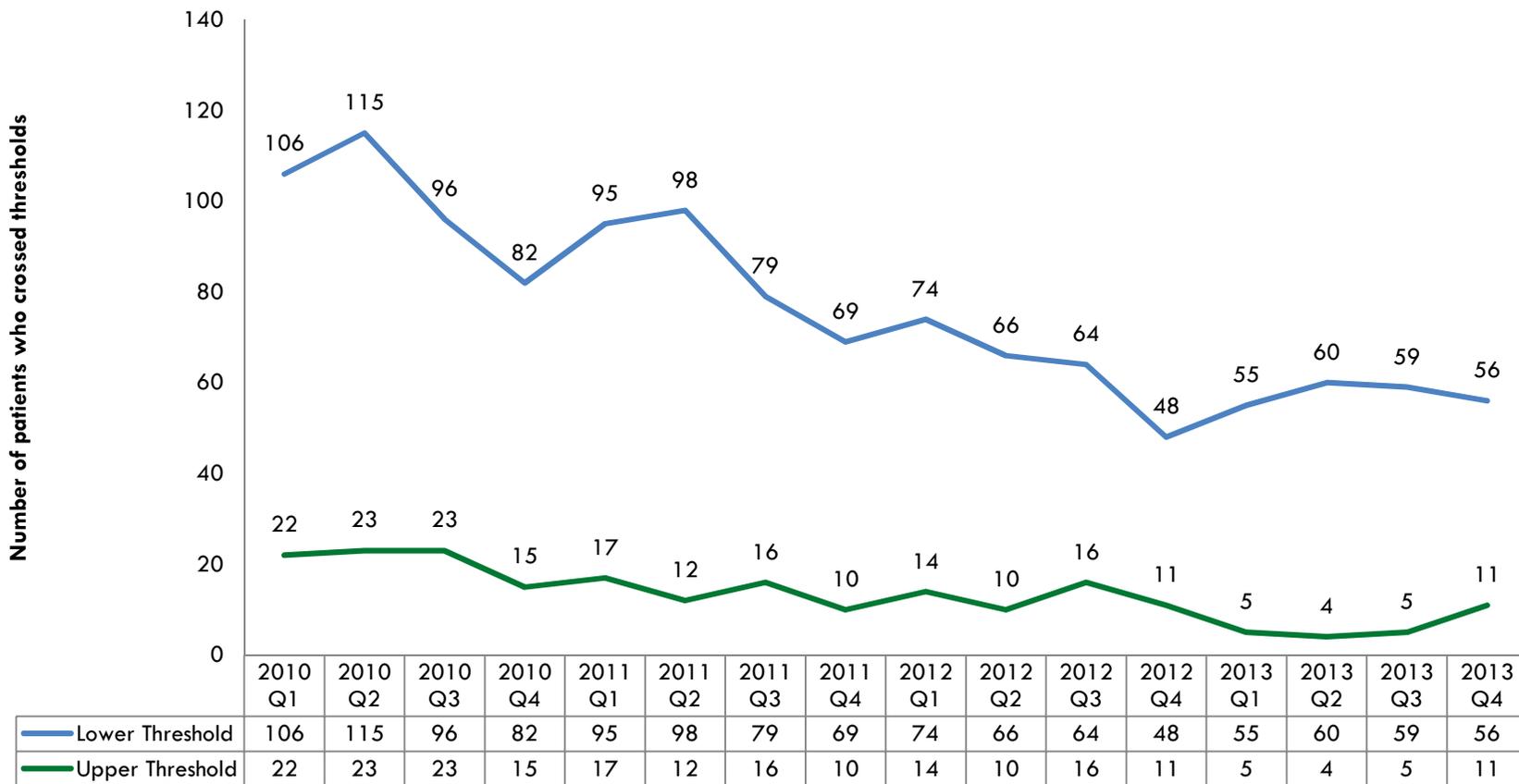
BJA Grant Activities

- Goal of 18 month grant:
  - Increase the data quality and utility of the VPMS
  - Provide training and education for prescribers and dispensers of controlled substance
  - Increase public knowledge on the consequences of prescription drug misuse and abuse
  - Provide information on prescription drug drop off sites and disposal methods.

BJA Grant Activities

- Data quality and utility
  - Use grant funds to purchase program enhancements that will strengthen and augment our ability to collect, clean, and validate the data that is uploaded to the program.

BJA Grant Activities

- Provide training and education for prescribers and dispensers by:
    - Collaborating with the Vermont Medical Society to create a comprehensive website providing updated training and educational resources for all prescribing of controlled substances.
    - Contract with the University Of Vermont School Of Medicine to roll out a "Tool Kit" designed to implement practice strategies to improve the process of opioid prescribing in specialty care practices and dentistry.

BJA Grant Activities

- Provide a series of continuing medical education opportunities for practitioners and other healthcare providers on proper prescribing as a Vermont state licensing requirement mandated by Act 75.

- Partner with Dartmouth Hitchcock Medical Center and specialized Vermont prescribers and dispensers of controlled substances to provide hour long informational, best practice sessions for prescribers and pharmacists.

BJA Grant Activities

- Public Health Campaign:
  - Develop a statewide public health campaign on prescription drug abuse and the importance of secure storage and proper disposal of prescription drugs.
    - Prescription drug abuse workgroup will convene a sub-workgroup to design a statewide template for an informational brochure that will include state and federal guidelines addressing storage and disposal.
  - Campaign will also focus on the dangers of prescription drugs.
  - Include rx drug information in the ParentUp website.

Updates: New Proposed VPMS Rule

☐ Required data submission by prescriptions who dispense controlled substances.

☐ Required registration by prescribers and dispensers

☐ Expands access to VPMS:

- ◻ Delegates

- ◻ The Vermont Chief Medical Examiner or delegate

- ◻ The Medical Director of DVHA

- ◻ A prescriber, or medical examiner licensed to practice in another state

Required Querying of the VPMS

- The first time the provider prescribes an opioid Schedule II, III, or IV controlled substance written to treat chronic pain

- When starting a patient on a Schedule II, III, or IV controlled substance for nonpalliative long-term pain therapy of 90 days or more

- Prior to writing a replacement prescription for a Schedule II, III, or IV controlled substance

- At least annually for patients receiving ongoing treatment with an opioid Schedule II, III, or IV controlled substance

- When prescribing Schedule II. III or IV controlled substances to treat acute paint (duration longer than 21 days)

Required Querying in ED or Urgent Care

- When a patient requests an opioid prescription for chronic pain from an Emergency Department or Urgent Care prescriber

- When a patient requests an extension of a current opioid prescription for acute pain from an Emergency Department or Urgent Care prescriber.

- Before prescribing an opioid for longer than 10 days.

Required Querying for Buprenorphine

- Prior to prescribing buprenorphine or a drug containing buprenorphine a Vermont patient for the first time and at regular intervals thereafter
  - No fewer than two times annually thereafter
  - Prior to writing a replacement prescription

Required Querying for Buprenorphine

□ Prior to prescribing buprenorphine or a drug containing buprenorphine that exceeds the dosage threshold approved by the Vermont Medicaid Drug Utilization Review Board.

- Prescribers must receive prior approval from the Chief Medical Officer or Medical Director of the Department of Vermont Health Access or designee.

Reciprocal Agreements

- The Department of Health was given approval to enter into reciprocal agreements with other states that have prescription monitoring programs so long as access under the agreement is consistent with the privacy, security, and disclosure protections.

- Next steps for sharing data:
  - Hub chosen
  - Implement enhancement with vendor
  - VPMS draft MOU with Massachusetts

Legislative Reports

- Improving the Effectiveness of the VPMS:
  - The VPMS Advisory Committee provided recommendations to improve the utility of the VPMS including:
    - Updating software
    - E-mailing threshold letters
    - Adding threshold measures
    - Creating a user index
   - Matching mortality data to the VPMS

EHR Legislative Reports

- Integration of EMR with the VPMS
  - Goals: Improve access to timely and accurate prescription history information
  - Outcomes:
    - Integration is an appropriate long-term goal
    - Complex task that could take years to complete
    - Requires significant planning, coordination and resources

EHR Legislative Report

- Option 1: A prescriber logs on to VITLAccess and is able to use VPMS without the need to sign on to another system.
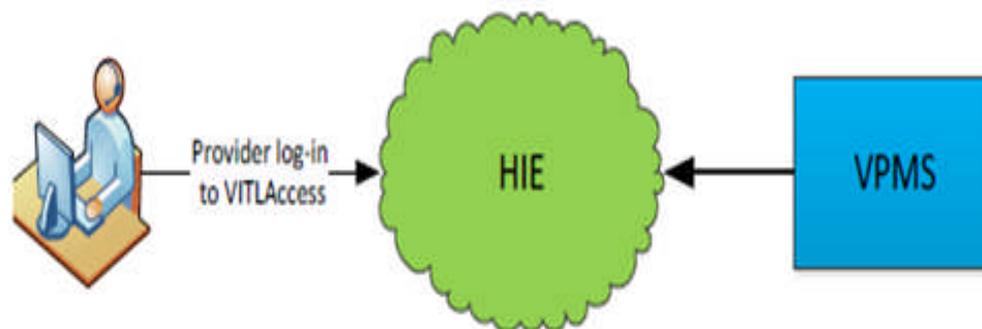
EHR Legislative Report

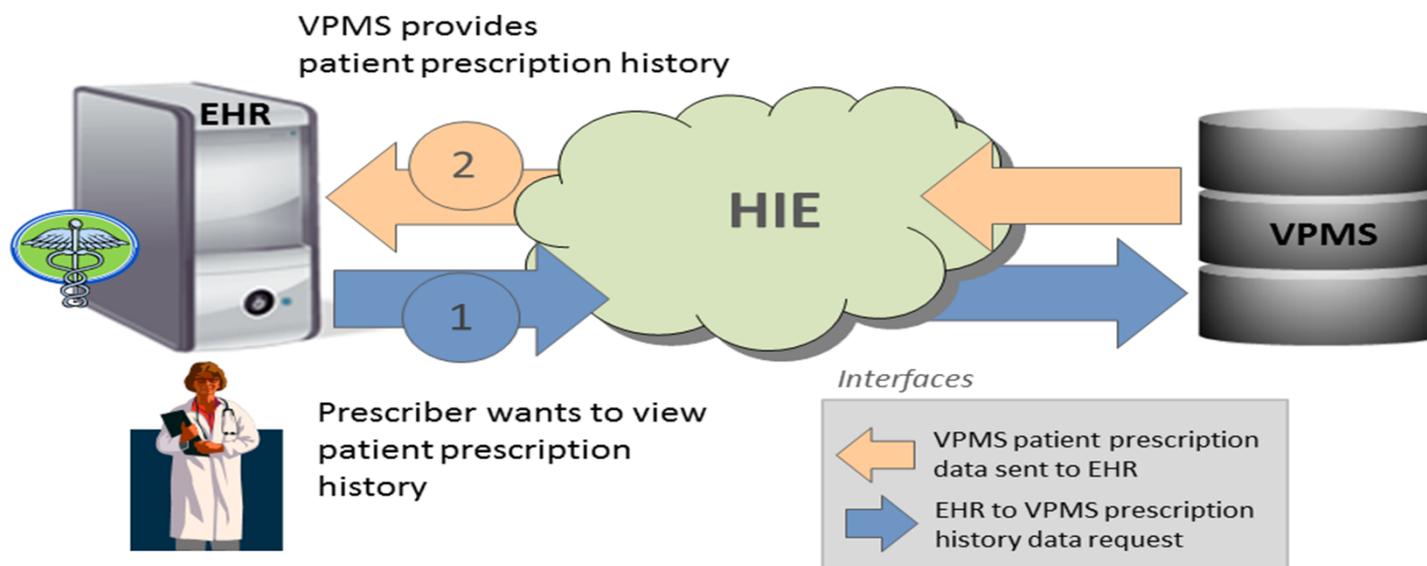- Option 2: Connect provider electronic health record systems to the VPMS via HIE.
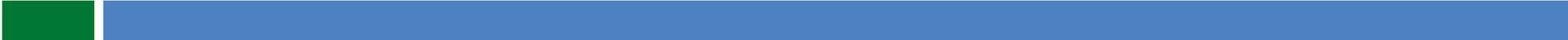

Figure 2: EHR to VPMS via HIE

Vermont Department of Health

Disposal Legislative Reports

- Statewide Drug Disposal Program in Vermont
  - Charge: VDH and DPS provide recommendations about the design and implementation of a voluntary statewide drug disposal program for unused over-the-counter and prescription drugs at no cost to the consumer.
  - Committee convened by Departments of Health and of Public Safety discussed current disposal opportunities and options for a statewide prescription drug disposal program.

Disposal Legislative Reports

□ Available current menu of choices for drug disposal programs in Vermont:

  ▫ Twenty Four- Hour drug and medication collection sites at law enforcement agencies

  ▫ Mail back programs (does not apply to controlled substances)

  ▫ Element MDS disposal method (Brattleboro Program)

  ▫ Twice a year National DEA take back program

The Secure and Responsible Drug Disposal Act of 2010

- Prior to the passage of the Disposal Act an end user had extremely limited disposal options.

- As a result of the limited options for disposal, controlled substances have tended to accumulate in household medicine cabinets where they are susceptible to abuse or diversion

- Expands options available to collect controlled substances from ultimate users for purposes of disposal to include: Take-back events, mail-back programs, and collection receptacle locations.

Funding Considerations

- According to the Secure & Responsible Drug Disposal Act of 2010:

  - All proposed collection methods are voluntary. Nothing in the rule requires anyone to serve as a collector.

  - No funding mechanism is provided for controlled substance collection, disposal, or destruction.

  - At this point it is still unclear how these regulations could or will be put into practice in Vermont and elsewhere around the nation.

Vermont Department of Health

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http://healthvermont.gov/adap/VPMS.aspx

Vermont Department of Health