

PRESCRIPTION DRUG MONITORING PROGRAM

ANNUAL REPORT October 1, 2015 – September 30, 2016



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Executive Summary

The New Hampshire Controlled Drug Prescription Health and Safety Program (NH PDMP) is a web-based, clinical tool that New Hampshire licensed practitioners can use when prescribing or dispensing Schedule II-IV controlled substances to their patients.

The purpose of the database is to provide a complete picture of a patient's controlled substance use, so that the prescriber and pharmacist can properly manage the patient's treatment, including the referral of a patient to treatment services.

The goal of the program is to reduce the incidence of abuse of, and addiction to, controlled substances in the population of New Hampshire, while ensuring that patients receive adequate and timely care for pain and other conditions that can benefit from a regimen of controlled substances or other appropriate services.

In June 2012, the New Hampshire Legislature established the NH PDMP. After the initial award of funding from the NH Department of Justice, the NH PDMP began implementation on September 2, 2014 with weekly collection of controlled substance data (Schedule II, III and IV) that was dispensed in NH. The PDMP database went "live" October 16, 2014. Registered health care providers and dispensers are able to request information relating to a current patient directly from the NH PDMP database.



With a consecutive enhancement grant to be awarded, the NH PDMP has continued implementation and expanded efforts to include interstate data sharing, a pilot project with a NH Drug Court, enhanced reporting and evaluation and outreach/education initiatives for practitioners.

Benefits of the NH Controlled Drug Prescription Health and Safety Program (NH PDMP) :

1. Facilitates coordination of care among health care providers.
2. Encourages collaborative provider/pharmacist relationships to improve patient care.
3. Provides useful feedback to prescribers on their own prescribing trends, information on a patient's prescription history, and information for a prescriber and/or dispenser who suspects a patient may not be complying with orders regarding prescription use.
4. Alerts providers to their patients whose total prescription use for a given time period exceeds pre-determined threshold levels.
5. Identifies patients who can benefit from early assessment, treatment and rehabilitation for drug misuse and addiction

The majority of this data presented in this report was collected and reported to the Bureau of Justice Administration – Harold Rogers Prescription Drug Monitoring Program.

- Exception: Slide 17 - **Total Number of Prescriptions and Recipients by Quarter**; data was queried from the system, which is why historical data was limited for the first two quarters
- Exception: Slide



Office of Professional Licensure and Certification/NH Board of Pharmacy

STAFF	
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PDMP Administrative Assistant	Joanie Foss
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PDMP Advisory Council

Affiliation	First
Medical Society	David Strang , MD (Chair)
Board of Dental Examiners	Charles Albee, DMD
Board of Nursing	Denise Nies, APRN
Board of Veterinary Medicine	David Stowe, DVM
Dental Society	Eric Hirschfeld, DDS
Board of Pharmacy	James Queenan, RPH
Attorney General	Melissa St.Cyr
Department of Health and Human Services	Joseph Harding
New Hampshire Hospital Association	David DePiro, RPH
Board of Medicine	John Wheeler, MD
Pharmacy Society	Michael Viggiano, RPH
Police Chiefs	Richard Crate
Governor's Commission on Alcohol and Drug (public)	Jonathan Stewart
Governor's Commission on Alcohol and Drug (public)	Kate Frey



What is the New Hampshire Drug Monitoring Program?

- In 2012, the New Hampshire Legislature passed SB 286, passing the initial legislation, authorizing the NH Board of Pharmacy to establish and operate a prescription drug monitoring program (PDMP).
- New Hampshire's PDMP, known as the **New Hampshire Controlled Drug Prescription Health and Safety Program – RSA 318-B 31-38** became operational in October 2014.
- It is a statewide electronic database of controlled substance prescriptions (Schedules II-IV) dispensed from New Hampshire licensed retail pharmacies and other dispensers.



PDMP Data Collection

SB 31 stipulates that New Hampshire-licensed dispensers must upload data on all dispensed Schedule II, III, and IV controlled substances to PDMP.

- 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.**
- Controlled substance data collected from New Hampshire-licensed dispensers includes information on the:
 - Prescribed drug
 - Recipient of the prescribed drug
 - Health care provider who wrote the prescription
 - Pharmacy that dispensed the prescription
- SB 576 stipulates that New Hampshire-licensed dispensers shall submit the required information in accordance with transmission methods ***daily by the close of business on the next business day*** from the date the prescription was dispensed.



Legislative Changes – SB 31

The purpose of SB 31, as signed into law and effective on July 20, 2015, was to resolve these issues.

Key technical changes include:

- Authority to engage in interstate data sharing
- Authority to share de-identified aggregated data
- Revises the definition of "Dispenser" to exclude prescribers or hospital pharmacies that dispense less than a 48 hour supply of a controlled substance from a hospital emergency department and to provide the same exclusion for veterinarians who dispense less than an a 48 hour supply from their office.
- Clarification of the registration requirements for prescribers and dispensers.
- Clarification of confidentially provisions.
- Data retention.
- Annual reporting requirements to the State.



Legislative Changes – SB 576

In response to the opioid crisis, key strategies were discussed during the many legislative task force meetings. As a result, SB 576 was voted by the Task Force to be ‘fast tracked’ for consideration and to be signed by the Governor in early session. On January 21, 2016 SB 576 FN-A was signed into law.

Key components as they relate to the PDMP include:

- **Funding Provisions**: Allows the PDMP to accept state/general funds for the operation of the program.
- **Access provisions**: allowing federal health practitioners working in federal facilities in NH, ME, VT and MA eligibility to access the PDMP and allows the NH Chief Medical Examiner to request data for the purpose of investigating the death of an individual.
- **Data Uploading Provisions**: Dispensers are required to submit information daily by the close of business on the next business day from the date the Rx was dispensed. Veterinarians continue with “no more than 7 days from the date the Rx was dispensed.”
- **Mandated Use provisions**: Prescribers required to register with PDMP must query the program for a patient’s initial prescription when prescribing schedule II, III, and IV opioids for the management/treatment of pain and then periodically, at least twice per year. (except when administering & treating acute pain no more than 30 days)



Legislative Changes – HB1423

Corresponding legislation in response to the opioid crisis, provided additional key strategies and as a result, HB1423 was voted by the House and Senate and signed by the Governor in June 2016.

Key components as they relate to the PDMP include:

Mandated Use provisions: Prescribers required to register with PDMP must query the program for a patient's initial prescription when prescribing schedule II, III, and IV opioids for the management/treatment of **ALL** pain and then periodically, at least twice per year.

(i) Controlled substances are to be administered to a patient in a health care setting.

(ii) The program is inaccessible or not functioning properly, due to an internal or external electronic issue.

In essence – a practitioner will need to query the PDMP database when prescribing for ACUTE pain and CHRONIC pain.

***NOTE: Changes to how practitioners would have to query the database will change and go into effect Jan. 1, 2017 with this bill.**



Data Limitations

NH PDMP does not currently collect data on controlled substances dispensed from:

- Opioid addiction treatment programs (OTPs) that dispense methadone and buprenorphine (CFR 42 part 2 – confidentiality)
- Data was uploaded every 7 days up until 9/1/2016 when SB576 changed data uploading to daily with an exception for veterinarians who will continue to upload data weekly.
- Just prior to November 2015, the system retained data only if the person met the defined threshold of concern (e.g. so many prescribers and so many pharmacies over a 3 month period). The Law has been amended, all data can be kept for 3 years.

Data submitted to NH PDMP by pharmacies/dispensers can contain errors. Each data upload from a pharmacy/dispenser is screened for errors and sent back to the pharmacy/dispenser to be corrected if errors are discovered. However, not all errors are found or corrected.



How is NH PDMP used?

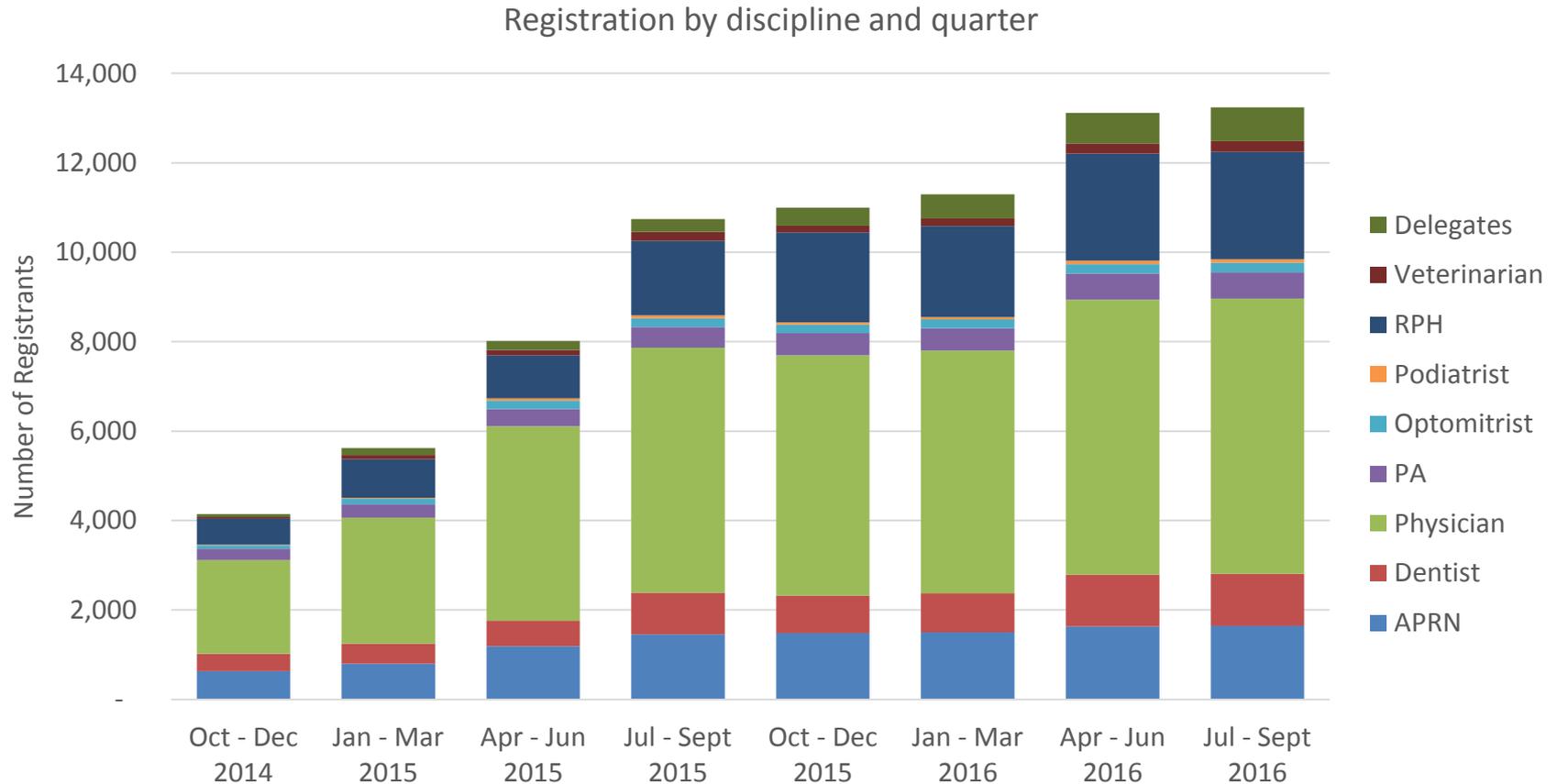
NH PDMP is a clinical tool that exists to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse, and diversion of controlled substances.

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

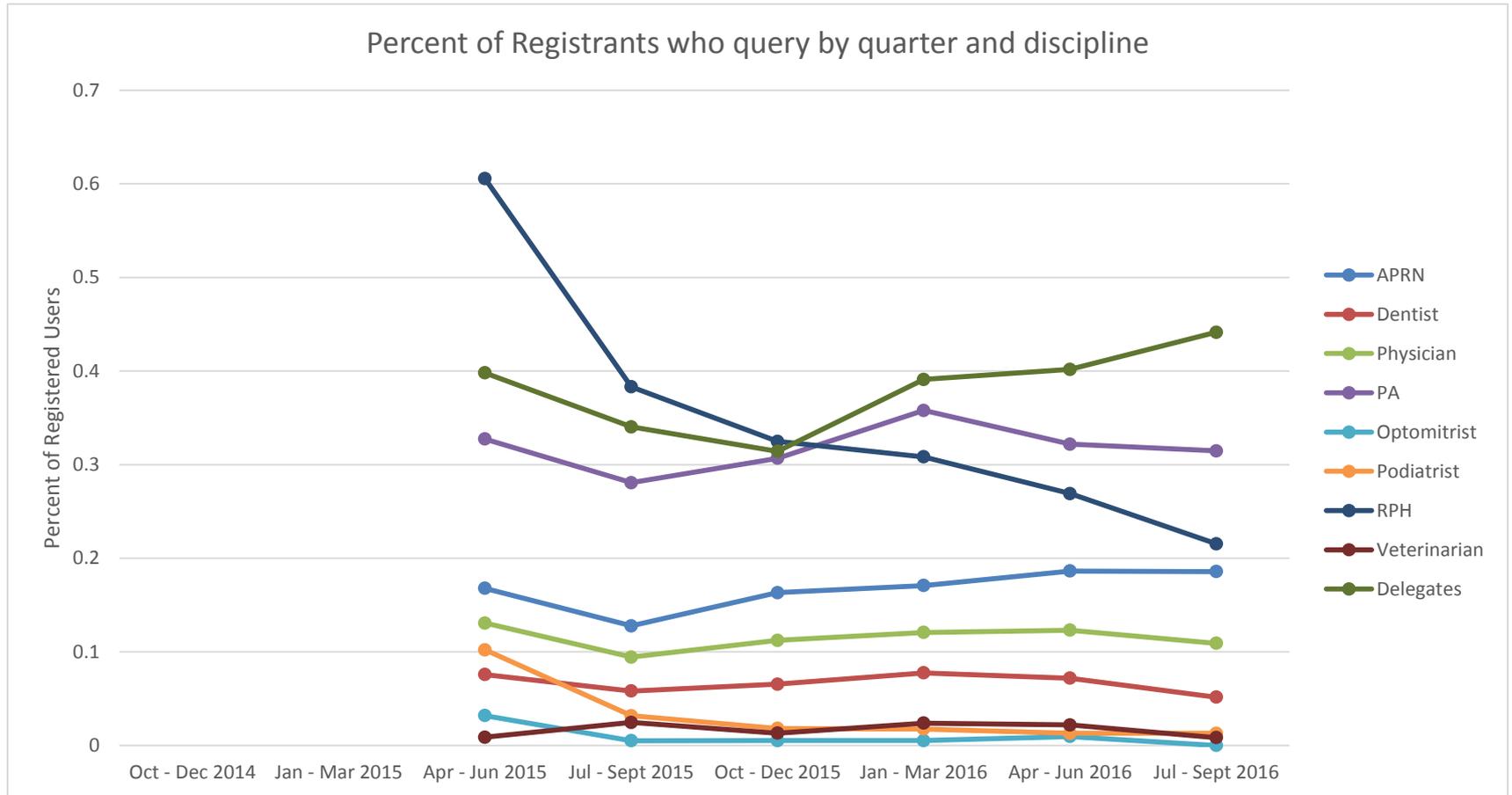
This report summarizes NH PDMP surveillance data for all Schedule II – IV prescriptions that were dispensed from New Hampshire-licensed pharmacies/dispenser for first half of SFY 2016 10/01/2015 to 09/30/2016.



Registration by Discipline

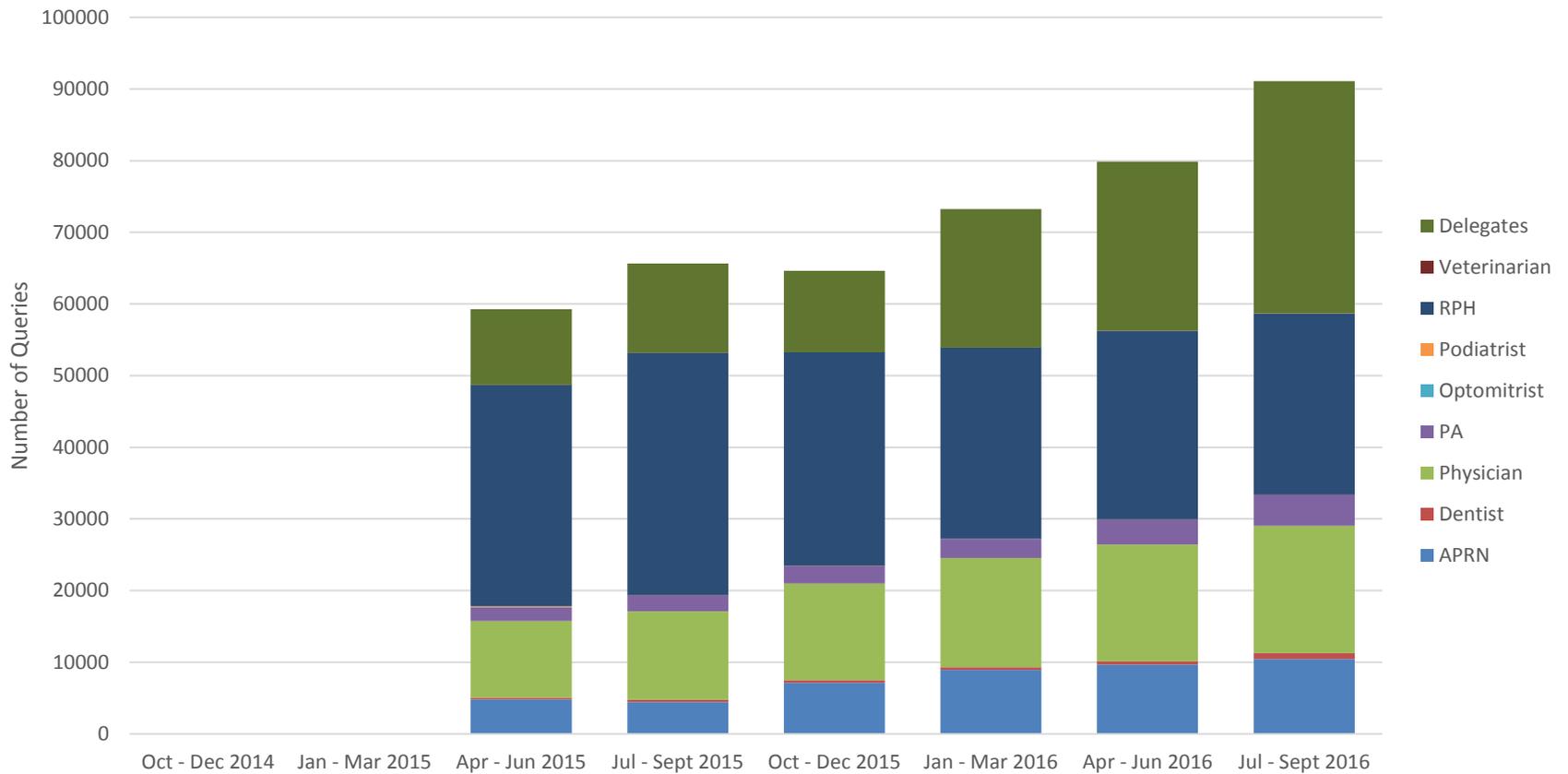


Utilization of PDMP by Discipline



Utilization of PDMP by Discipline

Number of queries by number and discipline

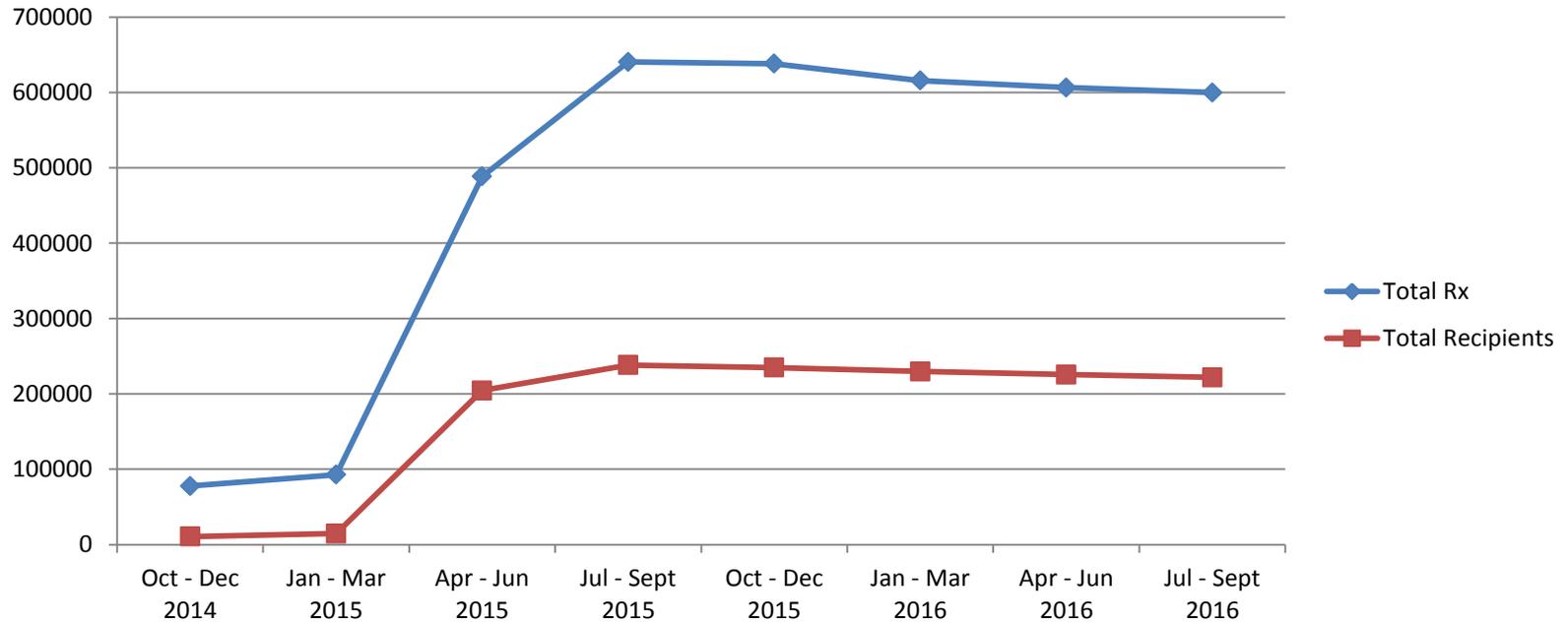


Total Number of Prescriptions and Recipients by Quarter

On an average every New Hampshire resident would be in receipt of three prescriptions every quarter.

Note: The “dip” in the first two quarters is attributed to the data limitation in statute at the time, which effects the ability to retroactively review historical data.

Total Rx and Recipients by Quarter



Total Number of Schedule II Doses Dispensed by Quarter

Total Number of Schedule II Doses Dispensed by Quarter				
	Pain Relievers	Tranquilizers	Stimulants	Sedatives
Oct 2014 - Sept 2015				
Oct - Dec 2014	12,263,563	-	2,857,376	90
Jan - Mar 2015	12,409,108	-	3,018,873	90
Apr - Jun 2015	13,039,416	-	3,245,663	180
Jul - Sept 2015	12,832,034	-	3,261,604	150
TOTAL	50,544,121	-	12,383,516	510
Oct 2015 - Sept 2016				
Oct - Dec 2015	12,380,649	-	3,414,261	90
Jan - Mar 2016	11,421,057	-	3,422,530	90
Apr - Jun 2016	10,951,791	-	3,500,458	90
Jul - Sept 2016	10,751,745	-	3,519,983	90
TOTAL	45,505,241	-	13,857,232	360



Total Number of Schedule III Doses Dispensed by Quarter

Total Number of Schedule III Doses Dispensed by Quarter				
	Pain Relievers	Tranquilizers	Stimulants	Sedatives
Oct 2014 - Sept 2015				
Oct - Dec 2014	1,663,131	-	330	40,831
Jan - Mar 2015	1,145,340	-	300	38,280
Apr - Jun 2015	1,249,438	-	245	38,581
Jul - Sept 2015	1,243,259	-	330	-
TOTAL	5,301,168	-	1,205	117,692
Oct 2015 - Sept 2016				
Oct - Dec 2015	1,245,755	-	330	40,044
Jan - Mar 2016	1,222,677	-	200	36,436
Apr - Jun 2016	1,267,304	-	300	38,594
Jul - Sept 2016	1,299,558	-	200	34,251
TOTAL	5,035,294	-	1,030	149,325

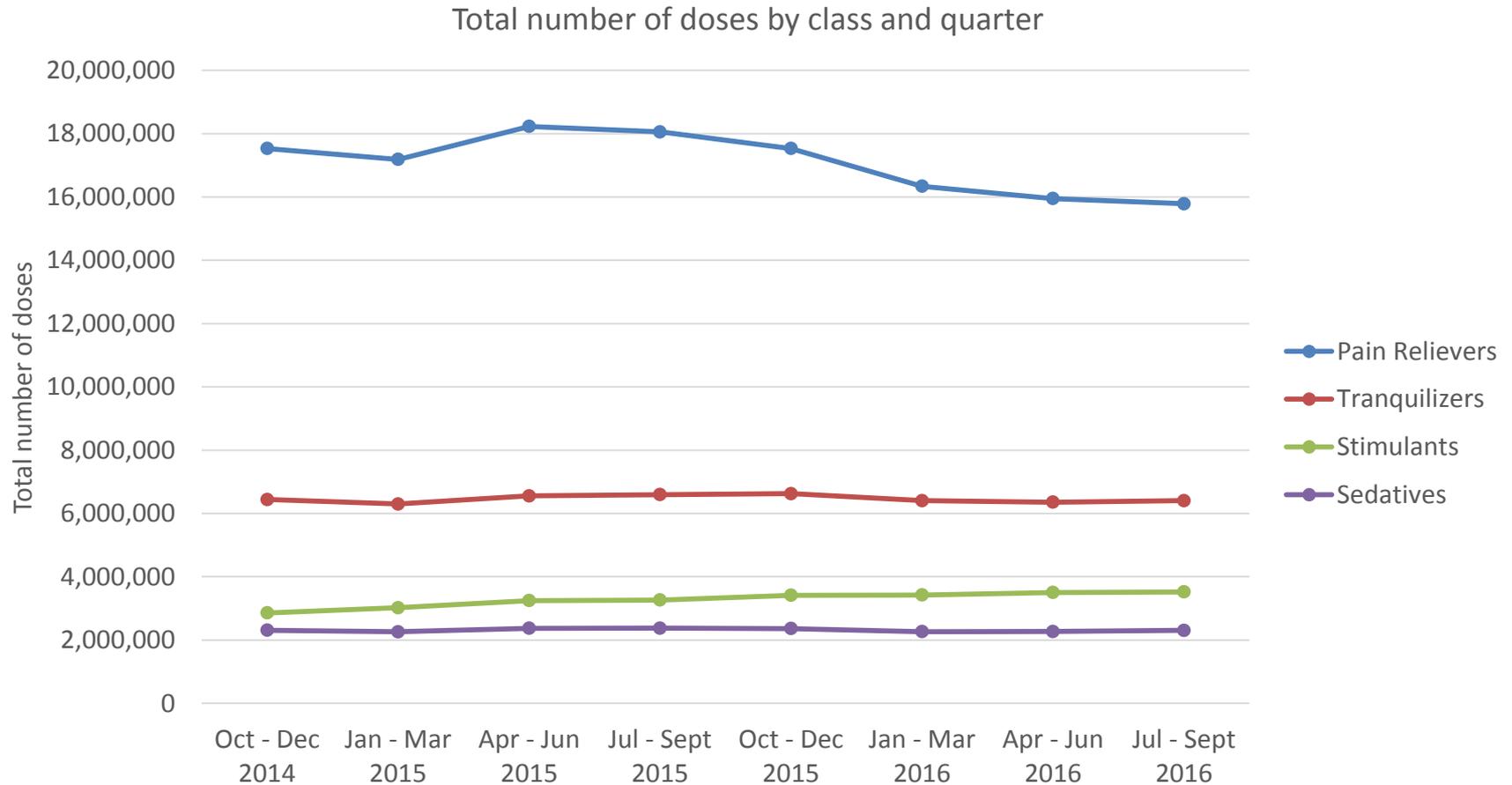


Total Number of Schedule IV Doses Dispensed by Quarter

Total Number of Schedule IV Doses Dispensed by Quarter				
	Pain Relievers	Tranquilizers	Stimulants	Sedatives
Oct 2014 - Sept 2015				
Oct - Dec 2014	3,603,041	6,439,197	-	2,270,728
Jan - Mar 2015	3,631,204	6,296,173	-	2,221,858
Apr - Jun 2015	3,939,511	6,552,143	-	2,332,231
Jul - Sept 2015	3,982,231	6,595,344	-	2,376,066
TOTAL	15,155,987	25,882,857	-	9,200,883
Oct 2015 - Sept 2016				
Oct - Dec 2015	3,905,397	6,623,551	-	2,322,263
Jan - Mar 2016	3,695,640	6,403,637	-	2,226,982
Apr - Jun 2016	3,731,990	6,356,527	-	2,233,186
Jul - Sept 2016	3,735,130	6,403,479	-	2,271,901
TOTAL	15,068,157	25,787,193	-	9,054,332

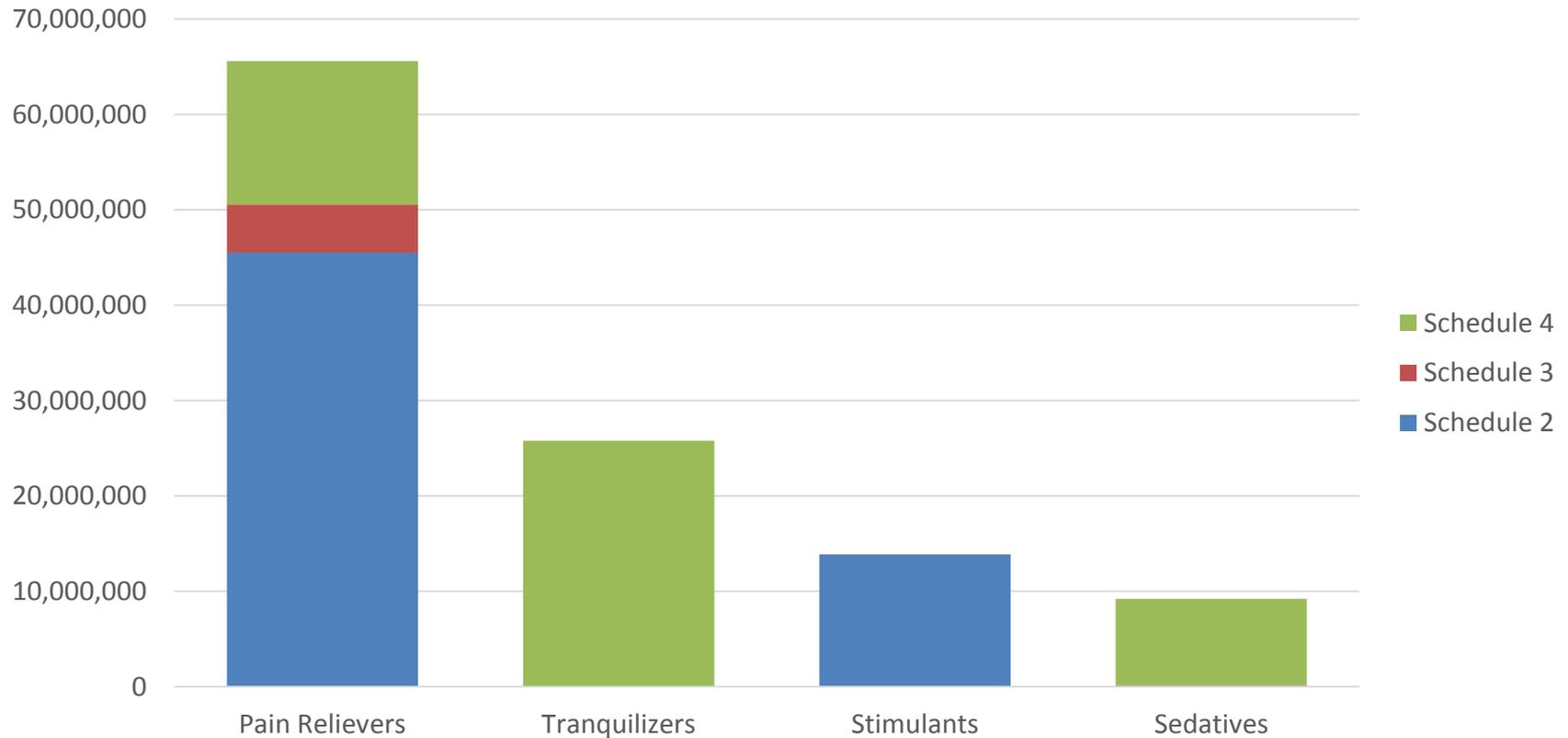


Trend in Doses by Quarter and Category

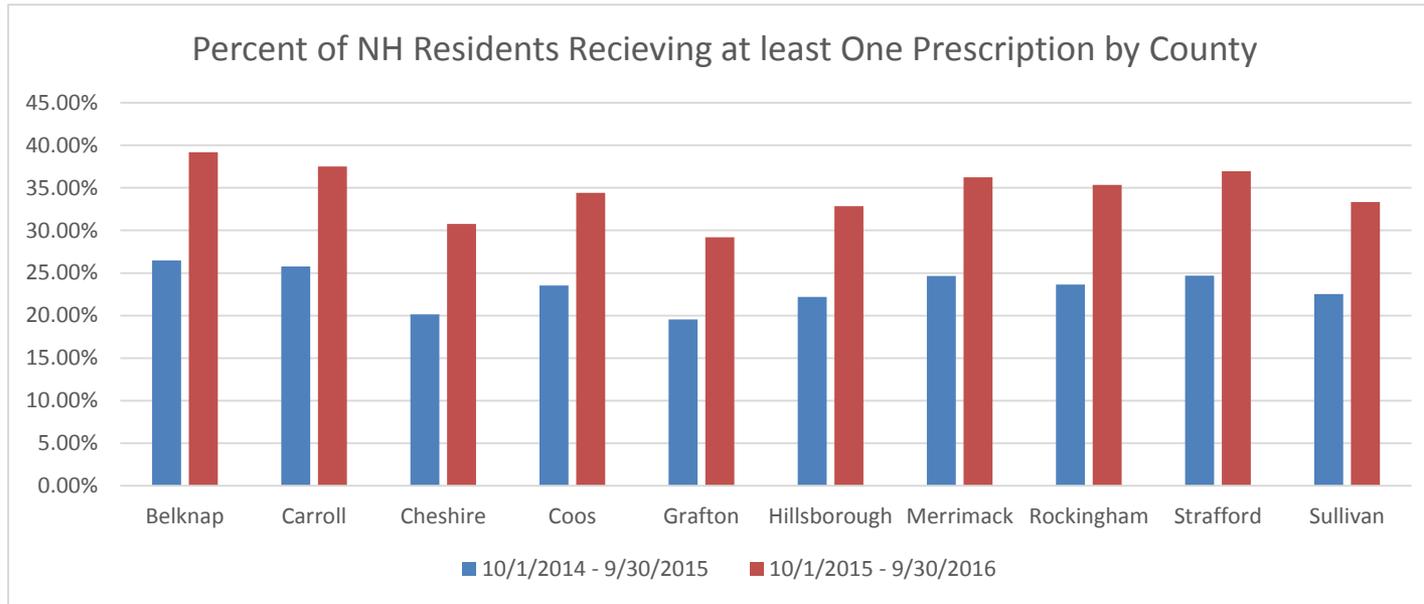


Total Number of Doses Across One Year

Total number of doses by class and schedule - 10/2015 to 9/2016



Percent of NH Residents Receiving At Least One Prescription by County

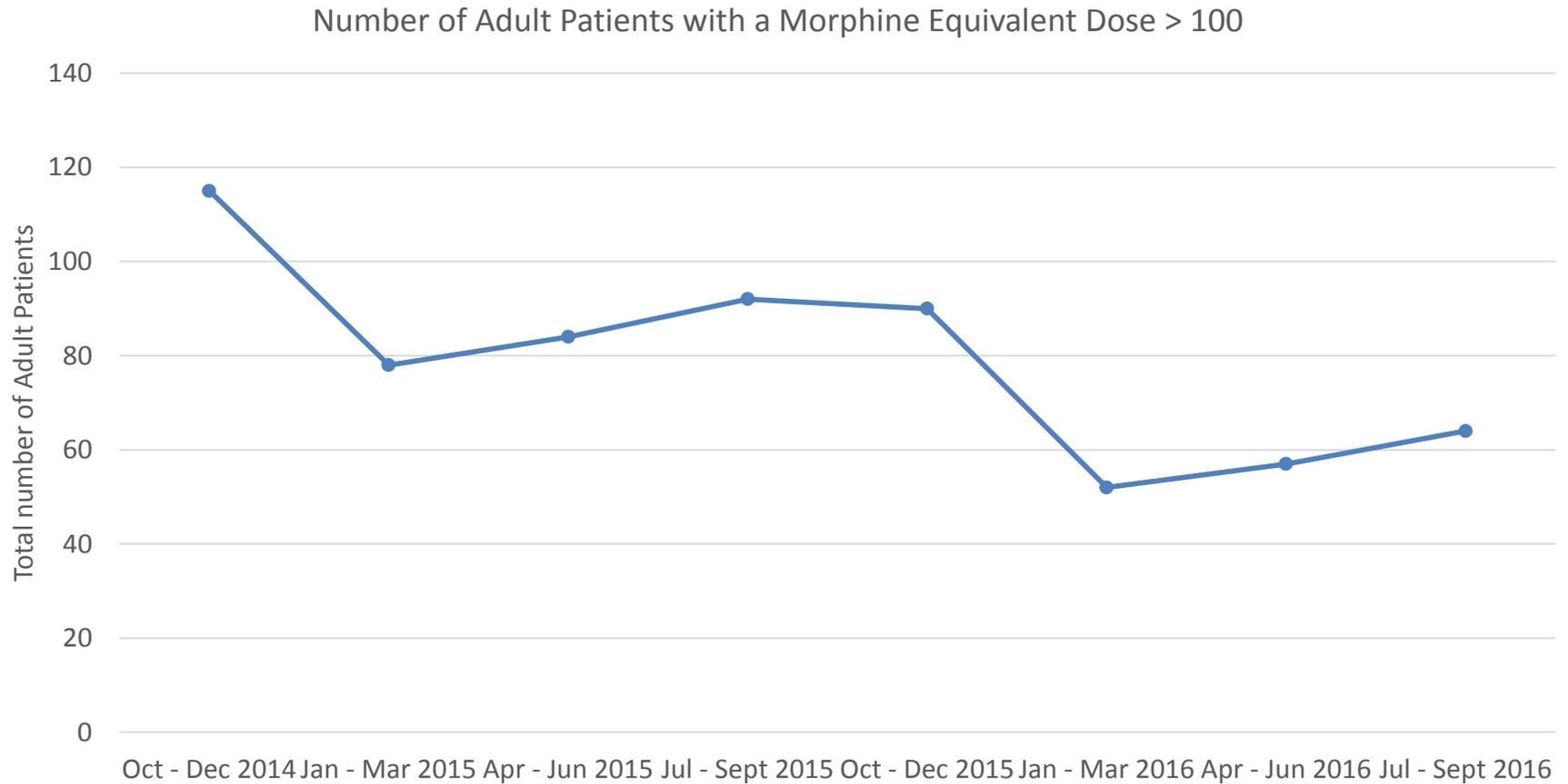


Counties	10/1/2014 - 9/30/2015		10/1/2015 - 9/30/2016	
	Recipients	% of Population	Recipients	% of Population
Belknap	16,057	26.48%	23,766	39.19%
Carroll	12,175	25.75%	17,734	37.50%
Cheshire	15,281	20.13%	23,358	30.77%
Coos	7,345	23.53%	10,736	34.40%
Grafton	17,441	19.53%	26,064	29.18%
Hillsborough	90,289	22.20%	133,642	32.86%
Merrimack	36,477	24.65%	53,634	36.24%
Rockingham	71,333	23.64%	106,667	35.35%
Strafford	31,316	24.69%	46,839	36.93%
Sullivan	9,683	22.54%	14,318	33.32%

Note: A possible impact from year one to year two could be partly attributed to the data limitation in statute at the time, which effected the first two quarters of the first year and the ability to retroactively review historical data.



Number of Adult Patients with a Morphine Equivalent Dose > 100 by Quarter



Total Number of Patients Meeting or Exceeding Prescriber/Dispenser Threshold for Schedule II, III and IV Prescriptions by Quarter

Schedule II	Oct-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sept 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sept 16
5 + Prescribers <u>and</u> 5+ Pharmacies	27	26	25	35	11	6	12	12
10+ Prescribers <u>and</u> 10+ Pharmacies	0	0	0	0	0	0	0	0
Schedule III	Oct-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sept 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sept 16
5 + Prescribers <u>and</u> 5+ Pharmacies	4	5	4	4	1	3	0	2
10+ Prescribers <u>and</u> 10+ Pharmacies	0	0	0	0	0	0	0	0
Schedule IV	Oct-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sept 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sept 16
5 + Prescribers <u>and</u> 5+ Pharmacies	25	27	21	22	17	11	8	11
10+ Prescribers <u>and</u> 10+ Pharmacies	0	0	0	0	0	0	0	0
TOTAL Schedule II,III,IV	Oct-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sept 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sept 16
5 + Prescribers <u>and</u> 5+ Pharmacies	56	58	50	61	29	20	20	25
10+ Prescribers <u>and</u> 10+ Pharmacies	0	0	0	0	0	0	0	0



HOW IS IT BEING USED IN THE FIELD

Michelle,

In response to how the PDMP helps me: I have been a user of the Maine PMP for 10+ years and just started using the NH PDMP. **Prior to the Maine PMP I had two events that could have been prevented with the use of the PDMP. Both were drug seekers who were involved in an MVA that caused deaths. Their cars were each found to have stolen Rx pads, loads of pills and they been to multiple hospitals, clinics and dentists.** Narcotic related deaths have gone up around 500% in the past 10-15 years. In most states it is now the leading cause of death for people ages 18-25. The first drug children now try is mom and dad's Vicodin!

At the same time it **allows me to see when a chronic pain patient is following the rules.** When a chronic pain patient has an acute injury which is ill defined and I review his or her PMP and everything matches up as they may stated then I can care for them compassionately and confidently and not just assume they are drug seeking. **I also do not want to see acute pain not treated just because someone has a drug problem.** If you break your leg, have cancer or surgery then we need to relieve your suffering.

I also use the PMDP to open the eyes of patients to the concept that they need help. I just had a patient last week who said: "I only take an occasional pain pill" but when I reviewed that she had actually take 85 pills in 3 weeks from 3 different providers she cried and actually said "maybe I do have a problem". It is what she needed in order to find better ways of treating her chronic pain and also allowed me to express my genuine concern for her well being.

Chronic pain patients and opiate dependent patients should not be mistreated but at the same time this is a tool that allows me to NOT ENABLE them! I use it daily. The US is 4% of the world's population and we consume 99% of the world's Vicodin and 80% of the world's total narcotic load.

Please feel free to share this with your staff and anyone else who is interested.

John G. Smith PA-C



WHY IS THE PDMP AN IMPORTANT TOOL AND ONE TO INVEST IN?

One Goal is to limit and stop diversion of controlled substances.

Another Goal is to get individuals who may suffer from substance use disorders into treatment.

But, do we have enough treatment facilities?

NH has been ranked 49th in funding treatment in the US

PREDICTION:

As the medical community uses the PDMP more and more,

We will see improvement in patient care/outcomes when it comes to pain treatment through coordination of care

We will identify needs for additional treatment services (both inpatient and outpatient)

We will need to support ongoing statewide prevention and recovery services

The PDMP is one of those PREVENTION/INTERVENTION TOOLS!!!



Next Steps - SFY 2017

- PDMP Enhancements
 - Batch Querying
 - Notation Field
- Outreach and Education (e.g. luncheon webinar series)
- Unsolicited reports to prescribers and pharmacies
- Data collection of de-identified/aggregated data for public health reporting
- Pilot project with NH Drug Court
- On-going registration (including Federal Practitioners and Residents)
- Data compliance



Contact Information

If you have questions that can't be answered using this report, please contact the NH PDMP staff.

Programmatic questions can be directed to the program manager, Michelle Ricco Jonas at:

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