



Minnesota Board of Pharmacy

Report to the Legislature: Interstate Prescription Data Exchange MN Prescription Monitoring Program

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COST OF REPORT

Minn. Stats. §3.197 states that a “report to the legislature must contain, at the beginning of the report, the cost of preparing the reporting, including any costs incurred by another agency or another level of government”. The estimated cost of preparing this report was \$7,650.

Introduction

Prescription drug abuse is a serious public health problem nationwide. The Centers for Disease Control and Prevention (CDC) recently classified it as an epidemic. According to the CDC, drug overdose was the leading cause of injury deaths in 2013; and among people 25 – 64 years old, drug overdose caused more deaths than motor vehicle accidents¹. The effects of this growing epidemic are devastating. The Minnesota Prescription Monitoring program is a tool that can help combat prescription drug abuse.

On May 25, 2007, the Governor signed into law Minn. Stats. §152.126, which required the Minnesota Board of Pharmacy (Board) to establish an electronic system for the reporting of controlled substance prescriptions that are dispensed to residents of the state. The Board subsequently implemented the Minnesota Prescription Monitoring Program (PMP). Collection of data from dispensers of controlled substances began on January 4, 2010, with authorized access to the data commencing on April 15, 2010.

In order to address prescription drug abuse, it is important to address the fact that people will cross state borders to obtain controlled substances. A study published in the *Journal of Pain* states that doctor shoppers, defined as patients going to more than 5 pharmacies and prescribers, traveled a median of 199.5 miles to obtain prescription opioids, with 20% visiting more than 1 state.² In an effort to address prescription drug abuse across state lines, legislation was passed in 2014 to allow for the exchange of data with authorized PMP users in other states. Per MN Statutes §152.126, Subd. 6(g), “The board may participate in an interstate prescription monitoring program data exchange system provided that permissible users in other states have access to the data only as allowed under this section.”

The Obama Administration’s National Drug Control Strategy, published in July of 2014, is a science-based plan to reduce drug use and its consequences. The Administration’s Plan calls for, “reducing drug-induced deaths by 15 percent from 2010 to 2015 and extending this 15 percent goal to include unintentional overdose deaths related to opioids. Given the urgency of drug overdose in the United States, the Administration is focusing its efforts on not only preventing the diversion and abuse of prescription drugs but also reducing the number of Americans dying every day from overdose nationwide.”³ The strategy supports expanding of state based prescription monitoring programs including enhancing interoperability among states. With support from the Bureau of Justice Assistance, through its Harold Rogers PDMP grant program, the Minnesota PMP has been able to implement, expand, and support data sharing across state lines since July 2014.

The PMP was implemented to promote public health and welfare by detecting diversion, abuse, and misuse of prescriptions for controlled substances. The ability to perform data exchanges with other states enhances the purpose and goals of the MN PMP by increasing patient safety and promoting the health and welfare of Minnesotans who travel across state lines.

¹ Centers for Disease Control and Prevention. National Vital Statistics System mortality data. (2015) Available from URL: <http://www.cdc.gov/nchs/deaths.htm>

² Cepeda, M., Fife, D., Yuan, Y., Mastrogiovanni, G., (2013) Distance Traveled and Frequency of Interstate Opioid Dispensing in Opioid Shoppers and Nonshoppers. doi:10.1016/j.jpain.2013.04.014

³ Office of National Drug Control Policy, (2014). National Drug Control Strategy. Available from URL: <https://www.whitehouse.gov/ondcp/national-drug-control-strategy>

The purpose of this report is to provide an overview of interstate electronic data exchange operations and use of the multiple state query function within the PMP database application by authorized system users.

Electronic Data Exchange

In June 2011, the National Association of Boards of Pharmacy (NABP) made available to state PMPs a highly secure data exchange platform referred to as PMP InterConnect® (PMPi). The PMPi platform includes a sophisticated rules engine that allows each participating state PMP to control access so that applicable statutes and rules are followed. PMPi ensures patient data security by acting as only a pass through for the encrypted patient prescription data; it does not retain or store any protected health information. The PMPi platform uses the Prescription Monitoring Information Exchange Architecture (PMIX). PMIX Architecture is based on the National Information Exchange Model (NIEM), which is a data sharing partnership among all levels of government as well as the private sector. The PMIX Architecture utilizes “end-to-end encryption” so that no protected health information can be stored at the hub. The encrypted data leaves the sending state PMP system and cannot be decrypted until it reaches the receiving state PMP system. Nationwide PMPi is processing over 1 million requests for data exchanges every month⁴.

Funding for the development, implementation, support and maintenance of PMPi is provided by NABP. The Board has entered into a Memorandum of Understanding (MOU) with NABP that governs Minnesota’s participation in this valuable service. The MOU is reviewed annually. There is no cost to the State of MN for this service.

Prescription Monitoring Program InterConnect® Governance Structure

NABP has formed an oversight committee, the NABP PMP InterConnect Steering Committee, which is responsible for advising NABP on the operation of PMPi. The committee is tasked with discussing and making recommendations related to the operation of the PMPi, including dispute resolution procedures, entry and exit requirements for participation, data security, recommendations for best practices for state PMPs to facilitate interstate sharing and other issues. The Committee is composed of one representative of each participating state PMP and a chairperson, who is appointed annually by the NABP President. Each PMP representative to the Committee is either the PMP administrator or other person with the authority to make policy decisions concerning the operation of the NABP PMPi. In-person meetings are held once each calendar year, with an additional teleconference held mid-year.

⁴ National Association of Boards of Pharmacy® (NABP®) (2015). <http://www.nabp.net/programs/pmp-InterConnect/nabp-pmp-InterConnect>.

Data Exchange Activity

The MN PMP has been fully participating in the PMPi interstate data exchange system since July 2014. [MN Stats. §152.126, Subd. 6\(g\)](#) permits the Board to participate in a system, provided that permissible users of the data in other states have access to the MN data only as allowed under MN law.

As of August 2015, 30 states were participating in PMPi, with MN PMP connected to 22 of those states. Program staff is currently working to connect with additional states and broaden access for authorized MN PMP account holders, specifically prescribers and pharmacists. The most recent connection in August 2015, with the state of Iowa, resulted in more than 900 transactions from MN PMP users within the first month of availability.

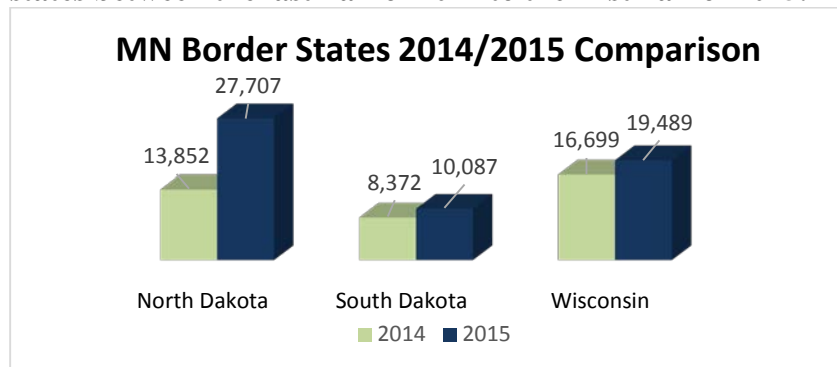
Table 1 below lists the states that currently participate in exchange of data via the PMPi with MN PMP authorized account holders.

Table 1: States Exchanging Data with MN

Arkansas	Illinois	Mississippi	South Dakota
Arizona	Indiana	Nevada	Virginia
Colorado	Iowa	New Mexico	West Virginia
Connecticut	Kansas	North Dakota	Wisconsin
Delaware	Kentucky	Ohio	
Idaho	Michigan	South Carolina	

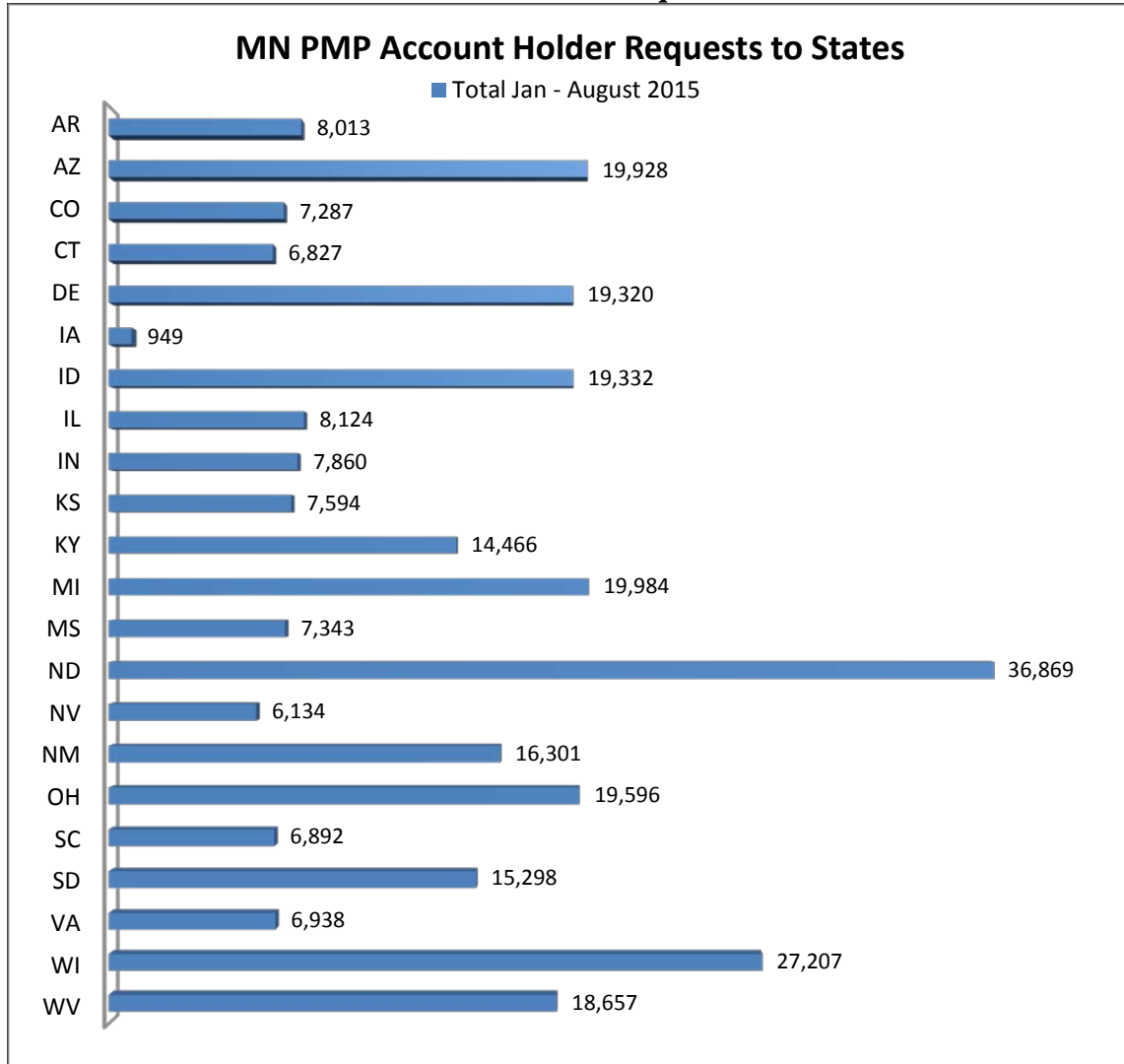
Data exchanges between authorized data users have been increasing due to a rise in PMP user accounts and increased education efforts on the availability and use of the multiple state query functionality within the MN PMP RxSentry® database application. In the first half of 2015, there were approximately 2,800 more requests for WI data from MN PMP account holders than during the second half of 2014. During the same time frame, the increase in Minnesota account holder requests for North Dakota data was more than 13,500, which is a 100% increase. Chart 1 shows data requests made by authorized MN PMP account holders to the border states of North Dakota, South Dakota and Wisconsin for the last half of 2014, compared to the first half of 2015; all have shown an increase in transactions.

Chart 1. Comparison of transactions from Minnesota authorized account holders to border states between the last half of 2014 to the first half of 2015.



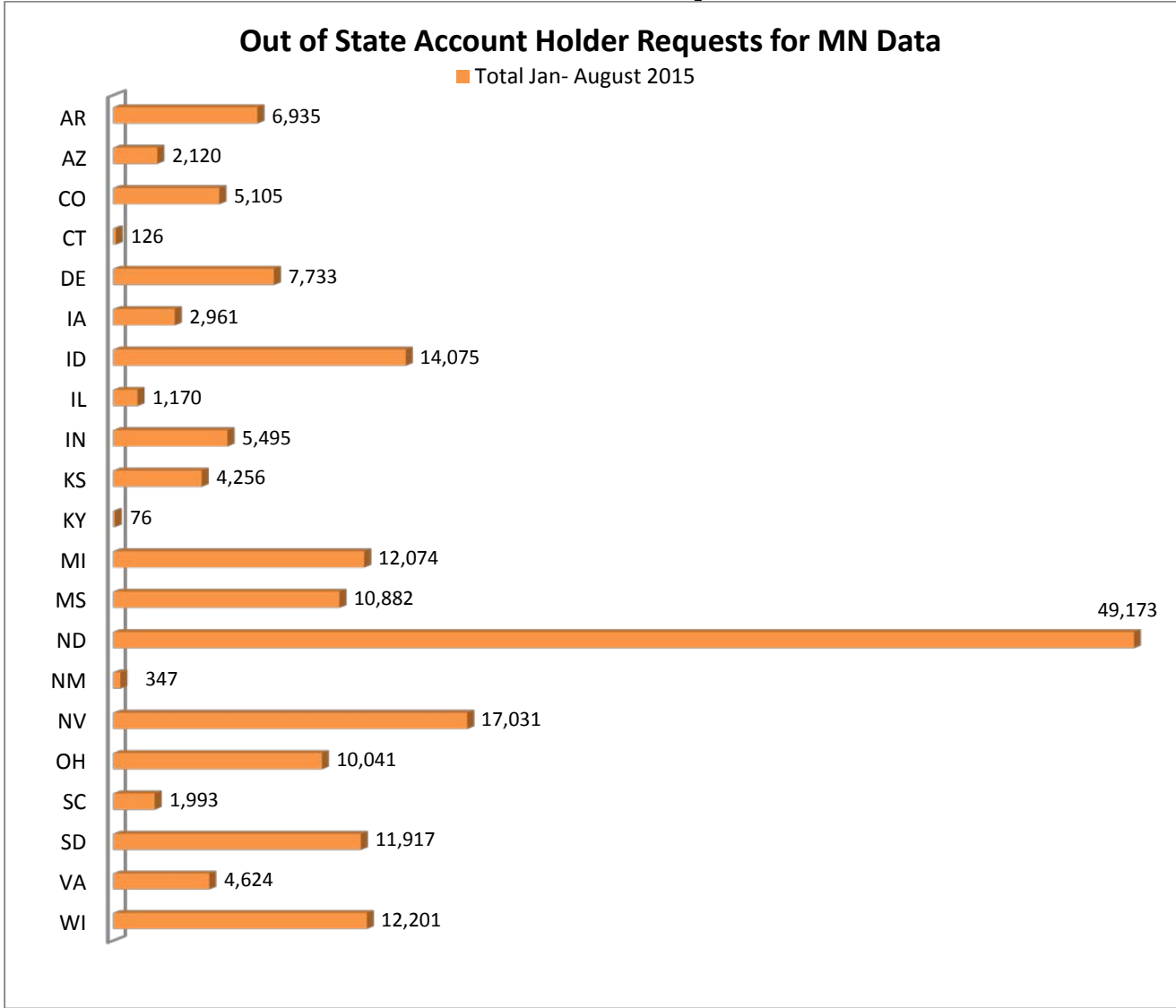
As mentioned above, authorized MN PMP account holders can use the multiple state query function to request data from 22 other states. Excluding states that border MN, high numbers of transactions have occurred for Arizona, Delaware, Idaho, Michigan, and Ohio with over 19,000 transactions per state. Chart 2 shows the number of transactions from authorized MN PMP account holders made to other states.

Chart 2. Number of MN PMP account holder requests to connected states



Minnesotans frequently travel to warmer climates to escape the snow and cold during winter months therefore authorized account holders in some southern states access MN data for those that are traveling. For example, authorized account holders in Arizona made over 2,000 queries of the MN PMP database between January and August of 2015. Nevada’s account holder requests to MN were just over 17,000 in the same 8 months. The chart below shows the number of requests for MN data that were made by authorized account holders from other states. Please note that date of the establishment of connections to each state varies.

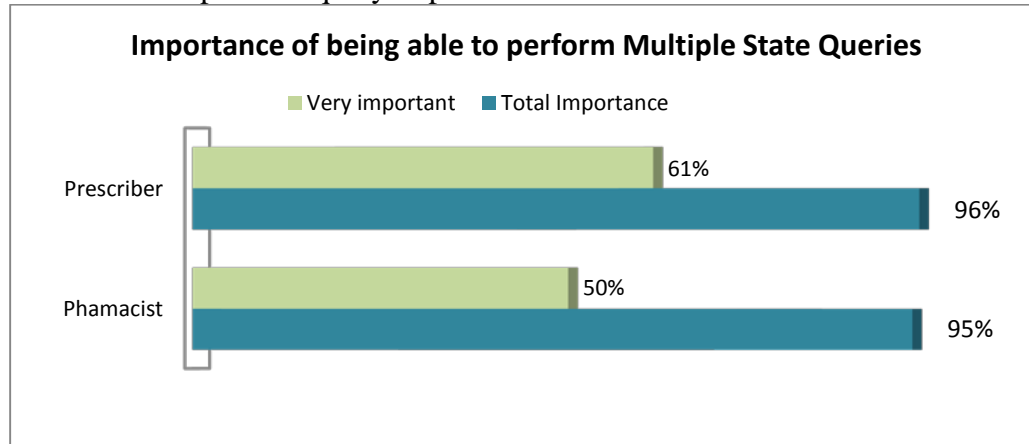
Chart 3. Number of authorized out of state account holder requests for MN data



Survey Results: Multiple State Query Effectiveness

MN PMP staff conducted a survey, in July of 2015, to gather feedback from MN PMP account holders. A request to complete the online survey was sent to all prescribers and pharmacists that had an active user account with the MN PMP. Of those who indicated that they had performed a multiple state query, over 80% of prescribers and pharmacists thought the information was useful. Approximately 95% of prescribers and pharmacists responding indicated they think that being able to perform a multiple state query is important, with a majority of those considering it “very important”.

Chart 3. Multiple state query importance



Prescriber’s Use of Multiple State Query

When a prescriber performs a multiple state query it is important to know what action they take as a result of the information returned. Data collected during the survey showed whether prescribing practices changed, if patients were referred for treatment, or if pain contracts were initiated. Responses showed that prescribers found it helpful when the data returned during the multiple state query confirmed a patient was *not* misusing controlled substances; which increased the prescriber’s confidence when prescribing. Approximately 55% of prescribers indicated they were able to identify that a patient was misusing, abusing, or diverting controlled substance prescriptions. After identifying those individuals, 41% of prescribers had a conversation with their patient regarding the misuse of controlled substances. Prescribers also noted they took further steps by either conducting a screening, brief intervention, and referral to treatment (SBIRT), initiating a pain management agreement, prescribing a medication for opioid addiction or dependence, tapering the patient off of a controlled substance, or a combination of these interventions.

Approximately 32% of prescribers indicated that they began using the multiple state query function more frequently, based on data they received when using that function. Approximately 16% indicated that they made a change in their prescription routines for future patients. Approximately 23% indicated that the multiple state query function enhanced their ability to determine whether patients are adhering to pain management agreements and if early refill requests should be granted.

Pharmacist's Use of Multiple State Query

Pharmacists can also use the multiple state query tool when they are dispensing or considering dispensing a controlled substance to a patient. The reports returned from a multiple state query are used to assist the pharmacist in determining next steps for dispensing to a particular patient. Approximately 46% of pharmacists that responded to the survey stated they were able to identify a patient that was misusing, abusing, or diverting controlled substances. 33% of the pharmacists indicated they contacted the prescriber and recommended a taper off controlled substances, referral to treatment or in some cases a recommendation for another type of intervention.

Approximately 72% of pharmacists indicated that, by using the multiple state query function, they were able to confirm a patient was not misusing controlled substances. The benefit of this functionality has led pharmacists to change their dispensing routines for future patients and 27% indicated use of the multiple state query function more frequently.

Conclusion

After more than 16 months of providing access to PMP data in other states, the Board continues to see an increase in use of the multiple state query function within the MN PMP. With the expanded access to prescription information across state lines, prescribers and pharmacists have a more complete history of controlled substance prescriptions for their patients. Minnesotans who travel to other states and are in need of medical attention can be assured that the out of state prescribers and pharmacists will have access to a more complete picture of their controlled substance prescription history. This may result in Minnesotans being able to receive needed controlled substance prescriptions, since the prescribers and pharmacists can confirm that doctor-shopping is not an issue.

Data collected during the survey of prescribers and pharmacists with active MN PMP accounts suggests that the ability to access this information has helped in providing overall safer care for their patients. As the MN PMP continues to partner with additional states through the PMPi, there is likely to be a decrease in “doctor shopping” behaviors not only in the state of MN but in other states as well. The Board strongly recommends that the ability to partner with other states using the PMPi as a means of exchanging data across borders continues...