



User Survey Report

October 2020

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EXECUTIVE SUMMARY

K-TRACS, the prescription drug monitoring program (PDMP) for the state of Kansas, began collecting prescription drug data in 2011 after legislative approval in 2008. Pharmacies are mandated to report data, but there is no statewide mandate to query K-TRACS before prescribing or dispensing.

Through primarily grant funding, the program has implemented software enhancements and conducted educational outreach to increase overall use of the system over the last decade.

A survey was disseminated in July 2020 with the goal of gauging user perceptions, identifying areas for improvements, and determining knowledge gaps to plan for future educational efforts.

The survey questions were developed from an evaluation of other state PDMP surveys, features and functionality of the K-TRACS software, and best practices related to prescribing and dispensing controlled substances.

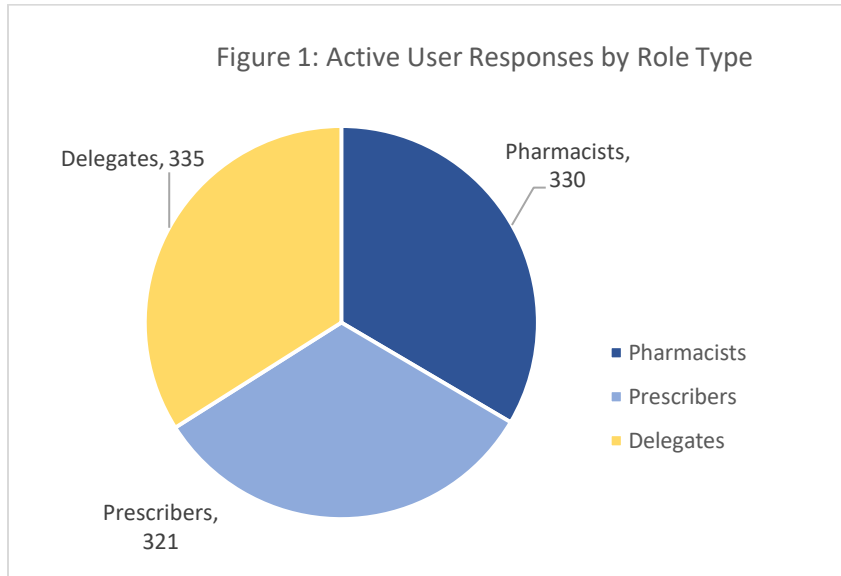
Members of the K-TRACS Advisory Committee, Kansas Board of Pharmacy and Kansas Department of Health and Environment (KDHE) evaluated the survey before distribution.

3,373

The survey was distributed to active K-TRACS users and relevant state regulatory board licensees and registrants who were a combination of users and non-users of the PDMP. Through the following methods of distribution, we received 3,373 responses:

- Board of Pharmacy email to licensees and registrants (7/16/2020)
- Board of Nursing email to licensees (7/21/2020)
- Kansas Hospital Association newsletter (7/24/2020)
- Kansas Medical Society newsletter to members (8/2/2020)
- Email to all K-TRACS users through Appriss Health (8/7/2020)
- Link posted on Board of Pharmacy website and social media (throughout July and August 2020)
- Kansas Association of Physician Assistants email to members (8/18/2020)
- Board of Healing Arts email to licensees (8/20/2020)
- Medical Society of Sedgwick County newsletter (August 2020)

Of the 3,373 responses received, 986 (29%) were from active K-TRACS users. For the purposes of this report, active K-TRACS users are recognized as survey respondents who self-identified as using K-TRACS daily, at least weekly, or monthly or less. See the Technical Notes in Section 10 for more information about responses collected.



Compared to the number of active users registered in K-TRACS by role type, the response rate for users is as follows:

- Pharmacists: 11% response rate
- Prescribers: 4% response rate
- Delegates: 15% response rate
- **Total: 7% response rate**

97%

Survey Finding 1: K-TRACS has a positive impact

97% of K-TRACS users agree that K-TRACS has a positive impact on reducing prescription drug misuse, abuse and diversion. Prevention is one of the primary goals of the PDMP, along with prioritizing patient safety and promoting community health.

[Read more in Section 01](#)

95%

Survey Finding 2: Data accuracy perceptions are high

95% of users believe the information about patients' prescription drug history provided in K-TRACS is accurate, and 97% of pharmacists believe the data they report is accurate and complete.

89%

Survey Finding 3: Users are equipped with adequate knowledge to use K-TRACS

89% of users said they have adequate training to use K-TRACS appropriately; however, users also identified future areas of education and training that would interest them, including medication safety, assessing patient risk and employing behavioral health strategies for patients.

[Read more in Section 06](#)

60%

Survey Finding 4: Integration matters

60% of integrated prescribers and pharmacists use K-TRACS on a daily basis, compared to 24% of non-integrated users. The survey highlighted a positive correlation between integrated users and frequency of use, though cause and effect cannot be determined.

[Read more in Section 03](#)

29%

Survey Finding 5: Usability can be improved

Only 29% of users said they encounter no barriers to using K-TRACS, with areas of improvement identified as enhancing interstate data sharing, dashboard usability, patient matching, password changes and integration features.

[Read more in Section 05](#)

01

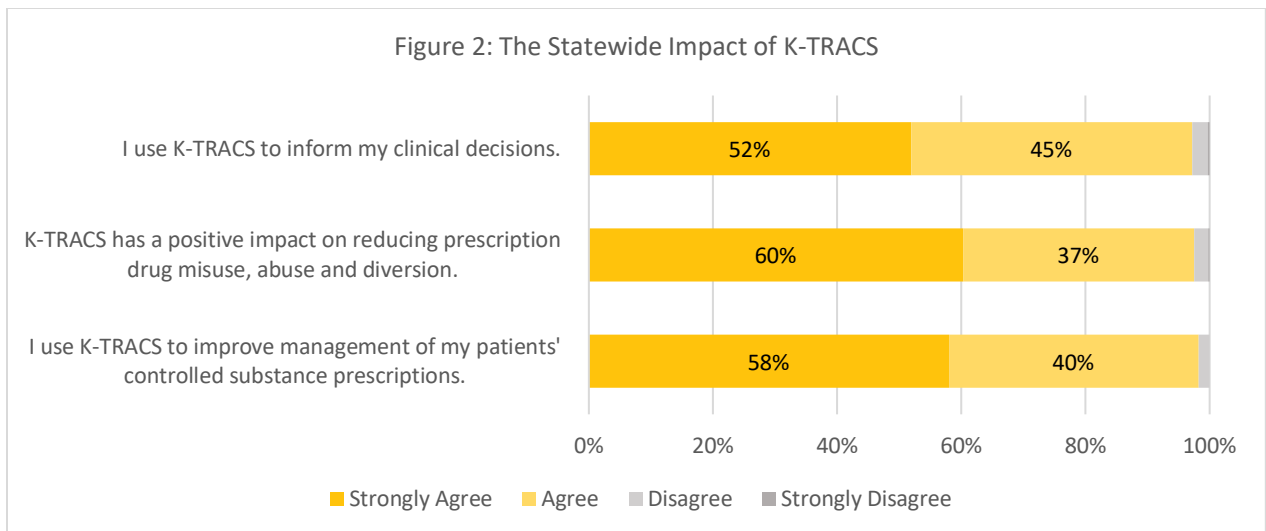
THE IMPACT OF K-TRACS

The overall impact of K-TRACS on the healthcare community, patients and the state of Kansas appears to be positive, regardless of user type or demographics.

97%

97% of users agree that K-TRACS has a positive impact on reducing prescription drug misuse, abuse and diversion — one of the primary tenets of the state’s prescription drug monitoring program.

97% of prescribers and pharmacists use K-TRACS to inform their clinical decisions, and 98% use K-TRACS to improve management of their patients’ controlled substance prescriptions.

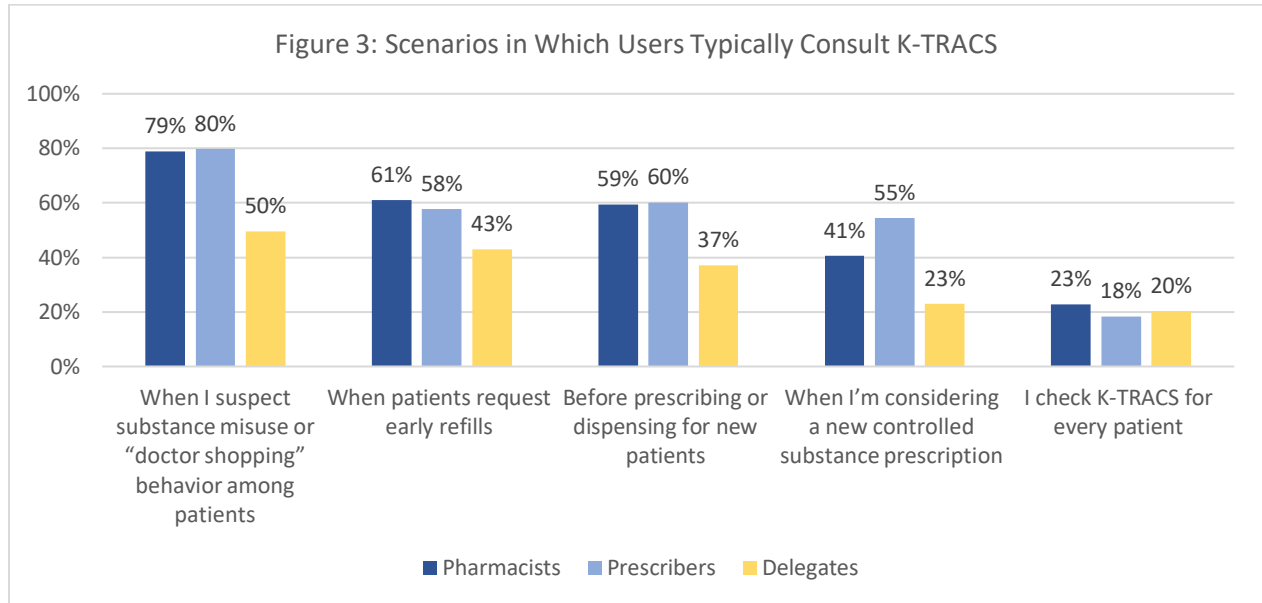


Users indicated the most common scenarios in which they use K-TRACS are when they suspect substance misuse or “doctor/pharmacy shopping” behavior among patients (69%); when patients request early refills (54%); and before prescribing or dispensing for new patients (52%). All of these scenarios prioritize patient safety and are recommended reasons to check K-TRACS.

Rural prescribers — those in counties with population of less than 30,000 — have three scenarios in which they use K-TRACS at higher

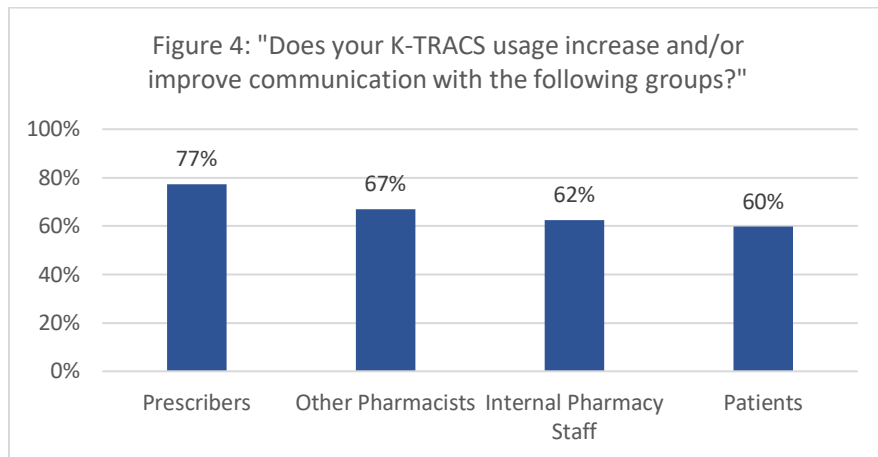
rates than their counterparts in more populated areas: when patients request early refills (74%), before prescribing or dispensing for new patients (85%), and when considering a new controlled substance prescription (72%).

Only 20% of users said they check K-TRACS for every patient.

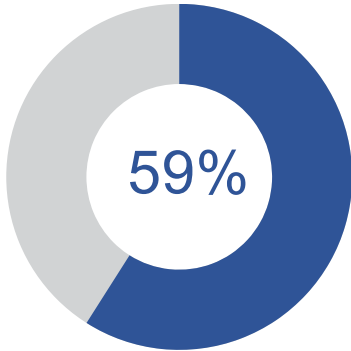


Pharmacists were asked about their communication levels with specific groups of people involved in prescribing and dispensing. Only 6% of pharmacists said there was no change in their communication patterns as a result of using K-TRACS.

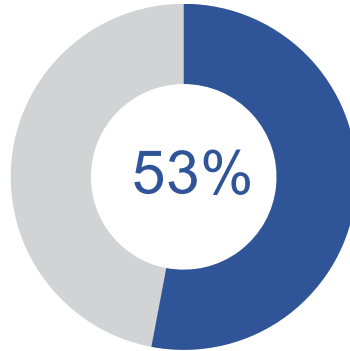
The highest increase or improvement in communication was with prescribers (77%), followed by other pharmacists (67%), internal pharmacy staff (62%), and patients (60%).



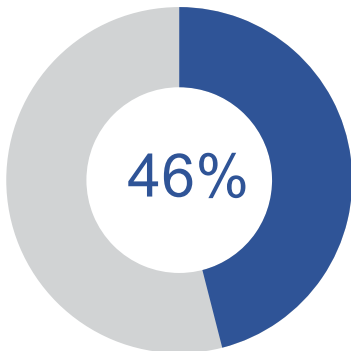
Additionally, prescribers were asked about the types of actions they have taken as a result of using K-TRACS within the last 90 days. Their most common actions take advantage of the information available within K-TRACS to prioritize patient safety.



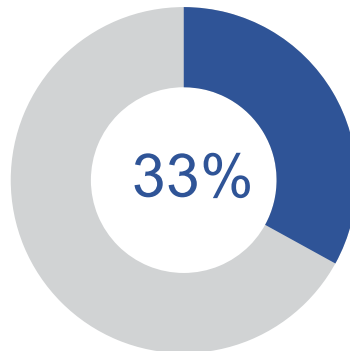
59% of prescribers report speaking with patients about their controlled substance use



53% of prescribers discussed alternative therapies including non-pharmacological options



46% of prescribers report reducing, tapering or eliminating controlled substance prescriptions for a patient



33% of prescribers report referring or recommending a patient for pain management

Rural prescribers — those in counties with population less than 30,000 — report higher usage of these strategies than prescribers in more populated areas with:

- 72% reporting speaking with patients about their controlled substance use
- 69% reporting discussing alternative therapies including non-pharmacological options
- 66% reporting reducing, tapering or eliminating controlled substance prescriptions for patients
- 46% reporting referring or recommending a patient for pain management

Fewer than one-third of all prescribers report establishing a controlled substance contract with a patient (29%); referring a patient for behavioral health strategies (26%); or referring a patient for substance abuse treatment (14%).

Unfortunately, prescribers also reported declining to accept a patient into their practice (14%) and dismissing a patient from their practice (8%) as a result of using K-TRACS. The prescription drug monitoring program should not be used as the sole determining factor in a clinical decision, including whether to care or continue care for a patient. Dismissing patients from a practice as a result of using K-TRACS does not align with the program's goal of prioritizing patient safety.

Through written comments, prescribers noted additional actions taken as a result of using K-TRACS that align with program goals:

- "Determined who should prescribe a controlled substance at discharge"
- "Discussed red flags in the K-TRACS report"
- "Declined an early refill for a patient on oxycodone"
- "Found the patient was honest"
- "Settled discrepancies on when we prescribed a med vs. when it was filled in the pharmacy vs. when the patient says it was filled"
- "Worked with local care team to optimize results with reduced opioid prescribing"
- "Offered only non-surgical treatment for their problem"
- "Felt comfortable prescribing, if needed, based on last fill and history"

ACTION ITEM

K-TRACS will emphasize the appropriate use of PDMP data through future educational efforts.

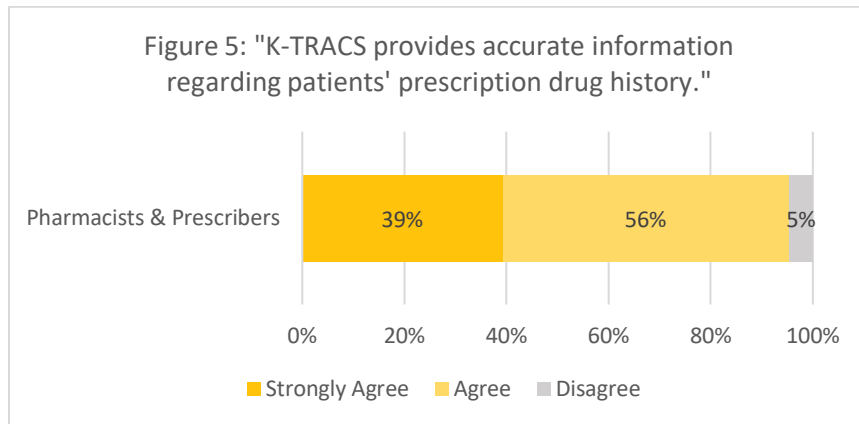
02

DATA ACCURACY

All prescription drug data in K-TRACS is reported by pharmacies from prescriptions written by prescribers. Everyone involved in prescribing and dispensing has a hand in ensuring the accuracy of data within K-TRACS.

95%

95% of users believe K-TRACS provides accurate information about patients' prescription drug history.

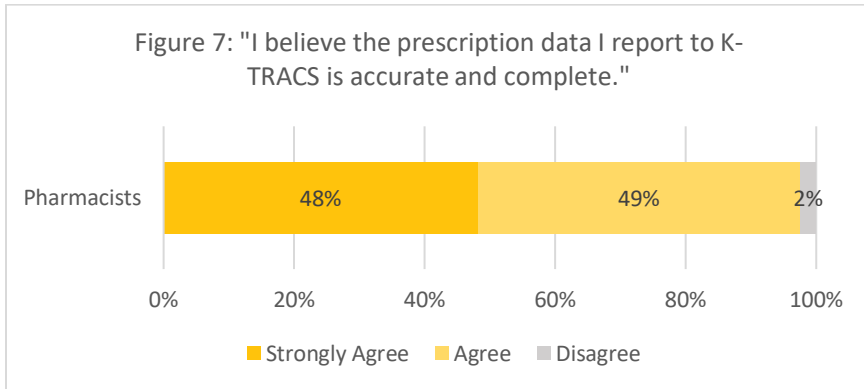
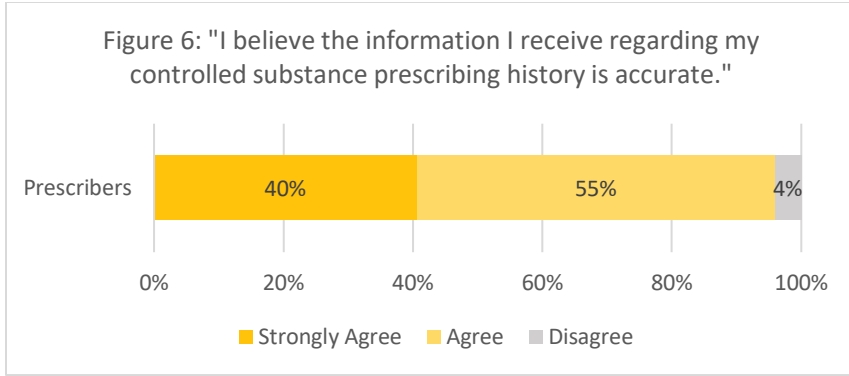


Of the 5% of pharmacists and prescribers who disagree with the above statement, 81% still use K-TRACS to inform clinical decisions and improve management of patients' controlled substance prescriptions.

In 2020, K-TRACS began a data validation review to look at the accuracy of data reported by pharmacies. As of the date of this report in October 2020, the prescription error rate was 4%, which is in line with user perceptions of data accuracy.

95% of prescribers believe the information they receive about their controlled substance prescribing activity is accurate, while 97% of pharmacists believe the data they report to K-TRACS is accurate.

ACTION ITEM
 K-TRACS will work with pharmacies to ensure prescription drug data is being reported accurately and errors are being corrected in a timely manner.



There were no additional remarkable trends or specific comments in responses disagreeing with statements about data accuracy.

However, users shared concerns in the survey about patient matching – their ability to find and match patients in K-TRACS with patients in their own records systems. Typos and other minor differences in patient name and address were of concern and could lead to negative perceptions of data accuracy. More details about patient matching are available in Section 05.

03

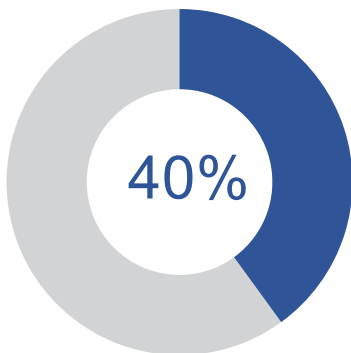
INTEGRATION + USAGE

K-TRACS reached an all-time high in number of users (14,465) and number of monthly patient searches (249,590) in July 2020 when the survey was disseminated. The survey collected data on frequency of use and type of use — through integrated and non-integrated systems.

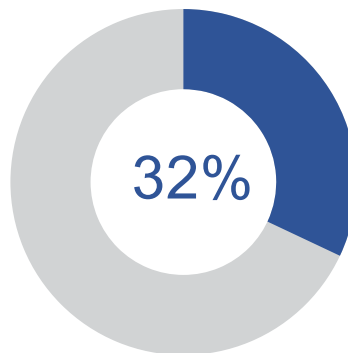
70%

70% of K-TRACS users say they use the system daily or at least weekly, with pharmacists recording the highest levels of daily usage (48%).

K-TRACS has completed 938 integrations through March 2020. Pharmacies, clinics, hospitals and health systems can request to have K-TRACS integrated into their electronic medical records or pharmacy management systems for ease of use. The integration reduces the need for users to login to the K-TRACS web portal and manually search for patient prescription drug history. In most integrated systems, K-TRACS data is available within the records system alongside other medical history.



40% of pharmacists use integrated systems



32% of prescribers use integrated systems

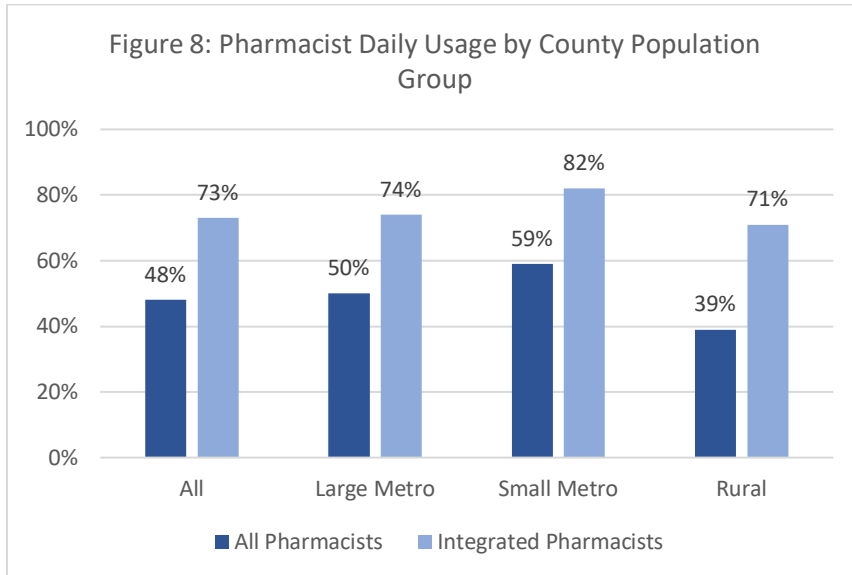
Survey results show that integration status has a positive correlation to frequency of use, although it is unclear if more frequent use is a result of using an integrated system, or if frequent users seek out integration for ease of use.

Among pharmacists, 48% report using K-TRACS daily, but that number jumps to 73% among integrated pharmacists. Similar increases in usage rates can be seen across county population groups*.

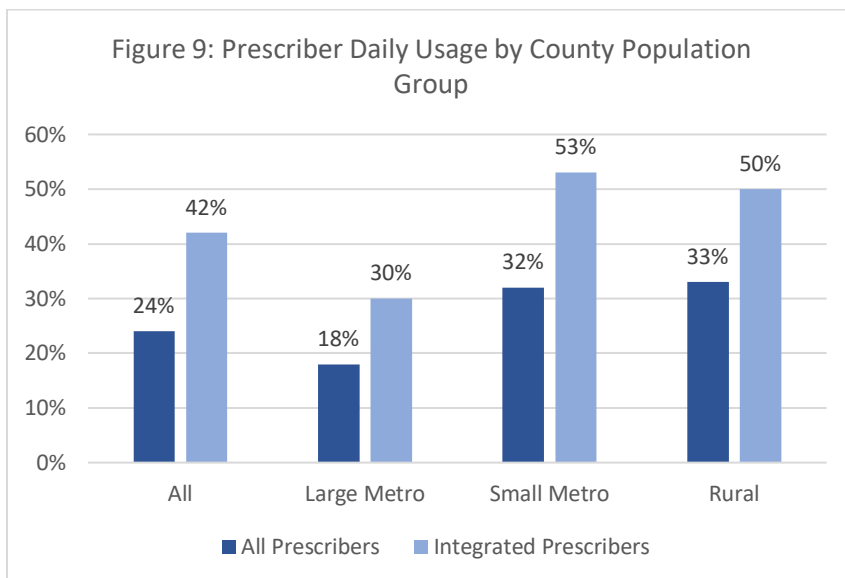
*Large metro includes counties with population over 100,000. Small metro includes Kansas counties with population between 30,000 and 100,000. Rural counties have population less than 30,000.

ACTION ITEM

K-TRACS will continue to promote integration as a valuable enhancement for adopting greater K-TRACS usage.

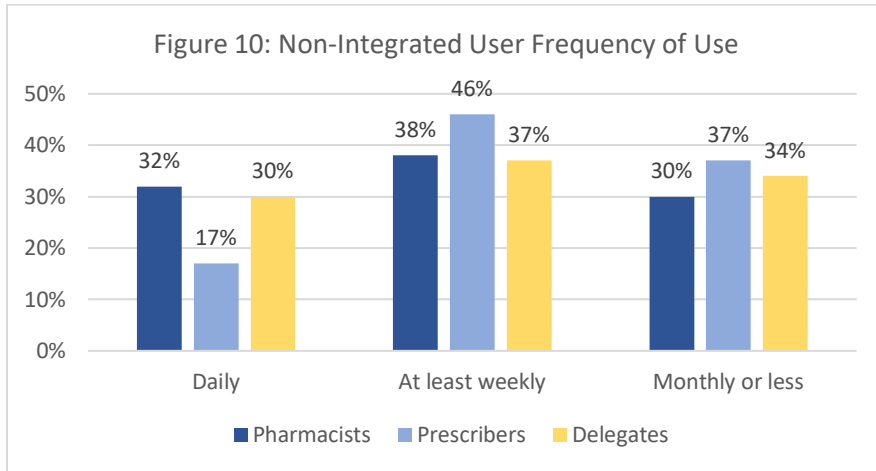


Among prescribers, 24% report using K-TRACS daily, but that percentage increases to 42% among integrated prescribers.



Meanwhile, non-integrated users report less frequent use: Only 24% of non-integrated pharmacists and prescribers use K-TRACS on a daily basis.

Delegates are not eligible to use integrated systems, and only 30% of delegates report using K-TRACS on a daily basis.



04

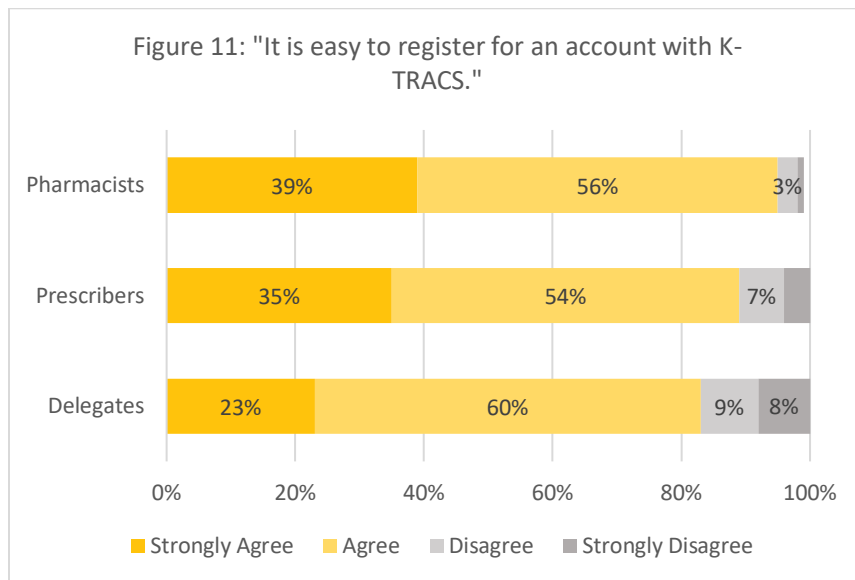
FEATURES + FUNCTIONALITY

Pharmacies began reporting prescription drug data to K-TRACS in 2011. Since that time, a number of functionality enhancements and improvements have occurred to improve the user experience and encourage additional pharmacist and prescriber adoption of the program.

90%

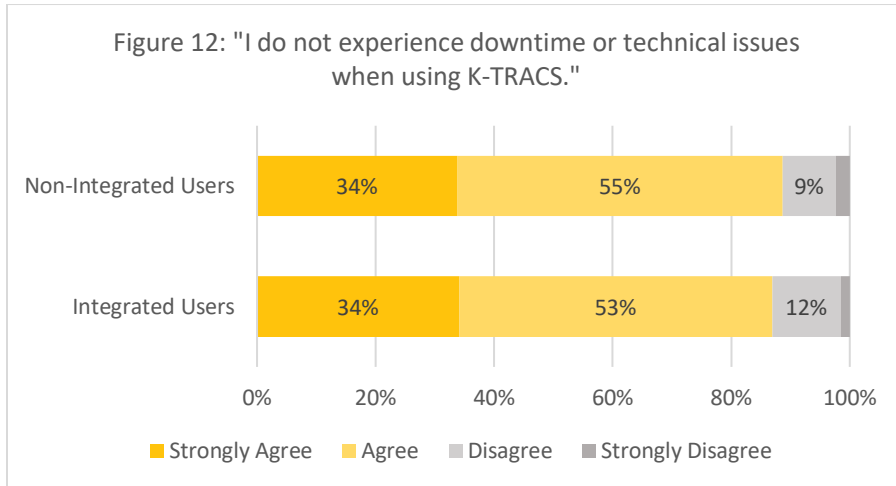
90% of users believe it is easy to register for a K-TRACS account. However, the registration process was deemed one of the significant barriers to use by non-user prescribers (see Section 08 for more details).

K-TRACS records an average of more than 1,200 new users each year, all of whom must complete the online registration process, including a form that verifies the user’s identity.

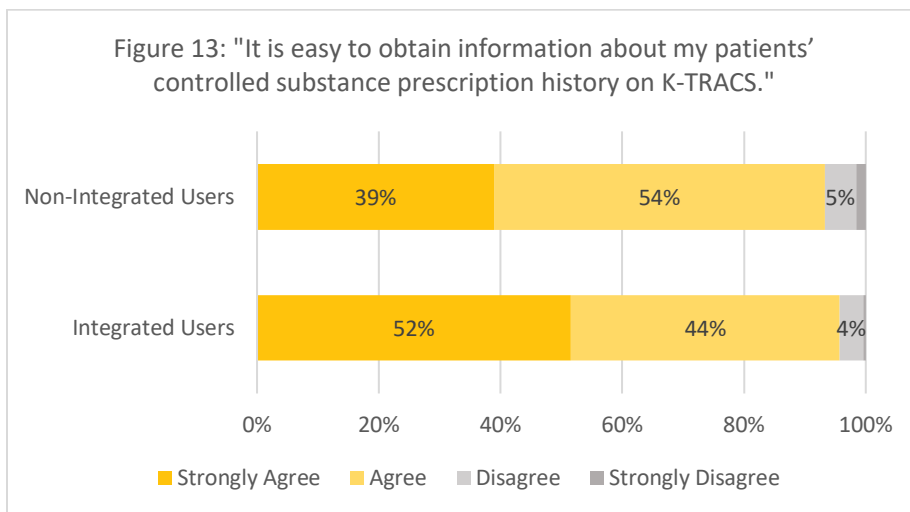


Divided by integration status, 87% of integrated users and 89% of non-integrated users report they do not experience downtime or technical

issues when using K-TRACS. Through written comments, users reported some downtime while using their integrated systems, but that the web portal was available during those periods.

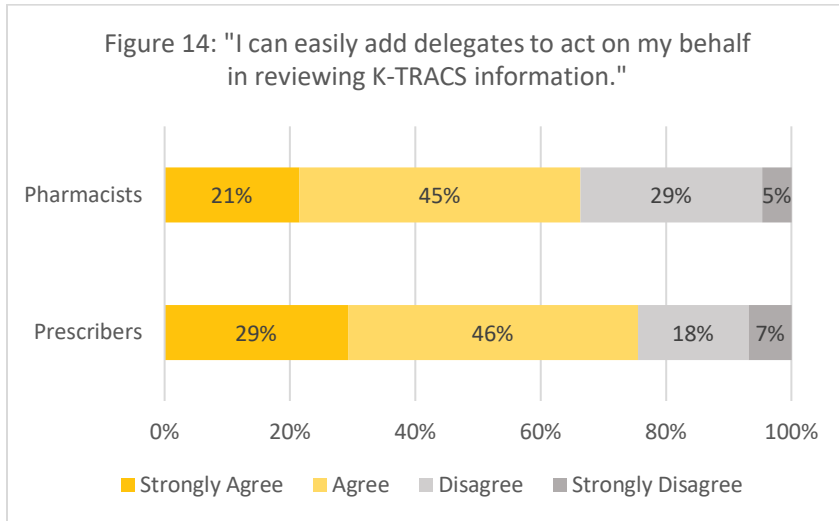


Divided by integration status, 96% of integrated users and 93% of non-integrated users report it is easy to obtain information about their patients' controlled substance prescription history in K-TRACS.

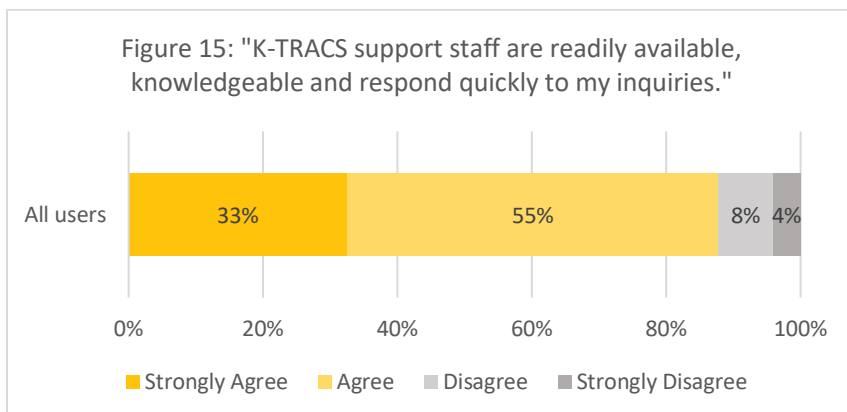


34% of pharmacists and 25% of prescribers disagreed with the ease of adding delegates to act on their behalf in reviewing K-TRACS information. There were no significant trends in the written comments to point to specific barriers with using delegates or delegate registration.

This question received the smallest response of any question on the survey, likely due to low delegate usage. According to K-TRACS user data, there is approximately 1 prescriber delegate for every 6 prescribers (1:6) and 1 pharmacy delegate for every 15 pharmacists (1:15).



Users were also asked about their perceptions of the customer support provided by K-TRACS staff. This question received significantly fewer responses than other questions, likely due to lack of interaction with K-TRACS staff by a majority of users. However, 88% of the users who responded agreed with the staff's abilities to assist them.



05

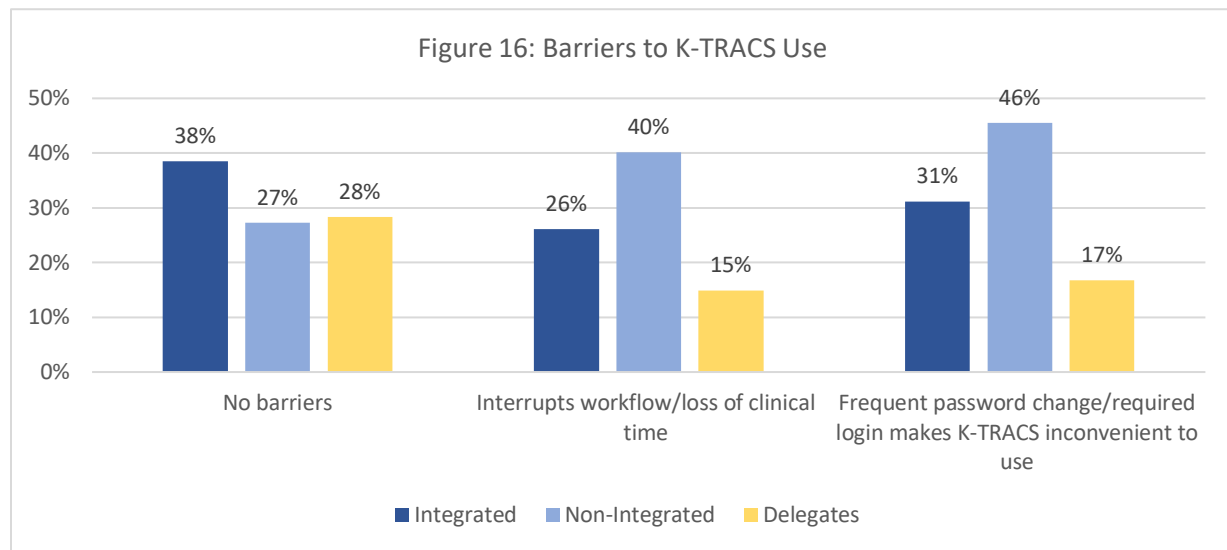
BARRIERS + USABILITY

As with any software solution, usability concerns and barriers that reduce or restrict a user’s ability to access the system can occur. The survey aimed to assess those barriers to identify process and usability improvements that can be made to improve the K-TRACS user experience.

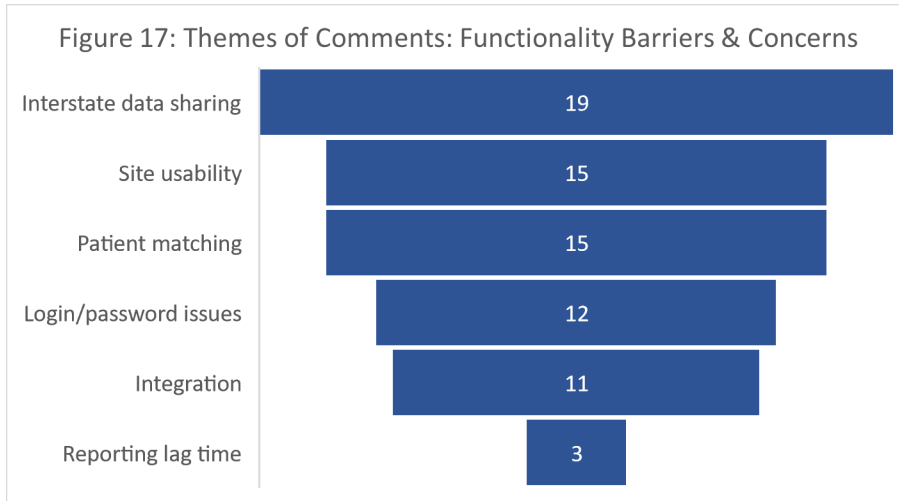
29%

29% of users said they encounter no barriers to using K-TRACS. Pharmacists and prescribers who use an integrated system report higher rates of “no barriers” to use than their counterparts using non-integrated systems.

Non-integrated users (including delegates who can only use the K-TRACS web portal) reported two primary barriers to use: workflow interruptions and frequent password changes.



Comments throughout the survey highlighted additional barriers to use. These comments have been categorized for qualitative analysis and detailed below.



INTERSTATE DATA SHARING

K-TRACS is connected to more than 40 state prescription drug monitoring programs through PMP Interconnect, a free service of the National Association of Boards of Pharmacy (NABP). Through this service, K-TRACS provides the ability for users to search more than 30 other state PDMPs in the K-TRACS web portal, including the bordering states of Oklahoma, Colorado and Missouri, and the Military Health System.

A primary concern related to interstate data sharing was the lack of availability of this service within integrated systems:

- “Is integrated into our EMR, however is defaulted to just Kansas only and cannot have other states by default. We are on the border to Colorado, so have to use the website frequently instead. Slows us down and can miss if you don’t look on the website instead.”
- “If they live in another state or got scripts in another state, it does not show in our EMR unless we go in the system manually.”
- “I live near Oklahoma who doesn’t always report, meaning the K-TRACS report is sometimes incomplete because I can’t see their medicines from our neighboring state.”

Specific states of interest to users to be available within the integration include the border states of Missouri, Colorado and Oklahoma, as well as the Military Health System.

Of note, Nebraska does not participate in PMP Interconnect and is not available for connection with any other states, even though users along the Nebraska border indicated a desire to access that state’s PDMP data.

ACTION TAKEN

K-TRACS has worked with software vendor Appriss Health to make neighboring states available within the integration, which will be rolled out to users through the rest of 2020.

SITE USABILITY

General site usability concerns were expressed in written comments including:

- “Cumbersome – should have a link to search a patient as soon as you log in.”
- “Not intuitive to navigate site.”
- “A more intuitive, easier site to navigate.”

PATIENT MATCHING

Pharmacists, prescribers and delegates expressed concerns about typos and differences in patient names and addresses that lead to the inability to match patient names from their records system with patients in K-TRACS.

The K-TRACS software has some patient consolidation algorithms that automatically catch and consolidate when the same patient is reported under different names or addresses. Additionally, K-TRACS staff can do manual patient consolidation, but both systems require enough information about the patient for consolidation to occur at a high confidence level.

K-TRACS has had previous conversations with its software vendor, Appriss Health, about using a unique patient ID number to reduce the need for patient consolidation and improve user’s search results. That conversation is ongoing.

PASSWORD CHANGES

The frequency of password changes was a top concern among written comments to go along with 46% of non-integrated users and 17% of delegates reporting that frequent password changes are a barrier to use.

INTEGRATION

The lack of integration continues to be a barrier to use for K-TRACS users. Many pharmacies, clinics and hospitals remain without integration connections, which can slow down their clinical processes.

- “I would use it way more often if I could have it integrated into our workflow.”

ACTION ITEM

K-TRACS is working with its software vendor, Appriss Health, to design usability enhancements, particularly for the user dashboard on the K-TRACS web portal.

ACTION TAKEN

Password change frequency adjusted to every 180 days instead of 90 days as of September 14, 2020.

REPORTING LAG TIME

There is some concern among users about the 24-hour reporting period mandated by Kansas law:

- “Things aren’t always loaded promptly, therefore a person who just received a CII elsewhere, I won’t see it right away when they hit the next location ‘pharmacy shopping.’ A very hard request, but faster postings would help my location.”
- “Not always up to date. I have seen patients come in with the bottle they picked up within the last week, but when I run K-TRACS, that fill is not listed.”

ACTION ITEM

K-TRACS will work with pharmacies to ensure reporting compliance and reduce the occurrence of delayed or missing prescription reports.

ADDITIONAL BARRIERS

Additional barriers mentioned in written comments but not related to software functionality include:

- Lack of time and/or staffing issues
- Lack of mandatory and/or frequent and widespread prescriber usage
- Some pharmacies not reporting controlled substance dispensations

Written comments also highlighted the desire for future enhancements and/or regulation changes:

- Desire for prescribers to use electronic prescribing to improve workflows
- Desire for the PDMP to collect all prescription drugs, not just controlled substances
- Desire to add notes or alerts to patient accounts to communicate with other prescribers and pharmacists about patient status
- Desire for private methadone clinics to report

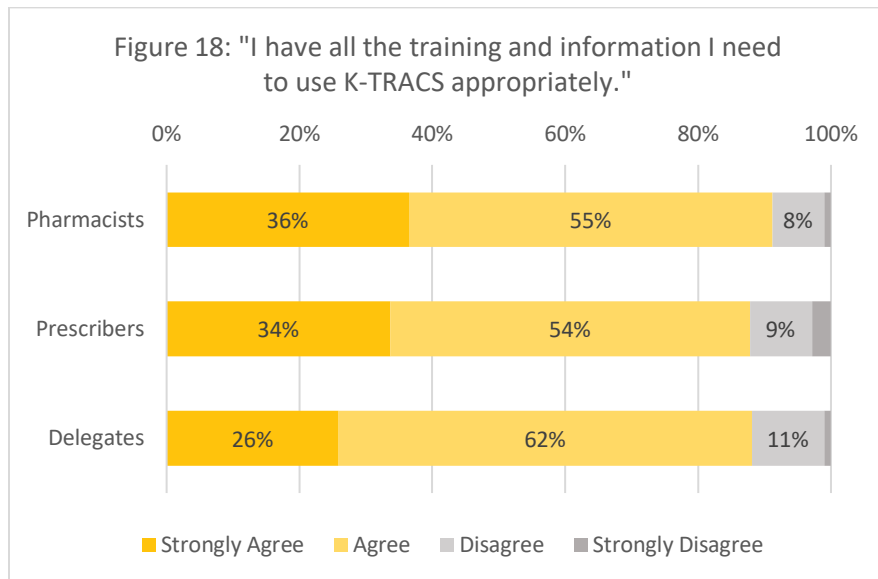
06

EDUCATION + TRAINING

K-TRACS has been part of a number of outreach events over the past few years to educate users about K-TRACS and how to use the system to prioritize patient safety. Outreach efforts have included relevant conference presentations and tradeshow attendance, presentations to medical, nursing and pharmacy schools, and other training with healthcare organizations. These types of presentations are ongoing.

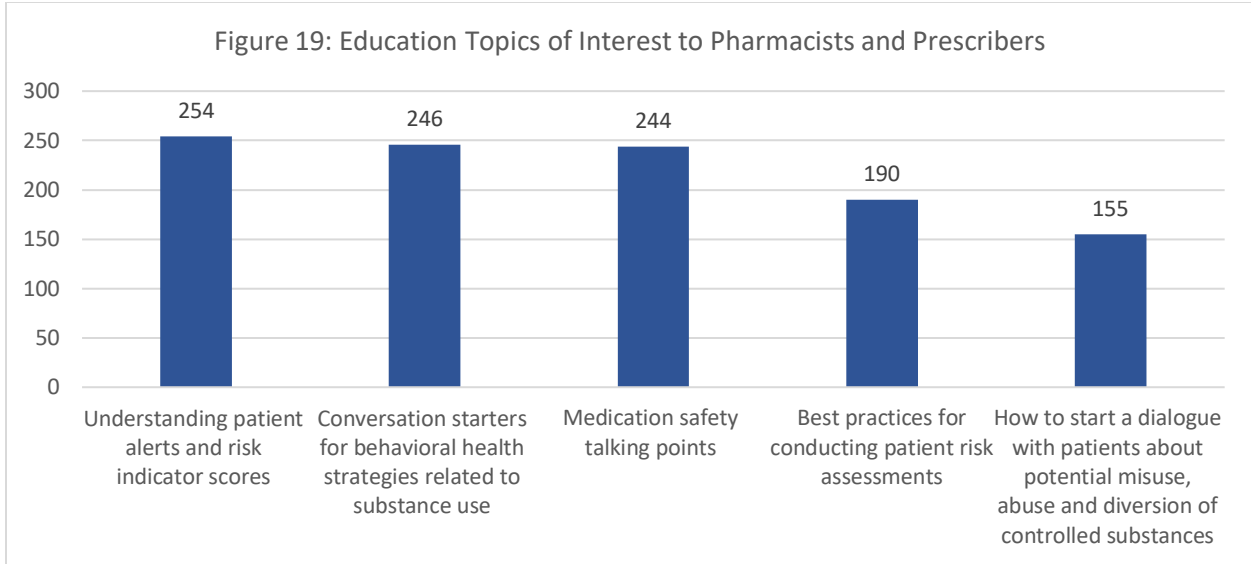
89%

89% of users said they have adequate training to use K-TRACS appropriately.



Additionally, 99% of prescribers and pharmacists said they understand best practices for prescribing or dispensing controlled substances.

When asked about potential education topics, many users indicated a desire to learn more about identifying risk factors, communicating with patients, using K-TRACS risk tools, and medication safety tips for patients.



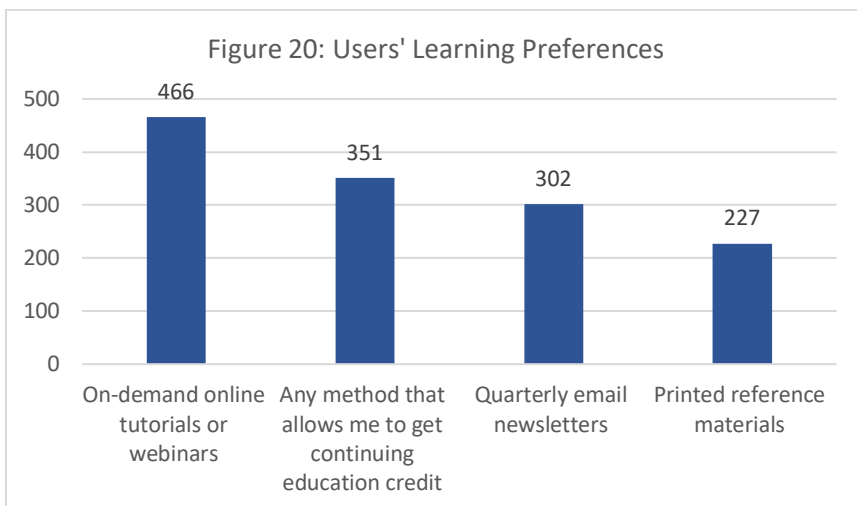
Additional topics indicated by pharmacists include:

- Best practices for becoming a medication collection and disposal site
- How to start a dialogue with prescribers about potential over-prescribing and high MME concerns

Additional topics indicated by prescribers include:

- Best practices for implementing prescribing guidelines
- How to interpret Prescriber E-Recap (PERx) Reports

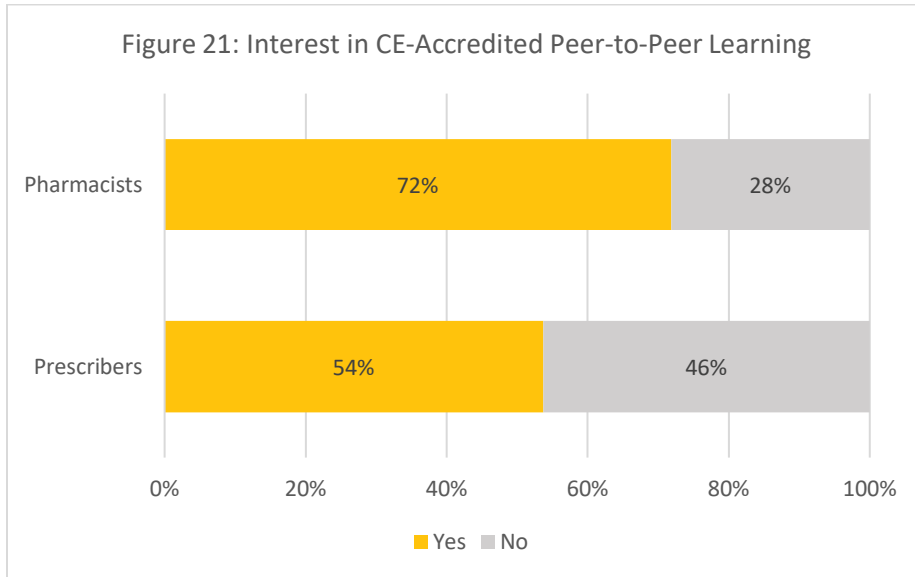
Users also indicated by what methods they would prefer to learn about educational topics and/or K-TRACS feature upgrades. On-demand online webinars and tutorials and any method that allows CE credit are the top ways users prefer to learn.



ACTION ITEM

K-TRACS intends to develop additional online tutorials and CE-accredited webinars to promote learning and awareness related to the PDMP and prescribing and dispensing best practices.

The Kansas Department of Health and Environment (KDHE) is beginning an academic detailing project to provide peer-to-peer evaluation of prescriber activities, and the Board of Pharmacy has applied for grant funding to provide similar evaluation for pharmacists. Both groups were asked about their willingness to participate in this type of activity with 72% of pharmacists and 54% of prescribers indicating interest.



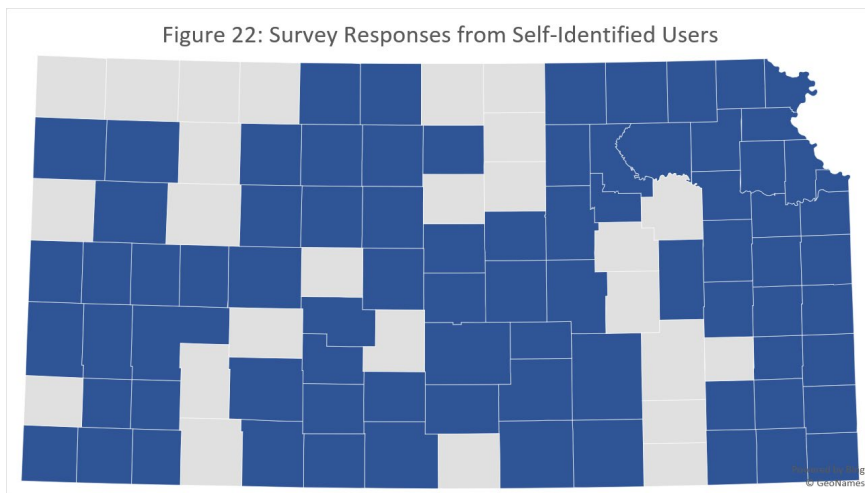
07

USER DEMOGRAPHICS

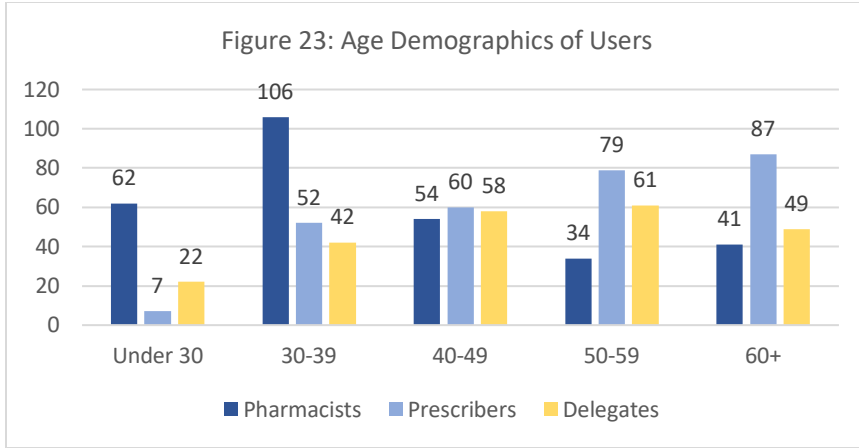
Demographic survey questions regarding users' gender, age, medical specialty (for prescribers only), and county of primary practice were optional. The data collected from completed responses is presented here.

75%

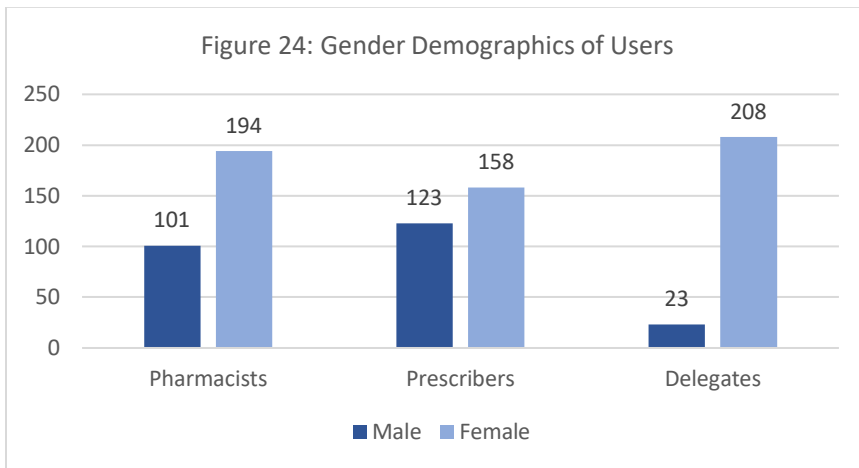
75% of Kansas counties were represented by responses to the K-TRACS user survey. The map below shows counties that recorded at least one user response (pharmacist, prescriber or delegate).



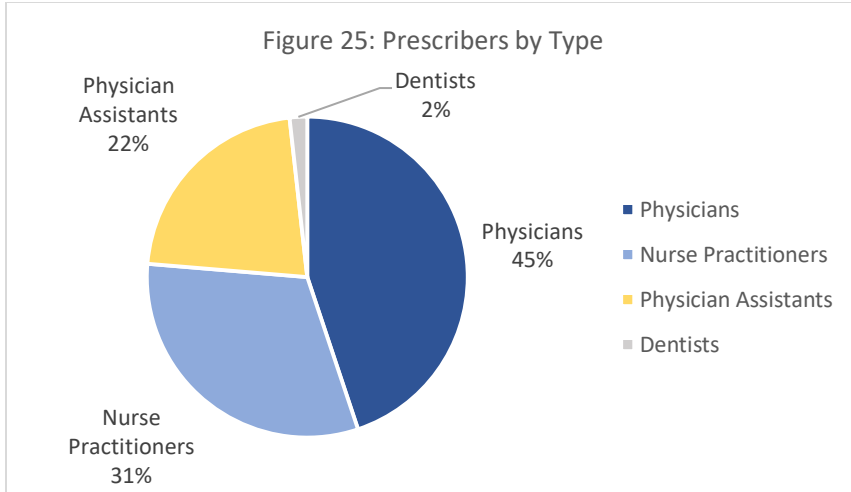
Of survey respondents, 56% of pharmacists are under age 40 and 58% of prescribers are age 50 and older.



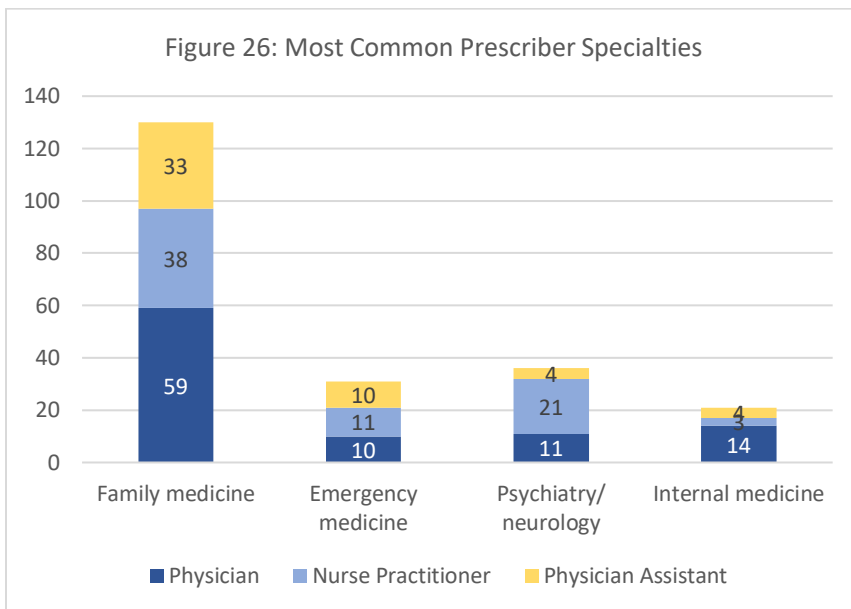
The survey garnered a higher response from females than males in all role types.



Among prescribers, 45% are physicians, 31% are nurse practitioners and 22% are physician assistants.



40% of prescribers who responded to the survey indicated they worked in family medicine, which is also the top specialty among K-TRACS users who have declared a specialty.



Additional specialties of survey respondents include:

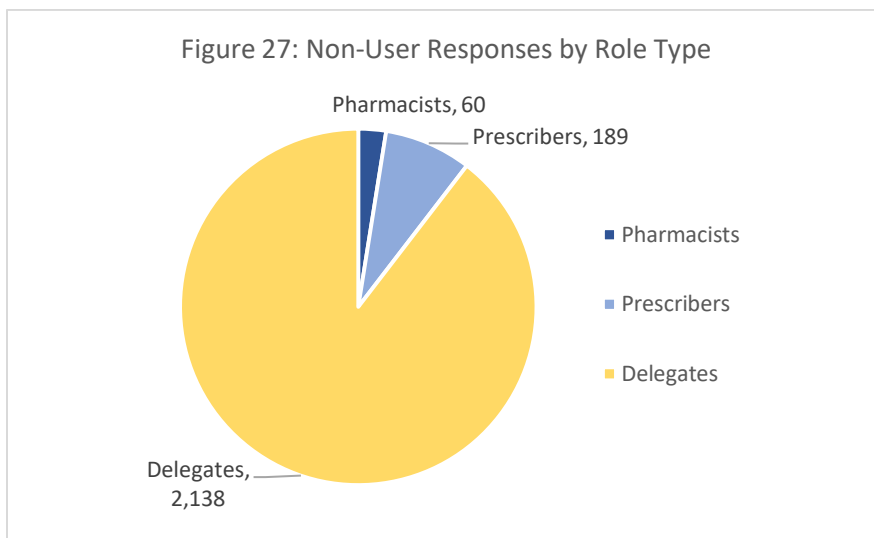
- Surgery
- Pain medicine
- Orthopedics
- Urgent care
- Physical medicine & rehab
- Oncology

08

NON-USER PERCEPTIONS

More than 2,000 responses were collected from non-K-TRACS users as a result of leveraging other state regulatory boards and prescriber organizations to reach additional users. The majority of the responses came from nurses who received the survey link from the Kansas Board of Nursing.

For the purposes of Section 08 and 09, non-users are classified as survey respondents who self-identified as “not an active K-TRACS user.”



Non-users were asked fewer survey questions than other users. The questions were specific to barriers to use and education and training, with the purpose of survey data identifying areas of opportunity to increase K-TRACS adoption and reduce barriers to use.

PHARMACIST NON-USAGE

Of 60 non-user pharmacists, 28% reported no barriers to K-TRACS usage, while 18% reported reasons for not using K-TRACS that included not working in retail pharmacy, working in a hospital or specialty pharmacy, or not dispensing controlled substances from their pharmacy. Additional non-users indicated they were no longer working in pharmacy. There were no other specific reasons given for not using the prescription drug monitoring program by pharmacists.

PRESCRIBER NON-USAGE

Of 189 non-user prescribers, 49% indicated they do not prescribe controlled substances regularly. Of those who indicated their medical specialty, 14% work in family medicine, 9% in internal medicine and 9% in psychiatry/neurology. Other specialties included women's health/gynecology, pediatrics, cardiology and anesthesiology.

Barriers to use indicated by non-user prescribers included not being sure how to use K-TRACS (22%), lack of training (10%), and workflow interruptions (7%), with 10% saying there were no barriers to use.

A qualitative analysis of comments from non-user prescribers revealed two additional barriers to use.

The registration process poses a barrier to some prescribers:

- "Establish account process does not work. System rejects my DEA and NPI #."
- "I filled out the paperwork and my password has never worked."
- "I tried to get access but the process was lengthy and I quit trying."
- "Difficult to register. Separate paper form in addition to online seems excessive."

In researching other state PDMP registration processes, many states require similar steps and proof of identity. Without connection to prescriber licensing systems to independently verify prescriber identity during the registration process, it appears the current method is the most effective to ensuring appropriate use of K-TRACS.

Other prescribers said **K-TRACS is unhelpful** and they would not adopt use in their practice:

- "Irrelevant – I am doing surgery on patients and they need pain medication."
- "Excess, unhelpful oversight."
- "It is a waste of my time."
- "I'm retiring in the next year; I really don't want to bother given my current access to patient history."

Non-user prescribers also reiterated barriers to use presented by active users including a lack of integration with their electronic medical records, frequent password changes, and a desire to access other state PDMP data.

ACTION ITEM

K-TRACS will continue educational and awareness efforts to reduce negative perceptions and encourage adoption to help prescribers prioritize patient safety.

DELEGATE NON-USAGE

Of 2,138 non-user delegate responses from pharmacy technicians, nurses and other medical support staff, 34% said they do not prescribe or dispense controlled substances and therefore do not use K-TRACS. Among written comments, it is apparent that many working in the nursing profession are unaware that they can access the system if appointed by a pharmacist or prescriber. However, many nurses work in sectors where K-TRACS may not be applicable. Among written responses, those include home health, nursing homes, nursing education, school nursing, case management, and various hospital departments such as ICU and OR.

Of 425 written comments, 18% of comments specifically addressed the lack of delegate usage in a pharmacy, clinic or hospital setting. In some cases, facilities restrict K-TRACS usage to pharmacists and prescribers. In other situations, only designated delegates such as a nurse manager are allowed access. And yet more comments showed the lack of understanding among nurses about their ability to access the system.

A sample of comments are included below:

- “When I did work in a clinic setting, per our physicians, they were the only ones allowed to access it.”
- “Didn’t know I, as an RN, could use it.”
- “Hospital does not allow nursing access to this program – we were told it is to be used exclusively by our providers.”
- “Used to work ER. Access would have been useful but had to have doctor look.”
- “Unaware I had ability to use K-TRACS.”
- “Only pharmacists use K-TRACS in our pharmacy.”
- “I’ve been told that as a pharmacy tech, I’m not allowed access to K-TRACS.”
- “Walmart does not allow technicians to use K-TRACS.”
- “Pharmacist most often does this step.”

Another contingent of written responses indicate a lack of understanding of what K-TRACS is by delegates including nurses, pharmacy technicians and similar roles. Again, for nurses, this could be a product of the nursing sector in which they work.

A few comments reiterate barriers to use identified by users, including:

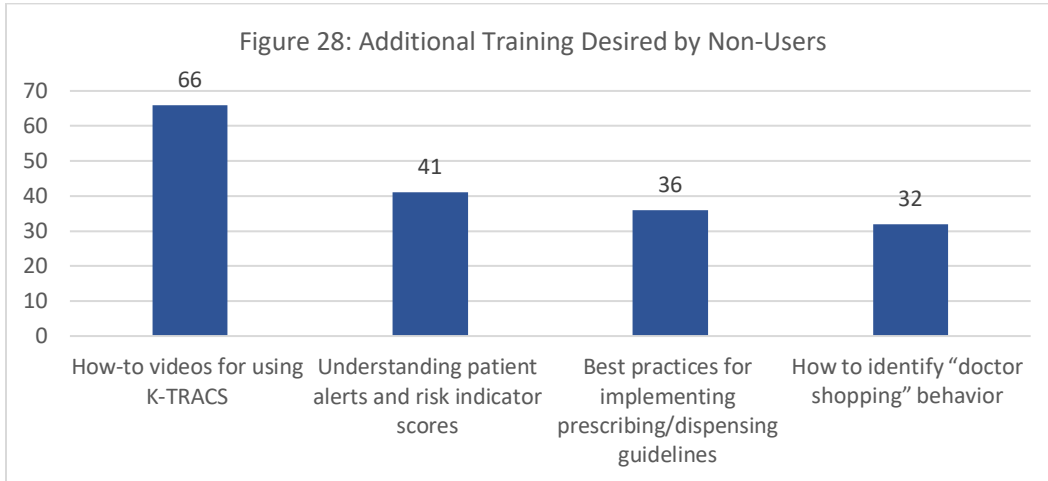
- “It would be nice if we could check multiple states, example: I sit on the line between Kansas and Missouri.”
- “It’s so difficult to get signed up. Preceptors and managers just look up the info we need. It would free up time for them if we could have easier access.”
- “Doesn’t apply to my job – quality review nurse – but I am told it is not convenient for users due to workflow issues.”

ACTION ITEM

K-TRACS will create educational information for the Board of Nursing to be distributed to nurses to give an overview of K-TRACS and how it is being used in clinical settings across the state to increase awareness of the program.

NON-USER EDUCATION & TRAINING

Non-user prescribers and pharmacists were asked about future education and training interests from K-TRACS.

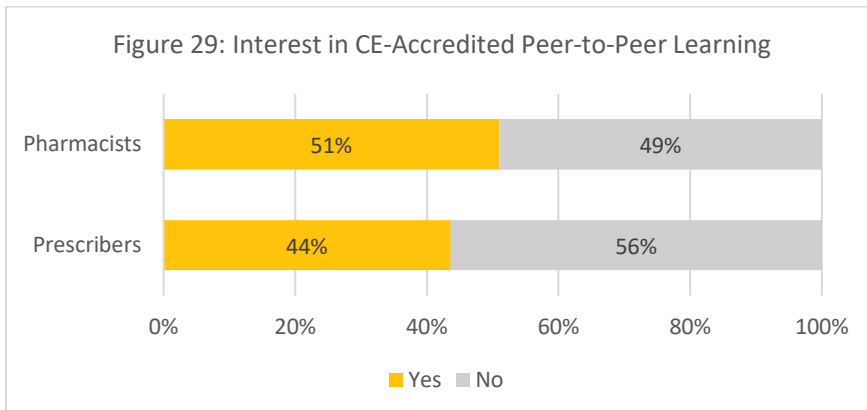


The top two methods for learning about these education topics mirrored that of users: on-demand online tutorials or webinars and any methods that allows the user to get continuing education credit.

Pharmacists and prescribers were also asked about their interest in peer-to-peer learning and evaluation, with responses showing a lower rate of interest than from active K-TRACS users.

ACTION ITEM

K-TRACS will develop additional how-to videos for using K-TRACS that focus on program overviews and first-time user tutorials.



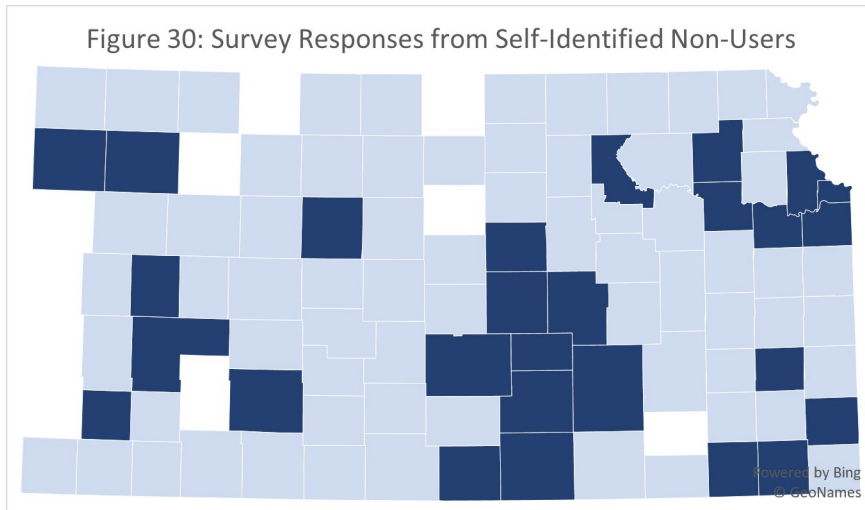
09

NON-USER DEMOGRAPHICS

Demographic survey questions regarding users' gender, age, medical specialty (prescribers only), and county of primary practice were optional. The data collected from completed responses by non-users is presented here.

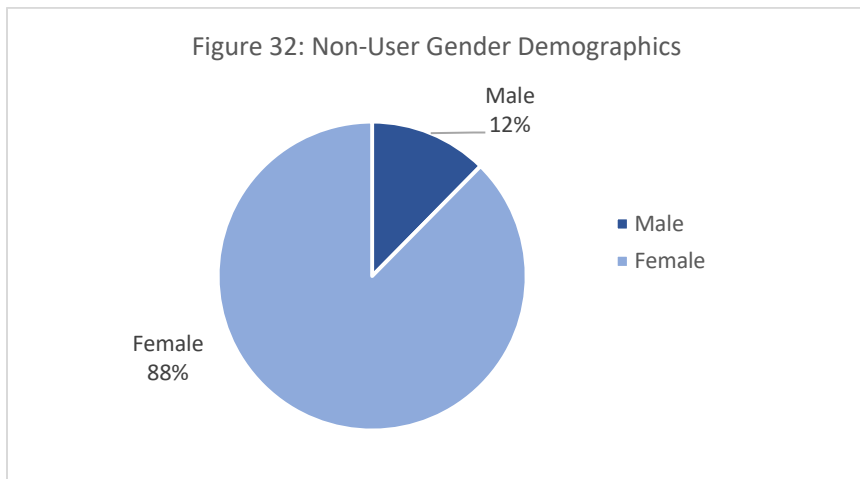
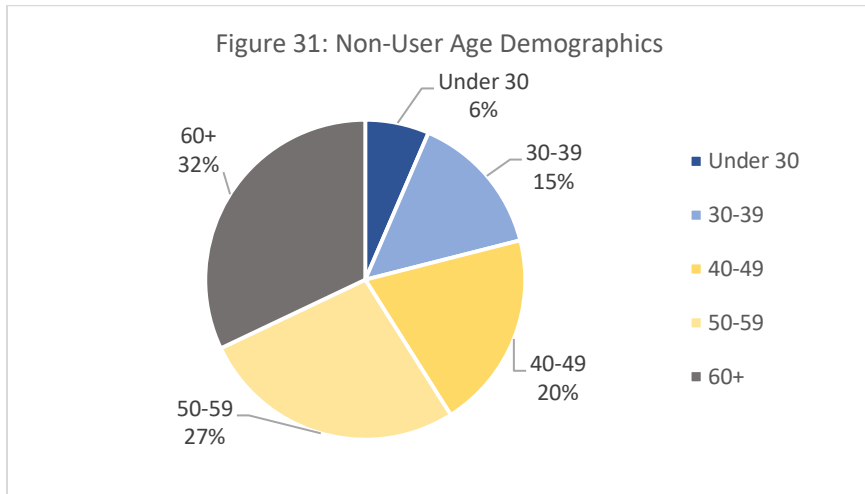
26%

26% of Kansas counties were represented by responses from non-user pharmacists and prescribers; however, adding in delegate responses, 90% of Kansas counties were represented.

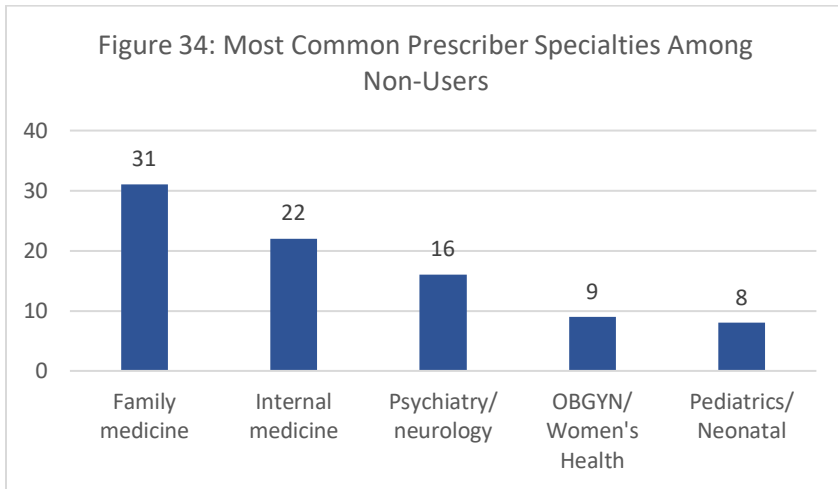
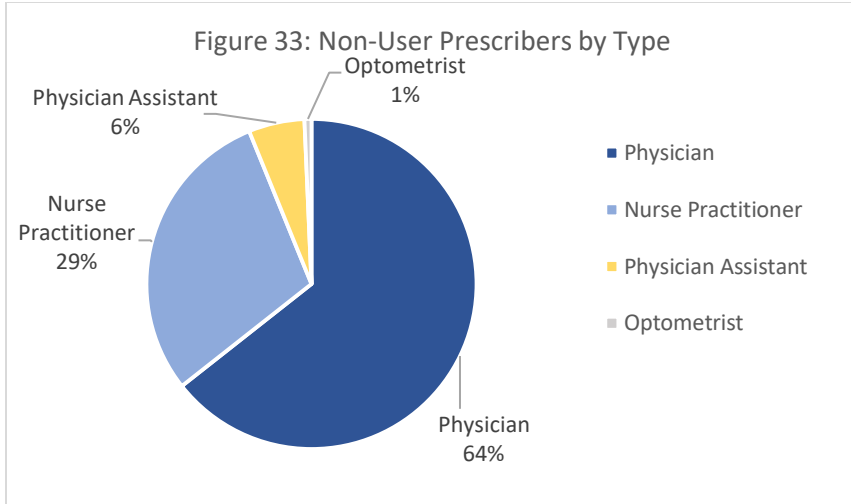


- Counties with pharmacist and/or prescriber response AND delegate response
- Counties with ONLY delegate response

Of survey respondents, 59% of non-users are age 50 and older, while 80% are female.



Of non-user prescribers, 64% are physicians, and the most common specialties are family medicine and internal medicine.



10

TECHNICAL NOTES

“Other” role types of active users include licensing board investigators, Medicaid program investigators and medical examiners. Six responses were received from “other” active users; however, their identified roles did not align with K-TRACS user roles. These six responses were excluded from survey analysis.

Additionally, 142 “other” responses from self-identified non-users were excluded from survey analysis because they identified as being “retired” professionals and are not classified as potential users of K-TRACS. All “other” responses included in analysis are from actively working healthcare professionals, even if their current healthcare field does not use K-TRACS.

Pharmacist and prescriber responses were categorized by county population group as follows:

- Large metro (population >100,000): Douglas, Johnson, Sedgwick, Shawnee and Wyandotte
- Small metro (population 30,000-100,000): Butler, Cowley, Crawford, Finney, Ford, Geary, Harvey, Leavenworth, Lyon, Miami, Montgomery, Reno, Riley and Saline
- Rural (population <30,000): All other Kansas counties

Appendix 1

The Kansas Board of Pharmacy is asking healthcare professionals to help us evaluate K-TRACS. We will use the data collected to make process improvements and create additional resources for using K-TRACS to inform clinical decision-making. Thank you for your help in collecting this information.

K-TRACS USAGE

1. What is your role? (select one)
 - Pharmacist
 - Prescriber
 - Delegate (Nurse, Pharmacy Technician, etc.)
 - Other (add text field)

2. How would you characterize your use of K-TRACS? (select one)
 - Use daily
 - Use at least weekly
 - Use monthly or less
 - Not an active K-TRACS user

3. When do you typically use K-TRACS? (multiple choice)
 - When I suspect substance misuse or “doctor shopping” behavior among patients
 - When patients request early refills
 - Before prescribing or dispensing for new patients
 - When I’m considering a new controlled substance prescription
 - I check K-TRACS for every patient
 - I don’t use K-TRACS

4. When you use K-TRACS, do you do so as part of an integrated electronic medical records (EMR) or pharmacy system?
 - Yes, K-TRACS is integrated into our EMR or pharmacy system
 - No, I log into the K-TRACS website
 - Don’t know/not sure

5. In the past 90 days, which of the following actions have you taken as a result of using K-TRACS? (multiple choice)
 - Spoken with patients about their controlled substance use

- Established a controlled substance agreement (i.e., a “pain contract”)
- Reduced, tapered or eliminated controlled substance prescriptions for a patient
- Discussed alternative therapies including non-pharmacological options
- Referred or recommended patient for substance abuse treatment
- Referred or recommended patient to pain management specialist
- Referred or recommended for behavioral health strategies
- Declined to accept patient into practice
- Dismissed patient from practice
- I have not used K-TRACS in the last 90 days
- Other _____

6. Please indicate your level of agreement with the following statements regarding K-TRACS functionality and support.

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
It is easy to register for an account with K-TRACS.					
I do not experience downtime or technical issues when using K-TRACS.					
It is easy to obtain information about my patients’ controlled substance prescription history on K-TRACS.					
K-TRACS provides accurate information regarding patients’ prescription drug history.					
K-TRACS support staff are readily available, knowledgeable and respond quickly to my inquiries.					
I have all the training and information I need to use K-TRACS appropriately.					

7A. Please indicate your level of agreement with the following statements regarding the use of K-TRACS.

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
I use K-TRACS to improve management of my patients' controlled substance prescriptions.					
K-TRACS has a positive impact on reducing prescription drug misuse, abuse and diversion.					
I can easily add delegates to act on my behalf in reviewing K-TRACS information.					

I believe the information I receive regarding my controlled substance prescribing history is accurate.					
I understand best practices for prescribing controlled substances.					
I use K-TRACS to inform my clinical decisions.					

7B. Please indicate your level of agreement with the following statements regarding the use of K-TRACS.

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
I use K-TRACS to improve management of my patients' controlled substance prescriptions.					
K-TRACS has a positive impact on reducing prescription drug misuse, abuse and diversion.					
I can easily add delegates to act on my behalf in reviewing K-TRACS information.					
I believe the prescription data I report to K-TRACS is accurate and complete.					
I understand best practices for dispensing controlled substances.					
I use K-TRACS to inform my clinical decisions.					

7C. Please indicate your level of agreement with the following statements regarding the use of K-TRACS.

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
K-TRACS has a positive impact on reducing prescription drug misuse, abuse and diversion.					
I can easily add delegates to act on my behalf in reviewing K-TRACS information, if needed.					
I believe the prescription data reported to K-TRACS is accurate and complete.					
K-TRACS has been helpful in prescription drug misuse, abuse and diversion investigations.					

8. Does your K-TRACS usage increase and/or improve communication with the following groups?

- Prescribers

- Other pharmacists
- Internal pharmacy staff
- Patients
- No change

9. Which of the following barriers limits your use of K-TRACS? (multiple choice)

- No barriers
- Interrupts workflow/loss of clinical time
- Internet access limitations (broadband availability or other)
- Lack of training
- Frequent password change/required login makes K-TRACS inconvenient to use
- Not sure how to use K-TRACS
- I do not prescribe controlled substances regularly
- Other _____

K-TRACS FUTURE ENHANCEMENTS

10A. What additional training would allow you to more effectively use K-TRACS in your practice? (multiple choice)

- Understanding patient alerts and risk indicator scores
- How to start a dialog with patients about potential misuse, abuse and diversion of controlled substances
- How to identify “doctor shopping” behavior
- How to interpret prescriber reports
- Best practices for implementing prescribing guidelines
- Best practices for conducting patient risk assessments
- How-to videos for using K-TRACS
- Other _____

10B. What additional training would allow you to more effectively use K-TRACS in your practice? (multiple choice)

- Understanding patient alerts and risk indicator scores
- How to start a dialog with patients about potential misuse, abuse and diversion of controlled substances
- How to identify “doctor shopping” behavior
- Best practices for implementing dispensing guidelines
- Best practices for using K-TRACS as a clinical decision-making tool
- Best practices for conducting patient risk assessments
- How-to videos for using K-TRACS

- Other _____

11. How do you prefer to learn about new features and/or best practices for using K-TRACS? (multiple choice)

- On-demand online tutorials or webinars
- Industry association conferences, webinars and/or other trainings
- Any method that allows me to get continuing education credit
- Contacting K-TRACS staff directly for support
- Printed reference materials
- Quarterly email newsletters
- Other _____

12A. Which of the following topics would be useful to have as additional resources on the K-TRACS website? (multiple choice)

- How to begin treatment with new patients who have existing pain contracts
- Conversation starters for behavioral health strategies related to substance use
- Medication safety talking points
- Conversation starters for teenagers and parents about prescription drug misuse
- How to identify and treat substance use disorders (SUDs)
- How to treat patients with substance use disorders when no referral is available
- Best practices for becoming a Medication Assisted Treatment (MAT) provider
- How to obtain a Drug Addiction Treatment Act (DATA) waiver
- Other _____

12B. Which of the following topics would be useful to have as additional resources on the K-TRACS website? (multiple choice)

- Best practices for becoming a medication collection and disposal site
- Medication safety talking points
- Conversation starters for behavioral health strategies related to substance use
- Conversation starters for teenagers and parents about prescription drug misuse
- Other _____

13. Would you be interested in CE-accredited peer-to-peer discussion on best practices for safe prescribing and dispensing?

- Yes
- No

14. Have you changed how you operate your practice or how you make clinical decisions based on using K-TRACS?

- Yes
- No

14B. If you are willing to share your story with K-TRACS for use with other prescribers and pharmacists, please list your name and contact information below.

USER DEMOGRAPHICS

15. What is your age range? (dropdown)

- Under 30
- 30-39
- 40-49
- 50-59
- 60 or older

16. What is your gender? (dropdown)

- Female
- Male

17. What is your profession? (dropdown)

- Dentist
- Medical Doctor
- Osteopathic Physician
- Nurse Practitioner
- Physician Assistant
- Optometrist
- Podiatrist
- Other _____

18. What is your medical specialty? (dropdown)

_____ >>

19. What Kansas county is home to your primary practice? (dropdown)

_____ >>