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Sam Brownback, Governor

January 31, 2018

Sen. Vicki Schmidt
Chair, Public Health and Welfare Committee
Capitol Building, Room 441-E
Topeka, Kansas 66612

Rep. Daniel Hawkins
Chair, Health and Human Services Committee
Capitol Building, Room 186-N
Topeka, Kansas 66612

RE: Report on Kansas Prescription Drug Monitoring Program (K-TRACS)

Dear Committee Chairs:

Pursuant to K.S.A. 65-1691, the Kansas State Board of Pharmacy is required to submit to the Senate Committee on Public Health and Welfare and the House Committee on Health and Human Services a report on the Kansas Prescription Drug Monitoring Program (PDMP) which tracks and monitors Schedule II through IV controlled substances and other drugs of concern in Kansas. The PDMP is a potent tool in aiding in the identification of patients with drug-seeking behaviors, providing treatment, and educating the public. Each dispenser (pharmacy) is required to electronically submit information to the Board's central data collection system, known as K-TRACS, for each controlled substance prescription or drug of concern dispensed in an outpatient setting. The goal of the PDMP is to prevent the misuse, abuse, and diversion of controlled substances and drugs of concern, while ensuring continued availability of these medications for legitimate medical use.

K-TRACS includes all retail and outpatient dispensing records for any controlled substance or drug of concern dispensed in Kansas or to a Kansas resident, regardless of whether the pharmacy is located in Kansas. The only exception is for quantities dispensed in the emergency room for 48 hours or less. The Board began collecting data in February 2011 and the program became fully operational in September 2011. If a prescriber or a pharmacist has a concern about a patient, he/she can look up the patient's prescription history in K-TRACS. Because K-TRACS is a real-time, web-based system, patient information can be obtained instantly from any location at any time with the proper login credentials. Prescribers and pharmacists must register for K-TRACS through the Board prior to utilizing the system. Law enforcement and other state agencies have limited access to the program but may request records with proper legal authority. In addition, de-identified or aggregate data may be provided to requestors for educational or research purposes. The Board collaborates with the Kansas Department of Health and Environment (KDHE) to transmit such de-identified data and receive reports and analysis based on KDHE's research.

Advisory Committee

The Act also created a PDMP Advisory Committee, subject to the oversight of the Board, composed of prescribers and dispensers from various healthcare disciplines. In 2012, the Committee was authorized to review and analyze data for purposes of identifying patterns and activity of concern, notify prescribers and dispensers who prescribed or dispensed the prescriptions, notify law enforcement or appropriate regulatory boards for

additional investigation, and utilize volunteer peer review committees of professionals with expertise in the particular practice to create standards and review individual cases. At the direction of the Committee, Board staff sends quarterly threshold letters to each prescriber and dispenser who has a patient that visited at least five prescribers and filled prescriptions in at least five pharmacies in a 90-day period and recently began sending letters of concern to outlier/high-level prescribers requesting review of prescribing patterns and a response to the Committee. The Committee recently requested the K-TRACS Program Manager draft a guidance document identifying criteria to be used for the Committee to review and make such referrals after a successful 2017 pilot project.

Operations, Funding, and Enhancements

In July 2013, Kansas became the first state to launch a pilot of new software called AWA^{RE}™ hosted by the National Association of Boards of Pharmacy (NABP) through Appriss Health, Inc., which was offered at no charge through June 30, 2016. The Board now contracts directly with Appriss for the maintenance, support, and hosting of K-TRACS software. Appriss is the PDMP vendor for 41 other states and provides a strong PDMP solution. Recently, Appriss identified a need for greater transparency in their software planning and releases. As a result, all PDMP administrators now have access to an interactive Product Roadmap, which outlines past and future product improvements, fixes, and enhancements developed by other states and made available to all clients. The Board has an excellent working relationship with Appriss, has regular calls and in-person meetings with the team, and receives responses within one or two business days. Though the Board has experienced software glitches and unanticipated needs, Appriss has gone above and beyond to respond quickly and conscientiously.

K-TRACS was operated using federal grant funds from implementation through June 30, 2016. Program maintenance costs include the cost of software, staff, and office overhead (postage, paper, etc.). Because the Board has now exhausted all available grant funding to sustain the program, funding presents the largest obstacle to maintaining a PDMP in Kansas. In 2016, the Board received legislative approval to use approximately \$200,000 of surplus dollars from the pharmacy fee fund to cover operating expenses for FY2017. In 2017, the Board of Pharmacy, Board of Healing Arts, Dental Board, Board of Nursing, and Board of Optometry sought and received legislative authority to use surplus fee fund dollars to collectively support the program through FY2018 and FY2019. A permanent funding solution will be required prior to July 1, 2019 to ensure program continuation.

The Board employs a program manager to oversee and administer the PDMP and an epidemiologist in a grant-funded position through August 2019 to analyze K-TRACS data and provide necessary reporting under the federal grants. In addition to daily administrative and operational duties, staff members make regular presentations on the PDMP to prescriber, pharmacist, public health, and other organizations. Additional administrative support is provided by Board of Pharmacy licensing staff. Human resources and staff availability limit significant expansion of program services, grant applications/awards, customer service, awareness campaigns, and other program analysis and review.

Kansas remains a national leader for PDMPs. The Board created and hosted the first PDMP Administrators Roundtable in August 2017. K-TRACS Program Manager, Reyne Kenton, envisioned an “open forum for state PDMP administrators to collaborate and discuss best practices, lessons learned, day-to-day operations, and how we can help each other.” She solicited input for discussion topics from prominent states and secured funding from Brandeis University and the PDMP Federal Training and Technical Assistance Center for each state to send one representative. In our inaugural year, 31 states traveled to Kansas to actively engage with their interstate counterparts for the first time, and it was a very productive meeting.

The software accommodates large chains, independent and small pharmacies, and works seamlessly with the NABP PMP Interconnect® (PMPi), which is offered at no charge by NABP. PMPi is a system which facilitates the transfer and availability of PDMP data to all participating states (41 available). Kansas is currently sharing

- Multiple Provider Episodes (MPE) provide a look at the number of the prescriber’s patients who have met or exceeded the K-TRACS threshold of 5/5/90 – five prescribers and five pharmacies within 90 days.
- Dangerous Combination Therapy provides the prescriber with details of their patients’ combination therapies that may increase a patient’s risk for overdose.

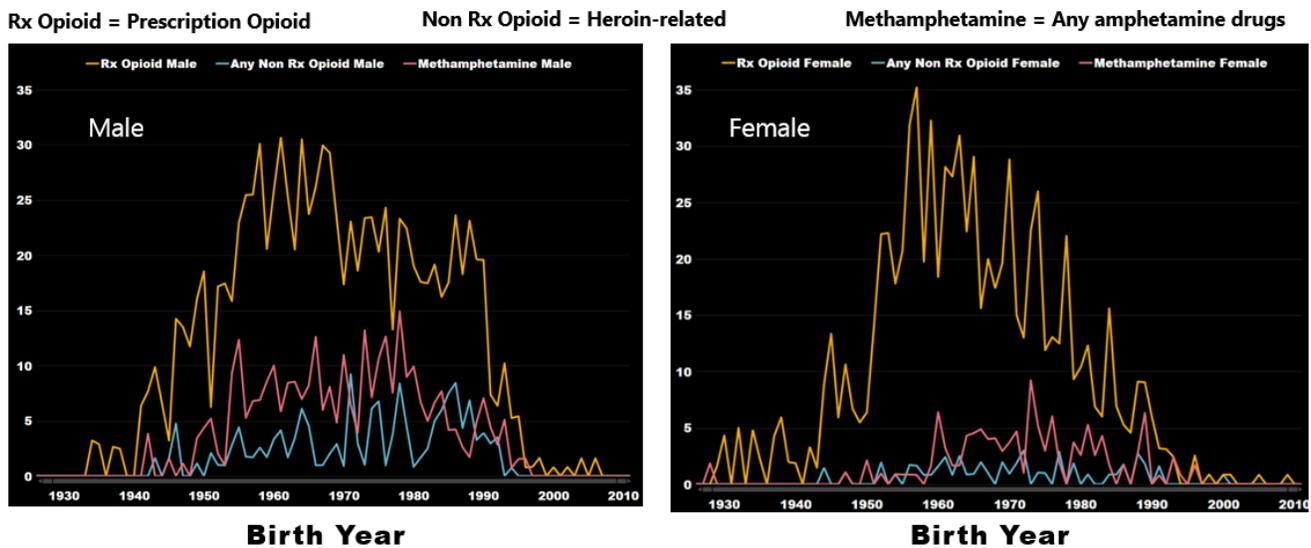
In addition to controlled substances, K-TRACS tracks other drugs of concern in Kansas, identified by the Board in Kansas Administrative Regulation 68-21-7. The Board is actively pursuing an amendment to K.A.R. 68-21-7, adding the drug “gabapentin” to the list. This change is the result of similar scheduling in surrounding states and significant evidence of abuse and misuse by patients in recent years, often resulting in death.

K-TRACS Utilization and Findings:

In contemplating how the opioid crisis has impacted Kansans, K-TRACS data from 2017 indicates there were enough prescription opioids dispensed in Kansas to give each Kansan either a hydrocodone, oxycodone extended-release, or methadone tablet every day. Last year, nearly 1 in 10 Kansans had an opioid prescription every three months, even though there was an 8% reduction in the number of Kansas opioid prescriptions from 2016. Of the total prescriptions, 8.8% were for long-acting or extended-release opioids, and 10.3% of patients were prescribed more than 90 morphine milligram equivalents per day – two key indicators of potential patient abuse and dependence.

Opioid overdose accounted for the vast majority of drug poisoning deaths in Kansas from 2010-2016 and was more prominent in individuals born between 1955 and 1970, shown below. Prescription opioid deaths have continued to dwarf heroin and methamphetamine overdose deaths in the past 10 years.

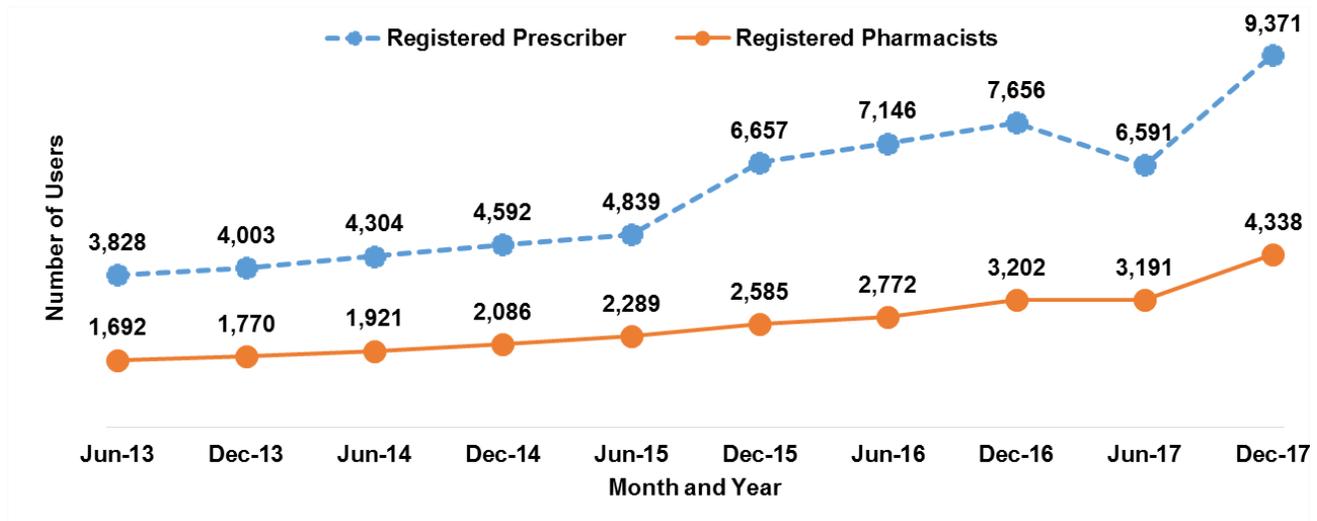
Drug poisoning deaths by type of drug, gender, and 5-years birth year, Kansas Vital Statistics, 2005-2016



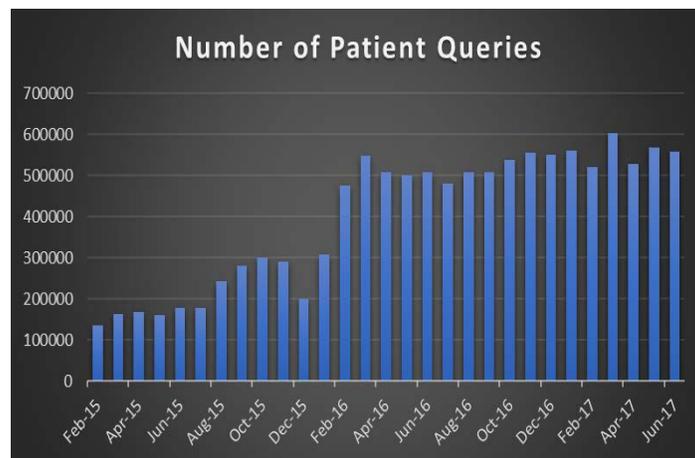
As evidenced by the following graph, the potentially dangerous co-prescribing of opioid and muscle relaxant medications is more common in females and in patients born between 1955 and 1970. At least 10,000 Kansans had a co-prescribed opioid and benzodiazepine each month of 2017. In effect, the data shows that persons who die from drug overdoses share similar characteristics to those co-prescribed opioids and benzodiazepines or prescribed more than one opioid per day.

KDHE has developed the following website to provide additional information about the prescription drug overdose and misuse prevention in Kansas: www.preventoverdoseks.org.

The following table represents the number of prescribers and pharmacists registered in K-TRACS, which has more than doubled within the past four years. Current users represent approximately 71% of the active controlled substance prescriber community in Kansas and approximately 74% of the active pharmacist community in Kansas. Use of K-TRACS is not mandatory in Kansas.



The following bar graph depicts the number of patient queries conducted by registered K-TRACS users each month, which nearly doubled in 2016 and has steadily increased over the past 18 months. This increase is consistent with the increasing number of K-TRACS users shown above.



In June 2017, there were approximately 2,050 patient query requests per day. If the Board includes the additional patient query requests from other states through the PMP Interconnect (PMPi) and the Gateway, there are over 16,400 requests per day.

As the Board launches statewide integration of K-TRACS data into hospital and pharmacy electronic health records systems, use of the Gateway is expected to increase queries substantially. The figure below shows the number of patient queries and searches in K-TRACS according to whether data was returned since the launch of the statewide integration in August 2017 for all integrated electronic health records and pharmacy management systems. While nearly 20% of patients seen by these integrated systems have no controlled substance data, a

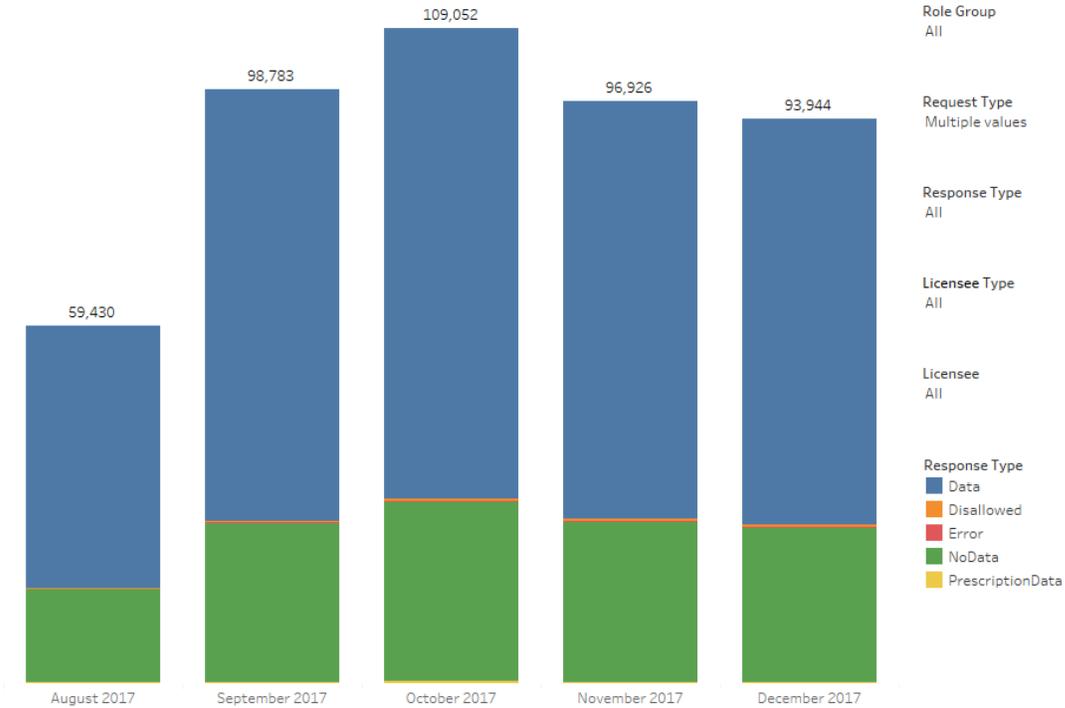
substantial proportion of patients do have at least one controlled substance reported to K-TRACS. These systems can check a patient’s controlled substance prescription history more than one time per second and counts may represent multiple checks per patient.



Time Period
2/1/2017 to 1/31/2018

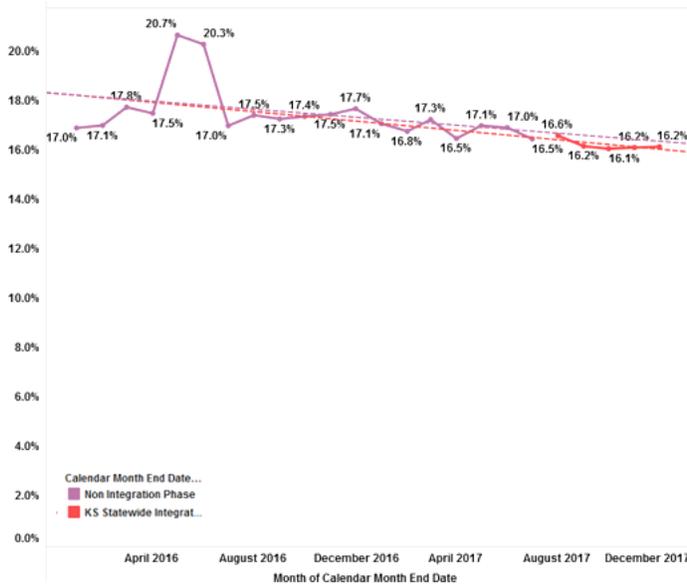


Disclosing State: Kansas
PDMP Integration Request/Responses by Response Type

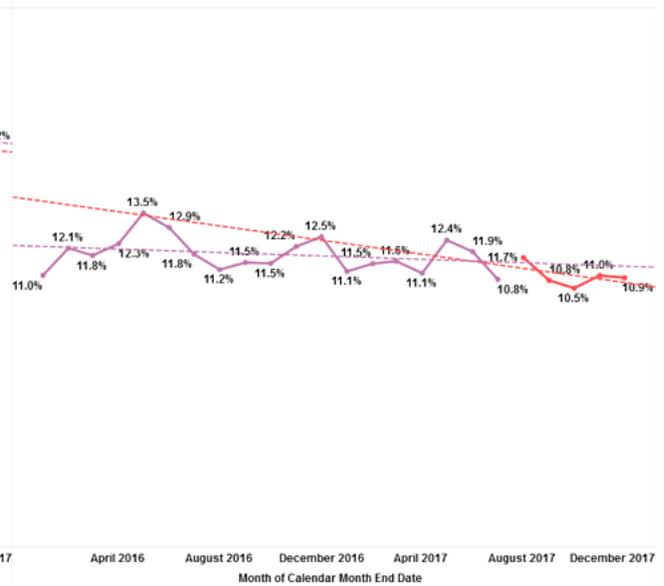


Since increasing use of PDMPs are encouraged by the Centers for Disease Control to reduce harms caused by prescription opioids, easing access to K-TRACS data through statewide integration may be associated with a decline in the number of high-dose opioid prescriptions (prescribing more than 90 morphine milligram equivalent per day). The figure below shows the results of this trend comparing prescribers who were integrated since August 2017 (right panel). The trend analysis (red dotted line compared to red solid line and purple solid line, right panel) shows that these prescribers have a significantly lower percentage of high-dose opioid prescriptions. In comparison, prescribers not affiliated with the integration (red dotted line compared to red solid line and purple solid line, left panel) had a higher percentage of high-dose opioid prescriptions.

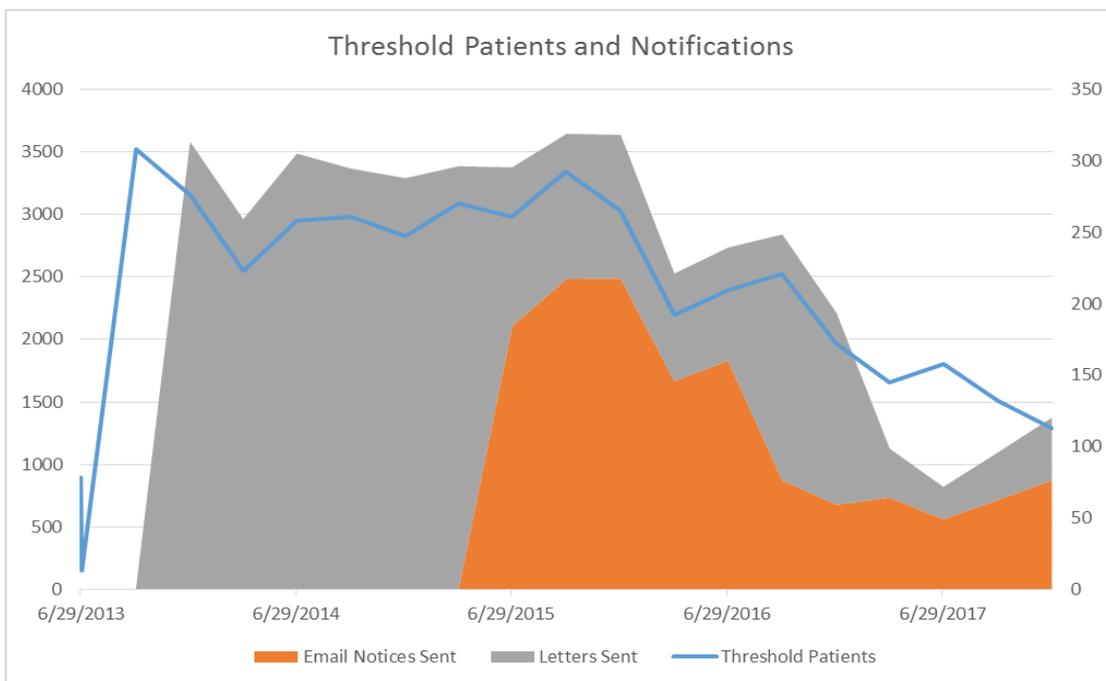
Non-Integration Prescribers



Integration Prescribers



The following graph includes a primary axis (right) demonstrating the number of threshold patients each quarter (blue line). Threshold Patients are individuals who received at least five controlled substance prescriptions from prescribers and visited at least five pharmacies to fill those prescriptions in a 90-day period. The Board sends notification to all prescribers and pharmacists visited by a threshold patient, and the secondary axis (left) shows the number of notifications sent by mail (grey area) or email (orange area) each quarter. During the fourth quarter of 2017, one patient received 15 controlled substance prescriptions from 14 different prescribers, which were filled at 15 different pharmacies in Kansas. Though these patients still exist, the graph shows a significant reduction from an all-time high of 300 threshold patients in September 2013, to an all-time low of 118 threshold patients by the start of 2018.



These alerts and unsolicited reports are extremely important to curbing doctor shopping and other suspicious patient behavior. The number of threshold patients was nearly cut in half in 2016, due in large part to a grant-funded enhancement, which now generates a “pop-up” in K-TRACS when a prescriber or pharmacist queries a threshold patient. Below is an actual warning for a Kansas patient who had reached and surpassed the set threshold:

▼ **▲ Suspected Prescriber/Pharmacy Shopper**🕒 01/24/2017

Please note that this person has received controlled substances prescriptions written by **13** prescribers and had them filled at **11** pharmacies during the past **3** months. This equals or exceeds the threshold of **5** prescribers and **5** pharmacies and while there may be a valid reason for this, it also may be indicative of the practice of prescriber and pharmacy shopping.

PATIENT'S COUNTS	ALERT THRESHOLDS
Prescribers: 13	Prescribers: 5
Pharmacies: 11	Pharmacies: 5
Time Frame: 3 Months	

The Board maintains a website for K-TRACS at www.pharmacy.ks.gov/k-tracs, with updated forms, frequently asked questions/answers, and other helpful resources for healthcare workers and the public. In addition, the Board publishes articles on best practices and reminders in a quarterly newsletter available on the Board website.

Respectfully,



Alexandra Blasi, JD, MBA
Executive Secretary