



» 2024

Annual Report

Kansas Prescription Drug Monitoring Program
Report to the Kansas Legislature

Dear Committee Chairs,

On behalf of the Board of Pharmacy, I am pleased to provide the 2024 annual report to the Legislature on the Kansas prescription drug monitoring program (PDMP) known as K-TRACS.



This report, submitted pursuant to K.S.A. 65-1691, demonstrates the program’s success in monitoring controlled substance Schedule II-IV prescriptions and drugs of concern dispensed to Kansas patients. K-TRACS serves as a valuable clinical decision-making tool for the state’s healthcare providers. The program aims to help healthcare providers prioritize patient safety; promote community health; prevent the misuse, abuse and diversion of controlled substances and drugs of concern; and preserve legitimate access to controlled substances.

Highlights of this year’s report include the program receiving new grant funding and accomplishing goals in priority work areas of improving data quality, conducting proactive outreach and analyzing program data.

On behalf of the Board of Pharmacy, I thank you for your leadership and support of the K-TRACS program. If you have questions regarding the program or work of the Board, please contact us at (785) 296-4056 or pharmacy@ks.gov.

Sincerely,

Alexandra Blasi, Executive Secretary

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Program Funding

K-TRACS was funded by federal grants from 2009-2016 and has continued to leverage federal grant funds to increase program staffing and enhance program software. The Board received one federal and one state grant award in 2023.

Additionally, the Legislature authorized \$200,000 annually from the Opioid Settlement Litigation Fund to be transferred to the Board each July 1 for the operation and maintenance of the K-TRACS program. The Board has requested and the Governor has recommended expenditure authority for FY24 and FY25 to continue supporting K-TRACS using the Opioid Settlement Litigation Funds and Pharmacy Fee Funds.

Due to fluctuations and likely diminishing availability of federal grant funds, the Board is strategically planning for a future in which the program is fully supported by the Board and Opioid Settlement Litigation Funds.

» KS Fights Addiction Grant

In 2023, the Board received a Kansas Fights Addiction prevention grant to expand the reach of K-TRACS integration to pharmacies, clinics, hospitals and health systems in high risk communities.

\$200,000.00

» BJA Harold Rogers Grant

In 2023, the Board received a 2023 BJA Harold Rogers Prescription Drug Monitoring Program grant to support K-TRACS personnel to execute day-to-day program operations.

\$598,002.00

» K-TRACS Budget

	FY2024	FY2025
K-TRACS Fund	\$200,000.00	\$200,000.00
Pharmacy Fee Fund	\$444,322.00	\$628,501.00
Total Non-SGF Funds	\$644,322.00	\$828,501.00
CDC (KDHE) Grant	\$289,295.00	\$98,102.00
2020 BJA Harold Rogers Grant	\$486,186.00	\$46,886.00
2023 BJA Harold Rogers Grant	\$40,913.00	\$207,213.00
SAMHSA (KDADS) Grant	\$119,356.00	\$119,275.00
Kansas Fights Addiction Grant	\$200,000.00	
Total Grant Funds	\$1,135,750.00	\$471,476.00
Total K-TRACS Budget	\$1,780,072.00	\$1,299,977.00

Good Data In, Good Data Out

K-TRACS is a database of prescription records for Kansas patients. The program's focus for the past two years has been to improve data quality of prescriptions reported by pharmacies. The higher the data quality, the higher confidence healthcare providers may have in using K-TRACS data as part of their clinical decision-making.

» Patients

The K-TRACS database relies on an algorithm to positively link prescription records to the appropriate patient. As patients' names and addresses change, K-TRACS monitors for unlinked records and proactively consolidates high probability records.

» Prescribers

The prescriber of each prescription is displayed on the K-TRACS patient report to encourage care coordination and shared decision-making among healthcare providers. K-TRACS ensures pharmacies report correct prescriber information to improve accuracy of reports.

Pharmacist Continuing Education

K-TRACS developed a continuing education course this year. All licensed pharmacists are required to review the course to meet requirements of K.A.R. 68-1-1b, and the course is accredited by the Accreditation Council for Pharmacy Education (ACPE). The course focuses on "good data in, good data out" and highlights the importance of pharmacies submitting accurate and timely prescription data to K-TRACS.

“ Now that I have a better understanding of how K-TRACS uses data submitted by pharmacies to distinguish patients, I will be more diligent in making sure that my colleagues and I are taking the time to ensure accuracy of that data.”

— Kansas pharmacist's feedback after completing CE course

7.2M

More than 7.2 million prescriptions were submitted to K-TRACS in 2023

974

974 pharmacies reported prescriptions to K-TRACS in 2023

Regulation Update

K-TRACS updated its program regulations in 2023 to:

- » Clarify when a pharmacy may be eligible for an exemption from reporting requirements
- » Require pharmacies to correct outstanding validation errors within 7 days of notification
- » Require daily reports to the program even if no dispensations occur
- » Remove the ability for pharmacies to submit reports on paper (no pharmacies had made such a request in many years)
- » Clarify when and how patients and eligible K-TRACS users may access data
- » Update definitions for required reporting elements

Pharmacies were given 6 months' notice of the changes to allow them time to work with their software vendors to implement both these regulatory changes and updates made to the Prescription Monitoring Program Act in the 2022 legislative session.

» Exemptions

Exemptions are available for pharmacies that are registered in Kansas but do not dispense controlled substances or drugs of concern to Kansas patients. These are often pharmacies that administer drugs (such as hospitals and surgery centers), handle data entry, provide medication therapy management services or only stock non-controlled substances.

82%

82% of **nonresident** pharmacies renewed their exemptions by the deadline

100%

100% of **resident** pharmacies renewed their exemptions by the deadline

» Timely & Accurate Reporting

K-TRACS monitors pharmacy reporting for adherence to statutory and regulatory requirements, including the timeliness with which pharmacies report prescriptions to the database. Out of more than 500,000 prescriptions reported to K-TRACS monthly, **less than 0.1% contain validation errors** that prevent the prescriptions from entering the database. The most common error is related to missing patient address information. It takes pharmacies an **average of 6 days to correct outstanding validation errors** following a notification from K-TRACS staff.

Reviewing & Analyzing Data

The K-TRACS Advisory Committee is the only body authorized to review and analyze program data for the purposes of identifying patterns and activity of concern. In 2023, the Advisory Committee conducted the following actions:

» Referrals

8 cases referred to Kansas regulatory boards for additional investigation

» Letters

12 letters sent to providers requesting additional information about prescribing practices

» Cases Closed

7 cases closed after committee received and reviewed sufficient information

“ I have a patient who has had hydrocodone-acetaminophen filled by another provider on 2 separate occasions. The patient is adamant that he did not fill these prescriptions. What next steps can I do to resolve this issue?”

— Kansas physician

» Verifying Accuracy & Validity of Prescriptions

A K-TRACS investigation confirmed the patient picked up all prescriptions despite denying this to their physician. Each pharmacy involved in the dispensing of the prescriptions checked K-TRACS prior to making the decision to do so. **This investigation confirmed the accuracy and reliability of the K-TRACS patient report.**

» Initial Verification

K-TRACS staff verify state and federal credentials of all individuals registering to use K-TRACS. This ensures only appropriately licensed healthcare providers have access to confidential patient information in the database.

160

Average number of new users approved for K-TRACS accounts monthly

» Ongoing Reverification

K.S.A. 65-1685 requires the Board of Healing Arts, Board of Nursing, Dental Board and Optometry Board along with individual users to notify K-TRACS if an individual is no longer eligible to use K-TRACS due to a licensure restriction.

K-TRACS staff also routinely review user search history and reverify user credentials to keep access restricted according to the program's statutes and regulations.

Outreach & Education

K-TRACS conducts a variety of education and outreach efforts each year. In 2023, K-TRACS launched online continuing education courses for prescribers and pharmacists to help educate about the clinical uses of K-TRACS for Kansas healthcare providers, spoke at a number of healthcare practitioner conferences on the benefits of using K-TRACS, and provided education to graduate-level healthcare provider programs to offer training to new practitioners. The highlights included:

- » Reaching new audiences with presentations at the Association of Community Mental Health Centers Behavioral Health Conference and Kansas Prevention Conference
- » Attending Kansas Pharmacists Association Conference and Kansas Hospital Association Conference tradeshows
- » Presentations at the Kansas Academy of Physician Assistants and Kansas Association of Osteopathic Medicine conferences
- » Webinar for Kansas Medical Mutual Insurance Company (KAMMCO) members
- » Invitation to speak at two hospital lunch-and-learns

1,928

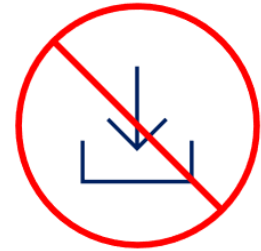
Healthcare providers completing CE hours via online courses

504

Healthcare providers educated through live events

A significant point of emphasis in K-TRACS education over the last year has been related to K.S.A. 65-1687, which restricts patient prescription history from being stored outside the program database.

Kansas healthcare providers using K-TRACS should not print, download, screenshot, email or fax the report or otherwise store the report. Instead, they are encouraged to document in their patient encounters that they reviewed K-TRACS and any conversations about patient safety they had with the patient as a result of using K-TRACS.

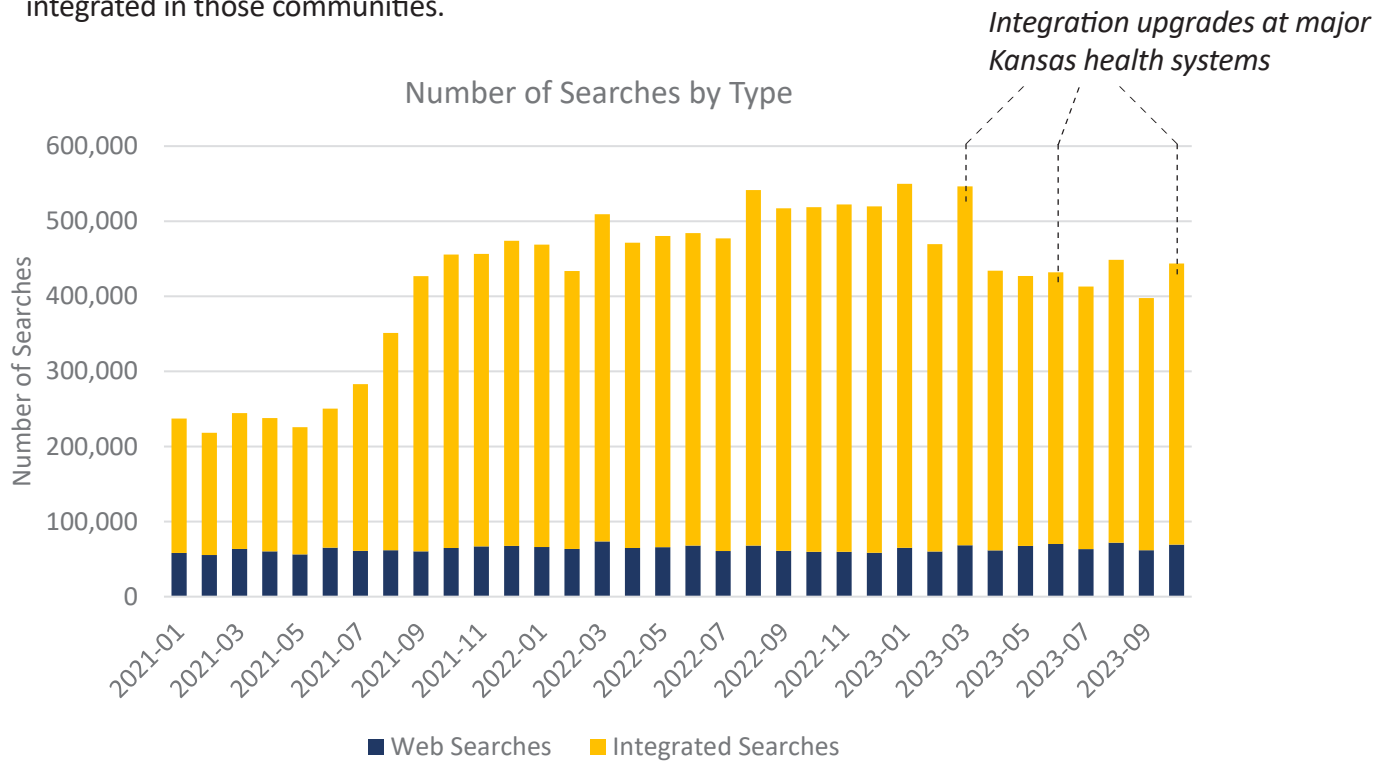


EHR Integration

K-TRACS began offering integration of healthcare facility electronic health records (EHR) systems in 2017. Integration allows providers to view K-TRACS patient history within the EHR to streamline clinical workflows, which can save providers valuable time and make K-TRACS easier to use.

In 2023, K-TRACS worked with integrated health systems to upgrade connections and improve accuracy of audit trails and search data. As a result, total number of searches conducted in 2023 are lower than the previous year but more accurately depict usage.

K-TRACS also received the Kansas Fights Addiction grant with the goal of expanding integration to high-risk communities identified through the Kansas Department of Health and Environment’s opioid vulnerability study. Work is underway to integrate hospitals, federally qualified health centers, community mental health centers and pharmacies not already integrated in those communities.



387

Integrated healthcare organizations in Kansas (end of Q3 2023)

86%

Rate of searches completed using integration

Program Interoperability

Missouri became the last state in the nation to implement a prescription drug monitoring program on December 13, 2023. In the lead up to the activation of the program, the Board learned that Missouri’s PDMP law did not give the program the authority to share data with healthcare providers in other states. PDMP interoperability is a common practice across the country with 51 of 54 PDMPs participating in the National Association of Boards of Pharmacy’s PMP Interconnect data sharing hub.

Missouri’s PDMP predecessor, St. Louis County PDMP, had been a critical data sharing partner for Kansas because of population centers along the state border but access to Missouri data for Kansas providers ceased when the statewide Missouri PDMP launched. Data sharing among states helps prevent multiple provider episodes, also known as doctor shopping behavior, across state lines and improves patient safety.

» Kansas-Missouri Data Sharing Rates

<i>Data for January-October 2023</i>	Rate of Searches with Patients Found	Number of Searches with Patients Found
Inbound Searches to Kansas from Missouri	11%	29,062
Outbound Searches from Kansas to Missouri	32%	143,920

The Board of Pharmacy and Board of Healing Arts jointly signed a letter stressing the importance of interoperability and directed the letter to 10 Missouri healthcare stakeholder organizations to encourage them to consider a statutory change to the Missouri PDMP law. The Missouri legislature did not take action in 2023; however, the Board will continue to provide communication to Missouri stakeholders to encourage action in the 2024 session.



* Also: Puerto Rico, D.C. and Military Health

3

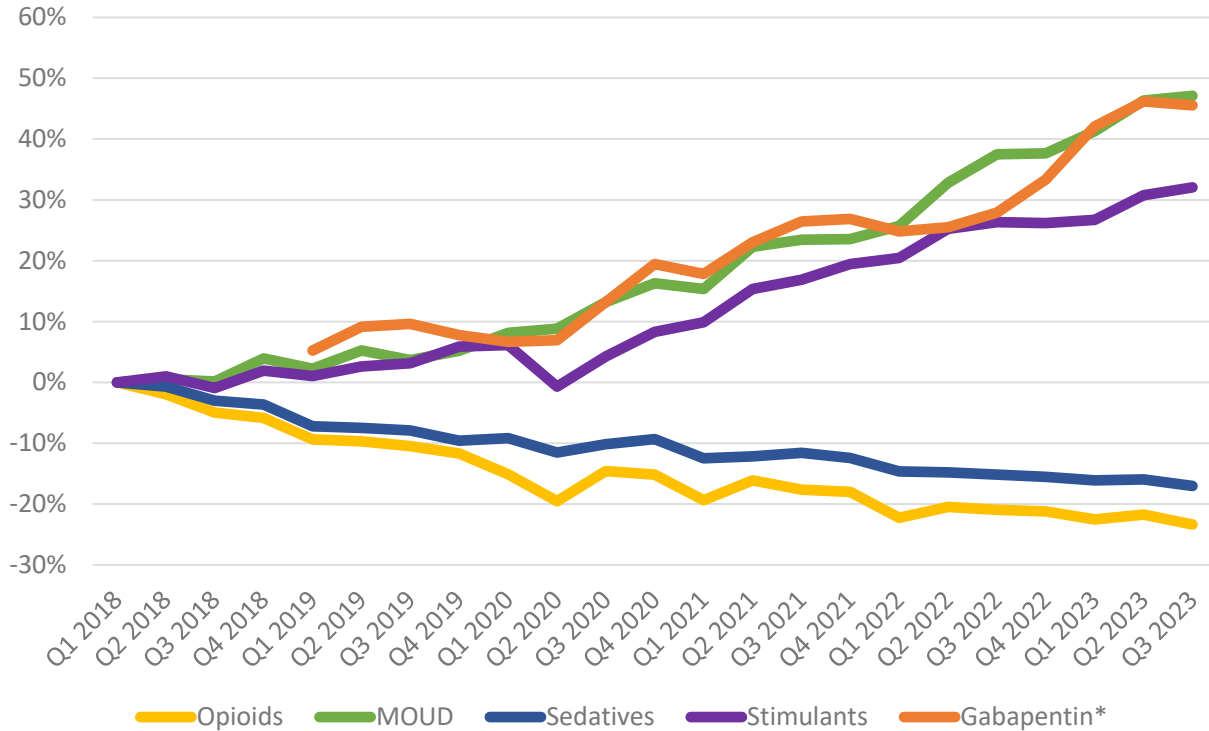
Three states have been added as interoperability partners since 2022

38

Total interoperability partners with Kansas

Prescribing Trends

Percent Change of Prescription Types Reported to K-TRACS



MOUD (Medications for Opioid Use Disorder) prescriptions used in the treatment of opioid use disorder have increased 47% as access to the treatment and the number of providers offering these services continue to increase.



Stimulant prescriptions have increased 32%. Many factors contribute to this increase including increased diagnosis of attention deficit hyperactivity disorder (ADHD) across age groups and genders, expanded access to telehealth services for mental and behavioral health treatment, and social media influences.



Gabapentin prescriptions have increased 46% since collection of gabapentin as a drug of concern began in July 2018. Gabapentin is a non-controlled medication used to treat seizures and pain.



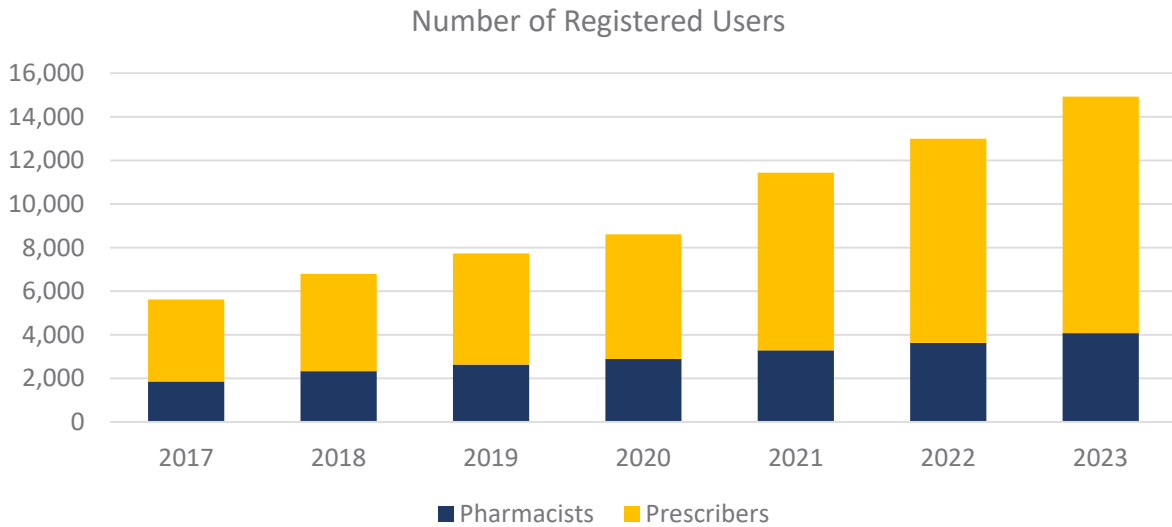
Opioid prescriptions have decreased 23%. Many factors influence this decrease including CDC opioid prescribing guidelines and health system, corporate pharmacy and payer policies among many others.



Sedative prescriptions have decreased 17%. There are risk factors for co-prescribing of opioids and sedatives, so many of the same opioid prescribing influences may factor into this decline in prescribing, too.

Performance Metrics

K-TRACS measures its success in the number of users registered and using the program to review patient prescription history, as well as in the number of multiple provider episodes. These episodes are characterized by patients visiting 5+ prescribers and 5+ pharmacies in a 90-day period while receiving prescription opioids.



73%

73% of registered prescribers queried K-TRACS in 2023

59%

59% of registered pharmacists queried K-TRACS in 2023

