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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) that tracks and monitors Schedule II through IV controlled substances and other drugs of concern in Kansas.

The Kansas PDMP, called K-TRACS, is a potent clinical decision-making and prevention tool in aiding in the identification of patients with drug-seeking behaviors, identifying treatment needs, and educating the public. Pharmacies are required to electronically submit information to K-TRACS for each controlled substance prescription or drug of concern dispensed to a Kansas patient 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.

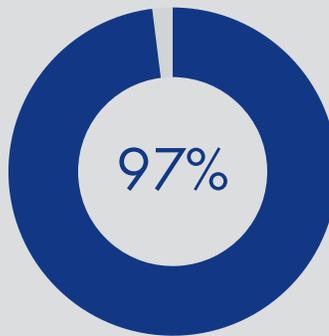


Figure 1. According to a 2020 K-TRACS user survey, **97% of users believe that K-TRACS has a positive impact** on reducing prescription drug misuse, abuse, and diversion.¹

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.

If a prescriber or a pharmacist has a concern about a patient, the clinician 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 using 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 and shares a senior epidemiologist position to support the overdose prevention efforts in Kansas. This allows K-TRACS data and fatal and non-fatal drug overdose data to be analyzed to identify any emerging trends in Kansas.

PROGRAM USAGE

K-TRACS user registration continues to increase each year, as does the number of patient prescription drug history searches those users perform on both the web portal and through integrated systems.

A noteworthy increase in patient searches occurred during the initial phases of the COVID-19 pandemic, potentially due to the increase in the use of telehealth platforms to deliver care.

Figure 3 shows the increase from 2019 to 2020 in patient searches performed in the time frame following the issuance of a stay-at-home order for the state due to the COVID-19 pandemic.

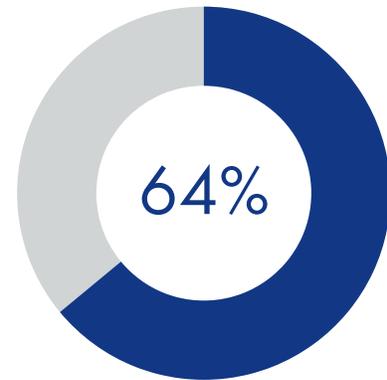
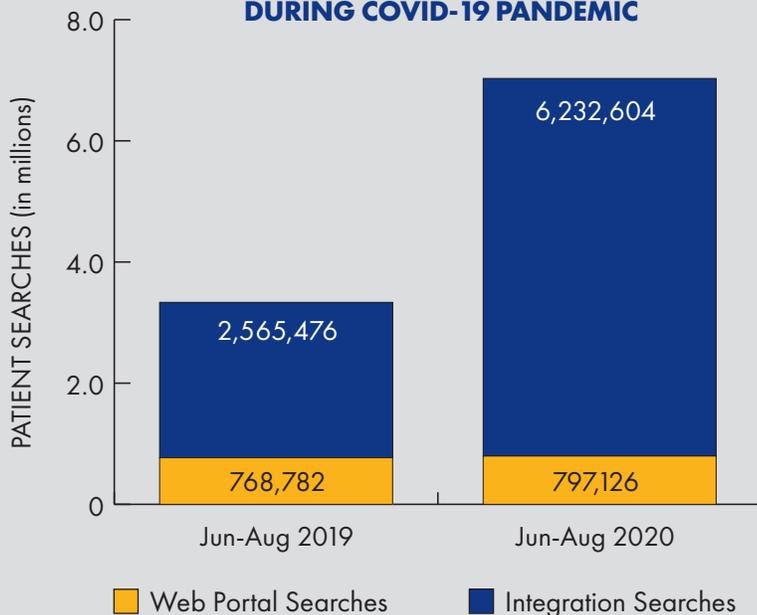


Figure 2. **64% of prescribers who wrote at least one controlled substance prescription in October 2020 also conducted at least one patient search on the K-TRACS web portal** (Source: Appriss Health)

Figure 3. **CHANGE IN PATIENT SEARCHES DURING COVID-19 PANDEMIC**



CHANGES IN K-TRACS USE DURING COVID-19*

10% increase in new prescriber registrations

27% increase in patient prescription drug history searches on K-TRACS web portal

143% increase in patient prescription drug history searches through K-TRACS integration

* Comparing usage statistics from June-Aug 2019 to June-Aug 2020 (time period following the Kansas stay-at-home order)

PROPOSED K-TRACS FUNDING PLAN FOR 2021 LEGISLATIVE SESSION

PROGRAM OPERATIONS & FUNDING

K-TRACS was implemented and operated using federal grant funds through June 30, 2016. The Board has now exhausted available grant funding to sustain the program, and the only remaining grant funding is for program enhancements.

Program maintenance costs include the cost of software, staff, and office overhead (postage, paper, etc). While the Board continues to pursue and has recently been awarded federal grants, 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.

In 2019, the legislature authorized a transfer of \$705,000 from the KDHE Drug Manufacturer’s Rebate Fund in addition to continued and increased funding from the aforementioned fee funds. A permanent funding solution continues to be a top priority of the K-TRACS program. The table below represents the allocated amounts from FY2018 through FY2021.

For the past several years, the Board has been working with stakeholders to identify a long-term funding source for the K-TRACS program. The Board has vetted a series of ideas and, after significant consideration, plans to propose a K-TRACS funding plan during the 2021 legislative session. Details are outlined at right.

- Request expenditure authority for the K-TRACS program from the pharmacy fee fund in FY 2022 and FY 2023;
- Request legislative revision of K.S.A. 65-1645, increasing Board statutory fee maximums and create new non-resident facility fees;
- Increase Board fees for individual and facility applications for original and renewal licenses and registrations;
- Request legislative revision of K.S.A. 65-1658, allowing the Board to retain 100% of administrative fine revenues in the pharmacy fee fund;
- Request transfers from the Board of Nursing and Board of Healing Arts fee funds for FY 2022 and FY 2023;
- Request statutory authority to create a structured fee program for the integration and NARxCARE® program participants that can be used to generate revenue if/when grant funds are no longer available to fund these software enhancements; and
- Initiate a tax-deductible or tax credit donation option for the K-TRACS program.

Table 1. **K-TRACS TRANSFERS FROM FEE FUNDS, FY18-FY21**

	Providers	FY18 Actual	FY19 Actual	FY20 Actual	FY21 Estimated
BOHA	11,788	\$83,945.64	\$81,847.91	\$165,206.71	
Nursing	5,301	\$30,704.52	\$36,806.56	\$72,606.77	
Dental	2,032	\$13,442.32	\$14,108.84	\$29,112.86	
Optometry	695	\$4,694.15	\$4,825.61	\$11,574.99	
Pharmacy	6,527	\$39,120.38	\$45,319.08	\$130,500.00	
Drug Rebate Fund				\$34,671.53	\$670,328.47
Totals	26,343	\$171,907.00	\$182,908.00	\$443,672.86	\$670,328.47

GRANT-FUNDED PROGRAM ENHANCEMENTS

Advanced Analytics software package (CDC)

Travel to required grant meetings (CDC & BJA)

Mandatory connection to the federal PDMP data-sharing hub, RxCheck (BJA)

Additional integration connections by pharmacies, clinics, hospitals and health systems (CDC)

Fact of death data linkage, pending 2021 legislation (BJA)

Outlier score module to identify outlier prescriber and dispenser patterns for opioids and stimulants (BJA)

Peer-to-peer learning national meeting with other state PDMP representatives, postponed from 2020 due to COVID-19 (CDC)

GRANT-FUNDED STAFFING ENHANCEMENTS

Pharmacist (BJA) to review data for suspicious patterns of activity and to provide one-on-one evaluation (academic detailing) with Kansas pharmacists

Program Specialist (BJA) to review data submitted to K-TRACS for accuracy and compliance

Public Information Officer (BJA) to develop user education and public education materials

GRANT FUNDING FOR ENHANCEMENTS

CDC

The newest CDC grant awarded to KDHE has resulted in a continued partnership with the Board through August 2022. Funding for January 2021 to August 2021 totals \$1,103,650.00.

While subrecipient funding awarded to the Board does not replace funds previously allocated by the legislature, this funding will help support continued integration efforts (described later) and funding for the following grant objectives:

- Travel to required grant meetings
- Advanced Analytics software package
- Deidentified data extractions from K-TRACS
- Peer-to-Peer Learning national meeting (postponed from 2020 due to COVID-19 travel restrictions)

BJA HAROLD ROGERS

The Board is also a recipient of two U.S. Department of Justice, Bureau of Justice Assistance (BJA) Harold Rogers Prescription Drug Monitoring Program grants.

The 2018 grant in the amount of \$736,313.00 has a project period that will end in September 2021. The 2020 grant in the amount of \$975,489.00 has a project period of October 2020 to September 2023. These awards will not replace funds previously allocated by the legislature, but will support temporary enhancements to the K-TRACS program.

The Board's grant objectives for the grants include the continuation of 3.0 FTE (temporary) positions, travel to required grant meetings, software enhancements with Appriss Health, and supplies, software, and equipment for the temporary positions.

More details about grant-funded positions and program enhancements are listed at left.

SOFTWARE & TECHNOLOGY

The Board began collecting data in February 2011, and the program became fully operational in September 2011. In July 2013, Kansas became the first state to launch a pilot of new software called AWA^Rx^E™ 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 vendor for 43 PDMPs and provides a strong PDMP solution. In FY 2018, Appriss identified a need for greater transparency in their software planning and releases. Since that time, 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. Appriss also conducts regular webinars to review functionality, unveil new features, and discuss case studies.

The Board continues to have an excellent working relationship with Appriss. Regular check-in calls are scheduled with the K-TRACS staff, and in-person meetings occur annually with the team. Inquiries for technical assistance and customer support are generally responded to within one or two business days.

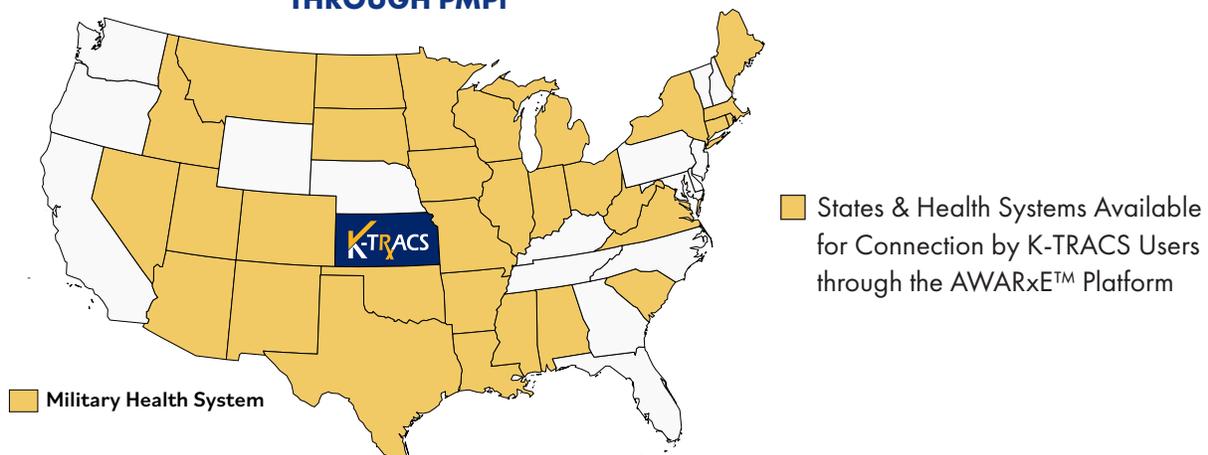
INTERSTATE DATA SHARING

The AWA^Rx^E™ platform accommodates pharmacies, clinics, hospitals and health systems of all sizes, and works seamlessly with the National Association of Boards of Pharmacy (NABP) PMP Interconnect® (PMPi), which is offered as part of the Board's NABP membership. PMPi is a system that facilitates the transfer and availability of PDMP data to all participating states.

As of October 2020, Kansas is sharing data with 32 states, districts, and territories, and also shares data with the Military Health System.

In 2020, K-TRACS connected with RxCheck, a nationwide data sharing platform provided by the Bureau of Justice Assistance (BJA). As of November 2020, 39 states were connected to RxCheck.

Figure 4. **INTERSTATE DATA SHARING ACCESS THROUGH PMPi**



INTEGRATION

The Board received a grant in 2012 from the Substance Abuse and Mental Health Services Administration (SAMSHA) through the U.S. Department of Health and Human Services, which funded integration of K-TRACS data into the Lewis and Clark Information Exchange (LACIE) and Via Christi Health Systems, enabling a single sign-on for access to a patient’s medical record and K-TRACS history.

The Board, in conjunction with KDHE, has been expanding that project to provide interoperability services for all prescribers and pharmacists in Kansas to access K-TRACS through the PDMP Gateway®. This program is an opportunity for Kansas to deliver a more efficient and patient-oriented program. The project was funded by a grant from the Centers for Disease Control (CDC) awarded to KDHE from 2017–2019 and will continue to receive partial support from a new CDC grant awarded to KDHE through August 2022.

Grant funds will support integration for each Kansas electronic health records and pharmacy management system approved for integration, which will further the K-TRACS mission.

Statewide integration increases availability, ease of access, and use of a patient’s controlled substance prescription history for making critical and informed prescribing and dispensing decisions.

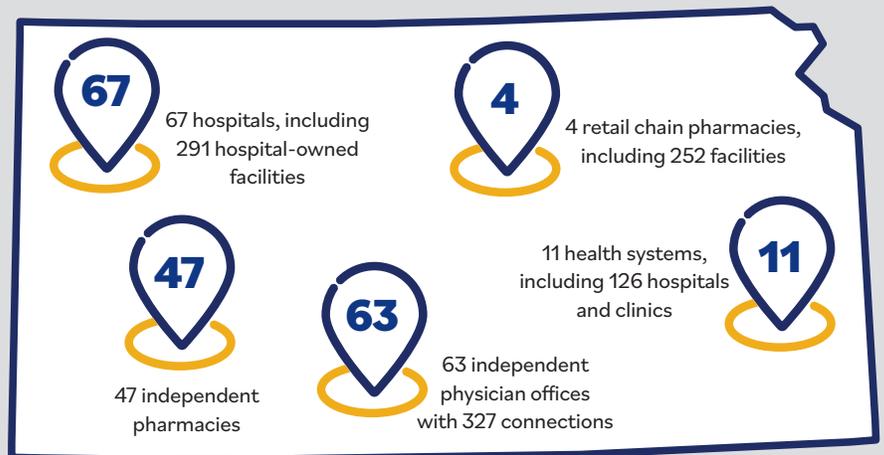


Figure 5. **INTEGRATION STATISTICS**

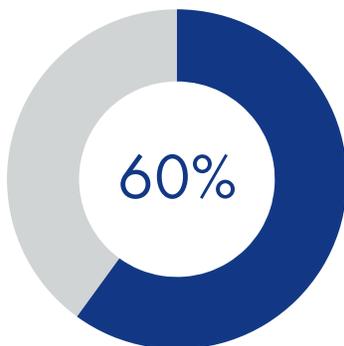


Figure 6. **60% of prescribers and pharmacists who use an integrated system check K-TRACS on a daily basis**, compared to just 24% of non-integrated users, according to a 2020 user survey¹

If prescribers’ and pharmacists’ electronic systems are not currently integrated, they are required to log in to separate systems to query patient data, which takes valuable time away from patient care and interaction. Integration simplifies the process by creating a one-stop-shop, making K-TRACS data directly available in the patient’s electronic record, and saving 4.22 minutes per patient on average.

As of November 2020, more than 900 entities were integrated with K-TRACS, and more than 9.5 million patient searches were conducted through integration from January to November 2020. Large organizations that completed integration in 2020 include the Veterans Health Administration, Ardent Health (University of Kansas-St. Francis Campus), and Hutchinson Clinic, PA.

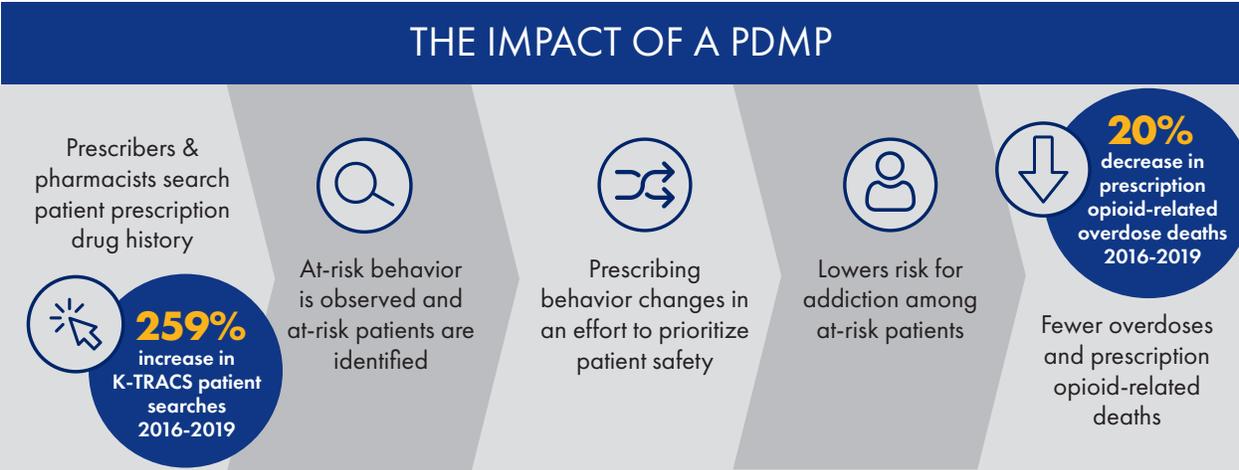
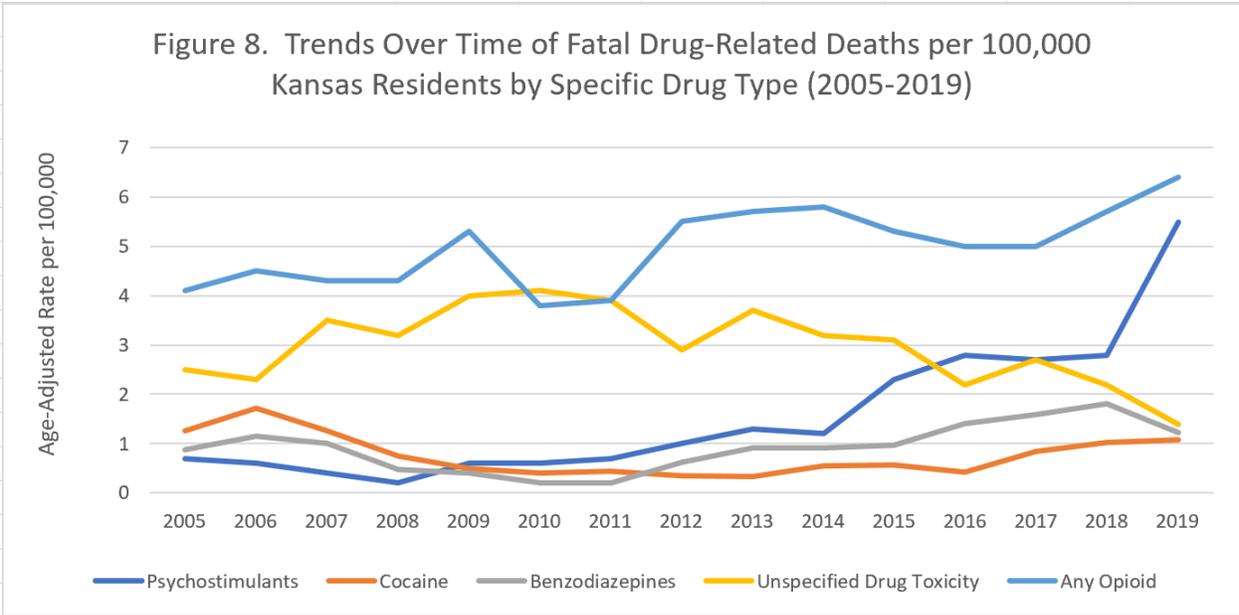


Figure 7. **THE IMPACT OF A PDMP**

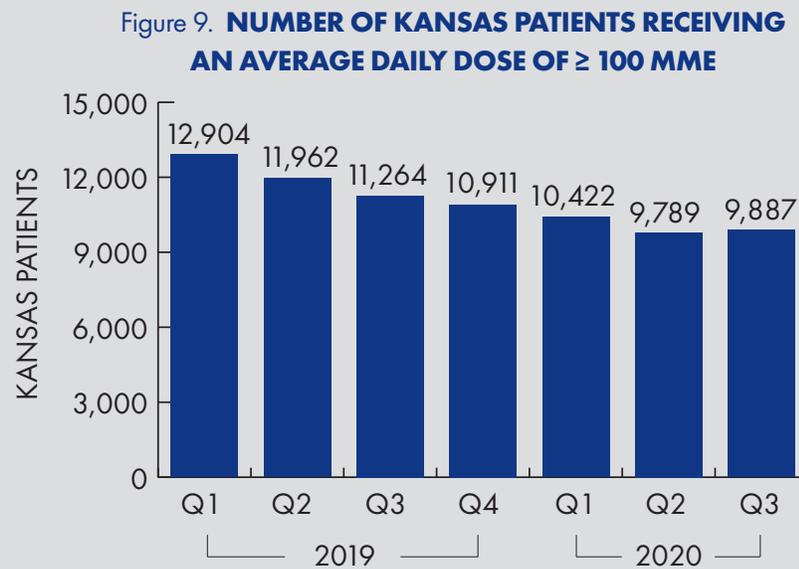
K-TRACS IMPACT ON KANSAS

The opioid crisis continues to impact the United States; Kansas is no exception. However, progress is being made. For the first time since the opioid epidemic began in the 1990s, the U.S. Department of Health and Human Services reported a 3.9% decline in drug overdoses during the 12-month period between February 2018 and February 2019, according to provisional data from the National Center for Health Statistics. However, in 2019, Kansas reported the highest number of drug-related overdoses ever with 393 drug overdose deaths among Kansas residents. This marks a 13.6% increase from 2018 (figure 8).

The Centers for Disease Control (CDC) has highlighted a growing concern related to increases in stimulant use, potentially contributing to a fourth wave of the U.S. drug crisis. This trend was acutely observed in Kansas with a 98.7% increase in psychostimulant-related deaths from 2018 to 2019. KDHE attributed part of this increase to better reporting of specific drugs on death certificates by Kansas coroners and medical examiners.



In Kansas, controlled substance prescribing is changing. Overall, the number of Kansas patients receiving opioid prescriptions with greater than or equal to 100 MME has declined by 23.4% from first quarter 2019 to third quarter 2020 (Figure 9). MME, or morphine milligram equivalency, indicates the strength of opioids prescribed to patients. CDC opioid prescribing guidelines suggest clinicians should “carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥ 50 morphine milligram equivalents (MME)/day and should avoid increasing dosage to ≥ 90 MME/day or carefully justify a decision to titrate dosage to ≥ 90 MME/day.”²



While benzodiazepine prescribing had been declining in previous years, the state experienced an increase in the second and third quarters of 2020 compared to prior timeframes. This could be due to increases in reported instances of anxiety and stress associated with the COVID-19 pandemic. Despite this, overall prescribing for controlled substances continues to show declines in Kansas overall. Table 2 summarizes the number of opioid, stimulant, and benzodiazepine prescriptions dispensed to Kansas patients from 2016 to 2019.

Table 2. TOTAL PRESCRIPTIONS DISPENSED TO KANSAS PATIENTS AS REPORTED TO K-TRACS FOR SELECT SUBSTANCES, 2016-2019

	2016	2017	2018	2019	Percent change
Total Opioid Prescriptions	2,584,622	2,379,221	2,163,908	2,029,011	-21.5%
Total Stimulant Prescriptions	731,538	755,611	766,236	686,252	-6.2%
Total Benzodiazepine Prescriptions	1,194,996	1,136,395	1,041,203	975,088	-18.4%

In addition to controlled substances, K-TRACS monitors other drugs of concern in Kansas, identified by the Board in Kansas Administrative Regulation 68-21-7. In FY 2018, the Board amended this regulation to include “gabapentin” as a drug of concern. 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. Gabapentin reporting in K-TRACS has increased dramatically since the regulation change became effective July 25, 2018 (Table 3). In 2019, nine deaths occurred in which gabapentin was listed as a contributing cause of death, up from four in 2018.

Table 3. **SUMMARY OF GABAPENTIN REPORTING TO K-TRACS BY FISCAL YEAR**

	FY15	FY16	FY17	FY18*	FY19*	FY20*
Gabapentin prescriptions reported to K-TRACS	10	1,134	2,616	75,714*	821,786*	878,016*
Patients with a gabapentin prescription	7	296	618	58,384*	247,045*	278,960*

*Gabapentin became a drug of concern in Kansas as of 2018. Mandatory reporting of gabapentin dispensations to K-TRACS was implemented July 25, 2018. Prior to this date, all reports of gabapentin dispensations to K-TRACS were voluntary.

Drug seeking behaviors among patients seem to be declining. The rate of multiple provider episodes for prescription opioids — defined as patients seeing 5 or more prescribers and 3 or more pharmacies in a 90-day period — has dramatically declined from first quarter 2019 (5.6 per 100,000) to third quarter 2020 (3.4 per 100,000) (Figure 10).

Figure 10. **RATE OF MULTIPLE PROVIDER EPISODES FOR PRESCRIPTION OPIOIDS PER 100,000 POPULATION**



ADVISORY COMMITTEE

The K-TRACS (PDMP) Advisory Committee is subject to the oversight of the Board of Pharmacy and is composed of prescribers and dispensers from various healthcare disciplines.

The Committee is 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.

A new, grant-funded staff pharmacist joined the Board of Pharmacy last year and began investigative reviews of patients, prescribers, and pharmacists according to guidelines approved by the Committee in 2019.

In 2020, the Committee reviewed a total of 12 cases of concern. Based on discussion, letters were sent to the appropriate entities on seven cases, including a patient's prescriber or pharmacist, law enforcement, or healthcare provider's regulatory agency for intervention.

COLLABORATION & PARTNERS

K-TRACS partners with a number of statewide organizations to analyze prescription drug data, advance prevention efforts, and develop communication strategies. In 2020, the program continued its partnership with KDHE and DCCCA by participating in the Kansas Prescription Drug and Opioid Overdose Advisory Committee and the Kansas Pain Clinic Closure Workshop, as well as planning and executing activities for the Overdose Data to Action grant as a KDHE sub-recipient. K-TRACS staff also worked with the University of Kansas Area Health Education Center in Pittsburg to communicate K-TRACS value for a prescriber academic detailing project through KDHE.

K-TRACS continues to participate in the Statewide Epidemiological Outcomes Workgroup sponsored by Greenbush and the University of Kansas Center for Community Health and Development.

In addition, K-TRACS provided input for the Kansas Power of the Positive "Hope Starts Now" education campaign targeted at opioid use in women of child-bearing age in urban areas of Kansas. K-TRACS also provided data analysis of statewide EMS data related to the COVID-19 pandemic, including analysis of overdose responses and naloxone administration from Kansas EMS departments.

K-TRACS staff provided presentations at the Kansas Pharmacists Association conference, Kansas Opioid Conference, Kansas Council of Health-Systems Pharmacists conference, and Washburn University nurse practitioner program. The Board also continued to engage K-TRACS stakeholders in the budgeting process to find long-term funding solutions and in the development of legislation changes to continue operating the program.

ONGOING INITIATIVES

In 2020, K-TRACS initiated its first user survey to establish a baseline for program efficacy and help develop a three-year strategic plan for the program. The survey showed positive perceptions of the program, but also identified areas for improvement and knowledge gaps that will help inform future education efforts.

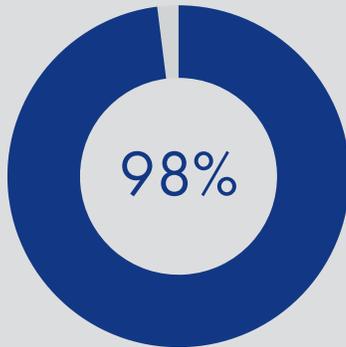


Figure 11. **98% of pharmacists and prescribers use K-TRACS to improve management of their patients' controlled substance prescriptions**¹

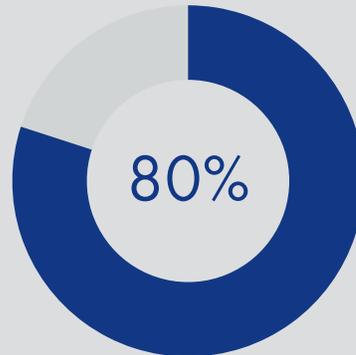


Figure 12. **80% of pharmacists and prescribers use K-TRACS when they suspect substance misuse or "doctor or pharmacy shopping" behavior**¹

Other program accomplishments from the past year include the launch of a revamped website, found at <http://ktracs.ks.gov>, which also includes:

- Dashboards showing locations for medication disposal sites as part of the Kansas Medication Collection and Disposal Program and pharmacies where naloxone may be available through the statewide naloxone protocol
- Dashboards showing controlled substance prescription data at a county level and by age group of patients, as well as K-TRACS usage by pharmacists and prescribers at a county level
- A provider toolkit that contains prescriber and pharmacist tools, as well as consumer education materials focused on medication safety

As part of the 2018 BJA grant (referenced above), K-TRACS embarked on a data quality project to review and validate the prescriptions that in-state pharmacies report to K-TRACS. Through October 2020, K-TRACS reviewed more than 400 prescriptions from 80 Kansas pharmacies and found a 0.2% prescription error rate — errors in submitting prescription drug data compared to information required to be on the prescription according to the Kansas Pharmacy Practice Act.

References

1. K-TRACS user survey data analysis of 986 responses from active users, representing 7% of all K-TRACS users.
2. CDC Opioid Prescribing Guidelines: <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>