

January 31, 2019

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

Rep. Brenda Landwehr  
Chair, Health and Human Services Committee  
Capitol Building, Room 352-S  
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 Kansas PDMP, called K-TRACS, 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 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. 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 send 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. Last year, at the suggestion of the legislature, the Committee began meeting monthly to more proactively and regularly review K-TRACS data and identify patterns of concern. As part of this work, the Committee

approved specific guidelines on January 11, 2019 to aid staff in presenting K-TRACS data to the Committee to review and make such referrals as may be necessary for the protection of the public.

### **Operations, Funding, and Enhancements:**

**Requesting \$1,209,667 from FY2020 SGF and \$1,263,224 from the FY2021 SGF**

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 grant opportunities, 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.

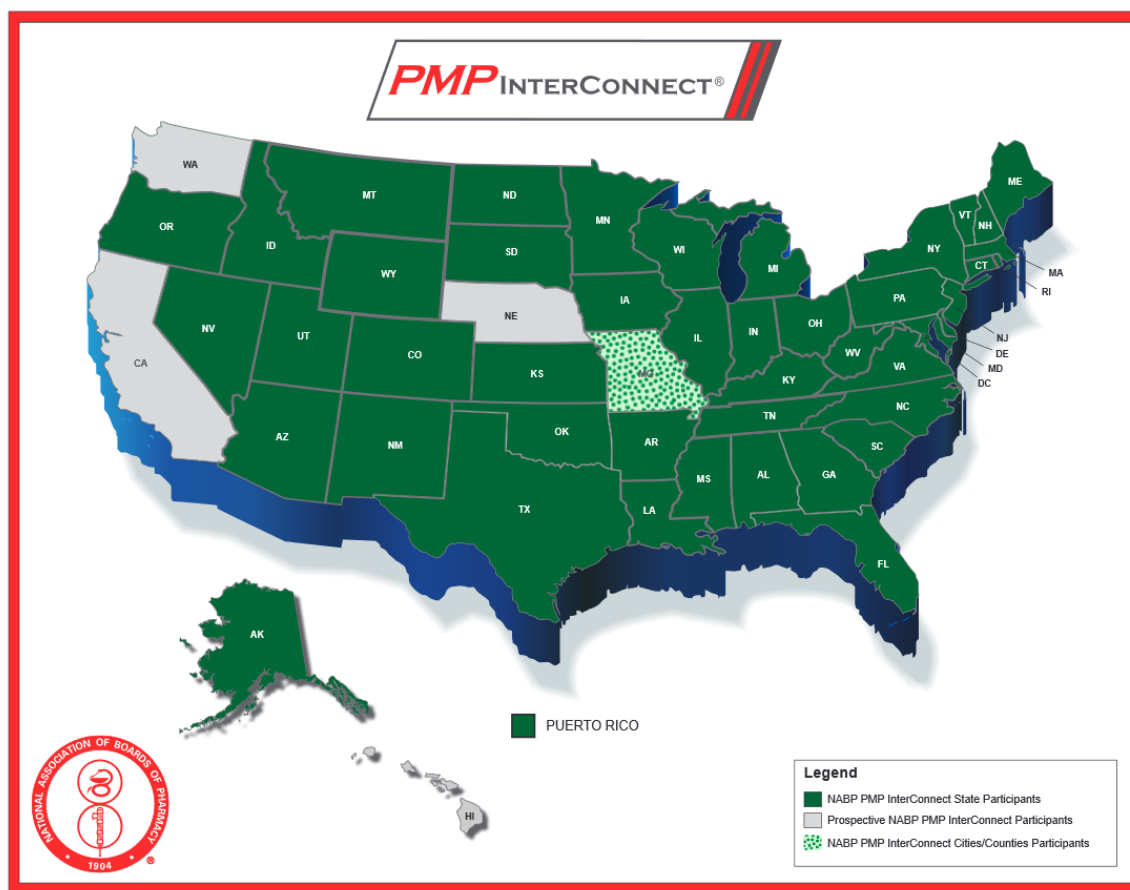
#### **K-TRACS Transfers from Fee Funds**

	<b># of Licensees</b>	<b>FY17actual</b>	<b>FY18actual</b>	<b>FY19approp</b>	<b>Total</b>
BOHA	11,788		\$ 83,945.64	\$ 109,500.00	\$ 193,445.64
Nursing	5,301		\$ 30,704.52	\$ 37,000.00	\$ 67,704.52
Dental	2,032		\$ 13,442.32	\$ 18,000.00	\$ 31,442.32
Optom	695		\$ 4,694.15	\$ 6,500.00	\$ 11,194.15
Pharmacy	6,527	\$ 208,431.00	\$ 39,120.38	\$ 51,000.00	\$ 298,551.38
	<b>26,343</b>	<b>\$ 208,431.00</b>	<b>\$ 171,907.00</b>	<b>\$ 222,000.00</b>	<b>\$ 602,338.00</b>

The Board employs a Director and 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 prescribers, pharmacists, public health professionals, and other organizations. Additional administrative support is provided by Board of Pharmacy licensing staff. Human resources and staff availability limit significant expansion of the program, grant applications/awards, customer service, awareness campaigns, and other program analysis and review.

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 AWARe™ 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 44 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.

The software accommodates large chains, independent and small pharmacies, and works seamlessly with the National Association of Boards of Pharmacy (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 (47 available). Kansas is currently sharing data with 31 states, including Colorado, Oklahoma, and Texas and recently began sharing with the St. Louis, Missouri PDMP which covers 71 participating jurisdictions. Together these include 84% of the population of Missouri and 85% of the pharmacies.



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, is now expanding that project to provide interoperability services for all prescribers and pharmacists in Kansas to access K-TRACS through the PDMP Gateway®. This program, called INTEGRx8, is an opportunity for Kansas to deliver a more efficient and patient-oriented program. The project is funded by a grant from the Centers for Disease Control awarded to KDHE. Grant funds will support INTEGRx8 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. If prescriber's and pharmacist's 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. INTEGRx8 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 January 2019, 33 hospitals, 130 pharmacies, and 11 physicians' offices are integrated with K-TRACS in Kansas. These totals count hospital systems and chain pharmacies as just one. The numbers would be higher if each individual site was included.

NarxCare is the newest upgrade to the K-TRACS system beginning January 2019. NarxCare provides patient and clinical decision support beyond the state produced patient's prescription history by: 1) Compiling multiple state reports into one cohesive profile; 2) Analyzing data to provide reports, use scores, predictive scores, red flags, visualizations, and K-TRACS data including narcotics, sedatives, and stimulants; 3) Resources included in the tool include Medication Assisted Treatment (MAT) locators and Centers for Disease Control and Prevention printable educational handouts; and finally 4) The Care Team Communications, is perhaps the most powerful tool within NarxCare, in the prevention and treatment of substance use disorder provides coordination of care.



In December 2017, the Board announced and released the first Prescriber E-Recap (PERx). PERx is a quick, convenient way for the PDMP to provide prescribers with a snapshot of their prescribing practices regarding controlled substances every quarter. The PERx covers the previous six-month period and includes:

- How many patients the prescriber has prescribed opioids to as well as a comparison to other prescribers within the prescriber's specialty.
- Morphine Milligram Equivalent (MME) information is broken out so the prescriber can readily see where their opioid prescribing falls within multiple MME ranges.
- Opioid treatment duration which shows the percentage of patients who have been prescribed opioids for fewer than 7 days, 7 to 28 days, 29 to 90 days, or more than 90 days.
- K-TRACS usage which shows how much the prescriber and their delegate(s) are using K-TRACS.
- 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. Last year, the Board amended K.A.R. 68-21-7 to include the drug "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.

### K-TRACS Utilization and Findings:

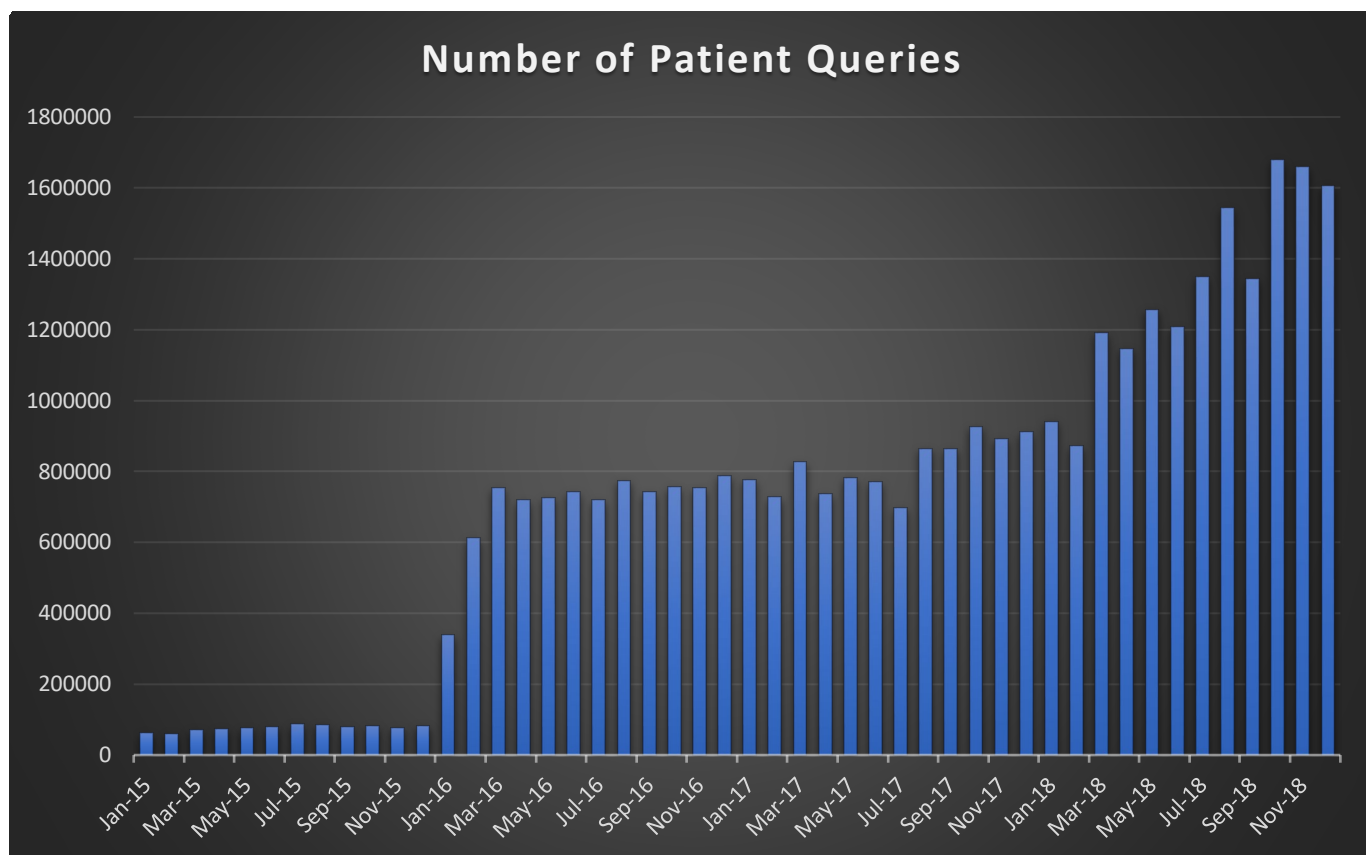
In contemplating how the opioid crisis has impacted Kansans, K-TRACS data indicates that between April and June 2017, there were enough opioids dispensed in Kansas to give each Kansan either a hydrocodone, oxycodone extended-release, or methadone tablet every day. Last year, nearly 1 in 10 Kansans had 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. The potentially dangerous co-prescribing of opioid and benzodiazepine medications is more common in females and in patients born between 1955 and 1970.

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.

	12/31/2013	12/31/14	12/31/2015	12/31/16	12/31/2017	12/31/2018
Registered Prescribers	5,287	5,724	6,747	7,755	8,968	12,823
Registered Pharmacists	1,042	1,272	1,652	1,976	2,400	3,099

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.



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.

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 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, there has been a significant reduction from an all-time high of 300 threshold patients in September 2013 to 118 threshold patients in December 2017 and an all-time low of 96 threshold patients in December 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

Prescribers: 13

Pharmacies: 11

Time Frame: 3 Months

ALERT THRESHOLDS

Prescribers: 5

Pharmacies: 5

The Board maintains a website for K-TRACS at <https://ktracs.ks.gov>, 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