

THE ALLIANCE MONITOR_x

BJA Announces 2010 PDMP Grant Solicitation

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The FY2010 Harold Rogers Prescription Drug Monitoring Program solicitation has been posted on the Bureau of Justice Assistance (BJA) website: <http://www.ojp.usdoj.gov/BJA/grant/prescripdrugs.html>

Along with the solicitation there is a FAQ document and a sample logic model.

Eligibility for the grant categories are as follows:

Planning Grants: Applicants for this category are limited to state governments without enabling statutes or regulations.

Implementation and Enhancement Grants: Applicants are limited to state governments

that have in place an enabling statute or regulation requiring the submission of controlled substance prescription data to an authorized state agency.

Notes: (1) States with pending legislation or regulations may apply for an implementation grant, but will not be awarded an implementation grant unless the legislation or regulations are in place at the time that funding decisions are made by BJA.

(2) States which received FY 2009 enhancement grants are not eligible to apply for enhancement funding in FY 2010 unless specifically

proposing to implement information sharing with other states.

The deadline for submission is 8 PM Eastern Time on April 1, 2010.

If you have any questions regarding the FY2010 solicitation, you may contact Rebecca Rose at BJA at 202-514-0726 or by e-mail at Rebecca.Rose@usdoj.gov

Council of State Governments works on Compact



www.csg.org

The Council of State Governments (CSG) has convened a National Advisory Panel to examine the issue of interstate cooperation aimed at reducing the flow of prescription drugs across state lines. The panel developed a set of formal recommendations for an interstate compact that would allow prescription drug monitoring programs from different states to share data on a limited basis.

The panel of approximately twenty members, which included

state legislators, policymakers, federal agency representatives, state Prescription Monitoring Program managers, and other key stakeholders including the Alliance, recommended developing a central hub that would filter information exchanged between states in a manner that respected the usage restrictions specified by the state sending data.

This recommendation was part of a series of recommendations that also included the formation of an interstate commission to administer the compact and its incumbent security and technical

requirements.

The panel also recommended the formation of a formal drafting team. With assistance from CSG, that team has been tasked with drafting a model compact that would be available for introduction into state legislatures during the 2011 state legislative sessions. The drafting team met for the first time in late-February.

For more information about this ongoing effort please contact Crady deGolian via e-mail at cdegolian@csg.org.

ASAP Update – Release of PMP Version 4.1 – by William Lockwood, Executive Director (ASAP)

The American Society for Automation in Pharmacy (ASAP) published its first standard for prescription monitoring programs in 1995. Since then ASAP has updated the standard over the years in order to improve the quality of the information being transmitted to the monitoring programs. In November 2009, a new release of the 2007 standard was published. This is Version 4 Release 1 or simply 4.1.

The development of 4.1 spanned six months of collaborative effort. This involved representation from the various stakeholders, including a number of states with prescription monitoring programs, national drug chains and independents, pharmacy system vendors, and organizations representing the Prescription Monitoring Programs community including the Alliance. One goal was to make V4.1 backward compatible with V4.0 in order to facilitate

industry migration to the latest release. To accomplish this, the order of data elements within a segment remained the same. New data elements were appended to the segments. For example, Date Sold is a new data element in 4.1 that was appended to the DSP segment, without disturbing the data element sequence in 4.0. One of the advantages of the 2007 standard was that the eight core segments in the 2005 standard were consolidated into five segments. This was done to make it easier to implement the standard. The same five core segments remain in 4.1.

Changes made to the latest release included shortening field lengths in a few cases to the actual length of the data element required. This should eliminate problems in dealing with the information reported. Another change is that DSP01 is now a required rather than a situational data element. In

addition, the code values for DSP01 were relabeled and a detailed explanation given on the appropriate use of the codes. This change will give more precise information as to whether a revision has been made to an earlier record received or whether an earlier record has been voided. A data element was also added to capture the RxNorm code, in anticipation of electronic prescriptions being approved for controlled substances, a provision was made for an e-prescribed reference number so there is an audit trail for these prescriptions.

As with V4.0, the latest release can also support real-time reporting of controlled substances.

If you are about to implement a monitoring program or are considering an upgrade to your existing program, I suggest you give serious consideration to the use of V4.1. The “tweaks” made in 4.1 should yield far superior results.

Bill Lockwood, Executive Director (ASAP)

PMP Support from US Senator Carper

United States Senator Thomas Carper of Delaware sent a letter to the Governors of each state that does not have Prescription Monitoring Program (PMP) authorizing legislation, encouraging them to establish a PMP.

This letter comes as a result of a 2009 hearing held by Senator Carper, as Chairman of the Subcommittee on Federal Financial Management, Government Information, Federal Services, & International Security to the Committee on Homeland Security & Governmental Affairs to review the Government Accountability (GAO) report, “Medicaid: Fraud and Abuse Related to Controlled Substances Identified in Selected

States,” that examined fraud and abuse of prescription drugs in the Medicaid Program. During this hearing, the Drug Enforcement Agency (DEA) noted “. . . that establishing an operational Prescription Monitoring Program (PMP) is one of the greatest weapons states can use to combat fraud and abuse of controlled substances.”

The letter by Senator Carper states: “I’m sure that you’ll agree with me that, given the continued pressure placed on federal and state budgets, we cannot afford to needlessly waste taxpayer funds on fraudulent Medicaid claims. [PMPs] have proven to be very effective in stopping the very abuses uncovered by the GAO. I urge your state to take action and adopt the

appropriate legislative language to implement such a program. DEA has expressed a sincere willingness to work with states to help organize and establish these programs. Federal grants are also available to help fund them.”

Senator Carper will hold an additional hearing on March 3rd, focused on similar fraud and abuse problems in the Medicare prescription drug program. The hearing of the Senate Subcommittee on Federal Financial Management will receive testimony from the GAO, the Department of Health and Human Services (HHS) Office of Inspector General and an office from HHS’s Medicare program on current oversight challenges and possible solutions.

MASSACHUSETTES PMP BEGINS ISSUING PATIENT REPORTS

On January 22, 2010, the Massachusetts Prescription Monitoring Program (MA PMP), under new regulatory authority, began issuing reports on patients identified as receiving prescriptions from multiple prescribers and pharmacies. The purpose of the initiative is to assist providers in assessing the possibilities of prescription drug abuse or diversion. This is being done in two phases with the initial series of reports sent to prescribers only. In the second phase, expected to begin in early spring, reports will also be sent to

pharmacies.

Each report consists of the patient’s dispensing records from the MA PMP, prescriber and pharmacy contact information to facilitate communication among report recipients, a guide to interpreting PMP data and actions that can be used to address or assess the patient’s activity. A Report Log to track the calls received by the MA PMP concerning the reports has been created. This will provide an opportunity to document feedback or any problems with the reports.

The MA PMP and its partner, Brandeis University, will be surveying prescribers who have received patient reports. The survey asks about four broad areas: (1) validation of the information contained in PMP reports; (2) usability of PMP reports as a clinical tool; (3) possible effects of the PMP report in the practice setting; and (4) basic background information about recipient’s practice. In addition, the survey team is seeking permission to contact the prescriber in 3 months time to determine if and how up the PMP report was used during the next patient visit.

Did You Know...

The Alliance has set dates and locations for the West & South Regional Meetings. The South Regional Meeting will be held in **Memphis, TN on April 20-21** at the Peabody Hotel. The West Regional Meeting will be held in **Portland, OR on May 11-12** at the Hotel Lucia. Look for more details at www.pmpalliance.org

SAMHSA plans to issue a Federal Register notice under NASPER. The notice will propose new minimum standards for security, authentication, authorization, reporting, and other issues. The Notice should be published in the next three weeks. SAMHSA will consider comments submitted in response to that notice; then, the finalized minimum standards will be incorporated in to a Request for Applications document. Eligible States will be able to apply for grants, and

approved grants will receive awards based upon the formula in NASPER (tied to the number of pharmacies in the State.)

Four States have pending PMP legislation and one state completed PMP implementation. The four states that have legislation pending this year to date include **Wisconsin, New Hampshire, Maryland, Georgia, and South Dakota.** Congratulations to **Minnesota** which now has an operational PMP.

California's PMP data are used in a research study. The study looked at the number of prescribers individuals visited when multiple drug classes were involved. This is the first time PMP data have been used in such a study. For the full story go to the alliance news page: <http://www.pmpalliance.org/news-events>

Epidemiological analysis of Maine's PMP data is completed. The State of Maine worked with the University of Southern Maine to conduct an epidemiological analysis of

their PMP data to assist in policy development, strategic planning and public health initiatives. For more information please go to: <http://www.pmpalliance.org/news-events>

Maryland issues a PDMP legislative report. The Maryland Advisory Council on Prescription Drug Monitoring has issued a required Legislative Report indicating their support for implementing a PMP within that state. The full report can be accessed from: <http://www.pmpalliance.org/news-events>

NASCSA still has funds for PMP Grants. The National Association of State Controlled Substances Authorities' (NASCSA) Prescription Drug Monitoring Program Grant program has a total of \$40,000 in funding remaining to award to states. The deadline for grant submissions is **March 15, 2010.** As with the first round of grants, NASCSA will manage the solicitation, review and funding of grant proposals. For full details please visit: <http://www.nascsa.org/>

IJIS PMIX Phase III Extension Committee Members

The BJA-sponsored, IJIS Institute Prescription Monitoring Information Exchange (PMIX) Phase 3 Extension project will commence activities in early 2010 and continue throughout the year. The primary project objectives are to upgrade the Hub to support encryption, educate the states (and their software vendors) on the same, implement the exchange of real patient data between Ohio and Kentucky, and promote technological enhancements to facilitate the exchange of real patient data in as many additional states as possible.

Several months ago IJIS requested the Alliance to recommend of state PMP representatives for participation on the committee.

Recently the IJIS Institute announced the appointments to the

IJIS/BJA Phase III Extension Committee.

They include PMP managers from the following states:

- **Kentucky**
- **Ohio**
- **Connecticut**
- **Maine**
- **Alabama**
- **Virginia**

Other committee members include:

- **Alliance of States with Prescription Monitoring Programs**
- **Brandeis' Center of Excellence**
- **Bureau of Justices Assistance**
- **Substance Abuse and Mental Health Services Administration**

- **Office of National Drug Control Policy**
- **Drug Enforcement Administration**
- **Indian Health Services**
- **National Alliance of for Model State Drug Laws**
- **American Society for Automation in Pharmacy**
- **Bruck Edwards**
- **Relay Health**
- **Trusted Federal Systems**
- **Infinite Solutions**
- **URL Integrations**
- **Optimum Technology**
- **Patriot Data Solutions Group**

The Committee is co-chaired by Steve Bruck (Bruck Edwards) and Dave Hopkins (Kentucky)

The Project manager is Scott Serich of the IJIS Institute.

TRAINING AND TECHNICAL ASSISTANCE

Chris Baumgartner
Program Coordinator

Phone:

360-556-7152

OR

E-mail:

assist@pmpalliance.org

Alliance/Brandeis Providing Assistance

The Alliance/Brandeis Training and Technical Assistance Center (TTAC) continues to provide assistance to members and affiliated organizations.

If you are looking for information, training, or assistance, feel free to contact us. The TTAC will provide you with the information you need

and even contact other states to gather nationwide information.

The TTAC can help with: evaluation, costs, laws, regulations, vendors, advisory groups, education, and more.



More information can be found online at:
www.pmpalliance.org



ABOUT OUR NEWSLETTER...

We hope you are enjoying the bi-monthly newsletter. Our intent is to provide our members and federal partners with news and information important to PMPs.

We want to hear from you and welcome suggestions you may have about information or reports you would like to see in future newsletters.

The next newsletter will spotlight another existing or newly implemented PMP.

Again, if your PMP is doing something new or different, please let us know and we will include it in future issues.

The newsletter is a great place to share information and news about PMPs and the people involved in their operations



Alliance of States with
Prescription Monitoring Programs

Promoting Public Health and Safety

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