

THE ALLIANCE MONITOR_x

Harold Rogers PDMP National Meeting

INSIDE THIS ISSUE:

PMIX Update	2
2010 Regional Meetings	2
BJA Performance Measures	2
Did You Know..	3
SAMHSA Update	3
Alliance Annual Meeting	4
Center of Excellence	4

The Alliance of States with Prescription Monitoring Programs, in partnership with Brandeis University and with support from the Bureau of Justice Assistance, hosted the 6th National Harold Rogers Prescription Drug Monitoring Meeting from June 28- 30, 2010.

The meeting was held in Washington D.C. and over 130 attendees were present.

Opening remarks were provided by ONDCP Director, Gil Kerlikowske, James Burch, Acting Director of BJA and Davida Walsh, Legislative Counsel to Congressman William Delahunt.

Closing remarks were provided by Dr. A. Thomas McLellan, Deputy Director of ONDCP.

The meeting focused on relevant issues surrounding PMPs. According to results of the participants' surveys, the meeting was highly successful.

Attendees reported they found the state and regional updates, the opportunities for networking and the quality of information very useful. The presentations particularly those on HIPPA, NASPER, doctor shopping and current PMP issues were

among the most useful aspects of the meeting.

The Alliance would like to thank all of our speakers and attendees for making this one of the best National Meeting to date.

Materials from presenter at the meeting are posted at www.pmpalliance.org

The Alliance looks forward to hosting the next Harold Rogers PDMP National Meeting in 2011.

If you have ideas for how to enhance the National Meeting please contact us at assist@pmpalliance.org.



National PDMP Law Enforcement Meeting Wrap Up

The Alliance in partnership with Brandeis University, and with support from the Bureau of Justice Assistance (BJA), hosted the first Harold Rogers Prescription Drug Monitoring Program topical meeting entitled "Use of Prescription Drug Monitoring Program Data by Law Enforcement."

The meeting provided education and information about how Prescription Monitoring Programs (PMPs) can efficiently and effectively work with law enforcement to address prescription drug misuse, fraud, and diversion.

Fifty-three attendees participated in this two day meeting. Attendees included thirteen representatives of federal agencies; sixteen PMP administrators, or their staff; twenty-two law enforcement representatives; and two industry representatives.

Survey responses indicated that the meeting was highly successful. All participants, "strongly agreed" or "agreed" that the meeting gave them a good chance to network and that presenters had expert knowledge of the topic.

The participants reported that the networking and breakout sessions were the two most useful elements

of the gathering. They also found the variety and depth of information and coverage of current issues useful. The topics they would like to have more fully covered included prosecution, diversion, and regulatory boards. The PMP Center of Excellence will be providing a full report on the meeting soon.

Sponsored By:



**"Use of Prescription
Drug Monitoring
Program Data by
Law Enforcement"**

PMIX Project Takes New Course

The BJA-sponsored, IJIS Institute Prescription Monitoring Information Exchange (PMIX) Phase 3 Extension project is underway and will continue into 2011 with significant modifications to the original technology approach. The project will provide improvements to facilitate the adoption of and participation in PMIX by the states. As before, states will maintain control over their PMPs, and interoperability among the states will be enabled through the uniform PMIX national exchange capability.

The project is being carried out under the guidance of the BJA/IJIS Institute PMP Committee. The Committee includes representatives from state PMPs, the Alliance, the Brandeis University PMP Center of Excellence, BJA, SAMHSA, ONDCP, DEA, IHS, VA, NAMSDL, ASAP, SEARCH, and IJIS information technology providers.

The Phase 3 project objectives are to upgrade the PMIX approach to support

encryption of protected health information (PHI), to rework and improve the Hub prototype web services capabilities, to educate the states (and their software providers) on these enhancements, to implement the exchange of "live" patient data between Ohio and Kentucky in support of authorized end users, and to implement the exchange of "live" patient data between as many additional states as possible.

The standardization of PMIX exchanges between the state PMPs and the PMIX Hub server will now be based on the Justice Reference Architecture (JRA), a service-oriented architecture (SOA). The JRA complements the existing PMIX format and vocabulary standards based on the extended Markup Language (XML) National Information Exchange Model (NIEM). The JRA approach will provide protocol standards to govern the transmission of request and response payloads containing PHI, maximizing the reuse of pre-defined web services capabilities that are available "out-of-the-box" on common web development platforms such as Windows .NET.

The project has also adjusted course to provide knowledge transfer to PMIX development teams through use of an educational software development kit (SDK) that will embody the format, vocabulary, and protocol standards described above.

The JRA Service Specification Package (SSP) and SDK are expected to be available later this summer. In the meantime, states that are interested in implementing PMIX using Windows servers are being urged to migrate to Windows .NET 3.5 for production exchanges and to Windows .NET 4 for testing purposes.

It is also recommended that each interested state work toward establishing the appropriate legislation to enable the exchange of "live" patient data with other states. In some cases, a state may also have to create a memorandum of understanding (MOU) with an exchange partner before any exchanges may take place.

For additional information regarding this ongoing effort, or to obtain draft copies of project documents, please contact Scott Serich at scott.serich@ijis.org.

2010 West & South Regional Meetings

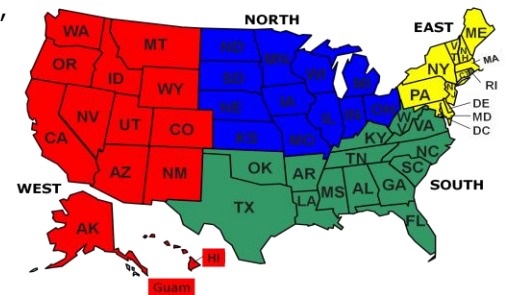
Two Regional Meetings were held this year, the South Regional in Memphis, TN and the West Regional in Portland, OR.

At the South Regional Meeting there were 28 attendees with 13 of the 14 states from the South Region represented. South Regional Meeting participants reported that they found the networking, state updates and regional issues, and discussions on emerging issues such as HIPPA, PMIX, NASPER, and information sharing the most useful parts of the meeting.

The West Regional Meeting had a total of 31 attendees with representation from all 12 of the West Region states. The West Regional Meeting participants reported that they found networking, state issues and updates to be the most useful part of the meeting. They also found the NASPER update, breakout sessions and information sharing to be beneficial as well. The review of evaluations from both meetings indicates that they were successful.

The Alliance and Brandeis University are making plans to host a North and East Regional Meeting in 2011.

More information on these next Regional Meetings will be posted on the Alliance website in upcoming months.



BJA Announces New Performance Measure Collection System

The Bureau of Justice Assistance (BJA) announces their launching of a new reporting tool for PMP grantees. The BJA Performance Measurement Tool is a web-based reporting system to help you enter performance measurement data for your BJA grant. Grantees will be required to submit data into the new tool on a quarterly basis. A presentation on this new tool was offered at the PMP National Meeting last month and

training was offered via webinars on July 9th and 13th to introduce grantees to the new system.

The first deadline to report into the new system is July 30th. BJA will require grantees to submit data into the new system from the first two quarters of 2010. BJA is grateful to all grantees who have worked on improving the BJA performance measurement system.

If you have any questions, please feel free to contact your State Policy Advisor: <http://www.ojp.usdoj.gov/BJA/resource/ProgramsOffice.pdf>.



Did You Know ...

The Alliance and Brandeis will be hosting a second topical meeting entitled "PMP Legislation and Implementation Meeting." The meeting will bring together managers from established PMP states to discuss and share their experiences with states which have pending PMP legislation and states looking to implement their new PMP programs. The meeting is being tentatively scheduled for October 18-19 in Charleston, SC.

Wisconsin and Delaware become the 42nd and 43rd states to pass PMP legislation. On May 18, 2010, Governor Jim Doyle signed legislation authorizing the Wisconsin Board of Pharmacy to implement a PMP. Governor Jack Markell signed Delaware's

PMP legislation on July 15, 2010. PMP Legislation in Georgia, Maryland, and New Hampshire did not pass this year.

Wyoming PMP reports two IHS Pharmacies coming on board. On May 21, 2010 the Wyoming Board of Pharmacy announced that the two local Indian Health Services' pharmacies have finished testing data submissions to the WY PMP and will begin reporting.

Louisiana Rite Aid pharmacists can now access the LA PMP online. As of May 25, 2010, Rite Aid has enabled individual LA pharmacies access to the Louisiana PMP in so that pharmacist will be able to perform patient queries.

Florida passes anti-pill mill legislation.

New legislation provides greater regulations of pain management clinics and clinics may be shut down if found in violation. Criminal penalties are also provided for violation of standards by pain clinics. The law prevents felons and disciplined physicians from owning and operating pain management clinics. Pain management clinics will be required to use tamper-proof, counterfeit resistant prescription pads. It also provides for an increase in knowledge for the standards of practice in pain management. Lastly, it prohibits pain management clinics from naming controlled substances in the advertisement of their businesses.

TTAC now has a Fax number.

The Training and Technical Assistance Center now has a fax number. The new number is 888.705.8053.

SAMHSA Releases New Report on Emergency Department Visits and Prescription Drugs

Visits to hospital emergency departments involving nonmedical use of prescription narcotic pain relievers more than doubled, rising 111 percent, between 2004 and 2008, according to a study by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention. The study used data from SAMHSA's Drug Abuse Warning Network (DAWN) emergency department system. It examined emergency department visits for nonmedical use of legal drugs, such as using them without a prescription.

The dramatic rise in emergency department visits associated with nonmedical use of these drugs occurred among men and women, as well as among those younger than age 21 and those 21 and older.

"The abuse of prescription drugs is our nation's fastest-growing drug problem. And this new study shows it is a problem that affects men and women, people under 21, and those over 21," said Office of National Drug Control Policy Director Gil Kerlikowske. "The newly released National Drug Control Strategy contains specific steps that all of us can take to address this issue".

The three prescription opioid pain relievers most frequently involved in hospital emergency department visits from 2004 to 2008 were:

- Oxycodone products – ED visits involving nonmedical use rose 152 percent, to 105,214.
- Hydrocodone products – emergency department visits involving nonmedical use rose 123 percent, to 89,051.
- Methadone products – emergency department visits involving nonmedical use rose 73 percent, to 63,629.

"These alarming findings provide one more example of how the misuse of prescription pain relievers is impacting lives and our health care system," said SAMHSA Administrator Pamela S. Hyde. "This public health threat requires an all-out effort to raise awareness of the public about proper use, storage, and disposal of these powerful drugs."

The numbers of emergency department visits involving nonmedical use of other types of prescription pain relievers such as morphine, fentanyl and hydromorphone were lower, but they also showed sharp rises during this period – for example, hydromorphone-related nonmedical use visits rose 259 percent to 12,142 between 2004 and 2008.

According to SAMHSA, these upward trends reflect in part dramatic increases in the rate at which these drugs are prescribed in the United States.

"We urgently need to take action," said CDC director Dr. Thomas Frieden. "Emergency department visits involving non-medical use of these prescription drugs are now as common as emergency department visits for use of illicit drugs. These prescriptions medicines help many people, but we need to be sure they are used properly and safely."

The study is being co-released in SAMHSA's survey report, Trends in Emergency Department Visits Involving Nonmedical Use of Narcotic Pain Relievers and CDC's MMWR "Emergency Department Visits Involving Nonmedical Use of Selected Prescription Drugs — United States, 2004–2008." The reports are based on data from SAMHSA's Drug Abuse Warning Network (DAWN) for 2004 to 2008. DAWN is a public health information system that monitors drug-related ED visits throughout the United States.

The full reports are available at: CDC MMWR www.cdc.gov/mmwr. The SAMHSA report can also be obtained by calling the SAMHSA Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727).

PMP Center of Excellence Website Launched

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The PMP Center of Excellence (COE), a joint project of BJA and Brandeis University to assist PMPs reach their full potential, is pleased to announce the launch of its website, www.pmpexcellence.org.

Major elements include a searchable clearinghouse of PMP-related articles, reports and analyses, a section on performance measures and best practices, a frequently updated news page, and an online Forum to discuss issues related to PMP policy and operations.

The COE will be evaluating and supporting PMP operations in many important ways. For example, the COE is conducting studies to measure PMP effectiveness; findings will be reported on the COE website.

The COE cordially invites all PMP stakeholders to explore the website and contribute feedback, news, reports and other materials. Please let your colleagues know about the launch and consider joining our e-list to receive notification of significant additions to the site. Your participation will help the COE

bring PMPs to all U.S. states and territories, and maximize their effectiveness in responding to the prescription drug abuse epidemic.



Alliance Annual Meeting

For the first time, the Alliance of States with Prescription Monitoring Programs (Alliance) held its Annual Meeting as part of the Harold Rogers PDMP National Meeting. Two noteworthy agenda items were the election of new Alliance Officers and Board Members and the approval of the Alliance PMP Model Act.

ELECTIONS

The new Alliance Board is composed of the following:

President: **Katherine Ellis (CA)**

Vice President: **Dave Hopkins (KY)**

Treasurer: **Teresa Anderson (ID)**

Secretary: **Don Vogt (OK)**

Member-at-Large: **Charles Thomas (AL)**

Member-at-Large: **John Gadea (CT)**

Member at Large: **Cheryl Anderson (SC)**

Member-at-Large: **Pat Knue (TX)**

Past President: **Adele Audet (MA)**

The Alliance wishes to express its gratitude and thanks to out-going Past President **Grant Carrow (MA)** for his many years of leadership and service to the Alliance.

PMP MODEL ACT

The Alliance's PMP Model Act was approved by the Alliance members at the Annual Meeting. The last time the Model Act was revised was back in 2002. The Alliance wishes to thank the Model Act Committee and the Chair of the Committee, John Eadie of Brandeis University's PMP Center of Excellence. The Alliance has posted the Model Act and its accompanying documents on the Alliance website.



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