

Independent Evaluation of the Kentucky All Schedule Prescription Electronic Reporting (KASPER) Program

Executive Summary

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Executive Summary

The purpose of this evaluation was to assess the impact of KASPER on reducing controlled substance prescription drug abuse and diversion and to assess whether KASPER is causing a chilling effect that limits patient access to controlled substances for appropriate medical care.

Background

The abuse and diversion of controlled prescription drugs is a significant and persistent problem in the United States. Current data from the Substance Abuse and Mental Health Services Administration (SAMHSA) 2007 National Survey on Drug Use and Health reveals that approximately 6.9 million individuals aged 12 or older are nonmedical users of controlled prescription drugs (opioid pain relievers, tranquilizers, sedatives, or stimulants)¹. While the number of non-medical users has remained relatively stable over the past 5 years, the number of treatment admissions and deaths from overdose of controlled prescription drugs has increased significantly.

To begin to address prescription drug abuse in the Commonwealth, on July 15, 1998 the Kentucky Legislature mandated the establishment of an electronic system for monitoring controlled substances (CS) through passage of Kentucky Revised Statute (KRS) 218A.202. The Kentucky All Schedule Prescription Electronic Reporting (KASPER) Program was thus designed. The rules for reporting and access were defined in Kentucky Administrative Regulations (902 KAR 55:110) promulgated on December 16, 1998. Data collection from dispensers of CS was initiated on January 1, 1999. The original version of KASPER required dispensers of CS in Kentucky to report dispensing of Schedule II, III, IV and V CS every 16 days.

Significant enhancement of KASPER occurred in 2004 with creation of eKASPER. As described in a comprehensive report on Kentucky's prescription monitoring program prepared by the Cabinet for Health and Family Services (CHFS) in 2006, the vision for eKASPER was "to create a system to allow authorized users to request a report through the Internet 24 hours per day, 7 days per week, and to receive the report in real time (within 15 minutes of request) while continuing to allow them to request reports through the mail or by fax."² The eKASPER system was launched on March 16, 2005 and has been recognized at the state and federal levels as a model program.

1 Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings see <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf>; last accessed September 30, 2010.

2A Comprehensive Report on Kentucky's Prescription Monitoring Program; see <http://chfs.ky.gov/nr/rdonlyres/7057e43d-e1fd-4552-a902-2793f9b226fc/0/kaspersummaryreportversion2.pdf>; last accessed September 30, 2010.

Additionally, as a result of regulatory amendments to 902 KAR 55:110, dispensers of CS are now required to report dispensing records to KASPER every 7 days. Although satisfaction surveys of KASPER users, including pharmacists, prescribers and law enforcement officials, were conducted in 2004 and 2006, an independent evaluation of the impact and effectiveness of KASPER has not been conducted.

Scope of Work

Multiple approaches were undertaken to answer these questions, including:

- Stakeholder interviews
- Survey of KASPER system users
- Survey of Medicaid patients and providers
- Analysis of KASPER use
- Analysis of national and Kentucky Medicaid datasets

Key Findings

Professional licensure board interviews, including interviews with the Kentucky Board of Medical Licensure, Kentucky Board of Pharmacy and the Kentucky Board of Nursing revealed a consensus opinion that KASPER is a valuable and effective program and that while prescribers may have initially perceived a chilling effect after KASPER implementation, the Kentucky Board of Medical Licensure believes the ultimate outcome has been increased prescriber confidence in prescribing controlled substance medications and increased use of pain management specialists which may ultimately improve patient care.

Surveys of KASPER users (prescribers, pharmacists and law enforcement officials) revealed the overarching opinion that KASPER is an effective tool for reducing abuse and diversion as well as doctor shopping in Kentucky with over 90% of respondents in each group indicating KASPER is effective in preventing drug abuse and diversion and doctor shopping. When asked how the information in requested KASPER reports impacted treatment (prescribing and dispensing) decisions, only 18% of respondents indicated that data from KASPER reports had no impact on their prescribing/dispensing decisions. Thus, it appears that the information contained in KASPER reports is useful in making treatment decisions and prescribers and pharmacists should be encouraged to register with KASPER and request reports to assist them in decision-making at the point of care.

Additionally, survey questions assessed the impact of KASPER on overall prescribing and dispensing patterns over the past year. Analysis of the data revealed that although some prescribers and pharmacists report having altered their prescribing and

dispensing of controlled substances since the inception of KASPER, overall, KASPER does not appear to be having a 'chilling effect' nor has it negatively impacted their ability to manage their patients' conditions. In fact, the data suggest that KASPER may have had a positive impact by increasing provider confidence in making treatment decisions.

Survey responses from approximately 450 Medicaid recipients revealed that approximately 14% had a discussion with a health care professional about their KASPER report, while less than 10% believed a KASPER report had ever prevented them from getting a prescription for medication or prevented them from having a prescription dispensed at the pharmacy. Thus, these data do not support the suggestion that KASPER is having a chilling effect that limits patient access to controlled substances for legitimate medical needs.

Analysis of Medicaid data on the use of 4 commonly prescribed opioid analgesics – codeine, hydrocodone, oxycodone and fentanyl reveal that the rate of use of oxycodone and hydrocodone in adult patients increased significantly between 2002 and 2005. However, a substantial leveling off in the rate of use of both medications in the adult population has occurred since 2005. Two competing explanations, although not specifically assessed in this evaluation, can be given for this observed stabilization in the rate of growth in the use of these medications in the adult population. First, KASPER is having an impact on doctor shopping, thus reducing the inappropriate prescribing of these medications to adult Medicaid patients. Alternatively, the leveling off could represent evidence of a chilling effect, however, one might expect that the survey of Medicaid recipients would have revealed a higher number of recipients reporting difficulty in getting needed controlled substance medications if this were the case.

Analysis of KASPER use revealed that the number of registered users across all groups (prescriber, pharmacist, law enforcement) has increased significantly over time. In 2009, there were 5311 prescribers, 1057 pharmacists and 1242 law enforcement officials registered as users of the KASPER system. Although more individuals are registering with KASPER each year, the number of registered users is only a small fraction of those who are eligible for an account and who could potentially utilize KASPER information at point of care for treatment decisions. For example, in 2009 only 16% of licensed pharmacists were registered with KASPER dispenser accounts, while only about one-fourth (27.5%) of DEA-registered prescribers had KASPER accounts.

The total number of KASPER report requests has increased significantly since the inception of the KASPER program. In 2009, a total of 532,527 requests were made, up from a low of 36,172 in 2000, the first year of the KASPER program. The number of CS prescriptions dispensed in Kentucky has also increased significantly from 8,414,939 in

2002 to 11,124,085 in 2009, with the vast majority of controlled substance prescriptions written by prescribers registered as KASPER users.

Further analysis of KASPER use data reveals that the vast majority of CS prescriptions in the state are issued by relatively few prescribers and the growth of CS prescription volume is occurring primarily in the upper decile of CS prescribers. Additional study of this observation is warranted as it may provide evidence to support the impressions of the Kentucky Board of Medical Licensure that a shift of CS prescribing from individual practitioners to pain management specialists may be occurring.

Analysis of national datasets revealed that the distribution of controlled substances to Kentucky and its contiguous states continues to rise as does the rate of admission to substance abuse treatment facilities for opiate abuse. Interestingly, the number of individuals in Kentucky and contiguous states who report the non-medical use of opiate pain relievers is relatively stable. One potential explanation, although not specifically assessed in this evaluation, is that as a result of KASPER, more individuals are identified with prescription opioid abuse problems and are referred to or seek treatment for opioid abuse.

Summary and Conclusions

The purpose of this evaluation was to assess the impact of KASPER on reducing controlled substance prescription drug abuse and diversion and to assess whether KASPER is causing a chilling effect that limits patient access to controlled substances for appropriate medical care.

The evaluation finds that members of professional licensure boards are unanimous in their support of the KASPER program and, based on information collected from prescribers, pharmacists and law-enforcement officials, KASPER is perceived as an effective tool to reduce drug abuse and diversion. Taken together, data from multiple sources as outlined above do not appear to suggest that KASPER is producing a chilling effect. Those that use KASPER regularly find the information in reports valuable for making treatment-decisions. Thus, encouraging prescribers and pharmacists to register with KASPER and ensuring pharmacists have access to the Internet to request reports are important topics for future discussion to further expand the impact of KASPER. More frequent transmission of controlled substance prescription data to the KASPER program should also be explored as means of enhancing KASPER's impact.