Kentucky All Schedule Prescription Electronic Reporting

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Prescription Diversion and Pain Management Workshop
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What is KASPER?

KASPER is Kentucky's Prescription Monitoring Program (PMP). KASPER tracks Schedule II – V controlled substance prescriptions dispensed within the state as reported by pharmacies and other dispensers.

KASPER is a real-time Web accessed database that provides a tool to help address one of the largest threats to patient safety in the Commonwealth of Kentucky; the misuse, abuse and diversion of controlled pharmaceutical substances.

The Need for KASPER

- Health care professionals need a tool to help identify patient prescription drug problems and when intervention may be needed.
- KBML *Guidelines for the Use of Controlled Substances in Pain Treatment* recommend KASPER for:
  - Initial evaluation of the patient.
  - Periodic review.
- Diversion of controlled substances is reaching epidemic proportions.
  - Diverters cover large areas to obtain drugs.
  - Agencies need efficiency and value in their investigative tools.

Problems with Controlled Substances

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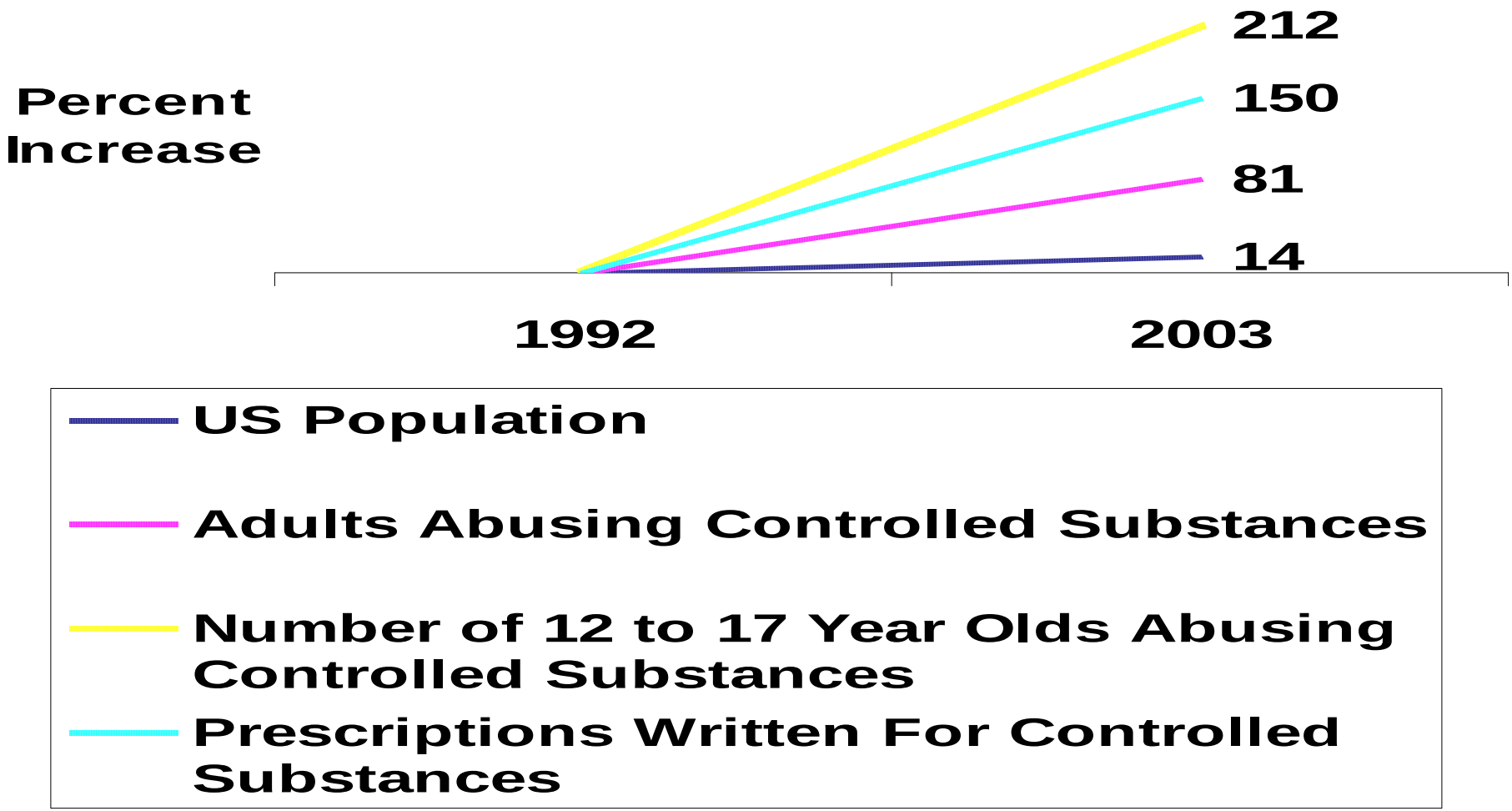
Misuse, Abuse, Diversion

- Misuse:
  - When a schedule II – V substance is taken by an individual for a non-medical reason.
- Abuse:
  - When an individual repeatedly takes a schedule II – V substance for a non-medical reason.
- Diversion:
  - When a schedule II – V substance is acquired and/or taken by an individual for whom the medication was not prescribed.

The Scope of the Problem



Source: *Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the U.S.* Published by The National Center on Addiction and Substance Abuse at Columbia University (CASA), July 2005.

A National Perspective

From 1992 to 2003 the 15.1 million Americans abusing controlled prescription drugs exceeded the combined number abusing:

- Cocaine (5.9 million),
- Hallucinogens (4.0 million),
- Inhalants (2.1 million), and
- Heroin (.3 million).

Source: *Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the U.S.* Published by The National Center on Addiction and Substance Abuse at Columbia University (CASA), July 2005.

A National Perspective

Pentagon health survey finds soldiers struggling with prescription drug abuse

- 25% of soldiers abused prescription drugs in last year (22% in 2008; 10% in 2005)
- 15% of soldiers abused prescription drugs in last thirty days (13% in 2008, 4% in 2005)

Source: *U.S. Troops Admit Abusing Prescription Drugs*, Gregg Zoroya, USA Today, December, 2009.

Generation Rx

- 19% of teens report abusing prescription medications to get high.
- 40% of teens agree that prescription medicines, even if not prescribed by a doctor, are safer than illegal drugs.
- 29% of teens believe prescription pain relievers are not addictive.
- 62% of teens say prescription pain relievers are easy to get from parents' medicine cabinets

Source: *2005 Partnership Attitude Tracking Study on Teen Drug Abuse*, The Partnership for a Drug-Free America, May 16, 2006.

Controlled Substance Abuse in Kentucky

- 8.5% of Kentuckians used prescription psychotherapeutic drugs for nonmedical reasons in past year. (KY leads nation)
- 7% of Kentuckians have used prescription pain relievers such as Darvon and Percodan for nonmedical reasons in past year. (KY leads nation).
- 4.6% of Kentuckians have used prescription tranquilizers such as such as Valium and Xanax for nonmedical reasons in past year. (KY leads nation)
- 2.0% of Kentuckians have used prescription stimulants for nonmedical reasons in past year (KY fourth in nation)

Source: *Misuse of Prescription Drugs: Data from the 2002, 2003 and 2004 National Surveys on Drug Use and Health*, published by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, September 2006.

Cough Syrup "Cocktails"

- Mixes of codeine-containing cough medicine with soft drinks or sports drinks. **
- Popularized in rap songs in the late 1990s. Known as "Lean", "Syrup", Sizzurp" or "Purple Drank". **
  - Users typically mix an ounce of the medicine with a sports drink, Sprite or Big Red, then plop in a Jolly Rancher candy and pour the mixture over ice.
- Louisville Metro Police Department reports drug abusers soaking marijuana cigarettes in prescription cough medicines.

** Reported by Donna Leinwand, USA Today, October 19, 2006

“Pharm Parties”

- Short for pharmaceutical party, a rapidly increasing problem with teens and young adults.
- Bowls and baggies of random prescription drugs called “trail mix”.
- Collecting pills from the family medicine cabinet called “pharming”.
- Internet chat rooms are used to share “recipes” for getting high with prescription drugs.
  - Users sometimes refer to pills by color rather than brand name, content or potency.

Reported by Donna Leinwand, USA Today, June 13, 2006

The Results of Rx Drug Abuse

- February 2006. Eddie Cappiello 22, died of drug overdose after a “pharm party” with the equivalent of 67 Xanax pills in his system, leaving behind a 6-week old daughter. (1)

- June 2006. Justin Knox 22, bit down on Fentanyl patch and died before reaching the hospital. (1)

(1) Donna Leinwand, USA Today, June 13, 2006

Heath Ledger

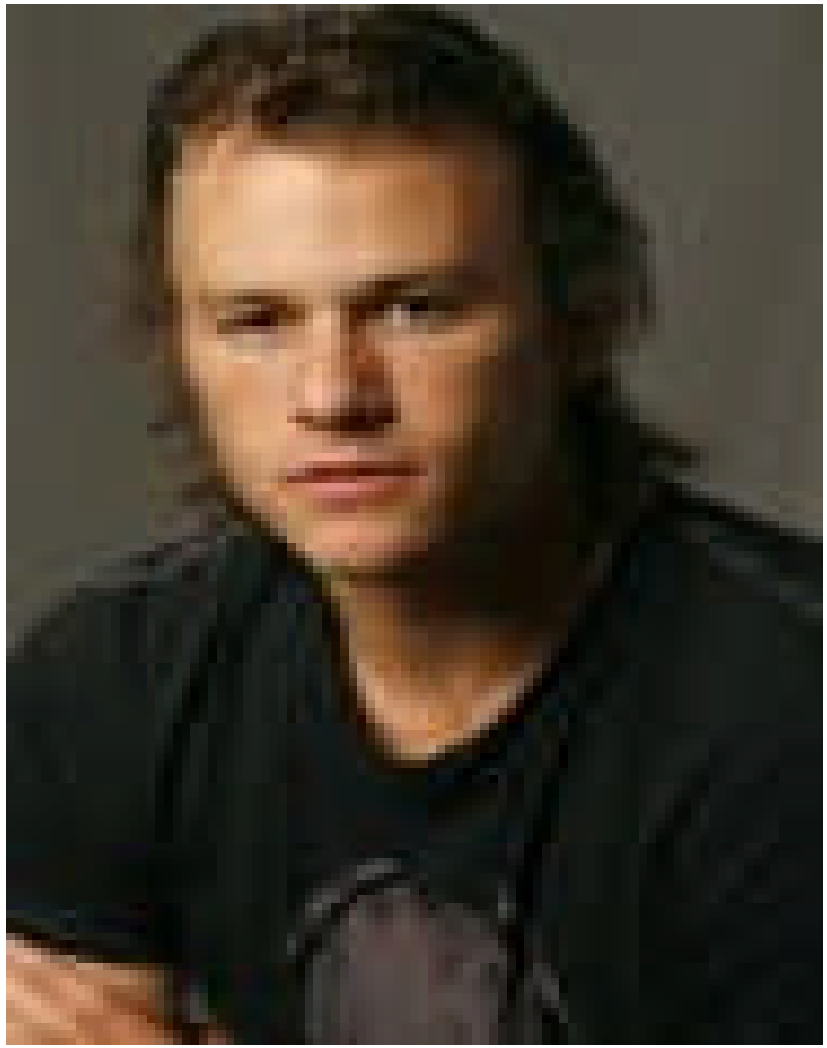


Photo from The Internet Movie Database

Dr. Dennis Sandlin

Associated Press Photo, The Mountain Eagle, December10, 2009

Erica Hughes

Photo by Pam Spaulding, The Louisville Courier-Journal, November 30, 2009

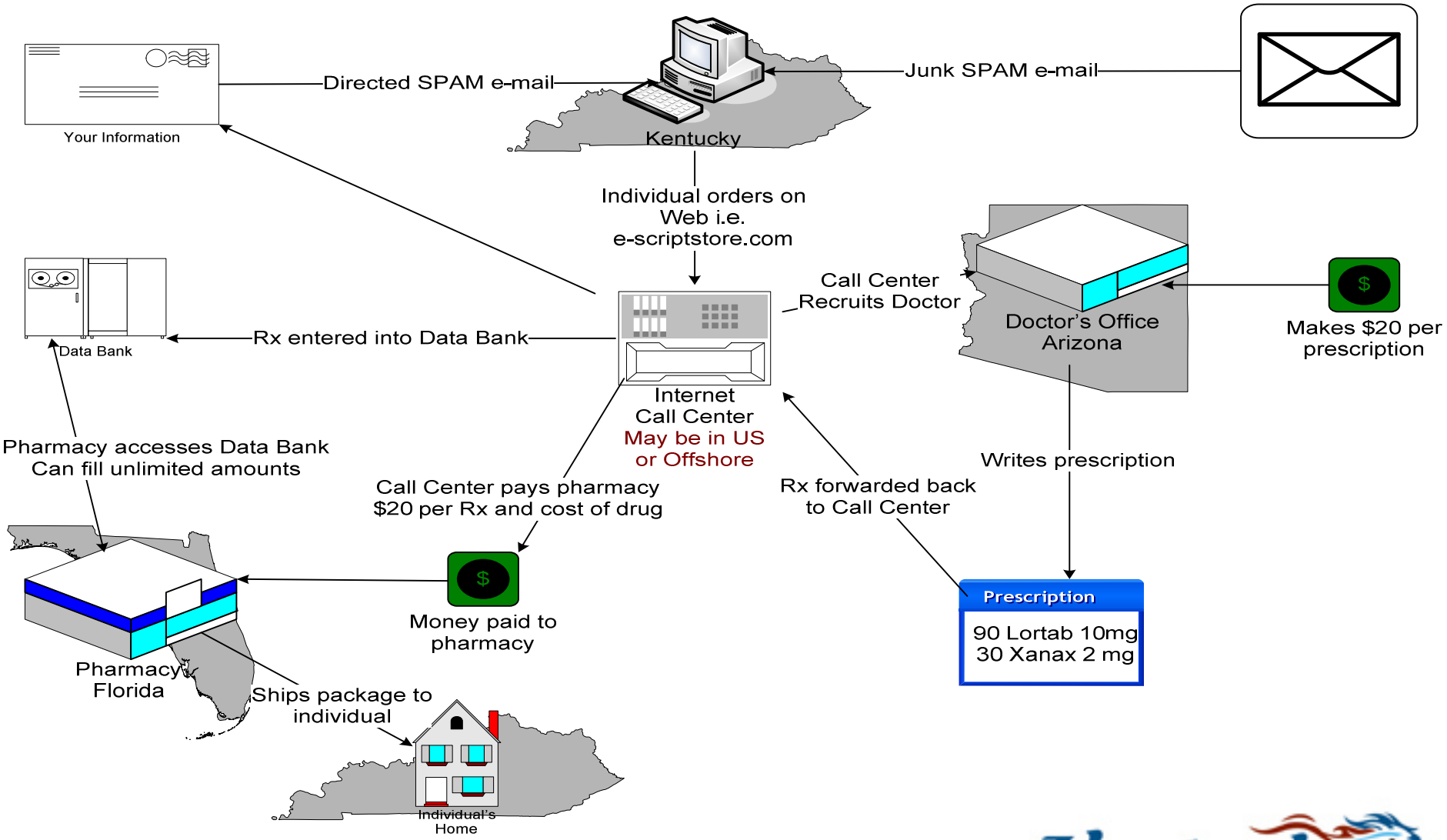
The Economics of Drug Diversion

"Legal" Drugs Have Street Values

Generic Name	Brand Name	Brand Cost/ 100	Street Value Per 100
Acetaminophen w Codeine 30mg	Tylenol #3	$56.49	$800.00
Diazepam 10 mg	Valium 10 mg	$298.04	$1,000.00
Hydromorphone	Dilaudid 4 mg	$88.94	$10,000.00
Methylphenidate	Ritalin	$88.24	$1,500.00
Oxycodone	Oxycontin 80 mg	$1,081.36	$8,000.00
Cough Medicine w/Codeine **	Phenergan VC w/Codeine	$12.00/pint	$1,300.00/pint

Goldman, MD, Brian, "Unmasking the Illicit Drug Seeker"
** USA Today, October 19,2006

Internet Pharmacies



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An Internet Pharmacy

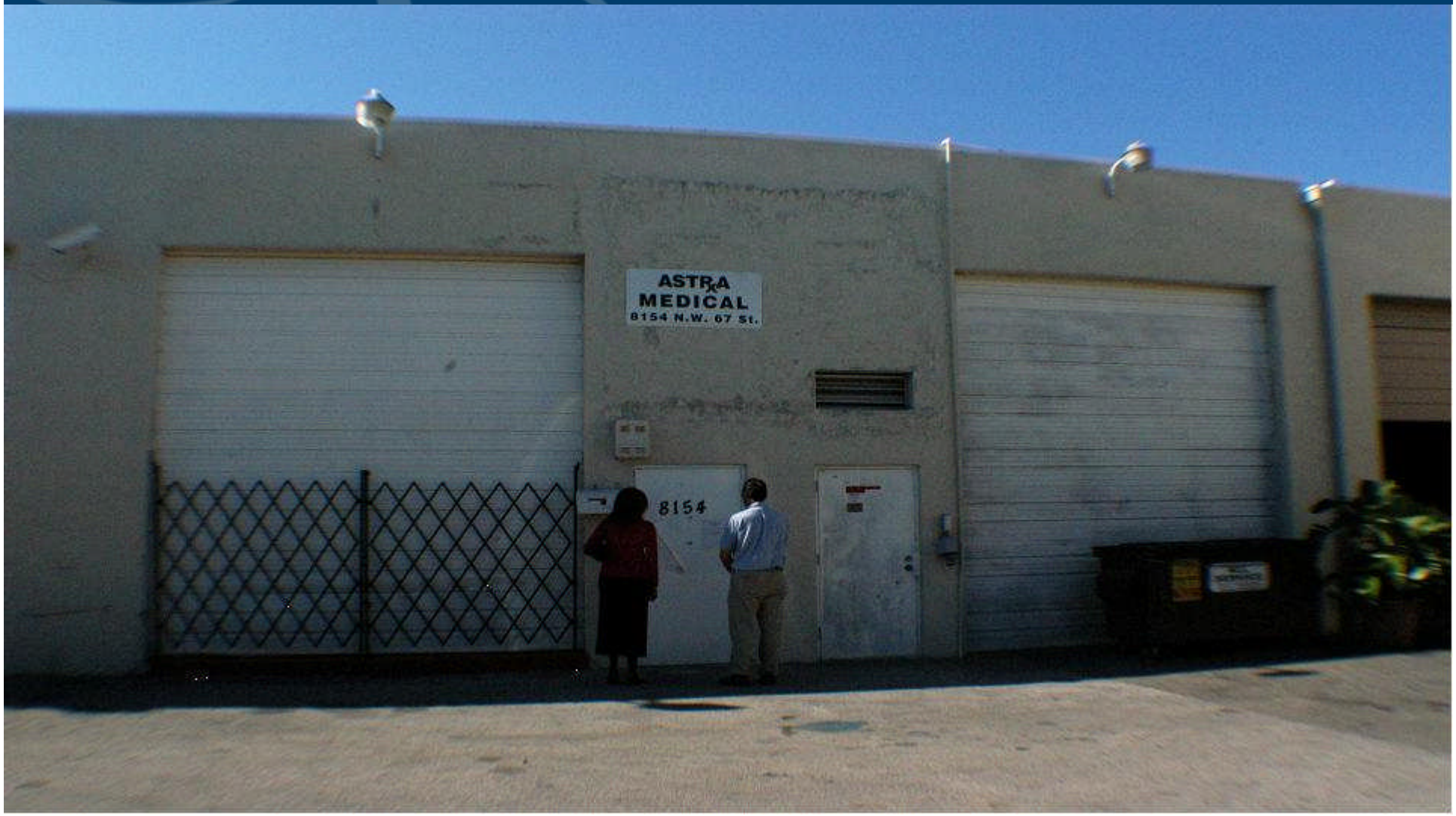

Photo Courtesy of the U.S. Drug Enforcement Administration

An Internet Pharmacy

Photo Courtesy of the U.S. Drug Enforcement Administration

Provider Shopping

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Provider Shopping

Provider shopping is when controlled substances are acquired by deception.

Acts related to attempting to obtain a controlled substance, a prescription for a controlled substance or administration of a controlled substance, prohibited under KRS 218A.140 include:

- Knowingly misrepresenting or withholding information from a practitioner.
- Providing a false name or address.
- Knowingly making a false statement.
- Falsely representing to be authorized to obtain controlled substances.
- Presenting a prescription that was obtained in violation of the above.
- Affixing a false or forged label to a controlled substance receptacle.

Provider Shopping

The following table lists typical patient behaviors that are associated with controlled pharmaceutical provider shopping.

While two or three of these behaviors alone may not be indicative of provider shopping, three or more of these behaviors should be reason for further inquiry into the patient's controlled substance use.

Typical Provider Shopping Behaviors

Patient Behaviors	Examples
Multiple providers of the same type	3 or more general practitioners, dentists, etc.
Dispensers and prescribers are in different localities from each other and the patient's home address	Patient lives in Fayette county; prescriber in Franklin county; dispenser in Jessamine county
Overlapping prescriptions of the same drug from different prescriber types	Oxycodone scripts from dentist, family physician, and pain management doctor within 30 days
Excessive emergency room visits for non-emergency issues	3 or more emergency room visits in a month for chronic pain conditions
Requesting replacement for lost medications regularly	Patient states that controlled substance is lost and requests new prescription
Requesting early refills	Patient requests early refills due to extended out-of-state trip
Pressuring prescribers to prescribe controlled substances for the patient's family members	Patient requests the pediatrician prescribe cough syrup with codeine for his/her child stating that it is needed for the child to sleep better

Typical Provider Shopping Behaviors (Cont.)

Patient Behaviors	Examples
Using multiple names, social security numbers, addresses, etc.	Patient fills three scripts under three different names
Seeking referrals to multiple pain management clinics	Patient requests referrals to pain management clinics without a specific diagnosis
Associating with others known to be pharmaceutical controlled substance provider shopping	Patient travels to clinic with another patient exhibiting shopping behavior and requests similar prescription
Self-mutilation	Patient presents with potential self-inflicted wound
Cash transactions	Patient prefers to pay cash when insurance available
Requesting partial dispensing of controlled substance script	Patient requests half of the script and returns for the rest within 72 hours
After-hour, weekend and holiday calls for prescriptions	Patient calls prescriber at midnight on Friday to request a controlled substance script

Provider Shopping

Targeted Provider Characteristics:

- New providers
- Senior providers
- Providers perceived to keep substandard records
- Pain management providers

The KASPER Program

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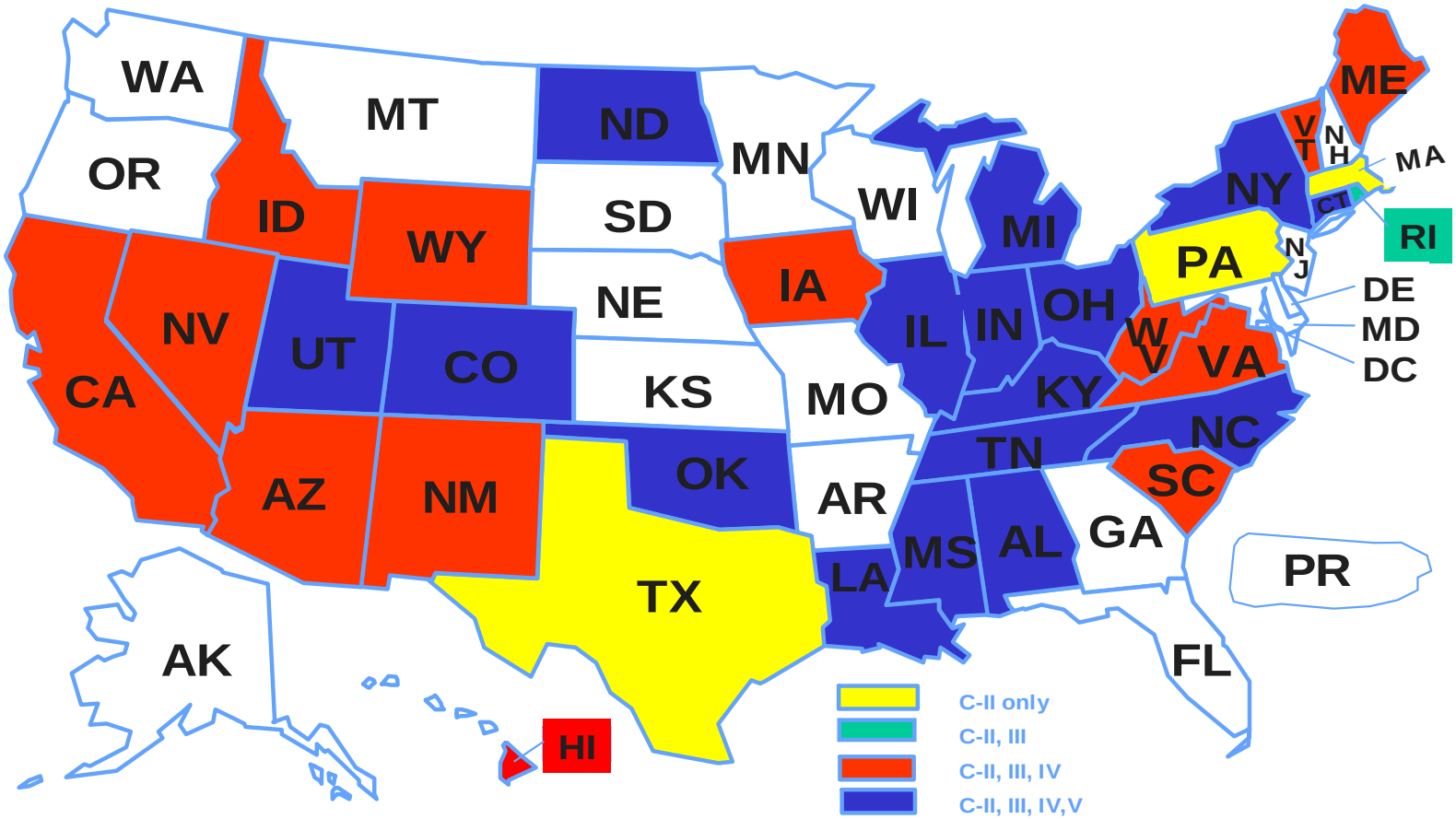
Prescription Monitoring Programs

- 33 states currently have PMPs for at least one class of controlled substance.
- 7 states have passed legislation to implement a PMP.
- Additional states are currently considering legislation to implement monitoring programs.
- Some states are considering expanding their programs to cover all schedules, similar to Kentucky.

States With Prescription Monitoring Programs



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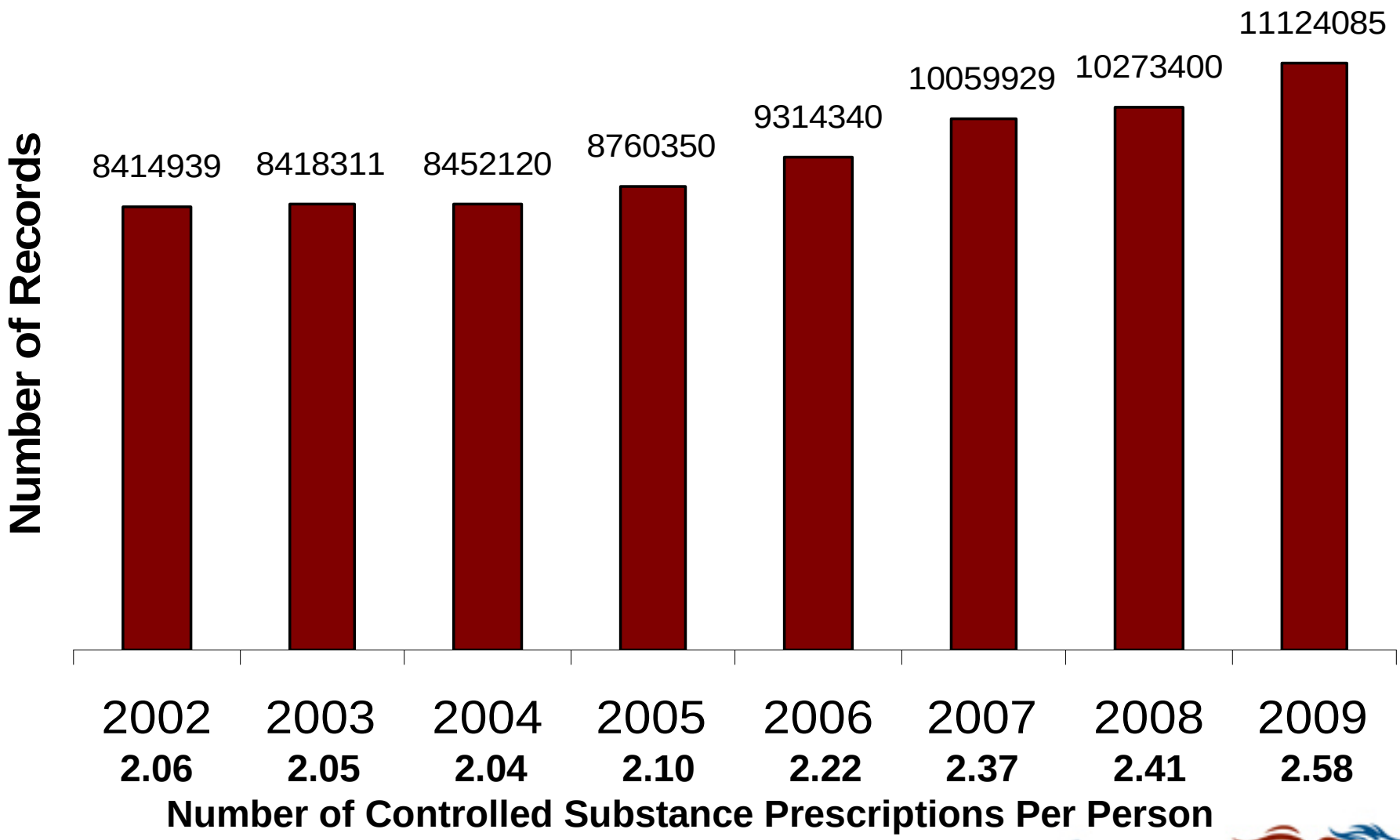
Border State Programs

- Indiana – (INSPECT)
  - http://www.in.gov/pla/2335.htm
- Illinois (Prescription Information Library)
  - https://www.ilpmp.org/
- Ohio – (OARRS)
  - http://www.ohiopmp.gov
- Tennessee
  - https://prescriptionmonitoring.state.tn.us/Login.aspx
- Virginia
  - https://www.pmp.dhp.virginia.gov/VAPMPWebCenter/login.aspx
- West Virginia (RxDataTrak)
  - https://65.78.228.163/login.asp

KASPER Operation

- KASPER tracks most Schedule II – V substances dispensed in KY.
  - Approximately 11 million controlled substance prescriptions reported to the system each year.
- KASPER data is 1 to 7 days old.
  - Dispensers have 7 days to report.
  - RelayHealth processes & provides data once per day.
- Reports available to authorized individuals.
  - Available via fax in 2-8 hours.
  - Available via Web typically within 15 seconds (90% of requests).
  - Available 24/7 from any PC with Web access.

KASPER Records Total/Per Person



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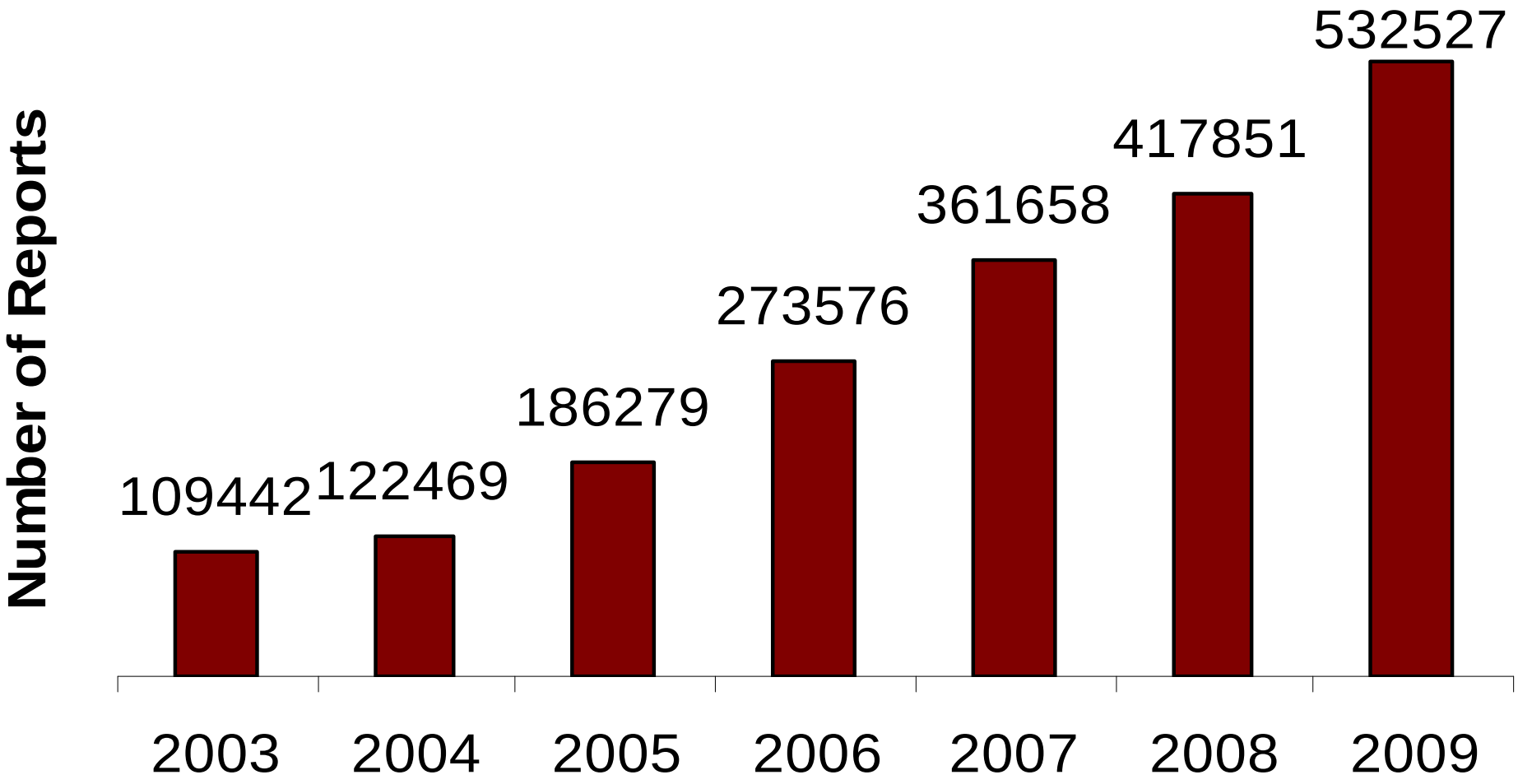
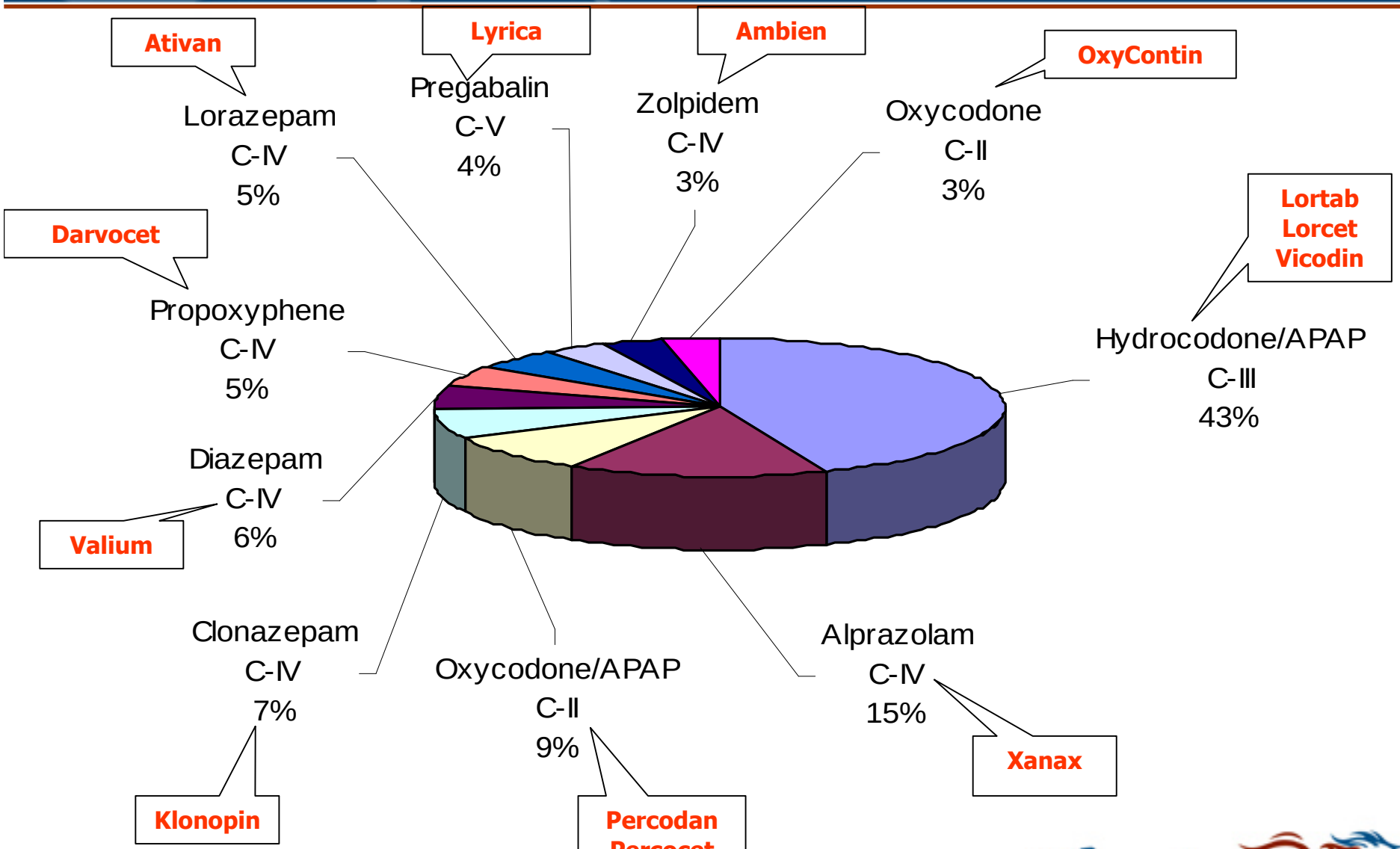
KASPER Reports Requested



Top Prescribed Controlled Substances by Therapeutic Category by Doses - 2008



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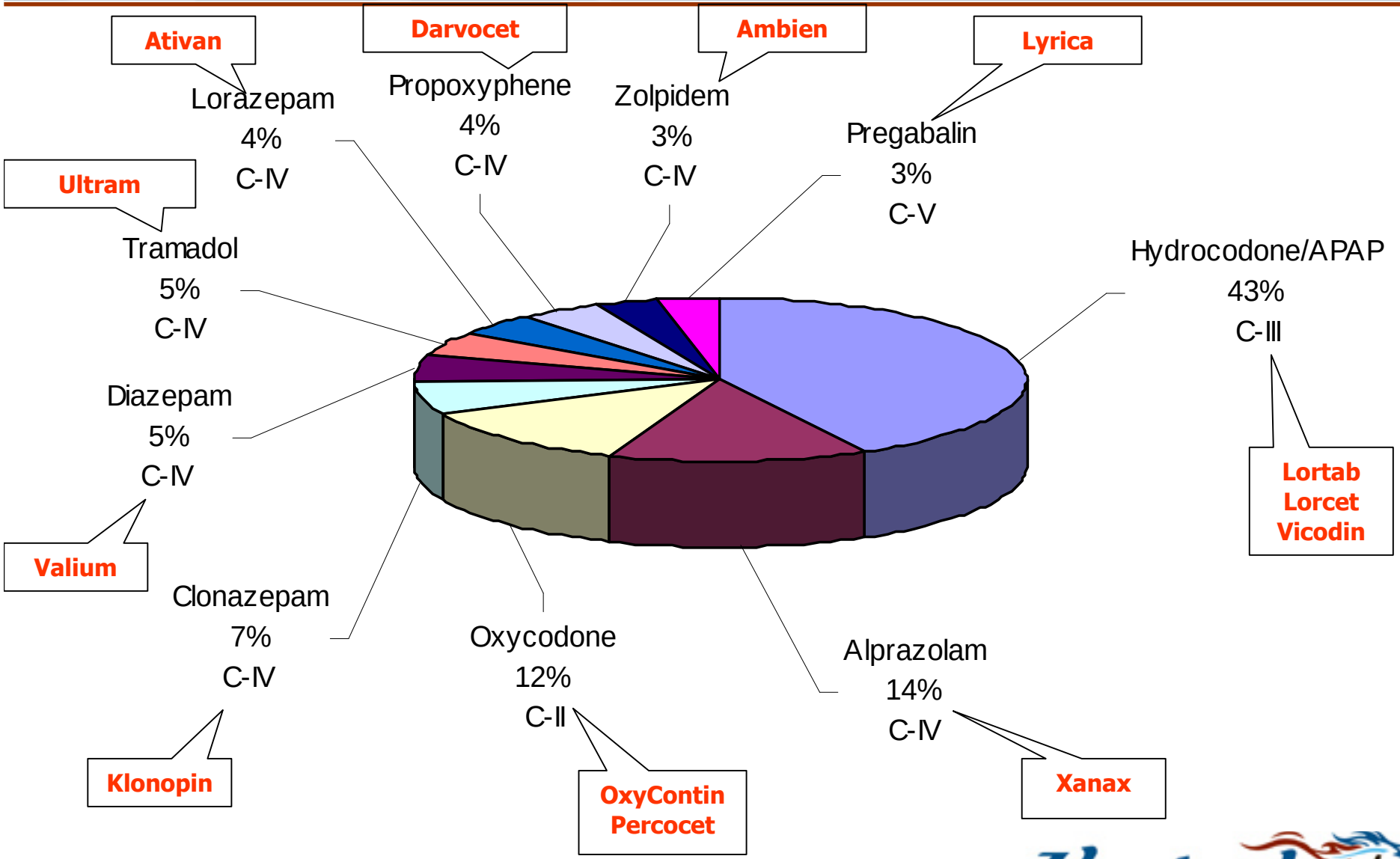
Top Prescribed Controlled Substances by Therapeutic Category by Doses - 2009



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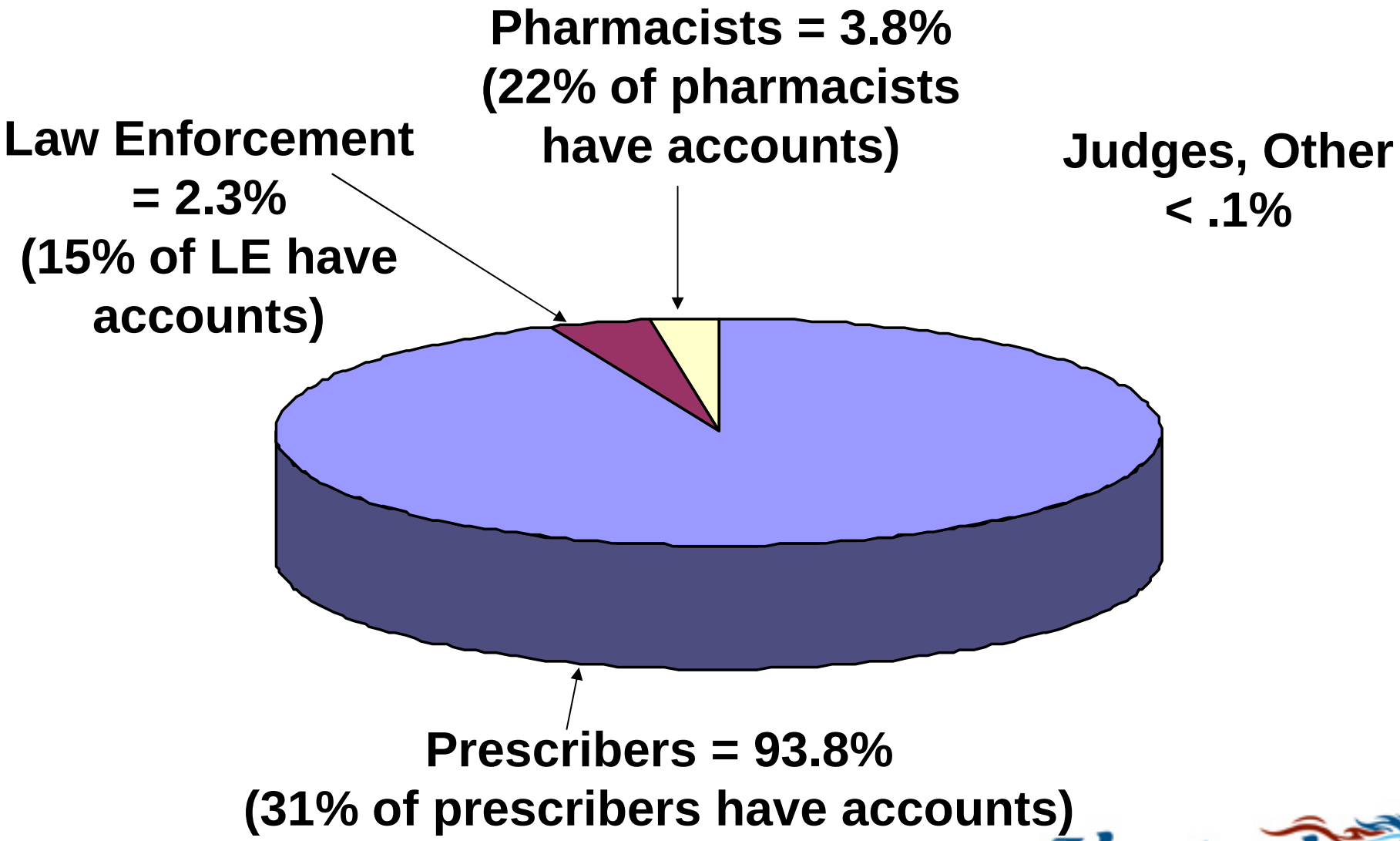
Authorized KASPER Users

Under KRS 218A.202 (6):

- **Licensing Boards** - for licensees only (including licensees based upon relationships or geographic trend data)
- **Law Enforcement Officers** - for a bona fide drug investigation
- **Medicaid** – for a member or provider
- **Grand Juries** - by subpoena
- **Practitioners** - for medical treatment, and **Pharmacists** - for pharmaceutical treatment
- **A judge or probation or parole officer** administering a drug diversion or probation program

KASPER Usage 2009



Goals of KASPER

- KASPER was designed as a tool to help address the problem with prescription drug abuse and diversion by providing:
  - A source of information for health care professionals.
  - An investigative tool for law enforcement.
- KASPER was not designed to:
  - Prevent people from getting prescription drugs.
  - Decrease the number of doses dispensed.

Using eKASPER

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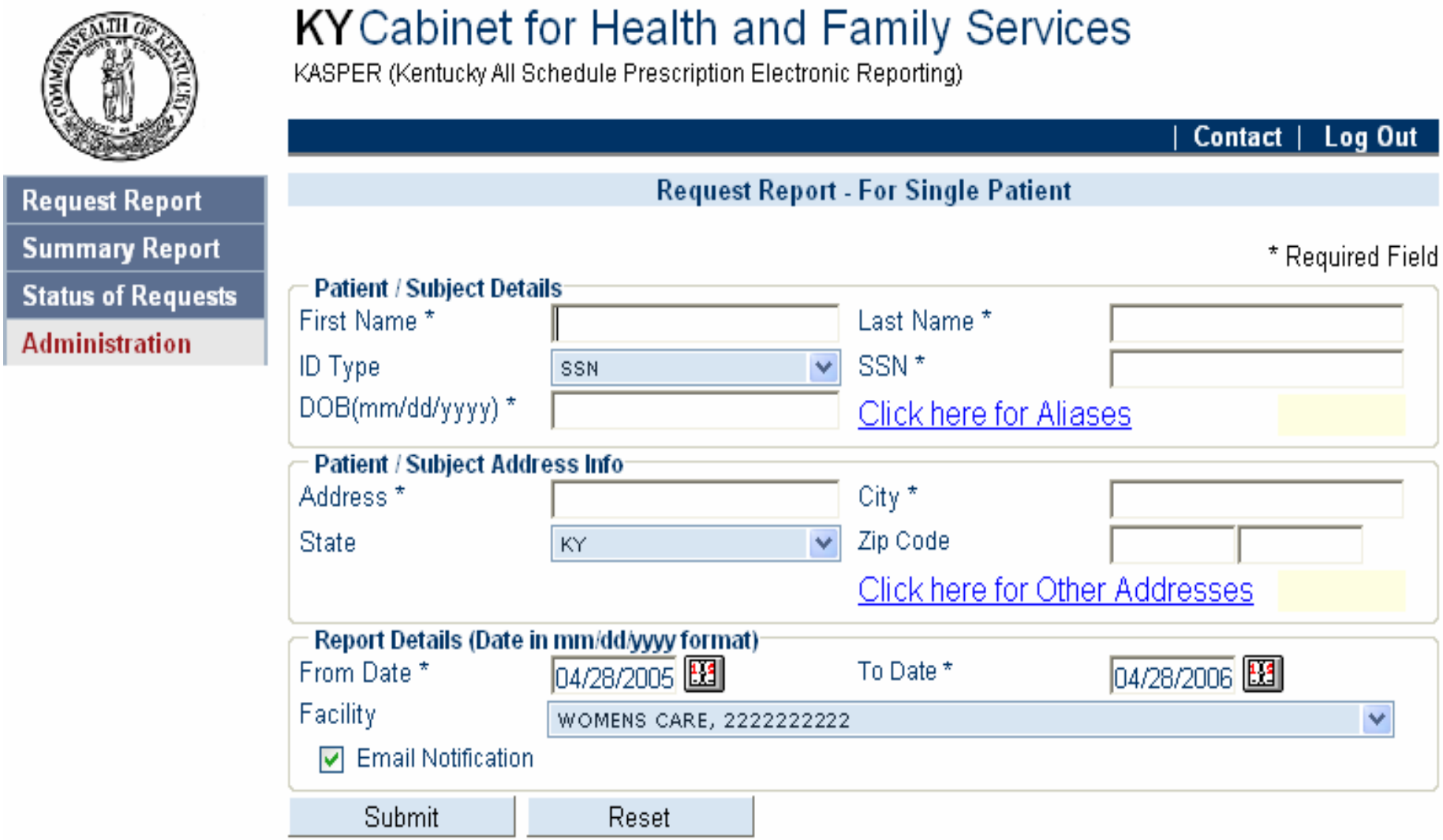
To Request an eKASPER Account

- ID Management
  - Must apply for account with supporting documents
  - https://ekasper.chfs.ky.gov/accessrequest
- Application information used by KASPER staff to verify identity and credentials
- Userid and initial password provided in separate emails.

To Request an eKASPER Report

- Via secure WEB application.
- Application accessible from any PC with WEB access.
- Practitioners and pharmacists can receive a report often within 15 seconds (as long as the report does not require further review by the KASPER staff).
- Available 24 / 7.
- URL: https://ekasper.chfs.ky.gov.

eKASPER Report Request



Quality Safeguards

- Reports forced to a review are prepared by KASPER staff pharmacists.
- Reports are forced to a review if:
  - More than six pages.
  - Multiple dates of birth.
  - More than one last name.

KASPER Cautions

IMPORTANT

- **The Master Account Holder is responsible for all usage under the account including delegates!**
- **Do not share your userid/password!**
  - **A subordinate may order an inappropriate report under your name.**
  - **Delegate accounts have their own userid/password and provide you the ability to review all reports delegates request under your master account.**
- **Verify the information in the report!**
  - **KASPER may contain inaccurate data.**
  - **Assume the data on the report is inaccurate before assuming the patient is doing something wrong.**

Your Obligation to your Patients

Verify the information in the report before dismissing a patient!

- **Dispensers sometimes make mistakes identifying the patient or prescriber.**
- **All patients with the same first name, last name and date of birth will currently show up on the same report.**
- **To help determine if multiple patients may be on one report.**
  - **Watch for prescriptions dispensed in multiple distant locations.**
  - **Watch for patterns that may indicate two different patients (e.g. one set of records always has a different address and uses a different pharmacy).**
- **To verify the report information**
  - **First contact the pharmacy to identify the patient.**
  - **Second contact the Drug Enforcement and Professional Practices Branch for assistance.**

Please Remember!

It is a Class D Felony to provide anyone with a copy of a KASPER report!

A practitioner or pharmacist may discuss the <u>information</u> contained in the report with another practitioner or pharmacist, but each should obtain their own report.

A practitioner or pharmacist may also discuss the <u>information</u> contained in the report with the patient, but must not give the patient a copy of the report.

Protecting Your Practice

Recommendations from the Kentucky Board of Medical Licensure

- Remain up to date with rules (guidelines) and regulations in the Medical Practice Act (available on KBML Web site).
- Keep well-documented patient records.
- Be attentive to patient needs.
- Be familiar with office personnel and their interactions with patients.
- Remain up to date with current billing methods and insurance procedures.

Protecting Your Practice Cont.

- Maintain appropriate controls on prescription pads.
  - Do not leave pre-signed prescription pads for staff.
- The KBML strongly encourages use of chaperones for sensitive examinations.
- Do not prescribe controlled substances for “immediate family”.
  - The KBML adopts the AMA ethical opinion on this subject.
- Run KASPER reports on patients.
- Maintain appropriate controls/security on KASPER access and reports.

Protecting Your Practice Cont.

KBML Opinion Issued March, 2009

"Standards of Acceptable Medical Practice Relating to a Physician's use of KASPER Reports"

Available at KBML Web site: www.kbml.ky.gov

Click on "Board Information"

Then click on "Opinions and Policies"

Intervention

Health care providers have an excellent opportunity and a professional responsibility to address concerns about a patient's prescription drug problem.

- Utilize KASPER to screen for potential prescription drug related problems.
- Don't just stop treating or dispensing to the patient.
- Consult with the other prescribers or other dispensers on the KASPER report.

Diversion

What do you do when diversion is suspected?

- If you suspect an individual is involved in diverting controlled substances, we ask that you please report them to the proper law enforcement authorities.

- If unsure who to contact please call the Drug Enforcement and Professional Practices Branch of the Office of the Inspector General for assistance.
  - (502) 564-7985
  - http://www.chfs.ky.gov/oig/dfwaip

Diversion

Reporting Provider Shoppers/Diverters

- KRS 218A.280 Controlled substances – Communications with practitioner not privileged.
  - Information communicated to a practitioner in an effort unlawfully to procure a controlled substance, or unlawfully to procure the administration of any controlled substance, shall not be deemed a privileged communication.

Controlled Substances in Kentucky

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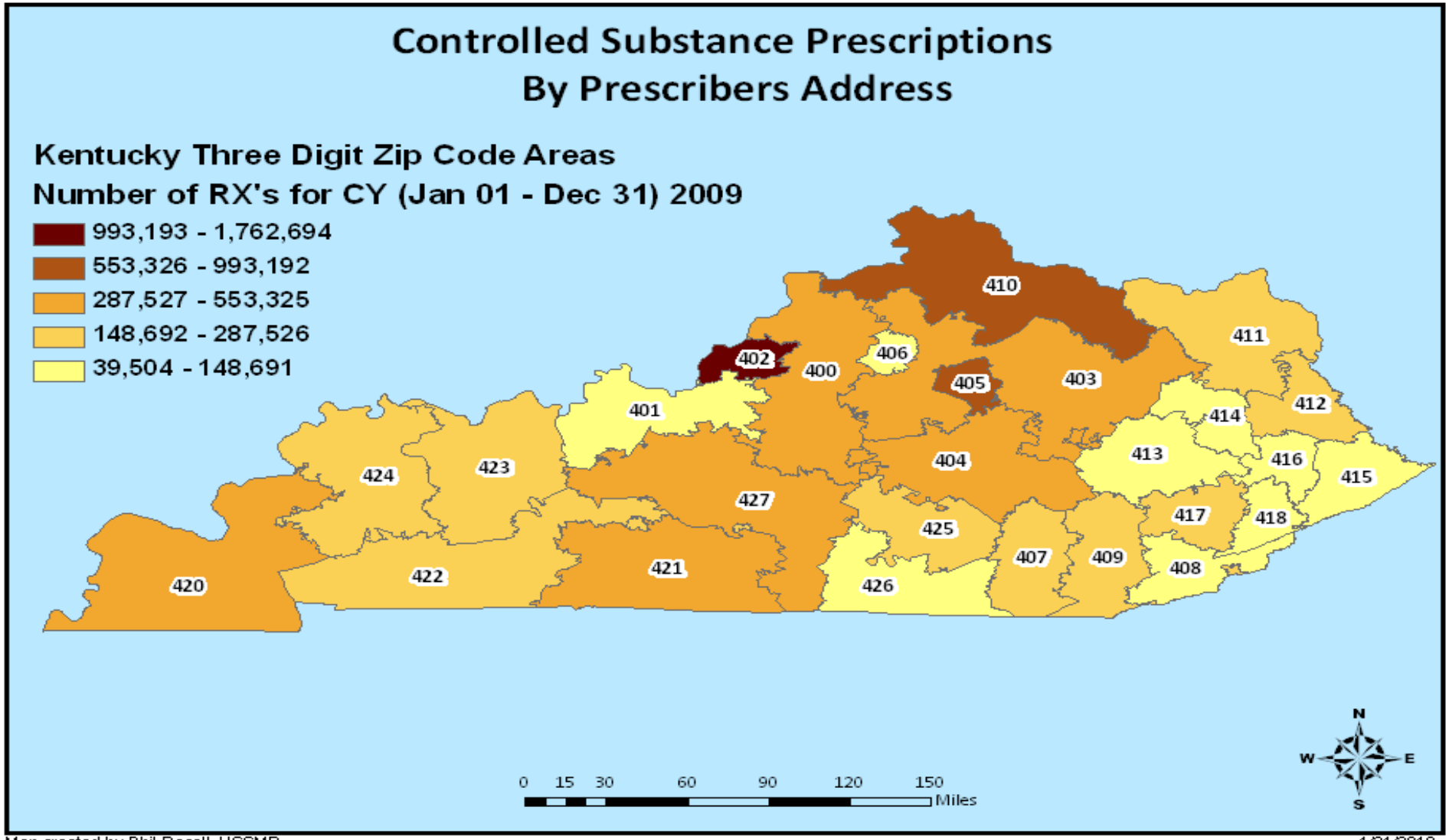
KASPER Trend Reporting

The KASPER legislation required the Cabinet to develop trend reporting criteria and publish a trend report quarterly.

- Criteria developed in collaboration with:
  - Licensure Boards.
  - Law enforcement focus group.
- Utilizing geographic information system (GIS) software to provide graphical representation of the data and to conduct “hot spot” analysis.

Controlled Substance Prescribing 2009



Map created by Phil Rosell, HSSMB

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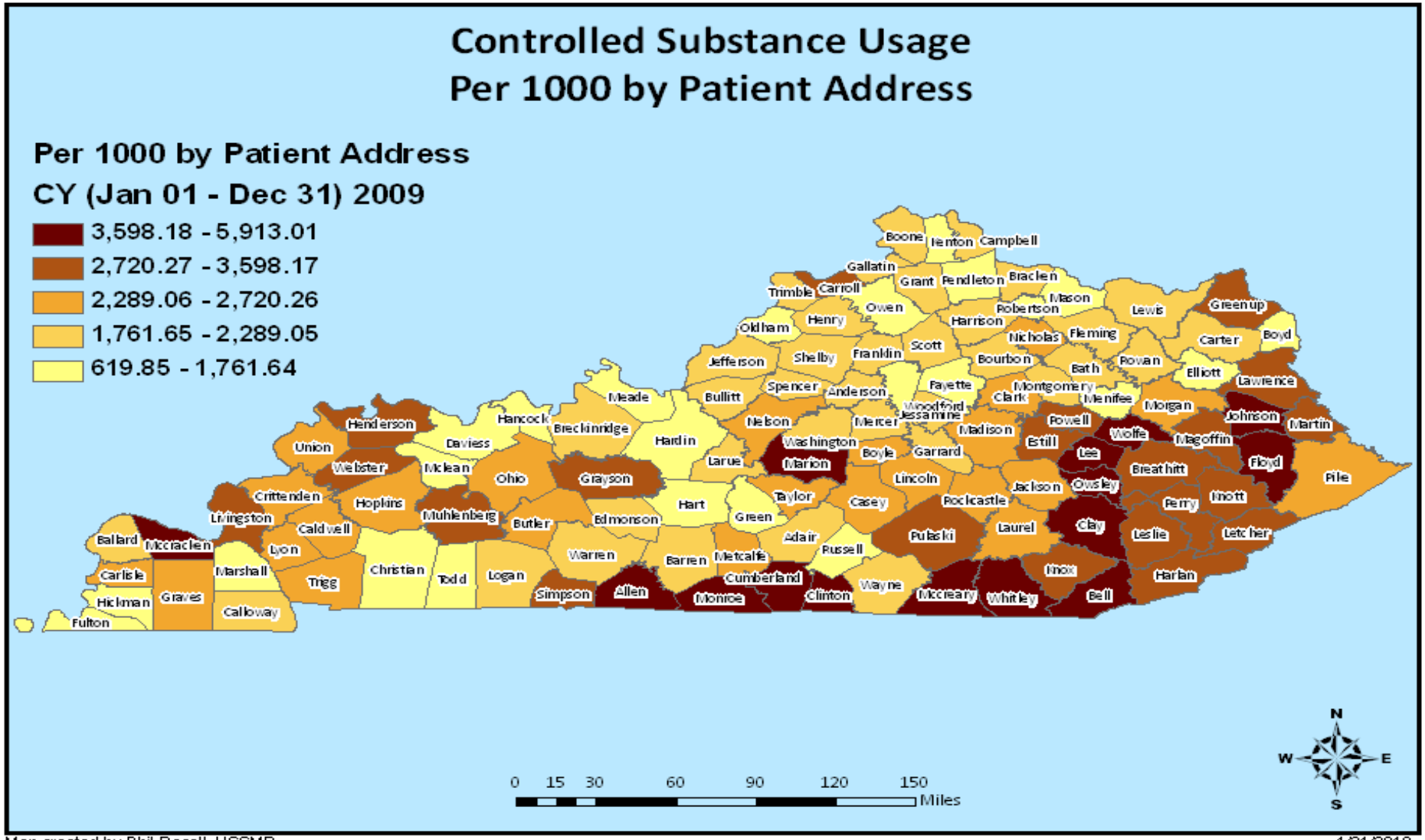
Controlled Substance Usage 2009



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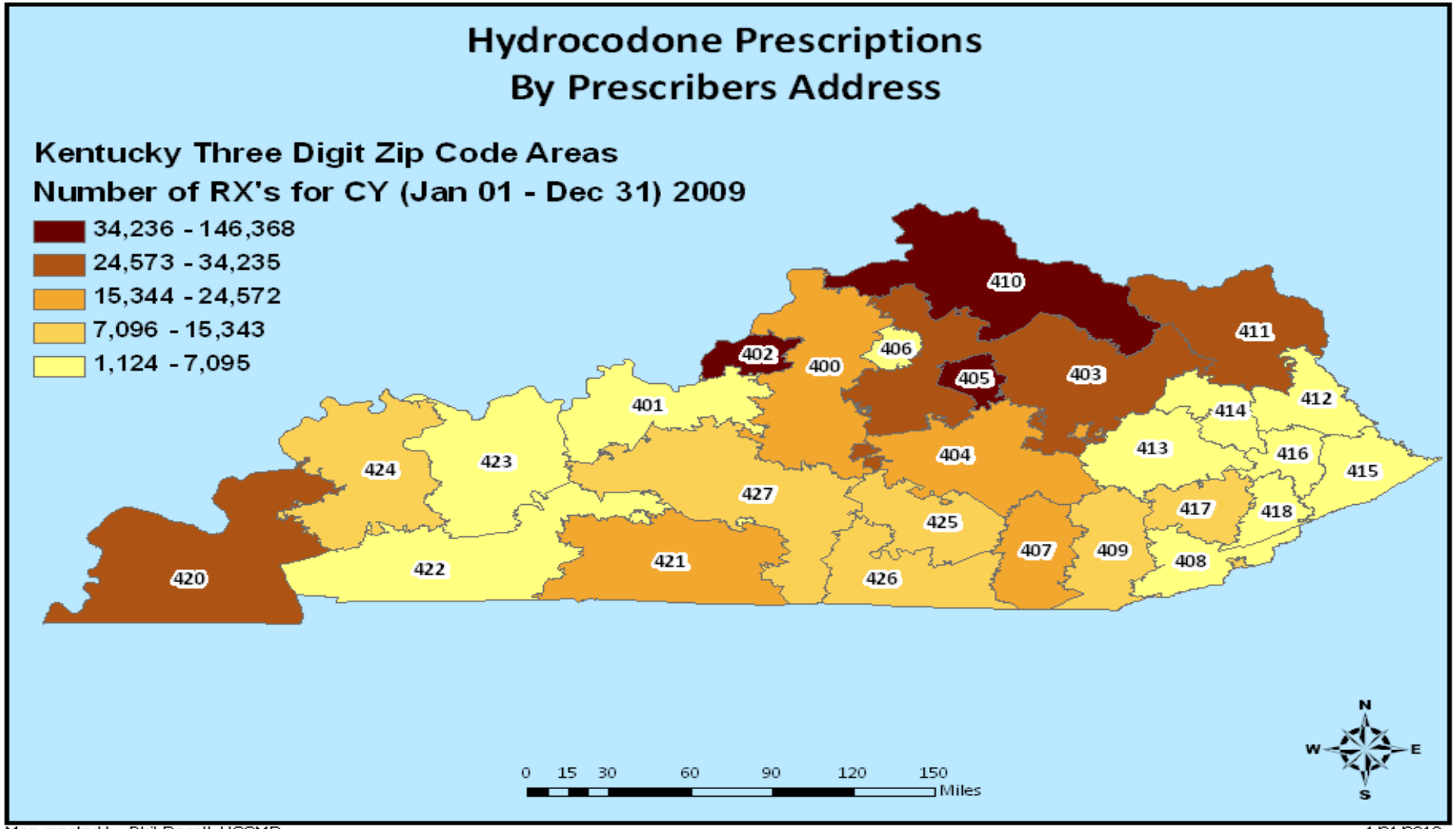
Hydrocodone Prescribing 2009



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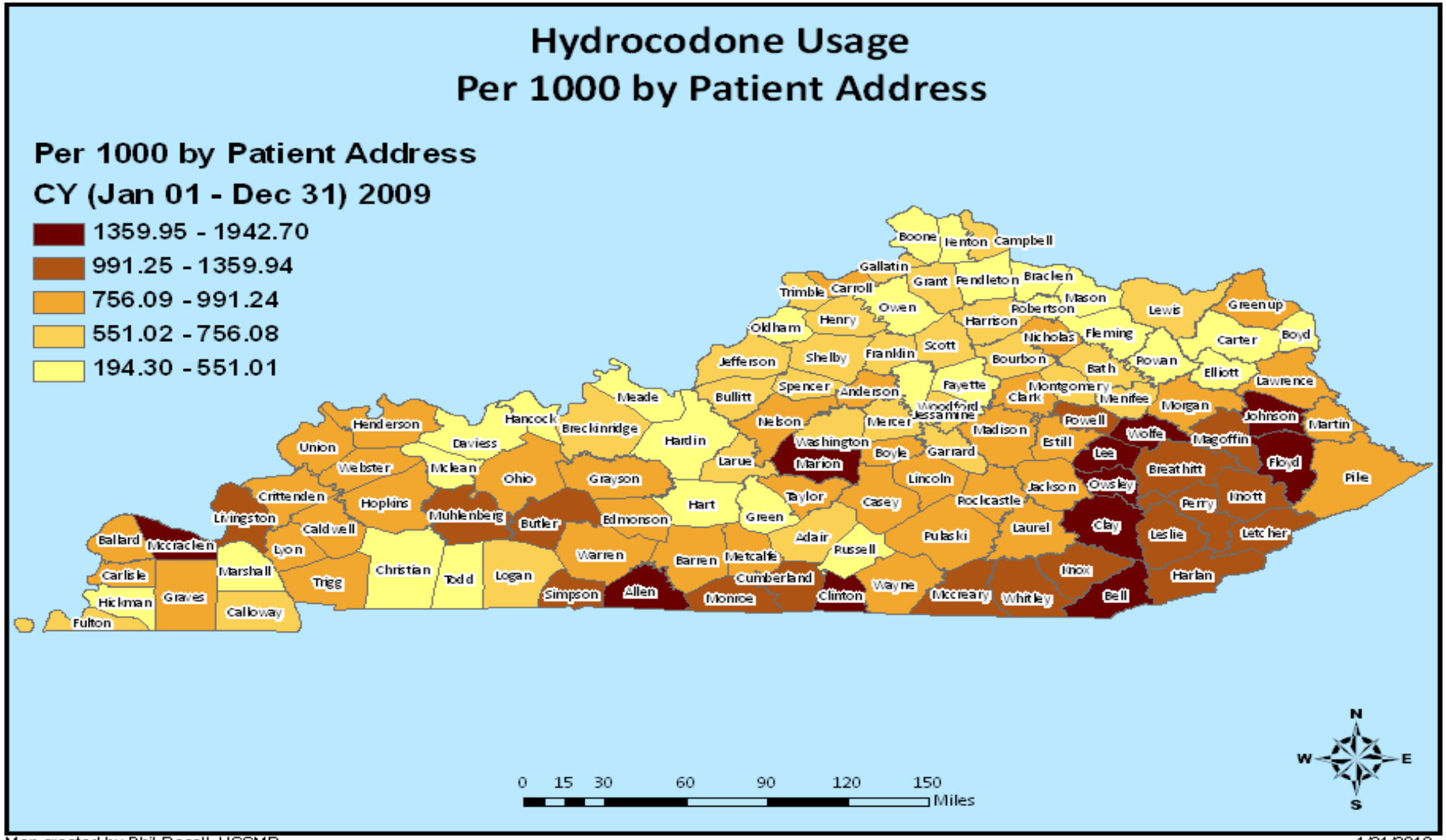

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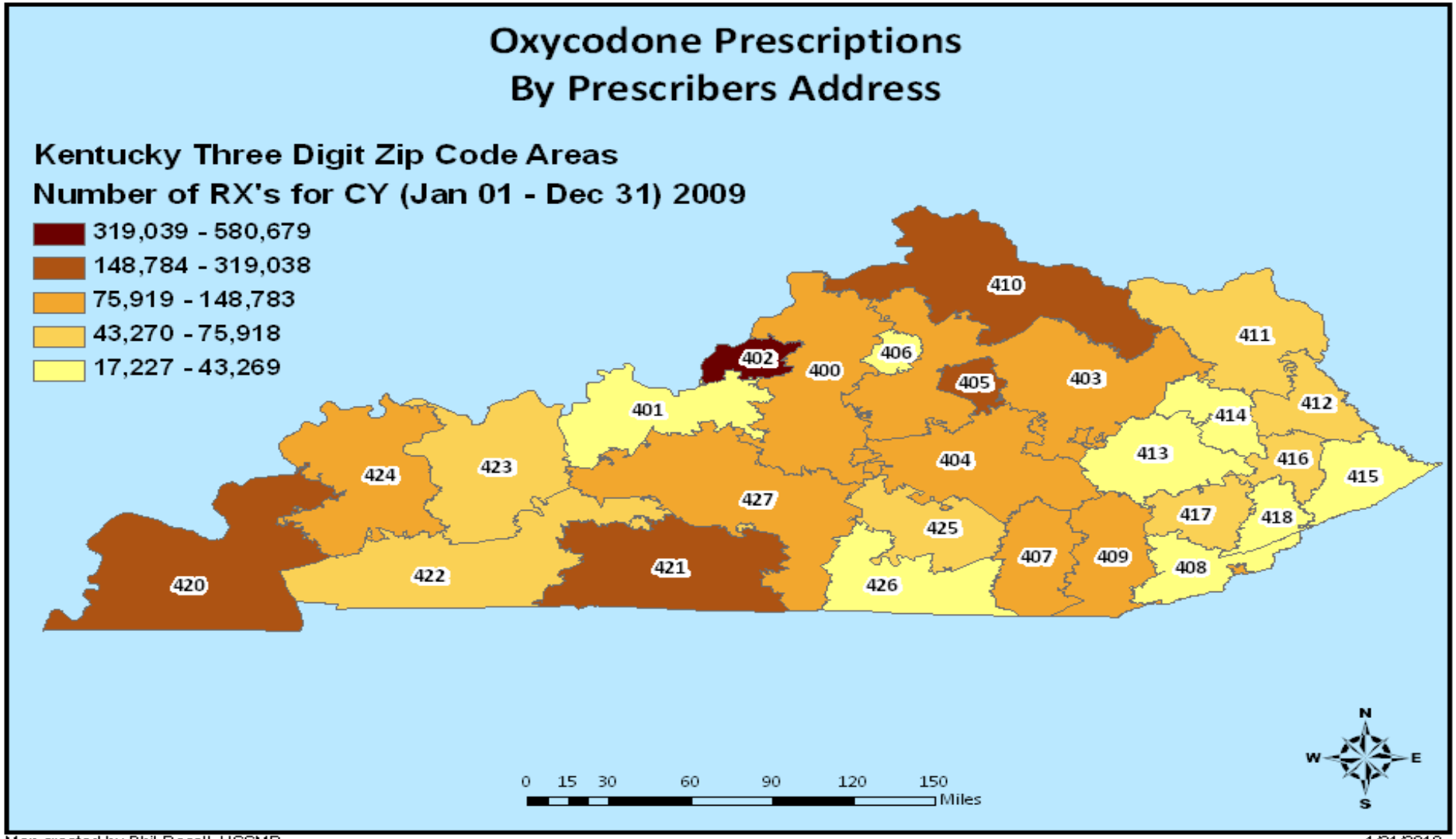
Oxycodone Prescribing 2009



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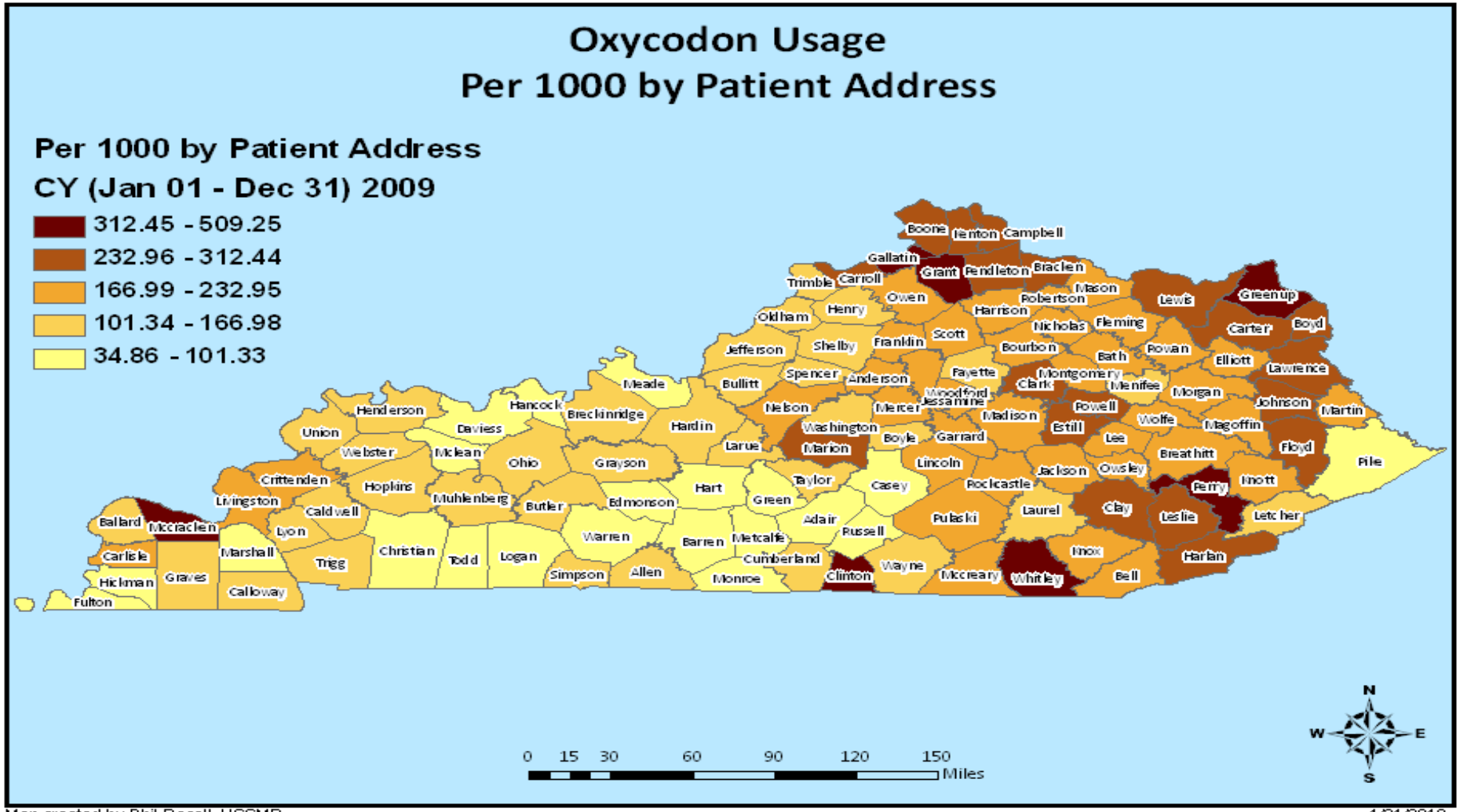
Oxycodone Usage 2009



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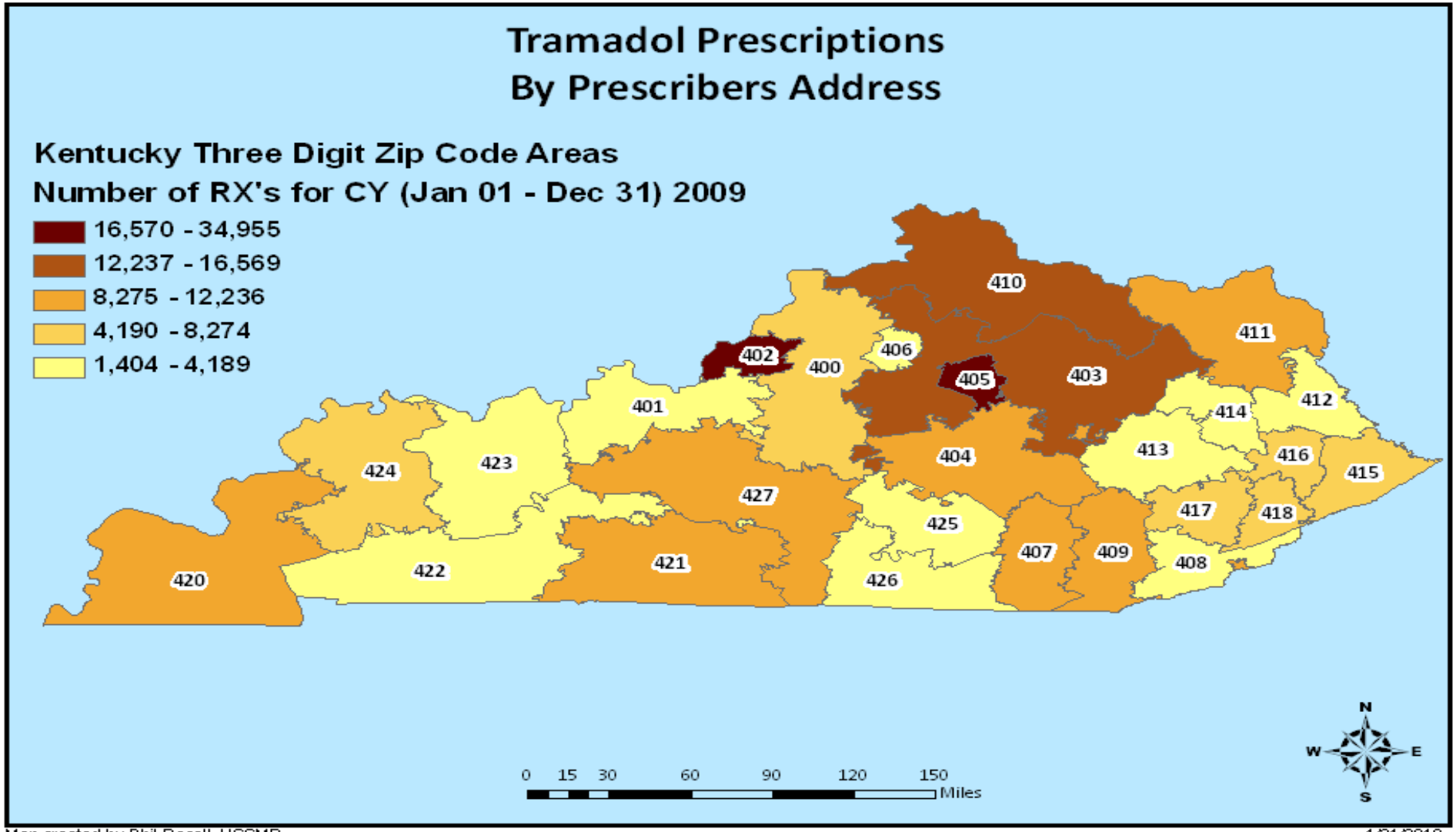
Tramadol Prescribing 2009



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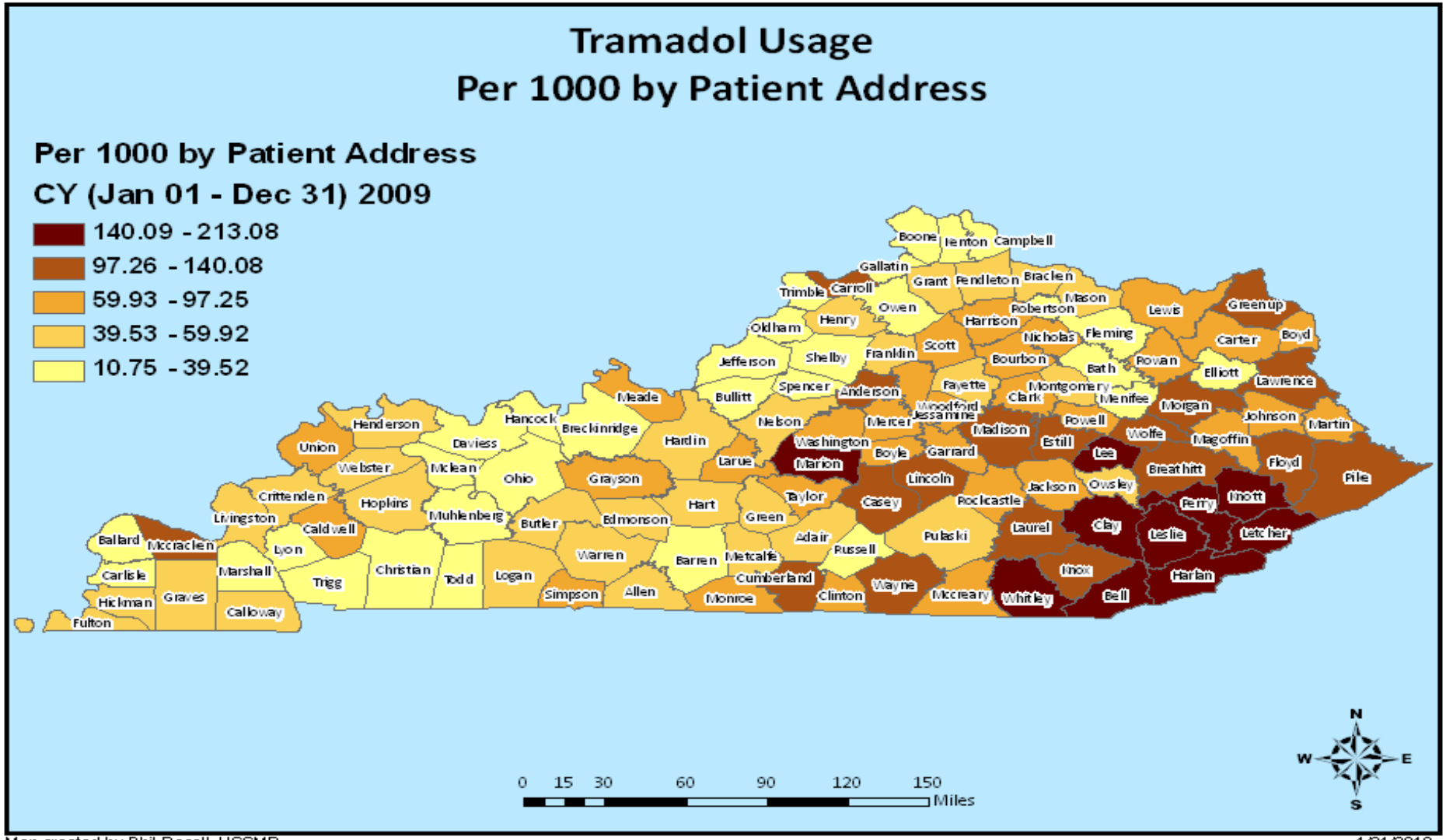
Tramadol Usage 2009



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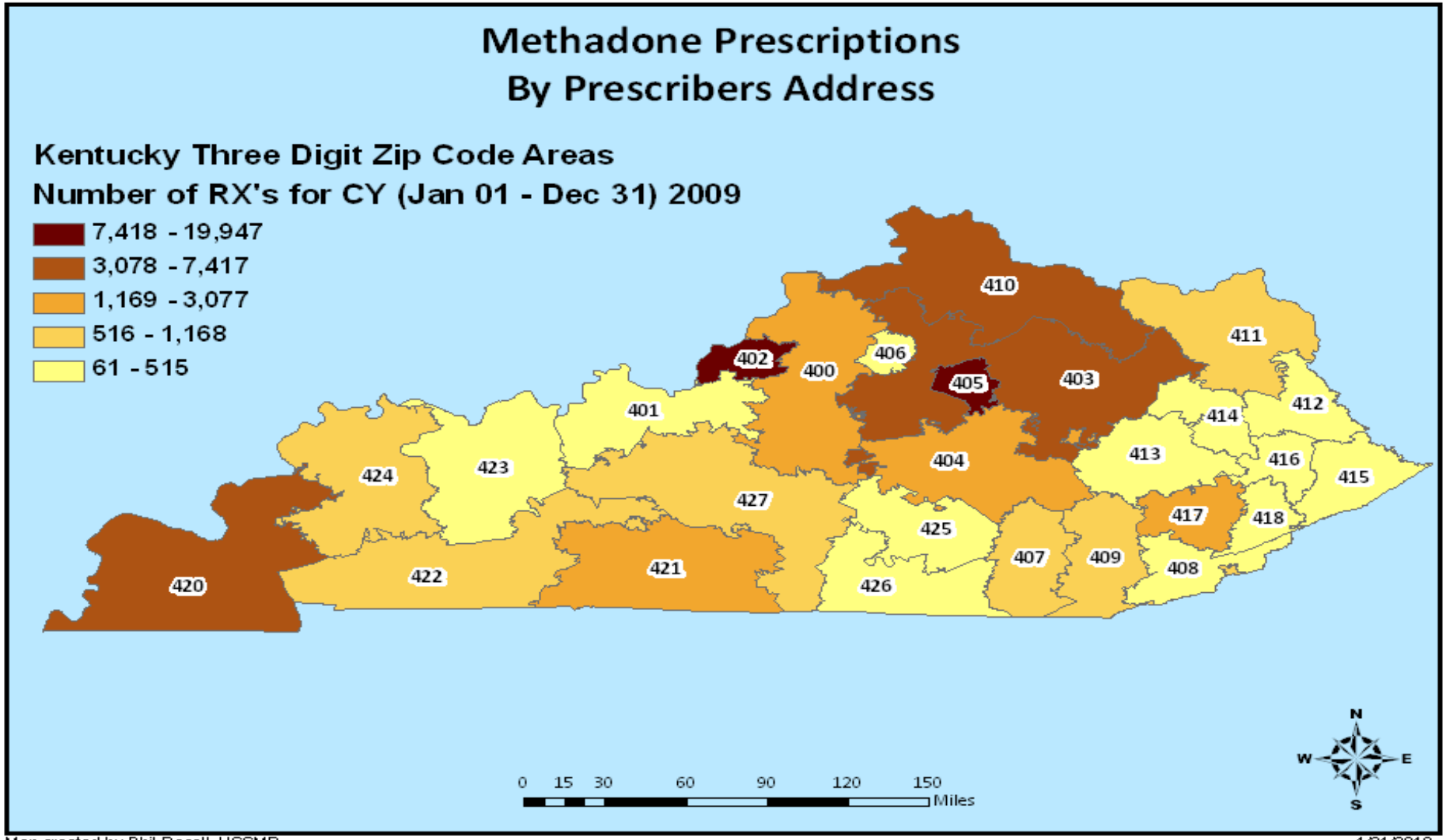
Methadone Prescribing 2009



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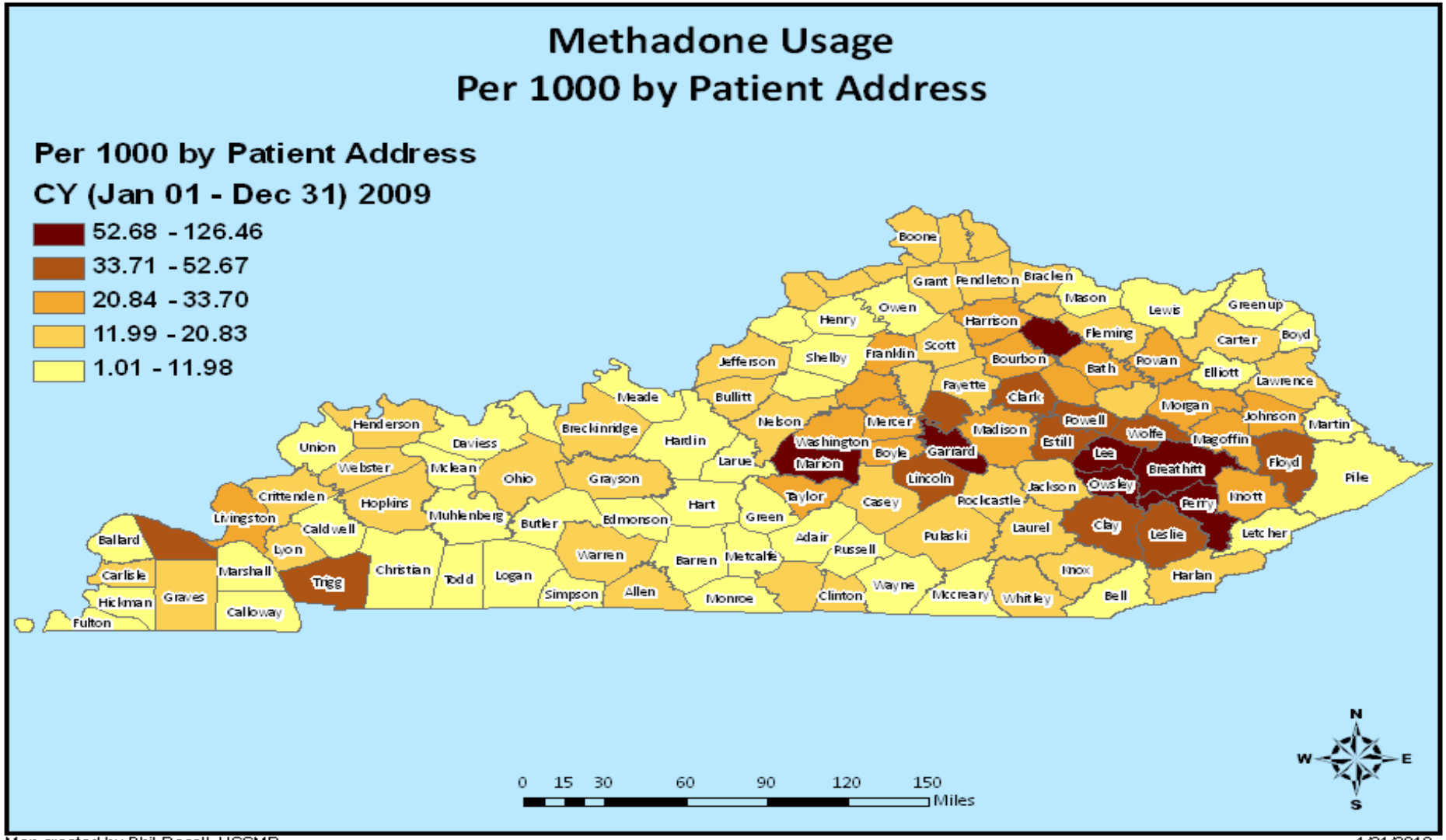
Methadone Usage 2009



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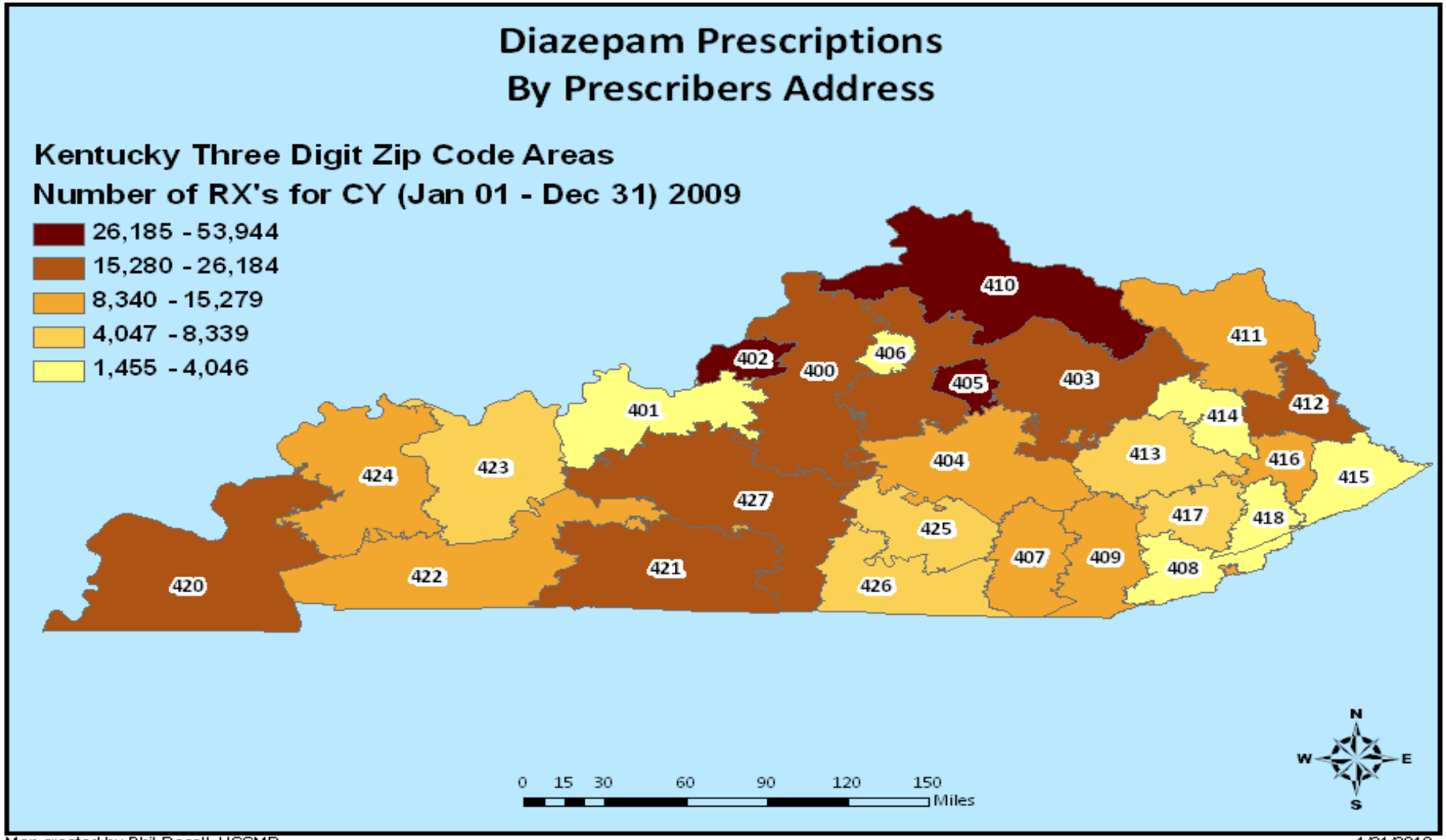
Diazepam Prescribing 2009



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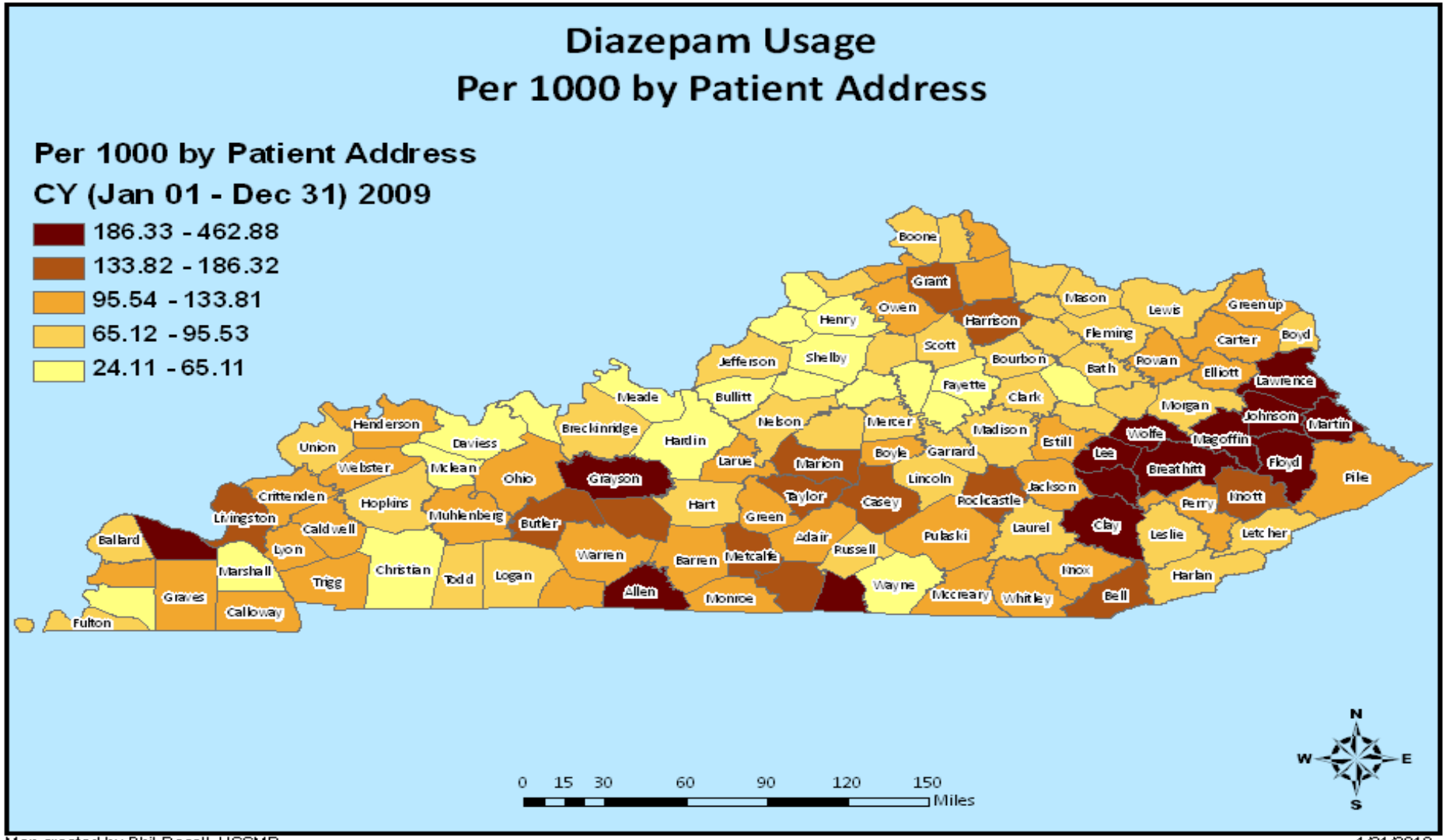

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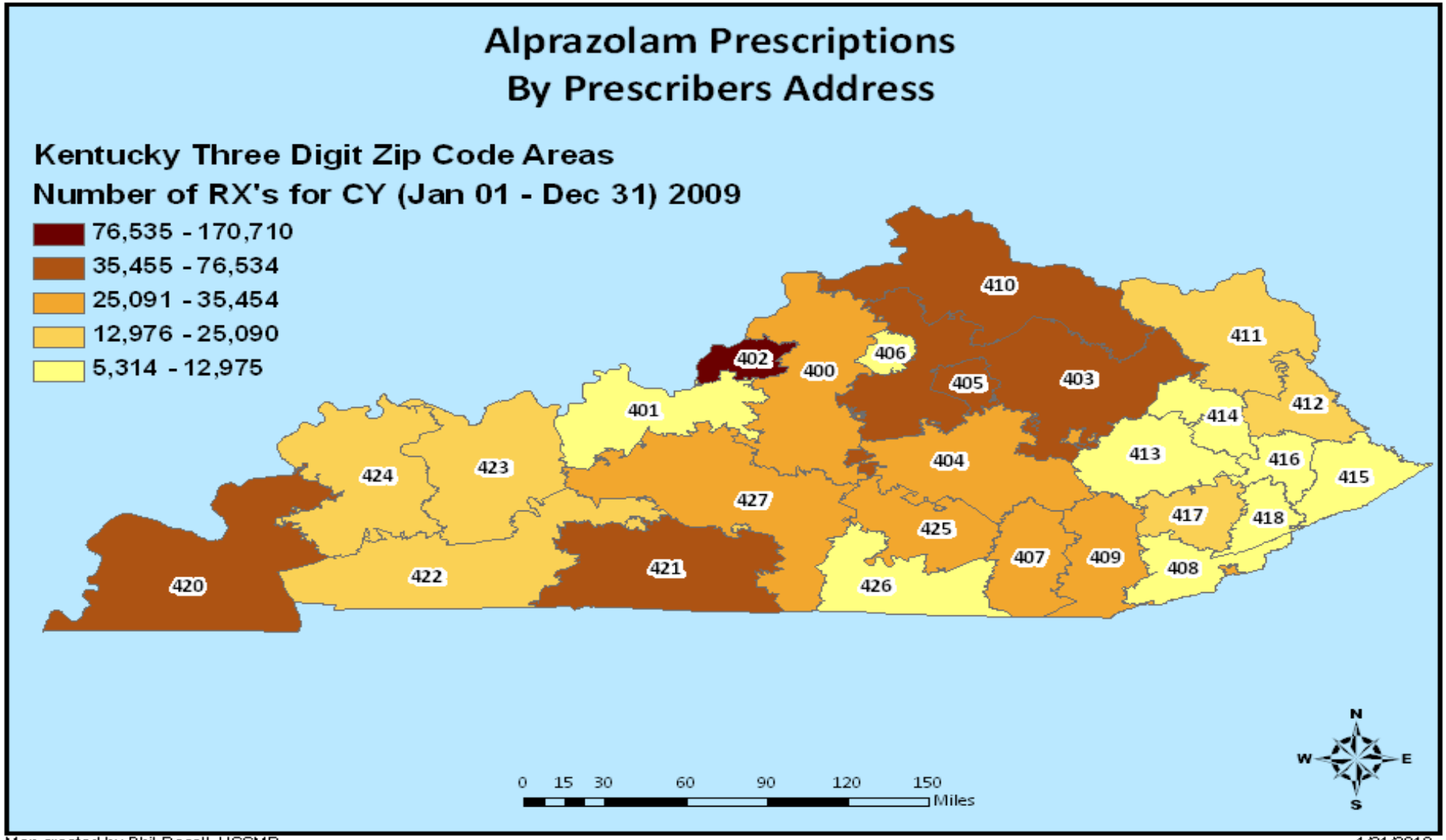
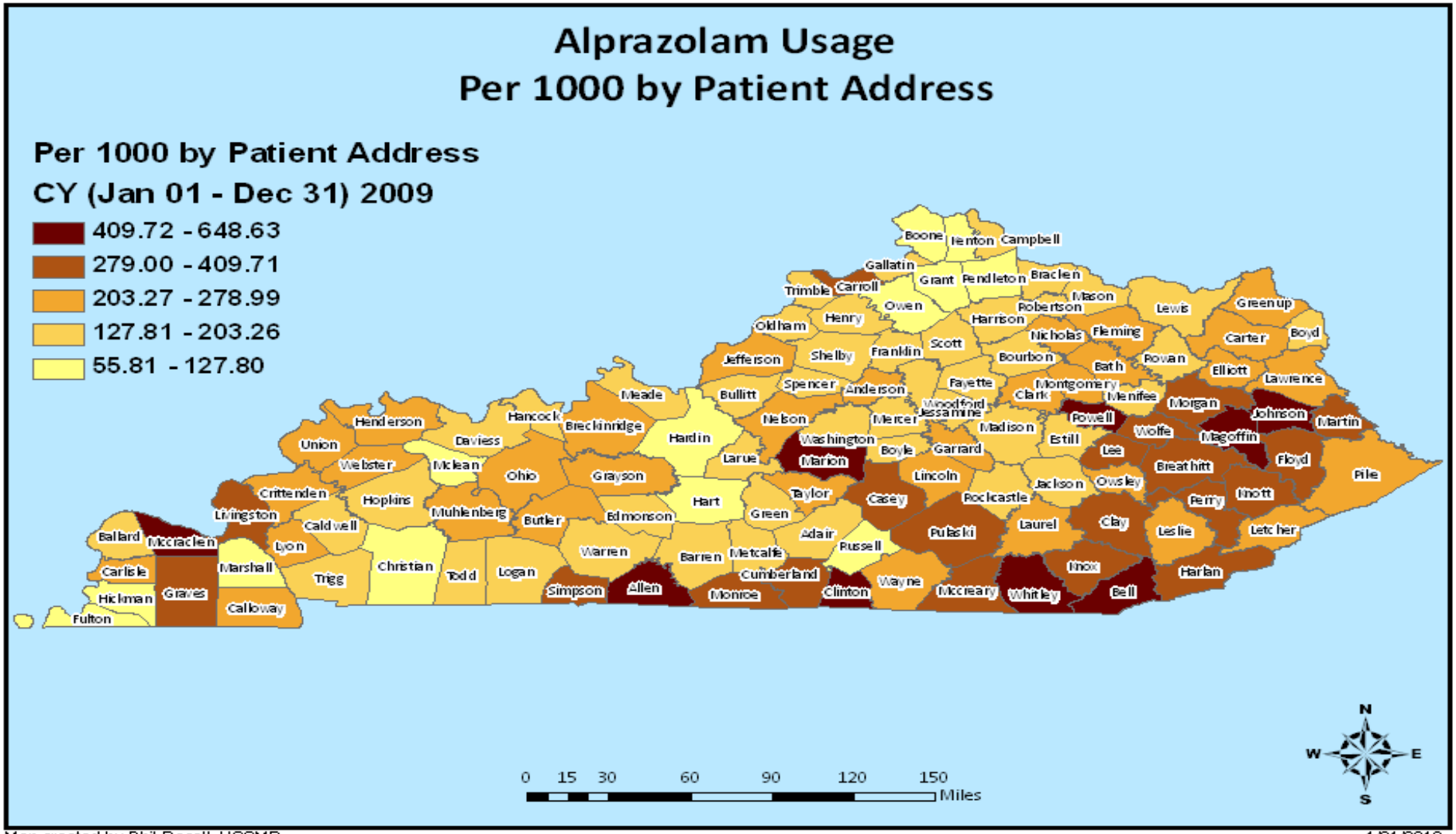
Alprazolam Prescribing 2009



Map created by Phil Rosell, HSSMB

1/21/2010

Alprazolam Usage 2009



Map created by Phil Rosell, HSSMB

1/21/2010

Cabinet for Health and Family Services

Kentucky
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The Take-Away Messages

- Prescription drug abuse is a major problem in Kentucky.
- Practitioners should not be afraid to prescribe controlled substances for legitimate medical conditions.
- Quantity alone is not an enforcement issue - the issue is appropriate medical care.
- KASPER provides a valuable tool in the fight against prescription drug abuse and diversion.
- KASPER must be used in accordance with KRS 218A.202 to ensure the viability of the program.

QUESTIONS?

Visit the KASPER Web Site: www.chfs.ky.gov/kasper

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