# NH | PRESCRIPTION DRUG MONITORING PROGRAM

## New Hampshire Controlled Drug Prescription Health and Safety Program RSA 318-B 31-38

# ANNUAL REPORT
# July 1, 2017 – June 30, 2018

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# Abbreviations

| Abbreviation | Definition |
|---|---|
| CNS | Central Nervous System |
| CS | Controlled Substance; drugs with potential for abuse |
| DEA | Drug Enforcement Administration |
| DO | Doctor of Osteopathy |
| DPM | Doctor of Podiatric Medicine |
| HID | Health Information Designs, Inc. |
| MD | Medical Doctor |
| MME | Morphine Milligram Equivalent – see Appendix |
| ND | Naturopathic Doctor |
| NH | New Hampshire |
| NP | Nurse Practitioner (nurse with prescribing privileges) |
| PA | Physician Assistant |
| PDMP | Prescription Drug Monitoring Program |
| QTY | Quantity; for unit quantity of tablets, pills, etc. in a prescription; no liquids, syrups, powders, etc.. |
| Res | Medical Resident |
| RPh | Pharmacist |
| RX | Prescription |
| SCH | Schedule; as in DEA Scheduled Drug |
| SFY | State Fiscal Year (July 1 thru the following June 30) |

# Executive Summary

In 2012, the New Hampshire legislature passed SB 286 giving life to The New Hampshire Controlled Drug Prescription Health and Safety Program (NH PDMP). The NH Board of Pharmacy was authorized by the New Hampshire Legislature to establish the NH PDMP and in 2014 received a development grant from the Bureau of Justice Administration to do so. Since that time, the NH PDMP has been awarded two consecutive enhancement grants that have continued to support the program costs to date, with additional support from the General Fund for system enhancements.

The NH PDMP is a web-based, clinical tool that New Hampshire licensed practitioners can use when prescribing or dispensing Schedule II-IV controlled substances to their patients. The purpose of the database is to support health care practitioners a complete picture of a patient's controlled substance use, improve patient care, prevent harms associated with prescription drugs, and properly manage the patient's treatment, including the referral of a patient to treatment services.

The NH PDMP began implementation on September 2, 2014 with weekly collection of controlled substance Schedule II through IV prescription data from licensed NH pharmacies and other NH licensed dispensers. Data was collected retroactively to March 1, 2014. The data became available to all for review on October 16, 2014. Since this time, the NH PDMP has experienced legislative changes to improve the program that led to functionality enhancements. These improvements include daily uploading of data to the database; data retention expansion from six months to three years; the ability to share de-identified data and to engage in interstate sharing agreements so that practitioners could query their patients in other states where NH had data agreements; and lastly mandated use of the NH PDMP is limited to prescribers who write opioid prescriptions for the treatment and management of pain.

In July 2017, the NH PDMP data system was acquired by APPRISS, Inc. from Health Information Designs, Inc. This required a complete conversion of the NH data and registration of licensees into the new system, along with updating all training materials and for PDMP staff to take on more technical assistance responsibilities for users utilizing the system.

# Executive Summary

This annual report to the Health and Human Services Oversight Committee presents information and performance metrics relevant to the operation of the Prescription Drug Monitoring Program (PDMP).

## State Audit:

In December 2017, a State legislative audit was conducted of the NH PDMP and NH Board of Pharmacy. The audit covered the period from the passing of the law in 2012 through State fiscal year 2017. It took two years for the Board to acquire the funds to begin implementation of the program. The audit resulted in a 146 page document, several attachments and 26 findings. Some of the findings were relative to previous Board of Pharmacy audits, leaving a total of 18 findings specifically directed to the implementation and operation of the NH PDMP. The NH Board of Pharmacy was responsible for addressing the audit with the assistance of the NH PDMP Advisory Council. On January 25, 2018, Board of Pharmacy submitted a plan that addressed each of the findings. The directed response to the legislature was to create a strategic plan that would incorporate all of the findings and how they would be addressed. Ultimately, the strategic plan is intended to produce a clear mission and a clear plan with goals, performance measures and strategies to achieve the goals.

## Pharmacy Reporting Compliance:

All licensed pharmacies and dispensers are required to report data to the PDMP. The reporting requirement for pharmacies is 24 hours after the dispensation of any schedule II, III or IV controlled medication. Veterinarian dispensers have 7 days to report dispensation of any schedule II, III or IV controlled medication. NH PDMP will be implementing an audit/compliance initiative beginning in June 2019.

# Executive Summary

## PDMP Registration:

Migration of the PDMP from HID Inc to APPRISS was completed in July 2017. This migration has revealed a number of inactive/incomplete accounts. Staff has taken on the task of manually auditing the registrations. The implementation of semi-automated registration has initiated a conversation between PDMP staff and the vendor to review the same licensing lists and determine whether to remove the inactive/incomplete accounts or provide communication with practitioners to complete their registration.

By the end of 2018 the following had occurred:

- 12,906 of New Hampshire-licensed controlled substance prescribers had a PDMP account.
- 3,551 delegates had a PDMP account.
- The total number of accounts increased 23% from 2017 to 2018.
- Patient Information Requests increased 253%.
- Overall, a third of all registered users were actively utilizing the PDMP.
- Almost half of registered users were delegates who queried patient control substance histories on behalf of their sponsored practitioners.

# Executive Summary

## Pharmacy Utilization:

PDMP registered users and queries increased in 2018. For most user roles the number of active users increased, with the exception of veterinarians. However, the veterinarian count is in the single digits. The number of queries increased for most license types as well as for delegates. The lone query count decrease was with veterinarians.

- The PDMP received 847,721 unique system queries in 2018, a 153% increase over 2017.
- This increase was observed across all license types and was led by pharmacists with an increase of 173%, and delegates, with an increase of 171%, over 2017.
- The number of overall active users increased by 11%.
- The number of active users decreased among veterinarians (10 down to 6). However, their registered count increased by 20%.
- The number of active users increased by a count of 544 to a total of 5,492. Delegates showed the highest gross increase with 292 users.
- In 2018, delegates made the most queries, nearly 409,000. That volume represents 48.2% of all queries.
- Increasing access and system use will remain a high priority for the program in 2019.
- The PDMP will continue to work with partners to leverage prescription data to improve the health of New Hampshire residents.

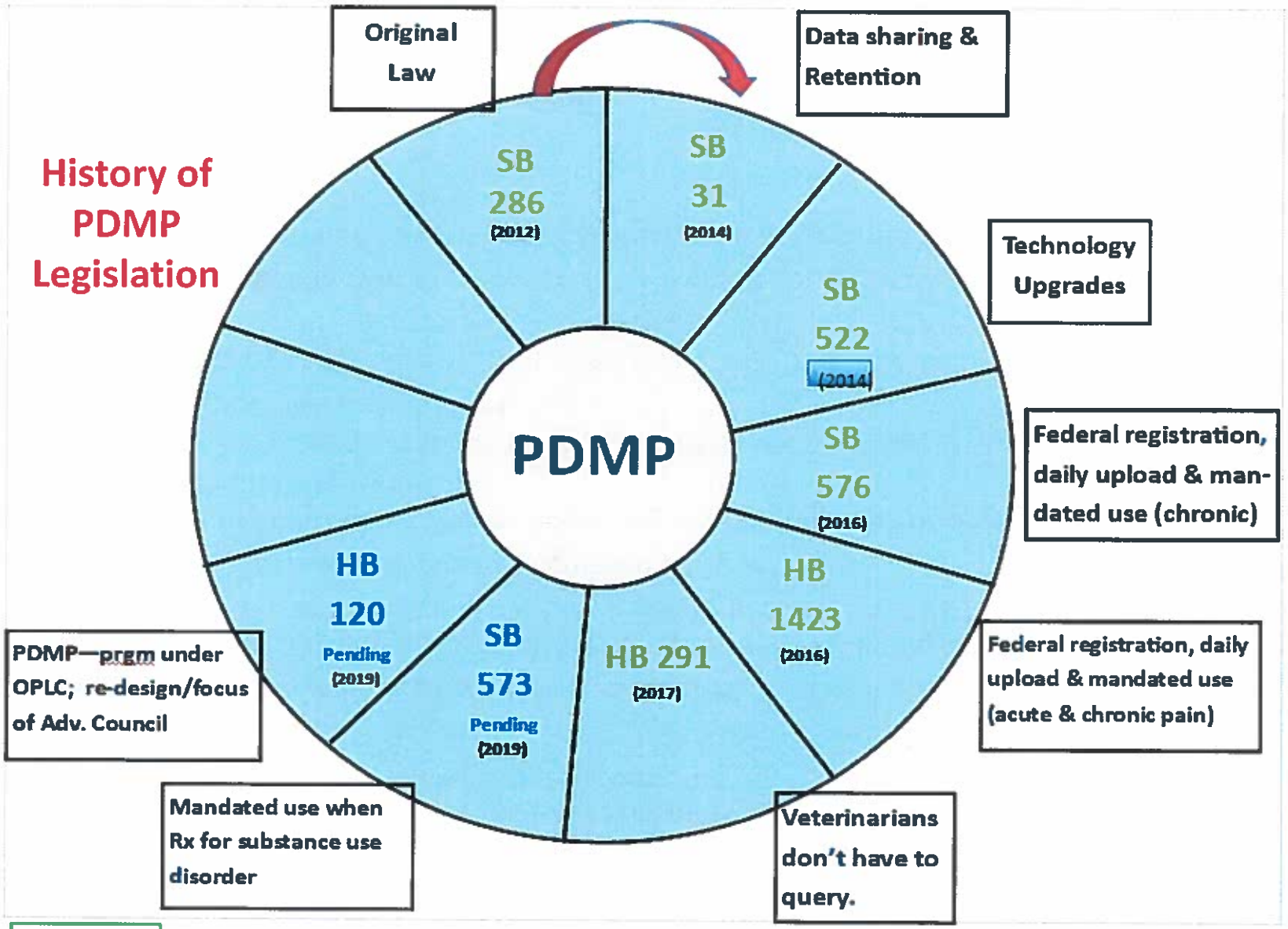

History of PDMP Legislation
Original Law
Data sharing & Retention
Technology Upgrades
Federal registration, daily upload & mandated use (chronic)
Federal registration, daily upload & mandated use (acute & chronic pain)
Veterinarians don't have to query.
Mandated use when Rx for substance use disorder
PDMP—prgm under OPLC; re-design/focus of Adv. Council
PDMP
SB 286 (2012)
SB 31 (2014)
SB 522 (2014)
SB 576 (2016)
HB 1423 (2016)
HB 291 (2017)
SB 573 Pending (2019)
HB 120 Pending (2019)

Figure 1

# PDMP REGISTRATION

PDMP registration is available to health care practitioners (prescribers and pharmacists) licensed in New Hampshire, the NH state medical examiner and the federal veteran administrative facilities in New Hampshire, Maine, Vermont and Massachusetts. Users may delegate PDMP access authority to other health care, pharmacy or medical examiner staff. Delegates may be unlicensed staff.

| User Role | 2018 Registered Users | % change from 2017 |
|---|---|---|
| Physician (MD, PA, DO, Res) | 5,784 | 18% |
| Delegates ** | 3,551 | 56% |
| Pharmacists | 3,145 | 15% |
| Nurse Practitioner / Clinical Nurse Specialist | 2,181 | 20% |
| Dentist | 1,090 | 12% |
| Optometrist/Podiatrist (DPM)/Naturopathic Physi | 365 | 21% |
| Veterinarian | 341 | 20% |
| **Totals** | **16,457** | **24%** |

**Figure 2**

At the close of 2018, there were 16,457 PDMP accounts. All account holders were provided adequate communication for the transition to the new vendor which occurred in July 2017. Communications included instructions to complete new fields and to update information where needed to ensure a full/completed registration. The program will be completing a registration audit to determine completeness. Accounts with no activity, and account holders whose licensure indicates they no longer practice in NH, will be de-activated.

**Delegates are allowed to register under a prescriber or pharmacist supervision. Delegates are permitted to query patients on behalf of prescribers and pharmacists, with the expectation that they pass the information along.

Note: SB 286, passed in 2012, mandated registration for all prescribers licensed to practice in New Hampshire and possessing a DEA number associated with a facility in New Hampshire, as well as all pharmacists licensed in NH. An on-going challenge is the inability for the NH regulatory boards to collect their licensees DEA numbers with their renewal applications. Because of this challenge, the PDMP can not report to the regulatory boards the number/percentage of licensees that are/are not registered with NH PDMP.

# PDMP REGISTRATION

## Registered Users by Discipline

**This chart shows that physicians comprise the highest percentage of registered users. However, they do not represent the highest percentage of utilizers, as shown on the next slide.**

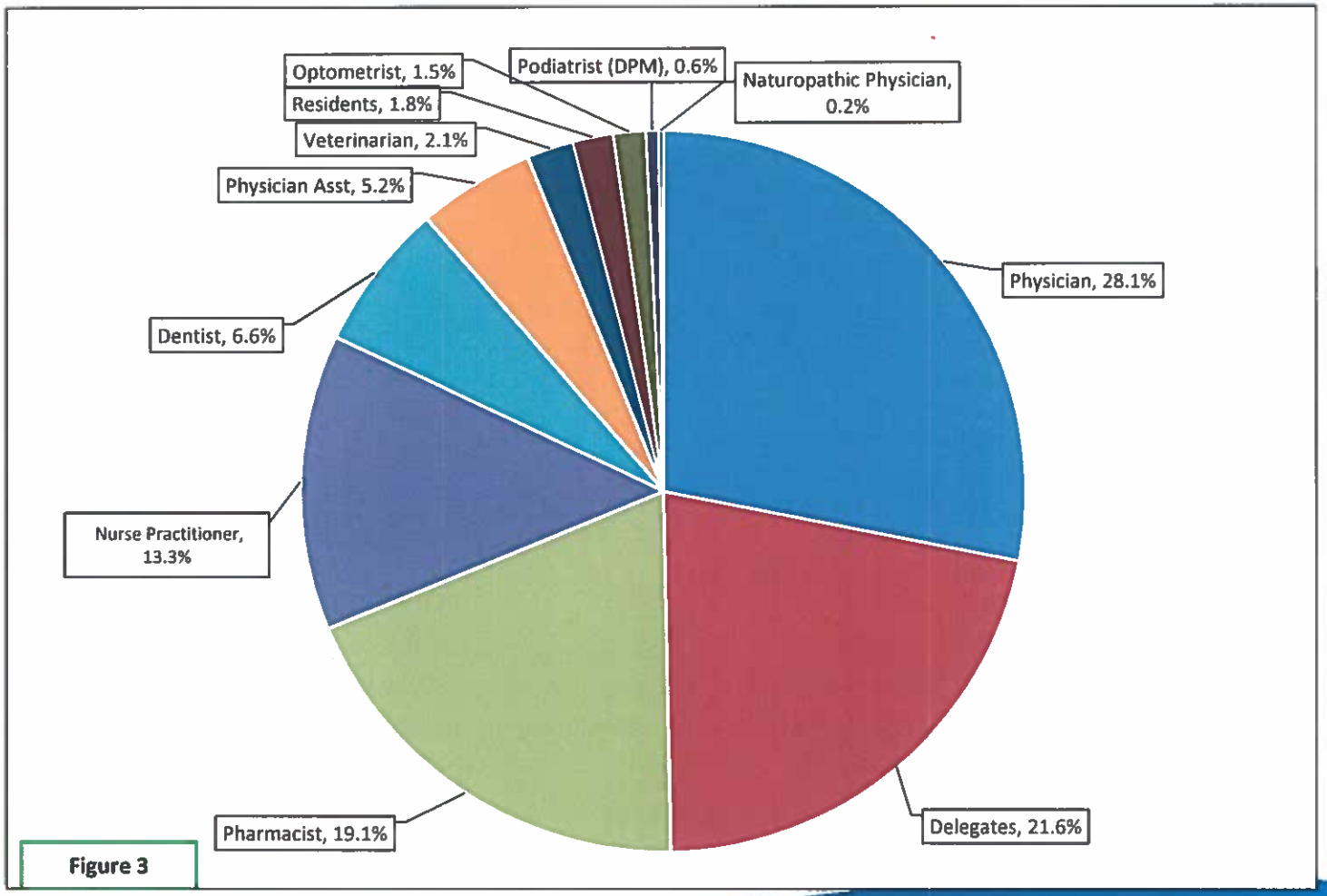



Figure 3

# PDMP UTLIZATION

## Patient inquiries by User Roles

PDMP queries increased by over 153% between 2017 and 2018. This increase was evident across all user groups, except for Veterinarians, though that is a small population who are not required to check the PDMP. Queries by delegates (171%) and pharmacists (173%) increased dramatically between 2017 and 2018 (Table 2). In January 2017, the mandate to query the PDMP when treating and managing a patient's pain with opioids, went into effect.

| User Role | 2018 Patient Info Requests | % change from 2017 |
|---|---|---|
| Physician (MD, PA, DO, Res) | 115,056 | 91% |
| Delegates | 408,857 | 171% |
| Pharmacists | 232,095 | 173% |
| Nurse Practitioner / Clinical Nurse Specialist | 66,547 | 137% |
| Dentist | 23,343 | 149% |
| Optometrist/Podiatrist (DPM)/Naturopathic Phys | 1,677 | 158% |
| Veterinarian | 146 | -3% |
| **Totals** | **847,721** | **153%** |

Figure 4

# PDMP UTLIZATION- Patient Inquiries by Active Users

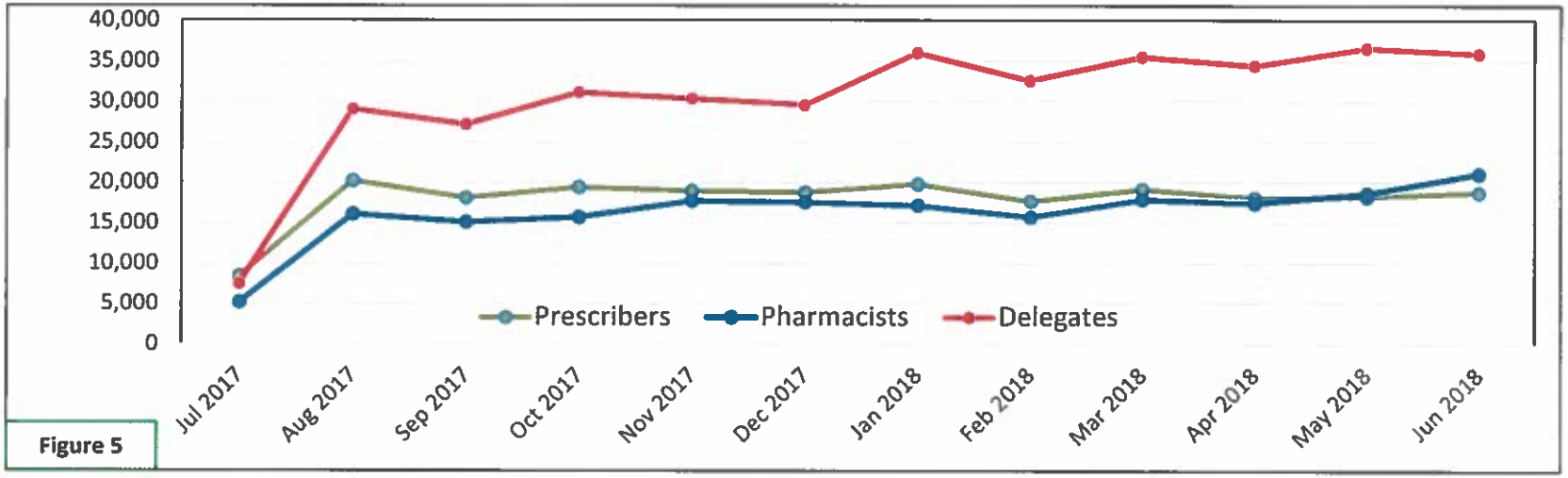



Figure 5

Although prescribers (MD,PA,DO,Res) represent the highest number of registered users, Delegates account for almost twice as many patient inquiries. This was probably caused by clinicians delegating PDMP use to other staff in their practices. Another trend in SFY 2018 utilization data was an increase in active system users. In short, the PDMP is being used more.

Overall, the number of active PDMP users increased by 11% during from the previous two quarters of 2017 to the end of 2018. The largest distribution of the increase was for delegates, followed by pharmacists and then prescribers as a combined group.

| User Role | Active users Jul 1, 2017 thru Dec 31, 2017 * | Active users Jan 1, 2018 thru Jun 30, 2018 * | % Change |
|---|---|---|---|
| Physician (MD, PA, DO, Res) | 1,920 | 1,978 | 3.0% |
| Delegates | 1,405 | 1,697 | 20.8% |
| Pharmacists | 768 | 830 | 8.1% |
| Nurse Practitioner / Clinical Nurse Specialist | 617 | 680 | 10.2% |
| Dentist | 201 | 272 | 35.3% |
| Optometrist/Podiatrist (DPM)/Naturopathic Physisican | 27 | 29 | 7.4% |
| Veterinarian | 10 | 6 | -40.0% |
| Totals | 4,948 | 5,492 | 11.0% |

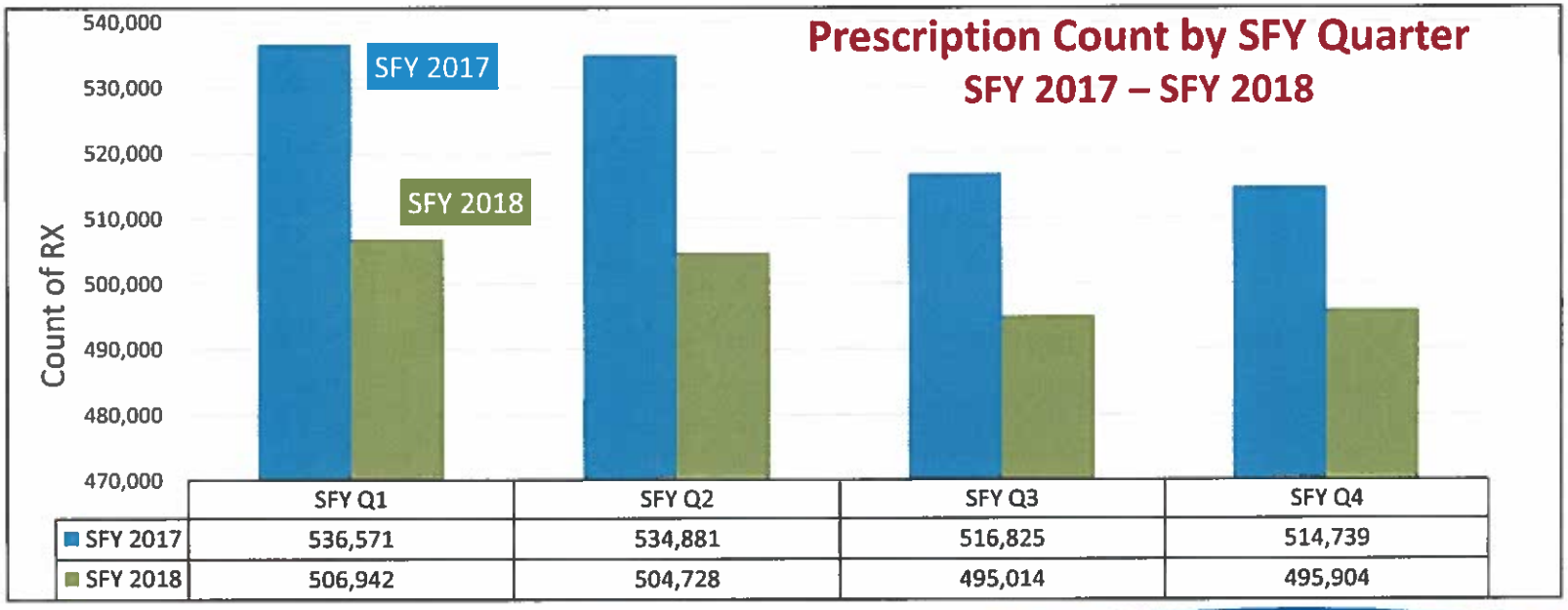
Figure 6

# Prescription Drug Use in New Hampshire

## Background: How PDMP tracks prescriptions

The information in the PDMP comes from pharmacies. By law, all pharmacies in New Hampshire, including veterinarians, are required to report the controlled substances they dispense to the PDMP. Controlled substances are drugs that can be misused, diverted and may lead to a substance use disorder. Hospitals that administer drugs to patients in their facility are exempt, and do not have to report to the PDMP, as well as wholesale pharmacies. An additional exemption is when a patient is dispensed less than a 48 hour supply of a controlled medication in an ER.

This chart shows that for each of SFY 2017 and SFY 2018, prescription counts declined, overall by 7.6%. We attribute this to the timely information prescribers can get from the PDMP, using it as another tool for prescribing decisions.

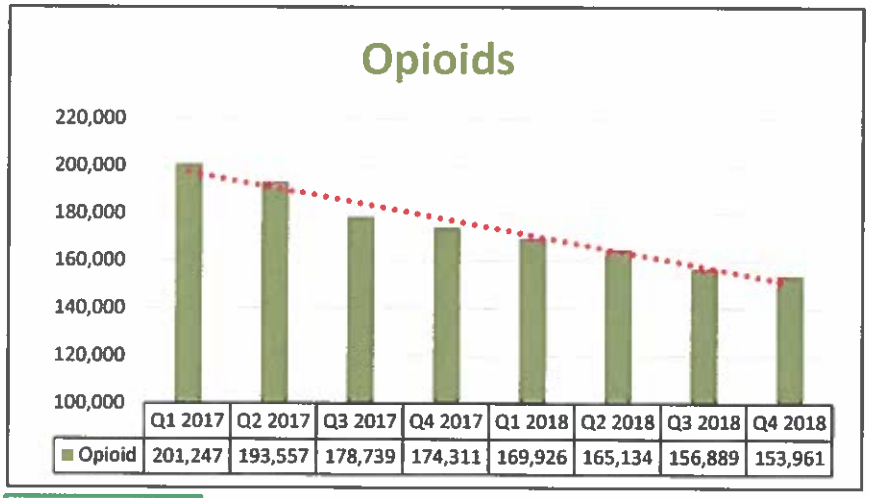



| | SFY Q1 | SFY Q2 | SFY Q3 | SFY Q4 |
|---|---|---|---|---|
| SFY 2017 | 536,571 | 534,881 | 516,825 | 514,739 |
| SFY 2018 | 506,942 | 504,728 | 495,014 | 495,904 |

Figure 7

# Prescription Drug Use in New Hampshire

## Comparison of Prescription Counts of Opioids to Non-Opioids

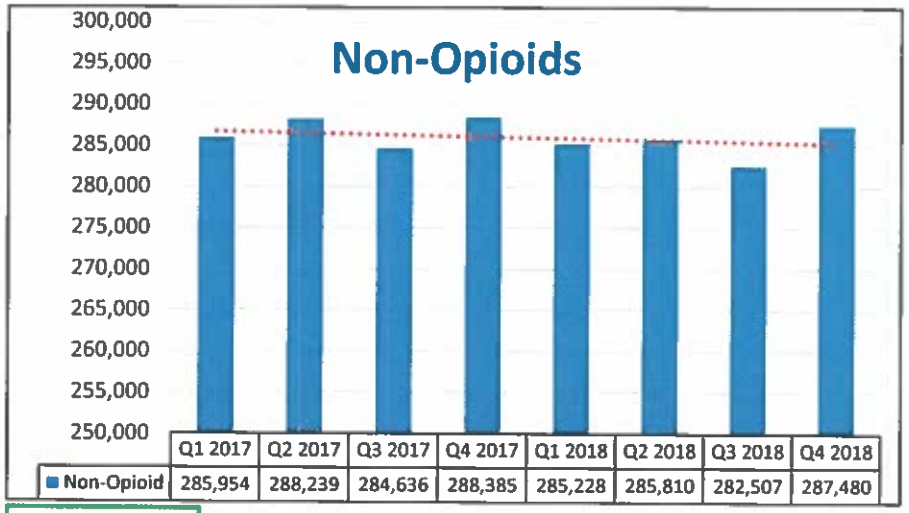



| | Q1 2017 | Q2 2017 | Q3 2017 | Q4 2017 | Q1 2018 | Q2 2018 | Q3 2018 | Q4 2018 |
|---|---|---|---|---|---|---|---|---|
| Opioid | 201,247 | 193,557 | 178,739 | 174,311 | 169,926 | 165,134 | 156,889 | 153,961 |

Figure 8

Opioid RX quarterly counts show a steep decline over the 24 months. Therefore the decrease in total RX (shown previously) is driven almost entirely by a decrease in opioid RX.

**Non-Opioid RX quarterly counts show a variation of less than 6,000 from quarter to quarter. The trend line over two years is essentially flat with minimal change in RX count.**

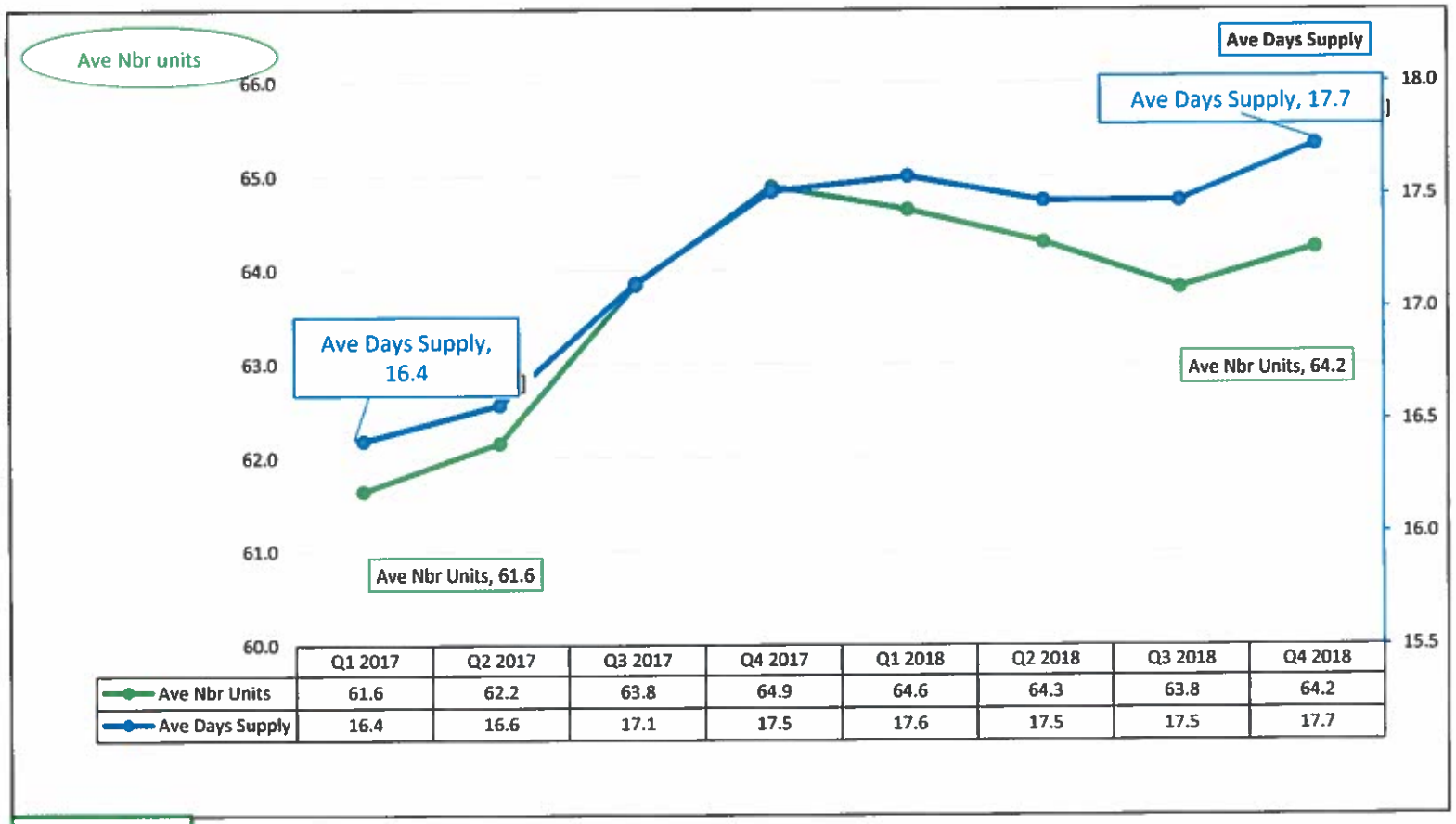



| | Q1 2017 | Q2 2017 | Q3 2017 | Q4 2017 | Q1 2018 | Q2 2018 | Q3 2018 | Q4 2018 |
|---|---|---|---|---|---|---|---|---|
| Non-Opioid | 285,954 | 288,239 | 284,636 | 288,385 | 285,228 | 285,810 | 282,507 | 287,480 |

Figure 9

# Prescription Drug Use in New Hampshire

## Average Number of Units and Average Days Supply per Prescription – Opioids only

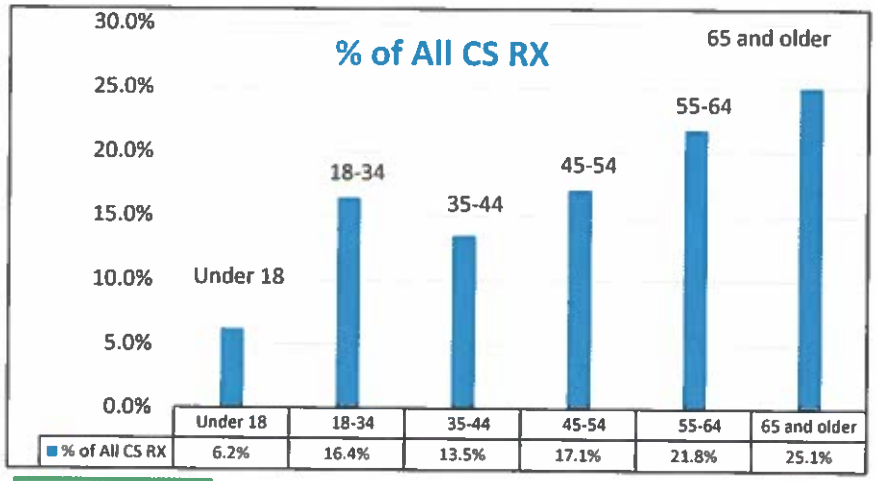



| | Q1 2017 | Q2 2017 | Q3 2017 | Q4 2017 | Q1 2018 | Q2 2018 | Q3 2018 | Q4 2018 |
|---|---|---|---|---|---|---|---|---|
| Ave Nbr Units | 61.6 | 62.2 | 63.8 | 64.9 | 64.6 | 64.3 | 63.8 | 64.2 |
| Ave Days Supply | 16.4 | 16.6 | 17.1 | 17.5 | 17.6 | 17.5 | 17.5 | 17.7 |

Figure 12

# Prescription Drug Use in New Hampshire

## The percentage of all controlled substance prescriptions by age range compared to the percentage of opioid only prescriptions. SFY 2017 and 2018 combined.

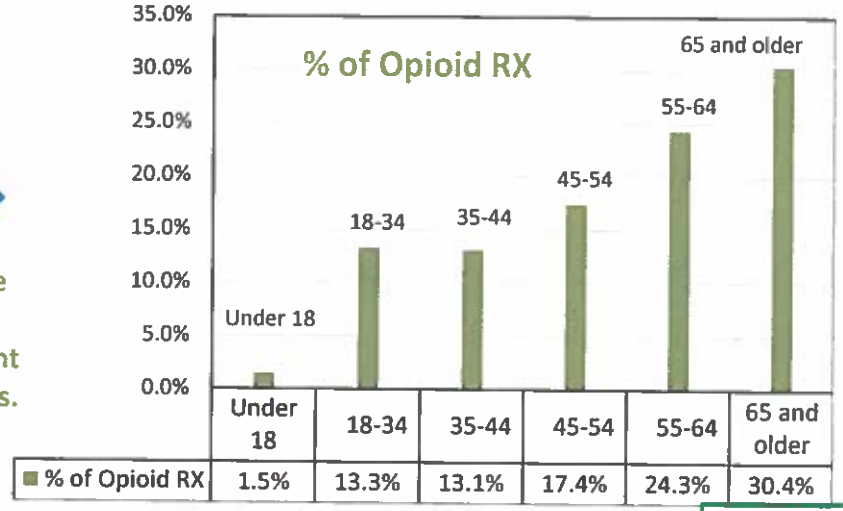



| | Under 18 | 18-34 | 35-44 | 45-54 | 55-64 | 65 and older |
|---|---|---|---|---|---|---|
| % of All CS RX | 6.2% | 16.4% | 13.5% | 17.1% | 21.8% | 25.1% |

Figure 10

In essence, as the age of patients increase, the prescribing of Controlled Substances increases.

New Hampshire's 55 and older population are prescribed over half (54.7%) of all opioid prescriptions. The 34 to 54 age range account for makes up a third of all opioid prescriptions.




| | Under 18 | 18-34 | 35-44 | 45-54 | 55-64 | 65 and older |
|---|---|---|---|---|---|---|
| % of Opioid RX | 1.5% | 13.3% | 13.1% | 17.4% | 24.3% | 30.4% |

Figure 11

# Prescription Drug Use in New Hampshire

## Percent of Rx Greater than 100 MME

Opioid Rx only; SFY 2017 – SFY 2018 (Excludes Buprenorphine & Naloxone).
Morphine Milligram Equivalent (MME) is the amount of morphine equivalent to the strength of the opioid dose prescribed. Using MME allows comparison between types and strengths of opioids.

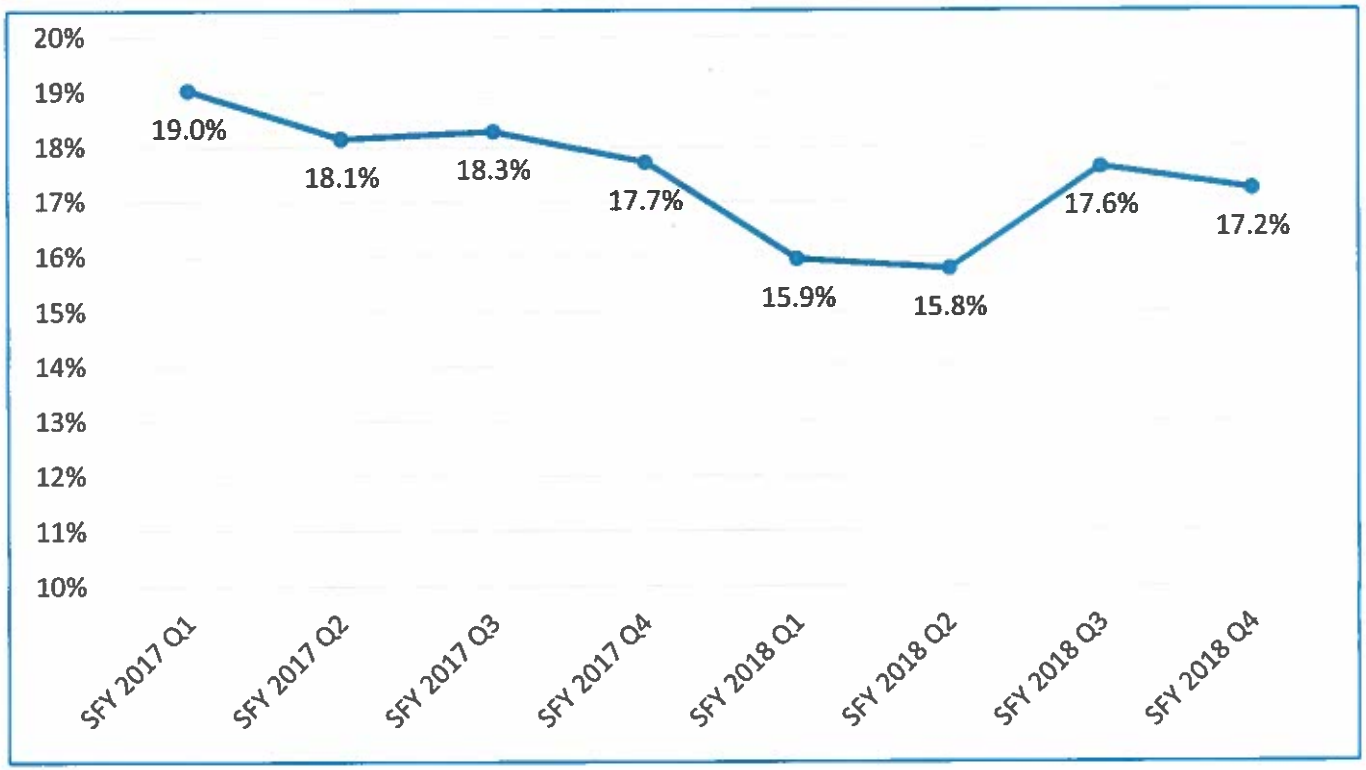



Figure 14

# Prescription Drug Use in New Hampshire

## By County – Opioids Only SFY 2018 only

Number of Opioid RX per 1,000 residents, where the RX indicated both the prescriber and the pharmacy had an NH address.
The data show that half of NH Counties are above the statewide value and half are below.

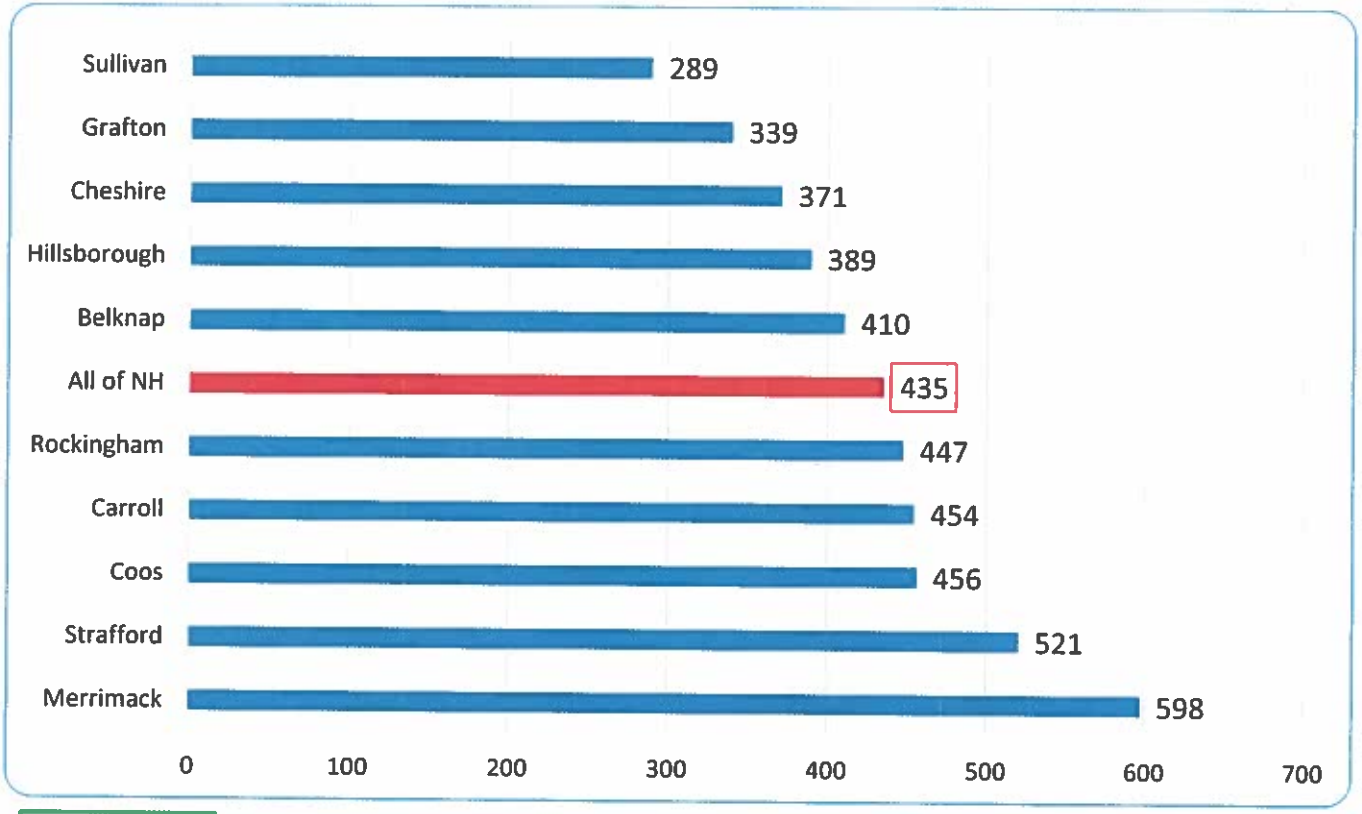



Figure 13

Population Estimate from US Census, July 2017

# Prescription Drug Use in New Hampshire

## Percent of patients prescribed long-acting/extended release opioids who were opioid-naïve.

Measured using all controlled substance prescriptions.

Opioid-naïve is defined as a patient who had not received an opioid prescription in the prior 90 days.

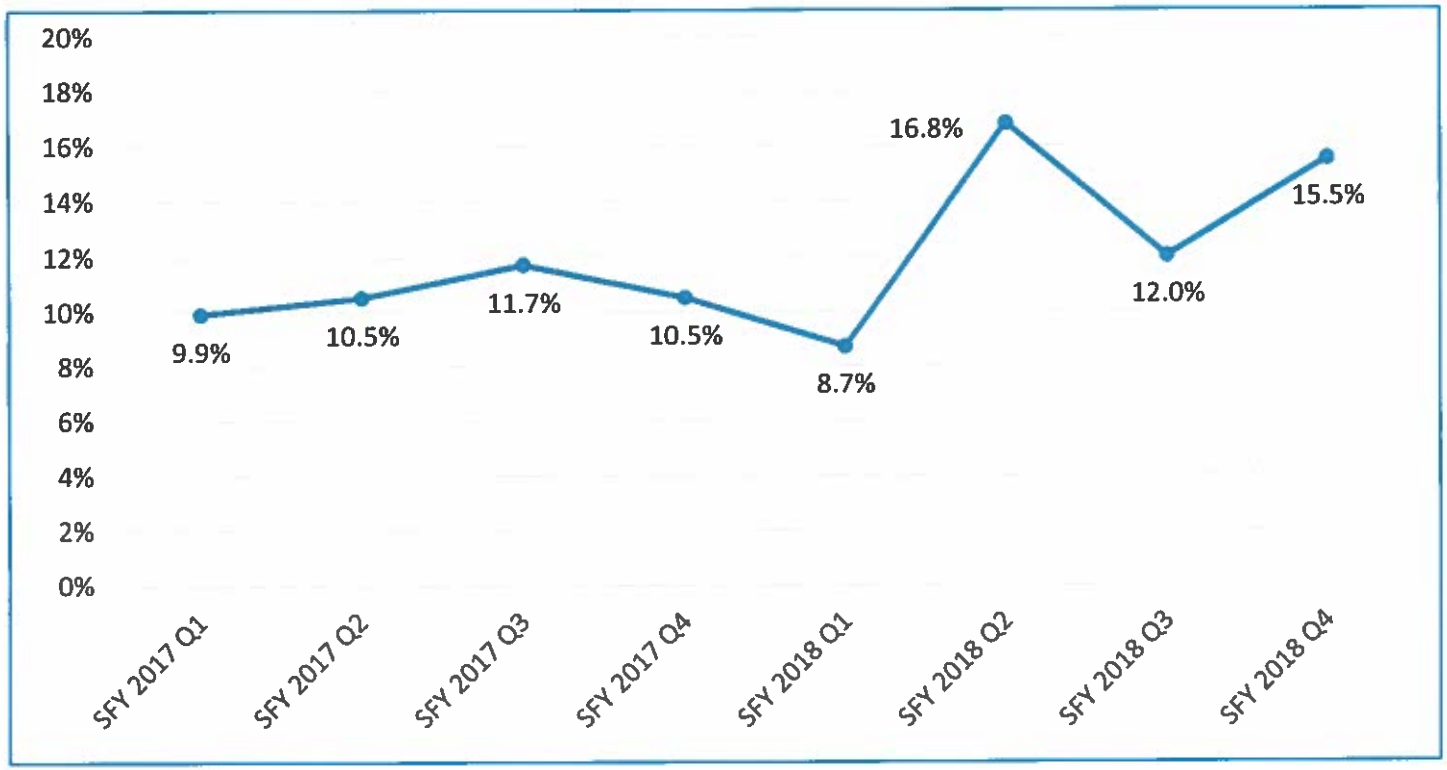



Figure 14

# Prescription Drug Use in New Hampshire

## Percent of prescribed opioid days that overlap with benzodiazepine prescriptions.

Patients with combined prescription use of both drugs may be more at risk to become addicted or to die from an overdose. (Source: CDC)

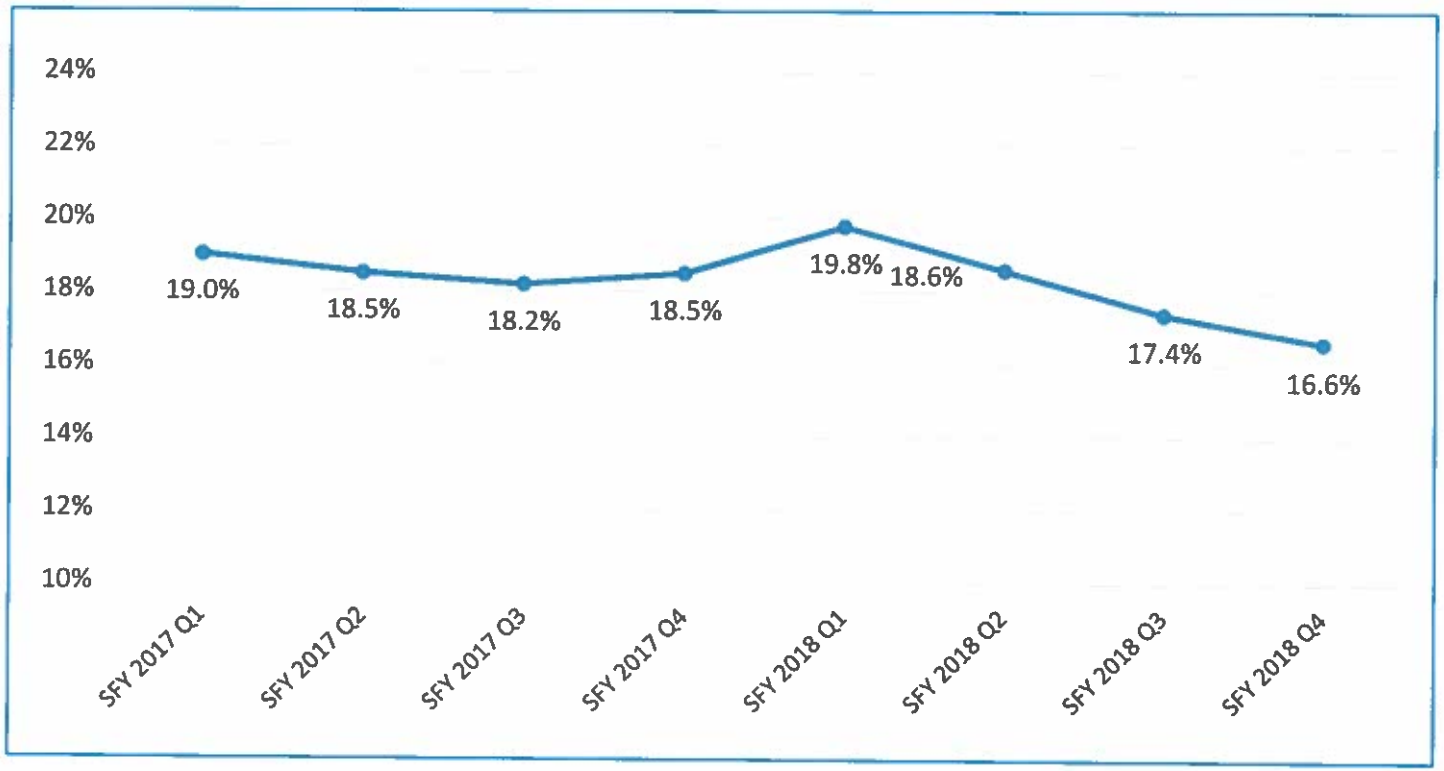



Figure 14

# Total Number of Patients Meeting or Exceeding Prescriber/Dispenser Threshold for Schedule II, III and IV Prescriptions by Quarter (Federal Measure - BJA)

| Schedule II | Jul-Sept 16 | Oct-Dec 16 | Jan-Mar 17 | Apr-Jun 17 | Jul-Sept 17 | Oct-Dec 17 | Jan-Mar 18 | Apr-Jun 18 |
|---|---|---|---|---|---|---|---|---|
| 5 + Prescribers and 5+ Pharmacies | 12 | 8 | 0 | 4 | 7 | 8 | 2 | 2 |
| 10+ Prescribers and 10+ Pharmacies | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Schedule III** | **Jul-Sept 16** | **Oct-Dec 16** | **Jan-Mar 17** | **Apr-Jun 17** | **Jul-Sept 17** | **Oct-Dec 17** | **Jan-Mar 18** | **Apr-Jun 18** |
| 5 + Prescribers and 5+ Pharmacies | 2 | 1 | 2 | 0 | 1 | 3 | 0 | 0 |
| 10+ Prescribers and 10+ Pharmacies | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Schedule IV** | **Jul-Sept 16** | **Oct-Dec 16** | **Jan-Mar 17** | **Apr-Jun 17** | **Jul-Sept 17** | **Oct-Dec 17** | **Jan-Mar 18** | **Apr-Jun 18** |
| 5 + Prescribers and 5+ Pharmacies | 11 | 5 | 13 | 3 | 17 | 11 | 5 | 5 |
| 10+ Prescribers and 10+ Pharmacies | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **TOTAL Schedule II,III,IV** | **Jul-Sept 16** | **Oct-Dec 16** | **Jan-Mar 17** | **Apr-Jun 17** | **Jul-Sept 17** | **Oct-Dec 17** | **Jan-Mar 18** | **Apr-Jun 18** |
| 5 + Prescribers and 5+ Pharmacies | 25 | 14 | 15 | 7 | 29 | 20 | 7 | 7 |
| 10+ Prescribers and 10+ Pharmacies | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Figure 13

# Data Requests

PDMP staff respond to data requests from a variety of sources. Several different entities are entitled to timely access to PDMP data: patients, health care regulatory boards and law enforcement agencies.

## Patient-Requested Reports

Patients may request a copy of their PDMP information. This includes lists of prescriptions dispensed and system users who accessed their PDMP information. Patients may also ask for their PDMP information to go to a third party, such as a behavioral health care provider or an attorney. PDMP staff met all patient requests in 2018 within a 24 hours after receipt of the request.

- **There were (2) patient-requested reports completed in 2018.**

## Health Care Regulatory Board Report Requests

Health care regulatory boards may ask for PDMP information for an active investigation related to licensure, renewal or disciplinary action involving an applicant, licensee or registrant.

- **The PDMP received (13) data requests from regulatory boards in 2018.**

# Data Requests Continued

## Law Enforcement Reports Requested

Federal, state or local law enforcement agencies may request PDMP information in an
authorized drug related investigation of an individual or prescriber. A valid court order
based on probable cause is required.

➢**There were (1) law enforcement-requested reports completed in 2018.**

| | SFY 2016 | SFY 2017 | SFY 2018 (1/2) |
|---|---|---|---|
| Patient Requests | 3 | 1 | 2 |
| Regulatory Boards | 11 | 34 | 13 |
| Law Enforcement with subpoenas | 1 | 2 | 1 |
| Medical Examiner Office | 74* | 35 | 15 |
| Referrals/Letters of Concerns to Boards | 0 | 7 | 2 |
| **TOTAL** | **89** | **79** | **33** |

Note *: ME office had one large request for data (70 decedents) once legislation was passed

Figure 15

# ACKNOWLEDGMENTS

This publication was prepared by the NH Prescription Drug Monitoring Program, including:

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## THANK YOU