NEW HAMPSHIRE
DHHS
DEPARTMENT OF
HEALTH & HUMAN SERVICES

2023 Annual Report

July 1, 2022- June 30, 2023

LIVE FREE OR DIE

The New Hampshire Prescription Drug Monitoring Program (PDMP)

Administration

- Budgeting, funding applications, contract management
- Records release requests
- Performance reporting
- Talent acquisition and retention

Data Analysis

- Review and analysis or PDMP data and incorporation of additional data sets for
  - Program evaluation
  - Grant application and reporting
  - Identification of emerging concerns

Auditing

- Ensure data completeness and accuracy
- Data error corrections
- Random records audits

PDMP System Capabilities

Database

- Statewide, web-based database of all controlled substance (schedule II-IV) prescriptions which were dispensed by NH-licensed pharmacies
- Practitioners may view 3 rolling years of filled prescriptions of their patients, providing the opportunity to assess prescription drug utilization

Clinical Tool

- Promotes appropriate prescribing and dispensing, while deterring the misuse, abuse, and diversion of controlled substances

Peer Comparisons

- Allows prescribers to see their prescription metrics compared to their peers

Reporting Tool

- Reporting tools that are used by the PDMP to analyze deidentified information about registrants, patient queries, and the dispensing of controlled substances statewide

PDMP Technology Expenses

PMP AWARxE with NarxCare

- Vendor software from Bamboo Health
  - Prescription record database
  - Patient history queries by prescribers
  - Narx Score risk score
  - $190,000 annually

Gateway

- Vendor software from Bamboo Health
  - EHR integration with healthcare provider systems
  - Patient queries from within the prescribing module
  - $369,000 annually

PDMP Funding

100% Federally Funded

- Overdose Data To Action (OD2A)
  - 5 Years (September 2023 – August 2028)
  - Noncompetitive
  - PDMP limitation
- Harold Rogers Prescription Drug Monitoring Program (PDMP)
  - 2 Years (October 2023 – September 2025)
  - Competitive







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Highlights for SFY 2023

Utilization

- Registrant count is 19,286
  - The decrease from 21,985 is due to the removal of registrants no longer meeting criteria
- Patient queries have increased by 39% from SFY22 to SFY23
  - Nearly 1.7 million queries were made in SFY23 (1.2 million in SFY22)
- 7,476 registrants made patient queries
  - 2,358 registrants who made queries were delegates
  - Delegates made more than 81% of all patient queries

Prescribing Trends

- **Opioids**: Filled prescription counts for opioids have *decreased*
- **Stimulants**: Filled prescription counts for stimulants have *increased*
- **Sedatives**: Filled prescription counts for sedatives have *decreased* (but remain the highest count of these three drug types)

NarxCare

System Enhancement

- Provides interactive visualizations of PDMP data to support clinical decision-making
- Includes proprietary scores for relative prescribing risks and overdose risks (as recommended by NH PDMP Advisory Council)
- Includes state-specific clinical alerts (as recommended by NH PDMP Advisory Council)

Visualizations

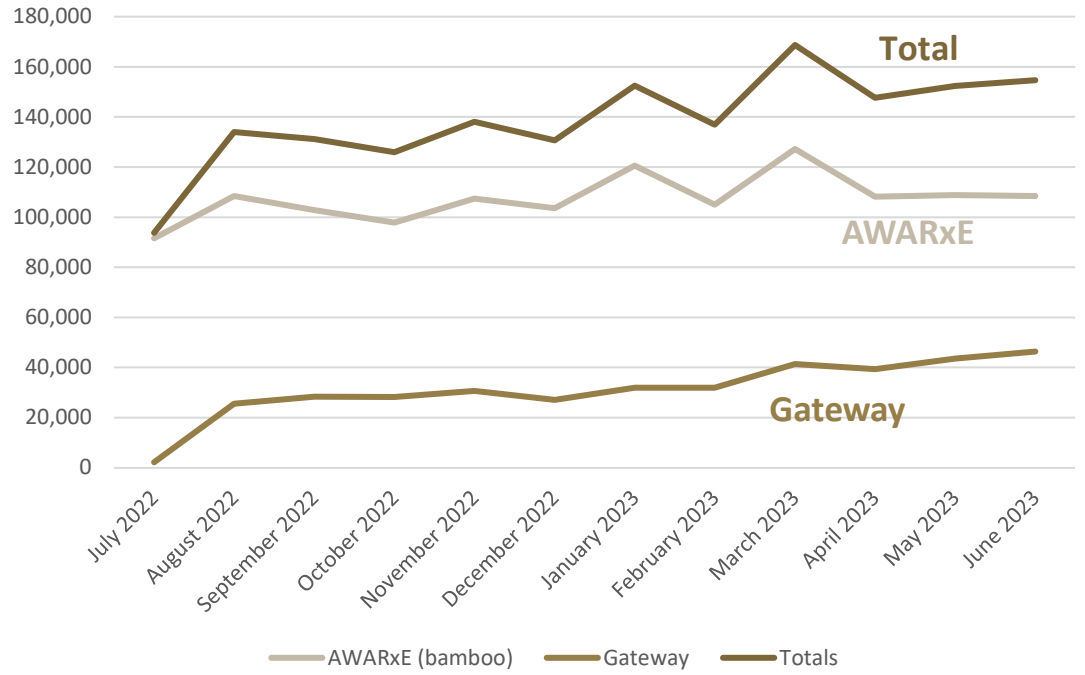
- Provides interactive, color-coded bar graphs of all controlled substances filled in the past 2 years
- Shows overlap of prescriptions, including potentially dangerous combinations

Proprietary Risk Scores

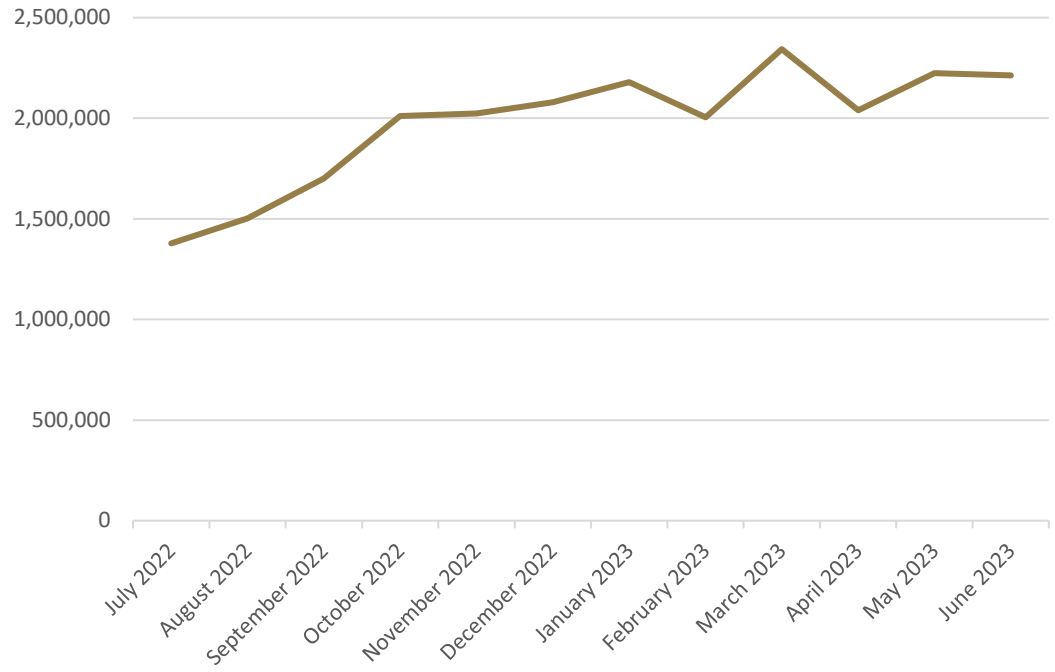
- Narx Scores represent a relative scoring system wherein risk factors relative to a patient's prescription history are counted and then converted to a reference value
- Overdose Risk Scores numerically represent the risk of unintentional overdose death

Gateway Integration

Patient Queries by NH Practitioners



Gateway Patient Queries to NH



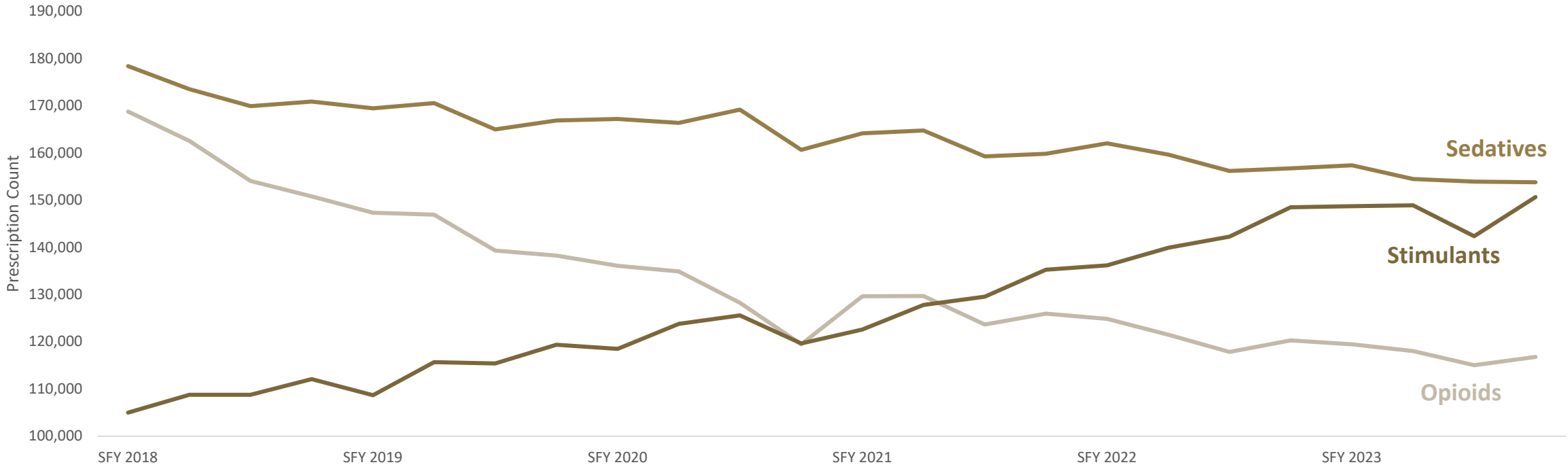
- There was an 18.4% increase in AWARxE PDMP patient queries between July 2022 and June 2023
- There was a 65.1% increase in total PDMP patient queries between July 2022 and June 2023
- Patient queries have increased by 38.6% from SFY22 to SFY23

Prescription Counts

Filled Prescription Counts (SFY 2018-2023)

SFY 2022 – SFY 2023

- Opioid prescription counts decreased by 26%
- Stimulant prescription counts increased by 36%
- Sedative prescription counts decreased by 11% (sedatives represent the largest category of filled prescriptions at approximately 39% of all prescriptions filled)
- Total controlled substance prescriptions (not shown) have decreased 5%

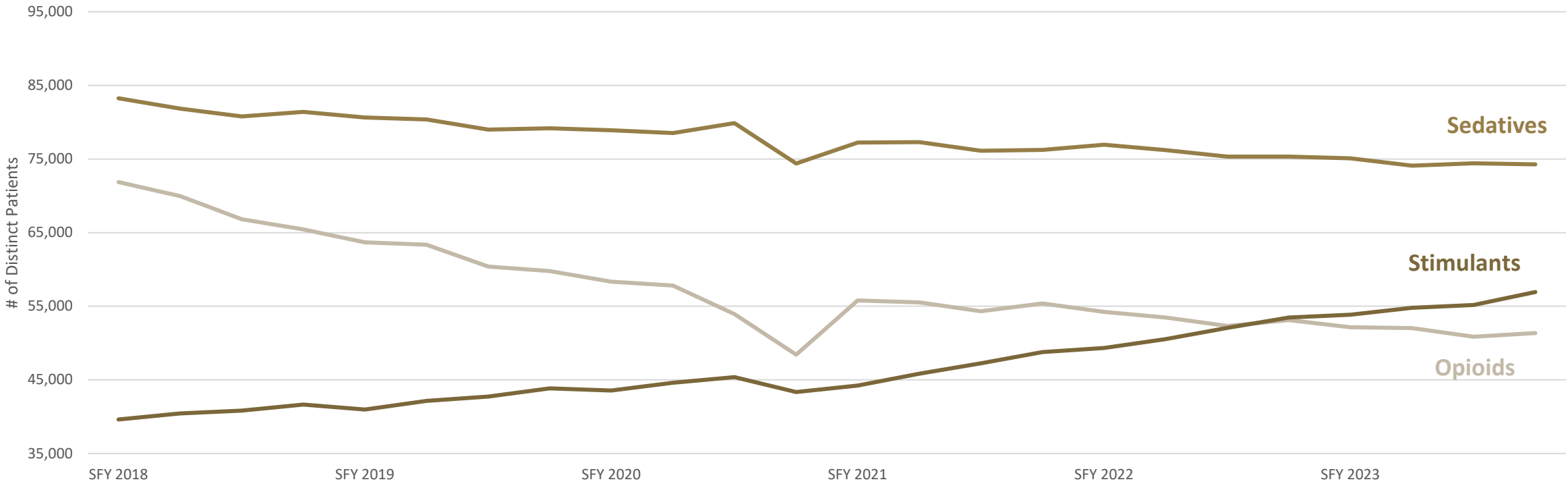


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Distinct Patients (SFY 2018 - 2022)

SFY 2022 – SFY 2023

- The number of patients with at least one opioid prescription decreased by 25%
- There was a 36% increase in the number of patients with at least one stimulant prescription
- The number of patients with at least one sedative prescription decreased by 9%

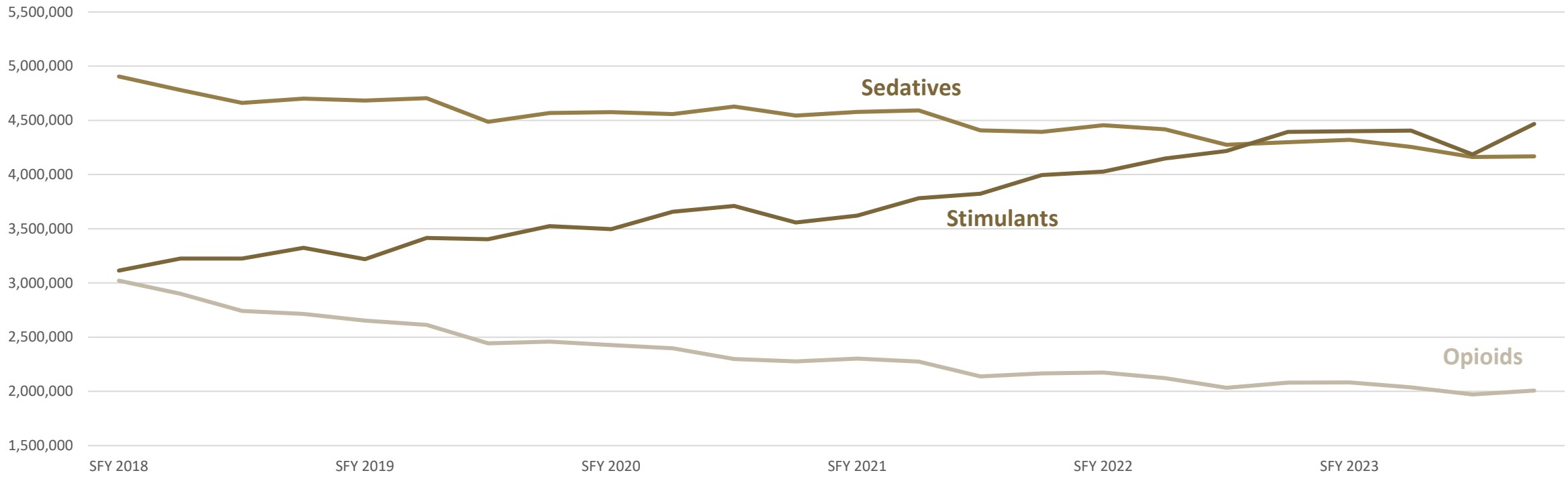


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Days' Supply

SFY 2022 – SFY 2023

- The average days' supply of opioid prescriptions decreased by 25%
- There was a 36% increase in average days' supply of stimulant prescriptions
- The average days' supply of sedative prescriptions decreased by 9%



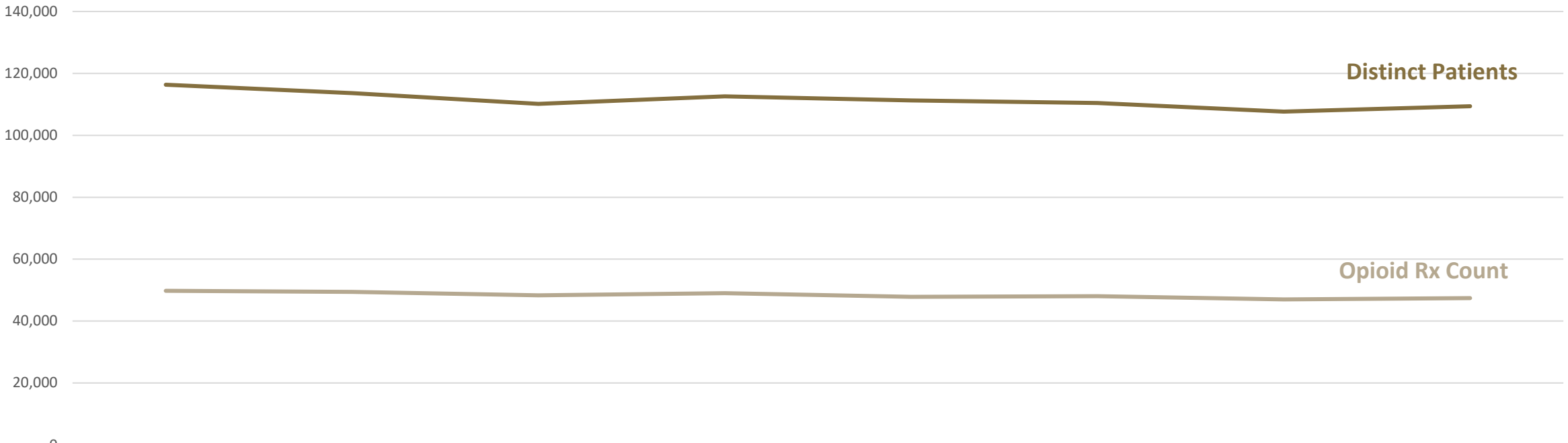
Opioids

Filled Opioid Prescription Counts (SFY 22-23)

NH Residents Only

SFY 2022 – SFY 2023

- Opioid prescription counts for NH residents decreased by 6.0% over the reporting period
- The number of patients being prescribed opioid medications decreased by 4.7%



	July - Sept. 2021	Oct. - Dec. 2021	Jan. - March 2022	April - June 2022	July - Sept. 2022	Oct. - Dec. 2022	Jan. - March 2023	April - June 2023
Opioid Rx Count	49,783	49,405	48,320	49,045	47,833	48,062	47,024	47,428
Distinct Patients	116,386	113,633	110,179	112,584	111,312	110,471	107,680	109,381

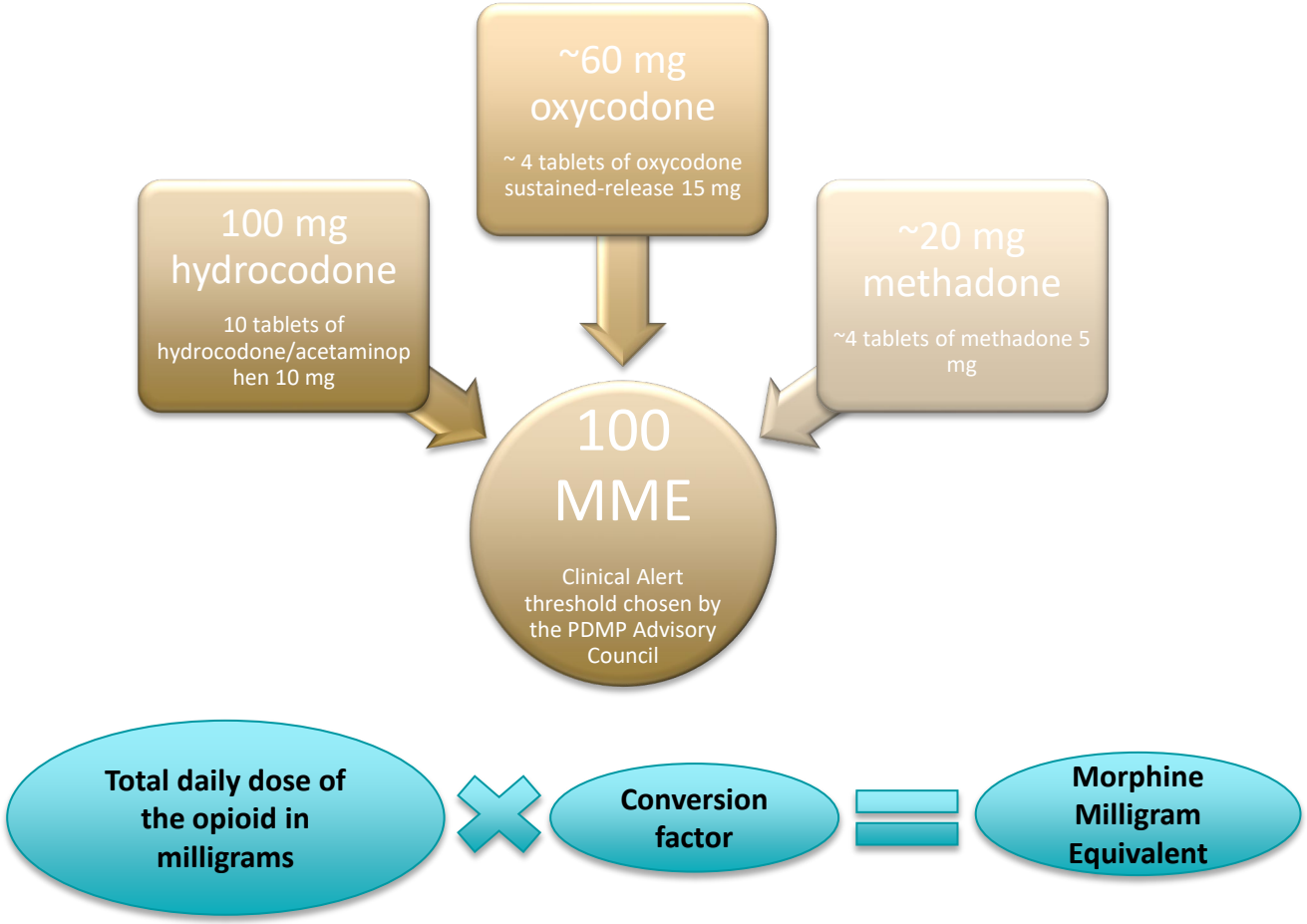
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Morphine Milligram Equivalent (MME)

TABLE. Morphine milligram equivalent doses for commonly prescribed opioids for pain management

Return

Opioid	Conversion factor*
Codeine	0.15
Fentanyl transdermal (in mcg/hr)	2.4
Hydrocodone	1.0
Hydromorphone	5.0
Methadone	4.7
Morphine	1.0
Oxycodone	1.5
Oxymorphone	3.0
Tapentadol†	0.4
Tramadol§	0.2



* Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. DOI: http://dx.doi.org/10.15585/mmwr.rr7103a1

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Days' Supply and Average MME of Opioid Prescriptions (SFY 22-23)

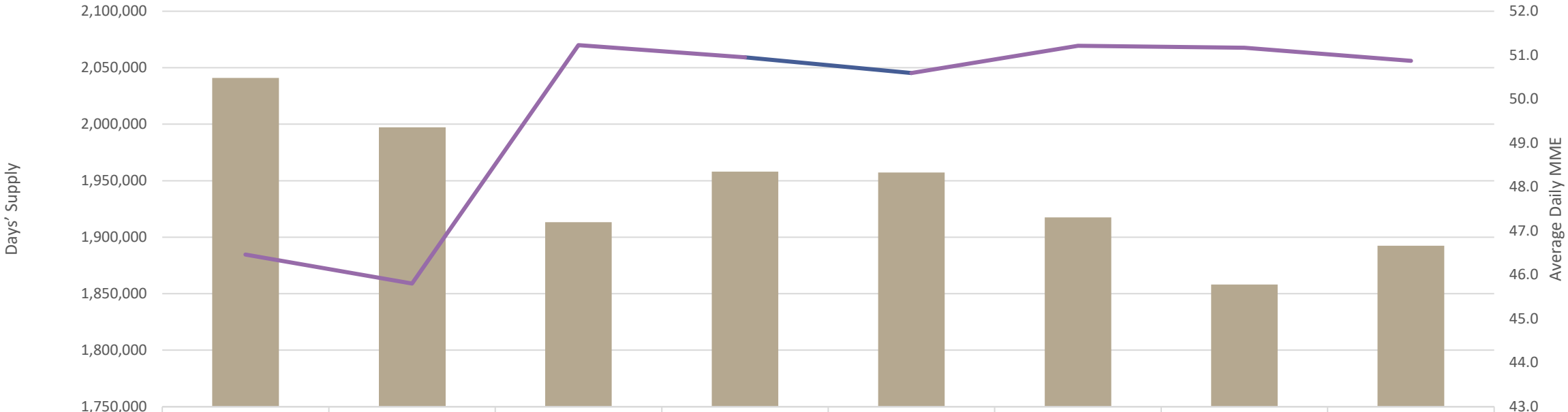
NH Residents Only

SFY 2022 – SFY 2023

- Total days' supply of opioid prescriptions decreased by 7.27%
- Total daily MME increased by 9.5%*

*This increase can be contributed to the CDC's 2022 change in the MME conversion factor for several opioid classes

1) Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. DOI: http://dx.doi.org/10.15585/mmwr.rr7103a1



	July - Sept. 2021	Oct. - Dec. 2021	Jan. - March 2022	April - June 2022	July - Sept. 2022	Oct. - Dec. 2022	Jan. - March 2023	April - June 2023
Day's Supply	2,040,924	1,997,068	1,913,246	1,958,079	1,957,352	1,917,464	1,858,132	1,892,512
Ave. Daily MME	46.5	45.8	51.2	51.0	50.6	51.2	51.2	50.9

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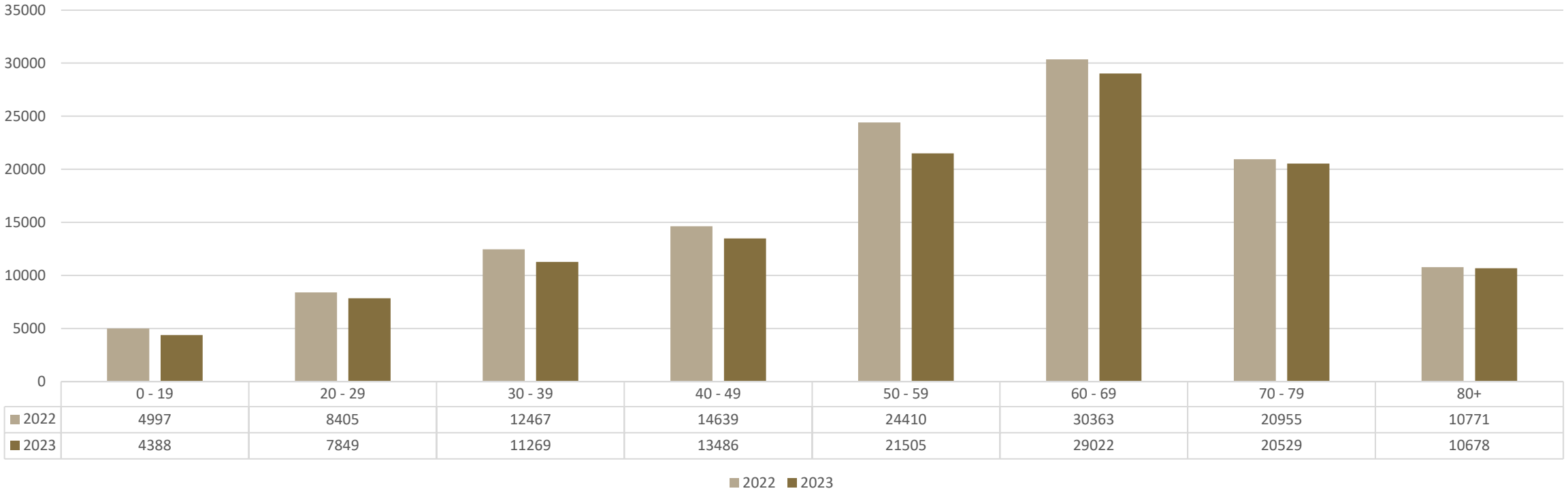
NH Resident Age at Date of Opioid Dispensation

SFY 2022

- 124,697 residents (all ages) with an opioid prescription from a NH prescriber
- 8.9% of all residents

SFY 2023

- 116,236 residents (all ages) with an opioid prescription from a NH prescriber
- 8.3% of all residents

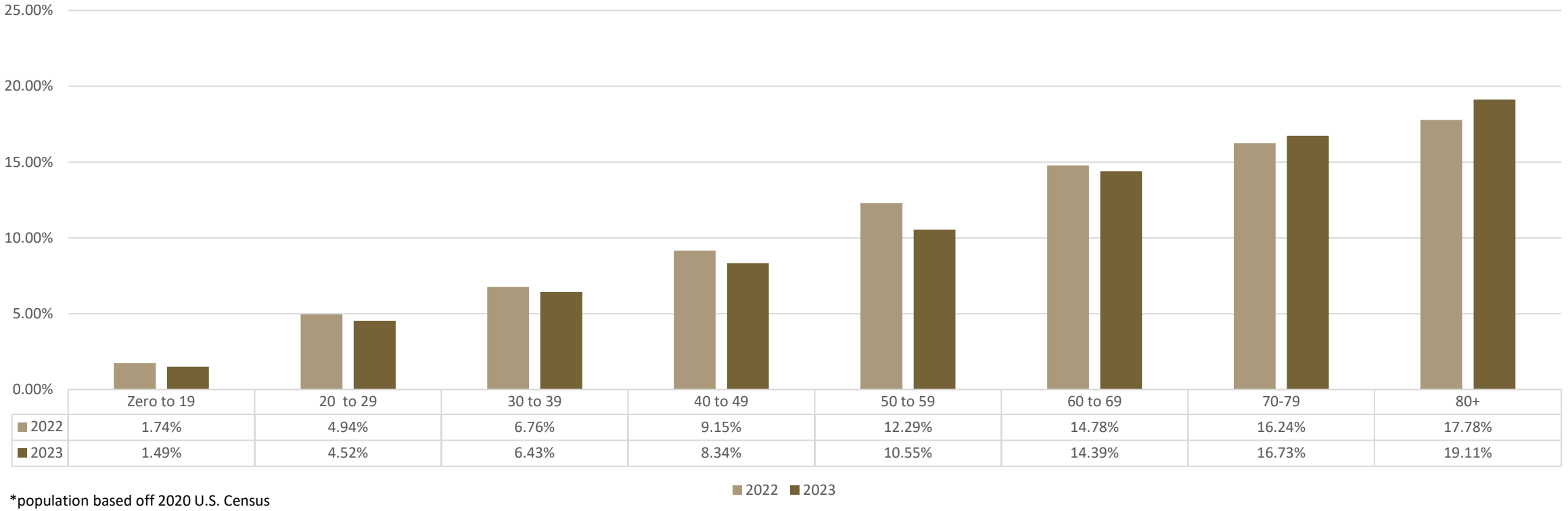


	0 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80+
2022	4997	8405	12467	14639	24410	30363	20955	10771
2023	4388	7849	11269	13486	21505	29022	20529	10678

Percent of NH Residents by Age Group at Date of Opioid Dispensation

SFY 2022 – SFY 2023

- There was a decrease in NH Residents with an Opioid Prescription in all age groups under 70.
- While there was an increase in NH Residents with an Opioid Prescription in age groups over 70.



	Zero to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70-79	80+
2022	1.74%	4.94%	6.76%	9.15%	12.29%	14.78%	16.24%	17.78%
2023	1.49%	4.52%	6.43%	8.34%	10.55%	14.39%	16.73%	19.11%

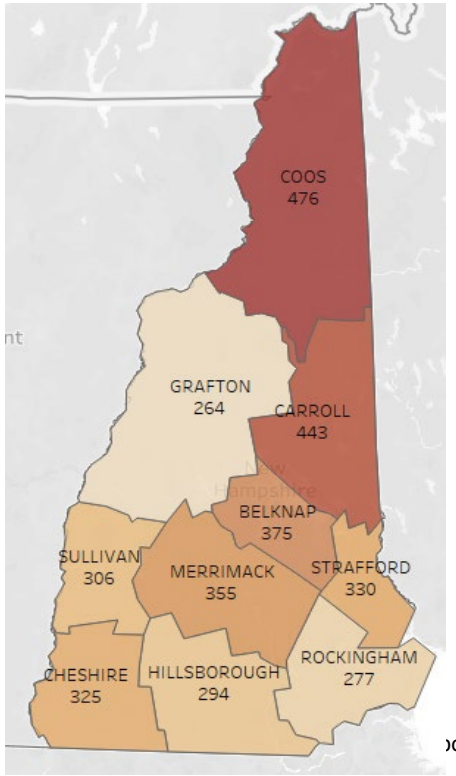
*population based off 2020 U.S. Census

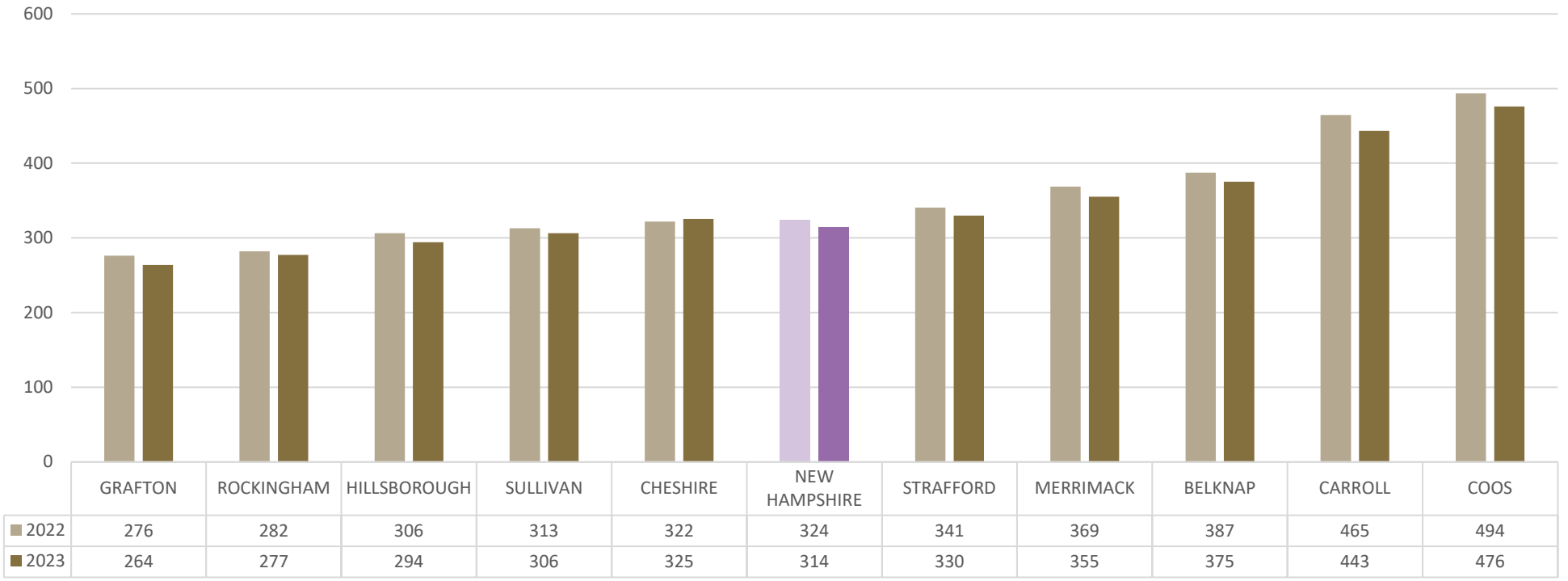
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Opioid Prescription Counts *per 1,000

SFY 2022 – SFY 2023

- Statewide opioid prescription counts decreased by 3% between SFY 22 to SFY 23
- Nine of ten counties had a decrease in opioid prescription counts. Cheshire County had a small increase of 1%





	GRAFTON	ROCKINGHAM	HILLSBOROUGH	SULLIVAN	CHESHIRE	NEW HAMPSHIRE	STRAFFORD	MERRIMACK	BELKNAP	CARROLL	COOS
2022	276	282	306	313	322	324	341	369	387	465	494
2023	264	277	294	306	325	314	330	355	375	443	476

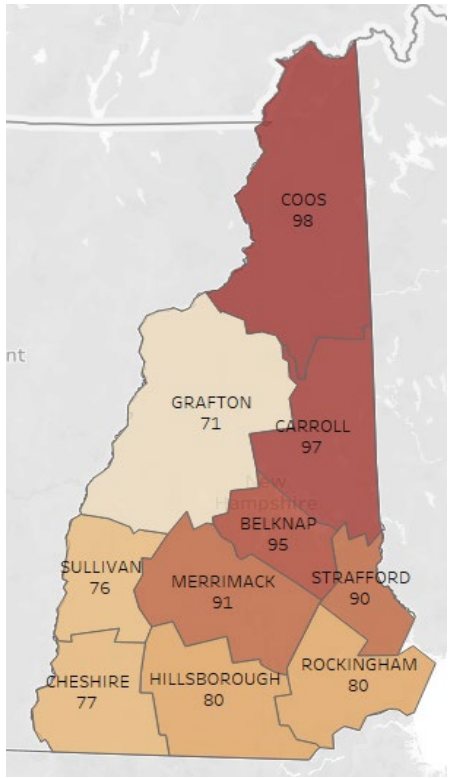
opulation based off 2022 U.S. Census

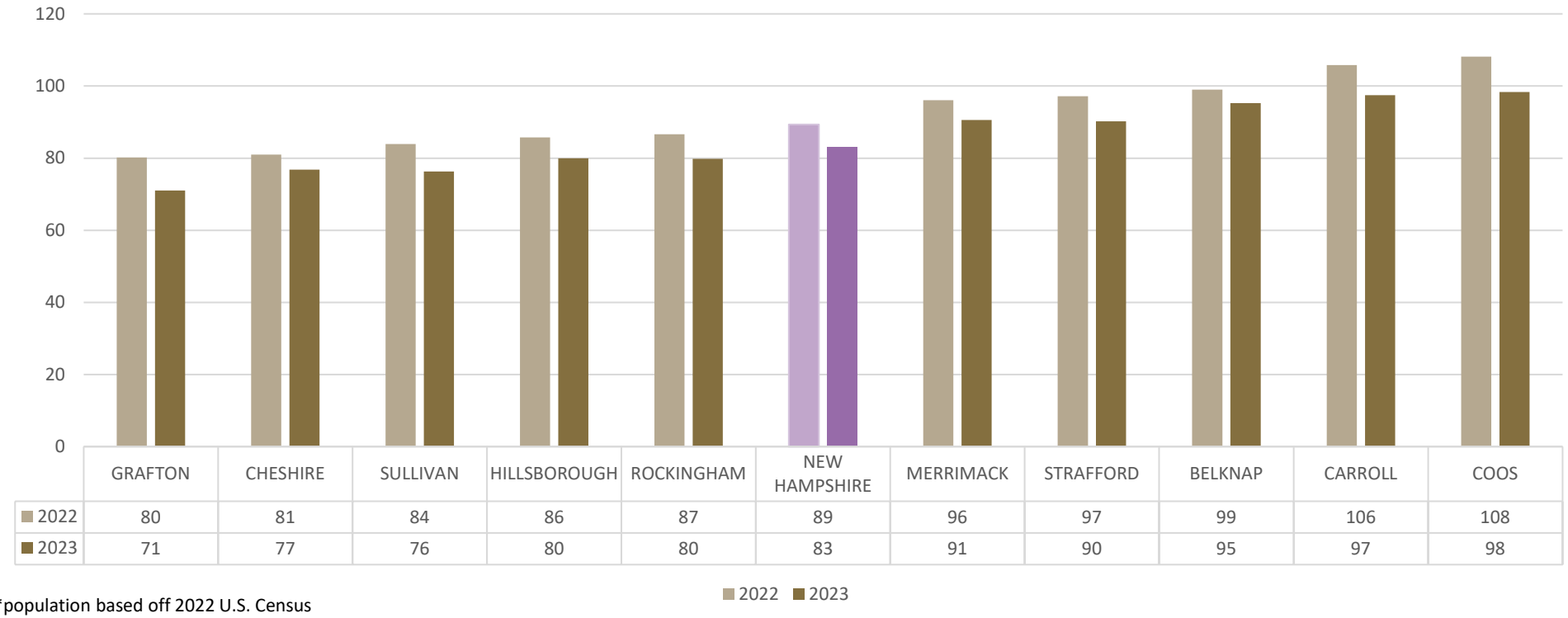
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New Hampshire Residents with an Opioid Rx *per 1,000

SFY 2022 – SFY 2023

- There was a 7.1% decrease in the number of persons with an opioid Rx from SFY22 to SFY23
- All ten counties had decreases. Grafton County had the greatest decrease of 11.4%.





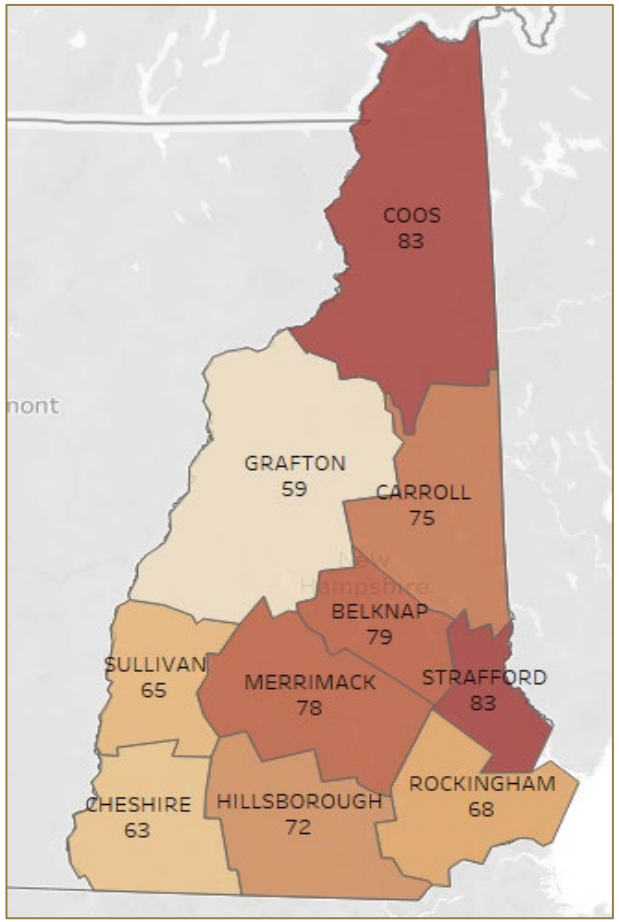
	GRAFTON	CHESHIRE	SULLIVAN	HILLSBOROUGH	ROCKINGHAM	NEW HAMPSHIRE	MERRIMACK	STRAFFORD	BELKNAP	CARROLL	COOS
2022	80	81	84	86	87	89	96	97	99	106	108
2023	71	77	76	80	80	83	91	90	95	97	98

*population based off 2022 U.S. Census

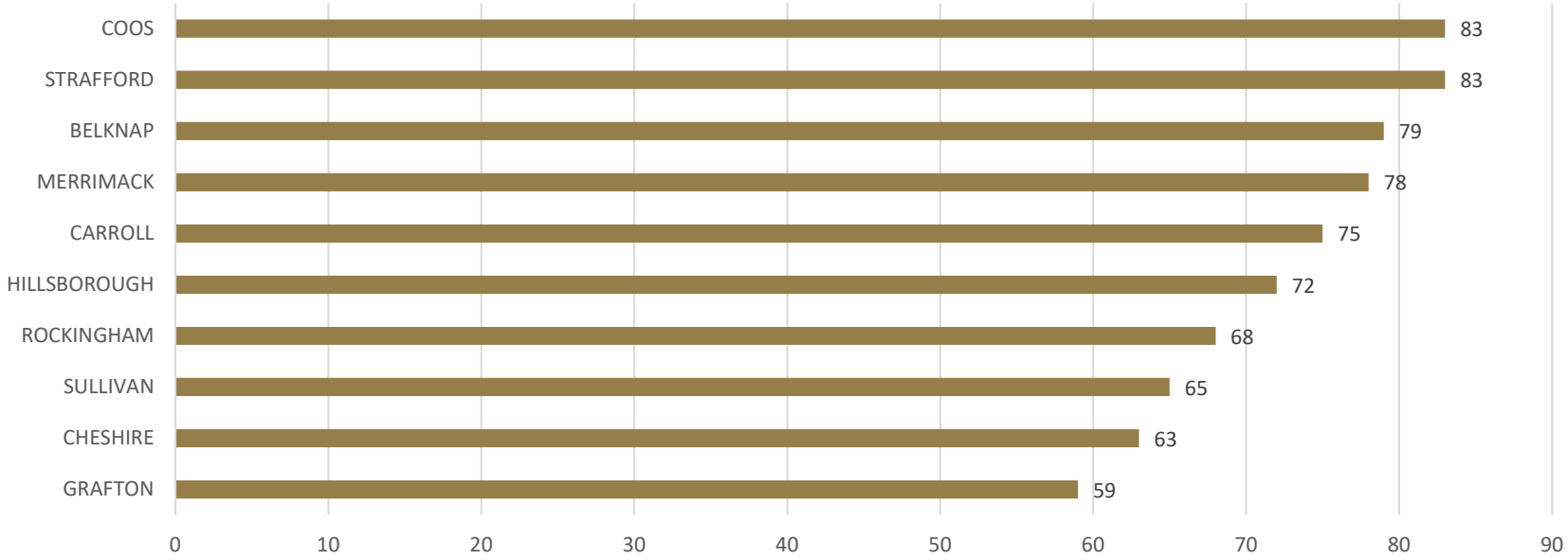
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Age Adjusted Rate of NH Residents with an Opioid Rx *per 1,000

SFY 2023



- Age adjusted rates allow communities with different population age profiles to be compared as though they were the same.
- Coos county had the highest raw and age adjusted rate of residents with an opioid prescription. Once accounting for age, Strafford County had nearly the same rate of residents with an opioid prescription as Coos.



*population based off 2022 U.S. Census

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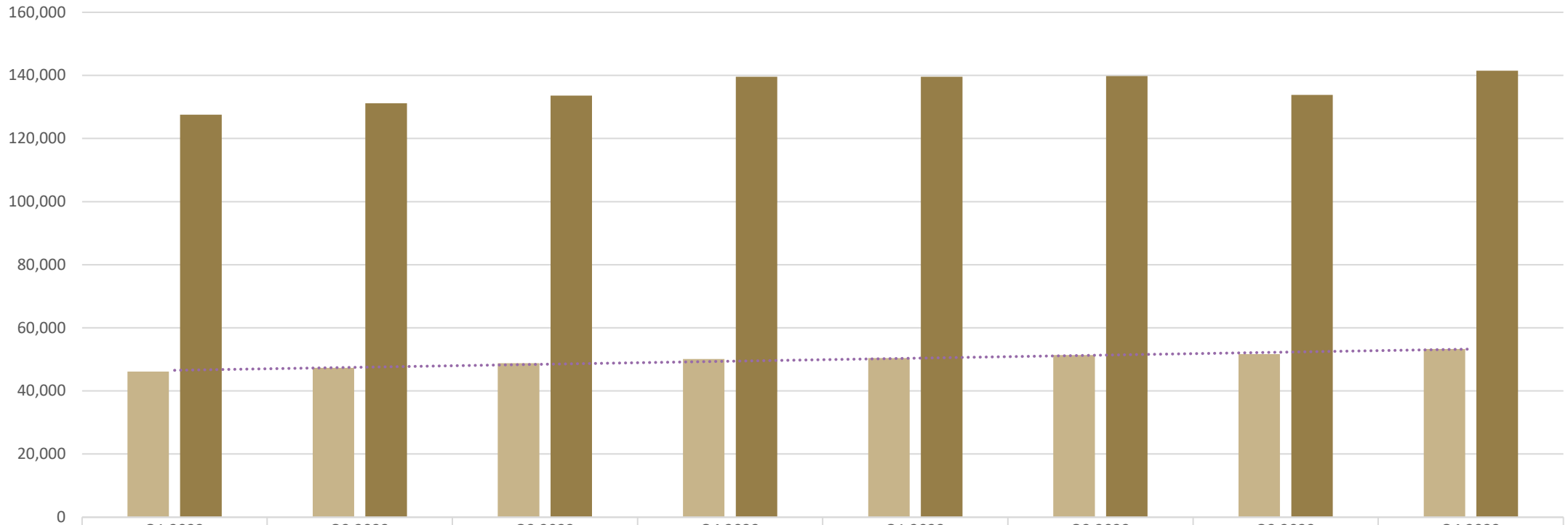
Stimulants

Filled Stimulant Prescription Counts (SFY 22-23)

NH Residents Only

SFY 2022 – SFY 2023

- Stimulant prescription counts for NH residents *increased* by 10.9%
- The number of patients being prescribed stimulant medications *increased* by 15.6%



	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Distinct Patients	46,102	47,296	48,804	50,111	50,407	51,348	51,669	53,303
Prescription Count	127,578	131,183	133,603	139,580	139,592	139,787	133,798	141,525

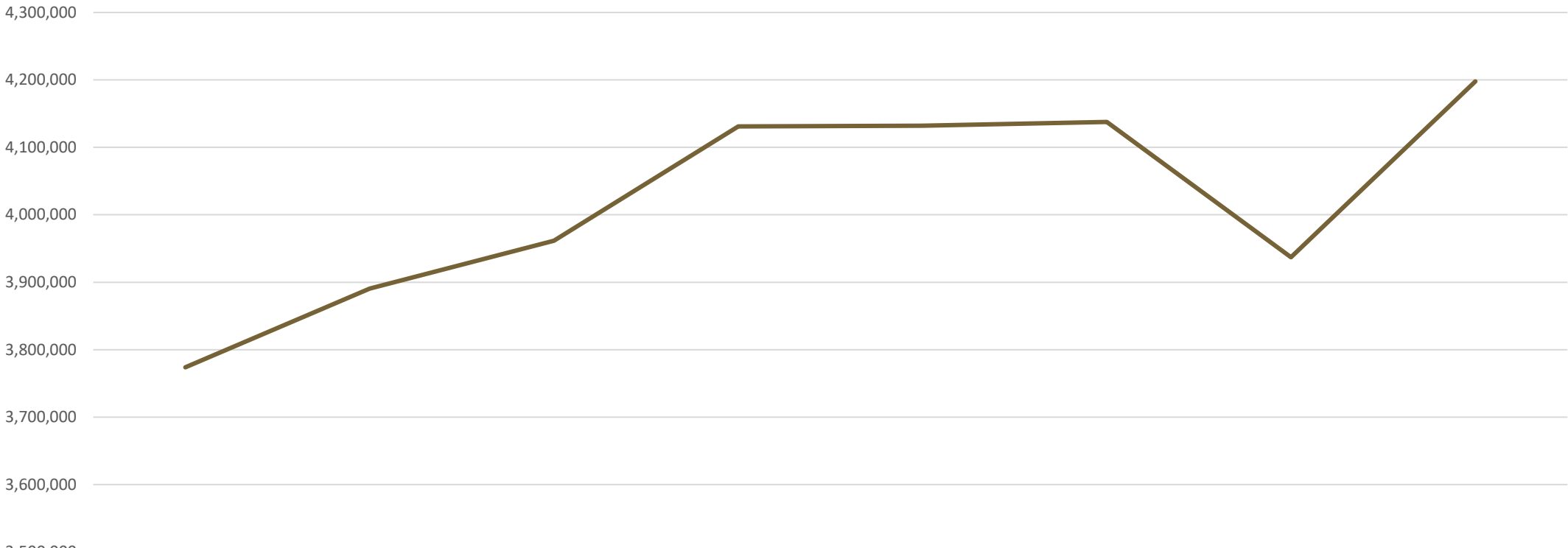
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Days' Supply of Stimulant Prescriptions (SFY 22-23)

NH Residents Only

SFY 2022 – SFY 2023

- There has been an 11% increase in days' supply of stimulant prescriptions.



	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Sum of Days Supply	3,773,922	3,890,535	3,961,555	4,131,014	4,131,957	4,137,710	3,937,052	4,197,934

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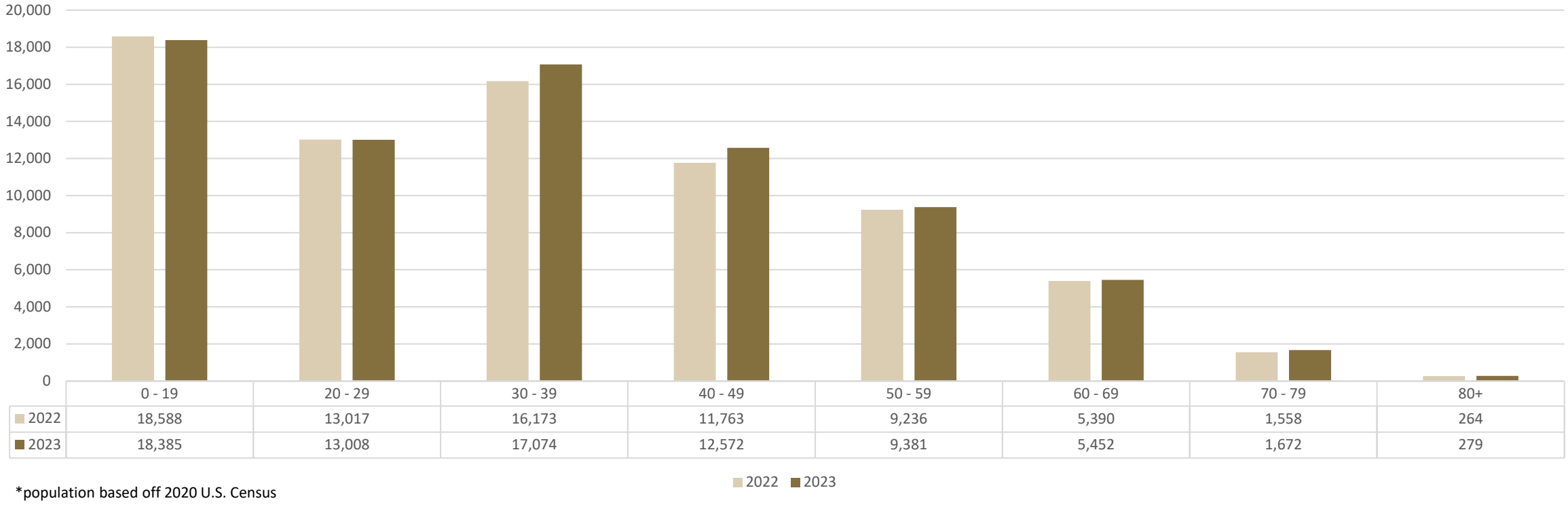
Count of NH Residents by Age Group at Date of Stimulant Dispensation

SFY 2022

- 72,419 residents (all ages) with a stimulant prescription from a NH prescriber
- 5.27 % of all residents

SFY 2023

- 73,527 residents (all ages) with a stimulant prescription from a NH prescriber
- 5.34% of all residents



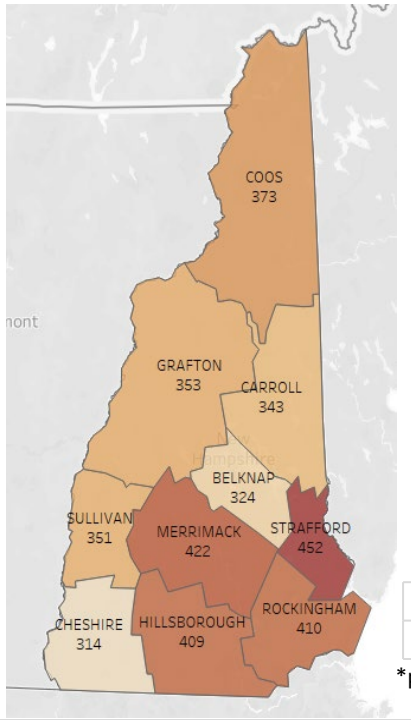
	0 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80+
2022	18,588	13,017	16,173	11,763	9,236	5,390	1,558	264
2023	18,385	13,008	17,074	12,572	9,381	5,452	1,672	279

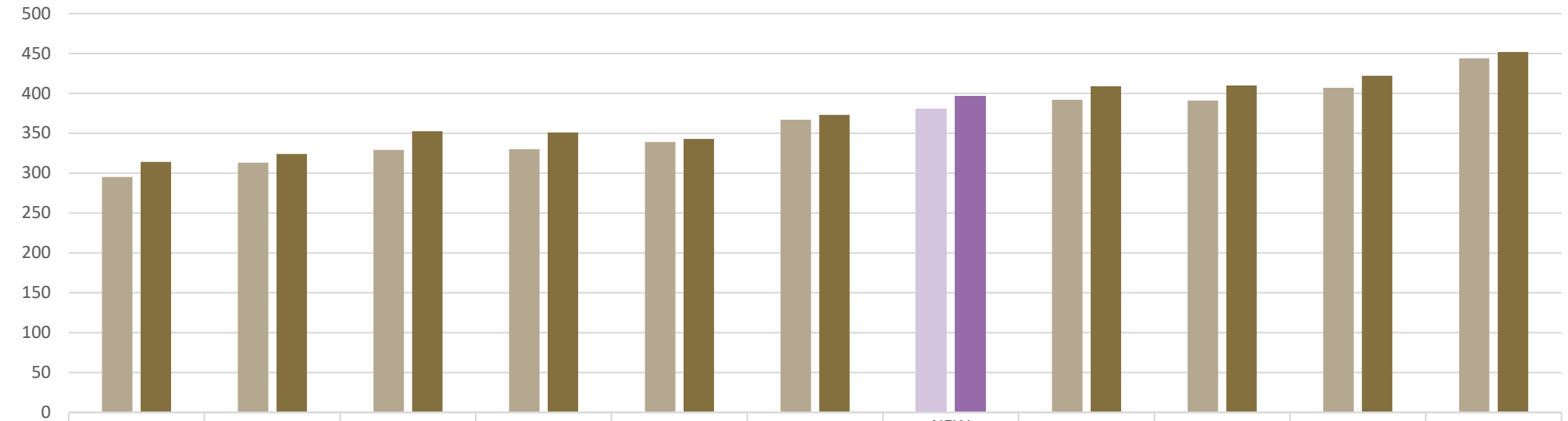
*population based off 2020 U.S. Census

Stimulant Prescription Counts by County *per 1,000

SFY 2022 – SFY 2023

- Statewide ("All of NH") had an increase of 4.3% from SFY 22 to SFY 23
- All counties had an increase. Cheshire and Grafton counties increased 6.4% and 7.1% respectively. Carrol county had the lowest increase at 1.2%.





	CHESHIRE	BELKNAP	GRAFTON	SULLIVAN	CARROLL	COOS	NEW HAMPSHIRE	HILLSBOROUGH	ROCKINGHAM	MERRIMACK	STRAFFORD
2022	295	313	329	330	339	367	381	392	391	407	444
2023	314	324	353	351	343	373	397	409	410	422	452

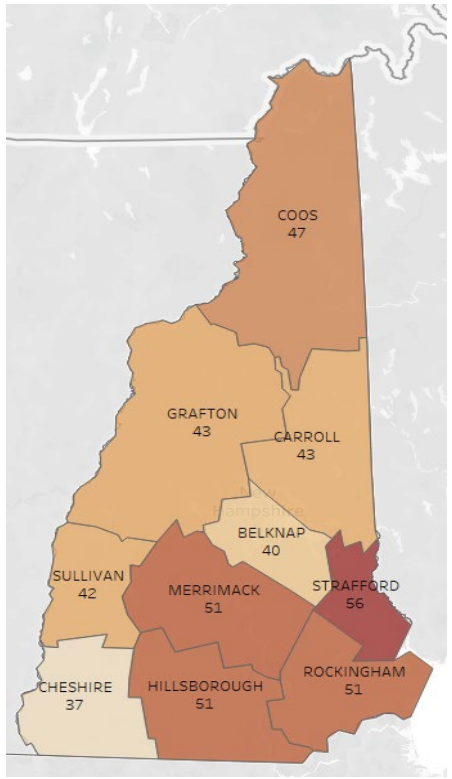
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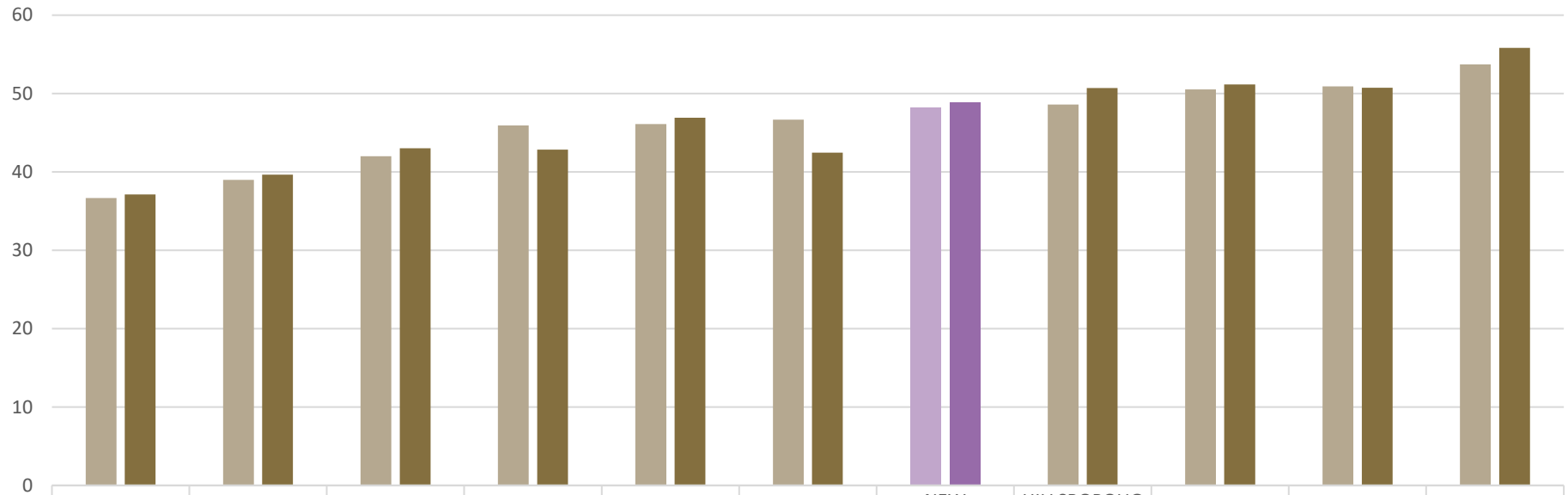
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NH Residents with a Stimulant Prescription by County *per 1,000

SFY 2022 – SFY 2023

- Statewide there was a 1.3% increase in the number of persons with a stimulant Rx from SFY 22 to SFY 23
- Sullivan, Grafton and Rockingham Counties decrease by 9%, 6.7%, and 0.4% respectively. All other counties had an increase. Hillsborough County had the greatest increase of 4.3%.





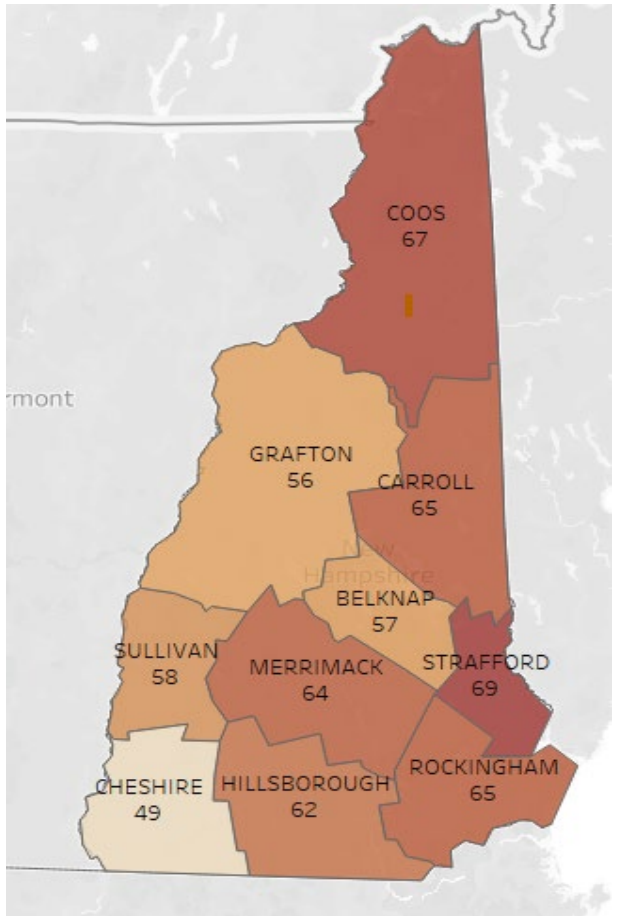
	CHESHIRE	BELKNAP	CARROLL	GRAFTON	COOS	SULLIVAN	NEW HAMPSHIRE	HILLSBOROUGH	MERRIMACK	ROCKINGHAM	STRAFFORD
SFY 2022	37	39	42	46	46	47	48	49	51	51	54
SFY 2023	37	40	43	43	47	42	49	51	51	51	56

*population based off 2020 U.S. Census

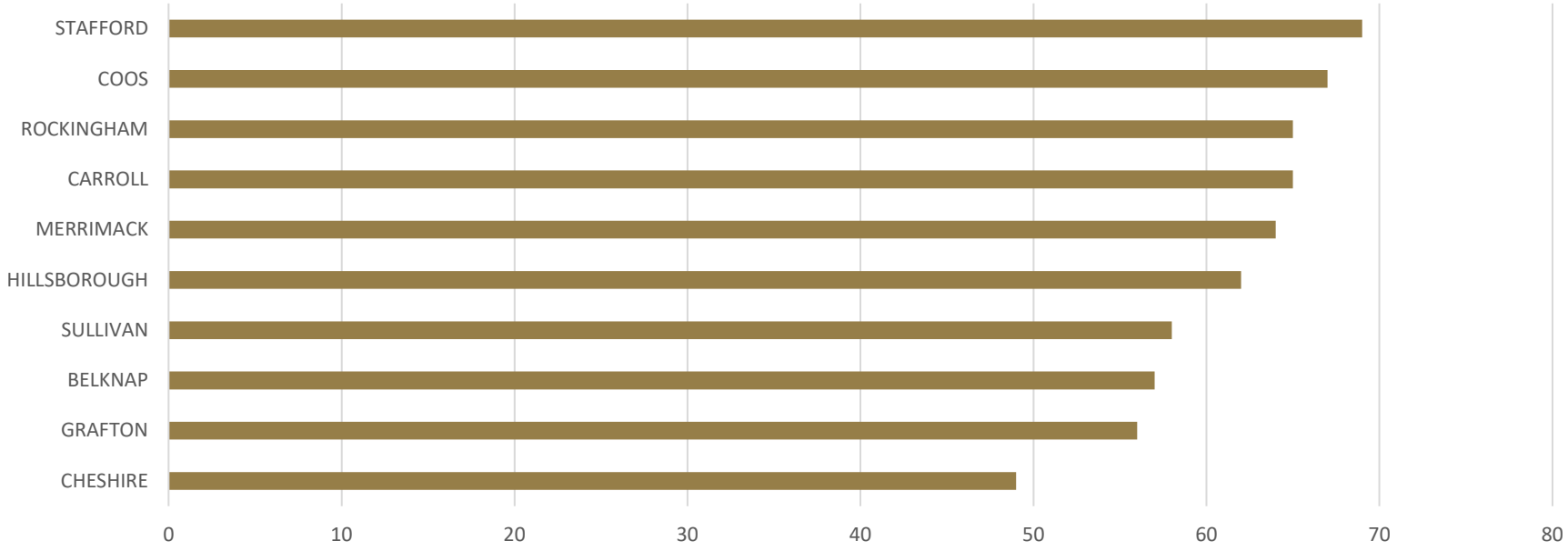
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Age Adjusted Rate of NH Residents with a Stimulant Rx *per 1,000

SFY 2023



- Age adjusted rates allow communities with very different population age profiles to be compared as though they were the same.
- Strafford County had the highest rate of residents with a stimulant prescription. Once accounting for age, Coos County had a higher rate of residents with a stimulant prescription nearly as high as Strafford.



*population based off 2020 U.S. Census

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Clinical Alerts

Clinical Alerts

Clinical Alerts

- Notifications that appear on a patient's PDMP prescription history record that indicate that certain clinical thresholds have been met
- For informational purposes only; NOT intended to be a stand-alone indication of wrongdoing by the practitioner or patient
- Intended to help practitioners improve patient outcomes and to supplement, but not replace, the practitioner's clinical judgment
- More than one alert may be generated by a single prescription

- Clinical Alert #1 (Daily Active MME Threshold)
- An alert is triggered when a patient fills an opioid prescription(s) which contains a morphine milligram equivalent (MME) dose of greater than 100 MME on average per day*

- Clinical Alert #2 (Opioid-Benzodiazepine Threshold)
- An alert is triggered when a patient is prescribed opioids and benzodiazepines with an overlap of at least one day*

- Clinical Alert # 3 (Prescriber-Dispenser Threshold)
- An alert is triggered when a patient receives an opioid prescription from 3 different prescribers AND 3 different pharmacies within a 3-month period*

*Values recommended by the NH PDMP Advisory Council

Prescription Auditing

Prescription Auditing – Error Type and Severity

SFY 2023

- 69 pharmacies
- 677 prescriptions
- 83 data fields with errors

Prescription recipient	Number of Rx audited	Fields per Rx	Potential error fields	Fields with errors	Field error percent
Human	617	17	10,127	51	0.5%
Animal	60	18	1052	32	3.04%
Totals	**677**	**n/a**	**11,179**	**83**	**0.74%**

Human

Error Type	Count of Errors	% of error type
Minor	15	29.41%
Moderate	27	52.94%
Severe	9	17.65%
Total	**51**	**100%**

Animal

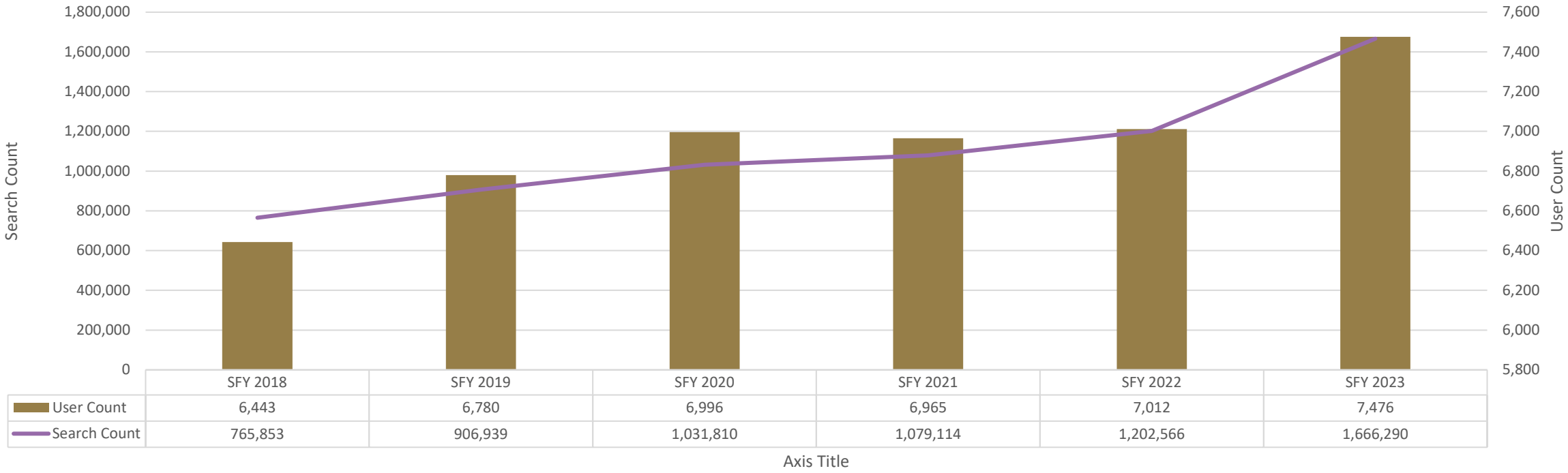
Error Type	Count of Errors	% of error type
Minor	0	0.00%
Moderate	5	15.63%
Severe	27	84.38%
Total	**32**	**100%**

User Registration

Patient Search Counts and Count of Users Making the Searches

SFY 2018 – SFY 2023

- Patient searches have increased each year
- Average number of searches per user has increased from 119 in SFY 2018 to 223 in SFY 2023



	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
User Count	6,443	6,780	6,996	6,965	7,012	7,476
Search Count	765,853	906,939	1,031,810	1,079,114	1,202,566	1,666,290

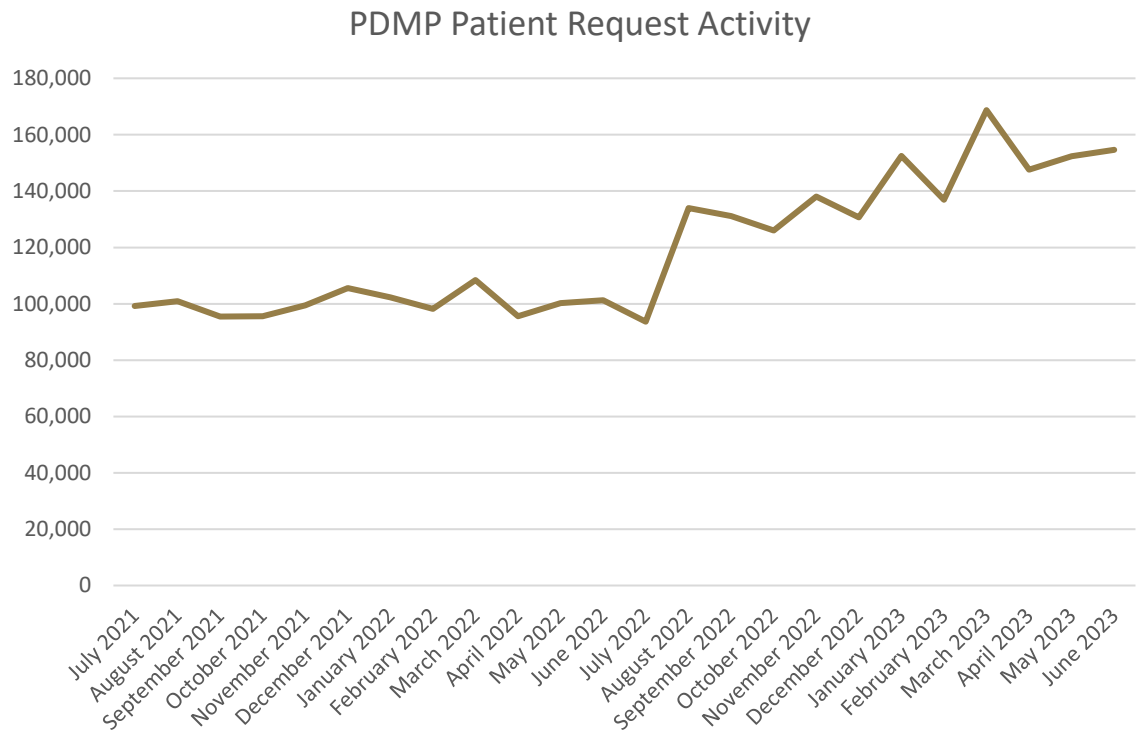
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Top PDMP User Roles and Patient Request Activity

SFY 2022 – SFY 2023

- Prescriber delegates accounted for most of all patient searches
- Patient searches have increased nearly 56% between SFY 2022 and SFY 2023

User Role	Activity (2023)
Prescriber Delegate – Licensed and Unlicensed	834,758
Pharmacist	495,311
Nurse Practitioner / Clinical Nurse Specialist	133,801
Physician (MD, DO)	120,033
Physician Assistant	32,908
Dentist	15,754
Medical Resident with Prescriptive Authority	8,287
Pharmacist's Delegate – Licensed and Unlicensed	7,342
VA Prescriber	4,272



Mandatory Lookup

Mandatory Lookup

Querying

- Prescribers are required to query patient records when prescribing an initial opioid and at least twice per year subsequently, under the following RSA and Rule. (the below rule is an example from the Rules within Medicine.

- For example, https://www.gencourt.state.nh.us/rules/state_agencies/med100-600.html states in part:

Med 502.06 Prescription Drug Monitoring Program.

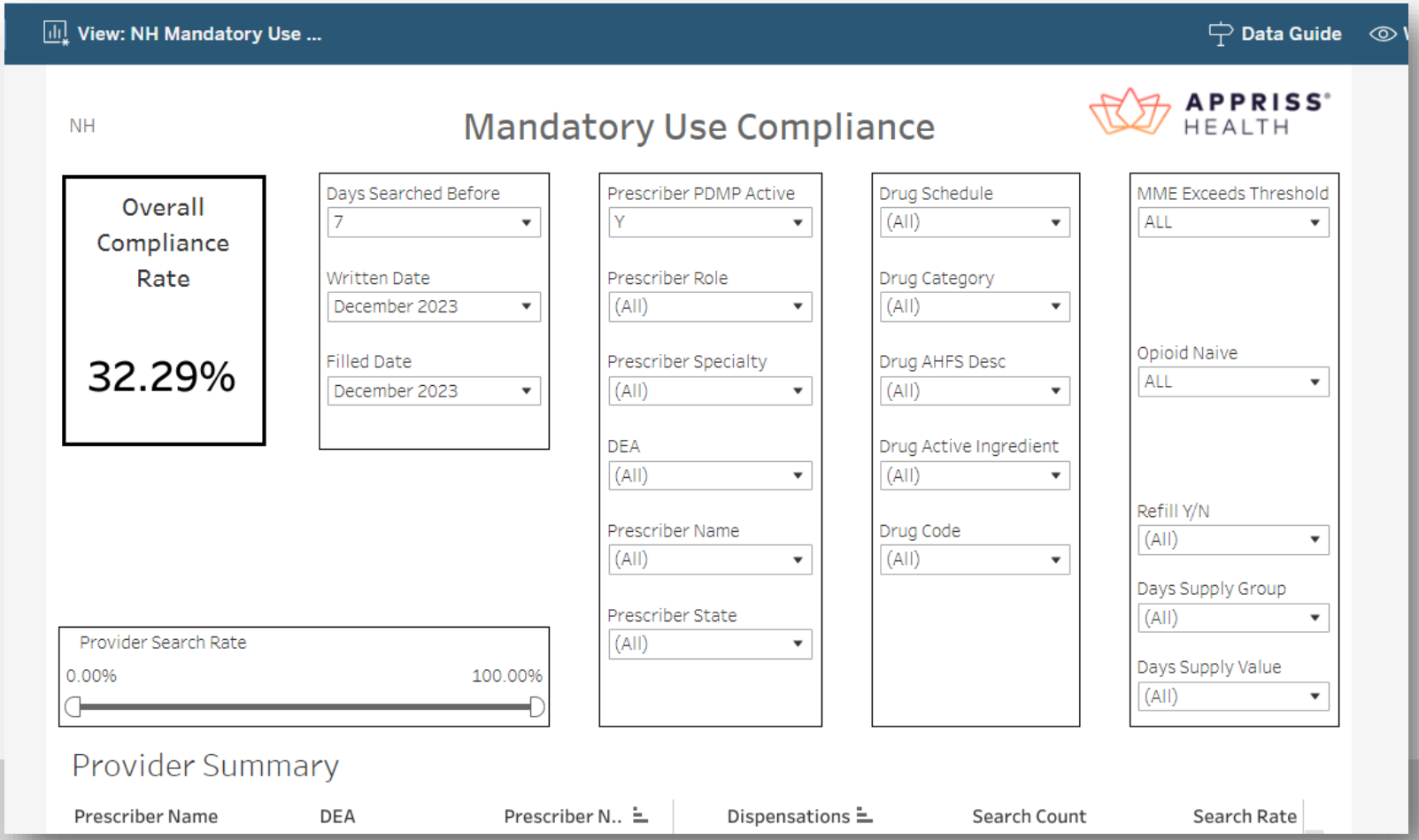
(a) Prescribers required to register with the program under RSA 318-B:31-40, or their delegate, shall query the prescription drug monitoring program to obtain a history of schedule II-IV controlled substances dispensed to a patient, prior to prescribing an initial schedule II, III, and IV opioid for the management or treatment of this patient's pain and then periodically and at least twice per year.

PDMP has no enforcement authority to address non-compliance with these statutory requirements.

Mandatory Lookup

- PDMP also uses a reporting tool, Tableau. This tool will report the overall compliance of NH prescribers, along with the results of each individual. The results for each individual prescriber includes patient names.

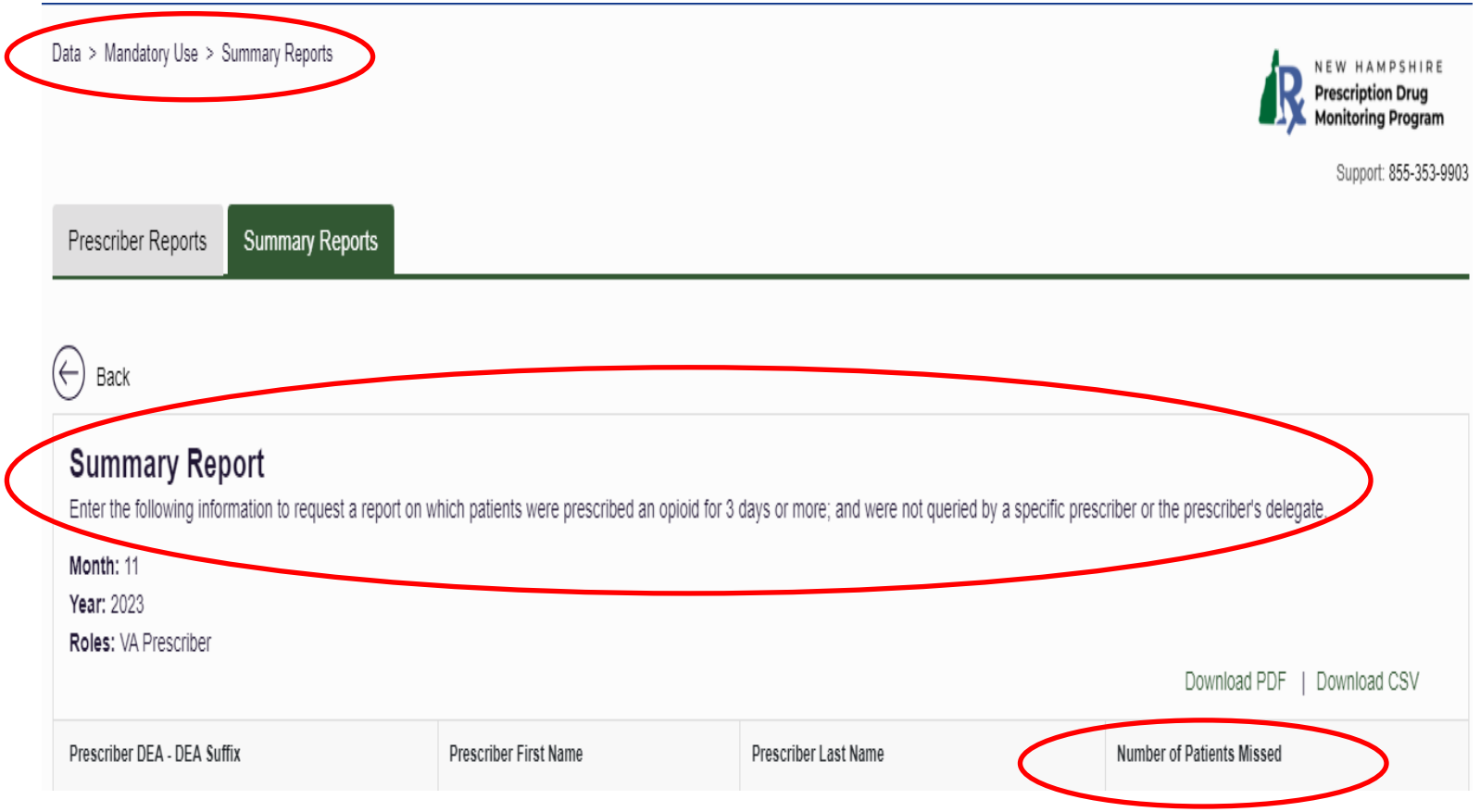
- The current overall compliance rate of 32.29% indicates that prescribers query the system on 32.29% of their dispensations.



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Mandatory Use

- PDMP uses a software module within AWARxE to track prescriber compliance with the mandatory use RSA and rules. Mandatory use requires a prescriber to query the AWARxE system prior to prescribing an initial opioid, and at least twice a year for that patient thereafter.
- PDMP reporting is available within the AWARxE information system. That system provides counts of how many patients a prescriber "should have queried" and how many patients the prescriber "missed" querying.



* PDMP has no enforcement authority to address non-compliance with the statutory requirements.

Data Sharing

Data Sharing

PMPi REQUESTS by Disclosing State

PMP InterConnect® Reports

Your state's search requests to another state and the type of response that was received.
Map colored by the number of search responses from the disclosing state. **Excludes Gateway requests.**

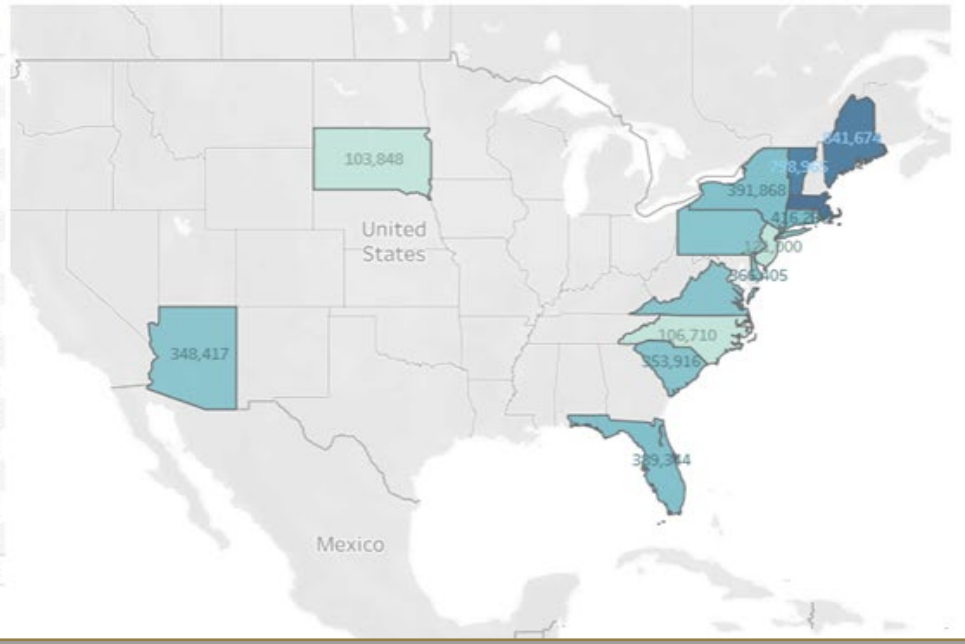
Year: 2023

Month: (Multiple values)

A request is defined as a search for patient information generated from within AWARxE.
A search response is defined as a return transaction that was generated due to a request.

Disclosure Successful: (All) | Response Type: (All) | User: Role Groupings: (All) | User: Role: (All)

	Provided Data	Provided No Data	Role Disallowed	Error
Arizona	3,336	344,803	30	248
Connecticut	2,605	413,131	8	494
Delaware	198	366,121		86
Florida	9,936	370,800	6,212	2,396
Maine	37,192	803,492	374	616
Massachusetts	89,432	835,481	1,317	1,202
Military Health Sy..	418	396,738	16	48
New Jersey	3,215	117,649	12	124
New York	2,486	388,820		562
North Carolina	691	105,775	2	242
Pennsylvania	6,301	346,919		1,266
Rhode Island	1,151	335,282	1,698	106
South Carolina	1,142	351,408	10	1,356
South Dakota	70	103,722		56
Vermont	85,202	712,337	1,388	38
Virginia	2,235	353,966	10	836
Grand Total	245,610	6,346,444	11,077	9,676



- NH PDMP shares data with 15 other states, plus the Military Health System[1] , using queries through the AWARxE information system. Queries made through AWARxE are different than queries made through the Gateway integration with electronic health record systems.

*The Military Health System is not the Veterans Health Administration. https://health.mil/About-MHS)
The Veterans Health Administration's (VHA) Office of VA/DoD Health Affairs (OHA) serves as VHA's lead in coordinating and facilitating collaboration activities with the Military Health System (MHS)

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Any Questions?