Prescription Drug Monitoring Program (PDMP)

New Jersey

Information contained in this presentation is accurate as of September 2017
Meet the Speaker

Sindy Paul, MD, MPH, FACPM
Medical Director - NJ Board of Medical Examiners
What is a Prescription Drug Monitoring Program?

- A PDMP/PMP is a **statewide** electronic database which collects designated data on specified substances dispensed to or for patients. The PDMP is housed by a state regulatory, administrative or law enforcement agency. The housing agency disseminates information from the database to individuals who are authorized under state law to receive the information for purposes identified by state law.
State PDMP Overview

• Role of the NJPMP
  ○ Part of a comprehensive statewide approach to help reduce the risk of patient opioid misuse, abuse, addiction and diversion
  ○ Quality of care/proper prescribing – patient look up
  ○ Prevent doctor shopping and diversion
  ○ Detection of medical identity theft with stolen, altered, or fraudulent prescriptions – self look up
State PDMP Overview

- NJPMP went live in September 2011
- Housed in the Division of Consumer Affairs (DCA) with prescriber licensing boards in Department of Law and Public Safety under Attorney General
- Database contains over 67.85 million prescriptions
- Averaged 247,000 searches by practitioners per month in 1st half 2017
State PDMP Overview

Includes:

• CDS (Controlled and Dangerous Substances) Scheduled II through V
• HGH (Human Growth Hormone)
• Any other drug as determined by Div Consumer Affairs Director
State PDMP Overview

- Information in the NJPMP submitted by pharmacies
  - Patient full name & DOB
  - Street address & telephone number of the patient
  - Permit # of dispensing pharmacy
  - Name & DEA registration # of prescriber
  - Date prescription issued by prescriber
  - Name of drug, strength, quantity & date dispensed
  - Number of days a given quantity is supposed to last (“days supply”)
  - New or refill and, if refill, # refills ordered
  - National Drug Code of the drug dispensed
  - Prescription # assigned by pharmacy
  - Payment method
Exceptions/Exclusions for Reporting

• Pharmacies not dispensing Schedule II-V CDS or HGH or who dispense only to inpatients provided 24 hour nursing care may request a waiver/exemption annually
• A pharmacist who is employed by a pharmacy that has been granted a waiver due to technological limitations that are not reasonably within the control of the pharmacist, or other exceptional circumstances demonstrated by the pharmacist
Data Exchange Time Period

- All dispensers of Schedule II - V CDS prescriptions and HGH are required to collect and report their dispensing information
- Effective 11/15/16, NJPMP changed reporting timeframe requiring pharmacies and dispensers to report CDS dispensations to the NJPMP via the NJPMP Clearinghouse in no more than one (1) business day after the date the CDS was dispensed
Data Exchange Time Period

- Data Submission Methods to NJPMP Clearinghouse
  - sFTP account;
  - web portal upload page;
  - manual entry UCF (Universal Claims Form) page; or
  - submitting a zero report if no CDS or HGH dispensed
Approved Users

• “Practitioner” = an individual currently licensed, registered, or otherwise authorized by NJ or another state to prescribe drugs in the course of professional practice
• Has a current CDS registration and is authorized to prescribe, dispense, or administer CDS or HGH
• A pharmacist who is employed by a current pharmacy permit holder and is authorized to dispense CDS or HGH
Approved Users

• A practitioner may designate as a delegate a licensed health care professional (RN, LPN or dental hygienist) or a certified medical assistant who is employed at the practice setting at which the practitioner practices

• Medical or Dental resident authorized by a faculty member of a Medical or Dental teaching facility

• A NJ authorized delegate may not be able to access another state’s PMP data

• A delegate may be an authorized delegate for > 1 practitioner

• A delegate no longer employed at the practice setting at which the practitioner practices is no longer authorized to be a delegate or to access the PMP on behalf of that practitioner
Approved Users

• Delegates share PMP information with only his/her delegating practitioner

• As with all persons granted PMP access delegates shall not share PMP login ID & password with any other person or entity

• All delegates shall identify the practitioner on whose behalf they are accessing the PMP information

• Follow the documentation procedures established by his or her delegating physician e.g. a summary notation of the information reviewed by the physician or the printed PMP report in the patient record
Approved Users

• A practitioner or authorized faculty member of medical or dental teaching facility who designates a delegate shall establish, retain, and follow written procedures to document
  o Verification of each delegate’s education, training, and licensure or certification requirements
  o Ensure delegate understands limitations on disclosure of PMP information & Federal and State laws, rules and regulations concerning patient information confidentiality
  o Conduct a bi-annual audit and report unauthorized access within 5 business days of discovery to DCA through PMP
  o Terminate the delegate’s access to the PMP when a delegate, for any reason, is no longer authorized to be a delegate or learns of any potential unauthorized use by a delegate
Approved Users

- Approved users certify that the request is for the purpose of providing health care to or verifying information with respect to a new or current patient, or verifying information with respect to a prescriber.

- Confidential data, HIPAA compliant
  - Possible $10,000 civil penalty/offense, criminal conviction and/or disciplinary action by licensing board.
Obligations

• Unless an exemption applies, the mandatory look-up must be by either the prescriber or their delegate(s)
  ○ Prescribe a Schedule II medication for acute or chronic pain to a new or current patient the 1\textsuperscript{st} time and quarterly thereafter (defined as every 3 months from the date the initial prescription is issued)
Obligations

• Before dispensing a prescribed drug, pharmacists are able to access the NJPMP website and request the CDS & HGH history of the patient.

• When pharmacists identify a patient as potentially having an issue of concern regarding drug use, they are encouraged to help the patient locate assistance and take any other action the pharmacist deems appropriate.

• If a pharmacist has a reasonable belief that a patient may be seeking a CDS for any purpose other than the treatment of an existing medical condition, such as for purposes of misuse, abuse, or diversion, the pharmacist shall not dispense a Schedule II CDS to any person without first accessing the prescription monitoring information to determine if the person has received other prescriptions that indicate misuse, abuse, or diversion.
Exemptions to Mandatory Look-Up

• Administering a CDS directly to a patient
• Prescribing a CDS to be dispensed by an institutional pharmacy
• Prescribing a CDS in the ED of a general hospital, provided that the quantity prescribed does not exceed a five-day supply
• Prescribing a CDS to a patient under the care of a hospice
Exemptions to Mandatory Look-Up

- A practitioner or the practitioner’s agent administering methadone as interim treatment for a patient on a waiting list for admission to an authorized substance abuse treatment program.

- A situation in which it is not reasonably possible for the prescriber to access the PMP in a timely manner, no other individual authorized to access the PMP is reasonably available, and the quantity of CDS prescribed or dispensed does not exceed a five-day supply of the substance.
Exemptions to Mandatory Look-Up

• A situation under which consultation of the PMP would result in a patient’s inability to obtain a prescription in a timely manner, thereby, in the clinical judgment of the practitioner, adversely impacting the medical condition of the patient, and the quantity of CDS prescribed or dispensed does not exceed a five-day supply of the substance

• A situation in which the PMP is not operational as determined by the DCA or where it cannot be accessed by the practitioner due to a temporary technological or electrical failure and the quantity of CDS prescribed or dispensed does not exceed a five-day supply of the substance
Limitations of Matching Data

• The algorithm was developed by Appriss
Data Availability

• PMP provides access with certification to:
  o Prescribers & pharmacists licensed by NJ, in good standing with their respective licensing boards, & registered with Appriss;
  o Authorized delegates

• PMP Administrator and authorized personnel of the DCA or vendor

• Other state PMPs

• State or County Medical Examiner certifying they are investigating a death

• Certified Bona Fide investigation of a practitioner, pharmacist or patient
  o Designated representatives of State Medicaid or other government program
  o Federal, State, municipal law enforcement officers acting pursuant to a court order or a grand jury subpoena
  o Representatives of the State prescriber or dispenser licensing boards
Other State Databases

- Linking with 14 other states: PA, NY, CT, DE, RI, VA, SC, MA, NH, ME, WV, OH, VT and MN
- Linkages include all neighboring states
- Plan to expand the number of state linkages
Analytics

• Pharmacies: email File Status Reports automatically sent to users associated with a data submitter account 2 hours after file submitted and every 24 hours if errors remain.

• The File Status Reports used to identify errors in submitted files and confirm a zero report submission.

• A File Failed Report identifies if the submitted file was not able to be parsed and was not processed into PMP Clearinghouse. The file describes the error within the file and a new file should be submitted with the necessary corrections.
Analytics

• The File Status Report notifies users of the following scenarios:
  o **Total # of records** contained in the submitted data file
  o The # of **duplicate records** identified as already existing within the PMP system. Duplicate records are not imported to prevent improper patient information
  o The # of **records remaining to be processed** into the system (usually only displays a number if the file has not finished loading at the time the report is sent out). **Records remaining to be processed will continue to be processed even after the status report is sent.**
  o **The # records with errors** that need to be corrected for the record to be imported into the system.
  o **The # of records that contain warnings.** These warnings do not need to be corrected for the record to be imported into the system.
  o **The # records imported without warnings**
• Patient Look Up
• Self Look Up
• Mercer County Physician PMP Self Check
  o Identity had been stolen
  o Criminals obtained prescription pad
  o Forged prescriptions for Oxycodone
  o 1 month, 12 fraudulent patient names had been used to obtain over 1,300 pills
Trends and Use Patterns

• NJ is currently in the process of enhancing its analytic research capabilities to more easily identify trends and use patterns within the State.
State PDMP Moving Forward

• Suspicious Activity Report: recently added a web portal for health care providers (e.g. physician, pharmacist, etc.) to report to the DCA suspicious incidents. For example: fraudulent, stolen, or altered prescriptions for a CDS), a suspicious doctor/pharmacy, an individual obtaining CDS for any purpose other than the treatment of an existing medical condition, such as for purposes of misuse, abuse, or diversion.
QIN-QIO Involvement

• Why work with your QIN-QIO?
  o Access to data
  o Coordinated Efforts
    ▪ QPP Quality Measures & Improvement Activities
      ▪ Ex. Consultation of the PDMP (Activity ID: IA_PSPA_6)
  o Education and training
  o Process Improvement

• Additional QIN-QIO Information:
  http://qioprogram.org/sites/default/files/resou-
  rces/documents/QIN-
  QIO_Fact_Sheet_June2017_508.pdf

• NJ Quality Insights contacts –
  o Nicole Skyer-Brandwene nskyer-
    brandwene@hqsi.org
  o Diana Haniak dhaniak@hqsi.org
Thank you for watching!

For more information about New Jersey’s Prescription Drug Monitoring Program, please contact:

- Jeffrey D. Laszczyk, Jr., PharmD
  - LaszczykJ@dca.lps.state.nj.us
  - (973) 273-8010
  - www.NJConsumerAffairs.gov/pmp