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Chairperson

Alan Bloom
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CONTROLLED SUBSTANCES BOARD

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October 24, 2016

The Honorable Dave Ross
Secretary, Department of Safety and Professional Services
State of Wisconsin
Department of Safety and Professional Services
PO Box 8935
Madison, WI 53708-8935

Dear Secretary Ross,

On March 17, 2016, 2015 Wisconsin Act 267 was enacted providing reporting requirements for the Prescription Drug Monitoring Program (PDMP). On behalf of the Controlled Substance Board, I am pleased to provide you and the Department with a copy of the first quarterly report.

The Controlled Substance Board expects the report to continue to improve, especially as we move to the new enhanced PDMP and have greater functionality for reporting. On behalf of the Controlled Substance Board, I would like to thank Department staff for their extensive work to create the current report and look forward to working with staff as we continue to improve the PDMP functionality and reporting.

This report will be a valuable tool for those around the state who are interested in promoting the health, safety and well-being of Wisconsin residents. If you receive any questions or comments about the report please forward them to the Controlled Substance Board so we can improve the report as necessary.

Sincerely,

Doug Englebert
Chair, Wisconsin Controlled Substance Board

Controlled Substances Board

Report 1

July 1 – September 30, 2016

Contact Information

Wisconsin Controlled Substances Board

Chairperson: Doug Englebert

Members:

Englebert, Doug, Chairperson	DHS Designated Member
Bloom, Alan, Vice Chairperson	Pharmacologist
Bellay, Yvonne M., Secretary	DATCP Designated Member
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Larson, Gunnar	Psychiatrist
Miller, Jeffrey G.	Board of Nursing Representative
Pietz, Wendy M.	Dentistry Board Representative
Smith, Jason	Attorney General Designee
Westlake, Timothy W.	Medical Board Representative

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Wisconsin Prescription Drug Monitoring Program

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Table of Contents

Introduction

The Wisconsin Prescription Drug Monitoring Program (PDMP) was deployed in June 2013. It is administered by the Wisconsin Department of Safety and Professional Services (DSPS) pursuant to the regulations and policies established by the Wisconsin Controlled Substances Board (CSB). Since being deployed, the PDMP primarily has been a tool to help healthcare professionals make more informed decisions about prescribing and dispensing controlled substance prescription drugs to patients. It also discloses data as authorized by law to governmental and law enforcement agencies.

The PDMP currently stores over 40 million prescription records submitted by over 2,000 pharmacies and dispensing practitioners. Over 15,000 prescribers, pharmacists, and their delegates have performed over 3 million queries for patient prescription reports. The number of queries performed by healthcare users per day has steadily risen, with an average of over 4,500 queries performed each day.
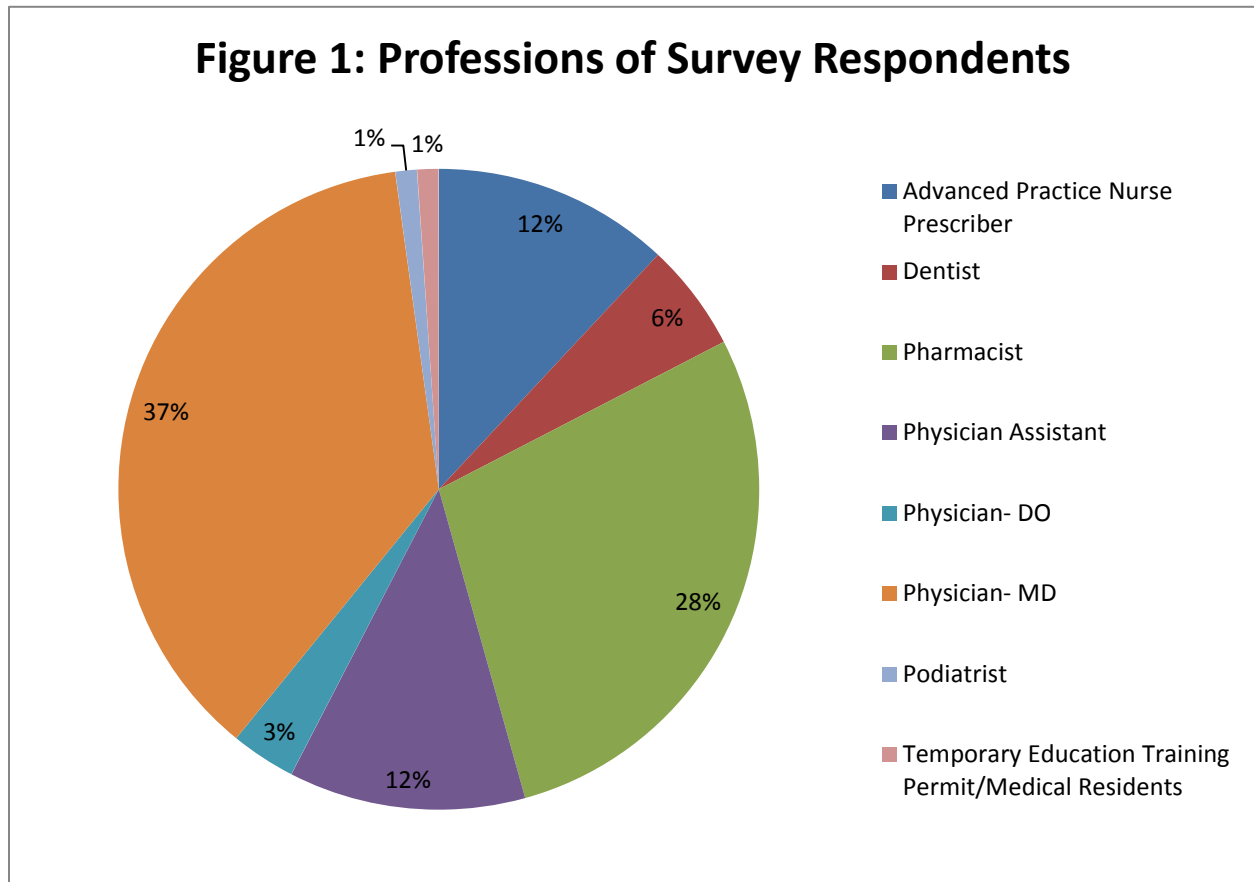
Pursuant to ss. 961.385 (5) – (6), Wis. Stats., the CSB is required to submit a report to DSPS about the PDMP. This report is the first report intended to satisfy that requirement. It includes information related to each of the following topics identified in the law:

- The satisfaction with the program of pharmacists, pharmacies, practitioners, and other users of the program.
- The program's impact on referrals of pharmacists, pharmacies, and practitioners to licensing or regulatory boards for discipline and to law enforcement agencies for investigation and possible prosecution.
- An assessment of the trends and changes in the use of monitored prescription drugs in this state.
- The number of practitioners, by profession, and pharmacies submitting records to the board under the program in the previous quarter.
- A description of the number, frequency, and nature of submissions by law enforcement agencies under s. 961.37 (3) (a) in the previous quarter.
- A description of the number, frequency, and nature of requests made in the previous quarter for disclosure of records generated under the program.
- The number of individuals receiving prescription orders from 5 or more practitioners or having monitored prescription drugs dispensed by 5 or more pharmacies within the same 90-day period at any time over the course of the program.
- The number of individuals receiving daily morphine milligram equivalents of 1 to 19 milligrams, 20 to 49 milligrams, 50 to 99 milligrams, and 100 or more milligrams in the previous quarter.
- The number of individuals to whom both opioids and benzodiazepines were dispensed within the same 90-day period at any time over the course of the program.

Currently, DSPS is developing an enhanced PDMP (ePDMP) system that will be deployed no later than the first quarter of 2017. The primary emphasis of the new system's design is value-added clinical workflow integration, improved data quality capabilities for both searching and reporting, and maximized public health and public safety use. It will also be capable of compiling all of the data required for future reports.

User Satisfaction

DSPS conducted an online survey between August 22 and September 14, 2016. During that time, DSPS emailed the user satisfaction survey attached to this report to 398 random current users of the PDMP. During the survey period, 109 current users of the PDMP completed the survey. Figure 1 shows the profession of the survey respondents.

Figure 1: Professions of Survey Respondents

Legend:
- Advanced Practice Nurse Prescriber
- Dentist
- Pharmacist
- Physician Assistant
- Physician- DO
- Physician- MD
- Podiatrist
- Temporary Education Training Permit/Medical Residents

Pie chart values: 1%, 1%, 12%, 6%, 37%, 28%, 3%, 12%

While 109 users responded to the survey, only 92 users indicated their profession. The most common profession with 34 individuals is physician – MD. The second most common profession of survey respondents is pharmacist with 26 individuals. Besides optometrists, very few of whom are current PDMP users, and anesthesiologist assistants, none of whom are current PDMP users, all professions granted access to the PDMP are represented in the survey results.

Overall, current users of the PDMP are satisfied with the PDMP system. In fact, 72% of current users surveyed describe their satisfaction with the PDMP as "somewhat satisfied" or "very satisfied." For the purposes of the survey, current users were defined as users who had registered with the PDMP and had an active PDMP account at the time the survey began. Figure 2 shows the 107 responses collected as part of the survey from current users about their satisfaction with the PDMP system.

**Figure 2: Overall User Satisfication with the PDMP**
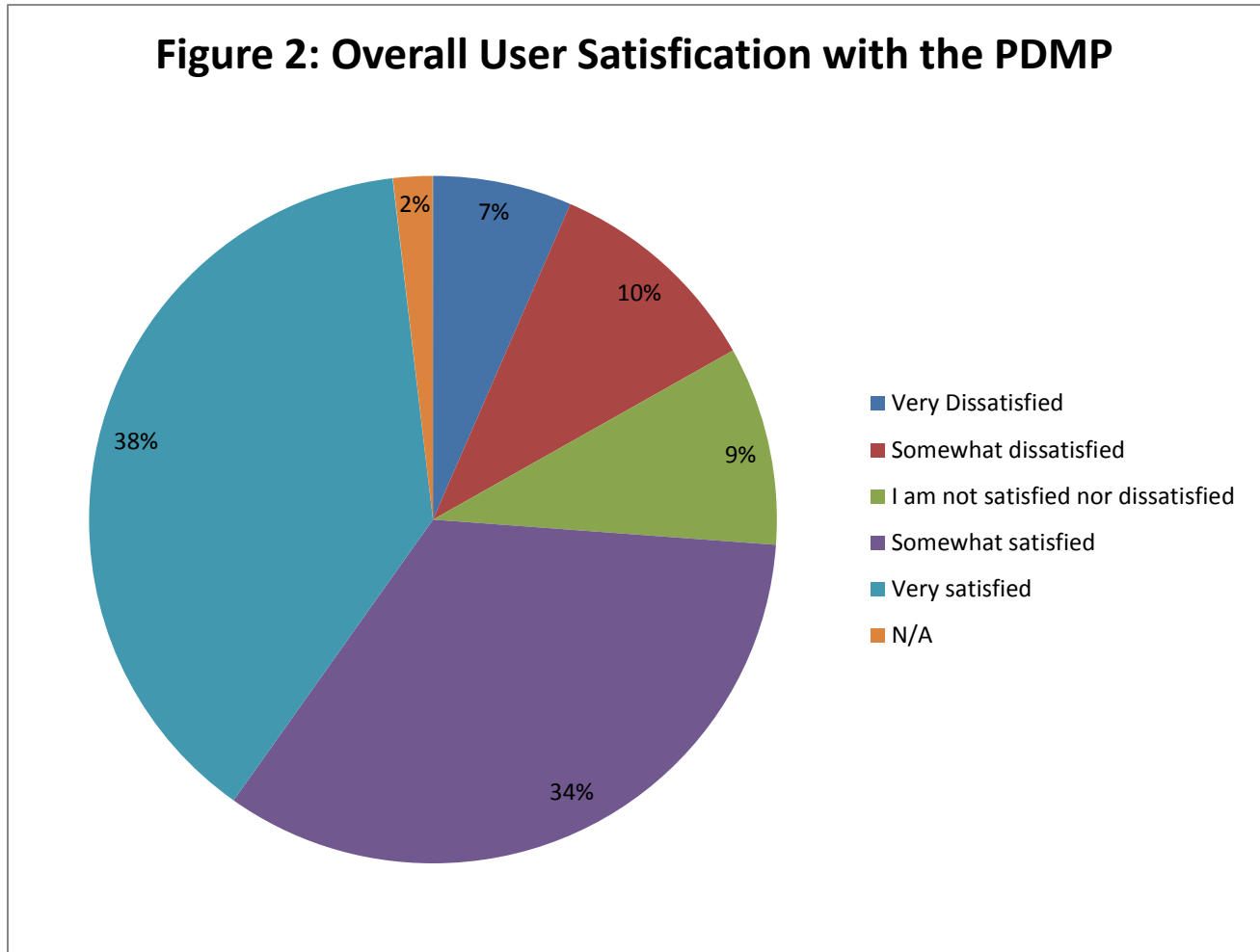
The survey also asked users to rate specific qualities of the PDMP system. The qualities of the PDMP in the survey are:

- Process to Register
- Process to Access Patient Data
- Process to Reset Your Password
- Process to Manage Delegate Accounts
- Layout of the Prescription History Data
- Usefulness of the Prescription History Data

Figure 3 shows the results from the survey.

Figure 3: Rating Qualities of the PDMP System

Legend: ■ Very intuitive ■ Intuitive ■ Neutral ■ Frustrating ■ Very frustrating

Categories (top to bottom):
- Usefulness of the Prescription History Data
- Layout of the Prescription History Data
- Process to Manage Delegate Accounts
- Process to Reset Your Password
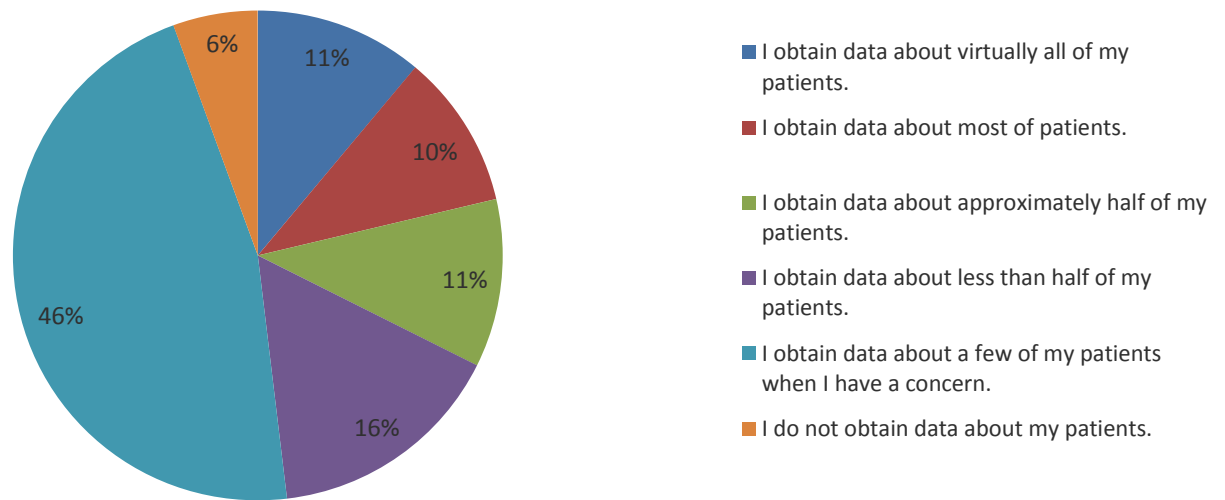- Process to Access Patient Data
- Process to Register
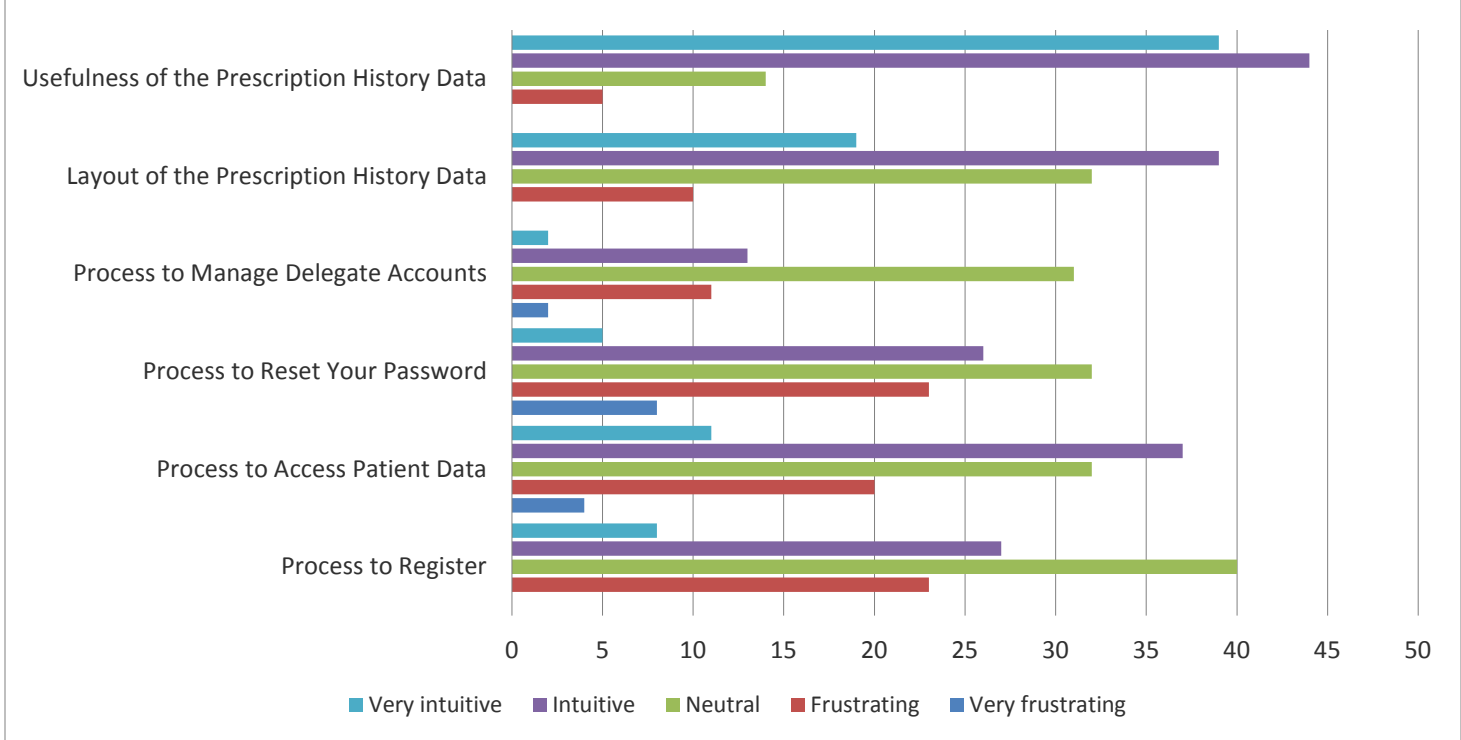
The most positive responses related to the usefulness of the prescription history data. Almost 80% of current users highly rated the usefulness of the data as intuitive or very intuitive. However, only 55% of current users describe the layout of the prescription history data as intuitive or very intuitive. So, while current users find the data useful, less find it laid out in an intuitive manner.

There is significantly more variation in the responses to the ratings for the processes. The most negative ratings regard the process to reset a password in the PDMP system. While approximately 29% of current users rate the process to reset their passwords as intuitive or very intuitive, an equal percentage of current users, 29%, rate the process as frustrating or very frustrating.

In addition to asking about satisfaction with the PDMP, the survey asked users about how often the current users or someone to whom they have delegated their authority to access PDMP data actually access PDMP data about a patient. Approximately 46% of the survey respondents only access PDMP data about "a few of my patients when I have a concern." Nearly 28% of survey respondents accessed data about half of their patients or less. Over 5% of survey respondents do not access PDMP data about their patients. Taken together, almost 79% of current users only access data about half of theirs patients or less. Figure 4 shows the results from the survey.

Figure 4: Frequency of Accessing PDMP Data About Patients

- I obtain data about virtually all of my patients.
- I obtain data about most of patients.
- I obtain data about approximately half of my patients.
- I obtain data about less than half of my patients.
- I obtain data about a few of my patients when I have a concern.
- I do not obtain data about my patients.

Current users most often cited not having enough time to access PDMP data as a barrier to using the PDMP more. In fact, approximately 55% of current users identified it as a barrier in the survey. The second most cited barrier, identified by 31% of current users, is that the current users do not find the PDMP system easy to use. Figure 5 shows the results of the survey.

Figure 5: Barriers to Using the PDMP More
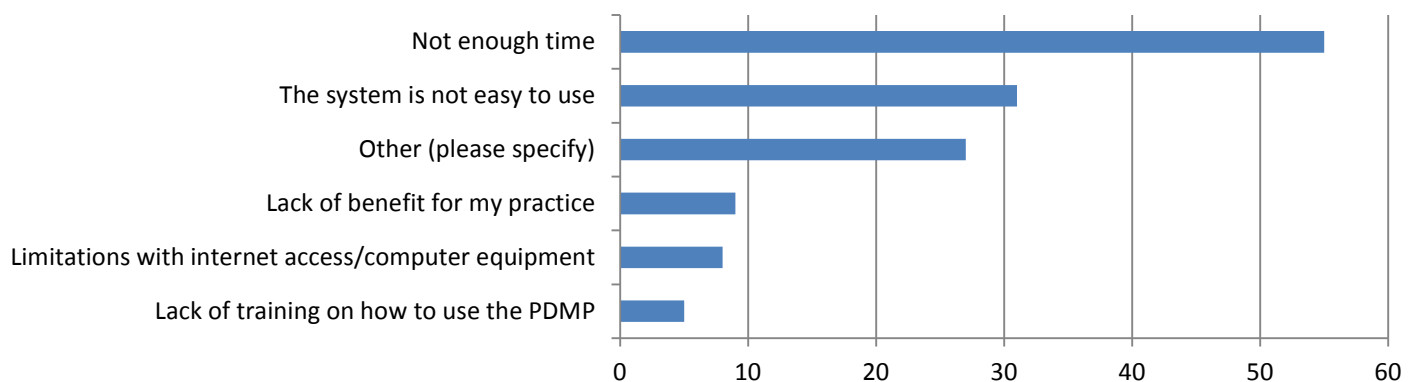
In the survey, 27% of the current users said that other barriers prevent them from using the PDMP more. There were two prevailing themes in the responses: passwords expire too often and are difficult to remember, and the PDMP system is cumbersome and requires too many clicks to access PDMP data. One response succinctly summed up the frustrations with both commonly cited barriers:

> "frequent combersome [sic] passwords that change frequently resulting in forgotten password; a MILLION clicks to finally get to the screen to look someone up."

The survey also asked the current users to judge the average amount of time it takes them to access PDMP data about a patient. The results are in Figure 6.

Figure 6: Average Time to Access PDMP Data
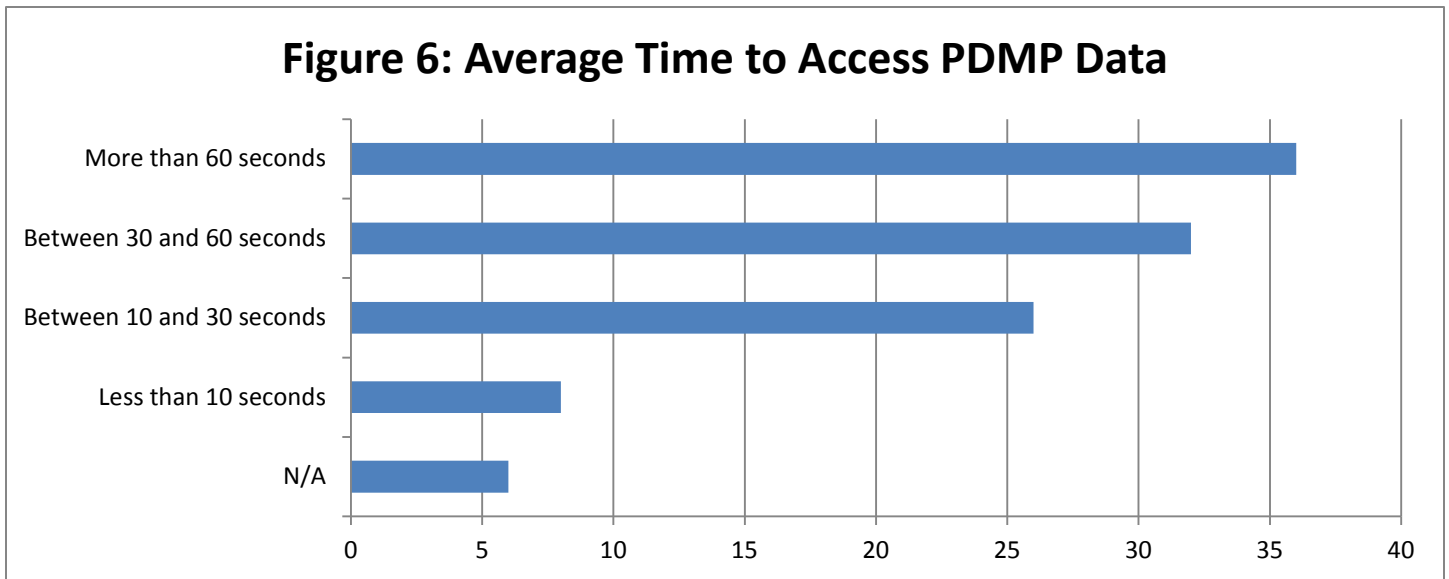
Finally, the survey asked current users to describe the PDMP in three or fewer words. The below word cloud was built using WordSift.org. It visualizes the cumulative responses. Words that appear larger in the word cloud were used in more responses than the words that appear smaller. The words most commonly used were "helpful" and "useful."
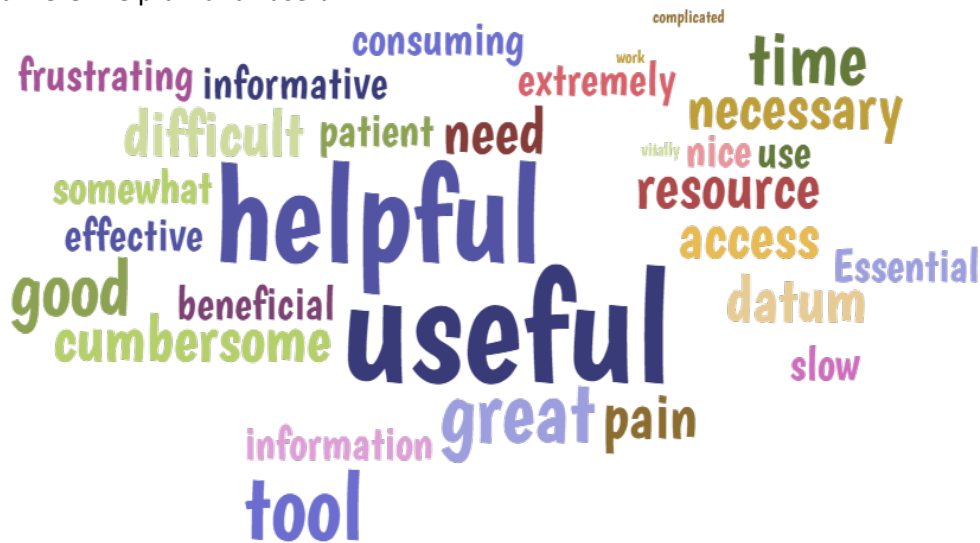
Impact on Referrals for Investigation

Between July 1 and September 30, 2016, the Controlled Substances Board referred two pharmacists to the Pharmacy Examining Board for possible investigation and disciplinary action pursuant to s. 961.385 (2) (f), Wis. Stats. The referrals were made for suspected improper use of the PDMP. Prior to referring the pharmacists, the Controlled Substances Board suspended the pharmacists' access to PDMP data pursuant to s. CSB 4.09 (3) (a), Wis. Admin. Code.

Monitored Prescription Drug Use Trend[1]

The amount of monitored prescription drugs, and opioids in particular, dispensed between July 1 and September 30, 2016 is less than the amount dispensed during the same period in 2015. During the third quarter 2016, the total number of prescriptions dispensed was 2,494,577, and the number of doses dispensed was 146,531,257. During the third quarter 2015, the total number of prescriptions dispensed was 2,657,001, and the number of doses dispensed was 157,555,903. The number of dispensed prescriptions for a monitored prescription drug this quarter is approximately 6% less than the same quarter in 2015. Similarly, the number of dispensed doses for a monitored prescription drug this quarter is approximately 7% less than the same period in 2015.

While there was a reduction in the volume of monitored prescription drugs dispensed, there has been little change in the 15 most dispensed monitored prescription drugs. The tables below show the top 15 most dispensed monitored prescription drugs between July 1 and September 30, 2016 and the top 15 most dispensed monitored prescription drugs during the same period in 2015.

Top 15 Monitored Prescription Drugs Dispensed Between July and September 2016		
Drug Name	**Prescriptions**	**Quantity Dispensed**
HYDROCODONE/ACETAMINOPHEN	389,632	22,269,636
DEXTROAMPHETAMINE/AMPHETAMINE	208,954	10,100,647
TRAMADOL HCL	198,362	15,095,871
OXYCODONE HCL	190,063	16,472,754
ALPRAZOLAM	173,583	10,199,304
LORAZEPAM	172,093	8,348,298
CLONAZEPAM	141,305	8,434,444
OXYCODONE HCL/ACETAMINOPHEN	140,847	9,457,861
ZOLPIDEM TARTRATE	139,336	4,615,915
METHYLPHENIDATE HCL	94,914	4,862,880
LISDEXAMFETAMINE DIMESYLATE	73,736	2,337,536
MORPHINE SULFATE	72,890	4,389,732
DIAZEPAM	67,557	2,969,951
PREGABALIN	58,234	4,369,183
ACETAMINOPHEN WITH CODEINE	51,001	2,386,879

The top 15 dispensed monitored prescription drugs accounted for over 86% of all monitored prescription drug doses dispensed between July 1 and September 30, 2016.

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[1] The data presented in this section are from the records of the PDMP as of October 28, 2016. Because the PDMP is an accumulation of records submitted to it by pharmacies and other dispensers, the data are subject to correction and revision as the PDMP receives new data.

Top 15 Monitored Prescription Drugs Dispensed Between July and September 2015		
Drug Name	**Prescriptions**	**Quantity Dispensed**
HYDROCODONE/ACETAMINOPHEN	451,804	25,678,901
DEXTROAMPHETAMINE/AMPHETAMINE	214,635	10,307,051
TRAMADOL HCL	204,911	15,746,469
OXYCODONE HCL	203,196	17,820,075
ALPRAZOLAM	181,426	10,851,074
LORAZEPAM	180,710	8,825,318
OXYCODONE HCL/ACETAMINOPHEN	163,026	10,770,720
ZOLPIDEM TARTRATE	151,835	4,982,872
CLONAZEPAM	148,402	8,779,629
METHYLPHENIDATE HCL	95,324	4,915,617
MORPHINE SULFATE	78,574	4,832,945
DIAZEPAM	73,420	3,302,828
LISDEXAMFETAMINE DIMESYLATE	60,295	1,931,833
ACETAMINOPHEN WITH CODEINE	56,616	2,705,064
PREGABALIN	56,500	4,226,453

The top 15 dispensed monitored prescription drugs accounted for over 86% of all monitored prescription drug doses dispensed between July 1 and September 30, 2015.

Additionally, there was a nearly 10% reduction in the number of opioid prescriptions issued and opioid doses dispensed when comparing the data of the third quarter 2015 and third quarter 2016.

Amount of Opioid Prescriptions and Opioid Doses Dispensed		
Period	**Opioid Prescription Orders**	**Quantity Dispensed**
2015 Q3	1,280,367	83,223,662
2016 Q3	1,157,102	74,993,240
Difference	(123,265)	(8,230,422)
Percent Decrease	9.63%	9.89%

The current PDMP system identified the classes of prescriptions using the following AHFS Pharmacologic-Therapeutic Classifications:

Opioids:

- 280808: Opiate Agonists
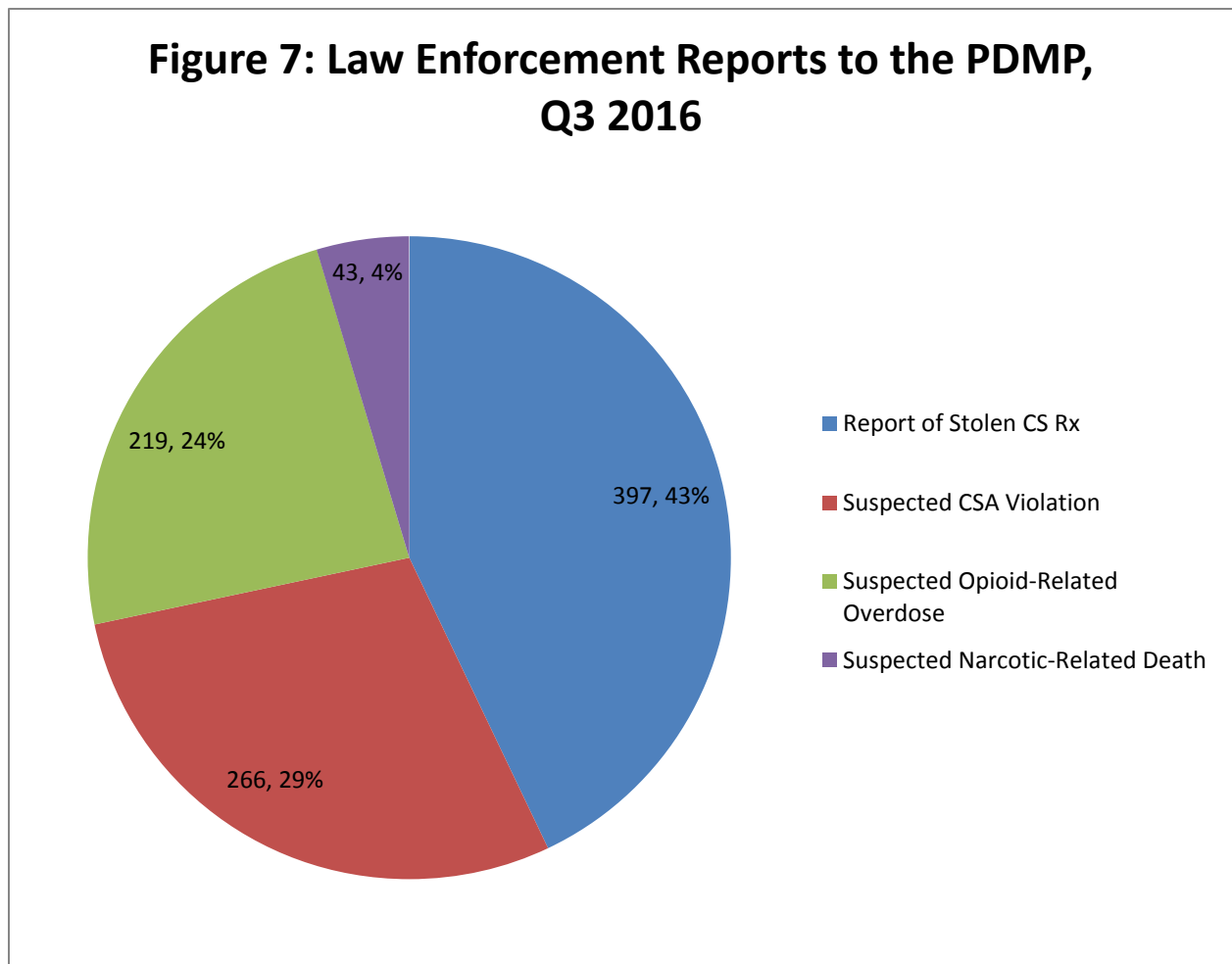- 280812: Opiate Partial Agonist

Data Submissions

Between July 1 and September 30, 2016, 1,691 dispensers submitted 2,494,577 records to the PDMP. Of those dispensers, approximately 83% were located in Wisconsin, while 17% were located outside of Wisconsin. Approximately 89% of the dispensers were pharmacies, while the remaining 11% of the dispensers were dispensing practitioners. The profession of the dispensing practitioners is not currently reported in a consistent manner but will be available in future reports based on the enhancements being made to the PDMP application.
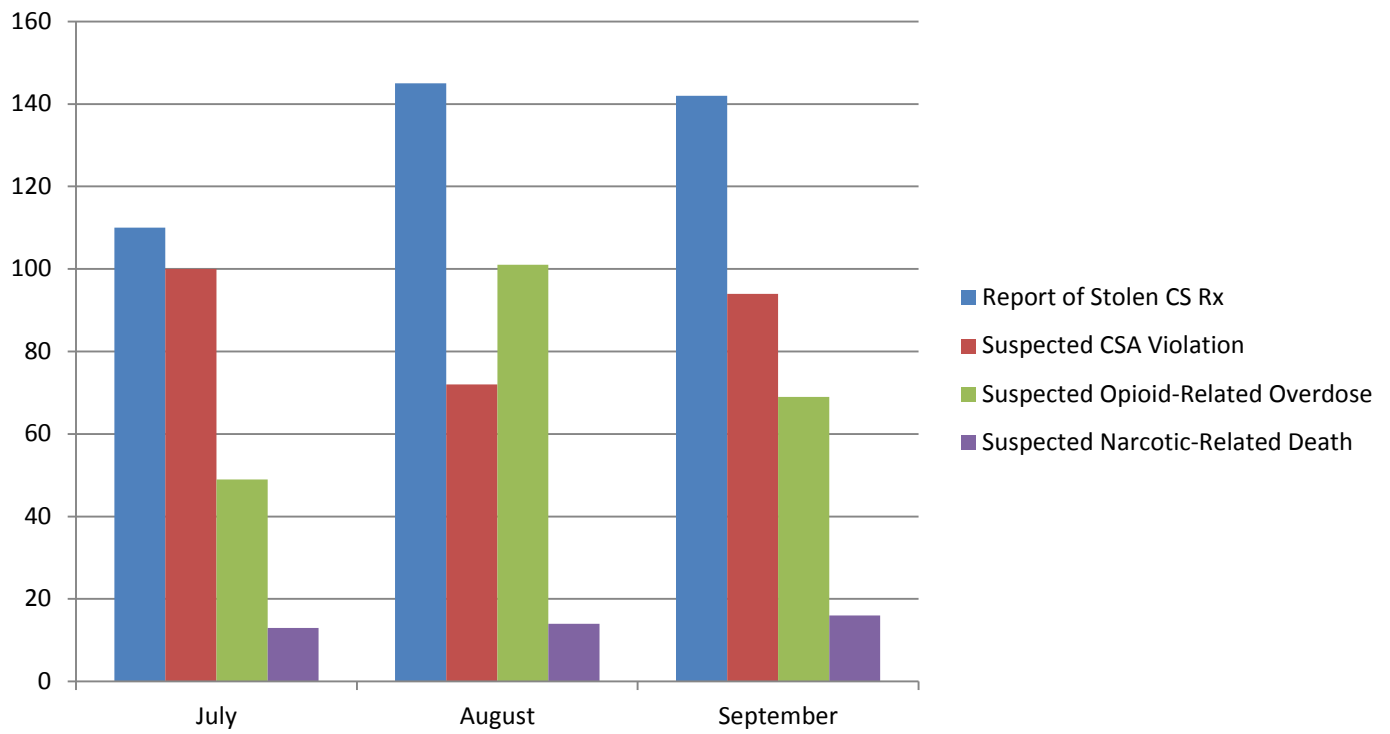
Law Enforcement Reports

Between July 1, 2016, and September 30, 2016, 141 different Wisconsin law enforcement agencies submitted 925 reports to the PDMP as required by s. 961.37 (3) (a), Wis. Stat. The law requires the agencies to submit a report in each of the following situations:

1. When a law enforcement officer receives a report of a stolen controlled substance prescription.
2. When a law enforcement officer reasonably suspects that a violation of the Controlled Substances Act involving a prescribed drug is occurring or has occurred.
3. When a law enforcement officer believes someone is undergoing or has immediately prior experienced an opioid-related drug overdose.
4. When a law enforcement officer believes someone died as a result of using a narcotic drug.

Figures 7-8 show the breakdown of the reports submitted to the PDMP by type and by month.


Figure 7: Law Enforcement Reports to the PDMP, Q3 2016

- Report of Stolen CS Rx
- Suspected CSA Violation
- Suspected Opioid-Related Overdose
- Suspected Narcotic-Related Death

43, 4%
219, 24%
397, 43%
266, 29%

Figure 8: Law Enforcement Reports to the PDMP, Q3 2016

Disclosure of PDMP Data

Between July 1, 2016, and September 30, 2016, healthcare users made 411,852 patient queries. The total number of patient queries by healthcare users has steadily increased since the program became operational in June of 2013, as seen in Figure 9.

Figure 9: Healthcare Patient Queries Per Month
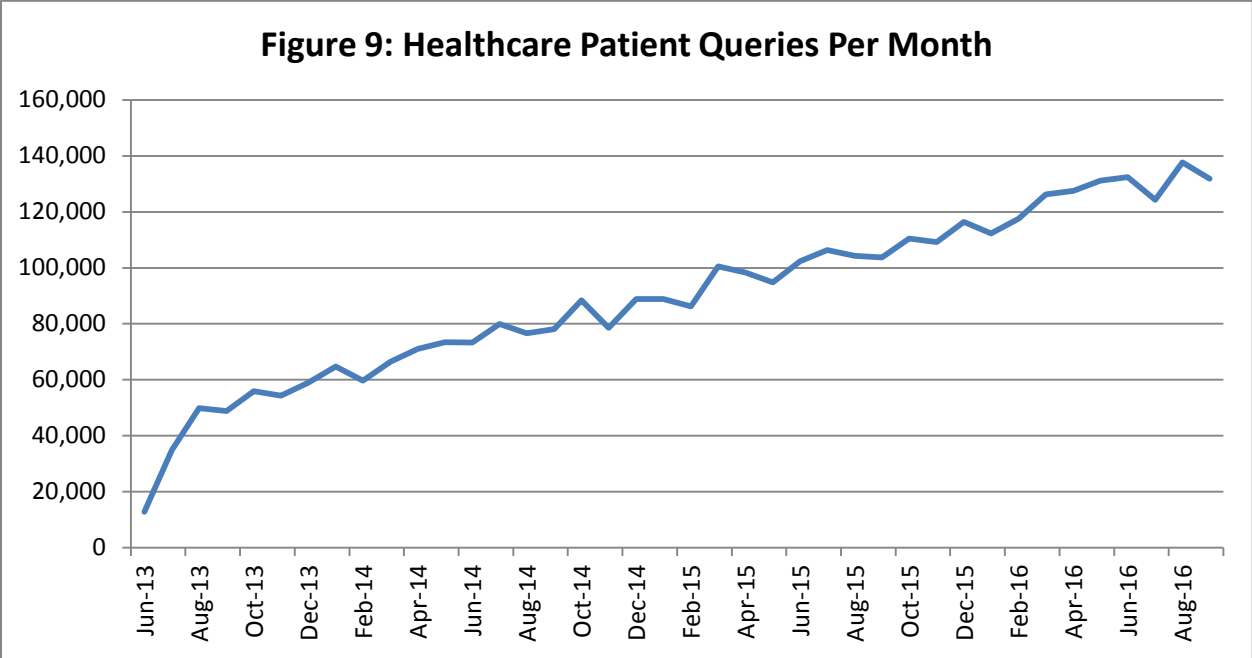
The daily average of queries by healthcare users also reflects a steady increase, as seen in Figure 10.

Figure 10: Average Number of Healthcare Patient Queries Per Day
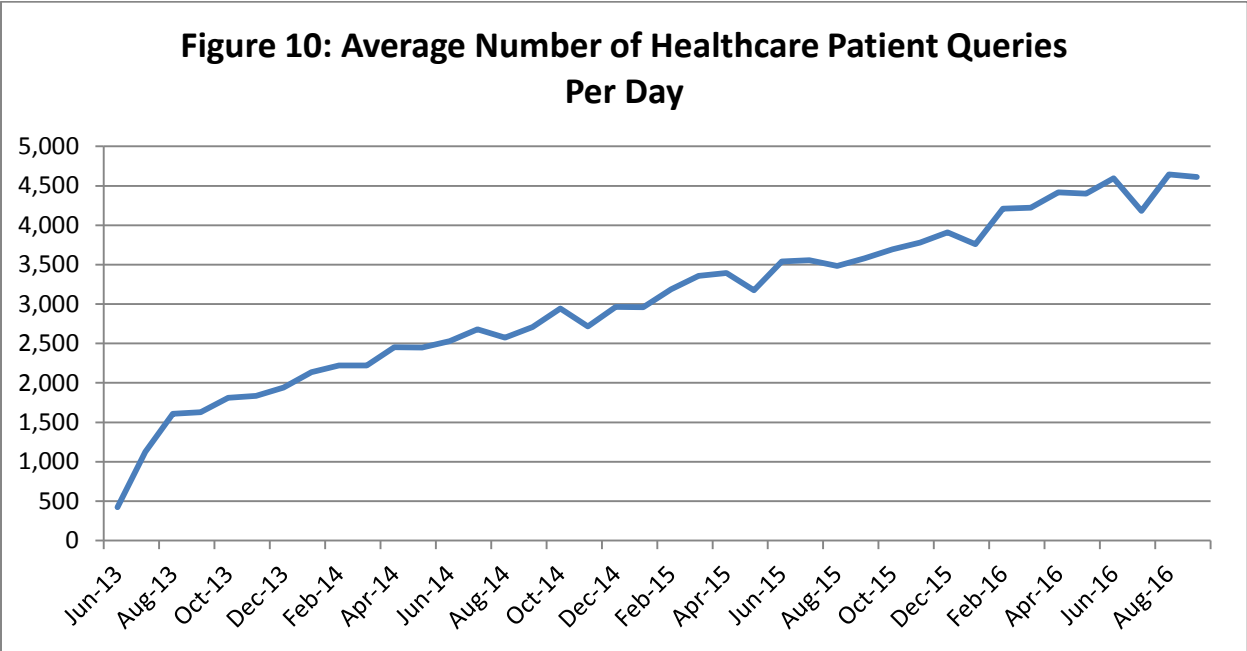
Figures 11 and 12 show the breakdown by profession of patient queries by prescribers, pharmacists, and prescriber/pharmacist delegates for this quarter.

Figure 11: Patient Queries by Healthcare Users, Q3 2016

Figure 12: Patient Queries by Healthcare Users, by User Group, Q3 2016
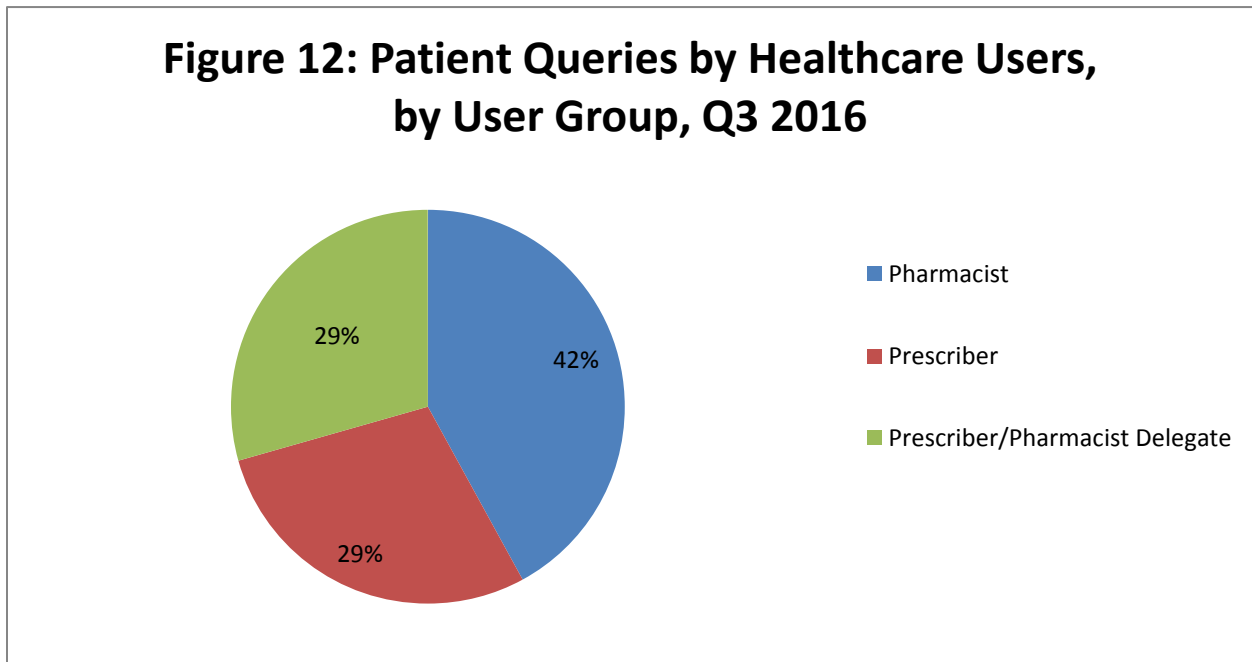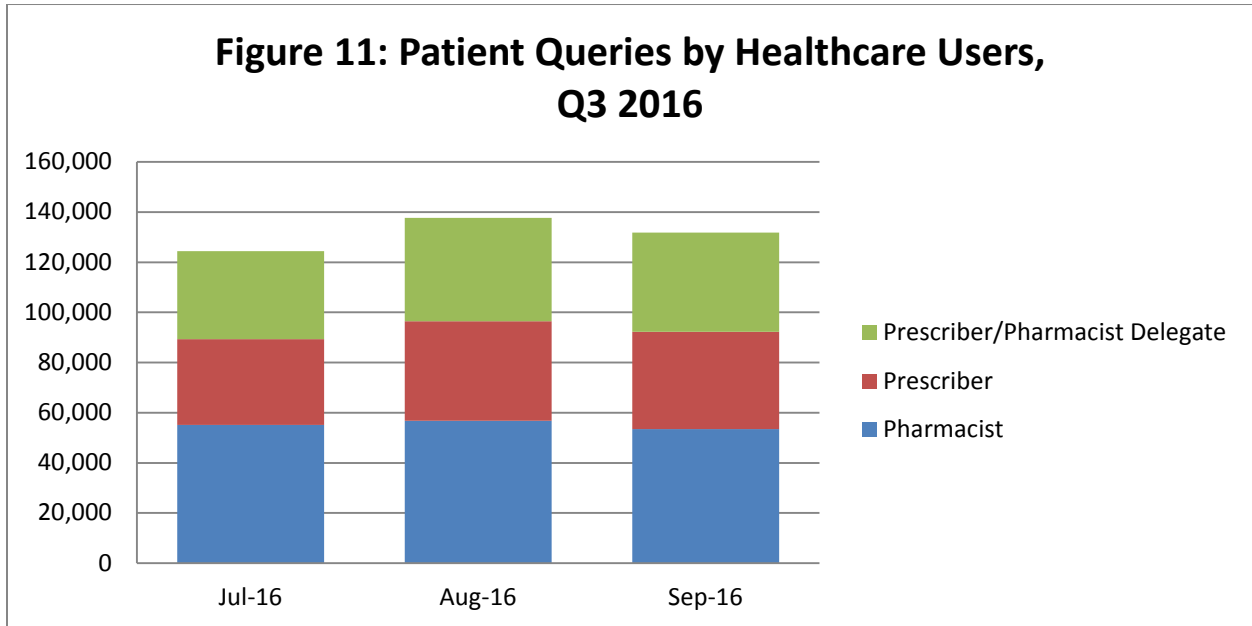
Authorized individuals from non-healthcare groups made 113 requests for PDMP data this quarter. The breakdown among authorized non-healthcare groups can be seen in Figure 13.

Figure 13: Other Authorized Requests, Q3 2016

- Law Enforcement
- Medical Examiner/Coroner
- Government
- Patient

2%
12%
12%
74%
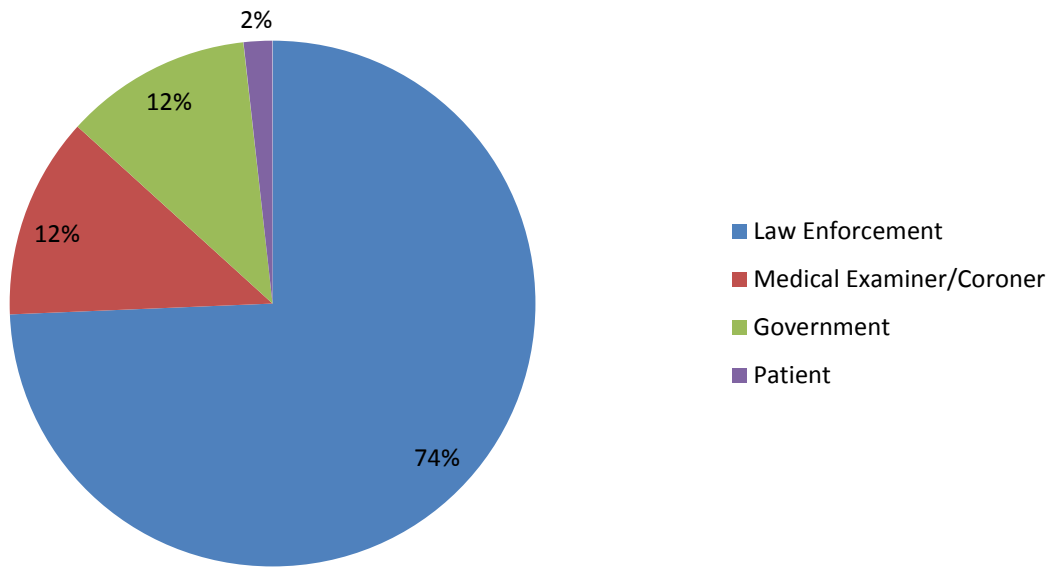
Doctor Shopping and Pharmacy Hopping

The current PDMP system is capable of calculating the number of individuals who received prescription orders from five or more prescribers and had those prescriptions dispensed by five or more pharmacies between July 1 and September 30, 2016.

According to the records submitted to the PDMP by pharmacies and other dispensers, 368 individuals obtained five or more prescription orders for a monitored prescription drug and had those drugs dispensed by five or more pharmacies this quarter.

Two individuals obtained prescription orders from 16 different prescribers between July 1 and September 30, 2016. One individual obtained monitored prescription drugs at 12 different pharmacies.

Based on its improved data-quality capabilities and analytics, the forthcoming ePDMP application will be able to alert providers about patients that meet doctor-shopping and pharmacy-hopping thresholds in real-time.

Morphine Milligram Equivalent (MME)

The current PDMP system is not capable of calculating morphine milligram equivalent doses of opioid drugs. However, pursuant to the authority provided in 2015 Act 267, DSPS included advanced data analytic functionalities in the scope and design of the new Enhanced Prescription Drug Monitoring Program (ePDMP) system. The ePDMP is currently under development. Once the ePDMP is deployed, DSPS will use it to fulfill the requirements of this section in retrospect and in all new reports.

Opioid-Benzodiazepine Overlap

The current PDMP system is capable of identifying the number of individuals to whom at least one opioid prescription and at least one benzodiazepine prescription were dispensed between July 1 and September 30, 2016. This does not necessarily mean that the prescriptions overlapped. It only means that at some point in the quarter the patient received an opioid prescription and that at some point in the quarter the same patient received a benzodiazepine prescription.

The current PDMP system identified the classes of prescriptions using the following AHFS Pharmacologic-Therapeutic Classifications:

Opioids:

- 280808: Opiate Agonists
- 280812: Opiate Partial Agonists

Benzodiazepines:

- 281208: Benzodiazepines (Anticonvulsants)
- 282408: Benzodiazepines (Anxiolytics, Sedatives, and Hypnotics)

According to the records submitted to the PDMP by pharmacies and other dispensers, 488,137 individuals received an opioid prescription and 283,439 individuals received a benzodiazepine prescription this quarter. Approximately 98,792 individuals received both an opioid prescription and a benzodiazepine prescription between July 1 and September 30, 2016.

Based on its improved data-quality capabilities and analytics, the forthcoming ePDMP application will be able to alert providers about patients that have overlapping benzodiazepine and opioid prescriptions as a standard function of the patient report.

Attachment

Wisconsin Prescription Drug Monitoring Program (PDMP) User Survey

1. What is your profession?

[   ]

2. Are you registered to use the PDMP?

○ Yes

○ No

3. Overall, how satisfied are your with the PDMP?

Very Dissatisfied	Somewhat dissatisfied	I am not satisfied nor dissatisfied	Somewhat satisfied	Very satisfied	N/A
○	○	○	○	○	○

4. How often do you or your delegate obtain data about a patient from the PDMP?

○ I obtain data about virtually all of my patients.

○ I obtain data about most of patients.

○ I obtain data about approximately half of my patients.

○ I obtain data about less than half of my patients.

○ I obtain data about a few of my patients when I have a concern.

○ I do not obtain data about my patients.

5. Which of the following barriers prevent you from using the PDMP more?

☐ Limitations with internet access/computer equipment

☐ Not enough time

☐ Lack of benefit for my practice

☐ Lack of training on how to use the PDMP

☐ The system is not easy to use

☐ Other (please specify)

[   ]

6. How many seconds does it normally take you or your delegate to log into and access data in the PDMP?

○ Less than 10 seconds

○ Between 10 and 30 seconds

○ Between 30 and 60 seconds

○ More than 60 seconds

○ N/A

7. Rate the following qualities of the PDMP

	Very frustrating	frustrating	Neutral	Intuitive	Very intuitive	N/A
Process to Register	○	○	○	○	○	○
Process to Access Patient Data	○	○	○	○	○	○
Process to Reset Your Password	○	○	○	○	○	○
Process to Manage Delegate Accounts	○	○	○	○	○	○
Layout of the Prescription History Data	○	○	○	○	○	○
Usefulness of the Prescription History Data	○	○	○	○	○	○

8. Which of the following actions have you taken as a result of using the PDMP? *check all that apply*

☐ spoken with a patient about controlled substance use

☐ contacted prescribers or other pharmacies

☐ confirmed patient not misusing prescriptions

☐ confirmed patient was doctor shopping

☐ denied prescription for a patient

☐ reduced or eliminated prescriptions for a patient

☐ dismissed patient from practice

☐ referred or recommended for substance abuse treatment

☐ referred or recommended for pain management

☐ referred or recommended for anxiety (or other psychiatric disorder) management

☐ Other (please specify)

[   ]

9. How would you describe the PDMP in three or fewer words?

[   ]

10. Do you have any other comments, questions, or concerns?

[   ]