Controlled Substances Board

WISCONSIN | ePDMP

Report 5

April 1 – June 30, 2018

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Wisconsin Controlled Substances Board

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Introduction

This report is being provided pursuant to ss. 961.385 (5) – (6), Wis. Stats., which requires the Controlled Substances Board (CSB) to submit a quarterly report to the Wisconsin Department of Safety and Professional Services (DSPS) about the Wisconsin Prescription Drug Monitoring Program (PDMP). This report is intended to satisfy that requirement for the second quarter of 2018 and will primarily focus on analysis of PDMP data from Q2 2018 and the preceding 12 months.

The WI PDMP was first deployed in June 2013. It is administered by DSPS pursuant to the regulations and policies established by the CSB. An enhanced system, the WI ePDMP, was launched on January 17, 2017, allowing the WI PDMP to become a multi-faceted tool in Wisconsin's efforts to address prescription drug abuse, misuse, and diversion through clinical decision support, prescribing practice assessment, communication among disciplines, and public health surveillance. Effective April 1, 2017, prescribers are required to check the WI ePDMP prior to issuing a prescription order for a monitored prescription drug, defined as controlled substance prescription drugs in Schedules II-V.

The WI ePDMP Public Statistics Dashboard (https://pdmp.wi.gov/statistics) provides interactive data visualizations for much of the data contained in this report, including the ability to obtain county-level detail.

User Satisfaction

DSPS conducted a survey of WI ePDMP users in April 2018 to measure user satisfaction and collect user feedback on current and future system enhancements. The survey was sent to approximately 30,000 registered healthcare professionals and had a response rate of 20%, with responses from over 6,000 users. Half of the survey respondents indicated that they were users of the previous WI PDMP. The distribution of responses across professions, seen in Table 1 below, was consistent with WI ePDMP registration by profession. Survey respondents were asked to identify their primary access route to the WI ePDMP, either via the WI ePDMP website or via a single sign on through an electronic health record (EHR) integration. The majority of respondents, 59.5%, indicated that their primary access route to the WI ePDMP was direct log in using the WI ePDMP website.

Table 1: Survey Participation by Profession	
Physician - MD/DO	44.57%
Advanced Practice Nurse Prescriber	18.39%
Pharmacist	15.31%
Physician Assistant	7.96%
Dentist	7.58%
Registered Nurse	3.16%
Podiatrist	0.88%
Substance Abuse Treatment Professional	0.57%
Resident (Educational License)	0.49%
Optometrist	0.44%
Anesthesiologist Assistant	0.05%

Overall Satisfaction

The survey indicates that most users are satisfied with the WI ePDMP. Seventy-seven percent of respondents reported overall satisfaction with the WI ePDMP, providing responses of either "Satisfied" or "Very Satisfied." Eleven percent reported being "Neither Satisfied nor Dissatisfied," and 8% reported being "Dissatisfied" or "Very Dissatisfied" with the WI ePDMP. Satisfaction rates are slightly higher for those who are accessing the WI ePDMP via EHR integration, with close to 45% of EHR integration users indicating that they are "Very Satisfied" with the WI ePDMP, compared to 40% of those accessing the PDMP via the website.
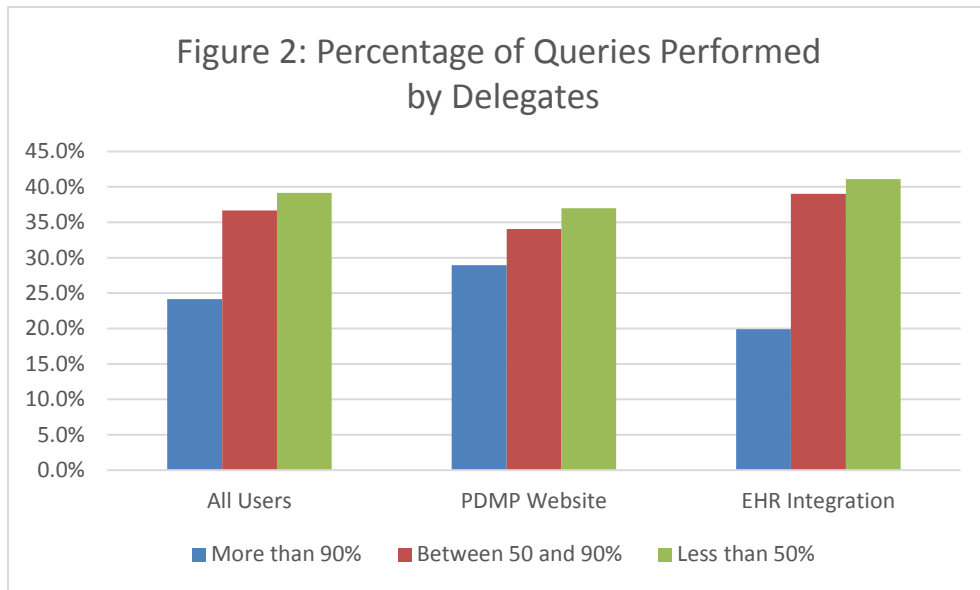

Figure 1: Overall Satisfaction
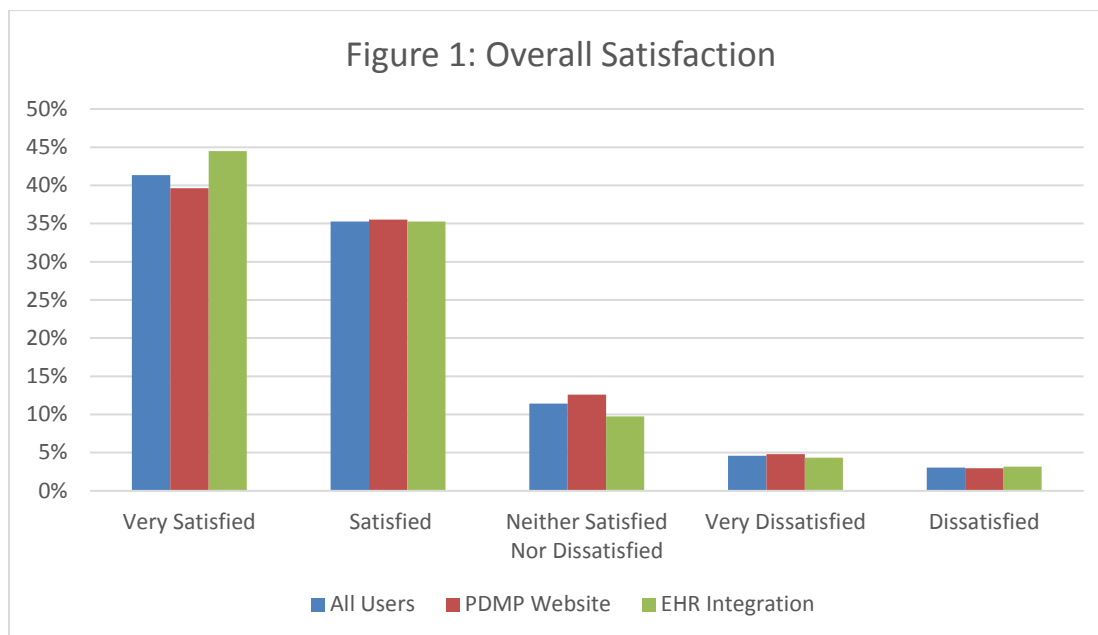
Electronic Health Record Integration

EHR integration allows the user single sign on access to the WI ePDMP from within a patient record, eliminating the need for a user to log in and manually populate the patient search criteria for a patient query. However, certain WI ePDMP features, such as interstate queries, prescriber self-assessment metrics reports, delegate management, and account management require direct sign-in via the WI ePDMP website. Over 33% of survey respondents using EHR integration indicated that they do not access the WI ePDMP outside of the EHR integration. Thirty percent of survey respondents using EHR integration indicated that they access the WI ePDMP outside of the EHR integration in order to use additional WI ePDMP features up to 3 times per week. Twelve percent access the additional features 1 – 3 times per month and 24% less than once a month. This indicates that the primary focus of those accessing the WI ePDMP is to view patient reports and that there is an opportunity to educate users about the additional beneficial features of the WI ePDMP system.

Use of Delegates

Overall, 37% of survey respondents indicated that they have authorized delegate users to perform patient queries on their behalf, but the largest portion of survey respondents, 39%, indicated that they use delegates less than 50% of the time. Those with EHR integration indicated that they are less likely to use a delegate to fulfill their patient query needs, with only 20% of EHR integration respondents indicating their delegates perform more than 90% of their queries. In many cases, the availability of

PDMP patient reports via a single sign on EHR integration makes PDMP patient report access quicker and easier, thereby eliminating the need for delegates to perform patient queries on a user's behalf.

Figure 2: Percentage of Queries Performed by Delegates

Category	More than 90%	Between 50 and 90%	Less than 50%
All Users	~24%	~37%	~39%
PDMP Website	~29%	~34%	~37%
EHR Integration	~20%	~39%	~41%

Usability of the WI ePDMP

The majority of survey respondents indicated that user account functions of the WI ePDMP are "Easy" or "Very Easy" to use. Responses were similar for the rating of the information presented in the Patient Report, with most users indicating that the information was "Helpful" or "Very Helpful." The most important enhanced features of the Patient Report are the data driven concerning patient history alerts and the map of the prescription history, with 69% of users indicating that the data driven alerts are helpful and 68% of users indicating that the map is helpful. Even with the enhanced analytics and visualizations, however, the vast majority of users rely heavily on the full prescription history detail, with 83% finding the prescription history detail helpful.
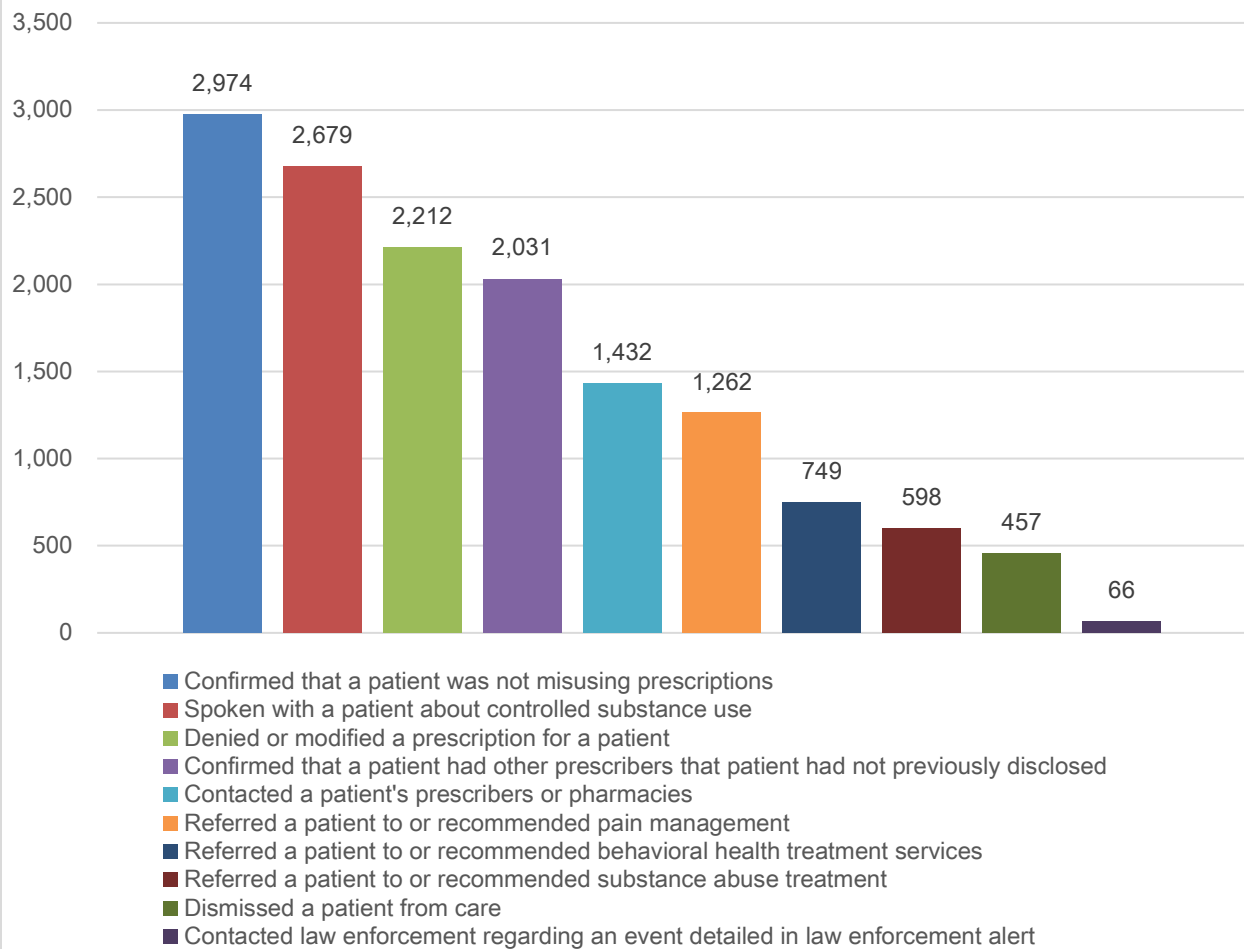
Figure 3: Helpfulness of Patient Report Features
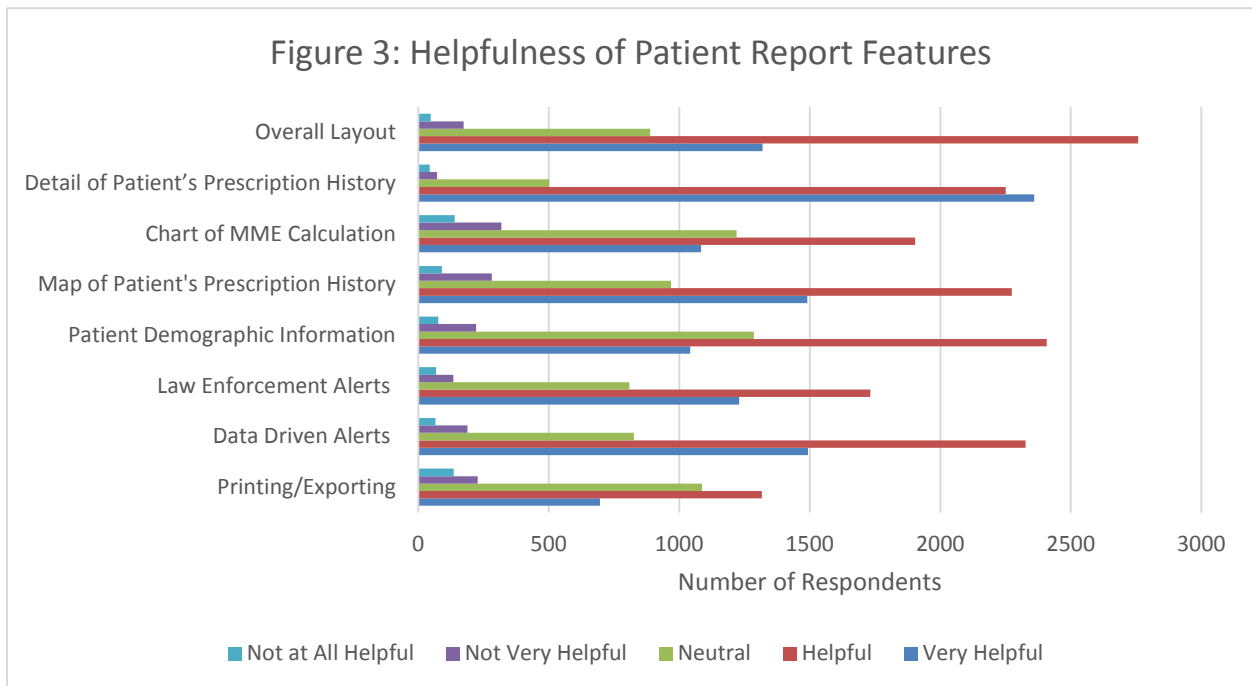
Action Taken

Survey results suggest that using the WI ePDMP is influencing the behavior of healthcare professionals. Out of the 6,000 survey respondents, 44% indicated that, after reviewing information in the PDMP, they had spoken with a patient about controlled substance use, and 37% of respondents indicated that they had denied or modified a patient's prescription. Only 8% of respondents indicated that they had dismissed a patient from care, but 10% to 21% of respondents indicated that they had referred a patient for substance abuse treatment, behavioral health treatment, or pain management. Twenty-four percent of respondents indicated that they had contacted a patient's other healthcare professionals after they had reviewed the patient's PDMP report. In some cases, the PDMP presented unexpected information about a patient's controlled substance prescription history or prescribers, and 34% of respondents indicated that the PDMP report confirmed that patients had prescription information that had not been disclosed. The most common action, however, reported by nearly 50% of respondents, was that the PDMP confirmed that patients were not misusing prescriptions. All of the responses show, therefore, how valuable the information in the WI ePDMP can be in supporting healthcare professionals in their decision whether to prescribe or dispense controlled substances.

Figure 4: Actions Taken as Result of Using WI ePDMP

Legend:
- Confirmed that a patient was not misusing prescriptions
- Spoken with a patient about controlled substance use
- Denied or modified a prescription for a patient
- Confirmed that a patient had other prescribers that patient had not previously disclosed
- Contacted a patient's prescribers or pharmacies
- Referred a patient to or recommended pain management
- Referred a patient to or recommended behavioral health treatment services
- Referred a patient to or recommended substance abuse treatment
- Dismissed a patient from care
- Contacted law enforcement regarding an event detailed in law enforcement alert

Impact on Referrals for Investigation

Pursuant to s. 961.385 (2) (f) and (3) (c), Wis. Stats., the CSB may refer to the appropriate licensing or regulatory board for discipline a pharmacist, pharmacy, or practitioner who fails to comply with the rules of the Prescription Drug Monitoring Program and may disclose PDMP data to relevant state boards and agencies if circumstances indicate suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, practitioner, or patient. The CSB Referral Criteria Workgroup, which met for the first time on May 11, 2018, is tasked with developing recommendations for how the CSB could define suspicious or critically dangerous conduct or practices, compliance with the PDMP, and the process for referring pharmacist, pharmacy, or practitioners to the appropriate licensing board. The Referral Criteria Workgroup is scheduled to present their initial recommendations at the September 2018 CSB meeting.

Monitored Prescription Drug Dispensing Trend

Overall, the trend of decreased dispensing of monitored prescription drug continues in Wisconsin. Beginning in Q1 2016, the dispensing of opioids has decreased each quarter. A similar pattern can be seen with the dispensing of benzodiazepines, which have decreased each quarter starting in Q1 2017. Dispensing of stimulants continues to be variable by quarter, with some quarters seeing decreased dispensing and others an increase in dispensing.

From Q1 2018 to Q2 2018 specifically, there was a 1% reduction in the number of monitored prescription drugs dispensed, which equates to an overall 5% reduction over the past 12 months. The percentage decrease per quarter can be seen in figure 6, on the following page.
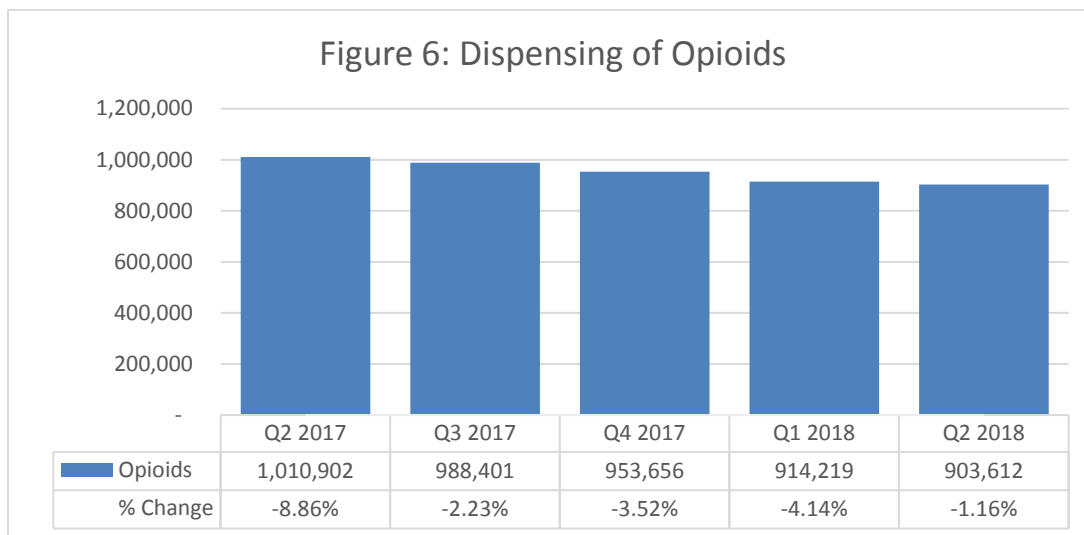
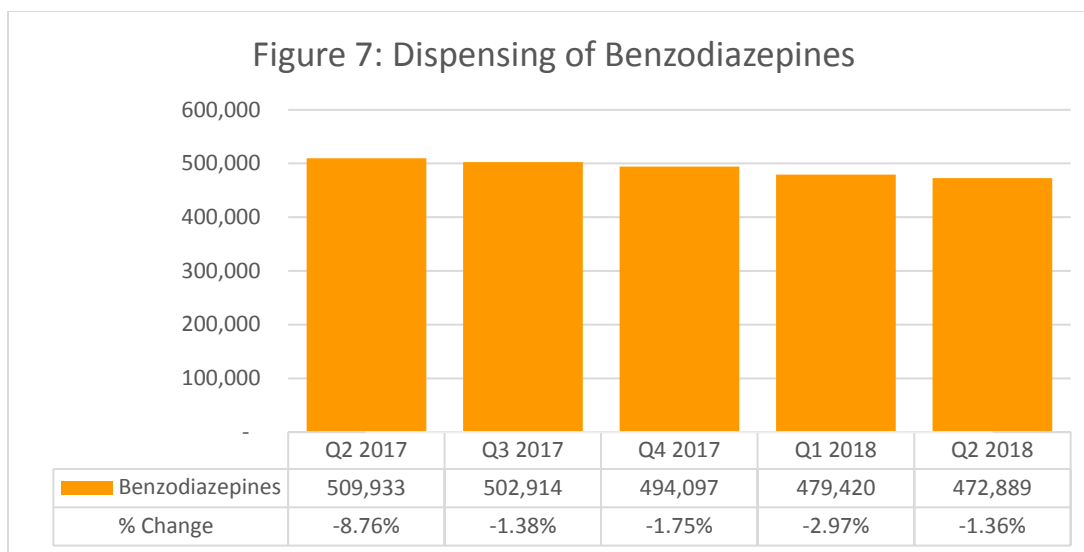# Figure 5: Dispensing of Monitored Prescription Drugs by Quarter 2015 - 2018
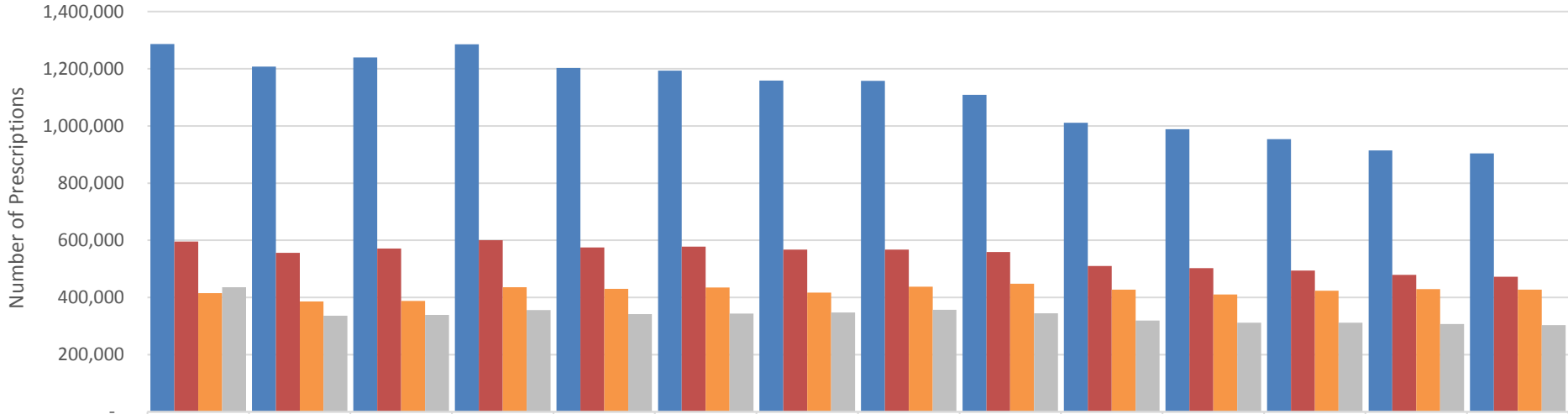
	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Opioids	1,285,943	1,206,997	1,239,255	1,285,552	1,202,285	1,193,103	1,158,941	1,157,781	1,109,174	1,010,902	988,401	953,656	914,219	903,612
Benzodiazepines	595,950	556,010	571,522	600,715	575,101	577,962	567,547	567,624	558,871	509,933	502,914	494,097	479,420	472,889
Stimulants	415,433	385,819	388,063	436,020	430,501	434,564	417,011	438,113	448,399	427,241	410,466	423,405	429,693	427,100
Other	435,778	336,557	338,879	355,567	341,891	343,934	347,077	356,648	344,727	318,897	312,178	311,783	306,883	303,098

■ Opioids　■ Benzodiazepines　■ Stimulants　■ Other

For opioids in particular, there was a 1% reduction in the number of prescriptions dispensed from Q1 2018 to Q2 2018, for a total 9% reduction over the past 12 months.

Figure 6: Dispensing of Opioids

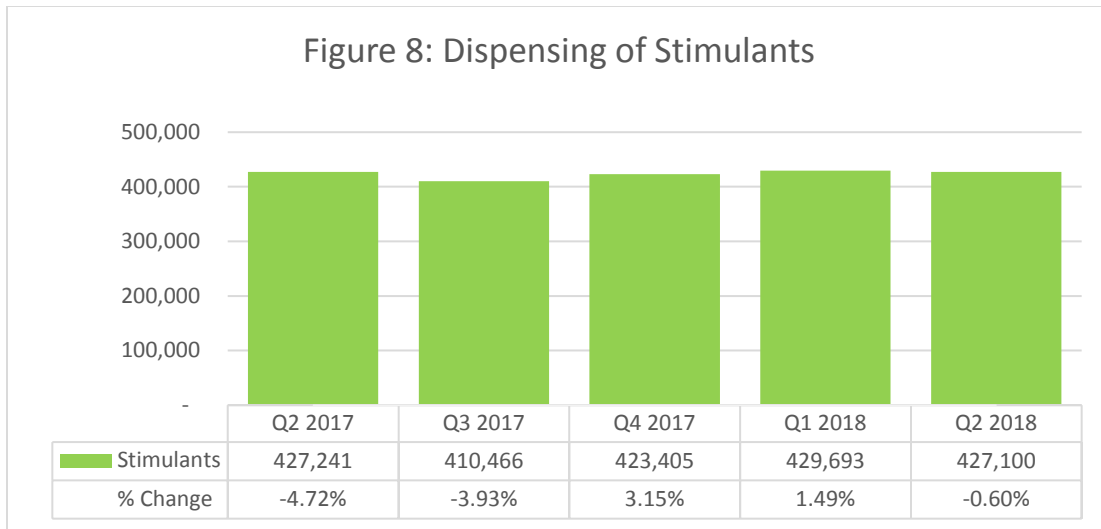|	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Opioids	1,010,902	988,401	953,656	914,219	903,612
% Change	-8.86%	-2.23%	-3.52%	-4.14%	-1.16%

For benzodiazepines, there was a 1% reduction in the number of prescriptions dispensed from Q1 2018 to Q2 2018, for a total reduction of 6% over the past 12 months.

Figure 7: Dispensing of Benzodiazepines

	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Benzodiazepines	509,933	502,914	494,097	479,420	472,889
% Change	-8.76%	-1.38%	-1.75%	-2.97%	-1.36%

Stimulants continue to fluctuate between increased and decreased dispensing. Q2 2018 was the first quarter in which the dispensing of stimulants decreased since Q3 2017, with a slight decrease of 0.6%. Overall, there was a 4% increase in the number of stimulant prescriptions dispensed over the past 12 months.

Figure 8: Dispensing of Stimulants

	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Stimulants	427,241	410,466	423,405	429,693	427,100
% Change	-4.72%	-3.93%	3.15%	1.49%	-0.60%

There continues to be no change to the drugs that fall under the 15 most dispensed monitored prescription drugs. Table 2 below shows the top 15 most dispensed monitored prescription drugs in Q2 2018 compared to Q1 2018, ranked in order of the volume of prescriptions dispensed in Q2 2018. For the second consecutive quarter, the top 5 monitored drugs dispensed no longer included Oxycodone HCl, resulting in only 2 opioids in the top 5 monitored drugs. The top 15 monitored prescription drugs dispensed make up 88% of the dispensing records for any given quarter.

	Table 2: Top 15 Dispensed Monitored Prescription Drug by Dispensing				
	Drug Name	Drug Class	Q2 2018 Dispensing	Q1 2018 Dispensing	Percent Change
1	Hydrocodone-Acetaminophen	Opioid	302,404	306,539	-1.3%
2	Amphetamine-Dextroamphetamine	Stimulant	200,080	199,829	0.1%
3	Tramadol HCl	Opioid	177,301	175,025	1.3%
4	Lorazepam	Benzodiazepine	147,578	149,663	-1.4%
5	Alprazolam	Benzodiazepine	144,683	147,215	-1.7%
6	Oxycodone HCl	Opioid	142,469	145,049	-1.8%
7	Clonazepam	Benzodiazepine	123,401	125,006	-1.3%
8	Zolpidem Tartrate	Other	118,841	120,857	-1.7%
9	Oxycodone w/ Acetaminophen	Opioid	99,705	102,369	-2.6%
10	Methylphenidate HCl	Stimulant	96,624	99,788	-3.2%
11	Lisdexamfetamine Dimesylate	Stimulant	92,954	92,792	0.2%
12	Pregabalin	Other	61,079	60,282	1.3%
13	Diazepam	Benzodiazepine	50,704	52,109	-2.7%
14	Morphine Sulfate	Opioid	47,594	49,444	-3.7%
15	Acetaminophen w/ Codeine	Opioid	38,297	38,866	-1.5%

Table 3 below shows the top 15 most dispensed monitored prescription drugs in Q2 2018 compared to Q1 2018, ranked in order of total quantity of pills dispensed in Q2 2018, rather than number of prescription orders filled. The order of the top 15 monitored drugs based on number of pills shows no change from Q1 2018 to Q2 2018. Even though Oxycodone HCl fell out of the top 5 monitored drugs

dispensed starting in Q1 2018, it remains in the top 3 monitored drugs dispensed based on number of pills dispensed, and the top 3 drugs dispensed based on number of pills are all opioids.

	Drug Name	Drug Class	Q2 2018 Pills	Q1 2018 Pills	Percent Change
		Table 3: Top 15 Dispensed Monitored Prescription Drug by Pill Volume			
1	Hydrocodone-Acetaminophen	Opioid	15,644,994	15,956,031	-1.9%
2	Tramadol HCl	Opioid	12,151,554	12,205,582	-0.4%
3	Oxycodone HCl	Opioid	10,626,154	11,086,773	-4.2%
4	Amphetamine-Dextroamphetamine	Stimulant	9,504,935	9,511,828	-0.1%
5	Alprazolam	Benzodiazepine	8,083,704	8,268,147	-2.2%
6	Clonazepam	Benzodiazepine	7,103,065	7,250,097	-2.0%
7	Lorazepam	Benzodiazepine	6,856,844	7,016,369	-2.3%
8	Oxycodone w/ Acetaminophen	Opioid	6,593,367	6,846,131	-3.7%
9	Pregabalin	Other	4,483,321	4,434,181	1.1%
10	Methylphenidate HCl	Stimulant	4,419,971	4,591,575	-3.7%
11	Zolpidem Tartrate	Other	3,947,508	4,000,072	-1.3%
12	Lisdexamfetamine Dimesylate	Stimulant	2,900,347	2,893,531	0.2%
13	Morphine Sulfate	Opioid	2,782,590	2,890,053	-3.7%
14	Diazepam	Benzodiazepine	2,038,674	2,122,985	-4.0%
15	Acetaminophen w/ Codeine	Opioid	1,609,476	1,613,197	-0.2%

Data-Driven Alerts

The WI ePDMP application uses sophisticated data analytics to assess a patient's monitored prescription drug history. Analytics are performed on the prescription history to identify and alert WI ePDMP users to potential indications of abuse, diversion, or overdose risk, such as high morphine milligram equivalent doses, overlapping benzodiazepine and opioid prescriptions, and multiple prescribers or dispensers.

The 6 types of concerning patient history alerts are:

1. ***Multiple Prescribers or Pharmacies Alert***, which indicates that the patient has obtained prescriptions from at least 5 prescribers or 5 pharmacies within the previous 90 days. The 5 prescribers or dispensers may be associated with the same clinic, practice or location, but the WI ePDMP still views them as separate prescribers/dispensers. This alert is not a direct indication of doctor shopping, simply a flag for further inspection of the dispensing history.
2. ***Long-Term Opioid Therapy with Multiple Prescribers Alert***, which indicates when a patient has been prescribed at least 1 opioid prescription from 2 or more prescribers for 90 or more days.

3. ***Early Refill Alert***, which indicates when a patient has refilled a controlled substance prescription 2 or more days earlier than the expected refill date based on the estimated duration of the prescription calculated and reported by the pharmacy.
4. ***High Current Daily Dose of Opioids Alert***, which indicates when a patient's active current prescriptions are estimated to provide a daily dose of opioids that exceeds 90 morphine milligram equivalent (MME).
5. ***Concurrent Benzodiazepine and Opioid Prescription Alert***, which indicates when a patient's active current prescriptions include both an opioid and a benzodiazepine.
6. ***Multiple Same Day Prescriptions Alert***, which indicates when a patient has received the same controlled substance drug from multiple prescribers or pharmacies on the same day.

Overall, there was a 17% reduction in the number of concerning patient history alerts over the last 12 months. Significant declines continue for four of the alert types: Multiple Prescribers or Pharmacies Alerts, a potential indication of doctor shopping, decreased by 21% in the last quarter, for an overall decrease of 32% over the last 12 months; Long Term Opioid Therapy Alerts decreased by 9%, for an overall decrease of 19% over the last 12 months; High Opioid Daily Dose Alerts decreased by 7%, for an overall decrease of 18% over the past 12 months; and Concurrent Benzodiazepine and Opioid Prescription Alerts decreased by 3%, for an overall decrease of 13% over the past 12 months.
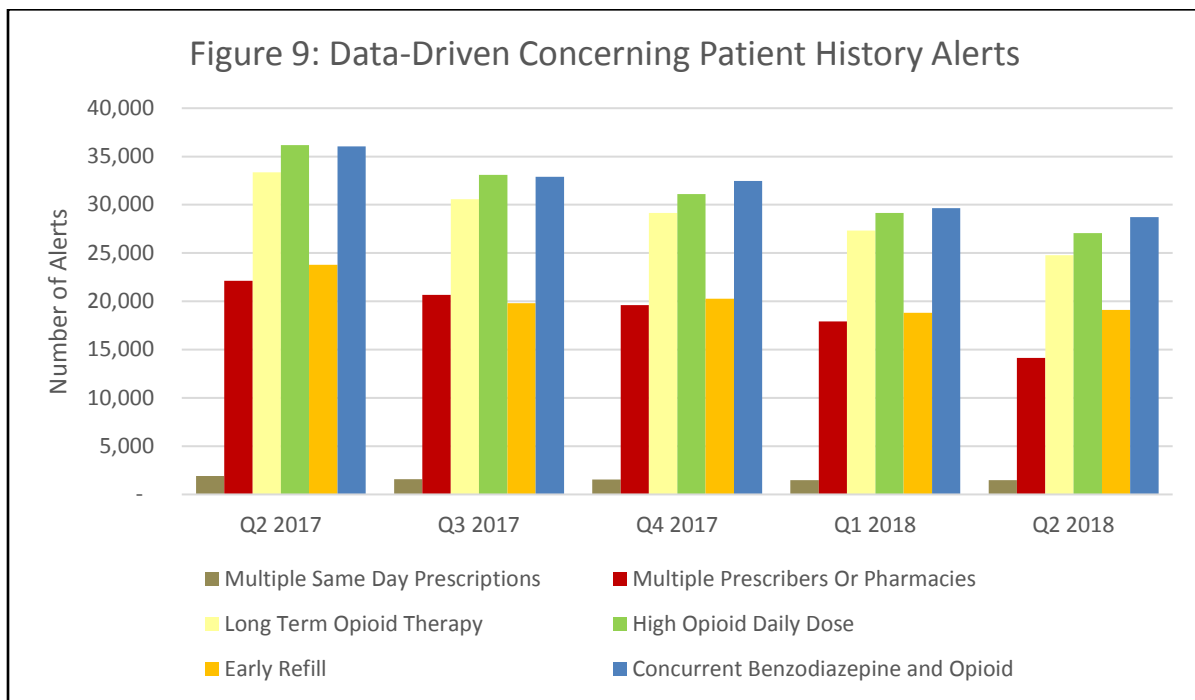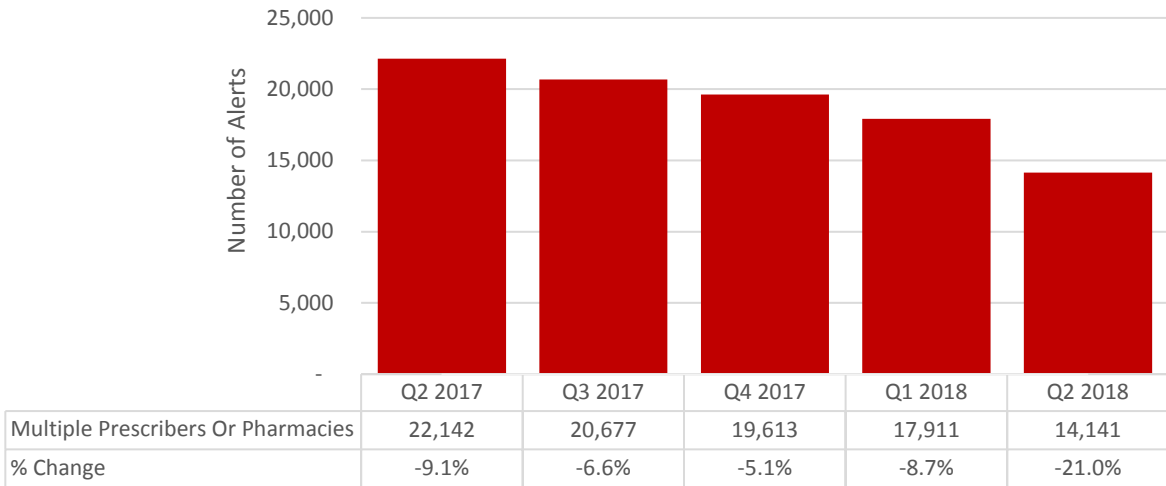

Figure 9: Data-Driven Concerning Patient History Alerts

Figure 10: Multiple Prescribers Or Pharmacies

	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Multiple Prescribers Or Pharmacies	22,142	20,677	19,613	17,911	14,141
% Change	-9.1%	-6.6%	-5.1%	-8.7%	-21.0%

Figure 11: Long Term Opioid Therapy

	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Long Term Opioid Therapy	33,368	30,564	29,165	27,314	24,793
% Change	-3.7%	-8.4%	-4.6%	-6.3%	-9.2%
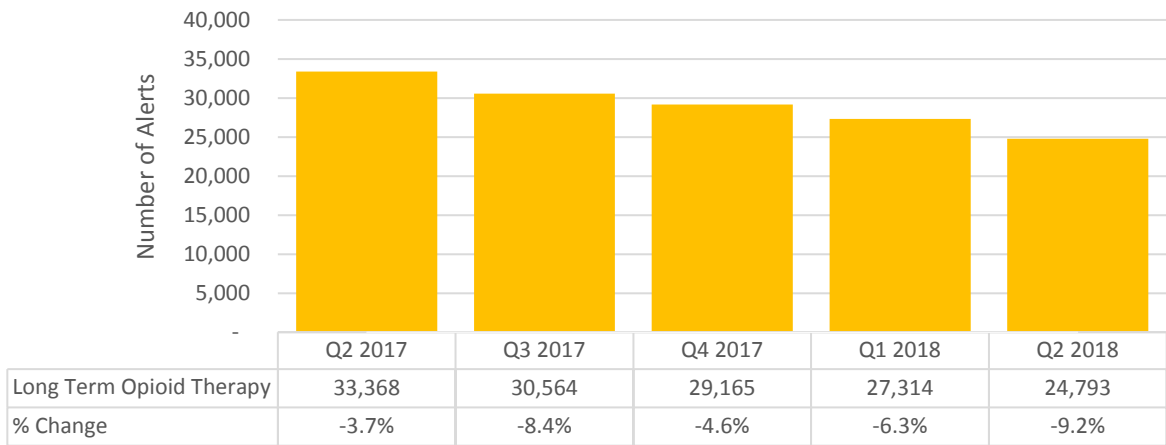
Figure 12: High Opioid Daily Dose

	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018
High Opioid Daily Dose	36,162	33,110	31,102	29,152	27,048
% Change	-8.9%	-8.4%	-6.1%	-6.3%	-7.2%
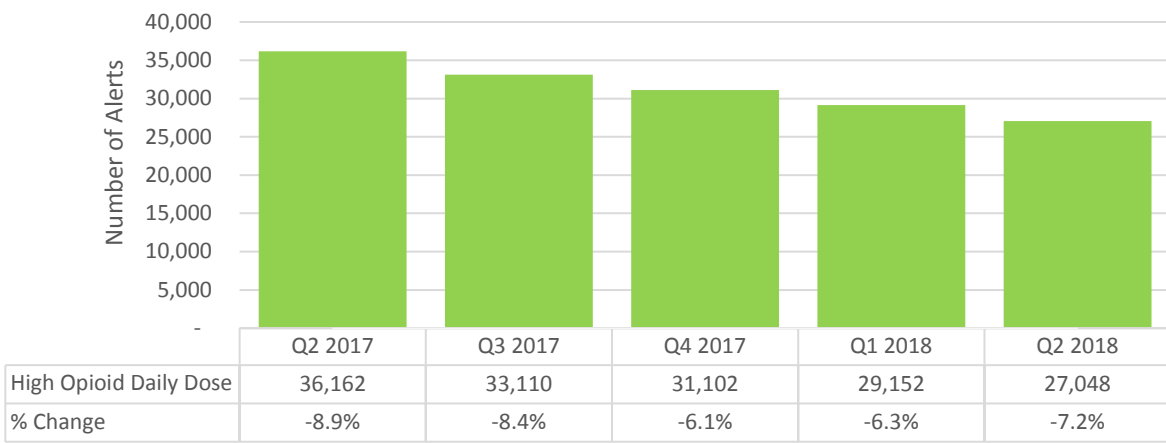
Figure 13: Concurrent Benzodiazepine and Opioid

	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Concurrent Benzodiazepine and Opioid	36,029	32,906	32,477	29,635	28,710
% Change	-6.27%	-8.67%	-1.30%	-8.75%	-3.12%
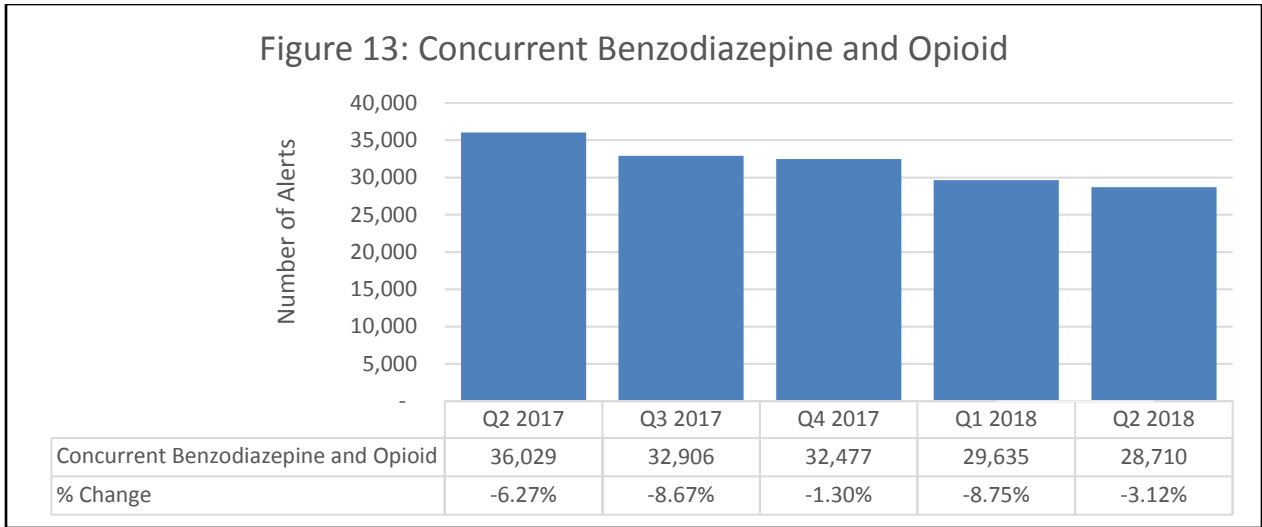
Disclosure of PDMP Data

Between April 1 and June 30, 2018, healthcare users made a total of 1,840,289 patient queries, which is consistent with the level of queries performed in the previous quarter. Breaking down the queries by user type shows that 45% of the queries were performed by delegates of prescribers or pharmacists, 39% were performed by prescribers, 14% by pharmacists, and 2% by other non-prescribing healthcare professionals.

Figure 14: Patient Queries by Healthcare Professionals
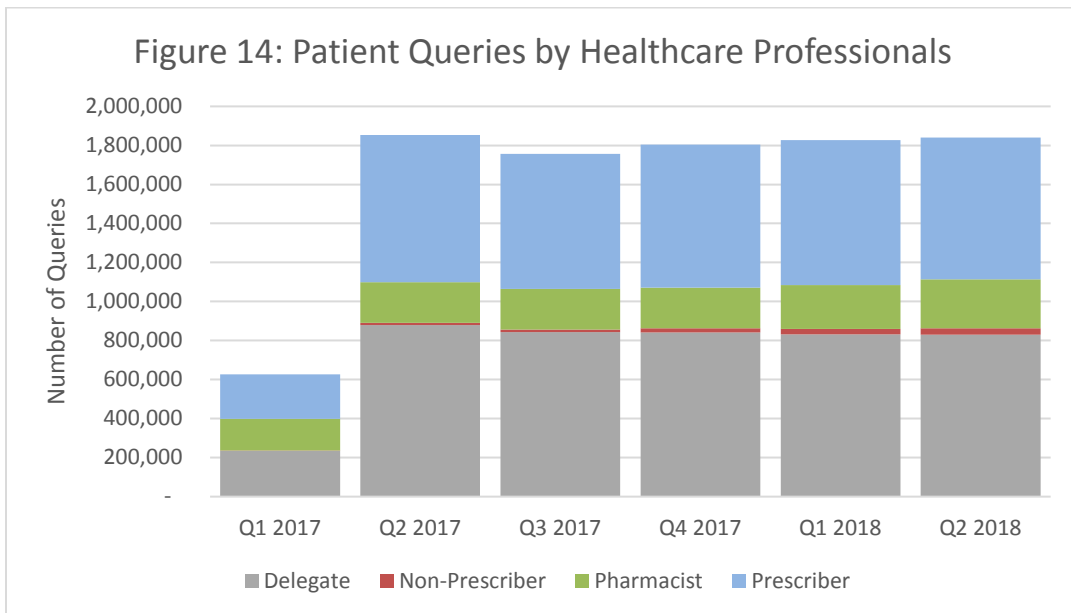
As of June 30, 2018, healthcare professionals from thirteen health systems in Wisconsin have one-click access to the PDMP from within their EHR platform. In Q2 of 2018, 40% of patient queries were through the direct EHR integration, compared to 36% in the previous quarter. As indicated in the 2018 WI

ePDMP user survey, those who utilize EHR integration for conducting patient queries are more likely to perform the patient query without the use of a delegate and have slightly higher satisfaction rates with the WI ePDMP.

Figure 15: WI ePDMP Patient Queries by Source
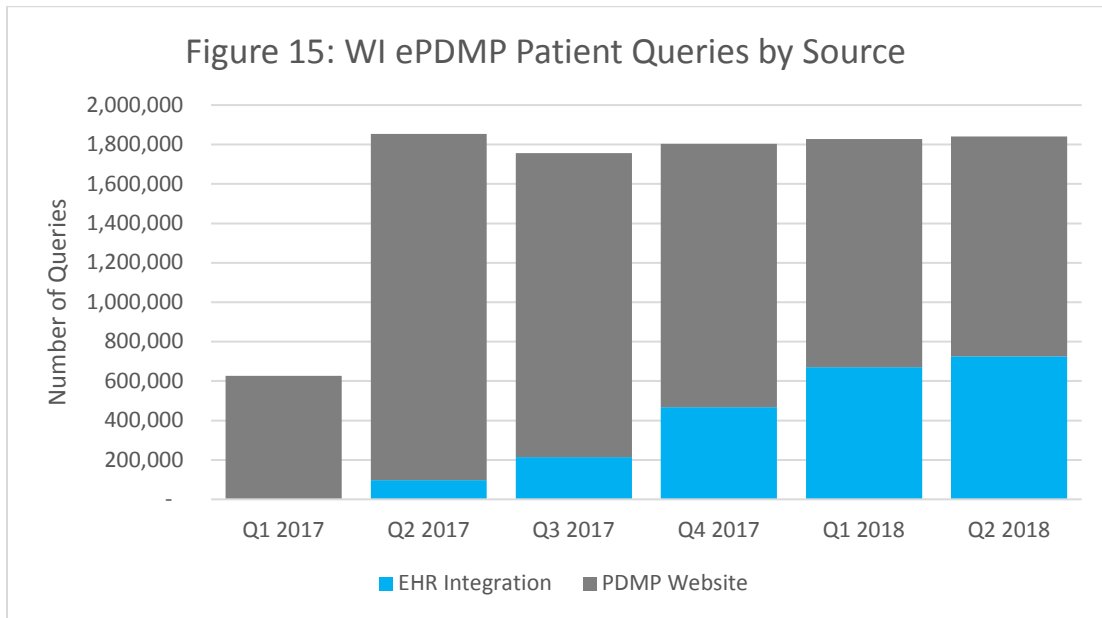
Authorized individuals from non-healthcare groups made 314 requests for PDMP data in Q2 of 2018, which was a slight decline from the 326 requests made in Q1 2018.

Figure 16: WI ePDMP Queries by Non-Healthcare
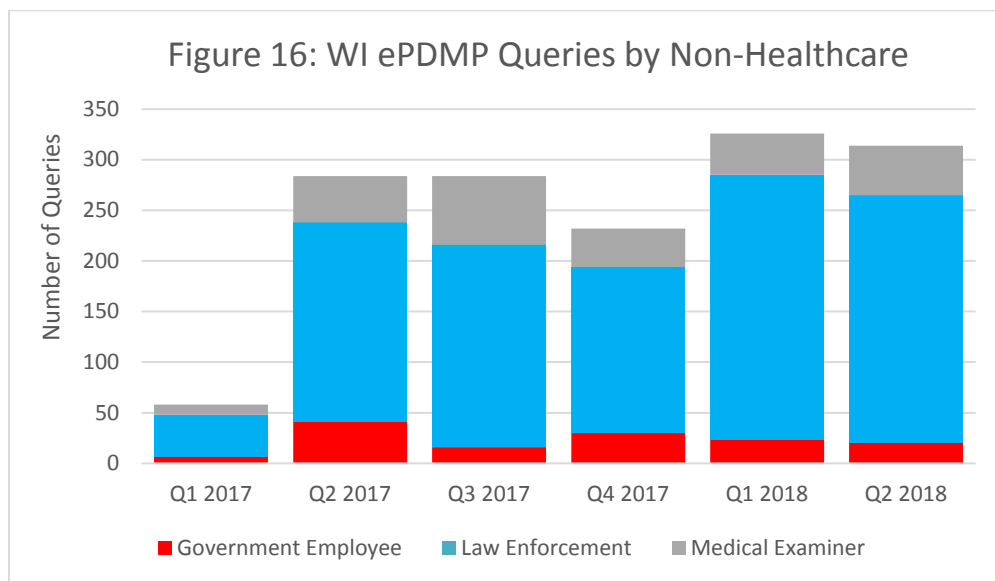
Law Enforcement Reports

Between April 1 and June 30, 2018, Wisconsin law enforcement agencies reported 580 events to the WI ePDMP 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.

There is no requirement for law enforcement agencies to submit their reports within a certain timeframe after the date of the event. Outreach for law enforcement agencies is ongoing as part of an effort to increase awareness of the requirement to submit to the PDMP and the value of the PDMP notifying the prescribers of the events for patients to whom they prescribe.

Figure 17: Law Enforcement Alerts Submitted
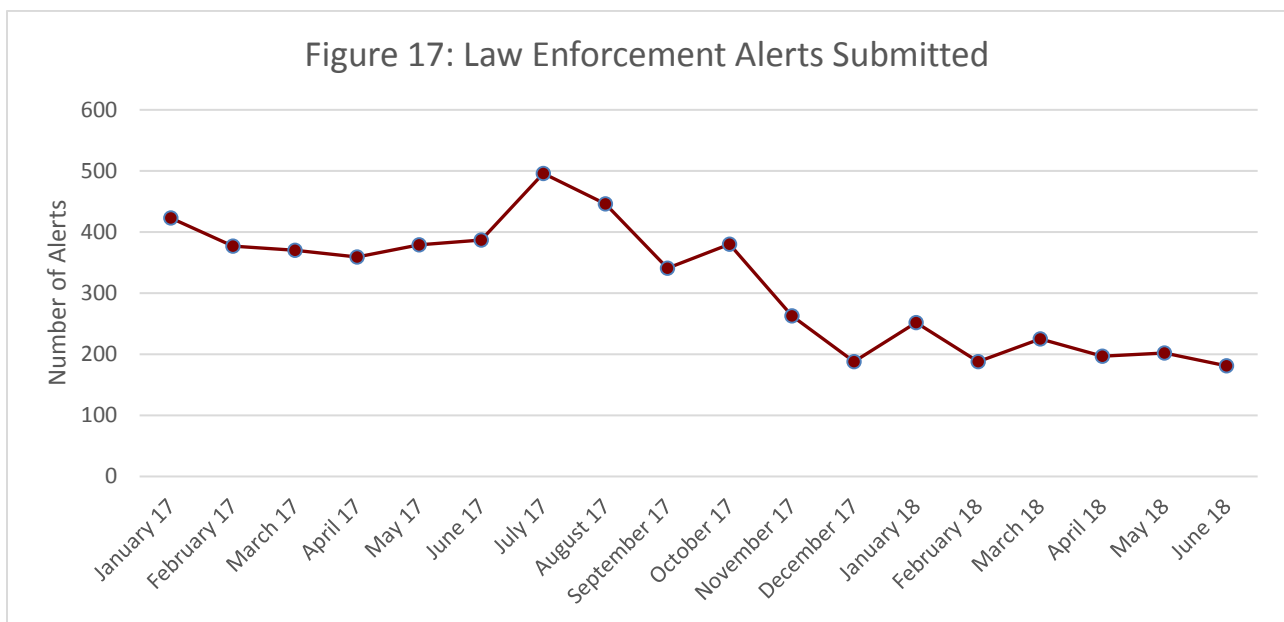
In 2018 the distribution of submission by report type remains consistent with the 2017 report type distribution:

- 38% of the reports submitted were reports of stolen controlled substance prescriptions
- 30% of the reports submitted were suspected violations of the Controlled Substances Act
- 27% of the reports submitted were suspected non-fatal opioid-related overdose events, and
- 5% of the reports submitted were suspected narcotic-related deaths.

Summary

The second quarter of 2018 shows a continuation of the encouraging decline in the number of monitored prescription drug dispensing and data-driven alert trends, as noted in the Controlled Substances Board's Q1 2018 PDMP report. The dispensing of opioids and benzodiazepines continues to decline each quarter, as does the number of data-driven alerts for concerning patient histories involving multiple prescribers or pharmacies, long term opioid therapy, and high opioid daily dose.

Some items of note for the WI PDMP over the past year are:

- 5% decrease in the total number of monitored prescription drugs dispensed in the past 12 months
    - 9% decrease in the number of opioid prescriptions dispensed
    - 6% decrease in the number of benzodiazepine prescriptions dispensed
- 17% decrease in the total number of data-driven concerning patient history alerts generated in the past 12 months
    - 32% decrease in multiple prescribers or pharmacies alerts, which is a potential indication of doctor shopping
    - 19% decrease in long term opioid therapy alerts
    - 18% decrease in high opioid daily dose alerts, which is a daily dose of opioids that exceeds 90 morphine milligram equivalents
    - 13% decrease in the concurrent benzodiazepine and opioid prescription alerts

The 2018 WI ePDMP user survey shows a high level of user satisfaction with the features and information available in the PDMP. Responses to the action taken section of the survey confirm that the patient WI ePDMP dispensing histories are supporting better informed decisions by prescribers of monitored prescription drugs in Wisconsin.

Additional detail about the WI ePDMP data, including county-level detail for many of the charts, can be found on the WI ePDMP Public Statistics Dashboard (https://pdmp.wi.gov/statistics) under the corresponding tabs of Controlled Substance Dispensing, PDMP Utilization, and Law Enforcement Alerts.