



Controlled Substances Board



WISCONSIN | **ePDMP**

Report 9

Quarter 2

April 1 – June 30, 2019

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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 (WI PDMP). This report is intended to satisfy that requirement for the second quarter of 2019 and will primarily focus on analysis of PDMP data from Q2 2019 and the preceding 12 months. For annual analysis of the WI PDMP from 2015 through 2018, see the Q4 2018 report found at <https://dsps.wi.gov/Pages/BoardsCouncils/CSB/Reports.aspx>.

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 in January 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 county-level data for many of the charts.

User Satisfaction

A WI ePDMP user satisfaction survey was conducted in April 2018, and detailed results of the survey were provided in the Q2 2018 report. In brief, the survey was sent to approximately 30,000 registered healthcare professionals and had a response rate of 20%. The survey indicated that most users are satisfied with the WI ePDMP, with 77% percent of respondents providing responses of either “Satisfied” or “Very Satisfied.”

User-led enhancements identified through the initial survey and refined via a subsequent user survey in January 2019 are being prioritized for the 2019 and 2020 development timeline. These enhancements include:

- Streamlining the Patient Report to expand the use of visualization, reduce the need to scroll through the page, and add detail available in the dispensing detail;
- Improving the error correction/record voiding process used by dispensers to correct or void a previously reported dispensing record.

User-group feedback will continue to be utilized throughout the development process to ensure enhancements meet the needs of the WI ePDMP users. Additional user satisfaction survey will be conducted after implementation of the enhancements.

Impact on Referrals for Investigation

Pursuant to s. 961.385 (2) (f) and (3) (c), Wis. Stats., the CSB may disclose PDMP data to a licensing or regulatory board and refer for discipline a pharmacist, pharmacy, or practitioner who fails to comply with the rules of the Prescription Drug Monitoring Program or if circumstances indicate suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, practitioner, or patient. In 2018, the CSB Referral Criteria Workgroup was formed to develop recommendations for how the CSB could define suspicious or critically dangerous conduct or practices.

Based on the initial recommendations, the Wisconsin Medical Examining Board (MEB), Dentistry Examining Board (DEB), and Board of Nursing (BON) received summaries of the PDMP dispensing data specific to their professions at their meetings in the fall of 2018. The data focused on opioid dispensing volume for the six-month time period of December 1, 2017 through May 31, 2018. Based on the data presented, the following actions occurred:

- The top seven physician (MD/DO) prescribers and the top seven physician assistant (PA) prescribers, based on opioid dispensing volume for the six-month period, were referred to the MEB.
- The top four dentistry prescribers, based on opioid dispensing volume for the six-month period, were referred to the DEB. An additional 12 dentistry prescribers were referred from the highest 1% of opioid prescribers for the profession for having written prescriptions for over three days without any indication of use of the WI ePDMP.
- The top four Advanced Practice Nurse Prescribers (APNP), based on opioid dispensing volume for the six-month time period, were referred to the BON. The BON requested additional targeted outreach to over 800 APNPs who had an estimated WI ePDMP usage of less than 50% in an effort to educate these prescribers about the requirement to use the PDMP, as well as the tools available in the PDMP that can help promote safe prescribing practices.

The investigation of the referred prescribers is ongoing, through the DSPS Division of Legal Services and Compliance.

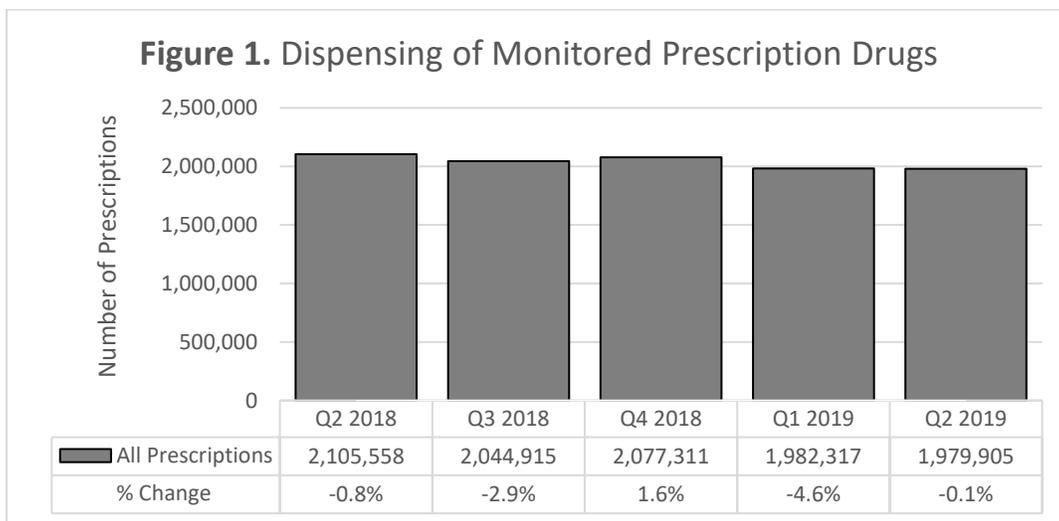
The CSB Referral Criteria Workgroup continues to meet in 2019 to refine the process for using PDMP data to proactively monitor licensees and their prescribing practices for suspicious or critically dangerous conduct or practices and to determine when such activity should result in a referral to the appropriate licensing board. Results of the current investigations will also be used by the CSB Referral Criteria Workgroup to guide the process of proactive monitoring and referrals.

Additionally, the CSB conducts monthly audits of dispenser requirements with the requirement to submit dispensing data to the WI PDMP. Targeted outreach efforts are made in an attempt to bring all licensed pharmacies into compliance. Pharmacies that remain out of compliance after multiple outreach attempts are referred to the Pharmacy Examining Board (PEB). In Q2 2019, 46 pharmacies were referred to the PEB for possible noncompliance.

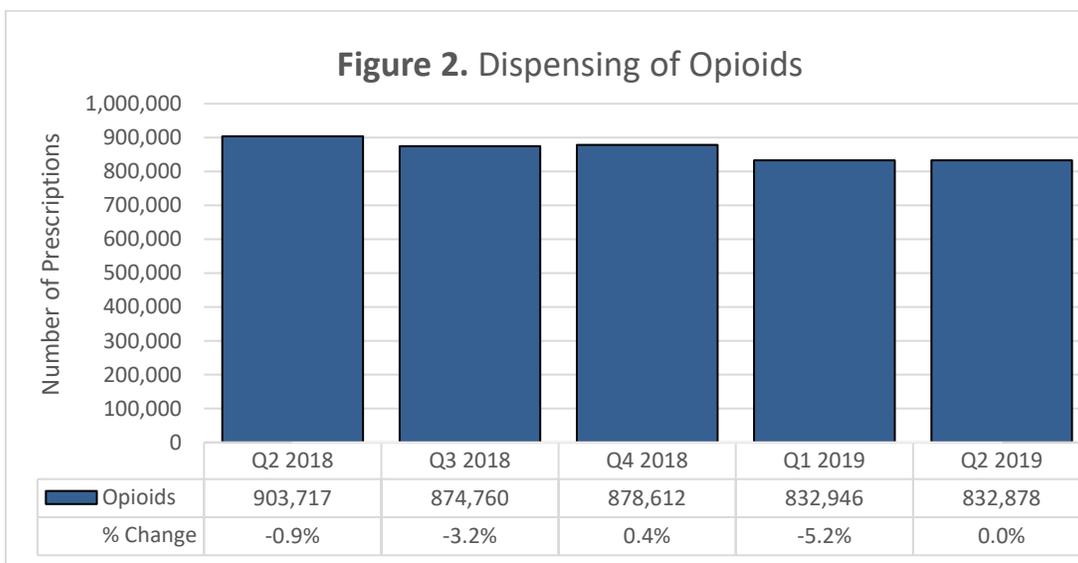
Monitored Prescription Drug Dispensing Trend

Overall, the trend of decreased dispensing of monitored prescription drugs, defined as controlled substances in schedules II through V, continues in Wisconsin. Beginning in Q1 2016, the dispensing of both opioids and benzodiazepines has decreased each quarter. The dispensing of stimulants has been variable by quarter, with no overall significant change in dispensing volume since the beginning of 2016.

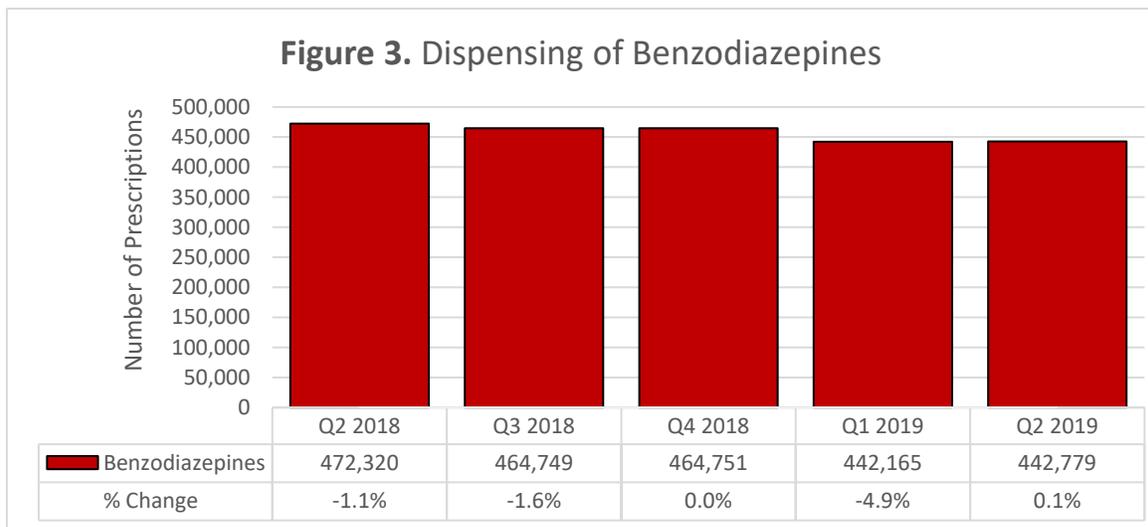
From Q1 2019 to Q2 2019 specifically, there was a minimal reduction in the total number of all monitored prescription drugs dispensed. Overall, there has been a 6% reduction from the dispensing levels of Q2 2018.



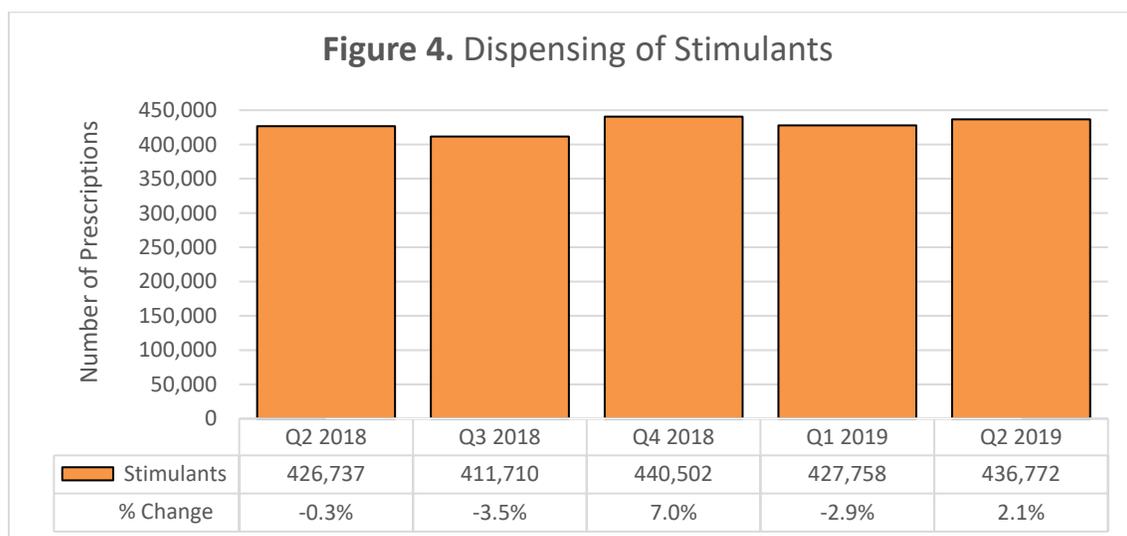
When considering specific classes of monitored drugs, data from the PDMP show that opioid dispensing from Q1 2019 to Q2 2019 remained effectively the same, with a decrease of only 68 prescription dispensings. This still equates to a nearly 8% reduction from the dispensing levels of Q2 2018.



Benzodiazepine dispensing from Q1 2019 to Q2 2019 increased slightly, by less than 1%. This still equates to an overall 6% reduction from the dispensing levels of Q2 2018.



Dispensing of stimulants continues to fluctuate quarterly between increased and decreased dispensing. Dispensing for Q2 2019 increased by 2% from Q1 2019. Overall, dispensing of stimulants is up 2% from the dispensing levels of Q2 2018.

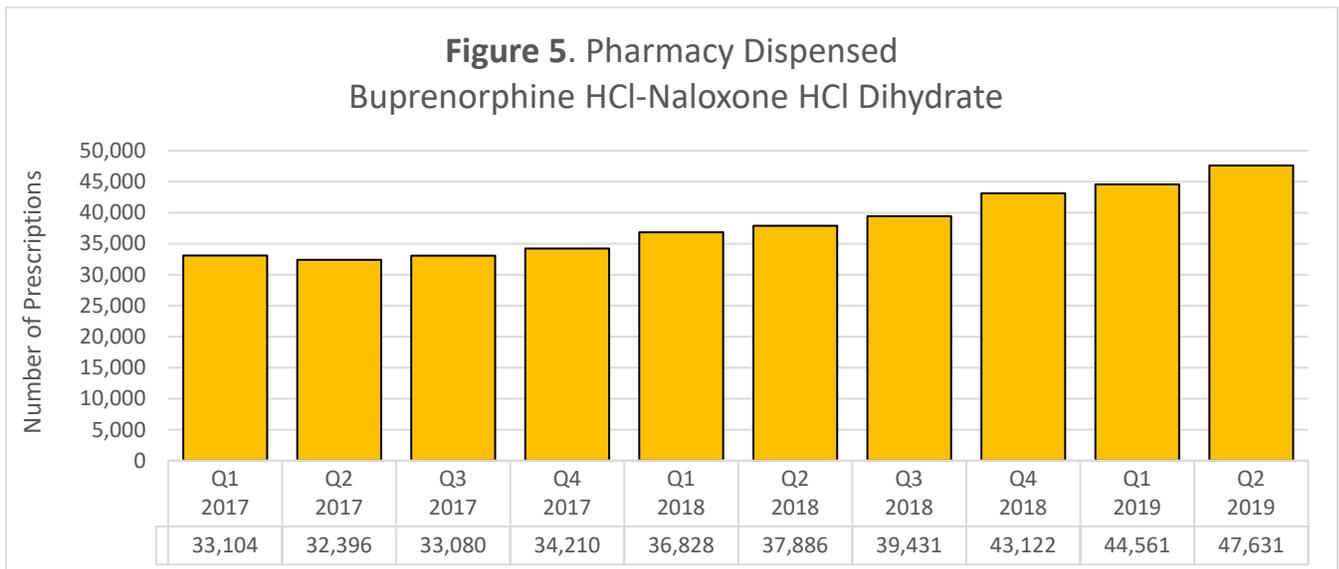


Top 15 Dispensed Monitored Prescription Drugs

Table 1 below shows the top 15 most dispensed monitored prescription drugs in Q2 2019 compared to Q1 2019, ranked in order of the number of prescriptions dispensed in Q2 2019. The top 15 drugs make up just over 88% of the dispensing of monitored prescription drugs for any given quarter.

	Drug Name	Drug Class	Q1 2019 Dispensing	Q2 2019 Dispensing	Percent Change
1	Hydrocodone-Acetaminophen	Opioid	273,433	273,722	0.1%
2	Amphetamine-Dextroamphetamine	Stimulant	196,595	201,975	2.7%
3	Tramadol HCl	Opioid	166,730	170,678	2.4%
4	Lorazepam	Benzodiazepine	138,998	138,908	-0.1%
5	Alprazolam	Benzodiazepine	134,266	134,492	0.2%
6	Oxycodone HCl	Opioid	130,541	129,054	-1.1%
7	Clonazepam	Benzodiazepine	115,643	116,198	0.5%
8	Zolpidem Tartrate	Other	109,582	109,037	-0.5%
9	Lisdexamfetamine Dimesylate	Stimulant	95,789	98,263	2.6%
10	Methylphenidate HCl	Stimulant	96,697	97,491	0.8%
11	Oxycodone w/ Acetaminophen	Opioid	86,402	83,697	-3.1%
12	Pregabalin	Other	57,650	59,815	3.8%
13	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	44,561	47,631	6.9%
14	Diazepam	Benzodiazepine	46,636	46,712	0.2%
15	Morphine Sulfate	Opioid	41,542	40,842	-1.7%

One notable trend in the top 15 drugs is that the dispensing of Buprenorphine HCl-Naloxone HCl Dihydrate, one of the medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder, continues to rise. Note that this does not include dispensings that occur at an opioid treatment program due to federal regulation 42 CFR Part 2, which prohibits federally funded opioid treatment programs from submitting dispensing data to state PDMPs. Buprenorphine HCl-Naloxone HCl Dihydrate moved into the 15th spot of the most dispensed monitored prescription drugs in Q3 2018 and is rose to the 13th most dispensed monitored prescription drug in Q2 2019, with an increase of nearly 7% from Q1 2019 to Q2 2019, which equates to an increase of almost 26% in the past 12 months.



Data-Driven Alerts

The WI ePDMP application performs sophisticated data analytics on a patient's prescription history to assess the patient's monitored prescription drug history and to 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. Data-driven alerts are presented on the patient report as way to call attention to specific detail from the dispensing data.

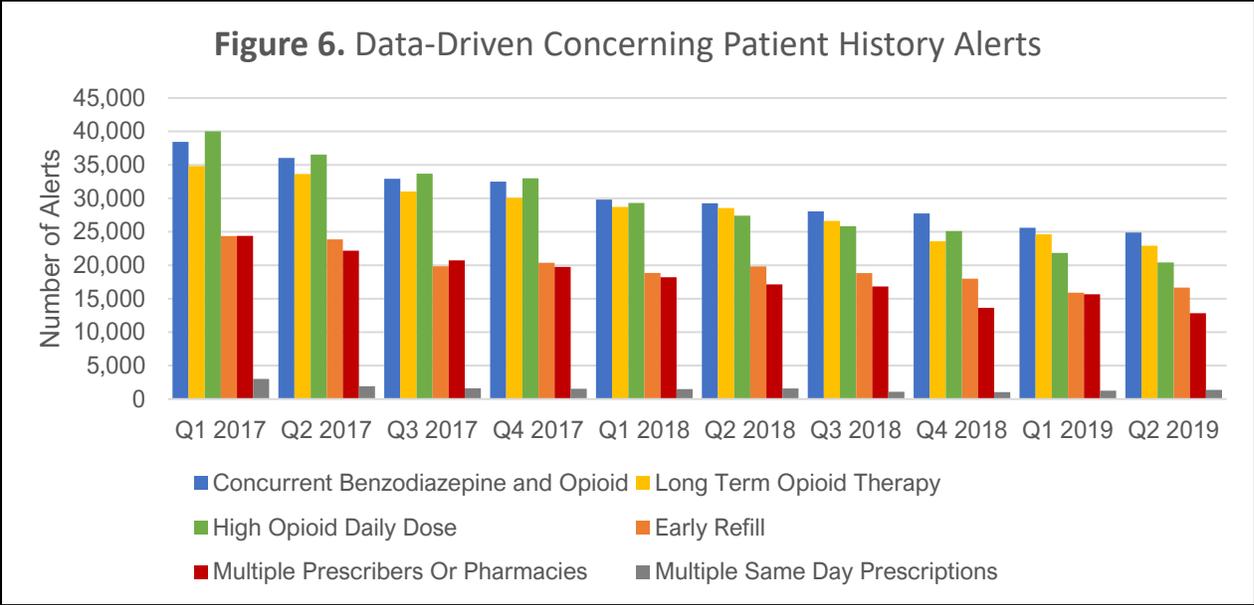
The 6 types of data-driven concerning patient history alerts are:

1. **Concurrent Benzodiazepine and Opioid Prescription Alert**, which indicates when a patient's active current prescriptions include both an opioid and a benzodiazepine, a combination that significantly increases the patient's risk of overdose.
2. **Long-Term Opioid Therapy with Multiple Prescribers Alert**, which indicates when a patient has been prescribed at least one opioid prescription from two or more prescribers for 90 or more days.
3. **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), thereby increasing the patient's risk of overdose.
4. **Early Refill Alert**, which indicates when a patient has refilled a controlled substance prescription two or more days earlier than the expected refill date based on the estimated duration of the prescription calculated and reported by the pharmacy.
5. **Multiple Prescribers or Pharmacies Alert**, which indicates that the patient has obtained prescriptions from at least five prescribers or five pharmacies within the previous 90 days. The five 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; it is simply a flag for further inspection of the dispensing history.
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 5.6% reduction in the number of concerning patient history alerts generated by analytics of the dispensing data from Q1 2019 to Q2 2019. Specifically, the alerts for Multiple Prescribers or Pharmacies, an alert that may be an indication of "doctor shopping," decreased in occurrence by 18%. The occurrence of both High Opioid Daily Dose and Long-Term Opioid Therapy alerts decreased by nearly 7%, and Concurrent Benzodiazepine and Opioid alerts decreased by 3%. There was again a slight increase in frequency of occurrence for Multiple Same Day Prescriptions in Q2 2019; however, when compared to Q1 2017, the occurrence rate for that alert type has decreased by over 50%. This is also the least frequent of alert types, making up only approximately 1% of all data-driven alerts.

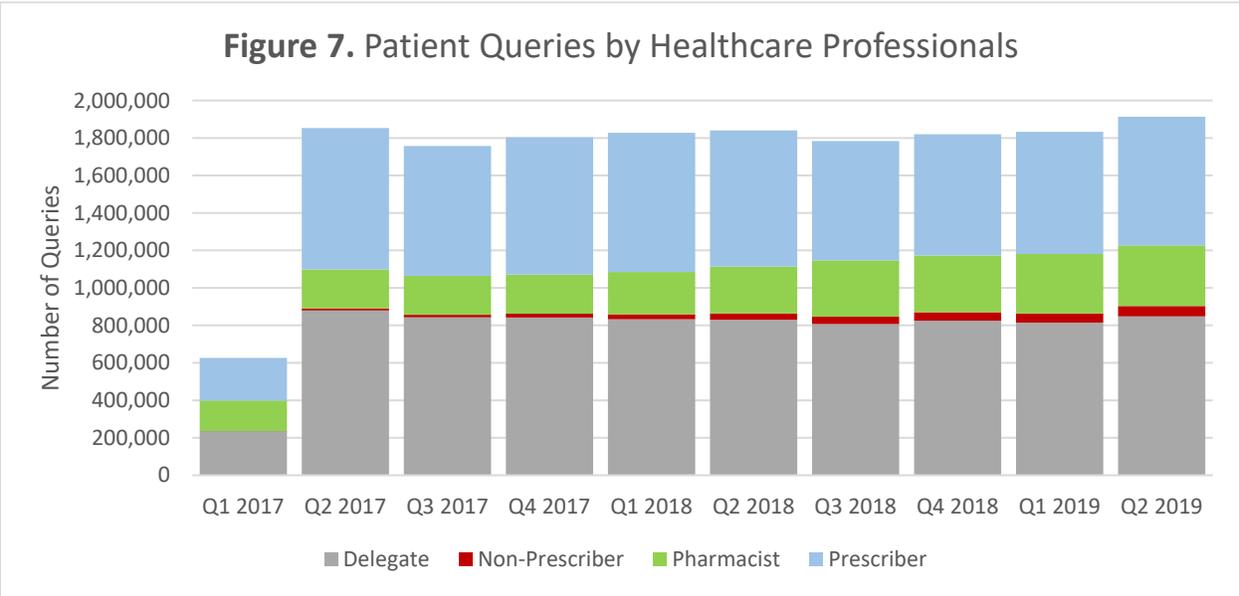
See Table 2 and Figure 6 below for detail on the overall volume of alerts by alert type since the WI ePDMP was launched in Q1 2017, as well as the percent change that occurred from Q1 2019 to Q2 2019.

	Alert Type	Q1 2019	Q2 2019	Percent Change
1	Concurrent Benzodiazepine and Opioid	25,608	24,882	-2.8%
2	Long-Term Opioid Therapy	24,619	22,918	-6.9%
3	High Opioid Daily Dose	21,853	20,414	-6.6%
4	Early Refill	15,901	16,654	4.7%
5	Multiple Prescribers or Pharmacies	15,668	12,825	-18.1%
6	Multiple Same Day Prescriptions	1,258	1,376	9.4%
	All Alert Types	104,907	99,069	-5.6%



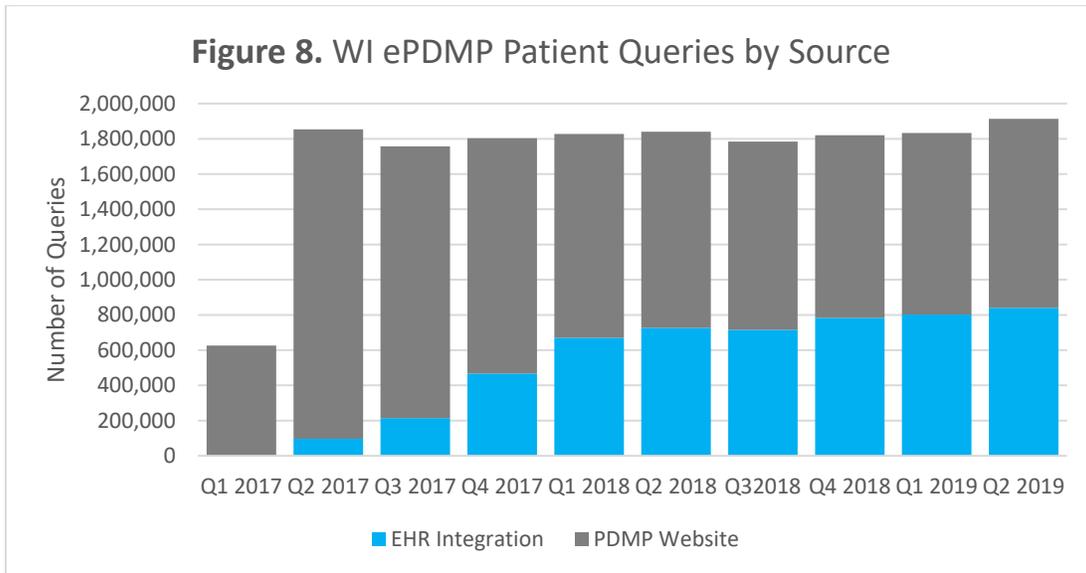
Disclosure of WI PDMP Data

Between April 1 and June 30, 2019, healthcare users made a total of 1,913,235 patient queries. Breaking down the queries by user type shows that 44% of the queries were performed by delegates of prescribers or pharmacists, 36% were performed by prescribers, 17% by pharmacists, and 3% by other non-prescribing healthcare professionals. The number of patient queries per month is continuing to increase, even with the overall decreases seen in the dispensing of monitored prescription drugs. Query volume increased by 4% in Q2 2019 compared to Q1 2019, even though dispensing volume was effectively unchanged. April and May 2019 had the highest query numbers on record, with 651,657 and 664,352 queries per month, respectively.

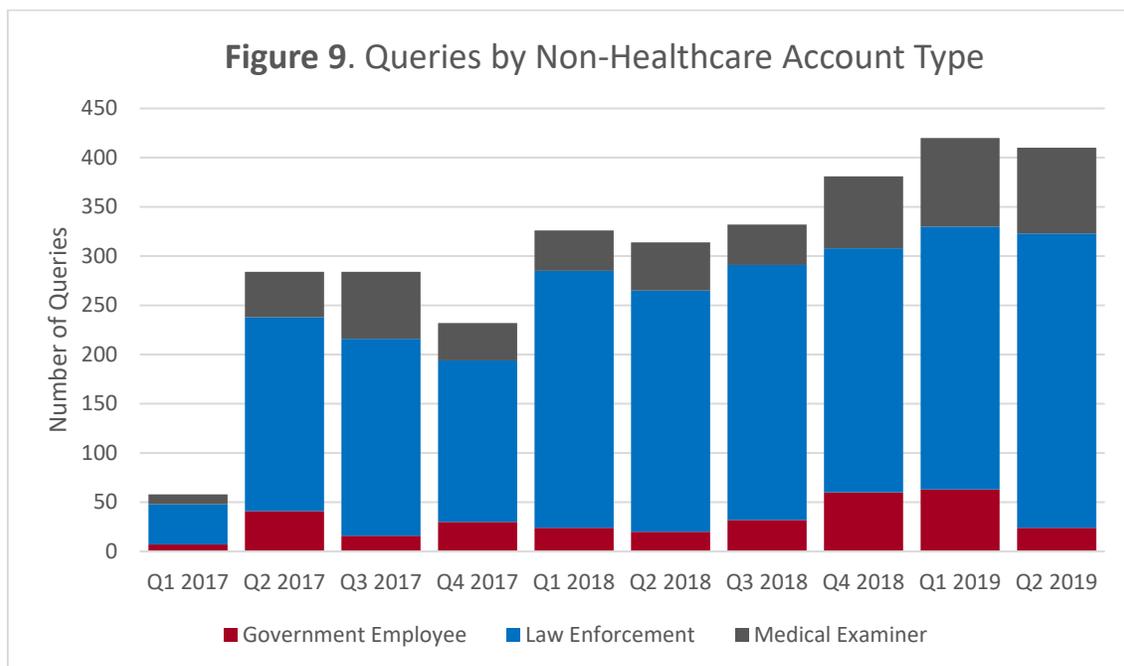


The WI ePDMP is currently connected to 21 other state PDMPs via the National Association of Boards of Pharmacy’s PMP InterConnect (PMPi) and the RxCheck interstate data sharing hub. This allows healthcare users to expand the WI ePDMP patient query to return results from PDMPs in other states, including border states such as Minnesota, Michigan, Illinois, Iowa and Indiana.

Healthcare professionals from 14 health systems in Wisconsin have one-click access to the PDMP from within their electronic health record (EHR) platform. Three additional health systems have begun testing the single-sign-on option from within their EHR and will be going live with the connection in Q3 2019. Figure 8 below shows that, in Q2 2019, 44% of patient queries were through the direct EHR integration, which is consistent with the Q1 2019 query volume by source.



Authorized individuals from non-healthcare groups made a total of 410 requests for PDMP data in Q2 2019, which is a 2% decrease over the previous quarter. The largest decrease was among authorized Government Employee users, and the largest increase was among authorized Law Enforcement users. Usage among authorized Medical Examiner/Coroner users remained steady but is higher than it had been in previous years.

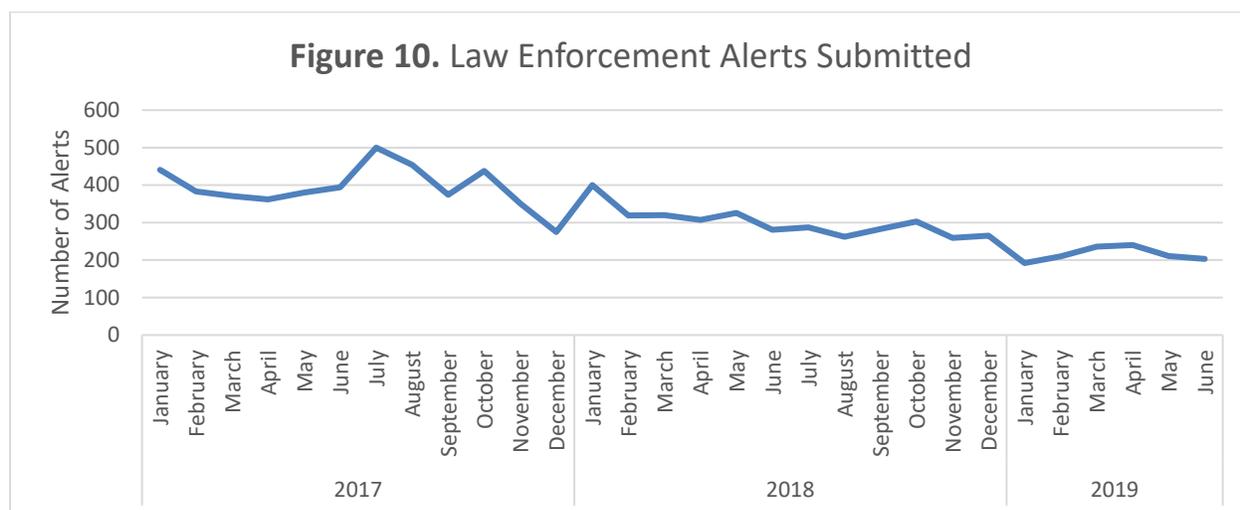


Law Enforcement Reports

In Q2 2019 there were 654 events reported to the WI ePDMP by Wisconsin law enforcement agencies 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.

Prescribers of patients associated with these events receive a proactive email notice from the WI ePDMP, in addition to the event being captured as an alert on the patient report in the WI ePDMP. Figure 10 shows the number of law enforcement reports submitted to the WI ePDMP by month since the WI ePDMP was launched. There is no statutory requirement for law enforcement agencies to submit their reports within a certain timeframe after the date of the event, and outreach efforts continue to emphasize the value that law enforcement reporting brings for healthcare clinical decision making.



The distribution of submission by report type remains fairly consistent from one quarter to the next. However, the proportion of non-fatal opioid-related overdose events at the end of Q2 has increased by 7% compared to the proportion reported at the end of Q1 2019. The 2019 year-to-date distribution by report type can be seen below:

- 41% of the reports submitted were reports of stolen controlled substance prescriptions
- 22% of the reports submitted were for suspected violations of the Controlled Substances Act
- 32% of the reports submitted were for suspected non-fatal opioid-related overdose events
- 5% of the reports submitted were for suspected narcotic-related deaths.

Summary

The second quarter of 2019 shows little change in the number of opioids and benzodiazepines dispensed in Wisconsin compared to the previous quarter. However, the number of patient queries conducted per month remains consistent, and is even increasing, even though the overall quantity of monitored prescription drugs being dispensed is decreasing.

Data show overall decreased dispensing for Q2 2019 compared to Q2 2018:

- There was a less than 1% decrease in the total number of all monitored prescription drugs dispensed in Q2 2019 from the previous quarter but still a total decrease of nearly 6% when compared to the same quarter from the previous year.
 - The number of opioid prescriptions dispensed decreased by 8%, or almost 71,000 fewer prescriptions, compared to the previous year.
 - The number of benzodiazepine prescriptions dispensed decreased by 6%, or nearly 30,000 fewer prescriptions, compared to the previous year.
 - The dispensing of stimulants prescriptions dispensed increased by 2% compared to the previous year

Overall dispensing rates of monitored prescription drugs remain significantly lower in Q2 2019 than they were at their peak in Q4 2015:

- In Q2 2019, there were 26% fewer monitored prescription drugs dispensed, or nearly 700,000 fewer prescriptions, than in Q4 2015.
 - The number of opioid prescriptions dispensed in Q2 2019 was 35%, or over 450,000 prescriptions, lower than the peak number in Q4 2015.
 - The number of benzodiazepine prescriptions dispensed in Q2 2019 was 26%, or nearly 160,000 prescriptions, lower than the peak level in Q4 2015.

Encouraging trends found in the WI PDMP continued in Q2 2019:

- The dispensing of Buprenorphine HCl-Naloxone HCl Dihydrate (Suboxone®), one of the medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder, increased by 7% in Q2 2019 compared to Q1 2019, which equates to an increase of 26% in the past 12 months and over 62% since Q1 2016.
- The occurrence of data-driven concerning patient history alerts, including measures that indicate drug seeking behaviors and increased risk for overdose, declined by 5.6% from the previous quarter, 20% over the past 12 months, and 40% from the launch of the WI ePDMP in Q1 2017.

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.