



MONTANA BOARD OF PHARMACY

December 16, 2016

Rep. Ryan Lynch – Chair
Economic Affairs Interim Committee
64th Montana Legislature
P.O. Box 201706
Helena, MT 59620-1706

RE: Montana Prescription Drug Registry (MPDR) 2016 Interim Report

Dear Chair Lynch and Members of the Economic Affairs Interim Committee,

The Montana Board of Pharmacy (Board) submits the following report regarding the Montana Prescription Drug Registry (MPDR, or Registry) to the legislative interim committee on Economic Affairs. Pursuant to 37-7-1514, MCA, this report constitutes the Board's update on the status of the MPDR program.

Overview

The Board established and presently maintains the Registry, and is administratively attached to the Montana Department of Labor and Industry (Department). The MPDR collects a list of controlled substances prescribed to patients and permits authorized users access to the information for the purpose of improving patient safety, including the identification of possible misuse, abuse and/or diversion of controlled substances (37-7-1502, MCA). The Registry is voluntary to use but pharmacies licensed by the Board are required to submit controlled substance prescription data within 8 days of dispensing. The MPDR program launched in November 2012 and is accessible through the online Web site at: www.mpdr.mt.gov.

Access to the Registry is authorized pursuant to 37-7-1506(1), MCA. Prescribers, dispensers, and their authorized agents (delegates) have direct online MPDR access (www.mpdr.mt.gov) after completing education and an online registration process. Direct online MPDR access is provided to the following:

- Physicians;
- Naturopathic physicians;
- Dentists;
- Optometrists;
- Podiatrists;
- Physician assistants;

- Advanced practice registered nurses with prescriptive authority;
- Pharmacists;
- Authorized delegates of these prescribers and dispensers;
- Board of Pharmacy authorized staff for administrative purposes; and,
- Authorized representatives of Medicare, Medicaid, the Veterans Administration, Indian Health Services, and Tribal Health.

Other authorized users of the Registry, such as professional licensing boards and law enforcement, are not authorized for direct online access and must either submit a Board investigational request or provide a subpoena. In addition, individuals may request a copy of their own prescription history as it appears in the Registry.

The Board continues to receive input from the MPDR Advisory Group, which met most recently in August 2016.

MPDR Statistics and Growth

Since the May 2014 interim report, there has been substantial growth in use of the Registry. For example, the average monthly searches for patient prescription history has increased by over 160% from 9,600 to over 25,700. In addition, the total number of patient prescription history searches has increased by over 390% from 121,880 to 598,612. The Board is pleased with the increased number of searches and use of the Registry and offers the following November 2016 statistics:

- **Patient Prescription History Searches:** The average monthly patient prescription history searches is over 25,700. The total number of searches is 598,612 since the program started in November 2012.
- **Montana Registered Users:** The number of registered users located in Montana is 2,999, which is 46.4% of the eligible users located in Montana (6,458).
- **All Registered Users:** The total number of registered users is 3,435, which is 32.5 % of all eligible users (10,579).
- **Prescription Data:** The total number of controlled substance prescriptions in the Registry database is over 9.9 million.
- **Law Enforcement Subpoenas:** Staff responded to 17 law enforcement subpoenas (828 since November 2012).
- **Board Investigations:** Staff responded to 1 board investigation request (64 since November 2012).
- **Individual Requests:** Staff did not respond to any individuals requesting their own information from the registry in November but has responded to 15 since November 2012.

Some government entities who dispense controlled substances to patients in Montana but do not hold licensure as a Montana pharmacy report controlled substance prescription information to the MPDR through a memorandum of understanding (MOU) with the Board. Examples include but are not limited to: the Indian Health Service, two Tribal Health programs, and the U.S. Department of Veterans Affairs.

MPDR Funding

The MPDR continues to operate through a combination of fees and federal grant funds. As amended in the 2015 Legislature (37-7-1511, MCA), licensees authorized to prescribe and dispense controlled substances pay a \$30 fee which is collected at the time of license renewal. The federal funds stem from grants awarded through the Montana Board of Crime Control, which receives its federal grant funding from the Harold Rogers Prescription Drug Monitoring Program/Bureau of Justice Assistance (within the U.S. Department of Justice).

Fees were collected from the following Department licensure types: physicians, naturopathic physicians, dentists, optometrists, podiatrists, physician assistants, advanced practice registered nurses with prescriptive authority, and pharmacists.

For Fiscal Year (FY) 2017, the MPDR operating budget is projected to be \$468,452, with \$238,848 from fees and \$229,604 from grants. A general outline of this budget is provided in Table A.

Table A

MPDR Fiscal Year 2017 Budget and Expenses Projection	12-Month Total
Montana Interactive Enhancements	\$215,485
General Operating Costs*	\$159,859
Montana Interactive Hosting & Support	\$58,350
Printing & Postage	\$9,849
Purchase National Drug Code (NDC) File	\$10,791
Travel	\$14,118
Total Projected Budget and Expenses	\$468,452

* Includes salaries, benefits, legal, dues, supplies/materials, file storage, etc.

The Board recognizes that the annual general operating and system enhancement budget of \$468,452 is greater than the previously reported FY 2014 budget of \$300,758. The increased budget is a result of greater costs to plan, design, build, and implement system enhancements to the online database in order to improve functionality. Day-to-day operating expenses have also increased due to a higher-than-projected number of licensees who are eligible for MPDR access.

MPDR Completed Projects

Delegate Access

The Board reports that the Delegate Access system enhancement launched on April 5, 2016. This new online feature allows MPDR users to delegate their search authority to staff (delegates) to assist in providing patient care. A delegate's access and relationship is managed individually by a MPDR

user who serves as the delegate's MPDR Supervising Provider, or at a facility level through a Facility Management function. Delegates must complete user training and registration before accessing the MPDR and they must identify the Supervising Provider who authorized each search in order to conduct a patient's prescription history search in the MPDR.

The Board notes that due to the overall complexity of the enhancement and the inclusion of the Facility Management functionality, the implementation of this project was delayed and impacted work on other enhancements and projects. As a result of the delay, the Department assisted in providing greater oversight of the project and worked with the vendor, Montana Interactive, LLC, to reassess and improve project management.

Automate MPDR Fee Collection

MPDR fees are now collected during the license renewal process rather than through a separate invoice. Licensees can make one payment that includes both their license renewal costs and their MPDR fee.

Pharmacy Reporting Rule Change

ARM 24.174.1704 was modified to clarify MPDR pharmacy reporting requirements, and to allow pharmacies that attest that they do not dispense controlled substances to be excused from submitting Zero Reports to the MPDR. This change required modifications to the Department's licensing database and extensive revisions to MPDR online documentation for pharmacies.

Nursing Compact Implementation

The Department added a new license type to enable accurate administration of the Nursing Compact approved in the 2015 Legislature. The MPDR's online services were successfully updated to recognize users holding the new license type.

Retention of MPDR Test Data

The Department provided MPDR with a new licensing test environment that enables MPDR staff to test new enhancements without having to re-create core test data each time.

Resolving Online Production Issues

Over the last two years, MPDR and Department staff worked closely with the vendor to identify and resolve a variety of production issues with MPDR online services. This team will continue to support MPDR users and work to resolve any new production issues which may arise.

Current Projects

Interstate Data Sharing

The current priority enhancement project is Interstate Data Sharing which will facilitate the sharing of MPDR data with prescription monitoring programs in other states. This project requires the development of an interface program to a third-party vendor and requires a variety of modifications to the online search service. The Board is using the National Association of Boards of Pharmacy's (NABP) PMP InterConnect (PMPi) service and platform for this enhancement. PMPi features allow enforcement of MPDR access requirements while exchanging data with other participating states

and state identification of search results. Currently, the PMPi has 33 participating states, including Montana's border states Idaho, North Dakota, and South Dakota; Wyoming is also in the process of connecting to PMPi.

Initial work on the Interstate Data Sharing enhancement project started in January 2016 with primary focus starting in July 2016; the anticipated launch of this enhancement is January 2017.

MPDR Data Destruction

MPDR staff and the vendor are actively working on a solution to remove prescription data from the MPDR when it is more than three years old, as required by 37-7-1508, MCA and ARM 24.174.1709. The solution involves removing applicable prescription data from the database while preserving the information reported pursuant to subpoena or board investigation requests. The Board expects data destruction to be fully implemented in early 2017.

Future Priorities

Summaries of future project and enhancements priorities include:

- **Statistical Reporting** development of additional functionality and data analysis capabilities including the ability to de-identify data for research purposes.
- **Unsolicited Reporting** capability to allow notification to registered prescribers and pharmacists of possible misuse or diversion of controlled substances based on information in the registry. Threshold guidelines have been suggested in ARM 24.174.1706. The report functionality will also assist in meeting certain reporting requirements indicated in federal Harold Rogers grants.
- **Daily Reporting** by pharmacies will be considered as a potential rule change to decrease the current 8-day timeframe pharmacies have to report prescription data to the MPDR.
- **Patient Profile Matching** to use system logic to match certain parameters indicating a likely patient profile match (i.e., "Robert" and "Bob" Smith when other parameters match).
- **Outstanding Items** includes completion of open items related to pharmacy compliance audit reporting, delegate access, Board administrative activities, and user issues.

MPDR Vendor Discussions

In response to the Board's meeting on April 8, 2016 discussing MPDR vendor considerations and long-term strategies, and recognizing pharmacy and medical stakeholder input and concerns for the timeline to build new enhancements, the Department is assisting the Board in pursuing methods to compare other vendors providing prescription drug monitoring program services and solutions. The Board is aware that other vendors already provide a variety of program functionalities that the MPDR is currently building or would need to build in the future, specifically, interstate data sharing, de-identification of data, unsolicited reports, and integration into electronic health records and

pharmacy operating systems. Therefore, a Request for Proposals is being drafted and will be submitted to the Department of Administration to proceed in evaluating vendor options. MPDR's existing vendor is aware of these discussions and has been encouraged to participate in the Board's future request actions.

2017 Legislation

The Department and the Board received approval through the Committee to move forward with a 2017 legislative bill to revise the sunset date related to funding of the Registry and authority to collect MPDR fees. The Board thanks the Committee for its review of what is now Senate Bill 56.

Next Steps

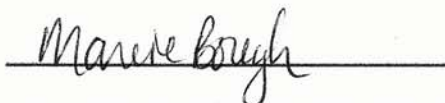
As the 2017 Legislative Session approaches, the Board will continue to communicate and engage stakeholders and the MPDR advisory group regarding status updates of current activities and enhancements, funding, and vendor discussions. The Board will also continue to review information on the operation of prescription drug programs in other states as our program evolves and system enhancements are implemented.

Finally, the Board will continue to promote the values of the MPDR as a patient safety tool for health care providers to utilize that also provides information that may be helpful in addressing or identifying potential prescription drug abuse, misuse and/or diversion issues.

On behalf of Starla Blank, PharmD, President, and the other members of the Board, thank you for your time and the opportunity to provide information related to the MPDR. For additional information, please contact me at: Marcie Bough, PharmD, Executive Officer, Montana Board of Pharmacy, P.O. Box 200513, 301 S. Park Avenue, Helena, MT 59620, 406-841-2371, mbough@mt.gov.

Sincerely,

MONTANA BOARD OF PHARMACY

A handwritten signature in cursive script that reads "Marcie Bough". The signature is written over a horizontal line.

Marcie Bough, PharmD, Executive Officer