

Recommendations to the Controlled Substances Database

Prepared by:

Division of Occupational and Professional Licensing and Utah Department of Health

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HB 137: "Requires the department to report to the legislative Health and Human Services Interim Committee and the legislative Business and Labor Interim Committee...to present its recommendations on: the use of the Utah Controlled Substances Database to identify and prevent the misuse of opiates; inappropriate prescribing; and adverse outcomes of prescription opiate medications."

The Utah Controlled Substance Database Program was legislatively created and put into effect on July 1, 1995. It is used to track and collect data on the dispensing of Schedule II-V drugs by all retail, institutional, and outpatient hospital pharmacies, and in-state/out-of-state mail order pharmacies. The data is disseminated to authorized individuals and used to identify potential cases of drug over-utilization, misuse, and over-prescribing of controlled substances throughout the state.

The CSD records are retained in the form that they are sent from the individual pharmacies. Some data quality weaknesses have been identified including missing or invalid data in key fields such as patient name or provider DEA number.

The Utah Department of Health has made the following recommendations on how to use the CSD to identify and prevent misuse of opiates, inappropriate prescribing and adverse outcomes of prescription opiate medication. The recommendations were sent to Department of Commerce and Division of Occupational and Professional Licensing (DOPL), who then commented on the status of the recommendation. The comments generally fall into one of the following categories:

- Great idea, warrants further consideration
- Great idea, already completed or being completed
- Great idea, project in the queue or awaiting funding
- Good idea, objective can be met with existing Database
- DOPL has concerns with the idea
- Potential idea, but other groups have expressed concerns

DOPL has worked with UDOH during the past two years to assist UDOH in accessing and understanding the Controlled Substances Database. DOPL has taken the initiative to make many beneficial changes and have plans to continue improving the Database this coming year. Since its inception in 1995, the Database has undergone many changes, both administratively and legislatively. These recommendations, along with other external recommendations and internal action points, will help DOPL to continue improving the Database.

The table below shows each recommendation by UDOH along with the response from DOPL as to the status of the recommendation and an explanation of the status.

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Recommendation by UDOH	Status	Explanation from DOPL
<p>Incorporation of a Master Patient Index. The Utah Department of Health has year creating a Master Patient Index for the CSD. A Master Patient Index will assign a specific identifying number to each individual patient by matching names with date of birth. This will make it easy and possible to view a patient's prescription history over time.</p>	<p>Great idea, warrants further consideration AND Potential idea, but other groups have expressed concern.</p>	<p>This idea highlights what is perhaps the greatest weakness of the Database, the errors created by user entry of names or dates of birth. Names and dates of birth were originally recognized as the primary identifiers since prescribers and pharmacies would not need to change prescribing or dispensing practices in order for the database to function. DOPL would have to change the Database "spine" in order to meet this recommendation. In addition, in order for the Master Patient Index to work, the prescribing practitioner and pharmacy will have to utilize the assigned index number throughout the process of prescribing and dispensing in order for the database to verify who is attached to the record. A potential IT concern is if the recommendation is intended to create another database (the Index) or just a field within the current database.</p>
<p>Counting of prescriptions by patient. We recommend that the Master Patient Index be linked with a counting device that would calculate a running total of the number of prescriptions for each patient. In addition to a counter for total number of controlled substance prescriptions, it would be useful to generate a running total of filled prescriptions by class of medication. These counters could be used in the future to trigger potential investigations if a patient fills more prescriptions in total or within a class than has been established as reasonable within a timeframe.</p>	<p>Great idea, already completed or being completed.</p>	<p>The Database already has the capability to count the number of prescriptions by individual in the Database, with the identifying limitations addressed under #1. Perhaps the interface functionality could be improved so the information is more easily found.</p>
<p>Counting of prescriptions by provider. We recommend that the database include an automated means of counting number of filled prescriptions by provider. This will allow for a means of triggering investigations if a provider writes more prescriptions within a timeframe than an established expected value.</p>	<p>Great idea, already completed or being completed.</p>	<p>The Database already has the capability to count the number of prescriptions by provider in the Database, with the identifying limitations addressed under #1. Perhaps the interface functionality could be improved so the information is more easily found.</p>
<p>Addition of non-human indicator field. Occasionally, controlled substances are prescribed to animals. Currently, the data from the animals' prescriptions are indecipherable from the data on prescriptions from humans (except by obvious names such as "Fluffy", comments in a name field). This causes problems in the analysis by skewing the data (at a glance, it may appear that many 2 year olds are taking controlled substances, but at a closer examination this is due to prescriptions for animals). A separate indicator field for prescriptions to non-human animals would help eliminate the problem.</p>	<p>Great idea, project in the queue or awaiting funding.</p>	<p>This is a very good idea that the Database is working on completing as resources become available.</p>
<p>Automated quality controls on data, such as programming legal values of fields, whenever possible. For example, the field of "sex" should only accept the answers Male or Female, and any other answer should be rejected (and perhaps automatically sent back to pharmacy for correction). Other examples include only accepting DEA IDs that follow the correct pattern of</p>	<p>Great idea, already completed or being completed AND warrants</p>	<p>Currently, the Database creates an "exceptions report" that highlights errors in the data submissions and seeks corrections. If the exceptions report demonstrates a high level of error, the report is automatically rejected to the pharmacy for corrections. If the corrections are few, the Database contacts the pharmacy</p>

<p>numbers and letters, and that the date of birth can not be later than the date the prescription is written or filled. Simple steps like these will increase the value of the data tremendously.</p>	<p>further consideration .</p>	<p>directly to correct the issue. Currently, 1 in 500 data records is identified as an error and requires staff coordination and correction with the submitting pharmacy. However, name variations are not caught as errors. The only time that the name field is considered an error is when it is left blank. The Database does NOT automatically reject an entire file if only a few records in the file have errors. The Database will continue to identify additional data fields that can be highlighted for errors beyond those already identified.</p>
<p>Action for incomplete reports or reports with illegal field values. For example, when entering the patient's sex, if a 9 is entered rather than an M or F, the report should not go through, but would reply that the answer is not valid. Another way to eliminate incomplete or incorrect reports would be to have an automated system that sent back these reports each time that DOPL uploaded the data and found the inconsistent fields. For example if the DEA number is 999999999999 or if the DEA number doesn't match an entry from the Master DEA table, or the patient address is missing, the record should be rejected and returned to the sender.</p>	<p>Great idea, already completed or being completed.</p>	<p>If the exceptions report demonstrates a high level of error, the report is automatically rejected to the pharmacy for corrections. If the corrections are few, the Database contacts the pharmacy directly to correct the issue. The Database will continue to identify additional data fields that can be highlighted for errors beyond those already identified.</p>
<p>Additional indicator field for prescriptions picked up by someone other than the person for whom the prescription is written. This might assist in detecting fraud.</p>	<p>Great idea, project in the queue or awaiting funding.</p>	<p>The Database can currently provide this information. The greatest limitation has been the software used by the pharmacies, but most have the current software.</p>
<p>Standardization of the customer ID field. Currently, the customer ID field varies from driver's license number to social security number to written explanations about the customer. Consequently the data cannot be analyzed. Standardizing this would also require deciding whether the information would reflect the person for whom the rx is written or the person who is picking up the rx.</p>	<p>Great idea, warrants further consideration .</p>	<p>A good cost-benefit analysis could determine if the programming costs are worth the benefit.</p>
<p>Standardization of what goes into each field. For example, sometimes the "first name" field includes nicknames, middle names, or parenthetical comments. These could prevent the linking mechanism for "Firstname" from matching the first name if a nickname is entered.</p>	<p>Great idea, warrants further consideration .</p>	<p>A good cost-benefit analysis could determine if the programming costs are worth the benefit.</p>
<p>Establish a real-time link between the pharmacies and the CSD. Legislation passed in 2008 which would have established a pilot program for a real-time database. Unfortunately, due to the economic downturn, the money was retracted. The expansion of such a database statewide will result in increase of users and increase in frequency of use by each individual user. This would allow providers to learn what the patient got yesterday and last week and not just last month. This could be really important in the ER to treat someone safely if they aren't conscious, and to prevent acquisition of more drugs by drug seekers. Similarly it would help pharmacists know what patients had gotten from other pharmacies in the very recent past.</p>	<p>Great idea, warrants further consideration AND Potential idea, but other groups have expressed concern.</p>	<p>Real-time linking has been discussed often and supported by the Legislature. Perhaps the most significant issue here is covering the cost and truly defining "real-time." The current reporting is weekly, not monthly. The law allows more frequent reporting, but no pharmacy has elected to participate in more frequent reporting. (six pharmacies have expressed interest, but none have begun) Pharmacies have been worried that they not be burdened with the entire cost of compliance, among other concerns.</p>

<p>Evaluate the flags that are currently in place to trigger an intervention on the patient or providers behalf. For example, certain flags already exist that will trigger DOPL to send a letter to providers. Re-evaluating these with the expanded purpose of the database in mind can help to increase the value of each letter sent. Some things to consider are how many prescriptions are reasonable for a provider to write during a time period? How many prescriptions are reasonable for a patient to fill during a time period? If we identify high-risk drug combinations, a trigger could be set-up if a patient fills two or more prescriptions that are dangerous when combined. The provider(s) and patient could then be contacted and warned about the potentially dangerous combination. In many cases it may be that the drugs were prescribed by different providers who have no idea what else the patient is taking. This could save lives.</p>	<p>Great idea, already completed or being completed; Great idea, warrants further discussion; Other groups have expressed concerns AND DOPL has concerns with the idea.</p>	<p>Of course the purpose of the database is to protect the public from the abuse of controlled substances. The Database currently has some flags in place, such as for doctor shoppers. In addition, the Division enforcement area has used the information in bringing administrative cases against medical practitioners who, after a thorough review by medical professionals, are determined to have violated a standard of care with prescribing practices for controlled substances. Any expansion of the flags needs to be weighed very carefully against privacy rights and medical practitioner professional judgment. The system is a tool or resource for the prescribing and dispensing practitioners, but should not replace practitioner judgment. In the past, practitioners and the public have been concerned about DOPL or law enforcement or others going on “fishing expeditions.” A panel of medical providers, such as the Physician’s Licensing Board or another body would need to evaluate and establish any triggers that begin to evaluate the professional decisions of practitioners.</p>
<p>Procedures put in place for when flags are triggered. If DOPL reevaluates the triggers, they should also make sure that the appropriate procedures are put in place so that when the flags are triggered there is immediate and helpful action.</p>	<p>Great idea, already completed or being completed; Great idea, warrants further discussion; Other groups have expressed concerns AND DOPL has concerns with the idea.</p>	<p>Of course the purpose of the database is to protect the public from the abuse of controlled substances. The Database currently has some flags in place, such as for doctor shoppers. In addition, the Division enforcement area has used the information in bringing administrative cases against medical practitioners who, after a thorough review by medical professionals, are determined to have violated a standard of care with prescribing practices for controlled substances. Any expansion of the flags needs to be weighed very carefully against privacy rights and medical practitioner professional judgment. The system is a tool or resource for the prescribing and dispensing practitioners, but should not replace practitioner judgment. In the past, practitioners and the public have been concerned about DOPL or law enforcement or others going on “fishing expeditions.” A panel of medical providers, such as the Physician’s Licensing Board or another body would need to evaluate and establish any triggers that begin to evaluate the professional decisions of practitioners.</p>
<p>Market the CSD to providers and pharmacists to increase awareness of its existence and uses</p>	<p>Great idea, already completed or being completed.</p>	<p>The Department of Commerce and DOPL are in the process of a public awareness campaign for the database. The current efforts include: Modifying continuing education for all medical practitioners who have access to the database so they can receive credit for DOPL taught classes about the database. All rules have been modified to permit the classes. Improving the Database interface to decrease login times and increase ease of use. Permit after hours registration with the database (by email password) so practitioners</p>

		can create an account not only 44 hours per week (DOPL's hours), but 168 hours per week. Offering free classes to medical practitioners and others on how to use the database and get the most use out of the database.
Automatic logoff time should be extended. Providers are automatically logged off if the computer is left idling for a short time (5 minutes?) which requires the doc to spend time to re-login for each patient. This is very cumbersome and time-consuming in clinic. Providers suggest making it possible to stay logged in longer to help make the database more user-friendly.	Great idea, already completed or being completed.	Part of the Department of Commerce and DOPL redesign of the Database interface solves this problem. The redesign should be introduced this Fall.
The web-site needs to be accessible within no more than 3 minutes time. In order for the website to be used frequently, the 4 questions should not be asked every time, there should not be a need for both a password and a pin, and search parameters should be able to be saved with the provider's own preferences as defaults	Great idea, already completed or being completed.	Part of the Department of Commerce and DOPL redesign of the Database interface solves this problem. The redesign should be introduced this Fall.
Expand the database to include mandatory collection of data from: methadone treatment, Indian Health Services, VA & military. Currently individuals who receive prescriptions from these sources do not show up in the Controlled Substance Database	Great idea, warrants further consideration	The Database has attempted by memoranda to bring groups that are currently exempt from the Pharmacy Practice Act into cooperation with the Database in order to better protect the public. None have elected to do so.
Improve ease of registering for access to the CSD. Make it possible to receive access to CSD online (rather than phoning in). The provider should be able to change the password once it is received for security reasons.	Great idea, already completed or being completed.	Part of the Department of Commerce and DOPL redesign of the Database interface solves this problem. The redesign should be introduced this Fall.
. Make the reports sortable by date and or provider. Change the format of the results of a search from pdf to a sortable table. That way we can sort the data to make it chronological, by provider, by type of medication, by pharmacy etc. The pdf format is not chronological and so can be very cumbersome to use.	Great idea, already completed or being completed.	Part of the Department of Commerce and DOPL redesign of the Database interface solves this problem. The redesign should be introduced this Fall.
When providers run reports on themselves as providers and there is a patient who shows up on our list, the provider should be able to click on the patient and have it bring up that patients report. Currently the provider has to write down the name, exit out of the list, and then re-enter the list for the patient.	Great idea, project in the queue or awaiting funding.	Until May 2009, providers were not entitled to see this information. Now the law permits it. The Database intends to provide this functionality.
Create a way on the database to flag an issue to have it forwarded to DOPL. If a provider sees suspicious behavior on a patient that he/she is not likely to see again, then it can be forwarded to DOPL so they can alert the PCP or next provider of the possible issue.	Great idea, project in the queue or awaiting funding.	
Allow preferences to be saved on the search page. For example, one provider may always like to search with last name and date of birth, but each time he/she would have to change the search parameters.	Great idea, warrants further discussion AND project in the queue or awaiting funding.	
Change the date of birth to be something the provider can type in, not scroll through. It takes too much time to scroll through it each time as it defaults on 1900	Great idea, already being completed.	Part of the DOPL redesign of the Database interface solves this problem. The redesign should be introduced this fall.