

Arkansas Prescription Monitoring Program

FY 2016

Fourth Quarter Report

April-June 2016



ARKANSAS
DEPARTMENT OF HEALTH

Arkansas Prescription Monitoring Program



Quarterly Report

April—June, Fiscal year 2016

Act 304 of 2011 authorized the Arkansas Prescription Drug Monitoring Program (PMP).

Arkansas law states that each dispenser shall submit, by electronic means, information regarding each prescription dispensed for a controlled substance. Each time a controlled substance is dispensed to an individual, the dispenser shall submit the information required by Arkansas law to the central repository weekly for the previous week, Sunday through Saturday.

The ADH shall establish and maintain procedures to ensure that the privacy, confidentiality, and security of patient information collected, recorded, transmitted, and maintained is not disclosed except as provided in Act 304.

The goals of the PMP:

- ◆ To enhance patient care by providing prescription monitoring information that will ensure legitimate use of controlled substances in health care.
- ◆ To help curtail the misuse and abuse of controlled substances.
- ◆ To assist in combating illegal trade in and diversion of controlled substances.
- ◆ To enable access to prescription information by practitioners, law enforcement agents and other authorized individuals and agencies.

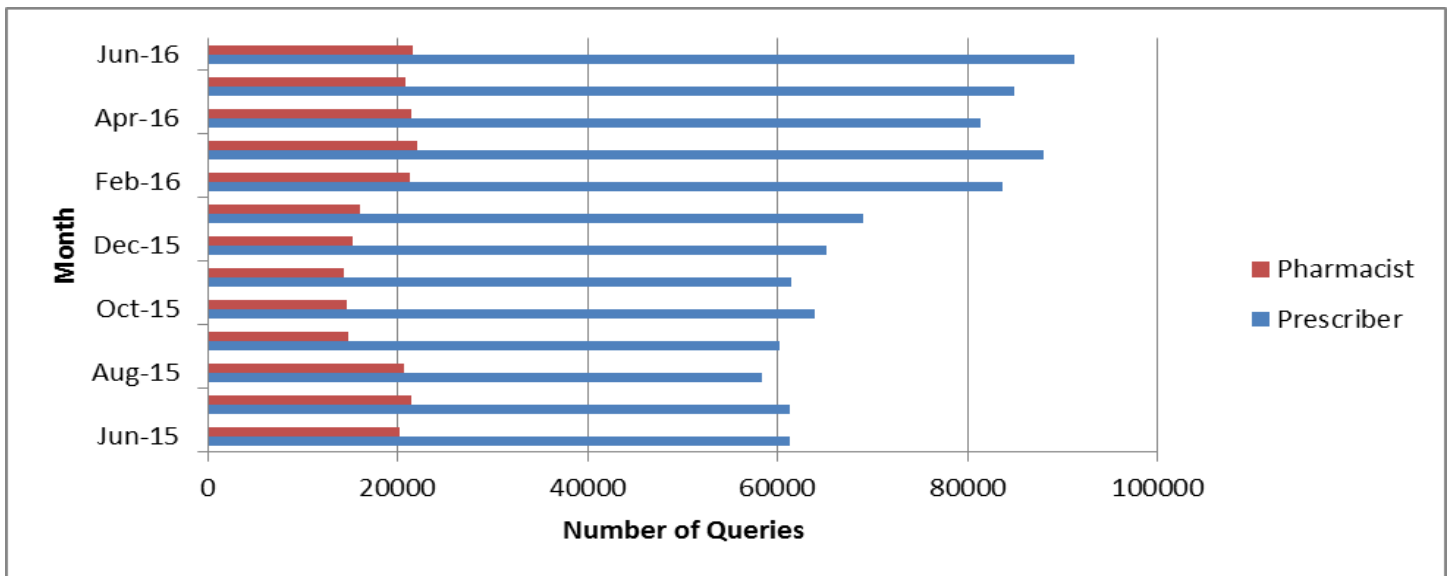
The number of authorized PMP users increased between April and June, 2016 (table 1).

Table 1: Number of authorized users by type

PMP User Type	Apr 2016	May 2016	Jun 2016	Percent Change
Physician	2314	2348	2393	3%
Osteopathic Physician	177	179	185	4%
Podiatrist	24	24	24	0%
Physician Assistant	162	166	173	6%
Advanced Practice Nurse	1045	1073	1099	5%
Optometrist	10	11	11	10%
Dentist	398	402	406	2%
Veterinarian	16	16	17	6%
Pharmacist	2269	2286	2324	2%
Delegate	437	490	542	24%
Law Enforcement	121	122	141	16%
Licensing Board	4	4	4	0%
TOTALS	6977	7120	7319	5%

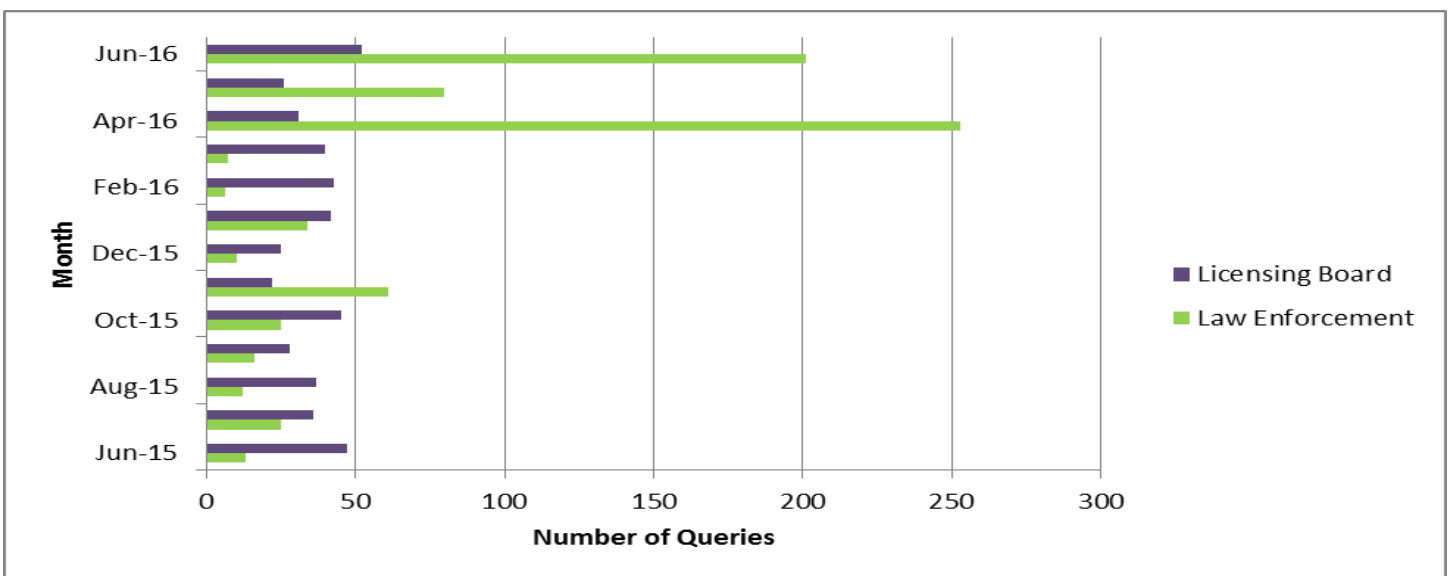
The total number of PMP queries has increased steadily over the last 12 months (figure 1). Queries made by prescribers drove most of the increases seen since June, 2015.

Figure 1: Number of queries by prescribers and dispensers (June 2015 to June 2016)



Licensing board and law enforcement queries have fluctuated over time and are a small number of the total queries made to the PMP. There was a large increase in law enforcement queries in April, May and June, 2016 (figure 2) This increase was driven by PMP access changes in response to ACT 901 of 2015.

Figure 2: Number of monthly queries by licensing boards and law enforcement (Mar 2015 to Mar 2016)

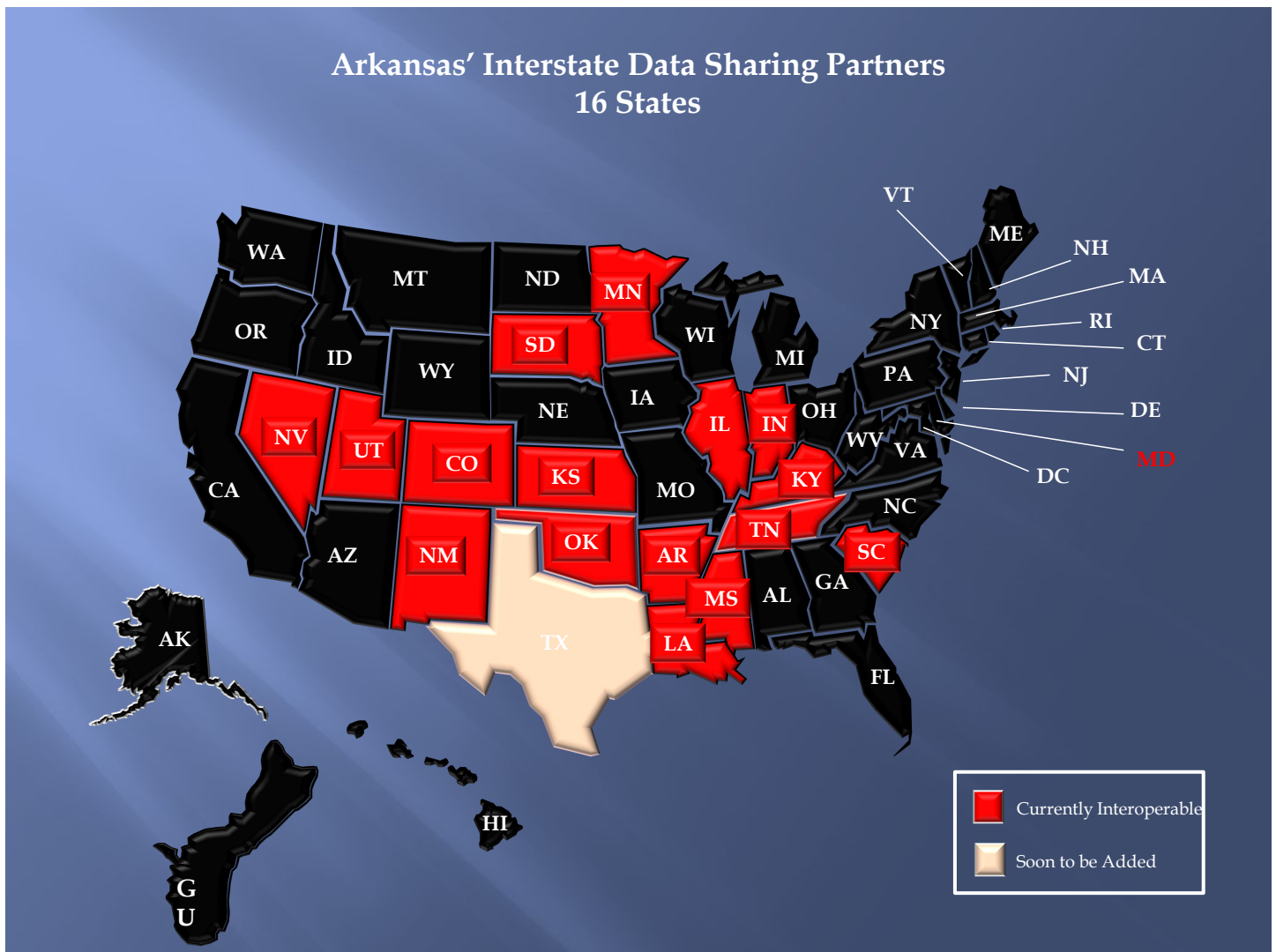


ACT 304 authorizes the Arkansas Prescription Monitoring Program to share controlled substance prescription data with sixteen (16) other states. Most states begin the program by sharing data with neighboring or border states. Arkansas shares data with four of its six border states; Oklahoma, Louisiana, Tennessee, and Mississippi.

Texas has recently passed legislation allowing them to share data but Missouri has yet to pass any PMP legislation.

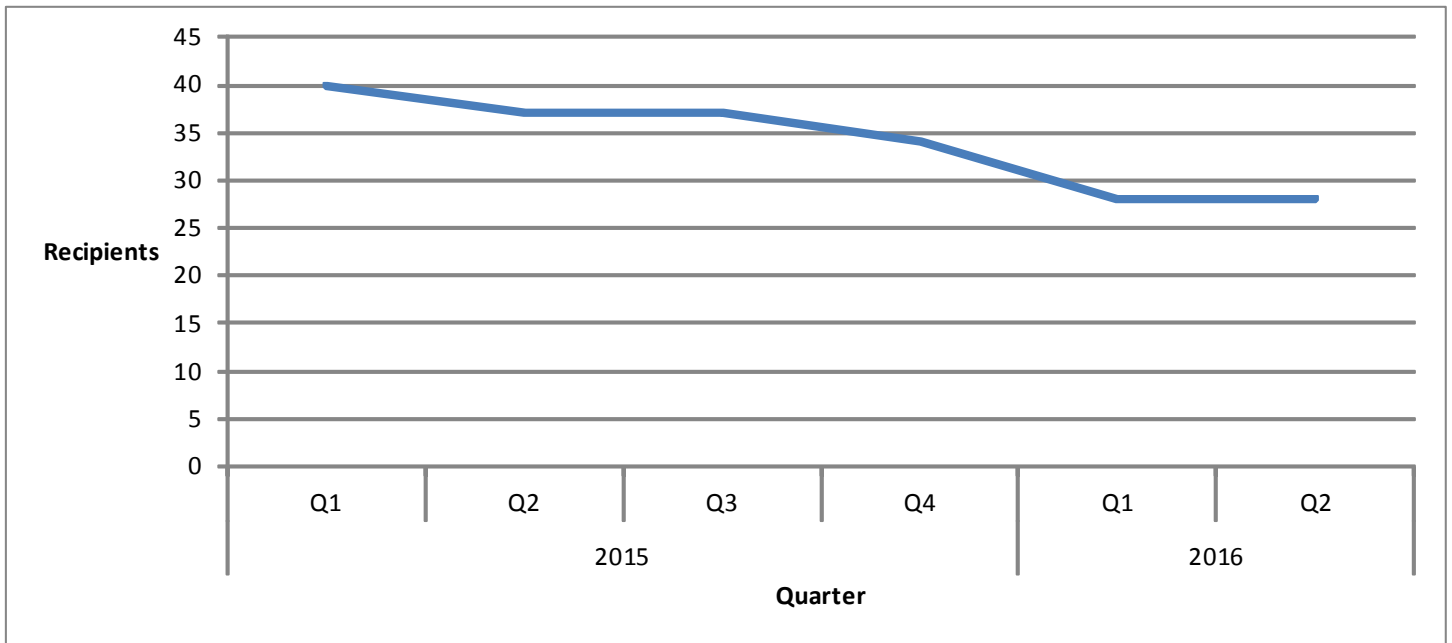
The Red States in Figure 3 are the states with which Arkansas currently shares data. The goal is for all states and territories to share data by 2020. State laws that bar or restrict data sharing must change in order to reach the goal.

FIGURE 3: States that share PMP data with Arkansas



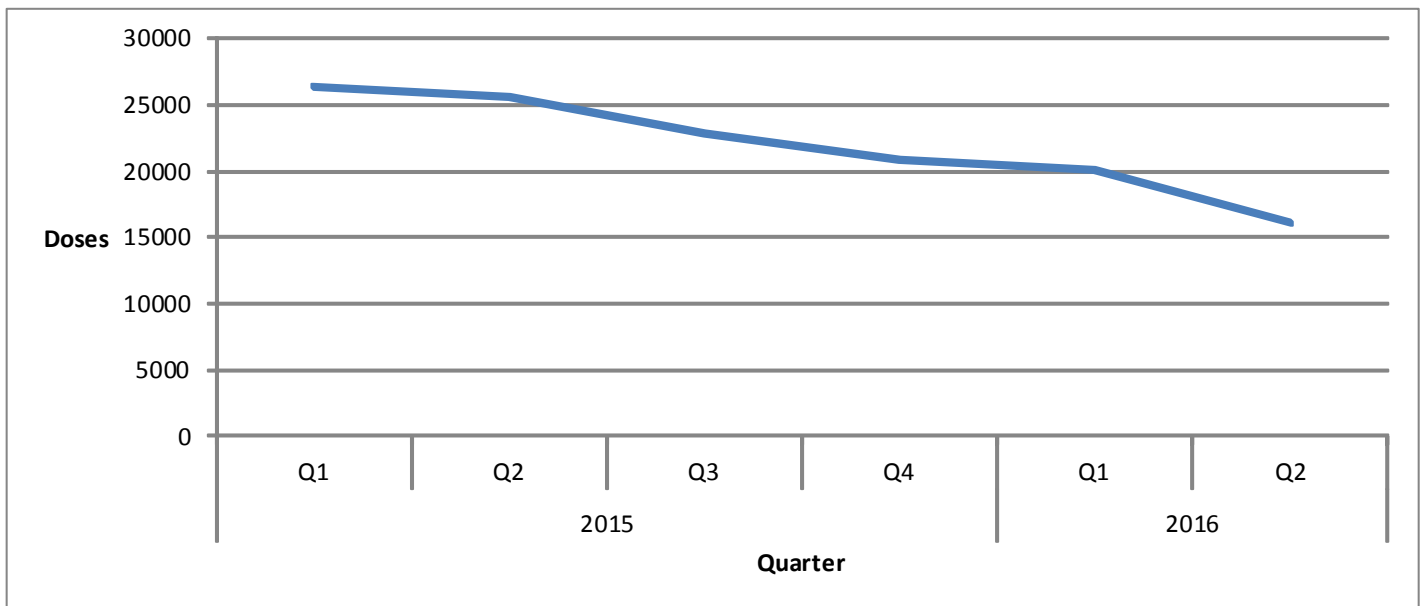
Monitoring doctor shopping by recipients (visiting multiple prescribers and multiple pharmacies) is a key way to evaluate the effectiveness of a prescription monitoring program. The Arkansas PMP has made progress in reducing the number of doctor shoppers in Arkansas. The number of people seeing seven (7) or more physicians and seven (7) or more pharmacies in a 90-day period has decreased over the last six (6) quarters (figure 4).

FIGURE 4: Recipients seeing seven (7) or more physicians and seven (7) or more pharma-



The total number of doses of controlled substances dispensed to doctor shoppers has decreased over the last six quarters; 1st quarter 2015 through the 2nd quarter 2016. (figure 5).

FIGURE 5: Quantity of doses dispensed to 7 X 7 “Doctor Shoppers”



The amount and type of prescription drugs used in Arkansas varies widely by county. The AR PMP tracks prescription drug use by mapping doses dispensed per capita based on the recipient's address. Hydrocodone is the most-used prescription opiate in the state. Rates of hydrocodone use vary from 20 doses per capita in Lincoln County to 65 doses per capita in Pike County (Figure 6). The potential also exists for oxycodone to be misused or diverted because of its potency and popularity. Like hydrocodone, oxycodone use varies by county (Figure 7). A complete set of maps showing county-level rates of prescription drug use is available at <http://www.arkansasmp.com/>

FIGURE 6. Hydrocodone doses dispensed per capita in 2015

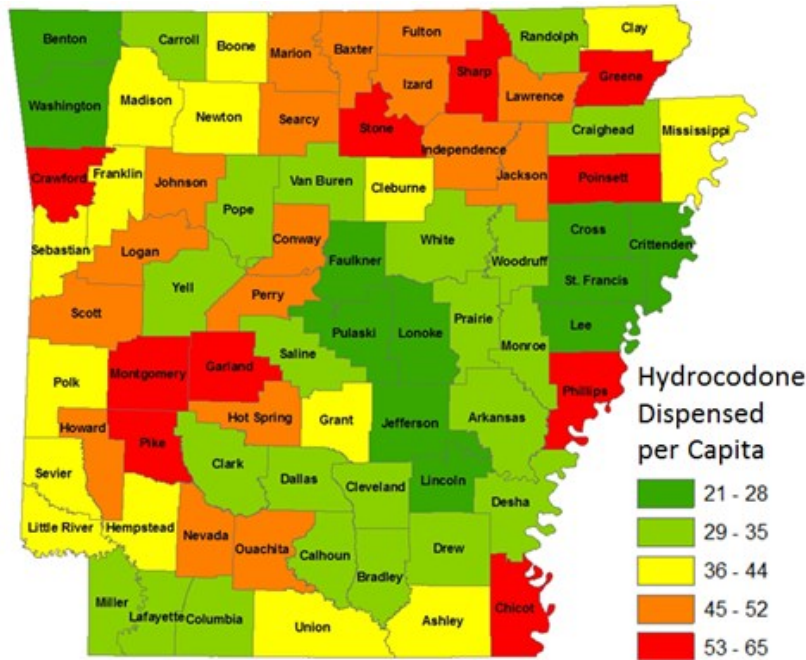


FIGURE 7. Oxycodone doses dispensed per capita in 2015

