

Arkansas Prescription Monitoring Program

FY 2017

First Quarter Report

July-September 2016



ARKANSAS
DEPARTMENT OF HEALTH

Arkansas Prescription Monitoring Program



Quarterly Report

July—September, Fiscal year 2017

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.

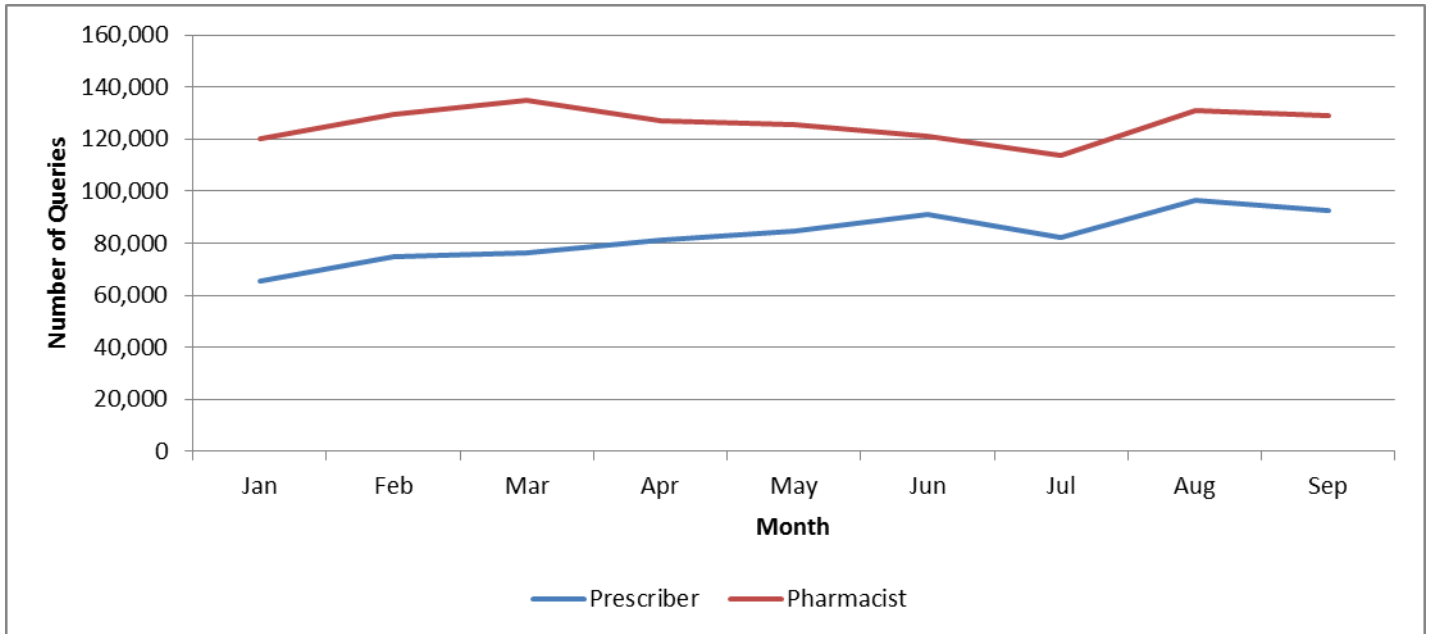
The number of authorized PMP users increased between July and September, 2016 (table 1).

Table 1: Number of authorized users by type—July—September, 2016

PMP User Type	Jul 2016	Aug 2016	Sep 2016	Percent Change
Physician	2418	2449	2538	5%
Osteopathic Physician	187	190	194	4%
Podiatrist	24	24	24	0%
Physician Assistant	177	180	185	5%
Advanced Practice Nurse	1143	1158	1188	4%
Optometrist	11	11	11	0%
Dentist	413	468	528	28%
Veterinarian	17	17	17	0%
Pharmacist	2368	2412	2424	2%
Delegate	585	643	690	18%
Law Enforcement	152	156	158	4%
Licensing Board	4	4	4	0%
TOTALS	7499	7712	7961	6%

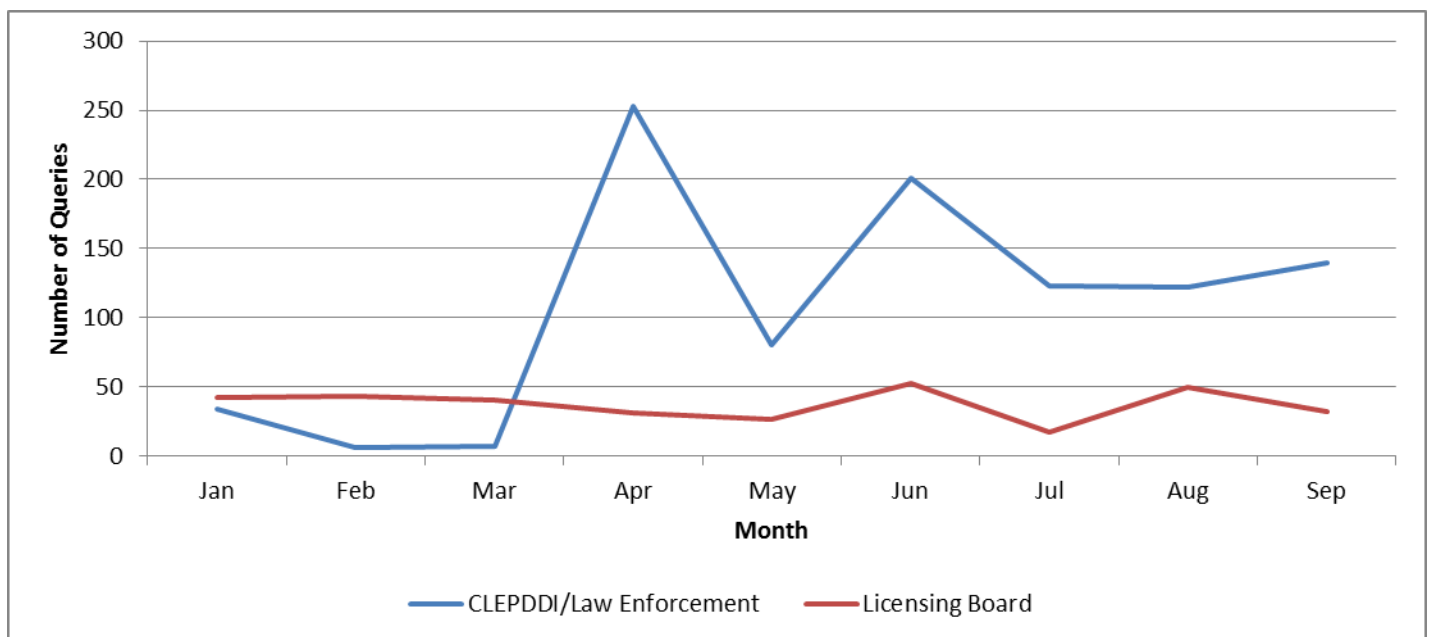
The total number of PMP queries has increased over the last 12 months (figure 1). Queries by pharmacists have increased dramatically compared to 2014. The development of pharmacy health information exchange capability has driven this increase.

Figure 1: Number of queries by prescribers and pharmacists—2016 Year-to-date



Licensing board and law enforcement queries have fluctuated over time and are a small percent 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—2016 Year-to-date

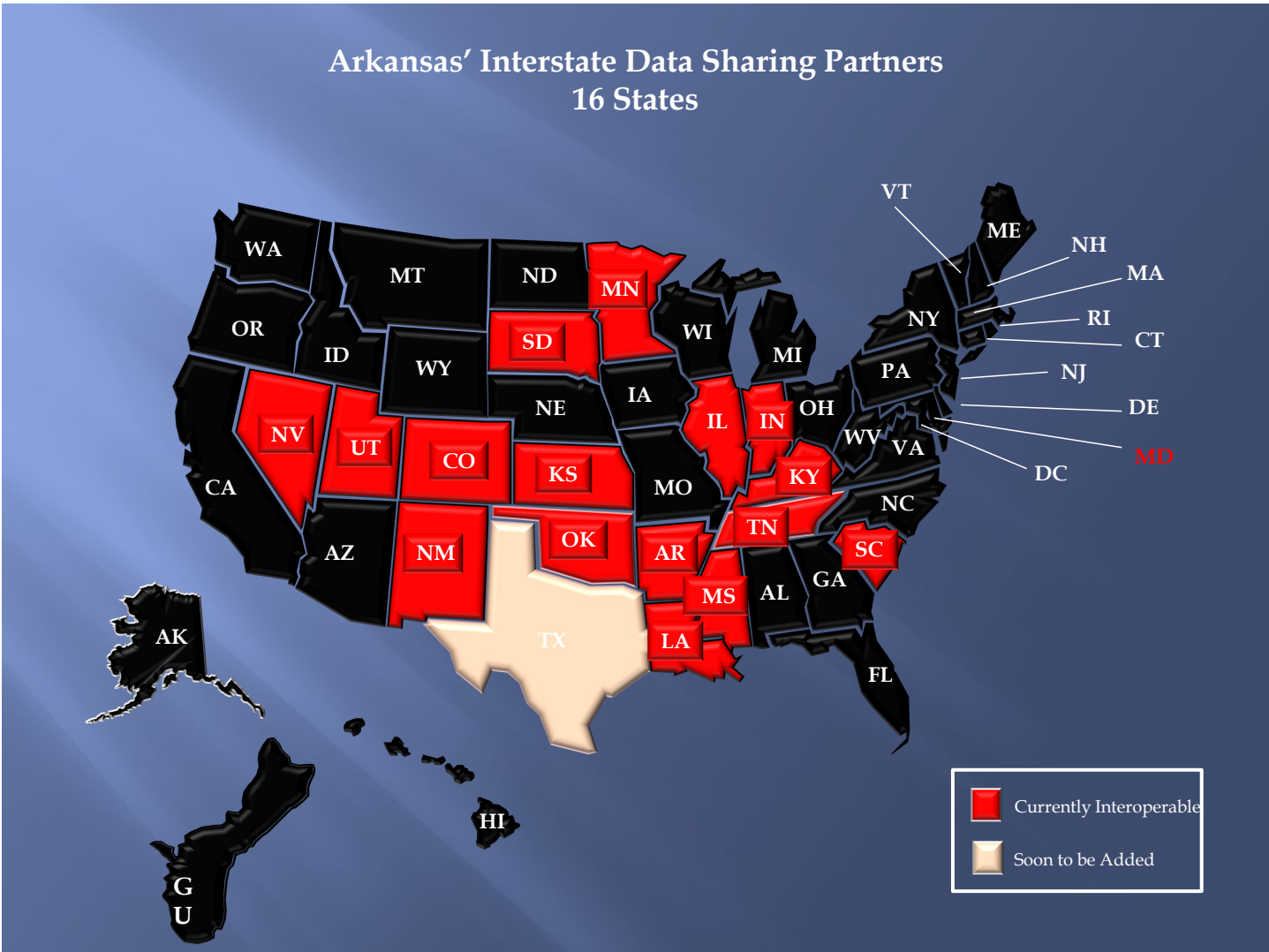


ACT 304 authorizes the Arkansas Prescription Monitoring Program to share controlled substance prescription data with sixteen (16) other states. Most states begin the program by sharing data with neighboring or border states. Arkansas shares data with four of its six border states; Oklahoma, Louisiana,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

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

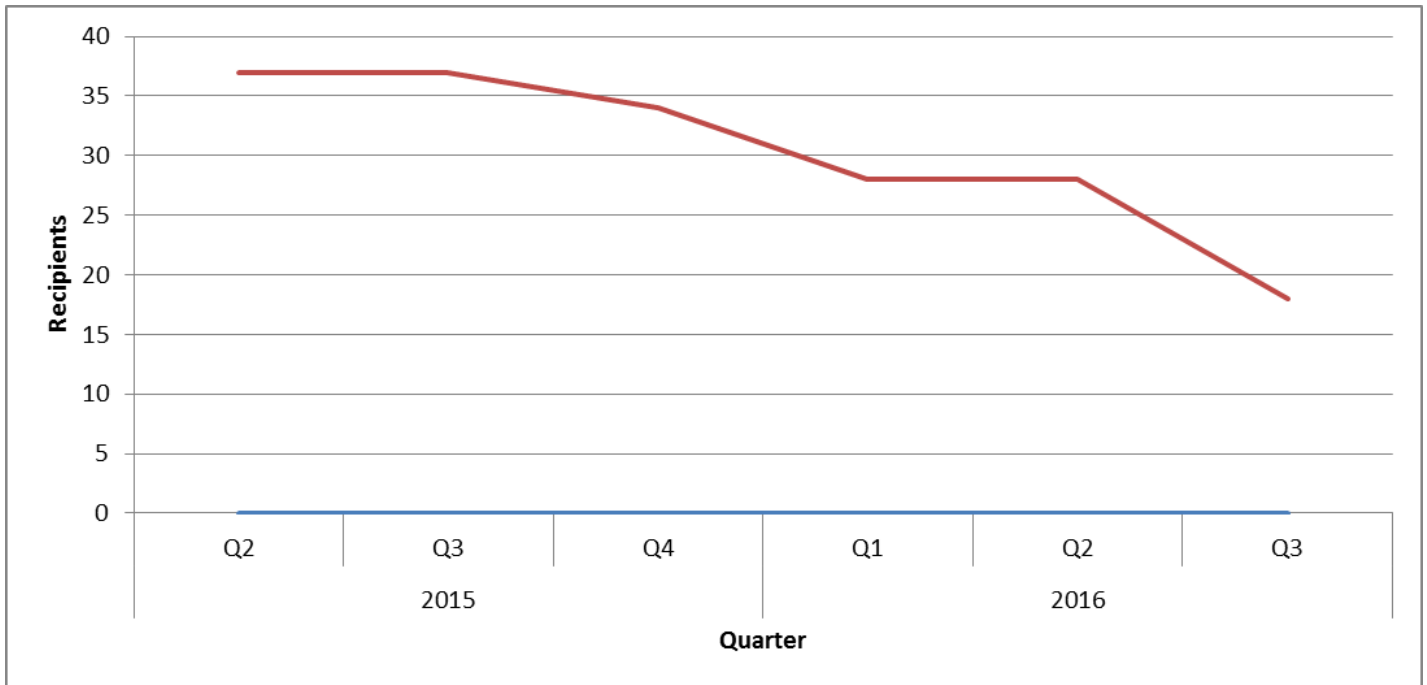
The Red States in figure 3 are the states with which Arkansas currently shares data. The goal is for all states and territories to share data by 2020. State laws that bar or restrict data sharing must change in order to reach the goal.

Figure 3: States that share PMP data with Arkansas— September, 2016



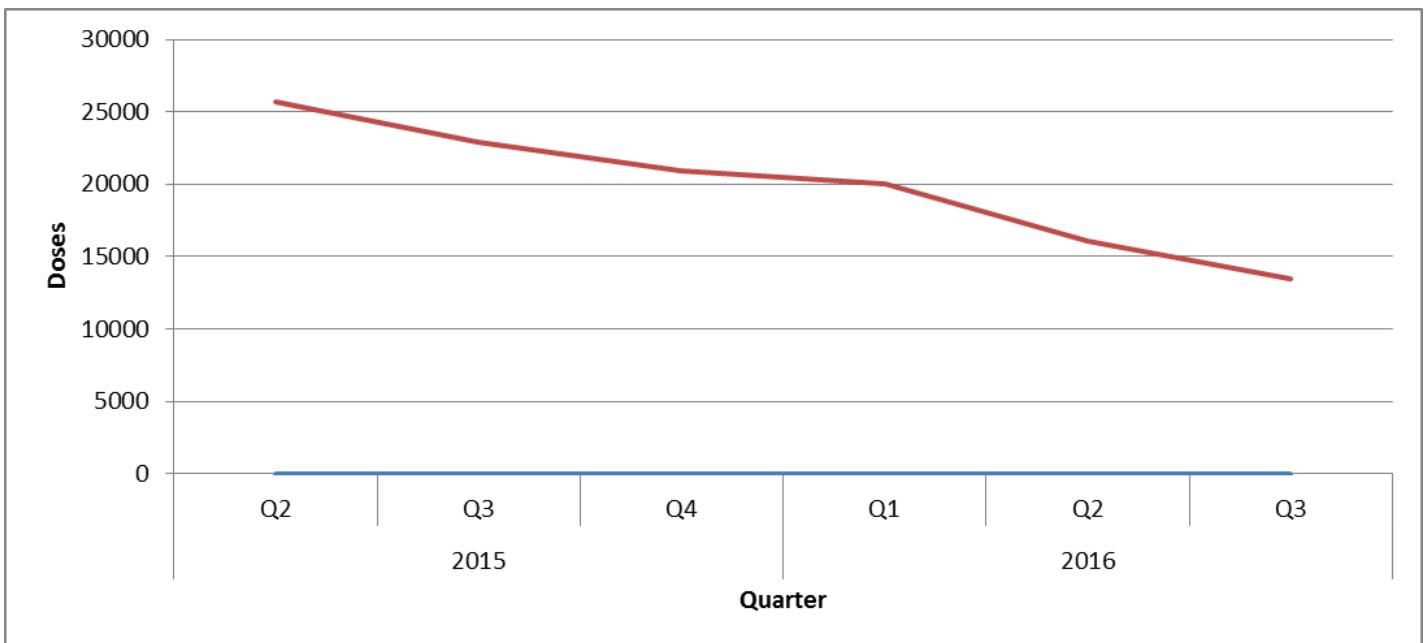
Monitoring doctor shopping by recipients (visiting multiple prescribers and multiple pharmacies) is a key way to evaluate the effectiveness of a prescription monitoring program. The Arkansas PMP has made progress in reducing the number of doctor shoppers in Arkansas. The number of people seeing seven (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 pharmacies in a 90-day period—Second quarter, 2015—Third quarter, 2016



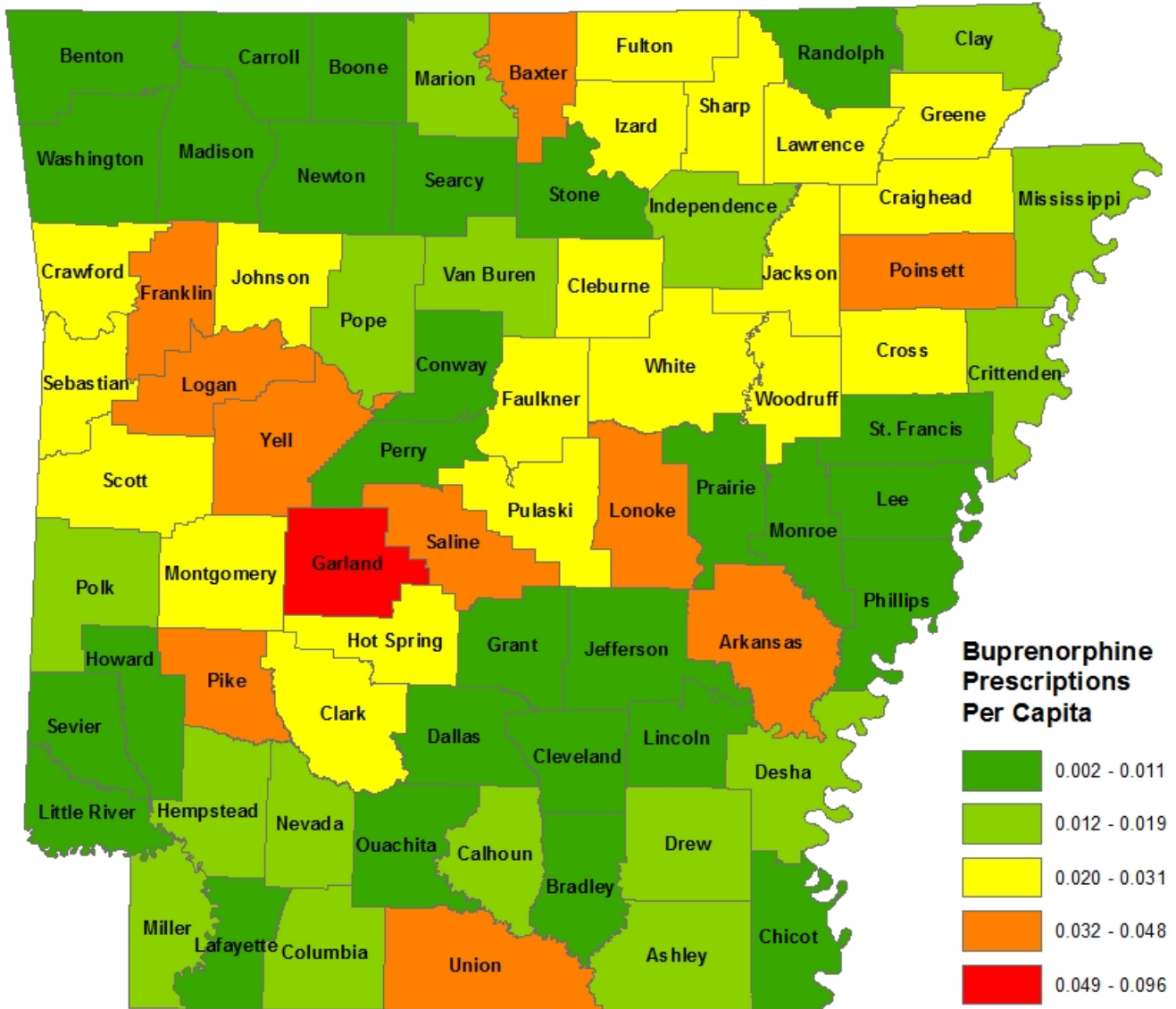
The total number of doses of controlled substances dispensed to doctor shoppers has decreased over the last six quarters; 2nd quarter 2015 through the 3rd quarter 2016. (figure 5).

Figure 5: Quantity of doses dispensed to 7 X 7 “Doctor Shoppers” — Second quarter, 2015—Third quarter, 2016



Buprenorphine is a prescription medication used to treat opiate addiction. The AR PMP tracks buprenorphine use by mapping prescriptions filled per capita based on the recipient’s address. Buprenorphine prescribing rates vary from 0.002 prescriptions per capita in Phillips County to 0.096 prescriptions per capita in Garland County (figure 6). A complete set of maps showing county-level rates of prescription drug use is available at <http://www.arkansaspmp.com/>.

Figure 6. Buprenorphine prescriptions per capita in 2015



There are 119 authorized prescribers of buprenorphine for medication assisted opiate addiction treatment in Arkansas. For many people, addiction is a long-term health problem. In the future, PMP staff will analyze buprenorphine prescription records to see how many patients fill multiple prescriptions over an extended period of time, which may be an indication of adherence to treatment.