

NH PRESCRIPTION DRUG MONITORING PROGRAM NH PDMP



**New Hampshire Controlled Drug Prescription
Health and Safety Program RSA 318-B 31-38**

**ANNUAL REPORT
July 1, 2018 – June 30, 2019**



NH PRESCRIPTION DRUG
MONITORING PROGRAM



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PDMP Advisory Council

Affiliation	Name
Medical Society	David Strang, MD (Chair)
Board of Dental Examiners	Dennis Hannon, DDS
Board of Nursing	Kitty Kidder, APRN
Board of Veterinary Medicine	Steve Crawford, DVM
Dental Society	Eric Hirschfeld, DDS
Board of Pharmacy	Nicole Harrington, RPh
Attorney General	Sean Gill, Esq.
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Board of Medicine	Gilbert Fanciullo, MD
Board of Naturopathic Medicine	Erik Nelson, ND
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Abbreviations

Abbreviation	Definition
CNS	Central Nervous System
CS	Controlled Substance; drugs with potential for misuse
DEA	Drug Enforcement Administration
DO	Doctor of Osteopathy
DPM	Doctor of Podiatric Medicine
HID	Health Information Designs, Inc.
MD	Medical Doctor
MME	Morphine Milligram Equivalent – see Appendix
ND	Naturopathic Doctor
NH	New Hampshire
NP	Nurse Practitioner (nurse with prescribing privileges)
PA	Physician Assistant
PDMP	Prescription Drug Monitoring Program
QTY	Quantity; for unit quantity of tablets, pills, etc. in a prescription; no liquids, syrups, powders, etc..
Res	Medical Resident
RPh	Pharmacist
RX	Prescription
SAMSHA	Substance misuse Mental Health Services Association
SCH	Schedule; as in DEA Scheduled Drug
SFY	State Fiscal Year (July 1 thru the following June 30)



Executive Summary

This annual report to the Senate President, the Speaker of the House, the Health and Human Services Oversight Committee, the PDMP Advisory Council and the participating licensing boards presents information and performance metrics relevant to the operation of the Prescription Drug Monitoring Program (PDMP).

In December 2017, a State legislative audit was conducted of the New Hampshire Prescription Drug Monitoring Program (NH PDMP) and the NH Board of Pharmacy. The audit covered the period from the passing of SB 286 in 2012 through State fiscal year 2017. The audit resulted in a total of 18 findings specifically directed to the implementation and operation of the NH PDMP. The NH Board of Pharmacy was responsible for addressing the audit and, with the assistance of the NH PDMP Advisory Council, the NH Board of Pharmacy submitted a plan to the Office of Legislative Budget Assistance that addressed each of the findings. A strategic plan process in June 2018 provided a powerful roadmap that aligned and navigated efforts in pursuit of an impactful and inspiring mission. A goal-driven strategic plan was developed by a diverse network of statewide stakeholders. The directed outcome was a response to the legislature and the creation of a strategic plan that incorporated all of the findings and how they would be addressed. In July 2019, the strategic plan was approved by both the PDMP Advisory Council and the NH Board of Pharmacy.

Mission of the PDMP

Promote the quality of patient care and appropriate use of controlled substances for legitimate medical purposes, including deterrence of misuse and diversion of schedule II-IV controlled substances by:

- Inclusion of more accurate and complete data tracking of opioids and other scheduled drug prescriptions.
- Helping prescribers and pharmacists make safe prescribing and dispensing decisions.
- Improving the identification and education of high risk indicators (e.g. overdose and substance use disorders).

PDMP's Strategic Goals

- Provide an easy and accurate tool that improves prescribing and dispensing decisions.
- Develop advanced analytics to improve patient outcomes.
- Support initiatives through a multi-disciplinary leadership collaborative.



Executive Summary

PDMP Funding:

With the inception of the NH PDMP in 2014, there was an initial operating budget of approximately \$200,000, annually through the receipt of 100% federal funding. Six years later with successful fiscal stewardship of the NH PDMP staff, the NH PDMP will be in receipt of the following collective annual funding starting in SFY 2020:

Source of Funds	Amount
Agency Fees	\$263,185
Bureau of Justice Administration (BJA) (awarded grant)	\$722,137
Center of Disease Control (CDC) (awarded grant)*	\$2,295,933
Health Resources & Services Administration (HRSA) (awarded grant)	\$60,000

*Provided the State is able to accept funds from the CDC grant that was recently awarded to DHHS, PDMP anticipates that SFY 2020 funding will support current staff and the addition of three new staff (two pharmacist technicians and one EHR coordinator/educator). PDMP also anticipates such funds will support improvements and additional developments of the PDMP database to increase utilization and data collection and analysis.

Figure 1

PDMP Registration:

Migration of the PDMP from HID Inc to APPRISS was completed in July 2017. This migration revealed a number of inactive/incomplete accounts. Staff manually audited the registrations. The implementation of semi-automated registration initiated a conversation between PDMP staff and the vendor to review the same licensing lists and determine whether to remove the inactive/incomplete accounts or provide communication with practitioners to complete their registration.

By the end of 2019 the following had occurred:

- 9,971 of New Hampshire-licensed controlled substance prescribers had a PDMP account.
- 3,921 delegates had a PDMP account.
- The total number of accounts increased 3% from 2018 to 2019.
- Patient Information Requests increased 18%.
- Overall, a third of all registered users were actively utilizing the PDMP.
- Almost half of registered users were delegates who queried patient control substance histories on behalf of their sponsored practitioners.



Executive Summary

PDMP Utilization:

PDMP registered users and queries increased in 2019. For most user roles the number of active users increased.

- The PDMP received 909,939 unique patient queries in SFY 2019, an 18% increase over SFY 2018.
- There were decreases for physicians, dentists, and veterinarians. The physician and dentist decreases are likely attributable to the delegates doing the queries. Optometrists had 1,031 fewer inquiries in SFY 2019. Veterinarians are not required to make queries.
- The number of overall active users increased by 3%.
- The decrease in the number of active users is due to the removal of inactive or incomplete registrations.
- In SFY 2019, delegates made the most queries, over 439,000. That volume represents 48.5% of all queries.
- Increasing access and system use will remain a high priority for the program in 2019.
- The PDMP will continue to work with partners to leverage prescription data to improve the health of New Hampshire residents.



Executive Summary

Pharmacy/Dispenser Reporting Compliance:

All licensed pharmacies and dispensers are required to report data to the PDMP. The reporting requirement for pharmacies is 24 hours after the dispensation of any schedule II, III or IV controlled medication. Veterinarian dispensers have 7 days to report dispensation of any schedule II, III or IV controlled medication. NH PDMP began an audit/compliance initiative beginning in June 2019. This data reflects audit data analysis through August 2019.

Audit Executive Summary (Human Prescriptions Only)	
Category	Total
Total prescriptions	544
Total incorrect prescriptions	164
Total errors (includes multiple errors on a single prescription)	215
Number of minor errors	122
Number of serious errors	74
Number of fatal errors	19
Error Rate (total number of errors/total incorrect rx)	1.3
Percent incorrect prescriptions	30%
Percent fatal errors	8%

Figure 2

Audit Executive Summary (Animal Prescriptions Only)	
Category	Total
Total prescriptions	32
Total incorrect prescriptions	32
Total errors (includes multiple errors on a single prescription)	72
Number of minor errors	9
Number of serious errors	9
Number of fatal errors	54
Error Rate (total number of errors/total incorrect rx)	2.25
Percent incorrect prescriptions	100%
percent fatal errors	75%

Figure 3

The most common errors (animal only) are using the animal name in the name field, using the animal date of birth, and not indicating species code (02).

The most common errors (human only) are days supply, date filled vs. date written, not supplying the X waived number, patient address and date of birth, and wrong DEA number.

History of PDMP Legislation

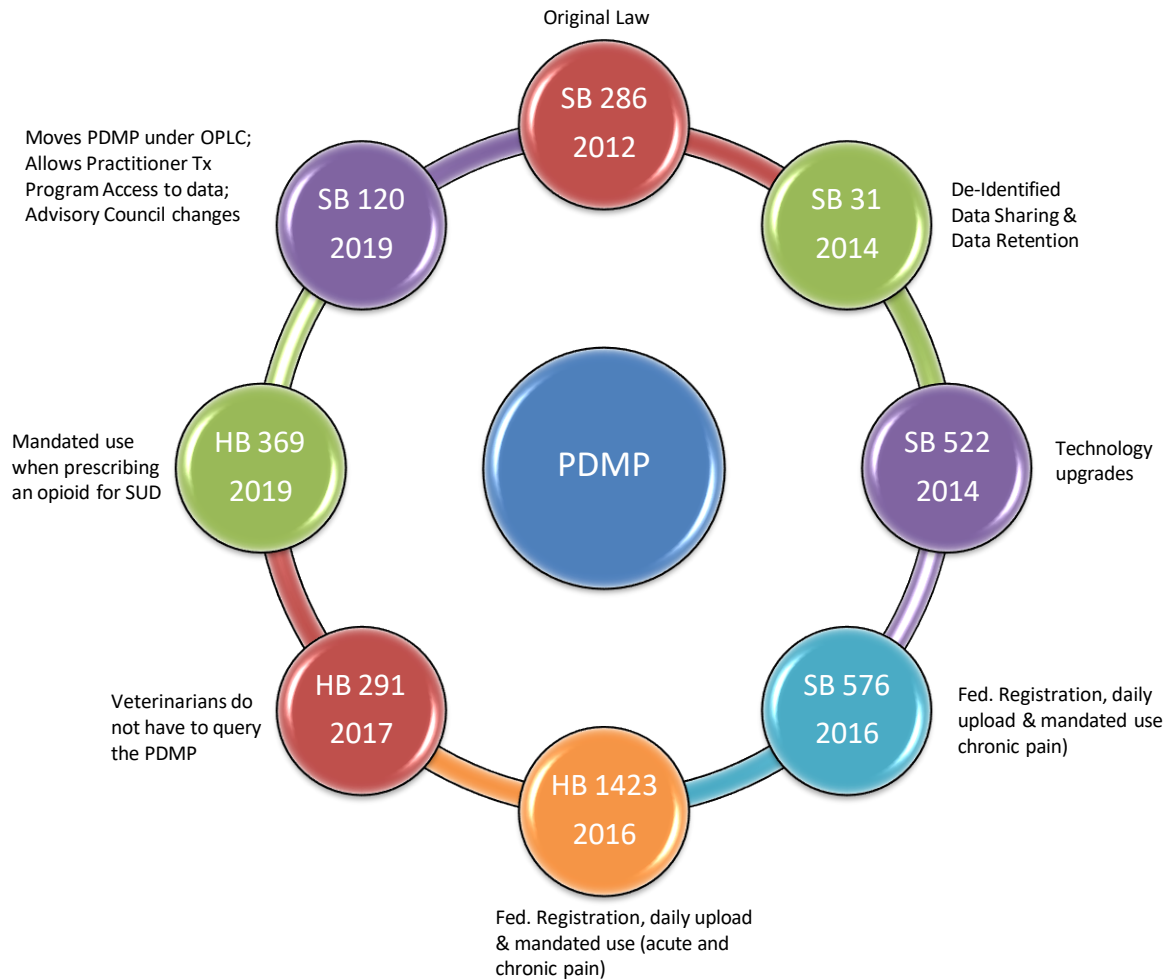


Figure 4



PDMP REGISTRATION

PDMP registration is available to health care practitioners (prescribers and pharmacists) licensed in New Hampshire, the NH state medical examiner, and the federal veteran administrative facilities in New Hampshire, Maine, Vermont and Massachusetts. Users may delegate PDMP access authority to other health care, pharmacy or medical examiner staff. Delegates may be unlicensed staff.

User Role	SFY 2018 Registered Users	SFY 2019 Registered Users	SFY 2018 to 2019 % change
Physician (MD, PA, DO, Res)	5,784	6,043	45%
Delegates **	3,551	3,921	10.4%
Pharmacists	3,145	3,054	-2.9%
Nurse Practitioner / Clinical Nurse Specialist	2,181	2,268	4.0%
Dentist	1,090	987	-9.4%
Naturopathic Phys/Optomtrist/Podiatrist	365	347	-4.9%
Veterinarian	341	326	-4.4%
Totals	16,457	16,946	3.0%

At the close of SFY 2019, there were 16,946 PDMP accounts. The program initiated registration audits during SFY 2019. This process included a comparison of NH licensed practitioners with those who have New Hampshire DEA registration and whether they were registered with the NH Prescription Drug Monitoring Program. This registration audit to date has been completed for the Board of Dental Examiners, and the Board of Pharmacy for pharmacists and pharmacies. The PDMP will continue registration audits to determine registration completeness with all the other participating Boards. Accounts with no activity, and account holders whose licensure indicates they no longer practice in NH, continue to be de-activated.

Figure 5

**Delegates are allowed to register under a prescriber or pharmacist supervision. Delegates are permitted to query patients on behalf of prescribers and pharmacists, with the expectation that they pass the information along.

Note: SB 286, passed in 2012, mandated registration for all prescribers licensed to practice in New Hampshire who possess a DEA number associated with a facility in New Hampshire, as well as all pharmacists licensed in NH. An on-going challenge is the inability for the NH regulatory boards to collect their licensees DEA numbers with their renewal applications. Because of this challenge, the PDMP cannot report to the regulatory boards the number/percentage of licensees that are/are not registered with NH PDMP.



PDMP REGISTRATION

Registered Users by Discipline

This chart shows that physicians comprise the highest percentage of registered users. However, they do not represent the highest percentage of utilizers, as shown on the next slide.

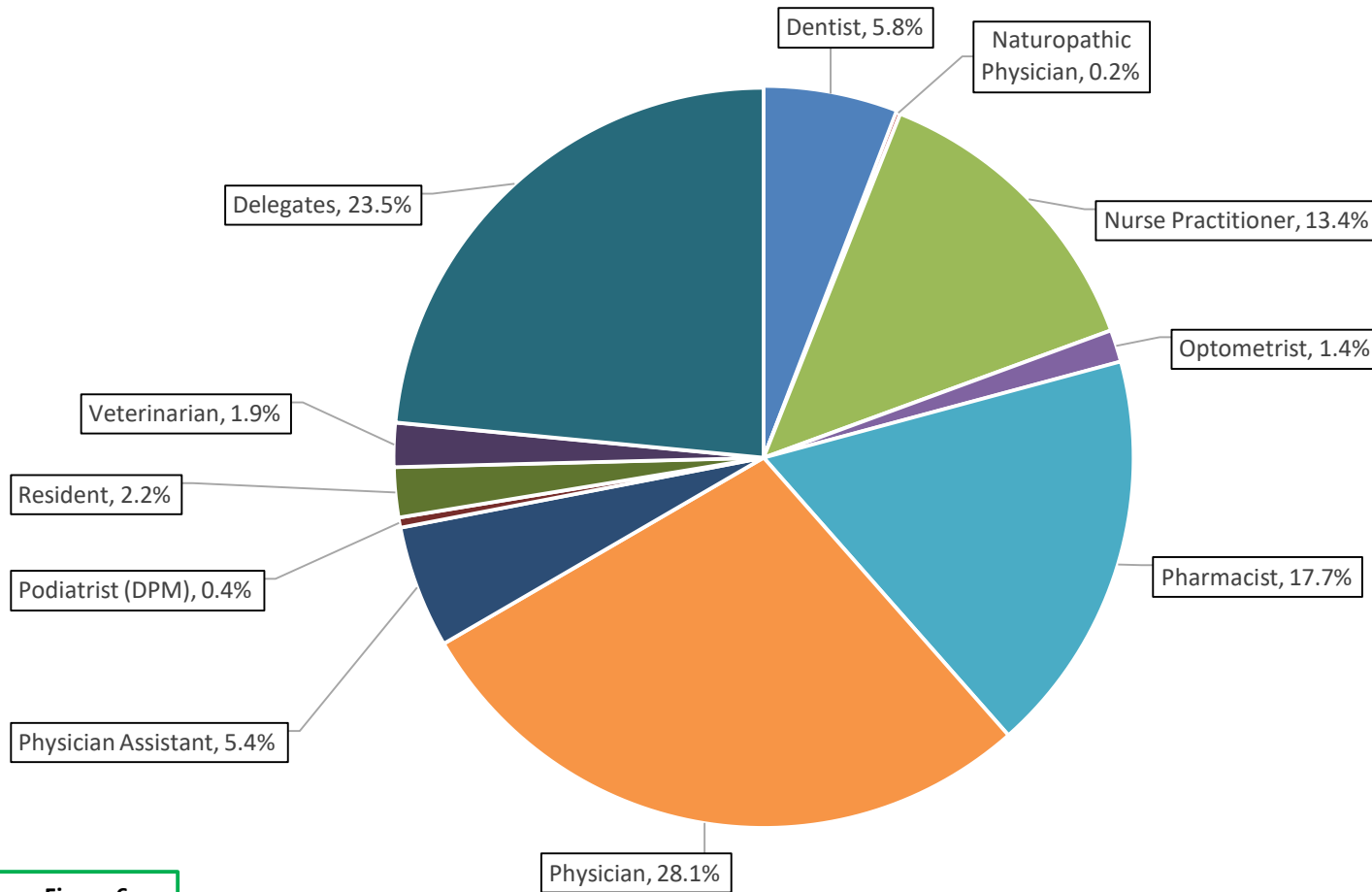


Figure 6



PDMP UTILIZATION

Patient inquiries by User Roles

PDMP queries increased by 18% between SFY 2018 and SFY 2019. There were decreases for physicians, dentists, and veterinarians. The physician and dentist decreases are likely attributable to the delegates doing the queries. Optometrists had 1,031 fewer inquiries in 2019. Veterinarians are not required to make queries. In January 2017, the mandate to query the PDMP when treating and managing a patient's pain with opioids, went into effect.

User Role	SFY 2018 Patient Info Requests	SFY 2019 Patient Info Requests	% Change SFY 2018- 2019
Physician (MD, DO, PA, Res)	122,752	109,596	-11%
Delegates (Phys & Pharm)	362,252	439,175	21%
Pharmacists	193,042	268,689	39%
Nurse Practitioner / Clinical Nurse Specialist	63,603	66,675	5%
Dentist	22,256	20,482	-8%
Naturopathic Phys/Optometrist/Podiatrist (DPM)	1,598	1,479	-7%
Veterinarian	237	81	-66%
Totals	765,740	906,177	18%

Figure 7



PDMP UTILIZATION

Patient Inquiries by Active Users

Overall, the number of active PDMP users increased by 23% from SFY 2018 to SFY 2019. The largest increase, by count, was for delegates, followed by physicians.

User Role	Count of users making patient searches SFY 2018	Count of users making patient searches SFY 2019	Percent Change SFY 2018 to SFY 2019
Physician (MD, DO, PA, Res)	1,978	2,294	160%
Delegates (Phys & Pharm)	1,697	2,224	311%
Pharmacists	830	1,028	239%
Nurse Practitioner / Clinical Nurse Specialist	680	859	263%
Dentist	272	325	195%
Naturopathic Phys/Optomtrist/Podiatrist (DPM)	29	31	69%
Veterinarian	6	8	333%
Totals	5,492	6,769	233%

Figure 8



Controlled Prescription Drug Use in New Hampshire

Background: How PDMP tracks prescriptions

The information in the PDMP comes from pharmacies. By law, all pharmacies in New Hampshire, including veterinarians, are required to report the controlled substances they dispense to the PDMP.

This chart shows that for each of SFY 2018 and SFY 2019, prescription counts declined, overall by **6.8%**. Percent decline for each SFY: SFY 2018 – **4.1%** and SFY 2019 – **1.0%**

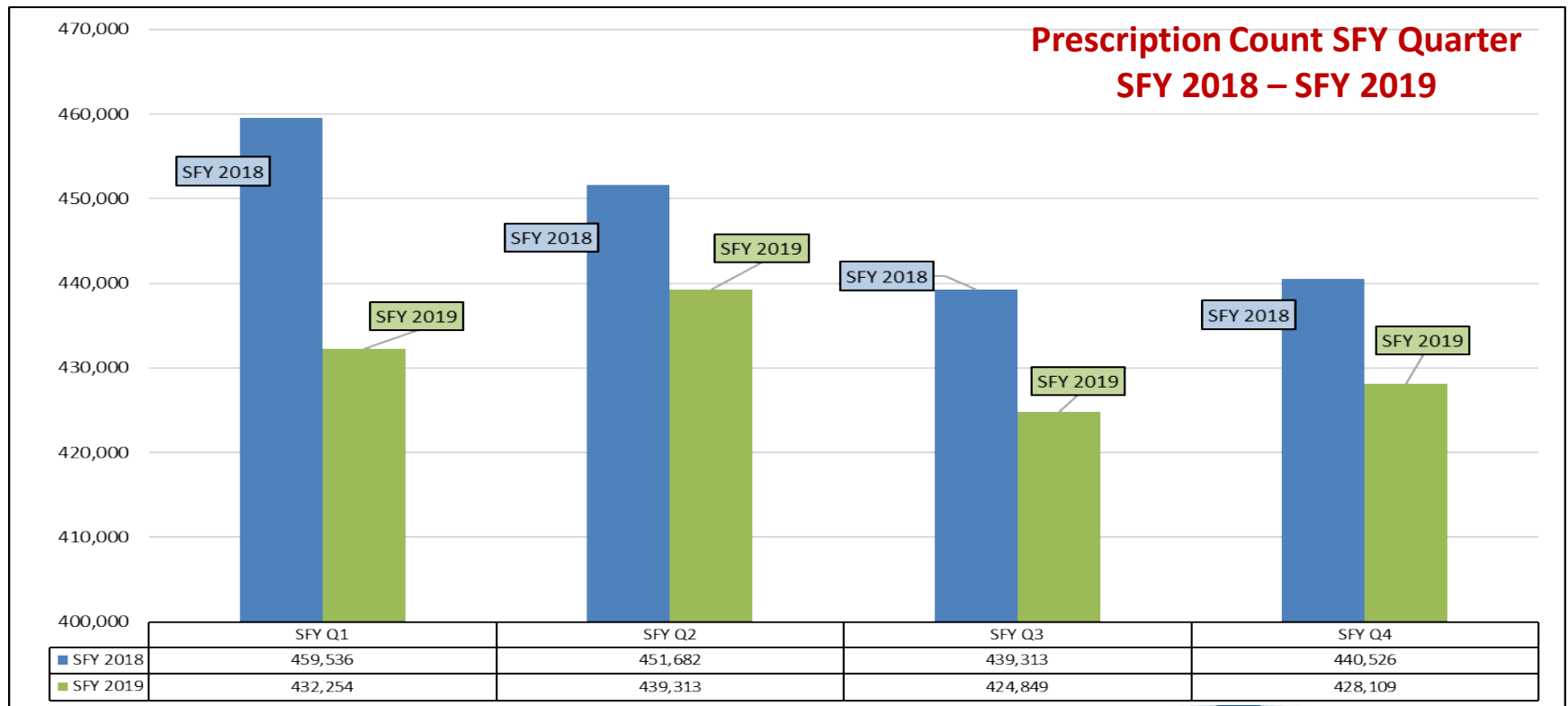
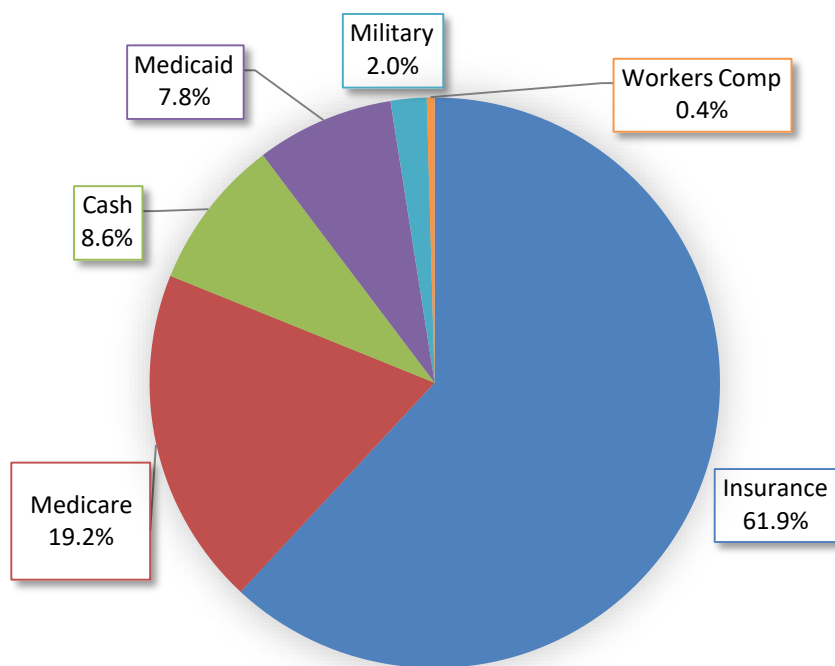


Figure 9

Controlled Prescription Drug Use in New Hampshire

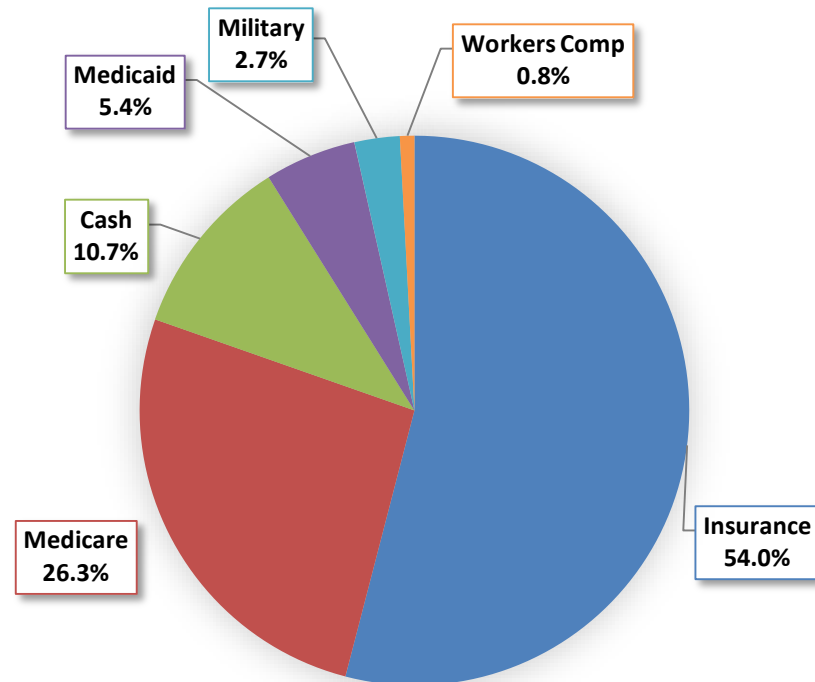
Payment Type: All Controlled Substance Prescriptions vs. Opioids ONLY - SFY 2019

The information in the PDMP comes from pharmacies. By law, all pharmacies in New Hampshire, including veterinarians, are required to report the controlled substances they dispense to the PDMP.



All Controlled Substances

Figure 10



Opioids ONLY

Figure 11

Controlled Prescription Drug Use in New Hampshire

Comparison of Prescription Counts of Opioids to Non-Opioids

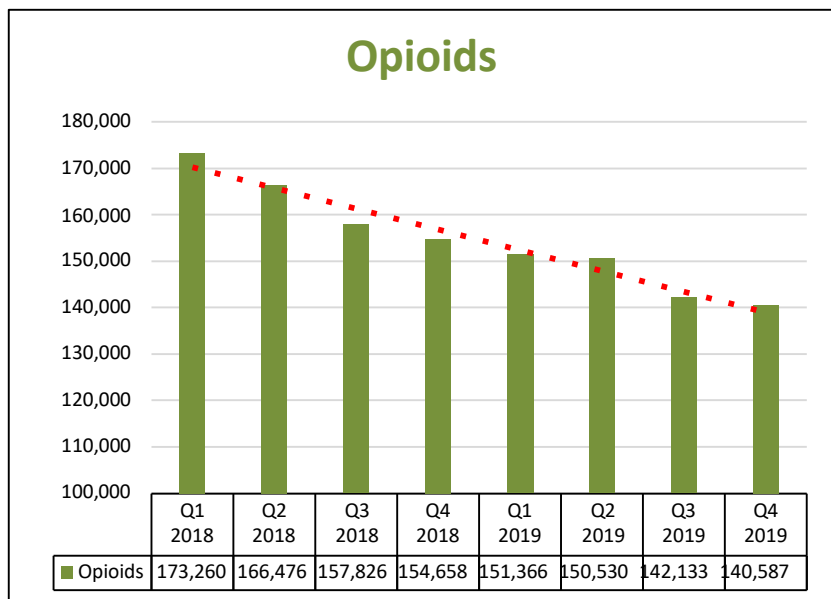


Figure 12

Non-Opioid RX quarterly counts show a variation of less than 9,000 from quarter to quarter. The trend line over two years is essentially flat with minimal change in RX count.



Opioid RX quarterly counts show a steep decline over the 24 months. Therefore the decrease in total RX (shown previously) is driven almost entirely by a decrease in opioid RX.

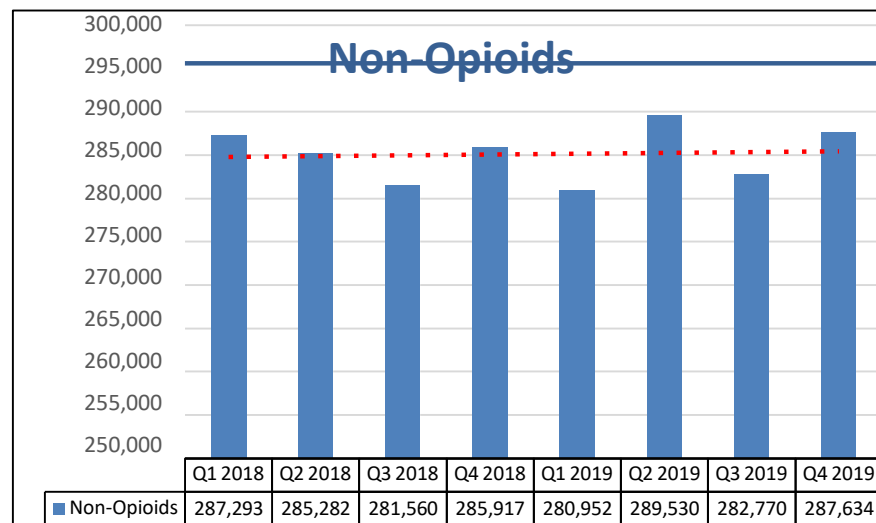


Figure 13

Controlled Prescription Drug Use in New Hampshire

Average Number of Units and Average Days Supply per Prescription – Opioids only

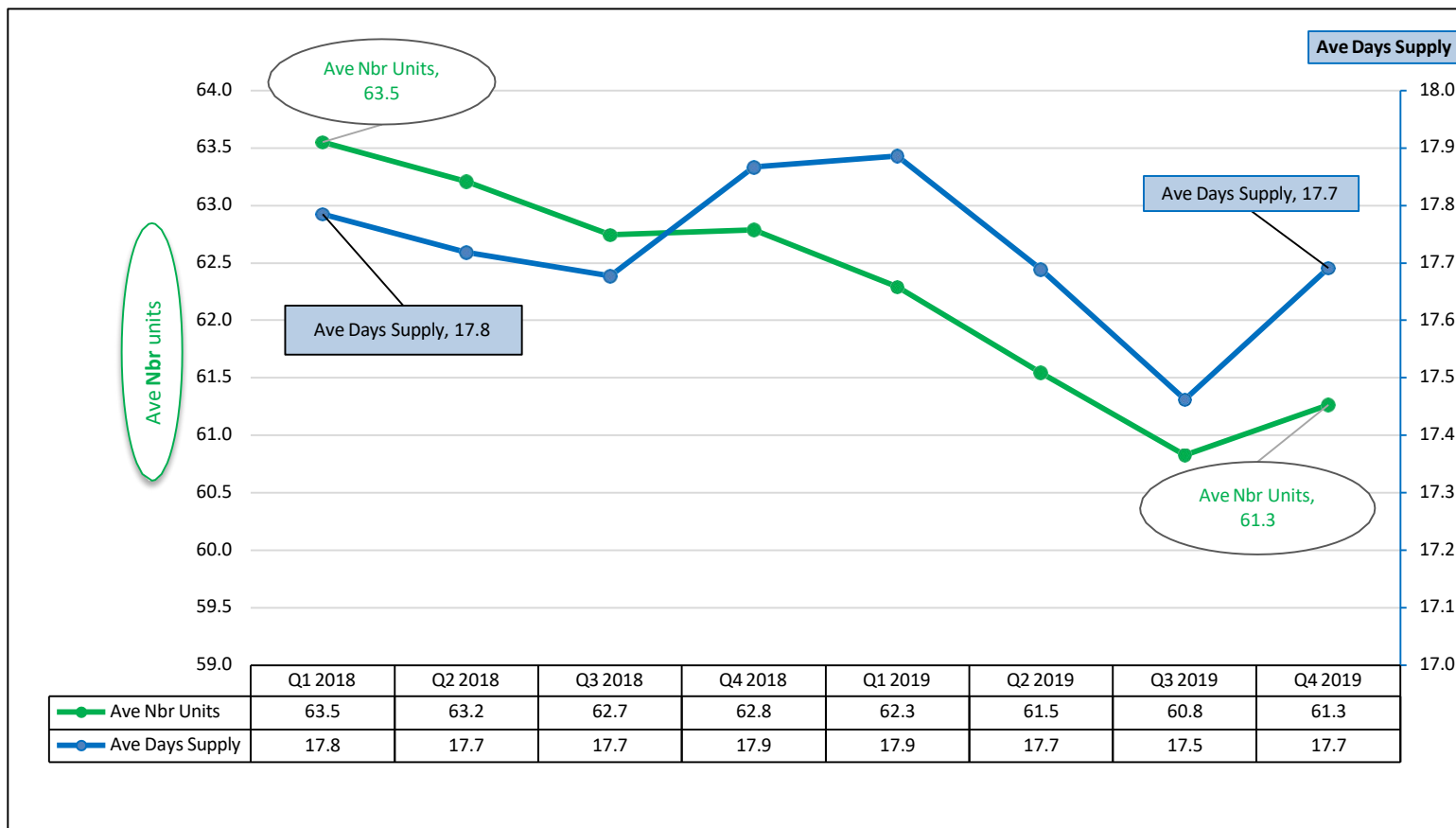
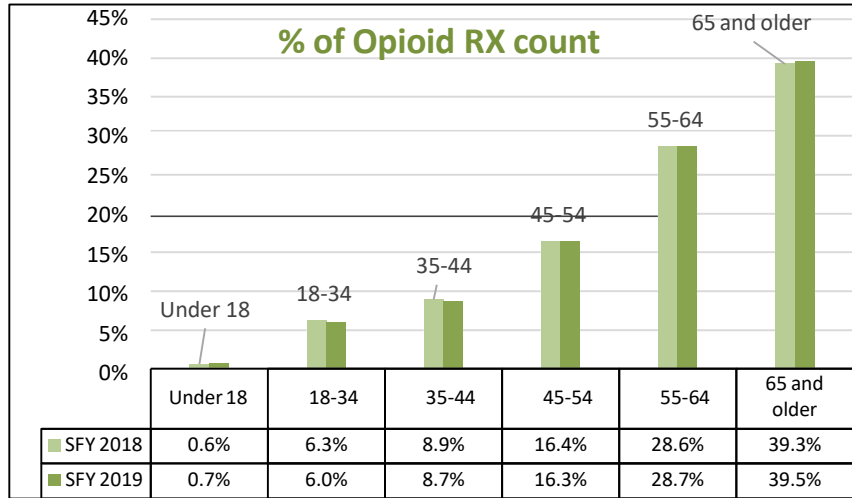


Figure 14



Controlled Prescription Drug Use in New Hampshire by Age

The percentage of prescriptions by age range and count, separated by opioid and non-opioid. SFY 2018-SFY 2019.



Percent changes from SFY 2018 to SFY 2019 are minor. New Hampshire's 55 and older population are prescribed over two thirds of all opioid prescriptions. The 35 to 54 age range account for makes up 25% of all opioid prescriptions.

Figure 15



As age of patients increases, the prescribing of Controlled Substances increases.

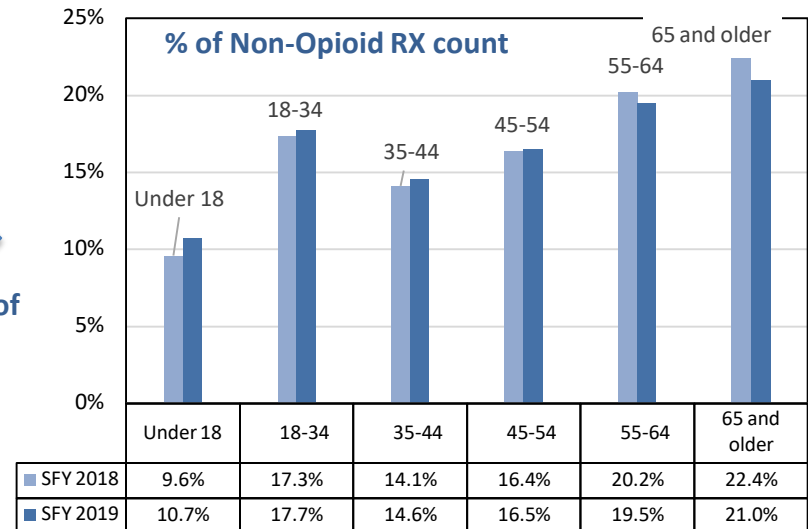


Figure 16



Controlled Prescription Drug Use in New Hampshire

By County – Opioid Comparison for SFY 2018 and SFY 2019

For SFY 2018 thru 2019, Coos was the only county to show an increase in rate. Coos moved up 2 spots from sixth to fourth. In SFY 2018, Coos was only 1 prescription (two-tenths of one percent) higher than the overall NH state rate. For SFY 2019, Coos is 52 prescriptions (9.4%) higher than the statewide rate.

SFY 2018

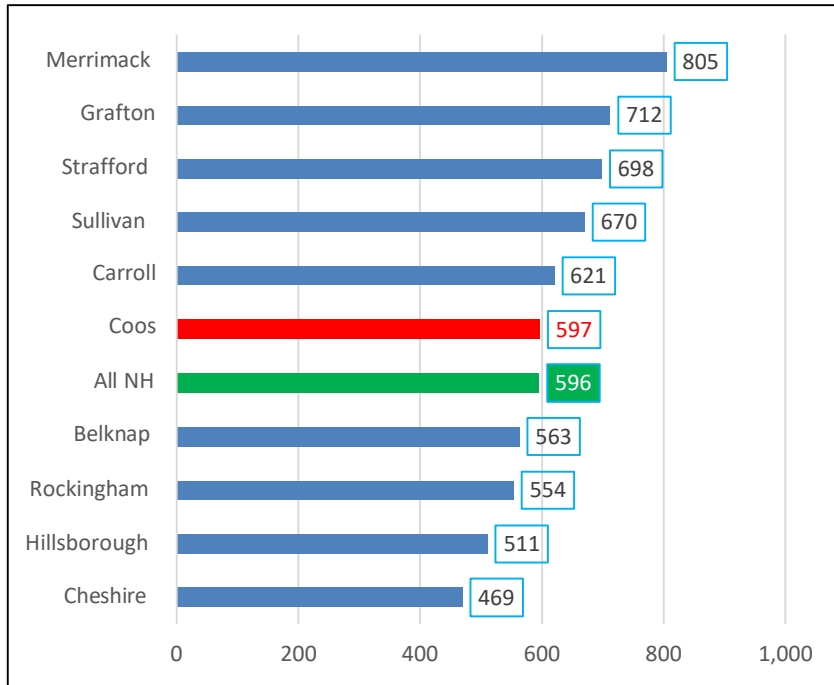


Figure 17 Population Estimate from US Census, July 2017

SFY 2019

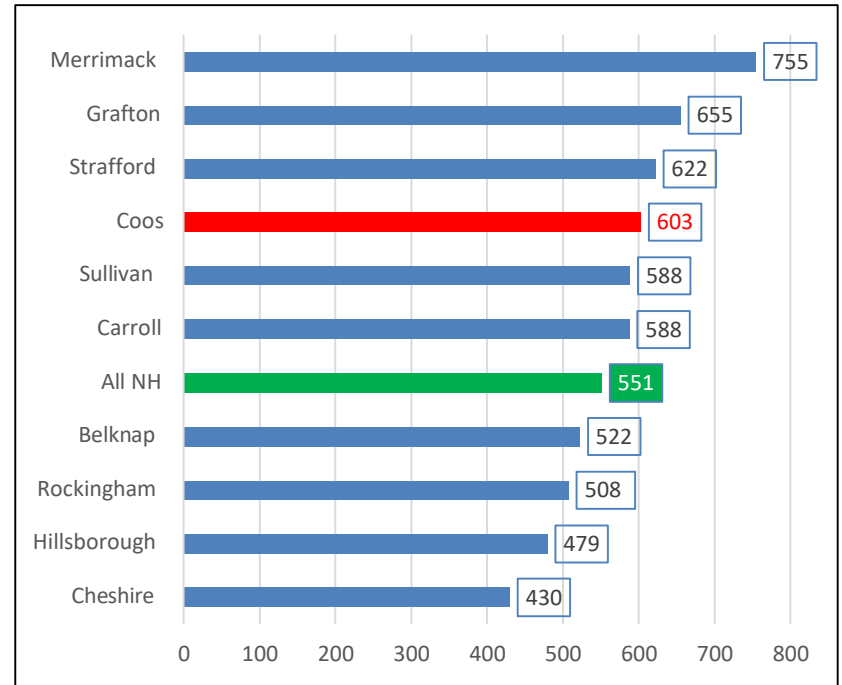


Figure 18 Population Estimate from US Census, July 2018



Controlled Prescription Drug Use in New Hampshire

The counts of amphetamine patients and prescriptions, filled by patients in selected age ranges.

Amphetamine: A drug that has a stimulant effect on the central nervous system that can be both physically and psychologically addictive when overused.

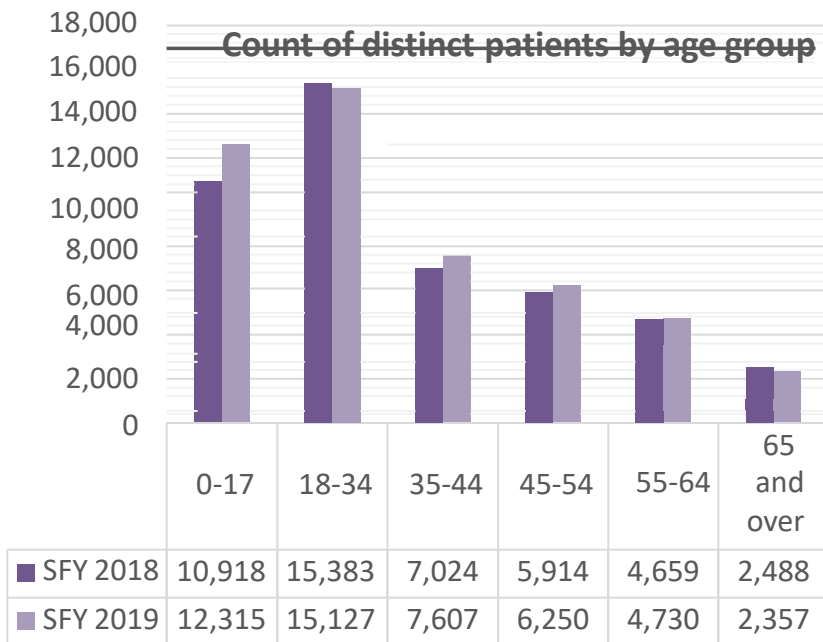


Figure 19

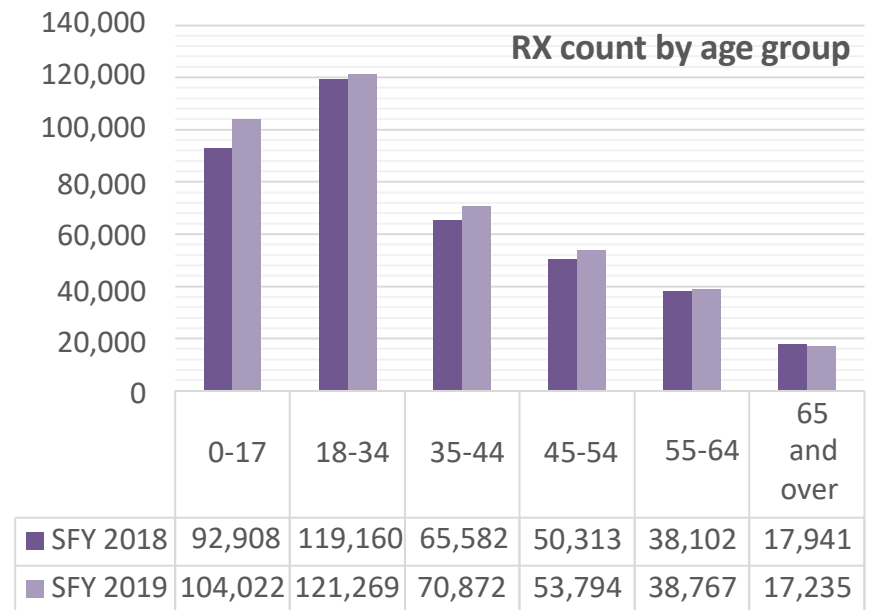


Figure 20



Controlled Prescription Drug Use in New Hampshire

Benzodiazepine prescription counts compared to opioids and amphetamines (stimulants).

Opioids declining, Amphetamines increasing, and Benzodiazepines level.

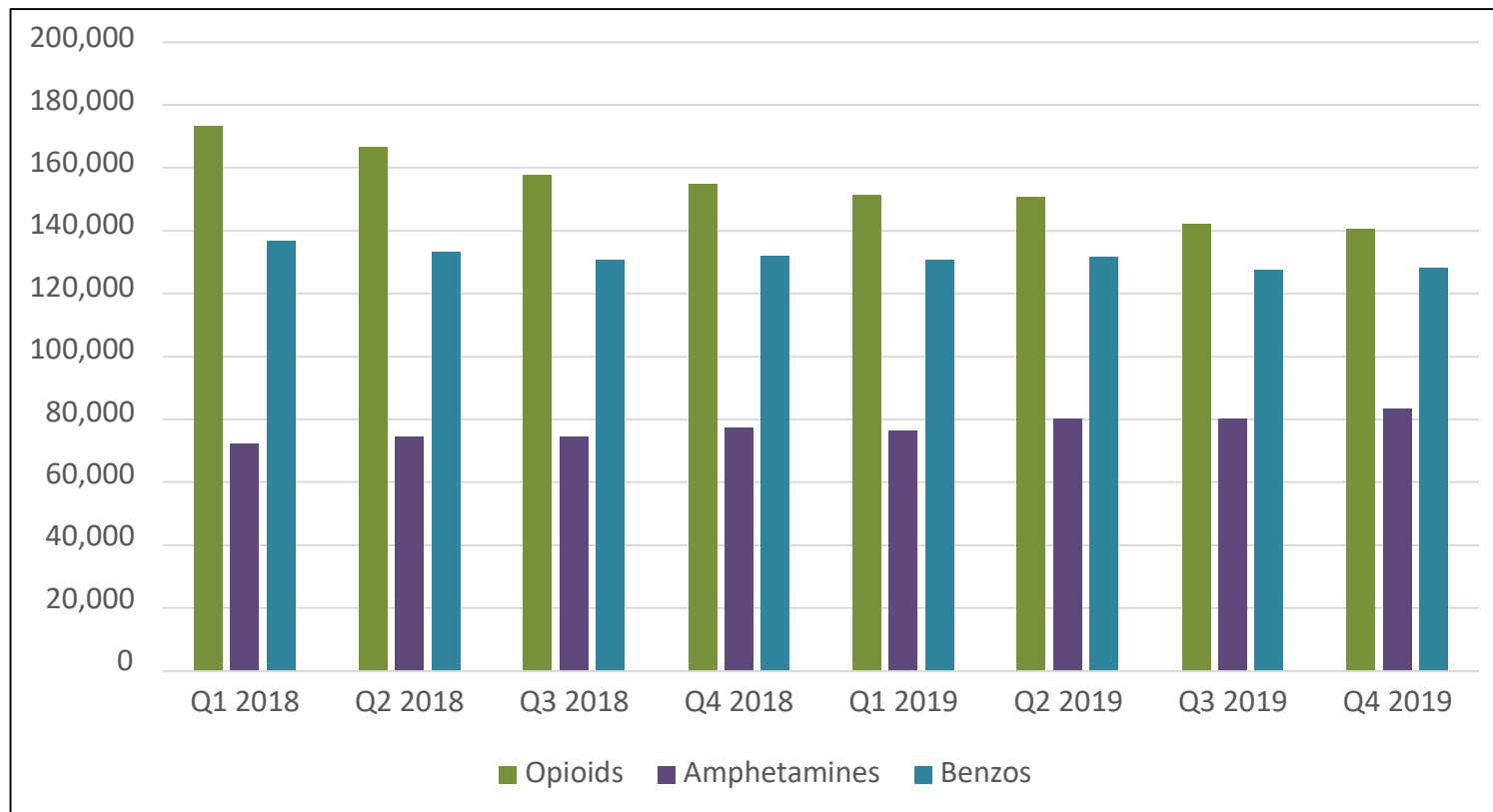


Figure 21

Controlled Prescription Drug Use in New Hampshire

Number of opioid prescriptions with greater than 100 MME per day (excludes buprenorphine)

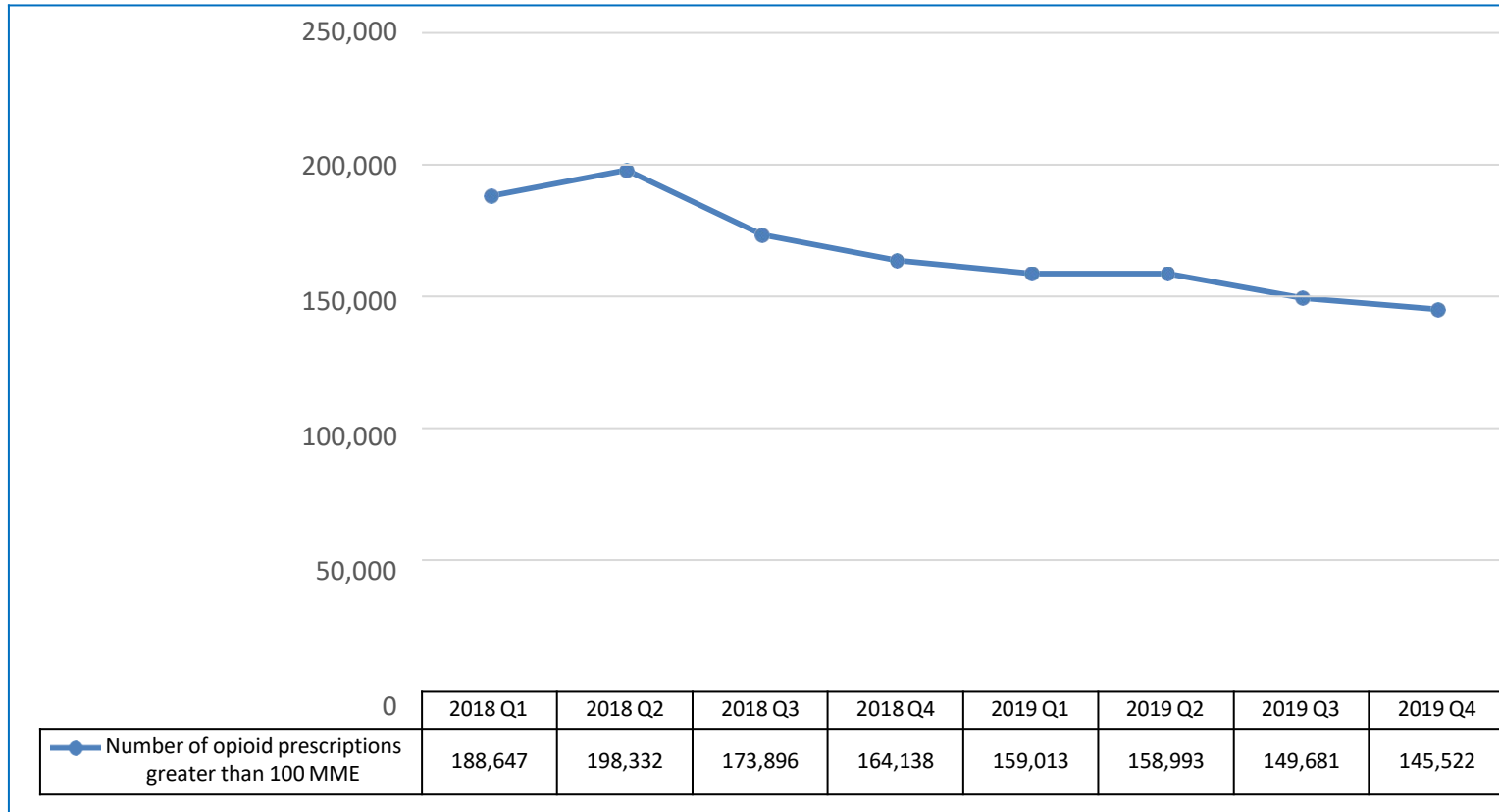


Figure 22

CDC Grant Metric

Controlled Prescription Drug Use in New Hampshire

Percent of prescribed opioid days that overlap with a benzodiazepine prescription

Patients with combined prescription use of both drugs may be more at risk to become addicted or to die from an overdose.

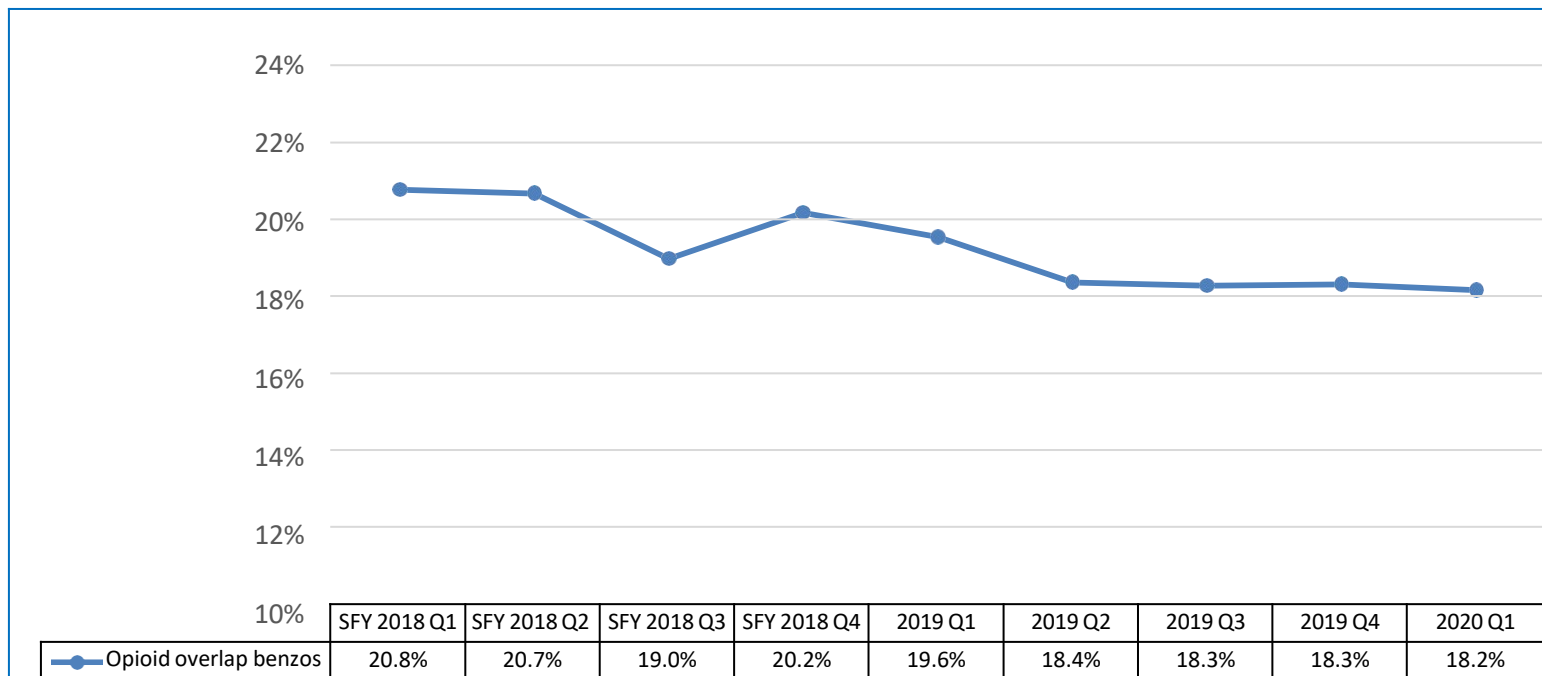


Figure 23

CDC Grant Metric



Controlled Prescription Drug Use in New Hampshire

Opioid Naïve patient percent

Percent of patients prescribed long-acting/extended release opioids who were opioid-naïve. Opioid-naïve is defined as a patient who had not received an opioid prescription in the prior 90 days. The trend is increasing, using new Appriss data.

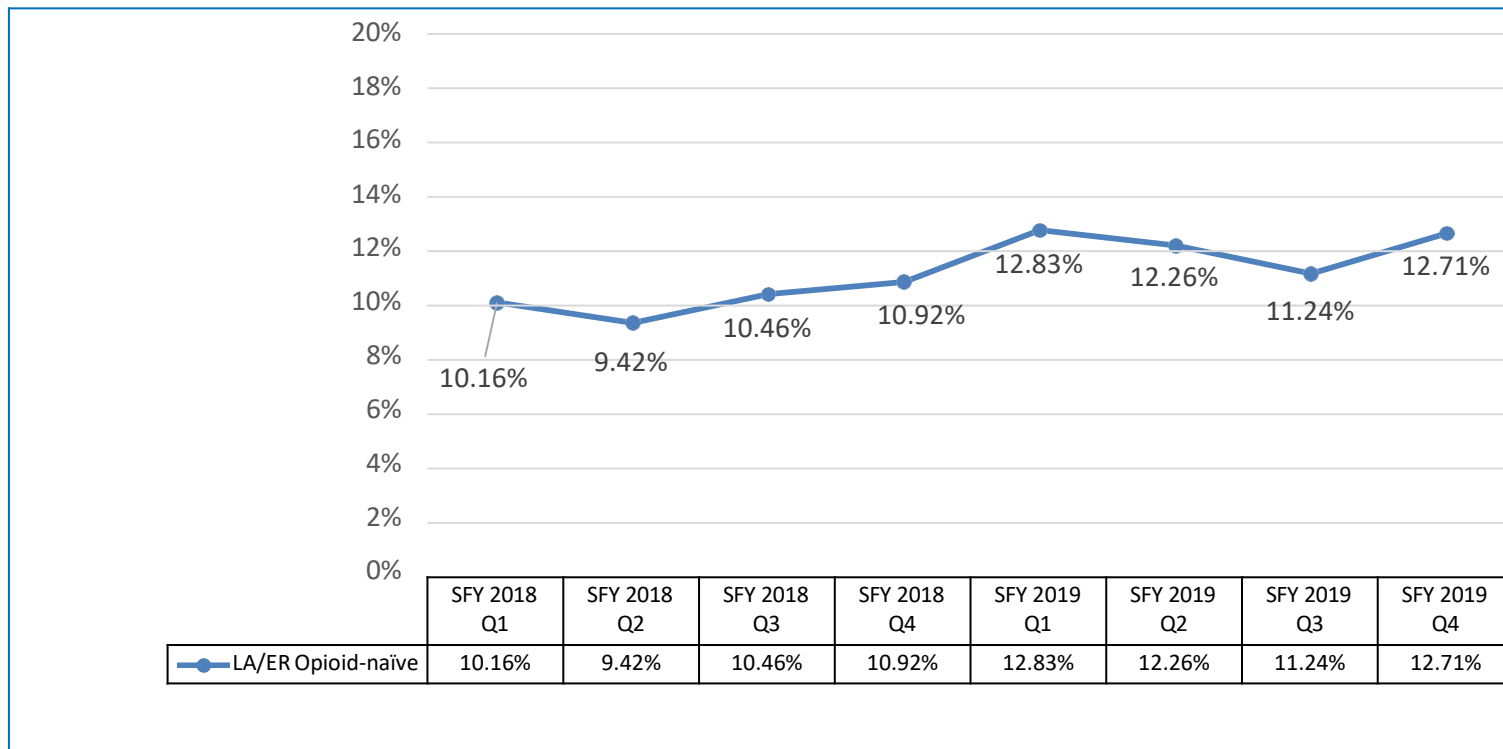


Figure 24

CDC Grant Metric

Medication Assisted Therapy in New Hampshire

MAT Prescriber Counts in New Hampshire

There are 665 of NH certified MAT prescribers on the SAMHSA waived provider list as of May 2019. Of those 665 prescribers, 552 prescribers had prescriptions filled by NH patients (83%).

There were an additional 131 non-certified prescribers whose patients filled MAT drug prescriptions.

SFY 2019	SAMHSA waived prescribers
Number of Patients	10,303
Number of Prescribers with filled prescriptions	552
Number of RX	141,229
Number of Days' Supply	1,915,621
Average Days per RX	13.6

Figure 25

NOTE: SAMSHA waived provider list provided quarterly by SAMHSA



Medication Assisted Therapy in New Hampshire

MAT Prescriber Counts in New Hampshire by certification categories

On SAMHSA list of NH certified MAT prescribers, those prescribers are given a designation as to how many patients they can serve concurrently. The data below shows a 26% increase in 2019 in the number of certified waived providers in NH across the certification categories.

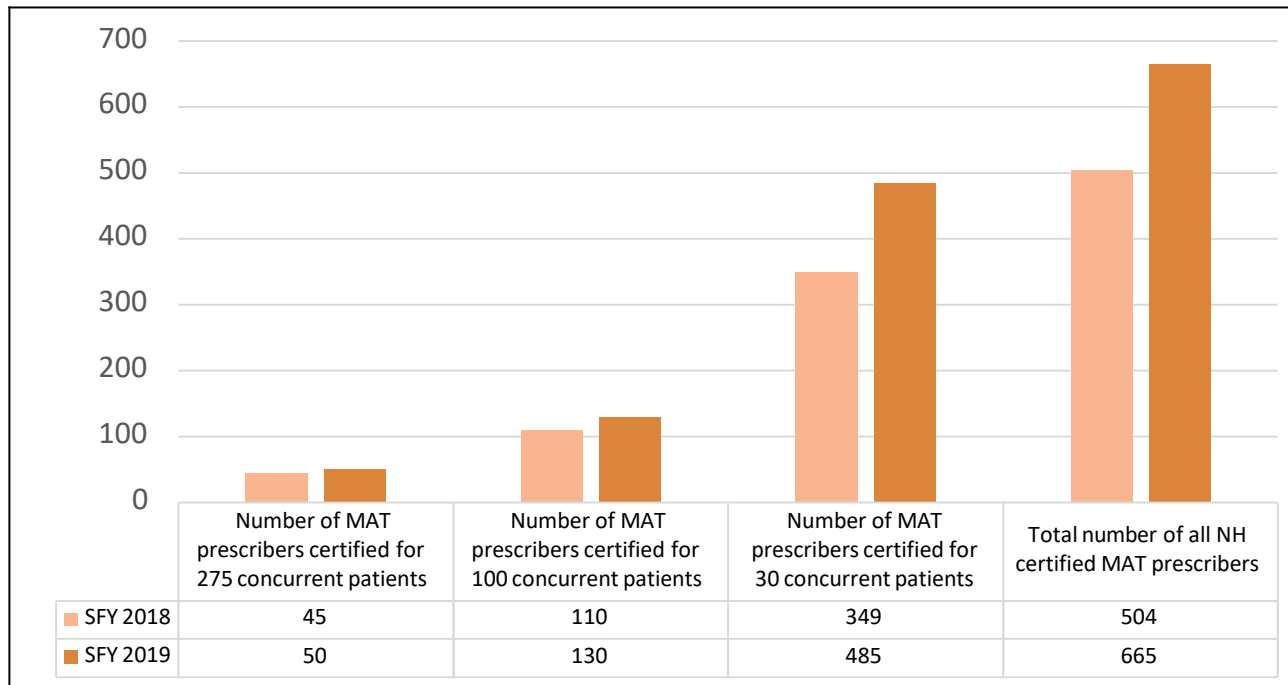


Figure 26

Medication Assisted Therapy in New Hampshire

MAT Prescription Counts in New Hampshire compared to Pain Prescription Counts

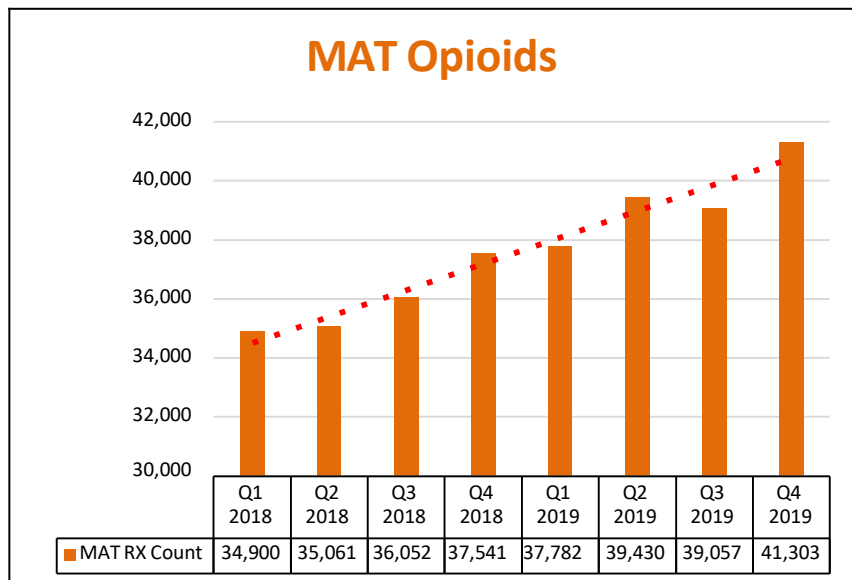


Figure 27

Opioid Rx to treat pain show a quarterly decline over the 24 months.



Opioid Rx for Medication Prescription Therapy (MAT) quarterly counts show a steep incline/utilization over the 24 months.

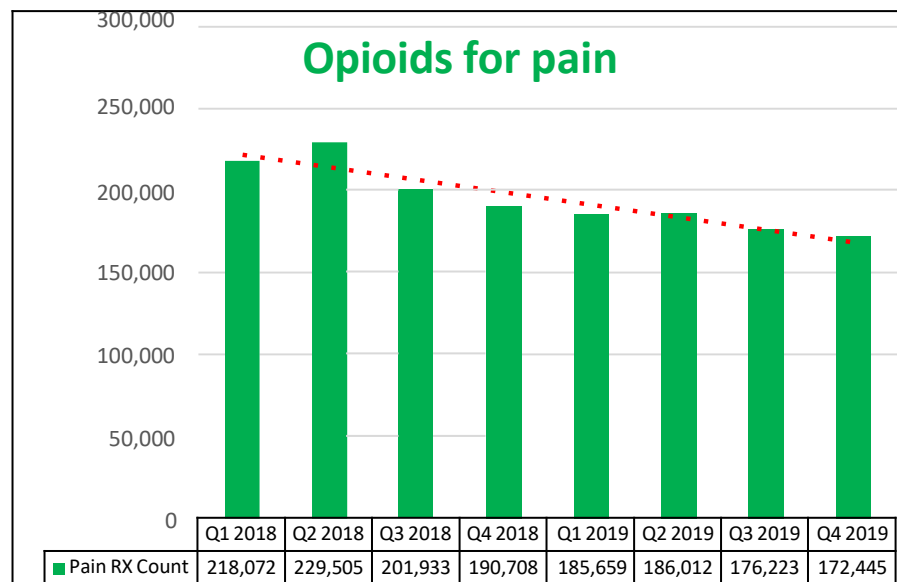


Figure 28

Controlled Prescription Drug Use in New Hampshire

Payment Type: Medication Assisted Therapy Prescriptions- SFY 2019

The information in the PDMP comes from pharmacies. By law, all pharmacies in New Hampshire, including veterinarians, are required to report the controlled substances they dispense to the PDMP.

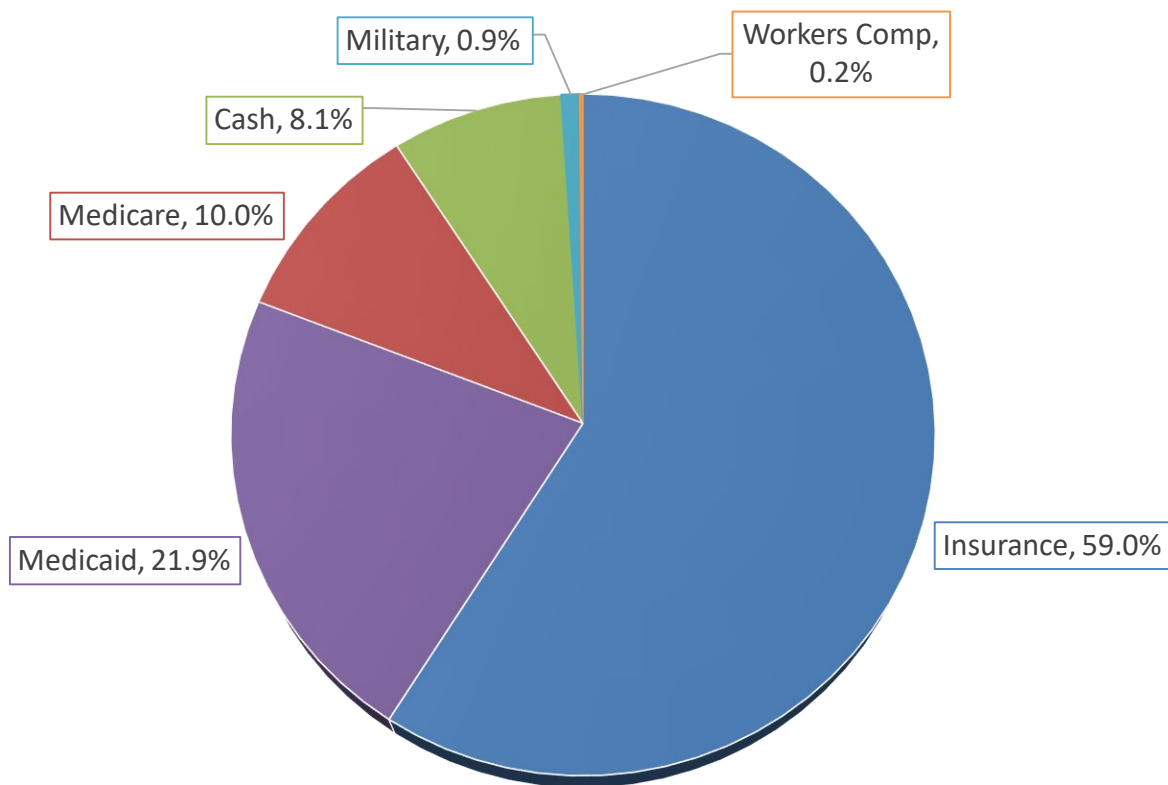


Figure 29

Data Requests

PDMP staff respond to data requests from a variety of sources. Several different entities are entitled to timely access to PDMP data: patients, health care regulatory boards, and law enforcement agencies.

Patient-Requested Reports

Patients may request a copy of their PDMP information. This includes lists of prescriptions dispensed and system users who accessed their PDMP information. Patients may also ask for their PDMP information to go to a third party, such as a behavioral health care provider or an attorney. PDMP staff met all patient requests in 2019 within a 24 hours after receipt of the request.

- **There were (2) patient-requested reports completed in 2019.**

Health Care Regulatory Board Report Requests

Health care regulatory boards may ask for PDMP information for an active investigation related to licensure, renewal or disciplinary action involving an applicant, licensee or registrant.

- **The PDMP received (19) data requests from regulatory boards in 2019.**



Data Requests Continued

Law Enforcement Reports Requested

Federal, state or local law enforcement agencies may request PDMP information in an authorized drug related investigation of an individual or prescriber. A valid court order based on probable cause is required.

➤ **There were (2) law enforcement-requested reports completed in 2019.**

	SFY 2018	SFY 2019
Patient Requests	2	2
Regulatory Boards	21	19
Law Enforcement with subpoenas	1	2
Medical Examiner Office	69	1,177*
Referrals/Letters of Concerns to Boards	7	9
TOTAL	100	1,209

* Note: Medical Examiner Office gained direct access to query PDMP in July 2018

Figure 30

ACKNOWLEDGMENTS

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THANK YOU

