REPORT FOR THE STATE MEDICAL BOARD

October 24, 2019

Intent:

This report contains high-level information on the Prescription Drug Monitoring Program (PDMP) and is intended to provide a summary of registration and reporting data specific to your profession. This report includes data up to September 2019.

Overview:

The PDMP began in 2008 and is housed with the Board of Pharmacy under the Department of Commerce, Community, and Economic Development (DCCED) – Corporations, Business, and Professional Licensing (CBPL) section. Mandatory registration, reviewing, and reporting requirements went into effect in July 2017. All actively licensed practitioners with a valid DEA registration are required to register with the database; however, there are both practice-specific and supply-duration exemptions in AS 17.30.200(k) and (u) in which practitioners are not required to consult the PDMP. Generally, practitioners are required to review patient prescription history before prescribing, administering, and/or directly dispensing a federally scheduled II – IV controlled substance. If directly dispensing, practitioners must report this information to the PDMP on a daily basis. Information on exemptions can be found www.pdmp.alaska.gov under the Registration and Use Exemptions tab and includes information for federally-employed practitioners and pharmacists as well as information on situational exemptions to PDMP use. If mandatory registration and use exemptions do not apply and a licensee fails to register with the PDMP, disciplinary action may be taken by the State Medical Board.

Delegate access is allowed so long as the delegate holds an active license, certification, or registration under AS 08. Delegate access can help relieve time-constraints as reviewing and reporting tasks can be distributed to qualified staff.

With regards to prescriptive guidelines, CBPL's Joint Committee on Prescriptive Guidelines met in 2016 and came up with several recommendations, namely to recommend Washington's prescriptive guidelines, with the exception of reducing from a 120 morphine milligram equivalent (MME) threshold to a 90 MME threshold for consultation with a pain specialist. A summary of the recommendations and a copy of Washington's *Interagency Guideline on Prescribing Opioids* for Pain can be found on the PDMP website at www.pdmp.alaska.gov under the Prescribing Resources tab.

General Information and Updates:

1. PDMP fees for initial and continued access went into effect on April 22, 2018 by authority of AS 17.30.200, which was subsequently implemented under 12 AAC 02.107. This requires a $25.00 fee to be submitted before access to the controlled substance prescription database is granted.
2. Effective July 1, 2018, applicants seeking licensure and who have a DEA registration must complete no less than two hours of education in pain management and opioid use and addiction within two years immediately preceding the date of application. Similarly, licensees with DEA registrations must complete at least two hours of continuing medical education (CME) for license renewal and to remain registered with the PDMP. Please visit the State Medical Board Website for additional information relating to CMEs: https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx

3. Beginning June 2018, the PDMP began separating federal practitioners and pharmacists from those *required* to register by updating user roles, e.g.: 'Physician' to 'IHS Prescriber' (Indian Health Service) Prescriber.
4. Beginning June 2018, all newly registered and renewed PDMP users are issued separate PDMP registration numbers and are searchable by name under the program 'Prescription Drug Monitoring Program' at: https://www.commerce.alaska.gov/cbp/main/Search/Professional
5. An Awareness and Feedback Questionnaire, developed per the directive of the CDC, was made available from May 2018 to June 2018. Out of 402 total respondents, 51 (12.72%) of physician assistants and 139 (34.66%) of physicians participated. Preliminary results can be found at https://www.commerce.alaska.gov/web/Portals/5/pub/PDMP_FeedbackQuestionaire_07.2018.pdf.
6. Beginning May 15, 2019, the State Medical Board staff assumed responsibility of processing initial and renewal registrations.
7. There are currently 207 pending initial accounts for physicians, 35 pending initial accounts for physician assistants, and 14 pending accounts for medical residents with prescriptive authority in AWARxE. There are 52 pending accounts in our licensing database, CBP Portal. There are 14 renewal accounts pending in CBP Portal.
8. On September 30, 2019, the online initial application was launched through MyAlaska. This replaces the paper form (08-4760) but does not replace the step of creating an account in AWARxE.

Enhancements:

9. On September 9th, 2019, NarxCare was integrated into the existing AWARxE platform. NarxCare provides visual analytics snapshots upon a patient query so providers can make more informed clinical decisions based on a patient's overdose risk score (ORS), which is a value between 0 and 900 and provides an odds ratio for unintentional death.
10. An Awareness and Feedback Questionnaire for 2019 will be launched before the end of the year
11. The Compliance Module feature will go live in the coming months. This will provide the PDMP Manager to review providers who did not meet mandatory review requirements for a certain date range, and also will give providers the ability to view their own compliance.
12. A License Integration enhancement project is imminent and will provide automatic verification of licensure status, e.g.: active or inactive between CBPL's licensing database, Portal, and the AWARxE platform. For existing users, this means providers who do not renew their professional license will be automatically deactivated in the PDMP.
13. Clinical Alerts will go live in the coming months, which will give real-time alerts to providers when a patient has met or exceeded a prescription threshold threshold.

Data:

The Alaska State Medical Board regulates several license types, including physicians (MDs, DOs, and DPMs), physician assistants, and medical residents with prescriptive authority. Presently, there are a total of 7,871 registered users, 2,869 of which are registered with the 'Physician' or 'Podiatrist' user role (collectively reported as Physicians), 634 of which are registered as a 'Physician Assistant', and 41 are registered as a 'Medical Resident with Prescriptive Authority' (Figure 1). While physicians make up a

relatively large percentage of registered users (37%; see Figure 1), the proportion of total licensed physicians registered with the PDMP is 64%. The proportion of registered physician assistant PDMP users to licensees is 97% (Figure 2). The number of physicians or physician assistants who do not hold an active DEA registration is not known; however, for the purpose of this report, it is assumed all physician and physician assistants must hold an active DEA registration.

The percentage of non-registered users for physicians and physician assistants at 36% and 3%, respectively, may due to non-compliance, not having an active Drug Enforcement Administration (DEA) registration, or being employed by a federal facility and registered under a different user role, e.g.: VA Prescriber.

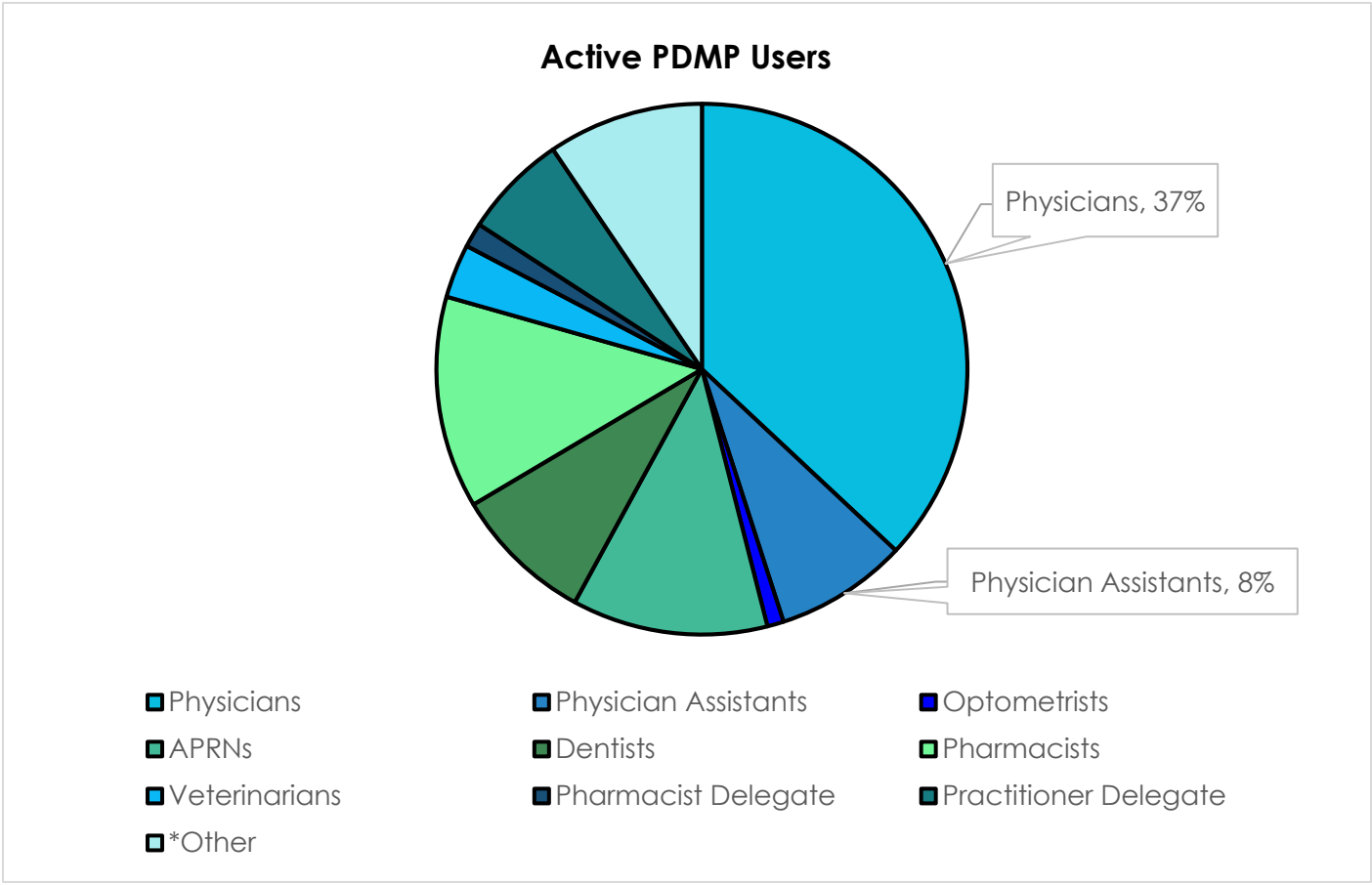
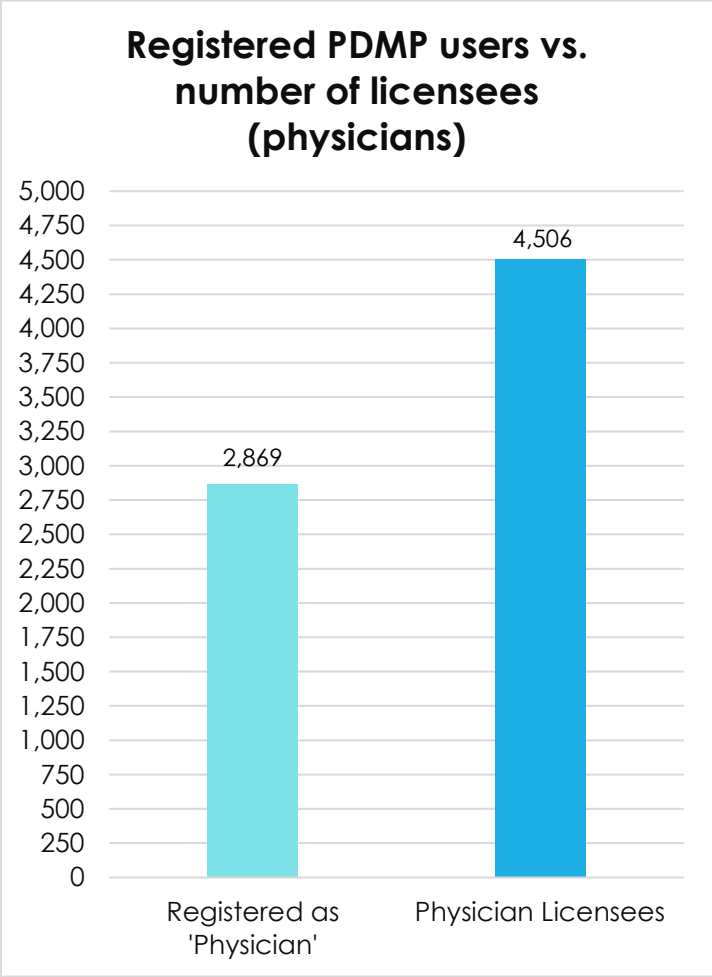


Figure 1. Physicians comprise 37% of actively registered users while physician assistants make up 8%. *Other includes IHS and VA prescribers and dispensers, admin, medical residents, and out-of-state pharmacists. These federal practitioners and dispensers are not statutorily *required* to register by licensing statutes under AS 08 or the authorizing statute for the controlled substance prescription database, AS 17.30.200; however, they are permitted to have access and may be directed to do so by their federal employer.



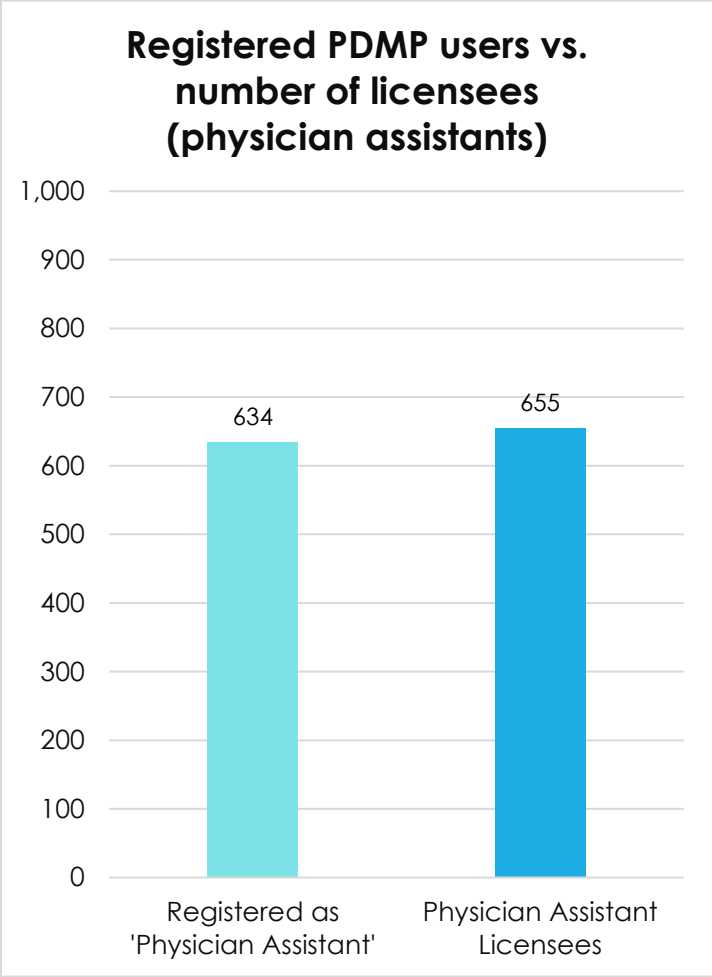


Figure 2. The proportion of licensed physicians (64%) and physician assistants to (97%) registered PDMP users of the corresponding user role. These figures for PDMP users exclude physicians and physician assistants working with the Indian Health Service, Veterans Administration, and Military who have corresponding user roles, e.g.: IHS Prescriber. The previous report from May 2018 included licensees working under federal employment as these user types were not tracked until June, 2018.

Figure 3 on the following page shows the number of opioid prescriptions dispensed against the number of patient prescription history requests. Figure 4 below shows the number of morphine milligram equivalents (MME) prescribed (subsequently dispensed) by profession. MMEs is a standardized measurement used to represent the potency of opioids but excludes buprenorphine as a partial opioid agonist. Figures 5 – 6 shows the adjusted MMEs by physician and physician assistant; corresponding tables 1 and 2 show the MME breakdown. MMEs by specialty are shown in figures 7 – 8 for 2016 through 2017. Data for this measure will be updated for 2018 in the next report.

Figures 9 – 10 shows login and patient prescription reviewing trends for physicians and physician assistants.

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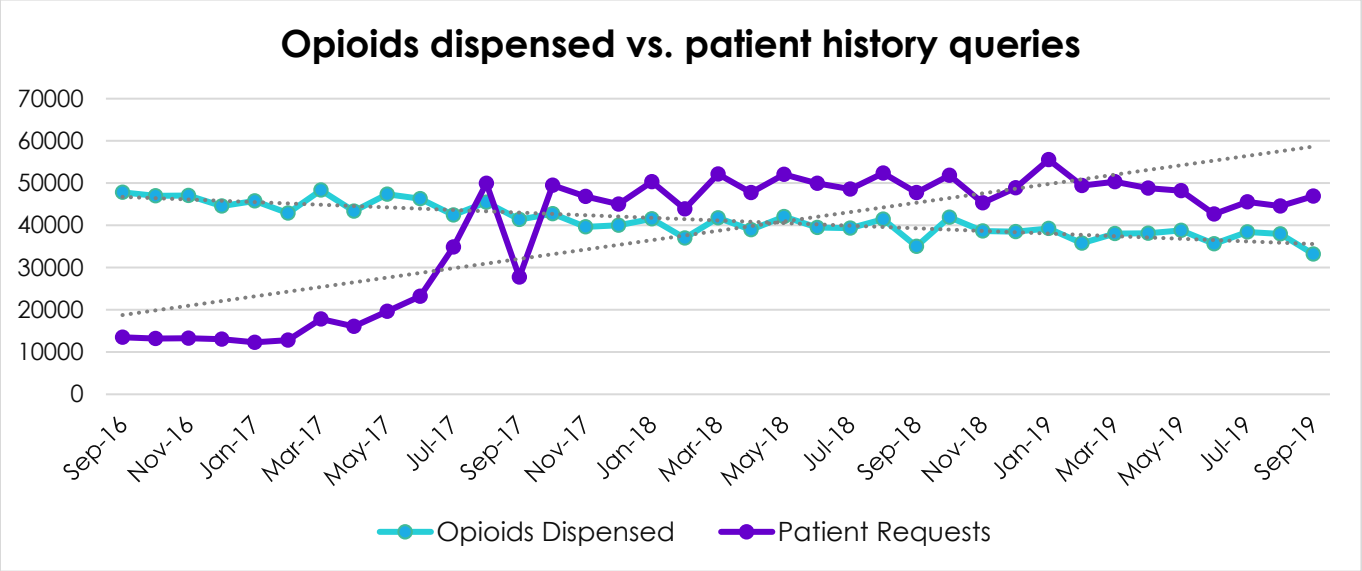

Figure 3. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid prescribing and dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies, opioid continuing education, and salience of increased state-wide monitoring of prescribing practices as reflected in individual prescriber report cards.

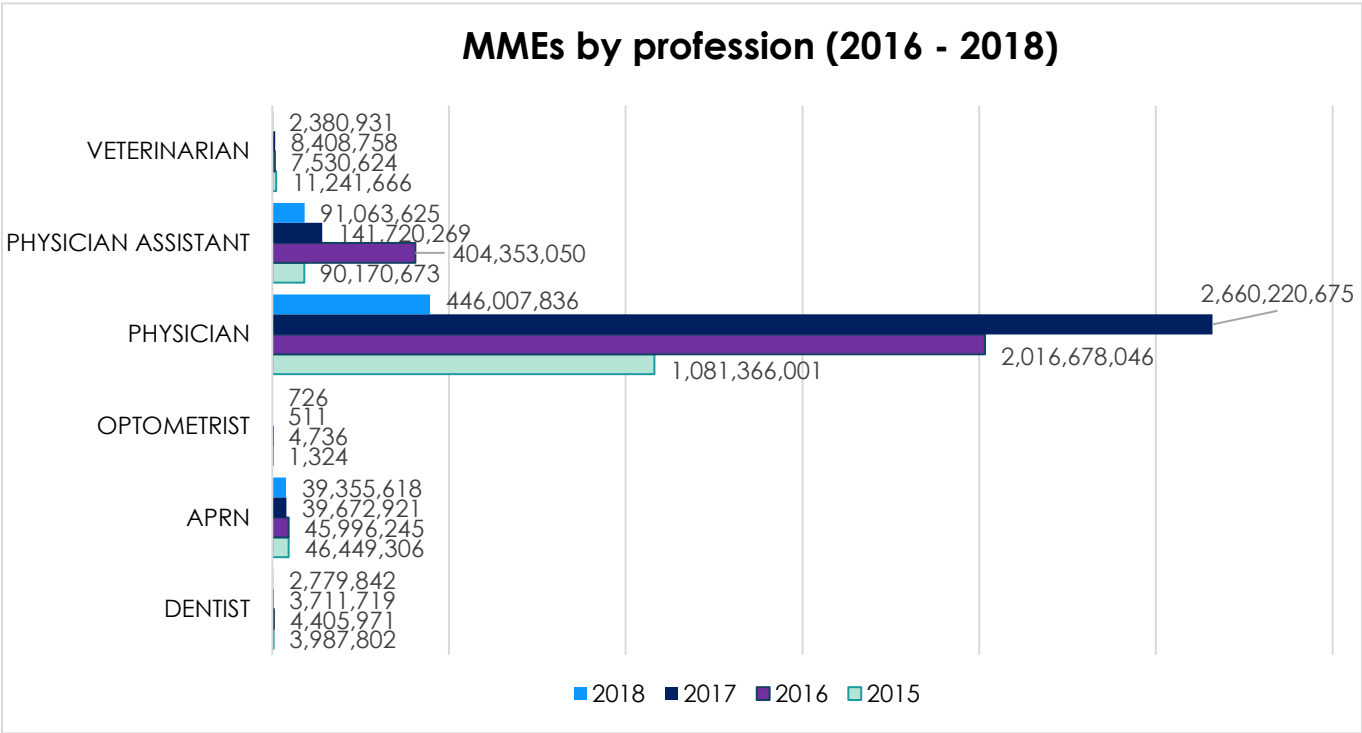

Figure 4. Of the total MMEs dispensed in 2018, 92% originated from prescriptions written by physicians and physician assistants. For physicians, the relative percent change from 2016 – 2017 was 32% (increase), whereas the relative percent change from 2017 – 2018 was 83% (decrease). Though opioid prescriptions decreased from 2017 to 2018, total MMEs increased, suggesting prescriptions issued in longer days' supply.

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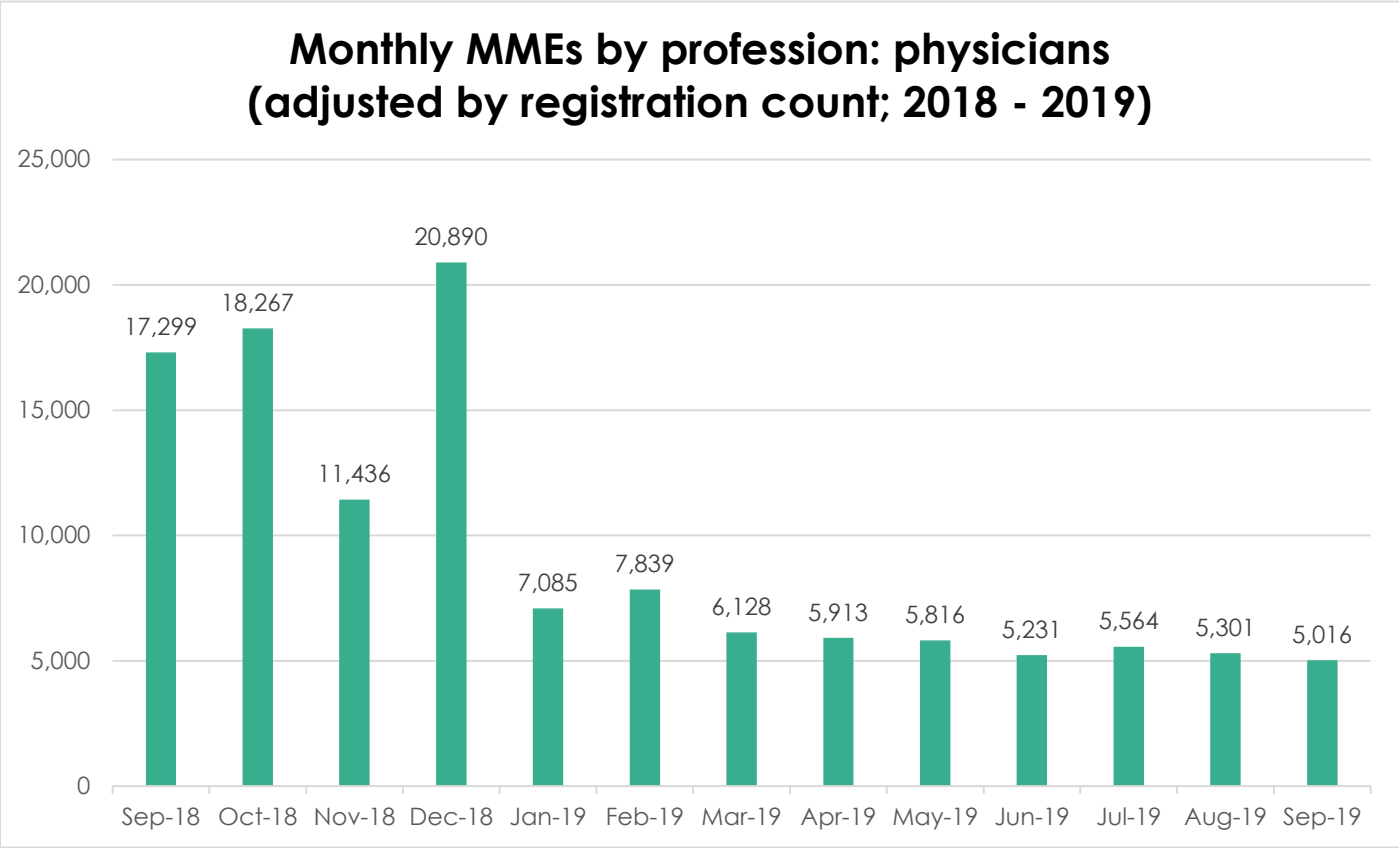

Figure 5. MMEs adjusted by physician registration count. MMEs have been slowly decreasing since it peaked in December 2018.

Table 1. Total MME breakdown for physicians.

Month-Year	MMEs	Registration Count
Sep-18	34,961,534	2,021
Oct-18	37,301,063	2,042
Nov-18	26,108,763	2,283
Dec-18	54,732,390	2,620
Jan-19	18,851,869	2,661
Feb-19	21,197,201	2,704
Mar-19	16,654,960	2,718
Apr-19	16,177,865	2,736
May-19	16,109,794	2,770
Jun-19	14,579,866	2,787
Jul-19	15,672,864	2,817

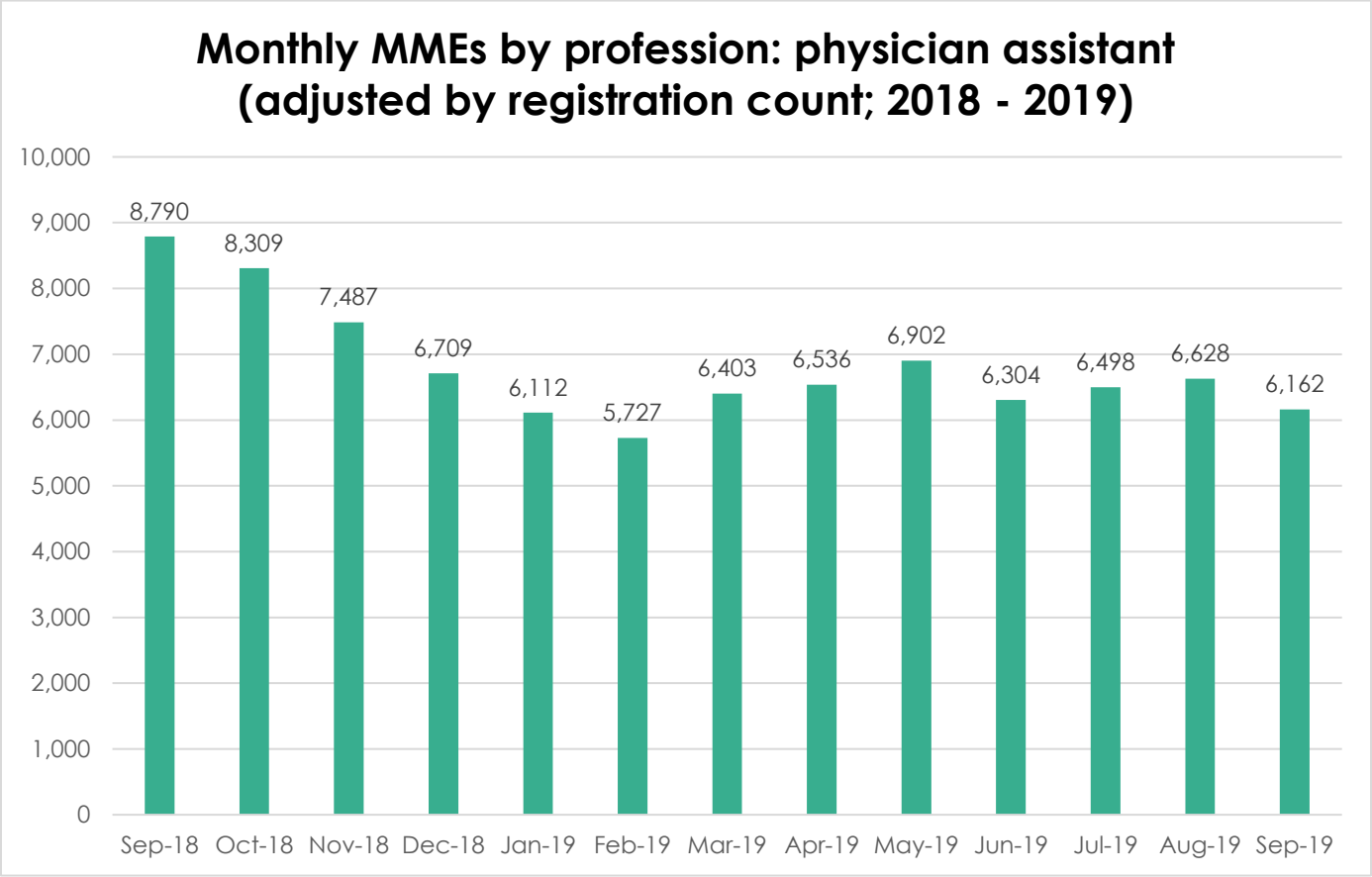

Figure 6. MMEs adjusted by physician assistant registration count. MMEs have been slowly decreasing since it peaked in September 2018.

Table 2. Total MME breakdown for physician assistants.

Month-Year	MMEs	Registration Count
Sep-18	4,632,588	527
Oct-18	4,437,042	534
Nov-18	4,148,025	554
Dec-18	3,918,154	584
Jan-19	3,612,439	591
Feb-19	3,430,727	599
Mar-19	3,880,471	606
Apr-19	4,000,070	612
May-19	4,292,761	622
Jun-19	3,933,436	624
Jul-19	4,081,002	628

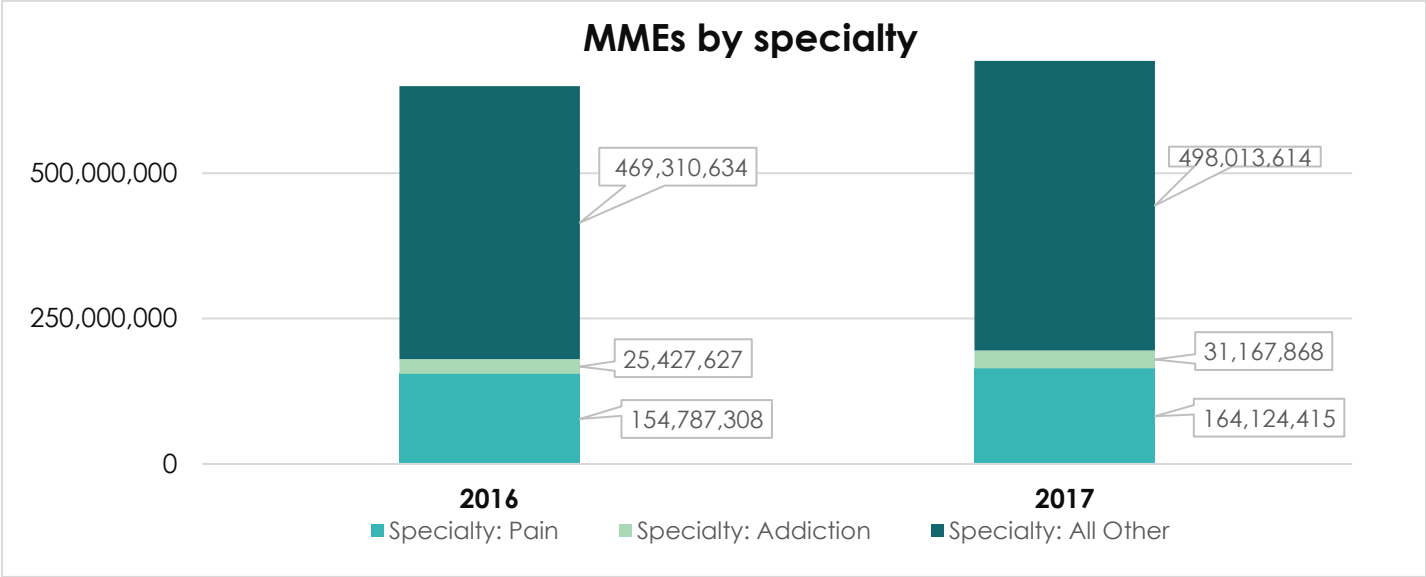

Figure 7. Of the total MMEs prescribed by all prescriber profession types, information on MMEs by pain and addiction specialties are only available for APRNs, Physicians, and Physician Assistants. Pain and addiction specialties are among the top two specialties contributing significant to total MMEs. MMEs prescribed by practitioners with pain and addiction specialties accounted for 28% of total MMEs in both 2016 and 2017. Between 4 – 40+ specialties exist among prescriber professions, however, pain and addiction specialties contribute disproportionately higher MME relative to other specialties. During this period, the number of registered PDMP users increased by over 120% from 2016 to 2017.

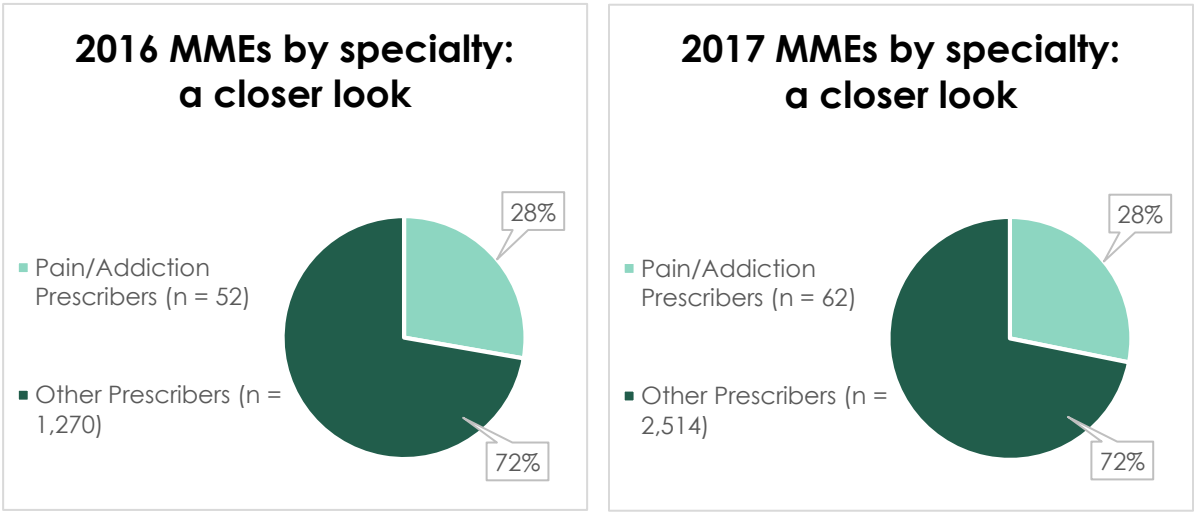

Figure 8. While practitioners with pain and addiction specialties made up only .04% of registered PDMP prescribers in 2016 and .01% in 2017, these prescribers contributed disproportionately more MMEs than any other two combined specialty types. There was an overall increase in 10 prescribers who identified with these specialties from 2016 to 2017, which may have had a contributing factor to the increase in MMEs in 2017.

Figures 9 – 10 show the login and patient prescription history review trends over time. As required by law, prescribers are required to query a patient's prescription history prior to writing, administering, or directly dispensing a federally scheduled II – IV controlled substances. There are certain situational and supply-day limits which may exempt providers from having to query the database. These exemptions are described under AS 17.30.200(k) and (u).

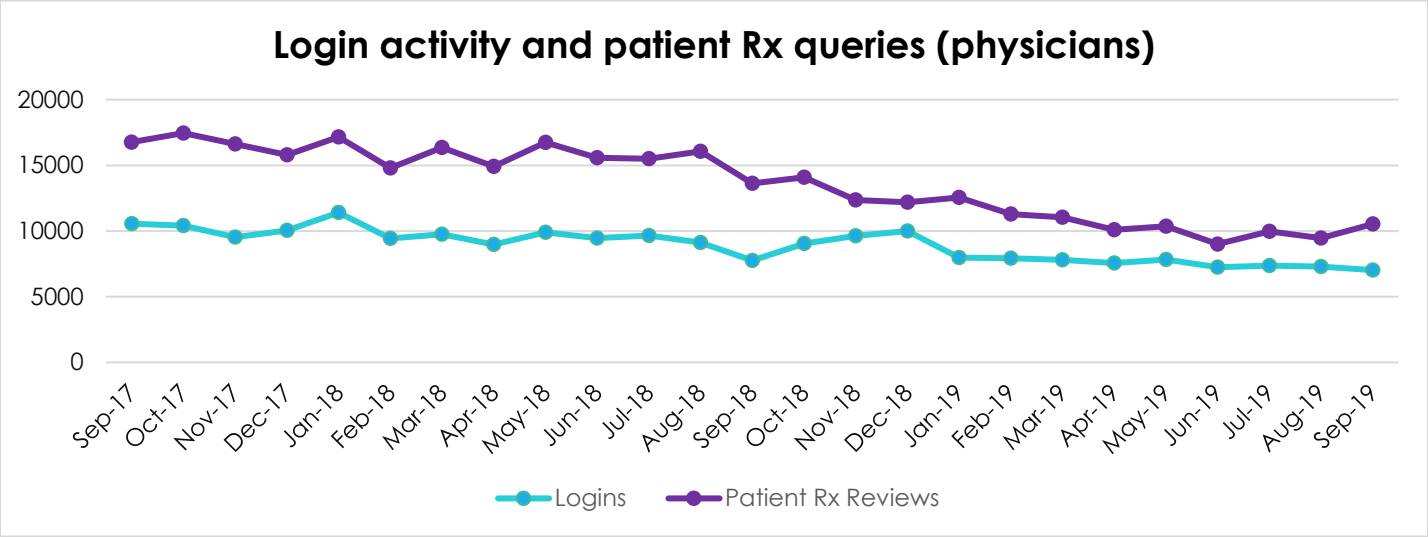

Figure 9. The decrease in login activity by physicians corresponds to a decrease in patient prescription history reviews. Note in figure 4 the MMEs decreasing accordingly.

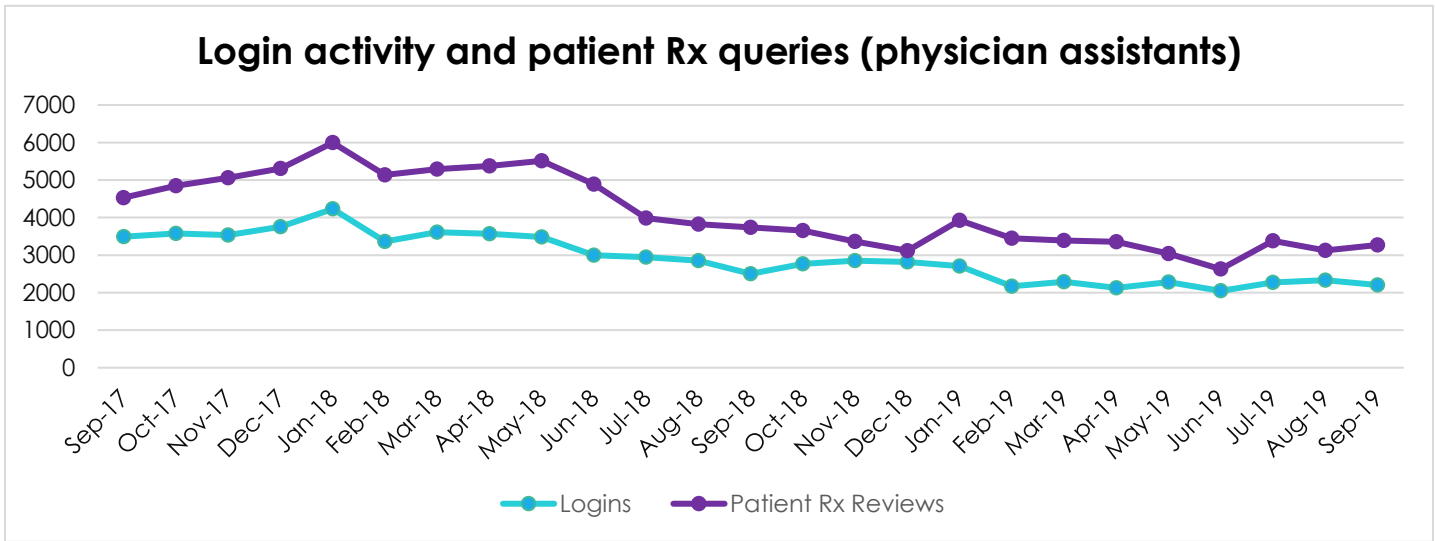

Figure 10. The decrease in login activity by physician assistants corresponds to a decrease in patient prescription history reviews. Note in figure 4 the MMEs decreasing accordingly.

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Between January 1st, 2019 to June 30th, 2019 (Quarter 2) and April 1st, 2019 to September 30th, 2019 (Quarter 3), all physicians and physician assistants who prescribed at least one controlled substance received a prescriber report card. Tables 3 and 4 shows the breakdown of prescribers who are registered with the PDMP and prescribed at least one opioid during the reporting periods.

Figures 11 - 14 shows the number of physicians and physician assistants who failed to query the PDMP prior to issuing the prescription to the client, and administering the medication or directly dispensing to the patient.

Table 3. Q2 report (01/01/2019 to 06/30/2019). This includes physicians, medical residents with prescriptive authority, and physician assistants. Data excludes buprenorphine waivered-practitioners (n = 11).

Total PDMP providers who prescribed at least one opioid	1,472
Number of providers prescribing an average of 5 opioids/month	67
Number of providers prescribing an average of 10 opioids/month	45
Number of providers prescribing an average of 15 opioids/month	26

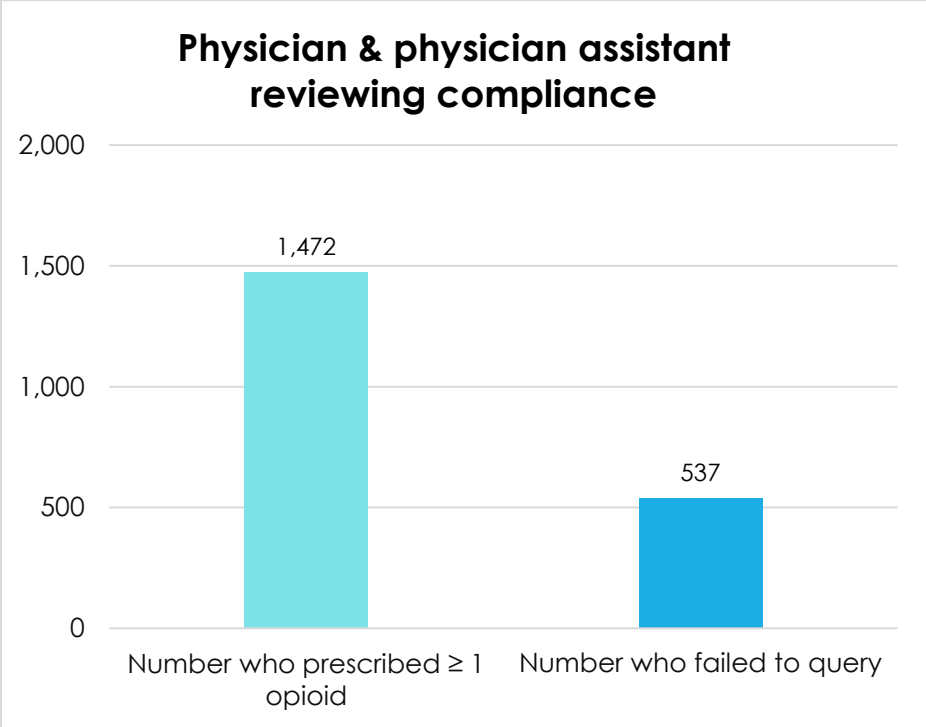

Figure 11. 36% of providers who prescribed at least one opioid from 01/01/2019 to 06/30/2019 did not review a patient's prescription history prior to writing the prescription. This includes queries performed by a registered delegate. Data could not be filtered to exclude non-refillable prescriptions issued for a days' supply of ≤3 days, which excludes providers from reviewing patient Rx history under AS 17.30.200(k)(4)(B). Data also could not be filtered to exclude prescriptions issued at a healthcare facility, emergency setting, and during or immediately after a medical procedure, which are situational settings excusing reviewing requirements under AS 17.30.200 (K)(4)(A).

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Table 4. Q3 report (04/01/2019 to 09/30/2019). This includes physicians, medical residents with prescriptive authority, and physician assistants. *Excludes buprenorphine waivered-practitioners (n = 19).

Total PDMP providers who prescribed at least one opioid	1,677
Number of providers prescribing an average of 5 opioids/month	77
Number of providers prescribing an average of 10 opioids/month	44
Number of providers prescribing an average of 15 opioids/month	22

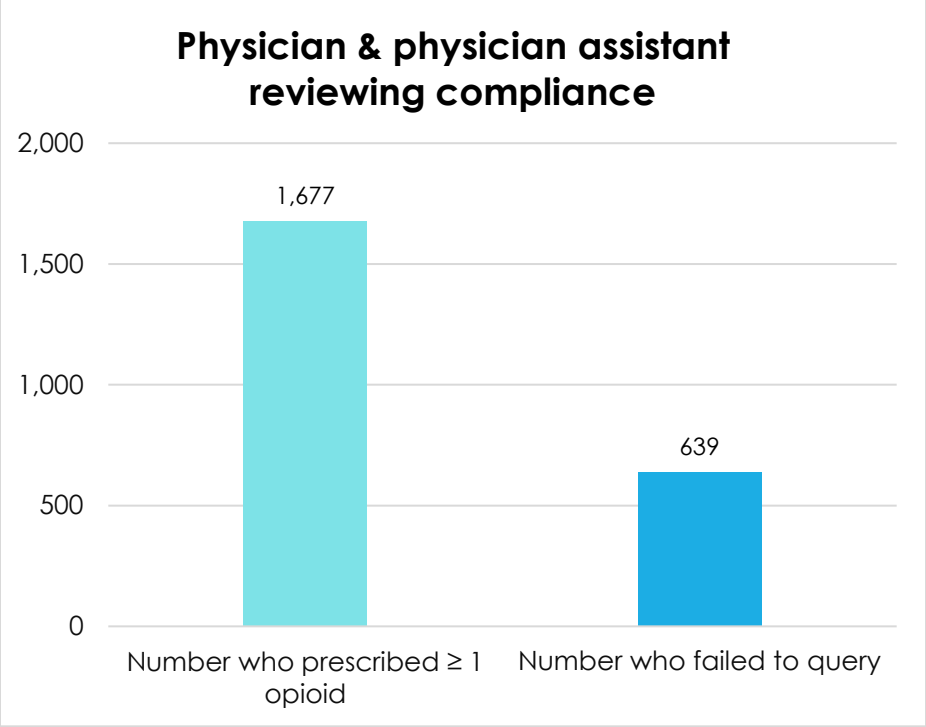

Figure 12. 38% of providers who prescribed at least one opioid from 01/01/2019 to 06/30/2019 did not review a patient's prescription history prior to writing the prescription. This includes queries performed by a registered delegate. Data could not be filtered to exclude non-refillable prescriptions issued for a days' supply of ≤3 days, which excludes providers from reviewing patient Rx history under AS 17.30.200(k)(4)(B). Data also could not be filtered to exclude prescriptions issued at a healthcare facility, emergency setting, and during or immediately after a medical procedure, which are situational settings excusing reviewing requirements under AS 17.30.200 (K)(4)(A).

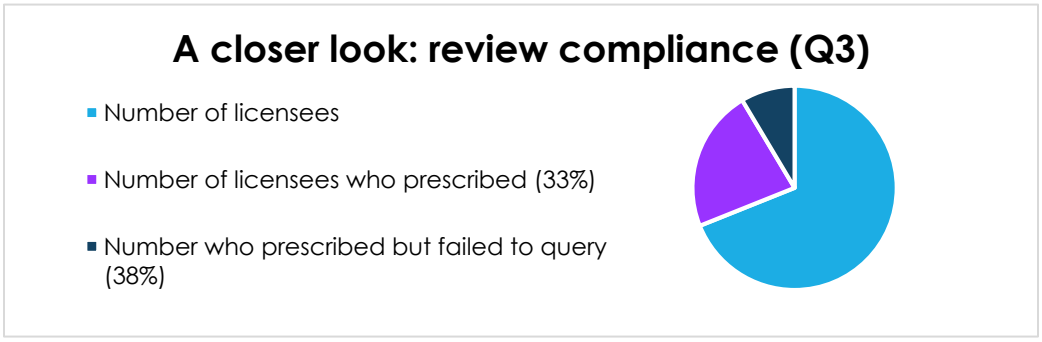

Figure 8. A breakdown of compliance by # of licensees and the number of providers who prescribed at least one opioid during the most recent report period.