This report contains summary data from the Prescription Drug Monitoring Program (PDMP) and is prepared for the Alaska Board of Nursing. Data is provided as a courtesy for the board and is intended to be used for informational purposes only.

Notices:
The 2019 PDMP Legislative Report is posted to our website akpdmp.alaska.gov. For a more in-depth report on the PDMP and compliance across other professions, we encourage you to read the report.

Currently, the Board of Nursing allows 120 days from the date of licensure to initially register for the PDMP. However, providers should be notified they are not able to prescribe until their registration in AWARxE have been approved.

PDMP renewal coincide with the board's professional license deadline, November 30, 2020. The PDMP renewal application will be combined with the license renewal application.

Enhancement Feature Updates:

1. On September 9, 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.
2. The **Compliance Module** feature went live on November 13, 2019 and provides the PDMP Manager the ability to review providers who did not meet mandatory review requirements for a certain date range, and gives providers the ability to view their own compliance.
3. **Clinical Alerts** went live on April 15, 2020, which gives real-time alerts to providers when a patient meets or exceeds a prescription threshold, daily MME threshold, or combination of opioid and benzodiazepine prescriptions.
4. The **License Integration** enhancement project will be launching in the next few days, 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.

There are 47 pending registrations in AWARxE; and in Portal, 50 registrations are pending and seven are on hold.

The Alaska State Board of Nursing regulates several license types, including registered nurses, licensed practical nurses, and advanced practice registered nurses (certified nurse practitioner, certified nurse anesthetist, clinical nurse specialist, and certified nurse midwife). All licensees required to register with the PDMP register using the user role 'Nurse Practitioner/Clinical Nurse Specialist'.

As of April 30, 2020, there are a total of 7,865 registered users, 912 of which are Nurse Practitioners/Clinical Nurse Specialists "APRNS" (Figure 1A). While APRNs represent the top three professions of registered users, the proportion of total licensed APRNs with the PDMP is 11.5% and represent approximately 15% of all prescribers (Figure 1B).

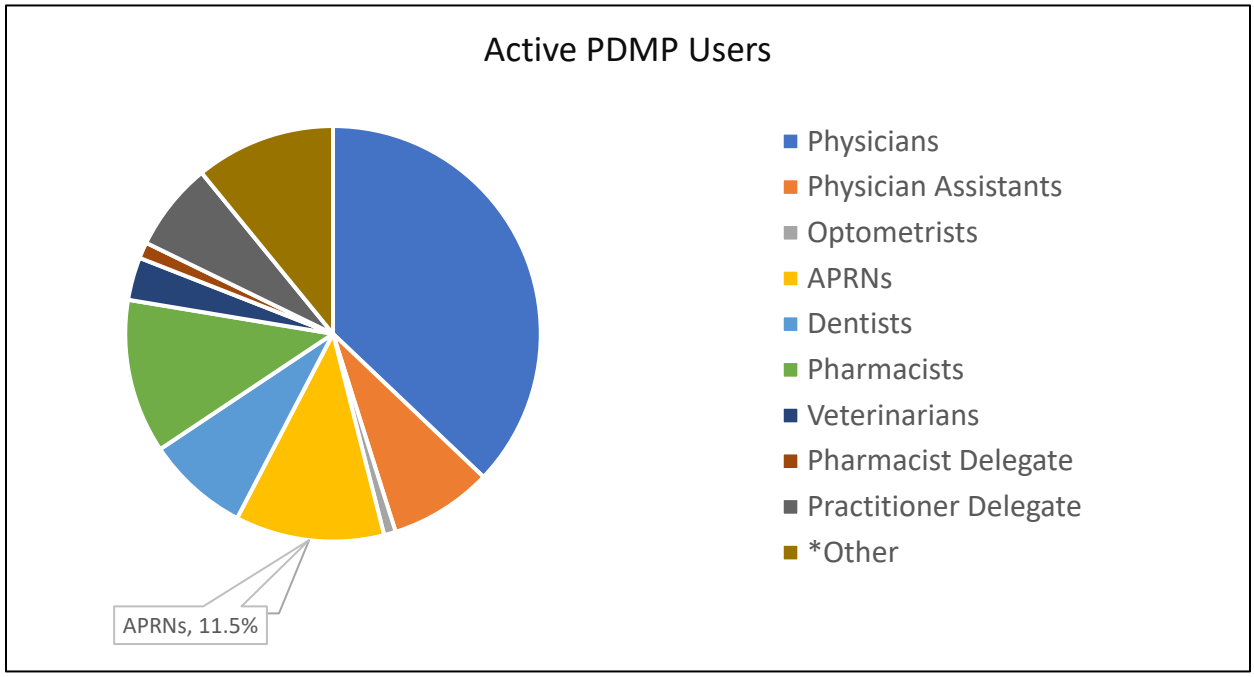

Figure 1A. APRNs make up 11.5% of total registered PDMP users. *Other includes IHS, VA, and military prescribers and dispensers, admin, medical residents, coroners, and out-of-state pharmacists.

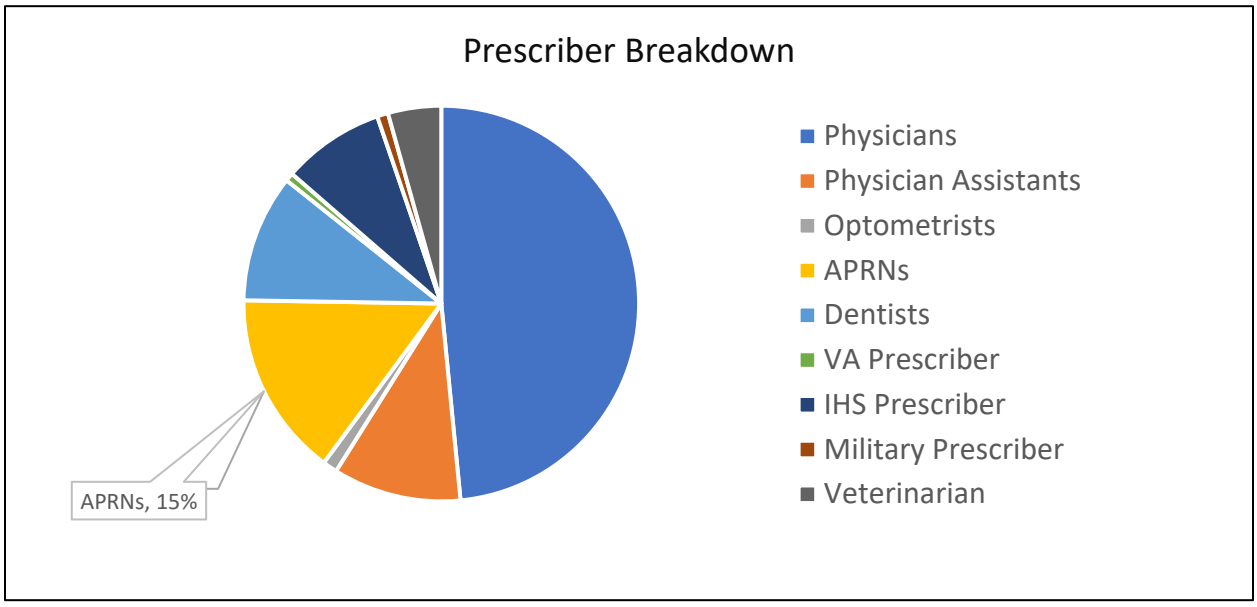

Figure 1B. APRNs make up 15% of total registered PDMP prescribers. This figure may be underrepresented as there are licensed APRNs inclusive in federal user role categories (IHS Prescriber, VA Prescriber, and Military Prescriber).

Currently, the PDMP registration compliance rate for APRN's is 62%. Additional licensed APRN's not represented under the 'Nurse Practitioner/Clinical Nurse Specialist' user role may be inclusive of other prescriber roles, including HIS, Military, or VA Prescriber; the compliance rate may be higher due to registration under other relevant user role categories.

Patient Reviews

The number of patient prescription history reviews by APRNs have increased over the last three years, with a 32% increase in March 2020 than in the same month last year. When adjusting by the number of registered APRNs; however, there has not been a significant increase in the number reviews. The average reviews peaked from August – October 2017, following mandatory use (Figure 2).

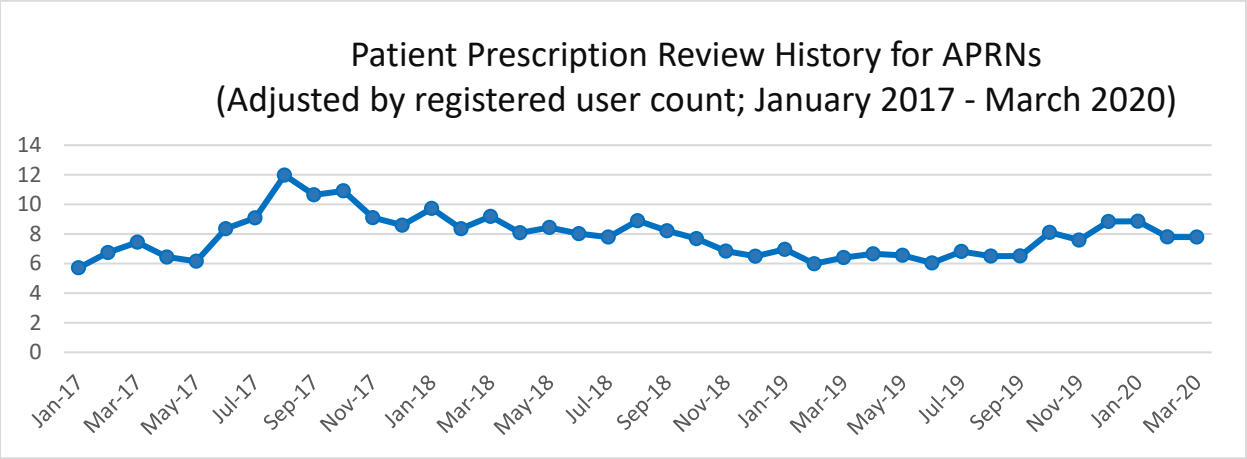

Figure 2. The reviewing requirement demonstrates the effectiveness of policy change in increasing reviewing history in the months immediately following the mandate; however, there has been no long-term impact on sustained increased reviewing frequency, suggesting the need for increased outreach and training and board guidance.

The data in the table, below, is from the Report Card data prescribers receive. If a provider has prescribed at least one opioid, they receive a Report Card that gives them information their prescribing pattern and compares them to others in their specialty. This information is for educational purposes only and is not shared with the board.

The CDC recommends that primary care clinicians should reassess evidence of the benefits and risks to the individual when increasing dosage to greater or equal to 50 MME/day and avoid increasing to greater or equal to 90 MME/day when possible due to an increased risk of complications. According to the data below, 15% of providers are prescribing over the 90MME/d threshold, and approximately 8% are prescribing over 120MME/day.

The CDC also recommends avoiding concurrent benzodiazepine and opioid prescriptions, given the high risk of adverse drug-drug interactions, specifically respiratory depression and death. The data below represents an infrequent rate of treatment involving dangerous combinations, however there was a surprising increase in combination treatment involving benzodiazepines and opioids in the last data set, indicating 64% of prescribers have treated at least one patient with this therapy.

						Dangerous Combo	
Date Range	**Providers Prescribing**	**Number Reviewed**	**Compliance Rate**	**Prescribing >90MME**	**Prescribing >120MME**	**Benzo Opioid**	**Benzo Opioid Carisoprodol**
07/01/19 12/31/19	510	365	72%	76	43	136	6
10/01/19 03/31/20	493	359	73%	73	43	316	35