Alaska Prescription Drug Monitoring Program Report to the 32nd Alaska State Legislature (2021)

Prepared by
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Division of Corporations, Business and Professional Licensing
on behalf of the Alaska Board of Pharmacy
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I. Introduction

The passage of Senate Bill 196 by the Twenty-Fifth Alaska State Legislature in 2008 established a federally funded electronic controlled substance prescription database[1], with the intent to improve patient care and to reduce misuse and drug diversion of federally scheduled controlled substances. The database operates as a state-level opioid intervention strategy and clinical decision support tool under the name of the Prescription Drug Monitoring Program (PDMP).[2] It gives access to prescribing practitioners with a Drug Enforcement Administration (DEA) registration, pharmacists, and their delegates, and to out-of-state providers opting to obtain access (Table 1). At present, 49 states, the District of Columbia, and Guam have operational PDMPs. In Alaska, the PDMP is administered by the Board of Pharmacy (the board) under the Department of Commerce, Community, and Economic Development (the department or DCCED), Division of Corporations, Business and Professional Licensing (the division or CBPL).[2]

> ***Alaska Statute 08.80.030. Powers and Duties of the Alaska Board of Pharmacy.***
> (a) The board is responsible for the control and regulation of the practice of pharmacy.
> (b) In order to fulfill its responsibilities, the board has the powers necessary for implementation and enforcement of this chapter, including the power to (11) establish and maintain a controlled substance prescription database as provided in AS 17.30.200.[2]

> ***Alaska Statute 17.30.200. Controlled substance prescription database.***
> (a) The controlled substance prescription database is established in the Board of Pharmacy. The purpose of the database is to contain data as described in this section regarding every prescription for a schedule II, III, or IV controlled substance under federal law dispensed in the state to a person other than under the circumstances described in (t) of this section.[2]

In addition to the PDMP serving as a tool when assessing medically necessary and clinically appropriate patient care, and in considering treatment with a controlled substance,[1, 9, 10] the database is to be used as a system reference for the board to carry out required grant activities and statutory abilities and obligations. These activities (Table 2) relate to the overarching goals of monitoring and promoting judicious prescribing and dispensing practices, reducing inappropriate prescribing, identifying, and preventing instances of misuse, abuse, and drug diversion, and increasing provider communication across the provider settings.

Required Users (actively licensed under AS 08)	**If**
Dentist	Holds DEA registration
Nurse Practitioner	Holds DEA registration and state-level controlled substance prescriptive authority issued by the Alaska Board of Nursing
Optometrist	Holds DEA registration
Pharmacist	Living and dispensing controlled substances in Alaska
Physician	Holds DEA registration
Physician assistant	Holds DEA registration and an active collaborative practice agreement with prescribing physician
Veterinarian	Holds DEA registration

Optional Users	Authorized Access if
Prescriber or pharmacist delegate	Holds license under AS 08
Indian Health Service (IHS) provider	Employed by the IHS and holds a valid license in another jurisdiction
Military provider	Employed by the military and holds a valid license in another jurisdiction
Veterans Administration (VA) provider	Employed by the VA and holds a valid license in another jurisdiction
Veterans Administration provider delegate	Employed by the VA per the Veterans Health Administration's Mission Act effective November 2020

Table 1. *Users authorized to access the PDMP. Delegates may access the database only if licensed, registered, certified, or otherwise regulated by DCCED - CBPL under AS 08. Federal providers may access the database only upon submitting documentation to the board indicating an active professional license in another jurisdiction.*

Grant Requirements	Statutory Abilities and Obligations
*Must generate and send unsolicited reports to practitioners to compare their prescribing trends to other practitioners in the same health care specialty.[4]	Must contain data regarding every prescription for a Schedule II, III, and IV controlled substance under federal law dispensed in the state, updated daily.
Must increase usage of the PDMP by providing outreach and training.[4]	Must notify the State Medical Board, the Board of Nursing, the Board of Dental Examiners, the Board of Examiners in Optometry, and the Board of Veterinary Examiners when a practitioner registers with the database.
Improve data collection and analysis around opioid misuse, abuse, and overdose.[5]	May generate and send unsolicited reports to practitioners to compare their prescribing trends to other practitioners in the same health care specialty.
Develop strategies that impact behaviors driving prescription opioid dependence and abuse.[5]	May generate and send unsolicited notifications to a provider and/or provider's licensing board when a patient has received one or more prescriptions for controlled substances in quantities or with a frequency inconsistent with generally recognized standards of safe practice.
Provide options for interstate and intrastate data integration with electronic health records (EHRs) and health information exchanges (HIEs).[5]	*(intentionally left blank)*
Implement automation database features including license integration.[4]	*(intentionally left blank)*

Table 2. *Grant requirements as a condition of receiving grant funding and activities driven by statute. *Indicates an overlap between federal and state requirements.* A license integration project began in 2018 but was unsuccessfully launched in August 2020 and deactivated in September 2020. The PDMP is working with its vendor, Appriss Health, to accomplish a successful integration in 2021 under the new contract.

II. Appriss Health and AWARxE

Appriss Health is the department's vendor, which provides the prescription drug monitoring interface, AWARxE. The term PDMP may be used interchangeably with AWARxE as these terms both refer to the database. AWARxE provides the PDMP administrator with the following capabilities:

- Approve practitioners, pharmacists and delegates registering for PDMP access.
- Manage PDMP account details, including appropriate user role categories.
- Approve data submissions from in-state and out-of-state pharmacies or licensed practitioners who dispense Schedule II, III, or IV controlled substances under federal law.
- Maintain a list of data submitters from pharmacies or licensed practitioners who dispense and distribute schedule II, III or IV control substances to patients in Alaska.
- Conduct analysis of pharmacies and prescribers delayed or delinquent in reporting.
- Create dashboard announcements accessible to registered users, including notices related to fraudulent or stolen prescriptions.
- Consolidate patient information for patients reported to the database by providers and pharmacists with differences in name, DOB, gender, or SSN.
- Generate patient prescription history reports.
- Generate prescriber and dispensary activity reports.

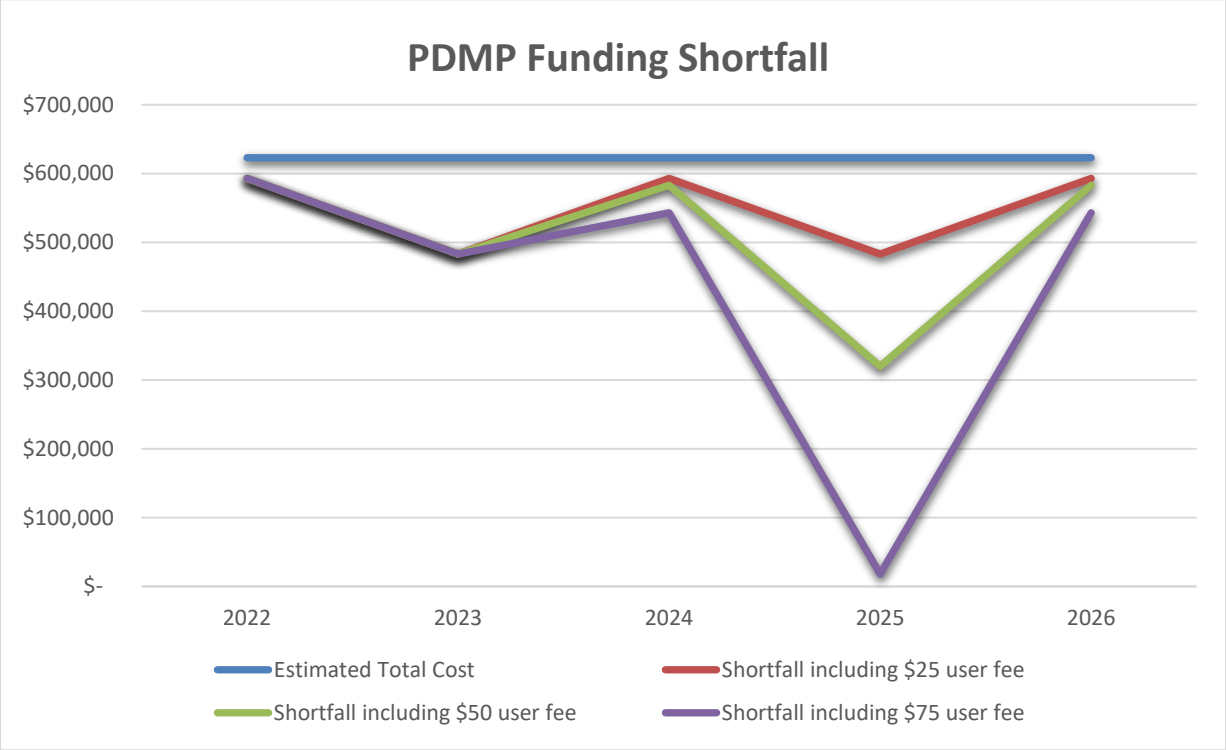
III. Database Funding and Evolution of the PDMP

In 2008, the original intent of the Legislature was for the PDMP to be funded with federal grants and state appropriations rather than having the licensees absorb the costs.[6] As the opioid crisis escalated throughout the nation and in the state, so did the costs to operate and administer the database.

In partnership with the Alaska Department of Health and Social Services (DHSS), the department applied for the Bureau of Justice Assistance Competitive PDMP grant solicitation in May 2020 and was notified in October it would be awarded $1 million through September 2023. The purpose of this grant is to support the scale-up of investigative resources in addition to providing education and improving analytics functions. Additionally, the PDMP collaborated with the DHSS' Division of Behavioral Health to request funds to support ongoing risk-based enhancement features and investigative personnel through the Substance Abuse and Mental Health Services Administration's (SAMSHA's) Statewide Opioid Response grant.

These funding sources impact the trajectory of the PDMP. If the only federal funding offered is based around increasing law enforcement access, or based around the education and outreach efforts, then these deliverables are added to the statutory workload. The nature of the data within the PDMP and its use in civil and criminal investigations have led to the expectation that the database is now being used as an integral solution to solve the complex opioid epidemic, which ultimately results in demands beyond the Legislature's original intent as an educational tool for providers. As the capabilities and expectations of the PDMP continue to grow, future funding remains uncertain; the last major federal grants covering base PDMP activities are set to expire in September 2023.

In 2018, the division instituted a $25 per biennium user fee. Although this fee does not come close to covering the full cost of the PDMP, it has been used to partially fill the gap not covered by grants. Due to the natural unpredictability in investigative expenditures, the division has historically charged each licensing program for its investigative expenditures per AS 08.01.065. In FY21, the division received a two-year grant that allows for the offset of certain PDMP-related investigative expenditures. However, the funding is set to expire in September of FY23. Currently, the division has no known grant funding beginning in FY24. The graph below illustrates the estimated impact on the funding gap when there is a $25 fee, $50 fee, and $75 fee. This demonstrates the impact a lack of grant funding would have on the services provided by the PDMP and the cost burden on the licensees. The current funding structure based on federal grant opportunities through DHSS is not conducive to long-term planning and leads to uncertainty within the program.



IV. Mandatory Interactions and Expanded Use

When the controlled substance prescription database went live in 2012, only pharmacists were required to register and report prescription data, while it remained an optional database for prescribing practitioners to use as provided in Senate Bill 196.[1] As the opioid epidemic worsened, legislation in 2016 introduced mandatory interactions with the PDMP in Senate Bill 74, requiring active Alaska-licensed prescribers with DEA registrations, and pharmacists who dispense controlled substances in the state, to register with the database by July 17, 2017.[9, 10, 11] The bill also included the requirement to use the database to review a patient's prescription history prior to prescribing, administering, or dispensing a federally schedule II – III controlled substance.[9, 10, 11] In addition to registration and use requirements, mandatory weekly reporting for practitioners and pharmacists directly dispensing federally scheduled II – IV controlled

substances went into effect on July 17, 2017. This changed to daily reporting effective July 1, 2018 (Tables 5).[10, 11] A summary of the mandatory interactions is listed in Table 3. Exemptions to use are listed in Table 10.

Requirement	Interaction	Applicable to
Mandatory Registration	Create a PDMP account by completing an online registration through AWARxE and submitting the requisite form and payment to DCCED.	▪ Practitioners who hold an active Alaska professional license under AS 08 and have a valid DEA registration: o Advanced practice registered nurses (with state-level controlled substance prescriptive authority), dentists, optometrists, physicians, physician assistants, and veterinarians. ▪ Pharmacists who dispense federally scheduled II - IV controlled substances in Alaska.
Mandatory Review	Conduct a patient prescription history query before prescribing, administering, or dispensing federally scheduled II – IV controlled substances.	▪ Practitioners who prescribe, administer, or directly dispense federally scheduled II or III controlled substances: o Advanced practice registered nurses (with state-level controlled substance prescriptive authority), dentists, optometrists, physicians, physician assistants, and veterinarians.
Mandatory Reporting	Submit data electronically to the PDMP via PMP Clearinghouse or manually through AWARxE on a daily basis.	▪ Practitioners who dispense federally scheduled II – IV controlled substances: o Advanced practice registered nurses, dentists, optometrists, physicians, physician assistants, and veterinarians. ▪ Pharmacists-in-charge (PIC) of a licensed (in-state) or registered (out-of-state) pharmacy, or pharmacist if the PIC is not present, if dispensing or distributing federally scheduled II – IV controlled substances in/to Alaska.

Table 3. Mandatory registration, reviewing, and reporting.

Mandatory Use: Registration

Mandatory registration for licensees with DEA registrations regulated by the Board of Dental Examiners, State Medical Board, Board of Nursing, Board of Examiners in Optometry, Board of Pharmacy, and Board of Veterinary Examiners went into effect on July 17, 2017.[10] The number of accounts has increased since mandatory registration went into effect (Table 4). There are nuances to registration requirements for each board. For example, the Board of Nursing has set

the mandatory registration criteria to apply only to licensees who also have a state-issued controlled substance prescriptive authority (as the DEA will not issue a registration number without this designation), and the Board of Pharmacy has set the mandatory registration criteria to apply only to pharmacists who dispense controlled substances in Alaska (Table 1). Although the PDMP is housed in the Board of Pharmacy, each licensing board is responsible for communicating with their licensees and enforcing mandatory registration requirements stated within each of their respective chapters of AS 08.

Each licensing board has maintained their own tracking system for PDMP registrations; however, accurate accounting of registration has not been consistent. Since boards were not tracking which licensees had a DEA registration number when they processed their license application, they were unable to definitively report data on the number of licensees who were required to register. Users who registered with AWARxE but did not pay the mandatory user fee could not be reconciled in the division's licensing system. Improvements to the professional license renewal applications are now configured to track these data to improve compliance monitoring with mandatory registration.

	2018	2019	2020	Change since 2018
Total Number of Providers Registered in the PDMP	6,735	7,653	8,762	2,207 (+30%)

Table 4. Total number of registered users 2018 – 2020.

Limitations: Registration data is based off the count of registered users in AWARxE for all professions.

Mandatory Use: Reviewing

Providers are required to review patient prescription information in the PDMP prior to prescribing, administering, or directly dispensing a federally scheduled II – III controlled substance effective July 17, 2017. Prescribing practitioners are not required to review patient prescription information in situations described in AS 17.30.200(k)(4) and listed in Table 10.[2] Figure 5 shows reviewing trends between 2018 and 2020. This data is not adjusted by the number of registered providers, number patients treated, and number of controlled substances prescribed, administered, or dispensed. Pharmacists are not required to review a patient's prescription history information prior to dispensing a federally scheduled II – III controlled substance but may choose to do so.

Mandatory use data is reported to prescribing boards as of the second quarter of CY2020. This figure demonstrates the percentage of licensees who had searched patients prior to prescribing a federally scheduled II – III controlled substance for grater for a three-day supply. (Surgical, oncology and emergency specialties have been excluded from this calculation.)

	2018	2019	2020
Percent of Prescribers Reviewing	35.63%	34.85%	43.88%

Table 5. Reviewing rates 2018 – 2020.

Limitations: Data on reviewing compliance is based off a provider's user role and healthcare specialty. Due to some prescribers working in more than one capacity, data pulled from the healthcare specialty may result in exclusion of certain patient population data. For example, a prescriber with a healthcare specialty for emergency medicine who also works in family practice is excluded from the reviewing requirement under AS 17.30.200 only while in the emergency setting. All reviewing data for family practice patients are not accounted for due to the prescriber's emergency user role. The system can only capture this data if the provider updates their healthcare specialty each time before reviewing.

Mandatory Use: Reporting

Pharmacists and dispensing practitioners are required to report prescription data on federally scheduled II – IV controlled substances dispensed in the state to the PDMP on daily basis.[2] AWARxE's compliance feature provides a repository to track all pharmacies and prescribers dispensing or distributing federally scheduled II – IV controlled substances in Alaska. The number of providers entered in the database as a reporter increased slightly since 2018 (Table 6). Each licensing board is responsible for updating their applications to include questions that enable tracking of providers who directly dispense controlled substances, e.g. "Do you dispense federally-scheduled controlled substances?". Until a provider who is directly dispensing is asked about their dispensing status, and entered into the PDMP, there is no way for the program to monitor if the provider is compliant with reporting requirements.

The responsibility to monitor, track, and discipline providers who are delinquent or missing data submissions lies within the authority of each board. Mandatory reporting began in 2017 but has not been actively monitored for compliance consistently across affected licensing boards. Licensing boards began asking for providers' dispensing on professional license renewal applications in the fall of 2020 in order to track providers required to report these dispensations. The Board of Pharmacy has stated this will be a focus of 2021, and beginning the first quarter of CY2020, the PMDP Manager will work with board staff to identify and bring into compliance dispensing practitioners who are delinquent on a quarterly basis.

	2018	2019	2020	Change since 2018
Number of Providers Reporting	359	353	361	+2.2%

Table 6. Number of dispensing pharmacies and providers reporting dispensations of federally scheduled II – IV controlled substances 2018 – 2020.

Limitations: Prior to 2020, prescriber license boards had not previously tracked which of their providers were dispensing, so were therefore unable to capture trends on the number of providers reporting. The figures above include pharmacies and dispensing practitioners who were entered as of December 31, 2020.

Mandatory Use: A Closer Look at Each Affected Board

While the PDMP is statutorily established under the Alaska Board of Pharmacy, each practitioner board oversees registration and compliance of its licensees and retains disciplinary authority for non-compliance matters. Table 7 includes a summary of each board's activity in relation to tracking registration and reporting and what notices were sent to licensees. The

greatest challenge to maintaining the level of activity anticipated by the PDMP is the lack of staff resources to perform these registration, reporting, and educational tasks.

Board	Registration	Reporting	Periodic notices to Licensees
Board of Dental Examiners	Not tracking	Will begin tracking in 2021	Yes, for registration
State Medical Board	Not tracking	Will begin tracking in 2021	No
Board of Nursing	Not tracking	Tracking since 2020	Yes, for registration
Board of Examiners in Optometry	Not tracking	No optometrists dispensing as of 2020	No
Board of Pharmacy	Tracking since March 2019	Tracking since 2018	Yes, for registration and reporting
Board of Veterinary Examiners	Not tracking	Tracking since 2020	No

Table 7. Reviewing is tracked by PDMP staff and reported on the quarterly board reports.

Communicating Mandatory Use: Highlights from Boards

The following are highlights on communicating required registration and use from the Board of Nursing, Board of Pharmacy, and Board of Dental Examiners.

- Alaska State Nursing Board:
  - In July 2020, the Board of Nursing identified its APRNs who were not registered with the PDMP and sent a notice with steps to complete this process.

- Alaska Board of Pharmacy:
  - In February 2020, the Board of Pharmacy identified pharmacists who were not registered with the PDMP and sent a notice via email with steps to complete this process.
  - In September 2020, the Board of Pharmacy issued a notice to all pharmacists regarding its intent to monitor reporting compliance on a quarterly basis beginning January 1, 2021.
  - The Board of Pharmacy sends proactive notices to its pharmacists by email and mail at the time of initial licensure with steps to complete the registration process.
  - The Board of Pharmacy engaged in ongoing tracking and follow-up with pharmacists not yet registered with the PDMP to complete this process.

- Alaska Board of Dental Examiners:
  - The Board of Dental Examiners sends proactive notices to its dentists by email and mail at the time of initial licensure with steps to complete the registration process.
  - The Board of Dental Examiners engaged in ongoing tracking and follow-up with dentists not yet registered with the PDMP to complete this process.

Although each affected licensing board is responsible for communicating mandatory registration and use to its licensees, PDMP staff and the Board of Pharmacy created instructional and informational resources for prescribing boards—at times in collaboration with the Department of Law—including database background documents, training videos on how to report, and summaries and detailed explanations on how to review patient prescription data. Additionally, reminders were sent via the internal PDMP announcement system to all licensees affected by PDMP requirements.

The Board of Pharmacy has shared the communication provided to their licensees with the prescribing boards to use as templates. The Board of Pharmacy staff has also shared tools to assist licensing staff with tracking and has offered staff training to demonstrate how the tools can be used to assist them. For example, the following tools were created by PDMP staff and the Board of Pharmacy, and distributed to the Board of Veterinary Examiners to use as templates and education strategies:

Topic	Includes	Distributed
Veterinary Reviewing	• Video tutorial	Jul. 7, 2020
Veterinary Compliance	• Required reporting fields • Board of Pharmacy responses to Board of Veterinary Examiners' questions • Recommendations for registration, reviewing, and reporting compliance • Mock letter to Board of Veterinary Examiners' licensees • Notification channels • Review of compliance	Jul. 15, 2020

Table 8. Training and outreach templates.

The option to distribute information through the announcement feature in the PDMP is available to all boards. The PDMP manager can post notices to a select group or all users; the message will appear on the dashboard upon login and in the Announcements section, or by email, or both. The limitation of this feature is the distribution of announcements to the email address associated with the user's profile. If a licensee is not registered with or logging into the PDMP, they will not receive the information unless the information was also distributed by each licensing board. The following notices were distributed through the PDMP announcement feature:

Date	Topic	Users
Feb. 13, 2020	Awareness & Feedback Questionnaire	All
Feb. 14, 2020	Awareness & Feedback Questionnaire	All
Feb. 19, 2020	Awareness & Feedback Questionnaire - Open	All
Feb. 27, 2020	Awareness & Feedback Questionnaire - Reminder	All

Apr. 15, 2020	Clinic Alerts now available	All
Apr. 20, 2020	License Renewal Extension + PDMP Renewal	Pharmacists
May 21, 2020	State Medical Board and Board of Nursing Regulations – buprenorphine via telemedicine	All Medical user roles, all Nursing user roles, Military, VA, and IHS prescribers
Jul. 2, 2020	Can't Find Your PDMP Registration Number for Renewal?	Pharmacist, Military, VA, IHS Provider and Dispenser roles
Jul. 8, 2020	Pharmacy, Pharmacist, and Pharmacy Technician Renewal Applications Available	All Pharmacist roles, Pharmacist Delegates
Oct. 6, 2020	Zero Reporting Video	All users
Nov. 3, 2020	Medical Board License Renewal	All Medical user roles
Nov. 3, 2020	Veterinarian License Renewal	All Veterinarian roles
Nov. 3, 2020	Optometrist License Renewal	Optometrists
Nov. 13, 2020	VA Registration: Providers and Delegates	All user roles

Table 9. Notices sent via PMP Announcements.

Communicating Mandatory Use: Collaboration between Board Chairs

In September 2020, a PDMP Board Chairs group was created, which continues to meet biweekly. Participants include the chairperson of each board and a staff representative. The intent of the meetings is to foster collaborative relationships, strategize ways to improve compliance amongst licensees, and address challenges and opportunities within the system. Topics discussed include:

- Creating a pull-versus-push notification system to prescribers, which would result in prescribers not having to login to review patient's prescription history. This solution does not comply with existing laws.
- Disciplinary authority by boards and the subpoena process.
- How to perform patient queries by entering the name and date of birth of the patient or client.
- Updating applications and forms to gather dispensing status to facilitate monitoring of reporting compliance.
- Use of delegates, including potential statute change to include Certified Medical Assistants (CMAs), to review patient prescription histories on behalf of the practitioner.

Expanded Use: Delegate Access

Following the passage of House Bill 159 in 2017,[10] required users of the database were authorized to delegate access to other individuals regulated by CBPL under AS 08. Delegate use is authorized for prescribing practitioners and pharmacists (Figure 1) for both reviewing patient prescription history information and for reporting prescription information daily. They are limited to access the database only to the extent the delegate is directly involved in a supportive

capacity with treating a current patient of the provider.[2] Office managers and general support staff are not authorized to access the database. CMAs are not authorized to register as delegates as they are not currently regulated under AS 08.

In a 2020 questionnaire required as part of a Centers for Disease Control and Prevention (CDC) grant,[4] 12 percent of responding providers indicated use of delegates to review and submit prescription data. Half of the delegates reported their role reduced time constraints on the provider, and one-third reported their role allowed for distributing the workload and was helpful in submitting prescription data.

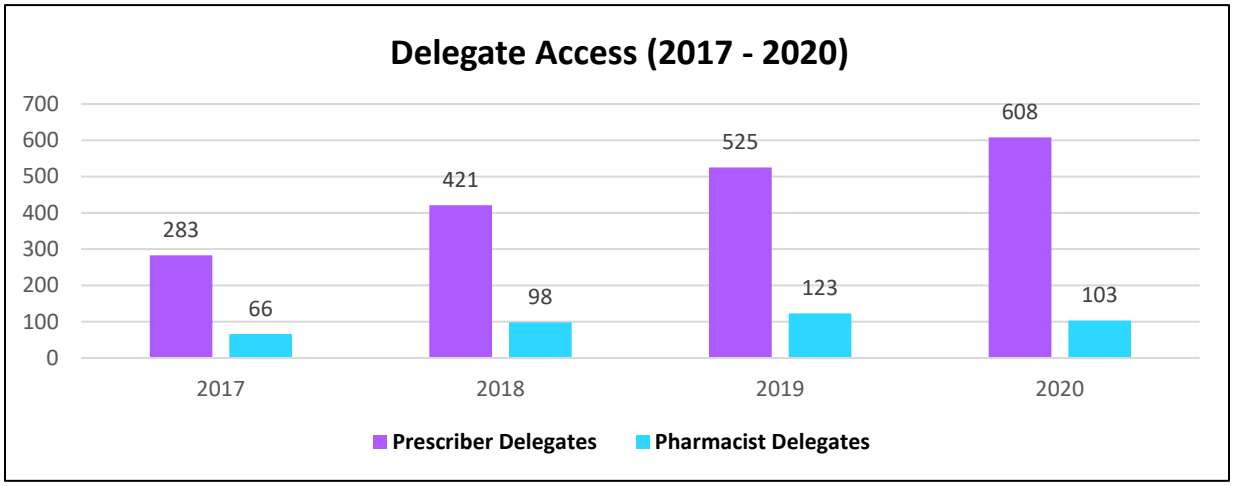


Figure 1. *Delegate access over time.*

Expanded Use: Federal Provider Access

Indian Health Service (IHS), Veterans Administration (VA), military, and other federal prescribers and dispensers can register using an appropriate federal user role category if registering with an email domain indicating affiliation with a federal employer. Federal providers are exempt from paying the fee set out in 12 AAC 02.107 unless they hold a license issued by the CBPL under AS 08. Alaska law does not require federal providers to register, although internal federal directives have been issued to providers requiring registration with state PDMPs.[12] The total number of federal providers are reflected in Figure 2.

In December 2018, the Defense Health Agency (DHA) launched its own controlled substance prescription database, the Military Health System Prescription Drug Monitoring Program (MHS PDMP). The MHS PDMP is administered by TRICARE Pharmacy's contractor, Express Scripts Inc., using Appriss Health's AWARxE platform, with interstate sharing facilitated by the National Association of Boards of Pharmacy (NABP).[17] The MHS PDMP will contain global PDMP data issued by military prescribers and aims to eventually connect with all state PDMPs. Alaska enabled this relationship in November 2020. Users can obtain dual enrollment with the state and MHS PDMPs.

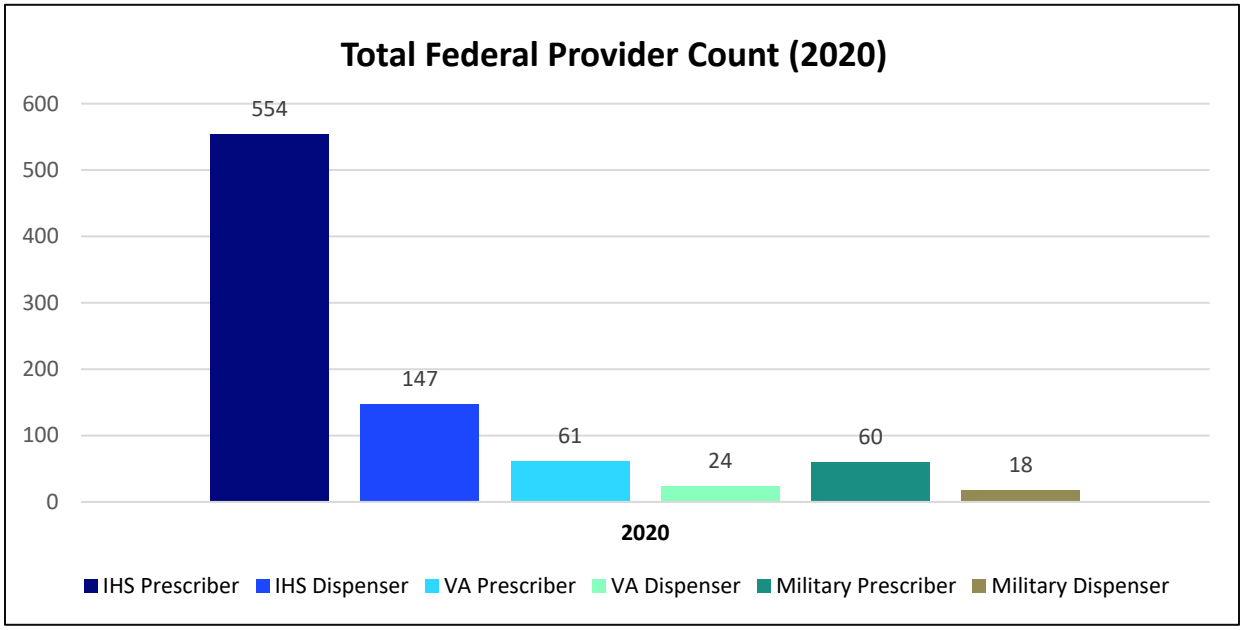


Figure 2. *Federal provider counts as of Dec. 31, 2020 (n = 864). Some of these registered users include licensees regulated under AS 08.*

Expanded Use: Emergency Department and Hospital Integration

Although providers working in emergency settings are exempt from reviewing and reporting to the database, hospital providers in emergency departments review data contained with the PDMP as a result of collaboration among DCCED, the Alaska State Hospital and Nursing Home Association (ASHNHA), the Alaska Chapter of the American College of Emergency Physicians (AK-ACEP), Collective Medical, and the State's health information exchange established in AS 18.23.300.[16] In 2020, there were 14 new PDMP integrations with health information systems across the state.

V. Interaction Exemptions

There are situational and supply-day exemptions to reviewing and reporting listed in AS 17.30.200(k) and (t), respectively.[2] Generally, exemptions to utilization apply when prescriptions are issued in inpatient, long-term care, or emergency and medical procedure-related settings, as well as when prescriptions are issued in a short supply (Table 10).[2]

Practitioners exempt from reviewing when:	**Prescriptions exempt from being reported when:**

▪ Issued to a person who is receiving treatment:
  ○ At an inpatient setting; or
  ○ At the scene of an emergency or in an ambulance.
▪ Given in an emergency room.
	▪ Administered to an inpatient admitted to a health care facility or correctional facility.
	▪ Dispensed to a patient for an outpatient supply of 24 hours or less at:
	  ○ A hospital;

▪ Given immediately before, during, or within the first 48 hours after surgery or a medical procedure. ▪ Given in a hospice or nursing home that has an in-house pharmacy. ▪ It is intended to last for three (3) days or less.	○ Inpatient pharmacy; or ○ Emergency department.

Table 10. Exemptions to mandatory use, including reviewing and reporting.

VI. Unsolicited Reports - "Prescriber Report Cards"

Changes to AS 17.30.200 in House Bill 159, effective July 17, 2017, authorized the board to issue unsolicited prescriber reports, also known as "report cards", to licensed practitioners holding an active registration with the PDMP.[10]

Report Card Background

Report cards are reflective of all opioid, anxiolytic, sedative, and hypnotic medications reported to the database and are unique to individual prescribers. AS 17.30.200(s) allows the PDMP to generate and send these report cards to practitioners on a quarterly basis. Report cards were first issued on December 6, 2017.

Report Card Purpose

The intent of report cards is to give practitioners the opportunity to review their prescription activity and to see how their prescribing practices compare to similar practitioners within the same occupation and within a specific specialty. For example, a practitioner who holds a license under the medical board and is registered in the PDMP with the user role "physician" will see on their prescriber report the number of prescriptions written as compared to other physicians registered in the PDMP within the same occupation. Practitioners will also see the number of prescriptions written as compared to other physicians who practice in the same health care specialty. For example, a practitioner whose specialty is family medicine will see how their prescribing practices compared to other physicians who specialize in family medicine. Beginning in 2018, Appriss Health enabled tertiary specialty comparison measures. Guidelines on how to interpret prescription metrics are sent to providers along with their report card.

Graphic 1. *A practitioner must indicate a specialty to be associated with their PDMP registration. The secondary and tertiary specialties are used as a comparison measure on a prescriber report card.*

Additional Metrics

- Top three medications prescribed.
- Number of patients receiving a dangerous combination therapy.
- Number of patient prescription history queries (by them and by their delegates, if any).
- Morphine milligram equivalent (MME) range.

Converting an opioid prescription to an MME value based on its quantity and dosage provides a standardized measurement of the amount of morphine within that prescription. Calculating MMEs prescribed per patient per day allows providers to assess whether prescribing a certain prescription may contribute to a patient exceeding MME threshold levels, which may increase a patient's risk of addiction, overdose, or death. The higher the MME, the higher risk the patient is for an adverse outcome.

Quantifying prescriptions in this way also assists providers in prescribing within acceptable standards of practice adopted or recommended by federal and state regulatory agencies. For example, the CDC recommends prescribing within 0-50 MME per day and advises exercising caution when prescribing beyond this amount.[19] However, not all Alaska professional boards have codified standard MME limitations in regulation. The State Medical Board has set the limitation to 50 MME for initial opioid prescriptions only,[21] and the Board of Dental Examiners has set the limitation to 60 MME.[22]

Receiving a Report Card

Only practitioners who hold a current DEA registration number, have registered with the PDMP, and prescribed during the quarter will receive a prescriber report card. Pharmacists and delegate users do not receive report cards. The report cards are sent confidentially, on behalf of the PDMP, from Appriss Health to the email address associated with the practitioner's account. This ensures the report cards will only be accessed by the registered practitioner.

VII. Unsolicited Notifications - "Threshold Reports"

Effective July 17, 2017, changes to AS 17.30.200(p) authorized the issuance of unsolicited notifications to licensees and prescribing boards when a patient meets or exceeds the threshold of receiving prescriptions from five prescribers and five pharmacies over a three-month period ("5-5-3 threshold"). This threshold was established by the Alaska Board of Pharmacy in 2014 but is not codified in regulation, and prescribing guidelines are not established in regulation for all prescribing professions. In 2020, this feature was replaced with Clinical Alerts.

VIII. Clinical Alerts

Clinical Alerts is an enhancement to NarxCare, which went live in April 2020. Clinical alerts display as "Additional Indicators" within a patient's report in NarxCare. These indicators are displayed to prescribers to support informed care and clinical decision making and are not to be perceived as instruction to limit or deny treatment. These alerts include diversion alerts when a patient meets the "5-5-3 threshold", when a patient's daily morphine milligram equivalents meet or exceed a value of 50, or when opioids and benzodiazepines are concurrently prescribed, increasing the risk of overdose.[19]

IX. NarxCare

On September 9, 2019, a visual enhancement feature called NarxCare was implemented into the existing database as a visual representation of patient prescription data. NarxCare provides prescribing practitioners and pharmacists with a graphical snapshot of a patient's-controlled substance usage and behaviors, based on an algorithm using the number of prescribers and

pharmacists a patient has seen, total quantity of MMEs, and overlapping prescriptions. Within this visual snapshot, a separate numerical value ("NarxScore") ranging from 000-999 for narcotics, stimulants, and sedatives is assigned, representing the patient's use of prescriptions for these drug classes. Higher NarxScores correspond to more prescriptions, more providers, more MMEs, and/or more overlapping prescriptions.[20]

NarxCare also provides an overdose risk score (ORS) ranging from 000-999. A score between 0-200 indicates low-to-no risk of an overdose, and as scores increase incrementally by 100, the odds ratio doubles. For example, an ORS of 300 indicates a patient is two times more likely to experience an overdose event than a patient who has an ORS of 200.[20]

NarxScores and ORS are not to be used solely to make a clinical determination. NarxCare is available as an additional tool to assess potential patient doctor shopping and to support providers as they assess for adverse health outcomes. NarxCare reports do not replace the standard prescription history data display available to providers within a patient query.

X. Compliance Module

On November 13, 2019, a compliance module feature became available within the PDMP to allow providers to perform a self-audit of their reviewing compliance. This function allows prescribers to review patients whom they did not query in the PDMP prior to prescribing a controlled substance; however, there are situations in which providers are exempt from reviewing as described in Table 6.

XI. Performance Measures

On an annual basis, the Board of Pharmacy is required to report performance measures to the Legislature via this annual report. Required performance measures include information pertaining to security of the database and reductions in inappropriate use or prescribing of controlled substances as a result of using the PDMP (AS 17.30.200(m)(2)).

Performance Measure: Maintain security of the database (AS 17.30.200(m)(2))

The PDMP complies with confidentiality requirements set out under AS 17.30.200(d) and ensures confidentiality when the database and information contained in the database is used by practitioners, delegates, and other authorized users.

Security for PDMP administrators:

The PDMP manager and the Board of Pharmacy's Executive Administrator are the only board personnel authorized to access the database for operational and review purposes in accordance with AS 17.30.200(d)(1). The PDMP vendor, Appriss Health, has issued unique administrative log-in credentials to these individuals; credentials are not used or shared by any other employee of the department.

Security for practitioners:

In accordance with AS 17.30.200(d)(3), the respective board staff review credentials and approve or deny AWARxE registration requests. Credentials include an active professional license in Alaska and a valid DEA registration. Professional licenses are reviewed using a

primary verification source, which is the professional licensing database, CBP Portal. CBP Portal serves as a primary source verification because it is the system used to review application packets and issue licenses and is used regularly as a component of everyday CBPL operations. Upon initial registration, the provider must agree to an End User Licensing Agreement statement related to the intended use of the PDMP and its confidentiality.

Once approved, providers are only given user rights to certain functions of the database, including the ability to conduct patient prescription history requests, approve delegate requests, access dashboard announcements, and update profile information including specialty designations. Practitioners cannot update their own permissions, which may otherwise allow access to other functions of the database intended only for administrative use, such as reviewing registration requests, resetting practitioner passwords, or posting announcements on the dashboard. DEA registration numbers are not shared, and all but the last four digits are redacted when issuing prescriber report cards. Passwords expire every 180 days to support continued confidentiality for each user authorized to access the database.

Security for delegates:

In accordance with AS 17.30.200(d)(3) and 12 AAC 52.860, the PDMP manager ensures that individuals submitting registration requests as delegates to AWARxE for PDMP credentials are screened for requisite information, which include holding an active professional license in Alaska. Delegate registrations are not approved by the PDMP manager until the authorizing practitioner under whom the delegate is requesting access for has also approved that delegate. If delegates have indicated multiple supervising practitioners, delegate registration will be approved after one practitioner has approved the individual. The individual will only be able to query or report on behalf of the approved supervisor. Passwords expire every 180 days.

Security for law enforcement:

Investigative access is indirect; law enforcement personnel are not given login credentials to access the PDMP for evidentiary searches. In accordance with AS 17.30.200(d)(5), the PDMP manager screens requests for patient, prescriber, and dispenser search and dispensation history for documentation that demonstrates probable cause for investigative access to the confidential information. Information contained within the database is not released to federal, state, or local law enforcement unless a court-ordered subpoena or search warrant is presented with the request. All requests processed are logged and a transmittal receipt letter is generated to document when reports are submitted to these agencies.

Security for data purposes:

The PDMP shares information with emergency departments and Alaska hospitals through secure information exchange networks. Providers can query the PDMP to review patient prescription history information using a single sign-on mechanism if their clinic or institution's electronic health record (EHR) system has integrated with the PDMP through the intrastate data sharing hub, Gateway. Data is not stored for reuse or redistribution. In 2020, the division began executing memorandums of understanding (MOU) with emergency departments to improve access to patient prescription information within the patient's medical record. The division also created a standard template MOU for integrations in 2020. PDMP information is also shared with the Department of Health and Social Services (DHSS) through the Commissioner or

Commissioner's delegate; however, data transmitted to DHSS is de-identified and contains regional information only.

Security for medical examiners and medicolegal death investigators:

Medical examiners employed by the State of Alaska are authorized to have direct access to the PDMP under AS 17.30.200(d)(9) for investigating the cause and manner of death. The PDMP administrator manually reviews a medical examiner's account details prior to approval. Once a medical examiner is approved and a death investigator has submitted an access request to serve as a medical examiner delegate, both the medical examiner and PDMP administrator must approve the delegate before access is granted. Passwords expire every 180 days.

Performance Measure: Reduce the inappropriate use or prescription of controlled substances resulting from the use of the database (AS 17.30.200(m)(2)).

Although the PDMP serves as a tool to assist authorized law enforcement in detecting drug diversion, misuse, and abuse, its contribution to reduce the inappropriate use or prescription of controlled substances is indirect. The effectiveness of the PDMP relies upon providers utilizing it; however, data shows less than 50% of prescriptions were reviewed in 2020. Additionally, it is not possible to quantify the reduction of inappropriate use of, or prescription of these medications as the PDMP does not contain or relate prosecutorial data regarding diversion cases and are not informed when an individual, whether a patient or provider, has avoided inappropriate use or prescribing. Because of these limitations, the PDMP is not able to report on the inappropriate use or prescriptions of controlled substances as a result of the database. There also may be other factors that can be attributed to any reduction of inappropriate controlled substance use or prescribing, including provider education, which is independent of the database. Additionally, the system does not log when a practitioner or pharmacist has considered but ultimately declined to prescribe, administer, or dispense a controlled substance.

In the 2020 Awareness and Feedback Questionnaire, conducted as a grant requirement of the CDC, 61 percent of responding prescribers and 71 percent of responding pharmacists indicated they had denied a patient a controlled substance prescription. The top three reasons were: the patient would have overlapping opioid prescriptions (35%), the patient had multiple provider episodes for prescriptions (33%), and because the patient looked suspicious (33%).

Patient prescription histories detailing prescription information can be generated in response to investigative requests demonstrating good cause for data access. Prescribing history detailing patient information and dispenser reports can also be generated for federal, state, and local law enforcement (Figure 3).

Further, the PDMP announcement tool allows the PDMP manager to issue notices to providers regarding fraudulent or stolen prescriptions in their areas. These notices support law enforcement as the messaging includes guidance for practitioners to notify their local police department if encountering suspected diversion.

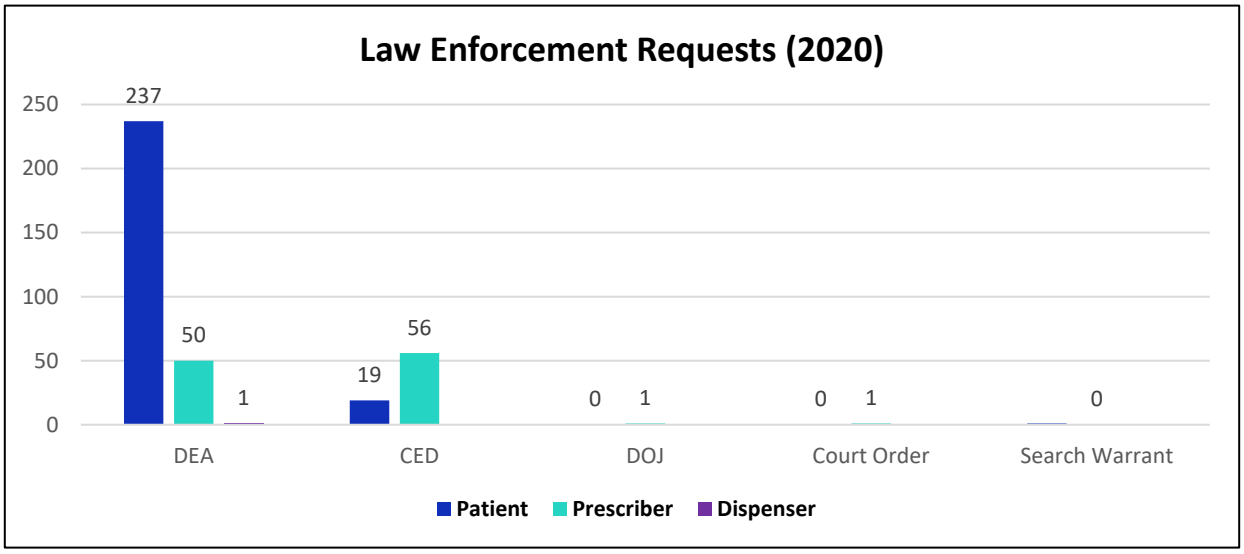


Figure 3. Law enforcement requests for PDMP data.

Each prescribing board, and the Board of Pharmacy, make the ultimate determinations following an investigation as to whether a licensee has prescribed or dispensed prescriptions inappropriately or outside the scope of generally safe standards of practice. Data described in Figures 19-20 may reflect the benefits to use of the PDMP.

XII. Prescription Data Trends

In 2019, total opioid prescriptions dispensed in Alaska dipped below one million. Figure 4 illustrates how the PDMP has had an impact on prescribing and dispensing practices. However, changes in treatment practices may also be explained by required continuing education relating to opioid abuse, misuse, and diversion; changes in the number of providers maintaining DEA registrations; increased communication between prescribers and dispensers; and internal motivations to reduce controlled substance prescribing, particularly opioids. There may also be a shift from abuse of prescription drugs to illicit drug use. the Alaska Department of Public Safety reported an increase of 19,507 (55.6%) in heroin, cocaine, and methamphetamine drug seizures from 2018 to 2019.[18]

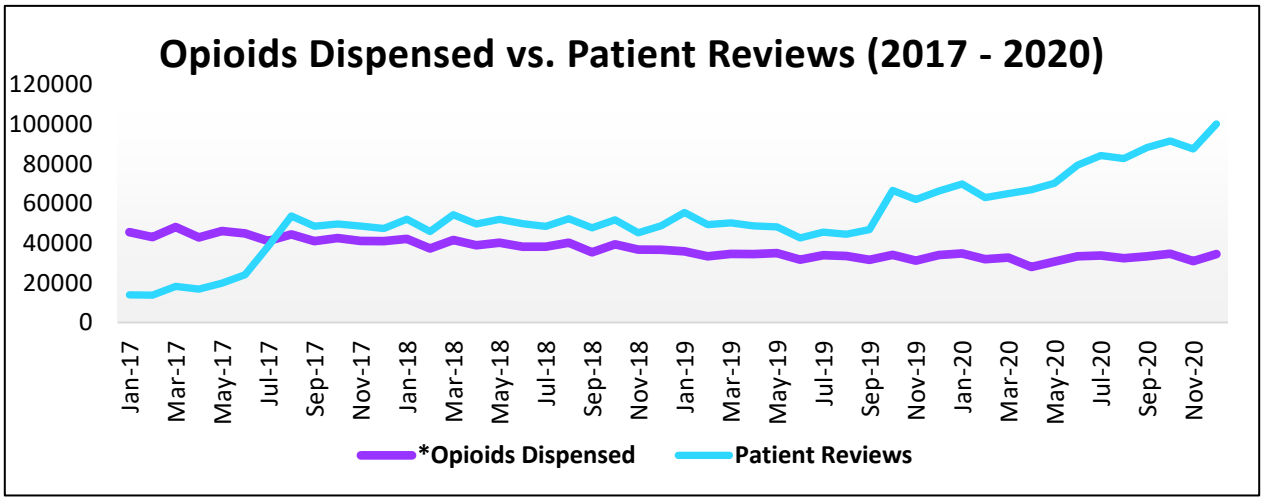


*Figure 4. Reviewing patient prescription history appears to assist with the downward trends in opioid prescriptions being prescribed and subsequently dispensed. *Reduction in opioids dispensed may be attributed to other factors, such as increased awareness of regulatory oversight, increased communication between providers regarding patient care, and required continuing medical education.*

Total Prescriptions Dispensed									
2017		**2018**		**2019**		**2020**		**Percent Change 2017-2020**	
Total = 1,035,093		Total = 1,002,330		Total = 937,331		Total = 861,298		17% decrease in total prescriptions	
54% opioids	46% non-opioids	51% opioids	49% non-opioids	49% opioids	51% non-opioids	48% opioids	52% non-opioids	**26% decrease opioids**	6% decrease non-opioids

Table 11. Trends in prescribing from 2017 to 2020. Total opioid prescriptions have decreased by 26%. See Figure 21 for a visual representation.

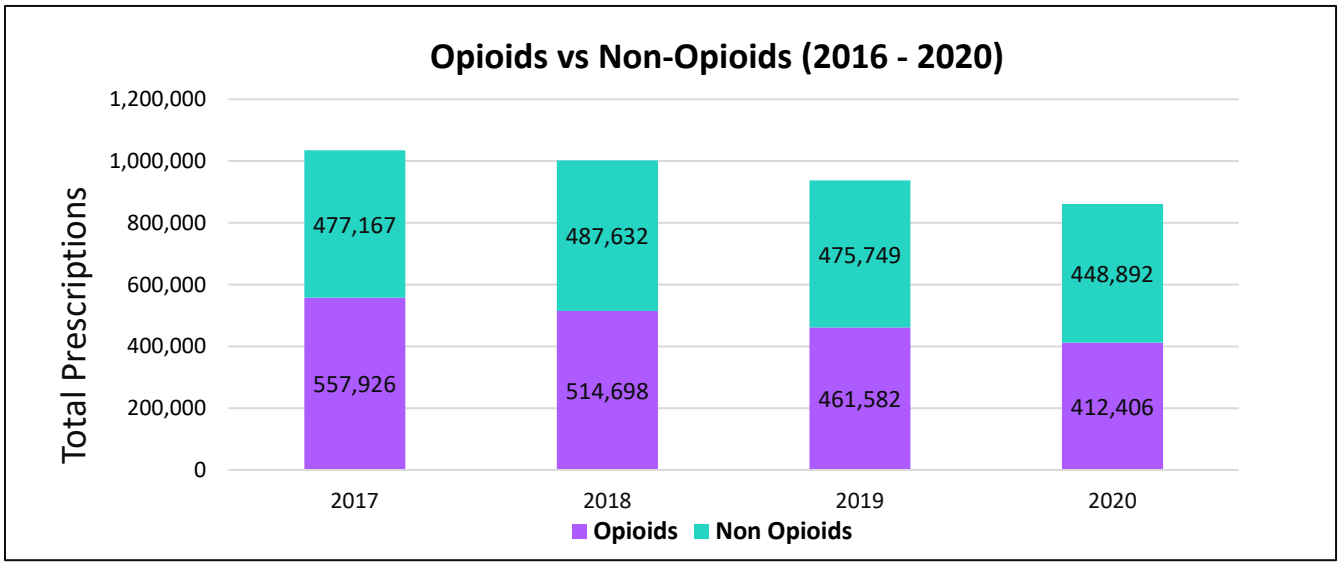


Figure 5. Opioid prescriptions over time.

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