

PDMP

A Powerful Tool

February, 2014

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No reportable financial interest.





“During the spring and summer of 2001, U.S. intelligence agencies received a stream of warnings that al Qaeda planned, as one report put it, “something very, very, very big.”

The Director of Central Intelligence said, “The system was blinking red.”

Executive Summary, The 9/11 Commission Report, Page 6





The FBI's approach to counterterrorism investigations was, "case-specific, decentralized, and geared toward prosecution."

Executive Summary, The 9/11 Commission Report, Page 13

"Each agency's incentive structure opposes sharing, with risks (criminal, civil, and internal administrative sanctions) but few rewards for sharing information."

The 9/11 Commission Report, Page 417



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The 9/11 Commission's bottom-line recommendation called for a...

Unity of Effort



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One fight, one team



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2,390 Pearl Harbor Deaths

2,973 9/11 Deaths

http://www.cbsnews.com/2100-224_162-2035427.html



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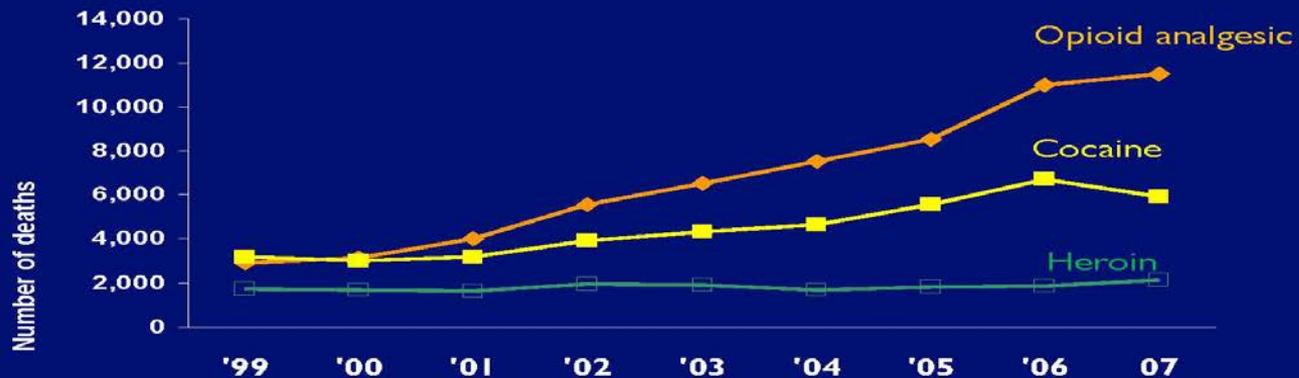
> 15,500

Prescription Painkiller Overdose Deaths CY 2009

<http://www.cdc.gov/vitalsigns/MethadoneOverdoses>



Unintentional overdose deaths involving opioid analgesics now exceed the sum of deaths involving heroin or cocaine

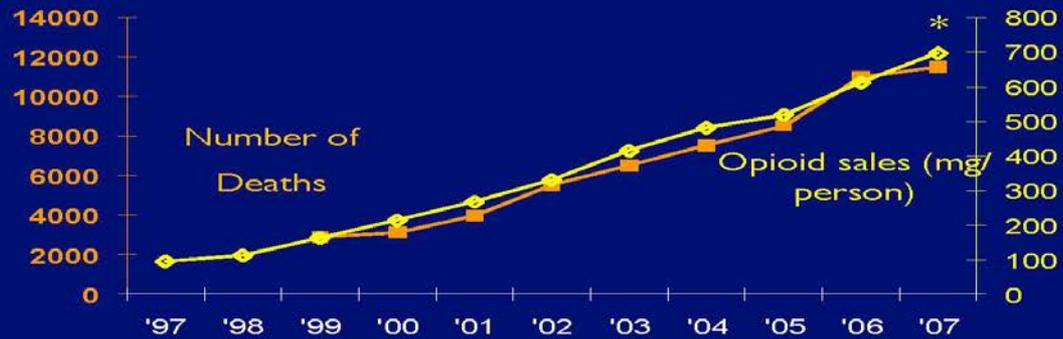


Source: National Vital Statistics system, multiple cause of death dataset

The Prescription Drug Overdose Epidemic and the Role of PDMPs in Stopping It, Len Paulozzi, MD, MPH, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention



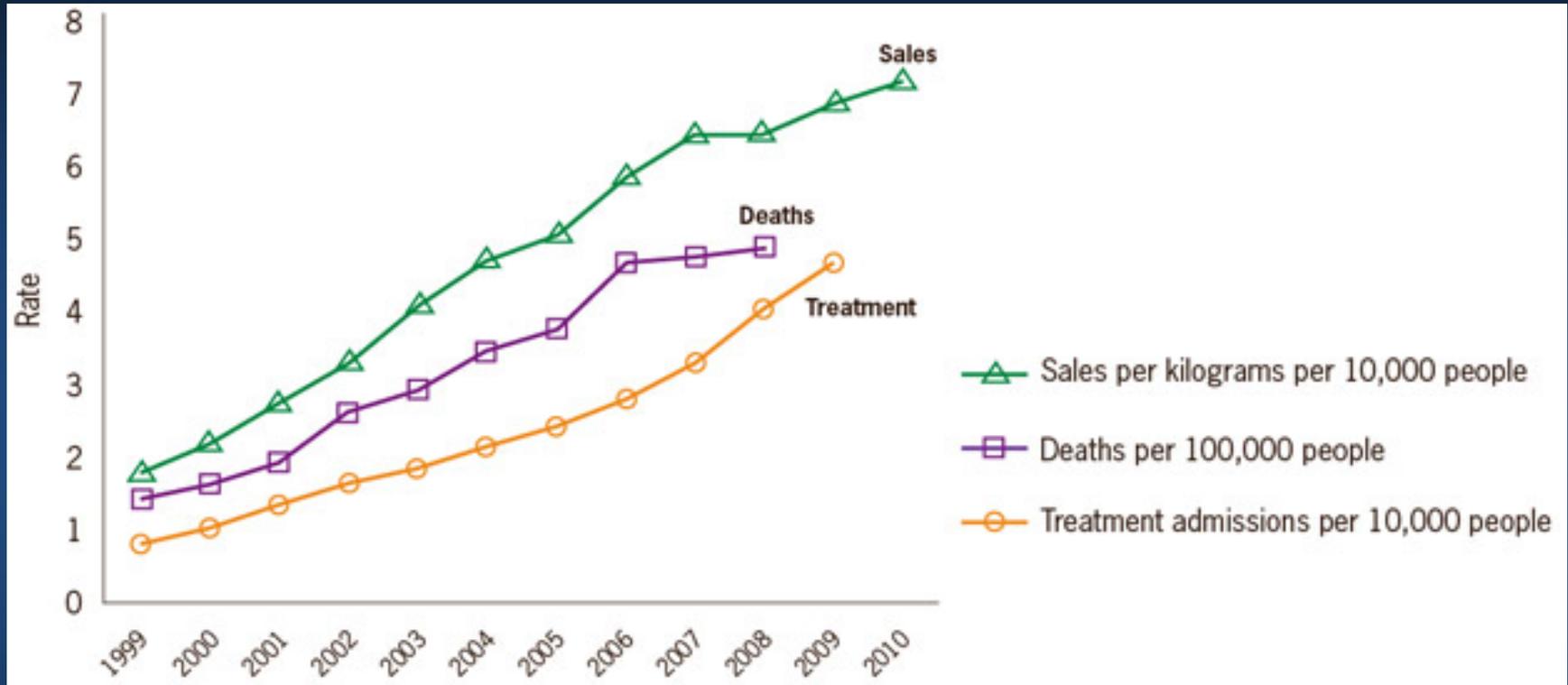
Unintentional overdose deaths involving opioid analgesics parallel per capita sales of opioid analgesics in morphine equivalents by year, U.S., 1997-2007



Source: National Vital Statistics System, multiple cause of death dataset, and DEAARCOS
* 2007 opioid sales figure is preliminary.



Rates of Prescription Painkiller Sales, Deaths and Substance Abuse treatment admissions (1999-2010)



SOURCES: National Vital Statistics System, 1999-2008; Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 1999-2010; Treatment Episode Data Set, 1999-2009



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Two keys to prescription acquisition...

The Prescriber

The Dispenser



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Prescription Medicine Actors...

The Prescriber
The Dispenser
The Patient





Most prescription painkillers are prescribed by primary care and internal medicine doctors and dentists, not specialists.

Roughly 20% of prescribers prescribe 80% of all prescription painkillers.

Policy Impact: Prescription Painkiller Overdoses, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Page 7, November 2011



PainEDU.org Manual

Pain Management, 3rd edition
visit www.PainEDU.org

Managing Chronic
Pain with Opioids
in Primary Care

2nd Edition

Lynette A. Menefee Pujol, Ph.D.
Nathaniel P. Katz, M.D.
Kevin L. Zacharoff, M.D.

Responsible Opioid
Prescribing

A PHYSICIAN'S GUIDE

Scott M. Fishman, MD

Responsible Opioid Prescribing

Scott M. Fishman, MD

Commission on Prescription Drugs

STATE
MEDICAL
BOARDS

Kevin E. Turkowicz, M.D.
BRIAN McCullough, M.D.
Lori Salzman, Pharm.D., PCMSP
Spencer Wang Yessierli, M.D., M.P.H.

HEALTH
SERVICES

HEALTH
SERVICES





EPIDEMIC:
RESPONDING TO AMERICA'S
PRESCRIPTION
DRUG ABUSE CRISIS

2011



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Education: critical for the public and for healthcare providers to increase awareness about the dangers of prescription drug abuse, and about ways to appropriately dispense, store, and dispose of controlled substance medications.

Tracking and Monitoring: the enhancement and increased utilization of prescription drug monitoring programs will help to identify “doctor shoppers” and detect therapeutic duplication and drug-drug interactions.

Proper Medication Disposal: the development of consumer-friendly and environmentally-responsible prescription drug disposal programs may help to limit the diversion of drugs.

Enforcement: provide law enforcement agencies with support and the tools they need to expand their efforts to shut down “pill mills” and to stop “doctor shoppers” who contribute to prescription drug trafficking.



CDC Prevention Strategies

Prescription Monitoring...

to stop users of multiple providers for the same drug.
Insurers can contribute substantively.

Improve legislation and enforcement of existing laws...

i.e., anti-doctor shopping and pill mill

Improve medical practice in prescribing opioids...

to update prescribers on under-appreciated risks
of high-dosage therapy and provide evidence-based
guidelines

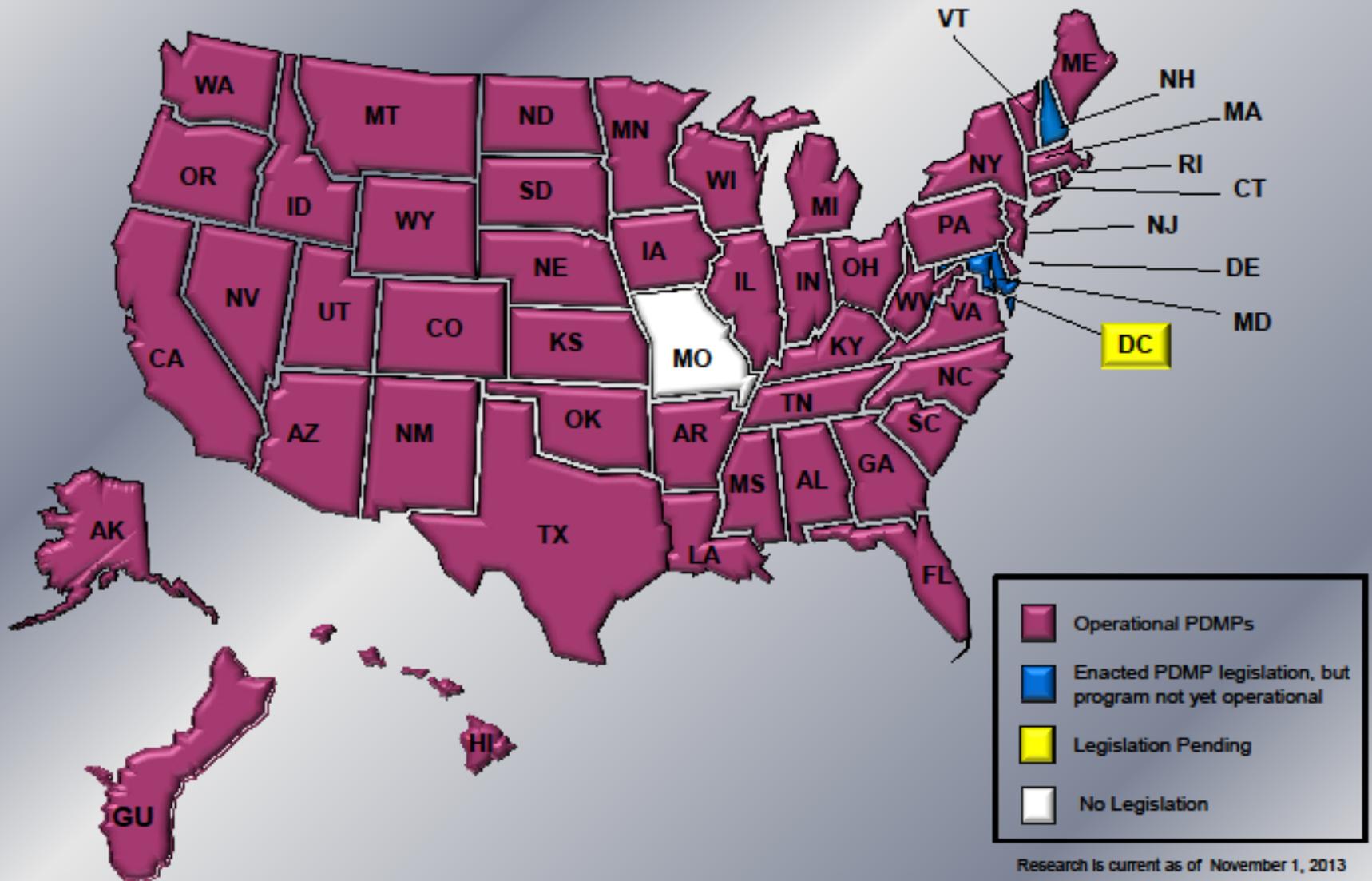
*Centers for Disease Control and Prevention, CDC Grand Rounds:
Prescription Drug Overdoses – a U.S. Epidemic, January 13, 2012*



PDMP Training & Technical Assistance Center

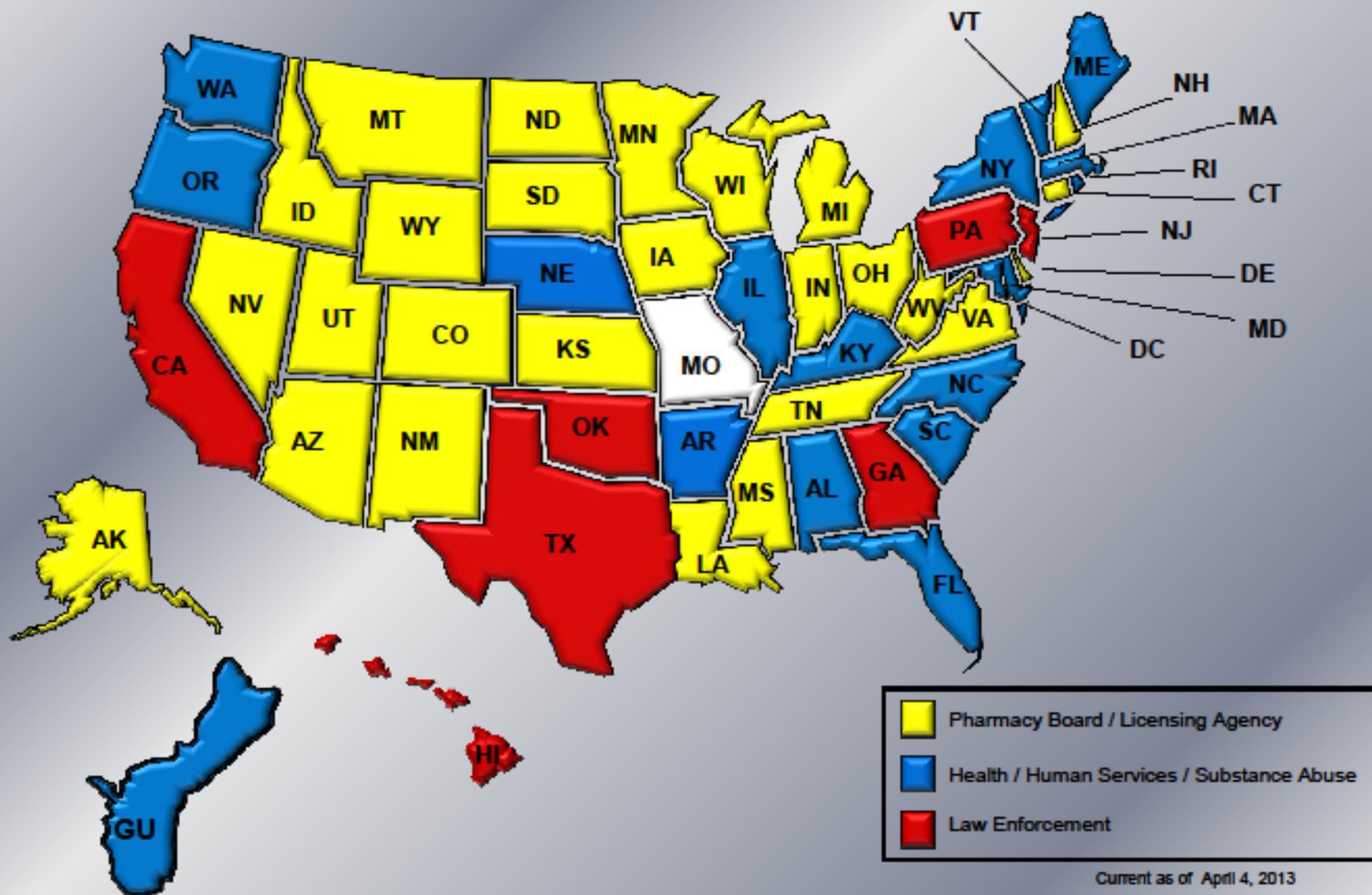
Status of Prescription Drug Monitoring Programs (PDMPs)

** To view PDMP Contact information, hover the mouse pointer over the state abbreviation*



PDMP Training & Technical Assistance Center

Prescription Drug Monitoring Program (PDMP) Agency Types





Relevant prescription drug monitoring provisions of laws:

- Health Insurance Portability and Accountability Act (HIPAA) & Attendant Regulations
42 U.S.C. §§ 1320d to 1320d-8, and 45 CFR 164, et seq.
- State Confidentiality of Medical Information Act
- State Information Practices Act
- State PDMP Legislation



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1939

The California Triplicate Prescription Program (TPP) was created in 1939, capturing Schedule II prescription information.

1997

CURES was initiated, operating in parallel with the TPP's Automated Triplicate Prescription System (ATPS) to evaluate the comparative efficiencies between the two systems.

1999

CURES replaced the TPP/ATPS and began capturing Schedules II through IV prescription information.

2005

TPP/ATPS decommissioned after Senate Bill (SB) 151 eliminated the triplicate prescription requirement for Schedule II controlled substances, making CURES permanent.

2009

PDMP introduced as a searchable, client-facing component of CURES.





Current CURES/PDMP Program

- CURES stores and reports Schedule II, III and IV prescription dispensation data reported by dispensers to DOJ.
- Pharmacists are required to report dispensations of Schedules II through IV controlled substances at least weekly.
- In order to reflect exactly what dispensers report to DOJ, the department does not touch or modify dispenser-reported data.
- Presently, the database contains over 100 million entries of controlled substance drugs that have been dispensed in California.





Current CURES/PDMP Program

- In FY 11/12, the program responded to 1,063,952 requests.
- Provides registered prescribers and dispensers with 6- or 12-month Patient Activity Reports (PAR).
- CURES/PDMP serves the public health and the public safety. CURES data can assist health practitioners identify, intervene, and deter abuse of scheduled drugs. CURES data can assist investigators, regulators, and prosecutors.
- Use of the PDMP by prescribers and dispensers for prescription abuse prevention/intervention is *voluntarily*.





California PDMP Participation

| | |
|----------------------------|----------------|
| Dentists | 37,494 |
| Medical Physicians | 128,697 |
| Optometrists | 4,939 |
| Osteopathic Physicians | 6,376 |
| Physician Assistants | 8,520 |
| Podiatrists | 1,918 |
| Registered Nurse | |
| Midwives (Furnishing) | 778 |
| Registered Nurse | |
| Practitioners (Furnishing) | 12,125 |
| Veterinarians | 10,985 |
| Prescribers | 174,338 |
| Pharmacists | 38,29 |
| TOTAL | 212,631 |

PDMP Registrants 20,847

(as of 01/22/20147)



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9.80%





Perspective

Medication Reconciliation for Controlled Substances — An “Ideal” Prescription-Drug Monitoring Program

Jesse W. Peck, M.D., and Lewis S. Nelson, M.D.
 N Engl J Med 2013; 368:2341-2343. June 21, 2013 | DOI: 10.1056/NEJMp1204493

Share:

Article

The United States is in the midst of an epidemic of misuse of prescription opioids and related deaths. Between 1997 and 2007, the use of prescription opioids more than quadrupled,¹ and it has become clear that the risk of nonfatal overdose is correlated with the quantity of these drugs being prescribed.² The liberalization of opioid prescribing can be attributed to a heightened focus on pain management, reflected in such developments as the Joint Commission mandate that pain be assessed as a “vital sign,”³ the use of pain scores to measure patient satisfaction, and an extension of the indications for long-term opioid treatment to include chronic (or cancer-related) pain. In this new model, physicians, dentists, and nurse practitioners — rather than drug cartels and street dealers — play prominent roles in escalating drug use. Paradoxically, there are simultaneous pressures to increase opioid prescribing for the benefit of individual patients and to reduce it for the sake of public health. As health care providers attempt to balance these mandates, we urge advocates for more informed prescribing.

Since 1993, federal legislation has supported the formation of state-based prescription-drug monitoring programs (PDMPs) to track prescribing of controlled substances. In the pre-Internet era, such programs had limited effects, owing to the lag time inherent in reporting with paper documentation, the absence of off-hours access to the programs, and the voluntary nature of reporting. Now, these programs are benefiting from renewed interest and increased funding: 42 states currently have operational PDMPs, and 6 have enacted legislation to develop programs.⁴

The White House Office of National Drug Control Policy, the Centers for Disease Control and Prevention, and the Food and Drug Administration suggest that state-based PDMPs should be expanded.⁵ Yet many clinicians are unaware of these programs, and the use varies among states and specialties.⁶ Research examining the effect of these monitoring systems has been limited by the variations and evolution of state PDMP designs. As states develop, expand, or retrofit their PDMPs, it is worthwhile to analyze the current thinking regarding the usefulness and successful characteristics of the existing programs so as to enhance their future impact (see table).

Clinical evaluation of a new patient with chronic pain can be difficult; without a comprehensive pain-management record. Although reliance solely on the patient’s history is generally acceptable and well intentioned, it may lead to congenious misprescribing. Furthermore, primary care providers who embrace the mandate to treat patients’ chronic pain are faced with guidelines suggesting the use of patient-provider agreements (“pain contracts”),⁷ and urine drug screening. Some physicians may feel uncomfortable with the mistrust implied by such confrontational approaches and may find that a highly functional PDMP readily starts its users to signs of aberrant drug-use behavior. A benefit for clinicians and patients is the opportunity to intervene immediately when aberrant behavior is first noted and while the patient is in the medical setting. In addition, a PDMP may identify patients who are receiving multiple legitimate prescriptions for opioids or benzodiazepines and are at risk for complications from polypharmacy.

Web-based PDMPs solve many of the problems that I noted earlier, but they also raise new concerns. In a recent survey of prescribers, researchers cited barriers to use of PDMPs that included “time” and “access issues” but not computer availability (see graph). To facilitate access, a simple log-on with user-specified passwords may



Characteristics of an Ideal Prescription Drug Monitoring Program





Drs. Perrone and Nelson noted barriers to today's PDMPs include:

- Time and access issues.
- Complicated application and notarization procedures
- Prescribers will have to be educated about PDMPs if voluntary compliance is to be improved and routine use encouraged.





CURES 2.0 Integration / Interoperation

PDMPs need to integrate and interoperate with the major health care systems in their regions.

PDMP data can be rendered by the health care system to be presented with the EHR when the practitioner walks into the exam room to see the patient.





CURES 2.0

Integration / Interoperation

Integration/Interoperation will leverage a trust arrangement that the various interoperation partners vet their respective members.

Integration/Interoperation can facilitate peer-to-peer collaboration.

Integration/Interoperation can facilitate “watch” flags across member systems.





Registration Process

The registration process is initiated electronically via a web-based application form.

[HTTP://OAG.CA.GOV/CURES-PDMP](http://oag.ca.gov/cur-es-pdmp)

State of California Department of Justice
Office of the Attorney General

Kamala D. Harris
Attorney General

AG Home Page PDMP Application Register Forgot Password Login Help

Tools & Resources

- BNE Locations
- Guidelines to Combating Rx Drug Abuse & Fraud
- Health Information Privacy (HIPAA Guidelines)
- FAQ's

PDMP Registration

Version 1.0.0.9

California Prescription Drug Monitoring Program (PDMP)

The California Prescription Drug Monitoring Program (PDMP), CURES, is committed to assisting in the reduction of pharmaceutical drug diversion without affecting legitimate medical practice and patient care.

The CURES system is designed to identify and deter drug abuse and diversion through accurate and rapid tracking of Schedule II through IV controlled substances. It is a valuable investigative, preventive and educational tool for law enforcement, regulatory boards, educational researchers, and the healthcare community.

The Department of Justice PDMP system allows pre-registered users including licensed healthcare prescribers, pharmacists authorized to dispense controlled substances, law enforcement, and regulatory boards to access real time patient prescription history information to better identify and prevent the abuse of prescription drugs. The role of the PDMP entrusts that well informed prescribers and pharmacists can and will use their professional expertise to evaluate their patients care and assist those patients who may be abusing controlled substances.

In order to obtain access to the PDMP System you must submit a registration form electronically. Please be sure to complete the correct form:

- [BNE Admin](#)
- [BNE Analyst](#)
- [DOJ Investigator](#)
- [Law Enforcement Agency](#)
- [Non-BNE Support](#)
- [Pharmacist](#)
- [Practitioner](#)
- [Regulatory Board](#)

In addition, prescribers and pharmacists must follow up their registration by submitting notarized copies of their Government ID, Drug Enforcement Administration (DEA) Registration, and State Medical License or State Pharmacist License to the Bureau of Narcotic Enforcement (BNE), P.O. Box 160447, Sacramento, CA 95816, or forgo the notary and present documents in person at any one of our [regional office locations](#) and our BNE personnel will validate and collect your supporting documentation.

NOTE: You must call the regional office ahead of time and make an appointment prior to having your documents validated by BNE personnel.

Select the appropriate registration form according to profession:

BNE Admin

BNE Analyst

DOJ Investigator

Law Enforcement Agency

Non-BNE Support

Pharmacist

Practitioner

Regulatory Board





PDMP Registration: Practitioner

Application Instructions

To submit this application, complete the following steps:

Step 1: Complete the on-line application form then click the 'Submit' button.

Step 2: Upon successful submission of this form, you will see a confirmation page with additional instructions for completing the registration process.

Important Notes

*Indicates Required Fields

Your E-Mail Address will be used for communicating account information and system notifications. It is therefore very important that this be an E-Mail Address that only you have access to and is not accessible by others. If this condition is not met your registration will be denied.

For assistance, contact the Help Desk at (916) 319-9274 or pmp_registration@doj.ca.gov

Applicant Information:

Last Name * First Name * Date of Birth mm/dd/yyyy *

E-Mail Address * Re-Enter E-mail Address * Contact Phone *

State Medical License# * NPI#

Specialty * Other Specialty

Degree * Other Degree

Address Information

First Address

Business Name * Street Address * County *

Phone# * City * State * Zip * DEA# *

Please check all options that apply to this location *

Business Location Home Location Listed on DEA Certificate

Account Information

Would you like to receive Notifications/Alerts?: *

No Yes

Must create your own individual answers and not answers that are agency sanctioned

Question *

In what city or town was your first job? *

Answer *

Question *

In what city or town was your first job? *

Answer *

Question *

In what city or town was your first job? *

Answer *

Question *

In what city or town was your first job? *

Answer *

Question *

In what city or town was your first job? *

Answer *

Application Validation



The CAPTCHA feature requires that you enter both words exactly as they appear, separated by a space. If you cannot read both words simply click the refresh button, which looks like two arrows in a circle, next to the CAPTCHA words and you will be prompted with two new words.

Application Certification

User Agreements

The California Prescription Drug Monitoring Program (PDMP), CURES, is committed to assisting in the reduction of pharmaceutical drug diversion without affecting legitimate medical practice and patient care. The CURES system is designed to identify and deter drug abuse and diversion through accurate and rapid tracking of Schedule II through IV controlled substances.

I certify the facts stated above are true to the best of my knowledge.

I accept the terms and conditions of the User Agreements.

I CERTIFY/AGREE TO THE ABOVE *

For assistance, contact the Help Desk at (916) 319-9274 or pmp_registration@doj.ca.gov

Submit

Reset



Registration (Continued)

ADDITIONAL REGISTRATION PROCESS STEPS:

Print registration confirmation and have notarized.

Respond to e-mail verification request.

Mail notarized application & required supporting documents to CA DOJ.

Required Documentation:

Notarized application

Copy of government-issued identification

Copy of Medical License (Pharmacy or Regulatory License)

Copy of Drug Enforcement Administration Registration

Approval Notification





Patient Activity Report (PAR)

<https://pmp.doj.ca.gov/pdmp/index.do>

State of California Department of Justice
Office of the Attorney General

Kamala D. Harris
Attorney General

AG Home Page PDMP Home Page **Patient Activity Report** Change Password HELP Logout

Tools & Resources
BNE Locations
Guidelines to Combating Rx Drug Abuse & Fraud
Health Information Privacy (HIPAA Guidelines)
FAQ's

Welcome to the PDMP Application

Logged in,

CURES

The California Prescription Drug Monitoring Program, **CURES**, is committed to assisting in the reduction of pharmaceutical drug diversion without affecting legitimate medical practice and patient care. The CURES program, restructured in 2003 and evolved from the California Triplicate Prescription Program following numerous legislative enactments.

The CURES system is designed to identify and deter drug abuse and diversion through accurate and rapid tracking of Schedule II through IV controlled substances. It is a valuable investigative, preventive and educational tool for law enforcement, regulatory boards, educational researchers, and the healthcare community.

The Prescription Drug Monitoring Program system allows pre-registered users including licensed healthcare prescribers and pharmacists authorized to dispense controlled substances, law enforcement, and regulatory boards to access real time patient prescription history information to better identify and prevent the abuse of prescription drugs. The role of the Prescription Drug Monitoring Program entrusts that well informed prescribers and pharmacists can and will use their professional expertise to evaluate their patients care and assist those patients who may be abusing controlled substances.

Dissemination or distribution of this information to anyone other than the registered user is strictly prohibited. Disciplinary, civil or criminal actions will be taken by the Department of Justice and/or appropriate Regulatory Board.

Notifications & Alerts

| Date | Notification |
|------------|---------------------------------|
| 07-26-2010 | CURES ALERT 009 |
| 07-26-2010 | CURES ALERT 010 |
| 07-26-2010 | CURES ALERT 011 |
| 07-26-2010 | CURES ALERT 012 |
| 07-26-2010 | CURES ALERT 013 |

- Prescribing and dispensing history of Schedule II-IV controlled substances.
- Registered prescribers and dispensers can quickly review a patient's controlled substance history.
- Enables a prescriber to identify and prevent drug abuse through accurate & rapid tracking.





Tools & Resources

[Patient Activity Report](#)

[Theft or Loss of Prescriptions](#)

[FAQ's](#)

Patient/Client Activity Report

* Indicates Required Fields

Client

Last Name * **First Name ***

Date of Birth * mm/dd/yyyy **Gender**

Address

City **State** **Zip**

Period in Months *

Search Mode

Search Mode Partial match Exact match

I certify, under the penalty of perjury, that I am a licenced healthcare provider and I am authorized to obtain the above mentioned patient's dispensed controlled substance history.

Search

Reset

Home Patient Activity Report Change Password HELP

Patient/Client Activity Report

[Revise Search](#)

Search Results

| | <u>Last Name</u> | <u>Middle Initials</u> | <u>First Name</u> | <u>DOB</u> | <u>Address</u> |
|--------------------------|------------------|------------------------|-------------------|------------|--|
| <input type="checkbox"/> | BOD | | ROB | 09-07-1960 | 2119 TAMIE LN. SAN JOSE , CA , 95130 |
| <input type="checkbox"/> | BOD | | ROB | 09-07-1960 | 2119 TAMIE LANE SAN JOSE , CA , 95130 |
| <input type="checkbox"/> | BOD | | ROB | 09-07-1960 | 2119 TAMIE LN SAN JOSE , CA , 95120 |

[Save Comments](#) [View/Print Report](#) [View/Print Consolidated Report](#)

Patient Activity Report (PAR)



Department of Justice - Bureau of Narcotic Enforcement
Controlled Substance Utilization Review & Evaluation System

01/17/2013 11:19

**CONFIDENTIAL
DOCUMENT**

PATIENT/CLIENT ACTIVITY: CONSOLIDATED REPORT

Prescription Drug Transaction Details:

| Number of Hits: 9 | | Start Date: 01/17/2012 | | | | | End Date: 01/17/2013 | | | | | | | |
|-------------------|------------|------------------------|------------|---|-----------------------------|------|----------------------|-----|-------------------|----------|-------------|-------------|----------|---------|
| Date Filled | First Name | Last Name | DOB | Address | Drug Name | Form | Str | Qty | PHY Name | PHY# | Dr.'s DEA # | Dr.'s Name | RX# | Refill# |
| 01/20/2012 | JOHN | DOE | 05/23/1960 | 2560 COLLEGE WAY, SACRAMENTO, CA, 95821 | VICODIN | TAB | 1000 MG-5 MG | 10 | WALGREENS #610 | PHY12345 | AB5678909 | SMITH, JOHN | 02345678 | 3 |
| 1/23/2012 | JOHN | DOE | 05/23/1960 | 2560 COLLEGE WAY, SACRAMENTO, CA, 95821 | APAP/HYDROCODONE BITARTRATE | TAB | 500 MG-5 MG | 40 | CVS/PHARMACY #110 | PHY12345 | AB5678909 | SMITH, JOHN | 02375678 | 1 |
| 02/01/2012 | JOHN | DOE | 05/23/1960 | 2560 COLLEGE WAY, SACRAMENTO, CA, 95821 | XANAX | TAB | 100 MG-5 MG | 60 | WAL-MART #926 | PHY12345 | AB5678909 | SMITH, JOHN | 00284920 | 1 |
| 02/04/2012 | JOHN | DOE | 05/23/1960 | 2560 COLLEGE WAY, SACRAMENTO, CA, 95821 | VICODIN | TAB | 200 MG-5 MG | 60 | TARGET #261 | PHY12345 | AB5678909 | SMITH, JOHN | 09244920 | 2 |
| 03/01/2012 | JOHN | DOE | 05/23/1960 | 2560 COLLEGE WAY, SACRAMENTO, CA, 95821 | APAP/HYDROCODONE BITARTRATE | TAB | 5000 MG-5 MG | 60 | WALGREENS #100 | PHY12345 | AB5678909 | SMITH, JOHN | 04247940 | 4 |
| 03/08/2012 | JOHN | DOE | 05/23/1960 | 2560 COLLEGE WAY, SACRAMENTO, CA, 95821 | XANAX | TAB | 500 MG-5 MG | 80 | CVS/PHARMACY | PHY12345 | AB5678909 | SMITH, JOHN | 02434960 | 1 |
| 03/07/2012 | JOHN | DOE | 05/23/1960 | 2560 COLLEGE WAY, SACRAMENTO, CA, 95821 | APAP/HYDROCODONE BITARTRATE | TAB | 500 MG-5 MG | 60 | WALGREENS | PHY12345 | AB5678909 | SMITH, JOHN | 02795765 | 1 |
| 03/10/2012 | JOHN | DOE | 05/23/1960 | 2560 COLLEGE WAY, SACRAMENTO, CA, 95821 | APAP/HYDROCODONE BITARTRATE | TAB | 500 MG-5 MG | 90 | CVS/PHARMACY #934 | PHY12345 | AB5678909 | SMITH, JOHN | 02549607 | 2 |
| 01/01/2013 | JOHN | DOE | 05/23/1960 | 2560 COLLEGE WAY, SACRAMENTO, CA, 95821 | VICODIN | TAB | 1000 MG-5 MG | 30 | TARGET #234 | PHY12345 | AB5678909 | SMITH, JOHN | 02649603 | 3 |

Disclaimer: The Patient Activity Report (PAR) is compiled from information maintained in the Department of Justice's Controlled Substance Utilization Review and Evaluation System (CURES). The CURES maintains Schedule II, Schedule III and Schedule IV prescription information that is received from California Pharmacies and is therefore only as accurate as the information provided by the Pharmacies. If data was submitted with errors or have unknowns within a field, it will not be displayed within this report.



CURES Program Contacts

California Department of Justice
PDMP/CURES
P.O. Box 160447
Sacramento, California 95816

Phone: (916) 227-3843
FAX: (916) 227-4589
Email: PMP@doj.ca.gov

<http://oag.ca.gov/cures-pdmp>



pdmp

¿¿¿ One fight, one team ???

