California Department of Justice

CURES 2.0

Prescription Drug Monitoring Program

February, 2016
CURES, California’s PDMP Program

CURES stores and reports Schedule II, III and IV prescription dispensation data reported by dispensers to DOJ.

CURES data reflects dispensing information exactly as it is reported to DOJ. DOJ does not add, modify, or delete prescription data reported to CURES.

The pharmacy or direct dispenser creates and owns the prescription record submitted to DOJ. DOJ is a custodian (and not editor) of these aggregated prescription records.
CURES, California’s PDMP Program

DOJ does not validate the accuracy or truthfulness of the data.

Pharmacies and Direct Dispensers are required to report dispensations at least weekly.

CURES receives about one million prescription reports per week.

CURES 2.0 retains prescription data 7 years. CURES 2.0 retains de-identified data indefinitely.
CURES, California’s PDMP Program

CURES provides registered prescribers and dispensers with a Patient Activity Report (PAR) up to one year patient prescription history to assist health practitioners prescribe safely and to identify patients at risk of addiction.

CURES provides CA Department of Consumer Affairs Regulatory Board staff with PARs and Prescriber & Dispenser History Reports (PPH) up to 7 years.

Law Enforcement users must evidence a case number and a crime code to receive PPHs up to 7 years. LE users must present a Search Warrant to obtain PARs up to 7 years.
The California Triplicate Prescription Program (TPP) was created in 1939, capturing Schedule II prescription information.

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

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

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

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

Health Insurance Portability and Accountability Act (HIPAA) & Attendant Regulations
42 U.S.C. §§ 1320d to 1320d-8, and 45 CFR 164, et seq.

California Confidentiality of Medical Information Act
CA Civil Code §§ 56 to 56.16

California Information Practices Act
CA Civil Code § 1798, et seq.

CURES Legislation
CA Health and Safety Code § 11165, et seq.
Health and Safety Code section § 11165. (a)

To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled substances, and for statistical analysis, education, and research, the Department of Justice shall . . . maintain the Controlled Substance Utilization Review and Evaluation System (CURES) . . .
§ 11165.1. (a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 shall, before July 1, 2016... submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient...

(ii) A pharmacist shall, before July 1, 2016, or upon licensure, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient...
Prescriber and Dispenser User Restrictions

Health and Safety Code § 11165.1. (a) (1) (A) (i) & (ii)

(i) ... The department shall release to that practitioner the electronic history of controlled substances dispensed to an individual under his or her care...

(ii) ... The department shall release to that pharmacist the electronic history of controlled substances dispensed to an individual under his or her care...
Most high prescription seeking individuals are victims of over-prescribing, are frequently iatrogenically addicted, and are not diverters.

In California, the Prescriber and Dispenser’s statutory mandate is to safely prescribe and dispense, not to act as an agent of the police and inform on their own addicted patients.

Law Enforcement’s role in California is to find, arrest and prosecute criminal diverters; and not to arrest and prosecute the iatrogenically addicted.
Enhance Informational Delivery

The clinical community requires a much more informative data presentation than CURES 1.0’s simple provisioning of a basic 12-month PAR.

Today’s technology can provide a better “eye” on prescribers’ patients; and is capable of providing both proactive and reactive reporting of patient prescription activity.

Technology is also capable of denoting treatment exclusivity compacts, and providing prescribers an ability to communicate securely across health care plans.
Support the Public Health Sector

The prescription drug epidemic is predominantly a public health problem and only minimally a law enforcement problem.

Public Health program innovation and success is typically data and research driven.

PDMP data can and should provision the public health sector with the means to devise data driven mitigation strategies and the ability to measure the success of those efforts.
The Public Can and Should Know

The PDMPs store the most informative data regarding the current public health crisis.

The public debate should not be deprived of the vast, telling data housed by the PDMP . . . else Milton would be ashamed.
Analytics

An analytics engine, however expensive, is essential for the delivery of optimal PDMP information.
The CURES 2.0 application provides a vastly improved user interface featuring intuitive navigation and ease of use. Fast, robust performance is presented to the large registered user base mandated by Health and Safety Code section 11165.1.
CURES 2.0 Automated Registration Process

CURES 2.0 Prescriber and Dispenser applicants go to the URL...

https://cures.doj.ca.gov/registration/confirmEmailPnDRegistration.xhtml
Applicants complete the following:

Select “User Role”

License Issued by:
- CA DCA
- Agency outside of CA

Enter email address (twice)

Enter CAPTCHA
A confirmation message is displayed once the email address is submitted.

An email is sent to applicant with further registration instructions and a link to the registration page.
The Registration Page
The applicant completes “Applicant” information...
Registration Page (Continued)

...and selects and answers Security Questions, and completes the CAPTCHA.
An Application Review Page is presented.

The applicant reviews and confirms his/her application information, accepts the terms and conditions of the User Agreement and submits the application form.
The CURES 2.0 Registration Confirmation page displays:

- Confirmation number
- Applicant information
- “Print” button

An approval or denial notification will be sent via email within 24 to 48 hours.
In 24 to 48 hours, the approved applicant is sent an e-mail with his/her User ID and link for identification validation:

**This is an automated message from an unmonitored mailbox. Replies must be directed to the CURES Help Desk.**

Please be advised your CURES application has been approved.

Your USER ID is: 

For security, approved users must successfully respond to their challenge questions prior to receiving their Temporary Password. To respond to your challenge questions now, please click the link below. You will be required to enter your User ID.

https://

If you have questions, please contact the CURES Help Desk at cures@doj.ca.gov or (916) 227-3843.
The approved applicant selects the link and enters his/her USER ID...

Then answers the security questions...
An e-mail provides the approved applicant a Temporary Password and a link to the CURES 2.0 log-in:

From: <DOJIdentityManager@doj.ca.gov>
Date: Mon, Aug 24, 2015 at 3:50 PM
Subject: CURES Account Information
To: [Redacted]

**This is an automated message from an unmonitored mailbox. Replies must be directed to the CURES Help Desk.**

This email contains important CURES login information. Provided below is your temporary password that must be used with the User ID previously sent by email when you were notified of your approved status.

**Temporary password:** [Redacted]

You will be prompted to change this temporary password upon your initial login to CURES. To login, please click the link below:

**CURES**

If you have questions or encounter difficulties with the login process, please contact the CURES Help Desk at cures@doj.ca.gov or (916) 227-3843.
The approved applicant logs into CURES 2.0 with the Temporary Password and User ID.
Upon first-time login, the new user must first reset his/her Password:

- User ID
- First Name
- Last Name
- Password
- Confirm Password
...and complete his/her user profile.
...and the approved applicant is now a registered CURES user.
Delegation Authority
Prescribers and dispensers can easily assign delegates who can initiate CURES 2.0 patient inquiries on their behalf.

Compact Flagging
Prescribers can easily notate their patients with treatment exclusivity compacts, forewarning other providers that additional prescribing to these patients can be potentially counter-productive to their existing treatment regimen.
CURES 2.0 User Features

Peer-to-Peer Communication
Prescribers and dispensers can instigate alert messages to fellow doctors and pharmacists about mutual patients of concern.

Patient Safety Alerts/Messaging
Prescribers are alerted daily with information regarding their patients who reach various prescribing thresholds.
De-Duplicated / De-Identified Data

CURES 2.0 systematically de-duplicates and de-identifies county and statewide data sets for County Health Officers and researchers.

Quarterly and annual de-identified data sets are produced for County Health Officers.

This data enables counties to calculate current rates of prescriptions, examine variations within the state, and track the impact of safe prescribing initiatives.
Patient Safety Messaging

1. For Each Individual Prescriber, a List of That Prescriber's Rx Recipients Who are Currently Prescribed More than 100 Morphine Milligram Equivalency Per Day

2. For Each Individual Prescriber, a List of That Prescriber's Rx Recipients Who Have Obtained Prescriptions from 6 or More Prescribers or 6 or More Pharmacies During Last 6 Months

3. For Each Individual Prescriber, a List of That Prescriber's Rx Recipients Who Are Currently Prescribed More than 40 MMEs Methadone Daily
4. For Each Individual Prescriber, a List of That Prescriber's Rx Recipients Who Are Currently Prescribed Opioids More Than 90 Consecutive Days

5. For Each Individual Prescriber, a List of That Prescriber's Rx Recipients Who Are Currently Prescribed Both Benzodiazepines and Opioids
This system is restricted to authorized users for legitimate law enforcement and regulatory purposes. There is no expectation of privacy on this system as it is being audited and monitored.

The unauthorized access, use or modification of this system or the data contained therein or in transit to/from, is prohibited by law and may be reported to law enforcement by system personnel.

Warning: Authorized Users Only

User ID

Password

LOGIN

Forgot your Password?

Forgot your ID?
### Patient Activity

**Search Criteria**

- **Saved Search:**
  - First Name: [Field]
  - Last Name: [Field]
  - Date of Birth: [Field]

- **Search Mode:** Partial Match
- **Search Period:** 6 months

**Results**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>DOB</th>
<th>Gender</th>
<th>Address</th>
<th>Compact</th>
<th>Records</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N</td>
<td>5</td>
</tr>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N</td>
<td>0</td>
</tr>
</tbody>
</table>

**View Details**
1. Theinvalidpatient DOB entered by dispenser is set to '01/01/1900'.
2. The value (DEA, NDC) that cannot be verified by DOJ at this point is labeled with a trailing ' '

<table>
<thead>
<tr>
<th>Result</th>
<th>Date Filed</th>
<th>Date Sold</th>
<th>Drug Name</th>
<th>Form</th>
<th>Drug Strength</th>
<th>Qty</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>2016-01-16</td>
<td>2016-01-19</td>
<td>MODAFNIL</td>
<td>TAB</td>
<td>200 MG</td>
<td>39</td>
</tr>
<tr>
<td>3</td>
<td>2016-01-08</td>
<td>2016-01-19</td>
<td>LORAZEPAM</td>
<td>TAB</td>
<td>1 MG</td>
<td>129</td>
</tr>
<tr>
<td>1</td>
<td>2015-12-23</td>
<td>2015-12-23</td>
<td>CARISOPRODOL</td>
<td>TAB</td>
<td>350 MG</td>
<td>450</td>
</tr>
<tr>
<td>1</td>
<td>2015-12-09</td>
<td>2015-12-13</td>
<td>FENTANYL</td>
<td>TDM</td>
<td>100 HCO/Hr</td>
<td>135</td>
</tr>
<tr>
<td>6</td>
<td>2015-12-21</td>
<td>2015-12-23</td>
<td>MODAFNIL</td>
<td>TAB</td>
<td>200 MG</td>
<td>39</td>
</tr>
<tr>
<td>3</td>
<td>2015-12-09</td>
<td>2015-12-13</td>
<td>LORAZEPAM</td>
<td>TAB</td>
<td>1 MG</td>
<td>129</td>
</tr>
</tbody>
</table>
Patient Activity Report Data

- Date Filled
- Date Sold
- Drug Name
- Form
- Drug Strength
- Quantity
- Pharmacy Name
- Pharmacy License Number
- Doctor’s Name
- Doctor’s DEA Cert Number
- Payment Method
  - Private Pay (Cash, charge, Credit Card)
  - Medicaid
  - Medicare
  - Commercial Insurance
  - Military Installation and VA
  - Worker's Compensation
  - Indian Nations
  - Other
- Prescription Number
- Refill Number
- Refills Authorized
- Species Code
1. The invalid patient DOB entered by dispenser is set to '01/01/1800'.
2. The value (DEA, NDC) that cannot be verified by DOJ at this point is labeled with a trailing '*'.
CURES 2.0 provides the capability for a prescriber to make other practitioners aware of a treatment exclusivity compact with a specific patient whenever that patient is queried in CURES 2.0. This optional feature is provided to help avert potentially counter-productive treatment/prescribing.

If you wish to indicate a treatment exclusivity compact exists between you and a patient, check the "Compact" box next to the patient entry. You must specifically identify your patient by name, date of birth, and address.

The compact status should be rescinded as soon as it is no longer in force. The compact status will continue to display until it is rescinded by the prescriber who established it. Prescribers are encouraged to regularly review their compact listings and remove outdated designations.

**Patient Details**

- Last Name: 
- First Name: 
- Date of Birth: 
- Gender: 
- Address Line 1: 
- Address Line 2: 
- Set Compact: 

**Compact Details**

No Prescribers have set a compact with this patient.

**Prescribers to Their Patient**

<table>
<thead>
<tr>
<th>Prescriber's Name</th>
<th>Prescriber's Email Address</th>
<th>Prescriber's Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Messaging Section**
No Prescribers have set a compact with this patient.

Prescribers to Their Patient

<table>
<thead>
<tr>
<th>Prescriber’s Name</th>
<th>Prescriber’s Email Address</th>
<th>Prescriber’s Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Messaging Section

From:  

Regarding:  

Message:  

Send Message
Manage Delegates

<table>
<thead>
<tr>
<th>Delegates</th>
<th>Add</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Established Date</th>
<th>Email</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>No records found.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Manage Delegates

Note: All fields with (*) are required

First Name: *
Last Name: *
Email Address: *
Re-Enter Email Address: *

Certify

Note: To assign a delegate, please read and accept the following Terms and Conditions

- I understand the Terms and Conditions governing use of CURES applies equally to delegates. By assigning a delegate, I am responsible for the delegate’s use of CURES.

Add  Clear
The FY 15 Harold Rogers Prescription Drug Monitoring grant award enables California Department of Justice to partner with a research and evaluation team from University of California Davis (UCD) to implement the California PDMP Enhancement, Analysis and Response Initiative (PDMP Initiative).
The PDMP Initiative objectives are:

1. Evaluate the implementation of CURES 2.0 and estimate the overall effect of the planned bundle of PDMP enhancements on prescribing behavior and public health outcomes.

2. Compare the custom-built record linking program used by CURES 2.0 against existing record linking software programs.
PDMP Initiative Objectives (continued)

3. Design, test, and compare advanced, data-driven algorithms for identifying high-risk prescribing and dispensing patterns that will inform law enforcement, public health, and regulatory enforcement activities.

4. Engage with law enforcement, regulatory, and public health agencies to identify the kinds of proactive PDMP reports that will best advance each agency’s goals.
The PDMP Initiative will address the following research questions:

1. What is the effect of CURES 2.0 on rates of high-risk opioid prescribing, prescription opioid abuse and dependence, and prescription opioid-related emergency department visits and fatalities?

2. What fraction of the overall estimated effect of CURES 2.0 on prescribing and health outcomes is attributable to the advanced features in CURES 2.0 (e.g., proactive reports)?
Research Questions (Continued)

3. What is the optimal record linking algorithm and software program for CURES?

4. How can geographic, social network, and trajectory analyses be used to create proactive, data-driven reports that law enforcement, regulatory boards, public health officials and CURES users find useful?
Anticipated PDMP Initiative Outcomes:

1) Rigorous evaluation of CURES 2.0 implementation to generate new knowledge about the effectiveness of PDMPs with advanced features;

2) Identification of novel, data-driven PDMP algorithms that can inform law enforcement and public health activities;

3) Informing national best practices for both PDMP record linking and advanced PDMP algorithms; and

4) Heightened impact of collaborative activities with the Prescription Opioid Misuse and Overdose Prevention Workgroup; local and regional law enforcement agencies, California Department of Public Health, and county health departments.
UCD Team

**Garen Wintemute, MD, MPH** is an emergency physician and Director of the UC Davis Violence Prevention Research Program who has worked with DOJ on the original design and implementation of CURES, has a long history of successful research collaborations with DOJ, and will serve as team leader.

**Stephen Henry, MD, MS** is a primary care physician and opioid researcher who has content expertise in opioid prescribing and opioid epidemiology and will lead activities related to prescribing patterns.

**Susan Stewart, PhD** is a biostatistician who has expertise in record linking and program evaluation and will lead activities related to record linking and advanced proactive reports.
Magdalena Cerdá, MPH, DrPH is an epidemiologist who has experience evaluating the impact of law and policy changes on substance abuse and violence and will lead activities related to evaluating CURES 2.0 and the cross-state evaluation.

Scott Fishman, MD is a pain physician and national expert in pain management and policy who has a history of successful research using CURES data and will lead policy-related recommendations resulting from this Initiative.

Pam Keach, MS has extensive experience with public health program management and evaluation, and will oversee day-to-day research and evaluation activities.
Email: cures@doj.ca.gov

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