Evaluation of Data Submitted to the Arkansas Prescription Drug Monitoring Program (PDMP)

Harold Rogers PDMP 2022 National Meeting
BJA FY20 Harold Rogers PDMP Grant
December 5-7, 2022

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Goals for BJA FY 2020 Harold Rogers PDMP Grant

1. Increase ADH’s authority to evaluate the controlled substance data reported to the AR PDMP.

2. Evaluate the controlled substance data reported by Arkansas dispensers to the AR PDMP.

3. Decrease the number of dispensers not in compliance with reporting frequency.

4. Decrease the number of upload errors in the PDMP data reported by dispensers.
Legislation Allowing the PDMP to Request Data from Dispensers

Act 62: Arkansas Code § 20-7-607(a)(2):

The department may: ... (ii) Require prescribers or dispensers, or both, to provide physical copies of written or electronic prescriptions upon request to validate data submitted to the program in order to evaluate the information reported by the program.
Method of Evaluation at each Pharmacy

1) Packets containing information and a request for documentation faxed to pharmacy prior to evaluation

2) Pharmacy sends back copies of the 8 requested prescriptions and 2 prescriptions of their selection as directed by the fax packet

3) Prescriptions from the pharmacy are evaluated against the data reported to the PDMP

4) The PDMP schedules a virtual visit with the pharmacy to discuss results

5) At the visit, the PDMP:
   a. provides the results from the pharmacy’s individual evaluation
   b. discuss PDMP Best Practices (provide a Best Practice pamphlet)

6) Severe errors are followed up on (the pharmacy has 14 days to correct)
Method of Evaluation at each Pharmacy

1) Packets containing information and a request for documentation faxed to pharmacy prior to evaluation

2) **Pharmacy sends back copies of the 8 requested prescriptions and 2 prescriptions of their selection as directed by the fax packet**

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8 Requested Prescriptions
- Randomly pulled from the PDMP by our epidemiologist team
- Pulled within 18 months of Fax Packet being sent
- Includes
  - 4 opioid prescriptions
  - 2 stimulants
  - 2 sedatives

2 Prescriptions of Pharmacist’s Selection
- Any scheduled II-V prescription dispensed between 1 and 2 weeks of Fax Packet being sent
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Minor Errors
• Missing/Incorrect/Misspelled Address of Patient
• Incorrect Day Supply

Intermediate Errors
• Incorrect Quantity Dispensed
• Incorrect Date Issued or Date Dispensed (Date Filled)
• Misspelled patient name

Severe Errors
• Wrong Patient
• Wrong Drug/Incorrect Dosage Form/Incorrect Strength/Inactive Rather Than Active Ingredient Reported for Compound
• Wrong/Missing/Dummy DEA
• Wrong Prescriber
• Prescription Not Reported to the PDMP (Noncompliance, Wrong File Format, Vendor Software Error)
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Virtual Visits
- Completed via ZOOM or TEAMS
- Complete within 10-15 minutes
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Per the Rules Pertaining to Arkansas Prescription Drug Monitoring Program:

“Upon receiving notification of an error in data reporting, the dispenser shall take appropriate measures to correct the error and transmit the corrected data to the department or the department’s contractor within 14 days of being notified of the error.”
**Timeline**

**November 2021:** Send out communications (APhA, BOP)

**December 2021:** Send out communications to retail chains AND visit pilot locations

**January 2022:** Officially launch

**January 2023:** Provide preliminary state-wide results

**May 2023:** Wrap up evaluation

**May 2023:** Evaluate and analyze state-wide data. Provide final results.
Number of pharmacies documentation has been requested from: **504 (72%)**

Number of pharmacies evaluated: **504 (72%)**

Number of pharmacies fully completed: **487 (70%)**

This project is **71.2%** complete

As of 11/21/2022
As of 11/21/2022

Most common error identified:
• Minor: Missing/Incorrect/Misspelled Address of Patient

Out of 5,035 prescriptions evaluated so far (five were found not to have been reported) there have been:
• ZERO (0%) “Wrong Patient” errors identified
• FIVE (0.1%) “Wrong Drug” error identified
• SIXTY-THREE (1.25%) “Wrong/Dummy DEA” errors identified. Please note: the 63 listed here do not include instances where the correct prescriber was reported but the DEA was left off the face of the prescription (missing DEA)
• Of those 63, TWENTY-TWO (0.44%) “Wrong Prescriber” errors were identified

Out of 1008 prescriptions selected at random by the pharmacy, there have been:
• FIVE (0.5%) instances where a prescription wasn’t reported

Of the severe errors REPORTED, 42% of them have come from chain pharmacies.

Of the prescriptions found to have not been reported, 80% of them of come from independently owned pharmacies.
Next Steps

• Review Statewide Results
  • ASAP format thresholds
  • Resources/education to pharmacies/pharmacists
  • Reach out to Pharmacy Vendors on errors (i.e. Day supply)

• Development of an annual data quality checks

• Develop an evaluation of veterinary clinic submissions