



# Incorporating alternate data with the PDMP

**Utah Controlled Substance Database** 

### Disclosures

Nothing to disclose

### **Topics**

#### **External Records**

- Courts
- Hospital
- Medical Examiner
- Medical Cannabis Card Info

In development

**Future** 



### **External Records**



Courts



Hospital



**Medical Examiner** 



**Medical Cannabis** 





Search Criteria

Last Name: PAPA Date Range: 11/25/2021 - 11/25/2022

Date Of Birth: 01/01/1921 First Name: ALPHA

Records Selected

**Total Active Daily** Morphine Milligram Equivalents (MME)

Overdose Reporting

in 6 Months in 6 Months

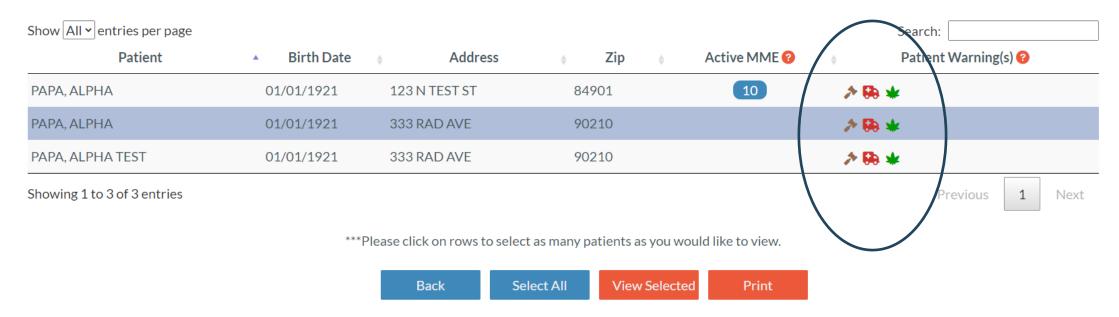
Prescribers Pharmacies

Active Benzos and Opioids No

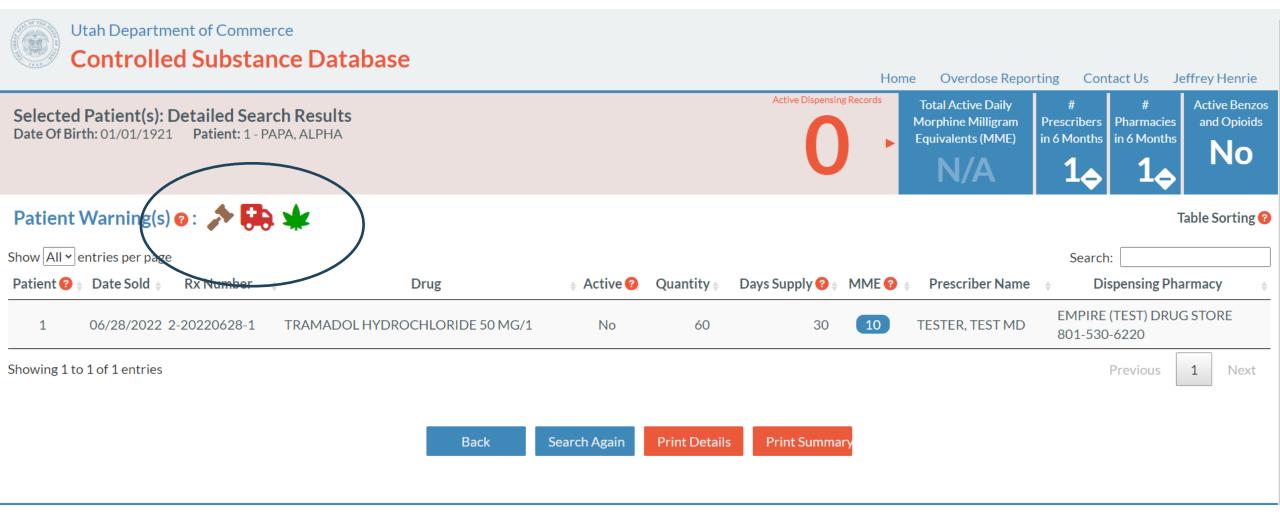
Jeffrey Henrie

Table Sorting 🔞

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### Courts

- Driving under the influence of a controlled substance
- Illegal possession and/or intent to produce, manufacture, or dispense a controlled substance





### Courts

- Delimitated file created by the Court system
- Amazon Web Service cloud Secure File Transfer Protocol
- Manually check the data and upload the file
- Daily each business day



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#### **Import Courts File**

Select a file to import...

Choose File No file chosen

Import

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The information contained in this database is received directly from personnel of the dispensing pharmacy. While efforts are made by pharmacy personnel to ensure accuracy of information provided, DOPL cannot guarantee that all information contained in the database is entirely accurate in every instance.

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#### **Drug Related Court Conviction Search Results**

| Show All • entri  | ies per page |             |      |          |            |             | Sear                      | ch:       |       |           |
|-------------------|--------------|-------------|------|----------|------------|-------------|---------------------------|-----------|-------|-----------|
| Conviction Date   | Case#        | <b>\$</b>   | Name | <b>*</b> | Birthdate  | Arrest Date | Court Location            | <b>\$</b> | Impor | rt Date 🍦 |
| 02/14/2019        | TEST_1001    | PAPA, ALPHA | 1    |          | 01/01/1921 | 02/14/2019  | TEST DISTRICT COURT - SLC |           | 02/14 | 1/2019    |
| Showing 1 to 1 or | f 1 entries  |             |      |          |            |             |                           | Previous  | 1     | Next      |

This represents a full history of all known drug related court convictions.

\*\*\*Please click on individual rows to view the record detail.

Print

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### **Drug Related Court Conviction View**

#### **Record Information**

- File Code
- Import Date

#### Personal Information

- First Name
- Last Name
- Middle Name
- Gender
- Birthdate

#### **Address Information**

- Address
- Address Cont.
- City
- State
- Zip

#### **Court Information**

- Court Location
- Court Location Code
- Arrest Date
- Statute Code
- Statute Detail
- Conviction Date
- Code
- Number



### Hospital or Non Fatal Overdose

- 12 years old or older
- Admitted to a general acute hospital for poisoning or overdose involving a prescribed controlled substance
- Report within three (3) business days





### Hospital or Non Fatal Overdose

### Version 1 (Prior to 2017)

 Dedicated accounts that had username and passwords entered the data

### Version 2 (2017 to 2022)

 Accounts where deprecated and the webpage existed on a need to use basis



### Version 3 (Current...)

 Any account except for law enforcement can enter using the menu Option Overdose Reporting



| Individual Search     | Advanced Search | Zero Reporting |  |  |
|-----------------------|-----------------|----------------|--|--|
| Last Name             | First Name      |                |  |  |
| Birth Date (Required) | 1 year          | ~              |  |  |
| 11/25/2021            | 11/25/2022      |                |  |  |
|                       |                 |                |  |  |
| Clear                 |                 | Submit         |  |  |

Overdose Reporting

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#### Overdose Reporting

| _ |   |    |    |    |   |   | _ |   |   |   |   |    |   |   |
|---|---|----|----|----|---|---|---|---|---|---|---|----|---|---|
| Р | а | tı | er | ١t | ı | n | ħ | 0 | n | m | a | ti | 0 | ı |
|   |   |    |    |    |   |   |   |   |   |   |   |    |   |   |

| First Name             |                         |
|------------------------|-------------------------|
|                        | This field is required. |
| Last Name              |                         |
|                        | This field is required. |
| Middle Name            |                         |
| Birthdate              |                         |
| bii tridate            | This field is required. |
| Drug & Prescribers     | This field is required. |
| Drugs                  |                         |
| Drugs                  |                         |
|                        | This field is required. |
| Prescribers            |                         |
|                        |                         |
| Additional Information | This field is required. |
| Additional Information |                         |
| Tracking Number        |                         |
| Admission Date         |                         |
|                        | This field is required. |
| Discharge Date         |                         |
|                        |                         |
| Outcome                |                         |
| Address                |                         |
|                        | This field is required. |
| Address                |                         |
| City                   |                         |
|                        |                         |
| State                  |                         |
| Zip                    |                         |
| Recorder Information   |                         |
| FortNess               |                         |
| First Name             | This field is required. |
| 1 1                    | i nis nela is requirea. |
| Last Name              | This field is required. |
|                        | i nis neia is required. |
| Hospital               |                         |
|                        | This field is required. |

### Poisoning & Non-Fatal Overdose Record View

#### **Record Information**

- Case Number
- Reporting Hospital
- Import Date

### **Personal Information**

- First Name
- Last Name
- Middle Name
- Birthdate

#### **Address Information**

- Address
- Address Cont.
- City
- State
- Zip



### Poisoning & Non-Fatal Overdose Record View

### **Hospital Information**

- Tracking Number
- Prescribers
- Drugs
- Admission Date
- Discharge Date
- Visit Outcome

### Recorder Information

- Recorder First Name
- Recorder Last Name



### Office of the Medical Examiner

- 12 years or older
- poisoning or overdose involving a prescribed controlled substance
- report within three (3) business days





### Office of the Medical Examiner

- Submitted to the CSD via Email to our group account
- We create the file for upload
- Loaded case by case





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#### Import Medical Examiner File

Select a file to import...

Choose File No file chosen

**Import** 

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#### **Medical Examiner Search Results**

| Show All v entries per page |        |      |      |        |       | Search:         |
|-----------------------------|--------|------|------|--------|-------|-----------------|
| Import Date 🔻               | Case # |      | Last | ∆<br>♥ | First |                 |
| 08/03/2021 4                |        | PAPA |      | ALPHA  |       | 01/01/1921      |
| Showing 1 to 1 of 1 entries |        |      |      |        |       | Previous 1 Next |

\*\*\*Please click on individual rows to view the record detail.

Print

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### **Medical Examiner Record View**

#### **Record Information**

- Case Number
- Import Date

#### Personal Information

- First Name
- Last Name
- Middle Name
- Birthdate



### **Medical Cannabis Card Information**

Record the issuance or revocation of a medical cannabis card in the controlled substance database.



### **Medical Cannabis Card Information**

- Received in a delimitated file
- Amazon Web Service cloud Secure File Transfer Protocol
- Manually check the data and upload the file
- Daily each Business day



### **Medical Cannabis Card Record View**

#### **Record Information**

- Import Date
- Last Modified

#### **Card Information**

- Card Number
- Effective Date
- Expiration Date
- Card Status

#### Personal Information

- First Name
- Last Name
- Birthdate

## Recommending Provider Information

- Provider Name
- DEA Number
- NPI Number
- Provider Type
- Provider Telephone



### In Development

- Medical Cannabis
   Dispensing Records
- Stimulant Flag
- National Drug Code data
- National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) Registry





### **Future**

### Lab Reports

- Blood and Urine screenings
- Completes the whole picture from receiving the script, to was it filled, to was it used





# Thank you!

Jeffrey Henrie

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