

# Implementation of Outlier Modules & Fact of Death Data Linkage

# Fact and/or Date of Death

- Prevent medications from being filled for deceased patients
- Data housed in Office of Vital Statistics
- Objective of both BJA and OD2A grants

# Fact and/or Date of Death – Relevant Statutes

## SB 200 (Signed 4/18/22)

- Gives PDMP authority to incorporate three data elements to “enhance” the database

## K.S.A. 65-2422d

- Establishes how vital records can be shared

## Future statute change?

- To not just allow for sharing of death data, but allowing PDMP to send it to vendor and use it

# Alternatives to Fact/Date of Death

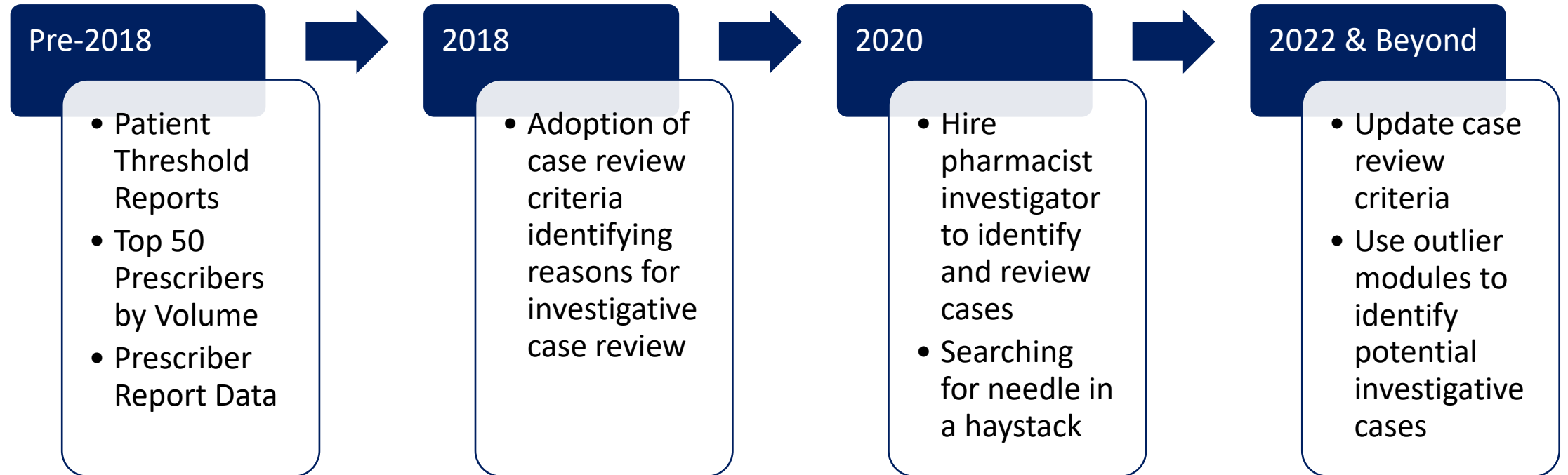
- SB 200 also gave PDMP authority to incorporate data related to overdose events and naloxone dispensations and/or administrations
- Currently researching whether any of these options can be pursued without statutory changes needed (in lieu of fact/date of death)



# K-TRACS Advisory Committee

- K-TRACS Advisory Committee is authorized to review and analyze program data for the purposes of identifying patterns and activity of concern
- 14-member committee
  - 7 prescribers
  - 6 pharmacists
  - 1 law enforcement

# K-TRACS Investigation



# Case Review Criteria

## Person of Concern

- Multiple provider episodes threshold
- Overlapping prescriptions (same drug class, different prescribers/pharmacies)
- Early refills

## Prescriber of Concern

- Multiple patients  $\geq 90$  MME
- Multiple threshold patients
- Prescribing opioids, stimulants and benzos simultaneously to same patient
- Prescriptions written for family members of same household with same drug/dosage/quantity

## Pharmacy of Concern

- Dispensing for patients  $\geq 90$  MME
- Dispensing ED prescriptions for the same or similar prescriptions that patient already has
- Dispensing opioids, stimulants and benzo to the same patient simultaneously

\*Mitigating factors: Prescriber specialty (hospice, MAT, oncology); practice setting; etc.

# Outlier Modules

- Originally intended to be used for investigation and education initiatives (2 of 3 strategies included in BJA grant)
- 3 modules: prescriber, stimulant, pharmacy



# Prescriber Outlier Module

- Based on overdose decedent data
- Generates top 25 outliers based on variety of factors
- Includes 3 years' worth of data in scoring model

# Prescriber Outlier Module – Kansas Results

- 1 deceased prescriber was initially ranked
- 40% of prescribers were providing MAT
- Case Review Criteria Mitigating Factors:
  - Treatment providers
  - Rural location or patient population

# Prescriber Outlier Module v 2.0

- GAM to remove pharmacy outlier & revamp prescriber module
- Create a threshold report instead of a scoring model
  - Early refills (5+ days)
  - Multiple provider episodes (3 prescribers/3 pharmacies) in combination with overlapping prescriptions
  - Growth rate of prescribing volume
  - MME duration (how long has the patient been at the same high MME level without tapering?)
  - Maintain focus on opioids/sedatives

# Stimulant Outlier Module

- Stimulant daily strength equivalent
  - Daily dosage based on manufacturer recommended max dose
- Likelihood of specialty to prescribe
- Number of stimulant patients
- Number of patients with high dosages
- Overlapping benzo usage
  
- *Anticipated delivery: October 2022*