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

Pre-2018
- Patient Threshold Reports
- Top 50 Prescribers by Volume
- Prescriber Report Data

2018
- Adoption of case review criteria identifying reasons for investigative case review

2020
- Hire pharmacist investigator to identify and review cases
- Searching for needle in a haystack

2022 & Beyond
- Update case review criteria
- Use outlier modules to identify potential investigative cases
## 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 ≥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 ≥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