Report on Expanding Monitoring Capacity

Session Law 2015-241, Section 12F.16. (k)

Report to the

Joint Legislative Oversight Committee on Health and Human Services

and

Joint Legislative Oversight Committee on Justice and Public Safety

by

North Carolina Department of Health and Human Services

September 1, 2016

INTRODUCTION

Section 12F.16.(k) of North Carolina Session Law 2015-241, requires the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, to report on its participation with the Prescription Behavior Surveillance System to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety. The first report is due beginning September 1, 2016, and every two years thereafter.

BACKGROUND

Since January 2015, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) has actively developed its own analytical capabilities in order to produce reports not only for short-term analysis and licensing boards, but also longitudinal studies of the data. These studies are tremendously useful in analyzing trends over time across various levels, including local, regional and state. These and other types of data reports are essential in assisting stakeholders dealing with the prescription drug abuse epidemic. As part of these efforts, DMH/DD/SAS began receiving legacy data from our third-party vendor followed by regular quarterly data transfers in order to develop several different analytical reports. In addition, DMH/DD/SAS has created de-identified yearly data sets for the last five years for the NC Injury Prevention Research Center at the University of North Carolina at Chapel Hill. Data analyzation is conducted in collaboration with DMH/DD/SAS. These de-identified and encrypted data sets also are positioning North Carolina's Prescription Drug Monitoring Program (PDMP), known as the Controlled Substance Reporting System (CSRS) at the top of the list to be included in Brandeis University's Prescription Behavior Surveillance System (PBSS).

DATA USE AGREEMENTS WITH THE PRESCRIPTION BEHAVIOR SURVEILLANCE SYSTEM

The PBSS project is a public health surveillance system that allows public health authorities to characterize and quantify the use and misuse of prescribed controlled substances. The main goal of PBSS is to create an early warning surveillance and evaluation tool based on de-identified, longitudinal data from state PDMPs. DMH/DD/SAS has sent an official request to PBSS about our state's desire to join the project going forward. However, PBSS will need feedback and approval from the Centers for Disease Control and Prevention (CDC) as current funding is limited. Therefore, Brandeis University is planning to expand the number of states involved in the PBSS project sometime during the current fiscal year (July 2016- June 2017).

CURRENT DMH/DD/SAS CSRS ANALYTICAL EFFORTS

DMH/DD/SAS has been involved in a number of analytical projects to provide accurate and timely controlled substances prescribing data to stakeholders across the state. One major priority has been providing operational, de-identified datasets to the University of North Carolina (UNC) Injury Prevention Research Center to conduct analytics on the Controlled Substance Reporting System (CSRS) data. The PBSS project factors in the vendor costs for producing the de-identified datasets into the cost estimates for adding each state. Another priority is to produce and publish quarterly analytic trend reports for the public. This information will be produced by DMH/DD/SAS and published on the NC Department of Health and Human Services website. The goal is to provide easy-to-use, county-level reports to other governmental agencies, non-profits, community groups, and other stakeholders working to reduce the misuse of prescription drugs in our state.

CONCLUSION

Despite continued efforts from DMH/DD/SAS to develop a successful data use agreement to participate in PBSS, it is evident that the program has its own limitations since only eleven states have submitted de-identified data to PBSS. One of the main challenges to participating is the fact that it is grant funded by CDC and the Food and Drug Administration and funding is not guaranteed at this time.

PDMPs have shown to be effective in changing prescriber behavior and reducing the number of patients who visit multiple providers seeking the same or similar drugs. The White House Office of National Drug Control Policy considers prescription drug monitoring to be an integral part of reducing opioid abuse and overdose deaths.

DMH/DD/SAS is committed to improving the accessibility and functionality of CSRS. In addition, we are implementing extremely promising strategies such as:

Unsolicited Reporting: Patient alerts, based on PDMP data are sent to prescribers and dispensers when one of their patients is found to be possibly engaging in potentially harmful drug use.

Delegation: Prescribers assign another staff member, such as a nurse or aid, to obtain the PDMP report on their behalf. Delegating allows prescribers to spend more time on patient care, while continuing to access important clinical information.

Integrating PDMP Data into Electronic Health Records: Data on a patient's controlled substance prescription history is available to prescribers at the point of care.

DMH/DD/SAS will continue to work diligently and expeditiously to improve and promote the CSRS as an effective clinical tool. At the same time, our current analytical capabilities will continue to be developed to serve agencies and communities in the fight to end prescription drug abuse.