Ohio Automated RX Reporting System (OARRS)

2013-2014 Biennial Report

Ohio State Board of Pharmacy
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Executive Director

www.pharmacy.ohio.gov

MISSION

The Ohio State Board of Pharmacy shall act efficiently, consistently, and impartially in the public interest to pursue optimal standards of practice through communication, education, legislation, licensing, and enforcement.

ABOUT THE BOARD

In addition to regulating the practice of pharmacy, the Ohio State Board of Pharmacy is the single state agency in Ohio responsible for preventing, detecting and investigating the diversion of dangerous drugs, including controlled substances. The Board consists of nine members who are appointed by the Governor for terms of four years. Eight of the members are licensed pharmacists who represent, to the extent practicable, each phase of pharmacy practice. One member represents the public. The Board has a staff of fifty-seven employees that are responsible for carrying out the day-to-day operations and responsibilities of the Board.

The State Board of Pharmacy licenses the following individuals and entities:

- Pharmacists, (O.R.C. Chapter 4729.)
- Pharmacy Interns, (O.R.C. Chapter 4729.)
- Terminal and Wholesale Distributors of Dangerous Drugs (both in-state and out-of-state), (O.R.C. Chapter 4729.) and
- Manufacturers and Wholesalers of Controlled Substances (O.R.C. Chapter 3719.).

The Board is also responsible for regulating the legal distribution of dangerous drugs in Ohio and ensuring the quality of all drugs administered, prescribed, dispensed by prescription, or sold over-the-counter (O.R.C. Chapter 3715.). The Ohio State Board of Pharmacy can discipline its licensees and registrants for violations of both federal and state laws governing the legal distribution of drugs. The Board also has the responsibility to investigate and present evidence of violations of federal or state drug laws by any person to the appropriate court (federal, state, or municipal) for prosecution of the offender (O.R.C. Chapter 2925.).

Dear Governor Kasich and Members of the Ohio General Assembly,

Drug overdose deaths continue to be a public health crisis in Ohio. The number of Ohioans who have died from drug overdose increased 366 percent from 2000 to 2012. Unintentional drug overdoses caused 1,914 deaths to Ohio residents in 2012, which is the highest number of deaths on record for drug overdose and surpasses the previous highest number (1,765) in 2011 by 8.4 percent. This dramatic increase in overdose deaths is driven largely by prescription drugs including opioid pain medications and benzodiazepines, which accounted for 1,290 deaths in 2012.

To address the growing misuse and diversion of prescription drugs, the Ohio General Assembly adopted legislation in 2004 authorizing the Ohio State Board of Pharmacy (OSBP) to create a Prescription Monitoring Program (PMP), known as the Ohio Automated Rx Reporting System (OARRS). Established in 2006, OARRS collects information on all prescriptions for controlled substances that are dispensed by pharmacies and personally furnished by licensed prescribers in Ohio. Drug wholesalers are also required to submit information on all controlled substances sold in Ohio. The data is reported every 24 hours and is maintained in a secure database.

OARRS is a tool that can be used to address prescription drug diversion and abuse. It serves multiple functions, including: patient care tool; drug epidemic early warning system; and drug diversion and insurance fraud investigative tool. As the only statewide electronic database that stores all controlled substance prescribing and dispensing information, OARRS helps prescribers and pharmacists avoid potentially life-threatening drug interactions as well as identify individuals fraudulently obtaining controlled substances from multiple health care providers, a practice commonly referred to as "doctor shopping." It can also be used by professional licensing boards to identify clinicians with patterns of inappropriate prescribing and dispensing, and to assist law enforcement in cases of controlled substance diversion.

Pursuant to section 4729.85 of the Revised Code, the Ohio State Board of Pharmacy respectfully submits the following biennial report on OARRS. The report is divided into the following sections:

- Section 1 - Effectiveness of OARRS: This section provides information regarding the Board's effectiveness in providing information from the database.

- Section 2 - Obtaining Data from OARRS: This section provides a general overview of requesting an OARRS prescription history report and information on the board's timeliness in transmitting information from the database.

- Section 3 - Opioid Pain Relievers in Ohio: This section provides information on opioid pain medications dispensed and personally furnished in Ohio.

- Section 4 - OARRS Operating Costs: This section provides an overview of the cost to the state of maintaining the database.

On behalf of the Ohio State Board of Pharmacy, I thank you for your leadership on this important public health and safety issue. The Board is committed to its ongoing efforts to further enhance the features and functionality of OARRS in our mission to prevent the abuse and diversion of controlled substances.

If you have any questions regarding the work of the Board, please do not hesitate to contact my office by phone (614-466-4143) or by e-mail: exec@bop.ohio.gov.

Sincerely,

Steven W. Schierholt, Esq.
Executive Director
Ohio State Board of Pharmacy

SECTION 1: EFFECTIVENESS OF OARRS

In October 2013, the Ohio State Board of Pharmacy collaborated with the Ohio Department of Mental Health and Addiction Services to survey pharmacists and prescribers with current OARRS accounts to evaluate the effectiveness of the system.   The results of the survey indicate that current OARRS users find the system useful but think that integration of the system into electronic health records and increasing health care provider knowledge of the system would increase registration and use:

•   Out of the 3,452 respondents, 67.1% noted that a patient's OARRS prescription (Rx) history report was very important or important in their decisions to authorize or fill/refill a prescription for controlled substances. 12% of responding pharmacists/prescribers were neutral or did not feel it was important in their decision whether or not to authorize or fill/refill a prescription.

•   79.7% of pharmacists/prescribers reported denying medication(s) to a patient based on information obtained from an OARRS report.

•   For pharmacists and prescribers, the top three factors influencing registration with OARRS were: (1) usefulness of the system at the practice site; (2) identifying potential doctor shopping behavior; and (3) being able to help in decreasing drug diversion.

•   The survey also looked at the potential factors why prescribers and pharmacists would not register for an account or utilize the system. The respondents noted the following reasons: Time constraints (52.6%); awareness of OARRS (49.3%); and knowledge surrounding the OARRS database (48.6%). A review of the qualitative comments found that 40% of respondents noted that OARRS should be streamlined and integrated into electronic health records.

INCREASING OARRS USAGE THROUGH INTEGRATION

In response to the growing demand for further integration of the system into electronic health records, the Ohio State Board of Pharmacy is actively engaged in a number of projects with the following entities to promote easier access to the system:

•   Kroger Pharmacies
•   MetroHealth Hospital and Outpatient Facilities
•   The Cleveland Clinic
•   Clinisync Health Information Exchange
•   The Ohio State University Wexner Medical Center

PROMOTING HEALTH CARE PROVIDER KNOWLEDGE OF OARRS

The Board is also aware of the need to promote and educate prescribers on how to use the system. Over the past two years, Board staff have trained more than 5,500 health care providers on how to use the system. In 2015, the OARRS web site will undergo a complete redesign, which will include a series of training videos and other materials to encourage health care professionals to register and utilize the system.

HOW DOES A USER OBTAIN AN OARRS PRESCRIPTION (Rx) HISTORY REPORT?

Step 1: An authorized user logs-on to their OARRS account by visiting the web site, www.ohiopmp.gov.

Step 2: At minimum, the following patient data must be entered into the system: (1) Last Name, (2) First Name, (3) Date of Birth, (4) Gender and (5) Zip Code.

Step 3: The results of the search are then displayed in the requests section of the site.

Step 4: The user must then click on the patient's name to bring up the report.

HOW DO I REGISTER FOR AN OARRS ACCOUNT?

Registering for OARRS is now faster and easier than ever before. In 2014, the Board implemented a new system to allow health care professionals to register for an account as well as reset their passwords online. Using software to verify a user's identity, the registration process no longer requires a paper application and can be completed in less than 10 minutes. To get started, visit www.ohiopmp.gov and click on the Register link at the top of the screen.

WHO CAN OBTAIN INFORMATION FROM OARRS?

Information from OARRS is available to the following authorized users as defined in section 4729.80 of the Revised Code:

- Prescribers & Prescriber Delegates: For current patients for the purpose of treatment and for the mother of a patient if providing medical treatment to a newborn or infant patient diagnosed as opioid dependent.

- Pharmacists & Pharmacist Delegates: For current patients for the purpose of practicing pharmacy.

- Ohio Department of Medicaid: For Medicaid recipients.

- Medical Directors of Medicaid Managed Care: For patients assigned to a Medicaid managed care organization.

- Ohio Bureau of Workers' Compensation (BWC): For Ohio Workers' Compensation recipients.

- Medical Directors of BWC Managed Care: For patients assigned to a BWC managed care organization.

- Law Enforcement Officer or Investigator of a Health Care Regulatory Agency: For an individual who is the subject of an active investigation.

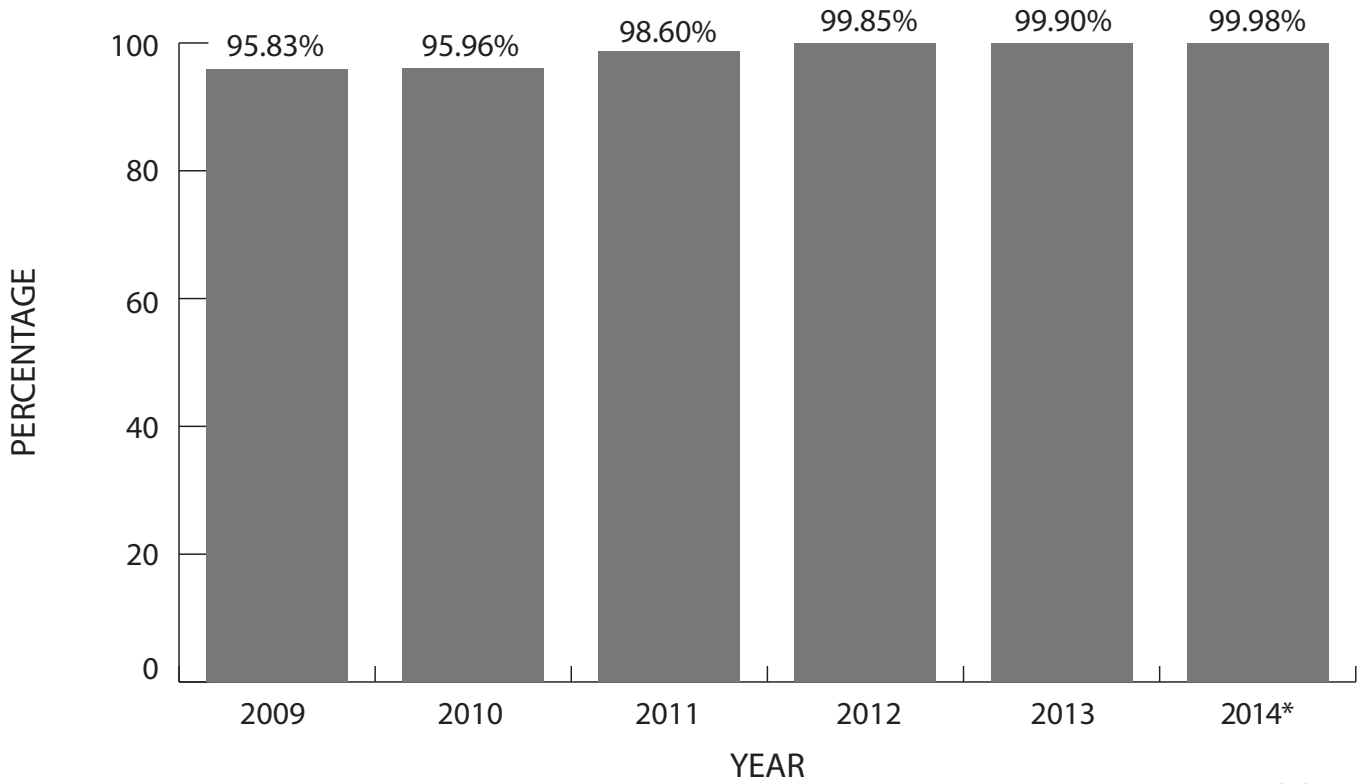## TIMELINESS OF DATA TRANSMITTED FROM THE DATABASE

An OARRS prescription (Rx) history report contains up to two years of an individual's controlled substance prescription history including:
- Prescription information - name, strength, quantity dispensed, days supply, date filled, morphine equivalent dose (for opioid medications only) and date written;
- Patient demographics – name, date of birth, address and phone number;
- Pharmacy information; and
- Prescriber information.

Over the past few years, OARRS has made significant performance improvements including decreased turn-around times for receiving information from the system. In 2014, OARRS automatically responded to 99.8% of the more than 40,000 daily requests for prescription (Rx) history reports (See Chart #1).   These automatic reports had an average processing time of less than 3 seconds (See Chart #2).

In addition to improvements in the timeliness of data transmitted from OARRS, there has been a significant increase in the total number of prescription (Rx) history reports requested annually. From 2007 to 2014, the total number of OARRS reports requested increased by 5,312 percent. In 2014, more than 9.6 million reports were requested (See Chart #3). With the implementation of Ohio HB 341 (Smith) in 2015, which mandates use of the system prior to prescribing an opioid or a benzodiazpine, this number is expected to increase substantially.

Chart #1. Percent of Rx History Report Requests Processed Automatically, by Year

95.83%   95.96%   98.60%   99.85%   99.90%   99.98%

PERCENTAGE

100

80

60

40

20

0

2009   2010   2011   2012   2013   2014*

YEAR

*Includes Jan - Nov 2014

Chart #2. Average Response Time for Requesting an Rx History Report in Seconds, By Year

YEAR

2009   8.94

2010   9.42

2011   5.21

2012   2.96

2013   3.91

2014*   2.80

0   2   4   6   8   10

SECONDS
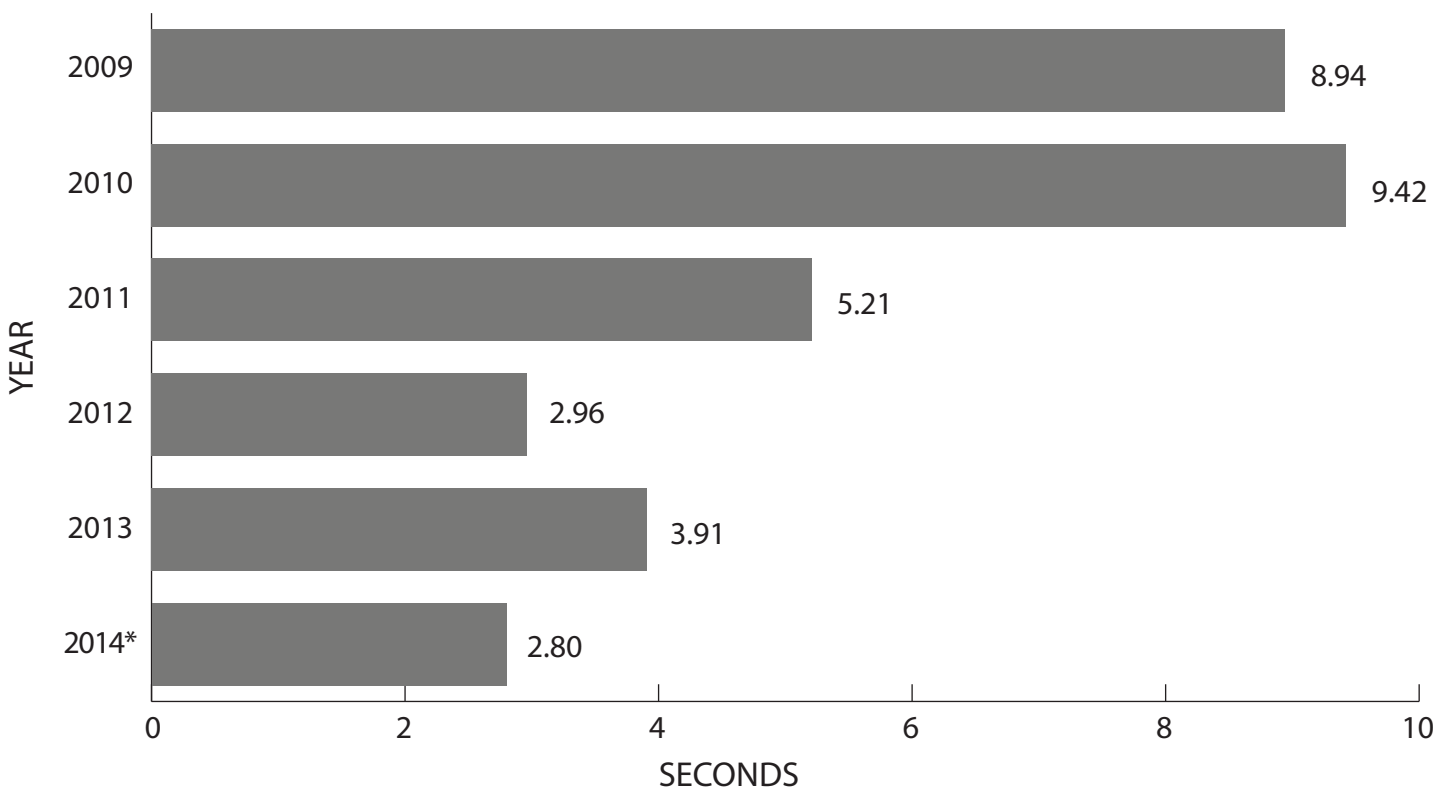
*Includes Jan - Nov 2014

Chart #3. Total Number of Requests for Rx History Reports, by Year

Rx History Reports Requested (y-axis): 0 to 10,000,000

Years (x-axis): 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014*
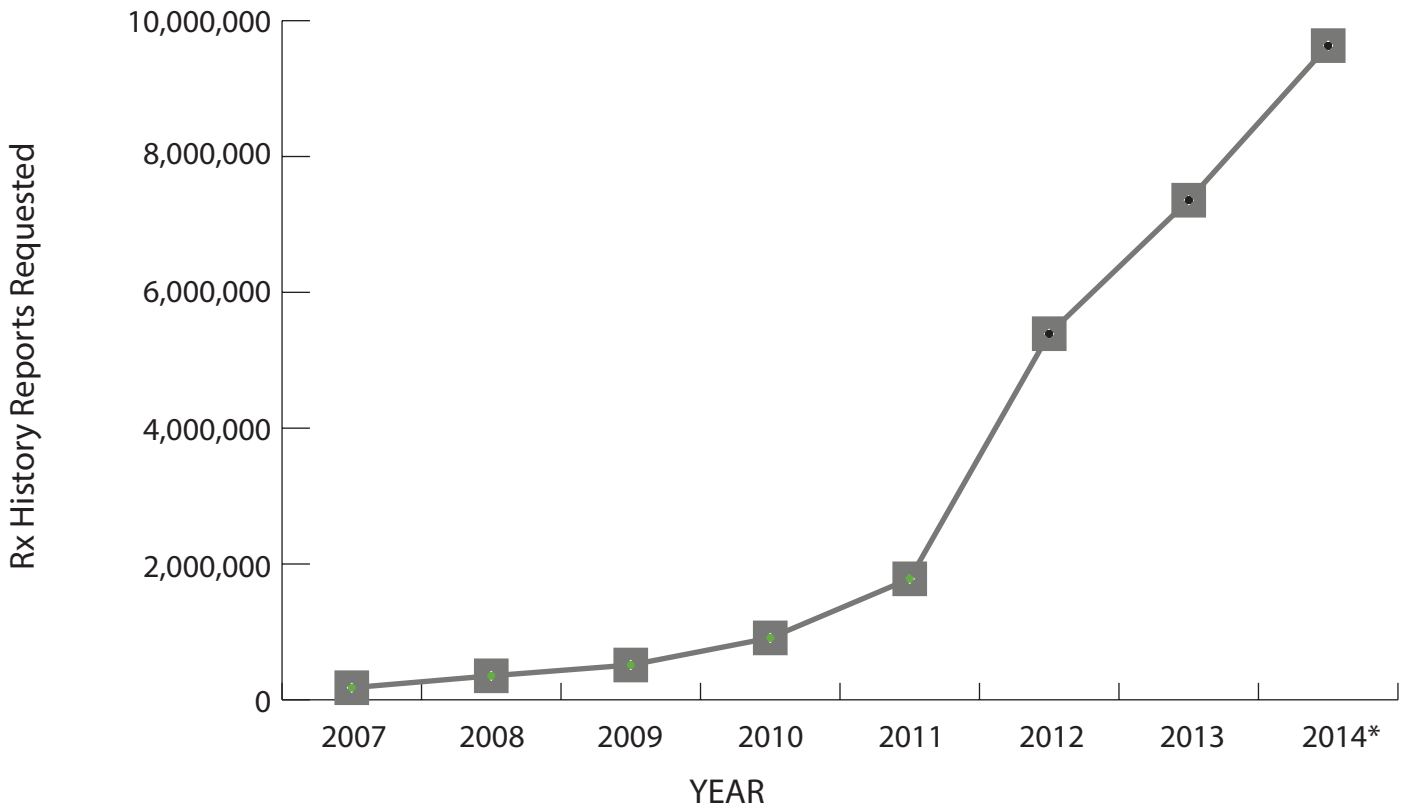
*Includes Jan - Nov 2014

OARRS CAN QUERY PATIENT INFORMATION IN 17 OTHER STATES

OARRS allows an authorized user to search prescription monitoring programs (PMPs), using a system known as PMP Interconnect, in the following 17 states:

- Arizona
- Arkansas
- Colorado
- Connecticut
- Idaho
- Indiana
- Kansas

- Kentucky
- Michigan
- Minnesota
- Nevada
- New Mexico
- North Dakota
- South Carolina

- South Dakota
- Virginia
- West Virginia

PMP INTERCONNECT℠

PMP Interconnect, owned by the National Association of Boards of Pharmacy, facilitates the transfer of prescription monitoring program (PMP) data across state lines to authorized users. It allows participating state PMPs across the United States to be linked, providing a more effective means of combating drug diversion and drug abuse nationwide. For more information on PMP Interconnect, please visit: www.nabp.net/programs/pmp-interconnect/nabp-pmp-interconnect.

According to the most recent data provided by the Ohio Department of Health, opioid pain relievers (such as oxycodone, hydrocodone and morphine) are the leading contributor to Ohio's drug overdose epidemic. More than a third of fatal unintentional overdoses in 2012 involved prescription opioids, more than any other substance.

In order to provide timely information regarding the use of these drugs, the Ohio Legislature recently modified section 4729.85 of the Revised Code to require the Ohio State Board of Pharmacy to submit a semiannual report on opioid pain relievers dispensed by Ohio pharmacies or personally furnished by prescribers. While this revision to Ohio law does not take effect until March 20, 2015, the Board has prepared the following information in order to provide context for future reports and to allow for an analysis of trends:

1) Opioid prescriptions dispensed by pharmacies to Ohio patients (See Table #1), including:

- The number of prescribers who issued prescriptions for opioid pain relievers;
- The number of patients to whom opioid pain relievers were dispensed;
- The average quantity of opioid pain relievers dispensed per prescription;
- The average daily morphine equivalent dose (MED) of the opioid pain relievers dispensed per prescription (See next page for MED definition).

Table #1. Opioids Dispensed by Pharmacies to Ohio Patients, by Year

Year	No. of Prescribers	No. of Patients	Average Quantity Per Prescription	AverageDailyMED per Prescription
January 2010 - June 2010	45,343	1,820,871	63	56
July 2010 - December 2010	47,050	1,862,918	64	55
January 2011 - June 2011	51,954	1,842,313	64	51
July 2011 - December 2011	54,757	1,877,594	64	51
January 2012 - June 2012	53,834	1,903,301	64	51
July 2012 - December 2012	54,522	1,998,298	64	51
January 2013 - June 2013	52,965	1,820,194	64	51
July 2013 - December 2013	54,252	1,826,812	64	50
January 2014 - June 2014	52,393	1,797,684	63	50

2) Opioid pain relievers that have been personally furnished to a patient by an Ohio prescriber, other than a prescriber who is a veterinarian (See Table #2), including:

- The number of prescribers who personally furnished opioid pain relievers;
- The number of patients to whom the opioid pain relievers were personally furnished;
- The average quantity of the opioid pain relievers that were furnished at one time;
- The average daily morphine equivalent dose (MED) of the opioid pain relievers that were furnished at one time (See below for MED definition).

Table #2. Opioids Personally Furnished by Ohio Prescribers, by Year

Year	No. of Prescribers	No. of Patients	Average Quantity Per Instance	Average Daily MED per Instance
January 2010 – June 2010	6	857	109	111
July 2010 – December 2010	4	219	104	125
January 2011 – June 2011	23	144	55	75
July 2011 – December 2011	52	326	7	17
January 2012 – June 2012	68	1,207	15	24
July 2012 – December 2012	65	955	15	24
January 2013 – June 2013	57	1,037	10	23
July 2013 – December 2013	61	1,685	6	20
January 2014 – June 2014	84	1,393	7	22

WHAT IS A MORPHINE EQUIVALENT DOSE?

A morphine equivalent dose (MED) is the amount of opioid prescription drugs, converted to a common unit (milligrams of morphine), that a patient currently has access to based on the information reported by prescribers and pharmacies to OARRS. Morphine is widely regarded as the "standard" for the treatment of moderate to severe pain and is commonly used as the reference point. As MED increases, the likelihood of an adverse effect increases, therefore identifying at-risk patients is a crucial first step towards improving patient safety. OARRS utilizes a chart of conversion factors created by the US Centers for Disease Control and Prevention.

Chart #4. FY 2013 OARRS Operating Costs, by Expense Type

Payroll $403,330.01

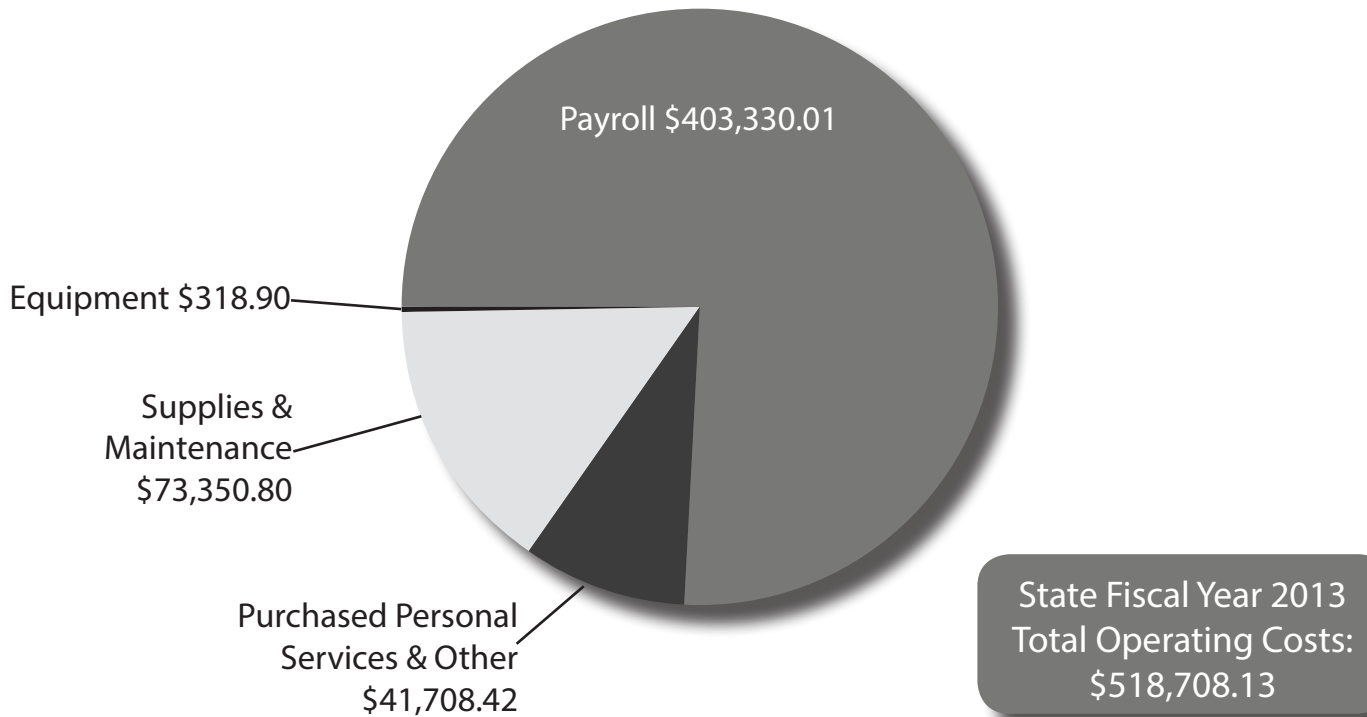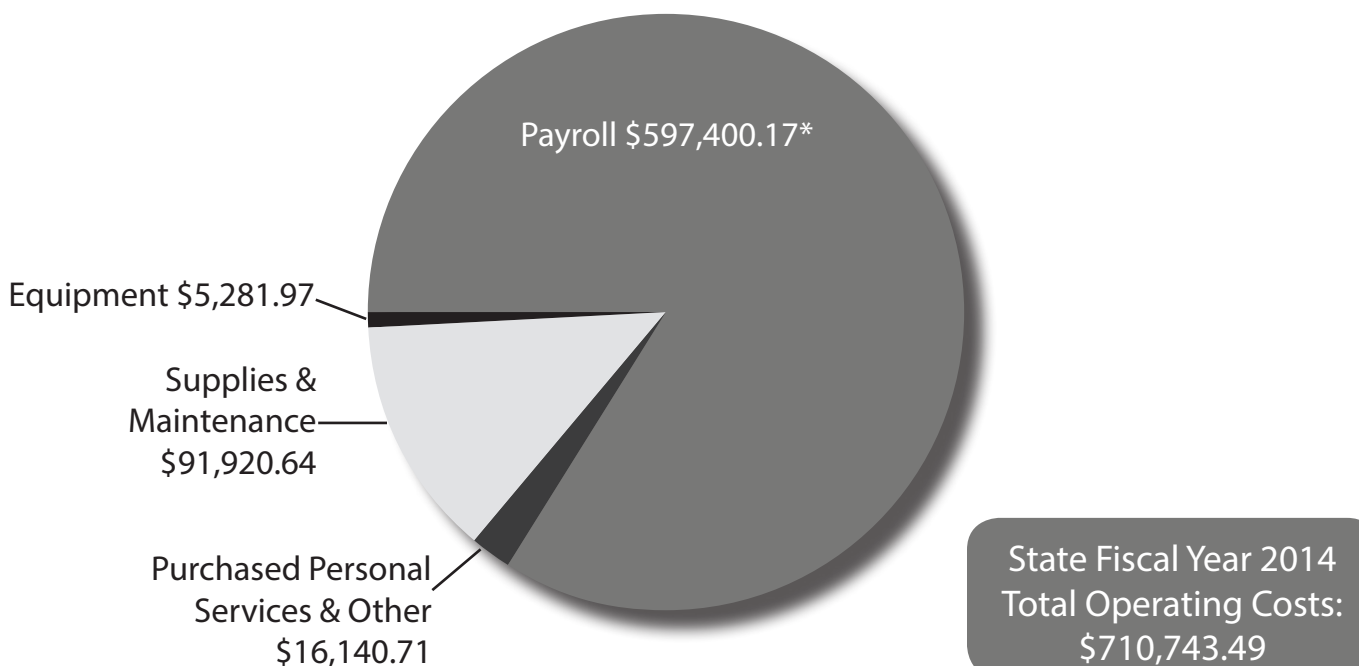Equipment $318.90

Supplies & Maintenance $73,350.80

Purchased Personal Services & Other $41,708.42

State Fiscal Year 2013 Total Operating Costs: $518,708.13

Chart #5. FY 2014 OARRS Operating Costs, by Expense Type

Payroll $597,400.17*

Equipment $5,281.97

Supplies & Maintenance $91,920.64

Purchased Personal Services & Other $16,140.71

State Fiscal Year 2014 Total Operating Costs: $710,743.49

*The increase in payroll expenditures in FY 2014 is the result of a federal grant in which the hiring of additional staff was necessary to meet specific grant objectives.

The Ohio State Board of Pharmacy is committed to protecting the health and safety of all Ohioans by preventing, detecting and investigating the illegal distribution or abuse of dangerous drugs and regulating the practice of pharmacy. Should you need any assistance or additional information, please do not hesitate to contact the Board.

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