



New Jersey Prescription Monitoring Program

SINDY M. PAUL, MD, MPH, FACPM

MARCH 30, 2017

Conflict of Interests

I have no relevant financial relationships to disclose.

Prescription Drug Monitoring Programs Overview

- ▶ All states except Missouri
- ▶ Statewide electronic databases that track the prescribing and dispensing of controlled substances
- ▶ Designed to monitor suspected abuse or diversion of prescription medications
- ▶ Help identify patients who are Dr. shopping & those at risk for drug misuse or addiction and could benefit from early intervention
- ▶ Implementation shown to be associated with an average reduction of 1.12 opioid-related overdose deaths per 100,000 population in the year after implementation



NJ Prescription Monitoring Program (NJMP)

New Jersey Division of Consumer Affairs



[DCA HOME](#) [NJMP INFO](#) [PRESCRIBERS / PHARMACISTS](#) [ENFORCEMENT](#) [TREATMENT](#) [MEDIA](#) [BE AWARE](#) [PROJECT MEDICINE DROP](#)



www.NJConsumerAffairs.gov/pmp

The New Jersey Prescription Monitoring Program (NJPMP)

- ▶ Went live in September 2011
- ▶ The NJPMP database contains over 67.85 million prescriptions
- ▶ The NJPMP averaged 207,000 searches by practitioners per month in 2016

Prescription Monitoring Program

- ▶ Physician and Dentist mandatory unless exemption
- ▶ Pharmacies required daily
- ▶ CDS & HGH
 - ▶ Schedules II through V
 - ▶ Any other drug as determined by DCA Director
- ▶ Linking with 7 other states: NY, CT, DE, RI, VA, SC, and MN
- ▶ Confidential data, HIPAA compliant
 - ▶ \$10,000 civil penalty/offense + Possible Dental Board action

PMP Use

- ▶ Patient Look Up
- ▶ Self Look Up
- ▶ Mercer County Physician PMP Self Check
 - ▶ **Identity had been stolen**
 - ▶ **Criminals obtained prescription pad**
 - ▶ **Forged prescriptions for Oxycodone**
 - ▶ **1 month, 12 fraudulent patient names had been used to obtain over 1,300 pills**

Required Prescription Monitoring Program Information Review

- ▶ Unless an exemption applies, review may be by the dentist or their delegate(s)
 - ▶ Prescribe a Schedule II medication for acute or chronic pain to a new patient the 1st time
 - ▶ Prescribe a Schedule II to a current patient for acute or chronic pain quarterly thereafter (defined as every 3 months from the date the initial prescription is issued)

Exemptions that May Affect Dentists

- ▶ Administering a CDS directly to a patient
- ▶ Prescribing a CDS to be dispensed by an institutional pharmacy
- ▶ Prescribing a CDS in the ED of a general hospital, provided that the quantity prescribed does not exceed a five-day supply
- ▶ Prescribing a CDS to a patient under the care of a hospice
- ▶ A situation in which it is not reasonably possible for the dentist to access the PMP in a timely manner, no other individual authorized to access the PMP is reasonably available, and the quantity of CDS prescribed or dispensed does not exceed a five-day supply of the substance

Exemptions that May Affect Dentists

- ▶ A situation under which consultation of the PMP would result in a patient's inability to obtain a prescription in a timely manner, thereby, in the clinical judgment of the dentist, adversely impacting the medical condition of the patient, and the quantity of CDS prescribed or dispensed does not exceed a five-day supply of the substance
- ▶ A situation in which the PMP is not operational as determined by the DCA or where it cannot be accessed by the dentist due to a temporary technological or electrical failure and the quantity of CDS prescribed or dispensed does not exceed a five-day supply of the substance

PMP Access Delegation

- ▶ The dentist is an authorized PMP user
- ▶ Delegate is a person authorized to access the PMP information of the dentist's current patients
- ▶ Delegate can also access information on a new patient on behalf of the dentist

Dental Delegates

- ▶ A registered dental assistant who is employed at the practice setting at which the licensed dentist practices dentistry
- ▶ Dental resident authorized by a faculty member of a dental teaching facility
- ▶ A delegate may be an authorized delegate for > 1 dentist
- ▶ A delegate no longer employed at the practice setting at which the dentist practices is no longer authorized to be a delegate or to access the PMP on behalf of that dentist
- ▶ A resident who is terminated, withdraws from, or completes the dental residency is no longer authorized to be a delegate

Delegate Responsibilities

- ▶ Share PMP information with only his or her delegating dentist
- ▶ As with all persons granted PMP access delegates shall not share PMP login ID & password with any other person or entity
- ▶ All delegates shall identify the practitioner on whose behalf they are accessing the prescription monitoring information
- ▶ Follow the documentation procedures established by his or her delegating dentist e.g. a summary notation of the information reviewed by the dentist or the printed PMP report in the patient record

Dentist Responsibilities for Delegation

- ▶ Prior to delegate designation confirm education, training & license or certification requirement of each delegate
- ▶ Ensure delegate understands limitations on disclosure of PMP information and Federal and State laws, rules and regulations concerning patient information confidentiality
- ▶ Ensure that the delegate follows the recordkeeping procedures
- ▶ At least every 6 months monitor delegate PMP use for potential misuse

Dentist Documentation Responsibilities for Delegates

- ▶ A dentist or authorized faculty member of dental teaching facility who designates a delegate shall establish, retain, and follow written procedures to document
 - ▶ Verification of each delegate's education, training, and licensure or certification requirements
 - ▶ The bi-annual audit
 - ▶ The dental residency program director shall retain records of the faculty members authorized to designate a dental resident, as a delegate.
 - ▶ All records required to be maintained shall be made available to the DCA upon request

Dentist Responsibilities for Delegate Termination

- ▶ Terminate the delegate's access to the PMP when a delegate, for any reason, is no longer authorized to be a delegate
- ▶ Terminate the delegate's access and notify the PMP when a dentist or an authorized faculty member of a dental teaching facility learns of any potential unauthorized use by a delegate of the PMP or prescription monitoring information
- ▶ Report unauthorized access within 5 business days of discovery to DCA through PMP

Doctors can help fight drug abuse with Rx checks

By Steve C. Lee

Last year, a Mercer County physician logged onto the New Jersey Prescription Monitoring Program database to search prescriptions written in his name. The results shocked him. The doctor discovered his identity had been stolen in a massive prescription fraud scheme.

One or more criminals had illegally obtained his prescription pad and were using it to forge prescriptions for oxycodone, a widely abused narcotic painkiller. Within a month, 12 fraudulent patient names had been used to obtain 1,300 pills, sellable on the streets for \$25,000. If this physician hadn't searched NJPMP records, this illegal opiate distribution scheme might never have been detected.

This week, during National Prevention Week, acting Attorney General John J. Hoffman and I call upon New Jersey's health care community to make regular use of the NJPMP, as an everyday part of their practice. Prescribers who do so play a tremendous role in New Jersey's fight against the nationwide opiate abuse epidemic. As has been well-documented, abuse of prescription painkillers like oxycodone leads to addiction and death, and has become a gateway drug for heroin.

Maintained by the state Division of Consumer Affairs, the NJPMP collects detailed information on every prescription filled in New Jersey for controlled drugs or human growth hormone — more than 32 million prescriptions to date. Each record includes names of the patient, doctor and pharmacy; purchase date; type, dosage, and amount of medication; and the method of payment.

The NJPMP is available to all licensed health care practitioners authorized to prescribe or dispense medications. Physicians can search individual patients' prescribing patterns and learn, for example, whether a patient has engaged in "doctor shopping" — deceptively visiting multiple

physicians, to obtain more narcotics than any one doctor would prescribe — or other patterns consistent with addiction or abuse.

Today, slightly more than 20 percent of New Jersey's eligible prescribers and pharmacists have registered to use the NJPMP. Given that the program is relatively new, that's an impressive adoption rate. It puts New Jersey on par with other states that make prescription-monitoring programs available to doctors for optional use.

But with the urgency of our drug-abuse crisis, New Jersey's health care community can and must do better. The NJPMP will not fulfill its potential to fight drug diversion until a significant majority of doctors register and consult it regularly when prescribing oxycodone and other controlled medications.

The Division of Consumer Affairs is doing everything it can to increase the rate at which prescribers and pharmacists bring the NJPMP into their daily practice. We are working to make it easier to enroll by permitting state-licensed practitioners to automatically register every year when they renew their authority to prescribe or dispense controlled drugs.

An upcoming step will be to expand the data available to doctors. Prescribers who use the NJPMP today can only find prescriptions filled in New Jersey; they will not learn whether a patient engaged suspicious prescription-based activity across state lines. Through future partnerships with neighboring states, we'll soon be able to obtain data on prescriptions filled outside New Jersey.

The search of a patient's prescription-drug history takes less than a minute, even on a laptop during a patient visit. But none of our efforts will have a substantial impact until the health care community fully commits to the program.

As the Mercer County example shows, this database can help doctors protect the integrity of their medical licenses. More importantly, it is a powerful, lifesaving tool in the fight against prescription drug abuse.

Steve C. Lee is acting director of the New Jersey Division of Consumer Affairs. Join the conversation at nj.com/opinion.

None of our efforts will have a substantial impact until the health care community fully commits to the program.

New Jersey Prescription Monitoring Program Resource Information

- ▶ If you have technical issues regarding the registration process, please contact the Division's vendor, Appriss Inc., at 844-465-4767
- ▶ For all other questions regarding the NJPMP, please contact the Program at NJPMP@dca.lps.state.nj.us.
- ▶ Letter sent to prescribers by the NJPMP in March 2017
- ▶ NJPMP and prescribing regulations
 - ▶ PMP laws and regulations
<http://www.njconsumeraffairs.gov/pmp/Pages/regulations.aspx> and
<http://www.njconsumeraffairs.gov/regulations/Ch-45A-Subch-35-Prescription-Monitoring-Program.pdf>
 - ▶ March 2017 Emergency regulations 5 day opioid prescribing
<http://www.njconsumeraffairs.gov/den/Pages/default.aspx>
 - ▶ January 2016 P.L. 2015, c.66, a notice about drug take back programs upon dispensing to each patient a controlled dangerous substance (CDS) prescription medication <http://www.njconsumeraffairs.gov/den/Pages/default.aspx>



Proper Disposal: Project Medicine Drop



- ▶ 213 law enforcement locations, soon to add more
- ▶ > than 53,900 pounds (nearly 27 tons) collected since 11/11
- ▶ Safe, secure disposal of unused household medications



Summary

- ▶ PMP is part of the solution to help reduce the risk of patient opioid misuse, abuse, addiction and diversion
- ▶ PMP implementation associated with a reduction in opioid-related overdose deaths
- ▶ PMP is an important tool to help dentists monitor identity theft, fraudulent prescriptions, altered prescriptions, and stolen prescriptions
- ▶ PMP use is required in NJ unless an exemption
- ▶ PMP delegation now permitted in NJ