An Update on the Kentucky All Schedule Prescription Electronic Reporting System (KASPER)

David R. Hopkins
KASPER Program Manager
Office of Inspector General
Kentucky Cabinet for Health and Family Services

Kentucky Dental Association
March 16, 2014
• David R. Hopkins
  – No relevant financial relationships.
  – No conflicts of interest.
Contents

• Controlled Substance Abuse and Pill Mills
• The KASPER Program
• Legislative Changes Affecting Dentists Use of KASPER
• Provider Shopping and Diversion
• House Bill 1 Preliminary Results and Evaluation

Cabinet for Health and Family Services
KASPER is Kentucky’s Prescription Monitoring Program (PMP). KASPER tracks Schedule II – V controlled substance prescriptions dispensed within the state as reported by pharmacies and other dispensers.

Enhanced KASPER (eKASPER) is the real-time web accessed database that provides a tool to help address the misuse, abuse and diversion of controlled pharmaceutical substances.
Controlled Substance Abuse and Pill Mills
Misuse, Abuse, Diversion

• Misuse:
  – When a schedule II – V substance is taken by an individual for a non-medical reason.

• Abuse:
  – When an individual repeatedly takes a schedule II – V substance for a non-medical reason.

• Diversion:
  – When a schedule II – V substance is acquired and/or taken by an individual for whom the medication was not prescribed.
From 1992 to 2003 the 15.1 million Americans abusing controlled prescription drugs exceeded the combined number abusing:

- Cocaine (5.9 million),
- Hallucinogens (4.0 million),
- Inhalants (2.1 million), and
- Heroin (.3 million).

Source: Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the U.S. Published by The National Center on Addiction and Substance Abuse at Columbia University (CASA), July 2005.
A National Perspective

- Opioid pain relievers involved in more than 15,000 deaths in the United States
- 1 in 20 people in the U.S. reported using prescription painkillers for nonmedical reasons in the last year
- Enough prescription painkillers were prescribed in 2010 to medicate every adult American around the clock for a month

Source: U.S. Centers for Disease Control and Prevention, Vitalsigns newsletter, November 2011.
Drug Overdose Deaths

Source: Patterson Clark, Washington Post, Data from U.S. Centers for Disease Control

Cabinet for Health and Family Services
Most Common Drug Treatment Admissions by State

Prescription Drug Abuse in Kentucky

- 4.5% of Kentuckians (ages 12+) used prescription pain relievers for nonmedical reasons in past year. (KY ranks 31st in the nation)
  - National average = 4.6%
  - Kentucky down from 6.6% (tied for 2nd) in 2009

- Kentucky prescription opioid pain reliever overdose death rate is 17.9 per 100,000 of population (KY ranks sixth in the nation)
  - National average is 11.9 per 100,000 of population

Source: Data from the 2007 through 2011 National Surveys on Drug Use and Health, published by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Statistics and Quality.
Generation Rx

• 19% of teens report abusing prescription medications to get high.
• 40% of teens agree that prescription medicines, even if not prescribed by a doctor, are safer than illegal drugs.
• 29% of teens believe prescription pain relievers are not addictive.
• 62% of teens say prescription pain relievers are easy to get from parents’ medicine cabinets.

“Pharm Parties”

• Short for pharmaceutical party, often attended by teens and young adults.
• Bowls and baggies of random prescription drugs called “trail mix”.
• Collecting pills from the family medicine cabinet called “pharming”.
• Internet chat rooms are used to share “recipes” for getting high with prescription drugs.

Reported by Donna Leinwand, USA Today, June 13, 2006
Hydrocodone

• DEA believes hydrocodone the most abused prescription drug in the U.S. ¹
  • Usage increased 400% in last 10 years
  • Hydrocodone attributed ER visits increased 500% in last 10 years
• The U.S. has approximately 4.6% of the world’s population and consumes 99% of all the hydrocodone produced ²
• The “Cocktail”: hydrocodone, Xanax and Soma

Kitson Clothing Collection

JUST WHAT THE DOCTOR ORDERED.

A portion of the proceeds from the sales of this collection will be donated to the medicine abuse project.

Story: WXIX Fox 19 Digital Media Staff, June 21, 2013

Cabinet for Health and Family Services
Oxycodone

- Street names: OC, Oxies, Roxies, Oxycotton, Hillbilly Heroin, Blue
- Highly addictive opioid
- OxyContin, Percodan, Percocet
- > 79,000,000 doses dispensed in KY in 2011
- The U.S. consumes 83% of all the oxycodone produced \(^1\)

---

“Study Drugs”: Adderall & Ritalin

• Highly addictive amphetamine based stimulants used to treat ADHD
  – 2 - 4% of college students on ADHD medication (1)
  – An estimated 5 – 10% of youth are misusing or abusing ADHD medications (2)

• As many as 20% of college students have use Adderall and Ritalin to study, write papers and take exams (1)
  – Most obtained from fellow students
  – Pill prices increase during exam time

(1) Source: Adderall Used for Recreation and Study on UMass Campus, Michelle Williams, The Massachusetts Collegian, December 7, 2010.
(2) Source: Dr. Timothy Wilens, Center of Addiction Medicine, Massachusetts General Hospital, August 15, 2012.
Fentanyl

• Synthetic opioid delivered via transdermal patch or lozenge $^1$ (fentanyl lollipops - Actiq)
  • 50 to 100 percent more potent than morphine
• Patches stolen from nursing home patients
• Methods of abuse: $^1$
  • Applying multiple patches to the body at one time
  • Eating or sucking on a patch
  • Extracting the drug from a patch, mixing it with an alcohol solution, and injecting it with a hypodermic needle

Dr. Paul H. Volkman


Cabinet for Health and Family Services
Care More Pain Management Clinic

Photo: Scott Utterback, Louisville Courier-Journal, January 25, 2012

Cabinet for Health and Family Services
Care More Pain Management Clinic

Photo: Scott Utterback, Louisville Courier-Journal, January 25, 2012
Ernest William Singleton

Photo: Lexington Community Corrections, January 2013

Cabinet for Health and Family Services
Celebrities

Photos from The Internet Movie Database

Cabinet for Health and Family Services
Stevie Nicks

Photo from starpulse.com

Cabinet for Health and Family Services
Heather Locklear

Photo from Huffpost Celebrity on Moviefone

Cabinet for Health and Family Services
The KASPER Program
Annual KASPER Records Total / Per Person

Number of Controlled Substance Prescriptions per Person

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Records in Millions</th>
<th>Number of Controlled Substance Prescriptions per Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>10.05</td>
<td>2.39</td>
</tr>
<tr>
<td>2008</td>
<td>10.38</td>
<td>2.43</td>
</tr>
<tr>
<td>2009</td>
<td>11.45</td>
<td>2.65</td>
</tr>
<tr>
<td>2010</td>
<td>11.51</td>
<td>2.65</td>
</tr>
<tr>
<td>2011</td>
<td>11.89</td>
<td>2.72</td>
</tr>
<tr>
<td>2012</td>
<td>11.91</td>
<td>2.72</td>
</tr>
<tr>
<td>2013</td>
<td>10.81</td>
<td>2.47</td>
</tr>
</tbody>
</table>

Cabinet for Health and Family Services
Top Prescribed Controlled Substances by Therapeutic Category by Doses - 2013

- Hydrocodone 41.8%
  - Lortab
  - Lorcet
  - Vicodin
- Alprazolam 11.3%
  - Xanax
- Tramadol 6.8%
  - Ultram
- Oxycodone 15.5%
  - OxyContin
  - Percodan
  - Percocet
- Clonazepam 6.8%
  - Klonopin
- Diazepam 4.3%
  - Valium
- Amphetamine 3.2%
  - Adderall
- Phentermine 2.9%
  - Adipex-P
- Lorazepam 4.0%
  - Ativan
KASPER Stakeholders

- **Licensing Boards** – to investigate potential inappropriate prescribing by a licensee.
- **Practitioners** and **Pharmacists** – to review a current patient’s controlled substance prescription history for medical or pharmaceutical treatment.
- **Law Enforcement Officers, OIG employees, Commonwealth’s attorneys, county attorneys** - to review an individual’s controlled substance prescription history as part of a bona fide drug investigation or drug prosecution.
- **Medicaid** – to screen members for potential abuse of pharmacy benefits and to determine “lock-in”; to screen providers for adherence to prescribing guidelines for Medicaid patients.
- **A judge or probation or parole officer** – to help ensure adherence to drug diversion or probation program guidelines.
- **Medical Examiners** engaged in a death investigation
Legislative Changes Affecting Provider Use of eKASPER
• Controlled substance administration or dispensing must be reported within one day effective July 1, 2013
eKASPER registration is mandatory for Kentucky practitioners or pharmacists authorized to prescribe or dispense controlled substances to humans.
• Query eKASPER for previous 12 months of data:
  – Prior to initial prescribing or dispensing of a Schedule II controlled substance, or a Schedule III controlled substance containing hydrocodone
  – No less than every three months
  – Review data before issuing a new prescription or refills for a Schedule II controlled substance or a Schedule III controlled substance containing hydrocodone
• Additional rules/exceptions included in licensure board regulations
Section 4.

Dentists shall review an eKASPER report prior to the initial prescribing of any controlled substance.
You do not need to query eKASPER when prescribing of a 3 day supply (or less) of a Schedule III controlled substance or the following Schedule IV controlled substances following performance of oral surgery:

- Ambien
- Anorexics
- Ativan
- Klonopin
- Librium
- Nubain
- Oxazepam
- Phentermine
- Soma
- Stadol
- Stadol NS
- Tramadol
- Valium
- Versed
- Xanax
You do not need to query eKASPER when prescribing any Schedule V controlled substance or a Schedule IV controlled substance that is **not** in the following list:

- Ambien
- Anorexics
- Ativan
- Klonopin
- Librium
- Nubain
- Oxazepam
- Phentermine
- Soma
- Stadol
- Stadol NS
- Tramadol
- Valium
- Versed
- Xanax
You do not need to query eKASPER when prescribing pre-appointment anxiety medication up to a 2 day supply with no refills.
eKASPER delegate accounts allowed for:

- An employee of the practitioner’s or pharmacist’s practice acting under the specific direction of the practitioner or pharmacist
# eKASPER Delegate Account Request

Please READ the instructions! Most questions are answered here.

## Personal Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name*</td>
<td></td>
</tr>
<tr>
<td>Last Name*</td>
<td></td>
</tr>
<tr>
<td>DOB*</td>
<td></td>
</tr>
<tr>
<td>ID Type*</td>
<td>Driver's License</td>
</tr>
<tr>
<td>Account Type ID*</td>
<td>ARNP</td>
</tr>
<tr>
<td>Degree</td>
<td></td>
</tr>
<tr>
<td>State Issued</td>
<td>KY</td>
</tr>
<tr>
<td>Email Address*</td>
<td></td>
</tr>
<tr>
<td>Mother's maiden name*</td>
<td></td>
</tr>
<tr>
<td>Address*</td>
<td></td>
</tr>
<tr>
<td>City*</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>KY</td>
</tr>
<tr>
<td>Zip Code*</td>
<td></td>
</tr>
<tr>
<td>Email Notification</td>
<td></td>
</tr>
<tr>
<td>Requests Per Day</td>
<td>100</td>
</tr>
</tbody>
</table>

## Facility Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Fax</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Select</th>
<th>Active</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(606) 664-4</td>
<td>(625) 558-4</td>
<td></td>
<td>HAZARD</td>
<td>KY</td>
<td>45333</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(222) 222-4</td>
<td>(333) 333-4</td>
<td></td>
<td>HAZARD</td>
<td>KY</td>
<td>45666</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(606) 626-4</td>
<td>(606) 858-4</td>
<td></td>
<td>BEREAL</td>
<td>KY</td>
<td>40403</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Delegate Roles

- Request
- View/Print

Click the 'Automatically Add Delegate' button for adding delegate immediately and without paper work. If you cannot use this option, you will need to print out the hard-copy application and Terms of Account Use Agreement and follow the instructions per the 3rd page.

- Automatically Add Delegate

Cabinet for Health and Family Services
• CS prescribers can obtain an eKASPER report on themselves:
  – To review and assess the individual prescribing patterns
  – To determine the accuracy and completeness of information contained in eKASPER
  – To identify fraudulent prescriptions
### eKASPER Prescriber Report Request

**Account Maintenance**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Login Name</th>
<th>Phone</th>
<th>Status</th>
<th>View Delegate Details</th>
<th>View Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>TESTEDITED</td>
<td>PRESCRIBER</td>
<td>TESTEDITED.PRESCRIBER</td>
<td>(502) 564-2703</td>
<td>Active</td>
<td></td>
<td>Select</td>
</tr>
</tbody>
</table>

**Delegate Account Information**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Login Name</th>
<th>Status</th>
<th>View Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>DELFOR</td>
<td>NEWFACILITY</td>
<td>DELFOR.NEWFACILITY</td>
<td>Active</td>
<td>Select</td>
</tr>
<tr>
<td>SHARED</td>
<td>DELL</td>
<td>SHARED.DELL</td>
<td>Active</td>
<td>Select</td>
</tr>
<tr>
<td>SHARED</td>
<td>BYBOTH</td>
<td>SHARED.BYBOTH</td>
<td>Active</td>
<td>Select</td>
</tr>
</tbody>
</table>

**Prescribing Report Request**

NOTE: Please call the business office at (502) 564-2815 for a report on any other DEA numbers

**Report Details (Date in mm/dd/yyyy format)**

Report for Prescriber DEA #: BB

<table>
<thead>
<tr>
<th>From Date *</th>
<th>To Date *</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/09/2013</td>
<td>02/08/2013</td>
</tr>
</tbody>
</table>

View Report
- eKASPER reports can be shared with the patient or person authorized to act on the patient’s behalf.
- eKASPER reports can be placed in the patient’s medical record, with the report then being deemed a medical record subject to disclosure on the same terms and conditions as an ordinary medical record.
• Patient or provider should contact the dispenser to correct records in error

• Inaccurate eKASPER reports due to system errors should be reported to the Drug Enforcement and Professional Practices Branch
  – 502-564-7985
Provider Shopping and Diversion
Provider shopping is when controlled substances are acquired by deception.

Acts related to attempting to obtain a controlled substance, a prescription for a controlled substance or administration of a controlled substance, prohibited under KRS 218A.140 include:

- Knowingly misrepresenting or withholding information from a practitioner.
- Providing a false name or address.
- Knowingly making a false statement.
- Falsely representing to be authorized to obtain controlled substances.
- Presenting a prescription that was obtained in violation of the above.
- Affixing a false or forged label to a controlled substance receptacle.
## Typical Provider Shopping Behaviors

<table>
<thead>
<tr>
<th>Patient Behaviors</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple providers of the same type</td>
<td>3 or more general practitioners, dentists, etc.</td>
</tr>
<tr>
<td>Dispensers and prescribers are in different localities from each other and the patient’s home address</td>
<td>Patient lives in Fayette county; prescriber in Franklin county; dispenser in Jessamine county</td>
</tr>
<tr>
<td>Overlapping prescriptions of the same drug from different prescriber types</td>
<td>Oxycodone scripts from dentist, family physician, and pain management doctor within 30 days</td>
</tr>
<tr>
<td>Excessive emergency room visits for non-emergency issues</td>
<td>3 or more emergency room visits in a month for chronic pain conditions</td>
</tr>
<tr>
<td>Requesting replacement for lost medications regularly</td>
<td>Patient states that controlled substance is lost and requests new prescription</td>
</tr>
<tr>
<td>Requesting early refills</td>
<td>Patient requests early refills due to extended out-of-state trip</td>
</tr>
<tr>
<td>Pressuring prescribers to prescribe specific controlled substances for the patient’s family members</td>
<td>Parent requests the pediatrician prescribe a specific controlled substance for their child stating that it is the only medication that works</td>
</tr>
</tbody>
</table>
### Typical Provider Shopping Behaviors (Cont.)

<table>
<thead>
<tr>
<th>Patient Behaviors</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using multiple names, social security numbers, addresses, etc.</td>
<td>Patient fills three scripts under three different names</td>
</tr>
<tr>
<td>Seeking referrals to multiple pain management clinics</td>
<td>Patient requests referrals to pain management clinics without a specific diagnosis</td>
</tr>
<tr>
<td>Associating with others known to be pharmaceutical controlled substance provider shopping</td>
<td>Patient travels to clinic with another patient exhibiting shopping behavior and requests similar prescription</td>
</tr>
<tr>
<td>Self-mutilation</td>
<td>Patient presents with potential self-inflicted wound</td>
</tr>
<tr>
<td>Cash transactions</td>
<td>Patient prefers to pay cash when insurance available</td>
</tr>
<tr>
<td>Requesting partial dispensing of controlled substance script</td>
<td>Patient requests half of the script and returns for the rest within 72 hours</td>
</tr>
<tr>
<td>After-hour, weekend and holiday calls for prescriptions</td>
<td>Patient calls prescriber at midnight on Friday to request a controlled substance script</td>
</tr>
</tbody>
</table>
Michael Osswald

Photo: Louisville Metro Police Department, December, 2012

Cabinet for Health and Family Services
Substance use disorder is an illness that sometimes drives a patient to perform activities that are illegal.

It is important to remember that the patient who is provider shopping may have an underlying illness that can be diagnosed and treated.
Practitioner Judgment

Practitioners must use their best professional judgment to determine:

• when they can intervene with a provider shopping patient and provide treatment or refer them to treatment
• when they need to contact law enforcement to report a provider shopper

Kentucky Board of Dentistry Guidance (KASPER FAQs)

Speak to the patient in private. Explain to them that you have concerns about their health and welfare as a result of the information that was generated on the KASPER. You have the right to refuse to prescribe them a controlled substance. You can also contact the local law enforcement agency if you feel the need to do so.

Cabinet for Health and Family Services
Diversion involves illegal transfer of controlled substances to an individual other than for whom they were prescribed.
What do you do when diversion is suspected?

- If you suspect an individual is involved in diverting controlled substances, we ask that you please report them to the proper law enforcement authorities.

- If unsure who to contact please call the Drug Enforcement and Professional Practices Branch of the Office of the Inspector General for assistance. – (502) 564-7985
Reporting Provider Shoppers/Diverters

- KRS 218A.280 Controlled substances – Communications with practitioner not privileged.
  - Information communicated to a practitioner in an effort unlawfully to procure a controlled substance, or unlawfully to procure the administration of any controlled substance, shall not be deemed a privileged communication.
902 KAR 55:110 Section 10 (4) (b): In addition to the purposes authorized under KRS 218A.202(8)(e), and pursuant to KRS 218A.205(2)(a) and (6), a practitioner or pharmacist who obtains KASPER data or a report under KRS 218A.202(6)(e)1. or who in good faith believes that any person, including a patient, has violated the law in attempting to obtain a prescription for a controlled substance, may report suspected improper or illegal use of a controlled substance to law enforcement or the appropriate licensing board.
House Bill 1 Preliminary Results and Evaluation
### Controlled Substance Dispensing – One Year Comparison

<table>
<thead>
<tr>
<th>Drug</th>
<th>August 2011 through July 2012</th>
<th>August 2012 through July 2013</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone</td>
<td>239,037,354</td>
<td>214,349,392</td>
<td>-10.3%</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>87,090,503</td>
<td>77,022,586</td>
<td>-11.6%</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>1,753,231</td>
<td>1,138,817</td>
<td>-35.0%</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>71,669,411</td>
<td>62,088,568</td>
<td>-13.4%</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>10,659,840</td>
<td>11,454,025</td>
<td>+ 7.5%</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>13,795,147</td>
<td>15,065,833</td>
<td>+ 9.2%</td>
</tr>
<tr>
<td>All Controlled Substances</td>
<td>739,263,679</td>
<td>676,303,581</td>
<td>-8.5%</td>
</tr>
</tbody>
</table>

Figures shown in doses dispensed
Hydrocodone

Hydrocodone Prescriptions by Quarter as Reported to KASPER

Cabinet for Health and Family Services
Oxycodone

Oxycodone Prescriptions by Quarter as Reported to KASPER

Cabinet for Health and Family Services
Methadone Prescriptions by Quarter as Reported to KASPER

- 3Q 2011: 17305
- 4Q 2011: 18686
- 1Q 2012: 18953
- 2Q 2012: 20175
- 3Q 2012: 19647
- 4Q 2012: 18568
- 1Q 2013: 17560
- 2Q 2013: 16972
- 3Q 2013: 16486
- 4Q 2013: 15310

Cabinet for Health and Family Services
Oxymorphone Prescriptions by Quarter as Reported to KASPER

- 6865 prescriptions in 4Q 2011
- 6165 prescriptions in 1Q 2012
- 4862 prescriptions in 2Q 2012
- 4313 prescriptions in 3Q 2012
- 3981 prescriptions in 4Q 2012
- 3799 prescriptions in 1Q 2013
- 4079 prescriptions in 2Q 2013
- 4012 prescriptions in 3Q 2013
- 4043 prescriptions in 4Q 2013

Cabinet for Health and Family Services
All Controlled Substances Usage
Doses per 1000 by Patient Address

Doses per 1000 by Patient Address
CY (Jan 01 - Dec 31) 2013

- 240,611 - 315,100
- 189,123 - 240,610
- 141,143 - 189,122
- 106,228 - 141,142
- 53,030 - 106,227

Map showing controlled substance usage by county in Kentucky for the year 2013.
House Bill 1 Impact Study

- Comprehensive assessment of HB1’s impact on patients, prescribers, and other stakeholders

- Overall goals:
  - Evaluate the impact of HB1 on reducing prescription drug abuse and diversion in Kentucky
  - Identify unintended consequences associated with implementation of HB1 that impact patients, providers and citizens of the Commonwealth
  - Develop recommendations to improve effectiveness of HB1 and mitigate identified unintended consequences

- Final study report planned for July 2014
Philip Seymour Hoffman
Heroin vs. OxyContin

Source: National Survey on Drug Use and Health

- 2010
  - OxyContin users (for nonmedical reasons): 358,000
  - Heroin users: 239,000

- 2012
  - OxyContin users (for nonmedical reasons): 335,000
  - Heroin users: 566,000
QUESTIONS?

David R. Hopkins
Kentucky Cabinet for Health and Family Services
275 East Main Street, 5ED
Frankfort, KY  40621
502-564-2815 ext. 3333
Dave.Hopkins@ky.gov

KASPER Web Site: www.chfs.ky.gov/KASPER