Foundation for a Healthy Kentucky’s Mission:

To address the unmet health needs of Kentuckians
Investing in communities.
Informing health policy.

By…

• Developing and influencing policy
• Improving access to care
• Reducing health risks and disparities
• Promoting health equity

www.healthy-ky.org

OUR MISSION: TO ADDRESS THE UNMET HEALTH NEEDS OF KENTUCKIANS BY DEVELOPING AND INFLUENCING POLICY, IMPROVING ACCESS TO CARE,
SAVE THE DATE
Monday October 23, 2017
9:30 a.m. – 4:00 p.m.
St. Elizabeth Training and Education Center
3861 Olympic Blvd Erlanger, Kentucky 41018

Join us for Data Forum! Fostering Health Innovation in Kentucky and Ohio as we showcase novel and effective uses of health data in our region.

An Overview of the Kentucky All Schedule Prescription Electronic Reporting System (KASPER)

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

Health for a Change
Foundation for a Healthy Kentucky
August 2, 2017
KASPER is Kentucky’s Prescription Drug Monitoring Program (PDMP). KASPER tracks Schedule II – V controlled substance prescriptions dispensed within the state as reported by pharmacies and other dispensers.

KASPER is a real-time web accessed database that provides a tool to help address the misuse, abuse and diversion of controlled pharmaceutical substances.

Controlled Substance Schedules

- **Schedule I – Illegal Drugs**
  - e.g. heroin, marijuana, ecstasy
- **Schedule II – Most addictive legal drugs; high abuse potential**
  - e.g. fentanyl (Actiq, Duragesic), oxycodone (OxyContin, Percocet), methylphenidate (Ritalin), hydrocodone (Vicodin, Norco)
- **Schedule III – Less abuse potential than I or II**
  - e.g. testosterone (Androgel), buprenorphine/naloxone (Suboxone)
- **Schedule IV – Less abuse potential than III**
  - e.g. benzodiazepines (Xanax, Valium)
- **Schedule V – least abuse potential**
  - e.g. codeine containing cough mixtures
KASPER Operation

- KASPER tracks most Schedule II – V substances dispensed in KY
  - Over 10 million controlled substance prescriptions reported to the system each year
- KASPER data is 1 to 3 days old
  - Dispensers have 1 business day to report
- Reports available to authorized individuals
  - Available via web typically within 30 - 45 seconds
  - Available 24/7 from any PC with Web access

KASPER Data

- KASPER tracks:
  - Retail pharmacies dispensing into KY (in-state, mail order, Internet)
  - Hospital emergency departments dispensing controlled substances to an ED patient
  - Practitioners administering or dispensing a controlled substance in the office
  - Dispensing from Department for Veterans Affairs pharmacies
KASPER Data

- KASPER does not track:
  - Methadone administered at a federally regulated methadone clinic
  - Controlled substances dispensed for administration to a patient in a hospital, long-term care facility, jail, correctional facility or juvenile detention facility
  - Pseudoephedrine (tracked separately via NPLEEx)
  - Dispensing by military pharmacies
  - Schedule I or other illegal drugs
8/2/2017

Controlled Substance Records
Total/Per Person

Number of Records in Millions

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>10.39</td>
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<td>2014</td>
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<tr>
<td>2015</td>
<td>10.65</td>
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<tr>
<td>2016</td>
<td>10.51</td>
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</table>

Number of Controlled Substance Prescriptions per Person

<table>
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<tr>
<th>Year</th>
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</tr>
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<tbody>
<tr>
<td>2008</td>
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<tr>
<td>2009</td>
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<td>2015</td>
<td>2.41</td>
</tr>
<tr>
<td>2016</td>
<td>2.37</td>
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KASPER Report Requests

Number of Reports in Thousands

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<th></th>
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<td>708</td>
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<td>2,691</td>
<td>4,587</td>
<td>4,992</td>
<td>6,871</td>
<td>7,354</td>
</tr>
</tbody>
</table>

Top Prescribed Controlled Substances by Therapeutic Category based on Number of Doses - 2016

- Hydrocodone 36.0% Lortab Vicodin
- Oxycodone 17.3% OxyContin, Percocet
- Alprazolam 10.4% Xanax
- Tramadol 10.2% Ultram
- Clonazepam 7.2% Klonopin
- Diazepam 4.2% Valium
- Lorazepam 4.2% Ativan
- Pregabalin 3.3% Lyrica
- Zolpidem 3.2% Ambien
- Amphetamine 4.2% Adderall
- Diazepam 4.0% Valium
- 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; for the birth mother of an infant being treated for neonatal abstinence syndrome or prenatal drug exposure.
- **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

**KASPER Requirements**

House Bill 1 - 2012
KASPER Prescriber Usage

• Query KASPER for previous 12 months of data:
  – Prior to initial prescribing or dispensing of a Schedule II controlled substance
  – No less than every three months
  – Review data before issuing a new prescription or refills for a Schedule II controlled substance
• Additional rules/exceptions included in licensure board regulations

KASPER Regulations – Licensure Boards

• 201 KAR 5:130
  – Kentucky Board of Optometric Examiners KASPER requirements
• 201 KAR 8:540
  – Kentucky Board of Dentistry KASPER requirements
• 201 KAR 9:260
  – Kentucky Board of Medical Licensure KASPER requirements
• 201 KAR 20:057
  – Kentucky Board of Nursing KASPER requirements
• 201 KAR 25:090
  – Kentucky Board of Podiatry KASPER requirements.
KASPER Query Exceptions

- In an emergency situation
- Within 14 days of surgery or within three days of oral surgery
- Patients in hospitals and long term care facilities
- Patients in Hospice care or being treated for cancer pain
- Single doses of anxiety medicine prior to a procedure
- Prescribing a substitute medication within 7 days of initial prescription

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**Cabinet for Health and Family Services**
Commonwealth of Kentucky
273 East Main Street
Frankfort, KY 40601

**Drug Enforcement Branch - KASPER**
Patient Controlled Substance Report
Between 1/29/2016 and 1/28/2017

**Patient Name:**

**Active Cumulative Morphine Equivalent:**

<table>
<thead>
<tr>
<th>Date Filled</th>
<th>Drug Name</th>
<th>Patient DOB</th>
<th>Qty</th>
<th>Days</th>
<th>Prescriber Name</th>
<th>Prescriber City</th>
<th>Pharmacy Name</th>
<th>Pharmacy City</th>
<th>Not FP</th>
<th>Daily Limit</th>
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<th>DOB ID</th>
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<td>20</td>
<td>10</td>
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<td>OxyContin</td>
<td>08/07/1974</td>
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<td>5</td>
<td>Georgeanne</td>
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<td>06/28/2015</td>
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<td>Georgetown</td>
<td>20</td>
<td>10</td>
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</tr>
</tbody>
</table>
Providing Reports to Patients

• KASPER reports can be shared with the patient or person authorized to act on the patient’s behalf

• KASPER 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
Thank You!

David R. Hopkins
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KASPER Web Site: www.chfs.ky.gov/KASPER

Kentucky Drug Overdose Prevention Program (KDOPP)

August 2, 2017
Drug Overdose Technical Assistance Core

The Kentucky Injury Prevention and Research Center (KIPRC), with support from CDC Prevention for States Funding, launched the Drug Overdose Technical Assistance Core (DOTAC) to support local health departments in building and sustaining capacity to prevent drug overdose, substance use disorders, and subsequent overdose deaths. DOTAC’s role is to support and enhance local and state public health partnerships and initiatives to reduce drug overdose mortality and morbidity.

Drug Overdose Deaths by County in Kentucky

DOTAC provides resources to state and local health departments and partners on overdose prevention and intervention strategies.
Drug Overdose County Profiles

http://www.mc.uky.edu/kiprc/pubs/overdose/county-profiles.html

Other Drug Overdose Reports
KASPER Enhancement and Integration with Electronic Health Records

Public Health Surveillance with KASPER Patient Data

Quarterly Threshold Reports

3 classes
All Schedule II-V Controlled Substances
Opioids
Schedule II Stimulants

5 specific drugs
Alprazolam
Hydrocodone
Oxycodone
Methadone
Buprenorphine-Naloxone
eKASPER Integration Efforts

• Methods of Integration
  – Direct Integration
  – Third party intermediary
    • PMPi Hub/PMP Gateway
    • RxCheck Hub
    • Kentucky Health Information Exchange

Drug Overdose Community Coalition Interventions
Coalition Technical Assistance

- Provide technical assistance and strategic planning for drug overdose prevention:
  - 6 counties with highest numbers of drug overdose deaths
  - 6 counties with highest rates of drug overdose deaths
  - Other counties as interest is expressed

- Provide technical assistance, presentations, and strategic planning for 18+ additional counties with drug overdose prevention priorities

- Facilitate state drug overdose prevention advisory workgroup

- Pilot best practices drug overdose prevention planning model in two counties utilizing best practices from SAMHSA and CADCA

PFS & ESOOS
Drug Overdose Fatality Surveillance System (DOFSS)
DOFSS Data Sources

- Office of Vital Statistics
- Medical Examiner's Office
- Private Laboratory
- Elected County Coroners

- Death Certificate Data
- Autopsy Reports
- Toxicology Testing Reports
- Coroner Investigation Reports

Drug Overdose Fatality Surveillance Database

Linkage

Patient Reports

Surveillance, Analysis, and Dissemination

Death Certificates

[Image of a death certificate with a cause of death related to drug overdose]
Coroner Reports

• Excerpt from Coroner Report:

Interview stated that had been involved in a motor vehicle crash approximately 3 years ago and got addicted to pain killers, which escalated to heroin approximately 2 1/2 years ago. Mrs. stated that "Plaid lined" for 3 minutes in March of 2013 by an accidental overdose of the prescribed medications - Flurisil and gabapentin. was admitted to a hospital in Louisville (Dr. Audubon Hospital) for 2-3 days then released. Mrs. stated that has since had a heart attack and has been prescribed heart medication because his heart had been damaged by the initial overdose and heart attack. believed he had free of drug use for the last three and a half months. Mr. & Mrs. then viewed the body and confirmed it to be their son.

Accompanying Police report, Cn 861/2013 at 1:41/hrs they were dispatched to in reference to a man down. Upon arrival Police accessed and began CPR until Fire arrived and took over patient care. A witness on scene told the police the following: was picked up at an unknown address on Drive and brought to The police report also states that and others at this location were involved in heroin use. The police observed drug paraphernalia in plain view, accused a search warrant and seized several syringes, a bong and crack pipe from this location. On 05/13/2013 at approximately 0800hrs.

KASPER Prescription History
Professional Training and Academic Detailing

<table>
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<tr>
<th>Profession</th>
<th>Training Module</th>
<th>Format</th>
<th>Number of Attendees</th>
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</thead>
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<td>Law enforcement officers</td>
<td>Naloxone Administration</td>
<td>In-person</td>
<td>900</td>
</tr>
<tr>
<td>Advanced Practice Registered Nurses</td>
<td>Tackling the Opioid Epidemic: A Nursing Perspective</td>
<td>In-person</td>
<td>180</td>
</tr>
<tr>
<td></td>
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<td>Web modules</td>
<td>75</td>
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<tr>
<td>Physicians</td>
<td>Tackling the Opioid Epidemic</td>
<td>In person</td>
<td>172</td>
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<tr>
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<td>77</td>
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<tr>
<td>Controlled Substance Prescribers</td>
<td>An Update on KASPER</td>
<td>Web modules</td>
<td>122</td>
</tr>
<tr>
<td><strong>Total Number Reached with Academic Detailing</strong></td>
<td></td>
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<td>1,526</td>
</tr>
</tbody>
</table>
Drug Overdose Prevention-Related Policy Evaluation and Cost Benefit Analysis

Objective: Improve Drug Reporting On Drug Overdose Death Certificates

• In 2011, 30% of Ky drug overdose death certificates did not list specific drugs involved

• 2012: Ky General Assembly enacted omnibus bill to address prescription opioid epidemic
  • Legislation includes a controlled substances testing law (CSL) that mandates toxicology testing when no other cause of death is determined
**Trends in Coroner Toxicology Utilization (CTU) and Presence of Specific Drugs† (SDR)**

- **Presence of Specific Drugs (SDR)**
- **Coroner Toxicology Utilization (CTU)**

Year of Death

<table>
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<td>69.2</td>
<td>70.5</td>
<td>71.1</td>
<td>75.3</td>
<td>78.4</td>
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</table>

Test for trend: Z=−7.5, p<0.0001

Test for trend: Z=−6.2, p<0.0001

† SDR percentage for 2010 represents July-Dec; SDR percentage for 2016 represents Jan-June

* In coroner-certified drug overdose deaths

** In all coroner-certified deaths

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**Interrupted Time Series Analysis: Presence of Specific Drugs (SDR)**

- Passage of controlled substance testing law was associated with a 6.5% increase in the proportion of coroner-certified drug overdose deaths having ≥1 specific drug mentioned (p=0.01)

- Majority of increase occurred in Western Ky, where baseline SDR was low relative to the rest of the state
Substance Use Disorder (SUD) Information and Referral Service

SUD Information and Referral Service

• Supporting Stakeholders
  – Kentucky Office of Drug Control Policy
  – Kentucky Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)
    • Adult Substance Use Treatment and Recovery Services Branch
    • Prevention and Promotion Branch
  – Recovery Kentucky
  – Operation UNITE
SUD Treatment Availability Website

- **Provider Application Form**
  - Real-time bed availability
  - Data collected:
    - Forms of payment
    - Bed capacity/treatment slots
    - Levels of care
    - Types of treatment services
    - Populations served
    - Accreditation
    - Casey’s Law evaluations

SUD Information and Referral Service

- 400 SUD resources collected and cataloged
Developing SUD Resources

• Succinct, informative, and accurate
• Readability: 6-12th grade reading level
• Technical assistance request
  – UK College of Medicine

  • **SUD Treatment Approaches**
  • “Do you have a one-page document that very simply and very briefly outlines recovery? Like different types of treatment that is available, etc.? That could be provided to a patient? The one that is currently in Krames on Demand is not the best and I am trying to see if there is something better out there.”
  
  - Alcohol Counselor/Prevention Coordinator

SUD Treatment Availability Website

• Access to 3 key areas: treatment, information, and resources
• Responsive, light-weight, section 508 compliant design
• Map-based view of search results
• Near-real-time treatment slot availability indicator
• Simple yet fine-grained search options
SUD Treatment Availability Website

- Detailed information about each facility
- Could be used as a tool throughout continuum of care
- Information repository containing helpful documents
- Information about treatment terms and definitions, and links to other treatment-related services and resources

SUD Treatment Availability Website

- High-level overview of website activity (for admins only)
- Ability to audit provider activity to identify out-of-date or inaccurate information
- Ability to run reports on site utilization and gather analytics
- Custom reporting and analytics developed with input from supporting stakeholders
SUD Treatment Availability Website

- Quick access to update available treatment slots
- Facility Profile
- Facility staff can easily review and update information
- Mobile-friendly interface for convenience

Public Health and Public Safety Data Overlay and Hot Spot Analysis
Methamphetamine Public Safety & Public Health Data, 2016

Methamphetamine Index Score & Hot/Cold Spots, 2016

Legend
- Variable
- Estimate
- 95% Confidence
- 95% Confidence
- Not Significant
- Significant
- 95% Confidence
- 95% Confidence

Note: Data are provisional and subject to change.
Heroin Use in the United States

• Heroin-related overdose deaths have more than quadrupled since 2010.

• From 2014 to 2015, heroin overdose death rates increased by 20.6%, with nearly 13,000 people dying in 2015.

• In 2015, males aged 25-44 had the highest heroin death rate at 13.2 deaths per 100,000 population.

(CDC-Vital Signs: Today's Heroin Epidemic – More People at Risk, Multiple Drugs Abused. MMWR 2015.)
FACT:

The total costs for inpatient hospitalizations and emergency room visits for drug overdoses in Kentucky was over $150 million in 2014.

Data sources: Kentucky Inpatient Hospitalization and Outpatient Services Claims Files, Frankfort, KY. Cabinet for Health and Family Services, Office of Health Policy. Data files were provisional at the time this was prepared, and are subject to change. Produced by the Kentucky Injury Prevention and Research Center, a bona fide agent for the Kentucky Department for Public Health, December, 2016.

Number of Drug Overdose Deaths among Kentucky Residents, 2002-2015
(Any drug in system)

Data sources: Kentucky Inpatient Hospitalization and Outpatient Services Claims Files, Frankfort, KY. Cabinet for Health and Family Services, Office of Health Policy. Data files were provisional at the time this was prepared, and are subject to change. Produced by the Kentucky Injury Prevention and Research Center, a bona fide agent for the Kentucky Department for Public Health, December, 2016.
www.mc.uky.edu/kiprc

Drug Overdose Prevention Coalition
Technical Assistance & Support
DOTAC Technical Assistance

- Presentations on local/state data and trends for community meetings/task forces
- **Community Coalition #101 training** (Community Board Training)
- Utilizing KIP Youth Data for prevention planning
- Program Evaluation and Outcome Planning
- Sustainability Planning and Social Marketing of Prevention Programs
- Regional and **On-Site Training/Technical Assistance** as needed
- Regional and County-Level Workshops and Trainings
- Community Level “Call-to-Action” presentations

Examples of Local Coalitions:

- Drug Free Communities (DFC)
- Operation UNITE
- Agency for Substance Abuse Policy (ASAP)
- Criminal Justice Advisory Boards
- Communities That Care (CTC)
- Strategic Prevention Framework (SPF)
- Drug Free Kentucky
- Many more!
Priority Counties:

- Bell County
- Fayette County
- Floyd County
- Kenton County
- Jefferson County
- Powell County
- Clinton County (*new)
- Leslie County (*new)

Evidence-Based Coalition Models
Effective Community Coalitions

Establish a Community Board
Conduct a Community Needs Assessment
Develop Community Action Plan
Implement Evidence-Based Programs
Evaluate Programs for Success

Strategic Prevention Framework
Top **Risk Factors** for Heroin Use

- **Past misuse of prescription opioids** - The transition from prescription opioid non-medical use to heroin is part of the progression to addiction

- **Increased availability** and relatively low price of heroin in the United States

- **Low Perception of Harm** - People perceive or social norms have downplayed the risk of harm

(CDC-Vital Signs: Today's Heroin Epidemic – More People at Risk, Multiple Drugs Abused. MMWR 2015.)
Drug Overdose Prevention Priority Focus Areas

Coalition Chair

Community Drug Overdose Prevention Coalition

- Reduce Access to Drugs
- Reduce Inappropriate Prescription Use
- Improve Drug Overdose Intervention
- Early Intervention Treatment and Recovery
- Enhance Mental Health Care
- Substance Abuse Prevention

Joe Markiewicz
Kentucky Injury Prevention & Research Center
Program Coordinator
Coalition Support Services
(859) 218-6761
joseph.markiewicz@uky.edu
Thank you!

Contact

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Community Health Research Officer
rseger@healthy-ky.org
@kyhealthfacts
(502) 326-2583

Post-event Survey
Webinar chat questions from participants and replies from speakers:

Why were military pharmacies given leeway in not reporting to KASPER in the first place, specifically given the substance abuse problems among the veteran population?

The state cannot compel a federal agency or department to report data to the prescription drug monitoring program (PDMP). Originally the Department for Veterans Affairs did not report to KASPER (or other state PDMPs). Because of the number of veterans suffering from substance use disorder, the federal government modified regulations to allow VA to report to the state PDMPs a few years ago. As a result, VA implemented a rollout plan and started reporting to the state PDMPs. I’m not sure whether federal regulation changes would be needed to allow the Department of Defense to report or whether that is an internal restriction, but again, federal agencies are not subject to Kentucky law so it will require a federal solution.

What impact (if any) will the recent legislation that severely limits the quantity of controlled substances that doctors can prescribe have on the Kasper system?

The recent legislation restricts the prescribing of a Schedule II controlled substance for acute pain to a three day or less supply. This legislation should have no impact on KASPER because the system simply tracks whatever quantity of the controlled substance was dispensed to the patient.

Instead of having to cobble together various non-inclusive data sources, why not release for public use a more granular de-identified KASPER file?

Kentucky law (KRS 218A.240) specifies that KASPER data may be made available in quarterly trend reports that are developed in conjunction with the professional licensure boards. So, the first KASPER dataset that was made publicly available was the set of trend reports developed by the Office of Inspector General (OIG) and the licensure boards. The KASPER threshold reports are the result of the collaboration between the OIG and the Kentucky Injury Prevention and Research Center (including an action group with representation from the licensure boards). This dataset was determined to meet the definition of trend reports/data and was therefore allowed to be the second KASPER dataset made publicly available. One challenge is determining what de-identified KASPER data is actually of value. Different organizations request many different data elements or “views” of the data, so with limited resources we attempted to come up with datasets that we believe provide value to a broad audience.

How is compliance monitored and what are the consequences for those that don't comply?

Currently, prescriber and pharmacist registration compliance is tracked by the Office of Inspector General and the appropriate licensure boards on an ongoing basis. Prescriber compliance with the mandatory use requirement is somewhat reactive; based on a prescriber review or investigation by either a licensure board or the Office of Inspector General. For those reviews/investigations we verify whether the prescriber was querying KASPER as required. We are working to develop algorithms that will allow us to be more proactive in identifying potential prescriber non-compliance that may warrant referral to the appropriate licensure board. If a prescriber is not in compliance, the licensure board can take any punitive action that they deem appropriate, possibly including a fine or restriction on the prescriber’s license.