### Controlled Substances Reporting System

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Task Force on Mental Health and Substance Abuse

February 19, 2016



#### N.C. Department of Health and Human Services



### Controlled Substances Reporting System (CSRS)

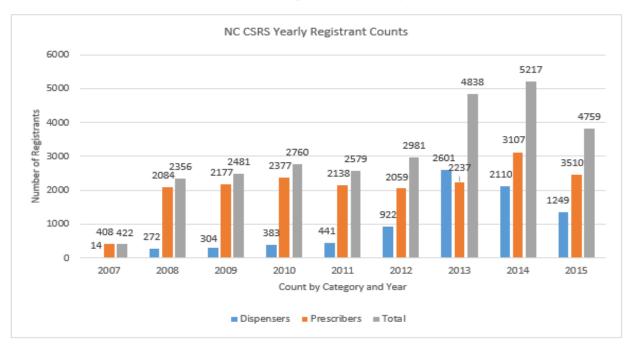
- The system monitors the prescribing and dispensing of Schedule II-V controlled substances
- The CSRS makes comprehensive patient controlled prescription history information available to healthcare professionals
- The CSRS makes prescription information available, upon authorized request, to law enforcement agencies and health professional licensing boards

## Controlled Substances Reporting System 2015 Updates

- CSRS Redesign
- Prescribers, Dispensers and Delegates' Online Registration
- Prescribers new options to identify forged prescriptions within the CSRS (prescriber's prescription history)
- Auto Deactivation/Renewal for Delegate Accounts
- Quarterly Data Transfer
- Unsolicited Reporting
- Threshold Reports to NC Medical Board

## CSRS Registration Report

#### **NC CSRS Registration Report**



Cumulative Registered as of 12/31/2015: 28,393

Dispensers: 8,296 Prescribers: 20,097

Master Accounts created through portal: 571

Total Delegates Registered as of 12/31/2015: 885

## Unsolicited Reporting

Unsolicited Reporting 2015				
	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Patients	114	96	90	80
Prescribers	985	1009	896	811
Pharmacies	1075	857	729	633
# Prescribers Registered	540	561	540	492

## CSRS Reporting to NCMB

DMH Reports Regarding Prescribing Practices to the NCMB 2015 Initial Report				
Top 1% of those prescribing 100 MME's per patient per day	15			
1% of those prescribing 100 MME's per patient per day in combination with any benzodiazepines and who are within the top 1% of all controlled substance prescribed by volume	2			
Prescribers who have had two or more patient deaths in the preceding twelve months	63			

## Legislation Changes

- ► House Bill 97 / S.L. 2015-241
- ▶ § 90-113.74. Confidentiality (data retention)
- Increase Registration and Utilization of the Controlled Substances Reporting System
- ► G.S. 90-113.73 (data quality and integrity)

#### House Bill 97 / S.L. 2015-241

- Section 3. (c) (9) The federal Drug Enforcement Administration's Office of Diversion Control who is assigned to investigate the diversion and illegal use of prescription medication or pharmaceutical products identified in Article 5 of this Chapter of the General Statues as Schedule II through V controlled substances and who is engaged in a bona fide specific investigation related to the enforcement of laws governing licit drugs.
- **Section 4.** (a) (3) Data security protocols that meet or exceed the Federal Information Processing Standards (FIPS) established by the National Institute of Standards and Technology (NIST).
- Section 4. (c) DHHS shall apply for grant funding from the National Association of Boards of Pharmacy to establish the connection to PMP InterConnect interstate connectivity. The Department shall request forty thousand thirty-five dollars (\$40,035) to establish the initial interface for PMP InterConnect interstate connection and thirty thousand dollars (\$30,000) for two years of ongoing service, maintenance, and support for PMP InterConnect interstate connection in order to create interstate connectivity for the drug monitoring program as required by subdivision (2) of subsection (a) of this section.
- **Section 5.** Expand Monitoring Capacity.
- (a) The North Carolina Controlled Substances Reporting System shall expand its monitoring capacity by establishing data use agreements with the Prescription Behavior Surveillance System analytical programs that support North Carolina's initiatives to reduce prescription drug abuse. In order to participate, the CSRS shall establish a data use agreement with the Center of Excellence at Brandeis University no later than January 1, 2016.
- **Section 5.** (b) Beginning September 1, 2016, and every two years thereafter, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services of the Department of Health and Human Services shall report on its participation with <u>analytical programs</u> 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.

# § 90-113.74. Confidentiality (data retention)

#### ▶ § 90-113.74. Confidentiality

reporting system database all information more than six years old <u>on a quarterly schedule</u>. Any information removed from the system shall be maintained in a separate data base by the Department and may only be released according to subsection (d) of this section.

## Increase Registration and Utilization of the CSRS

State operated healthcare facilities and all licensed hospitals, health departments, medical practices, office based treatment, medication-assisted treatment program or any other healthcare facility, where practitioners are authorized to prescribe or furnish Schedule II through V controlled substances as described in article 5 of the North Carolina Controlled Substances Act, shall implement a policy that defines and provides clear directives to prescribers, unless exempt by 90-113.72 (4)(d),

# G.S. 90-113.73 (data quality and integrity)

... dispensers are encouraged to report the information no later than 24 hours after the prescription was delivered. If the dispenser fails to comply with the 72 hour reporting period, the Department of Health and Human Services shall impose to pharmacies with supervision of the dispenser a civil penalty of \$500 for each day that the report is not submitted. Once a submission has been made, if the dispenser is notified of errors in the submission, submission errors must be corrected and resubmitted within 48 hours. Department of Health and Human Services shall impose to pharmacies with supervision of the dispenser a civil penalty of \$500 per day for every day that the errors are not corrected.

#### NC DHHS Prescription Drug Abuse Advisory Committee

Work will focus on providing guidance and leadership in: (1) the implementation of the North Carolina Strategic Plan to Reduce Prescription Drug Abuse as per Session Law 2015-241 and (2) the Center for Disease Control and Prevention's Prescription Drug Overdose Prevention for States Cooperative Agreement awarded to North Carolina for the next four years.

#### Agency/Organization Attorney General's Office NC Department of Health and Human Services Division of Medical Assistance Governor's Institute on Substance Abuse NC State Board of Dental Examiners NC Board of Nursing NC Board of Pharmacy NC Board of Podiatry Examiners NC Medical Board Office of Rural Health, Integrated Health Services NC SafeKids, Operation Medicine Drop NC State Bureau of Investigation NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services The Substance Abuse Treatment Community UNC Injury Prevention Research Center