CONSULTING ENGAGEMENT REPORT

PMP Committee Phase II PMIX Pilot Project
Survey of State Prescription Monitoring Programs

Survey Execution & QA	July 7-October 17, 2006
Draft Report Submitted	December 28, 2006
Final Report Submitted	January 26, 2007
Consulting Engagement Team Members	John Eadie Eadie Consulting, Inc.
IJIS Institute Staff	Scott Serich PMP Project Manager

Table of Contents

Table of Figures

U.S. Department of Justice
Office of Justice Programs
810 Seventh Street, NW.
Washington, DC 20531

Alberto R. Gonzales
Attorney General

Robert D. McCallum, Jr.
Associate Attorney General

Regina B. Schofield
Assistant Attorney General

Domingo S. Herraiz
Director, Bureau of Justice Assistance

Office of Justice Programs
World Wide Web Home Page
www.ojp.usdoj.gov

Bureau of Justice Assistance
World Wide Web Home Page
www.ojp.usdoj.gov/BJA

For grant and funding information contact
U.S. Department of Justice Response Center
1–800–421–6770

This project was supported by Grant No. 2003-LD-BX-0007 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime. Points of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.

1. Acknowledgements

The IJIS Institute acknowledges the work of many people in preparing and implementing this consulting engagement. The engagement and the many ongoing activities of IJIS Institute's Prescription Drug Monitoring Program (PMP) Phase II Information Exchange Pilot Project would not exist without the full support of the Bureau of Justice Assistance (BJA) of the Office of Justice Programs (OJP) in the Department of Justice (DOJ). The continuing leadership and guidance of BJA is a key element to the success of this project, from which PMPs in states across the nation will derive benefits.

In particular, we would like to thank the IJIS PMP Committee for the ongoing steering it has provided for this effort and all the consulting engagements that are a part of this pilot project.

Representatives from IJIS Member Firms:

- George Shemas, Optimum Technology (Committee Chair)
- Steve Bruck, BruckEdwards, Inc.
- John Eadie, Eadie Consulting
- Ramesh Menon, Identity Systems
- Bill Mohlenbrock, Crossflo Systems
- Karla Smolen, Rapid Software Solutions

Representatives from State PMPs:

- Patti Stadlberger, Alabama Department of Public Health
- Kathy Ellis, California Bureau of Narcotic Enforcement
- Dave Hopkins, Kentucky Cabinet for Health & Family Services
- Adele Audet, Massachusetts Department of Public Health
- Joanee Quirk, Nevada Board of Pharmacy
- Jim Giglio, New York Bureau of Narcotic Enforcement
- Danna Droz, Ohio Board of Pharmacy
- David Hale, Oklahoma Bureau of Narcotics

Representatives from Federal Agencies:

- Mandy Healy, Drug Enforcement Administration
- Chris Traver, Bureau of Justice Assistance

Additional Representatives from State PMPs:

The eight state committee representatives also contributed by participating in the survey itself. They were joined by the following PMP representatives from 24 other states:

- Jody Gingery, Colorado Prescription Drug Abuse Task Force
- John Gadea, Connecticut Drug Control Division, Department of Consumer Protection
- Glenn M. Kimura, Hawaii Public Safety Narcotics Enforcement Division
- Teresa Anderson, Idaho Board of Pharmacy
- Stanley G. Tylman, Illinois Department of Human Services, Pharmacy and Clinical Support
- Jenifer S. Cobb, Indiana Scheduled Prescription Electronic Collection and Tracking (INSPECT), Indiana Board of Pharmacy
- Terry Witkowski, Iowa Board of Pharmacy Examiners
- Chris Baumgartner, Maine Office of Substance Abuse
- Michael Wissel, Michigan Bureau of Health Professions, Health Regulatory Division
- Deborah Brown, Mississippi Board of Pharmacy
- Larry Loring, New Mexico Board of Pharmacy
- James Giglio, Bureau of Narcotic Enforcement, New York State Department of Health
- Johnny Womble, Controlled Substances Regulatory Branch, North Carolina Department of Health and Human Services
- Howard C. Anderson, Jr., North Dakota Board of Pharmacy
- Don Vogt, Oklahoma Bureau of Narcotics and Dangerous Drugs
- Lawrence M Cherba, Esquire, Senior Deputy Attorney General, Pennsylvania Drug Diversion Unit
- Catherine Cordy, Compliance and Regulatory Section, Rhode Island Division of Drug Control
- Wilbur L. Harling, Bureau of Drug Control, South Carolina Department of Health
- Kolleen Jeffery, Tennessee Board of Pharmacy
- Kelli Cox, Controlled Substances Programs, Texas Prescription Program, Department of Public Safety
- Marvin Sims, Utah Division of Occupational and Professional Licensing
- Barbara A. Cimiglio, Vermont Department of Health
- Ralph Orr, Virginia Board of Pharmacy, Department of Health Professions
- Lisa Salmi, Washington, State Board of Pharmacy
- Michelle Hanchosky, West Virginia Board of Pharmacy
- Denise Lane-Embury, Wyoming State Board of Pharmacy

The IJIS Institute and all contributors to this engagement also wish to recognize the remarkable contribution made to this survey by one individual, Jody Gingery Med, RN of Colorado. As described in Section 9. Appendix: Survey Protocol and Example, Ms. Gingery completed and submitted the Colorado survey at great personal effort and sacrifice while extremely ill. Within a few weeks of completing the survey, Ms Gingery passed away on November 29, 2006.

It is appropriate to recognize that Ms. Gingery completed her outstanding professional career by advancing the Colorado PMP through completion of this survey. She had dedicated more than a decade to the birthing of the program by constituting and directing the Colorado Prescription Drug Abuse Task Force and tirelessly advocating for passage of PMP legislation. For all who knew Jody Gingery, her dedication, sparkle, enthusiasm, and unrelenting commitment to improving the public health and safety in her home state will be missed -- but not forgotten.

IJIS is also grateful for the support of its member companies and their professional representatives who devote time and share their invaluable expertise for projects such as these. We particularly thank *John Eadie* of Eadie Consulting for his outstanding work on this engagement. He was a tireless worker and an outstanding IJIS citizen throughout, and the engagement would not have been possible without his steady support.

The IJIS Institute appreciates the opportunity to have assisted the PMP Committee on this engagement. We will remain available for additional assistance and facilitation throughout the PMP Phase II Pilot Project.

Scott Serich
PMP Project Manager
IJIS Institute

2. Introduction

Beginning in FY 2002, Congress appropriated funding to the U.S. Department of Justice to support Prescription Drug Monitoring Programs (PMPs). These programs help prevent and detect the diversion and abuse of pharmaceutical controlled substances, particularly at the retail level where no other automated information collection system exists. States that have implemented PMPs have the capability to collect and analyze prescription data more efficiently than those without such programs, where the collection of prescription information can require a time-consuming manual review of pharmacy files.

The efficiency increases afforded by PMPs has allowed the early detection of abuse trends and possible sources of diversion within states. A growing problem that offenders have come to realize, however, is that even states with effective PMPs may not communicate effectively with each other. This leaves open the possibility for cross-border doctor shopping, where offenders travel from state to state, but work within individual state limits, in order to accomplish their illicit goals. The IJIS PMP initiative has been funded under BJA to help state PMPs develop measures to combat this recognized weakness.

Phase I of this initiative, conducted in 2005, developed a baseline standard for facilitating automated information exchange between disparate state PMP systems. A steering committee consisting of knowledgeable practitioners and industry participants experienced in the use of the Global Justice XML Data Model (GJXDM) guided the development of a draft Concept of Operations (ConOps), a prototype Information Exchange Package Document (IEPD), and a draft survey instrument that was modified for use in the current engagement.

2.1. The Need for Technology Assistance

The Phase II project leverages the momentum from Phase I by implementing pilot PMP information exchange (PMIX) capabilities in California and Nevada; it demonstrates the feasibility of automated PMP exchanges based on the GJXDM standard.

Leading technology professionals from the IJIS Institute membership are providing expertise to the exchange partners in California and Nevada. The experience gained from the pilot project is also producing a series of guidelines, reusable artifacts, and lessons learned to expedite the implementation of exchanges between other state PMP systems in the future.

The primary purpose of the current engagement was to provide stakeholder guidelines and a deeper understanding of the diversity of practices and permissions with respect to PMP data sharing in the 32 states that have, or will soon have, operational PMP systems.

The engagement did not address what types of information each state PMP was legally permitted to receive. It made the assumption that each PMP would only request what it was legally entitled to receive, and that a PMIX system or administrator would not be required to screen a request to determine if the requesting PMP was permitted to make it.

Data was gathered to help compare and contrast current and future intrastate and interstate sharing practices. The survey also addressed interstate sharing partners, sharing volume and trends, Federal permissions and practices, authentication practices, memoranda of understanding, and fulfillment of requests from prescribers, pharmacists, law enforcement and regulatory agencies, researchers and patients. Finally, it probed the likelihood that state PMP decision makers would require certain high-level features if they were to adopt a PMIX system.

2.2. The Consulting Team

In order to implement and execute this engagement, the IJIS Institute solicited the assistance and participation of senior and qualified consultants from its member firms. The following individuals were selected by the IJIS Institute to participate:

John Eadie
IJIS Institute Consultant
Eadie Consulting
johnleadie@aol.com

Scott Serich
Project Manager
IJIS Institute
(703) 726-1913
scott.serich@ijis.org
www.ijis.org

The following state PMP representatives also contributed by inspecting and / or performing beta testing on earlier versions of the survey:

Adele Audet
Domain Expert
Massachusetts Department of Public Health
Adele.Audet@state.ma.us

Danna Droz
Domain Expert
Ohio Board of Pharmacy
ddroz@ohiopmp.gov

Joanee Quirk
Domain Expert
Nevada Board of Pharmacy
(775) 687-5694
jquirk@govmail.state.nv.us
www.state.nv.us/pharmacy

Patti Stadlberger
Domain Expert
Alabama Department of Public Health
pstadlberger@adph.state.al.us

3. Methodology

3.1. Evolution of the Survey Instrument

During Phase I, the committee recognized that sharing of information between PMPs will be controlled by the statutes of each state; such statutes vary regarding which parties have access to PMP data and the circumstances under which they may gain access. For example, the committee recognized that while law enforcement agencies in some states have direct access to the data, in others a subpoena or court order is required. In some states prescribers can A) receive data upon request and B) be sent data when the PMP identifies a person obtaining prescriptions from multiple prescribers. Other states will only permit prescriber access under one of these two circumstances. PMIX will need to account for these variations.

Further, the committee recognized that PMPs' procedures through which they provide access vary. For example, states have differing authentication procedures to establish each user's eligibility to access the data. PMIX will need to transmit sufficient information for disclosing states to either perform their own authentication or to have confidence in accepting a requesting PMP's authentication prior to determining whether or not to fulfill each request for data.

The committee also understood that each PMP will need assurance that its unique requirements, procedures, needs, and expectations have been accounted for within PMIX for them to accept and adopt the system.

The committee's decision to conduct a survey of PMPs flowed from these recognitions and understanding.

The committee developed the survey instrument over successive meetings through Phase I and into Phase II. At the June 2005 meeting, Mr. Eadie volunteered to draft survey questions based upon discussions at that meeting. At subsequent meetings, the committee held lively and extensive discussions regarding the questions that should be asked. The initial drafts consisted of narrative questions alone, but as more areas for exploration were identified, Adele Audet from Massachusetts drafted a consolidation of multiple questions into the matrices that became questions 2, 3, 5, 6 and 7. Steve Bruck, of BruckEdwards, Inc., suggested additional questions to identify current volumes of data sharing and to estimate future expansions when PMIX is implemented, which are essential for developing cost models and estimates of future system use.

Joanee Quirk forwarded her analyses of the questions and recommendations for modification, based upon her years of practical experience operating the Nevada

PMP. Patti Stadlberger of Alabama and Danna Droz of Ohio beta tested the survey instrument. Their valuable insights were incorporated in the final draft.

Howard Anderson, Executive Director of the North Dakota Board of Pharmacy, mentioned that his state has a particular need to collect information on controlled substances prescriptions issued by Indian Health Services (IHS) health care facilities. This led to discussions with other states, resulting in modification of the survey instrument to collect information in Question 6 regarding data sharing with IHS and Veterans Affairs facilities.

After final committee review at its June 2006 meeting, Scott Serich and John Eadie completed the survey instrument in July.

3.2. Target Population

The committee determined to survey each statutorily authorized PMP, whether operational, under development, or yet to be started, to assure that everyone's needs and issues would be considered. The original target list identified 25 states. After the Committee wrote the TA proposal, the list was expanded by 7 states (a 28% increase), because the following states passed new legislation authorizing their PMPs: CO, CT, IA, NC, ND, SC, and VT. Each of these new states required research to determine the correct point of contact. Personal calls were made to explain the IJIS PMP Committee and the survey to the contacts in all states except three. The IA and NC contacts received information about the survey at the April 2006 National Alliance for Model State Drug Laws (NAMSDL) PMP conference in Washington, DC. CT representatives were met by Mr. Eadie in Hartford, CT to receive a survey description.

Mr. Eadie researched and updated the list of contacts to receive the survey instrument and cover letter. The list was built from his previous consulting work for the Massachusetts PMP and the contact lists of the National Association of State Controlled Substances Authorities (NASCSA) and the Alliance of States with Prescription Monitoring Programs (ASPMP) websites. Where states' personnel were changed (e.g., the Indiana PMP staff) and where new PMPs had just been authorized (e.g. CO, ND, and NC), Mr. Eadie sought out the appropriate contact persons by telephoning the state agencies responsible for the PMPs.

The final contact list appears in Section 8. Appendix: Survey Contact List.

3.3. Survey Distribution and Follow-Up

Based upon draft letters prepared by Mr. Eadie, Mr. Serich forwarded the survey instrument with cover transmittal emails to the contact list on July 30, 2006. The letters offered assistance from both Mr. Serich and Mr. Eadie to help them complete the instrument and to answer their questions.

Protocol details and an example of some of the steps required to acquire full responses have been documented in Section 9. Appendix: Survey Protocol and Example. These details may help project managers on future engagements properly calibrate their time and effort estimates to execute a similar survey.

3.4. Compilation of Results

Using the survey instrument as the guide, Mr. Eadie prepared Excel worksheets to compile all the information provided by the PMP responders. For each of the 32 PMPs, a row was provided in which to tabulate its answers. Columns were provided for every question and sub-question, for every check-box and for every comment or explanation section. To capture check box answers, a numerical "1" was placed in the column for each box checked by each state; thus, the 1's could be summed in each column, showing how many PMPs had selected each check box.

The original worksheets combined several questions on each sheet, but as the cells were populated, the comments / explanation sections had to be expanded. A separate worksheet was set-up for each of the 15 major questions, except for the first one containing point-of-contact details. The name of the person completing the survey was added to the Question 2 worksheet. The titles, agencies, and contact information for each person completing the survey (the balance of Question 1) was also used to update the survey contact list (Section 8. Appendix: Survey Contact List).

Several states submitted hard-copy responses, which required transcription into electronic form.

Mr. Eadie entered the responses from every PMP onto the worksheets. Where a comment / explanation exceeded the expanded column, they were added as footnotes to the appropriate worksheet and an abbreviated statement was placed in the column with asterisks "*" to cross reference each footnote.

As part of validating the findings, Mr. Eadie was required to contact every state to clarify their responses due to the complexity of some of the questions. There were 356 possible replies to questions in the survey. States had to read and consider all possible answers as well as provide many written comments and explanations. Every survey response required clarification to determine each state PMP's intent / meaning / interpretation. This step ensured a consistent depth in the body of responses and should provide stronger comparisons to responses from other states. This step also revealed that some of the contacts misunderstood the more complex questions and required assistance to clarify intended meanings.

This validation effort required from one to five emails and phone calls from Mr. Eadie to each PMP (except for one state). After receipt of the updated /

corrected information, he updated each state's tabulation, and footnoted the date and source of the modified information[1].

Following tabulation of all surveys onto the worksheets, Mr. Eadie summed the numeric values. He also reviewed all of the comments, explanations, and footnotes. He standardized the narrative statements and summarized them underneath each comment / explanation column in the worksheets (reference Section 11. Appendix: Survey Tabulation Worksheets).

To further validate the survey results, Mr. Serich and Mr. Eadie presented the survey findings at the annual ASPMP conference on October 16, 2006 (reference Section 10. Appendix: Presentation of Survey Results). They then made copies of the Survey Tabulation Worksheets available to the 22 PMPs attending the conference. The states were asked to review and confirm the tabulations for their surveys. (A copy of these worksheets can be found in Section 11. Appendix: Survey Tabulation Worksheets).

After seeing the presentation of survey findings based on thousands of data points and narrative statements, only one data point required modification due to a tabulation error. State PMPs requested 22 other modifications of their original submissions or submitted additional information. This series of steps to validate the tabulation helped to secure an accurate representation of the 32 state PMPs.

[1] Different states became confused about different questions. For any particular question, some states would answer it with no problem whatsoever, while others would be confused because the language and meaning didn't precisely match that used in their own particular state. The issue appeared to be one of individual interpretations, rather than one of a systematic bias in the survey instrument.

4. Findings

The following sections describe the engagement's deliverables and forward-looking recommendations for subsequent PMIX implementations.

All 32 states with a Prescription Monitoring Program responded to the survey. This extraordinary 100% response rate gives the PMP Committee a unique opportunity to assure that PMIX will provide the tools necessary for states to share PMP data. The survey also identifies areas where additional work may be needed from ASPMP or other organizations.

The states reported that 19 are fully operational, 6 are under development, and 7 are authorized in statute but are not yet started. In total, the states provided 2,681 data points and 937 narrative comments / explanations, all of which are recorded on the tabulation sheets. This extensive volume of tabulated information requires 58 legal size pages when printed.

All states provided as much information as possible. Thirty-one were able to provide very substantial information. Washington's PMP only applies to the prescriptions of individual prescribers who are subjects of disciplinary action. Thus WA had no further detailed information to supply.

4.1. Q1: Name & Contact Information of Submitter

This question allowed for identification of the person completing the survey and the corresponding contact information including name, agency, address, phone numbers, and email.

4.2. Q2: Current PMP Status: INTRASTATE Permissions & Practices

When in-state requesters *solicit* PMP data, the PMPs' ability to fulfill requests varies by the type of requester:

- 97% of PMPs are permitted to fulfill (though not necessarily engaged in fulfilling) requests from law enforcement;
- the same percentage (97%) holds for regulatory agencies;
- 87% are permitted to fulfill requests from prescribers;
- the same is true of pharmacies / pharmacists and their state attorneys general[2];
- 71% are permitted to fulfill requests from researchers; and
- 58% are permitted to fulfill requests from patients.

[2] We assumed that the "law enforcement" category consisted primarily of state and local agencies, e.g. state police, state departments of public safety, municipal police and county/parish sheriffs. State attorneys general have varying legal authorities ranging from criminal to civil. The authorities differ from state to state; in some states, criminal prosecution is the responsibility of district attorneys. Thus, the committee wanted to collect information regarding attorney general's access to PMP data separately from that of "law enforcement".

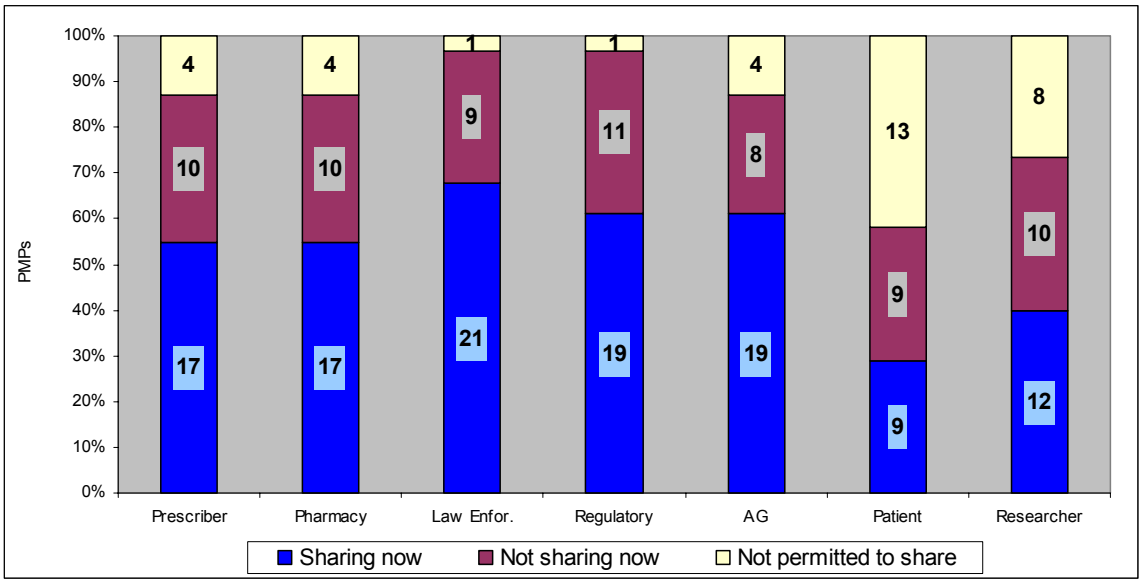

Figure 1 – Intrastate Sharing Practices and Permissions: Solicited

The level of PMPs' permission to share data without an initiating request (*unsolicited*) is different than when they receive solicited requests:

- 67% of PMPs are permitted to share (though not necessarily engaged in sharing) unsolicited data with prescribers;
- 58% are permitted to share with pharmacies / pharmacists;
- the same percentage (58%) holds for law enforcement and for regulatory agencies;
- 48% are permitted to share with their state attorneys general;
- 34% are permitted to share with researchers; and
- only 17% are permitted to share with patients.

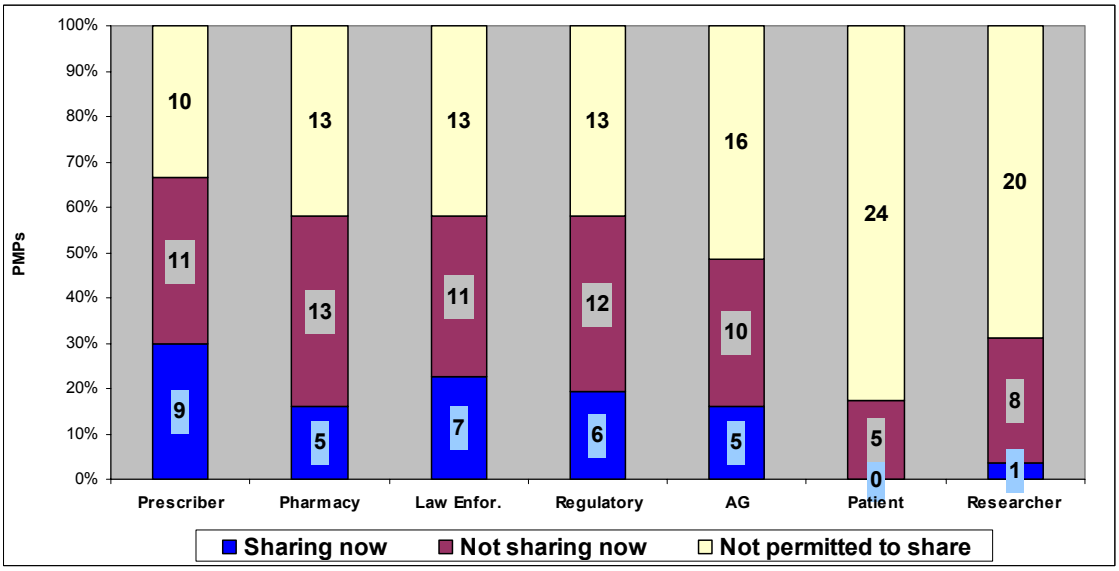

Figure 2 – Intrastate Sharing Practices and Permissions: Unsolicited

Most of the states that have permission to share solicited and unsolicited information aren't doing so presently, but provided information on when they plan to do so. The majority of states lacking permission explained what event must occur before they will be permitted to do so. In addition, many states provided additional information. Since these comments / explanations closely resemble the comments / explanations provided regarding interstate sharing and because PMIX is focused on interstate sharing, the description of these comments / explanations is included under Question 3 below.

4.3. Q3: Current PMP Status: INTERSTATE Permissions & Practices

When out-of-state requesters ask for PMP data (solicited), the PMPs' ability to fulfill such requests parallels intrastate requests:

- 90% of PMPs are able to fulfill requests from law enforcement;
- 87% from regulatory agencies;
- 77% from prescribers and AGs;
- 74% from pharmacies / pharmacists;
- 71% from researchers; and
- 58% from patients.

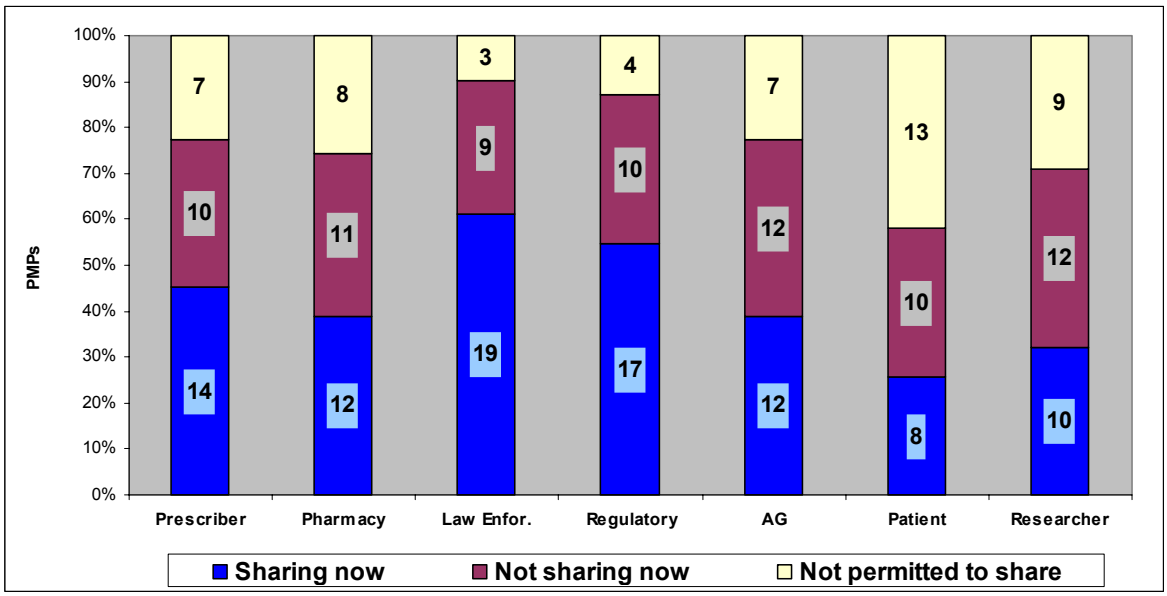

Figure 3 – Interstate Sharing Practices and Permissions: Solicited

The level of PMPs' permission to share data without an initiating request (unsolicited) parallels, but is not as robust as intrastate unsolicited sharing:

- 55% of PMPs are able to share unsolicited data with prescribers;
- 50% with regulatory agencies;
- 47% with law enforcement agencies;
- 43% with pharmacies / pharmacists;

- 37% with attorneys general;
- 27% with researchers; and
- 17% with patients.

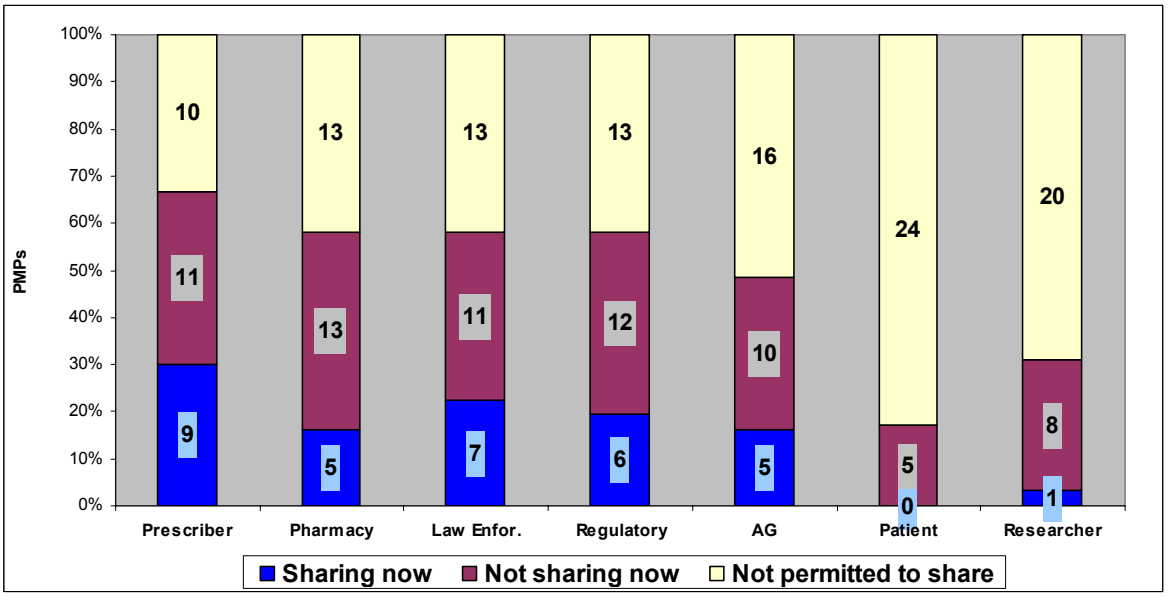

Figure 4 – Interstate Sharing Practices and Permissions: Unsolicited

States' comments / explanations regarding interstate sharing are described here because PMIX is focused on interstate sharing and must take into account these comments / explanations. (The following narrative information is quite similar to what states provided in response to Question 2 about intrastate sharing.)

Currently, more than half of the states legally able to fulfill solicited requests from users in other states are currently doing so, while less than half those legally able to provide unsolicited information are doing so. Many of the states not yet fulfilling solicited requests or sharing unsolicited data with users in other states said they plan to start when they become operational in the next two years. Some indicated they will need additional staff or resources before they can share the data.

Of those states not permitted to fulfill requests or to share unsolicited data, most reported that legislative change would be needed before they could do so. A few indicated they could do so through regulation or policy change.

Many states provided additional information regarding their data sharing. For example, some reported they require a court order or subpoena before they can fulfill requests from law enforcement agencies or AGs. Others require an open investigation and / or a case number. One state requires a medical review group approval prior to sharing of information.

Regarding researchers, most states reported they limit researchers' access to statistical data with no identification of patients, prescribers, or pharmacies.

Others noted that patients are limited to their own prescriptions only. One state requires a notarized request and another requires a court order to provide patients access to their own data.

4.4. Q4: Current INTERSTATE Sharing

States reported they have shared their PMP data with other states' PMPs 27 times during the past twelve months and that 21 of these times the data was shared with bordering states.

When sharing with the PMPs:

- 4 states shared the data via US Mail,
- 4 via Fax,
- 4 via email and
- 1 by other electronic transmission.

When sharing data directly with end users in other states:

- 13 states shared data via US Mail,
- 11 via Fax,
- 9 via email, and
- 4 via other electronic transmission.

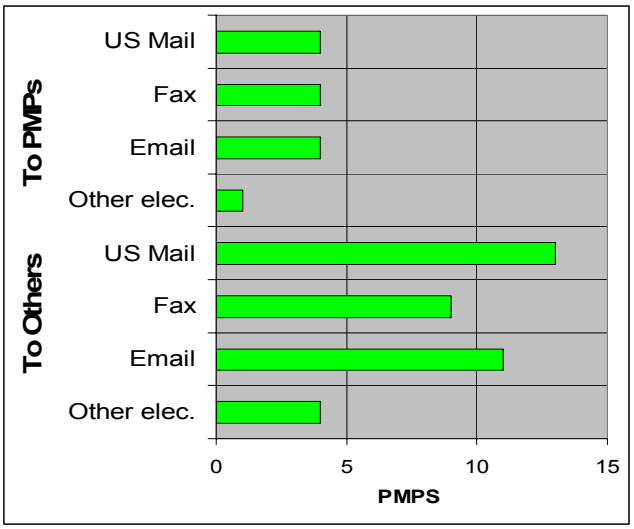

Figure 5 – Current INTERSTATE Sharing

4.5. Q5: Current PMP Status: Sharing Volume and Trends

The states' responses to survey Question 5 provide a clear picture of the rapid growth in the production and distribution of reports by PMPs across the country and the initial take-off of interstate data sharing. In five years, the number of fulfilled requests for PMP reports rose more than 700% from 108,961 in 2001 to an estimated 806,692 in 2006, with the greatest increases in 2005 and 2006. The

number of states fulfilling more than 200 requests each year increased from 4 PMPs in 2001 to 18 in 2006 (by mid-year).

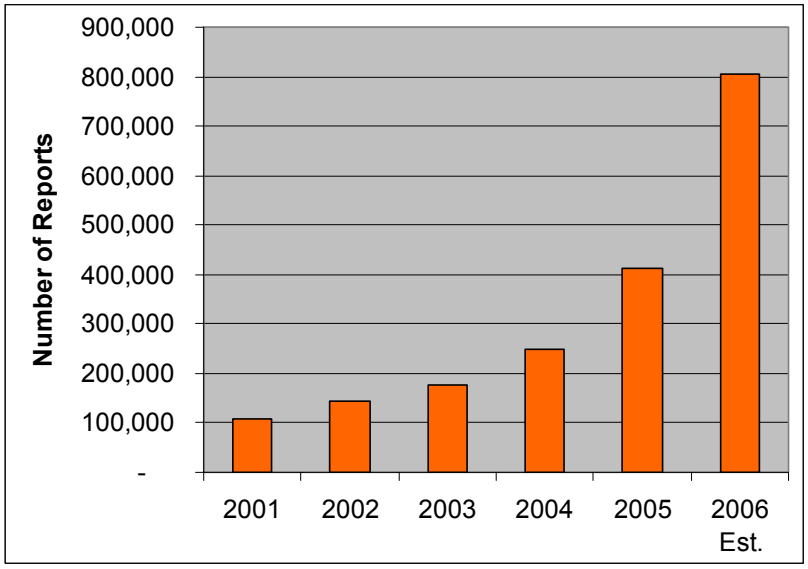

Figure 6 – PMP Total Requests Fulfilled 2001-2006

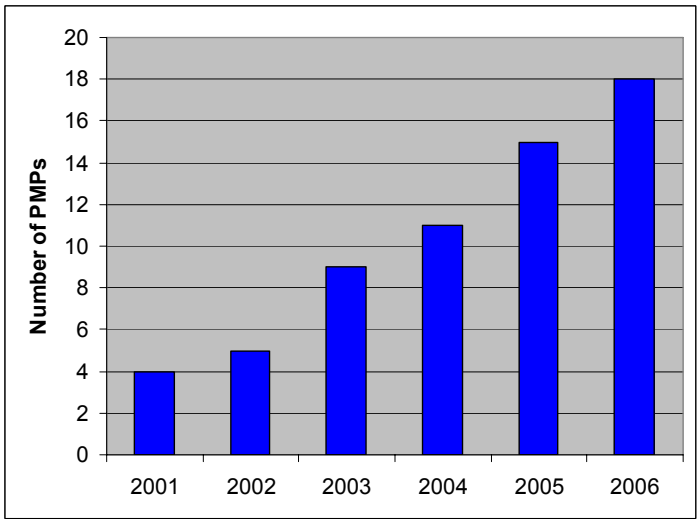

Figure 7 – PMPs Fulfilling More than 200 Total Requests 2001-2006

The fulfilling of interstate requests for PMP data, while smaller in number, increased at a faster rate than total requests. Fulfilled interstate requests went up over 1100%, from a total of 536 in 2001 to an estimated 6,003 in 2006. The number of states fulfilling interstate requests expanded from 1 PMP in 2001 to 7 in 2006 (by mid-year).

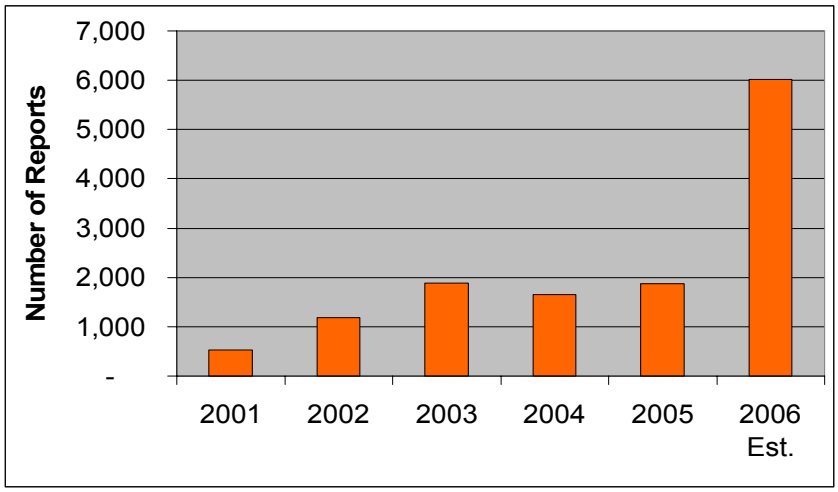

Figure 8 – PMP Out-of-State Requests Fulfilled 2001-2006

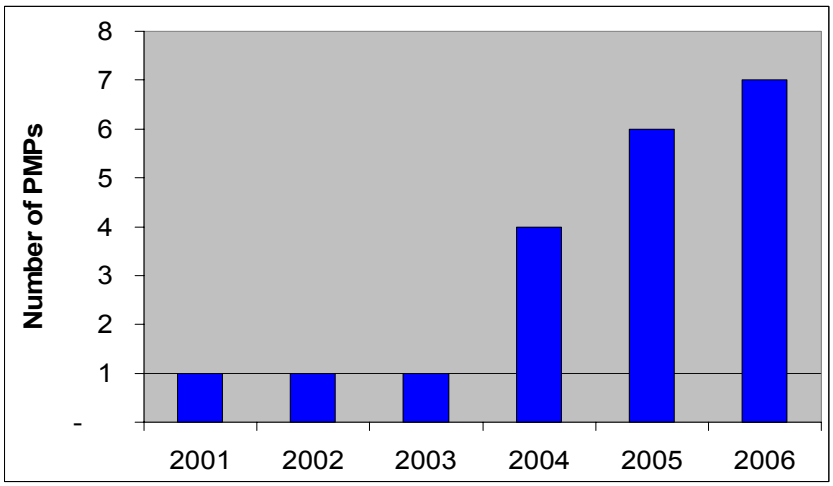

Figure 9 – PMPs Fulfilling Out-of-State Requests 2001-2006

4.6. Q6: Current PMP Status: FEDERAL Permissions & Practices

When Federal agencies request PMP data (solicited), the PMPs' ability to fulfill such requests varies by the type of agency:

- 84% of PMPs are able to fulfill requests from the DEA;
- 81% from the FBI;
- 77% from the Federal AG;
- 70% from the ATF, IHS and VA; and
- 61% from the FDA.

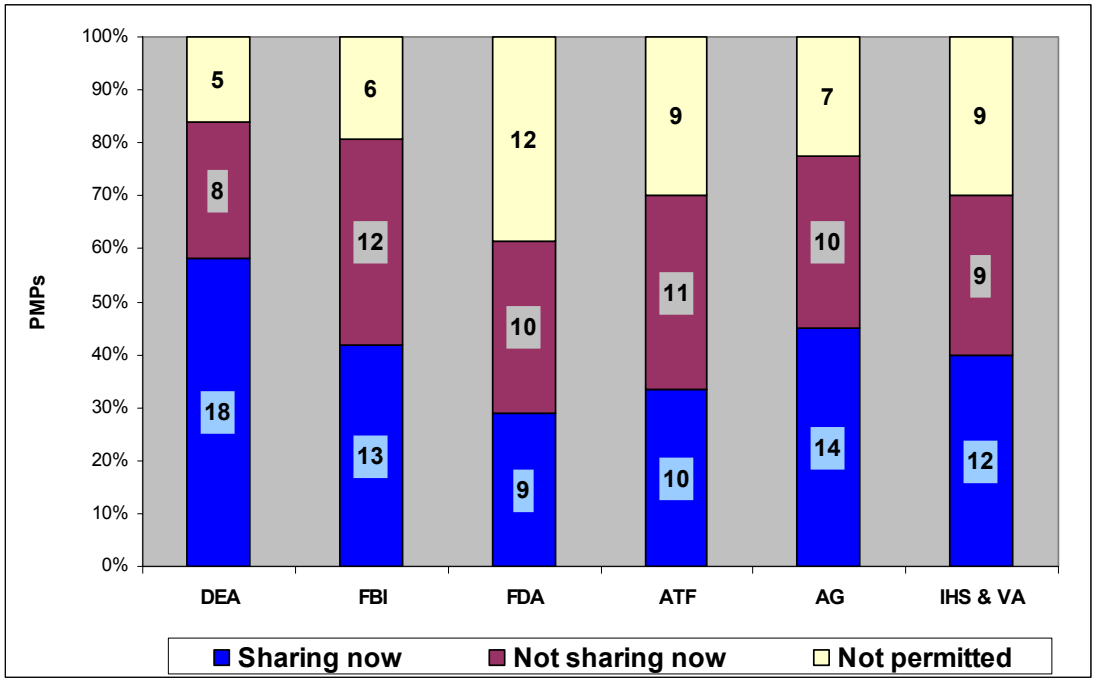

Figure 10 – Federal Sharing Practices and Permissions: Solicited

The level of PMPs' permission to share data without an initiating request (unsolicited) is different than when they receive solicited requests:

- 43% of PMPs are able to share unsolicited data with the DEA;
- 40% with the IHS and VA;
- 38% with the FBI;
- 34% with the ATF and the Federal AG; and
- 33% with the FDA.

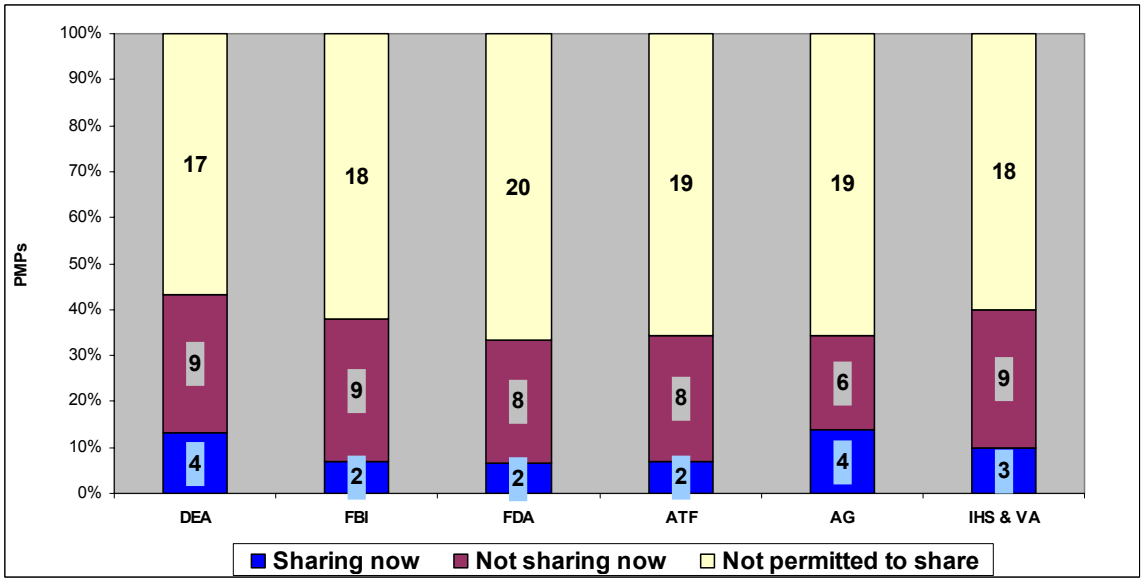

Figure 11 – Federal Sharing Practices and Permissions: Unsolicited

Many of the states legally able to but not yet fulfilling solicited requests or sharing unsolicited data with Federal agencies said they plan to start when they become operational in the next two years. Some indicated they will need additional staff or resources before they can share the data.

Of those states not permitted to fulfill requests or share unsolicited data, most reported legislative change would be needed before they could do so; a few indicated they could do so through regulation or policy change.

Additional information provided by the states covered a range of subjects. For example, some reported that while they cannot directly share data with agencies like the FDA or FBI, they are able to fulfill requests for those agencies if the data is requested through the DEA. Others indicated that a court order or subpoena is needed for them to fulfill Federal law enforcement requests. One state requires a medical review group approval.

4.7. Q7: Current PMP Status: Other Exchange Partners

PMPs reported they are sharing data with additional exchange partners:

- Regulatory (cited 3 times)
  - Health Practitioner Intervention Program
  - Medical Examiners Office
  - State Pharmacist
- Law Enforcement (cited 11 times)
  - Office of Inspector General (2 Times)
  - Bureau of Narcotics
  - Child Protective Services - drug related
  - Probation Dept. of Corrections - drug related
  - Probation & Parole
  - Bureau of Investigation
  - Medicaid Fraud Unit (noted 3 times)
  - Judges administering drug diversion or probation program
- Other (cited 7 times)
  - Workers Compensation
  - Medicaid (3 times)
  - Medicare
  - Law Firms (2 times) – 1 for "solicited" only and 1 requires court order

4.8. Q8: Authentication of Users

A significant majority of PMPs (71%) have systems to authenticate, register, or authorize entities that request PMP data.

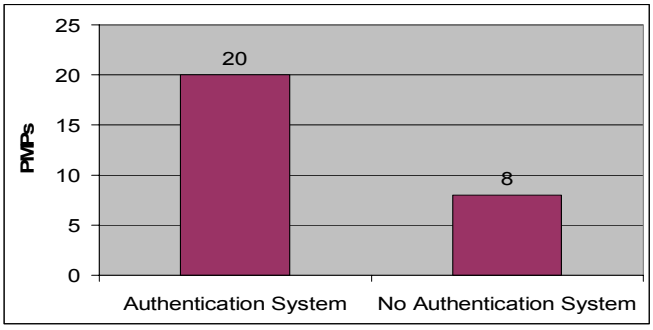

Figure 12 – Authentication of Users

Of the PMPs that do have such systems, they use them to authenticate prescribers, pharmacies / pharmacists, law enforcement, regulatory agencies, researchers, and patients.

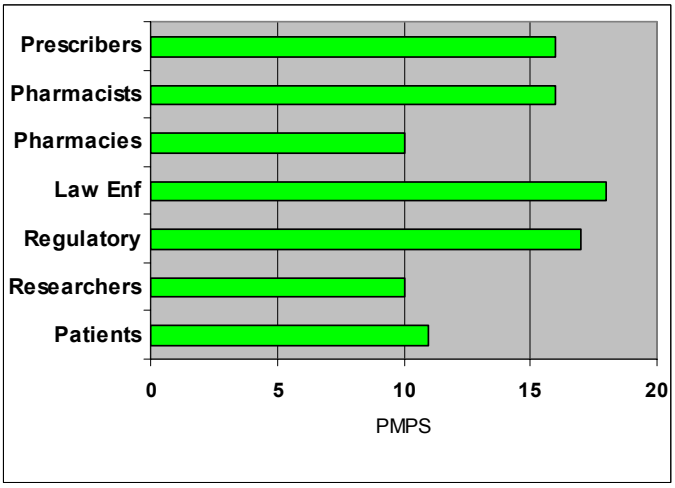

Figure 13 – Authentication of Users: Who Is Authenticated?

In addition, some use their systems to also authenticate:

- Medicaid fraud unit staff (2 states)
- Medicaid staff (1 state)
- Judges administering drug diversion or probation programs
- Medical examiner
- Health care practitioner intervention programs

The timing for authentication varies. About half the states require it prior to the first data request, while the other half require it upon demand. Likewise, the renewal of authentication varies, with 2 states requiring renewal annually (one of these requires renewal after a set number of days), 7 requiring it upon each request, and 9 never requiring renewal.

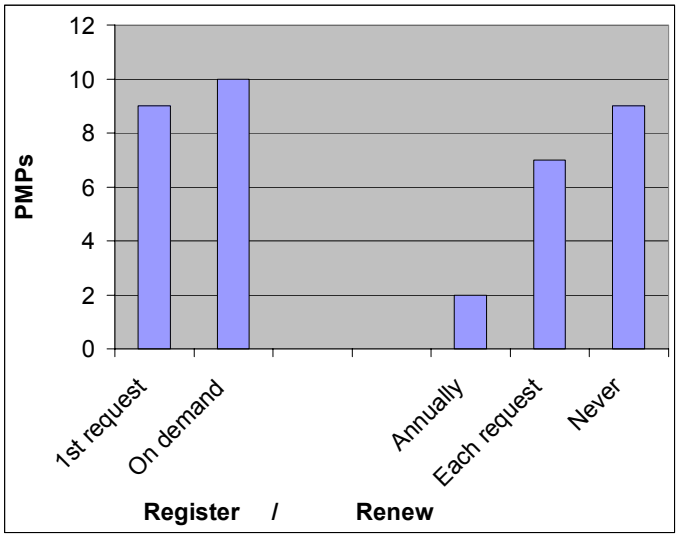

Figure 14 – Authentication of Users: When Is Authentication Performed?

Some states reported the timing for authentication and renewal varied by the type of end user. For example, one state requires:

- Prescriber / pharmacy: authentication before the first request
- Patients: authentication each time a request is made
- Law enforcement agencies: each request must be made through their state's AG
- Regulatory agencies: must submit a form for each request

The states reported variation in the types of documentation and information that must be submitted by requesters with their applications for authenticated. Some require submission of copies of licenses and registrations:

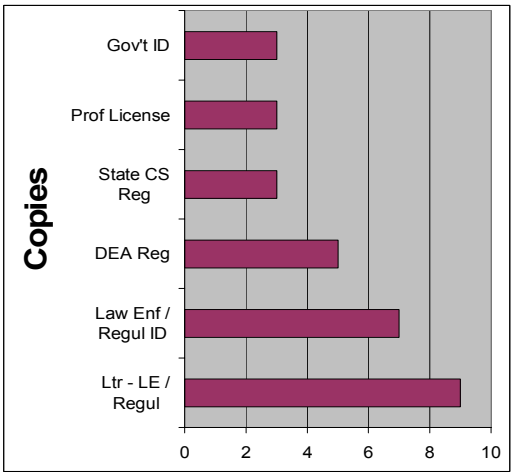

Figure 15 – Authentication of Users: Requestors Must Submit (Chart 1)

Others states require different information with the applications. Note the difference between "Professional License" in the prior chart and "Professional License *Number*" (indicated as "Prof. Lic. #") in this chart:

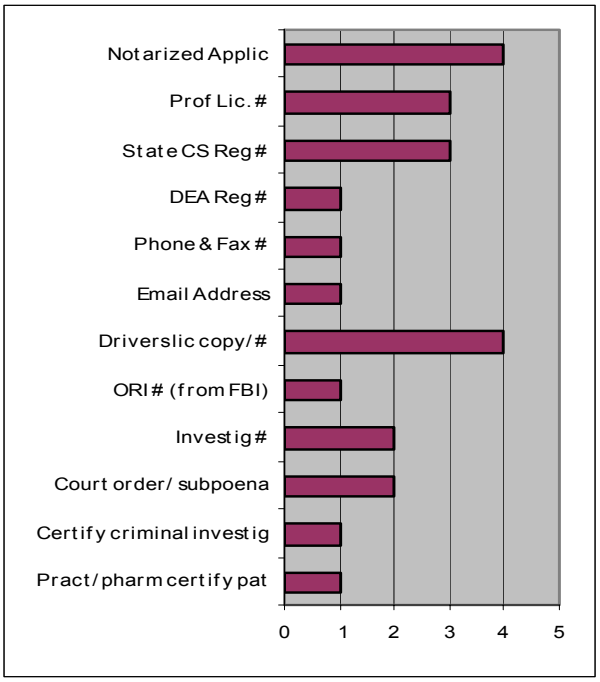

Figure 16 – Authentication of Users: Requestors Must Submit (Chart 2)

PMPs permit requesters to submit applications by a variety of means including US Mail, Fax, email, and Web-based portals:

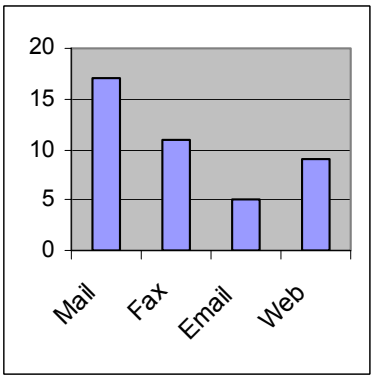

Figure 17 – Authentication of Users: How Do Users Apply?

In addition, one state will accept applications by a telephone call from a known law enforcement agency and another state requires patients to appear in person.

To validate authentication requests, states use a variety of methods including verification against records of state registration boards, state-controlled substances licensure / registration, and with DEA registration:

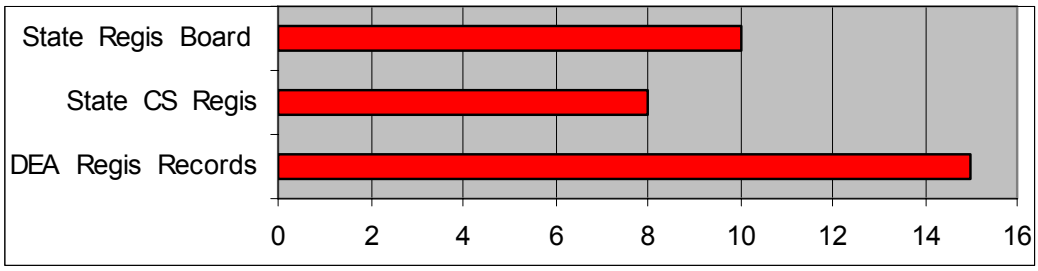

Figure 18 – Authentication of Users: How Do PMPs Verify Applications? (Chart 1)

In addition, PMPs report they use other forms of verification:

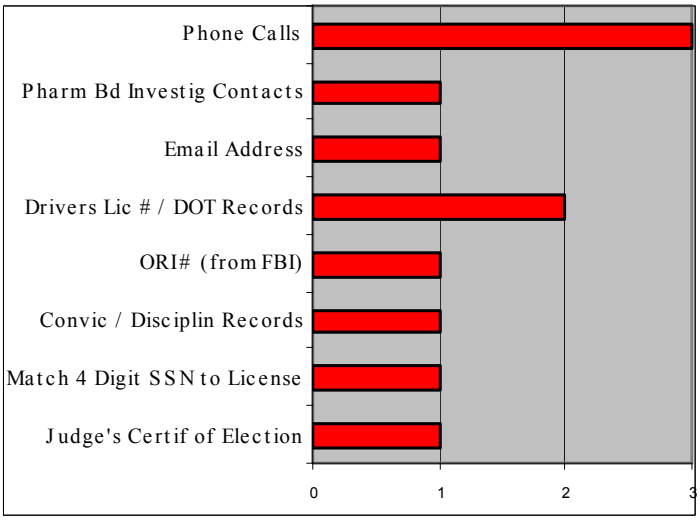

Figure 19 – Authentication of Users: How Do PMPs Verify Applications? (Chart 2)

4.9. Q9: Interstate MOUs

Memoranda of Understanding (MOUs) are required by 2 states for sharing data with another PMP; 15 states reported they do not currently require MOUs, but are considering such a requirement; 7 states do not require MOUs and are not considering requiring them; and 2 states indicated the question is unresolved and / or they need additional information.

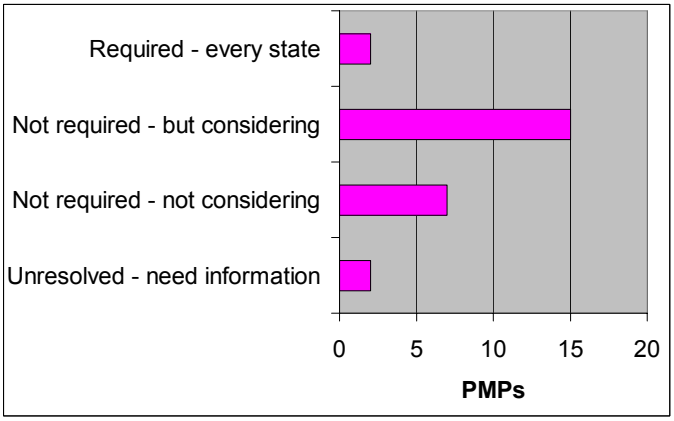

Figure 20 – Interstate MOUs

4.10. Q10: Interstate PMP Data Sharing: Filling Requests

Each state was asked if they chose to fulfill a request from another state, "Do your state's limitations on use of data apply to the end user who receives the data in the requesting state?" Two-thirds of the states stated they require that their data use limitations apply to end users in the requesting states.

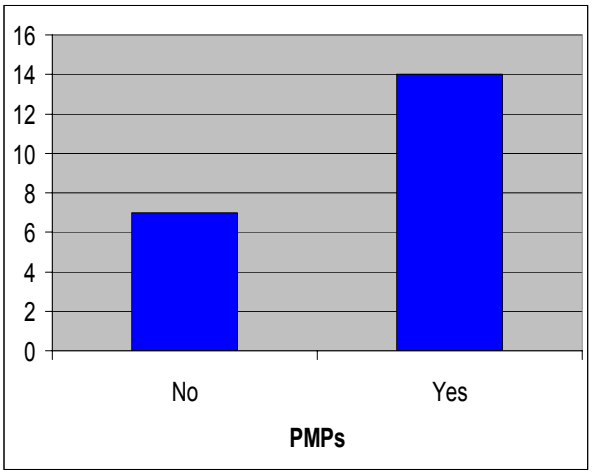

Figure 21 – Interstate PMP Data Sharing: Do Your Limits Apply in Requesting States?

Of these: 10 states consider it their responsibility, as disclosing states, to communicate the restrictions to the end users; 2 states want the requesting PMP to be responsible; and 1 state indicated the responsibility could vary. Two other states said their laws do not permit transmission of data to other PMPs.

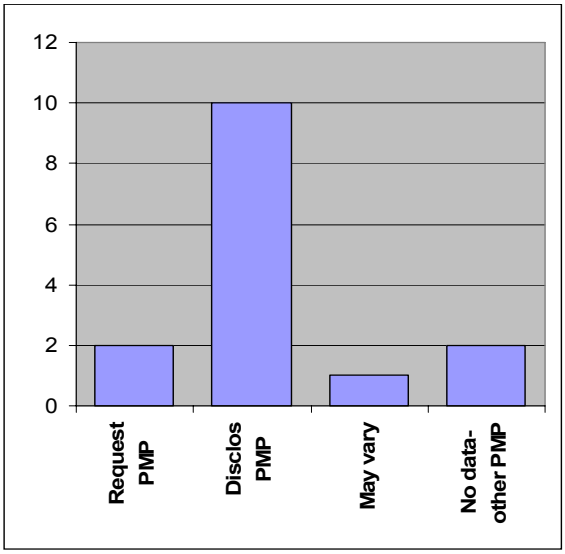

Figure 22 – Interstate PMP Data Sharing: Who Communicates Limits?

Fourteen states replied to the question "Does your state ask for a report back on who used the data and how?" Of these, three (21%) responded "Yes" and the remaining 11 (79%) responded "No."

In answering how many months of data are included when they fulfill requests from other PMPs, the states' answers varied:

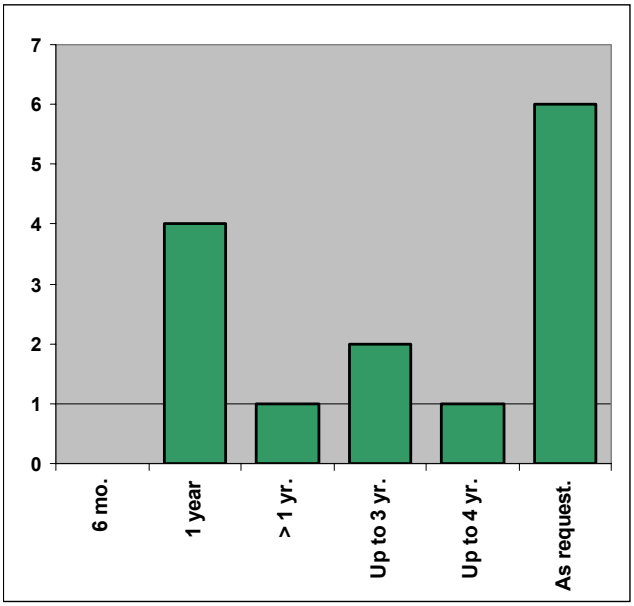

Figure 23 – Filling Requests: Months of Data Included

Regarding bulk sharing of PMP data with other states: 44% of the PMPs said they would be willing to consider sharing in bulk, 33% said they are not willing, and 22% said they are not permitted to share in bulk.

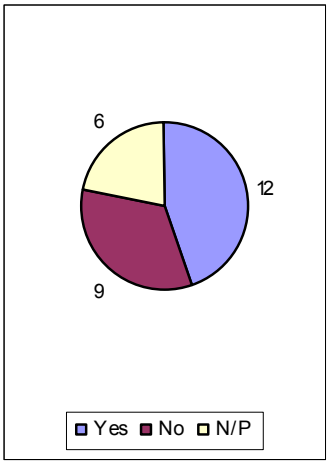

Figure 24 – Filling Requests: Interested in Bulk Data Sharing?

In terms of frequency: 1 state would expect to share bulk data biweekly, 7 monthly, and 1 quarterly.

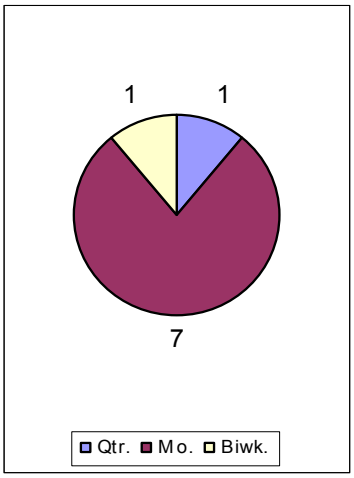

Figure 25 – Filling Requests: Bulk Data Sharing Frequency

4.11. Q11: Interstate PMP Data Sharing: Requests from Physician or Pharmacist

When asked if they are able to fulfill a request from another PMP when the end user is a physician or pharmacist, 59% said "Yes" (16 out of 27).

The states that answered "Yes," also indicated what information they require from the requesting PMP about the end user:

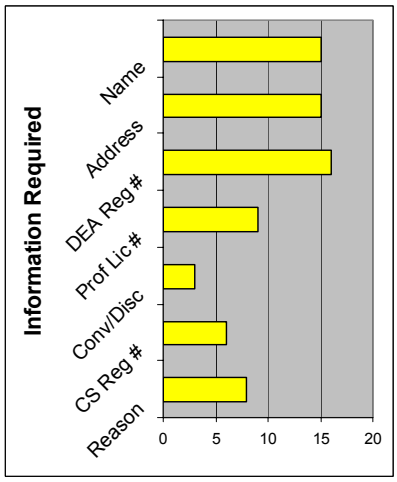

Figure 26 – Physician or Pharmacist: Information Required to Fulfill Request Through PMP

Additional required information includes:

- Require signed request direct to the disclosing PMP (4 states)
- Require certification of patient – practitioner / pharmacist relationship (1 state)
- Require driver's license number (1 state)

One state reported that it plans to seek legislation authorizing data sharing with other PMPs.

Eighteen states answered the question "Is the same information required for a physician / pharmacist request in your state?" – 100% said "Yes." Eighteen also answered a question about their willingness to accept the requesting state PMP's certification that a requester is eligible to receive PMP data: 56% said they are willing to accept the requesting state's certification; 44% said they would prefer to authorize themselves.

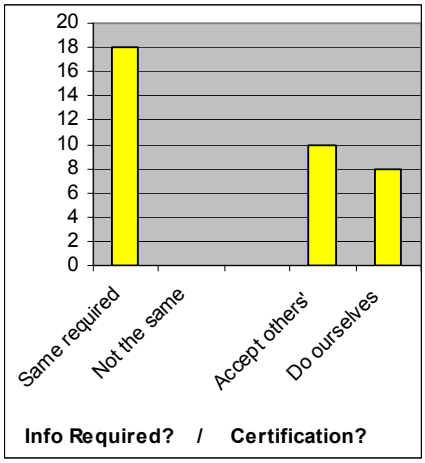

Figure 27 – Physician or Pharmacist: Information Required & Certification

4.12. Q12: Interstate PMP Data Sharing: Requests from Law Enforcement & Regulatory Entities

When asked if they are able to fulfill a request from another PMP when the end user is a law enforcement or regulatory agency, 73% said "Yes" (19 out of 26).

The states that answered "Yes," also indicated what information they require from the requesting PMP about the end user:

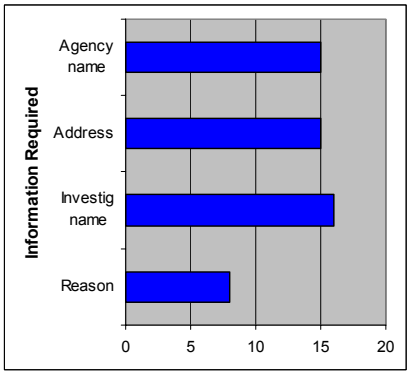

Figure 28 – Law Enforcement / Regulatory: Information Required to Fulfill Request Through PMP

Additional required information includes:

- Requires signed requests (5 states)
- Requires court order or subpoena for law enforcement (3 states)

- Requires certification of investigation / prosecution for law enforcement (3 states)
- Request must come to the PMP via its state law enforcement agency (1 state)
- Requires case specifics (1 state)
- Requires phone number (1 state)
- Requires investigators' drivers license number (1 state)
- Requires badge or ID number of investigators (1 state)Twenty states answered the question "Is the same information required for a request from a member of a law enforcement or regulatory entity in your state?" – 100% said "Yes." Twenty-one also answered a question about their willingness to accept the requesting state PMP's certification that a requester is eligible to receive PMP data: 43% said they are willing to accept the requesting state's certification; 57% said they would prefer to authorize themselves.

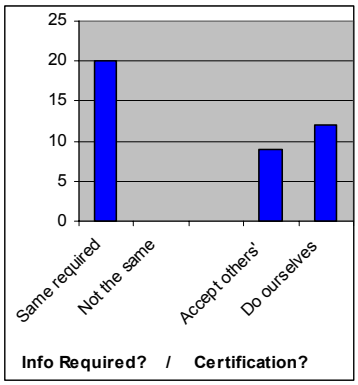

Figure 29 – Law Enforcement / Regulatory: Information Required & Certification

4.13. Q13: Interstate PMP Data Sharing: Requests from Researchers

When asked if they are able to fulfill a request from another PMP when the end user is a researcher, 44% said "Yes" (12 out of 27).

The states that answered "Yes," also indicated what information they require from the requesting PMP about the end user:

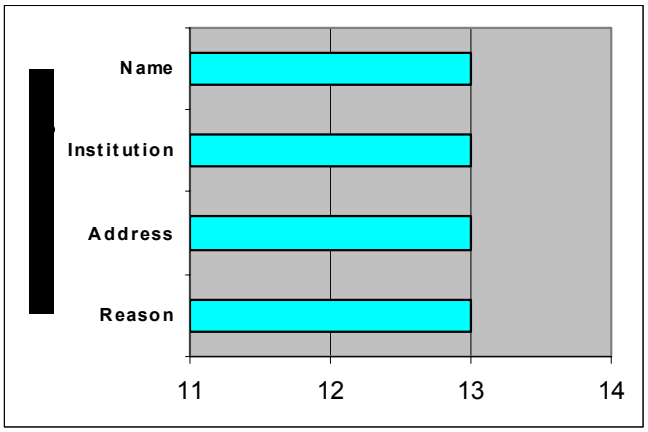

Figure 30 – Researchers: Information Required to Fulfill Request Through PMP

Additional required information includes:

- Requires IRB approval & other forms (2 states)
- Requires written request direct to PMP (1 state)
- Requires researcher to register with PMP (1 state)

States also provided other information:

- PMPs can provide no ID of patient, prescriber, or dispenser (4 states)
- PMP can only release statistics (2 states)Fourteen states answered the question "Is the same information required for a researcher's request in your state?" – 100% said "Yes." Thirteen also answered a question about their willingness to accept the requesting state PMP's certification that a requester is eligible to receive PMP data: 54% said they are willing to accept the requesting state's certification; 46% said they would prefer to authorize themselves.

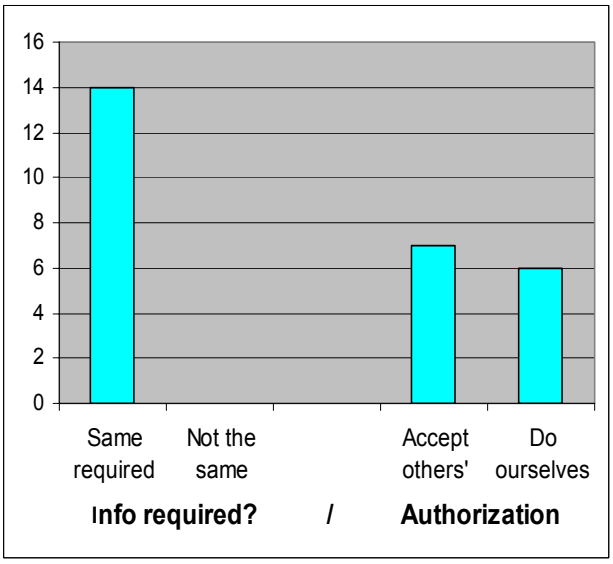

Figure 31 – Researchers: Information Required & Certification

4.14. Q14: Interstate PMP Data Sharing: Requests from Patients

When asked if they are able to fulfill a request from another PMP when the end user is a patient, 31% said "Yes" (8 out of 26).

The states that answered "Yes," also indicated what information they require from the requesting PMP about the end user:

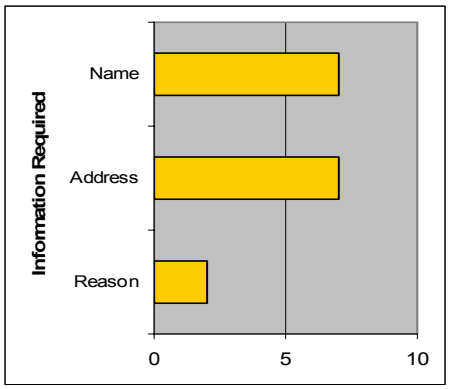

Figure 32 – Patients: Information Required to Fulfill Request Through PMP

Additional required information includes:

- Requires signed request from patient (2 states)
- Requires notarized request from patient (2 states)
- Requires patient to show ID in person (2 states)
- Requires patient's date of birth (1 state)Ten states answered the question "Is the same information required for a patient in your state?" with a response of "Yes." Twelve also answered a question about their willingness to accept the requesting state PMP's certification that a requester is eligible to receive PMP data: only 17% responded affirmatively; 83% indicated they would prefer to authorize themselves.

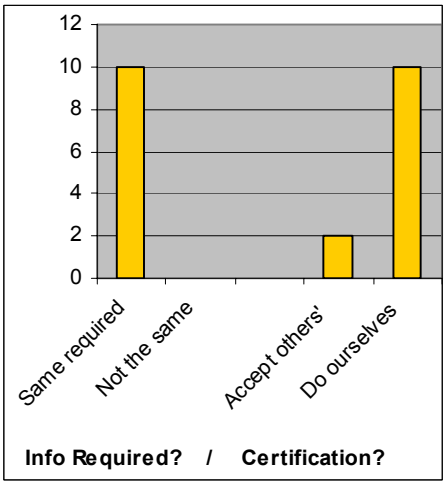

Figure 33 – Patients: Information Required & Certification

4.15. Q15: Potential Features of an Automated PMP Information Exchange (PMIX) System

States were asked, "If a PMIX capability could affordably be developed to meet your state's criteria for secure transmission of PMP data, is it likely your state might adopt such a capability?" Twenty-six responded: 77% said it is likely; 15% said it is unlikely; and 8% were unsure / more information is needed.

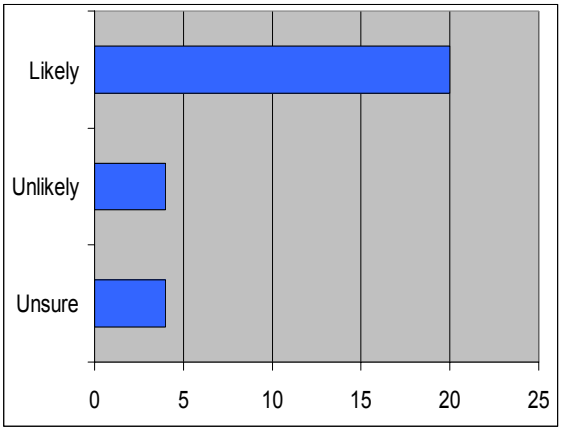

Figure 34 – Likely to Adopt PMIX?

Other comments include:

- Are already using PMIX pilot (NV and CA)
- Need legislation change to share with other PMPs (4 states)
- May share with local states (1 state)
- Costs and funding are primary concerns (3 states)
- Security and privacy are concerns (2 states)
- Bandwidth and access to the data are concerns (1 state)

States were asked "How likely is it that your state would require creation of a detailed cost model to fully characterize implementation and operational costs before investing in such a system?" Twenty-nine responded: 79% said a cost model would likely be necessary; 17% said it would likely not be required; and 4% were unsure.

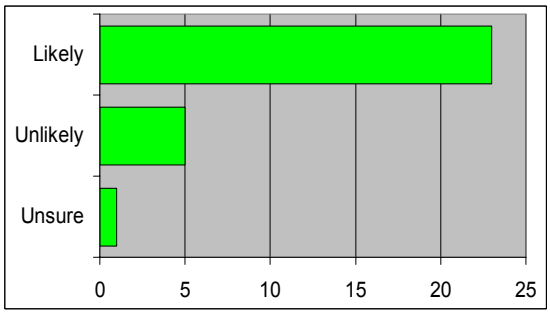

Figure 35 – Require Cost Model?

States were asked if they would want the PMIX system to have an automated capability to transmit their states' data usage restrictions with each data packet or would they prefer to use other means. Twenty-seven responded: 59% preferred an automated capability; 26% preferred an alternative means; and 15% were unsure.

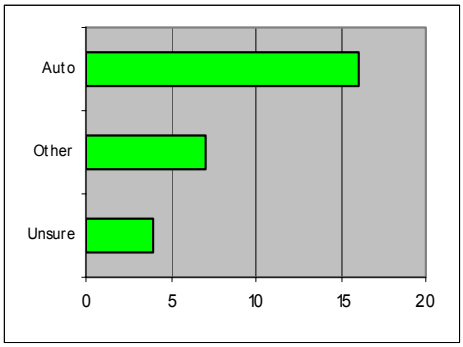

Figure 36 – How Transfer Data Use Limits?

States were asked, "If your state adopted a PMIX capability, would you want the PMIX system to have a "hub" do an initial screening to make sure that requests comply with your legal requirements and restrictions before the requests are sent on to you, or would you prefer to have all requests forwarded to you so you can review every one and decide if each of them comply with our legal requirements and restrictions?" Twenty-eight responded: 64% prefer hub screening; 32% prefer no hub and want all requests sent to them; and 4% were uninterested.

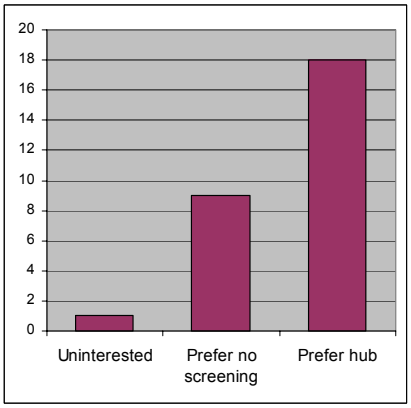

Figure 37 – Want PMIX Hub to Perform Initial Screen?

Other comments include:

- Prefer a technological hub: not a person or agency (1 state)
- Prefer hub if:
  - Disclosing PMP's rules apply (1 state)
  - There is security and HIPAA compliant privacy is assured (1 state)
- The answer depends on the number of data requests received (1 state)
- With a hub, the disclosing PMP will still screen (1 state)

When asked, "If your state adopted a PMIX capability, would you anticipate that it would be used for regular bulk data transmission?" 30 states responded: 15 (50%) said "Yes;" 8 (27%) said "No;" and 7 (23%) were unsure / more information is needed.

5. Discussion of Findings

5.1. The Importance of PMIX

This survey demonstrates why PMIX is important in the effort to curtail the diversion and abuse of prescription controlled substances across the United States. The responses to Question 5 reflect the exponential growth of PMPs' intrastate and interstate data sharing capabilities to address these problems. The rapid acceleration shows how important it is for PMIX capabilities to continue being refined and implemented.

This conclusion is further supported by surveys conducted by the State of Massachusetts PMP through their Harold Rogers PMP grant. Massachusetts contracted with Mr. Eadie to assist in the conduct of two surveys relevant to PMIX. First, Massachusetts surveyed the 21 PMPs that were operational during 2005 to determine the total number of controlled substances prescriptions they collected. All states responded: the 21 PMPs collected 93.4 million prescriptions during 2005.

Second, Massachusetts obtained information from 4 PMPs regarding out-of-state prescribing, i.e. the proportion of controlled substances prescriptions filled in each state that had been issued by prescribers whose DEA registration is out-of-state. The states reported: MA: 5%, KY: 7%, ME: 8%, and RI: 10%. Using this information in conjunction with the number of controlled substances (CS) prescriptions collected indicates that between 4.7 million and 9.3 million CS prescriptions collected by PMPs during 2005 were originated by out-of-state prescribers.

Further review by KY, ME, and MA found that each state collected prescriptions that originated in each and every one of the 50 states, District of Columbia, and US Territories.

These findings indicate that prescription monitoring programs must efficiently share information in order to identify all the prescriptions attributable to persons engaged in diverting and abusing controlled substance prescription drugs.

5.2. Memoranda of Understanding

The survey identified more than half the PMP states either require MOUs in order to share data between states or are considering making MOUs a requirement (reference Question 9). Further, the survey indicates that such MOUs must take into consideration data sharing directly between PMPs as well as provide for up to 27 different types of exchange initiators for whom requesting PMPs may seek cross-state data (reference Questions 2, 3, 6, and 7).

Since one of the Massachusetts surveys identified that each PMP may have data originating with prescribers in all 50 states, the District of Columbia, and the

Territories, there is a possibility that each state may one day need to share data with as many as 52 other PMPs. If every PMP requires a separate MOU with every other PMP prior to sharing data, this could lead to more than 1,300 MOUs.

This survey identified that states' requirements and limitations for data sharing are subject to change (see comments in tabulation sheets for Questions 2, 3, and 6). For example, two states have pending legislation that would alter with whom and how they can share data. If every PMP has a separate MOU with every other PMP, each change in a state's law or regulations could require changes in every one of its MOUs.

This raises the question of whether some form of a master MOU would be helpful. Such an MOU might enunciate common standards and principals. Then each state could decide if it wishes to sign onto the master MOU with their unique and specific requirements enumerated. Changes in a state's law or regulation could then be accommodated with just one modification to the master.

At present, Nevada and California are developing an MOU for the PMIX Phase II Pilot Project, and the National Alliance for Model State Drug Laws has developed a draft compact for sharing data between PMPs.

This is an area that may require additional work to mitigate the risk that the lack of such MOUs could hinder PMIX proliferation and increase overall costs.

5.3. Cost Model

In answering Question 15, 79% of PMPs said they will probably need a detailed cost model to fully characterize implementation and operational costs before their states are likely to invest in a PMIX capability. The IJIS PMP Committee has recommended this work be undertaken should any future PMIX projects become funded.

5.4. PMIX Hub

The survey revealed some of the complexity that will be involved in developing a national PMP data sharing capability. No two states have the same requirements regarding parties eligible to receive data, terms under which they may receive the data, or the methods for authentication (reference Questions 2, 3, 6, 7, and 8). In response to this complexity, 64% of PMPs indicated they would prefer a hub to initially screen requests (reference Question 15).

Several important questions are worthy of consideration by the IJIS PMP Committee if future PMIX project opportunities should arise:

- Who will operate the hub?
- Who will keep screening criteria current?
- Should the hub proactively notify requesters of disclosing PMP requirements before a request is forwarded?

- Should non-complying requests be rejected or passed through to the disclosing PMP with a notation?

5.4.1. State restrictions and limitations on data use

In responding to the survey, 67% of the PMPs indicated their restrictions apply to data when it is disclosed to a requesting state (reference Question 7). When asked how they wanted such restrictions transmitted, 59% indicated they wanted restrictions transmitted with the data packets themselves (reference Question 15).

Consideration should be given to how these restrictions could and should be communicated. One option would be development of a standardized glossary to describe the wide variety of restrictions, and a coding structure to reflect that glossary. The question of what organization would govern and maintain the glossary over time would also need to be addressed.

5.4.2. Bulk data transfer

About half of the states indicated an interest in using PMIX capabilities to transfer data in bulk to other PMPs (reference Questions 10 and 15). Other survey findings illuminate issues for consideration in designing a PMIX bulk transfer capability.

For example, since the restrictions of many disclosing states apply in the requesting states, how can and should each disclosing state's restrictions be attached to prescriptions transmitted in bulk? This question is pertinent even if the requesting state bifurcates its system so that the bulk data is not integrated with their own. One option might be to consider an "archival tag" attached to each prescription record so restrictions can be identified and applied to subsequent uses.

The survey identified that some states' restrictions may change over time. This raises the question of how such changes should impact the use of data previously transferred in bulk. An "archive tag" might be required in PMIX systems to identify not only state of origin, but also date of transmission in order to properly accommodate these potential changes. For example, a prohibited use of a state's data in year 2008 may not be prohibited in year 2009. Presumably, the prohibition would remain in effect for data transmitted in 2008, even if data were used in year 2009.

One of the goals of the PMP Committee is to nurture the proliferation of PMIX capabilities and the development of a national PMP exchange capability. In order to accomplish this end, the committee should continue to bring questions such as these to the attention of BJA, NAMSDL and the States. It should also participate in helping to identify cost-effective electronic solutions that would garner support from IJIS PMP clients in the States.

5.5. Additional Challenges

The survey identifies areas where the PMPs may need to work collectively to improve their capabilities to address prescription drug diversion and abuse. These areas include:

5.5.1. Authentication Process

Answers to Question 8 identified that almost 75% of PMPs have some form of an authentication process, yet there is wide variation in who is authenticated, when it is required, when and if renewal is required, application procedures, documentation and information required upon application, and verification of credentials.

Many PMPs reported they want to rely on each requesting state's certification that a requester is eligible to receive PMP data (reference Questions 11, 12, and 13). But if the wide variations in authentication processes continue, disclosing PMPs may have to revisit the question of whether they can rely on these certifications from requesting PMPs.

This raises additional questions such as whether "best practices" should be created and, if so, by whom? Also, should standards for the authentication process be developed and, if so, by whom?

During the 1990s, the Alliance of States with Prescription Monitoring Programs (ASPMP) recognized the need to standardize the data elements collected by PMPs. As a result, ASPMP worked with the American Society for Automation in Pharmacy (ASAP) to develop the "ASAP standards" for transmission of controlled substance prescriptions. Perhaps this experience could serve as a model for the development of standardized authentication procedures.

5.5.2. Solicited and Unsolicited Reports

The findings from Questions 2, 3, 6 and 7 indicate there is wide variation between PMPs regarding the types of end users who have access to PMP data. The answers to these same questions also reveal a wider variation between who has access to solicited reports and who has access to unsolicited reports. For example, some PMPs reported they are able to share data with prescribers both when they are solicited and when unsolicited; others are only permitted to fulfill solicited requests; yet others are only permitted to share unsolicited data.

This raises several questions that might be worthy of further examination, including:

- Of the 27 different types of end users identified in the survey (reference Questions 2, 3, 6, and 7) how are each of them using PMP data?
- How effective are solicited / unsolicited reports in helping each state achieve its goals? How effective are they in helping to achieve national goals?
- Who should have access to solicited and to unsolicited data?

- Is there any cost to abusers and to the public if the PMP data **aren't** analyzed and unsolicited reports **aren't** distributed?
- Is there any cost to abusers and to the public if the PMP data **are** analyzed and unsolicited reports **are** distributed?
- What is the operational cost of analyzing and distributing unsolicited reports?
- Should access to reports be granted to pharmacies or to pharmacists (or both)?

5.5.3. Recommendations Regarding the Model Act

Several states' survey comments / explanations stated their laws prevent them from sharing data with other PMPs (reference Questions 9, 10, 11, 12, 13, and 14). Other PMPs reported their laws do not permit bulk transfer of data (reference Questions 10 and 15).

The current ASPMP/NASCSA PMP Model Act was crafted prior to 2005, when PMIX became a consideration. As a result, it does not address system-oriented requirements such as the possibility of PMPs sharing data with each other or bulk data transfer.

As was the case for the question surrounding bulk data transfer, the PMP committee should bring the potential value of a "PMIX-oriented" Model Act update to the attention of BJA, NAMSDL and the States. The committee could also help to identify cost-effective electronic solutions that would garner support from IJIS PMP clients in the States.

6. Conclusion

The diligent work of *John Eadie*, along with the dedicated participation of the IJIS PMP Committee, and their colleagues in the community of states with PMP systems enabled this engagement to move the IJIS Phase II PMIX Pilot Project forward along several important dimensions.

First, the engagement gathered comprehensive information regarding the current state and future intentions with regard to state PMP practices and permissions. This represents the first time that such an extensive and comprehensive survey has been performed. This will serve to directly benefit the planning effort for future PMIX initiatives.

Second, the engagement helped to reinforce the momentum building among the states to deploy interstate PMP information sharing capabilities as quickly and widely as possible. This will contribute greatly toward the national priority of preventing prescription-related fraud and abuse.

Third, the engagement has confirmed and amplified the understanding of why PMIX capability is essential if PMPs are to become as effective as possible in identifying and preventing the diversion and abuse of prescription controlled substances.

Finally, the engagement reiterated both the need and the opportunity for inter-organizational sharing solutions that follow open exchange standards. This will enable nationwide implementation while minimizing waste and rework.

The IJIS Institute reiterates its gratefulness to the participants for their contributions to the PMP community.

7. Appendix: Survey Instrument

IJIS Institute Prescription Drug Monitoring Program (PMP) Committee
Phase II PMP Information Exchange (PMIX) Pilot Project

Survey of State PMPs

INSTRUCTIONS:

1) Please complete this survey electronically in Microsoft Word by opening the document and filling in the gray "form fields".

2) For check boxes, ☐, click on the box that represents your answer and it will automatically make a check mark; if you inadvertently click an undesirable answer, just click it again to uncheck it.

3) For text (comment) fields, , just click on the field and start typing. The gray area shows only five characters. But you are not limited by this initial field size; the field will grow and the text will wrap automatically.

4) If you have any questions regarding the *meaning* of a question or *what is expected* in response, please contact **John Eadie**, the assigned IJIS subject matter expert, for assistance at email JohnLEadie@aol.com, phone 518-283-1624, cell 518-429-6397, or summer phone 518-279-9092.

5) If you have administrative questions or difficulties in *entering your known responses*, please contact **Scott Serich**, IJIS Project Manager, for assistance at email scott.serich@ijis.org, phone 703-726-1913, or cell 703-283-3432.

6) To return an *electronic* (MS Word) form of the completed survey, please email it as an attached document Scott Serich at scott.serich@ijis.org. To return a *paper* copy, please mail it to Scott at 44983 Knoll Square, Ashburn, VA 20147.

This project was supported by Grant No. 2003-LD-BX-0007 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime. Points of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.

Note: This survey does not address what types of information each PMP is legally permitted to receive. It makes the assumption that each PMP will only request what it is legally entitled to receive, and that a PMIX system or administrator will not be required to screen a request to determine if the requesting PMP is permitted to make it.

1. Information about Person Completing This Survey

Name: Agency: Telephone: Fax:	Street: City: State: Zip Code: Email:

2. Information on Current PMP Status: INTRASTATE Permissions & Practices

If your PMP is not already fully operational, please indicate its status below and return the survey as indicated in the *Instructions*. Otherwise, please proceed to the remaining questions.

The PMP in our state is (check one):

☐ Fully Operational
☐ Under Development – expected to be fully operational (when):
☐ Not Started – expected to be fully operational (when):

The following questions concern how and to whom you provide PMP data **within your state**. Check only one of the three boxes within each cell of the table. Please follow these guidelines when answering:

- A "*Yes*" means that your PMP *does* **currently** provide data to the indicated entity.
- A "*Not Now*" means that your PMP *is permitted* to share, but *does not* ***currently*** *do so*. Note to PMPs currently under development or not started: please answer *"Not Now"* if you do have authority to share.
- An "*N/P*" means that the PMP is "not permitted" to share, i.e. you do not have legal authority to share.
- The 2nd column, "*Solicited*" asks about data that is sent only upon request.
- The 3rd column, "*Unsolicited*", asks about data that is sent without any initiating request.

Entity	Solicited	Unsolicited
Prescribers	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?
Pharmacists/Pharmacies	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?
Law Enforcement:	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?
Regulatory Agencies	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?
Attorney General	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?
Patient (data subject)	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?
Researchers (academics or private organizations, typically containing no patient	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?

identifiers)		

3. Information on Current PMP Status: INTERSTATE Permissions & Practices

The following questions concern how and to whom you provide PMP data **for other states**.

Entity	Solicited	Unsolicited
Prescribers	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?
Pharmacists/Pharmacies	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?
Law Enforcement:	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?
Regulatory Agencies	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?
Attorney General	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?
Patient (data subject)	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?
Researchers (academics or private organizations, typically containing no patient identifiers)	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?

4. Information on Current PMP Status: INTERSTATE Partners and Media

If you currently share PMP data with other states' PMPs, with how many states have you shared during the past 12 months?

A) How many of these states share a common border with your state?

B) Do you currently transmit the data (check all that apply):

1) ☐ To other states PMPs via **U.S. Mail**?
2) ☐ To other states PMPs via **fax**?
3) ☐ To other states PMPs via **email**?
4) ☐ To other states PMPs via **other electronic transmission** (such as a secure web site)?
5) ☐ Directly to an end user in another state who is requesting the data via **U.S. Mail**?
6) ☐ Directly to an end user in another state who is requesting the data via **fax**?
7) ☐ Directly to an end user in another state who is requesting the data via **email**?
8) ☐ Directly to an end user in another state who is requesting the data via **other electronic transmission** (such as a secure web site)?

5. Information on Current PMP Status: Sharing Volume and Trends

Please answer the following question, and then provide detailed data in the table regarding the number of requests for PMP data that your state PMP has fulfilled over the past 5 years.

A) If your state PMP has not been operational for all of the past 5 years, please indicate the year in which it became operational or will become operational:
B) Please indicate whether the data in the table below are for calendar year (CY) or fiscal-year (July 1–June 30): ☐ CY ☐ FY ☐ Other (describe):
C) For the table below, please provide actual figures when available; otherwise use estimates. For a year when your PMP was not operational, leave that year blank.

Year	Total Number of Requests Fulfilled	Number of Requests Fulfilled to End Users in Your State	Number of Requests Fulfilled / Sent to a PMP in another State	Number of Requests Fulfilled / Sent Directly to an End User in another State
CY2001 or FY2001				
CY2002 or FY2002				
CY2003 or FY2003				
CY2004 or FY2004				
CY2005 or FY2005				
1st-half CY2006 or FY2006 (if avail.)				

Compare the growth that occurred in each of the 4 categories above over the two most recently reported full-year periods. Indicate in the following table whether you expect this growth rate to increase, decrease or remain stable in the coming years. Please check only one of the three boxes within each cell:

Total	To End Users in Your State	Sent to a PMP in another State	Sent Directly to an End User in another State
☐ Increase in growth ☐ Decrease in growth ☐ Remain stable	☐ Increase in growth ☐ Decrease in growth ☐ Remain stable	☐ Increase in growth ☐ Decrease in growth ☐ Remain stable	☐ Increase in growth ☐ Decrease in growth ☐ Remain stable

6. Information on Current PMP Status: FEDERAL Permissions & Practices

The following questions concern how and to whom you provide PMP data **for Federal entities**. Please check only one of the three boxes within each cell:

Entity	Solicited	Unsolicited
DEA	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?
FBI	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?

FDA	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?
ATF	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?
AG	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?
Indian Health Services and VA Health Facilities	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?	☐ Yes ☐ *Not Now* ☐ N/P If not "Yes", when or what future event will enable sharing?

7. Information on Current PMP Status: Other Exchange Partners

Please list any other entities that request PMP data from your state PMP and briefly describe the permissions and practices surrounding this sharing. If none exist, please continue to the next section.

Entity	Solicited	Unsolicited
	☐ Yes ☐ *Not Now* ☐ N/P Brief Description:	☐ Yes ☐ *Not Now* ☐ N/P Brief Description:
	☐ Yes ☐ *Not Now* ☐ N/P Brief Description:	☐ Yes ☐ *Not Now* ☐ N/P Brief Description:
	☐ Yes ☐ *Not Now* ☐ N/P Brief Description:	☐ Yes ☐ *Not Now* ☐ N/P Brief Description:

8. Authentication of Users

Do you currently have a system to authenticate, register or authorize entities requesting PMP data?
☐ Yes ☐ No.

A) If "No", skip to the next section. If "Yes", which entities undergo this checking? Check all that apply:

☐ Prescribers	☐ Pharmacists
☐ Pharmacies	☐ Law Enforcement Personnel
☐ Regulatory Agency Personnel	☐ Researchers
☐ Patients	☐ Other entities (please describe):

B) How frequently is **renewal** required? Please check only one:

1) ☐ Annually
2) ☐ With each request
3) ☐ Never

C) Do you require the entity to register with you prior to making the first request, or can they register "on demand" whenever the need to make the first request arises?
☐ Prior to first request ☐ On demand ☐ Other (explain): .

D) What do you *require* in order to authenticate / register / authorize an entity? Check all that apply:

1) ☐ Require application with copies of government ID

2) ☐ Require application with copies of Board of Registration license

3) ☐ Copies of State issued Controlled Substances License/Registration

4) ☐ Copies of DEA Registration

5) ☐ Require application with copies of law enforcement/ regulatory Agency identification

6) ☐ Letter/certification from head of law enforcement or regulatory agency

E) What do you require the entity to do in order to authenticate / register / authorize them? Check all that apply:

1) ☐ Present themselves in person to your office to fill out application/certification form and present required documentation

2) ☐ Complete an application/certification form and forward it, along with required documentation:

☐ By mail	☐ By web portal
☐ By fax	☐ By other (specify):
☐ By email	

F) Do you verify the information sent to you by checking the documentation against? (check all that apply):

1) ☐ State Board of Registration records

2) ☐ State issued Controlled Substances License/Registration records

3) ☐ DEA Registration records

G) Do you use additional or alternative procedures to authenticate, register or authorize entities requesting PMP data? If so, please describe:

9. Interstate PMP Data Sharing: MOUs

For sharing PMP data with another state, memoranda of understanding are (check only one):

A) ☐ Required for every state with whom data is shared

B) ☐ Not currently required, but we are currently considering making it a requirement

C) ☐ Not currently required and we are not considering it

10. Interstate PMP Data Sharing: Filling Requests

If you choose to fulfill a request from another state's PMP:

A) Do your state's limitations on use of data apply to the end user who receives the data in the requesting state? ☐ Yes ☐ No.

B) If "Yes",

1) Who is responsible for communicating those restrictions to the end user?

2) Does your state ask for a report back on who used the data and how? ☐ Yes ☐ No.

(a) If "Yes", what type of information must be sent back?

C) When you fulfill requests from other state PMPs, how many months of prescription data do you include?
☐ 6 months ☐ 1 year ☐ Other (specify):

D) Some PMPs have expressed an interest in sharing data in bulk with other states. *Bulk sharing* includes sending all prescriptions (for an agreed upon time period) for residents of the requesting state who fill their prescriptions in your state and for all prescription issued by physicians in the requesting state but dispensed in your state.

1) Would your state be willing to send such subsets of your data in bulk to other state PMPs?
☐ Yes ☐ No (please explain):

(a) If "Yes", at what frequency would you expect to send the bulk loads?
☐ Biweekly ☐ Monthly ☐ Other (specify):

11. Interstate PMP Data Sharing: Requests from a Physician or Pharmacist

Are you able to fulfill a request from another state's PMP where the end user is a physician or pharmacist? ☐ Yes ☐ No.

If "Yes":

A) What information about the end user do you require from the requesting PMP? Check all that apply:

☐ Name of physician/pharmacist	☐ Practice address
☐ DEA registration number	☐ License number in requesting state
☐ Known convictions or disciplinary actions in the requesting state	☐ State issued controlled substances license/registration number, if there is one
☐ Other (specify)	☐ Reason for request

B) Is the same information required for a physician/pharmacist request in your state?
☐ Yes ☐ No Comment:

C) Will you accept the requesting state PMP's certification that the physician or pharmacist is eligible to receive PMP data in their state as being sufficient to authorize them to receive data shared from your state? Or do you require your own separate authorization?
☐ Accept other state's authorization ☐ Prefer to authorize ourselves.

12. Interstate PMP Data Sharing: Requests from Law Enforcement & Regulatory Entities

Are you able to fulfill a request from another state's PMP where the end user is a member of a law enforcement or regulatory entity? ☐ Yes ☐ No.

If "Yes":

A) What information do you require from the requesting PMP? Check all that apply:

☐ Name of agency	☐ Address
☐ Name of individual investigator who will receive the data	☐ Reason for request
☐ Other (specify)	

B) Is the same information required for a request from a member of a law enforcement or regulatory entity in your state? ☐ Yes ☐ No Comment:

C) Will you accept the requesting state PMP's certification that requestor is eligible to receive PMP data in their state as being sufficient to authorize them to receive data shared from your state? Or do you require your own separate authorization?
☐ Accept other state's authorization ☐ Prefer to authorize ourselves.

13. Interstate PMP Data Sharing: Requests from Researchers

Are you able to fulfill a request from another state's PMP where the end user is a researcher?
☐ Yes ☐ No.

If "Yes":

A) What information do you require from the requesting PMP? Check all that apply:

☐ Name of researcher	☐ Institution/organization with which the researcher is associated
☐ Address	☐ Reason for request
☐ Other (specify)	

B) Is the same information required for a researcher's request in your state?
☐ Yes ☐ No Comment:

C) Will you accept the requesting state PMP's certification that requestor is eligible to receive PMP data in their state as being sufficient to authorize them to receive data shared from your state? Or do you require your own separate authorization?
☐ Accept other state's authorization ☐ Prefer to authorize ourselves.

14. Interstate PMP Data Sharing: Requests from Patients

Are you able to fulfill a request from another state's PMP where the end user is a patient seeking their own prescription data? ☐ Yes ☐ No.

If "Yes":

A) What information do you require from the requesting PMP? Check all that apply:

☐ Name of patient	☐ Address
☐ Reason for request	☐ Other (specify)

B) Is the same information required for a patient's request in your state?
☐ Yes ☐ No Comment:

C) Will you accept the requesting state PMP's certification that requestor is eligible to receive PMP data in their state as being sufficient to authorize them to receive data shared from your state? Or do you require your own separate authorization?
☐ Accept other state's authorization ☐ Prefer to authorize ourselves.

15. Potential Features of an Automated PMP Information Exchange (PMIX) System

The IJIS Institute is currently engaged in a pilot project in California and Nevada to enable "PMP information exchange" (PMIX), the electronic exchange of data between state PMP systems over the internet. If a PMIX capability could affordably be developed to meet your state's criteria for secure transmission of PMP data, is it *likely* that your state might adopt such a capability?
☐ Likely ☐ Unlikely. Comments:

How likely is it that your state would require creation of a detailed *cost model* to fully characterize implementation and operational costs before investing in such a system?
☐ Likely ☐ Unlikely. Comments:

If your state were to adopt a PMIX capability, would you want the PMIX system to have an automated capability to transmit your state's data usage restrictions *with each data packet sent*? Or would you prefer to describe and enforce these restrictions by other means?
☐ Automatedly send with each packet ☐ By other means. Comments:

If your state adopted a PMIX capability, would you want the PMIX system to have a "hub" do an initial screening to make sure that requests comply with your legal requirements and restrictions before the requests are sent on to you, or would you prefer to have all requests forwarded to you so you can review every one and decide if each of them comply with your legal requirements and restrictions?
☐ Prefer hub screening ☐ Prefer no screening, send all requests to us. Comments:

Referring to the definition of *bulk sharing* from Section 10, if your state adopted a PMIX capability, would you anticipate that it would be used for regular *bulk data transmissions*?
☐ Yes ☐ No. Comments:

This ends the survey. Thank you for your participation.

8. Appendix: Survey Contact List

The following is the final Survey contact list.

Alabama
Patti Stadlberger
PDMP Manager
Alabama Department of Public Health
201 Monroe Street, Suite 1010
Montgomery, AL 36104
V 334-206-7981
F 334-206-5663
pstadlberger@adph.state.al.us

California
Katherine Ellis
Manager
California Department of Justice
Bureau of Narcotic Enforcement
1102 Q Street
Sacramento, CA 95814
V 916-319-8463
F 916-319-9444
Kathy.Ellis@doj.ca.gov

Mailing address:
PO Box 161089
Sacramento, CA 95816-1089

Colorado
Jody Gingery, M.Ed., RN
Director
Colorado Prescription Drug Abuse Task Force
1962 Blake Street, Suite 10
Denver, CO 80202
V 303-299-0113
F 303-299-0118
corxtaskforce@qwest.net

Connecticut
John Gadea
Director
Drug Control Division
Department of Consumer Protection
165 Capitol Ave., Suite 3
Hartford, CT 06106-1630
V 860-713-6065
F (860) 713-7242
john.gadea@ct.gov
john.gadea@po.state.ct.us

Hawaii
Glen M. Kimura
Investigator/PMP Administrator
Hawaii Public Safety
Narcotics Enforcement Division
3375 Koapaka Street, Suite D100
Honolulu, HI 96819
V 808-837-8481
F 808-837-8474
glen.m.kimura@ned.hawaii.gov

Idaho
Contact Person
Richard K. Markuson
Executive Director
Idaho Board of Pharmacy
3380 Americana Terrace, Suite 320
Boise, ID 83706
V 208-334-2356
F 208-334-2801
Richard.Markuson@bop.idaho.gov

Person completing survey
Teresa Anderson
Idaho State Board of Pharmacy
3380 Americana Terrace Suite 320
Boise, ID 83704
208-334-2356
208-334-4818
teresa.anderson@bop.idaho.gov

Illinois
Stanley G. Tylman
Supervisor
Department of Human Services, Pharmacy and Clinical Support Services
401 North Fourth Street, Room 133
Springfield., IL 62568
V 217-524-9074
F 217-782-9088
stan.tylman@illinois.gov

Indiana
Jenifer S. Cobb
Assistant Director
Indiana Scheduled Prescription Electronic Collection and Tracking (INSPECT)
Indiana Board of Pharmacy
Indiana Professional Licensing Agency
402 W Washington Street, Rm. W072
Indianapolis, IN 46204
V 317-234-4457
F 317-233-4236
jcobb@pla.in.gov

Iowa
Terry Witkowski
Executive Officer
Administrator of Iowa PMP
Iowa Board of Pharmacy Examiners
400 SW 8th Street, Suite E
Des Moines, IA 50309-4688
V 515-281-5944

F 515-281-4609
terry.witkowski@iowa.gov

Kentucky
David R. Hopkins
Project Manager, Harold Rogers Grant
Cabinet for Health and Family Services
275 East Main, 6E-A
Frankfort, KY 40621
V 502-564-1012, ext. 3162
F 502-564-3232
dave.hopkins@ky.gov

Maine
Chris Baumgartner
PMP Coordinator
Maine Office of Substance Abuse
11 State House Station
Marquardt Building, 3rd Floor
Augusta, Maine 04330
V 207-287-3363
F207-287-4334
chris.baumgartner@maine.gov

Massachusetts
Adele Audet
Assistant Director
Drug Control Program
MA Department of Public Health
305 South Street
Jamaica Plain, MA 02130
V 617-983-6721
F 617-524-8062
adele.audet@state.ma.us

Michigan
Michael Wissel
Pharmacy Specialist
Bureau of Health Professions
Health Investigation Division
PO Box 30454
6546 Mercantile Way, Suite 2
Lansing, Michigan 48909
V 517-335-1769
mfwisse@mi.gov

Mississippi
Contact Person
Steve Stovall
Bureau Director
Mississippi Board of Pharmacy
204 Key Drive, Suite C
Madison, MS 39110
V 601-605-5388
F 601-605-9546
sstovall@mbp.state.ms.us

Person completing survey
Deborah Brown
Mississippi Board of Pharmacy
204 Key Drive
Madison, MS 39110
V 601-605-5388
F 601-605-9546
dbrown@mbp.state.ms.us

Nevada
Joanee Quirk
PMP Program Administrator
State Board of Pharmacy
Nevada Controlled Substances Task Force
550 West Washington St. #3
Carson City, NV 89703
V 775-687-5694
F 775-687-5161
jquirk@govmail.state.nv.us

New Mexico
Larry Loring
State Drug Inspector, PMP Director
New Mexico Board of Pharmacy
5200 Oakland NE Suite A
Albuquerque, New Mexico 87113
V 505-222-9830
F 505-222-9845
larry.loring@state.nm.us

New York
James Giglio
Director
Bureau of Narcotic Enforcement
New York State Department of Health
433 River Street, Suite 303
Troy, NY 12180
V 518-402-0707
F 518-402-0709
jgg01@health.state.ny.us

North Carolina
Contact person
Gerald Peacock
Drug Control Manager
Controlled Substances Regulatory Branch
North Carolina Department of Health and Human Services
325 North Salisbury Street
Raleigh, NC 27699
V 919-715-1765
Gerald.Peacock@ncmail.net
(responsible for PMP)

Person completing survey
John Womble
NC Department of Mental Health
Division of Substance Abuse Services
325 North Salisbury Street
Raleigh, NC 27699-3008
V 919-715-2771 ext 248
F 919-733-4665
johnny.womble@ncmail.net
(Will help start-up PMP)

North Dakota
Howard C. Anderson, Jr.
Executive Director
Board of Pharmacy
1906 E. Broadway
Bismarck, ND 58502-1354
V 701-328-9535
F 701-328-9536
ndboph@btinet.net

Ohio
Danna E Droz
PMP Administrator
Ohio Board of Pharmacy
77 South High Street, Room 1702
Columbus, OH 43215-6126
V 614-466-4143
F 614-644-8556
ddroz@ohiopmp.gov

Oklahoma
Contact person
John Duncan
Chief Agent
OK Bureau of Narcotics and Dangerous Drugs
4545 N. Lincoln Blvd., Suite 11
Oklahoma City, OK 73105
V 405-521-2885
F 405-524-7619
jduncan@obn.state.ok.us

Person completing survey
Don Vogt
PMP Program Manager
OK Bureau of Narcotics & Dangerous Drugs Control
4545 N Lincoln, Suite 11
Oklahoma City, OK 73105
V 405-530-3140
F 405-524-7619
dvogt@obn.state.ok.us

Copy to:
David Hale
Agent in Charge
OK Bureau of Narcotics and Dangerous Drugs
3313 W 45th Street
Tulsa, OK 74107
V 800-722-6420
F 918-445-0724
dhale@obn.state.ok.us

Pennsylvania
Lawrence M Cherba, Esquire
Senior Deputy Attorney General
Drug Diversion Unit
2490Boulevard of the Generals
Norristown, PA 19403
V 610-631-6575
F 610-631-5944
lcherba@attorneygeneral.gov

Rhode Island
Catherine Cordy, R.Ph.
Acting Chief
Compliance and Regulatory Section
Division of Drug Control
205 Cannon Office Building, 3 Capitol Hill, #205
Providence, RI 02908-5097
V 401-222-2837
F 401-222-2158
cathyc@doh.state.ri.us

South Carolina
Wilbur L. Harling
Director
Bureau of Drug Control
South Carolina Dept of Health
2600 Bull St
Columbia SC 29201-1708
V 803-896-0636
F 803-896-0625
Harlinwl@dhec.sc.gov

Tennessee
Kolleen Jeffery
Statistician II
Tennessee Board of Pharmacy
500 James Robertson Parkway
Nashville, TN 37243-1149
V 615-253-1305
F 615-741-2722
kolleen.jeffery@state.tn.us

Texas
Kelli Cox
Program Administrator
Controlled Substances Programs
Texas Prescription Program
Department of Public Safety
6100 Guadalupe Bldg E
Austin, TX 78753
Office 512-424-2189
Desk: 512-424-2459
F 512-424-5373
kelli.cox@txdps.state.tx.us

Mailing address
P. O. Box 4087
Austin, TX 78773-0439

Utah
Marvin H. Sims
Department of Commerce
Division of Occupational and Professional Licensing
160 East 300 South
Box 146741
Salt Lake City, UT 84114-6741
V 801-530-6220 – General PMP #
V 801-530-6232 – Marv's office
F 801-530-6220
msims@utah.gov

Vermont
Barbara A. Cimaglio
Deputy Commissioner for Alcohol and Drug Abuse Programs
Vermont Department of Health
108 Cherry Street, P.O. Box 70
Burlington, VT 05402
Tel: 802-951-1258
Fax: 802-951-1275
BCimagl@vdh.state.vt.us

Virginia
Ralph Orr
Program Manager
Prescription Monitoring Program
Virginia Board of Pharmacy
Department of Health Professions
6603 West Broad Street, 5th Floor
Richmond, VA 23230
V 804-662-9133
F 804-662-9240
ralph.orr@dhp.virginia.gov

Washington
Steven Saxe
Executive Director
WA State Board of Pharmacy
PO Box 47863
Olympia WA 98504-7863
V 360-236-4825
F 360-586-4359
steven.saxe@doh.wa.gov

West Virginia
Michelle Hanchosky
Program Administrator
West Virginia Board of Pharmacy C.S.M.P.
232 Capital Street
Charleston, WV 25301
V 304-558-8411
F 304-558-0474
csmonitoring@wvbop.com

Wyoming
Denise Lane-Embury
Records Analyst
Wyoming State Board of Pharmacy
Prescription Drug Monitoring Program
632 South David Street
Casper, WY 82601
V 307-234-0294
F 307-473-1055
dlane@state.wy.us

9. Appendix: Survey Protocol and Example

Details of the survey protocol and an example of some of the steps required to acquire full responses have been documented below. It was believed that these details could help project managers on future engagements to properly calibrate their estimates of the time and effort that can be required to execute a survey such as this.

Mr. Serich and Mr. Eadie logged in each survey response as it was received. After two and a half weeks, Mr. Eadie sent follow-up emails to the 21 states with responses still outstanding and inquired if there were any questions or concerns with which he could assist. As states replied, he sent additional follow-up emails to answer their questions and to confirm their commitment to complete and submit the survey.

For some states, Mr. Eadie followed through with telephone calls and emails to ensure that the survey instrument had been received and was being completed. The following is an example of the steps required to acquire a full response from one state:

- Mr. Eadie telephoned the Executive Director (ED) of the Colorado Board of Pharmacy that will implement the newly authorized PMP. The ED said completing the survey was not possible due to incomplete information.
- The consultant asked if the ED thought the director of the Colorado Prescription Drug Abuse Task Force, Jody Gingery, could assist (the task force had drafted the authorizing legislation); the reply was, yes, please call the her.
- The consultant called for Ms Gingery, but was advised by staff that she was on extended leave.
- The consultant then did a Web search and located the director's home phone number.
- He called and Ms. Gingery explained the leave of absence was due to significant illness. Nonetheless, she was quite willing to complete the survey since the work of IJIS is so important.
- This message was provided to Mr. Serich who sent the survey to Ms. Gingery's email address at the prescription task force.
- After several weeks had passed without hearing from the director, Mr. Eadie telephoned again. Ms. Gingery advised that the illness had progressed and had been diagnosed as a severe, progressively debilitating disease. She also indicated that staff at the task force had not forwarded the survey but, if Mr. Eadie could get a copy surface mailed to her home, she would complete the survey.
- This message was conveyed to Mr. Serich who mailed a copy by overnight mail.
- The next weekend, Mr. Eadie telephoned Ms. Gingery, who confirmed the survey had been received. That led to a discussion of the numerous portions of the survey she could answer even though the program had not yet started. Ms. Gingery concluded saying the survey would be completed and returned by mail.
- A week later, Mr. Serich received the completed survey and faxed it to the Mr. Eadie.

- Mr. Eadie called Ms. Gingery to express the IJIS Institute's and his gratitude for her extraordinary effort.
- Mr. Eadie then tabulated the survey response.

Mr. Serich sent emails to the states acknowledging the excellent response rate to date, requesting survey submission from those that had yet to respond, and reconfirming the schedule for submission.

Five weeks after distribution, Mr. Eadie sent emails to the seven states that had yet to submit surveys and made phone calls to several as well. Again, he followed up with emails to confirm their responses and to offer assistance.

Obtaining a 100% response rate required additional efforts. For example, Mr. Eadie made seven phone calls and sent seven emails to one state in order to assure that they would respond. For two other states, the PMP administrators had submitted incomplete surveys. Mr. Eadie telephone-interviewed the administrators, completed the states' survey instruments while on the phone with them, and returned the completed survey instruments to the administrators so they could confirm the changes.

For the states with new legislative authority, the survey offered them the opportunity to check a box indicating that they were "not started" and to type in the date when they expected to be operational, and return the survey without further completing it. Several states chose this option. However, since PMIX should account for the restrictions and limitations in their laws and should reflect their PMPs needs, each was offered an opportunity to complete more of the survey and to resubmit with sections addressing these points filled out. Each of these states chose to do so.

10. Appendix: Presentation of Survey Results

The following PowerPoint file was presented to the Annual Meeting of the Alliance of States with Prescription Monitoring Programs (ASPMP) in San Antonio, October 16-17, 2006.


Summary of Survey Results

Many of the Excel charts have also been reproduced in Section 4. Findings.

11. Appendix: Survey Tabulation Worksheets

The Survey responses were tabulated into the following Excel workbook.


Survey Tabulation

For more in-depth information about the IJIS Institute or a copy of this report, visit www.ijis.org