

January 27, 2020

Sen. Gene Suellentrop  
Chair, Public Health and Welfare Committee  
Capitol Building, Room 441-E  
Topeka, Kansas 66612

Rep. Brenda Landwehr  
Chair, Health and Human Services Committee  
Capitol Building, Room 352-S  
Topeka, Kansas 66612

**RE: Report on Kansas Prescription Drug Monitoring Program (K-TRACS)**

Dear Committee Chairs:

Pursuant to K.S.A. 65-1691, the Kansas State Board of Pharmacy is required to submit to the Senate Committee on Public Health and Welfare and the House Committee on Health and Human Services a report on the Kansas Prescription Drug Monitoring Program (PDMP) which tracks and monitors Schedule II through IV controlled substances and other drugs of concern in Kansas. The Kansas PDMP, called K-TRACS, is a potent tool in aiding in the identification of patients with drug-seeking behaviors, providing treatment, and educating the public. Each dispenser (pharmacy) is required to electronically submit information to K-TRACS for each controlled substance prescription or drug of concern dispensed in an outpatient setting. The goal of the PDMP is to prevent the misuse, abuse, and diversion of controlled substances and drugs of concern while ensuring continued availability of these medications for legitimate medical use.

K-TRACS includes all retail and outpatient dispensing records for any controlled substance or drug of concern dispensed in Kansas or to a Kansas resident, regardless of whether the pharmacy is located in Kansas. The only exception is for quantities dispensed in the emergency room for 48 hours or less. If a prescriber or a pharmacist has a concern about a patient, he/she can look up the patient's prescription history in K-TRACS. Because K-TRACS is a real-time, web-based system, patient information can be obtained instantly from any location at any time with the proper login credentials. Prescribers and pharmacists must register for K-TRACS through the Board prior to utilizing the system. Law enforcement and other state agencies have limited access to the program but may request records with proper legal authority. In addition, de-identified or aggregate data may be provided to requestors for educational or research purposes. The Board collaborates with the Kansas Department of Health and Environment (KDHE) to transmit such de-identified data and receive reports and analysis based on KDHE's research.

**Advisory Committee:**

The Act also created a PDMP Advisory Committee, subject to the oversight of the Board, composed of prescribers and dispensers from various healthcare disciplines. In 2012, the Committee was authorized to review and analyze data for purposes of identifying patterns and activity of concern; notify prescribers and dispensers who prescribed or dispensed the prescriptions; notify law enforcement or appropriate regulatory boards for additional investigation; and utilize volunteer peer review committees of professionals with expertise in the particular practice to create standards and review individual cases. At the direction of the Committee, Board staff send quarterly threshold letters to each prescriber and dispenser who has a patient that visited at least five prescribers and filled prescriptions in at least five pharmacies in a 90-day period and recently began sending letters of concern to outlier/high-level prescribers requesting review of prescribing patterns and a response to the Committee. Last year, at the suggestion of the legislature, the Committee began meeting monthly to more proactively and regularly review K-TRACS data and identify patterns of concern. As part of this work, the Committee

approved specific guidelines on January 11, 2019 to aid staff in presenting K-TRACS data to the Committee to review and make such referrals as may be necessary for the protection of the public. During 2019, the Committee reviewed a total of 22 cases of concern. Based on discussion, 15 cases had letters sent to the appropriate entities, such as patient prescriber or pharmacist, law enforcement, or other regulatory agency for intervention. Cases will continue to be reviewed by the Committee in 2020 with the assistance of a new, grant-funded staff member to the Board of Pharmacy.

**Operations, Funding, and Enhancements:**

K-TRACS was implemented and operated using federal grant funds through June 30, 2016. The Board has now exhausted available grant funding to sustain the program, and the only remaining grant funding is for program enhancements. Program maintenance costs include the cost of software, staff, and office overhead (postage, paper, etc). While the Board continues to pursue and has recently been awarded federal grants, funding presents the largest obstacle to maintaining a PDMP in Kansas. In 2016, the Board received legislative approval to use approximately \$200,000 of surplus dollars from the pharmacy fee fund to cover operating expenses for FY2017. In 2017, the Board of Pharmacy, Board of Healing Arts, Dental Board, Board of Nursing, and Board of Optometry sought and received legislative authority to use surplus fee fund dollars to collectively support the program through FY2018 and FY2019. In 2019, the legislature authorized a transfer of \$705,000 from the KDHE Drug Manufacturer’s Rebate Fund in addition to continued and increased funding from the aforementioned fee funds. A permanent funding solution continues to be a top priority of the K-TRACS program. The table below represents the allocated amounts from FY2018 through FY2021.

Table 1. K-TRACS Transfers from Fee Funds, FY 2018 – FY2021

	Providers	FY18 Actual	FY19 Actual	FY20	FY21
BOHA	11,788	\$ 83,945.64	\$ 81,847.91	\$ 235,500.00	\$ 235,500.00
Nursing	5,301	\$ 30,704.52	\$ 36,806.56	\$ 103,500.00	\$ 103,500.00
Dental	2,032	\$ 13,442.32	\$ 14,108.84	\$ 41,500.00	\$ 41,500.00
Optom	695	\$ 4,694.15	\$ 4,825.61	\$ 16,500.00	\$ 16,500.00
Pharm	6,527	\$ 39,120.38	\$ 45,319.08	\$ 130,500.00	\$ 130,500.00
Drug Rebate Fund				\$ 705,000.00	\$ 705,000.00
<b>Totals</b>	<b>26,343</b>	<b>\$ 171,907.00</b>	<b>\$ 182,908.00</b>	<b>\$ 1,232,500.00</b>	<b>\$ 1,232,500.00</b>

The Board employs an Assistant Director and a Program Manager to oversee and administer the PDMP. An Advanced Epidemiologist is also funded through a recent federal grant through August 2022 to analyze K-TRACS data and provide necessary reporting under the federal grants. In addition to daily administrative and operational duties, staff members make regular presentations on the PDMP to prescribers, pharmacists, public health professionals, and other organizations. Additional administrative support is provided by Board of Pharmacy licensing staff. Human resources and staff availability limit significant expansion of the program, grant applications/awards, customer service, awareness campaigns, and other program analysis and review. The Board is currently working to hire three additional, temporary, K-TRACS staff members through September 2021 using Harold Rogers grant funds (see explanation below). These positions include a Public Information Officer to create training and awareness materials for users and members of the public; a Program Specialist to examine the accuracy and timeliness of data reported to K-TRACS for compliance with the Prescription Monitoring Program Act; and a Physician or Pharmacist to review K-TRACS data for suspicious patterns or activity, and referral to the Advisory Committee for consideration and possible action.

The Board began collecting data in February 2011 and the program became fully operational in September 2011. In July 2013, Kansas became the first state to launch a pilot of new software called AWA<sup>RE</sup>™ hosted by the National Association of Boards of Pharmacy (NABP) through Appriss Health, Inc., which was offered at no charge through June 30, 2016. The Board now contracts directly with Appriss for the maintenance, support, and hosting of K-TRACS software. Appriss is the vendor for 43 PDMPs and provides a strong PDMP solution. In FY 2018, Appriss identified a need for greater transparency in their software planning and releases. Since that time, all PDMP administrators now have access to an interactive Product Roadmap which outlines past and future product improvements, fixes, and enhancements developed by other states and made available to all clients. The Board continues to have an excellent working relationship with Appriss. Regular check-in calls are scheduled with the K-TRACS staff and in-person meetings occur annually with



funds will support INTEGRx8 for each Kansas electronic health records and pharmacy management system approved for integration which will further the K-TRACS mission. Statewide integration increases availability, ease of access, and use of a patient’s-controlled substance prescription history for making critical and informed prescribing and dispensing decisions. If prescriber’s and pharmacist’s electronic systems are not currently integrated, they are required to log in to separate systems to query patient data which takes valuable time away from patient care and interaction. INTEGRx8 simplifies the process by creating a one-stop-shop, making K-TRACS data directly available in the patient’s electronic record, and saving 4.22 minutes per patient on average. As of November 2019, a total of 794 entities were integrated with K-TRACS through the INTEGRx8 initiative. Figure 3 below further breaks down the type of entity and total number that are integrated and Figure 4 graphically displays the impact of INTEGRx8 project on the proportion of Gateway® patient searches per opioid prescription, showing an increase from 0.7 searches per prescription in July 2017 to 7.0 patient searches per opioid prescription in July 2019. This increase signals increased collaboration in clinical decision making among both prescribers and pharmacists to improve health care coordination for the patient.

Figure 3. Summary of K-TRACS INTEGRx8 progress as of November 2019

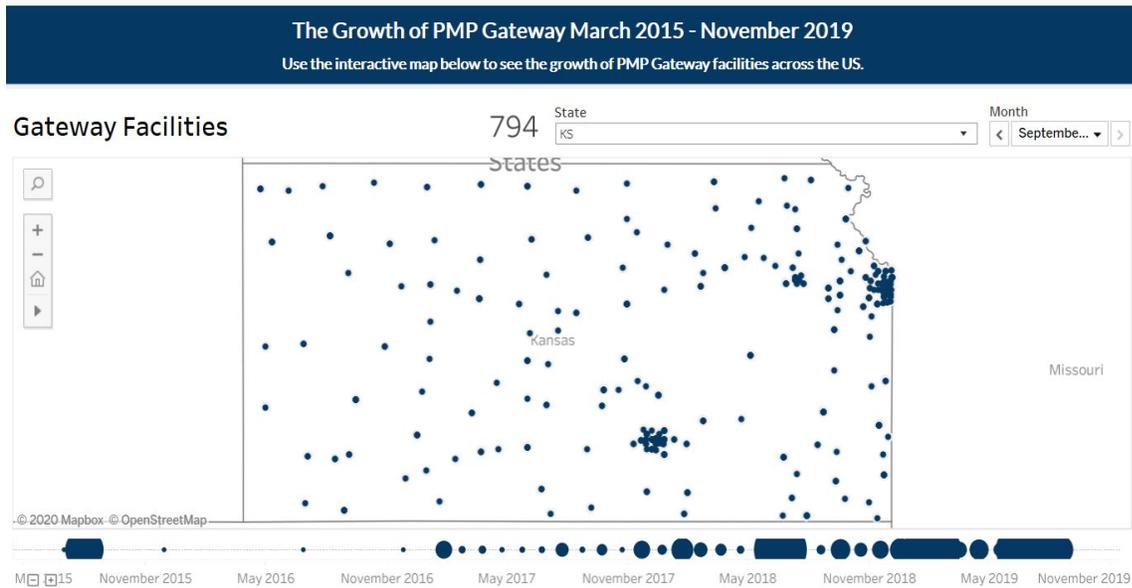
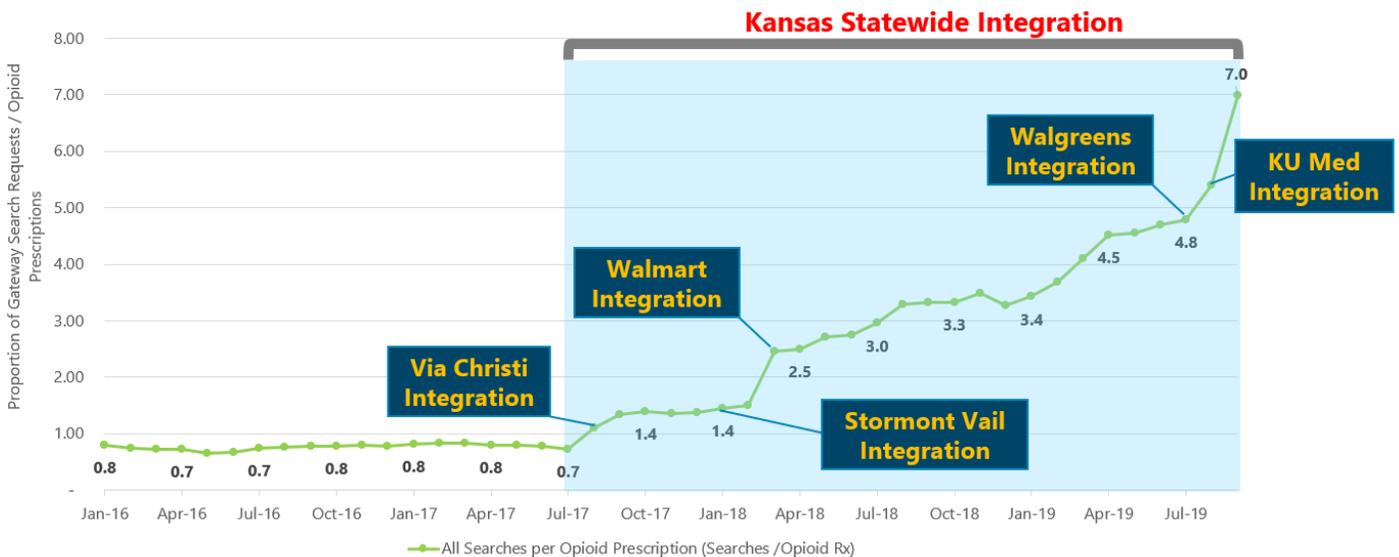


Figure 4. Timeline of interoperability and integration projects through the PMP Gateway and impact of prescriber and pharmacy patient searched (Jan 2016 – July 2019)



The newest CDC grant awarded to KDHE has resulted in a continued partnership with the Board from January 2020 – August 2022. Funding for January 2020 – August 2020 totals \$981,845.84. While subrecipient funding awarded to the Board does not replace funds previously allocated by the legislature, this funding will help support continued integration efforts (described above) and funding for the following grant objectives:

- 1.0 FTE – Advanced Epidemiologist
- Travel to Required Grant Meetings
- Advanced Analytics Software Package
- Deidentified Data Extractions from K-TRACS
- Peer to Peer Learning National Meeting

The Board is also a recent recipient of a U.S. Department of Justice, Bureau of Justice Assistance, Harold Rogers grant in the amount of \$736,313.00 for the project period December 2019 – September 2021. Again, the award will not replace funds previously allocated by the legislature, but will support temporary enhancements to the K-TRACS program. The Board’s grant objectives include adding 3.0 FTE (temporary) as described above, travel to required grant meetings, mandatory connection to the federal PDMP data-sharing hub known as RxCheck, and supplies, software, and equipment for the new positions.

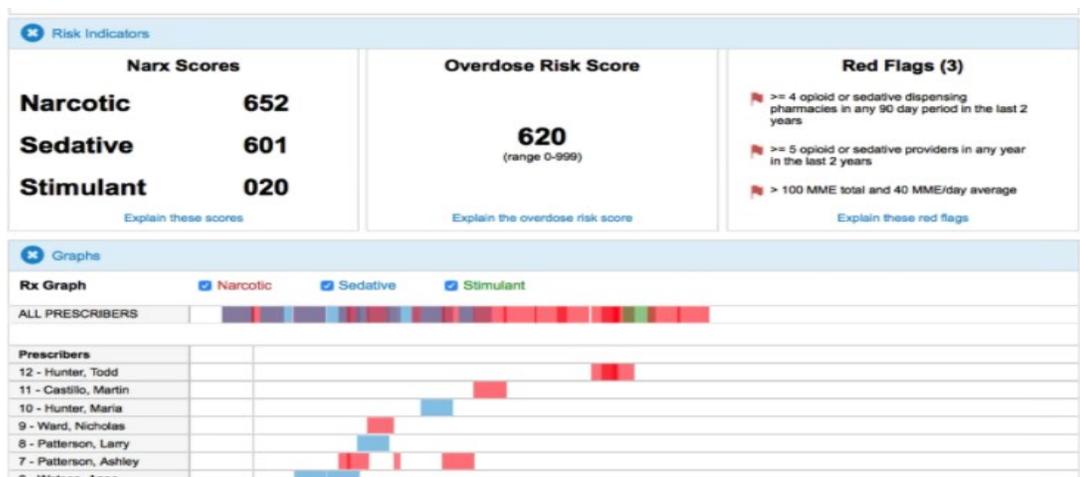
Alongside efforts to increase K-TRACS utilizations through the INTEGRx8 program, individual user registration has also continued to increase. Table 2 below summarizes the number of prescribers and pharmacists registered in K-TRACS, which has almost doubled since December 2013. Current users represent approximately 71% of the active controlled substance prescriber community in Kansas and approximately 74% of the active pharmacist community in Kansas. Currently, the use of K-TRACS is not mandatory in Kansas.

Table 2. Total number of prescribers and pharmacists registered in K-TRACS (December 2013 – October 2019)

	12/2013	12/2014	12/2015	12/2016	12/2017	12/2018	10/2019
Registered Prescribers	5,287	5,724	6,747	7,755	8,968	9,428	10,175
Registered Pharmacists	1,042	1,272	1,652	1,976	2,400	2,886	3,195

NarxCare is the newest upgrade to the K-TRACS system beginning January 2019. NarxCare provides patient and clinical decision support beyond the patient’s prescription history by: 1) compiling multiple state reports into one cohesive profile; 2) analyzing data to provide reports, use scores, predictive scores, red flags, visualizations, and K-TRACS data including narcotics, sedatives, and stimulants; 3) including resources such as Medication Assisted Treatment (MAT) locators and Centers for Disease Control and Prevention printable educational handouts; and 4) creating Care Team Communications, perhaps the most powerful tool within NarxCare in the prevention and treatment of substance use disorder coordination of care (Figure 5).

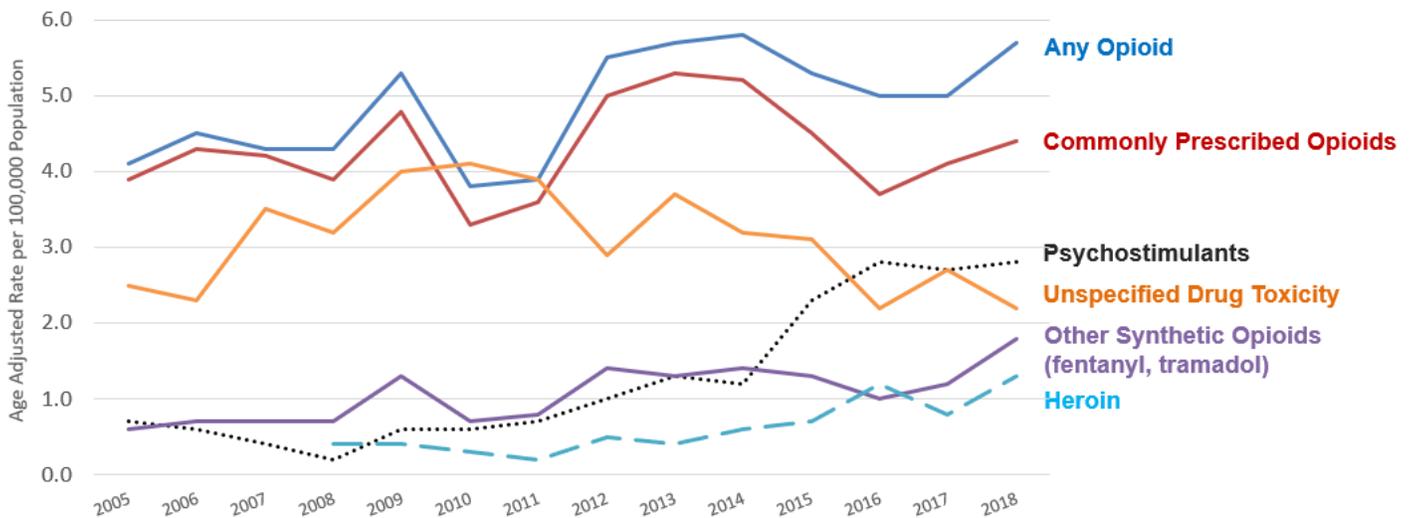
Figure 5. NarxCare report summary



## K-TRACS Impact in Kansas:

The opioid crisis continues to impact the United States; Kansas is no exception. However, progress is being made. For the first time since the opioid epidemic began in the 1990's, the Department of Health and Human Services (HHS) reported a 5.1% decline in drug overdoses during the 12-month period between 2017 and 2018 (Source: US Health and Human Services ([HHS Statement](#))). However, during this same time frame, Kansas observed an increase in the number of drug-related overdose deaths by 6.1% (figure 6). In the past 10 years, Kansas drug-related overdose deaths have increased by 15.7%. In addition, CDC has highlighted growing concern related to increases in stimulant use and poly substance use, which may be contributing to a fourth wave of the US drug crisis (Source: Boston Medical Center, Health System ([BMC source article](#))). This trend has also been observed in Kansas, with psychostimulant deaths increasing by 413.3% over the past 10 years from 15 in 2009 to 77 in 2018. K-TRACS data also indicates prescribing of stimulants in Kansas has increased 14.7% from 2015 to 2018. It is also noteworthy that many death certificates in Kansas list multi-drug toxicity as a contributing cause of death which may lead to underreporting of death attributed to controlled substances overall. While declining, in 2018, 58 deaths were classified as unspecified drug overdose and 181 reported unknown cause of death.

Figure 6. Age adjusted mortality rates attributed to drug poisoning per 100,000 Kansas residents (2005-2018)



**Note:** Rates based on small cell counts are generally thought to be unstable. The Kansas Department of Health and Environment define small cell counts as less than 6 events. The only category impacted by this suppression rule is Heroin for the time frame 2005-2007, which is not displayed in this figure.

In Kansas, controlled substance prescribing is changing. Overall, the number of Kansas patients receiving opioid prescriptions with greater than or equal to 100 MME has declined by 35% from first quarter 2018 to third quarter 2019 (table 3). Despite this, the percent of opioid naive patients receiving long-acting opioid prescriptions has increased steadily from first quarter 2018 (5.13%) to third quarter 2019 (6.10%) (table 3). Benzodiazepine prescribing has also declined by almost 10% from 2015 (table 4). It is thought these changes may be attributed to both national and state level provider education efforts. These efforts are continuing as a result of federal grant programs and statewide initiatives.

Table 3. Summary of Opioid Dispensation Reported to K-TRACS, January 2018 – October 2019

	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019
Number of Kansas Patients Receiving more than an average daily dose of $\geq 100$ MME	17,331	16,063	14,608	13,834	12,904	11,962	11,264
Number of opioid prescriptions greater than 100 total MME	490,538	483,581	465,238	459,140	434,000	430,142	422,707

Percent of patient receiving more than an average daily dose of morphine milligram equivalent of 90 or greater (across all in state opioid prescriptions)	11.64%	8.70%	8.20%	8.00%	7.80%	7.20%	6.80%
Percent of Long Acting or Extended Release Opioid Prescriptions Dispensed to an Opioid Naive Patient	5.13%	5.30%	5.30%	5.50%	5.80%	5.60%	6.10%
Percent of prescribed opioid days that overlap with a benzodiazepine prescription	18.26%	19.10%	18.00%	17.80%	17.20%	16.40%	15.30%
Rate of Multiple Provider Episodes for prescription Opioids (5 or more prescribers and 5 or more pharmacies per 100,000 residents)	11.9	10.8	8.8	8.6	5.6	6.0	6.1

Table 4. Total number of prescriptions dispensed in Kansas, as reported to K-TRACS for select substances (2015-2018)

	2015	2016	2017	2018	Percent Change from 2015 to 2018
Total opioid Prescriptions	2,537,373	2,584,622	2,379,221	2,163,908	-14.7
Total Stimulant Prescriptions	667,774	731,538	755,611	766,236	14.7
Total Benzodiazepine prescriptions	1,151,720	1,194,996	1,136,395	1,041,203	-9.6

In addition to controlled substances, K-TRACS monitors other drugs of concern in Kansas, identified by the Board in Kansas Administrative Regulation 68-21-7. In FY 2018, the Board amended K.A.R. 68-21-7 to include the drug “gabapentin” as a drug of concern. This change is the result of similar scheduling in surrounding states and significant evidence of abuse and misuse by patients in recent years, often resulting in death. Gabapentin reporting in K-TRACS has increased dramatically since the regulation change effective July 25, 2018 (Table 5). In 2018, four deaths occurred in which gabapentin was listed as a contributing cause of death.

Table 5. Summary of Gabapentin reporting to K-TRACS by fiscal year (2015-2019)

	FY 2015	FY 2016	FY 2017	FY 2018*	FY 2019*
Total Number of Gabapentin Prescriptions Reported to K-TRACS	10	1,134	2,616	75,714	821,786
Total Number of Patients with a Gabapentin Prescription	7	296	618	58,384	247,045

\*Gabapentin became a drug of concern in Kansas as of 2018. Mandatory reporting of gabapentin dispensations to K-TRACS was implemented July 25, 2018. Prior to this date, all reports of gabapentin dispensations to K-TRACS was voluntary.

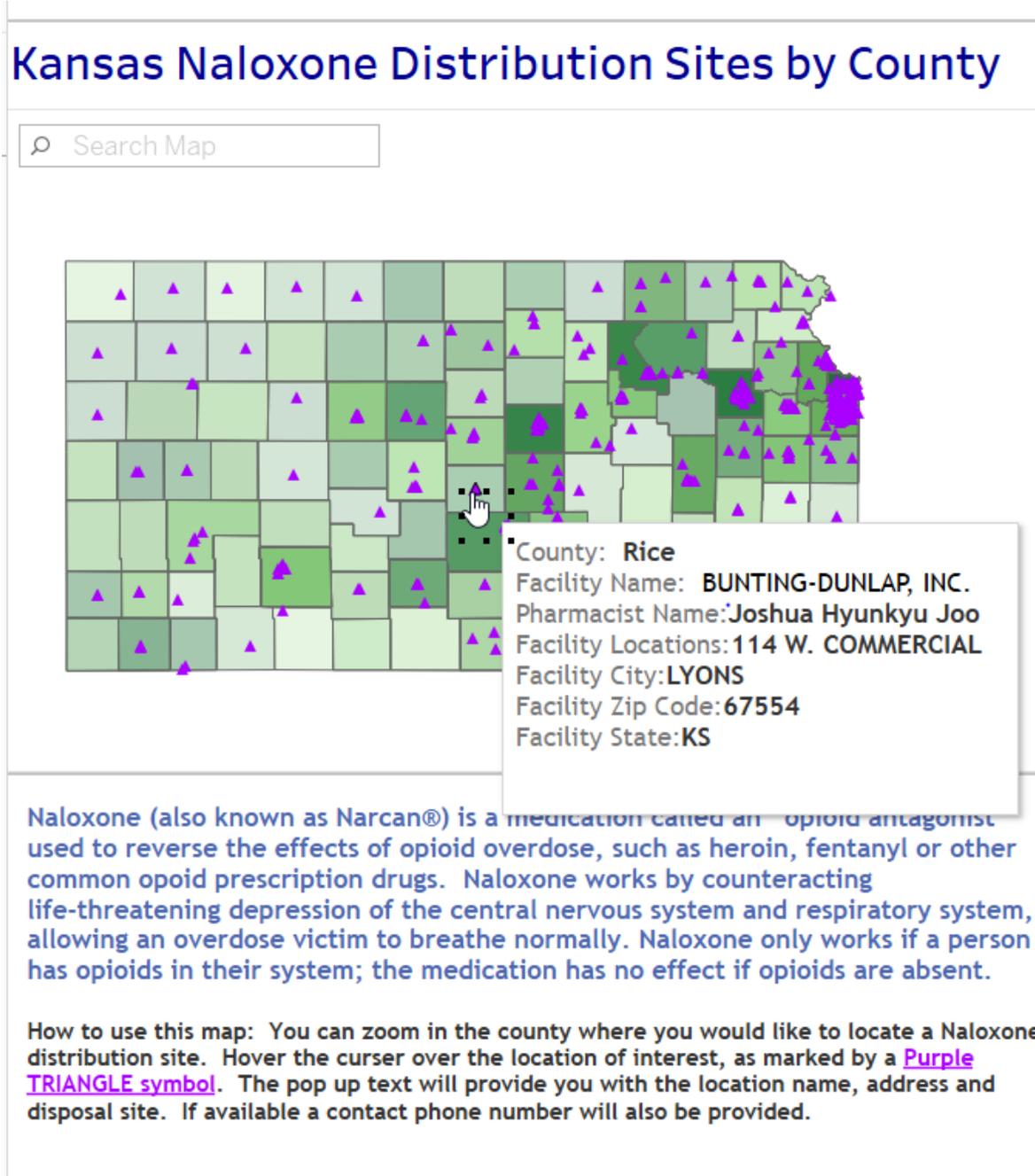
Drug seeking behaviors among patients also seem to be declining. The rate of multiple provider episodes for prescription opioids (5 or more prescribers and 5 or more pharmacies per 100,000 residents) has dramatically declined from first quarter 2018 (11.9 per 100,000) to third quarter 2019 (6.1 per 100,000) (Table 3). However, deaths associated with drug overdoses among Kansas residents has increased by 44% since 2005. Also, a special analysis of 158 Kansas deaths associated with prescription drug use, occurring from January 1, 2018 to May 1, 2019, found that 45.5% of decedents had both benzodiazepine and opioids listed on the death certificate. These findings indicate that Kansas is still being negatively impacted by the misuse of prescription drugs and illicit drug use, despite national declines.

### Naloxone Dispensing in Kansas:

In 2017, after the passage of HB 2217, the Board adopted K.A.R. 68-7-23 which permits any licensed pharmacist to dispense an emergency opioid antagonist and necessary medical supplies needed to administer an emergency opioid antagonist to a patient, bystander, first responder agency or school nurse without a prescription, in accordance with a physician-approved statewide protocol. The protocol summarizes indications for use of Naloxone, signs and symptoms of

an opioid-related overdose, including environmental signs, precautions, and contraindications for use of Naloxone, documentation and record keeping procedures, and authorization for dispensations of Naloxone. To increase public awareness of this protocol and where pharmacists are located throughout that state that have signed a Naloxone protocol, an interactive Tableau map has been created for upcoming public dissemination on the Board website. Figure 7 is a screen shot version of this map.

Figure 7. Screen shot of Interactive Naloxone Distribution Map



**Ongoing Initiatives and Public Information:**

Currently, the Board maintains a website for K-TRACS at <https://ktracs.ks.gov>, with updated forms, frequently asked questions/answers, and other helpful resources for healthcare workers and the public. K-TRACS data is available on the PreventOverdoseKS.org website, where a Tableau Dashboard is embedded into the website. Plans are in place to update the K-TRACS dashboard with current data in early 2020. In addition, with support from the aforementioned Harold Rogers grant, the Board plans to implement a public media campaign focusing on best practices for K-TRACS use for pharmacists and prescribers and increased dissemination of K-TRACS data for public consumption.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Alexandra Blasi". The signature is written in a cursive, flowing style.

Alexandra Blasi, JD, MBA  
Executive Secretary