



Annual Report

**Kansas Prescription Drug Monitoring Program Report
to the Kansas Legislature, 2023**

Laura Kelly, Governor

Alexandra Blasi, Executive Secretary

ktracs.ks.gov

2022 Highlights

3%

Decrease in
High-Risk Opioid
Prescribing (≥ 90
MME)

17

Educational
Presentations
Provided

18%

Increase in
Registered Users

45%

Increase in
Patient Searches



Dear Committee Chairs,

On behalf of the Board of Pharmacy, I am pleased to provide the 2023 annual report to the legislature on the Kansas prescription drug monitoring program (PDMP) known as K-TRACS. This report is submitted pursuant to K.S.A. 65-1691. The report demonstrates the program's success in monitoring controlled substance Schedule II-IV prescriptions and drugs of concern dispensed to Kansas patients. K-TRACS serves as a valuable clinical decision-making tool for the state's healthcare providers.

The program aims to help healthcare providers prioritize patient safety; promote community health; prevent the misuse, abuse and diversion of controlled substances and drugs of concern; and preserve legitimate access to controlled substances.

Highlights of this year's report include:

- The program's work to implement SB200, which went into effect April 28, 2022
- Execution of the program's strategic plan goals and grant objectives
- An analysis of controlled substance prescribing and prescription drug-related overdoses

On behalf of the Board of Pharmacy, I thank you for your leadership and support of the K-TRACS program. If you have questions regarding the program or work of the Board, please contact us at (785) 296-4056 or pharmacy@ks.gov.

Sincerely,

Alexandra Blasi, Executive Secretary

SB 200

Implementation

Expanded Access

Expanded access to the K-TRACS database for impaired provider programs and institutional review boards.

- > Onboarding of users is ongoing as needs arise

Delegate Access

Defined “delegate” as specific licensed professionals.

- > Staff conducted reverification project and were able to maintain 85% of delegate accounts

Data Enhancements

Allowed K-TRACS to incorporate date or fact of death among other enhancements to the database.

- > **Implementation is on hold due to Office of Vital Statistics statutory restrictions**

Referral Option

Provided the K-TRACS Advisory Committee an option to refer patients of concern to KDADS for clinical interventions for patients without identifiable care providers.

- > Added to Committee’s Case Review Criteria as a potential referral option.

Senate Bill 200, approved during the 2022 legislative session, went into effect on April 28, 2022. The Board has carried out implementation of the legislation in the following manners:

Appropriate Access

Required healthcare regulatory boards to notify K-TRACS of licensees no longer appropriately licensed in the state who should not have K-TRACS access.

- > Receiving regular notifications from all 4 healthcare regulatory boards

Data for Research

Allowed medical care facilities to request aggregate, de-identified data about their prescribing or dispensing patterns for research and education.

- > 7 data requests filled in 2022

Additional Data Elements

Added diagnosis code, patient’s species code and date the prescription was sold as required data elements.

- > Delayed implementation to 2023 to align with other pharmacy reporting updates required in proposed regulation revisions

Data Storage

Added language to restrict the storage of patient data outside the K-TRACS database.

- > Topic is addressed in all educational presentations to healthcare providers and in all agency data sharing agreements

Program Funding

Past

The prescription monitoring program was funded by federal grants from 2009-2016; however, grant funding no longer is available for base program operations. The Board has previously received legislative approval to use surplus fee fund dollars from healthcare regulatory boards and supplemental funding from the State Drug Manufacturer’s Rebate Fund.

The legislature authorized \$200,000 annually from the new Opioid Settlement Litigation Fund under the authority of the Attorney General to be transferred each July 1 for the operation and maintenance of the K-TRACS program. The Board has received legislative approval to continue expenditure authority from the Pharmacy Fee Fund for FY2023 to cover remaining operational costs.

Present

The Board has requested and the Governor has recommended expenditure authority for FY24 and FY25 to continue supporting K-TRACS using Opioid Settlement Litigation Funds and Pharmacy Fee Funds, and is requesting an additional \$50,000 to cover base program costs. The Board also continues to apply for “enhancement” grants to improve the program through software upgrades and additional staffing resources.

Future

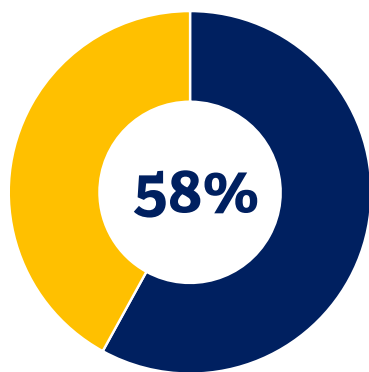
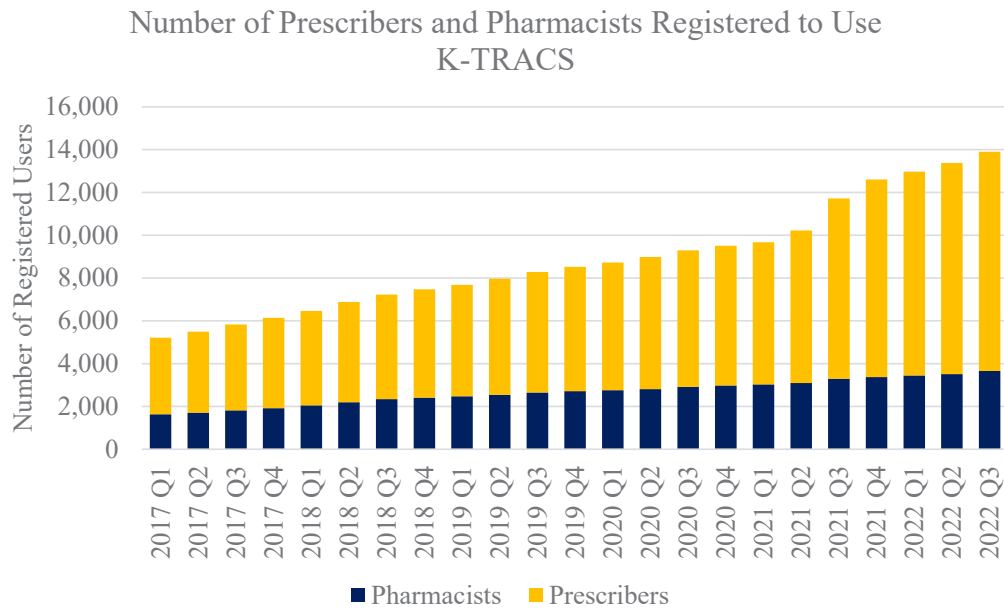
K-TRACS Budget

	FY2023	FY2024	FY2025
K-TRACS Fund	\$200,000.00	\$200,000.00	\$200,000.00
Pharmacy Fee Fund	\$44,836.00	\$835,660.00	\$976,866.00
Total Non-SGF Funds	\$244,836.00	\$1,035,660.00	\$1,176,866.00
CDC (KDHE) Grant	\$879,113.00	\$99,352.00	--
BJA Harold Rogers Grant*	\$319,859.00	\$470,991.00	\$46,905.00
SAMHSA (KDADS) Grant	\$173,668.00	\$159,727.00	\$104,097.00
Total Federal Funds	\$1,372,640.00	\$790,070.00	\$151,002.00
Total K-TRACS Budget	\$1,617,476.00	\$1,825,730.00	\$1,327,868.00

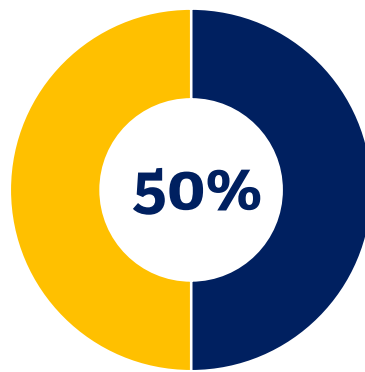
*The Board intends to apply for a no-cost extension of its 2020 BJA Harold Rogers Grant, which would extend funding for the grant to September 30, 2024.

Program Usage

The number of healthcare providers registered to use K-TRACS continues to increase year-over-year. As of November 30, 2022, 14,173 healthcare providers were registered to use K-TRACS. The Board maintains the user database by conducting routine reviews of user accounts and re-verifying user demographics to ensure appropriate access to confidential patient information.



58% of prescribers registered to use K-TRACS conducted at least one patient search during Q3 2022.



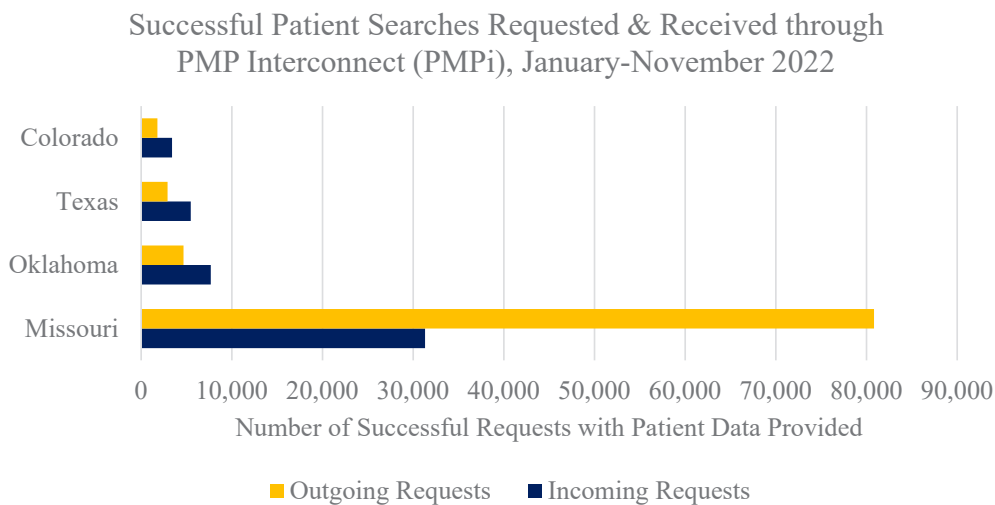
50% of pharmacists registered to use K-TRACS conducted at least one patient search during Q3 2022.

Data obtained from Bamboo Health analytics

The increase in registered users also contributes to increases in the number of patient searches conducted using K-TRACS. The use of electronic medical records and pharmacy dispensing system integration significantly contributes to increased use of the program, with **87% of all searches in 2022 occurring through integrated systems**. As of September 30, 2022, K-TRACS had 285 active integrated organizations including hospitals, pharmacies, clinics and health systems.

Interstate Data Sharing

The Board continues to share prescription information with states, districts, territories and federal health systems through PMP Interconnect (PMPi), a data sharing hub provided by the National Association of Boards of Pharmacy (NABP). Access to other states' PDMP information allows healthcare providers to see a comprehensive view of patients' controlled substance history if they seek care out of state or have recently moved to Kansas. The Board is also connected to a data sharing hub provided by the Bureau of Justice Assistance (BJA). The Board is sharing PDMP data bi-directionally with 37 states.



New Missouri PDMP Law Lacks Data Sharing Provisions

Unfortunately, when the Missouri Legislature approved Senate Bill 63 in 2021, it did so without giving the new Missouri PDMP the authority to share data with healthcare providers from other states. Missouri is a critical data sharing partner for Kansas due to population centers along the border. The Board and Advisory Committee are actively communicating with Missouri officials about the unintended consequences of this decision and encouraging swift law change to ensure healthcare providers have more complete access to patient history that they may consider in their clinical decision-making.

Strategic Plan Implementation

The Board continues work related to the K-TRACS strategic plan, which aligns with objectives of the Board’s current federal grants. This plan prioritizes:

- Ensuring the highest quality of data in K-TRACS;
- Supporting initiatives to increase K-TRACS utilization; and
- Supporting positive patient outcomes through investigation.

Timely Data Reporting

Dispensers are required to report all controlled substances in schedules II-IV and drugs of concern defined in K.A.R. 68-21-7 within 24 hours of dispensing the medication. If no prescriptions are dispensed, a “zero report” is required, with no zero report covering more than 7 days.

In an average month, Kansas pharmacies were in compliance with timely reporting requirements **92%** of the time

Accurate Data Reporting

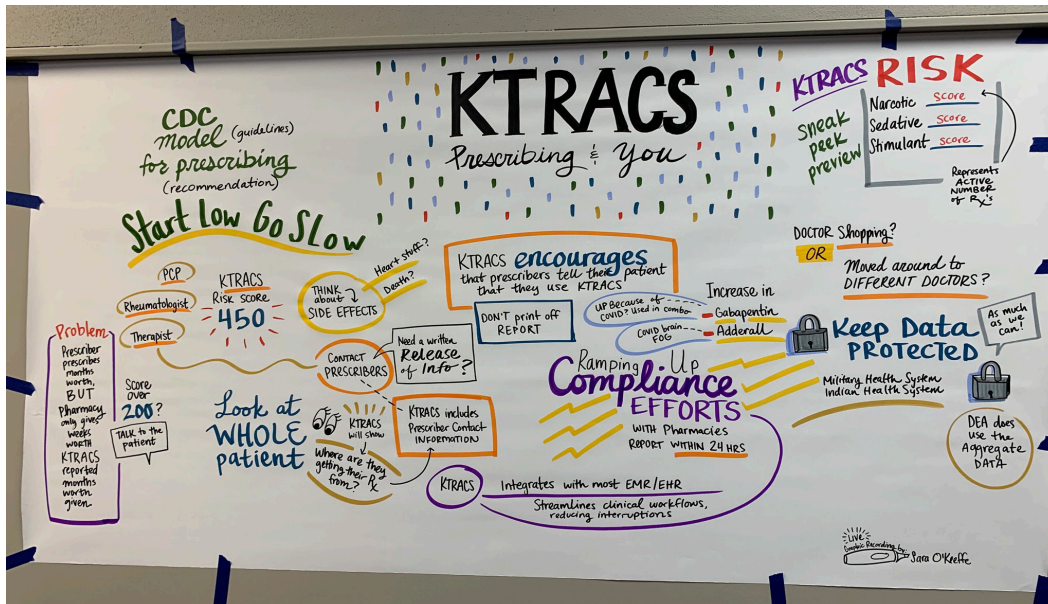
99.98% of prescriptions are reported with all required information

Dispensers are required to report 13 data elements as part of each submission. These elements include dispenser, prescriber, patient and prescription information. Dispensers are responsible for correcting errors that occur to ensure a complete patient record of prescriptions.

Reporting Exemptions

Dispensers may request exemptions from reporting requirements, and the Board adopted a guidance document in 2022 that revised eligible reasons for exemptions. As part of a grant-funded project, the Board began reviewing nonresident pharmacies’ reporting compliance. This review started with exempt pharmacies to assess the appropriateness of the exemption.

As of November 30, 2022, the Board had completed review of 82% of exempt nonresident pharmacies. Seven dispensers (5%) either voluntarily removed their exemption or had their exemption revoked as a result of the review and are now in full compliance with reporting requirements.



A graphic recording of a presentation given by K-TRACS staff at the Kansas Opioid and Stimulant Conference.

Educational Initiatives & Outreach

In 2022, the Board conducted a number of educational activities intended to help Kansas prescribers and pharmacists increase use and understanding of K-TRACS. State statute requires the program to develop continuing education programs in a variety of areas. Work completed this year includes:

Board of Healing Arts

Collaboration with the Kansas Board of Healing Arts to educate their licensees about K-TRACS as part of new continuing education requirements by KSBHA.

Online Continuing Education

Facilitation of online continuing education courses focused on best practices for the use of K-TRACS that can be accessed by Kansas healthcare providers at their convenience.

KU School of Pharmacy

Collaboration with the University of Kansas School of Pharmacy's Student National Pharmaceutical Association (SNPhA) to educate pharmacy students about a pharmacist's role in opioid overdose prevention and the use of naloxone.

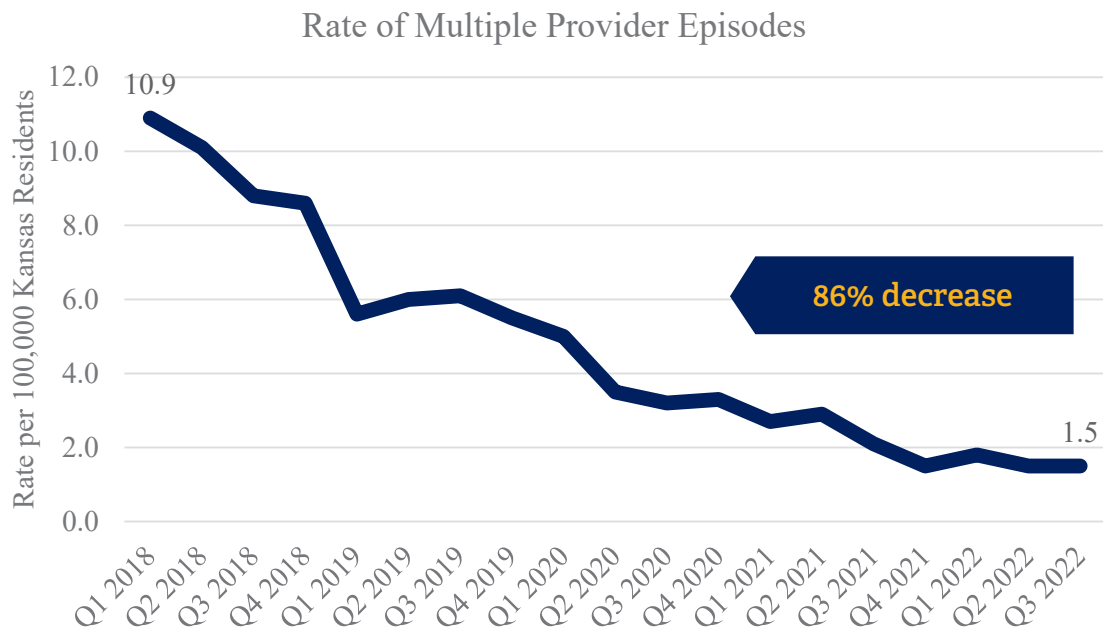
Law Enforcement Training

Collaboration with the Kansas Law Enforcement Training Center to develop an online training for law enforcement officers to better understand K-TRACS data access restrictions.

K-TRACS provided education to over 1,700 Kansas healthcare providers in 2022

Investigative Review

The K-TRACS Advisory Committee reviewed and made recommendations for updates to its case review criteria guidance document in 2022. An adoption of the changes is anticipated in early 2023. The guidance document provides a baseline for Board staff to refer cases to the committee based on outlined criteria. Changes to the criteria included redefining multiple provider episodes, or potential “doctor shopping” behavior, after seeing significant decreases in patients meeting the previous criteria. This change will allow Board staff to have a more defined approach to identify patients who may be seeking care from multiple access points without care coordination.



Data obtained from Bamboo Health analytics

The guidance document also includes steps Board staff can take to educate prescribers and pharmacists about the benefits of K-TRACS utilization when those individuals or entities meet certain criteria. Board staff will be able to send educational letters to prescribers and pharmacists to create more proactive outreach on behalf of the Advisory Committee.

In 2022, the Advisory Committee reviewed nine cases referred by Board staff. As a result of those cases, three referrals were made to regulatory boards for further investigation and seven letters were sent to providers requesting additional information about prescribing patterns. As of November 30, 2022, the Board’s K-TRACS investigator had completed the following reviews:

**Prescribers
Reviewed**

263

**Pharmacies
Reviewed**

266

**Patients
Reviewed**

706

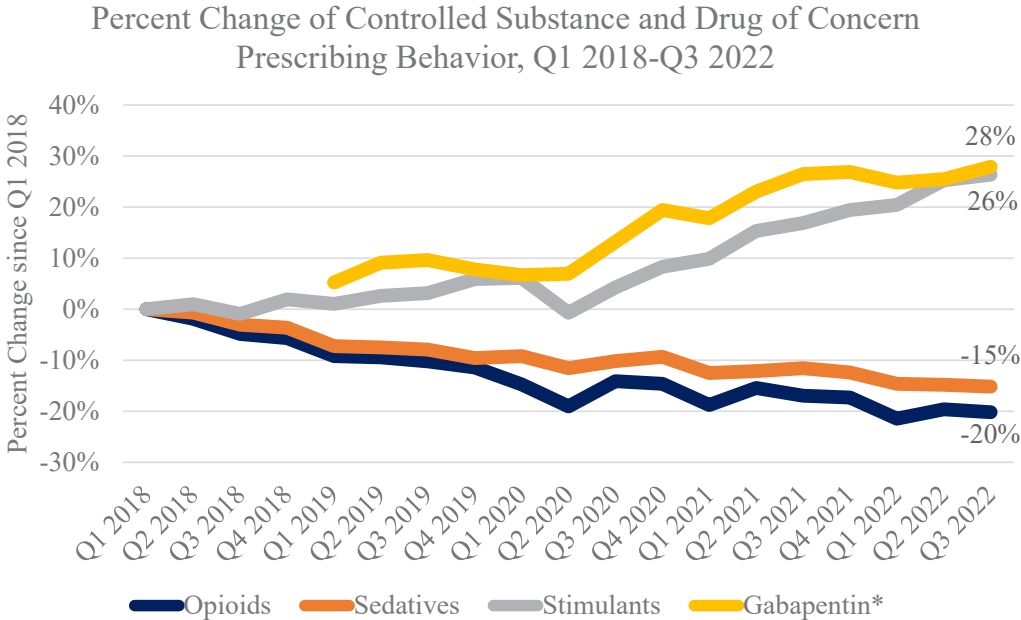
**Complaints
Investigated**

15

Prescribing Trends

Opioid and benzodiazepine prescribing for Kansas patients continues a downward trend with opioid prescriptions declining 20% and benzodiazepines declining 15% since the beginning of 2018.

Stimulant and gabapentin prescribing is on the increase. Gabapentin, a non-controlled medication used to treat seizures and pain, is a drug of concern identified in K.A.R. 68-21-7. The graph below shows these trends.



*Gabapentin was added as a drug of concern in July 2018. Data is represented here since Q1 2019 for more accurate quarter-to-quarter comparisons.

Stimulant Prescribing

Most states are seeing increases in stimulant prescribing similar to increases seen among Kansas patients. There are fewer evidence-based resources available to inform stimulant interventions compared to opioids; however, the Board is committed to working with Kansas prescribers and dispensers to ensure appropriate stimulant prescribing.

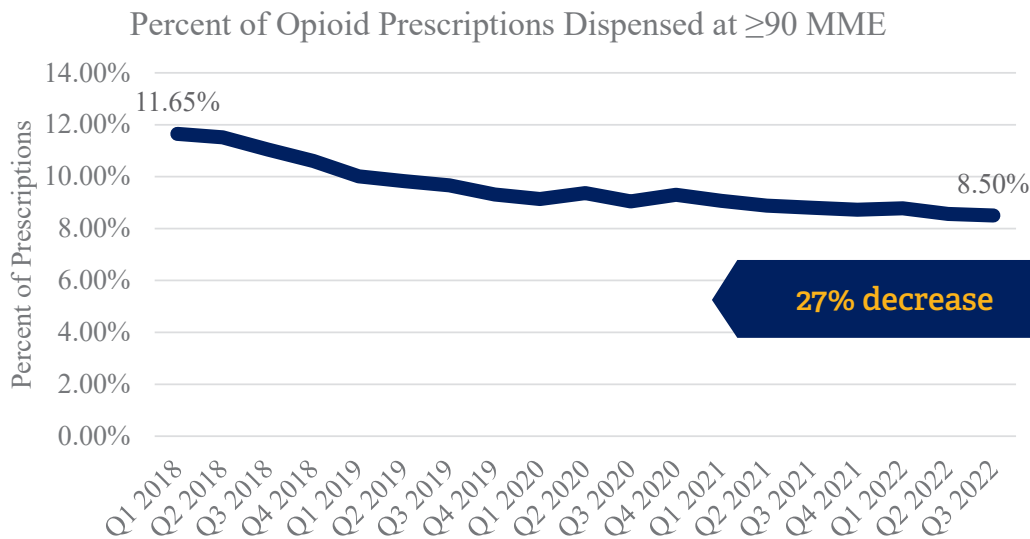
Number of Stimulant Prescriptions Dispensed to Kansas Patients by Quarter

Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022
257,195	269,992	273,612	279,555	281,918	293,209	295,807

Data obtained from Bamboo Health analytics

Opioid Prescribing

The percent of opioid prescriptions dispensed at ≥ 90 MME (morphine milligram equivalency) has decreased 27% since the beginning of 2018, coinciding with reductions in opioid prescribing. The ≥ 90 MME threshold identifies opioid prescriptions dispensed at dosages that increase patient risk for experiencing unintentional overdose. CDC published new opioid prescribing guidelines in 2022 that focus on prescribing the lowest effect dose of opioids and highlighting risk associated with increasing dosages.



Data obtained from Bamboo Health analytics

Polysubstance Use

Overdose deaths related to natural and semi-synthetic opioids (also known as commonly prescribed opioids) increased 49% from 2020 to 2021. However, data provided by the Kansas Department of Health and Environment (KDHE) shows the prevalence of polysubstance use in these overdose deaths.

The Board believes K-TRACS remains an effective prevention strategy even as the dynamic of the overdose epidemic shifts to illicit substances and polysubstance use.

Prescription Opioid Overdose Deaths Involving a Single Substance

22%

Average Number of Substances Contributing to the Cause of Death

3.0

Illicit Opioids Also Involved in Prescription Opioid Overdose Deaths

31%

Data obtained from Kansas Department of Health and Environment analysis of SUDORS data, July 2019-June 2021

