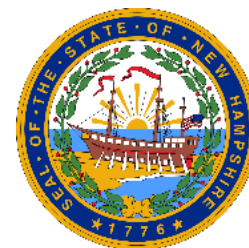


NH PRESCRIPTION DRUG
MONITORING PROGRAM
NH PDMP



BJA Eastern Region Conference

2019 NH Data Compliance Audit



Declaration & Credit

**I have no declarations to make
or conflicts of interest.**

**Audit process modeled after
State of Nevada**



Objectives

- Understand the reasons behind the PDMP audit
- Identify the goals of the audit
- Review the statistics behind the audit to appreciate the value
- Recognize the most common errors that happened during the audit



Why a PDMP Audit?

- To ensure PDMP data is accurate and reliable
- To ensure the vendor's automated audit processes are catching errors
- To ensure prescribers and other healthcare practitioners are provided accurate data to query



Goals of the Audit

- To ensure compliance with the RSA 318:B-33 reporting rules
- To determine the quality of the data reported to PDMP
- To establish a formal way of ensuring data quality



Audit Process

PDMP Auditor sends audit Notice to PIC with 8 pre-chosen prescription numbers asking to prepare documents

PIC prepares the filling tag, back tag, copy of the prescription, and make original prescription readily retrievable

BOP Compliance Inspectors visit pharmacy and look at documents, comparing back tag/filling tag with original and marking on form.

BOP Compliance Inspectors bring form and prescriptions back to PDMP office

PDMP auditor compares information to PDMP

- Any errors are reported to administrator
- Severe errors may be further reported to the BOP for further review

Pharmacies that pass audit are provided notice and nothing further needs to be done.

Pharmacies that fail the audit: PDMP auditor informs these pharmacies of errors, and provides 72 hours to correct errors

- Corrected errors within 72 hours = good job
- Not corrected within 72 hours = reported to BOP



Why Two Random Rx

- The random audit pull is designed to assess daily uploading compliance.
- The 8 prechosen prescriptions are all uploaded in the PDMP.
- We have no way of knowing if all prescriptions are uploaded into PDMP.
- Inspectors have access to all prescriptions and may pull one that was not uploaded.



AUDIT Findings



Audit Executive Summary (Human Prescriptions Only)

Category	Total
Total prescriptions	544
Total incorrect prescriptions	164
Total errors (includes multiple errors)	215
Number of minor errors	122
Number of serious errors	74
Number of fatal errors	19
Percent of incorrect prescriptions	30%
Error Rate (total number of errors/total incorrect rx)	1.3



Audit Executive Summary (Animal Prescriptions Only)

Category	Total
total rx	32
total incorrect rx	32
total errors (includes multiple errors in 1 rx)	72
minor	9
serious	9
fatal	54
rate of incorrect rx (total errors/total incorrect rx)	2.25
percent fatal errors	75%



Breakdown of TOP Districts (Human Prescriptions Only)

Category	District 1	District 6	District 9
Total prescriptions	118	86	106
Total incorrect prescriptions	39	15	38
Total errors (includes multiple errors)	47	18	52
Number of minor errors	25	9	31
Number of serious errors	20	9	13
Number of fatal errors	2	0	8
Percent of incorrect prescriptions	33%	21%	36%
Error Rate (total number of errors/total incorrect rx)	1.2	1.2	1.37



Breakdown of TOP Chains (Human Prescriptions Only)

Category	Chain 1	Chain 2	Chain 7
total rx	102	119	98
total incorrect rx	28	39	43
total errors (includes multiple errors in 1 rx)	32	52	64
minor	20	31	30
serious	10	15	25
fatal	2	6	9
percent incorrect rx	27%	33%	44%
error rate (total errors/total incorrect rx)	1.14	1.3	1.5



Most Common Errors (Animal Prescriptions Only)

▶ Error(s) consist of:

- ▶ Using the animal's name in the "name" field when reporting instead of in the "animal name" field
- ▶ Using the animal's date of birth instead of the owner's
- ▶ Not indicating species code (02)

▶ Why this is an issue

- ▶ Purpose of reporting animal scripts to PDMP is to prevent diversion through various means
 - ▶ Hard when it is not linked to owner's profile



Most Common Errors (Days Supply)

- ▶ **Error(s) consist of:**

- ▶ Estimating the days' supply lower instead of higher
- ▶ Not using the provider's specified days' supply

- ▶ **Why this is an issue**

- ▶ A higher days' supply may result in the patient being able to fill a prescription too early, especially if the prescriber specified the days' supply and would like the prescription to last the patient that amount of time
- ▶ For opioid prescriptions, a higher days' supply may lead to false data
 - ▶ A patient might only be using 24 mg of a drug, but if the days' supply is calculated wrong, it would have the wrong daily dose calculated in the system



Most Common Errors (Date Filled vs Date Written)

▶ Error consists of:

- ▶ Date filled and date written is inputted as the same date when in reality it is not
- ▶ Date filled is just inputted incorrectly
- ▶ Date written is just inputted incorrectly

▶ Why this is an issue

- ▶ Potential to fill something that is expired
- ▶ Does not correctly calculate when the patient received the drug



Most Common Errors (X DEA # of Prescriber)

▶ Error consists of:

- ▶ Not putting the X DEA Number (the “DATA” waiver identification number) on the telephone prescription
- ▶ Not reporting the X DEA Number to the PDMP and instead using the DEA number

▶ Why this is an issue

- ▶ Reporting a prescription with the “X” DEA number assures that the prescription is for MAT and not pain.
- ▶ Dispensers must verify if it is for pain or MAT by asking for the waiver if it is not already on the prescription since practitioners are required by law to have it on the Rx if it is for MAT and not pain



Most Common Errors (Patient Address & DOB)

▶ Error consists of:

- ▶ Not writing the full address or date of birth of the patient on all types of prescriptions
- ▶ Using the PO box of the patient instead of a physical address or having the wrong address (i.e. different than what the prescriber lists as an address)

▶ Why this is an issue

- ▶ 21 CFR 1306.05 requires that the full name and address of the patient written on all types of prescriptions
 - ▶ This should especially be done if the patient is physically present and can verify an address
- ▶ PO boxes are never acceptable for addresses
 - ▶ Pharmacies should always verify a real address with the patient.
- ▶ Full identifiers are important to ensure it is the correct patient



Most Common Errors (Different DEA # for Prescribers)

▶ Error consists of:

- ▶ Prescriber has 2 DEAs, picking the wrong DEA number (the prescriber's other DEA number instead of the chosen DEA number on the prescription)
- ▶ Prescriber used the wrong DEA (used their MA DEA, for example). Pharmacy uses the "correct" DEA without verifying

▶ Why this is an issue:

- ▶ Prescribers have different DEA numbers for their separate offices, especially if they practice in two states.
- ▶ For example, their DATA waiver might be associated with the DEA number on the prescription and not the other DEA
 - ▶ If the pharmacy chose the other DEA, it looks like the prescriber is prescribing for MAT without the proper credentials.
- ▶ **The PDMP system will accept it and not mark it as an error because it is a legitimate DEA!!!**



Most Common Errors (Prescriber Full Name, Address & DEA)

▶ Error consists of:

- ▶ Not writing the prescriber's full name, address and DEA number, especially on transferred and telephone prescriptions

▶ Why this is an issue:

- ▶ Having the DEA number ensures it is the correct prescriber as there have been instances of incorrect prescriber because prescriber names can be similar
- ▶ 21 CFR 1306.05 requires the prescriber's full name, address and DEA number on prescriptions.
 - ▶ At a minimum, dispensers should have the prescriber's DEA number on the prescription.



Electronic Rx Error Analysis

Table 4a: Electronic Prescriptions

Category	Total
number of electronic rx	152
number of wrong electronic rx	32
number of minor errors (erx)	26
number of serious error (erx)	9
number of fatal errors (erx)	0
number of correct electronic rx	121
percent incorrect rx (erx)	21%



NON-Electronic Rx Error Analysis

Table 4b: Non-Electronic Prescriptions

Category	Total
number of non-electronic rx in total	427
number of wrong non-electronic rx	165
number of minor (non-erx)	104
number of serious (non-erx)	71
number of fatal (non-erx)	69
percent incorrect rx (non-erx)	39%



LET'S TALK
ABOUT IT

ANY
QUESTIONS?



Thank You

Michelle R. Ricco Jonas M.A., CPM
Program Administrator
NH Prescription Drug Monitoring Program

121 South Fruit Street

Concord, NH 03301

Tele. (603) 271-6980

Fax. (603) 271-2856

Email: Michelle.RiccoJonas@oplcr.nh.gov

