

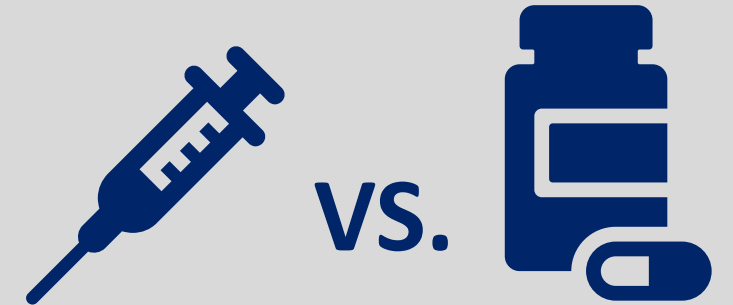
Best Practices for K-TRACS Use & Kansas Prescribing Trends



24 HRS

DRUGS OF CONCERN

- Any product containing all three of these drugs: **butalbital, acetaminophen, and caffeine**
- Any compound, mixture, or preparation that contains any detectable quantity of **ephedrine and/or pseudoephedrine**, its salts or optical isomers, or salts of optical isomers and is exempt from being reported to the statewide electronic logging system for the sale of methamphetamine precursors
- **Promethazine with codeine**
- **Gabapentin**





Program Goals

- Prioritize Patient Safety
- Promote Community Health
- Prevent Prescription Drug Misuse, Abuse & Diversion
- Preserve Legitimate Access to Controlled Substances



Today's Objectives

- ✓ Identify Kansas prescription drug monitoring program goals and utilization benefits
- ✓ Apply best practices for how and when K-TRACS should be used in clinical decision-making
- ✓ Discuss current statewide controlled substance prescribing trends
- ✓ Understand safe prescribing practices and consult available resources



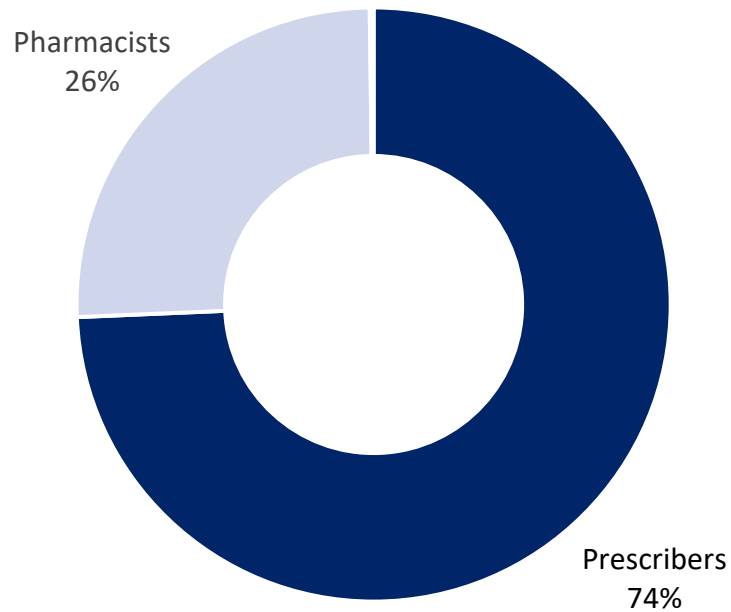
How often do you use K-TRACS to check patient prescription history?

- A. Daily
- B. At least weekly
- C. Monthly or less
- D. I don't use K-TRACS

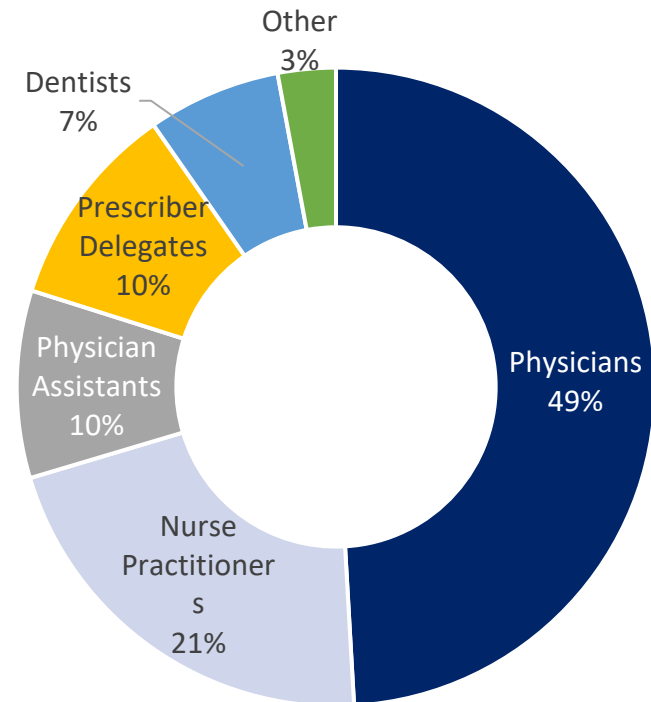


Who's Using K-TRACS?

Registered Users by Type



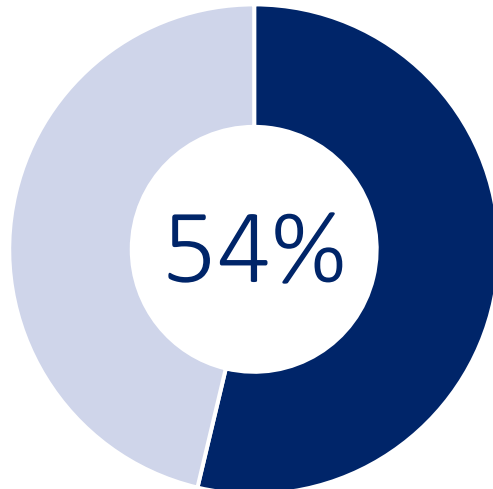
Types of Registered Prescribers





Use of K-TRACS by Osteopathic Physicians

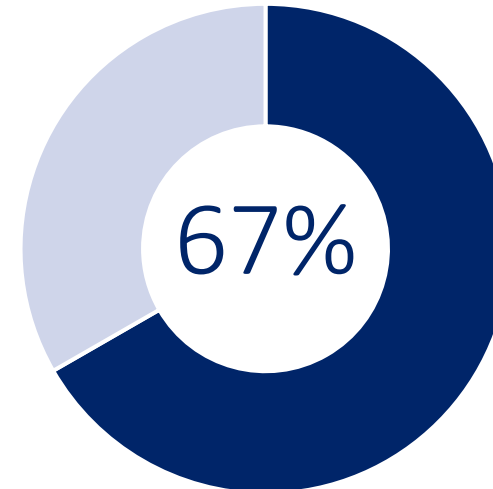
Kansas Licensed Osteopathic Doctors with K-TRACS Accounts



Based on number of active licensed DOs by Kansas Board of Healing Arts (9/8/21) and number of DOs with K-TRACS accounts

*73% of Osteopathic Physicians with an account have completed at least 1 K-TRACS patient search in 2021

Kansas Licensed Osteopathic Physicians Prescribing Controlled Substances



Based on number of active licensed DOs with Kansas address (9/8/21) and number of DOs with prescriptions reported to K-TRACS (Jan-Jun 2021)



Best Practices for K-TRACS Use

- Emergency Departments
- Inpatient Hospital Settings
- Outpatient Clinics
- Retail Pharmacies



K-TRACS Patient Report

Controlled Substances, Schedules II-IV

Kansas Patients

Drugs of Concern

Neighboring State Data

Up to 5 Years of Prescription History

Other Providers Involved with the
Patient



Neighboring State Data





Best Practices: When to Consult K-TRACS in Outpatient Clinics

Before prescribing controlled substances to new patients and as a new therapy for existing patients



For all patients receiving controlled substances for substance use treatment, pain management and worker's compensation claims



At least annually for all patients continuing therapy with controlled substances to avoid overlooking concerns among familiar patients



Before prescribing controlled substances to patients being seen on an urgent basis or who solicit additional medication after hours



For all patients requesting early refills





Best Practices: When to Consult K-TRACS in Emergency Departments & Hospitals

For all patients presenting with
potential overdose symptoms



For all patients who you **suspect of**
non-medical use or
“doctor shopping” behavior



For **all patients reporting controlled**
substance use to identify potentially
harmful drug interactions in
treatment plans



Before discharging a patient with a
controlled substance prescription





Best Practices: How to Use K-TRACS Data

- ✓ **Coordinate care** with prescribers and pharmacies involved in the patient's care to ensure patient safety
- ✓ **Identify and refer patients** to treatment who might otherwise go untreated for a substance use disorder
- ✓ **Engage patients in meaningful education** around the safe use of prescription drugs and the risks of substance use disorders
- ✓ **Discuss naloxone** with patients who meet clinical indicators for co-prescribing with opioids
- ✓ **Decide** whether to prescribe controlled substances for the patient after reviewing all available data



Appropriate Use of K-TRACS



Discuss K-TRACS reports with patients



Only use for medical or pharmaceutical care of a patient



Use K-TRACS as one of many tools to make clinical decisions



Don't print, email/fax or place copy in a medical record



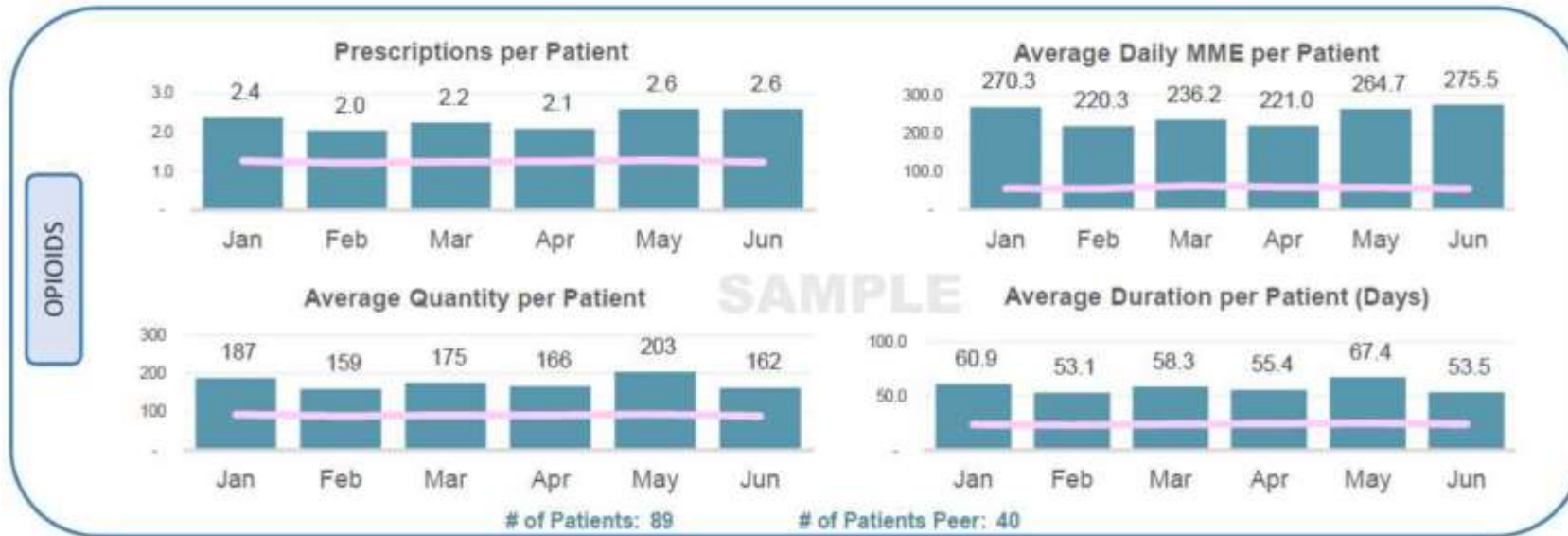
Don't search yourself, potential employees, family members not under your care



Don't exclude or terminate a patient solely based on a K-TRACS report



Your Prescribing History



*This section excludes drugs containing buprenorphine

Quarterly Prescriber E-Recap

Based on healthcare specialty listed in K-TRACS account

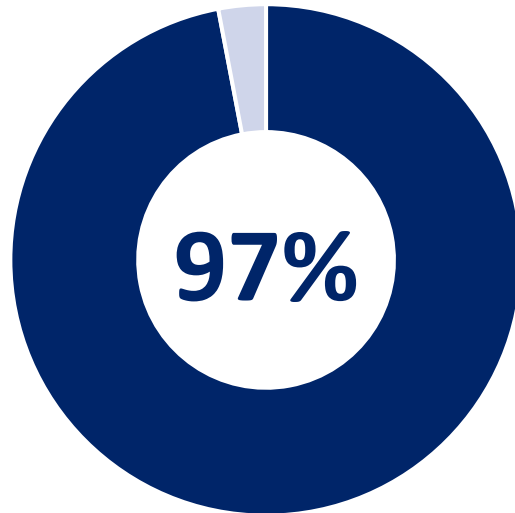
Compares prescribing patterns to those of your “peers” – every prescribing situation is unique

MyRx

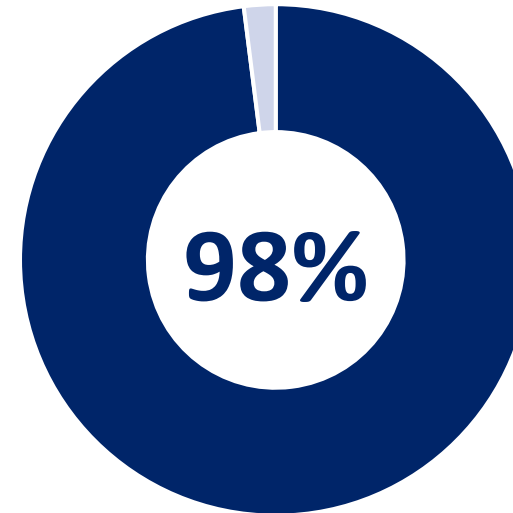
Get a list of all prescriptions reported to K-TRACS under your DEA at any time



K-TRACS Impact



97% of users believe K-TRACS has a positive impact on reducing prescription drug misuse, abuse and diversion



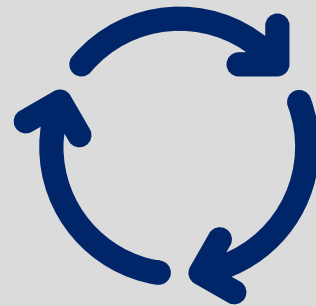
98% of Kansas prescribers and pharmacists use K-TRACS to improve management of their patients' prescription drugs



What is K-TRACS Integration?



Integrates with most electronic medical records (EMR/EHR) systems



Streamlines clinical workflows & reduces workflow interruptions

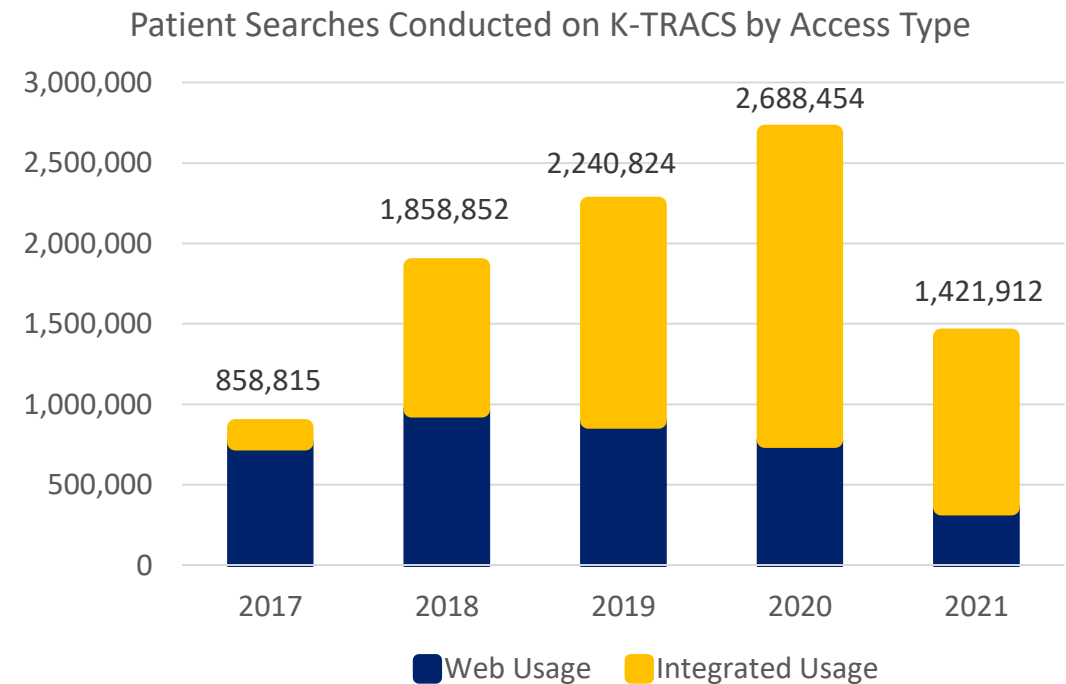


Saves an average of 4 minutes per patient search¹



How to Access K-TRACS

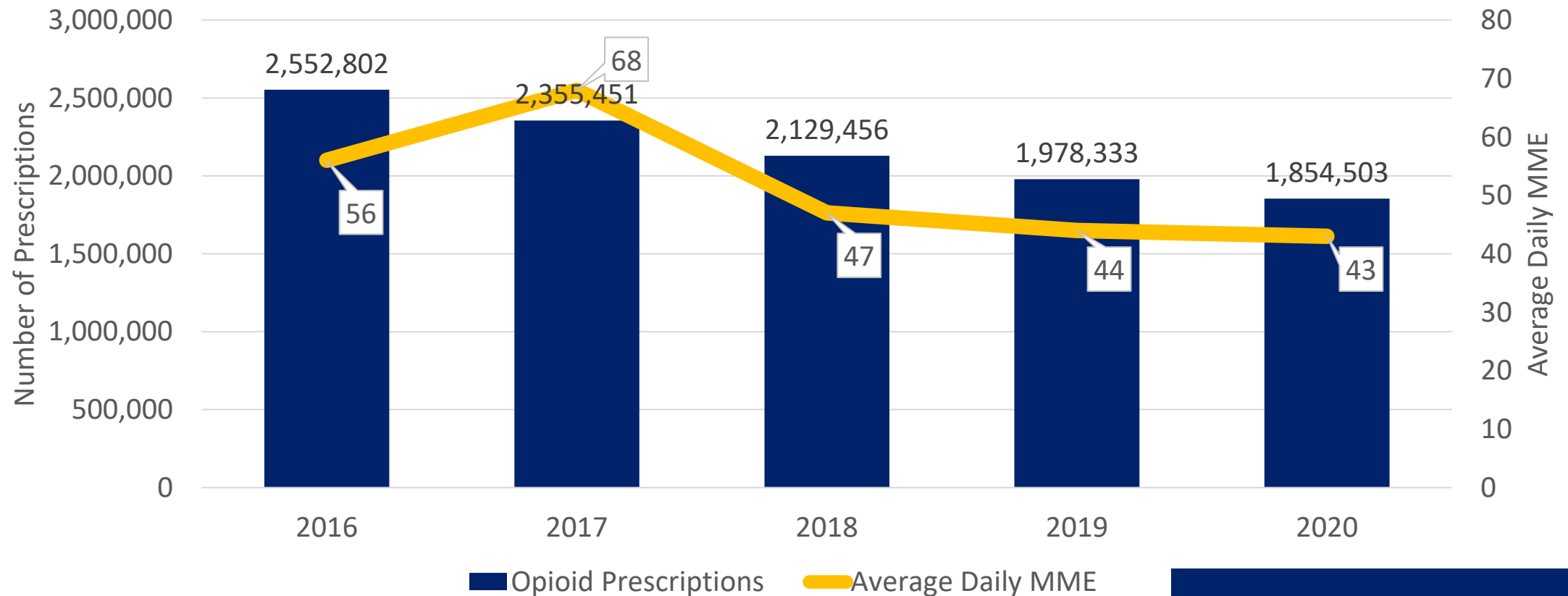
- Web Portal
 - Prescribers, Pharmacists & Delegates
- EMR Integration
 - Prescribers & Pharmacists
 - The technology is your delegate



**2021 includes January-June*



Opioid Prescribing, 2016-2020 (Kansas Patients, Kansas Prescribers)



Source: Appriss Advanced Analytics

27% decrease over 5 years



Why MME matters

- The higher the dose of opioids, the higher the risk of overdose and death
 - Dosages at or above 50 MME/day increase risk of overdose by 2x
- Use caution when increasing to ≥ 50 MME/day; avoid or carefully justify increasing dosage to ≥ 90 MME/day
 - Monitor and assess pain and function more frequently
 - Discuss reducing dose or tapering and discontinuing opioids if benefits do not outweigh harms
 - Consider offering naloxone

What is 90 MME?



9 tablets of
hydrocodone/acetaminophen
10/325



2 tablets of oxycodone
sustained-release 30mg
(OxyContin/Roxicodone)



6 tablets of oxycodone 10mg





Opioid Prescribing Metrics by Specialty (Kansas Patients, Kansas Prescribers)

Emergency Medicine	2016	2017	2018	2019	2020
Average Daily MME	36	35	33	31	30
Percent of Prescriptions \geq 90 MME	3.5%	3.0%	2.4%	2.0%	1.8%

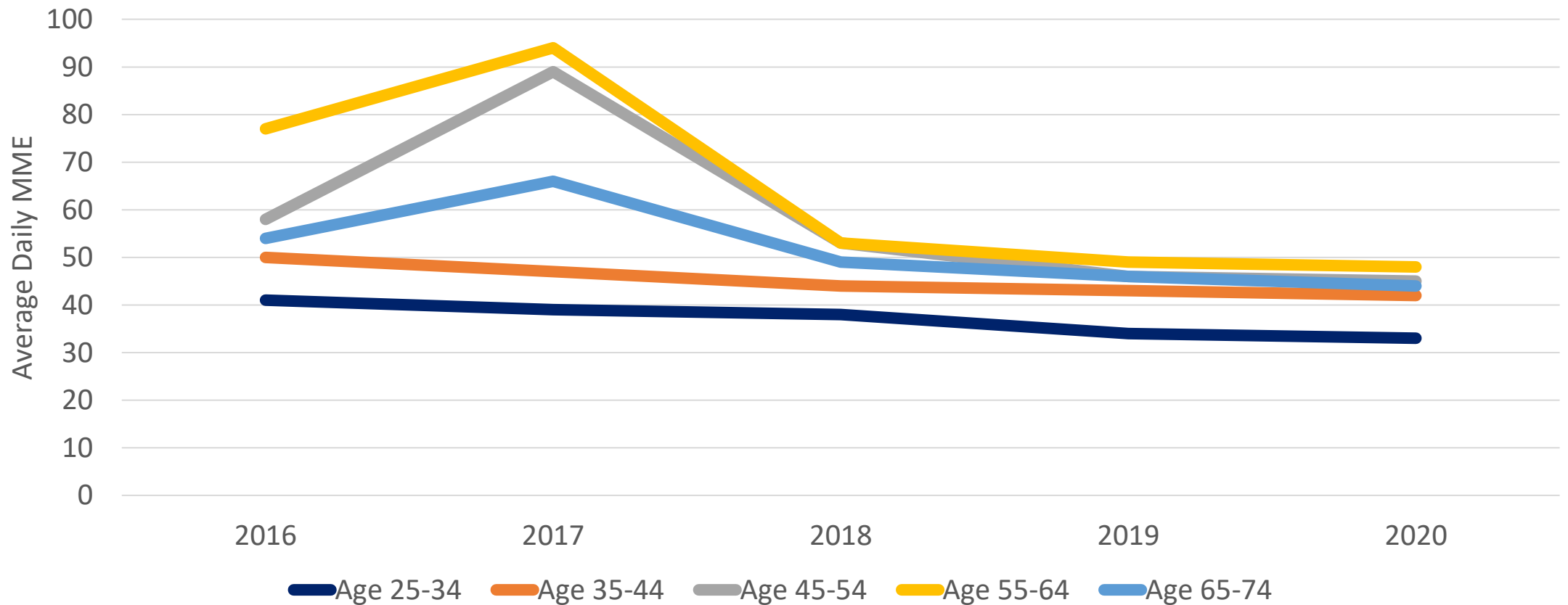
Family Medicine	2016	2017	2018	2019	2020
Average Daily MME	50	48	45	42	42
Percent of Prescriptions \geq 90 MME	13.4%	12.7%	11.8%	10.4%	10.2%

Internal Medicine	2016	2017	2018	2019	2020
Average Daily MME	55	53	51	50	49
Percent of Prescriptions \geq 90 MME	16.3%	14.9%	13.2%	12.0%	11.2%



Average Daily MME by Age Group, 2016-2020

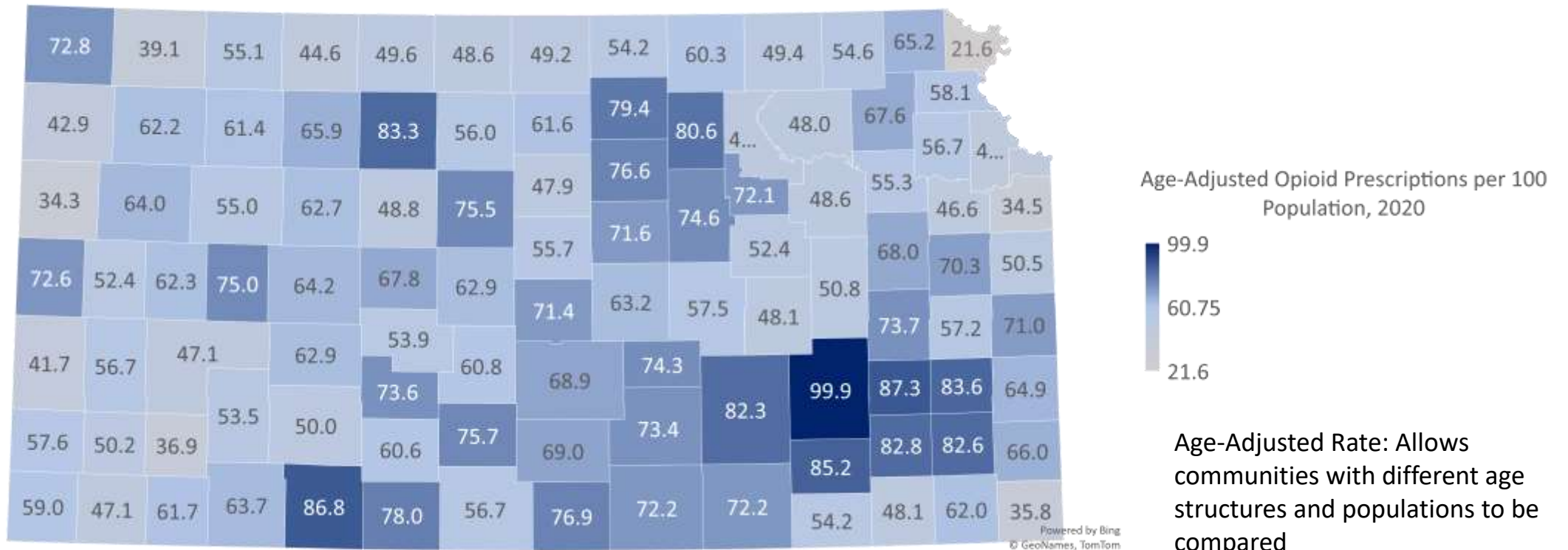
Kansas Patients, Kansas Prescribers



Source: Apriss Advanced Analytics

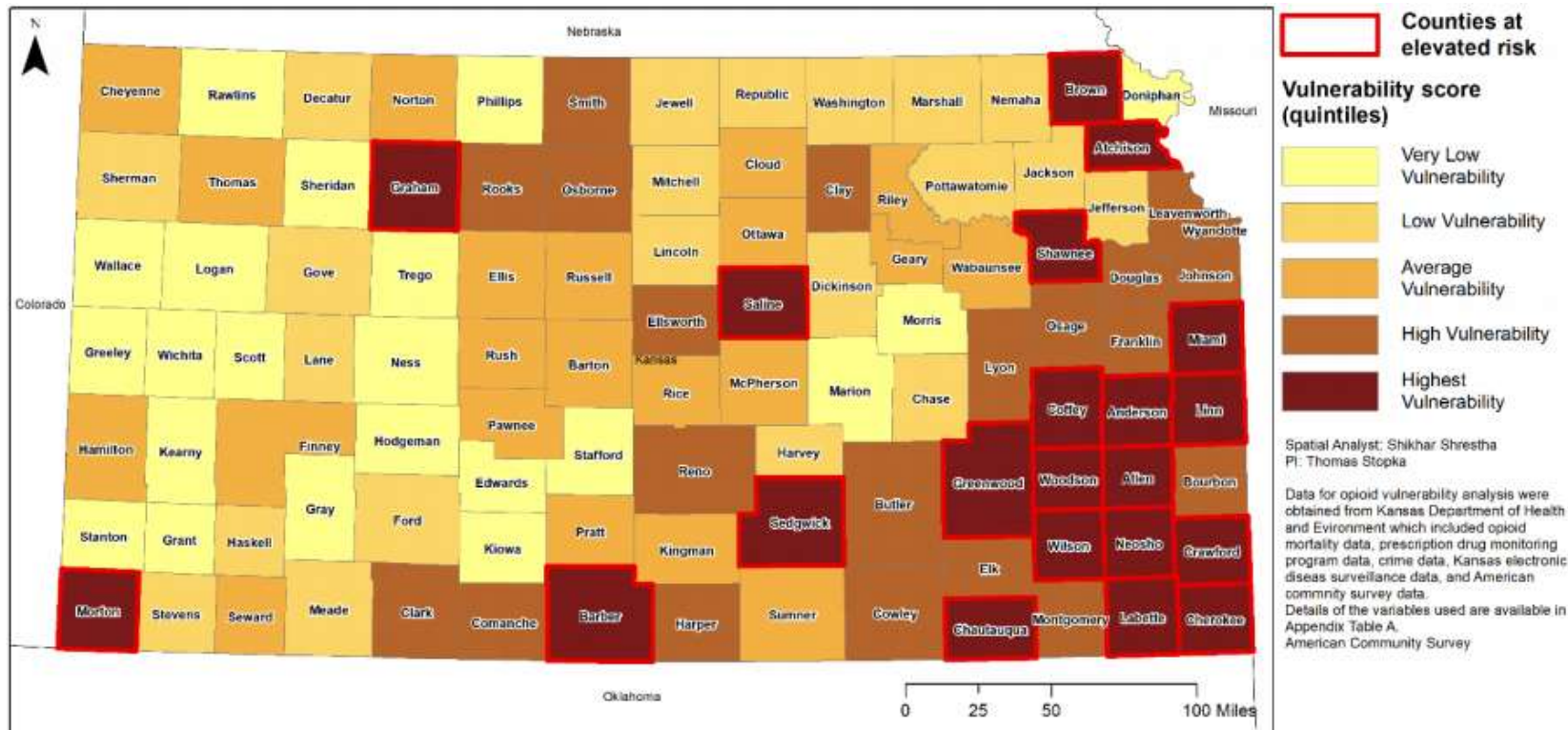


Age-Adjusted Rate of Opioid Prescribing by Patient County, 2020





Opioid Vulnerability Assessment



Core Indicators:

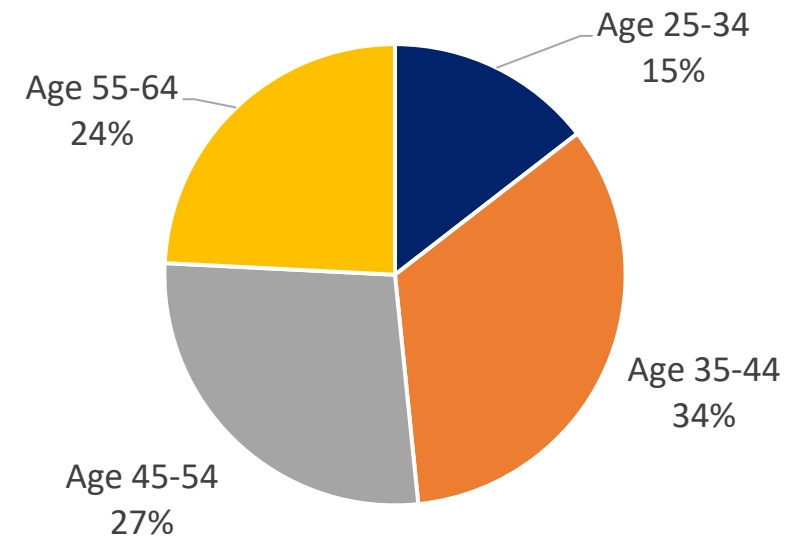
- Opioid overdose deaths
- Non-fatal opioid overdose (ED visits)
- Drug-related crime
- HCV cases (among 12-49-year-olds)
- Opioid prescription dispensations
- Median income



Kansas Prescription Opioid*-Involved Overdose Deaths

- Prescription opioid*-involved overdose deaths
 - Comprised 26.5% of all drug overdose deaths in 2016 (309)
 - Comprised 15% of all drug overdose deaths in 2020 (477)
- Women account for 51% of prescription opioid*-involved overdose deaths, 2020

Prescription Opioid*-Involved Overdose Deaths by Age Group, 2020



*Prescription Opioids = Natural and Semi-Synthetic Opioids



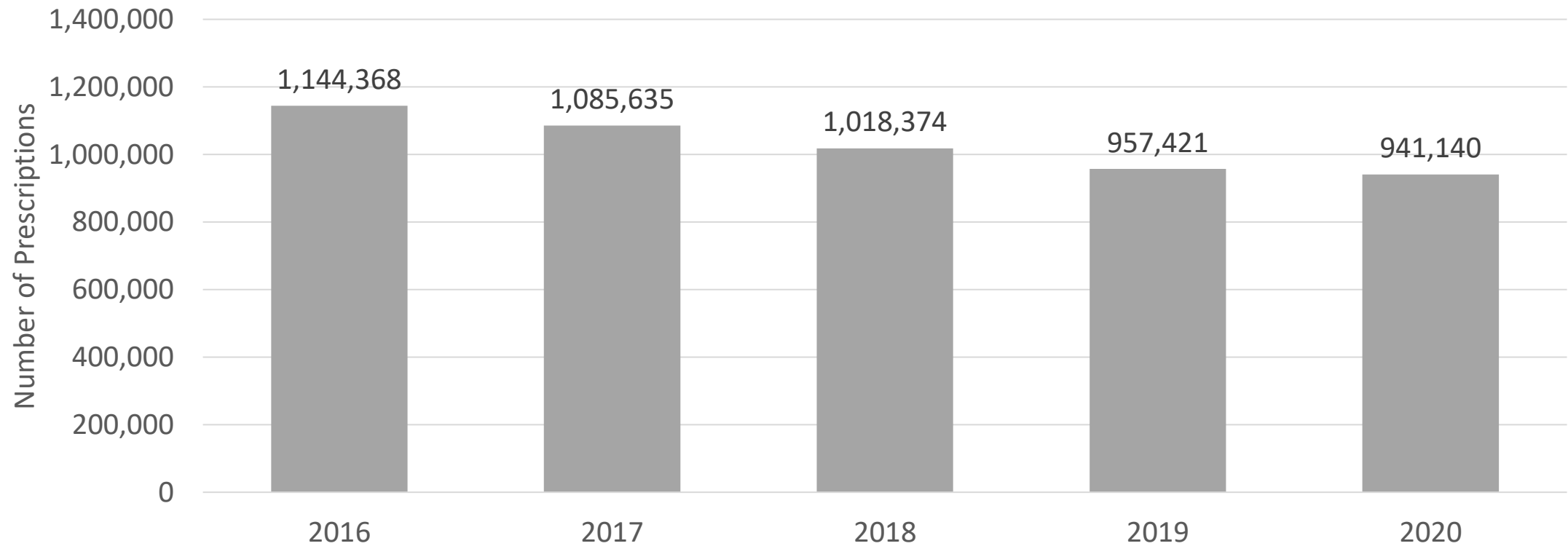
Naloxone Co-Prescribing

- ≥ 50 MME/day
- Overlapping opioids and benzodiazepines
- History of opioid use disorder, opioid overdose, other type of substance use disorder, mental health disorder, excessive alcohol use
- Respiratory conditions such as COPD or sleep apnea

Does the patient have a caregiver/loved one/roommate?



Benzodiazepine Prescribing, 2016-2020 (Kansas Patients, Kansas Prescribers)

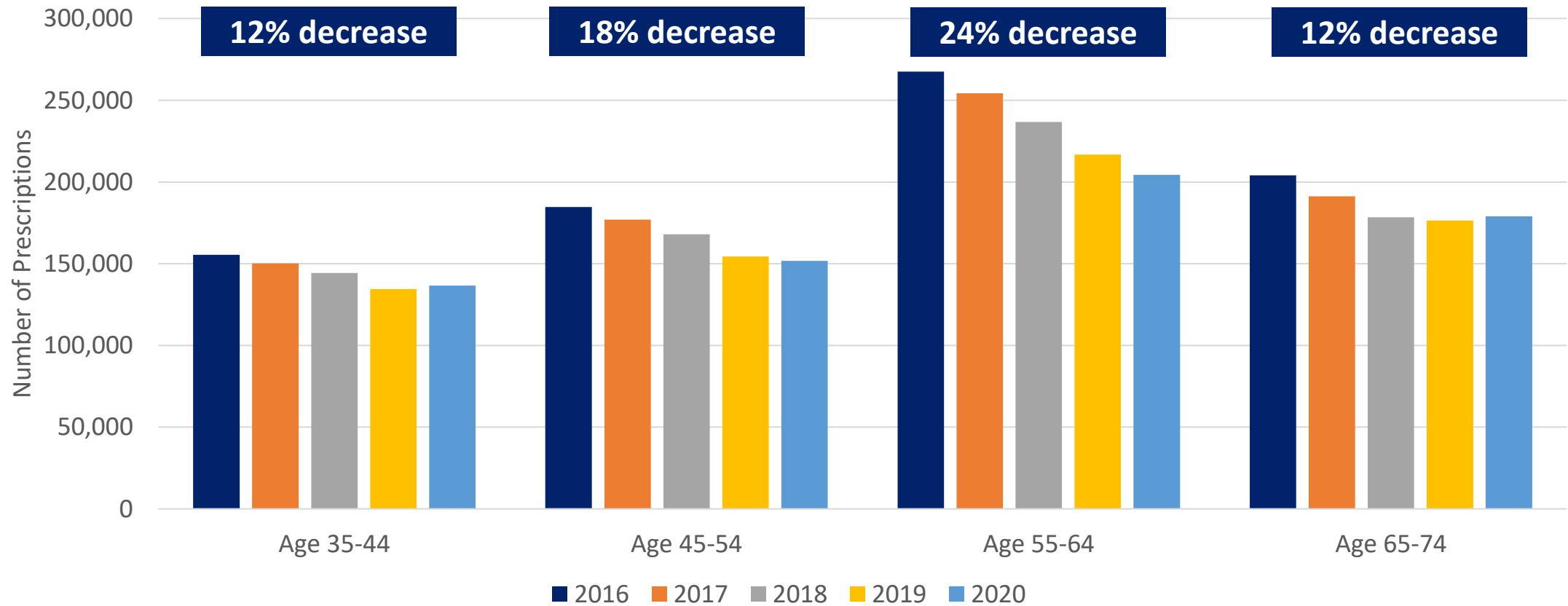


Source: Apriss Advanced Analytics

18% decrease over 5 years



Benzodiazepine Prescribing by Age Group, 2016-2020 (Kansas Patients, Kansas Prescribers)



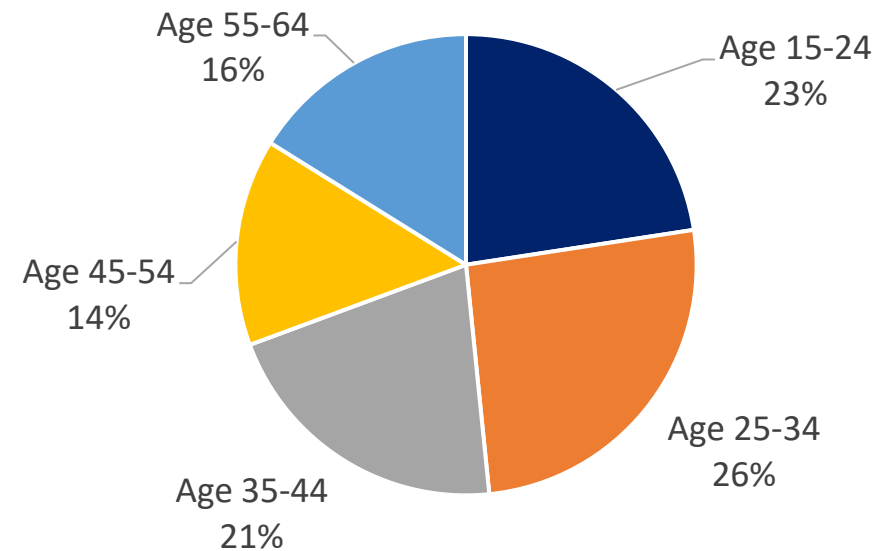
Source: Apriss Advanced Analytics



Kansas Benzodiazepine-Involved Overdose Deaths

- Benzodiazepine-involved overdose deaths
 - 63 overdose deaths in 2020 (13%)
- Men account for 52% of benzodiazepine-involved overdose deaths, 2020

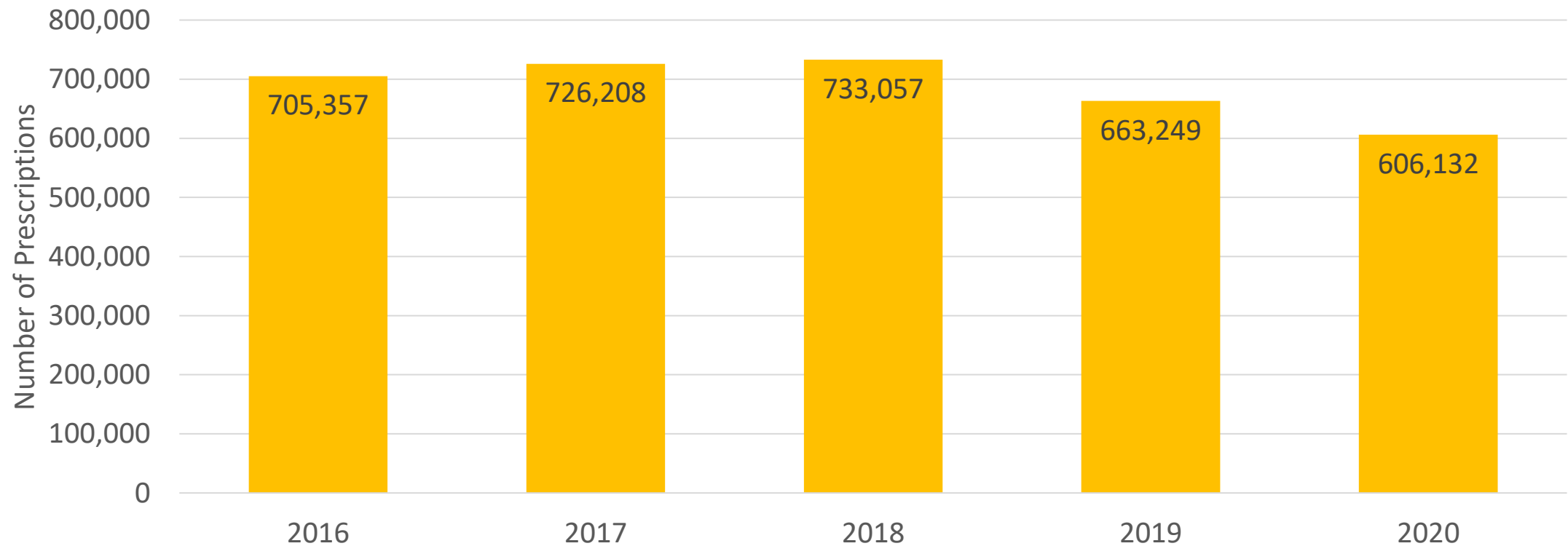
Benzodiazepine-Involved Overdose Deaths by Age Group, 2020



Age 18-34 account for 10% of benzodiazepine prescriptions in Kansas



Stimulant Prescribing, 2016-2020 (Kansas Patients, Kansas Prescribers)

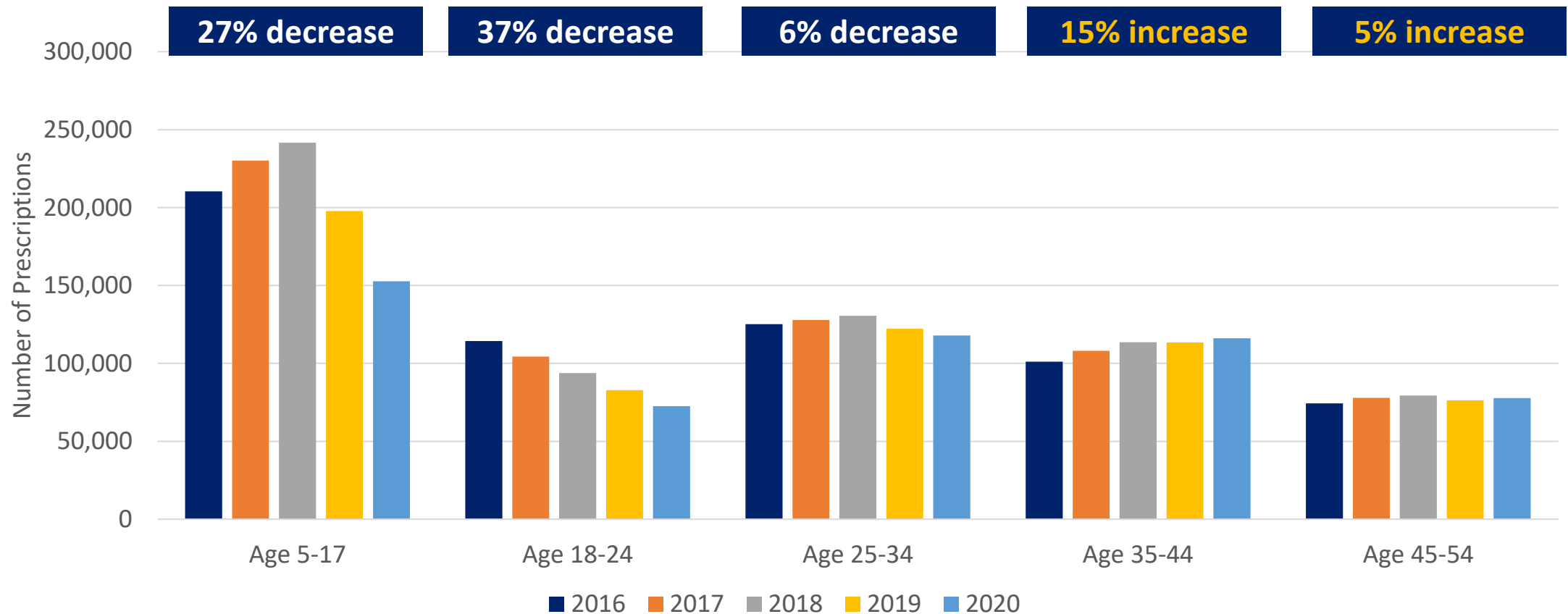


Source: Apriss Advanced Analytics

14% decrease over 5 years



Stimulant Prescribing by Age Group, 2016-2020 (Kansas Patients, Kansas Prescribers)



Source: Apriss Advanced Analytics



Prescribing Resources

CDC Opioid Prescribing Guidelines

Screening, Brief Intervention &
Referral to Treatment (SBIRT)

Naloxone Co-Prescribing

Medication Assisted Treatment

E-Prescribing of Controlled Substance
Opiates (July 1, 2021)

Coming Soon!
Online CME from K-TRACS



Get Trained



K-TRACS PROGRAM OVERVIEW

Understand the history of K-TRACS and how the prescription drug monitoring program is used in the state of Kansas.



DO'S AND DONT'S FOR USING K-TRACS

There are just a few guidelines for using K-TRACS to maintain patient confidentiality and gain efficiency in your practice.



PATIENT SEARCH OPTIONS

There are multiple ways to search for patient prescription drug history in K-TRACS. Find the best way to fit your needs.



K-TRACS ACCOUNT SETTINGS

Optimize your K-TRACS experience by updating account settings to reflect your current information.



PRESCRIBER BENEFITS

Adding K-TRACS to your patient chart review can be time-consuming, but the system has several features that can prove beneficial to your practice.



ACCESSING PRESCRIBING HISTORY

Learn how to access individual prescribing history at any time and interpret quarterly Prescriber Impact (PSAI) Reports.



INTERSTATE DATA SHARING



RISK INDICATOR SCORES



OVERDOSE RISK SCORES

<http://ktracs.ks.gov/prescribers/prescriber-tutorials>



Educate Patients



<http://ktracs.ks.gov/using-k-tracs/provider-toolkit>

DISPENSING NALOXONE

Consider talking to your patient about naloxone if the following conditions are present:

- ✓ **HIGH-DOSE OPIOIDS**
When filling an opioid prescription, individually, or in aggregate with, other medications, greater than or equal to 50 MMEs/day.
- ✓ **HISTORY OF OUD OR OVERDOSE**
When dispensing any dose of an opioid to a patient with a prior history of opioid use disorder (OUD) or overdose.
- ✓ **PRESENCE OF BENZOS**
When dispensing any dose of opioid when a benzodiazepine has been prescribed in the past 30 days or will be dispensed at the same time.
- ✓ **UNDERLYING CONDITIONS**
When underlying health conditions can complicate the efficacy of opioids.

WE USE K-TRACS TO KEEP OUR PATIENTS SAFE.

Together, we can prevent the inappropriate use of prescription drugs and keep our community **healthy.**



Learn more at ktracs.ks.gov/consumers

Posting this sign meets requirements of KAR 68-2-

PRESCRIPTION DRUG SAFETY



STIMULANTS: WHAT THEY DO

Prescription stimulants are used to treat ADHD and can improve symptoms such as inattention, impulsivity and hyperactivity. They speed up mental and physical processes that create increased focus, alertness and energy.

WHAT THEY DON'T DO

- Using prescription stimulants DOES NOT:
- ▶ Make you smarter
 - ▶ Improve your grades or GPA
 - ▶ Make you popular because "everyone is doing it" (HINT: They're not!)

Learn more at ktracs.ks.gov/consumers

SAFETY WITH OPIOIDS

IS IT AN OPIOID?

Even when prescribed by your doctor, **opioids (prescription pain relievers) can pose a risk to your health, including addiction and overdose.**
Over-the-counter pain relievers are **NOT** opioids. These include aspirin, ibuprofen, naproxen and acetaminophen. These medications are generally safe for most patients.

PRESCRIPTION OPIOID PAIN RELIEVERS

- Percocet (oxycodone/acetaminophen)
- Vicodin and Lortab (hydrocodone/acetaminophen)
- Day Cords (Dediprone)
- Tramadol
- Codeine
- Morphine
- Methadone
- Demoral (nabupropine)

DANGEROUS DRUG COMBINATIONS

Combining prescription opioids with benzodiazepines increases your risk for **overmeditation overdose.**

Benzodiazepines are most commonly used to treat anxiety, insomnia and muscle spasms. Both drug types work as depressants — impairing your cognitive function, causing sedation and suppressing your ability to breathe. These effects can cause overdose and death.

TIP: Always discuss all medications you are taking with each of your healthcare providers to ensure your safety.

BENZODIAZEPINES

- Xanax (alprazolam)
- Ativan (lorazepam)
- Klonopin (clonazepam)
- Valium (diazepam)
- Librium (chlordiazepoxide)
- Clonazepam

CONSIDER NALOXONE

Naloxone is an opioid overdose reversal medication. You should consider asking your healthcare provider or pharmacist about carrying it with you and training a loved one how to use it if you are on long-term opioid therapy.

Naloxone can reverse the effects of an opioid overdose and increase the chances of survival.



Learn more at: ktracs.ks.gov/consumers

KNOW THE RISKS





Contact K-TRACS

- Website: <http://ktracs.ks.gov>
- Email: pmpadmin@ks.gov
- 785-296-6547

Gayle Donaldson, Public Information Officer

Gayle.Donaldson@ks.gov



Case Study

- **Patient JD Smith (DOB 8/26/1970)**
- Handyman present with chronic back pain in lumbar region affecting ADL
 - Requesting medication for pain
 - Pain level consistently 5-8, sometimes 9
 - Dx: Somatic dysfunction based off TART (tissue texture change, asymmetry, restriction of motion, tenderness/pain)



Case Study

- **Patient History:**

- Hx degenerative joint disease, CKD, gouty arthritis
- Depression due to decrease in ADLs
- Hx anxiety
- Tobacco use 1 ppd, occasional use of cannabis

- **Labs:**

- CBC: WBC 6.5, Hgb/HCT 14/40
- CMP: K 4.7, BUN/CR 18/1.5, GFR 48

- **Previous Pain Management Treatments:**

- OMT (counter strain, myofascial therapy, muscle energy)

- **Current Medication:**

- Duloxetine 60mg daily
- Acetaminophen 500mg TID
- Celecoxib 100mg daily
- Trazodone 50mg
- Zolpidem 5mg
- Clonazepam
- Gabapentin 300mg

- **Previous Medication:**

- Oxycodone 5mg, hydrocodone/apap 5/325, cyclobenzaprine

Prescriptions

Filled	Written	Drug	QTY	Days	Prescriber	RX #	Dispenser	Refill	Daily Dose*	Pymt Type	PMP
09/25/2021	09/25/2021	Clonazepam 1 Mg Tablet	60.00	30	Lo Hen	2434339	Wal (4321)	0		Comm Ins	KS
09/23/2021	09/23/2021	Zolpidem Tartrate 5 Mg Tablet	30.00	30	Ro Pac	377630	Gen (6789)	0		Comm Ins	KS
09/19/2021	09/19/2021	Hydrocodone-Acetamin 5-325 Mg	10.00	2	Br Cha	4626749	Hen (0000)	0	25.00 MME	Comm Ins	KS
09/14/2021	09/14/2021	Gabapentin 300 Mg Capsule	90.00	30	Lo Hen	2430698	Wal (4321)	0		Comm Ins	KS
09/02/2021	08/04/2021	Zolpidem Tartrate 5 Mg Tablet	30.00	30	Ro Pac	371730	Gen (6789)	1		Comm Ins	KS
09/01/2021	09/01/2021	Clonazepam 1 Mg Tablet	50.00	25	Lo Hen	2427054	Wal (4321)	0		Comm Ins	KS
08/28/2021	08/28/2021	Clonazepam 1 Mg Tablet	10.00	5	Lo Hen	2426195	Wal (4321)	0		Comm Ins	KS
08/13/2021	08/13/2021	Tramadol HCL 50 Mg Tablet	10.00	2	Ba Vil	2421980	Wal (4321)	0	25.00 MME	Comm Ins	KS
08/10/2021	08/10/2021	Hydrocodone-Acetamin 5-325 Mg	15.00	3	Al Bon	2420956	Wal (4321)	0	25.00 MME	Comm Ins	KS
08/09/2021	08/09/2021	Oxycodone HCL 5 Mg Tablet	15.00	4	Ca Lem	4610016	Hen (0000)	0	28.13 MME	Comm Ins	KS
08/05/2021	08/05/2021	Clonazepam 1 Mg Tablet	45.00	22	Lo Hen	2419736	Wal (4321)	0		Comm Ins	KS
08/04/2021	08/04/2021	Zolpidem Tartrate 5 Mg Tablet	30.00	30	Ro Pac	371730	Gen (6789)	0		Comm Ins	KS
08/01/2021	07/31/2021	Tramadol HCL 50 Mg Tablet	20.00	3	Ke Fan	2418671	Wal (4321)	0	33.33 MME	Comm Ins	KS
07/31/2021	07/31/2021	Tramadol HCL 50 Mg Tablet	20.00	3	Ke Fan	2418409	Wal (4321)	0	33.33 MME	Comm Ins	KS
07/31/2021	07/31/2021	Gabapentin 300 Mg Capsule	90.00	30	Lo Hen	2418620	Wal (4321)	0		Comm Ins	KS
07/28/2021	07/28/2021	Hydrocodone-Acetamin 7.5-325	20.00	5	Ja Gra	3230773	Gen (6789)	0	30.00 MME	Comm Ins	KS
07/26/2021	07/26/2021	Oxycodone HCL 5 Mg Tablet	30.00	3	Ca Lab	4604735	Hen (0000)	0	75.00 MME	Comm Ins	KS
07/26/2021	07/26/2021	Oxycodone HCL 5 Mg Tablet	20.00	3	Ja Gra	2416842	Wal (4321)	0	50.00 MME	Comm Ins	KS
07/23/2021	07/23/2021	Tramadol HCL 50 Mg Tablet	15.00	2	Ke Fan	2416150	Wal (4321)	0	37.5 MME	Comm Ins	KS

Providers

Name	City	State	Zipcode
Loren Hensley (Family Medicine)	Topeka	KS	66611
Roger Packard (Psychiatry & Neurology - Psychiatry (General Practice)	Topeka	KS	66612
Brenna Channing (Emergency Medicine)	Kansas City	KS	66600
Barry Villa (Orthopaedic Surgery)	Topeka	KS	66611
Alex Bonner	Topeka	KS	66612
Cassie Lemmon	Topeka	KS	66611
Kelly Fant (Orthopaedic Surgery)	Topeka	KS	66611
Jason Graves	Topeka	KS	66612

Pharmacies

Name	City	State	Zipcode
Walgreen Co.	Topeka	KS	66611
Gentry Drug	Topeka	KS	66612
Hen House	Topeka	KS	66615