


**K-TRACS**  
KANSAS TRACKING AND REPORTING OF  
CONTROLLED SUBSTANCES

**An Introduction to the Kansas Prescription  
Monitoring Program**



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**Prescription Monitoring  
Programs**

- State-based programs allowing collection and (limited) dissemination of information about controlled substance prescriptions
- Rapid growth in availability of programs over the past 10 years
- Each state was implemented differently and has different reporting requirements and different rules on who is allowed to access the information and for what purpose

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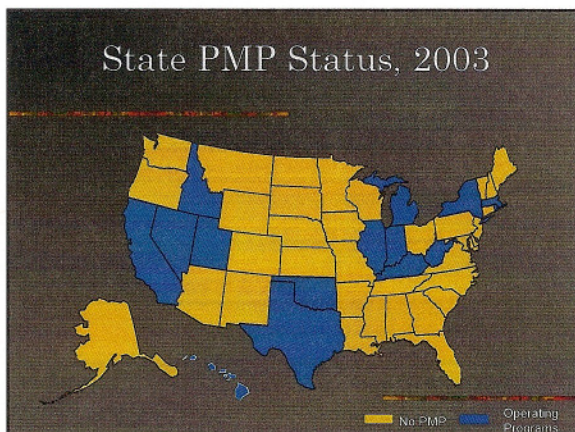
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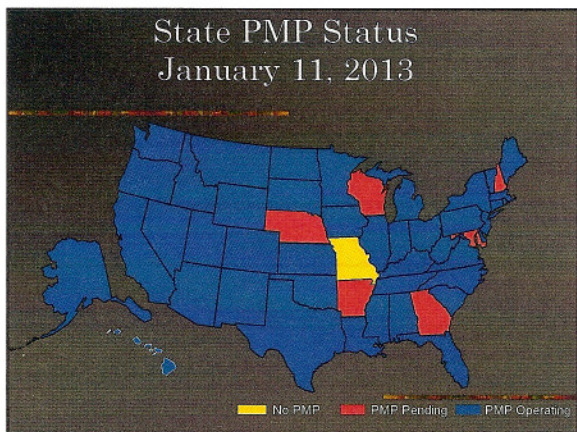
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### Status of Programs: Projected Dates for Full Operation

- Wisconsin: January 2013 (now collecting data)
- Georgia: January 2013
- Arkansas: Mandated by March 2013
- Maryland: ?
- Nebraska: Rolling out as part of HIE - Legislation introduced this session for more traditional PDMP system
- New Hampshire: New statute



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### Creating K-TRACS

- SB 491- 2008 Legislative Session -Enacted prescription monitoring program (PMP)-38th state to enact legislation
- Provided no funding for the program
- Obtained Federal grant funding in late 2009
- Fully Operational in 2011



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## K-TRACS Basics

- Dispensers required to report to K-TRACS daily as of January 1, 2013
- Dispensing information on Schedule II-IV drugs as well as drugs of concern
  - Includes drug, dosage, frequency, number, days' supply
  - Includes identifying information about prescriber and dispenser
  - Includes identifying information about patient
- Emergency dispensing for a 48 hour supply of the prescription or less does not have to be reported
- Medications dispensed to inpatients do not have to be reported
- Medications dispensed in hospice DO have to be reported



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## Who is Currently Reporting?

**KSA 65-1682**

"Dispenser" means a practitioner or pharmacist who delivers a scheduled substance or drug of concern to an ultimate user, but does not include:

- (1) A licensed hospital pharmacy that distributes such substances for the purpose of inpatient hospital care;
- (2) a medical care facility as defined in K.S.A. 65-425, and amendments thereto, practitioner or other authorized person who administers such a substance;
- (3) a registered wholesale distributor of such substances;
- (4) a veterinarian licensed by the Kansas board of veterinary examiners who dispenses or prescribes a scheduled substance or drug of concern; or
- (5) a practitioner who has been exempted from the reporting requirements of this act in rules and regulations promulgated by the board.



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## Who Can Request PMP Data

- Board is authorized to provide PMP data to
  - Prescribers and Dispensers "for the purpose of providing medical or pharmaceutical care to their patients"
  - Individuals for their own information
  - Individuals from administrative oversight agencies
  - Law enforcement officials-with grand jury or inquisition subpoena, for a case they are currently investigating, regarding a given suspect
  - KDHE regarding Medicaid recipients
  - PMP staff and Board staff
- De-identified data can be given for statistical, research, or educational purposes
- **Allowed to share interstate data**



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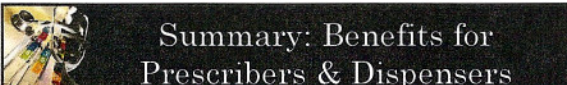













### Summary: Benefits for Prescribers & Dispensers

- Allows Prescribers and Dispensers to feel more comfortable prescribing to patients they know are not abusing the medications
- Providing better care: Patient History reports –‘red flags’ of potential addiction and/or diversion (e.g., ‘doctor-shopping’ or ‘pharmacy hopping’)
- PMP: gives the ability to coordinate care with other prescribers and dispensers



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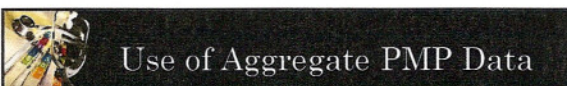
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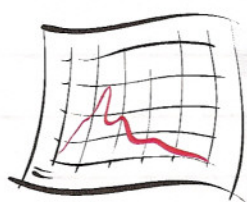

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### Use of Aggregate PMP Data

- Proportion of drugs by type
- Average prescription count per person by county
- Prescription counts for specific drugs

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TOP Generic Name  
for Program: ALL  
for All of 2012  
by RX Count

Generic Name	Number of RX	Total QTY	Total Days Supply
HYDROCODONE BIT/ACETAMINOPHEN	1,590,836	102,150,957	21,584,680
ZOLPIDEM TARTRATE	531,611	21,284,421	20,846,903
ALPRAZOLAM	516,339	33,313,690	14,251,248
TRAMADOL HCL	447,524	46,286,574	11,051,935
OXYCODONE HCL/ACETAMINOPHEN	345,982	23,189,564	4,461,879
CLONAZEPAM	277,764	17,894,967	9,197,436
LORAZEPAM	263,259	13,777,451	6,340,576
AMPHET ASP/AMPHET/D-AMPHET	234,662	11,965,192	7,188,569
OXYCODONE HCL	187,148	16,827,118	3,951,516
METHYLPHENIDATE HCL	174,074	8,520,991	5,351,486
DIAZEPAM	126,232	7,018,040	3,200,724
LISDEXAMFETAMINE DIMESYLATE	123,853	3,937,983	3,404,784
PHENTERMINE HCL	118,486	3,704,003	3,485,727
TESTOSTERONE	117,404	11,056,154	4,227,083
MORPHINE SULFATE	111,748	7,331,076	2,560,851
ACETAMINOPHEN WITH CODEINE	97,712	4,572,144	1,008,892
CARISOPRODOL	85,909	7,469,801	2,454,398
FENTANYL	85,152	803,394	2,144,154
TEMAZEPAM	82,058	3,616,447	3,170,825
DIXMETHYLPHENIDATE HCL	45,715	1,742,682	1,392,516
ESZOPICLONE	44,404	1,753,646	1,732,464
METHADONE HCL	38,246	6,050,197	1,012,162
BUTALB/ACETAMINOPHEN/CAFFEINE	35,441	2,098,805	515,373
HYDROMORPHONE HCL	31,968	2,958,552	633,073
HYDROCODONE/CHLORPHEN POLIS	31,656	3,702,695	411,203
HYDROCODONE/IBUPROFEN	24,499	1,340,910	306,656
PHENOBARBITAL	23,407	2,695,706	951,362

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### The Future of K-TRACS

- SB 134 Signed into Law last Session
  - ✓ Allows Coroners and Medical Examiners Access to Data
  - ✓ Creates "peer review" process to identify problem prescribers and dispensers and help them get the education they may need
  - ✓ Identify problem patients and refer them to treatment facility or worst case scenario (obvious doctor shopping and selling situation-to law enforcement)
- Peer Review Results (Began reviewing data 6 months ago)-28 patient profiles reviewed
  - ✓ 2 Patients Referred to Law Enforcement (no results reported to the committee yet)
  - ✓ 1 Patient found to be incarcerated already for forging prescriptions
  - ✓ 75% of the patients had directed letters to their providers on how K-TRACS can assist them in dealing with a patient that has the potential for substance abuse issues, and notifying them they may have a patient that meets that description
  - ✓ Continue to monitor 6 of the patients

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### The Future of K-TRACS

- Ongoing Projects
  - ✓ Medicaid Study-Grant Funded through NASCSA
  - ✓ Integrating with state Health Information Exchange Groups
  - ✓ Integrating into existing Pharmacy Systems for Pharmacist Access
  - ✓ Automatically Populating K-TRACS information into existing Systems for emergency rooms, urgent care, and general practice setting
- Ideas for the Future
  - ✓ Opening database up to wider range of healthcare providers (institutions)
  - ✓ Being more proactive with Medicaid-integrating with Medicaid technology
  - ✓ Other health care technology collaborations
  - ✓ Collecting information on more than just controlled substances

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### Questions?

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