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-TRACCS?

Registered Users by Type

- Prescribers: 74%
- Pharmacists: 26%

Types of Registered Prescribers

- Physicians: 49%
- Nurse Practitioners: 21%
- Physician Assistants: 10%
- Prescriber Delegates: 10%
- Dentists: 7%
- Other: 3%

Data from Appriss Advanced Analytics
Use of K-TRACS by Osteopathic Physicians

Kansas Licensed Osteopathic Doctors with K-TRACS Accounts

54%

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

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

Kansas Licensed Osteopathic Physicians Prescribing Controlled Substances

67%

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

http://ktracs.ks.gov/prescribers/best-practices
K-TRACS Patient Report

- Controlled Substances, Schedules II-IV
- Drugs of Concern
- Up to 5 Years of Prescription History
- Kansas Patients
- Neighboring State Data
- Other Providers Involved with the Patient
Neighboring State Data

http://ktracs.ks.gov/using-k-tracs/state-to-state-integration
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**

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**

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

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

http://ktracs.ks.gov/prescribers/best-practices
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

**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

*This section excludes drugs containing buprenorphine*
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

Data from 2020 K-TRACS User Survey, responses from 330 Kansas pharmacists and 321 Kansas prescribers who self-identified as active K-TRACS users
Integrates with most electronic medical records (EMR/EHR) systems

Streamlines clinical workflows & reduces workflow interruptions

Saves an average of 4 minutes per patient search

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How to Access K-TRACS

• Web Portal
  • Prescribers, Pharmacists & Delegates

• EMR Integration
  • Prescribers & Pharmacists
  • The technology is your delegate

Data from Appriss Advanced Analytics

Patient Searches Conducted on K-TRACS by Access Type

*2021 includes January-June
Opioid Prescribing, 2016-2020
(Kansas Patients, Kansas Prescribers)

Number of Prescriptions

Average Daily MME

27% decrease over 5 years

Source: Appriss Advanced Analytics
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

Source: CDC Calculating Total Daily Dose of Opioids for Safer Dosage
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
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Source: Appriss Advanced Analytics
Average Daily MME by Age Group, 2016-2020
Kansas Patients, Kansas Prescribers

Source: Appriss Advanced Analytics
Age-Adjusted Rate of Opioid Prescribing by Patient County, 2020

Age-Adjusted Rate: Allows communities with different age structures and populations to be compared

Source: Appriss Advanced Analytics
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
• 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 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: Appriss Advanced Analytics

18% decrease over 5 years
Benzodiazepine Prescribing by Age Group, 2016-2020 (Kansas Patients, Kansas Prescribers)

Source: Appriss Advanced Analytics
• Benzodiazepine-involved overdose deaths
  • 63 overdose deaths in 2020 (13%)
• Men account for 52% of benzodiazepine-involved overdose deaths, 2020

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

Source: KDHE Vital Statistics Program
Stimulant Prescribing, 2016-2020
(Kansas Patients, Kansas Prescribers)

Number of Prescriptions

Source: Appriss Advanced Analytics

14% decrease over 5 years
Stimulant Prescribing by Age Group, 2016-2020 (Kansas Patients, Kansas Prescribers)

Source: Appriss Advanced Analytics
Prescribing Resources

- CDC Opioid Prescribing Guidelines
- Naloxone Co-Prescribing
- E-Prescribing of Controlled Substance Opiates (July 1, 2021)
- Screening, Brief Intervention & Referral to Treatment (SBIRT)
- Medication Assisted Treatment
- Coming Soon! Online CME from K-TRACS
Educate Patients

http://ktracs.ks.gov/using-k-tracs/provider-toolkit
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 charge, 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
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<td>Loren Hensley (Family Medicine)</td>
<td>Topeka</td>
<td>KS</td>
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<tr>
<td>Roger Packard (Psychiatry &amp; Neurology - Psychiatry (General Practice))</td>
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<td>Brenna Channing (Emergency Medicine)</td>
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<td>Barry Villa (Orthopaedic Surgery)</td>
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## Pharmacies

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