



DATE: Tuesday, October 6, 2015
TO: Doug Englebert, RPh, Chairperson
Members, Wisconsin Controlled Substance Board
FROM: Pharmacy Society of Wisconsin
Anna Legreid Dopp, PharmD, Vice President of Public Affairs

SUBJECT: Informational Public Hearing on Implementation of 2013 Wisconsin Act 199 as it Relates to the Prescription Drug Monitoring Program (PDMP)

Wisconsin Act 199 requires the name on an identification (ID) card to be captured prior to the dispensing of Schedule II and III controlled substances to patients unknown to pharmacy staff and be electronically submitted to the Prescription Drug Monitoring Program (PDMP) by April 9, 2016.

Act 199 was one bill of seven bills included in the Heroin, Opiate Prevention and Education (HOPE) legislative package signed into law early 2014. The Pharmacy Society of Wisconsin (PSW) collaborated with the bill author on a number of those bills, but particularly Act 199. Because pharmacists are committed to addressing this epidemic and eager to be part of the solution and, in the spirit of compromise, PSW supported the legislation. However, in discussions with the author, we consistently voiced concern over the requirement to submit the ID information, captured at the point-of-sale (POS), to the PDMP. The result was an amendment to delay this requirement for two years and an allowance for the designated Board, subject to the approval of the Department Secretary, to determine if the ID reporting requirement is to be further delayed.

Act 199 requires, at the POS, information from the ID of the persons unknown to the pharmacy that is picking-up controlled substance prescriptions be recorded by the pharmacy and, by April 9, 2016, be electronically submitted to the PDMP. While other states have positive ID laws that require submission to the PDMP, Act 199's requirement to submit to the PDMP at the POS is not common to other states.

To be clear, PSW and its members have no concern with the concept of collecting and submitting the ID information of the person picking-up a controlled substance as long as it doesn't result in significant challenges to the pharmacy. However, our members are reporting significant challenges associated with this requirement. Thus, it is our responsibility to outline them today and ask that the CSB continue to be thoughtful in considering them throughout the rule making process. Based on feedback our members have shared, the challenges for complying with the ID reporting requirement fall into the following categories: technological, financial, and operational.

In this information or digital age, technology is at the center of every innovation and intervention. While it seems that technology should be a tool rather than an obstacle, there are aspects of incorporating technology into systems and workflows, especially in healthcare settings, that prove to be challenging and expensive. Typically, pharmacies contain two distinct computer systems to manage their dispensing and sales processes. A "dispensing" system is used to process prescriptions, store patient records, and submit claims for dispensed medications to insurers, as well as supporting most business management functions for the pharmacy. Most pharmacies have also implemented a "POS" system to process the sales transaction

when the medication is dispensed to the patient. These POS systems are akin to the scanning and sales transaction systems used at other types of retail stores.

The prescription claim data submitted to the PDMP is obtained and sent from a pharmacy's dispensing system. Every Wisconsin pharmacy had to customize their dispensing systems and processes in order to comply with the data submission requirements of PDMP. These changes were not insignificant to the pharmacy community but PSW supported and advocated for the creation of PDMP because of the potential to curb prescription drug diversion and abuse.

In most circumstances, these two systems are not integrated. There are dozens of dispensing systems and dozens of POS systems. Integrating these two systems in order to capture the ID information in the POS, transfer it to the dispensing system, and populate and transmit the specific PDMP fields is a complex and potentially expensive endeavor. Further, when considering the possibility of the transfer of this data, if systems are able to be integrated, PSW members have explained that the data captured at the POS is not available in a format that is easily linked with the dispensing record and subsequently submitted to the PDMP.

If manual collection or transfer of ID information is necessary, Wisconsin pharmacy providers have expressed concern about a significant burden to workflow and decrease in productivity, ultimately interfering with the ability of the pharmacy staff to focus on the most important task, taking care of the patient.

PSW requests that the members of the CSB carefully consider the concerns expressed by the pharmacy community while promulgating a rule on the requirement to report the name on an ID to the PDMP.

For questions and continued discussion on these areas, please contact Anna Legreid Dopp, PharmD, Vice President of Public Affairs, Pharmacy Society of Wisconsin at: annad@pswi.org or 608-827-9200.

About the Pharmacy Society of Wisconsin:

The Pharmacy Society of Wisconsin has championed the cause of helping pharmacists deliver the best care for their patients. Today, with more than 4000 members statewide, PSW is the professional organization that pharmacists, pharmacy technicians and student pharmacists join to further their careers, advance the standing of pharmacists, and improve the care of patients in Wisconsin.

PSW is designed so that its members can work together, help one another, and advance the pharmacy profession with the singular purpose of enhancing the lives of people in Wisconsin. Members of PSW receive exceptional educational and networking opportunities, business solutions, inspirational stories and advocacy support.

PSW invites all pharmacy professionals in the state who share the vision to join. Please visit us online at www.pswi.org for more details on Pharmacy Society of Wisconsin.

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P H A R M A C Y
Our family caring for your family

DATE: Tuesday, October 6, 2015

TO: Doug Englebert, RPh, Chairperson
Members, Wisconsin Controlled Substance Board

From: Fitchburg Hometown Pharmacy
Thad Schumacher, Pharm.D. – Owner / Pharmacist

SUBJECT: Informational Public Hearing on Implementation of 2013 Wisconsin Act 199 as it Relates to the Prescription Drug Monitoring Program (PDMP)

Wisconsin Act 199 requires the name on an identification (ID) card to be captured prior to the dispensing of Schedule II and III controlled substances to patients unknown to pharmacy staff and be electronically submitted to the Prescription Drug Monitoring Program (PDMP) by April 9, 2016.

It should be noted that current controlled substance law already required pharmacist to collect this information. Collection of the data is not the concern, it is the transmission of that data to the PDMP that presents a problem.

Phar 8.05 Dispensing. (2)

A pharmacist may dispense a controlled substance listed in schedule II, III or IV only pursuant to a prescription order issued by an individual practitioner. The order shall be initialed and dated by the dispensing pharmacist as of the date the prescription is dispensed. If the person accepting the medication pursuant to any prescription order for a schedule II controlled substance, specified in s. 961.16, Stats., is not personally known to the pharmacist, there shall be written in ink, on the reverse side, the printed name, signature and address of the person.

The concern about prescription drug abuse is not lost on me. Working on the front lines, I see the lengths that people are willing to go to divert controlled substances and I applaud Wisconsin for the designing and implementing the PDMP. As a routine user of the system, I can tell you first hand a number of time that it has caused me to not fill a valid prescription and inform the prescriber of the reasons for my decision. That said, it is important to take a step back and see how this additional ID collection and data transmission implementation would be a financial burden to small businesses like mine.

It is important to understand that capability to capture the ID of the person picking up a prescription at the time of sale and submitting that information to the PDMP electronically does not currently exist. In independent pharmacies, like mine the software that runs the Point of Sale program is a separate system and vendor than that of the pharmacy filling software and system. Having the vendors that provide these systems work together to produce software that would enable ID capture, storage, and transmission to the PDMP would have an enormous cost associated to it. Please note that the companies would not be motivated to produce this type of software by market pressures, because Wisconsin is the only state requiring this type of ID capture and reporting.

It is difficult to even get an estimate for the cost to implement this type of reporting mechanism in the pharmacy, since neither vendor can know what the other vendor would be planning or what they would need to expect. My estimation is that the cost of development and implementation would exceed \$15,000. This is equivalent to 1/3 of a FTE to give some perspective, I only employ 2 FTE. It would be a hardship for me to invest this type of money into system that produces little benefit to the pharmacy.

I would recommend that you work to eliminate the data transmission piece of this legislation. If that is not possible then I would ask that you give an extended amount of time for software vendors to design software that has the capability to do what you are asking pharmacies to do.

Thanks you for your time and I appreciate the opportunity to be heard.

Respectfully,
Thad Schumacher, Pharm.D.