

Prevention for States Awardee Meeting

May 4, 2016

**Kentucky Injury Prevention and
Research Center**

Svetla Slavova, PhD



Examples of Using Ky PDMP Data for Public Health Surveillance and Practice

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KENTUCKY INJURY PREVENTION AND RESEARCH CENTER

Home About Injury Topics Programs Education & Training Publications & Reports Data & Links

Kentucky Injury Prevention and Research Center
A Safer Kentucky - It's No Accident!

New Releases

KY Face Report: Construction Siding Subcontractor Killed in Telescopic Forklift Overturn
A construction laborer was killed and his construction laborer coworker critically injured when the telescopic boom man lift they were working on tilted and overturned. This report emphasizes the importance of utilizing the correct equipment and equipment protocol on the job.

Suicide and Self-Injury in Kentucky, 2005-2014
This report provides counts and rates of suicide deaths, inpatient hospital discharges for intentional self-injury, and emergency department visits for intentional self-injury, for Kentucky residents from 2005 to 2014. Suicide and self-injury events are classified by year of occurrence, gender, age group, leading mechanisms of injury. For self-injury events, expected source of payment, total charges and total length of stay are also provided.

Kentucky County Drug Overdose Death Rates
Death rates representing overdoses by illicit and/or prescription drugs that were inflicted intentionally or unintentionally.

Welcome

The Kentucky Injury Prevention and Research Center (KIPRC) is a unique partnership between the University of Kentucky and the Kentucky Department for Public Health.

Through an interdisciplinary approach, KIPRC has a sole purpose of decreasing the burden of injury in the Commonwealth of Kentucky and beyond.

FIND OUT MORE

Faculty & Staff

Research Areas Within KIPRC

Drug Overdose

http://www.chfs.ky.gov/os/oig/KASPER.htm

Ky Kentucky: Cabin...

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KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

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Home > Office of the Secretary > Inspector General > KASPER

KASPER (Kentucky All Schedule Prescription Electronic Reporting)

New KASPER Features

Many KASPER reports now have a new look that includes **Morphine Equivalent Dose information** for opioid prescriptions. [KASPER Tips - Morphine Equivalent Dose and Naloxone Information \[PDF - 89K\]](#) explains this new feature and [Opioid Morphine Equivalent Conversion Factors \[PDF - 34K\]](#) provides documentation on the conversion factors and calculations.

Prescriber master account holders may now request a **Prescriber Peer Review Report** that provides the number of benzodiazepine, opioid, sedative and stimulant prescriptions and doses prescribed by the user in comparison to prescribers statewide and to other prescribers in the same specialty area. This report may be requested by clicking on the View Peer Review Report button on the Account Maintenance screen. [Prescriber Peer Review Drug List by Category \[PDF - 197K\]](#) is a list of the specific drugs included in each of the four drug categories included in the report.

KASPER Technical Support

For KASPER technical support including system problems, password resets or to update your account information, please contact the KASPER help desk at (502) 564-2703 or [email](#).

House Bill 1 Practitioner Training Available

Practitioner training on KASPER, addiction and pain management that meets the continuing education requirement of House Bill 1 is available on the University of Kentucky CE Central website: [UK CE Central](#)

See Also...

- Drug Enforcement and Professional Practices Branch
- Dispenser Reporting Information
- Institutional KASPER Accounts
- KASPER Tips for Providers
- Substance Abuse Assistance
- KASPER Studies and Surveys
- KASPER Trend Reports
- KASPER Advisory Council

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Links

Regulated Child Care

OIG Health Care Facility Directories

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KARES

Contact Us

For general information about KASPER or to schedule a presentation or training, please contact:
David Hopkins
Office of Inspector General
275 E. Main St., 5ED
Frankfort, KY 40621
(502) 564-2815, ext. 3333

KASPER enhancements to prevent harmful prescribing practices and curb prescription drug diversion



CABINET FOR HEALTH AND FAMILY SERVICES
 Commonwealth of Kentucky
 275 East Main Street
 Frankfort, KY 40621-0001
Drug Enforcement Branch - KASPER
Patient Controlled Substance Report

Between 09/29/2013 and 09/29/2014

Requestor Name :

Request # : 7329735

Patient Name: DOE, JOHN

Patients that matched the search criteria.

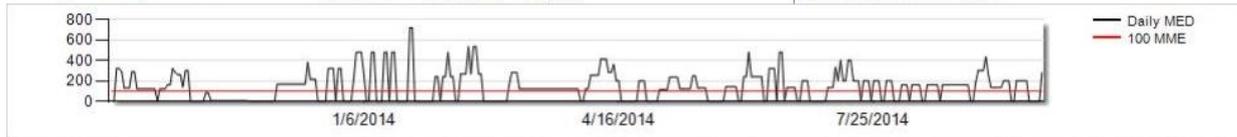
Pat ID	Patient Name	DOB	Address
1	DOE, JOHN	5/23/1985	540 HWY 141, KY
2	DOE, JONATHON	5/23/1985	540 HWY 141, HUSTONVILLE, KY
3	DOE, THOMAS	5/23/1985	540 HWY 141, KY

Active Cumulative Morphine Equivalent *

280



An ACME \geq 100 MME may warrant increased clinical vigilance and a Rx for naloxone. See final page of report for ACME and naloxone information.



Date Filled	Drug Name	Patient DOB	Qty	Days	Prescriber Name	Prescriber DEA City	Pharmacy Name	Pharmacy City	Rpt To	Daily MED*	Pat ID
10/01/2013	Amphetamine/Dextroampheta 3.75MG/3.75MG/3.75MG/3.75	05/23/1985	90	30	[Redacted]	Danville	Good Neighbor Pharmacy	Danville	KY		1
10/01/2013	Suboxone 8MG/2MG	05/23/1985	2	1	[Redacted]	Danville	Good Neighbor Pharmacy	Danville	KY	160	1
10/01/2013	Suboxone 8MG/2MG	05/23/1985	4	2	[Redacted]	Danville	Good Neighbor Pharmacy	Danville	KY	160	1
10/03/2013	Suboxone 8MG/2MG	05/23/1985	8	5	[Redacted]	Danville	Good Neighbor Pharmacy	Danville	KY	128	1
10/07/2013	Suboxone 8MG/2MG	05/23/1985	2	1	[Redacted]	Danville	Good Neighbor Pharmacy	Danville	KY	160	1
10/09/2013	Suboxone 8MG/2MG	05/23/1985	6	4	[Redacted]	Danville	Good Neighbor Pharmacy	Danville	KY	120	1
10/14/2013	Suboxone 8MG/2MG	05/23/1985	3	2	[Redacted]	Danville	Good Neighbor Pharmacy	Danville	KY	120	1
10/18/2013	Suboxone 8MG/2MG	05/23/1985	3	2	[Redacted]	Danville	Good Neighbor Pharmacy	Danville	KY	120	1
10/21/2013	Suboxone 8MG/2MG	05/23/1985	4	2	[Redacted]	Danville	Good Neighbor Pharmacy	Danville	KY	160	1
10/23/2013	Suboxone 8MG/2MG	05/23/1985	2	1	[Redacted]	Danville	Good Neighbor Pharmacy	Danville	KY	160	1

*The information in this report is based upon Schedule II through V controlled substance records reported by dispensers. Data should appear on KASPER reports within two to three business days after dispensing.
 *The records listed in the report are based on the patient identification information entered by the report requestor, and if not sufficiently unique may result in the report including records for multiple patients. Please verify the information in the report by contacting the prescribers and/or dispensers listed.
 *If the controlled substance records on this report appear to be in error, the patient or provider should contact the dispenser to determine if the information was reported accurately. If the dispenser certifies the information was reported accurately, the dispenser can contact the Drug Enforcement and Professional Practices Branch at 502-564-7955 to investigate the error.
 *The information in this report is intended for informational use only by the person authorized to request the report. Intentional disclosure of the report or data to someone not authorized to obtain the data is a Class B Misdemeanor.

Report Restrictions – A practitioner or pharmacist may share the report with the patient or person authorized to act on the patient's behalf and place the report in the patient's medical record, with the report then being deemed a medical record subject to the same disclosure terms and conditions as an ordinary medical record. (KRS 218A.202)

11/10/2015 Page 1 of 5

KASPER Tips: Morphine Equivalent Dose and Naloxone Information on KASPER Reports

David R. Hopkins and Jill E. Lee, R.Ph.
Office of Inspector General
Kentucky Cabinet for Health and Family Services

In an effort to provide practitioners and pharmacists with additional information to help reduce the risk of controlled substance abuse and unintended overdose deaths, KASPER patient reports have been enhanced to provide Morphine Equivalent Dose (MED) information. The new change took effect December 3. The MED information is included to assist practitioners and pharmacists with their opioid prescribing or dispensing decision, and is not intended to limit opioid prescribing or dispensing, or to replace practitioners' and pharmacists' professional judgment on how to treat their patient.

The daily Morphine Equivalent Dose is shown for each opioid prescription record and indicates the morphine milligram equivalent value assigned to the daily opioid dose. The daily MED is calculated using a conversion formula from the U.S. Centers for Disease Control and Prevention (CDC), and is a measure that equates different opioid potencies (based on route and dose) to a standard morphine dosage equivalent. This information makes it easier for healthcare providers to determine whether the amount of opioid medications the patient is receiving could place the patient at a greater risk of a drug overdose.

If the KASPER report contains opioid prescription records, at the top of the KASPER patient report users will now see an Active Cumulative Morphine Equivalent (ACME) number. This information will not be included on reports showing "No records found". The ACME number represents the daily MED level for active opioid prescriptions in effect for the patient on the last day of the date range selected for the report request (the "To Date"). Underneath the ACME number will be a chart showing the MED for each day included in the report date range overlaid upon a 100 MED baseline. All prescription records (opioid and non-opioid) that are active as of the "To Date" of the report are now highlighted in bold text. It is important to note that the ACME is calculated based on prescription data reported to KASPER only and does not include prescription data from other states that may be included on the KASPER report as a result of the user requesting data from other states.

If the report contains opioid prescription records, the last page of the report will provide information regarding the MED and ACME calculations. A table of opioid morphine equivalent conversion factors is available on the KASPER public web site: www.chfs.ky.gov/KASPER.

If the ACME is 100 or greater, a warning symbol will appear along with a note that increased clinical vigilance may be appropriate. This warning threshold was established by consensus of the KASPER Advisory Council members based on a recommendation from the Kentucky Injury Prevention and Research Center. According to the CDC, a patient with a daily MED level of 100 or greater has an overdose risk nine times higher than a patient with a level of 20 or less. For patients with an ACME of 100 or greater, the last page of the report will also include information and links to additional resources about naloxone prescribing and dispensing to help in situations where a provider believes the patient may be at risk of an overdose. The Kentucky Board of Medical Licensure advises that when a patient's MED level reaches the 100 threshold, prescribers are expected to increase safeguards (such as increased monitoring and the use of naloxone) and that ongoing treatment be supported by increased documentation of clinical reasoning.

Naloxone is an opioid antagonist medication that can be used to counter the effects of an opioid overdose if administered in time. Kentucky statutes allow licensed health-care providers to prescribe or dispense naloxone to an individual or to a third party capable of administering the drug for an emergency opioid overdose. For additional information regarding naloxone prescribing and dispensing refer to Kentucky statute KRS 217.186 (<http://www.lrc.ky.gov/Statutes/statute.aspx?id=44004>). The American Medical Association encourages physicians to co-prescribe naloxone to a patient or prescribe naloxone to a family member or close friend when it is clinically appropriate and provides guidance at: <http://www.ama-assn.org/ama/pub/advocacy/topics/preventing-opioid-abuse/increase-naloxone-access.page>.

Questions for practitioners to consider before co-prescribing or prescribing naloxone:

- Is my patient on a high opioid dose?
- Is my patient also on a concomitant benzodiazepine prescription?
- Does my patient have a history of substance use disorder?
- Does my patient have an underlying mental health condition that might make him or her more susceptible to overdose?
- Does my patient have a medical condition, such as a respiratory disease or other co-morbidities, which might make him or her susceptible to opioid toxicity, respiratory distress or overdose?
- Might my patient be in a position to aid someone who is at risk of opioid overdose?

The Drug Enforcement and Professional Practices Branch staff is available to help with any questions regarding the Morphine Equivalent Dose information. For support please contact DEPPB at (502) 564-985.

###

KASPER Integration into EHRs

Infrastructure enhancements completed:

- Upgraded to current standard from American Society for Automation in Pharmacy (ASAP 4.2)
- Participated in development of interoperability standard for data exchange with EHRs
- Developed a testing methodology for integration into EHRs
- Developed Memorandums of Understanding and an Institutional Account Agreement for Integration

We are currently working toward integration with several vendors including a major pharmacy chain, two software vendors whose products are utilized by small independent pharmacies, an eprescribing software vendor, and the Department of Defense.

Multi-source Drug Overdose Fatality Surveillance

File Edit View Tools Help

Open Form Save Print Find New Record of 1917 Delete Undo Line Listing Dashboard Map Edit Form Help

Pages

- KYDOOfficial
 - DC Decedent Overview
 - DC Injury Manner Cause
 - Coroner
 - Autopsy
 - Toxicology
 - KASPER
 - Source Documents

DC Decedent Overview

DEATH YEAR: 2014 DOD: 01012014 DC Volume Year: 2014 DC Number: 2323 DC Volume Number: 14

CASE NUMBER: KY2014-0001 SSN: 1234567890 Death Registration Date: 01042014 DC EDRS Number: XYZ01231

FIRST NAME: JOHN MIDDLE NAME: LAST NAME: DOE SUFFIX:

Maiden Name: Mother's Maiden Name: Father's Surname:

DOB: 06191957 Birth Year: 1957 AGE: 56 DATE OF DEATH: 01012014 GENDER: M

Birth City: Newtown Birth State: KENTUCKY Birth Country: UNITED STATES

Marital Status Code: 4 Marital Status Description: DIVORCED

Decedent's Usual Occupation: TRUCK DRIVER Kind of Business/Industry: SEMI Ever in Armed Forces?: No Education Code: 3

Race Code: 1 Race Description: WHITE Hispanic Code: 0 Hispanic Origin Description: NON HISPANIC Other Race Description:

Linked Records

Exposed From Exposed To

Unlink Add Exposure...

Ky Drug Overdose Fatality Surveillance (EpiInfo)

File Edit View Tools Help

Open Form Save Print Find New Record 37 of 1917 Delete Undo Line Listing Dashboard Map Edit Form Help

Pages

- KYDOFOfficial
 - DC Decedent Overview
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 - Autopsy
 - Toxicology
 - KASPER
 - Source Documents

DC Injury Manner Cause

Injury Street Address: Injury City: Injury State: Injury Zip Code:

Place of Injury Code: Place of Injury Description: Place of Injury Literal: Work Injury:

Description of Injury:

DECEDENT INGESTED LETHAL AMOUNTS OF MEDICATION

MANNER OF DEATH:

IMMEDIATE CAUSE OF DEATH (Part I, Line a):

CONDITIONS LEADING TO THE CAUSE LISTED ON LINE A (Part I, Line b):

CONDITIONS LEADING TO THE CAUSE LISTED ON LINE B (Part I, Line c):

CONDITIONS LEADING TO THE CAUSE LISTED ON LINE C (Part I, Line d):

SIGNIFICANT CONTRIBUTING CAUSES (Part II):

UCD CODE: UNDERLYING CAUSE OF DEATH (UCD) DESCRIPTION:

Accidental poisoning by and exposure to other and unspecified drugs, medicamen

Linked Records

Exposed From Exposed To

Unlink Add Exposu

View SNA Gr

Ky Drug Overdose Fatality Surveillance (EpiInfo)

Open Form | Save | Print | Find | New Record | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 | 176 | 177 | 178 | 179 | 180 | 181 | 182 | 183 | 184 | 185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 193 | 194 | 195 | 196 | 197 | 198 | 199 | 200 | 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 | 209 | 210 | 211 | 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 | 233 | 234 | 235 | 236 | 237 | 238 | 239 | 240 | 241 | 242 | 243 | 244 | 245 | 246 | 247 | 248 | 249 | 250 | 251 | 252 | 253 | 254 | 255 | 256 | 257 | 258 | 259 | 260 | 261 | 262 | 263 | 264 | 265 | 266 | 267 | 268 | 269 | 270 | 271 | 272 | 273 | 274 | 275 | 276 | 277 | 278 | 279 | 280 | 281 | 282 | 283 | 284 | 285 | 286 | 287 | 288 | 289 | 290 | 291 | 292 | 293 | 294 | 295 | 296 | 297 | 298 | 299 | 300 | 301 | 302 | 303 | 304 | 305 | 306 | 307 | 308 | 309 | 310 | 311 | 312 | 313 | 314 | 315 | 316 | 317 | 318 | 319 | 320 | 321 | 322 | 323 | 324 | 325 | 326 | 327 | 328 | 329 | 330 | 331 | 332 | 333 | 334 | 335 | 336 | 337 | 338 | 339 | 340 | 341 | 342 | 343 | 344 | 345 | 346 | 347 | 348 | 349 | 350 | 351 | 352 | 353 | 354 | 355 | 356 | 357 | 358 | 359 | 360 | 361 | 362 | 363 | 364 | 365 | 366 | 367 | 368 | 369 | 370 | 371 | 372 | 373 | 374 | 375 | 376 | 377 | 378 | 379 | 380 | 381 | 382 | 383 | 384 | 385 | 386 | 387 | 388 | 389 | 390 | 391 | 392 | 393 | 394 | 395 | 396 | 397 | 398 | 399 | 400 | 401 | 402 | 403 | 404 | 405 | 406 | 407 | 408 | 409 | 410 | 411 | 412 | 413 | 414 | 415 | 416 | 417 | 418 | 419 | 420 | 421 | 422 | 423 | 424 | 425 | 426 | 427 | 428 | 429 | 430 | 431 | 432 | 433 | 434 | 435 | 436 | 437 | 438 | 439 | 440 | 441 | 442 | 443 | 444 | 445 | 446 | 447 | 448 | 449 | 450 | 451 | 452 | 453 | 454 | 455 | 456 | 457 | 458 | 459 | 460 | 461 | 462 | 463 | 464 | 465 | 466 | 467 | 468 | 469 | 470 | 471 | 472 | 473 | 474 | 475 | 476 | 477 | 478 | 479 | 480 | 481 | 482 | 483 | 484 | 485 | 486 | 487 | 488 | 489 | 490 | 491 | 492 | 493 | 494 | 495 | 496 | 497 | 498 | 499 | 500 | 501 | 502 | 503 | 504 | 505 | 506 | 507 | 508 | 509 | 510 | 511 | 512 | 513 | 514 | 515 | 516 | 517 | 518 | 519 | 520 | 521 | 522 | 523 | 524 | 525 | 526 | 527 | 528 | 529 | 530 | 531 | 532 | 533 | 534 | 535 | 536 | 537 | 538 | 539 | 540 | 541 | 542 | 543 | 544 | 545 | 546 | 547 | 548 | 549 | 550 | 551 | 552 | 553 | 554 | 555 | 556 | 557 | 558 | 559 | 560 | 561 | 562 | 563 | 564 | 565 | 566 | 567 | 568 | 569 | 570 | 571 | 572 | 573 | 574 | 575 | 576 | 577 | 578 | 579 | 580 | 581 | 582 | 583 | 584 | 585 | 586 | 587 | 588 | 589 | 590 | 591 | 592 | 593 | 594 | 595 | 596 | 597 | 598 | 599 | 600 | 601 | 602 | 603 | 604 | 605 | 606 | 607 | 608 | 609 | 610 | 611 | 612 | 613 | 614 | 615 | 616 | 617 | 618 | 619 | 620 | 621 | 622 | 623 | 624 | 625 | 626 | 627 | 628 | 629 | 630 | 631 | 632 | 633 | 634 | 635 | 636 | 637 | 638 | 639 | 640 | 641 | 642 | 643 | 644 | 645 | 646 | 647 | 648 | 649 | 650 | 651 | 652 | 653 | 654 | 655 | 656 | 657 | 658 | 659 | 660 | 661 | 662 | 663 | 664 | 665 | 666 | 667 | 668 | 669 | 670 | 671 | 672 | 673 | 674 | 675 | 676 | 677 | 678 | 679 | 680 | 681 | 682 | 683 | 684 | 685 | 686 | 687 | 688 | 689 | 690 | 691 | 692 | 693 | 694 | 695 | 696 | 697 | 698 | 699 | 700 | 701 | 702 | 703 | 704 | 705 | 706 | 707 | 708 | 709 | 710 | 711 | 712 | 713 | 714 | 715 | 716 | 717 | 718 | 719 | 720 | 721 | 722 | 723 | 724 | 725 | 726 | 727 | 728 | 729 | 730 | 731 | 732 | 733 | 734 | 735 | 736 | 737 | 738 | 739 | 740 | 741 | 742 | 743 | 744 | 745 | 746 | 747 | 748 | 749 | 750 | 751 | 752 | 753 | 754 | 755 | 756 | 757 | 758 | 759 | 760 | 761 | 762 | 763 | 764 | 765 | 766 | 767 | 768 | 769 | 770 | 771 | 772 | 773 | 774 | 775 | 776 | 777 | 778 | 779 | 780 | 781 | 782 | 783 | 784 | 785 | 786 | 787 | 788 | 789 | 790 | 791 | 792 | 793 | 794 | 795 | 796 | 797 | 798 | 799 | 800 | 801 | 802 | 803 | 804 | 805 | 806 | 807 | 808 | 809 | 810 | 811 | 812 | 813 | 814 | 815 | 816 | 817 | 818 | 819 | 820 | 821 | 822 | 823 | 824 | 825 | 826 | 827 | 828 | 829 | 830 | 831 | 832 | 833 | 834 | 835 | 836 | 837 | 838 | 839 | 840 | 841 | 842 | 843 | 844 | 845 | 846 | 847 | 848 | 849 | 850 | 851 | 852 | 853 | 854 | 855 | 856 | 857 | 858 | 859 | 860 | 861 | 862 | 863 | 864 | 865 | 866 | 867 | 868 | 869 | 870 | 871 | 872 | 873 | 874 | 875 | 876 | 877 | 878 | 879 | 880 | 881 | 882 | 883 | 884 | 885 | 886 | 887 | 888 | 889 | 890 | 891 | 892 | 893 | 894 | 895 | 896 | 897 | 898 | 899 | 900 | 901 | 902 | 903 | 904 | 905 | 906 | 907 | 908 | 909 | 910 | 911 | 912 | 913 | 914 | 915 | 916 | 917 | 918 | 919 | 920 | 921 | 922 | 923 | 924 | 925 | 926 | 927 | 928 | 929 | 930 | 931 | 932 | 933 | 934 | 935 | 936 | 937 | 938 | 939 | 940 | 941 | 942 | 943 | 944 | 945 | 946 | 947 | 948 | 949 | 950 | 951 | 952 | 953 | 954 | 955 | 956 | 957 | 958 | 959 | 960 | 961 | 962 | 963 | 964 | 965 | 966 | 967 | 968 | 969 | 970 | 971 | 972 | 973 | 974 | 975 | 976 | 977 | 978 | 979 | 980 | 981 | 982 | 983 | 984 | 985 | 986 | 987 | 988 | 989 | 990 | 991 | 992 | 993 | 994 | 995 | 996 | 997 | 998 | 999 | 1000

Pages

- KYDOOfficial
 - DC Decedent Overview
 - DC Injury Manner Cause
 - Coroner
 - Autopsy
 - Toxicology**
 - KASPER
 - Source Documents

Linked Records

Exposed From Exposed To

Unlink Add Exposu

Toxicology

AIT Report #
1111111 DOA Panel: Comp Panel:

Date Sample(s) Collected: 12/2/2014 Date AIT Received: 12/2/2014 Date AIT Reported: 12/22/2014

Blood Toxicology Blood source: peripheral

Drug	Concentra	Unit	Therapeu Range	Pharm Class	DEA Schedule
alprazolam	11.5	n...	10-40	Benzodiazepines	Sched...
morphine	157	n...	10-80	Prescription Opi...	Sched...
codeine	6.5	n...	30-120	Prescription Opi...	Sched...
oxycodone	336	n...	10-200	Prescription Opi...	Sched...
oxymorphone	6.1	n...	1-5	Prescription Opi...	Sched...

Urine Toxicology

Ky Drug Overdose Fatality Surveillance (EpiInfo)

File Edit View Tools Help

Open Form Save Print Find New Record 1 of 1917 Delete Undo Line Listing Dashboard Map Edit Form Help

Pages

- KYDOFOfficial
 - DC Decedent Overview
 - DC Injury Manner Cause
 - Coroner
 - Autopsy
 - Toxicology
 - KASPER
 - Source Documents

KASPER

FIRST NAME: MIDDLE NAME: LAST NAME:
 JOHN [] DOE

KASPER Request #: Report Start Date: Report End Date:
 11111111 1/1/2013 12/30/2014 No KASPER History

KASPER Data

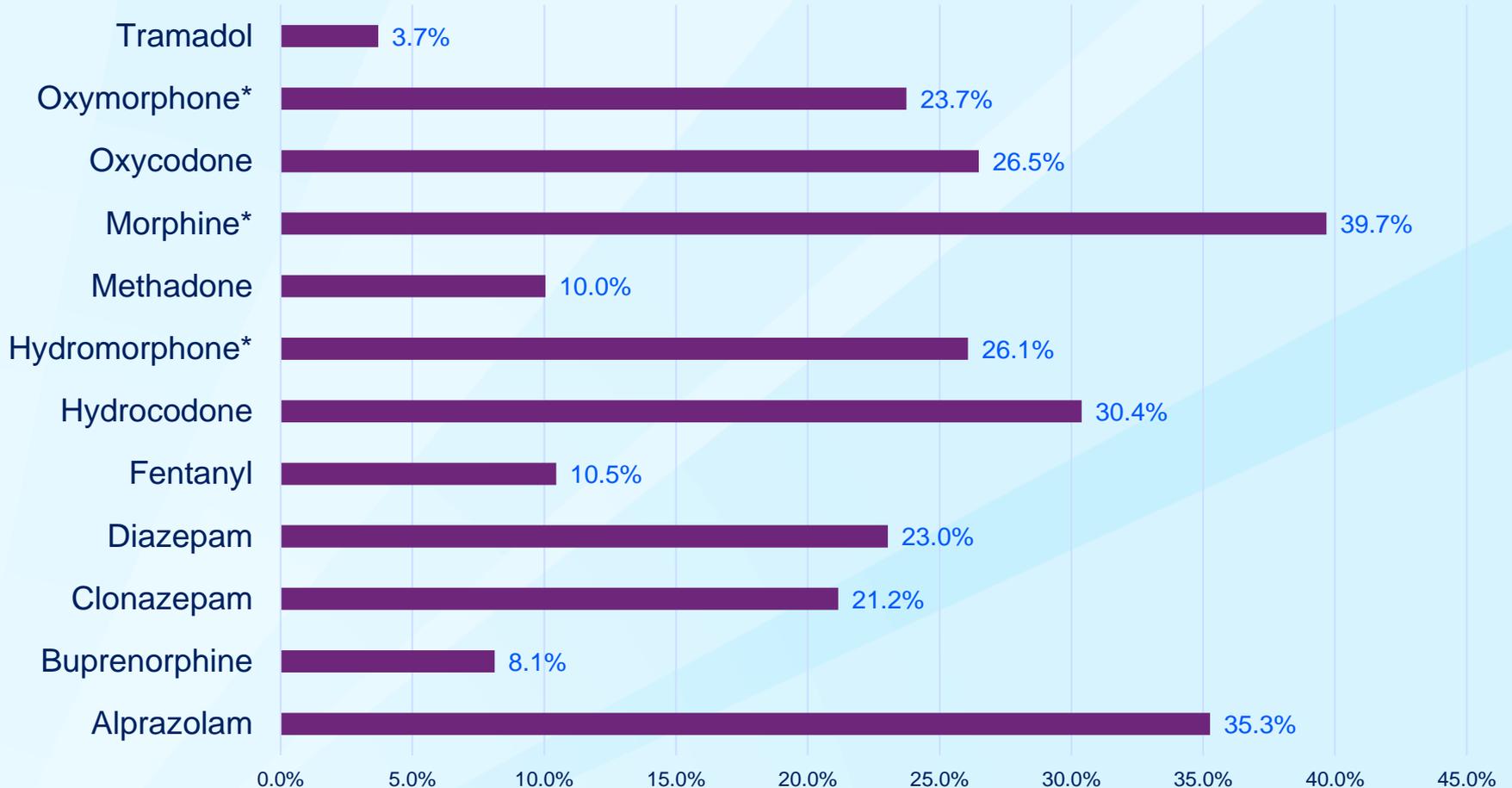
Date Filled	Qty	Days	RX#	Refill?	Drug Name	Dosage	Drug NDC#	Prescriber Name	Credentials	Pres City
12/12/...	30	30	123456	▼	ALPRAZOLAM	1.0	6725309...	DOE		
12/15/...	120	30	9876543	▼	OXYCODONE HYDROC...	5.00	1070200...	SMITH		
12/25/...	45	15	665533	▼	OPANA ER	30.00				
				▼						

Linked Records

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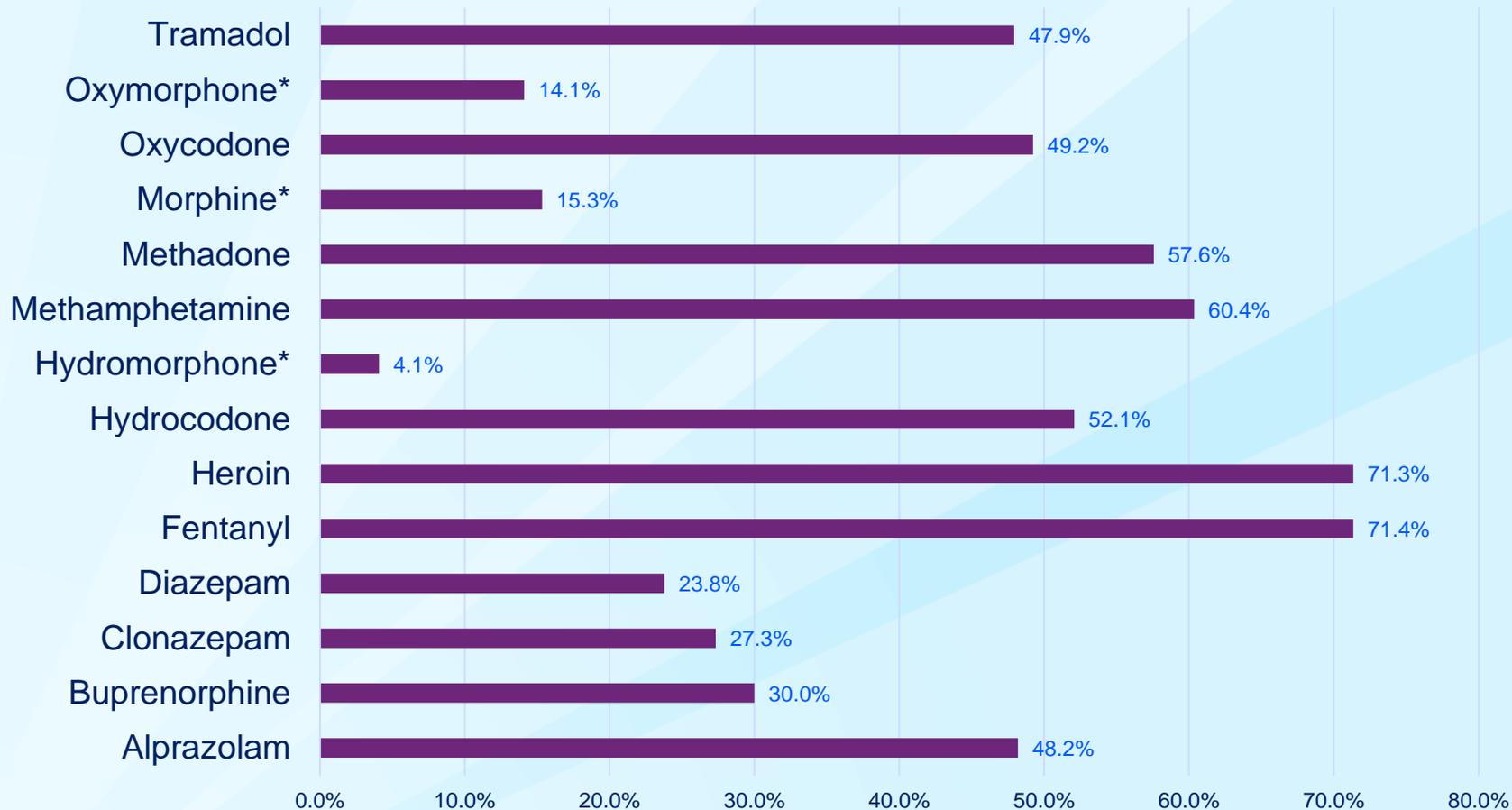
Ky Drug Overdose Fatality Surveillance



Percentage of deaths with a specific drug present at the time of the death (toxicology report) that had an active prescription for this drug as of the day of the death (KASPER data), 2013-2014

*drug or metabolite

Ky Drug Overdose Fatality Surveillance



Percentage of overdose deaths with toxicology reports that listed the drug(s) on death certificates

*drugs or metabolites

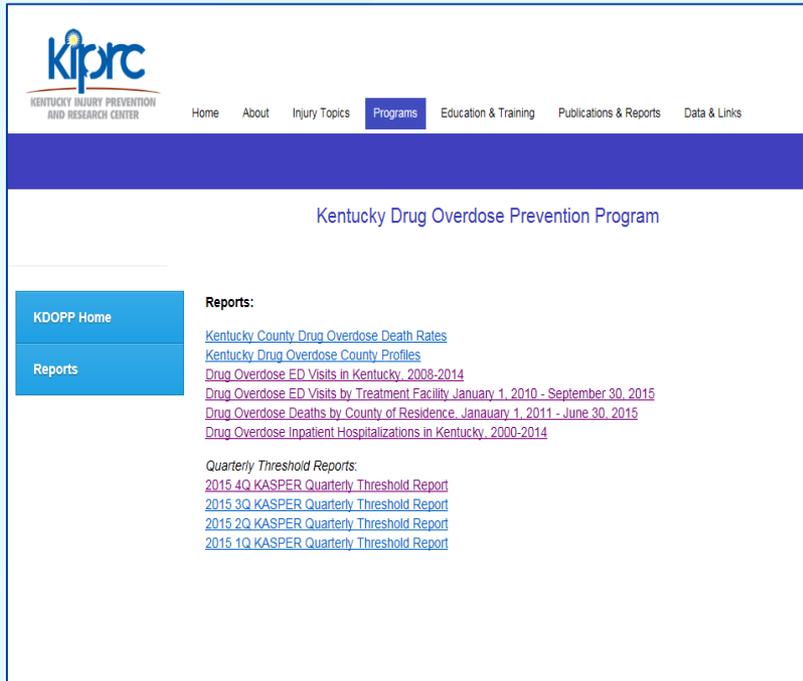
Ky Drug Overdose Fatality Surveillance

- Concordance of specific drugs contributing to overdose deaths between
 - 1) causes of death suggested by medical examiners
 - 2) causes of death listed on death certificates

- 1,004 autopsied overdose deaths with cause of death sections suggested by medical examiners; 61 of 1,004 listed only non-specific description of contributing drugs: “polypharmacy” (31); “substance” (15); “opiate” (10); “narcotic” (5)

- 57 (6%) of remaining 943 death certificates with suggested contributing drugs didn’t list any specific drugs; 28 (3%) listed only “substance”; 49 (5%) listed only “polypharmacy”

KASPER data for epidemiological analysis



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Home About Injury Topics **Programs** Education & Training Publications & Reports Data & Links

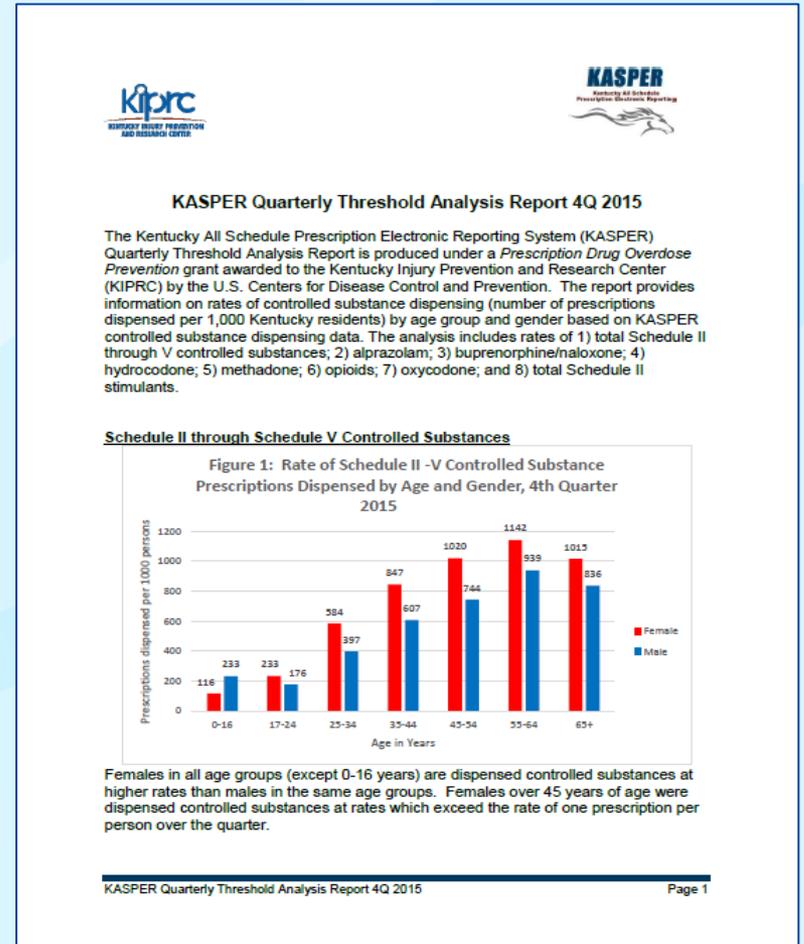
Kentucky Drug Overdose Prevention Program

Reports:

- [Kentucky County Drug Overdose Death Rates](#)
- [Kentucky Drug Overdose County Profiles](#)
- [Drug Overdose ED Visits in Kentucky, 2008-2014](#)
- [Drug Overdose ED Visits by Treatment Facility, January 1, 2010 - September 30, 2015](#)
- [Drug Overdose Deaths by County of Residence, January 1, 2011 - June 30, 2015](#)
- [Drug Overdose Inpatient Hospitalizations in Kentucky, 2000-2014](#)

Quarterly Threshold Reports:

- [2015.4Q KASPER Quarterly Threshold Report](#)
- [2015.3Q KASPER Quarterly Threshold Report](#)
- [2015.2Q KASPER Quarterly Threshold Report](#)
- [2015.1Q KASPER Quarterly Threshold Report](#)



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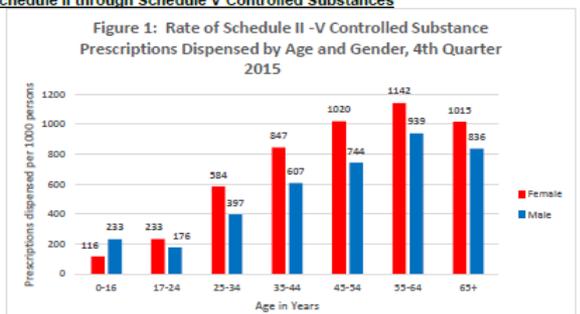
KASPER
Kentucky All Schedule Prescription Electronic Reporting System

KASPER Quarterly Threshold Analysis Report 4Q 2015

The Kentucky All Schedule Prescription Electronic Reporting System (KASPER) Quarterly Threshold Analysis Report is produced under a *Prescription Drug Overdose Prevention* grant awarded to the Kentucky Injury Prevention and Research Center (KIPRC) by the U.S. Centers for Disease Control and Prevention. The report provides information on rates of controlled substance dispensing (number of prescriptions dispensed per 1,000 Kentucky residents) by age group and gender based on KASPER controlled substance dispensing data. The analysis includes rates of 1) total Schedule II through V controlled substances; 2) alprazolam; 3) buprenorphine/naloxone; 4) hydrocodone; 5) methadone; 6) opioids; 7) oxycodone; and 8) total Schedule II stimulants.

Schedule II through Schedule V Controlled Substances

Figure 1: Rate of Schedule II - V Controlled Substance Prescriptions Dispensed by Age and Gender, 4th Quarter 2015



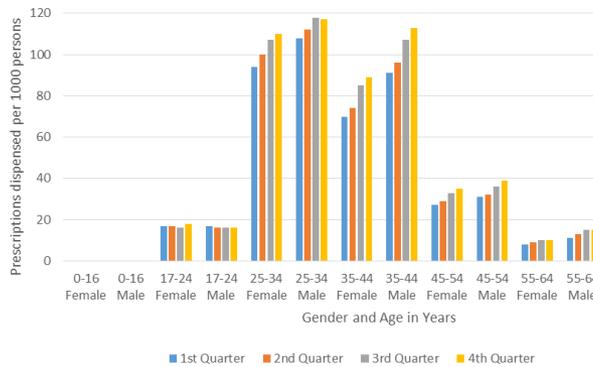
Age in Years	Female	Male
0-16	116	233
17-24	233	176
25-34	584	397
35-44	847	607
45-54	1020	744
55-64	1142	939
65+	1015	836

Females in all age groups (except 0-16 years) are dispensed controlled substances at higher rates than males in the same age groups. Females over 45 years of age were dispensed controlled substances at rates which exceed the rate of one prescription per person over the quarter.

KASPER Quarterly Threshold Analysis Report 4Q 2015 Page 1

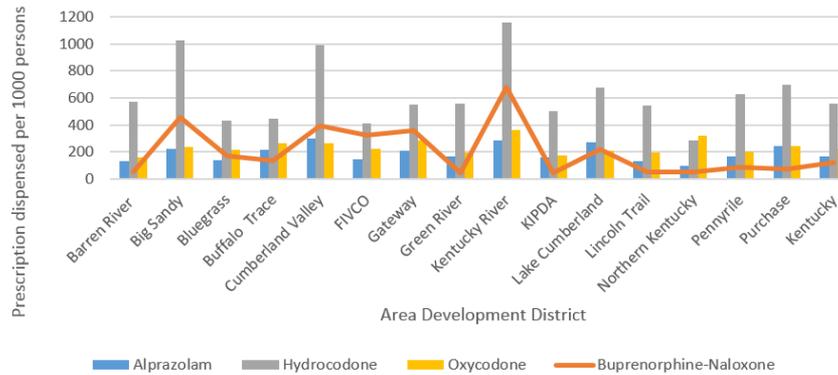
KASPER data for epidemiological analysis - examples

Rate of Buprenorphine/Naloxone Prescriptions Dispensed per 1000 persons by Age and Gender by Quarter, Kentucky 2015

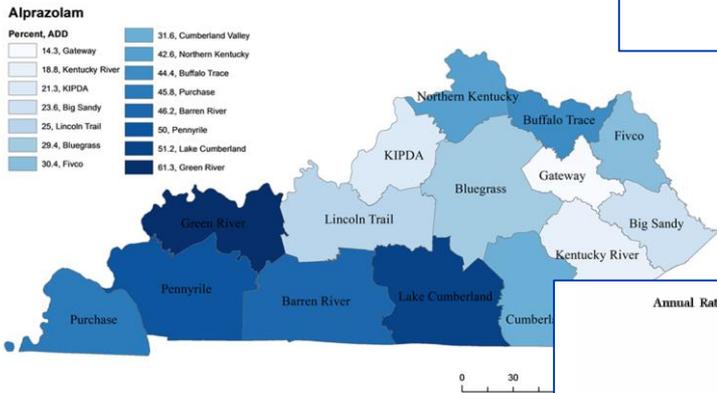


2015		Oxycodone			Mean Doses/Script	Dose rate/1000	Script rate/1000
Summary	Doses	Scripts	Population				
Barren River	4216626	45659	292864	92.4	14397.9	155.9	
Big Sandy	2822887	35258	149854	80.1	18837.6	235.3	
Bluegrass	12167272	170264	708120	74.5	15244.7	213.3	
Buffalo Trace	1000000	100000	100000	88	17676.5	260.9	
Cumberland Valley	1000000	100000	100000	9	32987.3	266.2	
FIVCO	1000000	100000	100000	3	17410.0	442.8	
Gateway	1000000	100000	100000	5	21108.1	287.1	
Green River	1000000	100000	100000	8	15543.8	194.7	
Kentucky River	1000000	100000	100000	0	30425.6	362.4	
KIPDA	1000000	100000	100000	9	12106.0	173.2	
Lake Cumberland	1000000	100000	100000	8	17162.9	209.8	
Lincoln Trail	1000000	100000	100000	3	16897.7	193.6	
Northern Kentucky	1000000	100000	100000	3	23451.4	320.0	
Pennyriple	1000000	100000	100000	5	16833.1	201.7	
Purchase	1000000	100000	100000	2	20214.4	240.1	
Kentucky	1000000	100000	100000	3	17485.5	226.1	

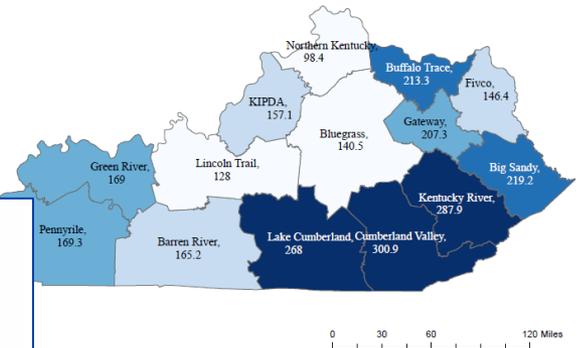
Rates of Controlled Substances Prescriptions Dispensed to Residents by Area Development Districts, Kentucky 2015



Percentage of overdose deaths with positive toxicology for alprazolam that had an active prescription for alprazolam at the time of the death



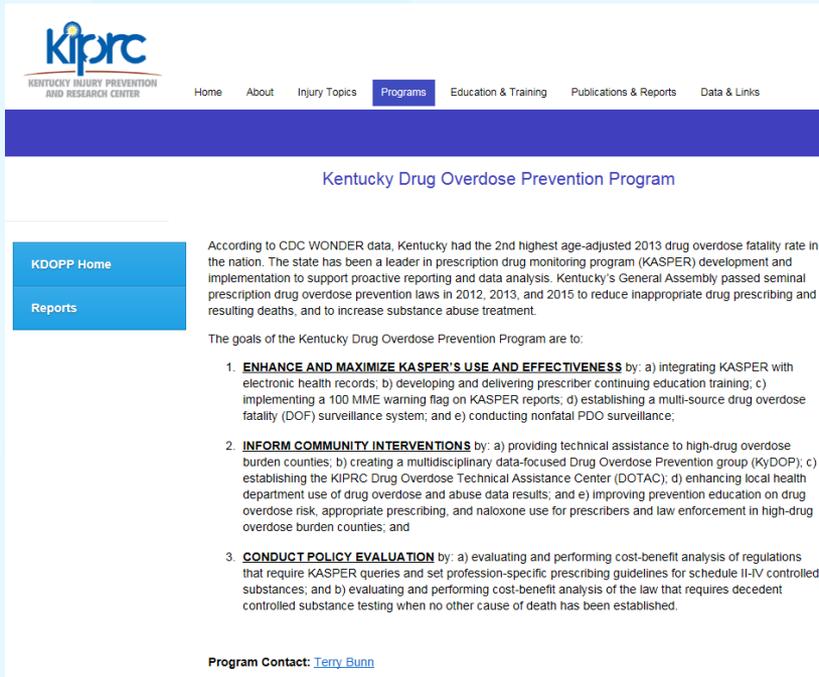
Number of alprazolam prescriptions per 1,000 residents



Annual Rate of Drug Overdose Hospitalizations Involving Benzodiazepines, 2010-2014



KASPER data for policy evaluation



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Kentucky Drug Overdose Prevention Program

According to CDC WONDER data, Kentucky had the 2nd highest age-adjusted 2013 drug overdose fatality rate in the nation. The state has been a leader in prescription drug monitoring program (KASPER) development and implementation to support proactive reporting and data analysis. Kentucky's General Assembly passed seminal prescription drug overdose prevention laws in 2012, 2013, and 2015 to reduce inappropriate drug prescribing and resulting deaths, and to increase substance abuse treatment.

The goals of the Kentucky Drug Overdose Prevention Program are to:

- ENHANCE AND MAXIMIZE KASPER'S USE AND EFFECTIVENESS** by: a) integrating KASPER with electronic health records; b) developing and delivering prescriber continuing education training; c) implementing a 100 MME warning flag on KASPER reports; d) establishing a multi-source drug overdose fatality (DOF) surveillance system; and e) conducting nonfatal PDO surveillance;
- INFORM COMMUNITY INTERVENTIONS** by: a) providing technical assistance to high-drug overdose burden counties; b) creating a multidisciplinary data-focused Drug Overdose Prevention group (KyDOP); c) establishing the KIPRC Drug Overdose Technical Assistance Center (DOTAC); d) enhancing local health department use of drug overdose and abuse data results; and e) improving prevention education on drug overdose risk, appropriate prescribing, and naloxone use for prescribers and law enforcement in high-drug overdose burden counties; and
- CONDUCT POLICY EVALUATION** by: a) evaluating and performing cost-benefit analysis of regulations that require KASPER queries and set profession-specific prescribing guidelines for schedule II-IV controlled substances; and b) evaluating and performing cost-benefit analysis of the law that requires decedent controlled substance testing when no other cause of death has been established.

Program Contact: [Terry Bunn](#)

Pre- and post- HB1 dispensing

Controlled Substance Dispensing Comparison

Drug	July 2011 through June 2012	July 2014 through June 2015	Percent Change
Hydrocodone	3,303,453	2,603,642	- 21.2%
Oxycodone	977,256	937,530	- 4.1%
Oxymorphone	24,485	18,459	- 24.6%
Tramadol	431,455	542,930	+ 25.8%
Alprazolam	947,672	769,814	- 18.8%
Diazepam	413,983	350,685	- 15.3%
Buprenorphine/ Naloxone	269,488	491,130	+ 82.2%
All Controlled Substances	10,417,237	9,927,621	- 4.7%

Figures represent number of prescriptions dispensed as reported to KASPER



KENTUCKY	Pre-Mandate Period										Mandate	Post-Mandate Period					
	10 th quarter pre-mandate	9 th quarter pre-mandate	8 th quarter pre-mandate	7 th quarter pre-mandate	6 th quarter pre-mandate	5 th quarter pre-mandate	4 th quarter pre-mandate	3 rd quarter pre-mandate	2 nd quarter pre-mandate	1 st quarter pre-mandate	Mandate start quarter	1 st quarter post mandate	2 nd quarter post mandate	3 rd quarter post mandate	4 th quarter post mandate	5 th quarter post mandate	6 th quarter post mandate
Dates Covered	Jan-Mar 2010	Apr-Jun 2010	Jul-Sept 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011	Jul-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-Jun 2012	Jul-Sept 2012	Oct - Dec 2012	Jan-Mar 2013	Apr-Jun 2013	Jul-Sept 2013	Oct -Dec 2013	Jan-Mar 2014
Count of all active KY prescribers as of last date in quarter	15438	15511	15797	15912	15942	16111	16430	16442	16581	16742	16856	16916	16931	17077	17353	17425	17476
Count of active KY prescribers enrolled in KASPER and having accessed KASPER as of last date in quarter					2417	2315	2380	2403	2550	3110	7944	8195	8006	7847	7796	7713	7635
Count of reports requested by KY prescribers			149554	146368	156257	158652	160516	164201	185159	247965	944078	989951	999612	985336	979923	958120	1009718

Multi-Source Drug Overdose Surveillance Data Used for Education and Public Health Awareness

COMMONWEALTH OF KENTUCKY
JUSTICE & PUBLIC SAFETY CABINET



2015 Combined Annual Report

Kentucky Office of Drug Control Policy

-AND-

Kentucky Agency for Substance Abuse Policy

John C. Tilley, Secretary
Justice & Public Safety Cabinet

Van Ingram, Executive Director
Office of Drug Control Policy
February 20

The Ky ODCP report includes tables, graphs, and maps produced by the Kentucky Drug Overdose Prevention Program funded by CDC Pfs.
<http://odcp.ky.gov/Pages/default.aspx>



Kentucky Board of Medical Licensure Newsletter

Harristown Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222
Phone: (502) 429-7150 Fax: (502) 429-7158 Website: www.kbml.ky.gov

Winter 2016

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Prescriber Peer Review Report Now Available on eKASPER

The Board is pleased to announce that eKASPER Prescriber Master Account Holders can now request a Peer Review Report. This report provides a comparison of the Master Account Holder's prescribing versus prescribers statewide and prescribers in the same area of work (specialty area). In the Administration screen (below the Prescribing Report Request section), the Peer Review Report can be requested by clicking on the View Peer Review Report button. The Area of work defaults to the physician's specialty found in the Area of work on the Account Maintenance screen. Prescribers may request the report for comparison with a different specialty by clicking on the drop-down arrow and selecting from the list provided. Note: some areas of work have been combined into a single specialty (e.g., the Primary Care specialty includes the Family Practice, Hospitalist and Internal Medicine Areas of work. All specialties for APRN users are included in the Nurse Practitioner Area of work.)

To view the report, click the View Peer Review Report button. The report will provide prescribing comparison data for benzodiazepine, opioid, sedative and stimulant drug classes. The report is a compilation of the last 90 days from the current date. The user will not be able to specify a different date range for the Peer Review Report. Changing the date range in the Prescribing Report Request (reverse KASPER) section will not change the date range of the Peer Review Report Request. The selected specialty is displayed at the top of the report, and the comparison data is included in tabular and chart forms for both the number of prescriptions written and number of doses prescribed.

The Board appreciates the work of the Cabinet for Health and Family Services for adding this option to eKASPER and encourages physicians to take advantage of this enhancement.

KASPER Quarterly Threshold Analysis Report 3Q 2015

Several months ago, the Kentucky Injury Prevention and Research Center (KIPRC), in cooperation with Kentucky All Schedule Prescription Electronic Reporting System (KASPER) and with funding from a Centers for Disease Control and Prevention (CDC) grant, began producing Quarterly Threshold Analysis Reports for KASPER data. These reports provide information on the rates of controlled substances dispensing in Kentucky by age and gender for a variety of controlled substances.

The third Quarterly Threshold Analysis Report is now available and provides information on rates of controlled substance dispensing (number of prescriptions dispensed per 1,000 Kentucky residents) by age group and gender based on KASPER controlled substance dispensing data. The analysis includes rates of 1) total Schedule II through V controlled substances; 2) alprazolam; 3) buprenorphine/naloxone; 4) hydrocodone; 5) methadone; 6) opioids; 7) oxycodone; and 8) total Schedule II stimulants. It can be found along with the first two reports at: <http://www.safekentucky.org/index.php/menu/drug-abuse/kasper-reports>



Home Sections Weather Traffic 12

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SHARE ARTICLE



While incidents at this popular shopping spot might be decreasing due to increased enforcement, the latest data available shows overdose deaths and hospitalizations are generally up from 2014 to 2015, according to the Kentucky Injury Prevention and Research Center.

RELATED

How to spot a heroin user

Heroin users younger, crash more than drinkers

NKU police adding heroin antidote to arsenal

Could this law choke off heroin supply?

New program targets heroin dealers

PD: Parents use heroin at Atrium, child removed

Editorial: Heroin is a disease, not a choice

WATCH: WCPO rides with heroin H.I.T. squad

Kentucky Resident Drug Overdose Deaths Involving Heroin

County of Residence	January-June 2014	July-December 2014	January-June 2015
Boone	<5	7	7
Campbell	<5	17	10
Grant	5	<5	<5
Kenton	10	14	24
Kentucky (total)	96	132	135

County of residence	January-June 2014	July-December 2014	January-June 2015
Boone	15	8	12
Campbell	12	6	16
Grant	6	<5	7
Kenton	20	24	30
Kentucky (total)	166	159	183

County of residence	January-June 2014	July-December 2014	January-June 2015
Boone	51	66	84
Campbell	74	107	135
Grant	22	20	40
Kenton	133	206	211
Kentucky (total)	685	933	1288

Source: Kentucky Injury Prevention and Research Center

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KENTUCKY INJURY PREVENTION AND RESEARCH CENTER

Contact Information

Svetla Slavova

Kentucky Injury Prevention and Research Center

ssslav2@email.uky.edu

859-323-7873

<http://www.mc.uky.edu/KIPRC/>

