Sole Prescriber Program

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CPE Information and Disclosures

Kristine Soong “declare(s) no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.”
CPE Information

- Target Audience: Pharmacists and Pharmacist Technicians
- ACPE#: 0202-0000-18-232-L04-P/T
- Activity Type: Knowledge-based
Learning Objectives

- Define the role and intended benefits of the Sole Prescriber Program.
- Describe the function of a collaborative Sole Prescriber Program in a multi-service market.
- Discuss the processes used to promote coordinated care and reduce risk in patients enrolled in the Sole Prescriber Program.
Self-Assessment Questions

1. The goal of the Sole Prescriber Program is to:
   - A) Promote optimal monitoring and utilization of drug therapy
   - B) Reduce the risk of medication misuse
   - C) Curtail abuse and diversion of controlled substances
   - D) All of the above

2. The Sole Prescriber Program enrolls patients who:
   - A) Exhibit drug-seeking behavior
   - B) Pick up controlled substance prescriptions
   - C) Subjected to fragmented care involving high-risk medications
   - D) Both A and B
   - E) Both A and C
3. Patient Case

- 44 year old female
- Recently PCSed to Hawaii
- 3 visits to the Emergency Department within one week for chronic pancreatitis
- Labs and CT scan normal
- Received #120 Tramadol on Aug 13, #30 Norco on Aug 15, #20 Morphine 15mg on Aug 19, and #20 Tramadol on Aug 22
- Husband voiced concerns
- Patient enrolled in Sole Prescriber Program at last duty station
- Nominated to SPP by ED physician

What recommendation should be made?

- A) Enroll patient in Sole Prescriber Program
- B) Do not enroll patient in Sole Prescriber Program
- C) Monitor patient in 3 to 6 months
- D) Do nothing – let patient frequent ED
4. Sole Prescriber Program patients are documented in:
   a. A) Allergy field in AHLTA (NOT A TRUE ALLERGY – Sole Prescriber Program)
   b. B) Sole Prescriber Program database
   c. C) Pharmacy Patient Comment in CHCS (SP: Joe Aloha; ALT: Jane Aloha)
   d. D) Sole Prescriber Program flag in T-system (TAMC Emergency Department)
   e. E) All of the above
Audience Poll
Audience Poll

- How many MTFs have a Sole Prescriber Program (SPP)?
- Who is the coordinator of your SPP (e.g. provider, pharmacist, technician)?
- How is SPP documented (e.g. CHCS, AHLTA)?
What is the Sole Prescriber Program (SPP)?

- TAMC Regulation 40-95, Identification and Management of Drug-Seeking Patients, 1 July 2013
- Hawaii Enhanced Multi-Service Market Policy and Procedures, Management of Drug-Seeking Patients (Sole Provider Program/Sub-Committee) - in process of obtaining approval
What is the Sole Prescriber Program (SPP)?

- Oversight and guidance provided by the Oahu Tri-Service Pharmacy and Therapeutics Committee.

- Identifies and manages patients with complex pharmaceutical care issues encompassing drug-seeking behavior.

- Small quantities of controlled substances appropriate for an illness or a specific procedure (e.g. dental procedure or acute injury) may be prescribed by any provider.
Hawaii Multi Service Market – Who do we serve?

- Tripler Army Medical Center
- Schofield Barracks
- Warrior Ohana Medical Home
- Hickam Air Force Base
- Coast Guard Base Honolulu
- Kaneohe Bay Naval Clinic
- Makalapa Naval Clinic
Representatives from the following departments/services are appointed by Department Chiefs:

- TAMC Behavioral Health
- TAMC Pharmacy
- TAMC Interdisciplinary Pain Management Center
- TAMC Emergency Medicine
- TAMC Family Medicine Clinic
- TAMC Internal Medicine Clinic
Representatives from the following departments/services are appointed by Department Chiefs:

- Schofield Barracks CAB
- Schofield Barracks 25th ID 2BCT/3BCT/Fire & Sustainment
- Warrior Transition Battalion
- Naval Health Clinic Hawaii
- 15th Medical Group, Hickam Air Force Base
Sole Prescriber Subcommittee

- Representatives are also solicited from the following treatment facilities:
  - USCG Medical Clinic
  - VA Medical Clinic, Honolulu

- Meetings are held quarterly to evaluate the prescription habits of patients using controlled substances and to identify cases of improper medication use.

- Prior to the meeting, patient cases are presented via e-mail and members vote on whether the patient meets criteria for enrollment.

- Cases that require further discussion are presented during the meeting.
What is a Sole Prescriber?

- SOLE PRESCRIBER is the provider designated by the Chairperson, Oahu Tri-Service Pharmacy and Therapeutics Committee (P&T Committee), as the only provider authorized to prescribe controlled substance prescriptions for the identified patient.

- ALTERNATE is an additional provider who is authorized to act on behalf of the sole provider in his/her absence. The Chairperson, Oahu Tri-Service P&T Committee will designate an alternate provider at the time the sole provider is specified. The alternate will assume the duties of the sole provider as necessitated by leave, temporary duty assignment, etc.

- In most cases, the Sole Prescriber will be the patient’s Primary Care Manager (PCM).
What are the responsibilities of a Sole Prescriber?

- At initial visit, provide patient with a copy of his/her SPP enrollment letter and present a management plan.
- Ensure the patient knows the mechanism for access to care while enrolled in the SPP.
- Present the goals of the SPP and benefits for patient.
- Prescribe any necessary prescriptions for controlled substances.
- Present opportunities for additional care through psychiatry or pain management consultation if those options are medically indicated to manage the patient’s disease state.
What are the responsibilities of a Sole Prescriber?

- Monitor the patient’s progress in the appropriate use of controlled substances and other medication needs.
- Report enrollee disengagement, whether through problem resolution, noncompliance, PCS, or ETS to the MTF Pharmacy Chief via e-mail or a memorandum for record.
- Attempt to arrange for continuity of care for SPP patients dis-enrolling from his/her primary care clinic.
- Provide advance notice of PCS/ETS dates so that arrangements can be made to designate a new Sole Prescriber/Alternate.
How are Patients Identified for SPP enrollment?

- Sole Prescriber Program patients can be nominated by a provider, nurse, pharmacist, etc. via an electronic nomination form or e-mail.
  - SPP Electronic Patient Nomination form requires: Patient name, Provider name, Provider phone number, and reason for referral.
- TAMC screening query – 10 or more controlled substance prescriptions from 4 or more providers in a 3-month period.
How are Patients Identified for SPP enrollment?

- Express Scripts M290/Q240 Prescription Monitoring Program Report.
  - Monthly report includes current restriction population, monthly activity, and restriction compliance.
  - Quarterly report includes candidates assigned to site that are identified based on pre-determined criteria, including utilization or controlled substances and/or other high-risk medications.
  - Started on April 16, 2018.
Electronic Nomination Form

**Automatic e-mail notification sent to designated SPP committee members/coordinators**
Controlled Substance Surveillance Report

Controlled Substance Surveillance Report
(Oahu Military Pharmacies)

Beginning Date: 051618
Ending Date: 081618

Patients with at least this number of prescriptions for controlled substances: 10
... from at least this number of different providers: 4

Self/Family Prescribing Report
Summary Report/Cover Sheet
Detailed Report
Run Screening Query
Express Scripts M290/Q240

- M290 – Monthly MTF Prescription Monitoring Report
  - Program to Date Restriction Details
  - Non-Restricted Candidates – Beneficiaries identified as possible candidates
  - Non-Compliant Beneficiaries – Beneficiaries attempting to fill outside of lock in criteria
  - MTF Prescriber Summary – Prescribers writing for restricted beneficiaries
  - MTF Prescribers – High Volumes – Prescribers writing high volumes of controlled substances

Q240 – Quarterly Prescription Monitoring Program Utilizer Report

- Program to Date Restriction Details
- Non-Compliant Beneficiaries – Restricted beneficiaries that attempted to fill a prescription from an unauthorized prescriber and/or pharmacy
- Current Quarter Candidates – Beneficiaries identified based on pre-determined criteria, including utilization of controlled substances and/or other high risk medications
- Current Pharmacy Claims – Pharmacy claims detail for identified candidates
- Prior Candidates – Previously identified candidates

Drug-Seeking Behavior Criteria

- Altering or forging of prescriptions.
- Pursuing care simultaneously from multiple providers for the purpose of obtaining controlled medications.
- Providing inaccurate usage information when requesting medication.
- Repeated unscheduled visits/requests for medication refills.
- Non-compliance with prescribed care (i.e. overuse).
- Repeated claims of lost, stolen, or damaged medication.
- Threatening or abusive behavior when denied requested drugs.
- History of substance abuse disorder.
**Sole Prescriber Program Enrollment Process**

| Patient is nominated by a provider or identified by surveillance to the Sole Prescriber Program | Review is done by SPP committee member for enrollment | Recommendation:  
- enroll in SPP  
- not to enroll in SPP  
- monitor for 3 or 6 months |
| Recommendation to enroll in Sole Prescriber Program | E-mail sent to SPP representative or provider | Letter/memorandum is signed by Chief Medical Officer or Commanding Officer |
| Sole Prescriber Program documentation/Enrollment in Express Scripts MTF Restriction | Pharmacy database  
AHLTA - Allergy field  
CHCS - Pharmacy Patient Comment  
T-System - Sole Prescriber flag Enrollment in MTF Restriction | Signed letter and instructions are sent to Sole Prescriber and Alternate Provider |
### Sole Prescriber Program Database

- Developed in 2008 – tailored to meet SPP needs by Information Management Division.
- Currently includes 712 entries. (623 discharged/89 active)
- Database Information:

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Category</td>
</tr>
<tr>
<td>FMP/Last-4</td>
<td>Provider Group</td>
</tr>
<tr>
<td>Gender</td>
<td>Status</td>
</tr>
<tr>
<td>Patient IEN (added for T-system - same as medical record #)</td>
<td>Discharged (added to show when/how patients were removed from SPP)</td>
</tr>
<tr>
<td>Patient Date of Birth</td>
<td>Sole Provider/Alternate(s)</td>
</tr>
<tr>
<td>DOD ID</td>
<td></td>
</tr>
</tbody>
</table>
Sole Prescriber and Alternate entered into Pharmacy Patient Comment (PPC) field.

PPC can be viewed by staff while in dispensing screens.

Information only available to MTF pharmacy personnel.
SPP Allergy information entered into AHLTA.

Ambien, Klonopin, Roxicet, and Tramadol allergies entered for SPP patients.
Information is available to providers and pharmacy personnel at ALL MTFs.

Enrollment in a SPP does not automatically transfer with a patient when they move to another duty station.
Prescription Monitoring Program Enrollment Form

**PRESCRIPTION MONITORING PROGRAM ENROLLMENT FORM**

- previously MTF Rx Restriction Request Form
- Reinstatement
- DOD ID Number
- Add/Remove Providers
- Digital signature
- Restrict specific medications or medication class
- Authorized Pharmacies
- Specific MTF Pharmacy
- Retail Pharmacy Name and Address
- Remove Pharmacy
- POC contact information can be provided to patient

https://express-scripts.com/TRICARE/tools/MTF_Rx_Restriction_Request_Form.pdf
CHCS – Express Scripts will return an override-able LOCK-IN edit to the MTF pharmacy processing the claim.

- M2 RECIPIENT LOCKED-IN. HAVE BENEFICIARY CALL 800-332-5455 x340567.
- Call will go to voicemail and be returned by the end of the business day.
- Pharmacist can select option as “MTF Pharmacist” and will be directed to the MTF helpdesk, which will provide patient’s restriction details.
- Pharmacist can opt to fill the prescription or have the patient follow up with the POC overseeing restriction.

MHS GENESIS/ RETAIL/ MAIL ORDER

- Prescription will reject with an M2 and additional messaging dependent on the reject reason.
  - M2 PHARMACY RESTRICTION
  - M2 PHARMACY/ PHYSICIAN RESTRICTION
  - M2 PHYSICIAN RESTRICTION
Sole Prescriber Program Statistics

- Current SPP enrollment – 89
  - Active Duty – 21
  - WTU – 5
  - Family member or Retiree – 63

- Patients to review this quarter (September 2018) – 44
Sole Prescriber Program Statistics

- Patients from informal monitoring list – 6
  - Patients subsequently enrolled – 1
- Patients obtained by nomination – 4
  - Patients subsequently enrolled – 1
- Patients obtained by Express Scripts surveillance – 24
  - Patients subsequently enrolled – 1
- Patients obtained by TAMC surveillance - 10
  - Patients subsequently enrolled – 2
Sole Prescriber Program Statistics

- Patients enrolled from September SPP list - 5
  - Active Duty – 1
  - WTU – 0
  - Family Member or Retiree - 4

- Recommendation to “not enroll” in SPP – 11

- Recommendation to “monitor” patient in 3 or 6 months – 22

- Recommendations not completed - 6
Sole Prescriber Program Challenges
Previous SPP Challenge – Emergency Department

- SPP patients bypassing the system by going to TAMC Emergency Room to obtain controlled substances.

- Emergency Department providers did not know the patient is enrolled in Sole Prescriber Program until the encounter was complete and they went to prescribe discharge medications.

- Provider may have discussed a plan including narcotic analgesia with patient only to realize that it is not in the patient’s best interest. Thus leading to a negative patient encounter.
Previous SPP Challenge – Emergency Department

- Needed an alert/flag to identify Sole Prescriber Program patients in their charting system (T-system) at the beginning of the encounter.

- Unable to find staff member to do data entry on a regular basis.
Sole Prescriber Flag in ED T-system
Previous SPP Challenge – Change of Primary Care Manager

- Provider leaves Tripler Army Medical Center due to PCS, ETS, change of employment, etc.

- SPP is not notified until the patient presents to the Outpatient Pharmacy to fill a controlled substance prescription.
**In the process of moving towards an electronic pre-clearing standard for all military personnel leaving Tripler, Schofield Barracks Health Clinic, DENTAC, RHC-P, and associated commands.**
Sole Prescriber Program Challenges

- Lack of provider awareness of Sole Prescriber Program
  - Quarterly Pharmacy Newsletter sent to all TAMC providers/pharmacy staff, Navy/Air Force department chiefs

- Patient is no longer empaneled to a MTF provider
  - SPP patient query done monthly in conjunction with Polypharmacy data

- Primary Care Manager does not want to be Sole Prescriber
Sole Prescriber Program Challenges

- Patient is no longer at TAMC due to PCS/ETS
  - SPP list sent quarterly to respective SPP representatives

- Sole Prescriber Program position

- Provider did not receive instructions/patient letter
Sole Prescriber Program Challenges

- Pharmacy staff filling controlled substances for SPP patients from an unauthorized Sole Provider/Alternate.

- Outpatient Pharmacy – Patient comes in right before closing time or when the provider is on leave. Information needs to be accurate in CHCS.
  - All SPP patient information was updated in CHCS/AHLTA

- Family Medicine Pharmacy – Sole Provider/Alternate leaves and patient is assigned to a new provider.
  - SPP patient query done monthly in conjunction with Polypharmacy data
Removal from Sole Prescriber Program

- Patients may only be discharged from Sole Prescriber Program due to PCS, ETS, or committee vote.

- Removal requests
  - Must be initiated by the provider (e.g. patients cannot remove themselves from the SPP)
  - Requires a review by a committee member
  - If committee member determines that patient no longer needs/benefits from SPP, recommendation is sent to committee for vote.

- Documentation in database (discharge date and reason for removal)
Answers To
Self-Assessment Questions

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Key Points

- Sole Prescriber Program enables Military Treatment Facilities to monitor, identify, and prevent overuse/possible abuse of physician services and controlled prescription drugs without having to terminate pharmacy benefits.

- The true benefit of the SPP is to streamline patient care and have better communication/coordination between providers.

- While there are challenges with the SPP, processes can be developed/modified to overcome them and improve the program and thus, patient care.
Closing Remarks

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