

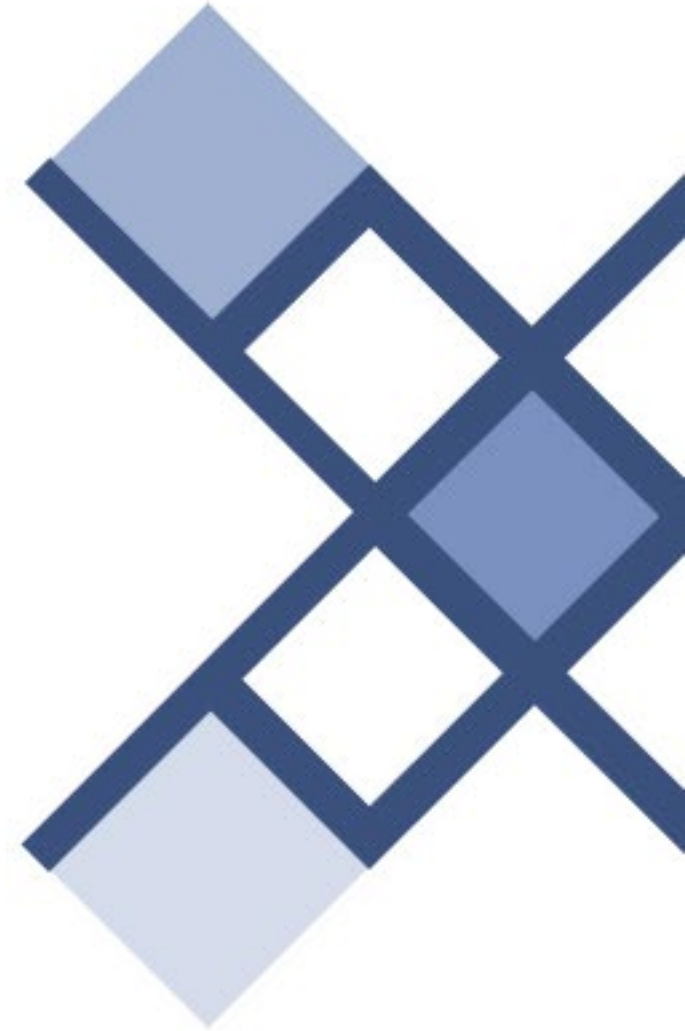


Southcentral Consortium for Overdose Prevention and Education in Oklahoma

Leading Rural Oklahoma to Improve Lives



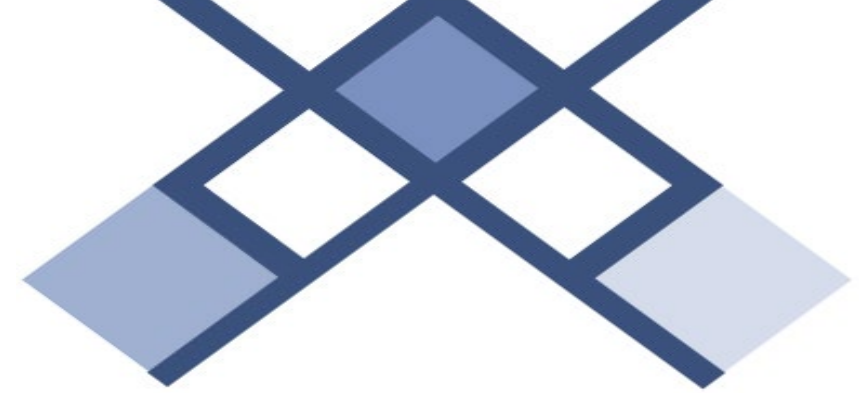
Oklahoma PMP
December 15, 2022



What are RCORP and SCOPE-OK?

- **RCORP** is a \$298 million, multi-year grant initiative supported by Health Resources and Services Administration (HRSA) to address barriers to access in rural communities related to substance use disorder (SUD), particularly Opioid Use Disorder (OUD)
- The Southcentral Consortium for Overdose Prevention and Education in Oklahoma (**SCOPE-OK**) will work to address barriers to the prevention, treatment, and recovery of opioid and other substance disorders.

SCOPE-OK Consortium



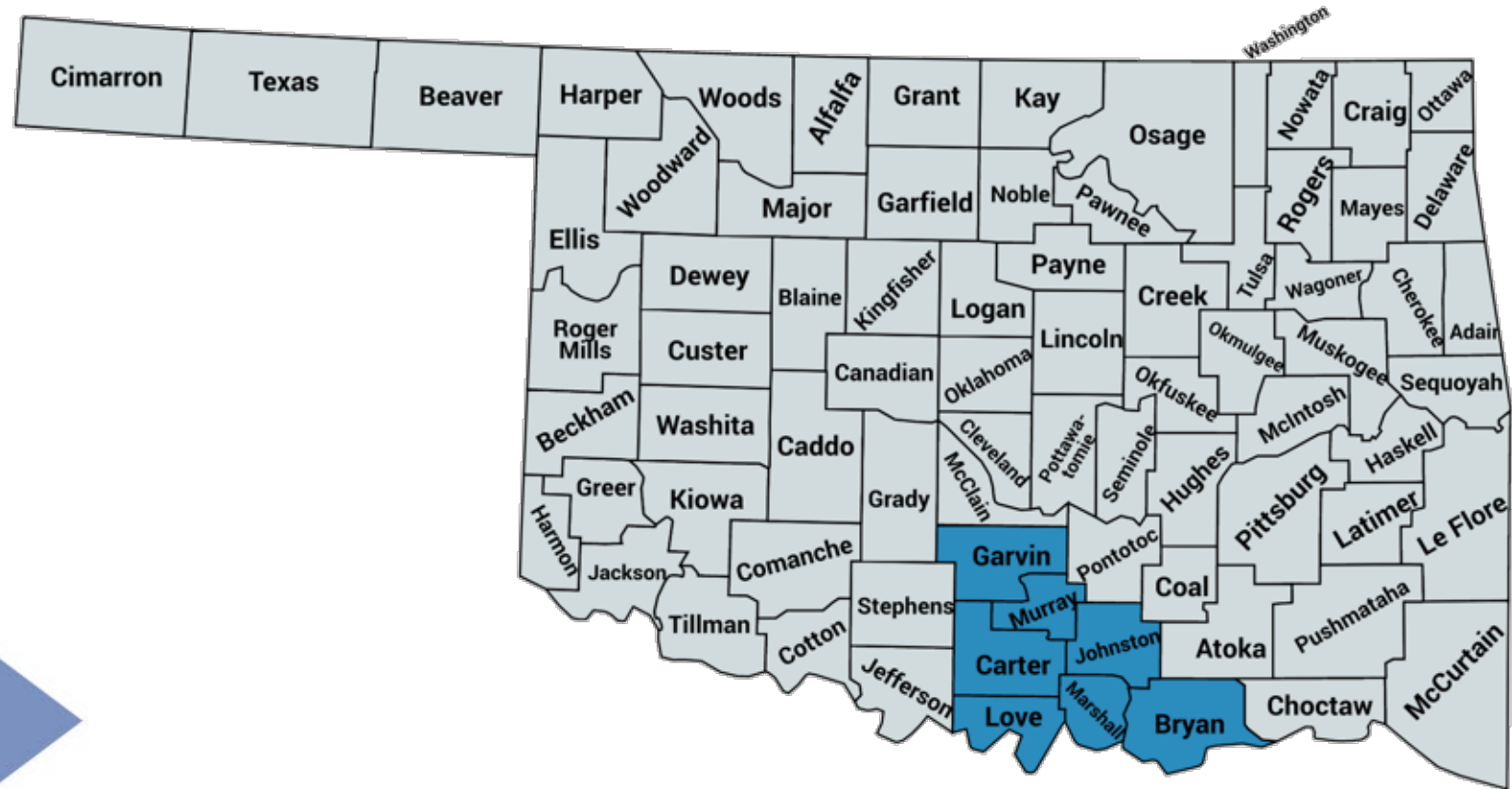
- **SCOPE-OK** meets the 2nd Month each quarter (February, May, August, November)– Ardmore Public Library 10 AM-12 PM
- Members include:
 - Groups focused on rural, preventative, and/or public health
 - Healthcare providers from all settings of care
 - Educators and school system representatives
 - Organizations involved with the prevention, treatment, and recovery of substance use
 - Persons directly impacted by substance use (persons in recovery, impacted family members, persons who use drugs, etc.)



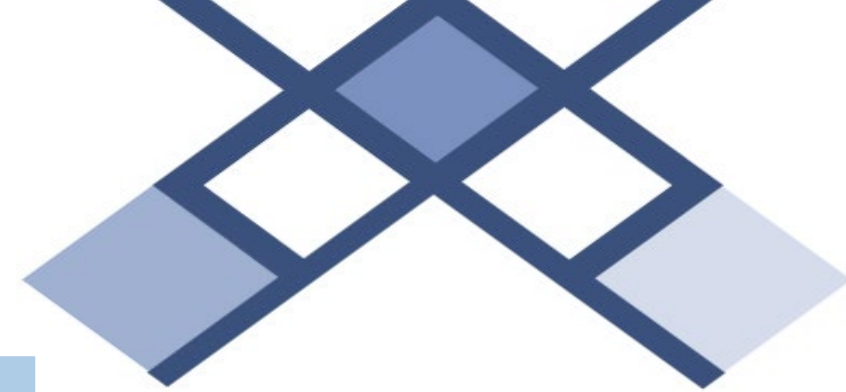
SCOPE-OK Service Area

- Targeting 7 counties in south central/ I-35 corridor region

- Bryan
- Carter
- Garvin
- Johnston
- Love
- Marshall
- Murray



SCOPE-OK Can Help!



Training

Our certified trainers can train anyone on naloxone use or stigma of substance use disorders.



Community Collaboration

We can collaborate with your organization to work on your goals related to prevention, treatment, and recovery.



Technical Assistance

Let us assist you in implementing or optimizing your technology to create better care coordination opportunities.



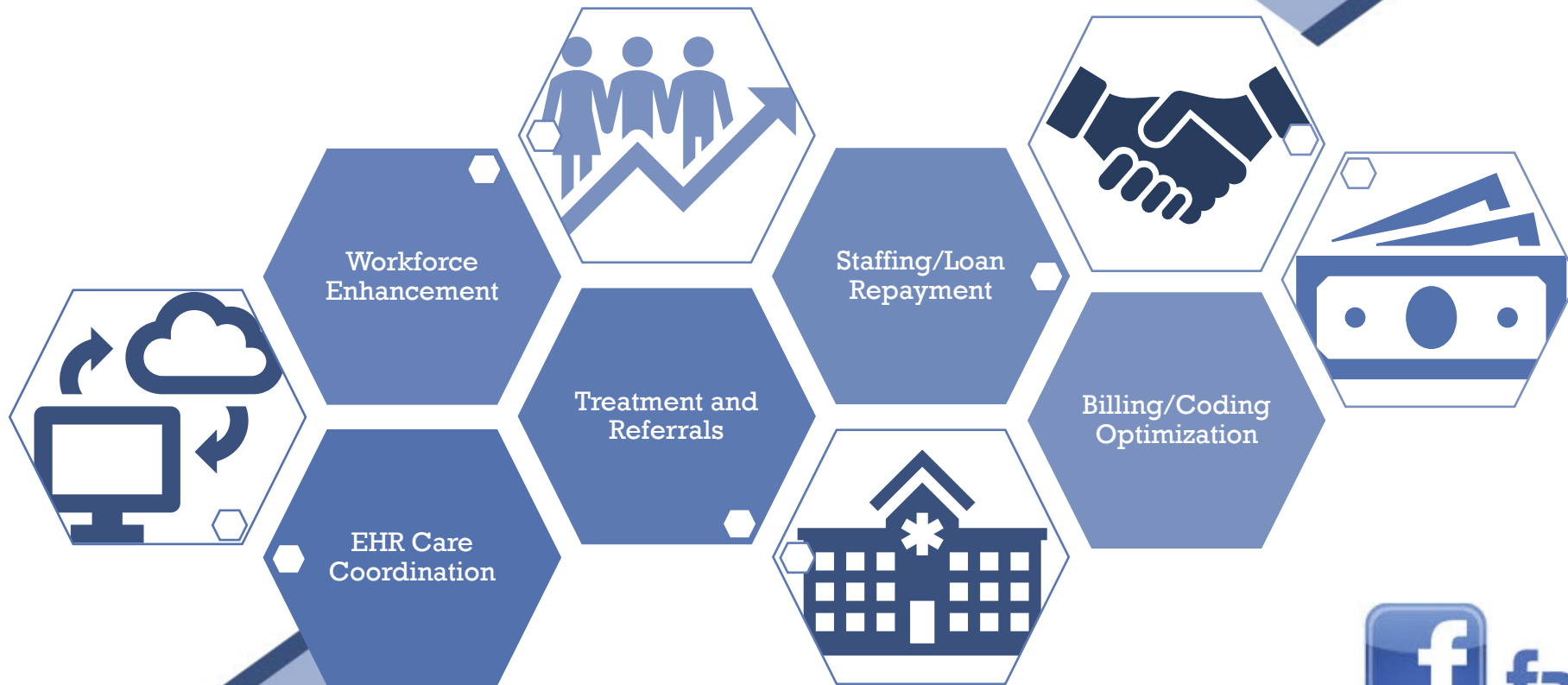
Education Events

We host a variety of events focused on a variety of topics including sensitivity of results, prescribing guidelines, telehealth, value-based care models, and more .

Visit our website!
OFMQ.com/scope-ok



SCOPE-OK Can Help!



Visit our website!
OFMQ.com/scope-ok

JESSICA MCGUIRE

Jessica McGuire has been with the Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBN) since May 2018. She is the Manager of Professional Regulation Services, where she oversees the Prescription Monitoring Program and the Registration Division. She has extensive experience in data analysis and compliance monitoring. She completed her PhD in Political Science from Claremont Graduate University in Claremont, California and has dedicated her education and career to analyzing policies and programs as well as finding trends in data to help stakeholders make the best decisions. Before joining OBN, she worked as a compliance specialist in municipal government, as an economic analyst in a federal government, and taught college courses in a variety of areas in political science.

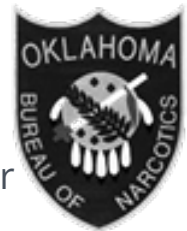




Bureau of Narcotics & Dangerous Drugs Control
Oklahoma

Oklahoma PMP

Jessica McGuire, PMP Administrator



GOALS OF TRAINING

- *Under the following:*
 - *How to register*
 - *How to use the system*
 - *How to use the information*
 - *Why use the PMP*
 - *How to help your practice and patients*

DRUG DIVERSION

- Drug Diversion is a medical and legal concept involving the transfer of any legally prescribed controlled substance from the individual for whom it was prescribed to another person for any illicit use.
- As a prescriber and/or dispenser, you are required by the laws in the State of Oklahoma to guard against diversion.

STATUTES AND CODES

- Who is required to register (63 O.S. 2-302, 2-303, OAC 475: 10)
 - Every person who manufactures, distributes, dispenses, prescribes, administers or uses for scientific purposes any controlled dangerous substance
 - Practitioners shall be registered to dispense, prescribe, administer or use for scientific purposes substances in Schedules II through V if they are authorized to carry on their respective activities under the laws of this state.

DENIALS, REVOCATION, SUSPENSION

- What can cause denial, revocation, or suspension? (63 O.S. 2-304)
 - 1. Has materially falsified any application filed
 - 2. Has been found guilty of, entered a plea of guilty, or entered a plea of nolo contendere
 - 3. Has had his or her federal registration retired, suspended, or revoked by a competent federal authority
 - 4. Has failed to maintain effective controls against the diversion of controlled dangerous substances
 - 5. Has prescribed, dispensed or administered a controlled dangerous substance from schedules other than those specified in his or her state or federal registration;
 - 6. Has had a restriction, suspension, revocation, limitation, condition, or probation placed on his or her professional license
 - 7. Is abusing or, within the past five (5) years, has abused or excessively used drugs or controlled dangerous substances;
 - 8. Has prescribed, sold, administered, or ordered any controlled substance for an immediate family member, himself or herself;
 - 9. Has possessed, used, prescribed, dispensed or administered drugs or controlled dangerous substances for other than legitimate medical or scientific purposes
 - 10. Has been under the influence of alcohol or another intoxicating substance
 - 11. Has violated any federal law relating to any controlled substances,

TITLE 63 OS 309I

- 7 day pill limit applies to acute pain
- Initial prescription
 - has never previously been issued a prescription for the drug or its pharmaceutical equivalent in the past year, or
 - requires a prescription for the drug or its pharmaceutical equivalent due to a surgical procedure or acute pain and has previously had a prescription for the drug or its pharmaceutical equivalent in the past year
 - not to exceed 7 day supply
 - requires documenting medical history, physical exam, treatment plan, PMP check, patient-provider agreement (is applicable)
- Subsequent prescription
 - no less than 7 days after issuing initial prescription
 - requires consultation before issuing
 - not to exceed 7 day supply
 - document rationale and no undue risk of abuse, addiction, or diversion exists

475:30-1-4

- After issuing an initial prescription pursuant to Section 2-309I of Title 63, an individual practitioner may issue one (1) subsequent prescription for an immediate-release opioid drug in Schedule II in a quantity not to exceed seven (7) days if:
 - (A) The subsequent prescription is due to a major surgical procedure and/or "confined to home" status as defined in 42 U.S.C. 1395n(a);
 - (B) The practitioner provides the subsequent prescription on the same day as the initial prescription;
 - (C) The practitioner provides written instruction on the subsequent prescription indicating the earliest date on which the prescription may be filled (i.e. "do not fill until" date); and
 - (D) The subsequent prescription is dispensed no more than five (5) days after the "do not fill until" date indicated on the prescription.

TITLE 63 OS 309I

- Third prescription
 - Discuss risks associated with drugs being prescribed
 - risk of addiction and overdose associated with opioid drugs and taking them with alcohol, benzos, and other central nervous system depressants
 - why the prescription is necessary
 - alternative treatments
 - Enter into pain-management agreement with patient
- After 3 months of continuous use
 - review course of treatment (at a minimum every 3 months)
 - assess patient prior to renewal
 - make reasonable effort to stop, decrease dosage, or try other treatment
 - check PMP every 180 days
 - monitor compliance with pain-management agreement

TITLE 63 OS 309I

- Providers must have written policies and execute informed consent agreements if they have a
 - Patient requiring 3 or more months opioid treatment
 - Patient with opioid/benzo combo
 - Patient with MME over 100

TITLE 63 OS 309I

- Any prescription for acute pain pursuant to this section shall have the words "acute pain" notated on the face of the prescription by the practitioner
- Any prescription for chronic pain pursuant to this section shall have the words "chronic pain" notated on the face of the prescription by the practitioner.

MANDATORY CHECKS

- Minimum Standard
 - Mandatory Checks for Opioids, Benzodiazepines, and Carisoprodol
 - Before issuing an initial prescription
 - Every 180 days

TITLE 63 OS 309

- January 1, 2020
- Electronic Prescribing Controlled Substances
 - Electronic prescribing shall be utilized for Schedules II, III, IV, and V, subject to the requirements set forth in 21 CFR, Section 1311 et seq.
 - There are a few instances when an electronic prescription for a controlled dangerous substance is not required.
 - All prescriptions issued pursuant to paragraphs 5 and 6 (exemptions from e-prescribing) of this subsection shall be issued on an official prescription form provided by the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control.

HISTORY OF THE PMP

- 1990-2006 O-Star, reporting only Schedule II's, must report every 30 days.
- 2006 -2010 Schedules II-V's, required to report within 30 days.
- April 2010 Schedules II-V must report within 24 hours of dispensing, everything must be submitted electronically.
- January 2012 pharmacies are required to report in Real Time (within 5 mins.)
- November 1, 2015 - Prescriber requirement to check the PMP prior to writing prescriptions for an opiate, benzodiazepine and/or carisoprodol
- August 30th 2016, switch to the Appriss PMP AWA Rx E system.

GOALS OF THE PMP

- Work in partnership with
 - pharmacies,
 - practitioners,
 - law enforcement,
 - licensing boards and
 - other health care professionals
- To reduce and prevent
 - prescription fraud,
 - substance abuse,
 - "doctor shopping",
 - and other illegal activity related to pharmaceutical drug diversion.

ACCESSING THE PMP

- <https://oklahoma.pmpaware.net>
 - (this will take you directly to the log in and create an account screen)
- www.obn.ok.gov
 - Registration & PMP > Prescription Monitoring Program > PMP System Link

DELEGATE REGISTRATION

- If you have anyone else check the patient for you, they must have their own PMP account and they must have you listed as a supervisor.
 - Follow the same process as prescriber registration. Except choose “prescriber delegate licensed or unlicensed”
 - Delegate will include each prescribers DEA# and complete the field “I am a delegate for” with the prescribers email address
 - Prescribers (primary account holder) will approve each delegate

REPORT OPTIONS

- Patient Request:

- By entering the patient first name, last name and date of birth, you will see their controlled drug prescription history.

- Requests History:

- Allows you to view all the patient reports you and your delegates have requested

- My RX:

- This is your prescribing history. Your delegates do not have authorization to run this report
- This report allows you to see all the patients that have been prescribed controlled drugs under your DEA#

Home

Dashboard
PMP Announcements

Data

Rx Management

RxSearch

Patient Request
Bulk Patient Search
Requests History
Patient Alerts

PDMP Links

PMP Information a...
Oklahoma Bureau o...
Search State Narc...

Partial Spelling

Partial Spelling

Date of Birth*

MM/DD/YYYY

Prescription Fill Dates

No earlier than 4 years from today

From*

09/05/2017

To*

09/05/2018

Patient Location

Search accuracy can be improved by including the address

Street Address

Zip Code

Patient Request

Supervisor*

Select Supervisor

Patient Info

First Name*

Last Name*

Partial Spelling

Partial Spelling

Date of Birth*

MM/DD/YYYY

Prescription Fill Dates

No earlier than 4 years from today

From*

09/05/2017

To*

09/05/2018

Patient Location

Search accuracy can be improved by including the address

Street Address

Zip Code

PMP InterConnect Search

To search in other states as well as your home state for patient information, select the states you wish to include in your search

A Arizona

Arkansas

I Idaho

Indiana

K Kansas

L Louisiana

M Massachusetts

Minnesota

Montana

N New Mexico

North Dakota

P Pennsylvania

S South Carolina

T Texas

Search

I HAVE PULLED THE PATIENT REPORT, NOW WHAT?

- First, document that you have checked the PMP in the patient file
- If you see something in the report that looks suspicious, for example,
 - multiple opioids,
 - benzodiazepine or
 - even carisoprodol prescriptions,
 - which may overlap in fill dates,
 - maybe have multiple prescribers and or pharmacies,
 - this could be interpreted as a someone who is doctor shopping, diverting or trying to obtain medication through deceptive measures.
 - Make a report to the Oklahoma Bureau of Narcotics and ask to speak to a Diversion Agent at 405-521-2885.

Menu

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PMP Information a...
Oklahoma Bureau o...
Search State Narc...

MM/DD/YYYY

MM/DD/YYYY

DEA Numbers

BD3891238

Generic Drug Name (Optional)

Drug Name

Search

Menu

John Doolittle

RxSearch > MyRx > MyRx Request



Powered by **Awaraje**
Support: (855) 965-4767

MyRx Request MyRx History

My Rx

* Indicates Required Field

Prescriptions Written

From* To*
MM/DD/YYYY MM/DD/YYYY

DEA Numbers

BD3891238

Generic Drug Name (Optional)

Drug Name

Search

Menu

John Doolittle

RxSearch > MyRx > MyRx History



Powered by **Awaraje**
Support: (855) 965-4767

MyRx Request MyRx History

Advanced Options Search using Advanced Options Search

MyRx History

Prescriber First Name	Prescriber Last Name	Role	DEA	Date Requested	
John	Doolittle	Veterinarian	BD3891238	11/14/2017 01:50 PM	View Report

PROPER USE OF THE PMP

- Prescriber has to have his/her own unique account
- No shared office accounts
- Prescriber can have delegates check the PMP
 - Delegate must have the supervisor listed on account
 - Delegate must choose appropriate supervisor for patient search
- Must not share username and password with anyone
- Unauthorized disclosure is a misdemeanor
- Prescribers need to check "My Rx" regularly to ensure there are no prescriptions on their DEA that should not be there

PMP at OBN

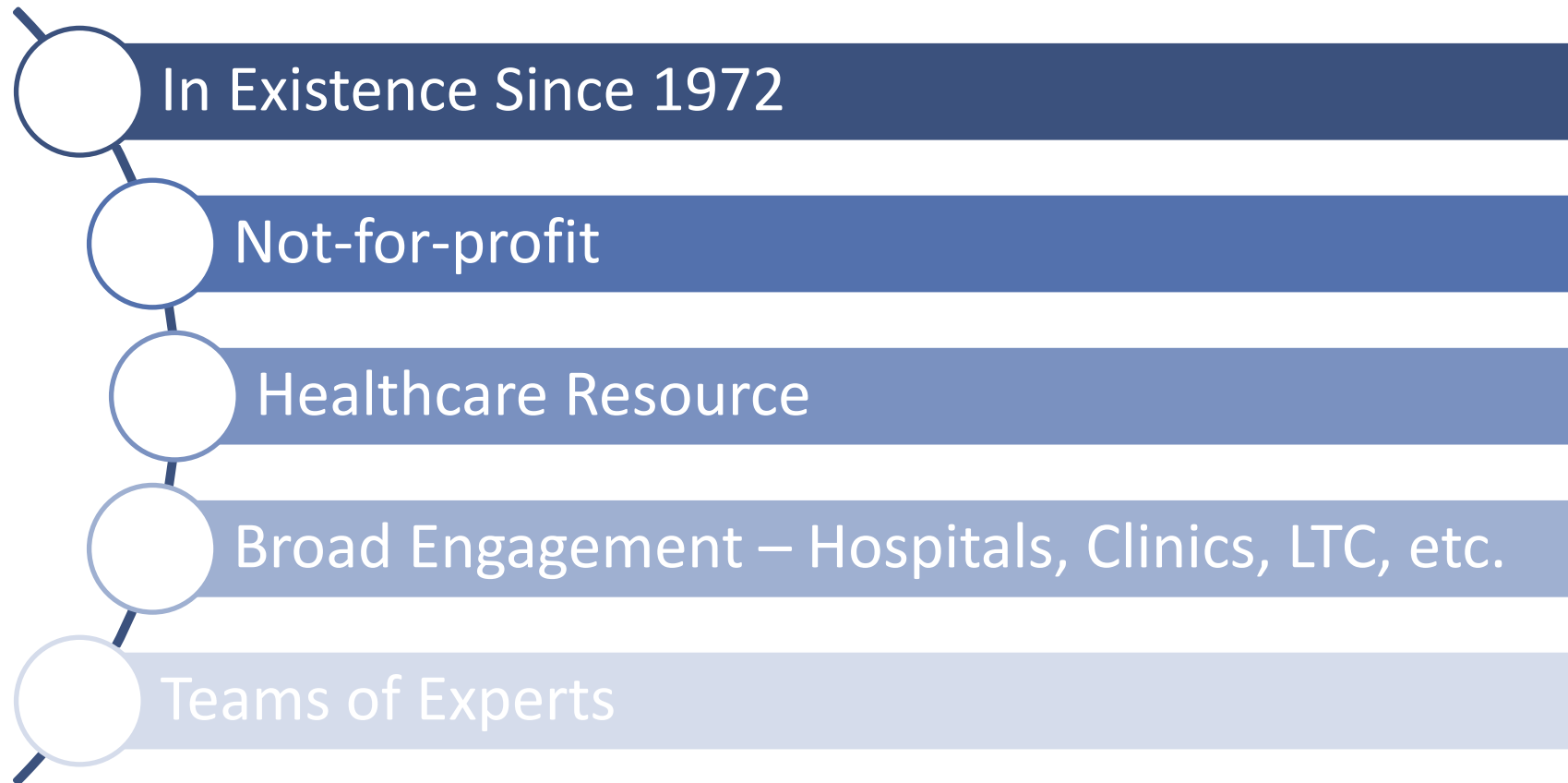
- Jessica McGuire
- pmpadmin@obn.ok.gov
- 405-521-2885 option 2 or 3
- Obn.ok.gov for more info
- Oklahoma.pmpaware.net

Mission of OFMQ

OFMQ is a not-for-profit, consulting company dedicated to advancing healthcare quality. Since 1972, we've been a trusted resource through collaborative partnerships and hands-on support to healthcare communities.



Our Organization



Our Experience

QIO- 45 Years



Regional Extension Center- 6 Years



Hospital Quality Measures- 16 Years



Analytics for Quality Programs- 23 Years



Value Based Payment Programs-11 years



Case Review- 47 Years



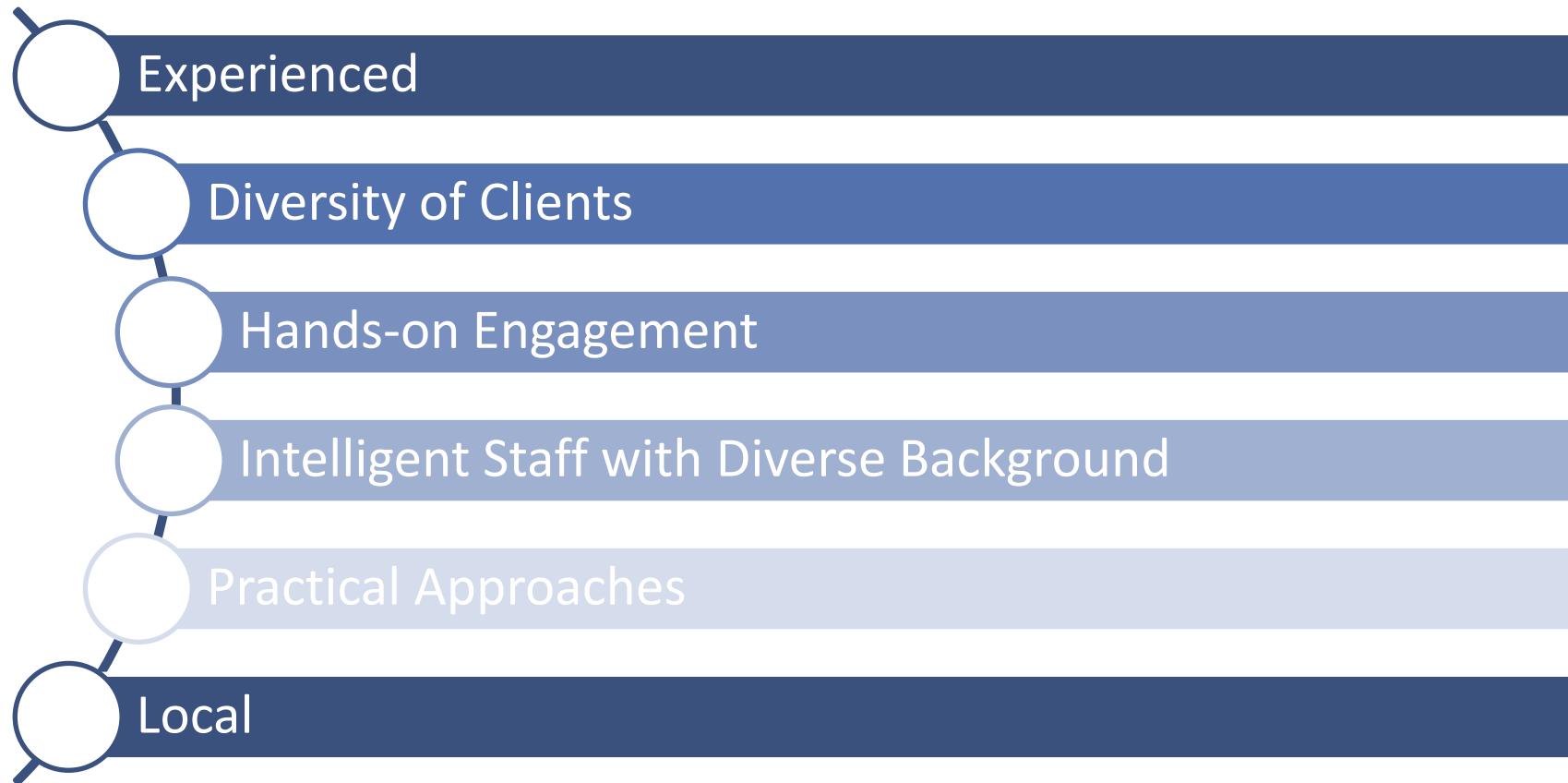
HIPAA Solution- 8 Years



Long-Term Care Quality Improvement- 20 years



Our Difference





HEALTH INFORMATION TECHNOLOGY (HIT)

HIT Quality Improvement

Quality Improvement Expertise

- Care Transitions and Referral Management
- Opioid Misuse and Reduction
- Diabetes Prevention Program
- Public Health Emergencies
 - Registry Connections
 - Reporting Requirements and Guidance
 - COVID 19 Educational Training and Testing Implementation
- Dementia Care
- Chronic Disease Management
- Food Insecurity
- Project ECHO

HIT Quality Improvement

Ambulatory Value-based Care Consulting

- Accountable Care Organizations
- Merit-based Incentive Payment System
- Patient Centered Medical Home

Hospital Reporting

- The Joint Commission
- Inpatient Quality Reporting
- Outpatient Quality Reporting
- Promoting Interoperability

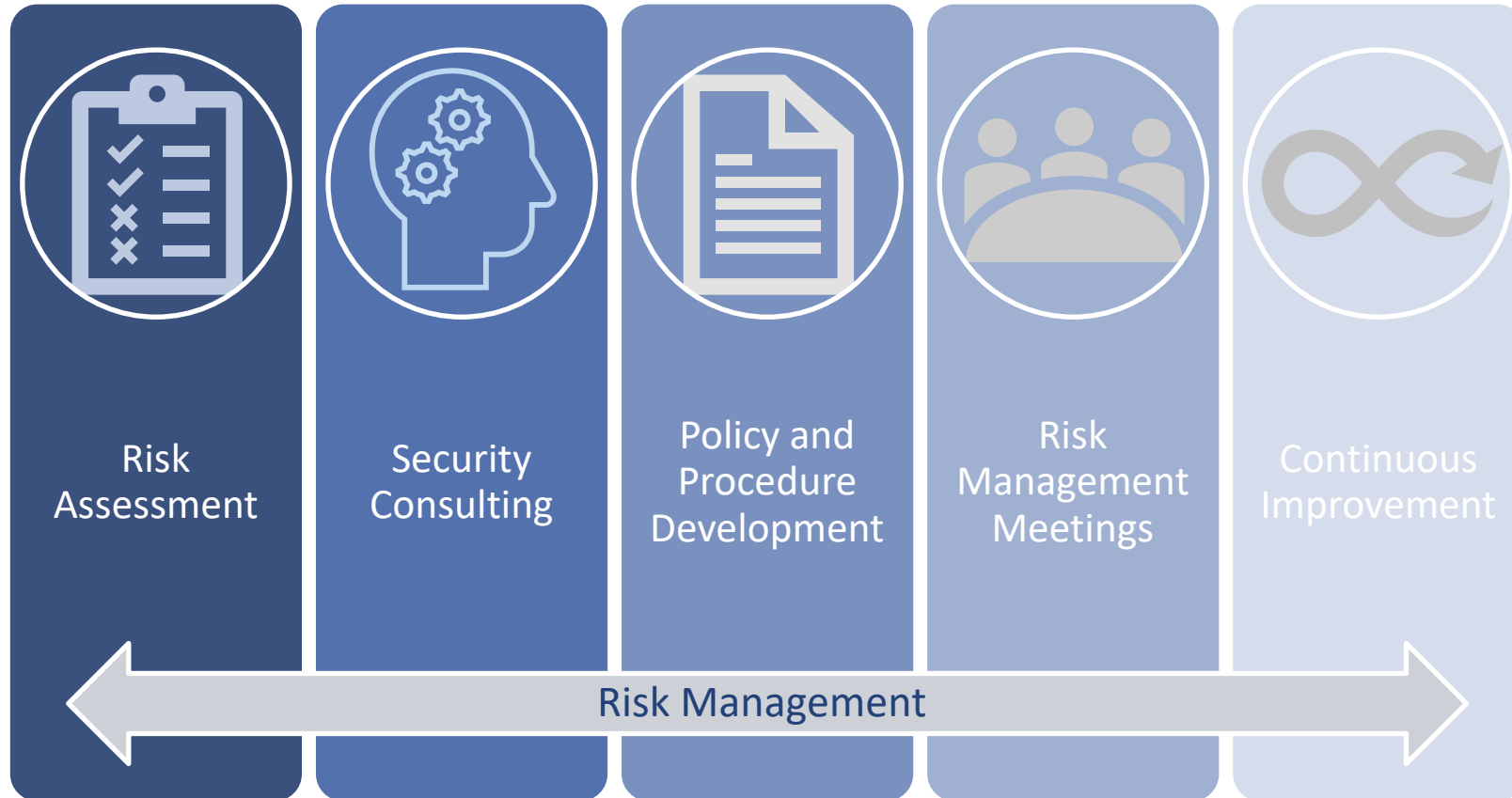
Long-Term Care

- Quality Improvement



RISK MANAGEMENT & SECURITY SERVICES

Risk Management Overview



INFOSEC IQ

Educate & empower employees

Educate and engage your workforce

- Deliver memorable campaigns with industry-leading content & assessments
- 350+ training modules in 34+ languages

Inspire better cybersecurity habits

- Educate year-round and serve in-the-moment training for employees who need it most
- 1000+ phishing simulation templates with multiple attack types

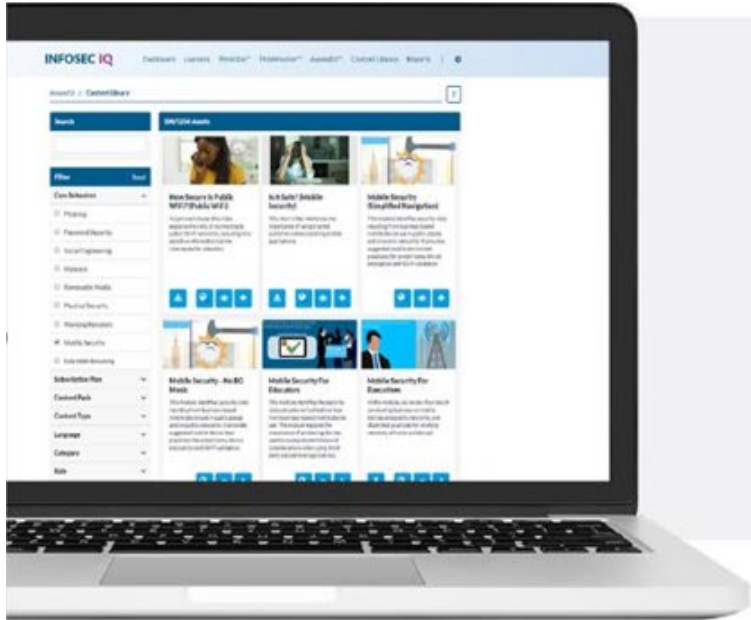
Reduce security incidents

- Avoid attacks and quickly respond to employee-reported events
- Automated reporting button, reports and analytics

Build a culture of security

- Go beyond awareness with a culture built to keep your organization secure
- Program resources — posters, infographics, kits and more





Stay compliant with training aligned with NIST guidelines

Fortify your security awareness curriculum with compliance and industry-based training. Each training module is mapped to one of nine core security behaviors derived from the NIST security awareness and training guidelines to help guide your curriculum.



Phishing



Working remotely



Password security



Social engineering



Safe web browsing



Malware



Physical security



Mobile security



Removable media

RCORP Resources For You

- The RCORP-TA portal is publicly available and has information about programs, grantees, and various trainings and resources available.
- <https://www.rcorp-ta.org/>

The screenshot shows the RCORP-TA Resource Portal website. The header includes the RCORP-TA logo with the tagline "RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE". To the right of the logo is a "SITE SEARCH" box with a magnifying glass icon. Below the logo is a navigation menu with links for "Event Calendar", "About", and "Contact Us". A secondary navigation bar contains links for "Home", "Trainings and Resources", "Grantees", "Cohort Resources", "Request TA", "Funding", and "LMS".

The main content area is divided into several sections:

- Welcome to the RCORP-TA Resource Portal!**
The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative by the Health Resources and Services Administration (HRSA) aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in rural communities at the highest risk for SUD.
This portal allows grantees to request technical assistance, find nearby grantees or grantees with a similar focus and access a repository of resources tailored to support RCORP Grantees.
- Upcoming Events**
 - ED Initiated Buprenorphine for Opioid Use Disorder Webinar**
September 30, 2021
3:00-4:00 pm EDT
 - Outcomes Driven MOUD, Part II: Stabilization and Retention**
October 5, 2021
2:00-3:00 pm EDT
 - [View more events](#)
- Resources of Interest**
 - COVID-19
 - Stigma
 - Sustainability
- Download the latest RCORP-TA Newsletter**
 - 
September 2021
(724.68 KB)
 - [View past issues](#)



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Thank You
for Attending!
.....

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,000,000 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).