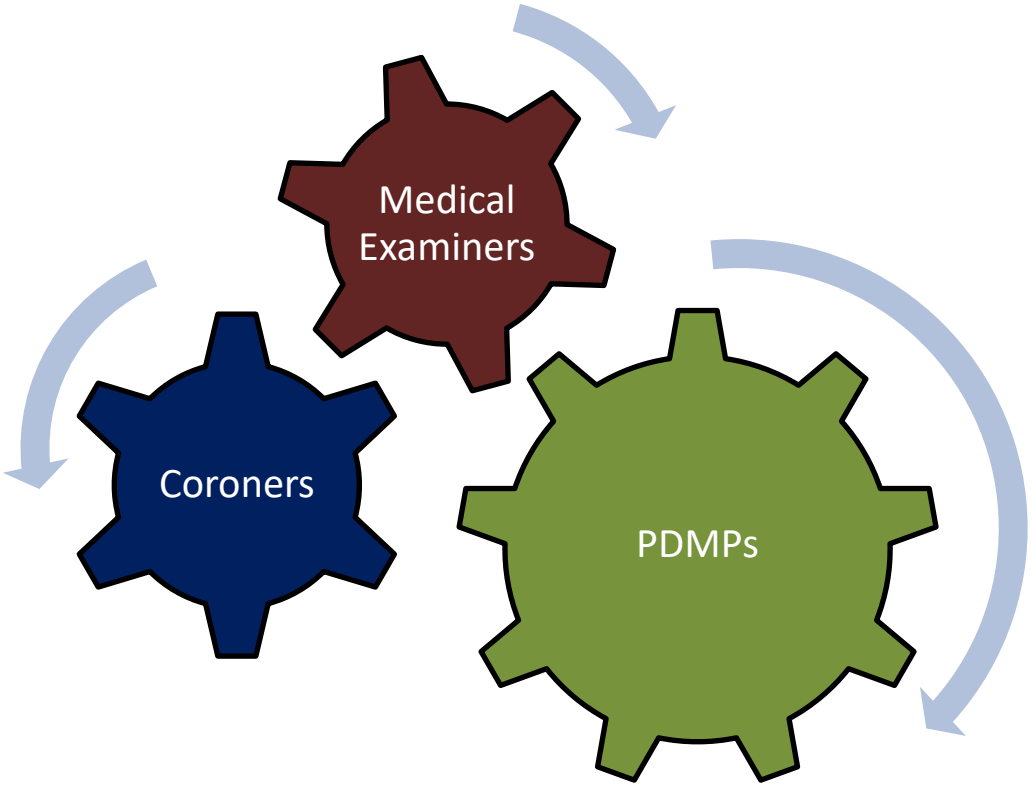
PRESCRIPTION DRUG MONITORING PROGRAM AND MEDICAL EXAMINER/CORONER MEETING

BUILDING COLLABORATION



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1. OVERVIEW

The increase in the misuse and abuse of drugs, particularly prescription and illicit opioid drugs, and the increase in opioid overdose deaths has been well documented. The national cost of just the opioid prescription epidemic is estimated to be $78.5 billion. Responding to the drug epidemic has placed a strain on the public health and public safety resources. One resource feeling the impact, whose work overlaps both public health and public safety, is the medical examiners and coroners (ME/Cs) community. The increase in opioid overdose deaths has created an urgency for ME/Cs to identify and connect to other sources of information or data that can assist them in completing their investigations more accurately and efficiently. A data source that ME/Cs have identified as a valuable tool in carrying out their roles is the prescription drug monitoring program (PDMP). An increasing number of ME/Cs use decedents' PDMP data to assist in determining whether and to what extent prescription drugs caused or contributed to an individual's death. The experience of ME/Cs with PDMPs indicates that PDMP data can assist in many phases of forensic investigations, both in the lab and in the field. PDMPs also can play a valuable role in assisting ME/Cs in tracking and mitigating the drug abuse epidemic. In addition, ME/C data can help PDMPs identify decedents and provide critical information to identify trends in both licit and illicit drug use.

The Prescription Drug Monitoring Program Training and Technical Assistance Center (TTAC) and the Institute for Intergovernmental Research (IIR), with support from the U.S. Bureau of Justice Assistance (BJA), hosted a national meeting bringing together ME/C and PDMP administrators. Also invited to the meeting were representatives from national ME/C organizations and several federal agencies interested in facilitating work at the state and local level and in learning about state and local needs. (See Appendix A for a complete listing of attendees.) The one-day meeting was held on August 21, 2018, at the offices of BJA in Washington, DC.

2. OBJECTIVES

The meeting brought together two dynamic communities, PDMPs and ME/Cs, to (1) learn more about each other's roles; (2) discuss access and use of PDMP data by ME/C; (3) identify best or promising practices regarding use of PDMP data by ME/C; and (4) educate federal agencies regarding state and local needs in their efforts to assist in better addressing those needs.

3. TOPICS DISCUSSED

3.1 Overview of PDMPs

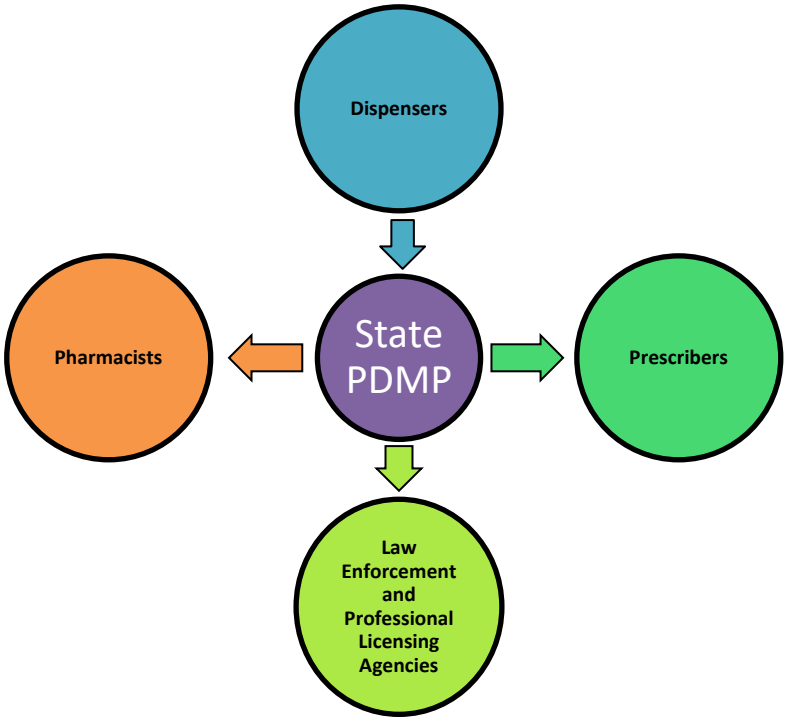
PDMPs are highly effective tools utilized by authorized users for reducing prescription drug abuse and diversion. PDMPs collect, monitor, and analyze electronically transmitted prescribing and dispensing data submitted by pharmacies and dispensing practitioners. The data are used to support states' efforts in education, research, enforcement and abuse prevention. PDMPs managed under the auspices of a state, district, commonwealth, or territory are proactive in safeguarding public health and safety while supporting the legitimate use of controlled substances.

Prescription Monitoring

Currently, PDMPs are operational 49 states, the District of Columbia, and two U.S. territories (Guam and Puerto Rico). The only state without enacted PDMP legislation is Missouri. In April 2017, the St. Louis County Department of Public Health implemented a PDMP and has made the program available to any other Missouri county or city wanting to participate. At this time, the St. Louis County PDMP serves approximately 79 percent of the population of Missouri.

PDMPs provide authorized users with several different types of reports. Authorized users can request reports based on patient or prescriber name, pharmacy, or drug name. Specialty reports (i.e., statistical, drug trends, geographical, or analytical) may also be generated but do not include personally identifiable information. These reports are provided to a host of authorized users identified by state law and include, but are not limited to, prescribers, pharmacies, health professional licensing boards, law enforcement officials, and ME/C.

Presently, 45 PDMPs identify ME/C as authorized users who are allowed access to the data. Some states have authorized access by ME/C as law enforcement officials while others, such as Ohio, allow access as a doctor/physician.



3.2 Overview of Medical Examiners/Coroners

Nationally, there is diversity among states when it comes to the ME/C system. Some states have only medical examiners, others have medical examiners and coroners, while others have only coroners. Depending on the state, coroners are elected officials who may or may not be physicians, while medical examiners (also known as forensic pathologists) are physicians who are appointed to the post. Generally, medical examiners are more common in urban communities and coroners are usually more predominant in rural communities. Both professions are responsible for investigating unattended deaths. A death scene investigation and assessment process include identification of the decedent and determining the cause and manner of death. The assessment conducted by the ME/C includes, but is not limited to, social, mental health, prescription, and medical histories, signs of trauma or foul play, and circumstances leading to the individual's death. It is important to note that an ME/C scene investigation has a slightly different focus than that of law enforcement. The ME/C determines cause and manner of death, which may or may not coincide with law enforcement's goal of determining whether a crime has been committed. Nevertheless, all scene investigation should be approached similarly. Part of the process in the conduct of a death investigation is post-scene forensic investigation. This includes evaluation of the investigator's narrative report, external examination of the body, partial or full autopsy of the body, any toxicology results, and the determination/recommendation for cause and manner of death. In drug-related deaths, an ME/C will not certify a death certificate without first obtaining the toxicology report. Some toxicology reports are completed in a relatively short period of time (2 to 3 weeks), while others may take months. In drug-related deaths, PDMP reports can assist in making certain decisions (e.g., whether or not to conduct an autopsy).

RECOMMENDATIONS FOR THE INVESTIGATION, DIAGNOSIS, AND CERTIFICATION OF DEATHS RELATED TO OPIOID DRUGS

- Take an inventory of all medications found at the scene.
- If possible, seek information from state PDMPs which have information that can be useful in the evaluation of deaths where opioid drugs are detected.
- ME/Cs should have access to the information available in PDMPs both in the decedent's state and across state lines.

—The National Association of Medical Examiners Position Paper (2013) https://name.memberclicks.net/assets/docs/a8f3230e-d063-4681-8678-e3d15ce9effb.pdf

3.3 Overview of State PDMP Legislation Relating to ME/C

The majority of PDMPs (85 percent) allow access to ME/C for the purpose of investigating the cause and manner of a person's death. Many of these states also allow a delegate, typically a deputy ME/C, to query the PDMP on behalf of the ME/C. An emerging trend among states is to require ME/C to report to a state agency (e.g., health department) or directly to the PDMP whenever there is a determination or suspicion that an individual's cause of death was related to a drug overdose. Several examples of such legislation were presented at the meeting:

- Arizona—Medical examiners are required to report suspected opioid deaths to the department, which will share the information with the PDMP.

- Massachusetts—Medical examiners are required to file a report with the department when an individual's cause of death is determined to be overdose-related; the department will review the PDMP and make appropriate notifications.
- Oklahoma—Medical examiners are to report all deaths occurring within the state that were the result or probable result of abuse of a controlled substance.
- Utah—If a medical examiner determines that the death of a person 12 years of age or older at the time of death resulted from poisoning or overdose involving a controlled substance, the medical examiner shall send a report to the division.

3.4 Data Sharing Activities at the District of Columbia Office of Chief Medical Examiner (OCME)

The DC OCME takes a multidisciplinary approach to the investigation of an unattended death: (1) scene investigation; (2) forensic science; and (3) patient history.

Timely sharing of information is critical to the OCME, which began its relationship with the PDMP in 2017. As part of a CDC Data Driven Prevention grant recently awarded to the DC health department, the OMCE and the PDMP will be two of the districtwide agencies participating in the development of an Opioid Data Dashboard. The dashboard will serve to provide a "snapshot" of key indicators of opioid abuse within the district.

The OMCE discussed plans to incorporate PDMP data into the State Unintentional Drug Overdose Reporting System (SUDORS). The office also intends to utilize PDMP data more regularly as part of casework and to conduct PDMP training for its ME staff. Furthermore, OMCE plans to conduct a retrospective review of all 2017 overdoses to determine how many decedents have data in the PDMP and determine those individuals' prescription drug histories.

EVOLUTION OF PRESCRIPTION AND ILLICIT DRUG USE

Comparison of two studies demonstrates the evolution of prescription and illicit drug use.

In 2013, 80 percent of current heroin users reported initiation of drug use with prescription narcotics.[1]

A 2017 study revealed that 32 percent of opioid users reported that heroin was the initiating drug of abuse.[2]

[1] Muhuri, P. K., Gfroerer, J. C., Davies, M. C. Associations of nonmedical pain reliever use and initiation of heroin use in the United States. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality; 2013.
[2] Cicero, T. J., Ellis , M. S., Kasper, Z. A. Increased use of heroin as an initiating opioid of abuse. Addictive Behaviors. November 1,2017;74:63-6.

3.5 Prescription Drug Monitoring Programs and the Medical Examiner

Looking at both PDMP data and ME/C information provides a more complete picture of a decedent. PDMP data provides an historical context that may facilitate death investigations. The ME/C can supplement PDMP data with other information. The Cuyahoga County, Ohio, ME's office reports that PDMP data assists in identifying controlled substances prescribed in overdose deaths involving licit prescription drugs, doctor shoppers, overprescribing in overdose deaths, and identification of treating physicians in unattended deaths. The following table describes some of the findings produced by combining PDMP data with ME/C data.

Rhode Island	Between 2012 and 2014, 35 percent of individuals who died of a drug overdose had filled an opioid prescription within 90 days of the death.
San Diego	Review found that 73 percent of individuals (2013) who died of a drug overdose were in the PDMP within 12 months before their deaths. Further review of the persons' PDMP histories found that the average number of prescriptions was 23.5, the average number of pharmacies visited was 3, and the average number of prescribers was 4.5.
North Carolina	There were 892 decedents from drug overdose reported in 2010. Of the 191 deaths attributed to methadone, in only two cases was the person enrolled in an opioid treatment program. Review of the PDMP data also indicated that the immediate-release oxycodone was the most frequent drug prescribed and that the higher-dose strengths of oxycodone and fentanyl had higher associated mortality.
Virginia	Integration of PDMP data with ME/C identified a treating physician in apparently unattended deaths, helped in identifying patterns of abuse in apparent natural deaths, and identified chronic opioid use as an aid to interpreting toxicology results.

3.6 Ohio's PDMP Use of Medical Examiner/Coroner Data

In Ohio, the PDMP receives data from medical examiners and coroners and analyzes such data, both to identify new drug trends as well as to conduct surveillance of prescribers and dispensers. The ME/Cs report data to the state health department within six months of a death. The Ohio PDMP (OARRS) receives the information from the health department six to nine months from the end of the calendar year. The PDMP uses the ME/Cs' data to detect potential new drug trends (e.g., gabapentin) and has assisted in determining the percentage of decedents with a controlled substance prescription history compared with members of the general public. The ME/Cs' data has also assisted the PDMP in performing surveillance of prescribers and pharmacies that may have prescribed and/or dispensed high numbers of prescriptions to decedents and identifying prescribers who prescribed controlled substances to a decedent shortly before death.

3.7 Medical Examiner Access to Florida's Prescription Drug Monitoring Program

Florida allows medical examiners and their designees to access data in the PDMP in cause-of-death investigations. Prior to being granted access to PDMP data, an ME must have a user agreement in place with the PDMP. The ME then registers with the PDMP as the agency administrator, and associate MEs register as designees. Florida views the PDMP as an extension of the medical record and provides the ME with the medication history of the decedent and the identification of the treating physician(s) at or near the time of death. According to MEs, the data is used as a prescreening tool to tailor toxicology testing and helps to determine possible misuse or abuse. It further helps determine the amount of unaccounted-for medication at a death scene to assist in establishing whether the overdose was intentional or accidental and to assist in determining an individual's opioid tolerance to better evaluate opioid levels at autopsy as being therapeutic or lethal.

3.8 Medical Examiner Use of PDMP in Milwaukee County, Wisconsin

The Milwaukee County Medical Examiner's office uses PDMP data to research a decedent's prescription history, evaluate the case and cause/manner of death, verify prescriptions available at time of death, verify the possible source as licit or illicit (e.g., fentanyl), assist in the interpretation of concentration/toxicity, and determine the duration of use or tolerance. It has also been used to assist the state's Department of Justice in investigations against physicians who may be overprescribing.

The ME in Milwaukee County is part of the Opioid Fatality Review Board (OFR), which meets monthly to discuss two or three overdose deaths involving opioids. The OFR also has representation from law enforcement, emergency medical technicians (EMTs), emergency medical services (EMS), behavioral health academia, the DEA, and public health. The work of the OFR provides opportunities for intervention, policy change, and improved information sharing among participants, and also provides the opportunity to assist the children of decedents. The PDMP is instrumental in the work of the OFR. It may provide a history of misuse or overprescribing and initiate communications with treating practitioners.

3.9 Wisconsin PDMP

The Wisconsin PDMP is housed in the Department of Safety and Professional Services. The PDMP allows ME/C to query the database by providing an "attestation document" for each request. The request must relate to an active and specific death investigation. Once the request is approved, the ME/C is granted direct access to the PDMP data. Wisconsin law requires law enforcement agencies to report the following information to the PDMP: (1) suspected violations of the Controlled Substances Act; (2) suspected narcotics-related deaths; (3) suspected nonfatal opioid-related overdoses; and (4) reports of stolen controlled substances prescriptions.

4. RECOMMENDATIONS AND CONSIDERATIONS

4.1 Summary

The meeting concluded with a facilitated open discussion focused on strengthening the collaboration between the two communities. The overwhelming opinion of the attendees was that both PDMPs and ME/C benefit from using and sharing each other's data. PDMP data plays an important role in the investigation of a drug death; having a decedent's medication history assists ME/C with several aspects of their investigation. PDMP data guides autopsies and allows ME/C to narrow down the cause of death (See Appendix B). PDMP reports may help in determining the type or extent of toxicology tests. Knowing what drugs a decedent was prescribed may suggest what types of drugs should be screened. PDMP data also may assist in determining when and whether to conduct an autopsy and help determine whether the cause of death was related to prescription medications. PDMP reports identify the treating physicians, which expedites the process for ME/C to obtain medical information.

4.2 Best Practices Recommendations

1. **Medical examiners and coroners should be allowed to access the PDMP data in their professional roles and should not have to assert their law enforcement roles to gain access.**

   A medical examiner considers the decedent his or her patient and should be allowed to request PDMP data as a physician. One suggestion that may be helpful is to change the definition of "patient" to include a decedent. Also, since about half of the U.S. population is served by coroners, the same consideration should be given to coroners despite the fact that they are not licensed physicians.

2. **Allow medical examiners and coroners to designate delegates to query the PDMP on their behalf.**

   The large workload within an ME/C office makes it unreasonable to assume that the ME/C has time to query the PDMP. The ability to have other staff members with access to the PDMPs will reduce the burden on ME/C. Some PDMPs do allow delegates, but not all.

3. **Medicolegal death investigators (MDIs) should be allowed access to PDMP data.**

   MDIs are responsible for any death investigation that is under the jurisdiction of a medical examiner or a coroner. MDIs primarily perform scene investigations and assist the ME/C. In West Virginia, MDIs have access to the PDMP and immediately obtain data for every death investigation, saving the ME/C crucial time. MEs consider MDIs as "physicians' extenders" and should be allowed to access the PDMP as an MDI or as a delegate of the ME/C.

4. **In a drug overdose death, the ME/C has a need to identify whether a decedent was in drug treatment and to identify prior nonfatal overdoses.**

   ME/Cs typically do not have access to records related to a decedent's participation in drug treatment programs. Some drug treatment programs are prohibited by federal law from reporting to the PDMP; therefore, PDMPs do not have access to such information. The Code of Federal Regulations 42 CFR Part 2 prohibits the disclosure or identity of any person enrolled in a drug treatment program. It was suggested that discussions be initiated with the Substance Abuse and Mental Health Services Administration (SAMHSA) to find a possible solution. Records of prior nonfatal overdoses also can support the death investigation process and decision making, and this information may be available in some PDMP data sets.

5. **Medical examiners and coroners should have access to out-of-state PDMP data.**

   Persons who abuse or misuse prescription-controlled substances may travel to other states to obtain prescriptions. These multiple-state prescriptions are not reported to any single state PDMP. Access to out-of-state reports would provide a more complete picture of a decedent's prescription history and enable more complete death investigations for decedents whose deaths occur away from their home states.

6. **ME/C should share their findings and other information with the PDMP.**

   This would inform the PDMP about possible new drug trends, questionable prescribing, and the identity of a decedent to prevent prescriptions from being filled in that person's name. It may also provide information about the questionable prescribing habits of the treating physician(s) that may be used, in severe cases, to refer the physician(s) to a regulatory or law enforcement agency.

7. **The PDMP should provide training to ME/C and his or her staff on the use of the PDMP and interpretation PDMP data**.

   PDMPs present an opportunity for ME/Cs to have more information at their disposal in a death investigation. Interpreting and understanding PDMP reports is crucial in maximizing the value of the data contained in the reports. In order for an ME/C to fully appreciate the full potential of a PDMP report, the ME/Cs need to know PDMP functions, have the ability to interpret the report, know which reports are available to them, and know how to access these reports.

8. **Further study and research is needed on PDMPs and ME/C best practices.**

   An evaluation or study into the effectiveness of best practices would assist in determining how PDMPs factor into the ME/C decision-making process, whether the use of PDMPs has an impact on ME/C workload, whether it improves the drug specificity on death certificates, and how PDMPs and ME/C collaboration has guided law enforcement efforts in a drug investigation.

9. **Standardize ME/C forms and procedures.**

   ME/C national organizations and several federal agencies have published guidelines and procedures on death investigations for ME/C. There exist differences in the manner in which investigations are conducted and what is reported in the states. The National Association of Medical Examiners (NAME) and the CDC have standard guidelines on what is included on a death certificate; however, no single standard format is followed by each state. It may also be beneficial to have both the PDMP and the ME/C work together to establish standardized reports and procedures. For example, the ME/C should obtain a PDMP report on all suspected overdose death cases, and organizations such as NAME, the International Association of Coroners and Medical Examiners (IACME), and the American Board of Medicolegal Death Investigators (ABMDI) can identify ways to incorporate the use of PDMP reports through standard procedures and training opportunities.

10. **Notifications to a decedent's treating doctor of his/her death can provide critical feedback.**

    Contact with the treating doctor regarding ME/C data and findings would provide doctors with the opportunity to evaluate their own treatment practices and review PDMP reports to ensure that additional prescriptions are not being filled in a decedent's name. PDMP reports include the names of physicians who were providing treatment to the decedent, thus facilitating contact by the appropriate state or local agency. It was noted that some prescribing practices may

prompt action by law enforcement; therefore, any notifications should be conducted and managed by the appropriate agencies.

11. ME/C should be members of PDMP advisory boards.

Currently, 30 PDMPs have established advisory groups to guide PDMPs in their efforts. Generally, these groups are composed of health care professionals, law enforcement, national organizations, patient advocacy groups, and the general public. Including ME/C in these groups would benefit both PDMPs and the ME/C profession. ME/Cs could provide a different perspective on the drug epidemic.

Appendix A—List of Attendees

Cala, Michael	Research Division Chief	Office of National Drug Control Policy
Davis, Gregory	Chief Coroner/ME and Professor of Pathology	Jefferson County Coroner/Medical Examiner Office
Delcher, Chris	Assistant Professor	University of Florida, Department of Health Outcomes and Biomedical Informatics
DePalma, Lindsay	Contractor, Office of Investigative and Forensic Sciences	National Institute of Justice
Garner, Chad	Director of OARRS	State of Ohio Board of Pharmacy
Giglio, Jim	Senior TTAC Coordinator	PDMP Training and Technical Assistance Center
Gilson, Thomas	Executive Director, Cuyahoga County Regional Forensic Science Laboratory	Cuyahoga County Medical Examiner
Goldberger, Bruce	Chief of Forensic Medicine	University of Florida
Gray, Heather	Legal Coordinator	PDMP Training and Technical Assistance Center
Knue, Patrick	Director	PDMP Training and Technical Assistance Center
Kunkel, Tara	Senior Drug Policy Advisor	U.S. Department of Justice/Bureau of Justice Assistance
Leak, Chikarlo	Epidemiologist	Office of the Chief Medical Examiner
Lowe, DeAnna	Medicolegal Death Investigator	Cook County Office of the Medical Examiner
Marshall, Erika	E-FORCSE Program Outreach Director	Florida Department of Health
McGrath, Jonathan	Senior Policy Analyst, Office of Investigative and Forensic Sciences	National Institute of Justice
McLeod-Henning, Danielle	Physical Scientist Research and Development, Office of Investigative and Forensic Sciences	National Institute of Justice
Mells, Jamie	Lieutenant, U.S. Public Health Service	Centers for Disease Control and Prevention
Mitchell, Roger	Chief Medical Examiner	Office of the Chief Medical Examiner
Pierce, Sheila	PDMP Director	Georgia Department of Public Health
Rudd, Rose	Health Scientist, Drug Overdose Epi and Surveillance Team	Centers for Disease Control and Prevention
Sargent, Wesley	Health Scientist, Health Systems Team	Centers for Disease Control and Prevention
Schaeffer, Luther	Physical Scientist	National Institute of Justice
Schreiber, Sara	Technical Forensic Director	Milwaukee County Medical Examiner's Office
Scott, Frances	Physical Scientist	National Institute of Justice
Strickler, Gail	Senior Research Associate	Brandeis University
Tlomak, Wieslawa	Deputy Chief Medical Examiner	Milwaukee County Medical Examiner's Office
Truitt, Linda	Senior Social Science Analyst	National Institute of Justice
Barrat, Hunter	Note Taker, Contractor	National Institute of Justice
Young, Leonard	Epidemiologist	National Institute of Justice

Appendix B—Use of PDMP by Medicolegal Death Investigator and Toxicologist

Use of PDMP by Medicolegal Death Investigator (MDI)

- Establish prescription drug use history
- Compare PDMP data with decedent's medication inventory from the scene
- Evaluate evidence drug use, with and without a prescription
- Identify health care providers from whom the decedent's medical history can be obtained
- Identify drug treatment programs, if these data are available in the jurisdiction

Use of PDMP by Toxicologist

- Establish prescription drug use history and triage laboratory analyses (may realize potential cost savings)
- Evaluate evidence drug use, with and without a prescription
- Assess likelihood for tolerance to psychoactive drugs, including benzodiazepines and opioids
- Establish the role of drugs in a drug intoxication death

Adapted from Uniform Standards and Case Definitions for Classifying Opioid-Related Deaths: Recommendations by a SAMHSA Consensus Panel—Goldberger et al., *J Addict Dis.* 2013 Jul; 32(3): 231–243.