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A push for instant access to patient drug records

By Jeanine Benca
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California could be the first state with a "real-time" prescription drug monitoring system to crack down on narcotics abuse.

Kaiser Permanente recently agreed to pay for a study of a proposed computer program to give doctors, pharmacists and some law enforcement instant, online access to medical records. The state currently requires only monthly reports.

The plan raises privacy concerns with some, but supporters -- including the state attorney general's office, state board of pharmacy and Sen. Tom Torlakson (D-Antioch) -- say it would reduce "doctor-shopping" by drug abusers seeking multiple prescriptions.

With just a few mouse clicks, a doctor would be able to find out the last time, and from whom, a patient had received Vicodin, OxyContin or other addictive narcotics.

Bob Pack of Danville, father of two children killed in 2003 by a driver who abused alcohol and Vicodin, has pushed for such a system. He believes it could prevent tragedies like that which took the lives of Troy 10, and Alana, 8.

Weeks before Jimena Barreto's car jumped a curb and killed the children, she had received Vicodin from multiple doctors who said they didn't know others had also prescribed it to her.

Many experts believe instant reporting would help raise the bar on doctor and patient accountability. And a new national study seems to support the idea.

But the plan, which has received little attention thus far, has the potential to arouse privacy groups worried about patient rights.

"Privacy and security implications need to be a very important part of the feasibility study," warns Beth Givens, director of the San Diego-based Privacy Rights Clearinghouse.

In 2004, patient rights' groups helped successfully block a drug monitoring system for Florida. Opponents said it would make medical records vulnerable to security breaches and unfairly target chronic pain sufferers and their doctors.

About the same time, Pack began working with Torlakson on SB 734, legislation to bolster California's existing drug monitoring program.

The bill passed in 2004 without opposition. It authorized a study for a real-time system if private funding could be found.

Kaiser spokeswoman Maureen McInaney said Pack helped convince the health care company's Northern California president, Mary Ann Thode, of the merits.

"I can confirm that we are pleased to work with Mr. Pack to put together the study associated with the online prescription drug program," McInaney said in a statement. Kaiser will also consider contributing to a real-time program when the study is done, she said. She said groups are still looking for a vendor to do the research.

Once the study is complete, the bill's supporters will have to return to the Legislature with a proposal. One of the biggest hurdles will be long-term funding. It is estimated it could cost from one to several million dollars to set up a program and hundreds of thousands to operate.

Pack says he hopes Kaiser and other care providers will offer to finance it if there is no state funding available.

But skeptics question the implications.

"Who is going to run it? Who is going to administer it? What are they going to be paid to do it?" said John Valencia, a state lobbyist for Purdue Pharmaceuticals, that produces OxyContin.

If approved, the program will be the first in the nation.

Only two other states, Kentucky and Maine, have begun researching real-time, Web-based systems.

"They're looking at secure Web-based portals with secure access. They're working on plugging in those particular safeguards," said Sherry Green, executive director of the National Alliance for Model State Drug Laws.

The Washington D.C.-based group provides resources to states looking to set up drug monitoring systems. Green said, 33 states now have some prescription monitoring program in place and 15 others are considering it. Most are similar to California's existing program.

One of the first states to do drug monitoring, since the 1930s California has required anyone who dispenses narcotics to patients to submit monthly paper records to the Department of Justice.

The DOJ uses the data to check for anomalies and investigate cases when needed. Doctors also can request data on patients.

There is a big demand by doctors for access to patient drug histories, said Alberto Gonzalez, of the DOJ. He said doctors are often frustrated by how long it takes.

That's partly due to the lengthy paperwork process doctors must follow to verify their identities and their right to the information. Because pharmacists are only required to do monthly reports, data is not always current, he said.

Under the new program, pharmacists would have to submit patient records every 24 hours. Supporters say an online system would speed up the verification process.

"Had someone stopped (Barreto) from getting Vicodin, maybe Troy and Alana would still be alive," Pack said.

Until the mid-'90s, only a handful of states had prescription drug monitoring.

About 15 states have launched programs in the last decade, spurred in part by widely publicized concerns about abuse of OxyContin and other painkillers. About \$33 million in federal funds has been doled out since 2002, when Congress adopted a grant program to help states launch the programs.

California, which spends about \$300,000 a year in federal grant and state general fund money on its system, has continued to bolster regulations. In 2002 the state adopted SB 151, adding more drugs to the list of those for which doctors are required to submit records.

Torlakson reaffirmed his support for the concept last week, saying, "I'm all behind efforts ... to get a study to see how we can do it."

Such programs unjustly target chronic pain sufferers and their physicians, who end up feeling bullied by law enforcement not to treat pain, argues Siobhan Reynolds, founder of the non-profit Pain Relief Network.

"You have false prioritizing here," said Reynolds, who helped lobby against the proposed Florida program.

Legalized prescription drugs, like alcohol, should be viewed as "personal responsibility," she said.

Drug monitoring is essential, counters John Carnevale, a national policy expert who helped develop a nationwide evaluation of programs for the Justice Department.

The study, released in September, shows states with active drug monitoring systems report lower rates of prescription drug abuse.

Surveys of addiction treatment and recovery centers from 1997 to 2003, found abuse rates in states with monitoring

programs would have been 10 percent higher if the programs had not been in place.

"The clear finding from the study is that states that have these programs really do see impacts in less availability of the drugs," Carnevale said.

Watchdog groups plan to use those findings in 2007 to lobby for more federal grants to support states that wish to develop programs, he said.

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