



**2022**

# ANNUAL REPORT

ON THE KANSAS PRESCRIPTION DRUG  
MONITORING PROGRAM



Laura Kelly, Governor  
Alexandra Blasi, Executive Secretary  
[ktracs.ks.gov](http://ktracs.ks.gov)



Dear Committee Chairs,

On behalf of the Board of Pharmacy, I am pleased to provide the 2022 annual report to the legislature on the Kansas prescription drug monitoring program (PDMP) known as K-TRACS. This report is submitted pursuant to K.S.A. 65-1691. The report demonstrates the program's success in monitoring controlled substance Schedule II-IV prescriptions and drugs of concern dispensed to Kansas patients. K-TRACS serves as a valuable clinical decision-making tool for the state's healthcare providers.

The program aims to help healthcare providers prioritize patient safety; promote community health; prevent the misuse, abuse, and diversion of controlled substances and drugs of concern; and preserve legitimate access to controlled substances.

In addition to all-time highs in the use of K-TRACS, highlights of this year's report include:

- Development of the program's first strategic plan focused on ensuring high data quality, increasing utilization of the program, and identifying instances of prescription drug misuse and diversion
- Updates to program funding mechanisms and new grant awards that will help the program implement its strategic plan objectives
- Continued declines in controlled substance prescribing that can be related, at least in part, to K-TRACS usage

On behalf of the Board of Pharmacy, I thank you for your leadership and support of the K-TRACS program. If you have questions regarding the program or the work of the Board, please contact us at (785) 296-4056 or [pharmacy@ks.gov](mailto:pharmacy@ks.gov).

Sincerely,

Alexandra Blasi, Executive Secretary

## ABOUT K-TRACS

K-TRACS includes all retail and outpatient dispensing records for any controlled substance or drug of concern dispensed in Kansas or to a Kansas resident, regardless of whether the pharmacy is located in Kansas. The only exception is for quantities dispensed in the emergency room for 48 hours or less.

Dispensers submit prescription information to the program within 24 hours of the medication being dispensed.

If a prescriber or a pharmacist has a concern about a patient, the clinician can look up the patient's prescription history in K-TRACS. Because the program is a real-time, web-based system, patient information can be obtained instantly from any location at any time with the proper login credentials. Prescribers and pharmacists must register for a K-TRACS account through the Board prior to using the system.

The program receives oversight from an advisory committee appointed by the Board and comprised of members of the prescribing, dispensing and law enforcement community.

# STRATEGIC PLANNING



Ensure the highest quality of data in K-TRACS



Support initiatives to increase K-TRACS utilization



Support positive patient outcomes through investigation

The K-TRACS program created its first strategic plan in 2021 to outline program priorities over the next three years. These priorities are intended to continue to improve the program and expand its reach across the state. The plan consists of three strategic objectives with a number of program activities related to each one:

## ENSURE THE HIGHEST QUALITY OF DATA

This objective includes ensuring dispensers are reporting prescriptions accurately and in a timely manner to allow healthcare providers to have high confidence in using K-TRACS information in their clinical decision-making. It also includes the development of a compliance monitoring program and enhanced data evaluation methods.

## SUPPORT INITIATIVES TO INCREASE UTILIZATION

This objective includes expanding communication, training and educational opportunities for K-TRACS users while creating standardized user onboarding and management processes. It also includes continued collaboration with state agencies, regulatory boards, industry associations and other stakeholders to ensure long-term funding and program support.

## SUPPORT POSITIVE PATIENT OUTCOMES THROUGH INVESTIGATION

With this objective, the program aims to establish data-driven methods to identify and investigate instances of misuse and diversion while also implementing evidence-based interventions with healthcare providers to improve K-TRACS utilization and clinical decision-making.

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# OPERATIONS & FUNDING

K-TRACS was implemented and operated using federal grant funds through June 30, 2016. However, grant funding is no longer available to fund baseline program operations. The only grant funding available is for program enhancements.

Base program operations include the cost of K-TRACS database software, staff and office overhead (postage, paper, etc.). While the Board continues to pursue and has recently been awarded

federal grants, funding presents the largest obstacle to maintaining K-TRACS.

As a temporary solution for FY2018 and FY2019, K-TRACS costs were covered by surplus fee fund dollars from the agencies regulating prescribers and dispensers in Kansas, including the Board of Pharmacy, Board of Healing Arts, Dental Board, Board of Nursing, and Board of Optometry.

In 2019, the legislature authorized a continuation of the fee fund transfers and supplemental funding from the State Drug Manufacturer’s Rebate Fund for FY2020 and FY2021 to cover K-TRACS costs.

In 2021, the legislature authorized \$200,000 annually from the new Opioid Settlement Litigation Fund under the authority of the Kansas Attorney General to be transferred each July 1 for the operation and maintenance of the K-TRACS program. The legislature also authorized continuation of the fee fund support from the Board of Pharmacy, Board of Healing Arts and the Board of Nursing (in smaller amounts) to be transferred only if settlement funds were not available.

The Board received legislative approval in 2021

for the following K-TRACS funding mechanisms:

- Continued expenditure authority for the K-TRACS program from the pharmacy fee fund in FY2022 and FY2023;
- Creating a non-resident pharmacy facility application surcharge to increase pharmacy fee fund revenue;
- Transferring \$200,000 annually on July 1 from Kansas Opioid Litigation Settlement Fund, if funds are available;
- Only if opioid litigation funds are not available, transferring a maximum \$75,000 from the Board of Healing Arts and \$70,000 from the Board of Nursing for FY2022 and FY2023.

## FUTURE FUNDING STRATEGY

The Board has proposed to implement the following funding mechanisms:

- Under HB 2253, request statutory authority to create a structured fee program for integration program participants that can be used to generate revenue if/when grant funds are no longer available to fund these software enhancements; and
- Create a Kansas tax deduction for donations to the K-TRACS program under K.S.A. 65-1683(e).

TABLE 1. K-TRACS Funding Sources for FY22 and FY23

Funding Source	FY22	FY23
Pharmacy Fee Fund	\$10,454.00	\$981,191.00
K-TRACS Fund	\$200,000.00	\$200,000.00
Overdose Data to Action Grant	\$921,264.00	--
2018 Harold Rogers PDMP Grant	\$132,423.00	--
2020 Harold Rogers PDMP Grant	\$506,477.00	\$361,245.00
SAMHSA Grant	\$143,776.00	\$157,056.00
<b>Total K-TRACS Funding</b>	<b>\$1,914,394.00</b>	<b>\$1,699,492.00</b>

# GRANT FUNDING

The Board continues to seek grant opportunities to fund program enhancements and is currently the recipient of four federal grants. Grant funds do NOT replace funds previously allocated to the Board by the legislature.

## CDC

The Board is a sub-recipient of a Centers for Disease Control (CDC) grant awarded to the Kansas Department of Health and Environment (KDHE). The Overdose Data to Action (OD2A) grant funds activities related to PDMPs as part of a strategy to reduce drug overdoses. The grant is expected to end August 31, 2023. Funding for FY 22 totals

\$921,264.00. This grant primarily funds an advanced epidemiologist and connection fees associated with healthcare systems integrating their medical and pharmacy records systems with the K-TRACS database to streamline PDMP use for their healthcare providers. See more details about integration on page 7.

## BJA

The Board is the recipient of two U.S. Department of Justice, Bureau of Justice Assistance (BJA) Harold Rogers Prescription Drug Monitoring Program grants. The Board was awarded a 12-month, no-cost extension for the 2018 grant to extend project work to September 30, 2022. The extension was requested as a result of delays in implementation of some grant objectives due to the COVID-19 pandemic. The remaining 2018 grant has a budget of \$132,423.00.

The 2020 BJA Harold Rogers grant has a project period through September 30, 2023, with \$506,477.00 available for FY 22. These grants primarily fund 3.0 FTE (temporary) positions focused on improving data quality, increasing K-TRACS utilization through education initiatives, and investigating misuse and diversion of controlled substances. See more details on each of these projects starting on page 8.

## SAMHSA

The Board is a sub-recipient of a Substance Abuse and Mental Health Services Administration (SAMHSA) grant through the Kansas Department of Aging and Disability Services (KDADS). This is a five-year

grant through September 30, 2026, with \$143,776.00 available for FY 22. This grant primarily supports 1.0 FTE (temporary) position focused on enhanced compliance efforts and K-TRACS user education.

# PROGRAM USAGE

As of December 31, 2021, 14,138 healthcare providers are registered with K-TRACS. There were three significant factors affecting total registration numbers this year, as summarized in the table below:

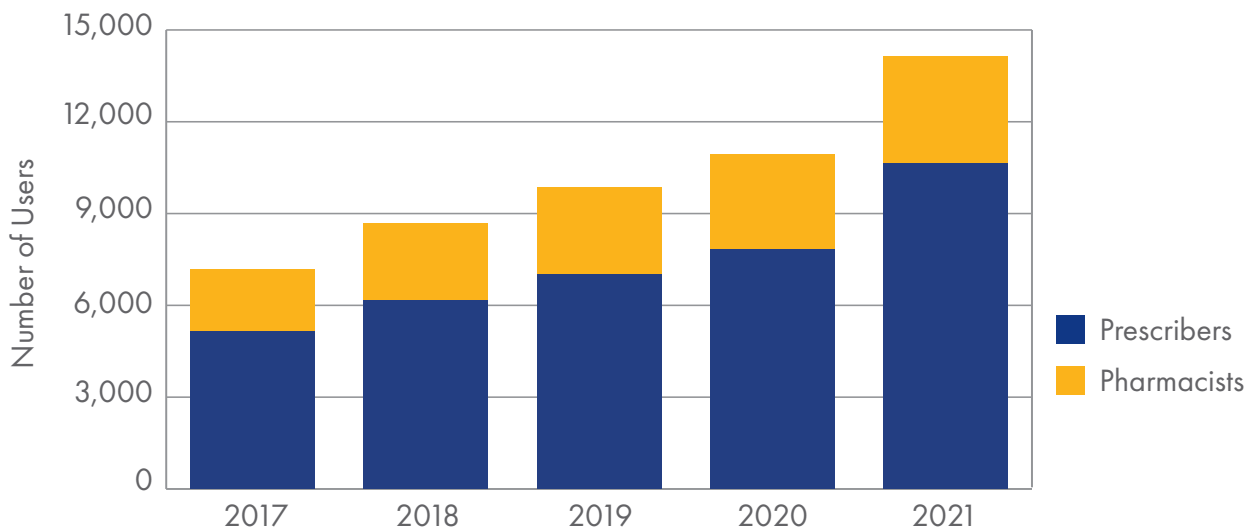
TABLE 2. Factors Affecting Account Registration Numbers

FACTORS AFFECTING ACCOUNT REGISTRATIONS IN 2021		
K-TRACS implemented a requirement for healthcare providers using an integrated medical records system to have corresponding K-TRACS accounts to ensure appropriate access to patient information by qualified healthcare providers (effective October 5, 2021)	To prepare for the integrated user requirement, K-TRACS evaluated its user database and de-activated hundreds of duplicate accounts and accounts with invalid prescribing or dispensing information in the first user database cleanup in the program's history	Kansas Medicaid implemented a requirement to check K-TRACS for Medicaid members before prescribing controlled substances in order to comply with the federal SUPPORT Act (effective October 1, 2021)

The result of these registration and account cleanup efforts was a net gain of 3,204 user accounts, or a 29% increase, from January 1, 2021, to December 31, 2021.

The increase in registered users also contributed to the increase in the number of patient searches conducted in 2021.

FIGURE 1. Number of K-TRACS Users by Type and Year



# EMR INTEGRATION

K-TRACS began offering integration of a healthcare facility's electronic medical records system or pharmacy management system with the K-TRACS prescription database in 2017. Since then, 257 clinics, hospitals, health systems and pharmacies have integrated their medical records systems as of December 31, 2021. Some of these facilities have deployed the integration at multiple sites.

Integration helps healthcare providers streamline their clinical workflows to include checks of K-TRACS patient prescription history in the typical course of patient care. Integration provides a more efficient, patient-centered process.

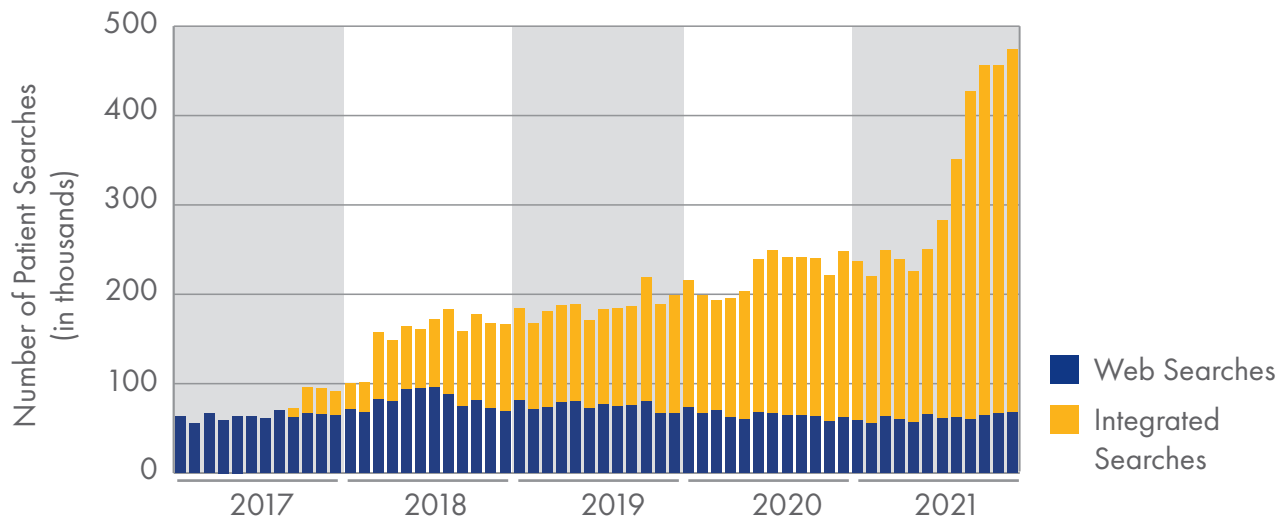
Fees for healthcare organizations to connect to

K-TRACS are currently covered through a sub-recipient agreement with the Kansas Department of Health and Environment (KDHE) for a CDC Overdose Data to Action (OD2A) grant. This grant funding will be available to cover facility connection fees through August 31, 2022.

In 2021, K-TRACS received 89 new integration requests, and 65 healthcare facilities went live with their integrated systems.

The aforementioned increase in K-TRACS registered users and integrated sites contribute to overall increases in the number of patient searches conducted on K-TRACS in 2021, with integrated searches comprising approximately 80% of all patient searches.

FIGURE 2. Number of Searches by Month and Type



## INTERSTATE DATA SHARING

The Board continues to share prescription information with 36 states, districts, territories and federal health systems through a data sharing hub provided by the National Association of Boards of Pharmacy (NABP). Access to other states' PDMP information allows healthcare providers to see a comprehensive view of patients' controlled substance history if they seek care out of state or have recently moved. The Board also is connected to a data sharing hub provided by the Bureau of Justice Assistance (BJA).

# DATA QUALITY

The first data validation review in the K-TRACS program was completed in 2021. This review included comparing prescription data submitted to K-TRACS against the information included on the original prescription to identify errors in 12 prescription data points. The result of the review of prescriptions from 160 Kansas pharmacies was a 4.7% error rate, pointing to the high quality of prescription information reported to the program by Kansas pharmacies.

Identified in the program’s strategic plan, K-TRACS has begun evaluating the process for ensuring pharmacy compliance with reporting regulations, as well as ensuring pharmacies are correcting errors that occur in their prescription data submissions. This process will be ongoing into 2022 as program staff determine the most effective methods for monitoring compliance and educating users on data quality initiatives.

# EDUCATION

To improve educational efforts among pharmacies, K-TRACS developed an academic detailing curriculum for pharmacists to understand how to better utilize K-TRACS in their clinical decision-making. Academic detailing is a peer-to-peer education program that delivers the latest evidence-based clinical information to healthcare professionals.

The K-TRACS academic detailing curriculum is focused on reducing barriers to K-TRACS use and helping pharmacists implement best practices for using K-TRACS in their clinical decision-making. The curriculum includes a pre- and post-visit assessment to gauge progress and effectiveness of the intervention. Kansas pharmacists can receive continuing education hours for their time spent in academic detailing sessions.

K-TRACS also partnered with the University of Kansas Medical Center Area Health Education Center to begin development of several self-paced education modules related to K-TRACS use and controlled substance prescribing as part of grant objectives. The modules are scheduled to launch in early 2022 and provide continuing education opportunities for Kansas prescribers and pharmacists.

TABLE 3. 2021 Education Outreach

K-TRACS EDUCATION PROVIDED	
Peer-to-Peer Pharmacist Education (Academic Detailing) Sessions Provided	8
Healthcare Industry Conference Presentations Provided	5
College Healthcare Profession Program Presentations Provided	10
Average Monthly Unique Pageviews to K-TRACS Website	7,527
Average Monthly Views of Tutorial Videos	95
Average Monthly Reach of Email Newsletters	3,024

K-TRACS maintains its website and a number of video tutorials housed on the website as additional educational opportunities for users. The program implemented an email newsletter in 2021 to increase communication with healthcare providers. Staff also provided education at various healthcare industry conferences and healthcare profession programs at state colleges and universities.



# PEER TO PEER CONFERENCE

The Board successfully hosted a national Peer to Peer Learning Collaborative in August 2021 after more than a year of delays due to pandemic-related travel restrictions. The conference brought together prescription drug monitoring program and Overdose Data to Action (OD2A) program staff from 48 states through a hybrid-style meeting with approximately 50 in-person attendees and 200 people participating virtually. The event was funded by OD2A sub-recipient funds.

Each session was structured to foster interactive dialogue and discussion among participants. Topics

included overdose prevention strategies, PDMP data quality initiatives, data dissemination best practices and collaborative work.

In a post-event survey, 91% of respondents said the conference was valuable to them, and 37% said the event helped them build relationships between their PDMP and OD2A programs. Additionally, 66% said it helped them build relationships with their colleagues in other states.

One participant said, “Collaboration is key and there must be mutual benefit among stakeholders.”

FIGURE 3. Graphic Recording of the Conference’s Closing Session



# ADVISORY COMMITTEE

The K-TRACS Advisory Committee is subject to the oversight of the Board of Pharmacy and is composed of prescribers and dispensers from various healthcare disciplines as well as a representative of law enforcement.

The Committee is authorized to:

- Review and analyze data for purposes of identifying patterns and activity of concern;
- Notify prescribers and dispensers who prescribed or dispensed the prescriptions;
- Notify law enforcement or appropriate regulatory boards for additional investigation;
- And utilize volunteer peer review committees of professionals with expertise in the particular practice to create standards and review individual cases.

A grant-funded staff pharmacist joined the Board of Pharmacy last year and began investigative reviews of patients, prescribers, and pharmacists according to guidelines approved by the Committee in 2019 and updated in 2021.

TABLE 4. Cases Reviewed by K-TRACS Advisory Committee in 2021

CASES REVIEWED BY ADVISORY COMMITTEE	
Number of Cases Reviewed	11
Number of Prescribers Reviewed	7
Number of Patients Reviewed	5
Number of Referrals to Prescriber Regulatory Board	4
Number of Letters Sent to Providers Regarding Concerning Behavior	21

## MULTIPLE PROVIDER EPISODES

Drug seeking behaviors among patients seem to be declining. The rate of multiple provider episodes for prescription opioids — defined as patients seeing 5 or more prescribers and 5 or more pharmacies in a 90-day period — has dramatically declined from first quarter 2020 (5.0 per 100,000) to third quarter 2021 (2.1 per 100,000) (Figure 4).

FIGURE 4. Rate of Multiple Provider Episodes for Prescription Opioids per 100,000 Population by Quarter, Kansas Patients Only



# PROGRAM IMPACT ON PRESCRIBING

The number of Kansas patients receiving controlled substance prescriptions has declined 11.5% over the last five years; however, there was a 2% increase in the number of patients receiving controlled substances from 2020 to 2021.

The use of K-TRACS by the state’s healthcare providers to search patient prescription history prior to prescribing and dispensing controlled substances is at least one factor contributing to

reduced overall prescribing (Figure 5).

By major drug category, the number of prescriptions dispensed to Kansas patients has decreased 3% for opioids and 3% for benzodiazepines but increased 10% for stimulants from 2020 to 2021 (Table 5). K-TRACS and program partners have begun to include a focus on stimulant prescribing in recent years as prescribing and overdose statistics have increased.

FIGURE 5. Number of Kansas Patients Receiving Controlled Substances Compared to Number of K-TRACS Patient Searches

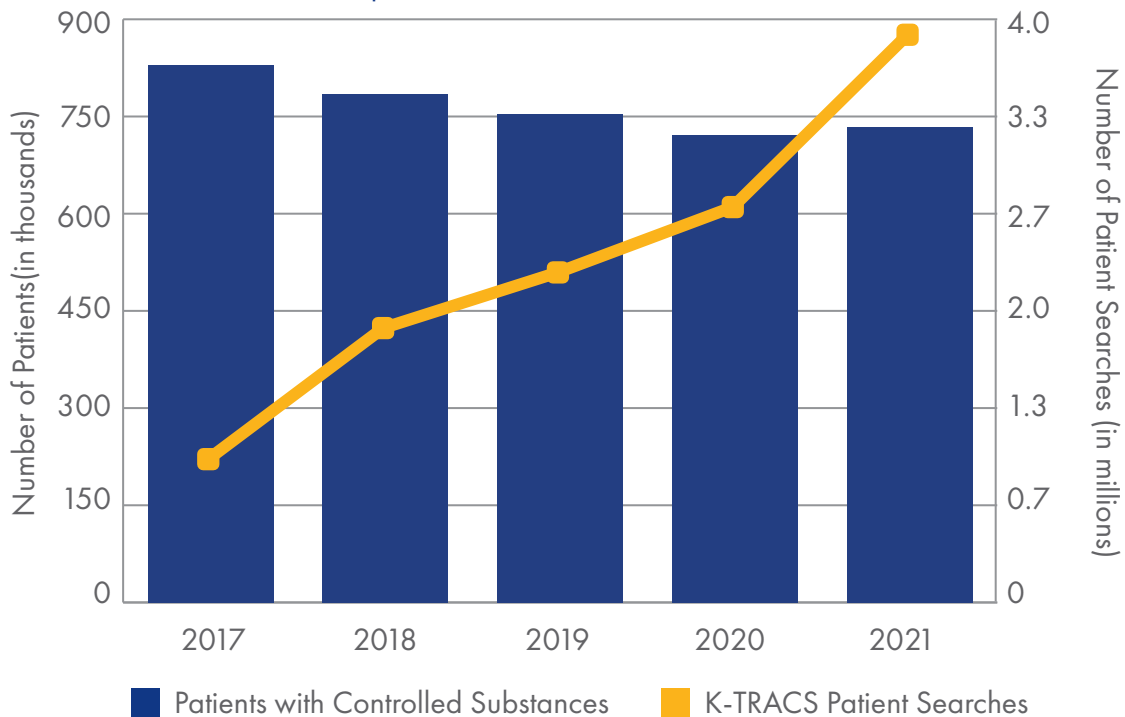


TABLE 5. Controlled Substance Prescriptions Dispensed to Kansas Patients for Select Drug Categories by Year

Drug Type	2017	2018	2019	2020	2021
Opioids	2,427,008	2,196,995	2,040,537	1,914,187	1,863,622
Benzodiazepines	1,148,083	1,077,134	1,012,255	989,829	957,393
Stimulants	965,755	991,237	1,018,553	1,036,613	1,141,620

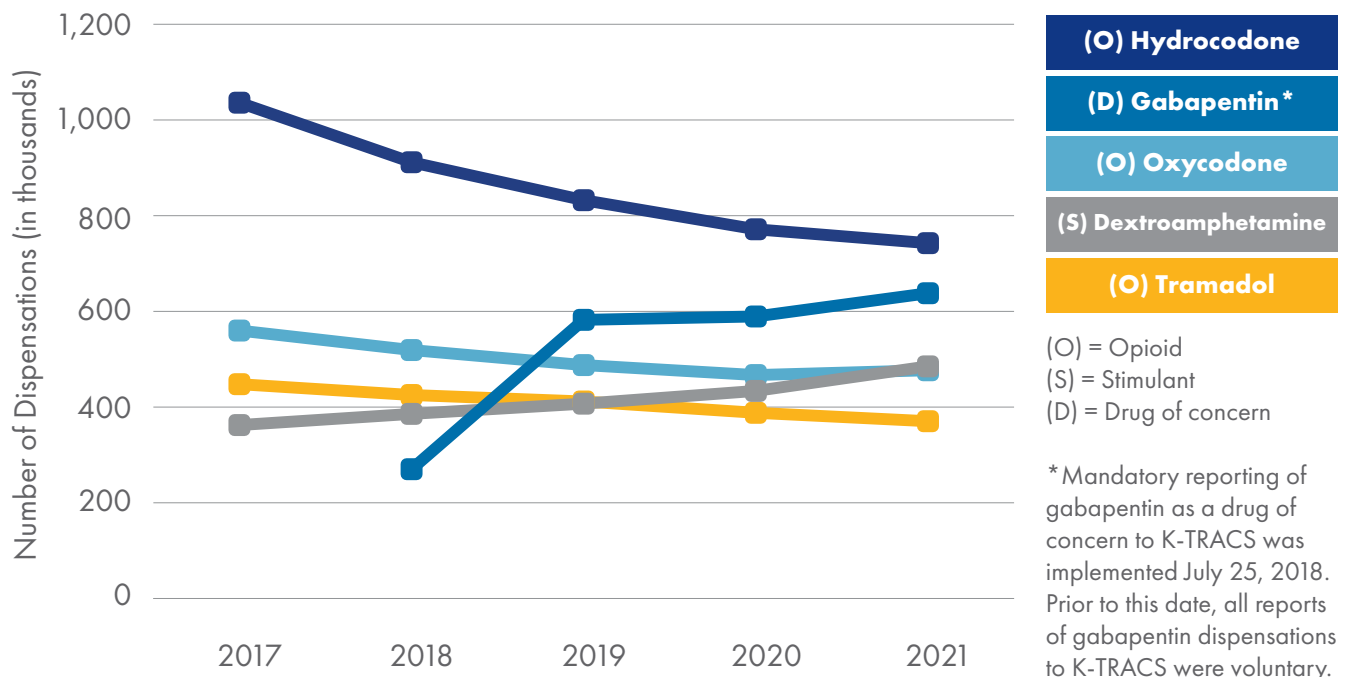
The number of opioid prescriptions dispensed to Kansas patients with greater than or equal to 90 MME has declined by 47% from 2017 to 2021, and the number of prescriptions dispensed at this level remained at 9% in 2021 (Table 6). MME, or morphine milligram equivalency, indicates the strength of opioids prescribed to patients. CDC

opioid prescribing guidelines suggest clinicians should “carefully reassess evidence of individual benefits and risks when considering increasing dosage to  $\geq 50$  morphine milligram equivalents (MME)/day and should avoid increasing dosage to  $\geq 90$  MME/day or carefully justify a decision to titrate dosage to  $\geq 90$  MME/day.”<sup>1</sup>

TABLE 6. Opioid Prescriptions Dispensed to Kansas Patients by Year

YEAR	NUMBER OF PRESCRIPTIONS	NUMBER OF PATIENTS	AVERAGE DAILY MME	PERCENT OF PRESCRIPTIONS DISPENSED AT $\geq 90$ MME
2017	2,444,986	612,852	83	13%
2018	2,207,152	565,869	52	11%
2019	2,043,760	530,951	45	10%
2020	1,902,097	488,075	44	9%
2021	1,843,691	416,345	42	9%

FIGURE 6. Top 5 Prescribed Drugs Reported to K-TRACS in 2021 with Prescribing Trends Over Time

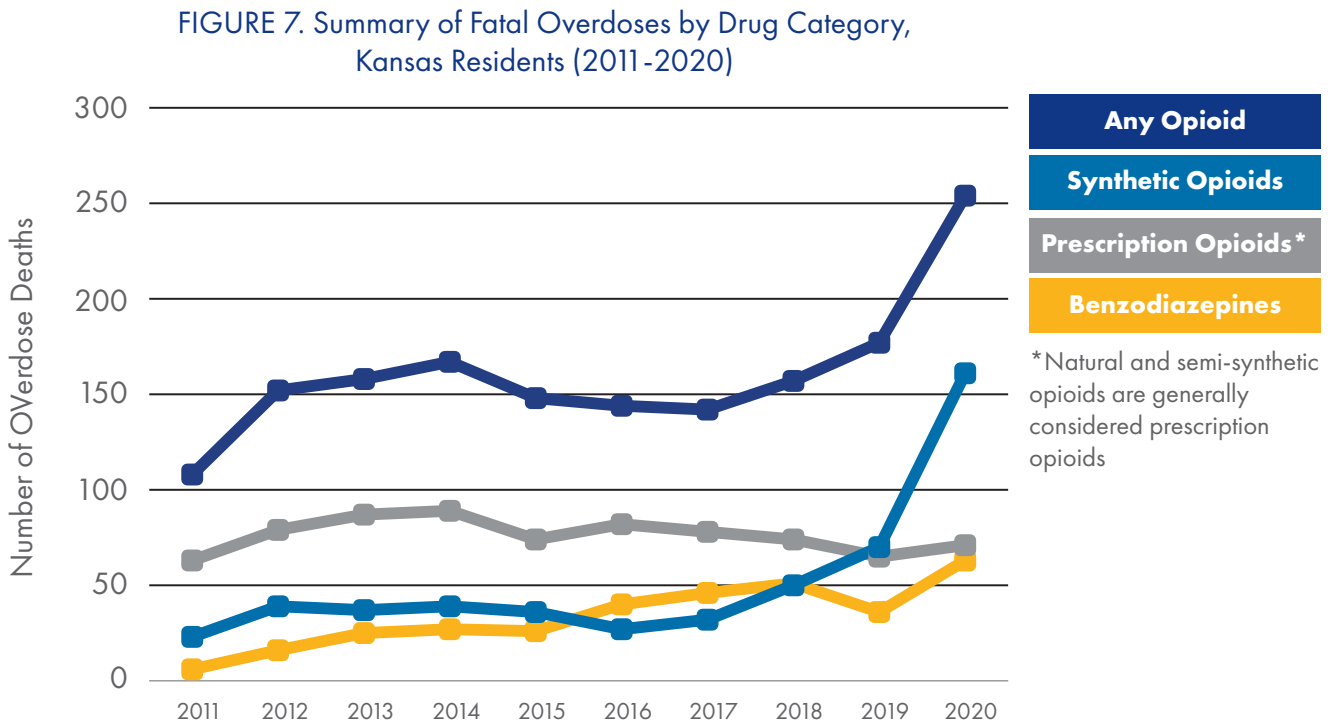


The total number of fatal overdoses among Kansas residents increased by 21.3% between 2019 (n=393) and 2020 (n=477). The increase in fatal overdose deaths seems to be fueled by significant increases in deaths involving synthetic opioids (such as fentanyl) and continued high numbers of psychostimulants (such as methamphetamine).

Also, 2020 saw a statistically significant increase in the number of fatal overdoses associated with

benzodiazepines from 2019 to 2020. However, fatal overdoses associated with natural and semi-synthetic opioids (common prescription opioids) remained stable from 2019 to 2020. Figure 7 below graphically displays these trends over time.

Additional information about the impact of overdose deaths on Kansas can be found at [PreventOverdoseKS.org](http://PreventOverdoseKS.org).



**TABLE 7. Count of Fatal Overdoses by Drug Category, Kansas Residents (2011-2020)**

YEAR	ANY OPIOID	SYNTHETIC OPIOIDS	NATURAL & SEMI-SYNTHETIC OPIOIDS	BENZODIAZEPINES
2011	108	23	63	6
2012	152	39	79	16
2013	158	37	87	25
2014	167	39	89	27
2015	148	36	74	26
2016	144	27	82	40
2017	142	32	78	46
2018	157	50	74	51
2019	177	70	65	36
2020	254	161	61	63



[pharmacy.ks.gov](http://pharmacy.ks.gov)