

STATE OF CONNECTICUT



FY 22 PERFORMANCE AUDIT COMPLIANCE REPORT

Connecticut Prescription Monitoring Program (Follow-up Report)

AUDITORS OF PUBLIC ACCOUNTS

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Introduction

Background

Our office published the Connecticut Prescription Monitoring Program [performance audit](#) on July 16, 2020. On March 10, 2022, we requested an update from the Department of Consumer Protection on how it addressed the report's 21 recommendations.

The report's recommendations focused on ensuring that all appropriate practitioners are registered and accurately uploading required data. The report also recommended improving enforcement of Connecticut Prescription Monitoring and Reporting System (CPMRS) requirements (including the requirement that practitioners look up patients before prescribing controlled substances), developing a strategic plan for the Prescription Monitoring Program, assessing the benefits of data analysis, and requiring pharmacists to query CPMRS when dispensing controlled substances.

Highlighted Agency Accomplishments

Since the release of the audit, DCP worked on several initiatives and implemented new statutes that affect the operations of the Prescription Monitoring Program. In 2019, pharmacy technicians were approved as delegates of pharmacists in CPMRS. Since 2020, DCP incorporated Gateway, a feature in CPMRS to increase the ease of system use. In 2020, DCP added CPRMS reporting requirements for insulin and glucagon drugs and diabetes and ketoacidosis devices. In 2021, the department added gabapentin and naloxone. These additional initiatives helped to improve the program's operation to achieve its overall goal of assisting healthcare providers in the treatment of their patients and reducing the possibility of prescription abuse.

DCP appears to have partially or fully implemented 24% of our audit recommendations. This information is based only upon the agency's responses to our update request and may be verified during our departmental audits of this agency.

PERFORMANCE AUDIT HIGHLIGHTS



PERFORMANCE AUDIT HIGHLIGHTS

Connecticut Prescription Monitoring Program
(From Report Issued July 16, 2020)

Background

The Prescription Monitoring Program (PMP) is within the Department of Consumer Protection (DCP). Pharmacies and other dispensers must provide information, when a controlled substance prescription is dispensed and upload data into a centralized database called the Connecticut Prescription Monitoring and Reporting System (CPMRS).

The information is made available to authorized users to help identify the misuse, abuse, or diversion of controlled substances. Healthcare practitioners who write prescriptions for controlled substances are required to access CPMRS to assist and improve their clinical decision-making.

The purpose for this performance audit was to 1) assess whether sufficient controls are in place to ensure compliance with laws governing the Prescription Monitoring Program, and 2) evaluate how efficient and effective the program is in identifying prescribing and dispensing patterns that indicate potential drug misuse, abuse, or diversion, and determine how that information is used.

Key Findings

1. DCP cannot confirm that all healthcare practitioners are registered with the Connecticut Prescription Monitoring and Reporting System (CPMRS) as required by law.
2. DCP does not enforce and cannot track that healthcare prescribers conducted mandatory lookups in the Connecticut Prescription Monitoring and Reporting System.
3. DCP inadequately monitors dispenser uploading requirements.
4. DCP does not monitor whether dispensers corrected erroneous uploaded prescription data.
5. DCP lacks a formal enforcement strategy and a system to accurately track and report on its drug control enforcement activities. Enforcement is largely driven by complaints.
6. Some of the Department of Consumer Protection’s Prescription Monitoring Program management practices are insufficient. We found that program management lacks a strategic plan, performance measures, procedure manuals, and has limited oversight over its database contractor.
7. DCP analysis of Connecticut Prescription Monitoring Reporting System data is limited. Additional scrutiny could better identify patterns of possible misuse of controlled substances.
8. Pharmacists are not required to look up patient prescription history. Even though many pharmacies do this voluntarily, mandating all pharmacies could further reduce drug abuse or diversion.
9. DCP needs to improve the Connecticut Prescription Monitoring and Reporting System. Better training and formal user feedback can improve the system’s effectiveness. DCP should include additional prescription data to the system.

Recommendations

We developed 21 specific recommendations to help strengthen DCP’s administration of PMP. In addition to strengthening certain management controls, we broadly recommend that DCP should:

- Ensure all practitioners with active licenses issued by the Department of Public Health register with the Connecticut Prescription Monitoring and Reporting System (CPMRS) and conduct patient lookups prior to writing these prescriptions as required by law.
- Ensure all pharmacies and healthcare practitioners that dispense controlled substances are correctly identified, upload required prescription data to CPMRS, and correct any errors that prevent this data from being included in CPMRS.
- Modify its pharmacy inspection process to compare CPMRS data with actual pharmacy prescriptions to confirm that all data has been correctly uploaded into CPMRS. DCP should expand inspections to include healthcare practitioners who directly dispense controlled substances at their practice location.
- Develop an enforcement strategy and accurately report on its drug enforcement activities.
- Develop a strategic plan and performance measures, regularly obtain CPMRS user feedback to improve the system, and increase monitoring of its database provider.
- Assess the benefits of developing data analytics to actively detect questionable prescribing and dispensing activities, which it should refer to the appropriate authorities, if necessary.
- Require pharmacists to query CPMRS when dispensing certain controlled substances and include controlled substances dispensed to nursing home patients in CPMRS.

View the full report, including management’s responses, by visiting www.cga.ct.gov/apa
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Agency Updates

Recommendation 1: The Department of Consumer Protection should seek to amend Section 21a-319 of the General Statutes to allow it to deactivate the controlled substance registration for anyone no longer licensed by the Department of Public Health. If DPH reinstates a practitioner's license, the Department of Consumer Protection should reactivate the practitioner's controlled substance registration at no charge if the registration period has not expired.

Status: Fully Implemented – Section 21a-319 of the General Statutes was amended as recommended. DCP is implementing changes that would allow it to identify individuals no longer licensed by DPH and notify them before deactivating their controlled substance registration.

DCP Update: “The Department successfully advocated for an amendment to Section 21a-319. The new language is codified in Public Act 21-37, Section 44(b). We also began a new process to assist in the data integrity that would subsequently allow us to accurately identify these records using a software process. We will be providing a clarifying email to the registrants prior to the deactivation of a controlled substance registration and have developed a continuous process going forward.”

Recommendation 2: The Department of Consumer Protection should ensure that all practitioners with active licenses issued by the Department of Public Health register with the Connecticut Prescription Monitoring and Reporting System. The department should continue any related enforcement actions and validate that practitioners are registered with CPMRS when they renew their controlled substance registration.

Status: Partially Implemented – DCP recently initiated processes to help ensure new registrants comply with mandatory registration, separate controlled substance registrations for facilities and hospitals, and review inactivated credential data. DCP continued its existing enforcement efforts but cannot ensure all practitioners with active licenses are registered with CPMRS.

DCP Update: “The Department has continued with the enforcement efforts that have been underway since 2017 to improve compliance with mandatory registration in the CPMRS. In addition, at the time of renewal of a controlled substance registration, we require the registrant to confirm that they are registered with the CPMRS.

There are over 30,000 Controlled Substance registrations. To validate that each one is individually compliant every renewal cycle would require a significant increase in staffing. The vast majority of Controlled Substance Registrants are compliant with this requirement. Recently, we have been focusing on efforts to help ensure new registrants comply with the mandatory registration and to separate controlled substance registrations that are for facilities and hospitals. Since 2019, we have been reviewing the data for enhancement and removal when credentials are inactivated and we have created a process for moving forward. Over 2,400 updates to the Controlled Substance Registration have been received in response to this effort to date.”

Recommendation 3: The Department of Consumer Protection should develop a system to ensure practitioners are meeting lookup requirements or consider incorporating the refined Appriss Mandatory Use Compliance Module so it can improve its monitoring of practitioner compliance with the law. The department should initially focus on healthcare practitioners who prescribed large amounts of Schedule II controlled substances, but have never conducted a patient lookup on the Connecticut Prescription Monitoring and Reporting System. The department also should educate them about the requirements of the law.

Status: Not Implemented – DCP continued its process to review practitioner CPMRS usage but has not focused on monitoring or educating providers who prescribe large amounts of Schedule II substances and has never conducted a patient lookup. DCP notes that the Mandatory Use Compliance Module is not operational, but that the department continues to work on development with Appriss.

DCP Update: “We agree that it would be helpful to acquire the Mandatory Use Compliance Module when it is available. The module, however, is not yet fully operational. We are continuing to work with the vendor as they develop and implement it. We also continue to review practitioner usage during the investigation of complaints about practitioners and enforce accordingly.”

Recommendation 4: The Department of Consumer Protection should develop a process to identify dispensers who fail to upload controlled substance prescription data to the Connecticut Prescription Monitoring and Reporting System. The department should monitor dispensers who fail to report any prescriptions on a given day to ensure they comply with the law or be subject to sanctions.

Status: Partially Implemented – DCP implemented a process to rectify the effects of changes in identification numbers on reports going forward but has not developed a process to identify or monitor dispensers who fail to upload controlled substance prescription data.

DCP Update: “The Department has not received the resources necessary to conduct the complex and time-intensive monitoring that was recommended. Dispensers are located both in the state of Connecticut and outside of the state and multiple variables including days the dispensing location is scheduled to be closed regularly, closed for holiday, or closed for emergency create a significant number of challenges to identifying dispensers that are out of compliance. To monitor and investigate each case where a dispenser does not report prescriptions for a day would require significant investigative work by Drug Control Agents and any enforcement action would require involvement from DCP’s legal team.

Following the audit, we increased our review of delinquent reports and confirmed that it was a labor-intensive undertaking. A large number of the delinquent reports were due to changes in identification numbers which were rectified, and a process was created to reduce the impact of these changes going forward. Two thirds of the cases have been resolved. We’ve enhanced the data submission request review to ensure the appropriate accounts are approved. The remaining dispensers are mostly practitioner dispensers that require individualized attention to determine appropriate status. Finally, we reviewed the information in our applications and renewals and confirmed that the information about prescribing and dispensing was appropriate but there are practitioners who identify that they are dispensers in both e-license and in the PDMP clearinghouse but do not dispense every day which causes them to be considered delinquent.”

Recommendation 5: The Department of Consumer Protection should develop a process to identify and notify delinquent dispensers that they are legally required to upload daily any controlled substances dispensed or a zero report if they did not dispense any. The department should penalize dispensers who are continually delinquent.

Status: Partially Implemented – DCP enhanced its review process to ensure that non-dispensing providers do not identify themselves as dispensers, which the initial report identified as a cause of their delinquency. DCP comprehensively identified, reviewed, and resolved delinquent reports since the audit. Continual monitoring depends upon the development of the compliance module. DCP does not penalize continually delinquent dispensers.

DCP Update: “The Department has not received resources to conduct the type of investigations and enforcement actions recommended. Monitoring of zero reports and failure to upload are time intensive tasks that require investigation to verify the need for uploading. Likewise, enforcement activity requires significant resources as a respondent is entitled to an opportunity for a hearing to dispute the Department’s findings.

Since the audit, we reviewed the delinquent reports and a significant number of them were due to changes in the registrant’s identification number at the federal level (one pharmacy purchased another causing a change in DEA number). Two-thirds of the delinquent reporter cases were resolved. We also enhanced the data submission approval request review process to include an in-depth review to ensure that appropriate accounts are approved to reduce the number of potential submitters that do not actually dispense. A new scheduled report was created to identify practitioners who do not have active registrations to assist us in reviewing the data. A process was implemented to frequently review the delinquent reports and we did significant outreach to educate reporters of the zero report requirements. When the compliance module is completed, an improved report will assist us with this monitoring activity.”

Recommendation 6: The Department of Consumer Protection should require individuals who no longer dispense prescription drugs to formally notify the department.

Status: Not Implemented – DCP does not require individuals who no longer dispense prescription drugs to formally notify the department until their renewal date.

DCP Update:

“The Department requires individuals to notify us if they no longer dispense prescription drugs at the time of their renewal, which is consistent with the statutory requirements placed on practitioners. Because dispensing practitioners do not always have a specific start and stop date that is immediately known, requiring ad hoc notifications is not practical. Moreover, despite our efforts to provide additional guidance on the use of the terms prescribe, dispense and administer as early as 2015 during both the renewal and the initial application process, practitioners continue to have trouble understanding this and, therefore, continue to incorrectly select their activity. We have attempted to correct the designations and deactivate accounts as appropriate. During investigations and inspections, drug control agents provide further education to dispensers and subsequently update PMP staff as needed.”

Recommendation 7:

The Department of Consumer Protection controlled substance registration application should clarify the difference between prescribing only or prescribing and dispensing to ensure that non-dispensing prescribers do not identify as dispensers. The application should contain prescriber-only and prescriber/dispenser designations. The department should charge a separate registration fee for prescriber/dispensers.

Status: Not Implemented – DCP informed us that the initial and renewal applications for the controlled substance registration identify the difference between prescribe, dispense, and administer. DCP does not have separate designations or registration fees for these different classifications.

DCP Update:

“The initial application and the renewal application for the controlled substance registration identify the difference between prescribe, dispense and administer using the applicable definitions from the law starting in 2015. Although DCP would be supportive of a legislative change to establish different fees and registrations for those who prescribe only and those who prescribe and dispense, the law currently does not allow for these different registrations and DCP’s process remains in compliance with current law.”

Recommendation 8: As part of its pharmacy inspection process, the Department of Consumer Protection should measure the accuracy of the Connecticut Prescription Monitoring and Reporting System by reviewing a sample of dispensed controlled substance prescriptions and comparing it to the system data to ensure it includes all required prescriptions

Status: Not Implemented – DCP does not measure the accuracy of CPMRS by reviewing samples of dispensed controlled substance prescriptions. Since our initial report, DCP continued its purchasing and implementation process of a mobile inspection software solution.

DCP Update: “The Department is in the process of purchasing and implementing a mobile inspection software solution. This has created a significant amount of work for the Department. We are considering a variety of mechanisms to manage this increased level of work for both the Drug Control Agents and the Prescription Monitoring Program. We will be adding a section on PMP to the mobile application that has the Drug Control Agent review dispensed prescriptions against reported prescriptions.”

Recommendation 9: The Department of Consumer Protection should perform random inspections of a portion of non-pharmacy dispensers.

Status: Not Implemented – DCP does not perform random inspections of non-pharmacy dispensers. Since our initial report, DCP continued its purchasing and implementation process of a mobile inspection software solution.

DCP Update: “The Department is working on a mobile inspection form for non-pharmacy dispensers as well as a presentation to assist them with education about their responsibility, but the resources do not currently exist to add inspections to the workplan for the Division. A number of non-pharmacy dispensers still use paper records and tracing prescriptions from the paper record to the PMP is labor intensive. During complaint investigations, we have been obtaining PMP reports for the practitioners and reviewing the information to determine compliance as well as spending a significant amount of time educating practitioners.”

Recommendation 10: The Department of Consumer Protection should amend its contract to require Appriss to provide routine error reports.

Status: Not Implemented – DCP has not amended its contract with Appriss to provide routine error reports.

DCP Update: “The Department agrees that it would be helpful for the contract with Appriss to be amended to provide for DCP to receive error reports but notes that the contract was negotiated in conjunction with the Department of Administrative Services (DAS) and the Bureau of Enterprise System Technology (BEST). As we continue to advance other parts of the program, we will look to the available error reports and consider how to enhance the resolution of those reports. There is nothing in the system that identifies if the uploader is working on the error so in some instances our efforts may be futile. The staffing constraints within the program continue to be a challenge for addressing this recommendation.”

Recommendation 11: The Department of Consumer Protection should remind all dispensers of the requirement to upload accurate controlled substance data. The department should educate dispensers on how to avoid common errors that prevent data from uploading into the Connecticut Prescription Monitoring and Reporting System. In addition, the department should inform dispensers that failure to correct serious errors within 14 business days or consistently uploading data with errors, may subject them to sanction or referral to the appropriate regulatory board or commission for further consideration.

Status: Partially Implemented – DCP developed a data submission and training manual (revised in August 2021) which is available on its website. However, the manual does not include information about sanctions on dispensers who fail to correct serious errors within 14 business days or consistently upload data with errors. DCP continues to offer technical support to providers. DCP does not appear to identify noncompliant dispensers.

DCP Update: “To accomplish the above recommendation, the Department puts documents provided by Appriss, customized for Connecticut, up on the website for dispensers. In addition, DCP supports dispenser phone calls regarding errors and resolutions where possible and Appriss provides a

technical support help desk as part of the contract to help dispensers with uploading and error resolution questions. We have also developed a data submission and training manual that is shared with dispensers and updated as systems and regulations change. We have updated this manual annually at a minimum and we share it with our user community via the portals maintained by the vendor and the Department's website. The Department has worked with the vendor and the uploaders on improving the uploads for compounded medications which we identified as a significant source of errors with little option for resolution. Additional efforts in this area will require additional resources to carry out from the investigative side and the legal division."

Recommendation 12: As part of its pharmacy inspection process, the Department of Consumer Protection should generate a random sample of prescriptions listed in the Connecticut Prescription Monitoring and Reporting System and compare it to the actual prescriptions at the pharmacy being inspected to ensure information is complete and has been accurately uploaded.

Status: Not Implemented – DCP purchased a mobile inspection software solution. DCP is developing a system to compare reported prescriptions to actual pharmacy prescriptions but has not yet implemented this system.

DCP Update: "The Department purchased a mobile inspection software solution and is in the process of assessing the most efficient mechanism to review prescriptions submitted versus prescriptions dispensed as part of the pharmacy inspection process based on the experience we have gained with the new software. We intend to include a section in the inspection process in the upcoming inspection year to evaluate the impact of adding this requirement on the pharmacy inspection process and to assess the overall level of industry compliance."

Recommendation 13: The Department of Consumer Protection should develop an information system that accurately quantifies, tracks, and reports on all of its internal drug control enforcement actions and outcomes. The department should document the use of the Connecticut Prescription Monitoring and Reporting System in investigations.

Status: Not Implemented – DCP does not have an information system that accurately quantifies, tracks, and reports on all internal drug control enforcement actions and outcomes. The initial report disclosed that the e-license system was insufficient for providing aggregate and accurate information.

DCP Update: “The Department uses the State’s e-license system to quantify, track and report Drug Control Enforcement actions. In addition, we have added a number of categories to enhance tracking of enforcement activity as it relates to the PMP.”

Recommendation 14: The Department of Consumer Protection should develop an enforcement strategy to ensure compliance with Prescription Monitoring Program mandates. This strategy should document how to detect noncompliance with various Connecticut Prescription Monitoring and Reporting System mandates, and which graduated enforcement options to employ to encourage compliance.

Status: Not Implemented – DCP appears to be referencing the same enforcement strategy discussed in the initial report, which we determined was insufficient for detecting noncompliance with various CPMRS mandates.

DCP Update: “DCP has a robust enforcement strategy that was first focused on increasing the mandated uses of the CPMRS. Until recently, the CPMRS was a voluntary system that DCP oversaw through the use of grant funds. Over the past few years, increasingly robust statutory mandates on its use have been imposed on the prescribing and dispensing community, often at the suggestion of DCP and in accordance with our strategic goals for the program. As new mandates were imposed on users of the CPMRS system, the Department commenced corresponding efforts to educate the prescribing community and enforce the new rules. The first step in this enforcement strategy, which began in 2017, was to identify and target practitioners that have a Controlled Substance Registration but are not registered in the CPMRS. In addition, the Department has been and continues to investigate issues related to CPMRS compliance during complaint-based investigations.”

Recommendation 15: The Department of Consumer Protection should develop a strategic plan for the Connecticut Prescription Monitoring and Reporting System with measurable goals and objectives. The plan should include appropriate performance and outcome measures related to those goals.

Status: Not Implemented – DCP has not developed a strategic plan beyond what existed at the time of the initial report. While DCP has measurable goals and objectives tied to specific grants, the initial report did not consider these to be a sufficient strategic plan.

DCP Update: “The Department has a strategic plan for the Connecticut Prescription Monitoring Program, which is tied to requirements placed on the Agency in connection with grants that have been awarded and that support much of the PMP work at the Agency. These plans include goals and objectives that must be reported on in compliance with the grant awards.”

Recommendation 16: The Department of Consumer Protection should expand the Prescription Monitoring Program procedures manual to include a procedure for evaluating public and private research requests for Connecticut Prescription Monitoring and Reporting System information.

Status: Not Implemented – DCP has not expanded the Prescription Monitoring Program procedures manual to specify how to evaluate public and private research requests for CPMRS information.

DCP Update: “The Department has commenced a process to review our current manuals and add additional manuals for other identified end user roles. The Department has already created a new manual with expanded guidance for veterinarians and pharmacists. Activities like these require staffing resources that we do not have. We did not have a dedicated PMP Program Manager until 2018 and the majority of our staff remains grant funded thereby limiting their ability to work on projects outside of their grant funding. Expanding the procedure manual, like other similar recommendations, would require more staff funded from the general fund.”

Recommendation 17: The Department of Consumer Protection should increase its monitoring of the Appriss contract by regularly requesting access to the company’s contract performance measure reports and any other information that would provide a better understating of how well the company is delivering services.

Status: Not Implemented – DCP has not increased its monitoring of the Appriss contract by regularly requesting performance measure reports and other information to assess how well Appriss is delivering services. DCP noted that the contract may not permit this information and the vendor may charge for modifications to existing software.

DCP Update: “We agree with this recommendation but are limited in our ability to enact it unilaterally. The contract was negotiated in conjunction with the Department of Administrative Services (DAS) and the Bureau of Enterprise System Technology (BEST). The Department will review this contract and discuss the possibility of acquiring the reports suggested. However, the contract may not specifically require them, and the vendor may charge for any modification to the existing software.”

Recommendation 18: The Department of Consumer Protection should analyze the feasibility and benefits of developing enhanced data analytic capabilities to regularly and actively detect questionable prescribing and dispensing activities that may be suitable for additional in-depth investigation and possible referral to appropriate authorities and the Department of Public Health. This assessment should describe how the department would consult with practitioner groups and law enforcement agencies to determine the types and level of activity suitable for investigation; choose criteria and thresholds for inappropriate use and questionable prescription activity; periodically review thresholds to reduce the possibility of false positives; educate and train recipients of reports to understand the limitations of prescription history data; utilize the data as an additional opportunity to connect potential substance abusers to treatment; and facilitate cross-agency communications to ensure that cases of possible aberrant prescribing and dispensing are referred to the appropriate agencies. DCP should provide this feasibility report to the committee of cognizance of matters relating to the Department of Consumer Protection within one year from the publication of this audit.

Status: Not Implemented – DCP did not indicate that it analyzed the feasibility and benefits of developing enhanced data analytic capabilities beyond those existing at the time of the initial report. DCP also has not indicated that it reported to its committee of cognizance within one year of the initial audit, as recommended.

DCP Update:

“The Department is proud of the data analysis that we have done thus far and is interested in enhancing that for the future. We have published our data on our website as frequently as by quarter to improve the value to our various stakeholders. The Department is also involved in a number of grants with other agencies and we provide various amounts of data to them. A few years ago, the Department purchased SAS software to enhance our ability to review data and leverage analytical tools supported by the Center for Disease Control and Prevention (CDC). We have also been exploring the possibility of purchase the analytic package offered by our software vendor or other software options such as Tableau.

The stewardship of the data and appropriate analysis are critical to the success of the program but also the balancing of the appropriate practice of medicine. Judging the data without greater insight may be critically irresponsible as patients may be harmed if the data are used incorrectly. The line between appropriate prescribing and inappropriate prescribing is not as simple as an individual data point and requires investigation. Recently, the CDC proposed an update to the prescribing guidelines for opioids due to the unintended consequences of the guidance as well as the inappropriate application. We share the concerns of the CDC as we look forward to enhancing our programs data reporting and use.”

Recommendation 19: The Department of Consumer protection should seek to amend Section 21a-254 of the General Statutes to require pharmacists (or their delegates) to query the Connecticut Prescription Monitoring and Reporting System when dispensing a Schedule II controlled substance. They should also query the system if the pharmacist reasonably believes that a patient may be seeking to fill a controlled substance prescription for any purpose other than the treatment of an existing medical condition. If there is suspected abuse or misuse of a medication based on the lookup in the system, the pharmacist should confer with the prescriber to verify the prescription is medically necessary or use their professional judgement to take other actions to ensure patient safety.

Status: Not Implemented – DCP did not indicate that it has sought to amend Section 21a-254 of the General Statutes.

DCP Update:

“We do not oppose this idea and agree that it would require that the legislature change the statutes. This would also require additional resources to enforce. The pandemic has put a significant additional burden on pharmacists. Adding further requirements to pharmacists may not be prudent at this time considering that the schedule II controlled substance dispensations, outside of medical marijuana, continue to decrease across the state and adding an additional requirement may lead to under dispensing of these medications that remain critical for certain patients. There is little evidence to support that pharmacists are not using the system.”

Recommendation 20:

The Department of Consumer Protection should regularly obtain Connecticut Prescription Monitoring and Reporting System user satisfaction feedback to determine areas in which users would like additional knowledge or skills. This would improve the department’s focus on specific trainings areas.

Status: Not Implemented – DCP receives feedback from users in various settings. However, the department continues to receive feedback in the same ways noted during our initial report, which we determined were insufficient to develop trainings based on user satisfaction feedback.

DCP Update:

“The Department regularly receives feedback on the CPMRS through industry groups (medical societies, veterinary societies, pharmacy associations, and nursing associations etc.), during presentations, via phone, email and other state relationships. In addition, the agency provides training to law enforcement, pharmacists and prescribers during continuing education seminars, during inspections, during investigations and as requested in a variety of venues. Additionally, we have been working on practitioner specific training such as a training for veterinarians. These trainings, seminars and inspections provide further opportunity to obtain user feedback. The feedback from these wide-ranging and varied encounters has informed our decisions to make changes to the software or processes.”

Recommendation 21: The Connecticut General Assembly should amend Section 21a-254(j)(1) of the General Statutes to mandate that pharmacies dispensing controlled substances to nursing home patients upload prescription information to the Connecticut Prescription Monitoring and Reporting System.

Status: Not Implemented – The Connecticut General Assembly has not amended Section 21a-254(j)(1) of the General Statutes to mandate that pharmacies dispensing controlled substances to nursing home patients upload prescription information to the CPMRS.

DCP Update: “We agree that including prescription information for patients in a nursing home is valuable and could be included in the CPMRS, however we are concerned that the expansion may cause an increase in cost to the current contract and we want to make sure that the additional data does not result in performance degradation. Additionally, having another required registrant upload will increase the enforcement required. The increased enforcement by the Division would require additional staff.”