



# PROGRAM EVALUATION DIVISION

## NORTH CAROLINA GENERAL ASSEMBLY

April 2014

Report No. 2014-05

### North Carolina Needs to Strengthen Its System for Monitoring and Preventing the Abuse of Prescribed Controlled Substances

#### Summary

**This evaluation examines the system for monitoring and preventing the abuse of prescribed controlled substances.** In North Carolina, there are four mechanisms to monitor and prevent the abuse of prescribed controlled substances: the oversight of prescribers and dispensers, the prescription drug monitoring program (PDMP), Medicaid lock-in, and law enforcement.

**In the area of oversight, the State would benefit from more robust prescribing guidelines and continuing education requirements for prescribers.** Guidelines and continuing education are important for ensuring standards for clinical care.

**The State can improve the PDMP by increasing utilization of the Controlled Substances Reporting System (CSRS) through streamlining access and removing barriers to use of CSRS data.** In 2012, doctors and pharmacists used the CSRS less than 6% of the time a prescription for a controlled substance was written or dispensed. The CSRS also lacks important features for security and advanced data analysis and fails to incorporate internal controls for user access. These issues are related to the Department of Health and Human Services' (DHHS') contract for the operation of the CSRS, which has not maximized the value of limited resources.

**North Carolina's ability to prevent the abuse of prescribed controlled substances is hampered by the Division of Medical Assistance's lock-in program being non-operational since July 2013, which has cost the Medicaid program an estimated \$1.3 million to \$2 million.** Even when it was operational, the lock-in program suffered from shortcomings that limited its effectiveness and cost savings.

**North Carolina lacks a coordinated strategy and system for monitoring and preventing the abuse of prescribed controlled substances.** Several state entities participate in the system, but no single strategy exists to link goals and objectives to operations of the system's entities. Without these administrative tools, the State cannot monitor its efforts to reduce the abuse of prescribed controlled substances.

**To address these findings, the General Assembly should direct state health officials to develop statewide prescribing guidelines, direct health care regulatory boards to adopt these guidelines, and require continuing education in opioid pain management for prescribers of controlled substances. In addition, the General Assembly should direct the Department of Health and Human Services to:**

- modify the contract for the CSRS to improve performance, strengthen access controls, improve data security, ensure advanced analytics, and enter into a data-sharing agreement expanding analytical capacity;
- improve the effectiveness and efficiency of the Medicaid lock-in program; and
- develop a strategic plan and performance management system to monitor prescription drug abuse.