Kentucky All Schedule Prescription Electronic Reporting (KASPER)

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State Website: KASPER - Kentucky All Schedule Prescription Electronic Reporting - Cabinet for Health and Family Services

What is KASPER?
Kentucky's prescription drug monitoring program was established during the Kentucky General Assembly's 1998 Legislative Session. These provisions were then codified in KRS 218A.202. KASPER is a controlled substance prescription monitoring system designed to be a source of information to assist practitioners and pharmacists with providing medical and pharmaceutical care for patients using controlled substance medications. KASPER also provides an investigative tool for law enforcement and regulatory agencies to assist with authorized reviews and investigations. KASPER is not intended to prevent patients from receiving needed controlled substance medications.

Why is it used?

- Controlled substance prescription monitoring system.
- Source of information to assist practitioners and pharmacists with clinical decision making.
- Tool for monitoring compliance with KRS 218 Controlled Substance Act.
- Analysis and reporting of controlled substance trends in Kentucky.
- Law Enforcement tool for bona fide drug investigations.
- Data integration with electronic health records (EHRs) is available.
- For approved research.

What data is collected?
Collects data on Schedule II - V controlled substances dispensed in Kentucky:

- Patient's name, date of birth, gender, address and method of payment.
- Prescription information including the fill date, quantity, days' supply and prescription number.
- Prescriber's name, address and Drug Enforcement Administration (DEA) number.
- The drug name, strength and National Drug Code number.
- Information about the dispenser including their name, address, phone number and DEA number.
- Information about non-fatal overdoses, overlapping prescriptions, KY Find Help Now resources, prescriber report cards and drug conviction data is also collected.

How is data collected?

- Per 902 KAR 55:110 (3), the data shall be transmitted no later than close of business on the business day immediately following dispensing unless the cabinet grants an extension.
- A data use agreement between the Administrative Office of the Courts and OIG provides the connection for drug conviction data.
- An agreement with the Kentucky Health Information Exchange (KHIE) provides information regarding non-fatal overdoses received from hospitals/emergency departments.

Data Strengths:

- Helps health care providers identify patients who may be at risk for prescription drug abuse.
- Used by law enforcement and regulatory officials during bona fide investigations and other appropriate reviews.
- Data is standardized utilizing the Prescription Drug Monitoring Information Exchange (PMIX) and American Society for Automation in Pharmacy (ASAP) standards.

Data Limitations:

- KASPER data can only be disclosed to authorized entities under KRS 218A.202.
- KASPER data must be de-identified and cannot identify any individual prescriber, dispenser or patient.

Who can query the KASPER system?

- Licensing boards to investigate potential inappropriate prescribing by a licensee.
- Practitioners and pharmacists to review a current bona fide patient's controlled substance prescription history for medical or pharmaceutical treatment.
- Medical examiners engaged in a death investigation.
- A judge, probation officer or a parole officer to help ensure adherence to drug diversion or probation program guidelines.
- Law enforcement officers, OIG employees, Commonwealth attorneys and county attorneys to review an individual's-controlled substance prescription history as part of a bona fide drug investigation or drug prosecution.
- Medicaid to screen members for potential abuse of pharmacy benefits and to determine lock-in, and to screen providers for adherence to prescribing guidelines for Medicaid patients.

Limits to usage:

- CHFS may disclose KASPER data only to authorized entities, and only for the purposes specified under KRS 218A.202. KASPER data may be used by CHFS for investigations, research, statistical analysis, educational purposes and to proactively identify trends in controlled substance usage and other potential problem areas.
- Under KRS 218A.240, trend reports are established, and changes must be approved. KRS 218A.240, 7 (b) provides guidance on how trend reports are to be created and shall not identify any individual prescriber, dispenser or patient.
- Per record retention schedule, data is maintained for 15 years.

How is the system evaluated?
Regular data analysis is conducted by resource management analysts, IT staff and drug enforcement staff which includes:

- Failures and data corrections pursued from the dispensaries.
- KASPER querying compliance with 218A.
- KASPER account registration compliance.
- Data quality reviews.
- Education with providers, end users and researchers regarding system functionality.
- Ongoing modernization efforts.
- Regular meetings at the national level with other prescription drug monitoring programs and the Prescription Drug Monitoring Program Training and Technical Assistance Center at the Institute for Intergovernmental Research for system evaluations, trends and data discussion.
- Required feedback loop with research agencies and collaborative partners regarding outcomes which provides insight into the system, usage and improvement or areas for focus.

Data Set Availability:

- Authorized users have online access to KASPER data for 2 full years plus the current year.
- Data is maintained for 15 years.
- All data sets provided for research purposes will be completely de-identified.
- Average annual controlled substance prescription records reported to KASPER between 2010 and 2016 is 11,144,862.
- County level data is the smallest geographic level released.
- All non-zero counts less than ten are suppressed.
- Formatted in an Excel spreadsheet.
- No cost for the data.

Data Release Policy:

- Requires completion of a KASPER External Request form for those outside of CHFS/KASPER, or an Internal Request form for those from CHFS agencies.
- Requests will be reviewed on a case-by-case basis.
- Each request must identify the requesting organization, state the purpose of the research, explain the proposed methodology to be used and describe the publication plan, including:
    - Minimum necessary data elements to complete research.
    - Training on KASPER data.
    - Review with ODA to determine value to the Cabinet, other research cross-over and support.
    - Review with inspector general.

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