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# 2010 KASPER Satisfaction Survey

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## Executive Summary



Helping reduce the abuse and  
diversion of controlled substance  
medication in Kentucky

# **KASPER**

**Kentucky All Schedule Prescription Electronic Reporting**



Commonwealth of Kentucky  
Office of Inspector General  
Cabinet for Health and Family Services



# 2010 KASPER SATISFACTION SURVEY

## **Executive Summary**

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# Executive Summary

## 1. Background

The Kentucky All Schedule Prescription Electronic Reporting (KASPER) system is Kentucky's Prescription Monitoring Program (PMP). Responsibility for KASPER is with the Cabinet for Health and Family Services, Office of Inspector General. KASPER tracks most Schedule II – V controlled substance prescription data dispensed in Kentucky.

KASPER is used by health care providers to help identify patients who may be at risk for prescription drug abuse and to verify compliance with a treatment regimen established by the patient's health care team. It is also used as a tool for law enforcement and regulatory officials during bona fide investigations and other appropriate reviews. KASPER data may also be used for investigations, research, statistical analysis, educational purposes, and to proactively identify trends in controlled substance usage and other potential problem areas.

KASPER has experienced many enhancements since its development in 1999. Requests for reports have continued to grow from 3,105 requests processed in the first six months of operation to 532,527 requests processed in 2009. In March 2005 Kentucky implemented a Web-based version of the system called enhanced KASPER (eKASPER). Since implementation of eKASPER in 2005, report requests have increased 35% annually, and the number of user accounts has increased by approximately 200%.

In October 2004 the cabinet completed the first KASPER Satisfaction Survey to gather the opinions of the KASPER user community. The purpose of the survey was to assess user satisfaction and to evaluate the usefulness, effectiveness and efficiency of KASPER as a tool for practitioners, pharmacists and law enforcement personnel in the fight to prevent the abuse and diversion of controlled substance prescription medications.

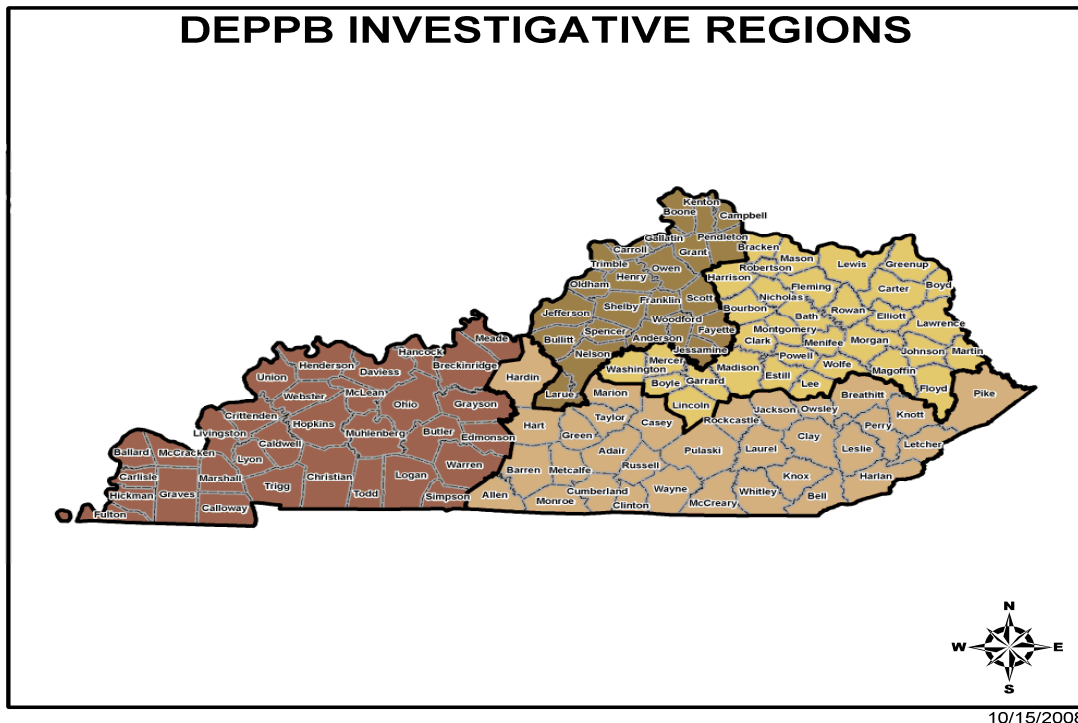
In 2006 the cabinet completed the second satisfaction survey. The design of the 2006 survey was improved to more specifically capture prescriber, dispenser, and law enforcement opinions. The 2006 survey booklet itself was designed as a brochure providing information and advice, and links to important Web sites and resources. This format was maintained for the 2010 survey.

Results from KASPER satisfaction surveys are used to create recommendations for enhancements to the KASPER system and for the development of educational materials to address the needs of the user community. For example, as a result of user input from the 2006 survey, the KASPER account request process was redesigned to be more efficient and user friendly, resulting in fewer problems for applicants requesting KASPER accounts.

## 2. Methods

The 2010 KASPER Satisfaction Survey was designed to help answer questions related to the effectiveness of KASPER as part of a performance monitoring activity under the FY 2008 Harold Rogers Prescription Drug Monitoring Program grant awarded to Kentucky by the U.S.

Department of Justice. Questions were developed using a key-person interview method that included the KASPER program manager, KASPER staff, law enforcement personnel, members of Kentucky’s licensure boards, and the Kentucky Office of Drug Control Policy. Survey question construction and format followed the Dillman *Tailored Design Methodology* (Dillman, 1978; 2000). To ensure representation, a stratified random sampling method was employed. KASPER report “requester” sample frames were developed to match the four Drug Enforcement and Professional Practices Branch investigative regions with a fifth sample frame for out-of-state users.



From these sample frames a random sample was drawn and stratified by region/out of state. Surveys were sent to approximately one out of every seven KASPER users. The survey mailing strategy included an initial mailing, with two subsequent mailings including a letter and replacement survey questionnaire to survey recipients who had not yet responded.

### 3. Results

The 2006 KASPER Satisfaction Survey provides a baseline for comparison with the 2010 survey results. In 2006, an overall survey response rate of 66.8 percent was achieved. The 2010 survey response rate was 59 percent. The method employed – both the Dillman survey research protocol and the survey instrument, itself – is reliable and consistent with literature findings using the Dillman Tailored Design survey research methodology. For analysis and reporting purposes, a 50 percent response rate is considered adequate; 60 percent is considered good; and 70 percent is considered very good.<sup>1</sup>

<sup>1</sup> Babbie, E. (1998). *The Practice of Social Research*, 8<sup>th</sup> ed. Belmont, CA et al: Wadsworth Publishing.

Highlight comparisons between the 2010 KASPER Satisfaction Survey and the 2006 survey include a 1.8 percent increase overall in KASPER user satisfaction; a 2.8 percent increase in overall opinion that KASPER is an effective tracking tool; a 1.3 percent increase in overall opinion that KASPER is a very efficient tool for keeping track of an individual's scheduled prescription drug history; and a 2.5 percent increase in overall opinion that KASPER is an excellent tool to identify doctor shoppers.

The survey results reflect a 51.7 percent increase in the number of prescribers who made a decision not to prescribe a controlled substance for a patient based on the information in a KASPER report, representing a significant increase in the utility of a KASPER report as a tool to identify controlled substance abuse and diversion in the clinical environment.

Law enforcement respondents continue to view KASPER as an effective tool for obtaining evidence in the investigative process, with 93.9 percent responding "strongly agree" or "somewhat agree". The proportion of respondents reporting conviction rates over 60 percent using KASPER reports increased from 33.3 percent in 2006 to 39.4 percent in 2010.

Following is a key subset of survey questions providing an initial point of reference regarding the survey respondents' view of KASPER. All data is based on responses from a stratified and randomly selected sample of 1,006 prescriber, dispenser, and law enforcement survey respondents. A full report containing all the survey results is available on the KASPER web site at: [www.chfs.ky.gov/kasper](http://www.chfs.ky.gov/kasper).

### **3.1. KASPER Satisfaction**

**Question A1:** In general, to what extent are you satisfied or dissatisfied with the KASPER reporting system?

**Response:** Over two-thirds (67.8%) responded "very satisfied", 26.0% responded "somewhat satisfied", 2.6% responded "neutral", 1.2% responded "somewhat dissatisfied", and 0.2% responded "very dissatisfied". In comparison with the 2006 survey, overall user satisfaction (those responding "very satisfied" or "somewhat satisfied") increased by 1.8%.

### **3.2. KASPER Effectiveness**

**Question A2:** To what extent do you feel KASPER is an effective tool to keep track of an individual's scheduled prescription drug history?

**Response:** An overwhelming majority (96.4%) responded "very effective" or "somewhat effective", 1% responded "neutral", and 0.7% responded "somewhat ineffective"; none responded "very ineffective". In comparison to 2006 results, there was a 2.8% increase in overall opinion that KASPER is an effective tracking tool.

**Question A4:** Should all prescribers and dispensers use the KASPER reporting system?

**Response:** The majority (84%) of respondents answered "yes," while only 2.9% responded negatively and 7.4% were uncertain. The percent of positive responses were unchanged from the 2006 survey.

**Question A5:** To what extent did you find it easy or difficult to register as a KASPER user?

**Response:** Responses were positive but slightly less so than on most other questions, with 70.9% responding “very easy” or “somewhat easy” and a total of 11.4% responding “somewhat difficult” or “very difficult”. However, positive responses increased 2.2% from the 2006 survey findings.

**Question B1:** Based on your experience with the KASPER system, how much do you agree or disagree with the following statement? ‘KASPER is an excellent tool for identifying potential “doctor shoppers” – patients who misrepresent information to a Prescriber in an effort to obtain controlled substances.’”

**Response:** Nearly all (97.5%) responded “strongly agree” or “somewhat agree”, 1.2% responded “neutral”, and 0.9% responded “somewhat disagree” or “strongly disagree”. Compared with 2006 results, there was a 2.5% increase in the extent to which respondents feel that KASPER is an excellent tool to identify doctor shoppers.

There was a decline in the proportion of respondents who indicated they receive information from other prescribers and dispensers about individuals who may be doctor shoppers, from 67.1% in 2006 to 59.2% in 2010, and only 26% indicated that they received similar information from law enforcement, a decline from 27.4% in 2006.

A large percentage (88.6%) of respondents in 2010 reported having used a KASPER report to help with the decision to deny controlled substances to patients. This is a 51.7% increase from 2006, which in turn represented nearly a 3-fold increase (or 163.9% change) from 2004 responses in the utility of a KASPER report as a tool to help identify controlled substance abuse and diversion.

### **3.3. KASPER Efficiency**

**Question A3:** To what extent do you feel KASPER is an efficient or easy to use tool to keep track of an individual’s controlled substance drug history?

**Response:** A majority (58.3%) of respondents characterized KASPER as “very efficient”, while over one-third (34.3%), characterized it as “somewhat efficient”, for a total of 92.6% of respondents endorsing the system’s efficiency. This is a 1.3% increase over the 2006 responses.

**Question C3:** Are KASPER reports easy to understand?

**Response:** Most users (94.7%) responded “yes”. Compared with 2006 results, those who feel KASPER reports are easy to understand increased 3.8% overall among 2010 survey respondents.

### 3.4. KASPER Accuracy

**Question B3:** In general, to what degree do you find KASPER patient reports to be accurate or inaccurate?

**Response:** Although the majority (59.5%) respondents characterized the reports as “very accurate” and another 35.2% found them “somewhat accurate”, the complexity of the information reported by KASPER and the range of data involved makes this response difficult to interpret. As other responses note, lack of real-time data may limit detection of multiple purchases within a brief period, and lack of data from some other states lowers the accuracy of the KASPER report as a complete account of drug purchases. Despite these concerns, it is noteworthy that the accuracy rating increased 1.7% when the top two responses are combined.

**Question B4:** In your opinion, do you believe the data from KASPER reports reflects an individual’s scheduled drug use?

**Response:** 84.2% responded “yes, always” or “yes, usually” (an increase of 5.3% from 2006), 14.8% responded “sometimes”; no respondents chose “seldom”, “almost never” or “never”.

### 3.5. KASPER Perception

**Question B9:** In the 2010 survey, this question has been reordered and reworded to read: To what extent do you agree with this statement : ‘Implementation of the KASPER Prescription Monitoring Program has resulting in a “chilling effect” resulting in prescribers being reluctant to prescribe controlled substances for patients?’

**Response:** One-third (33.3%) responded “strongly agree” or “somewhat agree”, 29.3% responded “neutral”, and 35.8% responded “somewhat disagree” or “strongly disagree”. This is a significant shift from the 2006 responses to a similar question, particularly in the “neutral” response, which increased by 85.4% or 13.5 percentage points, and the disagreement responses, which declined by 33%. In other words, the perception of a chilling effect appears to have increased since the 2006 survey.

**Question D3:** Are you concerned about being investigated for prescribing or dispensing practices in general?

**Response:** Fewer than one in 20 respondents (4.7%) indicated that they were very concerned about being investigated, and the total indicating some concern, 22.9%, was 8% lower than the 2006 response. Somewhat more responded “neutral” (29.2% vs. 26.5% in 2006) and “somewhat unconcerned” or “no, not concerned at all” (46.2% vs. 45% in 2006).

The concerns expressed by prescribers responding to these questions identify an on-going issue the KASPER staff has been monitoring since review of the 2004 Satisfaction Survey results. The cabinet continues to address these concerns through educational venues to ensure prescribers do not feel inhibited by KASPER from prescribing controlled substances for legitimate medical purposes.



### 3.6. Prescribers/Dispensers: Use of KASPER as a Clinical Tool

**Question D4:** The wording of this question has changed from the 2006 survey's "As a prescriber or dispenser, have you ever denied care or medication to a patient based solely on information obtained in a KASPER report?" to "As a prescriber or dispenser, have you ever refused to prescribe or dispense a controlled substance based on the information contained in a KASPER report?". This change removes the implication that care had been inappropriately denied.

**Response:** The change in wording is associated with a dramatic shift in responses: 88.6% responded "yes" in 2010 compared with 58.4% in 2006, while only 10.1% responded "no," compared with 36.1% in 2006.

Nearly 90% percent of all respondents in 2010 have used a KASPER report to help with the decision to deny medication to patients, compared to about 60% of 2006 respondents. This represents nearly a 50% increase in the utility of a KASPER report as a tool to identify potential controlled substance abuse and diversion.

**Question D5:** As a prescriber or dispenser, talking with your patients is a very important aspect in the diagnostic and treatment process. Do you discuss information contained in a KASPER patient report with your patients in the normal course of treatment?

**Response:** A significantly larger number of respondents answered "yes, always" or "yes, usually" (49.1%) than in 2006 (15.3%). About one-third (31.6%) responded "sometimes", and 13.3% responded "seldom", "almost never", or "never". This response may represent an increase in provider awareness that they are able to discuss the information in a KASPER report with their patients.

**Question D11:** When treating a patient, how important is a KASPER patient report in helping a prescriber make a decision about which drug to prescribe?

**Response:** A smaller number (70.8%) responded "very important" or "somewhat important," compared with 72.4% in 2006, while 11.4% responded "neutral", and 6.8% responded "somewhat unimportant" or "not important", compared with 6.2% in 2006.

### 3.7. Law Enforcement: Use of KASPER as an Investigative Tool

The 2006 survey responses from law enforcement officers provided a baseline for comparison with this survey.

**Question E1:** Based on your experience with the KASPER system, how much do you agree or disagree with the following statement? "KASPER is an effective tool for obtaining evidence in the investigative process"?

**Response:** As in 2006, the majority (93.9%) responded "strongly agree" or "somewhat agree", while 3.5% responded "neutral", and 0.9% (one respondent) answered "somewhat disagree". Over two-thirds (72.8%) of law enforcement respondents in 2010 'strongly agree' that KASPER is an excellent tool for obtaining evidence in the investigative process.

**Question E3:** For what percentage of your drug cases would you say you request a KASPER report?

**Response:** 30.7% responded “0-20%”, 18.4% responded “21-40%”, 10.5% responded “41-60%”, 9.7% responded “61-80%”, and 18.4% responded “81-100%”.

For 2006 law enforcement respondents, 15.5% said they requested a KASPER report on over 80% of their drug cases and 27.5% of law enforcement respondents said they requested a KASPER report on more than 60% of their drug cases. In 2010 just under half (49.1%) of law enforcement respondents requested a KASPER report on 40% or fewer of their drug cases. The latter figure is down 7.3 percentage points or 12.9% from the 2006 baseline.

**Question E4:** In the past, when you have used a KASPER report on a drug case, about what percentage of those drug cases resulted in a conviction?

**Response:** 13.2% responded “0-20%”, 5.3% responded “21-40%”, 4.4% responded “41-60%”, 14% responded “61-80%”, and 25.4% responded “81-100%”.

The proportion of respondents reporting conviction rates over 60% using KASPER reports increased 14.2% to 39.4% 2010. Correspondingly, the proportion reporting conviction rates of 20% or less declined from 22.5% in 2006 to 13.2% in 2010.

### 3.8 Free Text Responses

**Question B-10:** In your opinion, what is the best way to reduce prescription drug diversion?

There were a total of 454 separate responses to this free text question. They were grouped using text analysis, yielding 8 responses with 20 or more entries. The most common responses (97, 21.4%) supported increased efforts in the same general direction as the current prescription drug monitoring program (PDMP), including expanded use of KASPER and increased monitoring and accountability. The second most common type of response (64, 14.1%) called for expansion of KASPER to a much larger number of states or full national coverage, with particular emphasis on contiguous states and Florida. The third most popular type of response (52, 11.5%) called for increased penalties for providers and abusers.

Several frequent responses called for enhancements to KASPER, including more complete and accurate information, linkages with law enforcement and related reports (38, 8.4%), more timely information (24, 5.3%), reports on providers as well as patients (19, 4.2%, coming from law enforcement respondents), and improved system accessibility (5, 1.1%).

Another category of responses recommended policy changes. For example, 38 (8.4%) recommended reports on all patients receiving narcotics, 24 (5.3%) recommended limiting patients to a single narcotic prescriber or drug quantity, while the same number recommended drug testing and pill counts to monitor patient usage. Also in the area of policy, 12 (2.6%) recommended improved access to substance abuse treatment and related services.

The last popular category of responses (46, 10.1%) recommended initiatives to improve provider and public awareness of and ability to address prescription drug abuse.

**Question C-1:** In what ways do you use KASPER?

Of the 464 responses to this question, the overwhelming majority (387, 83.4%) indicated KASPER was used with new patients or new prescriptions; these respondents obviously came from providers. Law enforcement respondents indicated using them in criminal investigations (61, 13.1%). The only other common response was that KASPER was used when a patient was suspected of or being screened for substance abuse (24, 5.2%).

**Question C-2:** What additional information would be useful?

As with the question regarding the best way to address diversion, many of the 179 respondents to this question recommended adding more states to the KASPER-accessible information base (65, 36.3%). The second most common response was to add more information about the prescriber, such as name, location, phone number and specialty (30, 16.8%). Users also asked for more timely information (16, 8.9%) and more details about the prescriptions, such as sold dates, premature refill requests, and indications for specific drug use (15, 8.4%). Another well-represented category asked for additional information about patients, including Social Security numbers and names (but not addresses), arrest records, insurance coverage status, and record of having been discharged from another practice (20, 11.2%).

**Question E-7:** What would improve use in investigations?

This question was for law enforcement respondents only. The largest proportion of the 54 responses called for national KASPER-like (“NASPER”) data (22, 40.7%). The second most common response, again familiar from previous questions, called for more timely or real-time data availability (8, 14.8%). Six (11.1%) called for inclusion of more providers, including those practicing in emergency departments.

**Notes/Comments**

Eight-five responses appeared in the notes/comments field. The most common response was again a call for adding more states, notably contiguous states and Florida, to the information accessible to KASPER users (23, 27.1%). Responses addressing technical or system issues (20, 23.5%) included requests to decrease the frequency of password changes, make enrollment automatic or at least more user-friendly, distinguish between rebilling for the same prescription and refilling, and retain controlled substances prescription history in KASPER for a longer period of time, e.g., up to 5 years. A related matter appearing in previous responses was the request for more timely data access in KASPER. The balance of responses fell into the general area of policy, such as calls for stiffer penalties, better provider and public education, requiring photo ID of those picking up prescriptions, and support for e-prescribing.

## **4 Conclusions**

### **4.1 Summary**

A comparison of the 2010 survey results to the 2004 and 2006 survey results shows that user satisfaction and use of KASPER as a clinical practice tool continue to rise at the same time that KASPER data shows the number of controlled substance prescriptions dispensed annually in Kentucky continues to rise. It appears that KASPER may be more than just a data collection and reporting tool. Its function is more like an information support system upon which prescribers, dispensers and law enforcement officers rely as a prescriptive decision-making tool, as a tool to identify controlled substance abuse and diversion, and as a tool for obtaining evidence in the investigative process.

Based upon review of the 2010 survey data, there can be little question that KASPER is viewed as an effective and efficient Prescription Monitoring Program that provides a useful tool in the fight against prescription drug abuse and diversion in the Commonwealth of Kentucky. It is evident that KASPER has been accepted by health care professionals as a legitimate and valuable tool to assist them with pharmaceutical treatment of their patients. In addition, KASPER has proven to be an effective tool for law enforcement and regulatory officials for obtaining evidence during bona fide investigations and other appropriate reviews. The measured characteristics of the KASPER system – satisfaction, effectiveness, efficiency, perception, accuracy, diagnostic, and investigative – all appear to contribute to KASPER's overall reputation among its users, and provide credible evidence as to its reliability to support prescriptive, dispensing, and investigative activities in Kentucky.

It has been suggested that Prescription Monitoring Programs are considered successful if the number of prescriptions of controlled substances dispensed decreases as a result of these programs. We believe this may not be accurate. While the population in Kentucky has held relatively steady, the number of controlled substance prescriptions dispensed has increased approximately 6 percent per year since 2005. Based on our interpretation of the 2004, 2006 and 2010 KASPER Satisfaction Survey results, along with feedback from prescribers received during meetings and educational events, it is our contention that prescribers may be more comfortable prescribing controlled substances because they have a tool to monitor their patients' behavior and adherence to their treatment regimen.

### **4.2 Future Survey Plans**

The feedback received from this and prior KASPER User Satisfaction Surveys is vital to helping the Office of Inspector General understand how KASPER is being used, and to identify potential improvements to the system and possible training opportunities. In the future we plan to implement the capability to conduct surveys using a web-based survey component to be developed and integrated with the KASPER system. The web-based survey instrument will provide a cost effective method for obtaining more frequent user feedback on the KASPER system and program, and will also provide a method for obtaining rapid, focused feedback related to specific issues or topics concerning KASPER or prescription drug abuse and diversion in the Commonwealth.