Two Alaska opioid distribution cases raise questions over state tracking procedures



By Sean Maguire | Posted: Fri 6:30 PM, Oct 11, 2019 | Updated: Sun 8:58 PM, Oct 13, 2019

ANCHORAGE (KTUU) - A doctor from Soldotna and a nurse practitioner from Eagle River are accused of illegally overprescribing opiates for years, raising questions how the state tracks prescription drug abuse.

According to the Drug Enforcement Administration's investigation into 48-year-old Jessica Spayd, the nurse practitioner prescribed 4 million opiates between January 2014 and July 2019.

At least 19 of her patients "died within one month of filling an opioid prescription," according to court documents. Twelve patients died within two weeks and five died the same day or the next day.

The investigation into Spayd was launched by the DEA due to several "red flags." Authorities observed "numerous patients traveling hundreds of miles from Fairbanks, North Pole, Barrow, Prudhoe Bay, King Salmon, and other distant locations to obtain large prescriptions."

Much of information used by the DEA in the Spayd case comes from the Prescription Drug Monitoring Program (PDMP), a state data collection program established in 2008 under the Alaska Board of Pharmacy.

The goal of the program is to track how potentially dangerous drugs are being prescribed and if they're being abused.

At the height of the opioid crisis, the Alaska Legislature passed House Bill 159 in 2017 that strengthened the PDMP. A two-hour opiate education course is required and alternatives to opiates are encouraged.

It also became mandatory for any licensed practitioner with a valid DEA registration to register to the PDMP and report information daily.

The list of professions required to register with the PDMP ranges from physicians to pharmacists, dentists and veterinarians. A report to the Legislature presented on March 8, 2019 detailed that there were a total of 7,045 people registered in Alaska.

Despite it being mandatory to register, the latest PDMP showed that compliance rates varied across different professions.

Profession	# of active	# of registered users	Compliance Rate	# net registered** 2,197	
Physician	4,643	2,446	53%		
Physician Assistant	631	573	90%	58	
Pharmacist*	1,054	1,011	96%	43	
Nurse Practitioner	1,185	916	77%	269	
Dentist	865	639	74%	226	
Optometrist	187	72	39%	115	
Veterinarian	346	248	72%	98	

Table 4. The registration compliance rate for mandatory professions ranges from 39% to 96%.

More detailed reports on registration and use by professions can be found in the respective board reports at pdmp.alaska.gov.

Data presented to the Alaska Legislature on March 08

Charles E. Flockhart, a Special Agent of the DEA, submitted a 39-page sworn affidavit with the federal complaint against Spayd that details an analysis by a California-based doctor into her prescription history.

"Approximately 79% of the prescriptions written by SPAYD were for narcotic opioids, which is very high," read the report from Dr. Timothy E. Munzing. 52% of Spayd's prescriptions were for Oxycodone and 85% of the Diazepam prescribed was for its highest dose.

Between 2014 and 2019, the DEA says that Spayd distributed 33,000 prescriptions to 453 individual patients. Some admitted to not suffering from pain before receiving their prescriptions.

It's a similar story for 74-year-old Soldotna-based osteopathic physician Dr. Lavern Davidhizar.

According to court documents, throughout 2017 and 2018 a state drug task force became aware of Davidhizar's alleged overprescribing from street-level substance abusers who referred to him as "Candy man," due to the apparent ease with which they could obtain pain medication prescriptions.

Davidhizar's is said to have prescribed 719,847 narcotic pills between January 2017 and January 2019, according to data from his PDMP report.

Munzing analyzed the data and said that it was not possible to determine if these pills were legitimately prescribed, solely based on the data from the PDMP.



^{*}The pharmacist category includes both in-state pharmacists but exclude out-of-state pharmacists (n=47, access authorized by AS 17.30.200(d)(4)); however, the current number of pharmacists with Alaska addresses is 607 and the current number of registered users with in-state accounts may be exceeding the in-state license base due to incorrect user role selections, e.g.: "pharmacist" rather than "out-of-state pharmacist" or address update delays.

^{••}This is only an approximation of the number not registered; properly licensed individuals may be registered under a federal user role category, e.g.: "IHS dispenser" rather than under the role of their practicing profession.

"Based on my experience, there is a high probability once the medical records are reviewed, the controlled substance prescriptions did not satisfy the medically legitimate purpose in the usual course of professional practice," he wrote.

Munzing wrote a similar analysis of Spayd's prescription history and the high level of probability that she failed to meet requirements "in prescribing these dangerous medications."

For Davidhizar, this is not his first time his prescription practices have come under scrutiny. He was twice placed on probation by the State Medical Board for misprescribing or overprescribing pain medication.

In 2000, he was fined \$5,000 and placed on probation for two years.

In 2009, he was placed on probation for five years and fined \$35,000 for allegedly overprescribing pain medication by five people over the course of five years.

On Oct. 11, he voluntarily suspended his medical license as the ongoing federal investigation continues.

Despite having details of Spayd and Davidhizar's prescription histories in its database, the PDMP does not conduct enforcement actions itself as it does not have an enforcement arm.

The division does have an investigation unit but it is focused on looking into registration violations and patient prescription reviewing requirements.

Under statute, probable cause is needed for a subpoena, court order or a search warrant to access information from the database on alleged prescription violations.

"So the reason for the request is established and supported by initial groundwork" of an investigation, read a statement from executive administrator of the Board of Pharmacy, Laura Carillo.

Officials with the state said they could not answer questions about the ongoing investigations into Spayd and Davidhizar if red flags were observed or if the state was monitoring their prescription methods.

For federal authorities, the DEA utilizes its own database, the Automation of Reports and Consolidated Orders System (ARCOS) which tracks the production and distribution of controlled substances, said Special Agent Jodie Underwood who is based in Seattle.

Underwood said the DEA does not comment on ongoing cases or specific law enforcement sources of information.

In the Spayd case, the DEA also relied on data from the U.S. Department of Health and Human Services, Office of Inspector General that prepares profiles of Medicare service providers who pose a high risk of abuse.

According to that data, Spayd ranked "in the top 0.1% (184th) out of over 170,000 U.S. medical prescribers for the average number of days that SPAYD's patients have been prescribed opioids."

Relying on state data is more complicated, the state has no "prescription limit flags" that automatically alert law enforcement agencies or prescribing boards when someone appears to be overprescribing.

The PDMP tracks trends and publishes reports of the number of prescriptions of morphine milligram equivalents (MMEs), a standard unit measuring opioid potency. An annual report is published showing prescription trends across Alaska for each profession.

MMEs by Profession (2015 - 2019)

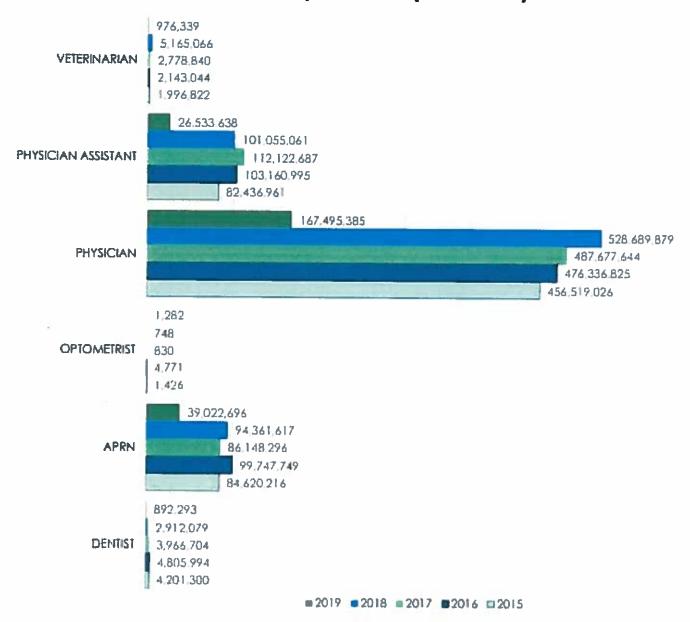


Figure 10. Total MMEs dispensed by profession from 2015 – 2019.

Data presented to the Alaska Legislature on March 8, 2019

But, the database is limited for finding problem prescribers. Carillo says "data is not readily available for the number or type of medical providers falling into a given range."

The database in its entirety is also only accessible to two people in the state for review and operational purposes: The PDMP manager and the Board of Pharmacy Investigator.

Anchorage Democratic Rep. Geran Tarr explains that when the PDMP was strengthened in 2017, there was a focus on patients rather than prescribers. The conversation about toughening laws was to ensure that people weren't "doctor hopping" to obtain pain medication.

Limits were put on how many opiates could be prescribed and patients were able to refuse treatment with opiates. There wasn't as much of a conversation about how prescribers could be manipulating the system, Tarr said.

Registrants were required to report information on how many drugs were being prescribed but it is still not mandatory for a pharmacy to analyze a patient's medical history before distributing pain medication. According to PDMP data, that analysis is trending upwards despite it being voluntary.

Patient Prescription History Query Activity for Pharmacists

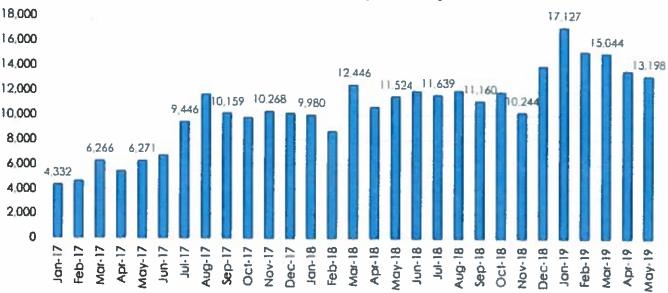


Figure 5. Pharmacists are not required to login to check patient prescription history, however, consistent with login activity trends, pharmacists are consulting the PDMP when dispensing medications.

Contact: Elaine Brewer, PDMP Manager | 907-269-8404 | akpdmp@alaska.gov

Data presented to the Alaska Legislature on March 8, 2019.

"Unfortunately, it appears that the system did not work," Tarr said before sharing concerns about Davidhizar, "I was horrified to read that this individual was reprimanded on multiple occasions but was still out there prescribing."

Tarr said that the Spayd and Davidhizar cases reveal that there could be improvements in how the state works with the DEA and to see what state resources are lacking.

For Soldotna Republican Sen. Peter Micciche, the Davidhizar case raises questions about the State Medical Board and how it deals with licensing issues. "Perhaps there's a gap and we can re-evaluate the PDMP," he said.

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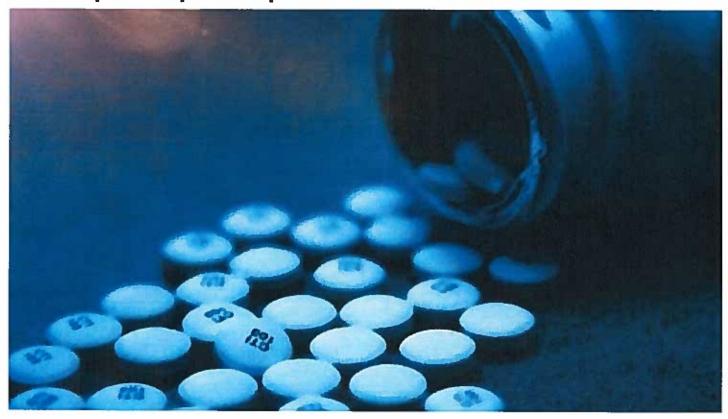
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Nurse practitioner indicted for three deaths resulting from opioids prescriptions



(MGN)

By Lex Treinen | Posted: Mon 3:39 PM, Oct 21, 2019 | Updated: Mon 3:43 PM, Oct 21, 2019

ANCHORAGE (KTUU) - An Eagle River nurse practitioner who was arrested earlier in October for mis-prescribing opioids to patients from around the state has been indicted in federal court for causing a third death.

Previously, Spayd's prescribing habits were directly linked to the deaths of two other people, as well as 17 other people who died within a month of filling prescriptions written by Spayd.

The indictment includes seven counts against Spayd, one for each death and four more for specific incidences of prescribing oxycodone "without a legitimate medical purpose."

Count	On or About Date Prescription Received	Person	Prescription(s)	On or About Date Prescription(s) Filled	On or About Date of Overdose Death	Drugs Causing Overdose Death
1	October 14, 2014	J.L.	Methadone	October 14, 2014	October 15, 2014	Methadone
2	December 3, 2015	B.S.	Methadone, Hydromorphone	December 17, 2015	December 22, 2015	Methadone
3	January 25, 2016	E.K.	Oxycodone, Methadone, Diazepam	January 25-26, 2016	February 7, 2016	Oxycodone Methadone Diazepam

Aside from the federal charges, a state lawsuit was filed on Oct. 10 against Spayd asking for damages resulting from negligent opioid-prescribing habits going as far back as 2003. According to that lawsuit, the plaintiff filed a complaint with the State Board of Nursing against Spayd in 2007.

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