IOWA PRESCRIPTION MONITORING PROGRAM CONFERENCE
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STATE PRESCRIPTION DRUG MONITORING PROGRAMS (PMPS):

A NATIONAL PERSPECTIVE

PRESENTATION
ON BEHALF OF THE

NATIONAL ASSOCIATION OF STATE CONTROLLED SUBSTANCES AUTHORITIES (NASCSA)

BY

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OVERVIEW OF SELECTED RESEARCH

What do we know?

What don’t we know?

- State PMPS are information tools

- Most direct impact

  - ✓ Decision making process for professionals allowed to access and use data

  - ✓ Resulting actions from decision making

More informed prescribing

More appropriate prescribing

Change in amounts and types of drugs prescribed

- Ohio PMP data - use by ER physicians (Baehren 2009)

  - ✓ 61% of patients received fewer/no opioids
  - ✓ 39% of patients received more pain relief than planned

- Massachusetts PMP data – assessment of drug-seeking behavior in ER (Wiener 2013)

  - ✓ 6.5% of patients received prescription not previously planned

  - ✓ 3.0% of patients did not receive prescription originally planned

- Clinical factors predictive of drug-seeking behavior (Wiener 2013)

  - ✓ Request medication by name
  - ✓ Multiple visits for some complaints
  - ✓ “Suspicious” history
  - ✓ Symptoms out of proportion to exam

- Kentucky PMP prescriber/dispenser survey (2010)
  - ✓ 70.8% “very” or “somewhat” important in decisions
- Indiana prescriber/dispenser survey (2013)
  - ✓ Over 90% prescribed fewer controlled substance in past 12 months
  - ✓ Over 50% cited greater access to INSPECT

Confirm suspicion

of

Abuse or diversion

- Virginia outpatient psychiatry clinic (Sowa 2014)

  - ✓ PMP data useful in screening new patient with prior benzodiazepine and opioid use, personality disorder, and/or chronic pain

- Oregon survey of prescribing clinicians (Irvine 2014)

  - ✓ Most physicians use PMP when suspect abuse or diversion

Reductions in

Investigation times for

Drug diversion

- GAO Report (2004)
  - ✓ Kentucky 90% reduction
  - ✓ Nevada 83% reduction
  - ✓ Utah 80% reduction
- Kentucky law enforcement survey (2010)
  - ✓ Over 2/3 strongly agreed PMP was excellent investigative tool

Correlations/associations

Not

Causation

Reductions in

Supply of

Prescription drugs

- National survey of state PMPs 1999-2005 (Simeone 2006)
  - ✓ Less increase in Schedule II opioid supply
  - ✓ Reductions greater in states with proactive PMPs
- Survey of 14 states' PMPs 1997-2003 (Reisman 2009)
  - ✓ Significant reductions in rise of oxycodone shipments

Slower rate of

Increase in

Opioid abuse/misuse

- Analysis of poison control center data (Reifler 2012)

  - ✓ Rate of increase in opioid abuse less in states with PMPs

- Survey of 14 states' PMPs 1997-2003 (Reisman 2009)

  - ✓ Less increase in prescription opioid treatment admissions

No apparent relationship

Between

PMPs and overdose mortality?

- Columbia University study of state PMPs and overdose mortality data 1999-2008 (Li, Brady 2014)

  ✓ PMPs did not reduce overdose mortality in most states through 2008

- Analysis of PMPs and state-level mortality and drug consumption data 1999-2005 (Paulozzi 2011)

  ✓ No discernible impact of PMP on drug overdose mortality rate

- Result of Columbia University study attributed to factors:

  - ✓ Severely limited use of PMPs by physicians and pharmacists – difficult accessibility

  - ✓ Barriers to interstate sharing

  - ✓ Inadequate provider training on prescribing controlled substances

“Best practices”

or

“Recommended practices”

14 Organizations, agencies and groups

- Center of PMP Excellence-Brandeis University
- University of Wisconsin Pain and Policy Studies Group
- National Safety Council
- Trust for America’s Health
- National Conference of Insurance Legislators

Increase efficiency/effectiveness of

PMPs as

Healthcare delivery tools

Top 5 priorities

- Real time reporting
- Expand user access
- Integrate PMP data into electronic health systems
- Proactive/unsolicited alerts and reports
- Interstate data sharing

Expanding access

- ↑ types of professionals who **can** access and use PMP data

- ↑ # of prescribers and dispensers who **do** access and use PMP data

↑ Types of professionals

- Delegates
  - ✓ Prescriber/dispenser remain accountable
  - ✓ Audits of delegate activity
- Medicaid/Medicare officials
- Substance abuse/addiction treatment

↑ # of Prescribers/dispensers

- Focus on information being available

  ✓ Mandated use

  ✓ Mandated registration/enrollment

Mandated use

- 2014 review of Kentucky, Ohio, New York and Tennessee (Brandeis COE)
- ↑ enrollment and requests for PMP data
- ↑ use associated with ↓ in opioid prescribing
- ↑ use in New York, Ohio and Tennessee associated with ↓ in doctorshopping measures

Mandated registration

- Review of Utah PMP use before/after
- Prescribers active on PMP – 35% growth
- Searches/searches per login – 61% growth

↑ # of Prescribers/dispensers

- Focus on information being available AND actionable

  - ✓ Automated registration
  - ✓ Integrate PMP data into electronic health systems
  - ✓ Institutional/facility accounts

Automated registration

- Application for or renewal of license
- Massachusetts, Virginia and Maine

Integrate PMP data into electronic health records

- 2012 pilots – Indiana, Michigan, North Dakota, Ohio, Washington state

  ✓ More prescribers/dispensers used PMP

  ✓ Streamlined workflow – no separate PMP access

  ✓ More automated tasks – more satisfaction

- 2014 integration pilots – 17 teams
  - ✓ Translation of EHR information into PMP query and PMP response into EHR information
  - ✓ April/May 2015? – revised technical Implementation Guide
- SAMHSA integration grantees – 16 states

- Basic steps:
  - ✓ Single sign-on or one click access
    - ➢ Maine HealthInfoNet
  - ✓ PMP hyperlink in EMR/EHR
    - ➢ Washington state OTP pilot

Institutional/facility accounts

- Kentucky hospital or long-term care facility
  - ✓ Chief medical officer or designee – account holder
  - ✓ Delegates
  - ✓ Institutional account agreement
  - ✓ Policy for managing PMP data and reports

Proactive/unsolicited alerts and reports

- Notice of unusual or “suspicious” activity
- Common triggers
  - ✓ Reason to believe violation of law/standards
  - ✓ Specific # of prescribers/pharmacies within specific period of time
- Criteria for triggers vary

- ✓ Peer review committees
- ✓ Capacity to send reports and alerts
- ✓ Indicators of abuse/diversion

- Preferred delivery method
  - ✓ Indiana – direct, secured email pilot
  - ✓ Kansas – automated delivery to patient screen for ED admissions pilot

- Peer led alerts

  - ✓ Indiana – practitioners email alerts to other prescribers/dispensers

  - ✓ New Mexico – practitioners create alerts that trigger when accessing patient prescription history

Common funding options

- Grants
  - ✓ Federal – Harold Rogers PMP grants
  - ✓ Private – NASCSA
- Appropriations/general revenue
- Fees

- ✓ Controlled substance registration
- ✓ Professional licensing
- ✓ PMP specific – Oregon

Uncommon funding options

- Nonprofit support organization – Florida
- State legal settlements – Maine, Virginia
  - ✓ Medicaid fraud
  - ✓ Tobacco, drug manufacturers

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