Prescription Monitoring Program
Center for Excellence, Brandeis University

April 10-12, 2012
Walt Disney World Swan Resort
Accepted Learning Objectives:

1. Explain the current capabilities and contributions of PMPs.

2. Describe ways PMP data can be used to predict patterns of opioid overdoses and how this can be used to target prevention efforts.

3. Evaluate the benefits of unsolicited reporting as a means to reduce drug abuse.
Disclosure Statement

• Presenters for this session, Thomas Clark, David R. Hopkins and Leonard Young, have disclosed no relevant, real or apparent personal or professional financial relationships.
A New Generation of Prescription Monitoring Programs

PMP Center of Excellence at Brandeis University
Walt Disney World Swan Resort
April 12, 2012
First Generation of PMPs

1940s to 1995 – Growth from 1 to 11 PMPs

- Schedule II only
- Data to Law Enforcement and Professional Licensing Agencies
- Triplicate paper Rx forms
  - Necessary for transfer of data to state PMPs where key punch operators entered data
- Rx forms serialized, on specially manufactured paper (like money),
- State issued to reduce counterfeiting and stop forgery
- New York PMP findings, 1970s and 1980s
  - Pre Triplicate forms -- 12% Schedule II Rx forged or counterfeited
  - Post Triplicate forms – 0.6% Rx forged or counterfeited
Second Generation of PMPs

1995 to 2011 – Expansion from 11 to 49 PMPs

- Expanded to Schedules II through IV and V
- Data to Prescribers and Pharmacies
- Data to Law Enforcement and Professional Licensing Agencies
- On-line Web Portals developed expanding data access
- Harold Rogers PDMP Grants have made rapid expansion and enhancements possible
- Serialized Rx forms converted to single copy & retained by two states
  - New York requires for all legend drugs
  - Texas requires for Schedule II only
Why Is a New Generation of PMPs Needed?

The Prescription Drug Abuse Epidemic is Increasing
The New Generation of PMPs

THE PARADIGM SHIFT:
In addition to responding to others’ requests, PMPs need to proactively confront the Epidemic.
Data Collection I: Standardize & Speed Up

• Collect data at point of sale
  • OK PMP has implemented
  • Necessary for Emergency Department physicians
  • Expand to all PMPs

• Collect all schedules II to V

• Use most recent data submission standard, e.g. ASAP version 4.0 or higher.

• Collect data on non-scheduled drugs implicated in abuse, e.g. Tramadol

• For each Rx, collect data on method of payment
Data Collection II: ID Person Picking Up Prescription

- Require pharmacies to submit ID of who picks-up each prescription -- so PMP knows who actually has the drug

- Require pharmacies to do photo ID check before dispensing a controlled substance Rx

- MA PMP mandated such reporting and positive ID for Schedule II prescriptions on 1/1/2009
  - 38% of persons who dropped off or picked up the Rx are not the patient

- As of 1/1/2011, MA requires reporting and positive ID for all Schedule II to V prescriptions.
Data Collection III: Keep Current with Technology

- Integrate electronic prescribing with PMP data
  - Modify PMPs to incorporate electronic prescribing
  - Collect Rx as prescribers send them to pharmacies
  - Match to dispensing records when pharmacies submit data
  - Verify the drug and quantity dispensed are the same as prescribed
  - Verify the patient to whom dispensed is the same as prescribed

- Utilize state-issued prescription forms
  - serialized
  - single copy
Data Collection IV: Maintain Data Quality

- Verify data quality
  - Confirm all pharmacies are reporting
  - Act to require non-reporting pharmacies to report
  - Identify missing data elements and data errors
  - Require pharmacies to make corrections – use ASAP v4.0 or higher.

- PMPs check for obvious anomalies, e.g.:
  - Prescribers who died
  - Prescribers whose licenses/registrations are suspended or revoked
  - Prescriptions dispensed when prescribers who report their prescription pads were stolen, counterfeited or forged.
  - Take action to stop illegal activities
Data Linking

• Software should link prescription records for the same individual:
  • To allow users to see full prescription histories
  • To identify probable doctor shoppers
  • For interstate data sharing
  • For aggregate reports to Governors, Legislatures and BJA
  • To make data analysis and reporting feasible
  • For researchers to evaluate and assess data

• Records should be linked because:
  • Pharmacies can spell a patient’s name, address or other identifying information differently
  • Link when persons using aliases are identified
User Access and Report Dissemination

• Provide online access and automated reports - 24/7.
  • Most state PMPs provide this
  • The remaining ones should add online access.
• Optimize reporting to fit user needs, e.g.
  • Develop batch requesting for prescribers to screen an entire day’s calendar of appointments – using the prescribers’ thresholds
• Integrate PMP reports with health information exchanges (HIE) and electronic health records (EHR).
Unsolicited Reports and Alerts - I

• Vigorously analyze data to identify potential misuse and diversion, e.g.:
  • Potential doctor shopping
  • Organized drug rings
  • Prescription forgery
  • Pill Mills
  • Fraudulent sales of prescriptions by prescribers

• Send analyzed data to those who can intervene
  • Prescribers and Pharmacists
  • Law Enforcement
  • Health Professional Licensing Agencies
Unsolicited Reports and Alerts -II

• All states should issue unsolicited reports, but as of 2011
  • Only 30 PMPs are authorized to provide unsolicited reports to medical providers,
  • Only 16 actually doing so
  • Only 8 providing unsolicited reports to law enforcement agencies
  • Only 7 to licensing boards

• Save the lives of persons who doctor shoppers:
  • West Virginia study of deaths 2005 to ’07 - A significantly greater proportion of deceased subjects were doctor shoppers (25.21% vs. 3.58%) Pierce, et al; Doctor and Pharmacy Shoppers for Controlled Substances; Medical Care, Volume 00, Number 00, “2012

• Alerts / unsolicited report should be automated—to distribute more rapidly
Unsolicited Reports and Alerts -III

- WY and NV PMPs – when they issued unsolicited reports:
  - Doctor shopping activity reduced
  - Prescribers’ requests for data increased

- MA PMP survey – physicians receiving unsolicited reports said:
  - Only 8% of respondents were “aware of all or most of other prescribers”
  - Only 9% said “based on current knowledge, including PMP report, patient appears to have legitimate medical reason for prescriptions from multiple prescribers.”

- Alert prescribers of persons receiving more than 100 mg morphine equivalents of opioids per day
  - 8.9 times higher risk of death than low dose
Other Data Analyses - I

• Analyze to identify geographical areas where interventions are needed – see Peter Kreiner’s presentation

• Provide reports to:
  • State and Community Substance Abuse Prevention organizations
  • Drug Treatment Programs
  • Drug Take Back Programs

• Use PMP Data for Early Warning System
  • Doctor shopping patterns can detect where overdose and deaths will increase, allowing interventions

• The PMP Center of Excellence can provide guidance and analysis systems to states
Other Data Analysis - II

- Use data to determine thresholds and criteria for questionable behavior.
- Analyze for questionable behaviors.
- Epidemiologically analyze for surveillance and prevention.
- Develop automated systems to expedite analyses and reports.
Increase Recruitment of Users

- Streamline enrollment
- Enable access for appropriate users, e.g.
  - State Medicaid Agencies
  - Medical examiners and coroners
  - Drug courts, probation officers and prisons
  - Drug treatment professionals and agencies
- Use data to identify potential high impact users
  - The 30% of prescribers who issue 90% of Rx
  - Prescribers with high volumes of doctor shoppers
- Focus recruitment on high impact users
- Mandate enrollment in PMP
Increasing Utilization - I

- Promotional campaigns
- Improving data timeliness and access
- Education of all users
- All prescribers of controlled substances should be trained in:
  - Proper use of controlled substances
  - How to use PMP data
  - Methods of education: on-line training, tool-kits, medical schools, continuing education, academic detailing,

- Education can be mandated for:
  - Federal - DEA Registration
  - State - Enrollment for PMP access or Cont. Sub. Regis
- PMPs should assure training requirements are met
Increasing Utilization - II

- Mandate prescribers obtain data in special circumstances
- Financial incentives from 3rd Party Payers
  - Additional reimbursement for using PMP data
- Authorize delegates to access data:
  - Allow users to create sub-accounts for persons delegated to request PMP data
  - Principal users – responsible for delegate supervision
  - Principal users retain accountability for delegates’ data use
Wider Application of PMP Data

- Interstate PMP data sharing should be fully implemented.
- PMPs should proactively request data from other PMPs to identify doctor shopping or other criminal behavior across borders.

- To facilitate interstate data-sharing:
  - Standardize data collection fields,
  - Standardize methods for identifying individuals in multi-state data,
  - Standardize formats by which data are presented.
Collaboration with Other Agencies

- Indian Health Service
- Department of Veterans Affairs
- Department of Defense
  - DOD Facilities
  - Tricare
- Medicaid and Medicare
- Private third party payers
  - Health insurers
  - Workers Compensation
Evaluation of PMPs

- Conduct satisfaction and utilization surveys of end-users.
- Conduct audits of system utilization for appropriateness and extent of use.
- Use PMP data as outcome measures
- Analyze other outcome data to evaluate PMP’s impact, e.g.
  - Overdoses,
  - Deaths,
  - Hospitalizations,
  - ED visits
  - Drug Treatment Admissions
Contact us:

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The PMP Center of Excellence is a joint project of the Institute of Behavioral Health at Brandeis University and the Bureau of Justice Assistance.