Prescription Monitoring Programs: Capabilities and Benefits

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Disclosures

- No relevant financial or nonfinancial relationships to disclose

- No potential conflicts of interest to disclose
Statement of the Problem

- Prescription Drug Abuse Remains at Epidemic Levels
- In 2014, fatal prescription drug-related poisonings increased to more than 47,000
- Since 2000, death rates from drug overdoses have increased 137%; 14.7 deaths per 100,000 persons
- Since 2000, 200% increase in overdose death rates involving opioids; 9 deaths per 100,000 persons

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2014, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.
Opioid Epidemic

• **Different than any other drug epidemic:**
  - Manufactured by pharmaceutical manufacturers
  - Distributed throughout our health care system
  - Prescribed by physicians and other licensed professionals
  - Dispensed by pharmacies

• **Challenge:** Need to balance enabling medical use with preventing misuse and abuse
Cost of Non-Medical Use of Prescription Opioids

- Recent study estimated the total cost in the U.S. in 2006 of non-medical use of prescription opioids was $53.4 billion.
  - Lost Productivity - $42 billion (79%)
  - Criminal Justice - $8.2 billion (15%)
  - Drug Abuse Treatment - $2.2 billion (4%)
  - Medical Complications - $944 million (2%)

Prescription Drug Abuse Facts

- In 2013, 24.6 million Americans aged 12 or older were current (past month) users of illicit drugs.

- In 2013, 2.8 million persons used an illicit drug for the first time within the past 12 months.

- 7,800 NEW USERS PER DAY (Avg)

SOURCE: SAMHSA 2013 National Survey on Drug Use and Health
Prescription Drug Abuse Facts

• In 2014, of the 47,023 drug overdose deaths in the United States, 25,760 (55%) were related to prescription medications and 17,465 (37%) were related to illicit drugs.

• Of the 25,760 deaths related to prescription medications, 18,893 (73%) involved opioid analgesics.

• Of the 17,465 deaths related to illicit drugs, 10,574 (61%) involved illicit opioids.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2014, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.
**2004 Death Rates for Drug* Overdose by State**

* Drug - refers to prescription, illicit, and unspecified drugs. A prescription drug is a pharmaceutical drug that requires a medical prescription to be dispensed; includes Schedule II - V controlled substances and legend drugs (i.e., amphetamines, barbiturates, opiates, antibiotics, statin drugs). An illicit drug is a substance that is not allowed to be prescribed or possessed under Federal Law (i.e., opium, heroin, cocaine, cannabis, LSD). An unspecified drug can be either a prescription or illicit drug.

**Death rates based on counts of less than twenty (death count < 20) are flagged as "Unreliable". A death rate based on fewer than 20 deaths has a relative standard error (RSE(R)) of 23 percent or more. A RES(R) of 23 percent is considered statistically unreliable. Death counts and death rates are "Suppressed" when the figure represents zero to nine (0-9) persons.**

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**Legend:**
- <= 4.9 death rate
- 5.0 to 9.9 death rate
- 10.0 to 14.9 death rate
- >= 15.0 death rate
- Data unreliable or suppressed **
2014 Death Rates for Drug* Overdose by State

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2004 Death Rates for Opioid Drug * Overdose by State

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2014 Death Rates for Opioid Drug * Overdose by State

Age adjusted rate per 100,000 population

- <= 4.9 death rate
- 5.0 to 9.9 death rate
- 10.0 to 14.9 death rate
- >= 15.0 death rate
- Data unreliable or suppressed **

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Every day in the United States, 113 people die as a result of drug overdose; 44 as a result of prescription painkiller overdose.

PRESCRIPTION DRUG MONITORING PROGRAMS
What is a Prescription Drug Monitoring Program?

- A prescription drug monitoring program (PDMP) is a state program that collects controlled substance prescription records from dispensers (e.g., pharmacies) state-wide and then provides prescription histories and other compiled and/or analyzed data to authorized end-users for use in clinical care, law enforcement, regulation of professional practice, research and evaluation.
PDMP Goals

• Ensure Access to Controlled Substances for Legitimate Medical Purposes
• Education & Information
• Public Health Initiatives
• Early Intervention & Prevention
• Investigation & Enforcement
Year PDMP Enacted

- 1939-1959: 2
- 1960-1969: 2
- 1970--1979: 3
- 1990-1999: 35
- 2000-2012: 2

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center
PDMPs: Generation 1

Began 1939 – CA PDMP
PDMPs: Generation 2

PDMPs involve the following components:

- **Dispensers**
  - Data Submitted

- **Pharmacists**
  - Reports Sent

- **Prescribers**
  - Reports Sent

- **Law Enforcement & Professional Licensing Agencies**
  - Reports Sent

The system began in 1995, and it is associated with NV PDMP.
PDMPs: Generation 3

- Dispensers
- Other States’ PDMPs
- IHS, VA, & Other Health Care Systems
- Medicaid, Medicare, 3rd Party Payers
- Medical Examiner, Drug Courts
- Law Enforcement & Professional Licensing Agencies
- Pharmacists
- Prescribers

2 Hubs

EHR & HIE
Prescription Information PDMPs Collect

- **Patient identification**
  - Name & Address
  - DOB & Gender
- **Prescriber Information**
- **Pharmacy Information**
- **Drug Information, e.g.**
  - Name, type, strength
- **Quantity & date dispensed**
- **Days Supply**
- **Source of payment (some states)**
Data Collected from Pharmacies

- PDMPs Collect Dispensed Controlled Substances
  - 35 collect Schedules II - V
  - 16 collect Schedules II - IV
- 24 PDMPs Can Also Collect “Drugs of Concern”
- Electronic Data Collection - Batch Reporting
- Reporting Frequency varies - POS (1 PDMP), 24 hours (25 PDMPs), 3-7 days (23 PDMPs), 14+ days (2 PDMPs)
PDMP Reports

- Reports are Provided to:
  - Doctors and other prescribers
  - Pharmacies
  - Health Professional Licensing Boards
  - Law Enforcement
  - Medical Examiners
  - Medicaid State Agencies
  - Drug Courts
Types of PDMP Reports

• Available Reports
  ▪ Patient
  ▪ Prescriber
  ▪ Pharmacy
  ▪ Drug

• Solicited vs. Unsolicited

• Specialty Reports - Statistical, Geographical, Trend Analysis

• Access to Reports Varies by State
PDMP Patient Prescription History Reports

- 3, 6 or 12 month prescription history depending on state

- Prescriber
  - Name, address, and, some states, phone number
  - Date Rx issued

- Description of drug
  - Drug name, quantity, strength, days supply

- Dispensing pharmacy
  - Name and address
  - Date dispensed
Uses by Prescribers/Pharmacists

- **Prescription history of a current or a new patient**
  - Misuse or Addiction
  - Multiple Prescribers/Dispensers
  - Drug Interactions or Other Potential Harm
  - Compliance with Pain Contracts

- **Practitioner prescribing history**
  - Fraudulent Scripts
  - Monitor Patient’s Compliance with Rx Directions
Uses by Law Enforcement Agencies

- Unlawful Sale of Controlled Substances
- Unlawful Sale of Prescriptions
- Unlawful Prescribing
- Unlawful Dispensing
- Organized Forgery Rings
- Organized Doctor Shopper Rings
Uses by Boards/Licensing Agencies

- Meeting Standard of Care
- Improving the Prescribing & Dispensing of Drugs
- Monitoring compliance of prescribers currently on probation
- Monitoring compliance of dispensers reporting information to PMPs
Other Uses of PDMP Reports

- **Public Health**
  - Research, Treatment, Prevention & Education
  - Medical Examiners
  - Assist in identifying cause of death in drug overdose cases

- **Impaired Professional Programs**
  - Assist in monitoring compliance of health care professionals

- **Medicaid/Medicare**
  - Drug Utilization Review Boards
  - Identify Other Sources of Drugs (forms of payment)
  - Monitor clients restricted to single practitioner/pharmacy

- **Drug Courts**
  - Assist in monitoring compliance of participants
Effectiveness of PDMPs

- Prescription Drug Monitoring Programs reduce the per capita supply of prescription pain relievers and stimulants and, in turn, reduce the probability of abuse for these drugs.

- States that are proactive (law enforcement-oriented) in their approach to regulation may be more effective in reducing the per capita supply of prescription pain relievers and stimulants than states that are reactive (health oriented) in their approach to regulation.
Effectiveness of PDMPs

- **KASPER - Kentucky PDMP**
  - 43% - PDMP reports confirmed decision to prescribe
  - 46% - PDMP altered decision to prescribe
  - 4% - PDMP reports had no impact on their decision

- **OARRS - Ohio PDMP (Emergency Room Study)**
  - 41% altered their prescribing for patients with multiple simultaneous narcotics prescriptions
  - 61% of these prescribed no narcotics or fewer than originally planned
  - 39% prescribed more

K. Blumenschein et al., Independent evaluation of the impact and effectiveness of the Kentucky All Schedule Prescription Electronic Reporting Program (KASPER), 2010

Effectiveness of PDMPs

- **Reducing Drug Diversion and Investigation times**
  - A evaluation of Virginia’s PDMP found investigation times were reduced by the use of the PDMP
  - A 2010 Kentucky survey found that 73% of LE officials who used PDMPs reports strongly agreed that KASPER is an excellent tool for obtaining evidence in the investigative process
  - Florida study found diversion rates for several opioids significantly declined after implementation of pill mills laws and the PDMP


Kentucky Cabinet for Health and Family Services and Kentucky Injury Prevention and Research Center, 2010 KASPER Satisfaction Survey

Recommended PDMP Practices

- Collect positive identification of patient
- Collect data on method of payment
- Collect data in timely intervals
- Integrate PDMP reports with HIEs/EHRs
- Send unsolicited reports/alerts to appropriate users
  - Authority to Provide Unsolicited Reports
  - Engaged in Providing Unsolicited Reports
- Mandate enrollment
- Mandate utilization
- Allow delegate access
- Enact and implement interstate data sharing
- Stable funding
Status of Prescription Drug Monitoring Programs (PDMPs)

Research is current as of August 28, 2015.

- **Operational PDMPs (50)**
- **Enacted PDMP legislation, but program not yet operational (1)**
- **No PDMP (1)**
Research is current as of January 14, 2016  *DC PDMP is not operational;  Missouri does not have PDMP legislation
PDMP Required Data Field: Positive Identification

Research is current as of July 22, 2015

* DC PDMP Is not operational; Missouri does not have PDMP legislation
PDMP Required Data Field: Payment Method

Research is current as of October 22, 2015
*DC PDMP is not operational; Missouri does not have PDMP legislation

Payment Method Required (41)
No Requirement (9)
Integration with Health Information Exchange (HIE) or Electronic Health Records (EHR)

Research is current as of October 8, 2015

* DC PDMP is not operational; Missouri does not have PDMP legislation; Nebraska PDMP is an HIE and does not use ASAP
Engaged in Sending Solicited and Unsolicited Reports to Prescribers

Research is current as of November 16, 2015

* DC PDMP is not operational; Missouri does not have PDMP legislation
PDMP Mandatory Enrollment of Prescribers and Dispensers

(Listing of the specific conditions for mandatory enrollment)

Research is current as of January 1, 2016  *DC PDMP is not operational; Missouri does not have PDMP legislation
PDMP Mandatory Query by Prescribers and Dispensers

(Listing of the specific conditions for mandatory query)

Prescribers and Dispensers (9)
Prescribers Only (16)
No Mandatory Query (25)

Research is current as of January 1, 2016
*DC PDMP is not operational; Missouri does not have PDMP legislation
Interstate Data Sharing

Research is current as of October 22, 2015

* DC PDMP Is not operational; Missouri does not have PDMP legislation
PDMPs Major Source of Funding

Research is current as of July 1, 2015

*DC PDMP not operation; Missouri does not have PDMP legislation.
Require Dispensing Prescribers to Report

Research is current as of January 15, 2016

* DC PDMP Is not operational; Missouri does not have PDMP legislation
PDMP Recent Innovations

- Morphine Milligram Equivalent Calculator
- Prescriber ‘Report Cards’
- PDMP Access App
- Data Analysis Criteria
- E-Prescribing
What's New

- NEW - DEA 2015 National Drug Threat Assessment Summary
- NEW - CDC MMWR: Controlled Substance Prescribing Patterns - Prescription Behavior Surveillance System, Eight States, 2013
- NEW - American Journal of Emergency Medicine: Impact of PDMP on Controlled Substance Prescribing in the ED
- 2015 BJA Harold Rogers PDMP Grant Awards Announcement
- NEW - Drug Enforcement Administration's National Heroin Threat Assessment Summary
- NEW - Washington Interagency Guideline on Prescribing Opioids for Pain
- NEW - PDMP Suggested Practices to Ensure Pharmacy Compliance and Improve Data Integrity

Welcome

The Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP TTAC) at Brandeis University provides support, resources, and strategies to PDMPs, federal partners and many other stakeholders to further the efforts - and positive outcomes - of PDMPs.

Now that virtually all states have created PDMP legislation - and most have active programs - our focus is on making a good thing better: increasing PDMP efficiencies, measuring performance and effectiveness, and promoting best practices.

More about the TTAC.

In the News

- West Virginia Supreme Court Allows Drug Addicts to Sue Doctors, Pharmacists for Addiction
QUESTIONS?

Email: info@pdmpassist.org
Telephone: (781) 609-7741
Website: www.pdmpassist.org
Providers’ Clinical Support System for Opioid Therapies (PCSS-O) Training

• PCSS-O is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with: Addiction Technology Transfer Center (ATTC), American Academy of Neurology (AAN), American Academy of Pain Medicine (AAPM), American Academy of Pediatrics (AAP), American College of Physicians (ACP), American Dental Association (ADA), American Medical Association (AMA), American Osteopathic Academy of Addiction Medicine (AOAAM), American Psychiatric Association (APA), American Society for Pain Management Nursing (ASPMN), International Nurses Society on Addictions (IntNSA), and Southeast Consortium for Substance Abuse Training (SECSAT).

• For more information visit: www.pcss-o.org
• For questions, email: pcss-o@aaap.org
• Visit us on Twitter: @PCSSProjects

Funding for this initiative was made possible (in part) by Providers’ Clinical Support System for Opioid Therapies (grant no. 5H79TI025595) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
Webinar Evaluations (Post and 30-Day)

• Each PCSS-O partner organization that provides CE to participants is asked to submit a post and 30-day evaluation to participants for their completion.

• Participants in today’s webinar can click on the following link to complete their evaluation: http://www.cvent.com/d/9fqwkm
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