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A Prescription Drug Abuse Summit: The Role of Prescription Monitoring Programs

Georgia State University

Atlanta, GA

March 2, 2011

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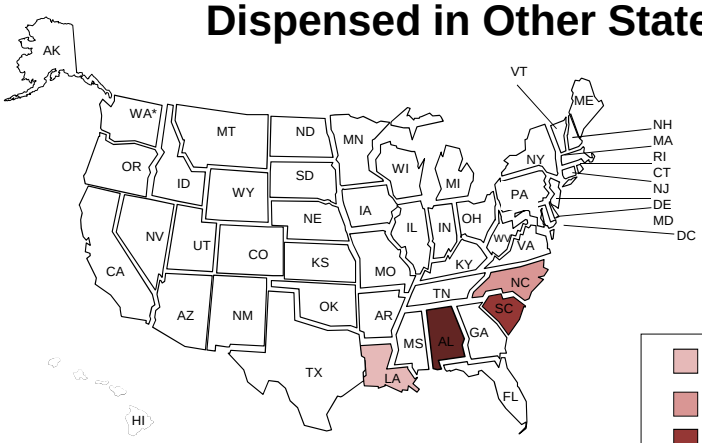
What Do Other State's PMPs Tell Us About Prescriptions Issued by Georgia Prescribers?

Controlled Substances Dosage Units Prescribed by Georgia Prescribers but Dispensed in Other States



0.4 Million Dosage Units

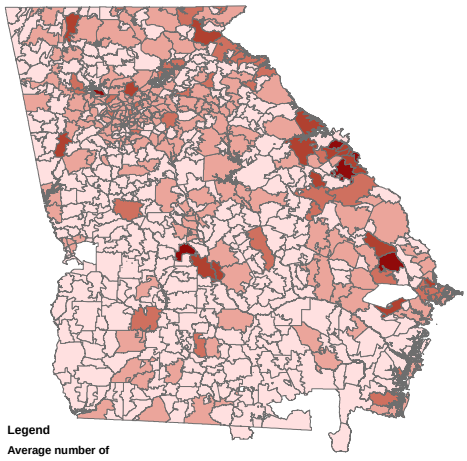
3.0 Million Dosage Units

9.8 million Dosage Units

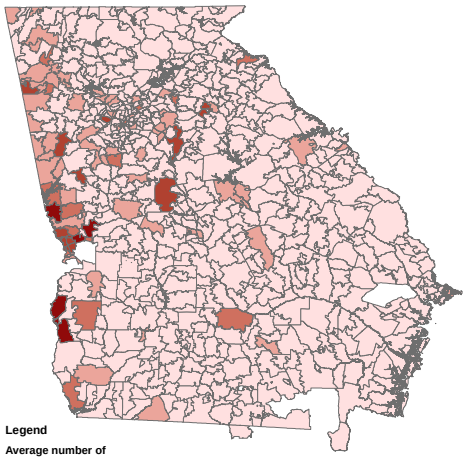
12.5 Million Dosage Units

*Washington has temporarily suspended its PMP operations due to budgetary constraints.

Average Number of Patients per GA Prescriber for Prescriptions Filled in SC in 2009, by GA Zip Code



Average Number of Patients per GA Prescriber for Prescriptions Filled in AL in 2009, by GA Zip Code

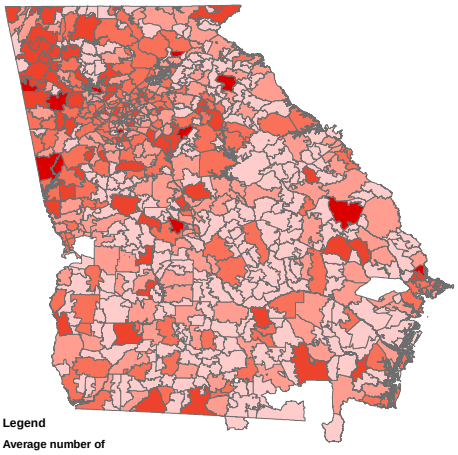


Legend

Average number of patients per prescriber

- 0.00 - 5.22
- 5.23 - 18.50
- 18.51 - 46.83
- 46.84 - 148.00
- 148.01 - 437.50

Average Number of Prescriptions per Patient, 2009 Prescriptions Originating in GA and Filled in AL, by GA Zip Code

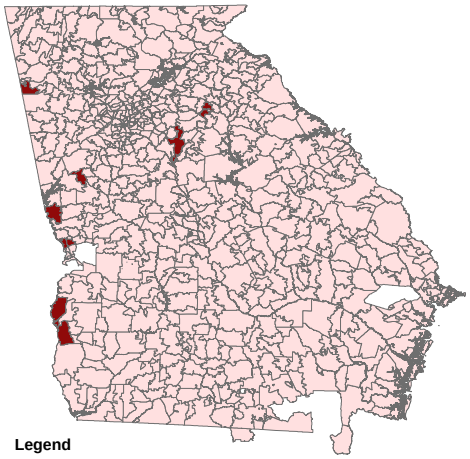


Legend

Average number of prescriptions per patient

- 0.00
- 0.01 - 1.88
- 1.89 - 3.33
- 3.34 - 6.00
- 6.01 - 10.20

GA Zip Codes with More Than 100 Patients per Prescriber and More Than Two Prescriptions per Patient, on Average, for Prescriptions Filled in AL in 2009



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What are Prescription Monitoring Programs (PMPs)?

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Prescription Monitoring Program GOALS

- Education & Information
- Public Health Initiatives
- Early Intervention& Prevention
- Investigation & Enforcement

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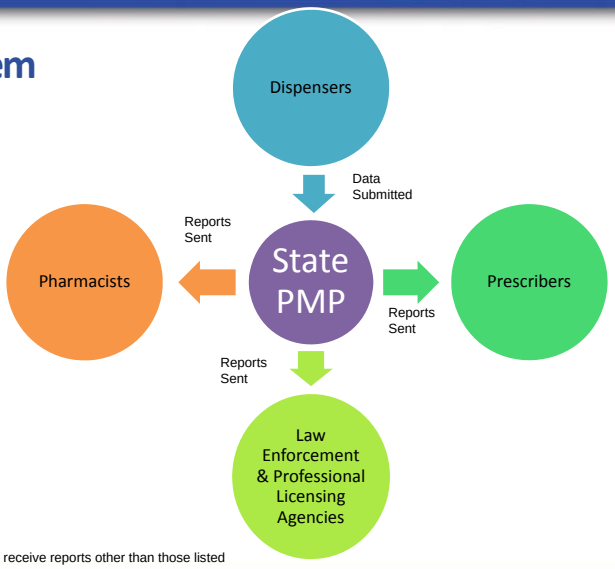
PMP System Overview



*Other groups may also receive reports other than those listed

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Data Collected from Pharmacies

- PMPs Collect Controlled Substances:
  - 22 collect Schedules II - V
  - 15 collect Schedules II – IV
  - 2 collect Schedule II only
  - 1 collect Schedules II & III
- Some Collect Non-Controlled Substances
  - 13 collect carisoprodol (Soma®)
  - 6 collect tramadol (Ultram®)
- Electronic Data Collection - Batch Reporting
- Reporting Frequency varies - 7 to 30 days

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Prescription Information Collected

- Patient identification:
  - Name & Address
  - DOB & Gender
- Prescriber Information
- Dispensing Pharmacy Information
- Drug Information, e.g.
  - NDC # = name, type, strength, manufacturer
- Quantity & date dispensed

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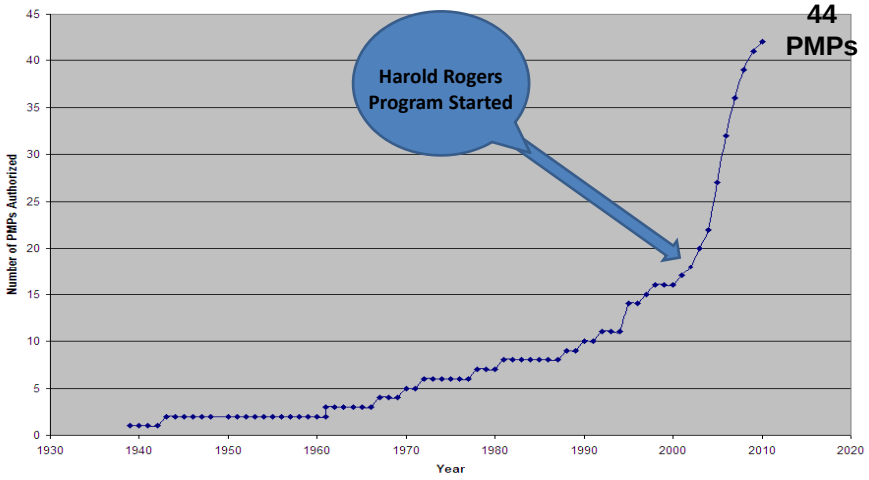
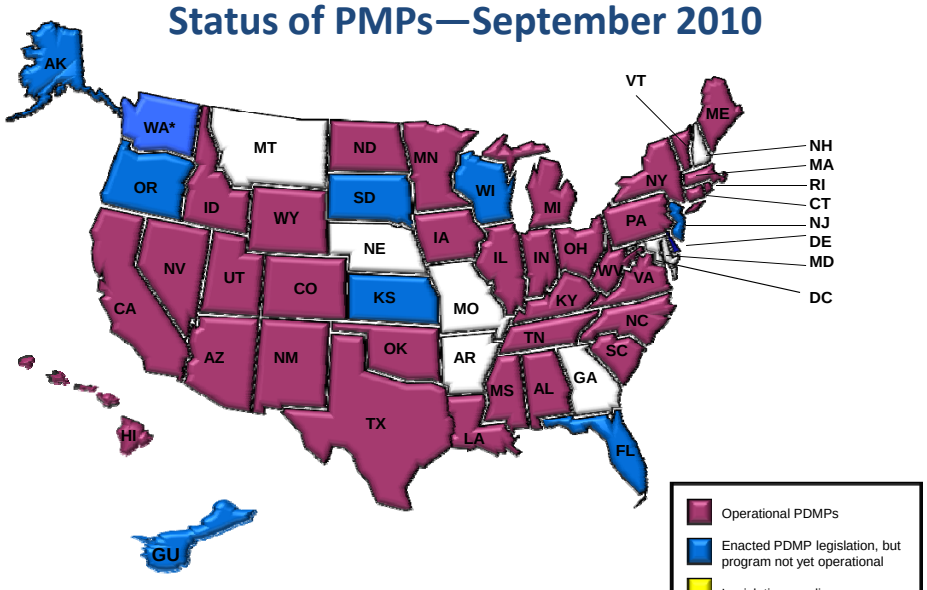
Statutorily Authorized State PMPs, 1939 - 2010



Status of PMPs—September 2010



Research is current as of May 28, 2010

*Washington has temporarily suspended its PMP operations due to budgetary constraints.

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PMP STATISTICS

- Population - States with authorized PMPs

	2004	2010
Number	145 million	273 million
% of US	50%	89%

- Prescription Records - during 2008
  - 29 Operational PMPs
  - 285 million Controlled Substances Prescriptions

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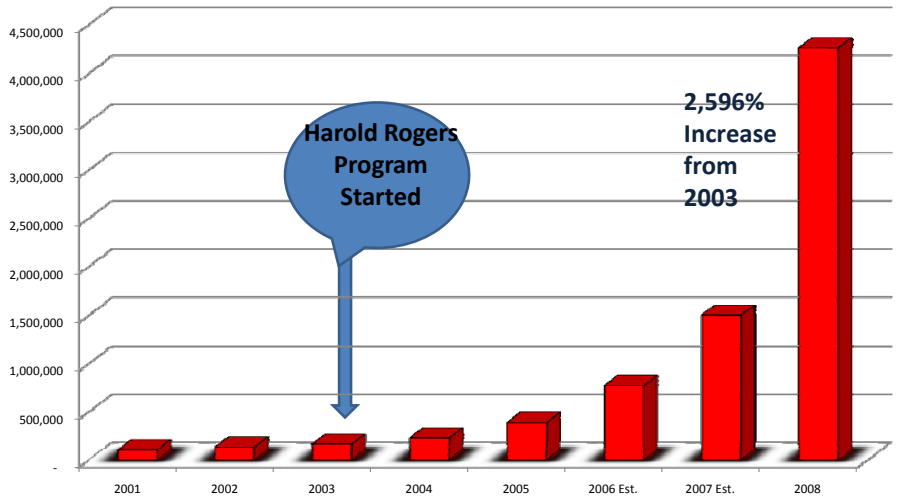
Number of PDMP Reports Produced Per Year



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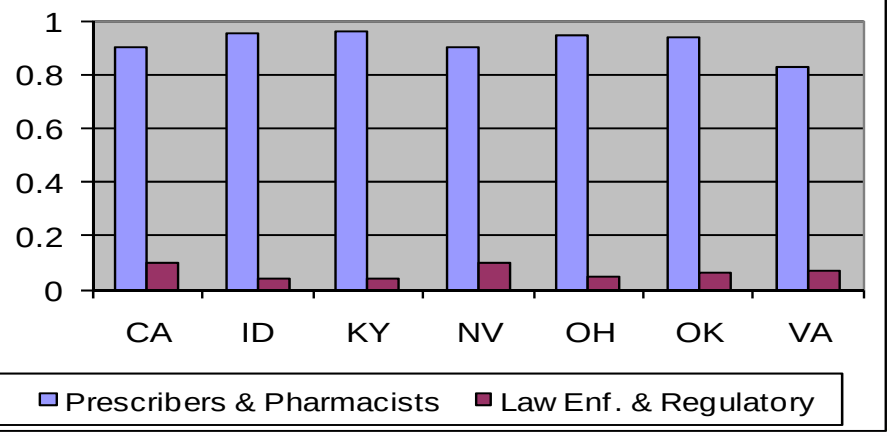
PDMP REPORTS BY TYPE OF USER
2006 - 2007



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Percent of PMP Reports to Prescribers and Pharmacists by Type of PMP Agency

# of PDMPs	Type of Agency	% Reports to Prescribers & Pharmacists
3	Boards of Pharmacy	90% - 96%
3	Law Enforcement	90% - 96%

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PMPs Are Effective!

Prescription Monitoring Program Center of Excellence

Briefing on PMP Effectiveness

2.1 Prescription Monitoring Programs: An Effective Tool in Curbing the Prescription Drug Abuse Epidemic
February 2011

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Physician Use of Data

- Physicians can stop being victimized by doctor shoppers
- Physicians can use as clinical tool to improve care
- OH study of Emergency Department
  - 41% of prescribes who received PMP report altered prescribing for patients receiving multiple simultaneous narcotics prescriptions.
  - Of these providers, 63% prescribed no narcotics or fewer.
  - 39% prescribed more.

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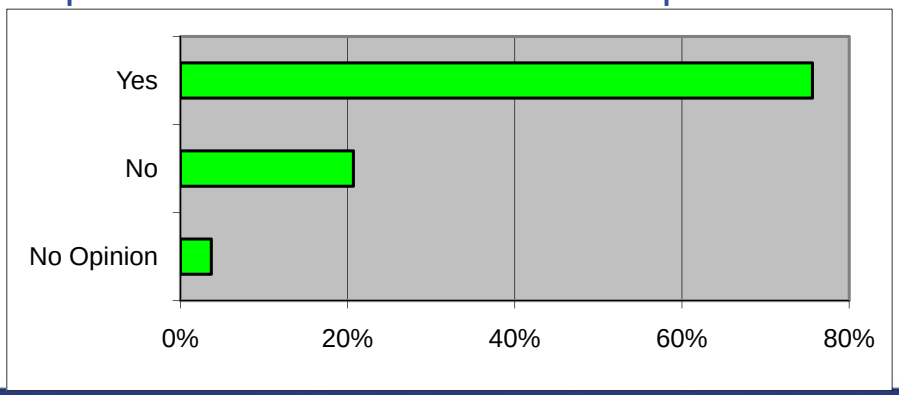
California Physician Survey

Have you changed your prescribing practicing to a patient as a result of the PDMP Reports?



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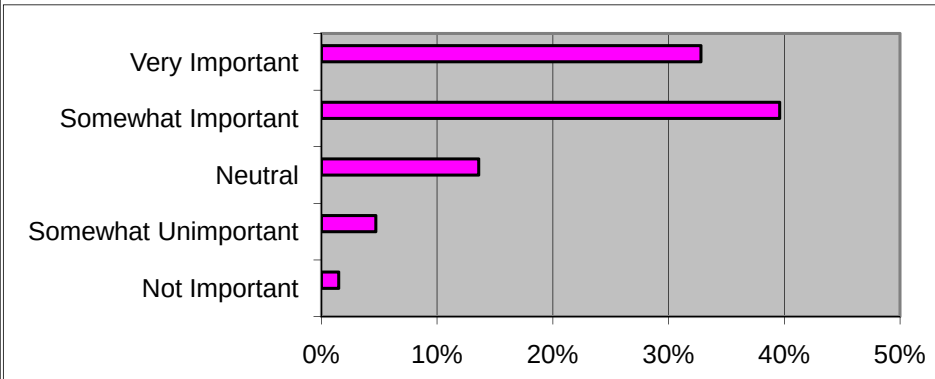
Kentucky Survey – Physicians

How important is a KASPER patient report in helping you make your decision about which drug to prescribe?



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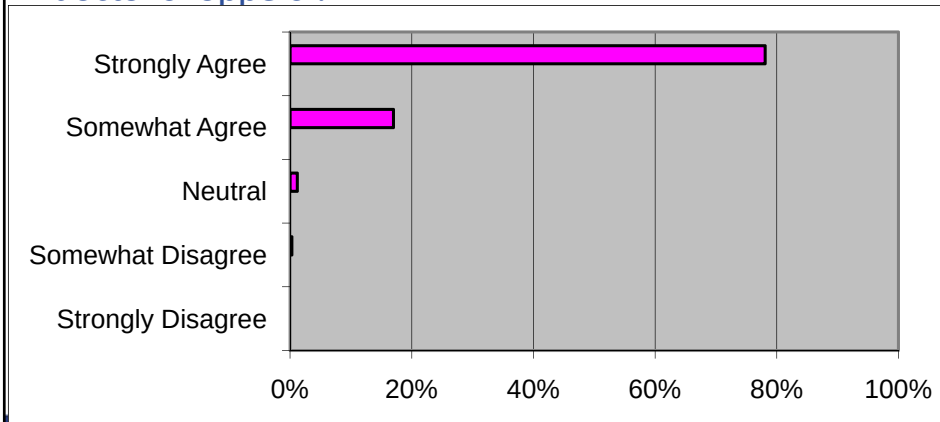
Kentucky Survey – All Users

KASPER (KY PMP) is an excellent tool for identifying potential 'doctor shoppers'?



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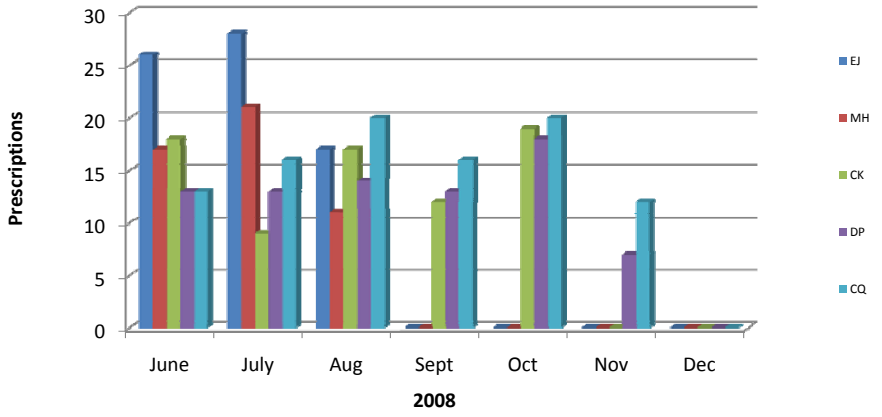
Louisiana PMP - 5 Doctor Shoppers' Prescriptions per Month

Sept. Announcement to Jan.PMP Implementation



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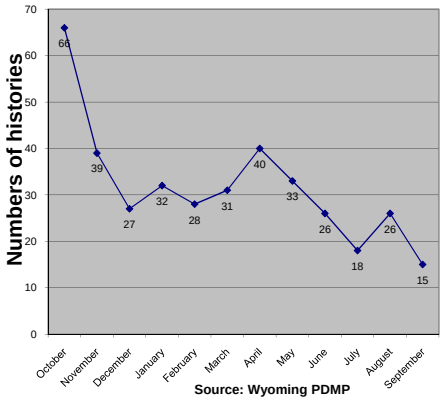
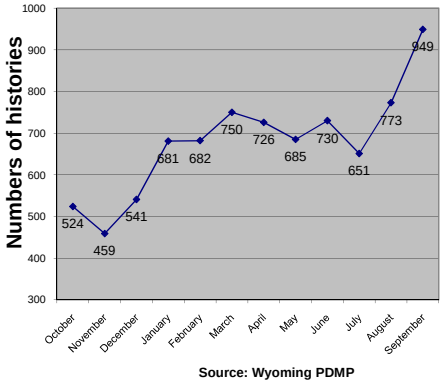
Notes from the Field : Wyoming PMP

Unsolicited Prescription Histories per Month, 10/2008 – 9/2009



Source: Wyoming PDMP

Solicited Prescription Histories per Month, 10/2008 – 9/2009



Source: Wyoming PDMP

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MA PMP - Prescriber Survey: Preliminary Findings

162 baseline surveys received thus far

- 91% of respondents said unsolicited reports "very" or "somewhat helpful"
- Only 14% said they were "aware of all or most of other prescribers" in report
- Only 13% said "based on current knowledge, including report, patient appears to have legitimate medical reason for Rxs from multiple prescribers"

MA data, preliminary – decreased # of Rx, prescribers and pharmacies for probable doctor shoppers

Source: MA PMP and P. Kreiner *et al.*, Brandeis University

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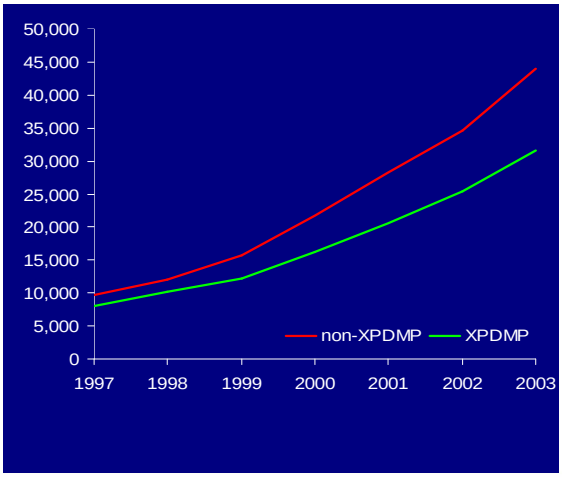
Quantities of Pain Relievers



- XPDMP = Proactive PDMPs (issue unsolicited reports)
- Non-XPDMP = Non-Proactive PDMPs

Source: An Evaluation of Prescription Drug Monitoring Programs; Simeone Associates; 2006

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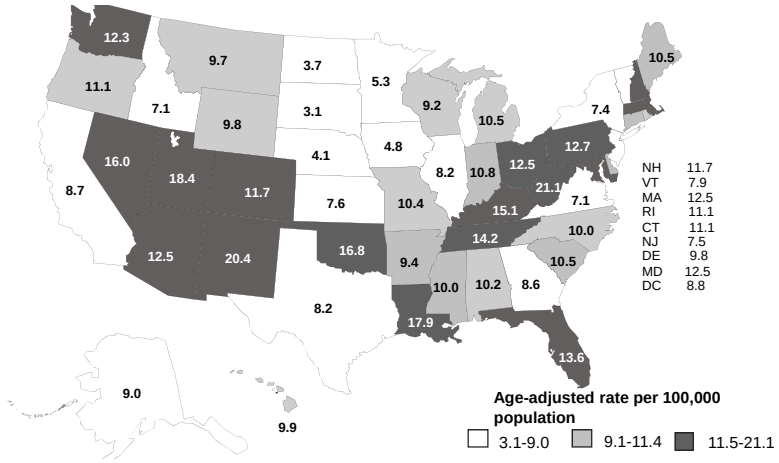
Death rates for drug overdoses that were unintentional or of undetermined intent by state, 2007



Source: National Vital Statistics System, accessed through WONDER underlying cause mortality files,

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PMP Data - Assists Investigations & Reduce Time

- KY PMP Survey – 73% Law Enforcement Officers find PMP is an excellent tool for obtaining evidence.
- GAO Report – PMPs reduce average time for doctor shopper investigations:
  - KY - from 156 to 16 days
  - NV – from 120 to 20 days
- 2010 National Law Enforcement PMP Meeting -- Unanimously concurred PMPs are an important law enforcement tool.

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PMPs Save Law Enforcement Costs & Monitor Treatment

- NV Pre-Criminal Intervention Program – enrolls & monitors doctor shoppers in rehab – saving investigative and prosecution $
  - See PMP Center of Excellence *Notes from the Field*
- Drug Courts in KY use PMP data to monitor compliance
- Drug Treatment Programs in ME use PMP data at patient intake and periodically thereafter to monitor compliance
- Medical Director – Opioid Addiction Treatment Program – PMP data very important
  - See PMP Center of Excellence *Notes from the Field*

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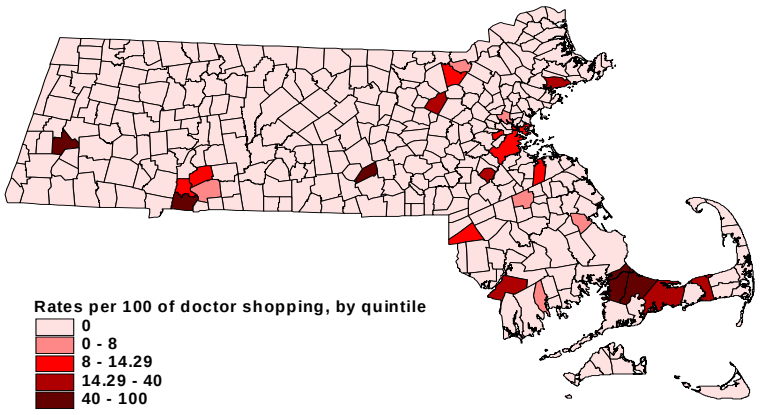
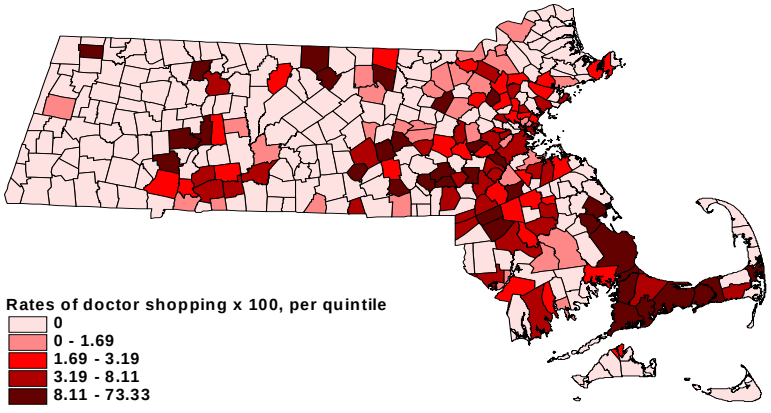
Other Ways a PMP Can Help Georgia

Rates of Doctor Shopping Associated with OxyContin in MA, 1996



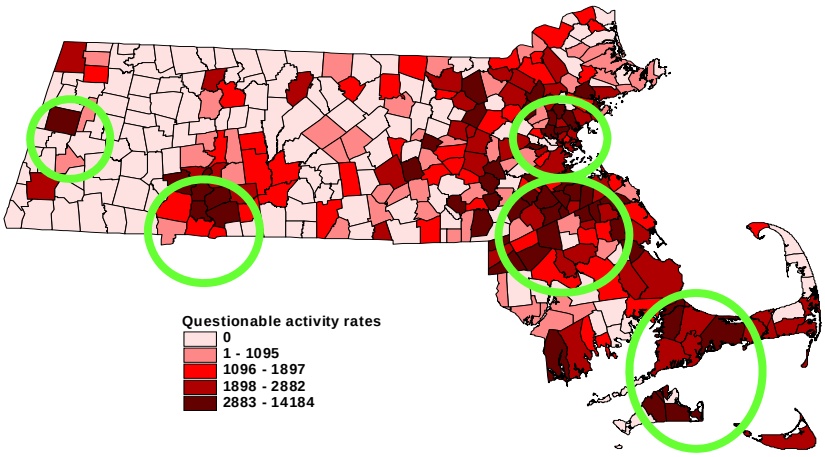
"Source: Massachusetts Dept. of Public Health in partnership with Brandeis University"

Rates of Doctor Shopping Associated with OxyContin in MA, 1998



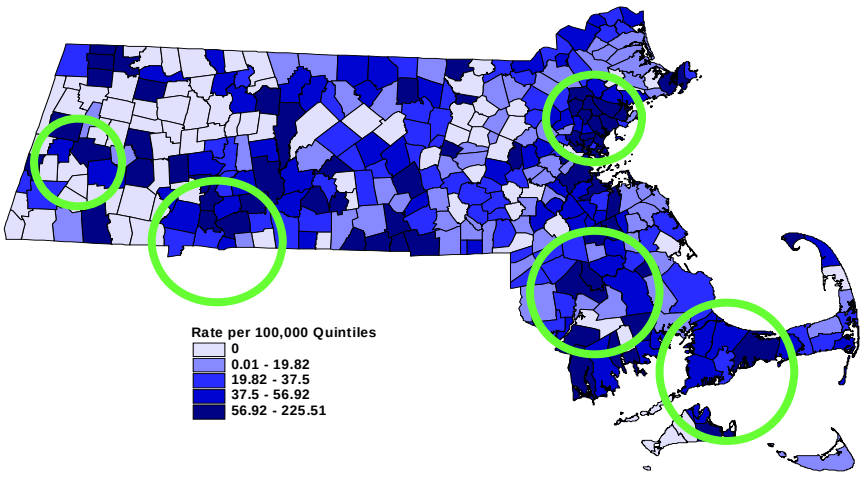
"Source: Massachusetts Dept. of Public Health in partnership with Brandeis University"

2005 Prescriptions Associated with Questionable Activity (Rates per 100,000 Prescriptions) by Pharmacy Town



"Source: Massachusetts Dept. of Public Health in partnership with Brandeis University"

2005 Opioid-related Overdose Rate per 100,000 by Town



"Source: Massachusetts Dept. of Public Health in partnership with Brandeis University"

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A Georgia PMP Can

Identify where to intervene to:

- Stop Doctor Shopping
- Stop Forgeries
- Stop Pill Mills
- Hold Drug Take Back initiatives
- Intensify Substance Abuse Prevention efforts
- Assign Opioid Abuse Treatment Programs

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Georgia PMP will be a Disease Reporting System

- Persons meeting DMS-IV criteria for dependence on or abuse of opioids in US are increasing.
  - *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) (American Psychiatric Association [APA], 1994).
- This diagnosis includes persons who are addicted.
- GA PMP - a diagnostic tool to help prescribers identify cases meeting these DMS IV criteria.
- Like other diseases, persons who meet criteria are at high risk for acute episodes leading to overdoses and deaths.
- Many deaths
- are preventable with proper intervention.

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Georgia PMP Can Help Save Lives

- Persons meeting criteria for dependent on or abuse of opioids are at high risk of death.
- US death rate among nonmedical pain reliever users – estimated: **192.3 per 100,000 or 22 times higher** than general population in 2005
- PMPs can identify many of these people.
- **If PMPs identify them and intervene, many lives can be saved**

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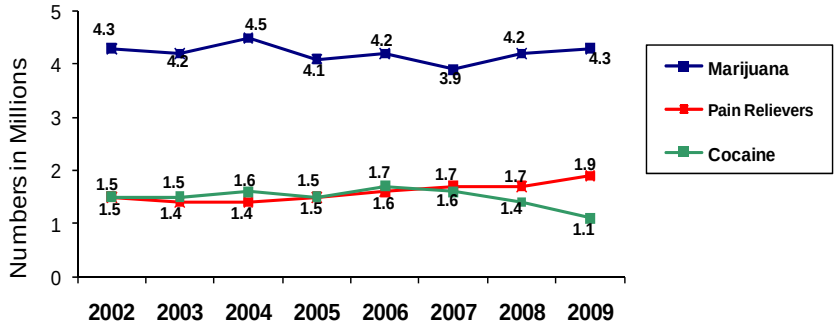
Dependence on or Abuse of Illicit Drugs, Marijuana, Cocaine, and Pain Relievers in the Past Year - Persons Aged 12 or Older – NSDUH, 2002-09



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Positive Identification for CS Prescriptions - 1

Step 1: Pharmacies required to check photo ID of person picking up Controlled Substances (CS) Prescriptions

- Multiple States require this
- But most waive requirement when pharmacist "knows" person (Board of Pharmacies' laws or regulations)
- MA PMP with COE assistance found 40% of Schedule II Rx are dropped off or picked up by person other than patient.
- MA is expanding the required check from Schedule II to all Schedules - 1/1/2011

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Positive Identification for CS Prescriptions -2

Step 2: PMPs require reporting - ID of person picking up CS Rx

- Some PMPs require reporting of ID #, e.g. MA, MI and OK
- MA is expanding requirement from Schedule II to all Schedules - 1/1/2011
  - BACDS opposed
  - But MA is proceeding
- OK is experimenting with card swipe systems
  - Capture ID info and add to Rx record to PMP
  - Verify ID is valid
- ASAP Versions 4.0 & 4.1 have fields for good reporting – ID #, type of ID, issuing authority, relationship to patient, and name

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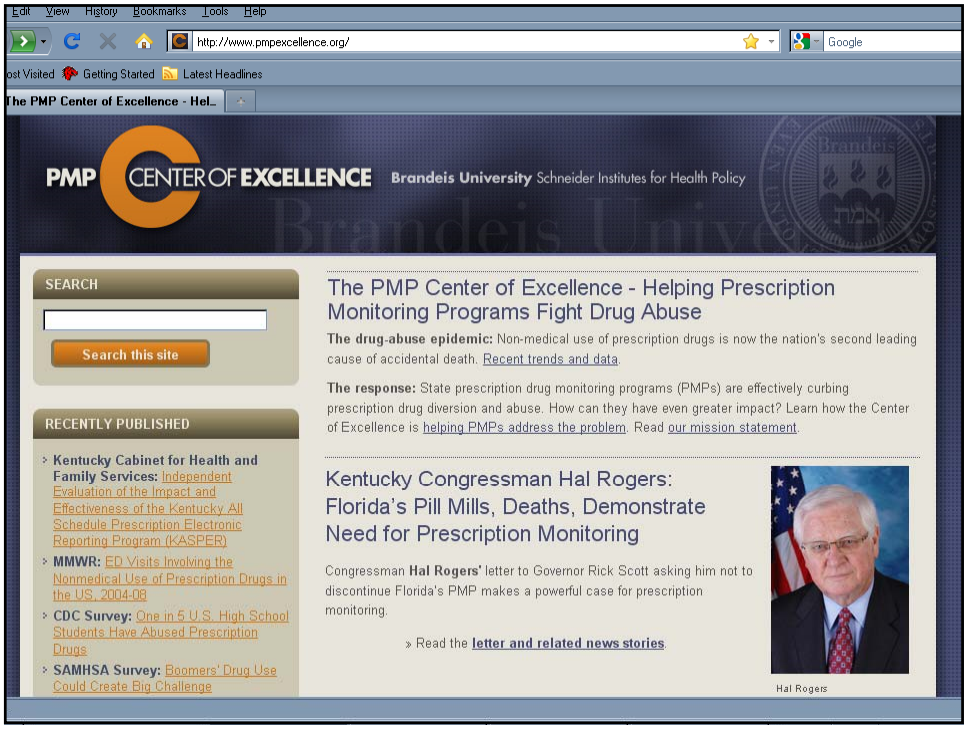
How
PMP Center of Excellence and
Training and Technical Assistance Center
at Brandeis University
Can Assist

www.pmpalliance.org



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Notes From the Field

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PMP Management Tools

Prescription Monitoring Program Center of Excellence

PMP Study Analysis

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Contact Information

John Eadie, MPA

Director

PMP Center of Excellence

Brandeis University

518-429-6397

johnleadie@aol.com