Do PDMPs Reduce Abuse and Diversion?

Cheryl Anderson, BSPharm, RPh
President, The Alliance of States with Prescription Monitoring Programs
Access to Rx Data without a PDMP
Data Collection / Investigation without a PDMP
Accurate Data Collection = Knowledgeable Prescribing/Dispensing/Referral & Successful Investigations
This is how it...... WORKS!
The Alliance’s Philosophy:

TRUST

BUT

VERIFY!
PDMP – An “Information Tool”

- Identify and stop diversion of prescription drugs in an efficient and cost-effective manner
- Allow for and not impede the appropriate medical prescribing and utilization of licit controlled substances
- Identify controlled substance abusers or misusers and refer them for treatment
Problems with PDMPs:

- PDMP is **ONLY** a “TOOL”
- PDMP does NOT make “decisions” or “deny” anyone access to CS
- Persons engaging in “doctor shopping” do **not** stay in one state, particularly areas that border other states
- Querying the state PDMP may not give a complete picture to a prescriber or pharmacist of the controlled substances a person is obtaining
- Low Utilization/Lack of Integration
- PDMPs lack function and Analytical Tools
State PDMP Initiatives are Eliminating this *Tightrope* Analogy by....... 

- **Educating** prescribers, dispensers and other users/clients of the PDMP
  - 9 states require authorized users/clients with direct access to undergo training for use
  - 2 states require authorized LE officials ONLY to undergo training for use

VISIT: The National Alliance for Model State Drug Laws (NAMSDL) for compilation of a large variety of PMP reference maps, [www.namsdl.org](http://www.namsdl.org)

- **Sharing data** with other PDMPs and/or authorized users/clients in other states

- **Investigating the efficiency and effectiveness** of state-level programs to make improvements

- **Outlining strategies to enhance collaborations** with treatment professionals, the medical community, pharmacies, LE, prosecutors, regulatory boards and other stakeholders to establish a comprehensive PDMP strategy.
Interstate Sharing of Prescription Monitoring Program Data Pursuant to Statute, Regulation, and/or Statutory Interpretation

1 The Tennessee provisions become effective on January 1, 2013.

This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives.

Promoting Public Health and Safety
Sharing Data – Interoperability

In 2010, some of the National Association of Boards of Pharmacy (NABP) members asked their staff to create a system that would facilitate data sharing from state to state in a rapid manner.

24 Memorandum of Understandings (MOU) Executed: AZ, CT, IN, IL, KS, KY, LA, NM, ND, OH, SC, SD, VA, MI, WV, TN, CO, DE, AR, ID, MN, MS, NV and UT

10+ other PMDPs have expressed an intent to sign on with PMP InterConnect®

Anticipating more than 35 states sharing data by NABP’s PMP InterConnect® in 2013!
Effectiveness at the State Level
Use of Ohio Automated Rx Reporting System (OARRS) data by ED clinicians in Ohio and how it affected their prescribing behavior....you will be surprised!

Editor’s Capsule Summary
✓ What is already known on this topic
Many states have monitoring programs for scheduled medications that can be accessed by emergency department (ED) prescribers.
✓ What question this study addressed
Does knowledge of past prescriptions for scheduled medications filled by emergency department patients with non-traumatic pain change ED prescribing behavior?
✓ What this study adds to our knowledge
The 18 ED clinicians in this study changed their opiate prescription plan for 41% (74/179) of patients after reviewing the patients’ prescription history. Among patients whose prescription was changed, 61% received fewer and 39% received more opiates than originally planned.
✓ How this might change clinical practice
The routine use of such databases may change how scheduled medications are prescribed, though the effect of such changes on patient outcomes is unknown but promising for “curving” diversion, addiction, and abuse and “recognizing” the licit use of CS by using the PDMP as an early identification TOOL!

A Statewide Prescription Monitoring Program Affects Emergency Department Prescribing Behaviors; Annals of Emergency Medicine Volume XX, NO.X: March 2009; From the University of Toledo College of Medicine, Toledo, OH (Baehren, Marco, Sinha, Callan, Akpunonu); and the Ohio State Board of Pharmacy, Columbus, OH (Droz).
Effectiveness at the State Level

OHIO’s ‘PILL MILL’ Law

Effective Date May 2011

Highlights of House Bill 93

- Physicians are required to review OARRS “when utilizing controlled substances for a chronic condition that exceeds twelve weeks” and document in a patient’s chart all OARRS reports.

- The law prohibits physicians from personally furnishing (i.e., dispensing in the office) to a patient “more than a 72-hour supply of controlled substances or more than a 2,500 dosage unit limit over a 30-day period to all patients in the practice.”

- Physicians are required to consult the OARRS database when they “become aware of or suspect drug abuse by the patient,” including when or if a physician “becomes aware of a patient with a known history of substance abuse, failed drug screenings, exceeding dosage amounts, withholding information relevant to prescribing, receiving drugs from multiple prescribers, frequent emergency department visits, requesting brand name over generic, reporting early prescriptions, appearing overly sedated or intoxicated, reporting theft or loss of drugs, sharing drugs with others, concurrently using illicit drugs, arrest record for drug offense, jailed after becoming a patient.”
### Number of OARRS Reports Requested by Prescribers

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>152,748</td>
<td>186,346</td>
<td>205,368</td>
<td>205,647</td>
</tr>
<tr>
<td>2011</td>
<td>214,486</td>
<td>237,867</td>
<td>274,815</td>
<td>297,420</td>
</tr>
<tr>
<td>2012</td>
<td>354,390</td>
<td>369,993</td>
<td>404,353</td>
<td>403,740</td>
</tr>
</tbody>
</table>

### Number of OARRS Reports Requested by Pharmacists

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>29,880</td>
<td>36,493</td>
<td>40,978</td>
<td>40,975</td>
</tr>
<tr>
<td>2011</td>
<td>44,154</td>
<td>51,393</td>
<td>52,376</td>
<td>144,036</td>
</tr>
<tr>
<td>2012</td>
<td>218,360</td>
<td>279,956</td>
<td>290,142</td>
<td>280,147</td>
</tr>
</tbody>
</table>

---

House Bill 93 – The ‘Pill Mill’ Law: Its Impact on Health Care Providers and Patient Care!
Effectiveness at the State Level

North Carolina Drug Control Unit’s Strategy

COMPLEX, MULTIDIMENSIONAL GROUP OF PROBLEMS THAT IMPACT SEVERAL SYSTEMS AND INVOLVE OVERLAPPING POPULATIONS

William Bronson, Program Manager, Drug Control Unit
North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Community Policy Management Section, Justice Innovations Team
Divergent Populations

Substance Abuse

Chronic Pain

Mental Health

William Bronson, Program Manager, Drug Control Unit
North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Community Policy Management Section, Justice Innovations Team
Drug Seeking Behavior
Trends Schedule II, III & IV

Patients with Multiple Prescribers and Dispensers

Source: NC CSRS

Effectiveness at the Law Enforcement Level

- Public safety officials have endorsed the utility of PDMPs.
- A 2010 survey found 73% of KY law enforcement officers who used PDMP data strongly agreed that the PDMP was an excellent tool for obtaining evidence in the investigative process.
- 2002 US General Accounting Office (GAO) report concluded that PDMPs are a useful tool to reduce drug diversion.

Supporting a randomized controlled trial to determine the impact of Nevada’s proactive PDMP reporting activities.

- Proactive reporting occurs when PDMP reports are automatically sent to healthcare providers for their patients who meet threshold criteria for potential misuse (e.g., obtaining prescriptions from multiple providers and pharmacies).

This study aims to estimate:
- The effects of proactive reporting by PDMPs on patients’ use of multiple prescribers for scheduled medications;
- The frequency of obtaining prescriptions and the amount of medications prescribed and dispensed;
- The frequency of visits to healthcare providers; and
- The expenditures for healthcare services of all types.
PDMP Goals and Initiatives

- All states have operational PDMPs
- High utilization among healthcare providers and other users/clients
- Increase training of users/clients
- Mechanisms in place for communication between states (interoperability)
- Providing technical assistance to states and others to:
  - Focus efforts on patients at highest risk of abuse and overdose
  - Focus on prescribers deviating from accepted medical practice
  - Maximize surveillance and evaluation capabilities of PDMPs
- The PDMP tool to be incorporated into normal workflow by leveraging Health Information Technology (EHRs/HIEs)
- Improved clinical care and reduce misuse, abuse, and overdose from controlled substances
Member States to Mold the Future Direction of the Alliance of States with Prescription Monitoring Programs!

“The Alliance is a group that embraces diversity and we support states’ efforts to combat the epidemic of prescription drug misuse.”