



Prescription Drug Monitoring Programs (PDMPs): Clinical Decision Making Tool Incorporated into IHS Policy

IHS Grand Rounds

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Presented by:

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Learning Objectives

Participants will be able to:

- Understand PDMP background and purpose
- Describe the way PDMP data can enhance clinical practice
- Define delegate accounts, solicited reports, unsolicited reports
- Recognize IHS PDMP Chapter 32 requirements and role in responsible opioid prescribing

National Survey on Drug Use & Health (NSDUH)

- SAMHSA data
- National Survey Drug Use
 - Source—friends and family;
 - 2011-2012
 - AI/AN aged 12 and older were more likely to have used a pain reliever for nonmedical use at least once in the past year (7.8 percent vs. 4.8 percent)
 - AI/AN aged 12 and older nonmedical use of prescription-type psychotherapeutics for 12 or older is also disparate (10.9% vs 6.4%)

NSDUH-- SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012. These estimates can be found in the 2012 NSDUH Detailed Tables 1.49B-1.52B and the corresponding standard errors can be found in Tables 1.49D-1.52D.

NSDUH Data

- During 2002-2005
 - AI/AN aged 12 and older were more likely to have used a pain reliever for nonmedical use at least once in the past year (18.4 percent vs. 14.6 percent)
 - AI/AN aged 12 and older to have reported a illegal drug use disorder (5.0 percent vs 2.9 percent)

PDMP Background

According to the **National Alliance for Model State Drug Laws (NAMSDL)**, a PDMP is a *statewide* electronic database which collects designated data on substances dispensed in the state.

The PDMP is housed by a specified statewide regulatory, administrative or law enforcement agency.

The housing agency distributes data from the database to individuals who are authorized under state law to receive the information for purposes of their profession. ¹

Year in Review



ASPE ISSUE BRIEF

Opioid Abuse in the U.S. and HHS Actions to Address Opioid-Drug Related Overdoses and Deaths

March 26, 2015

Introduction

The abuse of and addiction to opioids is a serious and challenging public health problem. Deaths from drug overdose have risen steadily over the past two decades and have become the leading cause of injury death in the United States.¹ Prescription drugs, especially opioid analgesics—a class of prescription drugs such as hydrocodone, oxycodone, morphine, and methadone used to treat both acute and chronic pain—have increasingly been implicated in overdoses over the last decade.^{2,3} From 1999 to 2013, the rate for drug poisoning analgesics nearly quadrupled.⁴ Deaths related to heroin have also increased with a 39 percent increase between 2012 and 2013.⁵ Given these alarmingly high and increasing rates, a smart and sustainable response to prevent opioid abuse and overdose is needed.

Centers for Disease Control and Prevention

MMWR

Recommendations and Reports / Vol. 65 / No. 1

Morbidity and Mortality Weekly Report

March 18, 2016

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016



Presidential Memorandum -- Addressing Prescription Drug Abuse and Heroin Use

MEMORANDUM FOR THE HEADS OF EXECUTIVE DEPARTMENTS
AND AGENCIES

SUBJECT: Addressing Prescription Drug Abuse and Heroin Use

By the authority vested in me as President by the Constitution and the laws of the United States of America, and in order to reduce prescription pain medication and heroin overdose deaths, promote safe and effective prescribing of pain medications, and improve access to treatment, I hereby direct the following:

1. The epidemic of prescription pain medication and heroin abuse is devastating families and communities across the United States -- especially opioid pain medications -- and has contributed increasingly to drug overdose deaths over the past decade. According to the Centers for Disease Control and Prevention (CDC), the number of overdose deaths involving prescription opioids quadrupled between 1999 and 2013, with more than 17,000 deaths in 2013 alone.

PDMP Purpose

1. support access to legitimate medical use of controlled substances
2. identify, deter, or prevent drug abuse and diversion
3. facilitate the identification of persons addicted to prescription drugs
4. educate individuals about PDMPs and the use, abuse and diversion of and addiction to prescription drugs ¹
5. ONDCP has defined PDMPs as an integral clinical tool to detect and deter prescription drug abuse ²

PDMP Purpose

- Early refills
- Dr. Shoppers
- “Cocktails” (Benzos, carisoprodol)
- Poly-pharmacy (multiple medications)
- Multiple prescribers
- Dose escalation (MEDs)
- Medications changes
- Acute vs chronic meds

PDMP Data in Clinical Practice

- Access to PDMP data helps prescribers:
 - Check for addiction or undertreated pain
 - Check for misuse, multiple prescribers
 - Check for drug interactions or other harm
 - Use reports for compliance with pain agreements

Case #1

- MJ is a 68 YOM with vascular dementia with an anxiety component. He receives lorazepam 0.5mg TID from his PCP for anxiety. He was not responding to this treatment, so the PCP referred the patient to a behavioral health provider.
- BH provider started patient on clonazepam 1mg BID The patient took the prescription to an outside pharmacy and filled it.
- Patient continued taking both lorazepam and clonazepam.

Case #1 continued

- Two weeks later, the patient presented to the ED after falling and hitting his head. He complains of hip pain. Xray reveals that patient fractured his hip.
- In the process of determining the cause of his fall, a PDMP query was requested. The pharmacist noted both the lorazepam that was filled at the IHS pharmacy and the clonazepam from the referral provider. When questioned, the patient revealed that he was taking both medications.

PDMP Basics

- State-run programs

- States legislate

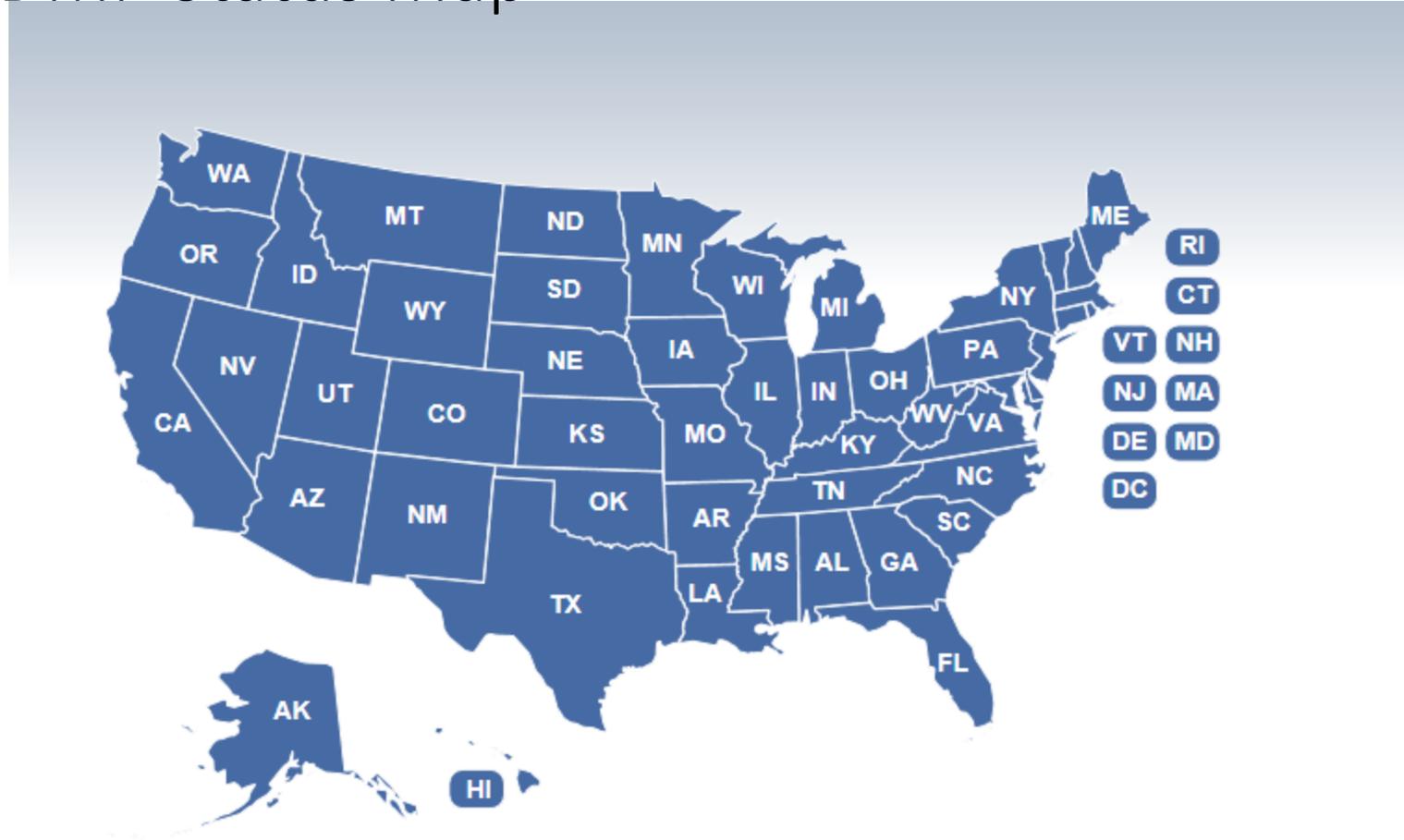
- Who reports
 - Who has access
 - Frequency that the reports are done
 - How the dispensers (aka pharmacies) report

- American Society of Automation in Pharmacy (ASAP) versions

- Required reporting elements

VARIABILITY AND LACK OF STANDARDIZATION

PDMP Status Map



<http://nascsa.org/stateprofiles.htm>

PDMP Queries

- IHS practitioners have actively queried PDMP databases for over **9 years**
 - Practitioner access considerations—states define practitioner access
 - Classification: MD, RPh, RN, etc
 - Enrollment form (electronic; notarized)
 - Practitioner responsibilities
 - Privacy
 - Utilization—best practices
 - Use of delegates
 - Some states authorize delegate accounts. Primary account must be enrolled and authorized first.

Types of Reports

- Solicited (Also known as reactive reporting)
 - Prescriber/healthcare professional request for patient profile information from the PDMP.
- Unsolicited Reporting (Also known as proactive reporting)
 - A report generated and provided by the PDMP to the prescriber or dispenser of a particular patient that has exceeded dispensing thresholds established by the PDMP.

Case #2—Misuse/Diversion

- KK is a 47 year old female with mild DJD confirmed with imaging. She has reported allergies to all NSAIDs (GI reaction). She is maintained on Hydrocodone 5/325 mg 1 tablet every 6 hours and Gabapentin 900 mg 3/day. She established care with a hospital provider and entered into a Pain Management Agreement.
- PDMP queries were NOT conducted upon initiation of her prescriptions.

Case #2, continued

- She refilled her prescriptions monthly when due.
- Pharmacy received a called in report that patient was selling her pain medications. At this time, the pharmacy staff completed a PDMP query.
- Patient had been filling Hydrocodone concurrently at the Walmart Pharmacy from a different provider. When questioned about her use, she stated she didn't know that she 'couldn't' take both prescriptions from each provider filled at different pharmacies. She hung up on the nurse.

IHS Implements Groundbreaking New Policy Regarding Opioid Prescribing



July 6, 2016

by Mary Smith, IHS Principal Deputy Director

Effective immediately, the Indian Health Service will require healthcare providers working in IHS federal-government-operated facilities, including doctors, pharmacists, nurse practitioners and other providers who prescribe opioids, to check state Prescription Drug Monitoring Program (PDMP) databases prior to prescribing and dispensing opioids for pain treatment longer than seven days and periodically throughout chronic pain treatment—one of the first such actions by any federal agency involved in direct medical care.

IHS is continuing its efforts to combat prescription drug abuse in American Indian and Alaska Native communities by implementing this policy. Checking a PDMP before prescribing helps to improve appropriate pain management care, identify patients who may have an opioid abuse problem and prevent diversion of drugs. PDMPs are state-based, electronic databases that collect data on controlled medications dispensed by registered pharmacies operating within the state.

This [policy](#) formalizes the IHS practice of ensuring safe and appropriate prescribing practices for prescription medications, including opioids, for more than 1,200 IHS prescribers.

This announcement today is part of several [new actions the U.S. Department of Health and Human Services \(HHS\) is announcing](#) [↗]. (Read the [White House fact sheet on more actions addressing the U.S. opioid epidemic](#) [↗].) A multi-million dollar new investment in new opioid abuse and pain treatment research was announced, along with a [report on the opioid research](#) [↗] currently being conducted or funded by HHS agencies. Finally, a [Request for Information](#) [↗] has been issued seeking comment on current HHS prescriber education and training programs and proposals that would augment ongoing HHS activities in this space.

Chapter 32 Responsibilities

- Area Director
 - Ensure a current, signed, archived MOU for reporting
 - MOU required: memorializes HIPAA exceptions and security provisions for reporting
 - Public Health Authority
 - Health Oversight Agency

Chapter 32 Responsibilities

- Clinical Director
 - Oversight of degree of PDMP participation: both reporting and prescriber utilization
- Pharmacy Director
 - Oversees reporting initiative:
 - MOU
 - CII-CV dispensing reporting to state PDMP—daily recommended
 - ****Can assist with prescriber training and report analysis****

Chapter 32 Responsibilities

- **Prescriber**

- Register with State PDMP
- Request a solicited PDMP report as a normal process of accepting a new patient. This information can assist the provider with determining any possible drug-drug interactions with any potential prescribed therapy or to identify recent doctor shopping behavior.
- Access PDMP patient data prior to patient appointment to facilitate meaningful interactions. Providers should review PDMP data when opioid prescriptions for acute pain exceed 7 days, when progressing from acute to chronic opioid pain therapy, and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.

Chapter 32 Responsibilities

- **Prescriber**

- Evaluate and respond appropriately to unsolicited PDMP reports. Complete health chart review note regarding findings, prescriber assessment, and patient treatment plans.
- Use delegate accounts where authorized. Delegates can help prescribers reduce time conducting queries.
- Perform self-audits monthly with a copy of the report provided to the Clinical Director.

Chapter 32 Responsibilities

- Pharmacists

- The pharmacist shall access PDMP data during the following activities and discuss any potential abuse or diversion with prescribers:
 - Prior to processing an outside prescription for a controlled substance.
 - Every 3 months, prior to reissuing or refilling for a chronic controlled substance prescription for Schedules CII-CV medications.
- Pharmacists may:
 - Assist with conducting PDMP queries upon prescriber request.
 - Assist with provider education regarding report interpretation as appropriate

Legal Considerations

- **HIPAA--Access to data**

- State PDMP registered users

- Use of data is governed by state legislation
 - Federal legal considerations
 - Unauthorized disclosure to patients (if copy of report is placed in the chart and unintentionally disclosed to the patient)

- **Posting full report in EHR**

- Consideration—some states do not authorize patient access to PDMP data. If full results are posted in EHR, there may be a conflict between practice and state law.
 - Check with your APC regarding best practice considerations

PDMPs and Substance Abuse Treatment Programs

- Reporting considerations
 - Methadone & OTPs: dispensing data will not appear on a PDMP Query. 42CFR Sec. 2.13
 - Buprenorphine—appears on PDMP query
- Access to data
 - Methadone & OTPs: practitioners access encouraged. In some states mandated (KY)

<http://www.samhsa.gov/>

<http://www.aatod.org/>

Future IHS Initiatives

- Automated reporting using secure File Transfer Protocols (sFTP)
- Interconnects: allow registrants to query state system and return multiple state's data (legislated, MOUs).
 - Purpose: reduce time spent with log-in
 - Currently operational between 30 PDMP states
- Evaluate all possible RPMS query solutions including integrating PDMP into EHR
- Assist Federal partners and tribal entities in further defining PDMP best practices

Next Steps

- Obtain more information
 - Contact the state program where you practice
 - <http://nascsa.org/stateprofiles.htm>
 - Get registered (see above website for links)
- Get training
 - Your state may offer PDMP training and registration on-site
- Conduct Queries
 - If you are a prescriber or pharmacist as required

Conclusions

- PDMP is a clinical tool
 - (AMA Turn the Tide Statement: prescriber training; naloxone co-prescribing; expanded access to Medication Assisted Treatment; Speak out Against Stigma)
- We all have a responsibility in reducing morbidity and mortality associated with Opioid Misuse.
- IHS requires PDMP participation for both dispensing and prescribing activities as defined in Chapter 32

Upcoming Initiatives

- **Reminder**: Complete IHS Essential Training on Pain and Addictions— **DUE March 2017**
- “Naloxone Co-Prescribing” IHS Grand Rounds—stay tuned!

Questions

- Email: cynthia.gunderson@ihs.gov
- PDMP Office Hours—
 - 07/21 @ 1300EST/1200CST/1100MST/1000PST

References

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http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/prescription-drugs/rx_abuse_plan_0.pdf (accessed July 2016)
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4. http://www.pdmpassist.org/pdf/pmpprogramstatus2013_a.pdf (accessed July 2016)