The Prescription Drug Monitoring Program (PDMP): A Tool in the Fight Against Opioid Abuse

Nancy Bishop, RPh
Alabama Psychiatric Physicians Association (APPA) Virtual Conference
October 2020

Financial Disclosures

I, Nancy Bishop, have no relevant financial relationships with a commercial interest to disclose.

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Objectives

- Explain use of PDMP information.
- Describe the Alabama PDMP law and its restrictions and requirements.
- Describe when the Board of Medical Examiners' rule required PDMP utilization.
- Describe features of PDMP that help work productivity.

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2018 National Survey of Drug Use and Health: Substance Abuse and Mental Health Services Administration (SAMHSA)

- 20% (2019: 20.8%) of people aged 12 or older used an illicit drug in the past year:
  - Led by marijuana.
  - Prescription pain relievers were the second most used illicit drug.
- 10.3 million people aged 12 or older misused opioids in the past year:
  - 9.9 million prescription pain reliever misusers.
  - 808,000 heroin misusers.
  - 506,000 people misused prescription pain relievers and heroin in the past year.
- 1.9 (2019: 1.6) million new prescription pain relievers misusers.

2018 National Survey of Drug Use and Health: SAMHSA

- 8.1 million people had an illicit drug use disorder.
- 2 million people with opioid use disorder:
  - 1.7 million with prescription pain reliever use disorder.
  - 0.5 million with heroin use disorder.

2018 National Survey of Drug Use and Health: SAMHSA

- 9.2 million adults had both a mental illness and at least one substance use disorder in the past year.
- 3.2 million adults had co-occurring, severe mental illness and substance use disorder in the past year.
- Substance use (including tobacco) is more common among adolescents and adults who had a mental illness than among those who did not have a mental health issue.

2018 National Survey of Drug Use and Health: SAMHSA

- In 2018, 21.2 million people aged 12 or older needed substance use treatment:
  - 1 in 13 people.
  - 1 in 26 adolescents (age 12-17).
  - 1 in 7 young adults (age 18-25).
  - 1 in 14 adults (age 26 and over).
- In 2018, 3.7 million people received any substance use treatment in the past year:
  - 2.4 million received substance use treatment at a specialty facility.

SAMHSA 2018 National Survey on Drug Use and Health 7

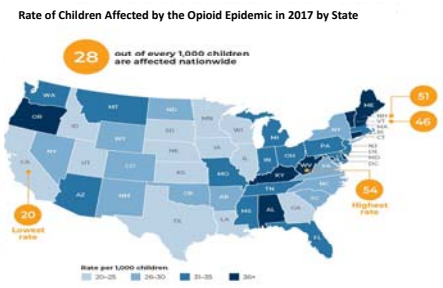
2017 Statistics

- 1.435 million children lived with a parent who had an opioid use disorder.
- 240,000 children had a parent die due to opioid use disorder.
- 10,000 children had a parent in long-term imprisonment due to opioids.
- 325,000 children were removed from their home and lived in foster care or with relatives.
- 170,000 children had opioid use disorder or accidently ingested opioid.

The Ripple Effect: National and State Estimates of the U.S. Opioid Epidemics's Impact on Children, United Hospital Fund 8

In 2017, 28 out of every 1,000 children in the U.S. were affected by opioids. West Virginia had the highest rate of children affected, with 54 out of 1,000–at least twice the rate of 17 other states. New Hampshire (51 out of 1,000) and Vermont (46 out of 1,000) had the second and third highest rates, respectively. In contrast, California had the lowest rate, with 20 children per 1,000.

Rate of Children Affected by the Opioid Epidemic in 2017 by State



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Cost of the Opioid Crisis

The Underestimated Cost of the Opioid Crisis;
The Council of Economic Advisers (CEA), November 2017

Study	Study Year	Opioids Included	Nonfatal Costs	Fatal Costs	Adjustment for Under Counting	2015 Cost ($)	Ratio of CEA Estimate to Study Estimate
Birnbaum et al. (2006)	2001	Prescription	Yes	Earnings	No	$11.5 billion	43.8
Birnbaum et al. (2006)	2007	Prescription	Yes	Earnings	No	$61.5 billion	8.2
Florence et al. (2016)	2013	Prescription	Yes	Earnings	No	$79.9 billion	6.3
CEA (2017)	2015	Prescription and illicit	Yes	Value of statistical life	Yes	$504.0 billion	1.0

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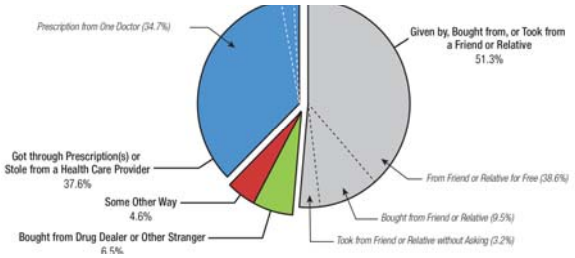
Source of Pain Relievers



SAMHSA 2018 National Survey on Drug Use and Health

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Alabama Opioid Prescribing Rates Compared to Other States: 2018

National average = 51.4

State	Number of Opioid Prescriptions per 100 Persons
Alabama	97.5
Arkansas	93.5
Tennessee	81.8
Kentucky	79.5
Louisiana	79.4
Oklahoma	79.1
Mississippi	76.8
West Virginia	69.3
South Carolina	69.2
Indiana	65.8

Centers for Disease Control and Prevention (CDC) Annual Surveillance of Drug-related Risks and Outcomes, 2019

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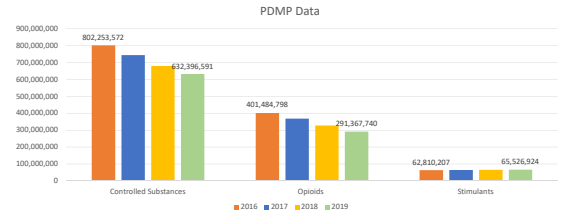
Quantity Dispensed by Year



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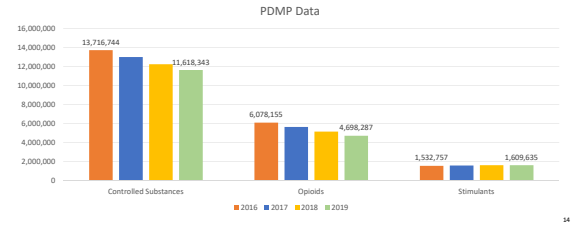
Stimulants - amphetamines and amphetamine derivatives

Number of Prescriptions Dispensed by Year



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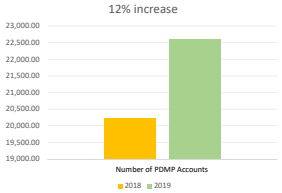
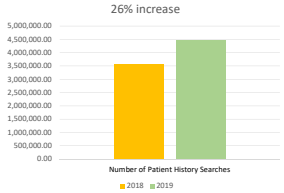
Stimulants - amphetamines and amphetamine derivatives

PDMP Data 2018-2019

Change in the Number of PDMP Accounts



Change in the Number of Patient History Searches Performed



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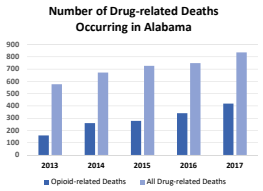
Drug-related Deaths
ADPH Overdose Surveillance Summary

The sharp increase from 2013-2014 was mainly due to heroin, while the increase from 2015-2016 was mainly due to fentanyl-related deaths. The number of fentanyl-related overdose deaths are increasing faster than any other illicit or prescribed drug.



Alabama Opioid Overdose and Addiction Council

- Created by Executive Order and signed by Governor Ivey on August 8, 2017.
- Chaired by the State Health Officer, the Commissioner of the Department of Mental Health, and the attorney general.
- Purpose: To study the state's current opioid crisis and identify strategies to reduce the number of deaths and other adverse consequences.

Alabama Opioid Overdose and Addiction Council Recommendations

- Safer prescribing and dispensing:
  - Funding for improvements and enhancements in the PDMP encourage healthcare regulatory boards to review formal regulations on opioid prescribing.
  - Strengthen prescription data and research capabilities.
- Ensure future prescribers are educated in opioid prescribing while in school.
- Ensure legislation does not negatively impact oncology and hospice patients.

Alabama Opioid Overdose and Addiction Council Recommendations

- Rescue with Naloxone:
  - Increase access to Naloxone through pharmacies.
  - Prioritize access of Naloxone to law enforcement in areas where they typically arrive before medical responders.
  - Advocate Naloxone prescribing, distribution, and education for emergency room practices.

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Alabama PDMP Controlled Substance Database

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Alabama Legislature Act 2004-443 Effective August 1, 2004

- Authorizes the Alabama Department of Public Health (ADPH) to establish a controlled substance database for the collection of controlled substances prescription data.
- All information in the database is declared privileged and confidential.
- Not subject to subpoena or discovery in civil proceedings.
- Only to be used for investigatory or evidentiary purposes.

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Appropriate Use of PDMP Data

- Any person who intentionally makes an unauthorized disclosure of information contained in the controlled substances prescription database shall be guilty of a Class A misdemeanor. Any person or entity who intentionally obtains unauthorized access to or who alters or destroys information contained in the controlled substances database shall be guilty of a Class C felony. (Act 2004-443, p. 781, § 7.)
- The reports generated from the controlled substances database contain confidential information, including patient identifiers, and are not public records. The information should not be provided to any other persons or entity.

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Privileged and Confidential

Confidentiality of database.

The controlled substances database and all information contained therein and any records maintained by the department or by any entity contracting with the department which is submitted to, maintained, or stored as a part of the controlled substances prescription database, and any reproduction or copy of that information is declared privileged and confidential, is not a public record, and is not subject to subpoena or discovery in civil proceedings. This information is considered clinical in nature, subject to medical interpretation, and may only be used for any of the following:

(1) Investigatory or evidentiary purposes related to violations of state or federal law.
(2) Regulatory activities of licensing or regulatory boards of practitioners authorized to prescribe or dispense controlled substances.
(3) Informing pharmacists and practitioners in prescribing or dispensing controlled substances.
(4) Bona fide statistical, research, or educational purposes when information is properly de-identified as provided in this article.

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Best Practices

- PDMP reports should not be placed in the patient's medical record- paper or electronic.
- The prescriber/pharmacist can state in the medical record that a PDMP report was reviewed.
- PDMP information is not subject to subpoena or discovery in civil proceedings.
- The patient's prescriber/pharmacist can discuss PDMP results with the patient's other prescribers/pharmacists.

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Law Enforcement and Regulatory Boards

- Law enforcement can electronically request prescriber, dispenser, and patient reports.
- Law enforcement must certify that an active investigation exist and there is probably cause.
- Regulatory boards can track licensees' prescribing and PDMP utilization history.

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Board of Medical Examiners Risk and Abuse Mitigation Strategies

For the purpose of preventing controlled substance diversion, abuse, misuse, addiction, and doctor-shopping, the Board sets forth the following requirements for the use of Alabama's PDMP:

(a) For controlled substance prescriptions totaling less than 30 MME or 3 LME per day, physicians are expected to use the PDMP in a manner consistent with good clinical practice.
(b) When prescribing controlled substances of more than 30 MME or 3 LME per day to a patient, physicians shall review that patient's prescribing history through the PDMP at least 2 times per year, and each physician is responsible for documenting the use of risk and abuse mitigation strategies in the patient's medical record.
(c) Physicians shall query the PDMP to review a patient's prescribing history every time a prescription for more than 90 MME or 5 LME per day is written, on the same day the prescription is written.

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Board of Medical Examiners Risk and Abuse Mitigation Strategies (continued)

Exemptions: The Board's PDMP requirements do not apply to physicians writing controlled substance prescriptions for:

(a) Nursing home patients.
(b) Hospice patients, where the prescription indicates hospice on the physical prescription.
(c) When treating a patient for active, malignant pain.
(d) Intra-operative patient care.

Can be found at https://www.albme.org/riskabusemit.html

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PDMP Report Disclaimer

ADPH makes no claims, promises, or guarantees the accuracy, completeness, or adequacy of the contents of the Recipient Query Report, and expressly disclaims liability for errors and omissions in the contents. The records herein are based on information submitted by pharmacies and dispensing health care practitioners. Records on this report should be verified before any clinical decisions are made or actions are taken. Multiple state queries are limited to exact match on last name, first name, and date of birth.

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Daily Reporting

- Dispensers are required to report daily (business days).
  - Exceptions:
    - Veterinarians are exempt from reporting, effective August 2016.
    - Methadone clinics are exempt from reporting per federal law but a recent law change states that they **may** report.
    - The Veterans Administration voluntarily reports.
- The definition of dispensing is going out the door with or to the patient. Does not include controlled substances administered to a patient while in the practitioner's office or on the premises of an inpatient hospital facility.

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Program Features

- Practitioners can search for prescriptions dispensed under his/her DEA number (MyRx).
- Physicians can monitor mid level practitioners and delegates.
- Added morphine equivalent dosage to practitioner and pharmacist query reports.

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Physician Delegates

- Physicians can have up to two delegates.
- No other discipline can have delegates.
- Delegate will not have access until physician links their accounts and physician must unlink accounts when delegate leaves the practice.
- Delegate can be licensed or unlicensed.
- Must choose delegate as License Type when registering.
- Delegates cannot access the PDMP through electronic health record (EHR) integration.

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PDMP Features Added in 2018

- Prescriber Score Cards: Provides prescribers with a summary of their controlled substance prescribing, how it compares to their peers, and dangerous drug combinations that patients are receiving. Sent quarterly and includes the previous 6 months.
- NarxCare Format: Upgraded in January 2018. Provides prescribers and pharmacists an analytical tool including overdose risk scores.
- Mid-Level MyRx: Allows physicians to monitor the controlled substance prescribing of their collaborating mid-level prescribers nurse practitioners and physician assistants.
- RX Check: Provides an alternative hub for interstate data sharing, allowing the Alabama PDMP to data share with more states and to qualify for federal grants.

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Data Sharing with Other States

- Currently, data sharing with 33 states, D.C., one territory, and Military Services.
- Data sharing with all surrounding states.
- Data sharing activity over two hubs (InterConnect and RX Check).
- Interstate data sharing is dependent on the laws of each state. Therefore, not all roles (e.g., nurse practitioners) have access to all the states.

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NarxCare reports

- Scores range from 000-999.
- Overall Overdose Risk Score.
- Scores for 3 different drug types:
  - Narcotics.
  - Sedatives.
  - Stimulants.
- Calculation based on the number of:
  - Providers.
  - Pharmacies.
  - MME.
  - Overlapping prescriptions.
- Last number is the number of active prescriptions for that drug type.

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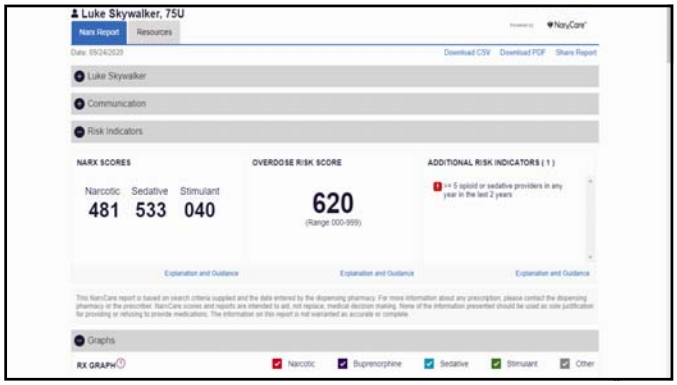

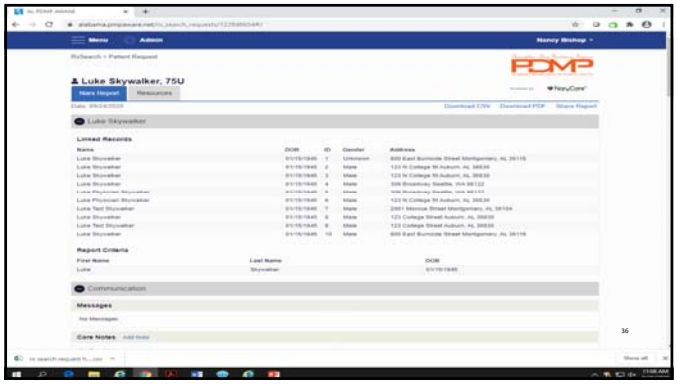

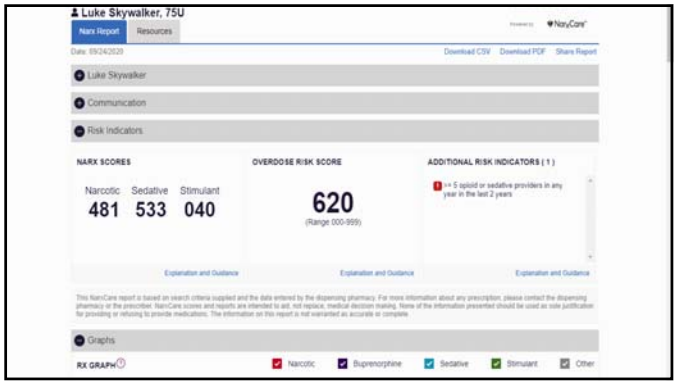
Luke Skywalker, 75U
Narx Report
Resources
Luke Skywalker
Communication
Risk Indicators
NARX SCORES
Narcotic Sedative Stimulant
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OVERDOSE RISK SCORE
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ADDITIONAL RISK INDICATORS (1)
Graphs
RX GRAPH
Narcotic
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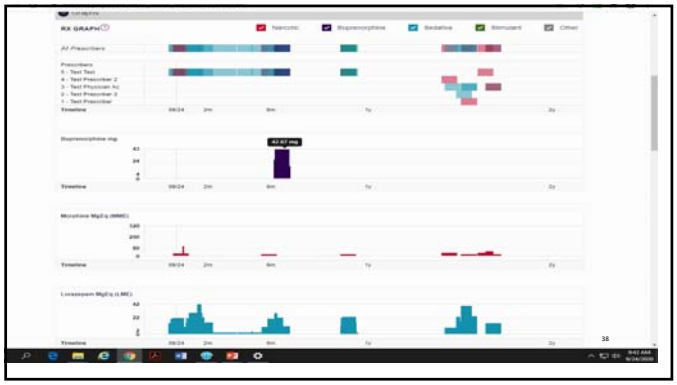
Sedative
Stimulant
Other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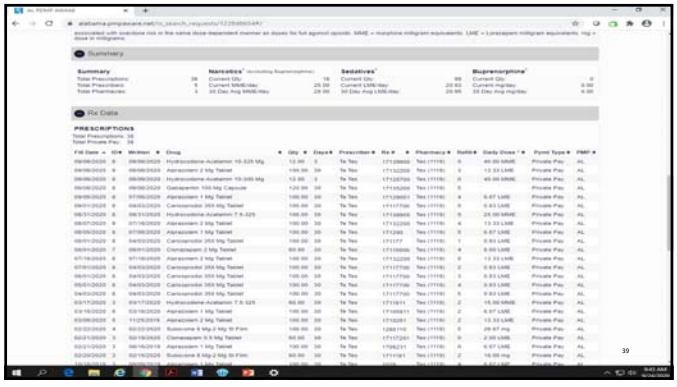
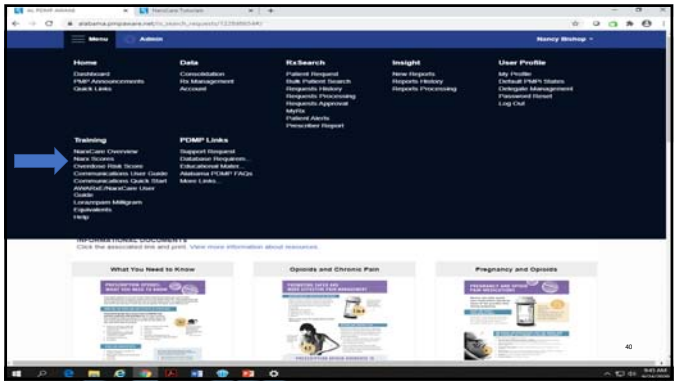

Summary
Rx Data
PRESCRIPTIONS
39



Helpful Hints

- The patient's last name, first name, and date of birth (DOB) are required fields.
- May enter partial first and last name:
  - At least 3 letters.
  - Common names may generate multiple patients (example: Wil for Williams, Williamson, etc.).
- May enter a DOB range. Helps find patients who may have been entered with a different DOB but, again, be careful with common names.
- Hyphenated names can be tricky. Using the Partial Name feature may be helpful.

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More Helpful Hints

- Let PDMP staff know if two patients are consolidated in error.
- Let ADPH know when the collaborating physician changes.
- Multiple state searches: Matches only the same first and last name and the DOB so common names may include more than one patient. Important to discuss with patient before making assumptions.
- It is the responsibility of the physician to "un-approve" delegates and mid-level prescribers when they leave the practice or the collaboration agreement is terminated.
- Password resets: Sometimes fire walls block PDMP emails. There is a option to reset your password via text but a cell number must be listed in your PDMP profile.

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Prescriber Reports

- Prescriber Reports are sent quarterly via email to all prescribers who have prescribed a controlled substance in the previous 6 months and who have an active PDMP account.
- Will rank prescribers among their peers.
- Compares prescribing behavior to red flag indicators- high doses, combo therapy, treatment duration.
- Summary of patient and prescription volumes.
- Information on potential prescriber and pharmacy shoppers.
- If not receiving, verify that your PDMP email is valid and no fire walls block PDMP emails.

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Prescriber reports

- There is an issue with searches not appearing on the reports of mid-level prescribers.
- If not receiving, verify that the email address in the PDMP is still active and the email is not being sent to the Junk Folder or it was not blocked by fire walls.
- These reports are not shared with anyone except the prescriber.
- Potential enhancement, depending on cost and funding: Ability to drill down to patient information from the prescriber report.

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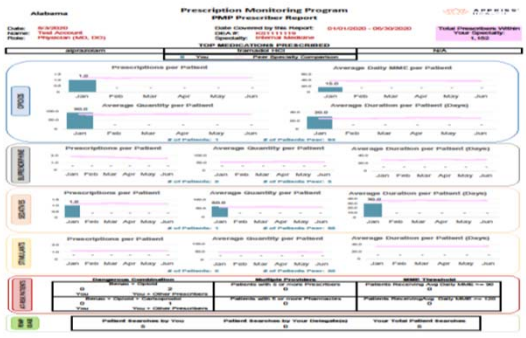

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PDMP Features added in 2019

- Gateway Integration: Permits prescribers to access the PDMP directly from their electronic health record which allows data to be obtained more efficiently, saving time. As of September 28, 2020, 226 entities are using Gateway integration, including 4 major pharmacy chains, 18 hospitals/health systems, 186 physician offices (some with multiple offices), and 18 independent pharmacies. In addition, 142 entities are in the process of integrating.
- Advanced Analytics: Provides a robust suite of interactive dashboards, allowing regulatory boards to build custom reports in their efforts of monitoring the prescribing and dispensing of their licensees. It also provides the PDMP a mechanism to meet de-identified data requests upon approval by the Information Release Review Committee. Such data is needed when applying for federal grants and assessing the opioid crisis in Alabama.

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EHR integration

- PDMP integration is available for most EHR and pharmacy management software. Check with your vendor.
- Funding has been secured for FY21.
- If interested, see information on our website: https://www.alabamapublichealth.gov/pdmp/ehrintegration.html.
- Questions can be directed to Nancy Bishop at PDMP.
- Saves time and is convenient.

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Delegate Reverification

- Beginning February 2021, physicians will be required to verify their delegates once a year.
- If a delegate is not verified within 30 days, his/her account will be deactivated.
- Includes licensed delegates, unlicensed delegates, nurse practitioners, physician assistants, and nurse midwives.

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Training Resources

- Training videos available on website: alabamapublichealth.gov/PDMP.
- Upcoming free live CME available:
  - Register at https://aub.ethosce.com/.
  - Sessions will be recorded for non-live credit.

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Frequently Asked Questions

- Multiple state searches: Matches only the same first and last name and the date of birth so common names may include more than one patient. Important to discuss with patient before making assumptions.
- It is the responsibility of the physician to "un-approve" delegates and mid-level prescribers when they leave the practice or the collaboration agreement is terminated.
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Contact Information

PDMP Staff:

pdmp@adph.state.al.us

334-206-5226

877-703-9869

Help Desk:

alpdm-info@apprisshealth.com

855-925-4767

Contact Information

Nancy Bishop, RPh

nancy.bishop@adph.state.al.us

334-206-3014