Care in Crisis: How the PDMP Can Assist Physicians

PRESCRIPTION DRUG MONITORING IN OTHER STATES HAS REDUCED OPIOID PRESCRIPTIONS AND PATIENTS SEEKING OUT MULTIPLE PRESCRIBERS

By Teesha C. Miller, MBA, MHA, CPB

There has been a massive response to the declaration of an opioid crisis in Missouri and across the United States. Professionals, health care and otherwise, scramble to take action. Yet drug use has been around for many years; in fact, opiates date back to the late 1800s.

Missouri is among the 23 states and Washington, D.C., that have statistically higher rates of drug-related overdose deaths than the rest of the nation. Additionally, at 35 percent, the state's increase in opioid overdose deaths between 2015 and 2016 was significantly higher than the national increase of 29 percent.[1]

We see around us how communities are riddled with violence and families destroyed by illicit and prescription drug use. Many lay people as well as professionals wonder what can be done. Communities of care scramble to create and implement policies, and work feverishly to develop and deploy useful interventions and education programs. Initial responses include an emphasis on providing better education, changing policy, revamping prevention campaigns, looking at our treatment options, and changing the way law enforcement responds to substance and opioid use disorders (SUD/OUD).

In Missouri, a major response to the crisis was the launch of a Prescription Drug Monitoring Program (PDMP) based in St. Louis County in April 2017. The initial group of 14 participating jurisdictions included Jackson County, Kansas City and Independence; Clay County more recently has joined. Providers in these jurisdictions can register for access to the PDMP. People continue to debate the efficacy and merits of PDMPs along with other emerging harm reduction measures aimed at combating opioid addiction.

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In other states, PDMPs have been shown to reduce opioid prescriptions. In 2011 and 2012, Ohio and Kentucky mandated clinicians to review PDMP data and implemented pain clinic regulation. It is reported the morphine milligram equivalents per capita decreased in 85% and 62% of counties from 2010 to 2015.[2]

In New York state, lawmakers mandated prescribers to check the state PDMP before prescribing opioids in 2012. The next year that state saw a 75% drop in patients' seeing multiple prescribers for the same drugs. Tennessee realized a similar gain as their state lawmakers passed a similar law in the same year. As a result, in 2013 there was a 36% decline in patients' seeing multiple prescribers for the same drugs.[2]

We now know that overdoses from prescription opioids are a driving factor in the 15-year increase in opioid overdose deaths. We don't yet know how to solve this problem. One of the ways to combat the problem is for providers to check the PDMP when clinically indicated. This can be time consuming for a provider and admittedly is an additional step in patient care. It is critical to strike a balance between addressing legitimate practitioner concerns and implementing support systems with the ability to fundamentally impact patient safety.[3]

Good care does not happen in a silo. It is a concerted effort of practitioners working together for the best possible outcome. Using the PDMP can assist in the provision of good care when the team members have access and use it.

In Missouri, physicians and pharmacists can supervise and delegate access to the PDMP to certain staff who assist in the course of patient care. Delegate roles are typically assigned to a nurse, nurse practitioner, clinical nurse specialist, physician assistant, medical resident,

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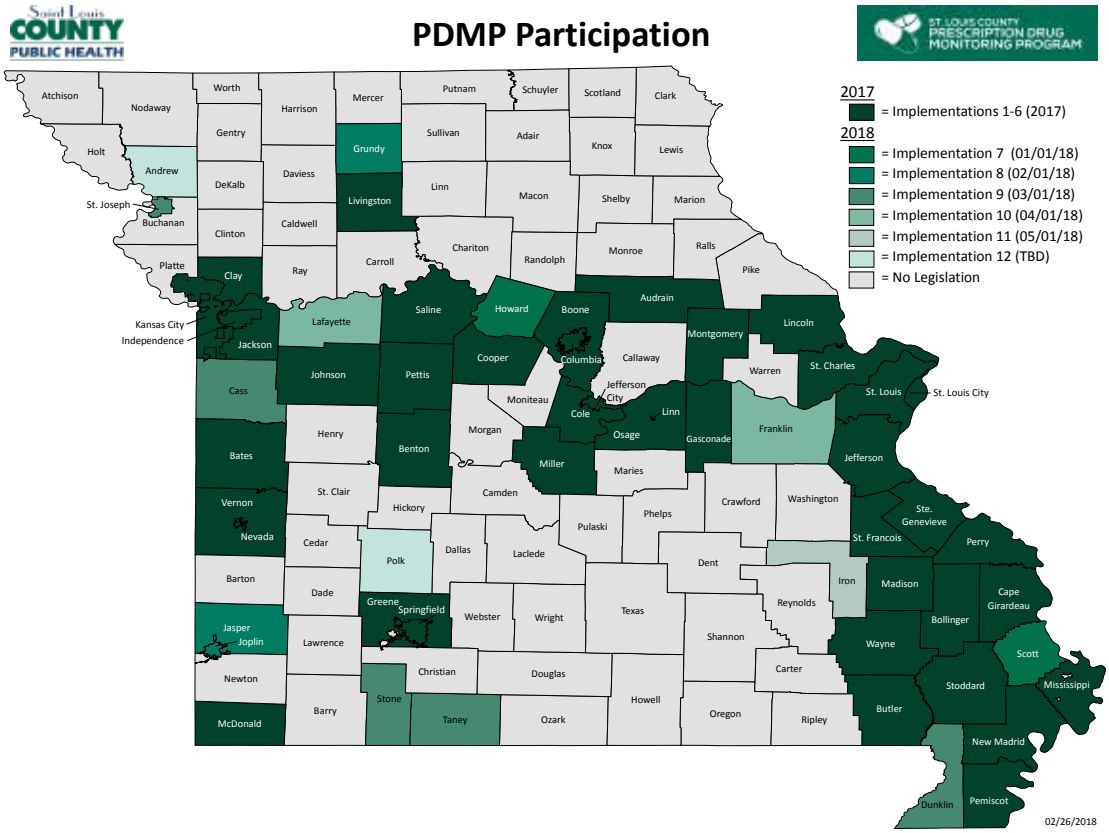

pharmacy technician, pharmacy intern, medical intern, dental hygienist and others. Delegate users are able to make patient requests on behalf of their supervisory physician or pharmacist who authorizes access. Delegate accounts are tied to the supervisory provider's account, and the supervisory provider maintains all liability.

By registering all delegates providing patient care, this helps their surveillance for the PDMP. Nurses are reporting cases in which they've discovered patients with multiple prescriptions for stimulants, benzodiazepines, and controlled substances prescribed by doctors in offices and emergency rooms all written within days of each other. A quick check in the PDMP can pave the way for a conversation concerning opiate use disorder, or altered the course of treatment, but most importantly can save a life.

To date, 60 Missouri jurisdictions have enacted authorizing legislation to join the PDMP (Fig. 1). There are just over 6,880 approved users. The PDMP covers 79% of state population and 92% of health care providers averaging 3,300 patient searches per day.

PDMPs are not perfect. There are system design imperfections. There is usually about a 24-hour delay in the uploading of data. And PMPaware is not fully integrated into the clinical workflow. While these system imperfections are important drawbacks that should be addressed, they are not impermeable barriers to the provision of care.

Providers opting not to use the system due to the barriers effectively render PDMPs useless in their clinics. The delegate users will not have access to the system until and unless their provider/supervisor grants them access. In order to grant access to a delegate, supervisory providers must first register for their own access with the PDMP.

Some clinicians who opt not to use the PDMP have made decisions to simply decline to prescribe opioids, raise prescribing thresholds, refer patients elsewhere, or substitute nonmonitored drugs—all of which could compromise appropriate symptom management.[3]

The metropolitan Kansas City area is engaged in a robust collaborative effort aimed at supporting patients, families, providers and law enforcement in their response to the opioid crisis. Groups such as the Health Care Foundation of Greater Kansas City, First Call, KC Area Regional Opioid Crisis Task Force, Kansas City Health Department, Greater Kansas City Opioid Treatment Workgroup, KC Perinatal Collaborative, and more are working with community stakeholders to combat the epidemic and provide valuable resources and services. Intense community and provider education efforts, medication assisted-treatment programs, syringe exchange programs, and safe injection sites are part

of collaborative efforts occurring around Kansas City.

Research supports the use of medication-assisted treatment (MAT) as effective in facilitating recovery from opioid addiction for many patients. It treats opioid addiction as a medical disorder. MAT is most effective in a "whole-patient" approach which also includes necessary supportive services such as psychosocial counseling, treatment for co-occurring disorders, medical services, and vocational rehabilitation.[4]

"As you look at France, they were able to drive down their opioid rates and their heroin usage by making it easier for folks to get access to MAT," U.S. Surgeon General Jerome Adams, MD, said at an American College of Emergency Physicians forum in Washington, D.C. "So, we know that this can work."

POLICY CHANGES

Beginning March 1, 2018, the Missouri departments of Social Services, Mental Health, and Health and Senior Services will begin enforcing national standards for prescribing opioids to chronic pain patients. The departments are working to bring MO HealthNet providers who aren't following Centers for Disease Control and prevention guidelines into compliance when it comes to opioid prescriptions. Providers will need to respond to the Missouri Medicaid Audit and Compliance Unit with clinical data justifying the prescription history or a plan for modification to comply with the MO HealthNet standard.[5]

Opioid use disorder is complex and requires a multi-pronged approach to developing solutions with two goals: identify and help individuals who are currently facing opioid use disorder; and implement prevention strategies to reverse the alarming trends. There is no single action, software package, system, or policy change that will suddenly halt and reverse this crisis. Research and changes to both practice and policy are important strategies currently being implemented by Missouri hospitals, providers and other key partners. One place you can start is by registering and using the Prescription Drug Monitoring Program.

Teesha C. Miller is director of the prescription drug monitoring program for Jackson County. She can be reached at tcmiller@jacksongov.org.

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