A fact sheet from THE PEW CHARITABLE TRUSTS | Aug 2016

Strategies to Optimize Prescriber Use of Prescription Drug Monitoring Programs

Overview

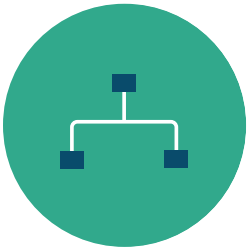
Nearly 19,000 people in the United States died from overdoses that involved prescription pain relievers, also known as opioids, in 2014. This represents a 16 percent increase from the previous year and is the highest number recorded—equivalent to 52 deaths each day.[1]

Prescription drug monitoring programs, or PDMPs, are state-run electronic databases that collect information on controlled substances, including opioids, dispensed to patients. These systems are designed to help health care providers safely prescribe and monitor the use of these drugs, which can help prevent overdose deaths.

However, PDMPs are not achieving their full potential, in part because they can be difficult or inconvenient to use. For example, in a 2014 survey, primary care physicians reported that retrieving data from PDMPs takes too much time and the format is not user-friendly.[2] States can employ several strategies to make PDMPs easier to use and increase their utilization among prescribers:

Unsolicited reports

PDMPs can send unsolicited reports to prescribers, alerting them to patients potentially at risk of harm. For example, PDMPs may notify prescribers when patients visit multiple health care providers to obtain the same or similar drugs (known as multiple provider episodes). Such unsolicited reports prompt prescribers to enroll in or query the database, thus encouraging its use. Nearly two-thirds of all states have implemented the practice.[3]



Delegate access

Prescribers may designate delegates, such as nurses or other authorized office staff, to access the PDMP on their behalf. This helps prescribers to better manage time and workflow while still incorporating controlled substance data into their prescribing decisions. Over three-quarters of states have delegate access.[4]

Health IT integration

States can combine PDMP data with other clinical information through the use of health information technology (health IT) such as electronic health records, which are used to store, communicate, and analyze health information. This type of integration, which makes PDMP data easier to use,[5] is available in more than a quarter of states.[6]

Mandatory use

States may require the PDMP's use in certain circumstances, such as when writing an initial prescription for a controlled substance, unless an exemption applies (e.g., prescriptions written for five days or less). Requiring PDMP queries provides prescribers and dispensers with relevant patient information that can assist with treatment decisions. Over half of states require prescribers to access the PDMP, but requirement circumstances vary by state.[7]

Timely data

Up-to-date information can provide users with a more accurate picture of a patient's controlled substance prescription history. Most states find value in requiring PDMP updates within 24 hours of dispensing, and more than half operate under this time frame.[8] Oklahoma dispensers have uploaded PDMP data in real-time since 2012.[9]

States are continuing to develop and improve their PDMPs as they learn more about the practices that optimize their use. As researchers study the impact of these changes, they gather evidence to support future enhancements. These changes have the potential to increase the use of PDMPs, encourage safe prescribing, and protect patients from harm.

Endnotes

1 Centers for Disease Control and Prevention, "Number and Age-Adjusted Rates of Drug-Poisoning Deaths Involving Opioid Analgesics and Heroin: United States, 2000–2014," accessed Feb. 10, 2016, http://www.cdc.gov/nchs/data/health_policy/AADR_drug_poisoning_involving_OA_Heroin_US_2000-2014.pdf.

2 Lainie Rutkow et al., "Most Primary Care Physicians Are Aware of Prescription Drug Monitoring Programs, but Many Find the Data Difficult to Access," *Health Affairs* 34, no. 3 (2015): 484-492, http://dx.doi.org/10.1377/hlthaff.2014.1085.

3 Prescription Drug Monitoring Program Center of Excellence at Brandeis University and The Pew Charitable Trusts, *Prescription Drug Monitoring Programs: Evidence-Based Practices to Optimize Prescriber Use*, (Washington, D.C., forthcoming). Survey conducted by Prescription Drug Monitoring Program Center of Excellence and The Pew Charitable Trusts, November-December 2015.

4 Prescription Drug Monitoring Program Center of Excellence at Brandeis University and The Pew Charitable Trusts, *Prescription Drug Monitoring Programs*.

5 MITRE Corp., Office of the National Coordinator for Health Information Technology, and the Substance Abuse and Mental Health Services Administration, "Connecting Prescribers and Dispensers to PDMPs Through Health IT: Six Pilot Studies and Their Impact" (2012), accessed Feb. 10, 2016, https://www.healthit.gov/sites/default/files/pdmp_pilot_studies_summary.pdf.

6 Prescription Drug Monitoring Program Center of Excellence at Brandeis University and The Pew Charitable Trusts, *Prescription Drug Monitoring Programs*.

7 Ibid.

8 Ibid.

9 Prescription Drug Monitoring Program Center of Excellence at Brandeis University, "Real Time Reporting: Oklahoma's Pioneering PMP," (2012), http://www.pdmpexcellence.org/sites/all/pdfs/ok_real_time_data_nff_11912.pdf.

For further information, please visit:

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