Physician Utilization of PMP Data

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Principles of Interpretation of PMP Data

- PMP report is like any laboratory test:
  - Must be interpreted in light of the overall clinical picture
  - Bad data, misidentified individuals, false positives, false negatives, are always possible
  - Particular caution is needed because the “diagnostic accuracy” of any PMP cut-point is unknown

What PMP Cut-Off?

	Optimal model drug claims only (PMP) 80% sensitivity, 74% specificity	Optimal model drug claims only (PMP) 54% sensitivity, 95% specificity	Optimal model drug & medical claims (Claims) 80% sensitivity, 92% specificity	Optimal model drug & medical claims (Claims) 71% sensitivity, 95% specificity
No. Threshold reports	30,959	6,292	11,551	7,426
No. (%) false positive	30,259 (26%)	5,819 (5%)	10,763 (8%)	6,727 (5%)
No. false Negative (missed abusers)	175/875	403/875	197/875	285/875

The Clinical Picture

- Medical history
  - Pain diagnosis, addiction risk factors
  - Review of medical records
- Physical exam
  - Track marks, nasal septal/palatal pathology
- Clinical benefit
  - Pain, physical function, side effects
- Aberrant behaviors
- Urine drug monitoring, pill counts, PMP report

PMP Report: Differential Diagnosis

- Appropriate clinical care
- Administrative issues (changing insurance, moving towns)
- Poorly managed pain
- “Chemical coping”
- Abuse and addiction
- Diversion

Suspected Abuse or Addiction: Management

- Conversation with patient
- Reinforcing (or introducing) PTA
- SBIRT
- Increased intensity of monitoring, lower supplies
- Non-opioid analgesia
- Consultation or multidisciplinary management
- Reporting suspected criminal activity
- Tapering off opioid therapy for persistent noncompliance

As with many other chronic, relapsing-remitting illnesses, the picture often clarifies itself with time