

How Can Payers Use PMPs to Reduce Prescription Opioid Fraud and Abuse?

PMP / HEALTH CARE PAYER

MEETING

June 3, 2010

Boston, MA

What do PMPs do?

Prescription Monitoring Program

GOALS

- Education & Information
- Public Health Initiatives
- Early Intervention & Prevention
- Investigation & Enforcement

Data Gathering and Use

- Collect information from pharmacies for controlled substances prescriptions.
- Store the prescription information.
- Provide data to authorized users:
 - Prescribers; pharmacists/pharmacies
 - Law Enforcement; Regulatory Agencies: e.g. Professional Licensing Boards
 - Researchers: e.g. Public Health
 - Patients

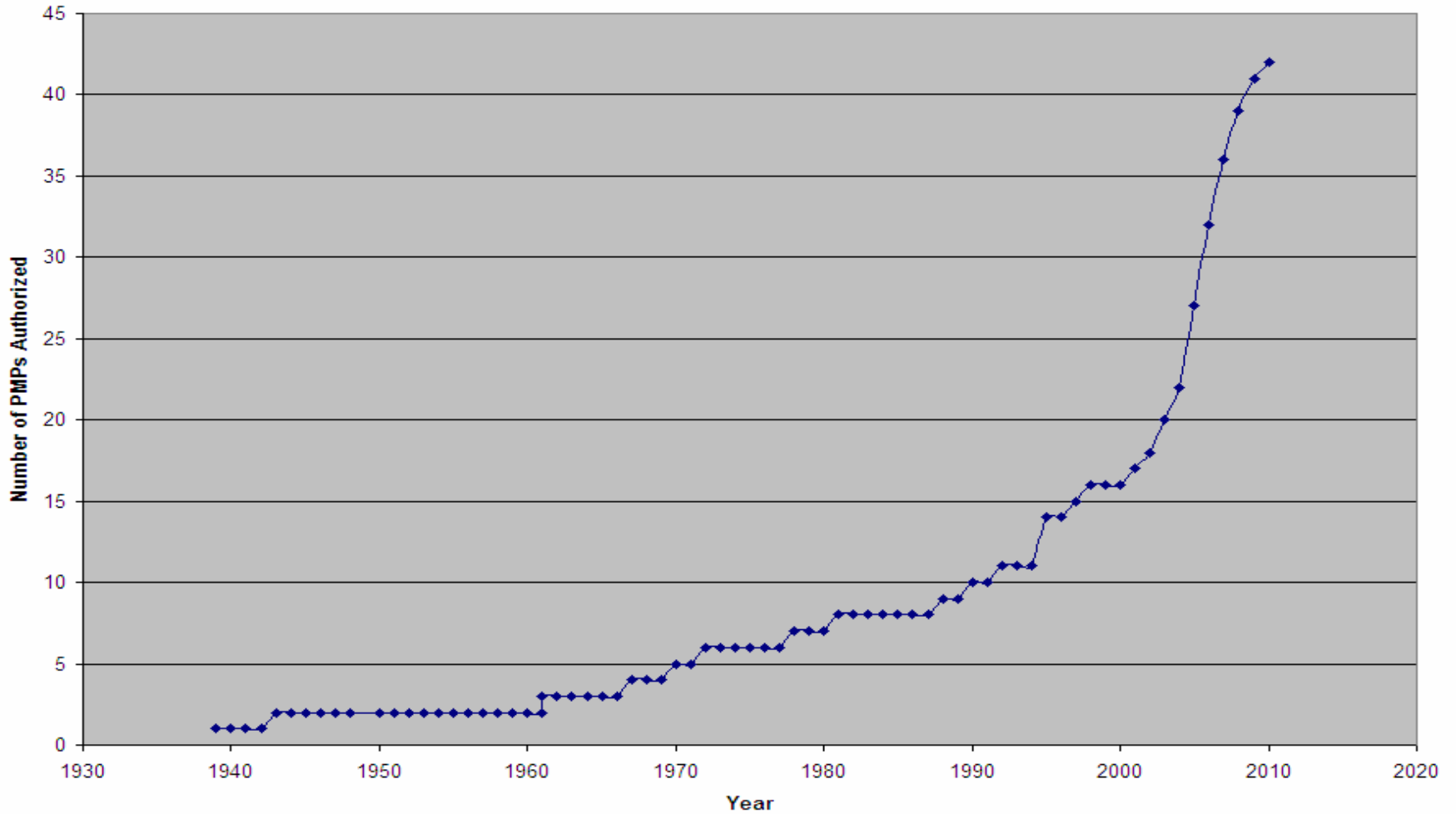
Data Collected

- PMPs Collect Controlled Substances:
 - 22 Schedules II - V
 - 15 Schedules II – IV
 - 2 Schedule II only
 - 1 Schedule II & III
 - 13 Soma
 - 6 Tramadol
- Electronic Data Collection - Batch Reporting
- Reporting Frequency varies - 7 to 30 days

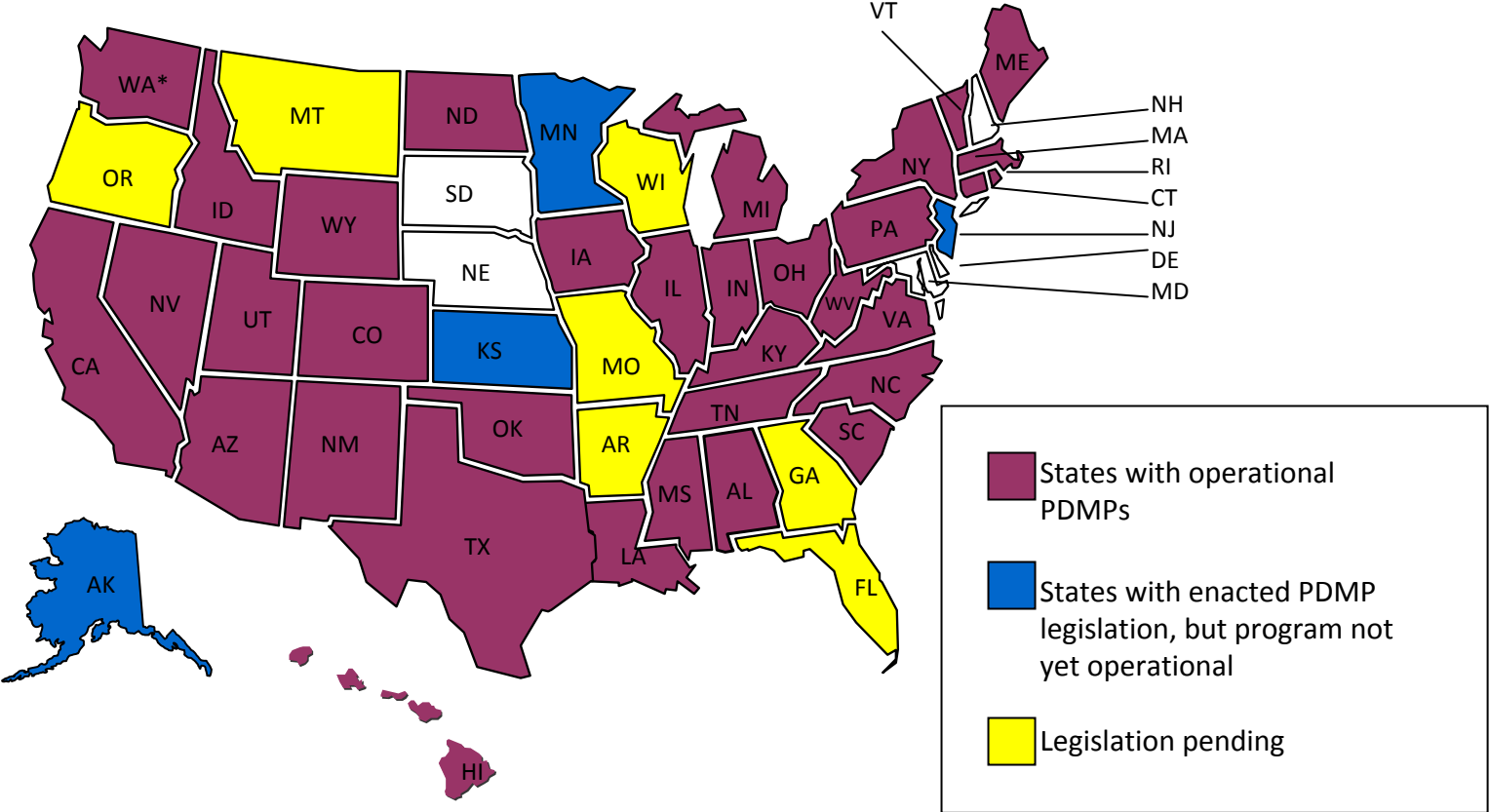
Prescription Information Collected

- Patient identification:
 - Name & Address
 - DOB & Gender
- Prescriber Information
- Dispensing Pharmacy Information
- Drug Information, e.g.
 - NDC # = name, type, strength, manufacturer
 - Quantity & date dispensed

Statutorily Authorized State PMPs, 1939 - 2010



Status of State Prescription Monitoring Programs (PMPs)



*Washington has temporarily suspended its PMP operations due to budgetary constraints.

PMP Population

As of January 2010

- 266 million individuals live in states that have authorized PMPs
- 87% of the Population of the US
- Since then, WI and SD have authorized PMPs

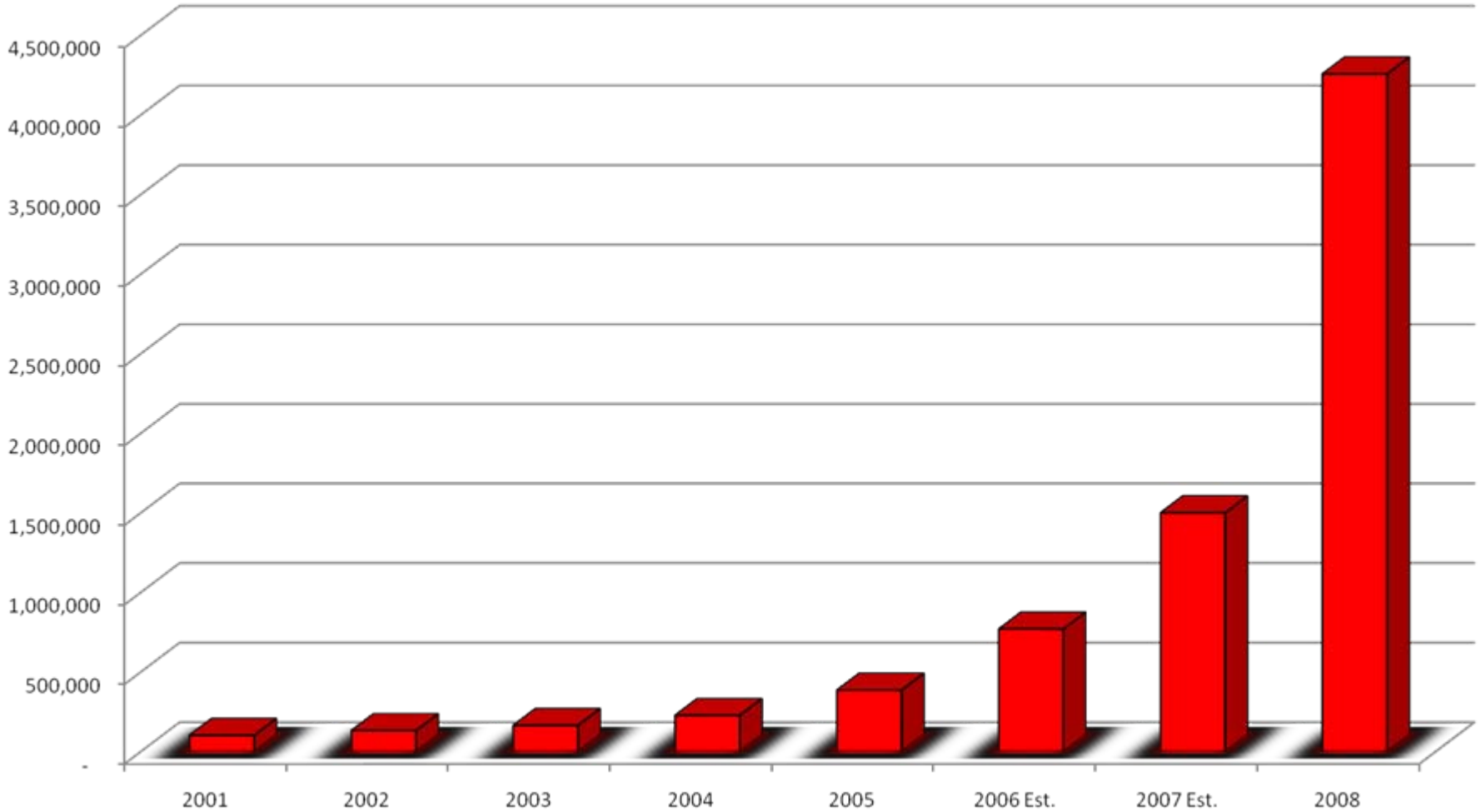
PMP Prescription Records

- During 2008:
- 29 Operational PMPs Collected
- 285 million Controlled Substances Prescriptions

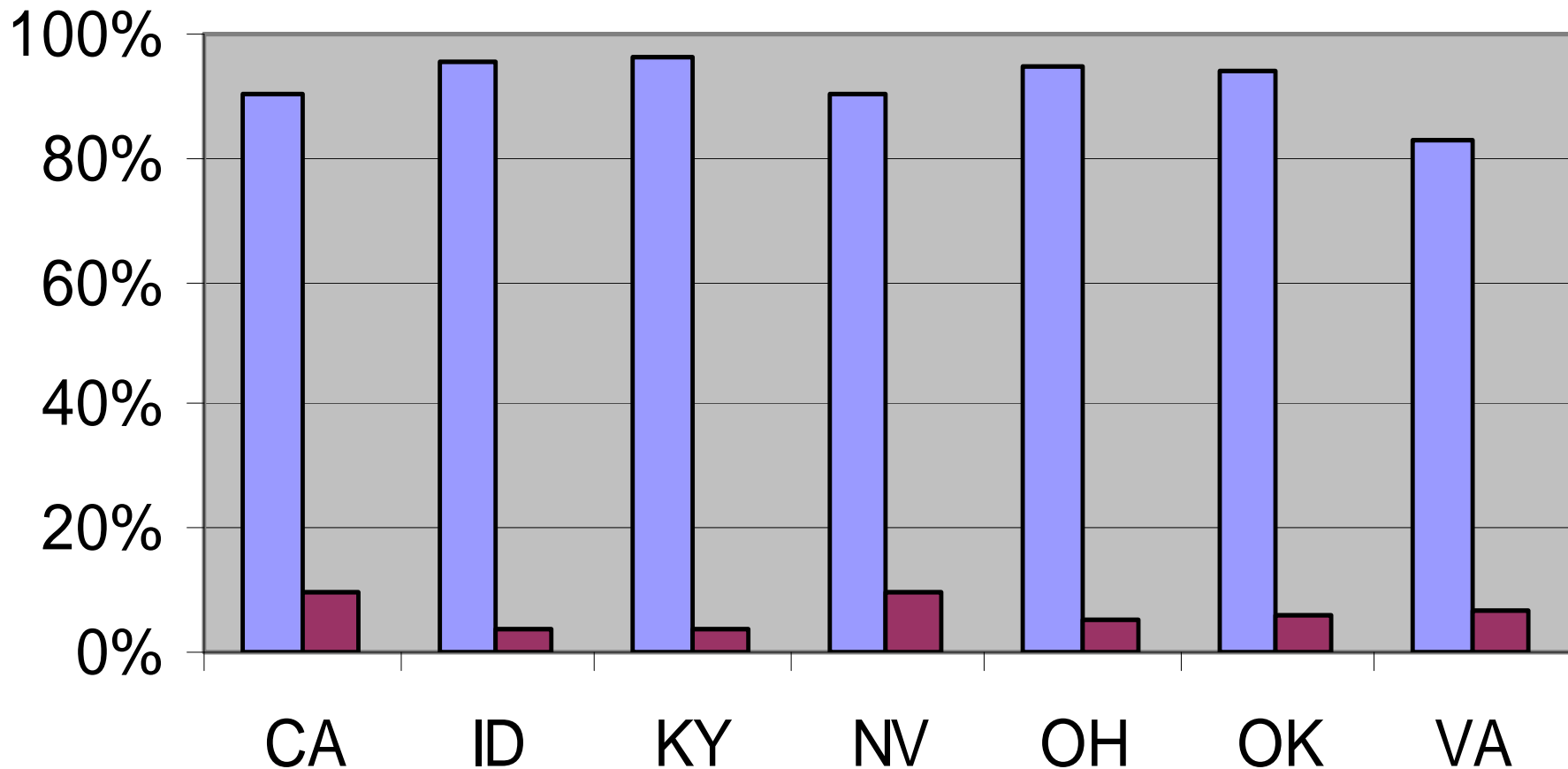
Types of PMP Reports

- Reports can be produced:
 - By Patient
 - By Prescriber
 - By Dispensing Pharmacy
- Solicited – almost all PMPs do this
- Proactive – Unsolicited – some states
- Access to which types of reports varies by state

Number of PDMP Reports Produced Per Year



PDMP REPORTS BY TYPE OF USER



■ Prescribers & Pharmacists ■ Law Enf. & Regulatory

PMP Administrative Agencies

- States have made widely varying choices regarding agencies to administer PMPs
- As of January 1, 2010:
 - Consumer Protection Agency 1
 - Substance Abuse Agency 2
 - Law Enforcement Agency 6
 - Professional Licensing Agency 6
 - Department of Health 11
 - Pharmacy Board 15

Proportion of PDMP Reports to Prescribers and Pharmacists by Type of PDMP Agency

<u># of PDMPs</u>	<u>Type of Agency</u>	<u>% Reports to Prescribers & Pharmacists</u>
3	Boards of Pharmacy	90% - 96%
3	Law Enforcement	90% - 96%

PMPs: Medical Care or Law Enforcement or Regulatory?

- PMPs provide clinical information to prescribers and pharmacists
- PMPs also provide information to regulatory and law enforcement agencies.
- Medical programs, regulatory programs and Law Enforcement have a long history of working together:
 - Public Health quarantines and mandatory medication, e.g. tuberculosis are enforced by Law Enforcement
 - Public and Private Medical Care Payers rely on Professional Licensing Agencies and Law Enforcement units to investigate incompetence and prosecute fraud

PMPs' Impact

Detailed study of NY PMP's introduction:

- Data collection began - 1978:
 - NY led the nation in Schedule II stimulants & barbiturate overdoses
 - NY had few opioid overdoses
 - 12% of all Schedule II prescriptions were forged and/or counterfeit
- Within 5 years:
 - Less than 1% Rx forged or counterfeit
 - Stimulant & Barbiturate sales & overdoses dropped by 95%
 - No reduction in opioid sales
 - Net Schedule II reduction – 50%

Alliance of States with Prescription Monitoring Programs

- Alliance founded to provide support and information exchange for:
 - Existing PMPs
 - States attempting to establish PMPs
 - States considering establishment of PMPs
- Alliance founded in 1990
- Partnered with Brandeis University for PMP Training and Technical Assistance Center in 2008

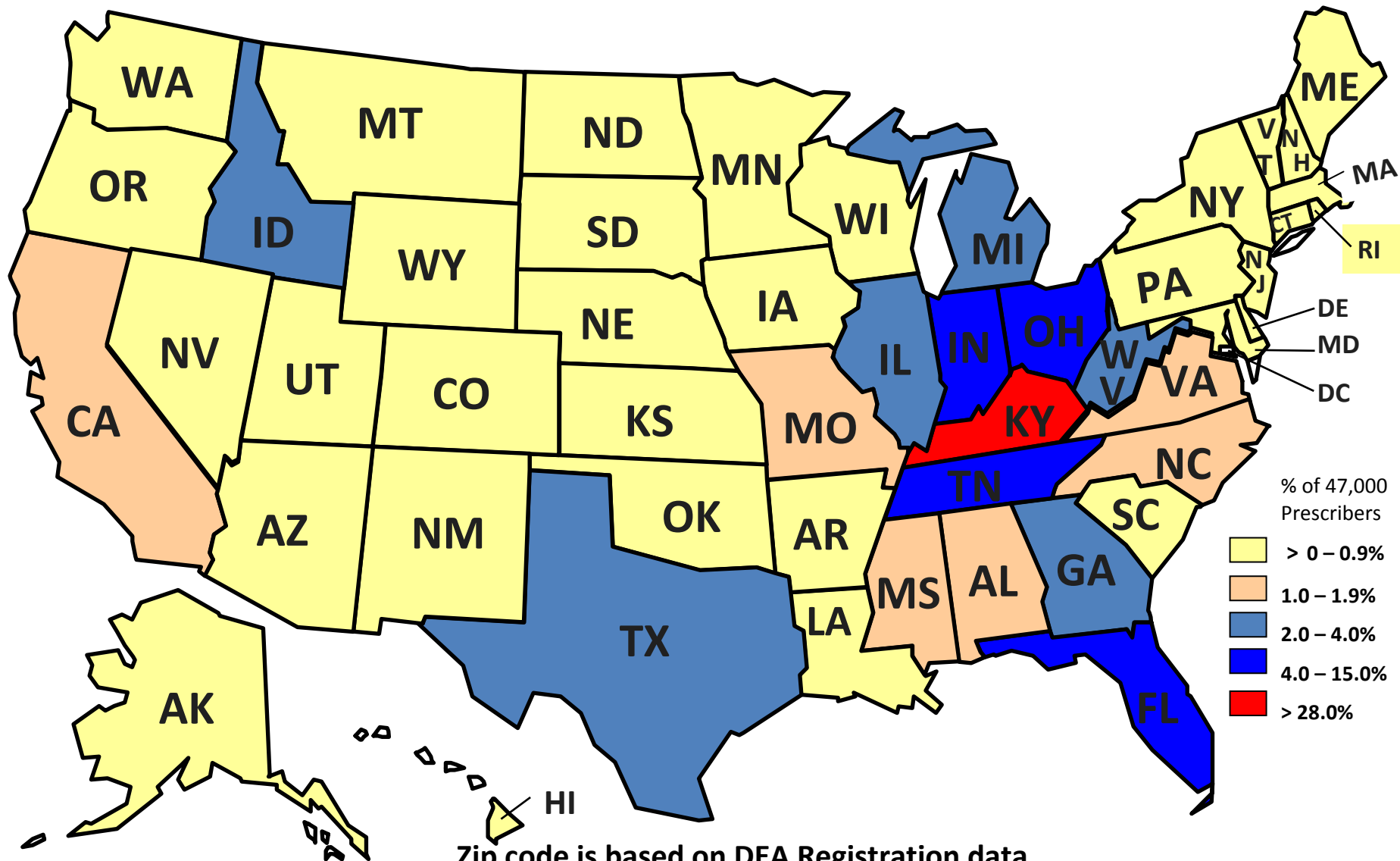
BJA/IJIS PMP Committee: INTERSTATE PMP DATA SHARING

- Alliance of States with Prescription Monitoring Programs: 7 State Members
- 6 Industry Representatives
- Federal Advisors – BJA and DEA
- Project Managers – IJIS Institute



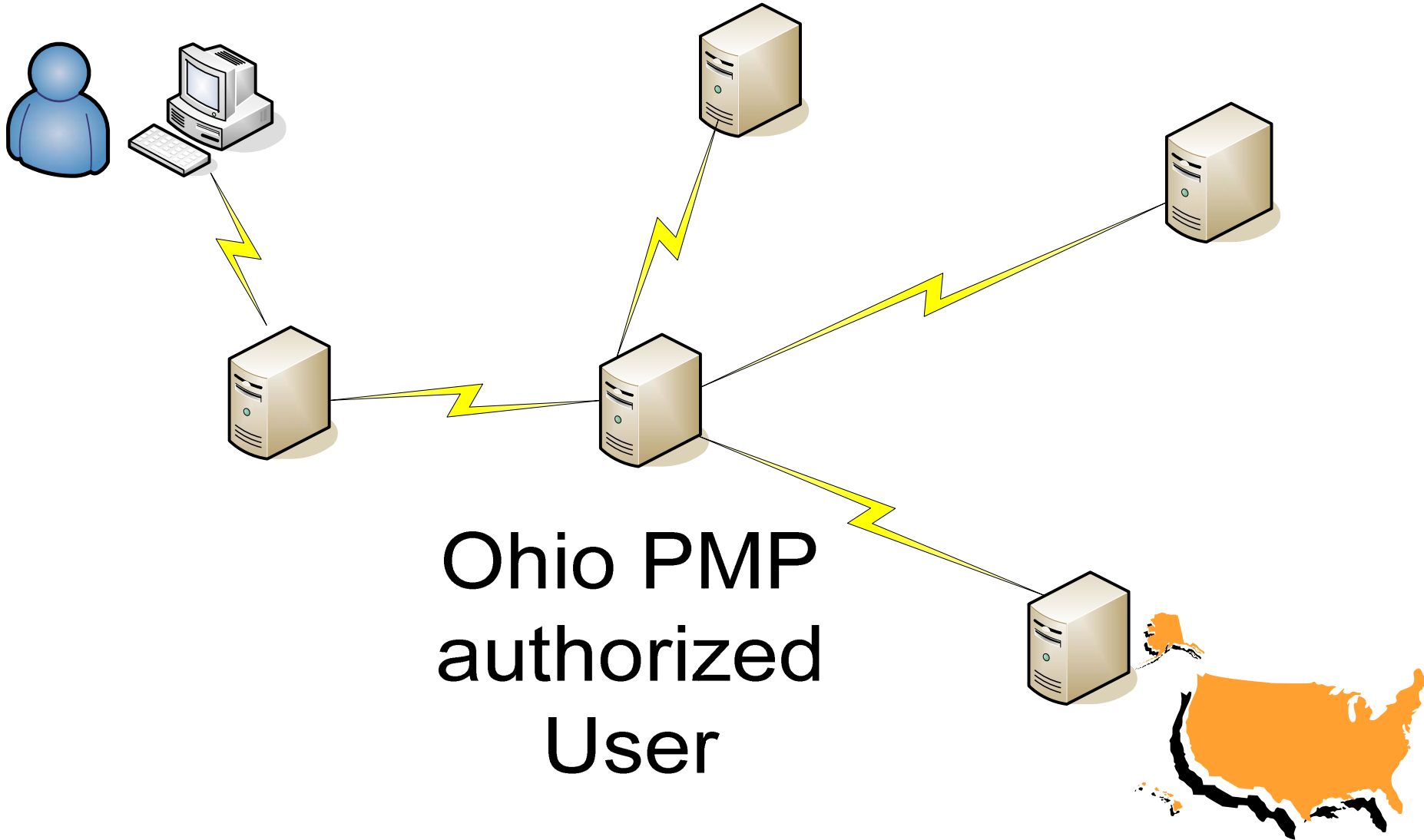
Zip Code of Prescribers in KY PMP

2007 Data



Zip code is based on DEA Registration data

Hub Exchanges



PMP Center of Excellence

- Founded in Fall 2009 at Brandeis University
- Federal Grant from BJA in February 2010
- Information Clearinghouse
- Best Practices
- Performance Measures
- Evaluation
- Research Collaboration
- Special Studies

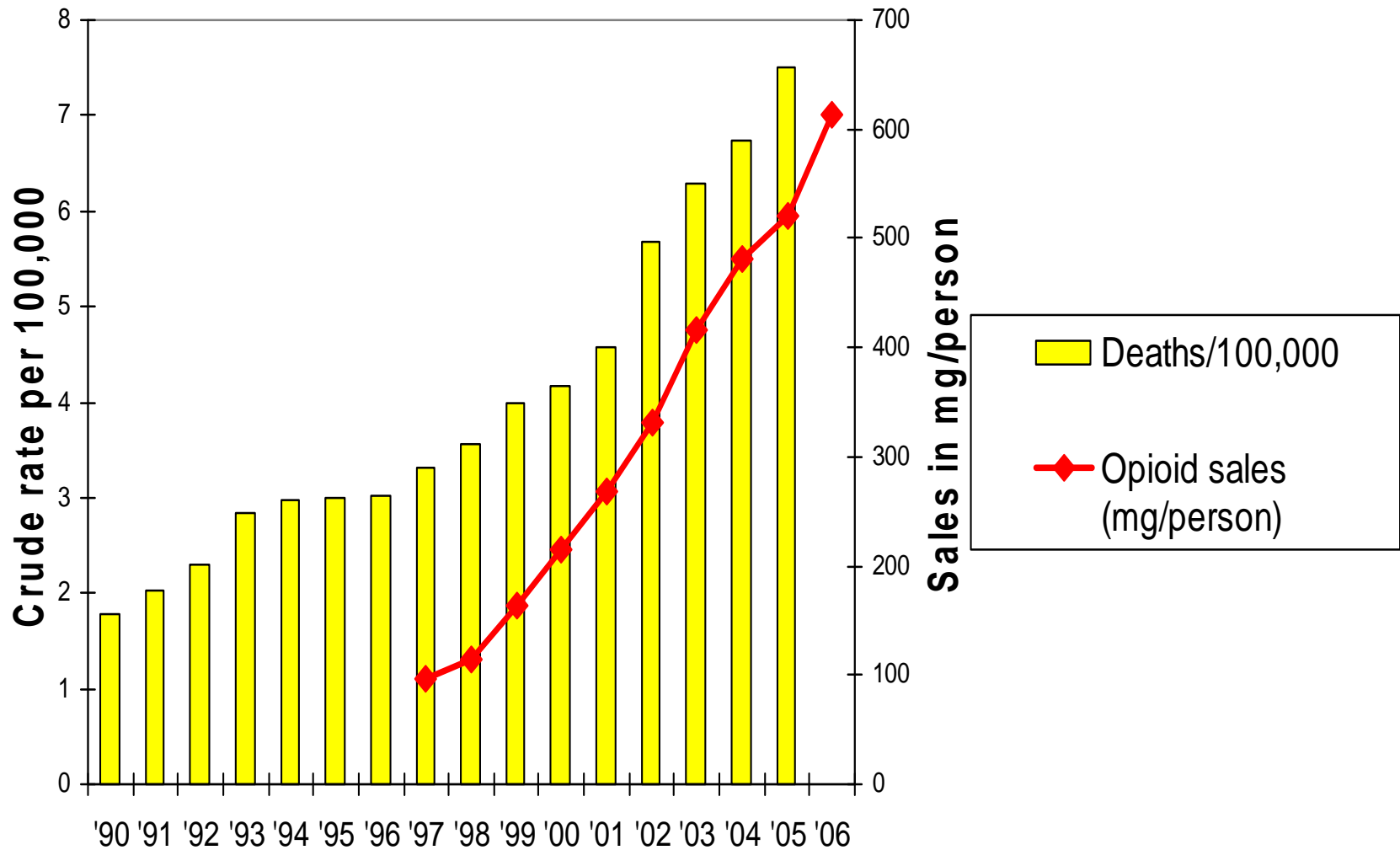
Development and Testing

New Areas for PMP activity

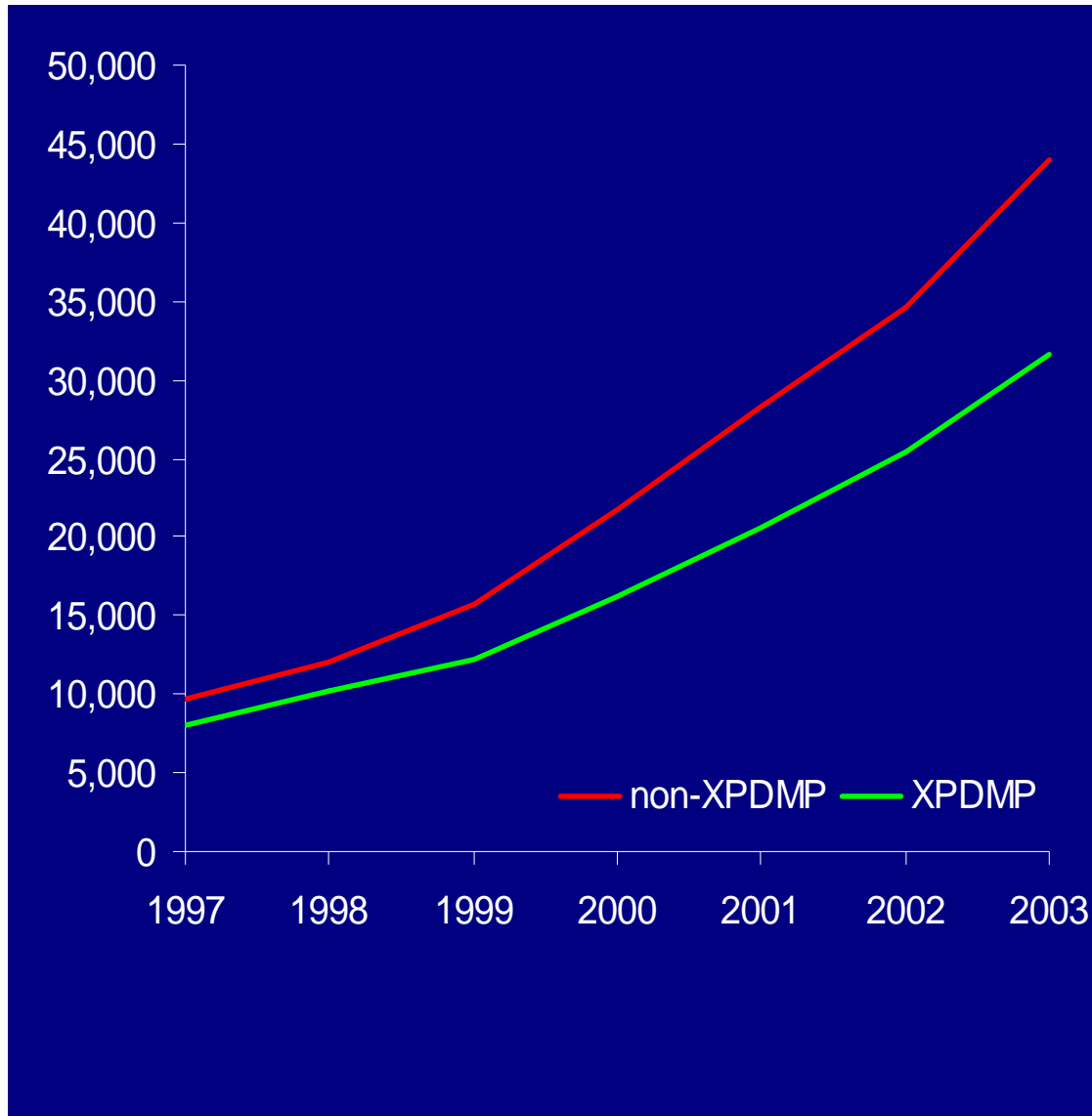
- Integration of PMP data access into EHR
- Batch prescriber inquiries
- Point of Sale Rx collection by PMPs
- Electronic Prescribing of Controlled Substances
- Possible collection of such e-Rx by PMPs
- Medical education
- Substance Abuse Prevention and Treatment
- Drug Courts
- Forensics

Issues Relevant to PMPs and Payers

Unintentional drug overdose death rates and total sales of prescription opioid painkillers by year in the United States



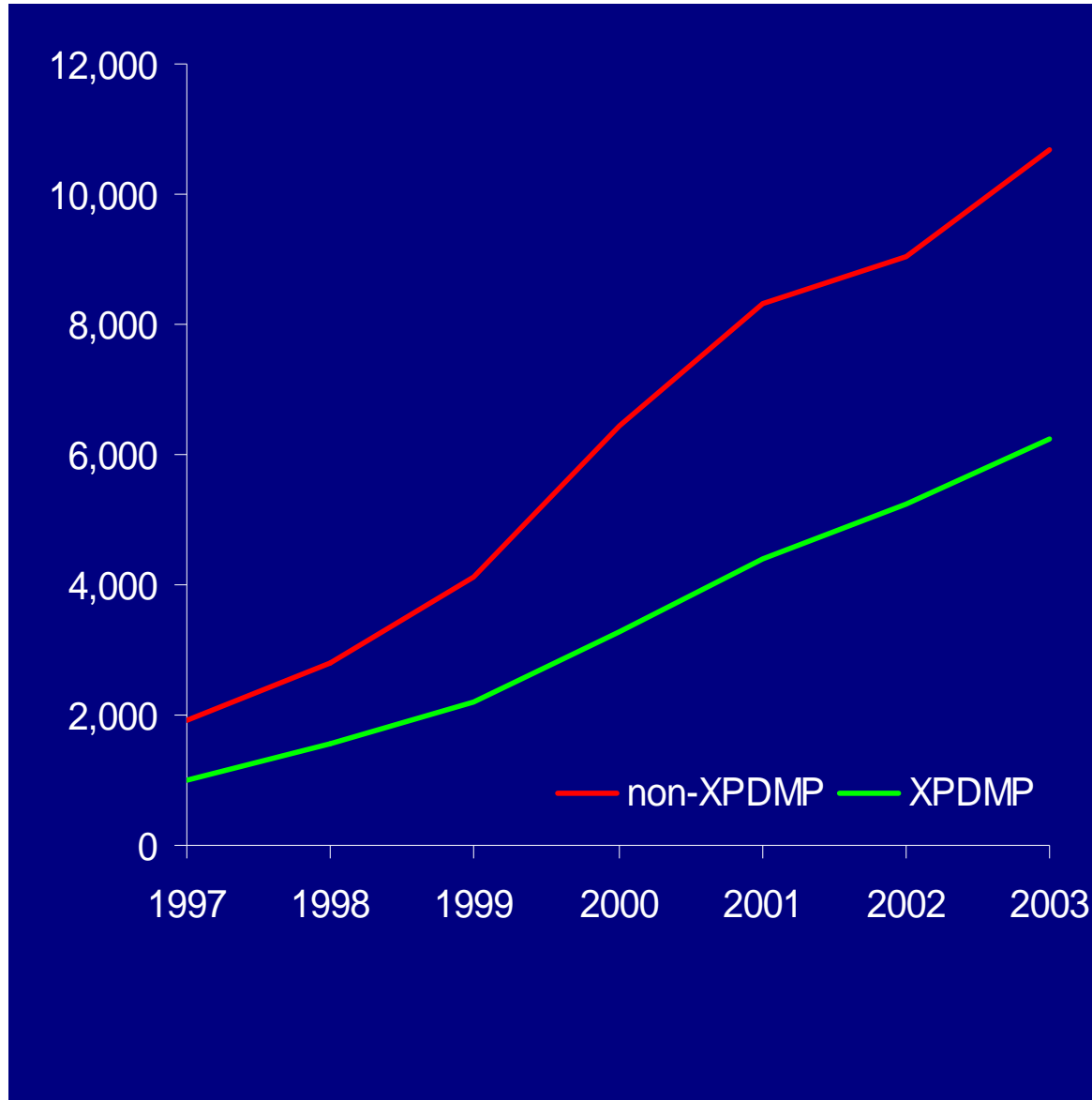
Quantities of Pain Relievers



- XPDMP = Proactive PDMPs (issue unsolicited reports)
- Non-XPDMP = Non-Proactive PDMPs

Source: An Evaluation of Prescription Drug Monitoring Programs; Simeone Associates; 2006

Quantities of Oxycodone



- XPDMP = Proactive PDMPs (issue unsolicited reports)
- Non-XPDMP = Non-Proactive PDMPs

Source: An Evaluation of Prescription Drug Monitoring Programs; Simeone Associates; 2006

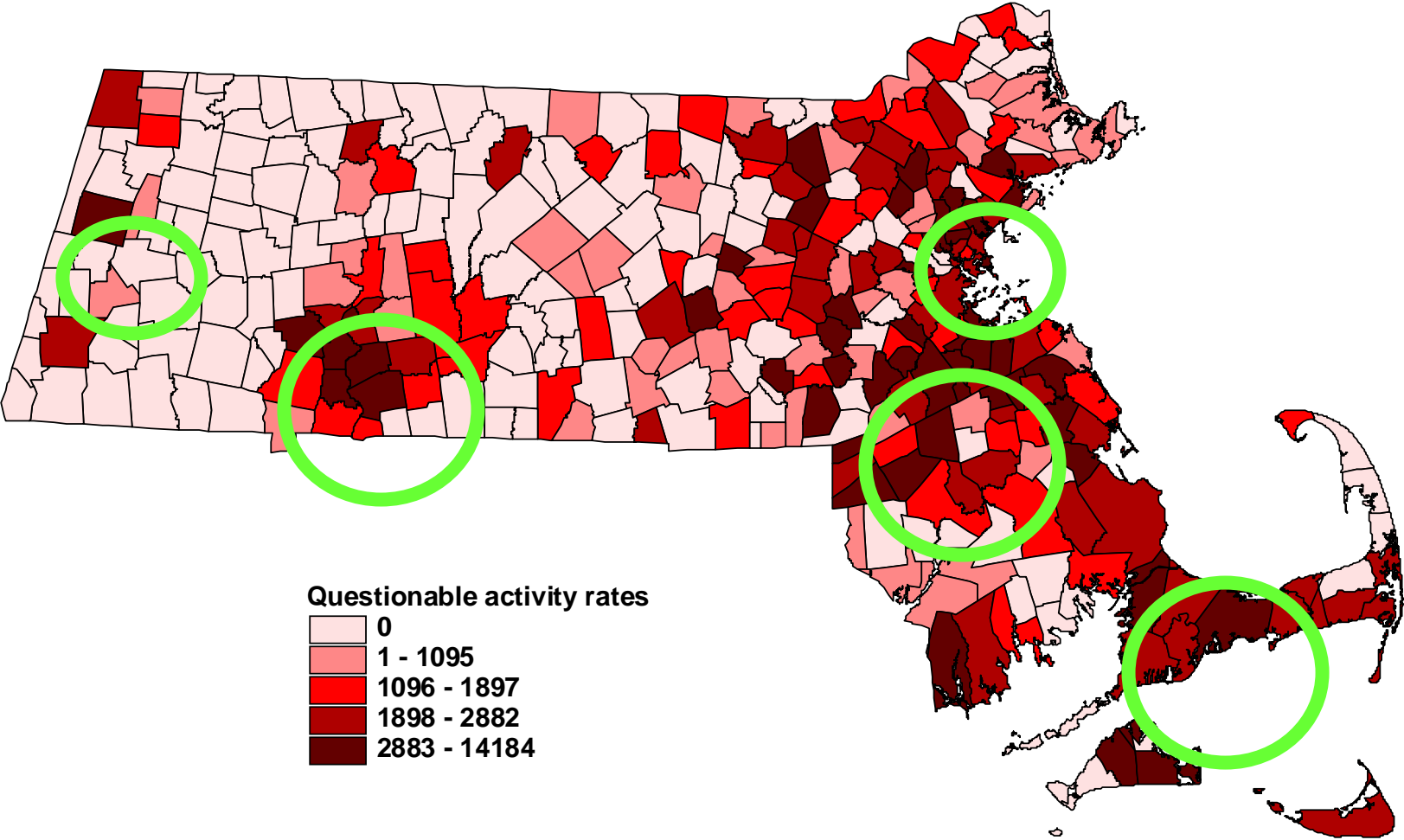
Performance Measures

7 States – 6 months

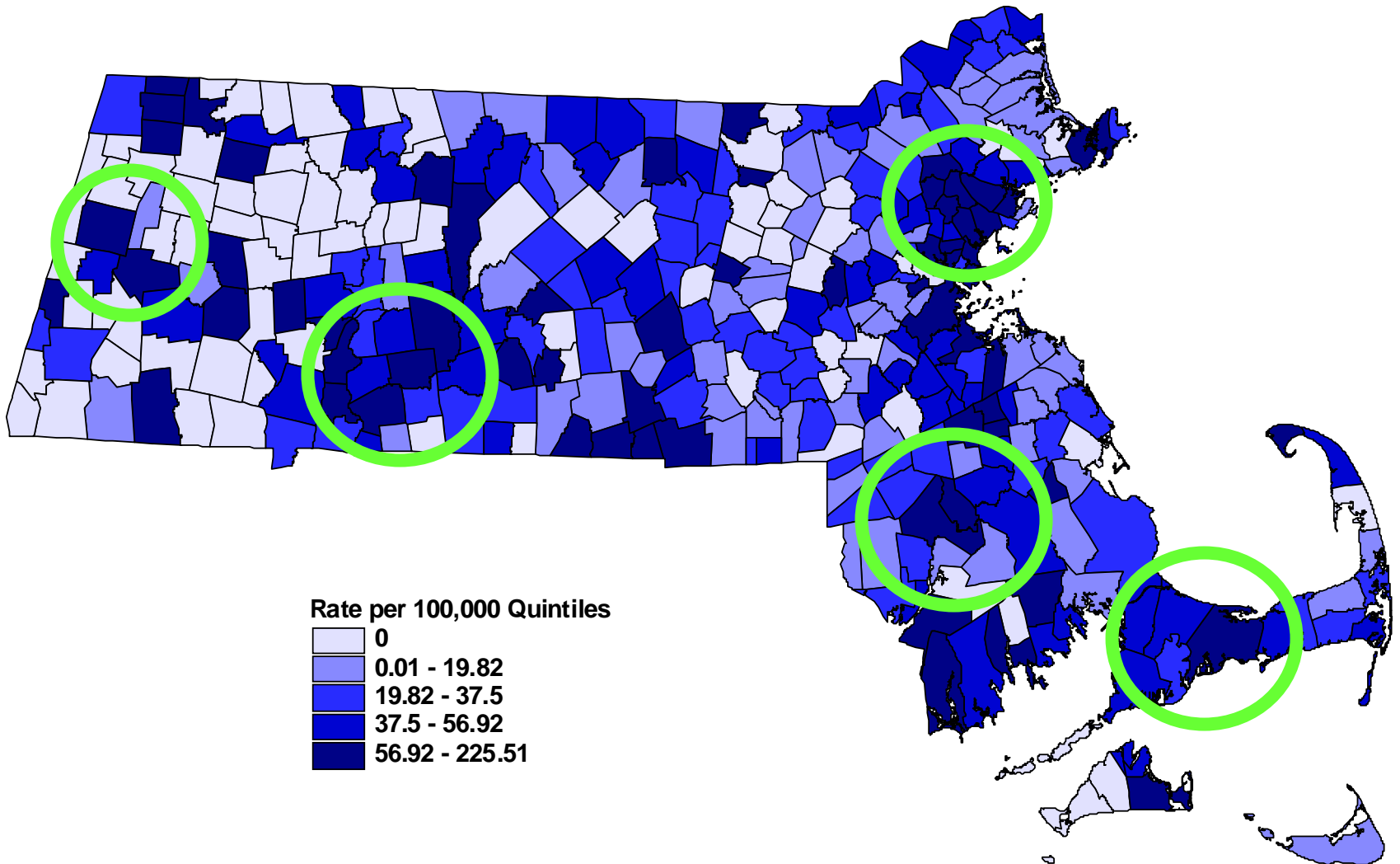
Persons obtaining Schedule II Rx from 5 or more prescribers & 5 or more pharmacies

- Percent of all persons receiving Rx:
From 1/10 % to 6/10%
- Percent of all dosage units dispensed:
From 9/10% to 10%

2005 Prescriptions Associated with Questionable Activity (Rates per 100,000 Prescriptions) by Pharmacy Town



2005 Opioid-related Health Problems Rate per 100,000 by Town



What We Need to Discuss

- Should Payers require prescribers to check PMP data prior to first CS Rx and periodically thereafter
- Should Payers reimburse prescribers' costs for doing so?
- Do Payers need aggregated, deidentified PMP data?
 - Community Standards of Care?
 - Level of Doctor shopping activity and adverse outcomes in geographical areas served by payers
- Should PMPs consider make data available to Payers in special circumstances?
 - Medicare Part D program payers?
 - Medicare Advantage programs?
 - Public Employees' Health Insurance Programs
- Payers' recommendations

An Invitation

- Let's convene a work group to explore these and other issues
 - Payers
 - Alliance
- Hosted by PMP Center of Excellence
- Fall of 2010
- At Brandeis University