

Opioid Risk Management

The Role of Prescription Monitoring

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Grant M. Carrow, Ph.D.

Deputy Director

Center for Quality Assurance and Control
Massachusetts Department of Public Health

Objectives

- What are the goals of PMPs?
- What is the current status of PMPs?
- What initiatives is the MA PMP undertaking?
- What are some future issues for PMPs?

Prescription Monitoring

- A tool for use in addressing prescription drug diversion
- Prescription data collected from dispensers
- Data reviewed and analyzed by state agency
- Reports provided to authorized end users

Goals of PMPs

- Education and information
- Public health initiatives
- Early intervention and prevention
- Investigations and enforcement
- Protection of confidentiality



Source: Alliance of States with Prescription Monitoring Programs

Goals of PMPs: Education and Information

- General information for practitioners, pharmacists and the public
 - Analysis of prescribing and dispensing trends
- Specific information and feedback for practitioners and pharmacists
 - Assist practitioners and pharmacists in identifying forgeries and illicitly obtained prescriptions
- General awareness of drug diversion

Goals of PMPs: Public Health Initiatives

- Development of policies
 - Under- and over- utilization
 - Inappropriate prescribing
- Initiation of education and prevention programs
 - Targeting programs to subpopulations
- Formulation of laws and regulations
- Establishment of practice and treatment guidelines

Goals of PMPs: Early Intervention and Prevention

- Early detection of drug diversion
 - Scams, doctor shopping, forgeries
- Deterrent effect
 - General knowledge of tracking mechanism
 - Serialized or tamper-evident prescription forms

Goals of PMPs: Investigations and Enforcement

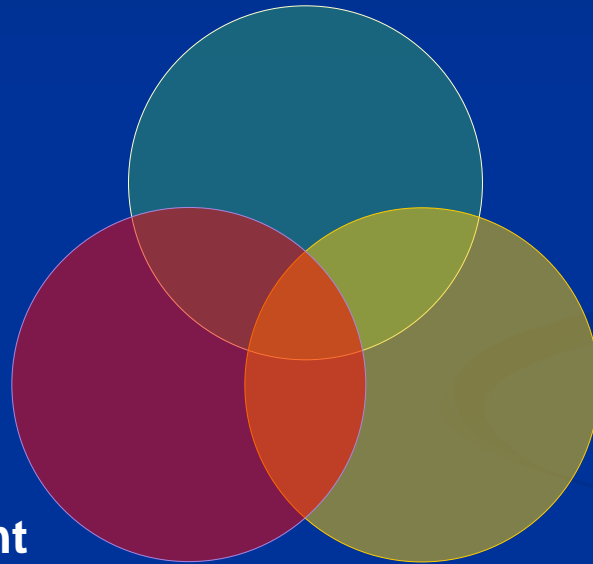
- Assist in identifying and investigating potential drug diversion
- Increase efficiency of investigations
 - Collection of evidence
 - Responding to complaints
- Minimize disruption to practitioners and pharmacists
 - Early identification of invalid complaints

Goals of PMPs: Protection of Confidentiality

- Restrictions on access to monitoring data
- Protection of practitioner, pharmacist and patient privacy

Uses of PMP Data

Public Health/Medicine/Research

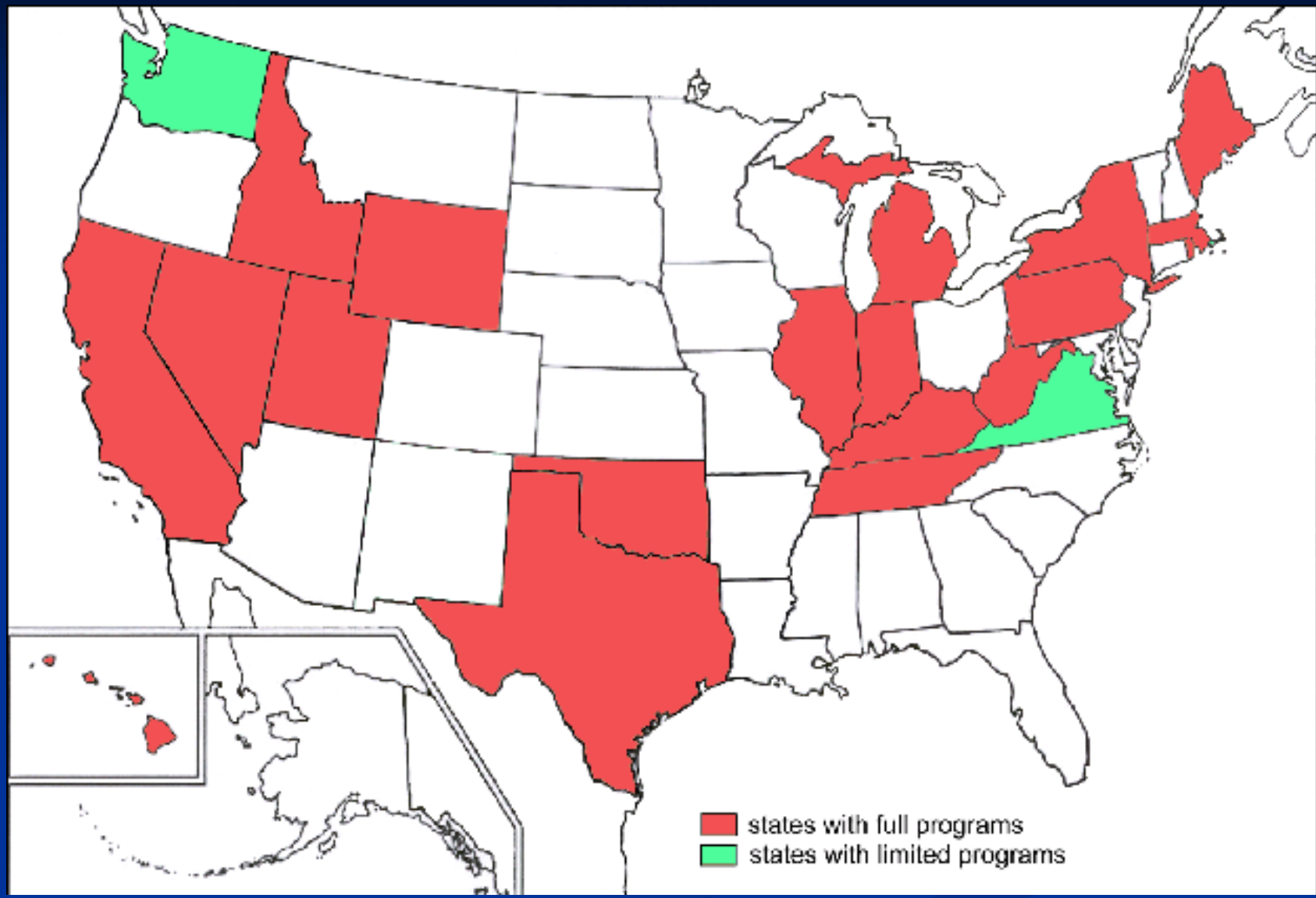


Law Enforcement

Regulatory

Rx Monitoring States

State	Year Enacted
CALIFORNIA	1939
HAWAII	1943
ILLINOIS	1961
IDAHO	1967
NEW YORK	1972
RHODE ISLAND	1978
TEXAS	1981
WASHINGTON	1984
INDIANA	1987
MICHIGAN	1988
OKLAHOMA	1990
MASSACHUSETTS	1992
NEVADA	1995
UTAH	1995
WEST VIRGINIA	1995
KENTUCKY	1998
TENNESSEE	2002
VIRGINIA	2002
MAINE	2003
PENNSYLVANIA	2003
WYOMING	2003



Rx Monitoring States

Category	Number ¹	% U.S. Total
States	19	38%
Census	145,312,288	52%
Practitioners	498,720	52%
Midlevel	45,634	50%
Retail Pharmacies	29,905	49%

¹excluding states with limited programs (VA, WA)

Sources: U.S. Census Bureau, 4/2/01; U.S. Drug Enforcement Administration, 11/12/03

State Rank by Population Census

Rank	State	Census
1	California	33,871,648
2	Texas	20,851,820
3	New York	18,976,457
4	Florida	15,982,378
5	Illinois	12,419,293
6	Pennsylvania	12,281,054
7	Ohio	11,353,140
8	Michigan	9,938,444
9	New Jersey	8,414,350
10	Georgia	8,186,453
11	North Carolina	8,049,313
12	Virginia	7,078,515
13	Massachusetts	6,349,097
14	Indiana	6,080,485
15	Washington	5,894,121

Source: US Census Bureau, 4/2/01

State Rank by Population Registered Practitioners

Rank	State	Practitioners
1	California	119,689
2	New York	78,068
3	Texas	57,655
4	Florida	53,163
5	Pennsylvania	46,050
6	Illinois	40,305
7	Ohio	36,054
8	New Jersey	34,045
9	Michigan	32,423
10	Massachusetts	28,522
11	North Carolina	24,420
12	Virginia	24,008
13	Georgia	23,843
14	Maryland	22,474
15	Washington	21,647

Source: US Drug Enforcement Administration, 11/12/03

Metropolitan Area Ranking by Population

Rank	Metropolitan Area	Census
1	New York—Northern New Jersey—Long Island, NY—NJ—CT—PA CMSA	21,199,865
2	Los Angeles—Riverside—Orange County, CA CMAS	16,373,645
3	Chicago—Gary—Kenosha, IL—IN—WI CMAS	9,157,540
4	Washington—Baltimore, DC—MD—VA—WV CMSA	7,608,070
5	San Francisco—Oakland—San Jose, CA CMSA	7,039,362
6	Philadelphia—Wilmington—Atlantic City, PA—NJ—DE—MD CMSA	6,188,463
7	Boston—Worcester—Lawrence, MA—NH—ME—CT CMSA	5,819,100
8	Detroit—AnnArbor—Flint, MI CMSA	5,456,428
9	Dallas—Fort Worth, TX CMSA	5,221,801
10	Houston—Galveston—Brazoria, TX CMSA	4,669,571

Source: US Census Bureau, 4/2/01

Rx Monitoring States

Doctor Shopping Reports for Practitioners

State	Upon Request	Without Request
Idaho	✓	✓
Kentucky	✓	
Nevada	✓	✓
Texas	✓	
Utah	✓	✓

Source: Alliance of States with Prescription Monitoring Programs

MA PMP Overview

- Established in 1992 by joint regulation of the Drug Control Program (105 CMR 700.000) and Board of Registration in Pharmacy (247 CMR 5.00)
- Collects data on Schedule II prescriptions dispensed by community, clinic and outpatient pharmacies
- 2.4 million CII prescriptions monitored in FY 04
- 93 prescription monitoring cases in FY 04

MA PMP Milestones

- 1982: Efforts to establish PMP initiated by DPH
- 1987: U.S. DOJ grant to DPH
- 1991: Efforts initiated to establish electronic PMP
- 1992: Joint DPH/BRP regulations promulgated
- 1993: Funding by Legislature; MRGs formed
- 1994: First cases approved by MRGs;
glutethimide initiative
- 1995: Practitioner survey
- 2003: U.S. DOJ grant to DPH

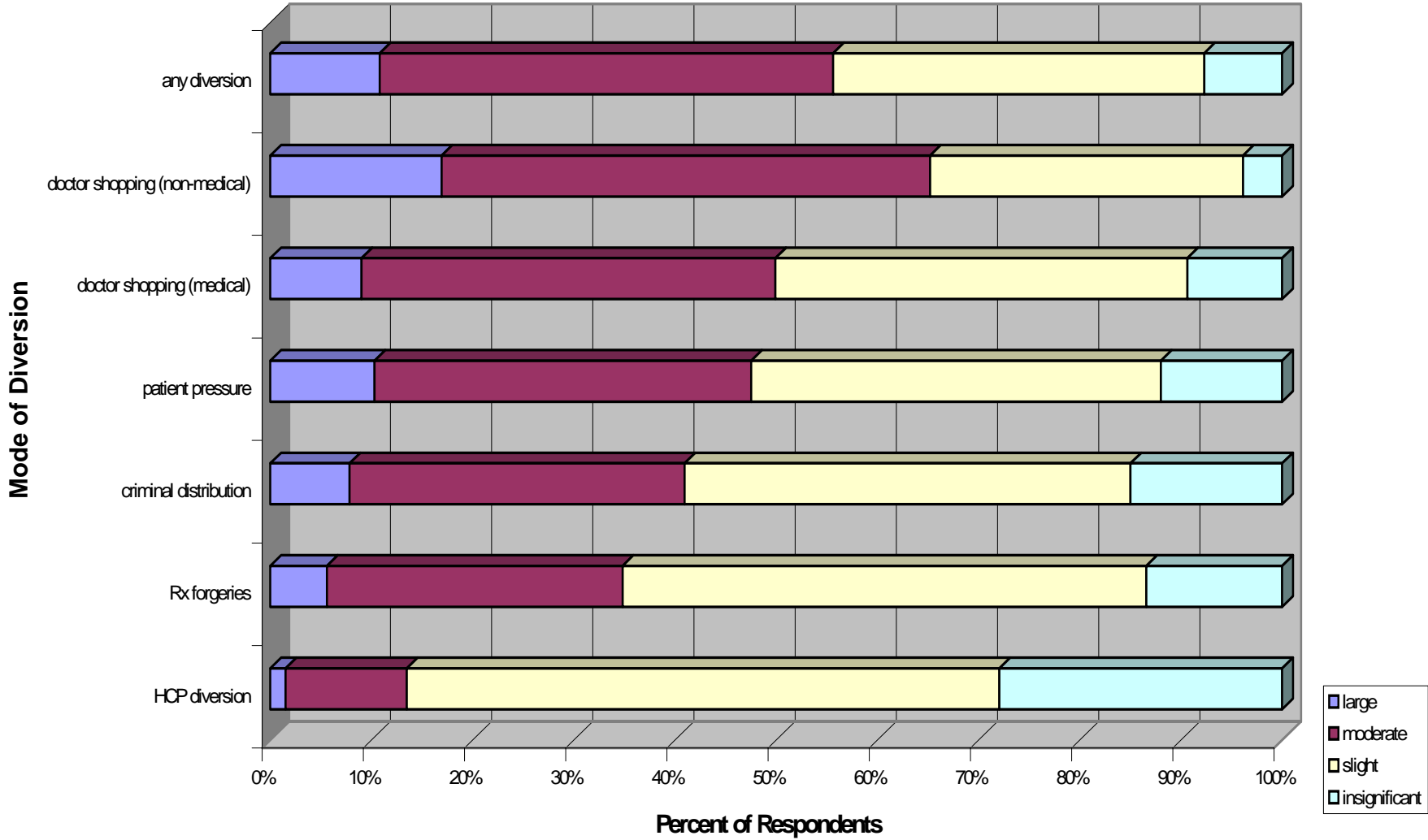
Practitioner Survey: Participant Demographics

Specialty	%
Pediatrics	31%
Internal Medicine	21%
Family Practice	9%
Surgery	7%
Oncology	4%
Emergency Trauma	4%
Neurology	4%
Ob/Gyn	3%
Pain Management	2%
Child Psychiatry	1%
Anesthesiology	1%
Radiology	0%
Other	14%
TOTAL	100%

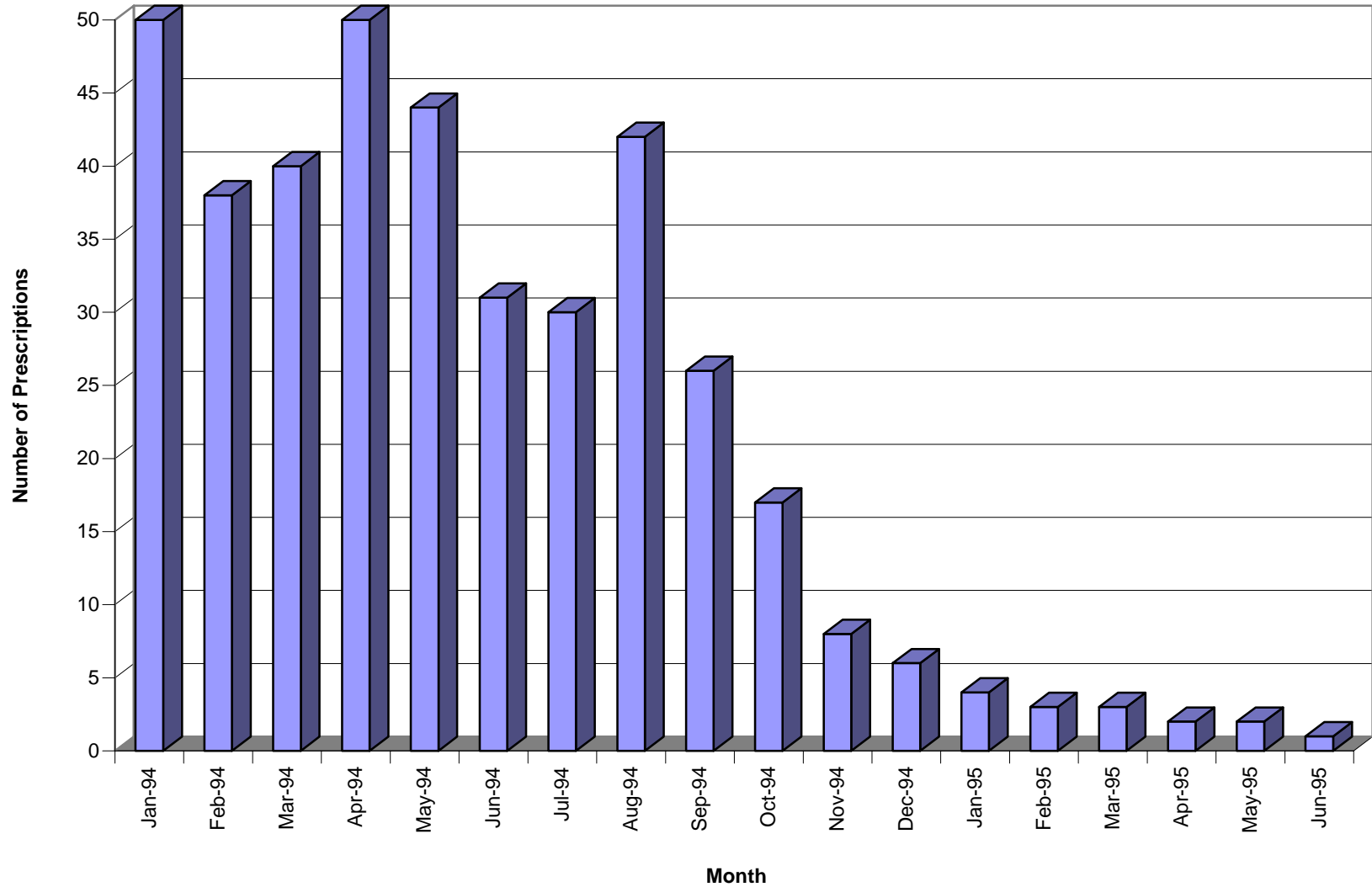
Practitioner Survey: Numbers of Prescriptions Written

Schedule II Rx/mo.	Mean \pm S.E.
Opioid analgesics	17 \pm 0.9
Stimulants	15 \pm 1.0
Sedatives	3 \pm 0.4
All	29 \pm 1.3

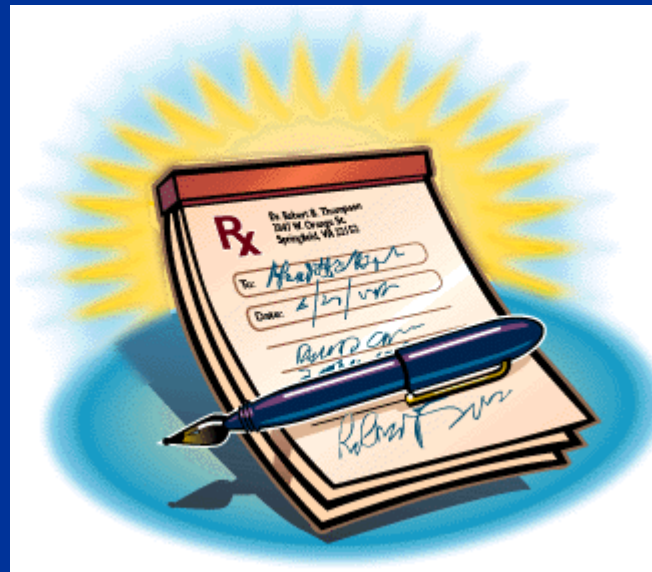
Extent of Public Health Problem



Glutethimide Prescriptions (1994-1995)



MA PMP Enhancement Project



MA PMP Enhancement Project

Harold Rogers Prescription Monitoring Program

- FFY 2002 U.S. Department of Justice Appropriations Act (Public Law 107-77)
- U.S. Department of Justice
 - Office of Justice Programs
 - Bureau of Justice Assistance
 - U.S. Drug Enforcement Administration
- FFY 2003 award to MA: \$220,000
- FFY 2004 award to MA: \$350,000

MA PMP Enhancement Project

Project Goal

- Reduce the impact of prescription drug diversion and abuse in Massachusetts by optimizing utilization of the PMP

MA PMP Enhancement Project

Project Objectives

- Improve analysis of PMP data to more efficiently and accurately identify cases needing investigation
- Improve access to and utilization of PMP findings by law enforcement and regulatory agencies
- Engage prescribers and healthcare community in use of PMP data to address prescription drug abuse, addiction and diversion

MA PMP Enhancement Project

Analytical and Technological Enhancements

1. Automation of manual algorithms
2. Development of epidemiologic tracking system
3. Development of prototype data access system

Future Issues for PMPs

- Enhanced utilization of PMP data
- Best practice guidelines
- Interstate interoperability
- Coordination/consolidation of multiple databases
- Integration with electronic prescribing

www.mass.gov/dph