

How Prescription Monitoring Programs &

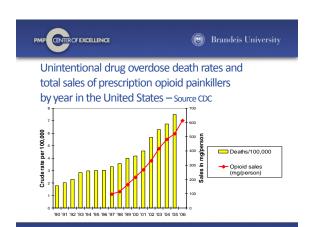
Substance Abuse Prevention Programs Can Work Together

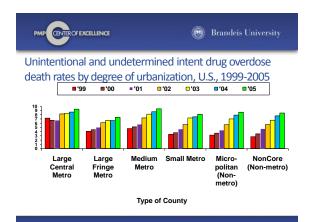
June 23, 2010 Hollywood, CA

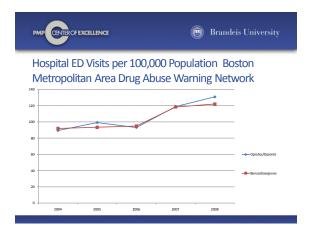


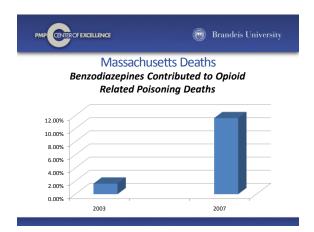
Why Is This Discussion Important?

- How many people have died from unintentional prescription opioid poisonings since we began today's meeting at 9:00 AM?
- How many people have had overdoses requiring emergency department or inpatient admissions from prescription opioids since we began this morning?











What do PMPs do?



Prescription Monitoring Program GOALS

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



Collect Data from Pharmacies

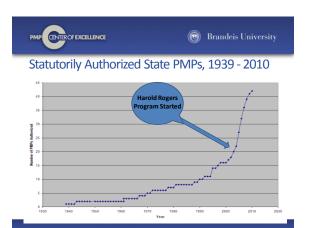
- PMPs Collect Controlled Substances:
 - 22 collect Schedules II V
 - 15 collect Schedules II IV
 - 2 collect Schedule II only
 - 1 collect Schedules II & III
- Some Collect Non-Controlled Substances
 - 13 collect carisoprodol (Soma®) 6 collect tramadol (Ultram®)
- · Electronic Data Collection Batch Reporting
- Reporting Frequency varies 7 to 30 days

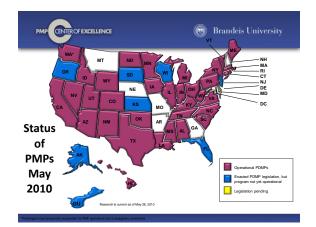




Prescription Information Collected

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







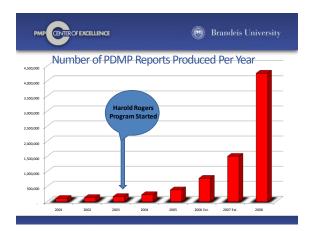
PMP Administrative Agencies

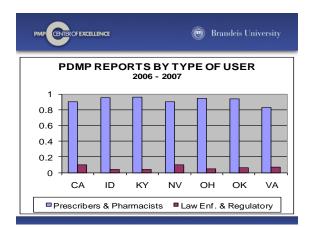
- According to statute or regulation, States have determined the agencies to administer PMPs.
- As of January 1, 2010:
 - Consumer Protection Agency 1
 Substance Abuse Agency 2
 Law Enforcement Agency 6
 Professional Licensing Agency 6
 Department of Health 11
 - Department of Health 11Pharmacy Board 15



PMP STATISTICS

- Population:
 - 273 million -- states with authorized PMPs
 - 89% of the US Population
- Prescription Records:
 - During 2008
 - 29 Operational PMPs
 - 285 million Controlled Substances Prescriptions







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



Alliance of States with Prescription Monitoring Programs

To provide a forum for the development, sharing, and exchange of information and ideas about all aspects of prescription monitoring programs in an effort to curtail drug diversion and abuse while simultaneously ensuring patient care.



Alliance of States with Prescription Monitoring Programs

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



Harold Rogers
Prescription Drug Monitoring Program
Training & Technical Assistance Center
(TTAC)

Partnership of the Alliance & Brandeis University

Supported by the Bureau of Justice Assistance

www.pmpalliance.org



Purpose: PMP Training & Technical Assistance Center

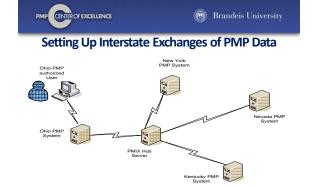
To provide assistance and training resource to state PMPs, and non-PMP states and other stakeholders (i.e. BJA, DEA) in

- Compiling, organizing, assessing and making available PMP materials, research findings, legislation, etc.
- Facilitating exchange of knowledge, expertise, and tools
- Developing trainings re. emerging needs among PMPs
- Tailoring technical assistance to individual PMPs
- Conducting Regional and National Meetings for PMPs



TTAC / ALLIANCE ACTIVITIES

• Responded to **481** requests for information





TTAC / ALLIANCE ACTIVITIES

STATE PROFILES

- A "State Profile" for each Prescription Monitoring Program (PMP).
 - · Contact information
 - · Website addresses
 - Schedules collected
 - Numbers of prescriptions and reports
 - · Statutes and regulations references
- Profiles available on the Alliance's website, www.pmpalliance.org.





Other TTAC / ALLIANCE ACTIVITIES

- · Department of Veterans Affairs
 - · Alliance letter sent Sept. 9, 2009
 - Response received Oct. 22, 2009
 - Indian Health Services
 - Ongoing discussions with IHS on their participation with PMPs
 - Educational Testimony to OR &WA
 - Provided review and comments to State Agencies re: proposed PMP Legislation for SD, GA, & DE



Prescription Monitoring Programs Center of Excellence of Brandeis University



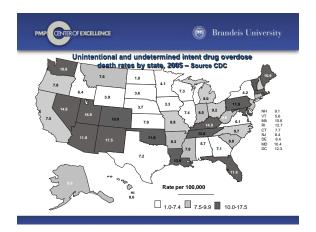
To fill the knowledge gap regarding the operations and effectiveness of PDMPs.

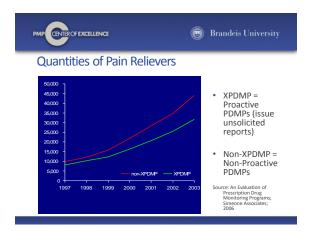
- Objective: Outputs academically solid and practice relevant
- First Year
 - Tackle critical issues
 - Start small projects as spring boards
 - Seek expanded funding

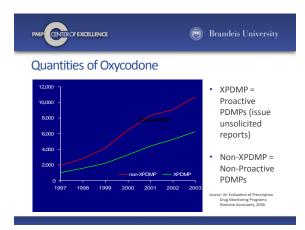


PMP Center of Excellence Functions

- Information Clearinghouse
- Website projected launch June 15
- Best Practices
- Performance Measures
- · Research Collaboration with others
- Evaluations and Case Studies
- Special Studies, e.g. Doctor Shopper characteristics









Why PMPs Are Crucial to Stop Opioid Epidemic

- Some suggest focus should be on thefts not on prescriptions: "Over the 4-year period, almost 28 million dosage units of all controlled substances were diverted."* (2000 - 03) Joranson D, et al. Drug Crime Is a Source of Abused Pain Medications in the United States, Journal of Pain and Symptom Management. 2005; 30(4):299-301*
- MA PMP data showed stolen Schedule II drugs were only 1% of dosage units obtained through prescriptions by probable doctor shoppers in the same period.
- · Now the prescription problem is worse.
- South Florida Pill Mill pain clinics 3 counties per year -estimated diversion by Rx = 1 billion dosage units of Opioids.

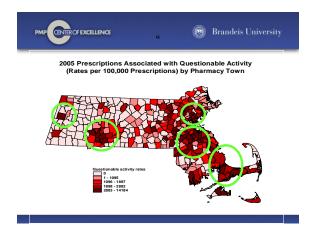


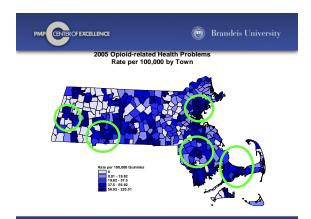
- · Integration into Electronic Health Records (EHR)
- · Collection of prescription data at Point of Sale
- · Evaluating Electronic Prescribing of Controlled Substances Test
 - 88 prescribers 9 pharmacies
 - 1,260 e-Rx processed
- · Medical education 1 example:
 - ME PMP -- 5 of top 10 CS prescribed to seniors are on the Beers' List, i.e. should not be prescribed to seniors
 - · COE to study and refer findings to Fed. of State Medical Boards
- · Payer Coalition against fraud has recommended Payers assist PMPs
- Payers spend excess costs of about \$15,000 per yr. for each drug abuser
- Total annual excess costs: up to \$80 billion per yr.
- Spatial Analysis



De-identified Data Base of PMP Data

- · COE has ME & MA de-identified data now third state's data is in process
- · Examining technology to encrypt data, after linking records.
- · Could do for all PMPs, if funds are available
- · COE has turned down Purdue Pharma twice:
 - REMS for new "less abuseable" OxyContin product
 - PMP data for Industry Work Group (IWG)'s class wide
- · FDA and others should have an independent opioid database.
- Can ONDCP help COE find a way to fund an independent database which federal and state governments can trust?







PMPs' Value to Other Agencies

- Where are the priority areas for intervention?
 - Drug Take Back initiatives
 - Substance Abuse Prevention efforts
 - Opioid Abuse Treatment Programs
- Other Needs
 - Other ways to assist state and community Substance Abuse Prevention Programs?
 - Shouldn't drug treatment programs be required to review PMP Data
 - At every drug treatment program intake?
 - For monitoring compliance with treatment protocols by periodic review of PMP reports?

