The PMP as a Patient Safety Tool

ELISABETH FOWLIE MOCK, MD, MPH, FAAFP
BOARD CERTIFIED IN FAMILY MEDICINE & ADDICTION MEDICINE
MAINE PMP CLINICAL AND POLICY ADVISOR
JUNE 2023

“Promote the public health and welfare and to detect and prevent substance use disorder”

MAINE PMP MISSION

BASED IN DHHS OFFICE OF BEHAVIORAL HEALTH (FORMER “SAMHS” OFFICE)

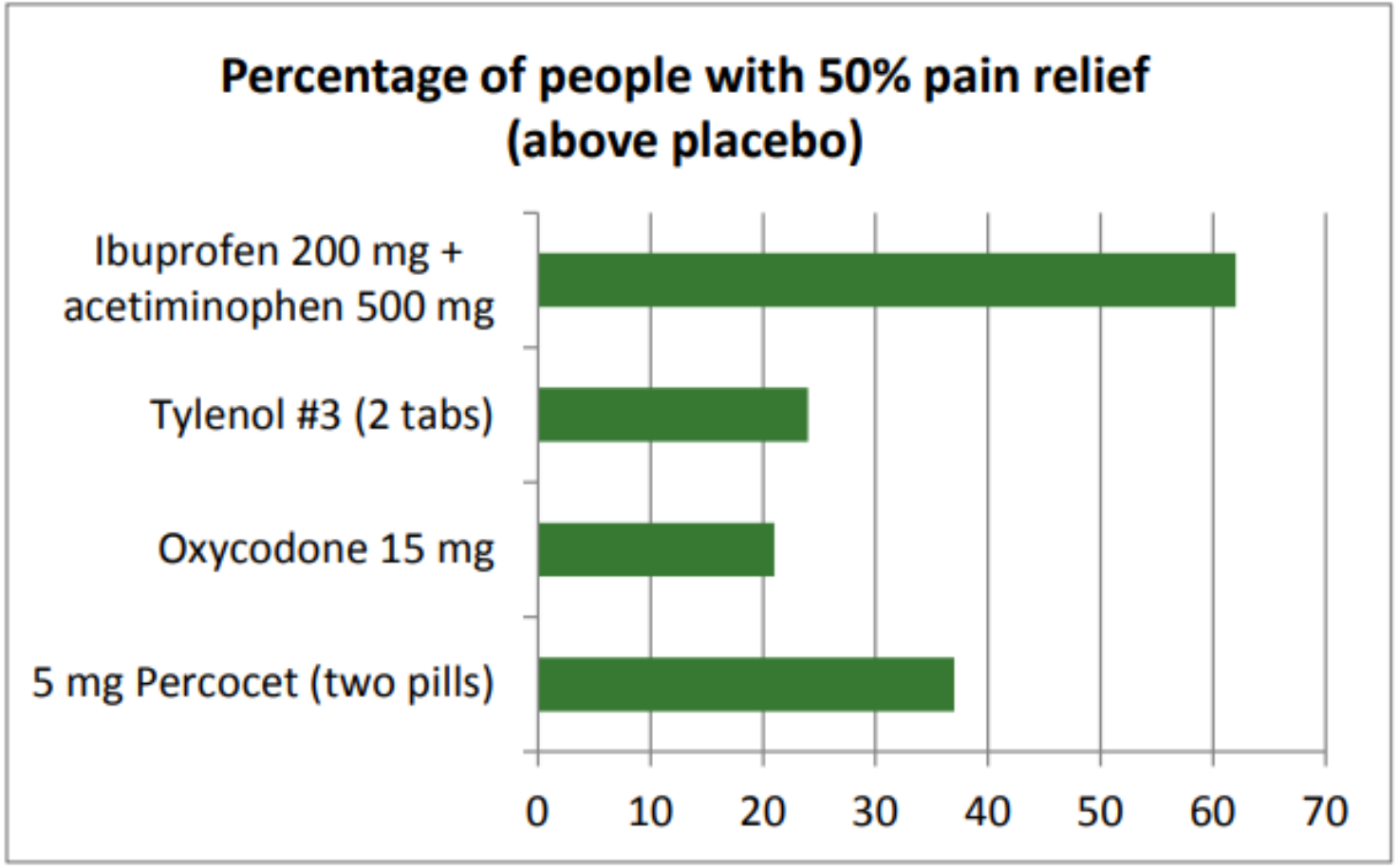
Disclosures-Mock

- I do not accept any money from pharmaceutical companies nor commercial interests
- I have no relevant financial relationships with ineligible companies to disclose
- This presentation discusses
  - update on PRESCRIPTION DRUG MISUSE and SUBSTANCE USE DISORDERS
  - safer OPIOID PRESCRIBING
  - and OVERDOSE PREVENTION
  - as recommended by Maine licensing boards and 2022 DEA-MATE ACT

Learning objectives

- Tour the PMP to analyze tools for patient safety
- Discuss how checking the PMP can reduce overdose risk
- Review higher-risk prescribing metrics and addiction risks
- Review national trends in prescription drug misuse (if time)

Not late-breaking news: Non-opioids provide more effective pain relief for many procedures

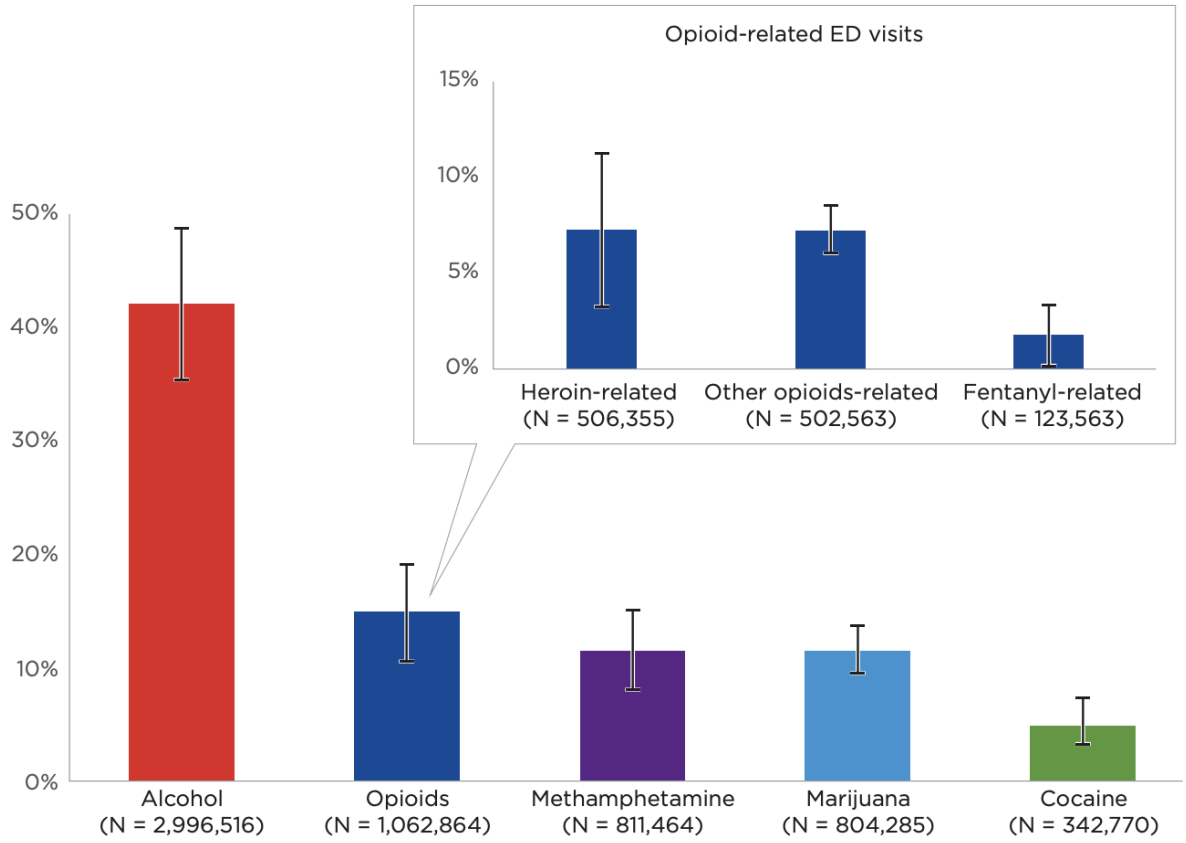


Derry, C., Derry, S., & Moore, R. (2013). Single dose oral ibuprofen plus paracetamol (acetaminophen) for acute postoperative pain (Review). Cochrane Database of Systemic Reviews, (6). doi:10.1002/14651858.CD010210.pub2

Graphic credit: https://www.mndental.org/files/NSAIDs-are-stronger-pain-medications-than-opioids-A-Summary-of-Evidence.pdf

National Drug-related ED visits, 2021

Figure 5.1 Estimated percentages and counts of drug-related ED visits by the top five drugs, 2021



National Drug Abuse Warning Network (DAWN)

https://store.samhsa.gov/sites/default/files/pep22-07-03-002.pdf

Table 6: Key drug categories and combinations causing death among confirmed overdoses

Cause of death (alone or in combination with other drugs) Sample size for confirmed cases only	Jan–Dec 2021 Est. N = 631		Jan–Dec 2022 N = 642		Dec 2022 N = 16	
Fentanyl or fentanyl analogs	489	(77%)	507	(79%)	9	(56%)
Heroin	22	(3%)	15	(2%)	0	(0%)
Cocaine	156	(25%)	191	(30%)	5	(31%)
Methamphetamine	172	(27%)	208	(32%)	3	(19%)
Pharmaceutical opioids**	130	(21%)	128	(20%)	1	(6%)
Fentanyl and heroin	20	(3%)	15	(2%)	0	(0%)
Fentanyl and cocaine	127	(20%)	156	(24%)	2	(13%)
Fentanyl and methamphetamine	133	(21%)	170	(26%)	2	(13%)
Fentanyl and xylazine	53	(8%)	39	(6%)	1	(6%)
Fentanyl and tramadol	24	(4%)	9	(1%)	0	(0%)

**Nonpharmaceutical tramadol is now being combined with fentanyl in pills and powders for illicit drug use. When found in combination with fentanyl, and in the absence of a known prescription, tramadol is categorized as a nonpharmaceutical opioid.

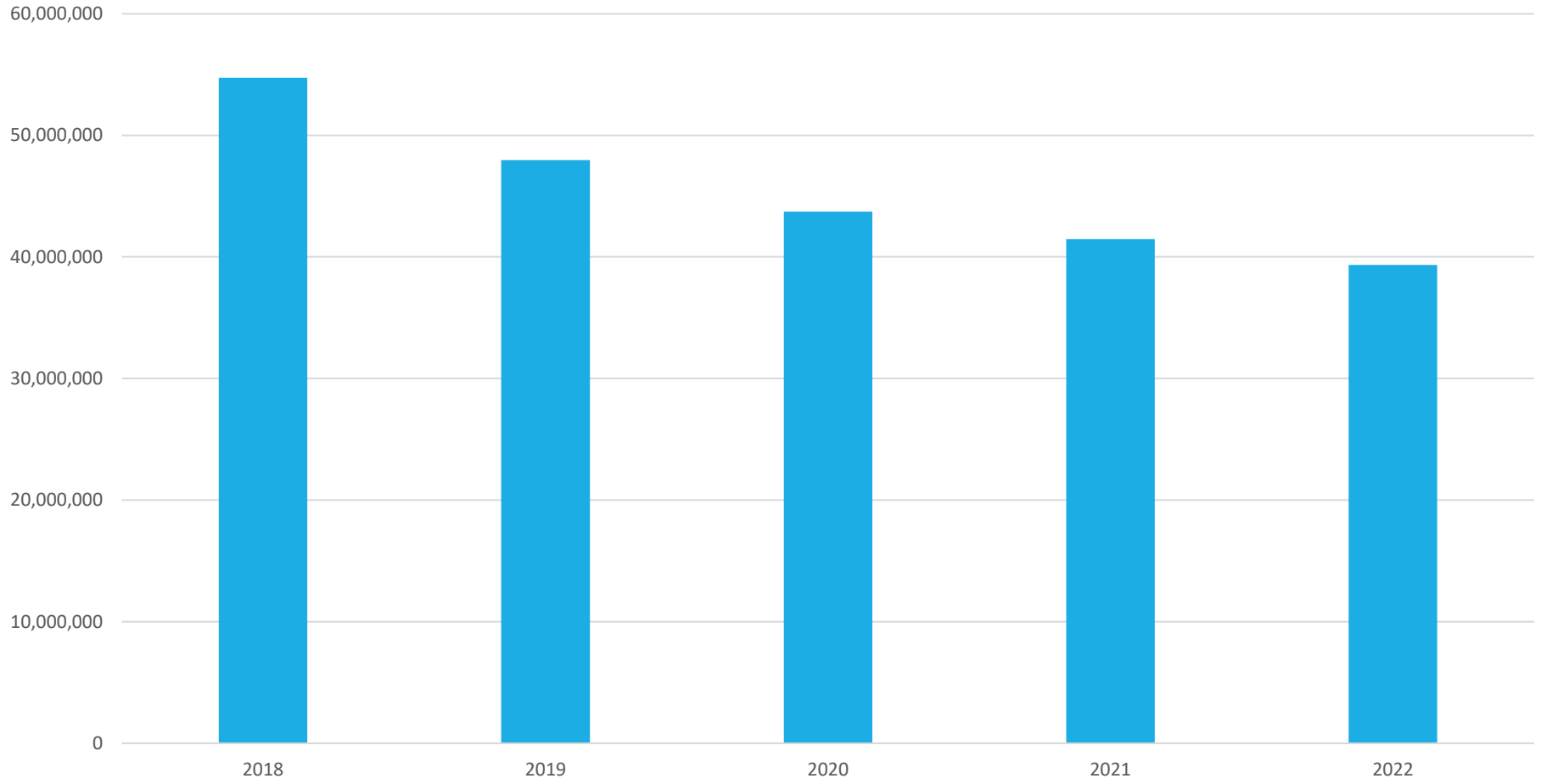
https://mainedrugdata.org/december-2022-monthly-overdose-report/

2022 Maine fatal overdoses

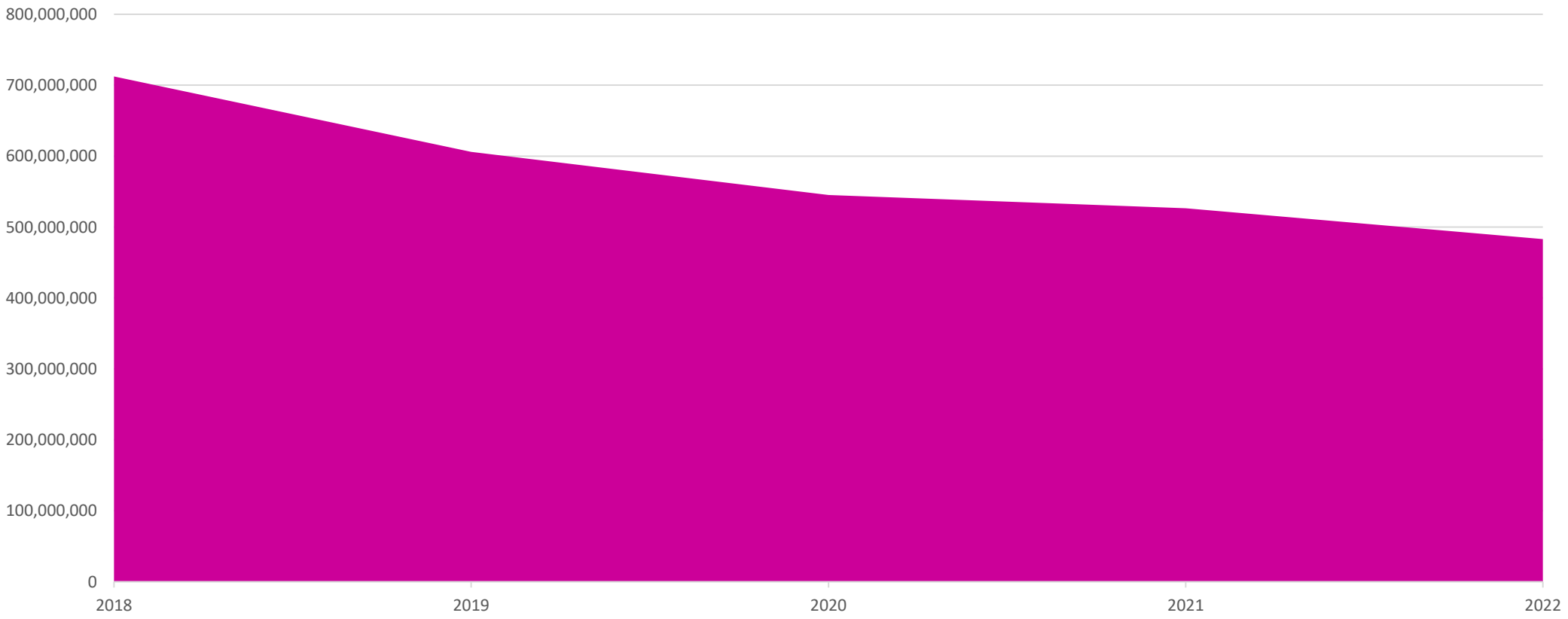
- 7% of all reported overdoses
- Increasing, but at a slower rate than previous years
- Driven by fentanyl in the street supply & multiple substances
- 15% had an encounter with a hospital (ED or inpatient) in the 30 days before death
  - Maine Opioid Clinical Advisory Committee white paper on Hospital-based MOUD (2023)
  - https://mesudlearningcommunity.org/wp-content/uploads/2023/02/MOUD-in-Hospitla_Opioid-Clin-Adv-Comm-Postion-Statement-2-2023.pdf

Data from the 2022 Maine PMP Annual Report

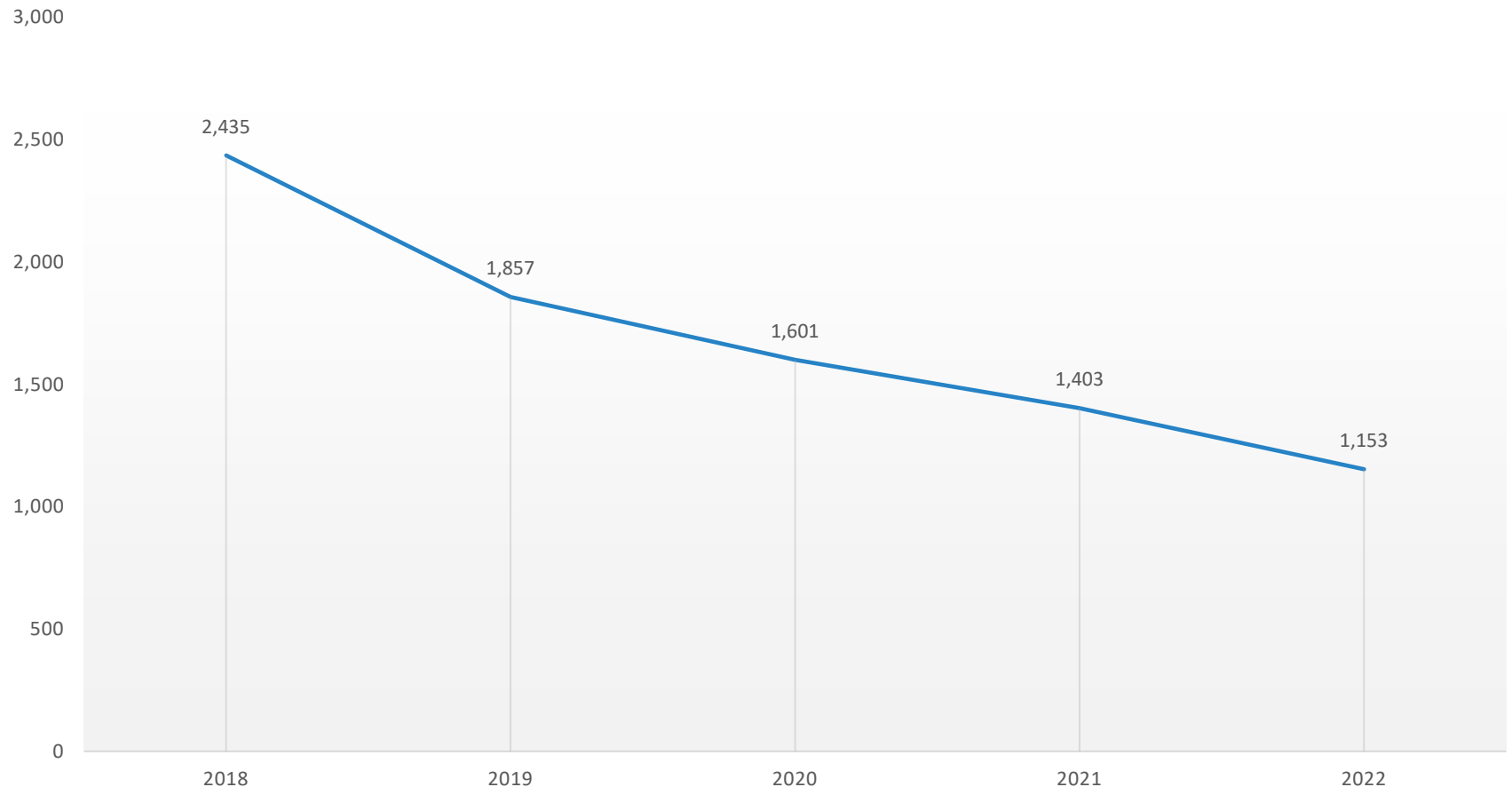
Quantity of Opioid Doses Dispensed



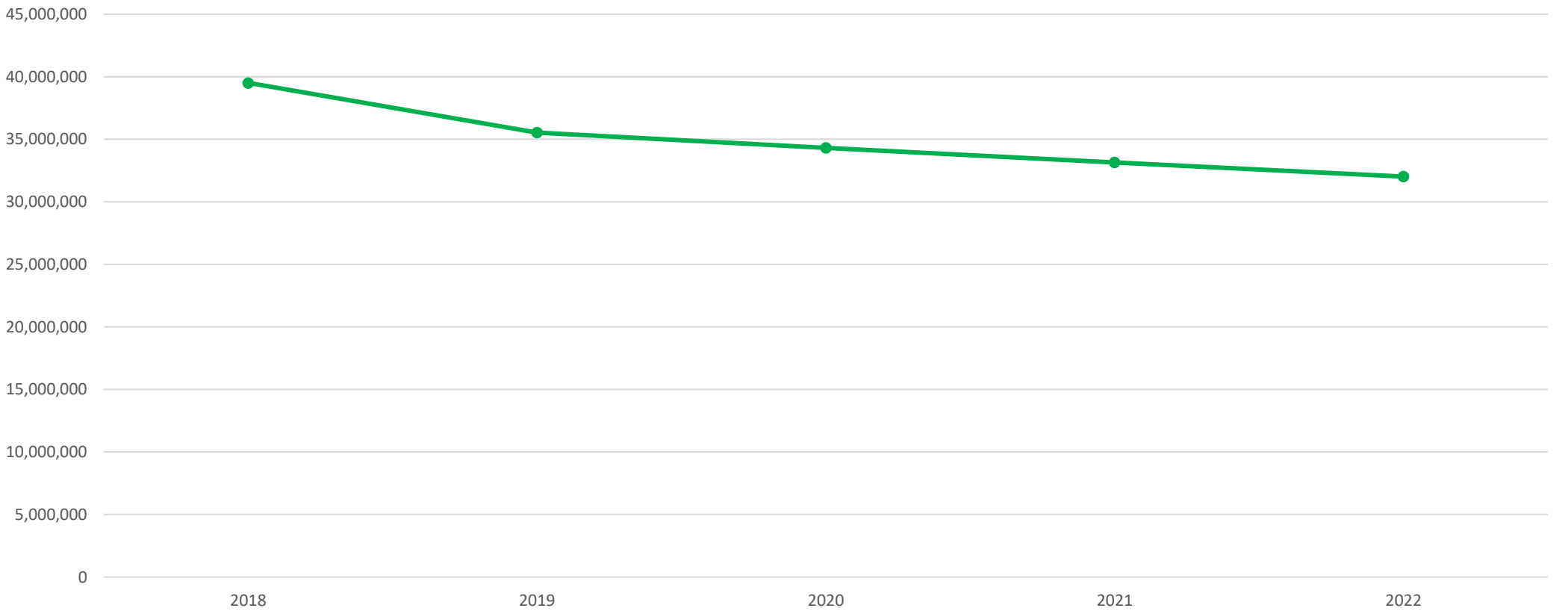
Total MMEs dispensed



Total Patient Count Over 100 MME



Total LMEs dispensed-Lorazepam milligram equivalents

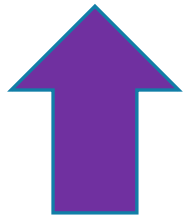


Most Frequently Prescribed Opioid Medications-2022

	Prescription Count	Quantity	Total MME
buprenorphine HCl/naloxone HCl	277,107	6,431,930	0
oxycodone HCl	183,503	11,477,265	170,196,206
hydrocodone bitartrate/acetaminophen	139,384	9,575,141	67,375,167
tramadol HCl	114,711	7,952,833	40,302,087
morphine sulfate	47,247	2,210,563	49,108,795
buprenorphine HCl	40,220	1,483,442	0
oxycodone HCl/acetaminophen	34,178	2,282,933	22,973,089
hydromorphone HCl	21,159	1,213,864	17,458,272
fentanyl	14,363	127,422	31,157,941
methadone HCl	13,204	1,215,805	29,729,122
acetaminophen with codeine phosphate	12,921	705,791	3,464,503

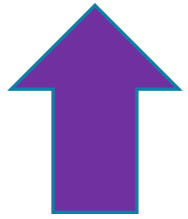
Participation in OUD Treatment increased in 2022

- Nearly 1000 more Mainers received buprenorphine prescriptions in the second half of 2022 (compared to the first half)



6%

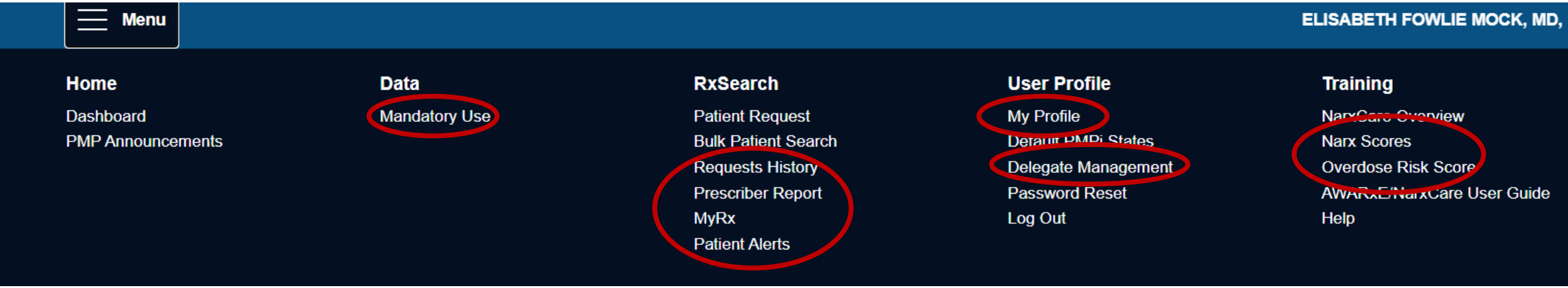
- Mainers enrolled in methadone treatment programs increased by an average of 350 per month in the second half of 2022 (compared to the first half)



8%

PMP Tools

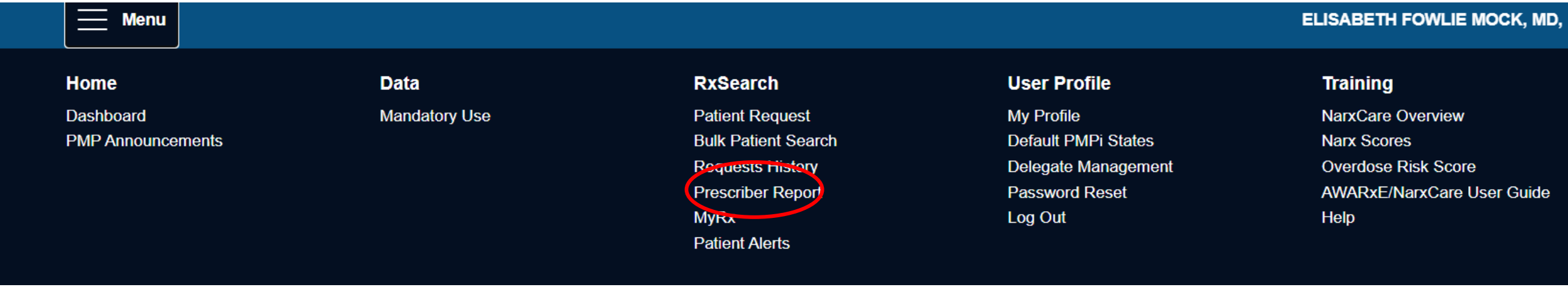
PMP Dropdown Menu-Quick Look at Available Tools



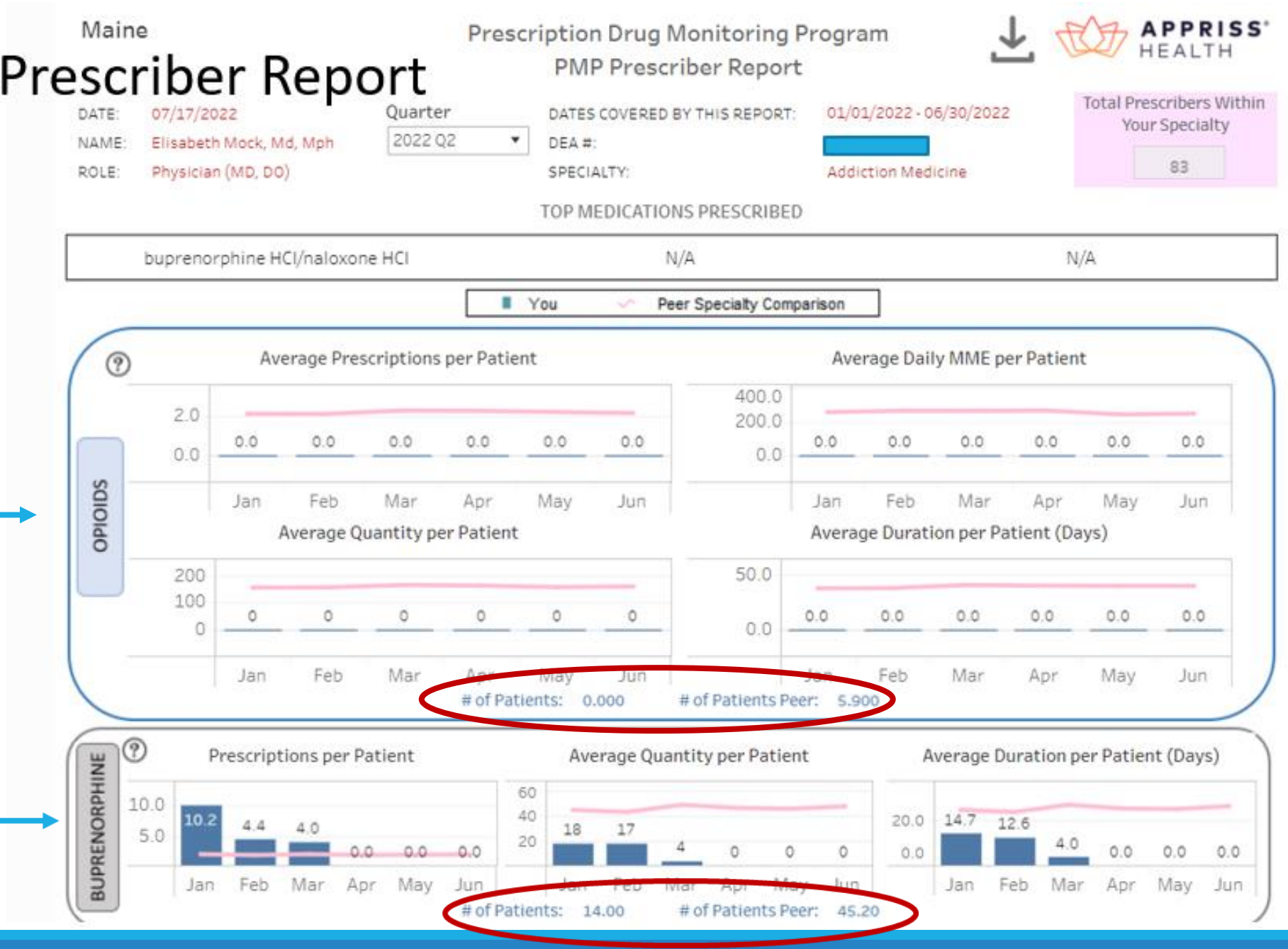
Gateway Integration

- Some of the larger health systems have incorporated the PMP into their electronic health records (EHR) and electronic prescribing for controlled substances (EPCS) platforms
- This allows the prescriber to check the PMP at the POINT OF CARE within the prescription writing process

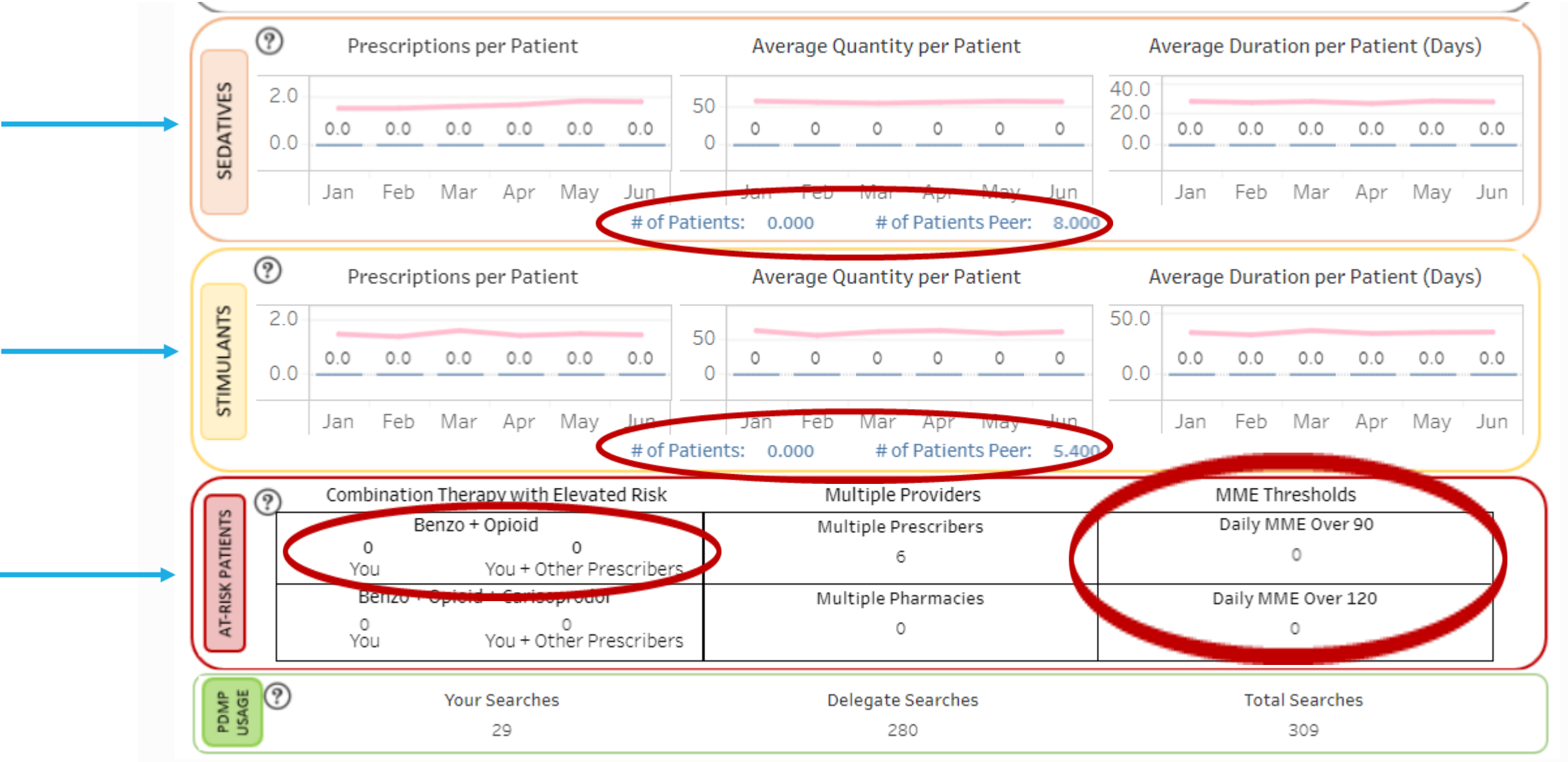
Comparative Data available-Prescriber Reports



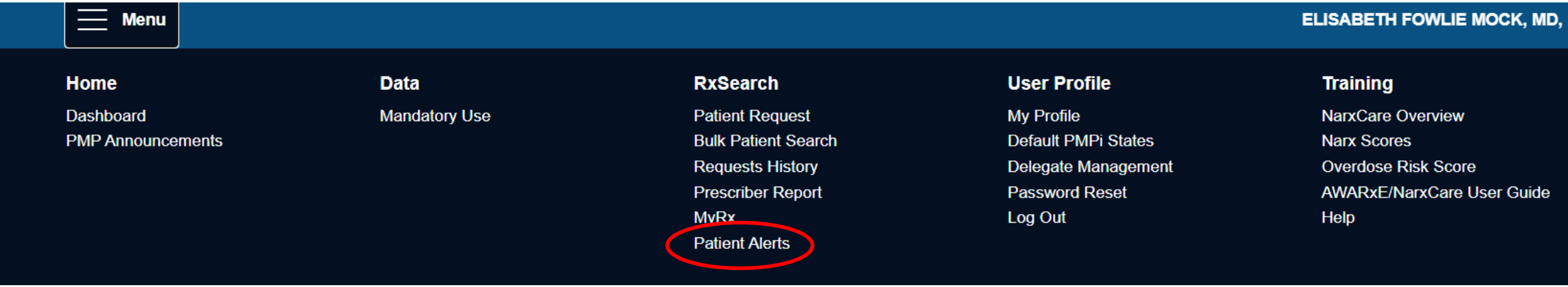
RxSearch-Prescriber Report



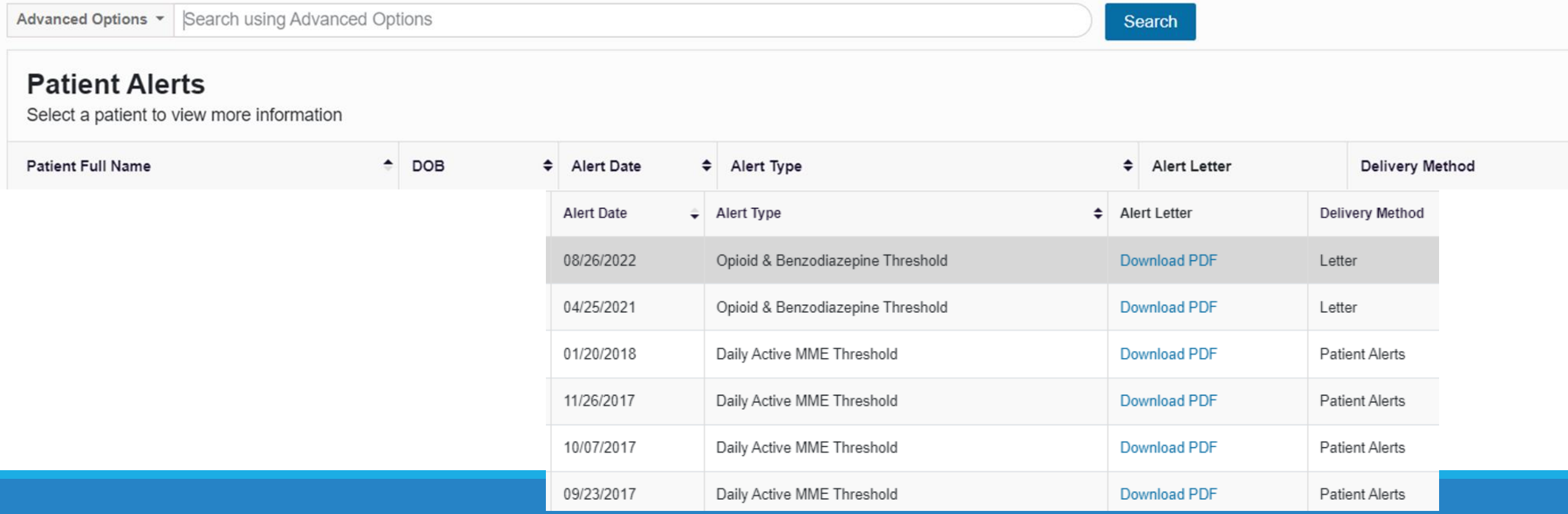
RxSearch-Prescriber Report



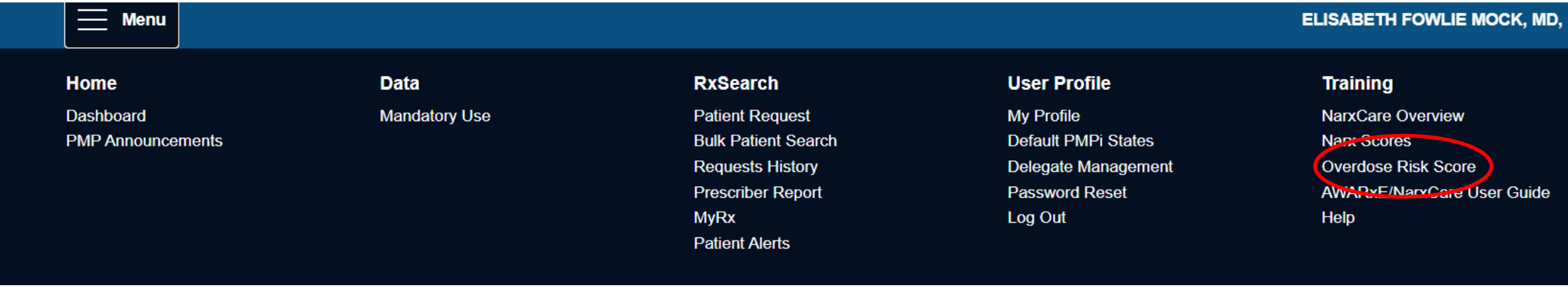
Dropdown Menu



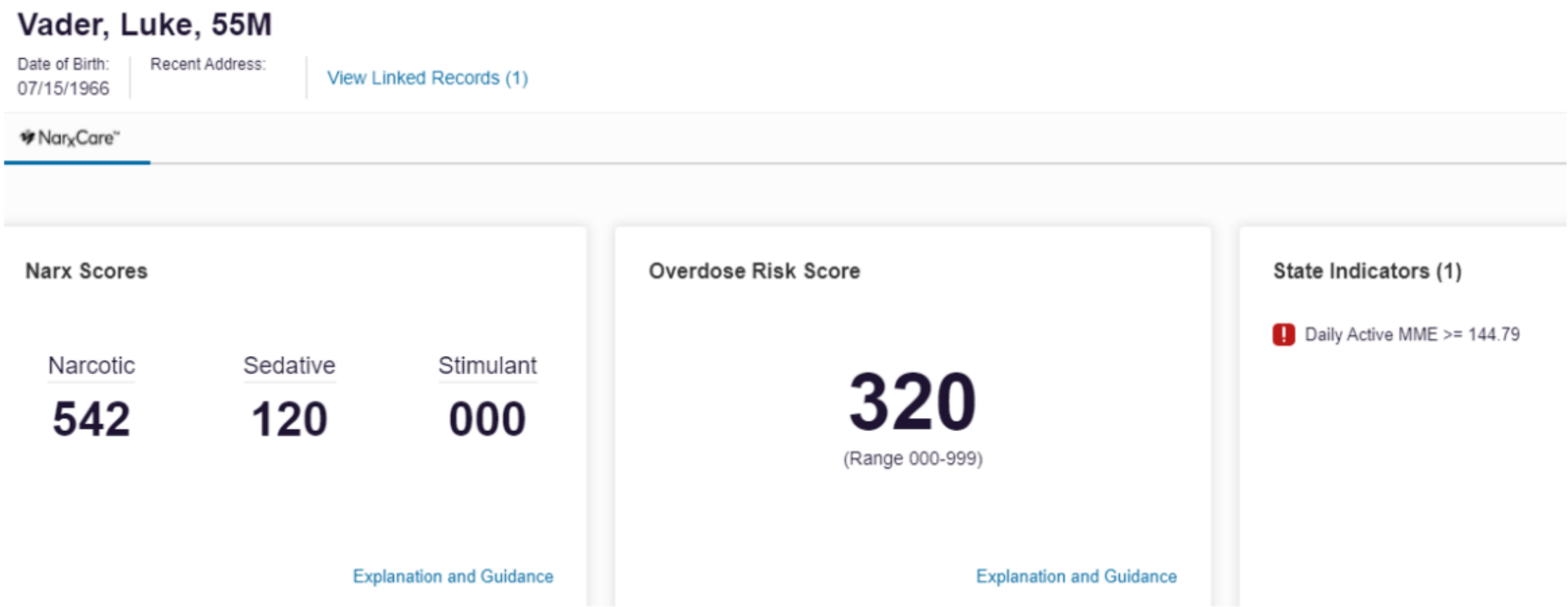
RxSearch-Patient Alerts (started 2017)



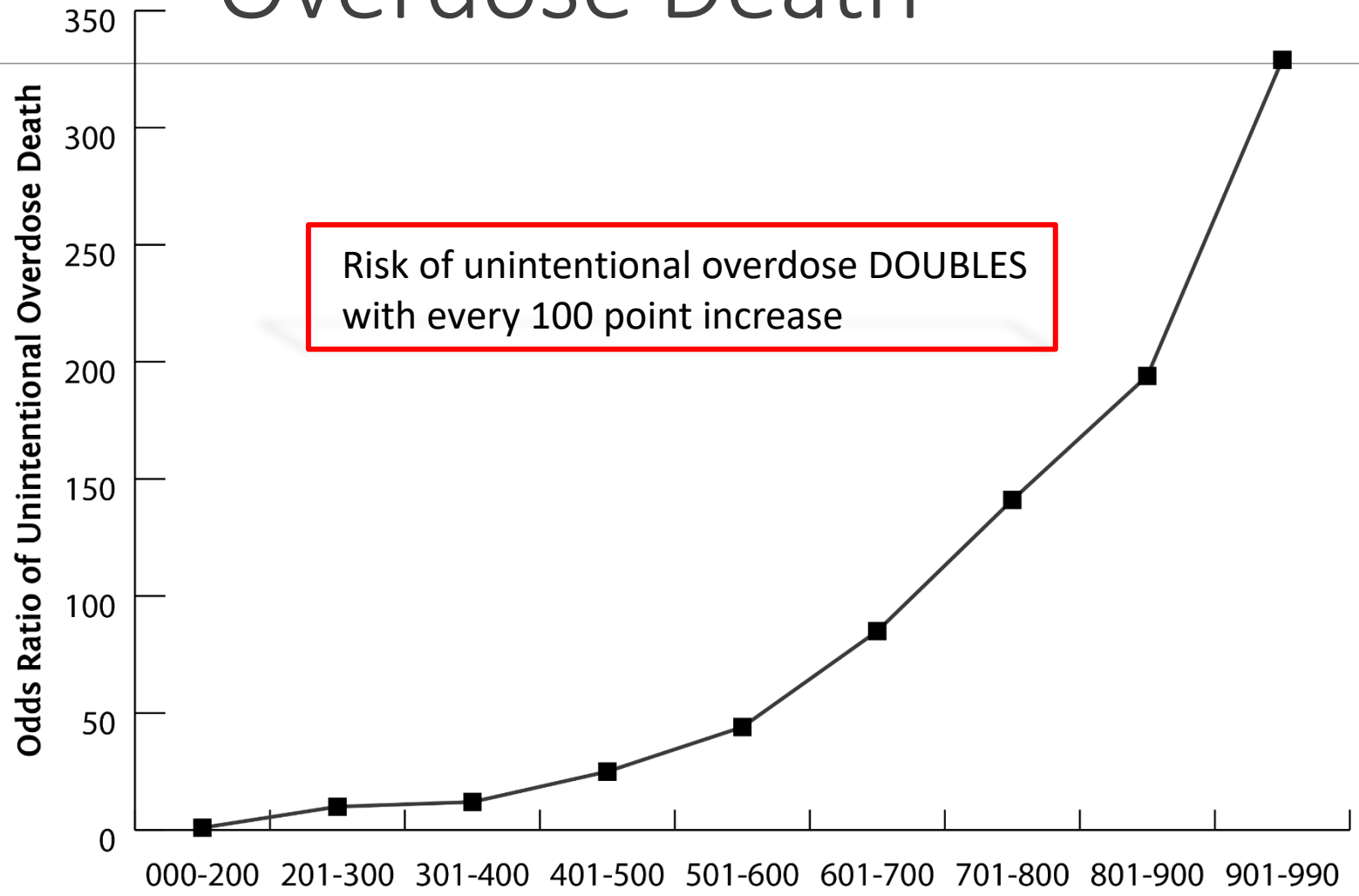
PMP Menu


Menu
ELISABETH FOWLIE MOCK, MD,
Home
Dashboard
PMP Announcements
Data
Mandatory Use
RxSearch
Patient Request
Bulk Patient Search
Requests History
Prescriber Report
MyRx
Patient Alerts
User Profile
My Profile
Default PMPi States
Delegate Management
Password Reset
Log Out
Training
NarxCare Overview
Narx Scores
Overdose Risk Score
AWARxE/NarxCare User Guide
Help

Patient PMP Report



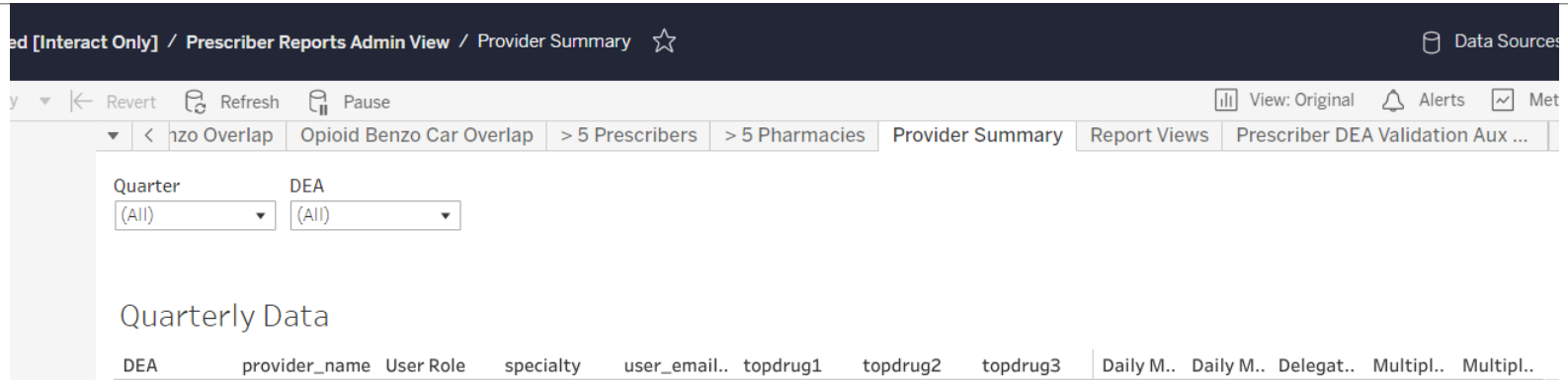
ORS Predicts Unintentional Overdose Death



Source: Bamboo (Appriss) Health

Higher-risk Prescribing

Thresholds set from “Prescriber Report”



- Threshold: >2 SD above mean for specialty grouping in any of 5 metrics
  - MME>120
  - MME>90
  - unique opioid pts
  - unique sedative pts
  - op-benzo combos

Initial thresholds (Jan-June 2022)

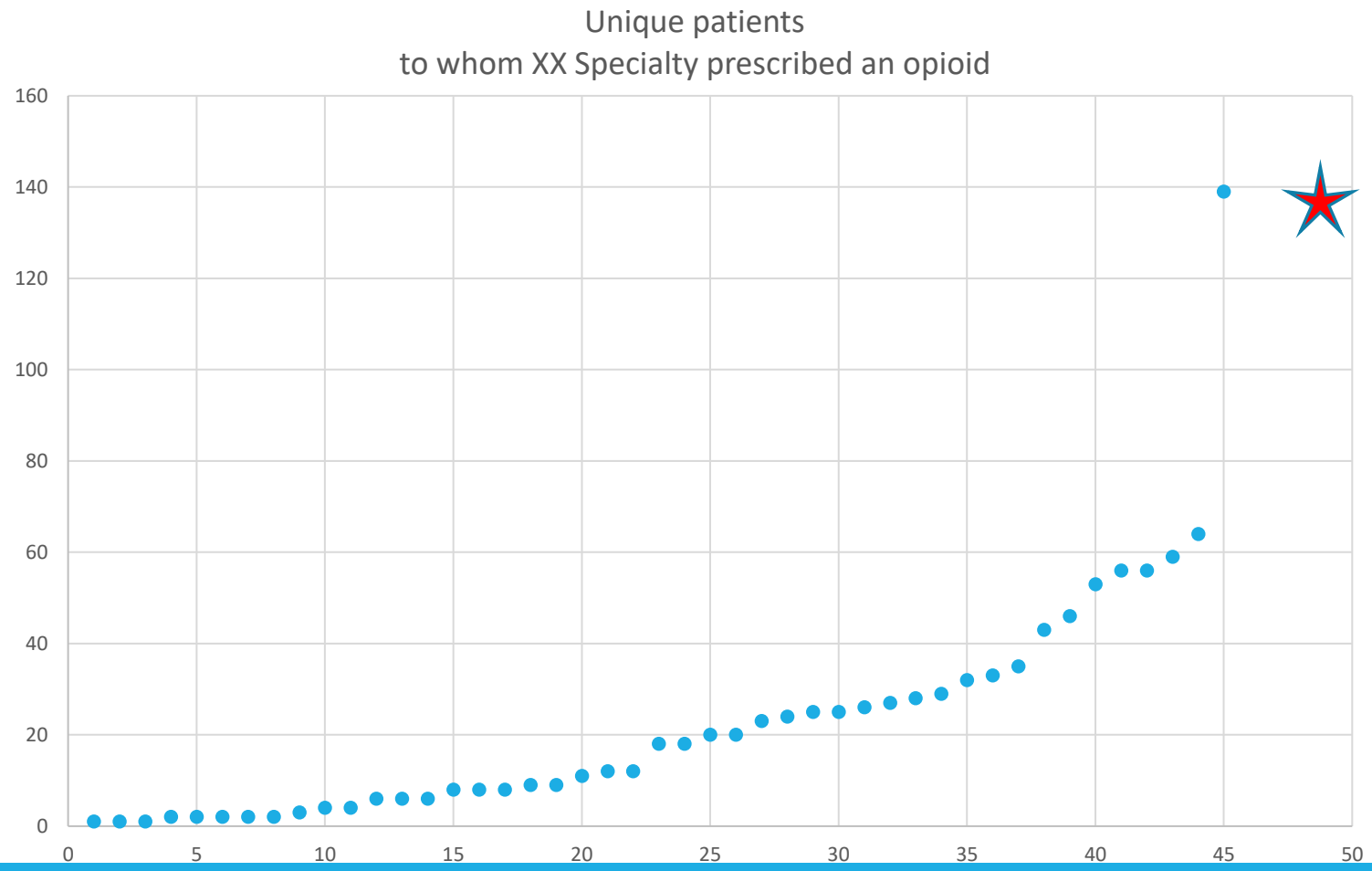
Thresholds for 2SD above mean Jan-Jun 2022

Specialty	n*	>120MME	>90MME	opioid pts	sedative pts**	op-benzo combo
Medical	2695	5	10	92	112	32
Surgical/Ob	615	1	5	94	24	12

*only prescribers who prescribed at least one controlled substance prescription were included

**Sedative includes benzodiazepines, 'z-drugs' and other controlled substance sedating medications

Sample Results-1-Procedure based specialty-opioid prescribing

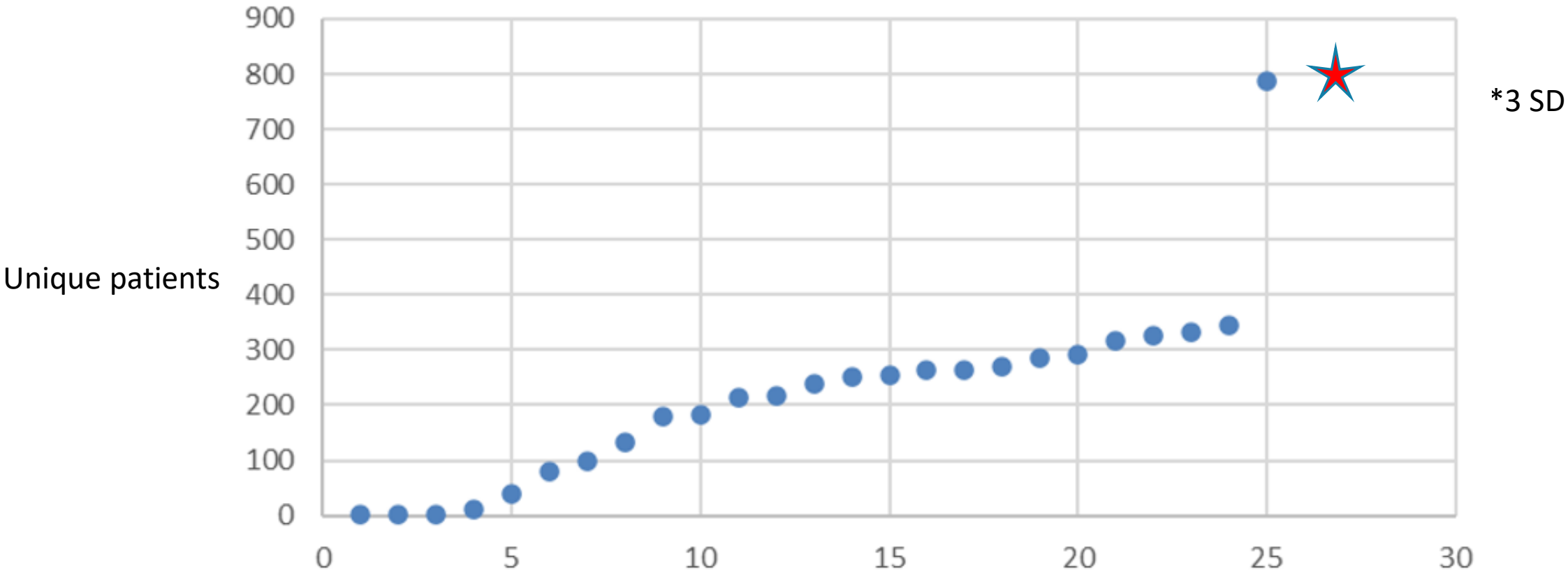


Unique patients

*4 SD

Individual prescribers

Sample results-2-Procedure based specialty-opioid prescribing



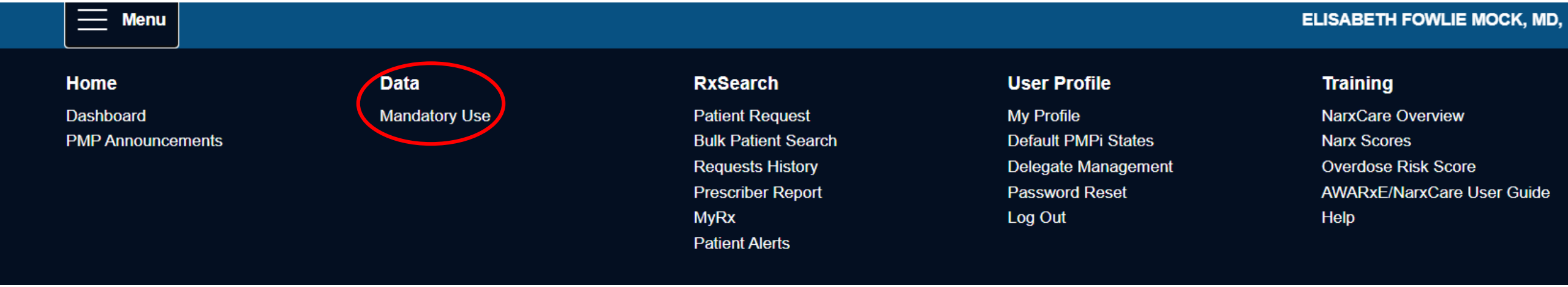
Education pathway resources

Prescribers are encouraged to voluntarily access their choice of:

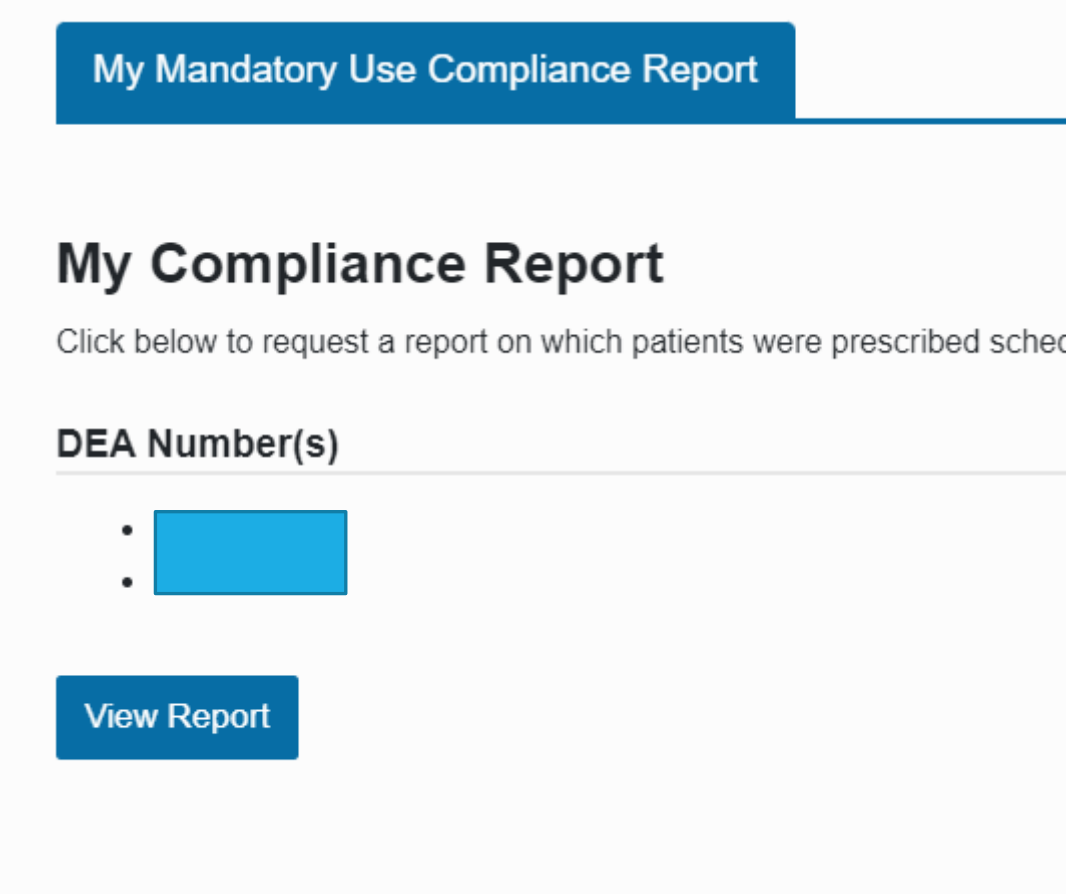
- CMO coaching and healthcare system-based resources
- Coaching with the PMP Clinical Advisor
- Academic Detailing session (clinical education/coaching) on Pain Management
- Schmidt Institute Controlled Substance Stewardship program (for chronic prescribers)
- Technical assistance from the Maine SUD Learning Community (workflows, policy & procedures, etc.)
- Other available CME or Quality Improvement/MOC projects
- PMP Referral Process Information sheet https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/PMP%20Referral%20Process%20Information.pdf

Mandatory Use

Dropdown Menu



Data-Mandatory Use



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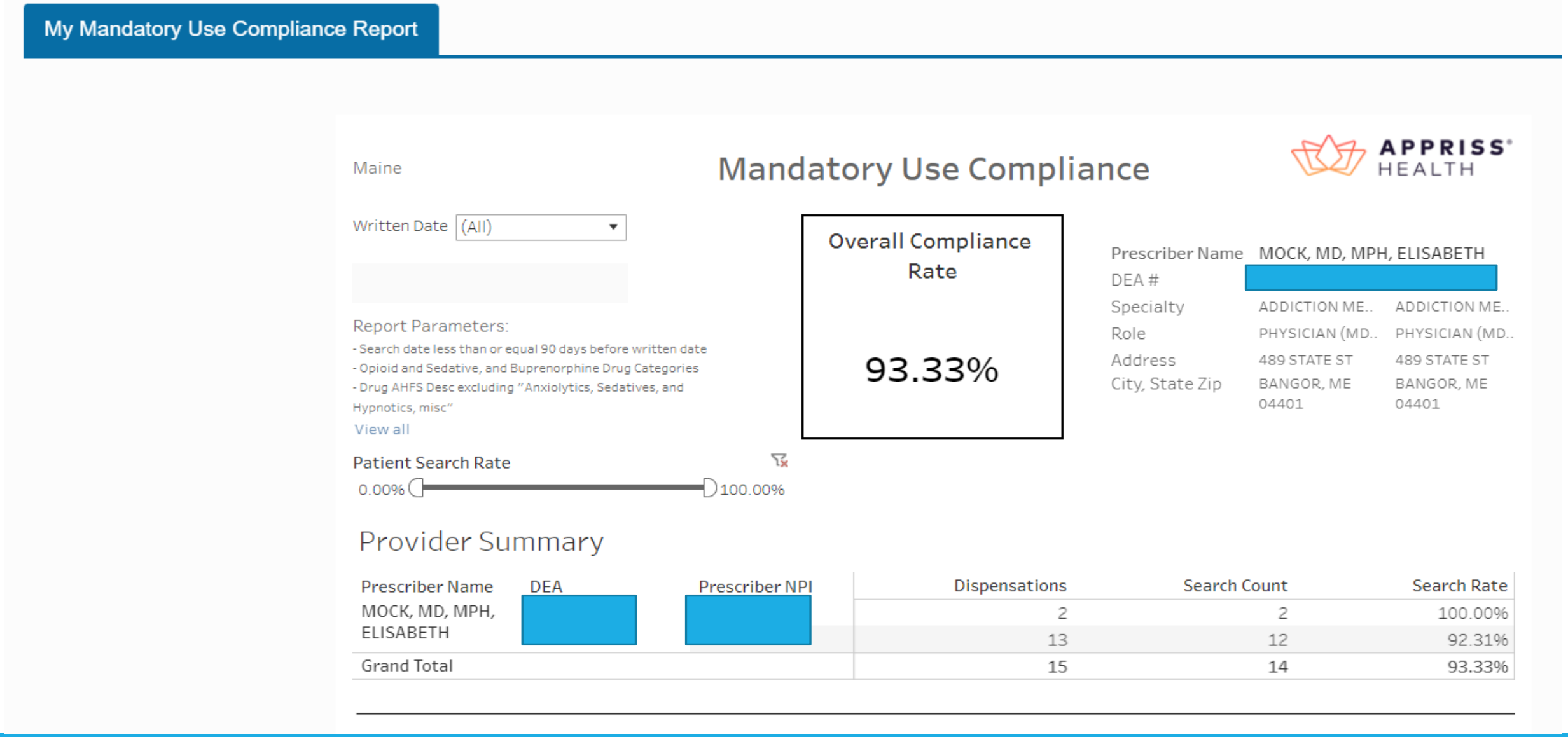

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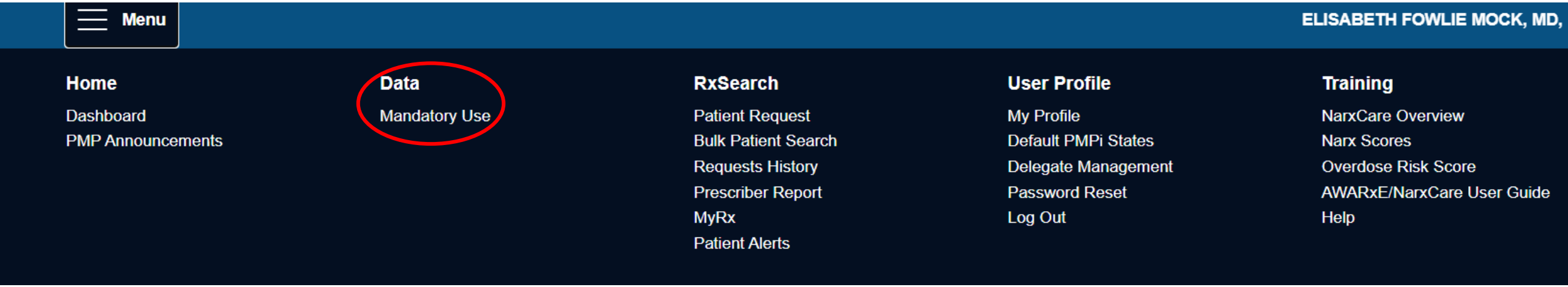
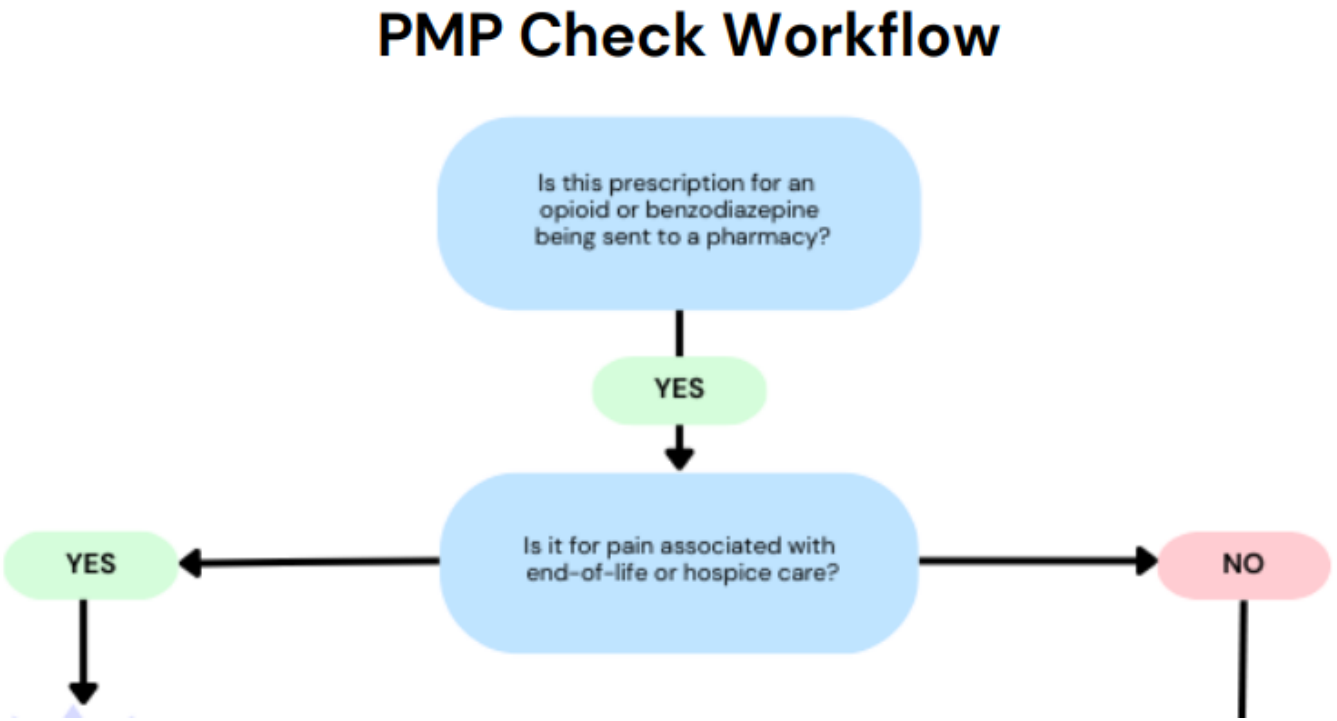
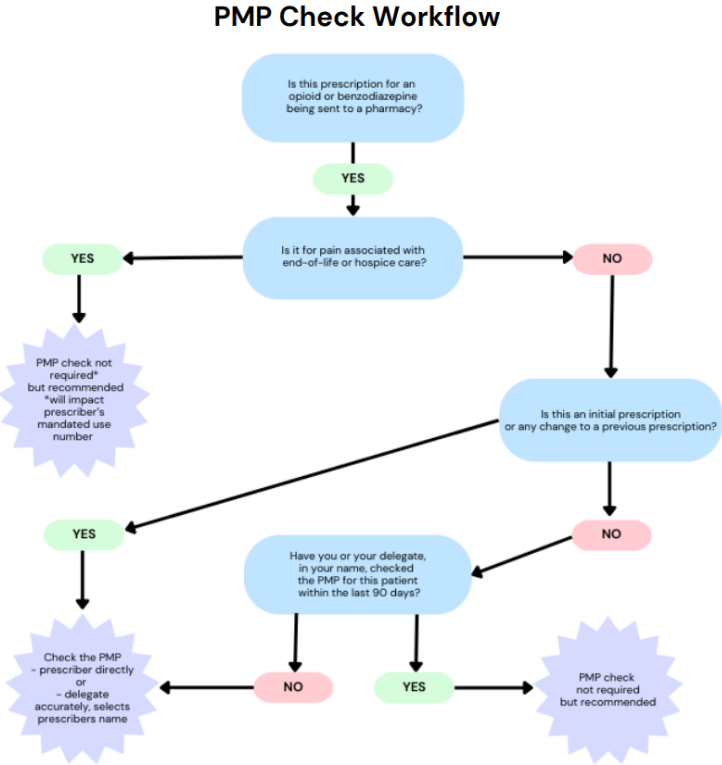


Check Workflow





https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/PMP%20check%20workflow.pdf

Workflow guidance

What gives a prescriber "credit" for checking the PMP?

- Prescriber checks in the PMP
- Prescriber checks through HealthInfoNet
- Prescriber uses integrated PMP "Gateway" in EHR's electronic prescribing of controlled substances (EPCS) platform to check as prescription is written
- Prescriber personally reviews (on paper or a screen) a PMP report that delegate pulled ***in that prescriber's name*** (if in doubt, double check under "RxSearch/Requests History"). Recommended to reference this type of review in the office/refill note.

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What does not give a prescriber "credit" for checking the PMP?

- Not checking
- Checking after the prescription is sent
- Delegate pulls report under a different prescriber's name
- Another prescriber checks (even if they are a group partner)
- Prescriber/delegate checked more than 90 days ago (for chronic, recurring scripts)

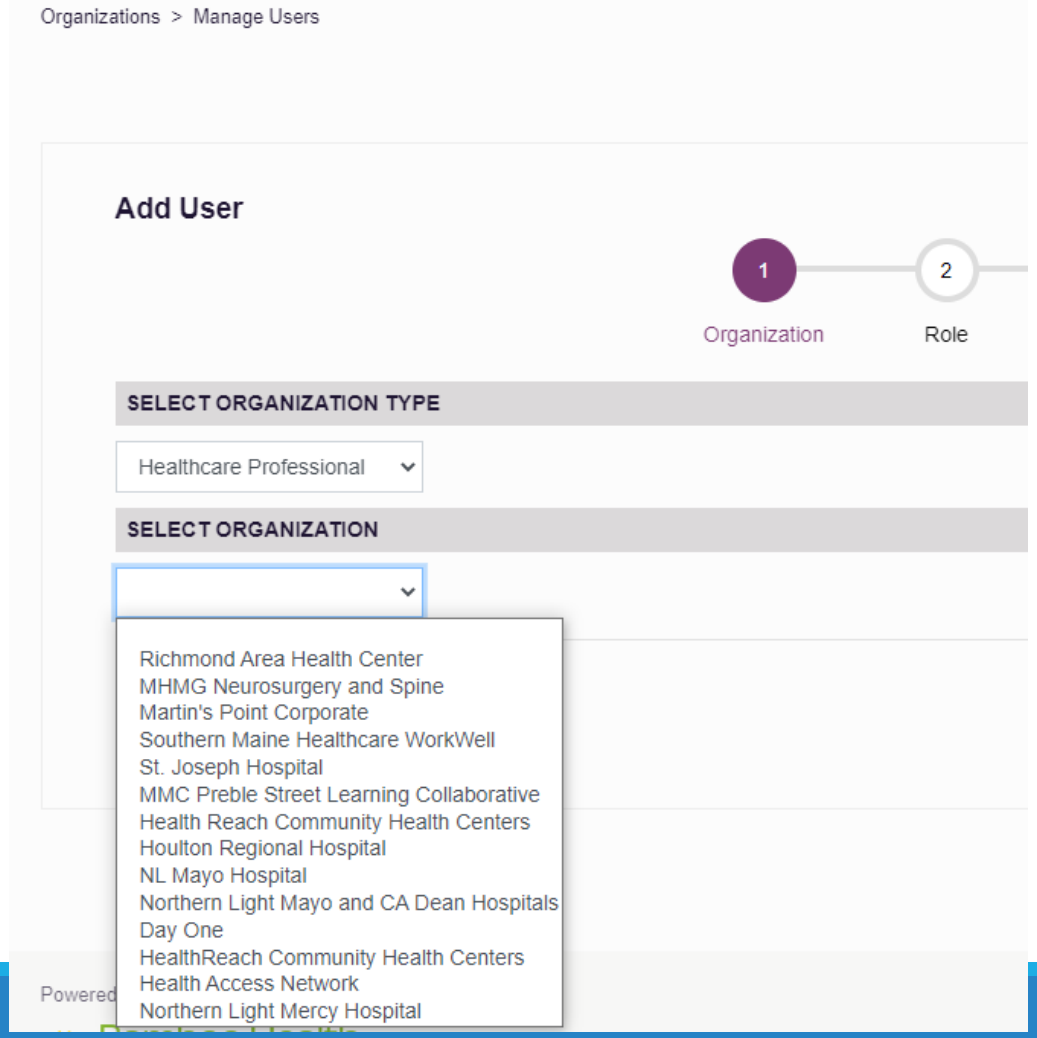
What does not register in the PMP compliance score but is still compliant with the checking law?

- Prescriber/delegate spells the patient's name incorrectly or differently than the PMP record (even though the incorrect spelling generated a report)
- Prescriber/delegate used the partial name search function to generate a report
- Prescriber uses the end-of-life/hospice pain exemption (this is legally allowed, however, the PMP compliance score does not know that the exemption was used)

CMO Review

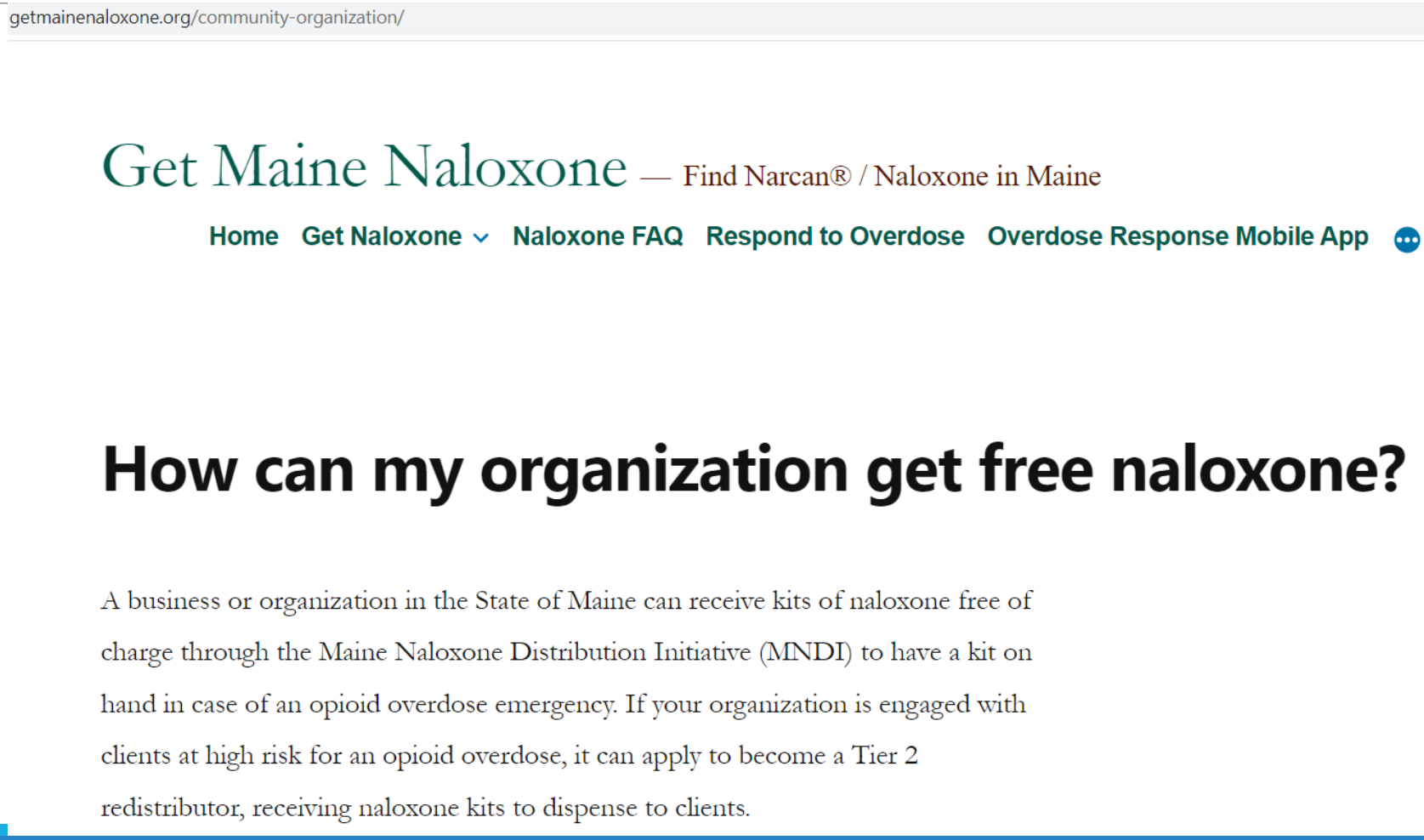
“Organization Management”

Available in 2019/2021



If you prescribe an opioid…

CO-PRESCRIBE NALOXONE



MAINE PMP

- PMP@Maine.gov
- 207-287-2595, Option 2
- Clinical Advisor: Elisabeth.Mock@Maine.gov

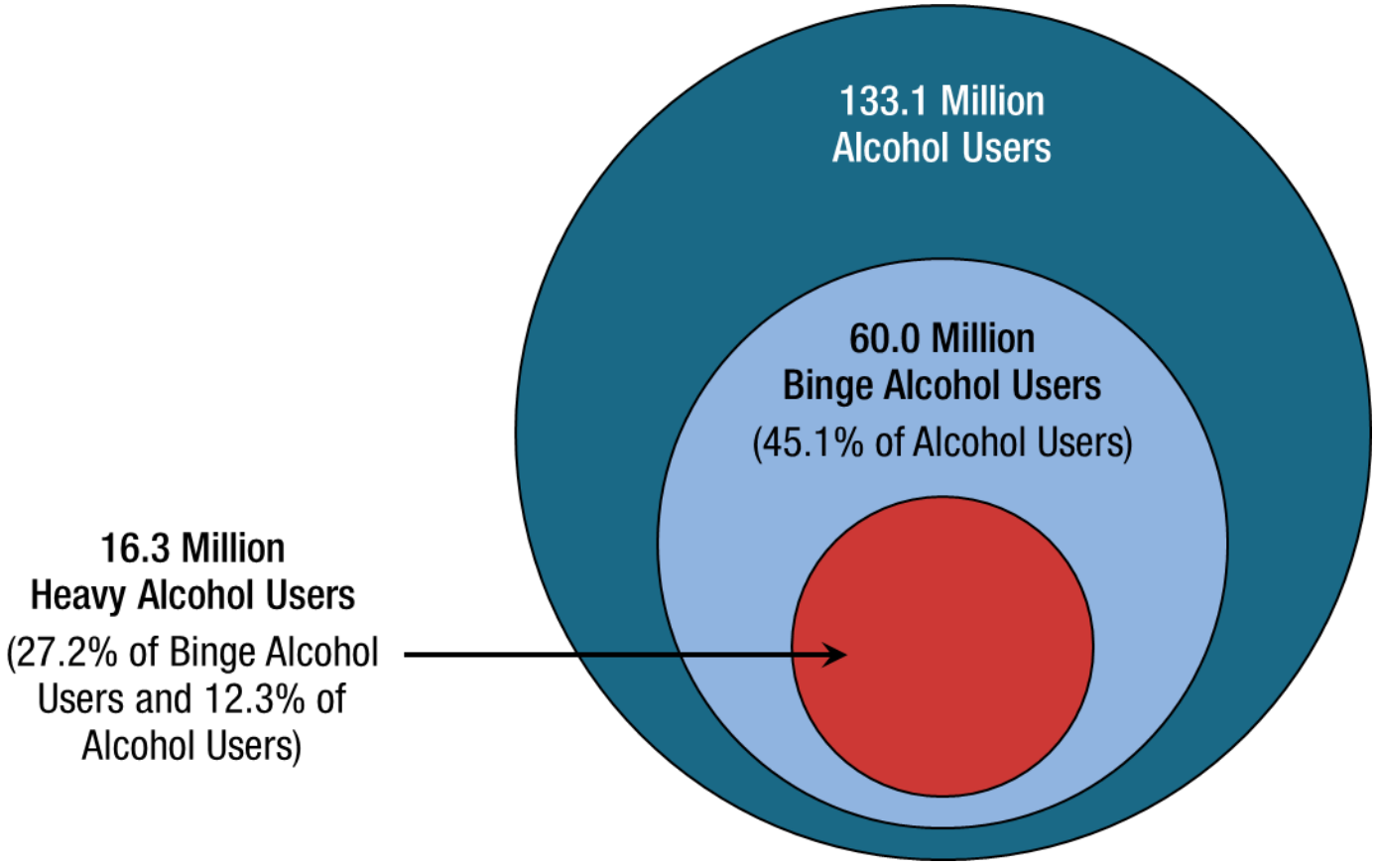
Results from the 2021 National Survey on Drug Use and Health: Graphics from the Key Findings Report

Center for Behavioral Health Statistics and Quality
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

https://www.samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases

SAMHSA
Substance Abuse and Mental Health Services Administration

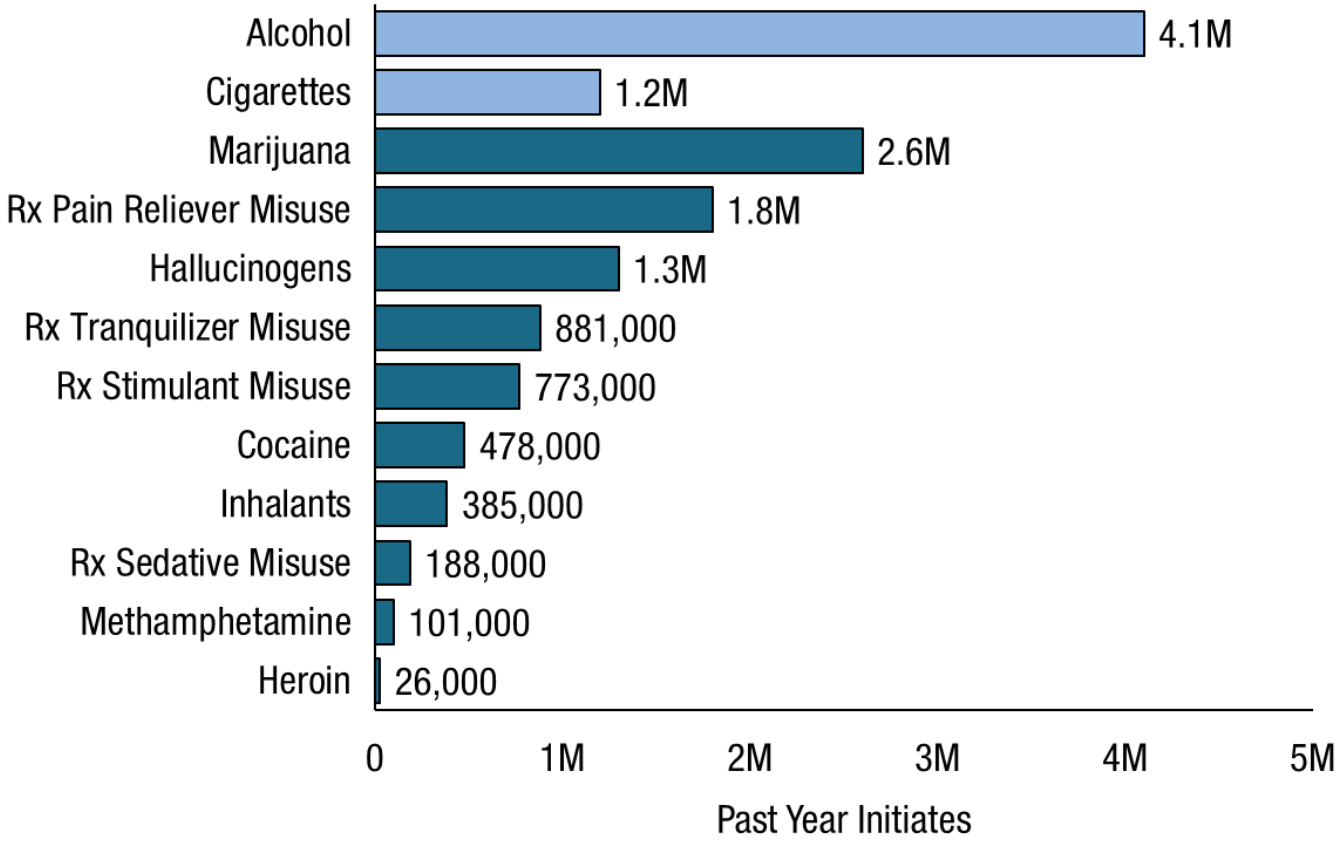
Past Month Alcohol Use, Binge Alcohol Use, and Heavy Alcohol Use: Among People Aged 12 or Older; 2021



Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

SAMHSA
Substance Abuse and Mental Health Services Administration

Past Year Initiates of Substances: Among People Aged 12 or Older; 2021



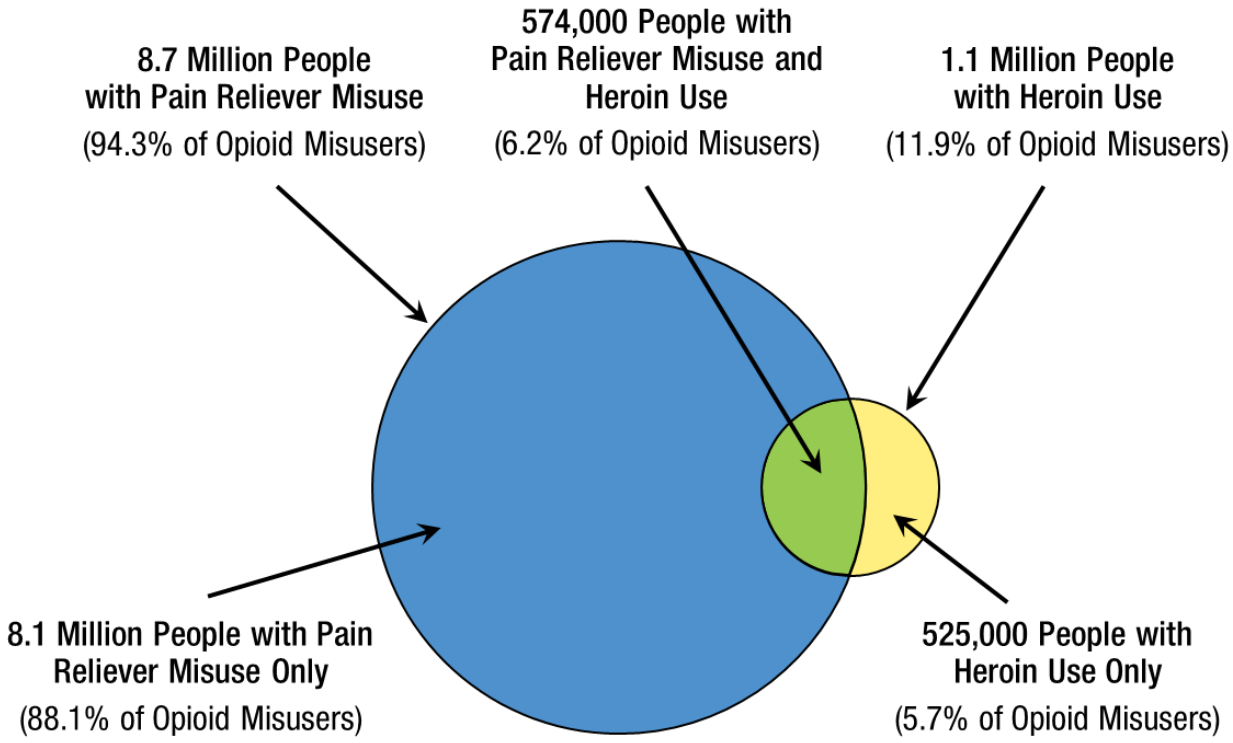
Rx = prescription.

Note: Estimates for prescription pain relievers, prescription tranquilizers, prescription stimulants, and prescription sedatives are for the initiation of misuse.

What is MISUSE of prescriptions?

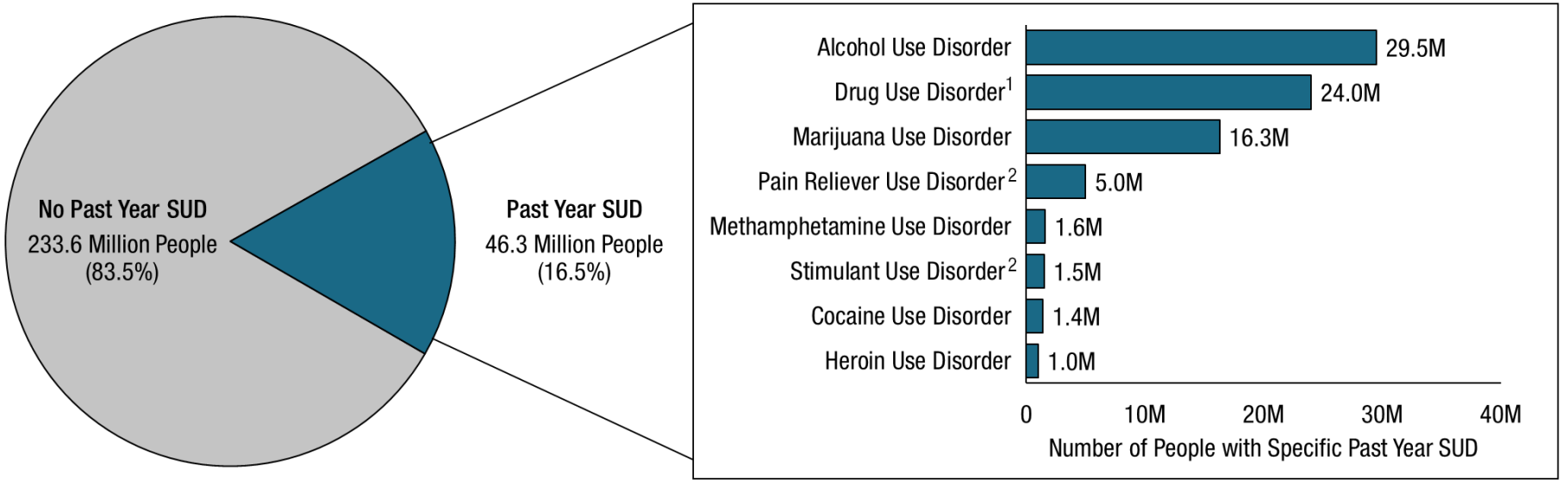
- Use in any way not directed by the prescriber
  - Use without a prescription for one's self
  - Use in greater amounts, more often or for longer than directed by prescriber
  - Use in any other way not directed by prescriber

Past Year Opioid Misuse: Among People Aged 12 or Older; 2021



9.2 Million People Aged 12 or Older with Past Year Opioid Misuse

Past Year Substance Use Disorder (SUD): Among People Aged 12 or Older; 2021



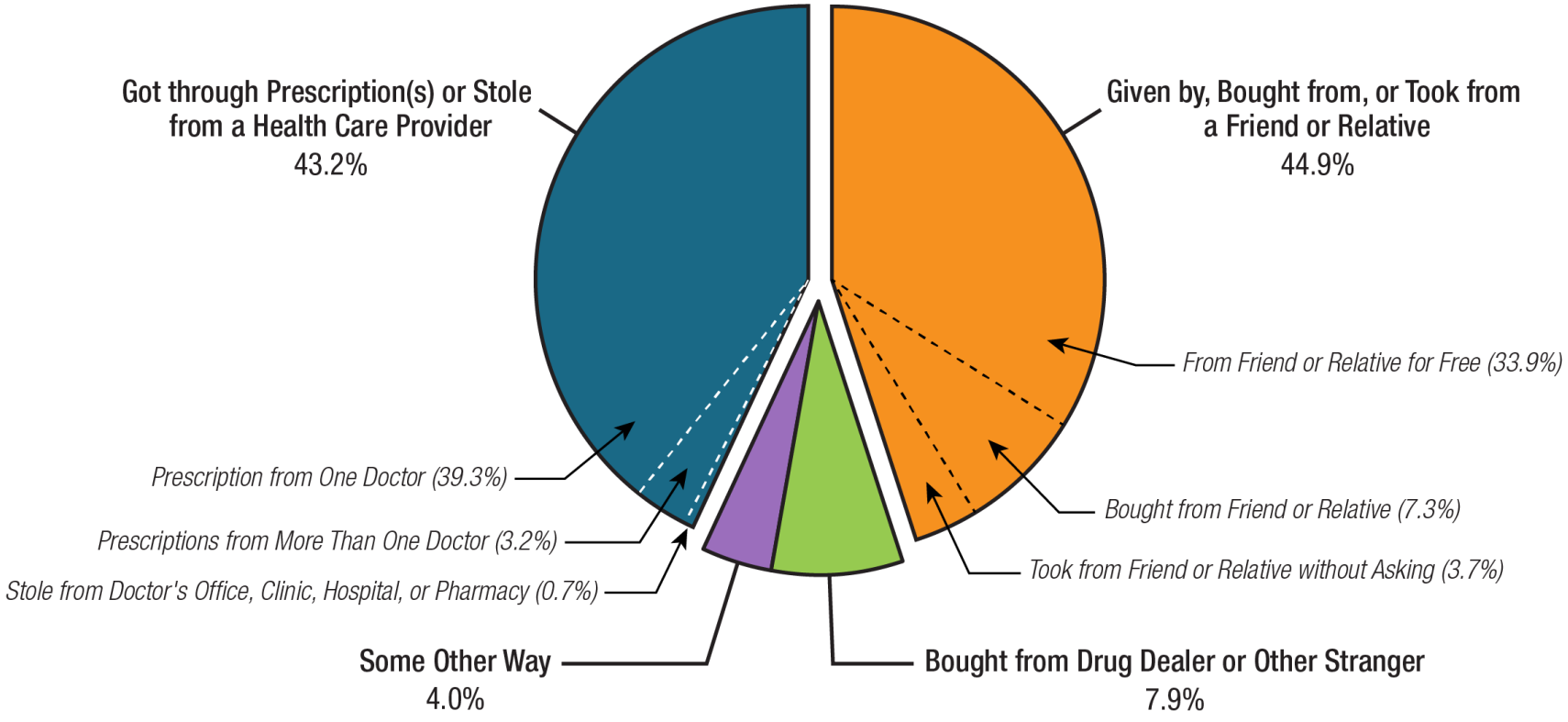
Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

[1] Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

[2] Includes data from all past year users of the specific prescription drug.

SAMHSA
Substance Abuse and Mental Health Services Administration

Source Where Pain Relievers Were Obtained for Most Recent Misuse: Among People Aged 12 or Older Who Misused Pain Relievers in the Past Year; 2021



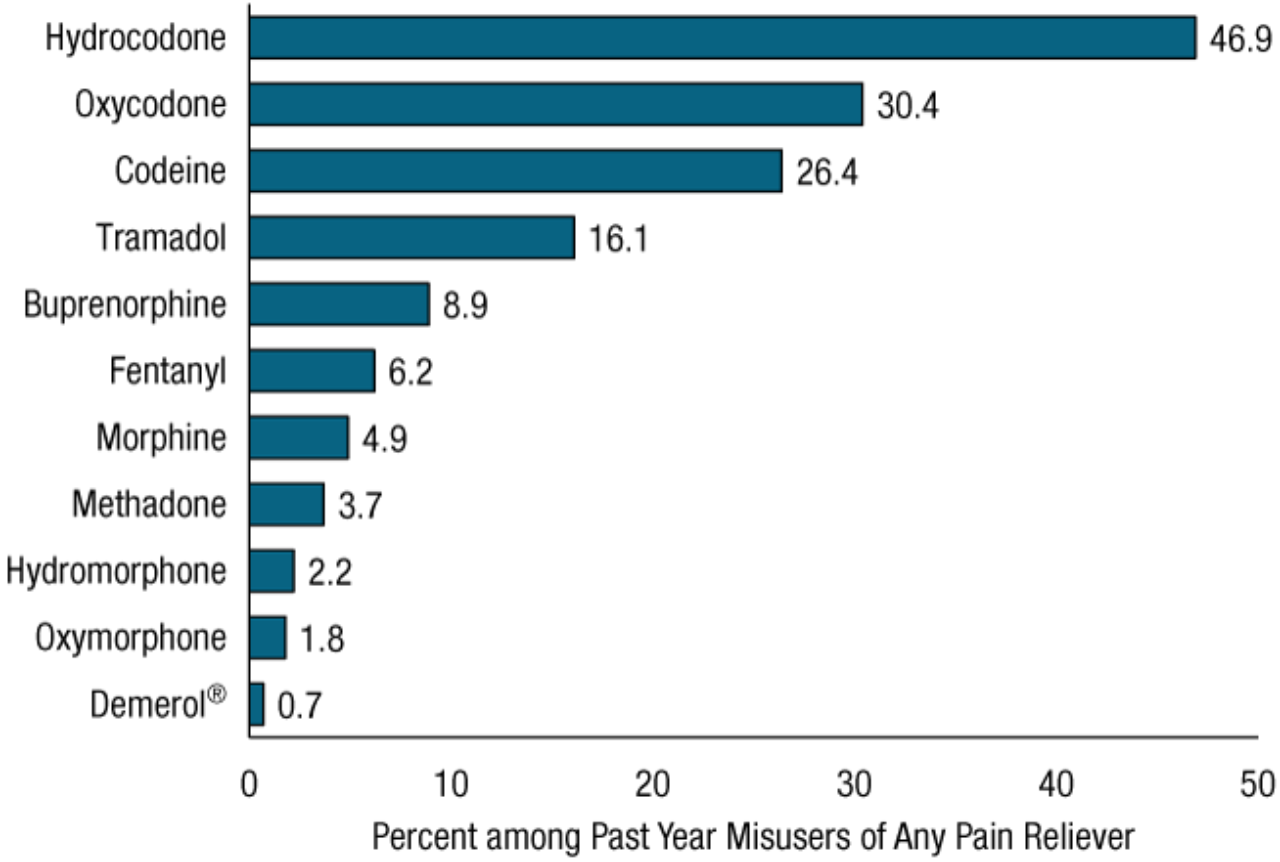
8.7 Million People Aged 12 or Older Who Misused Pain Relievers in the Past Year

Note: Respondents with unknown data for the Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded.

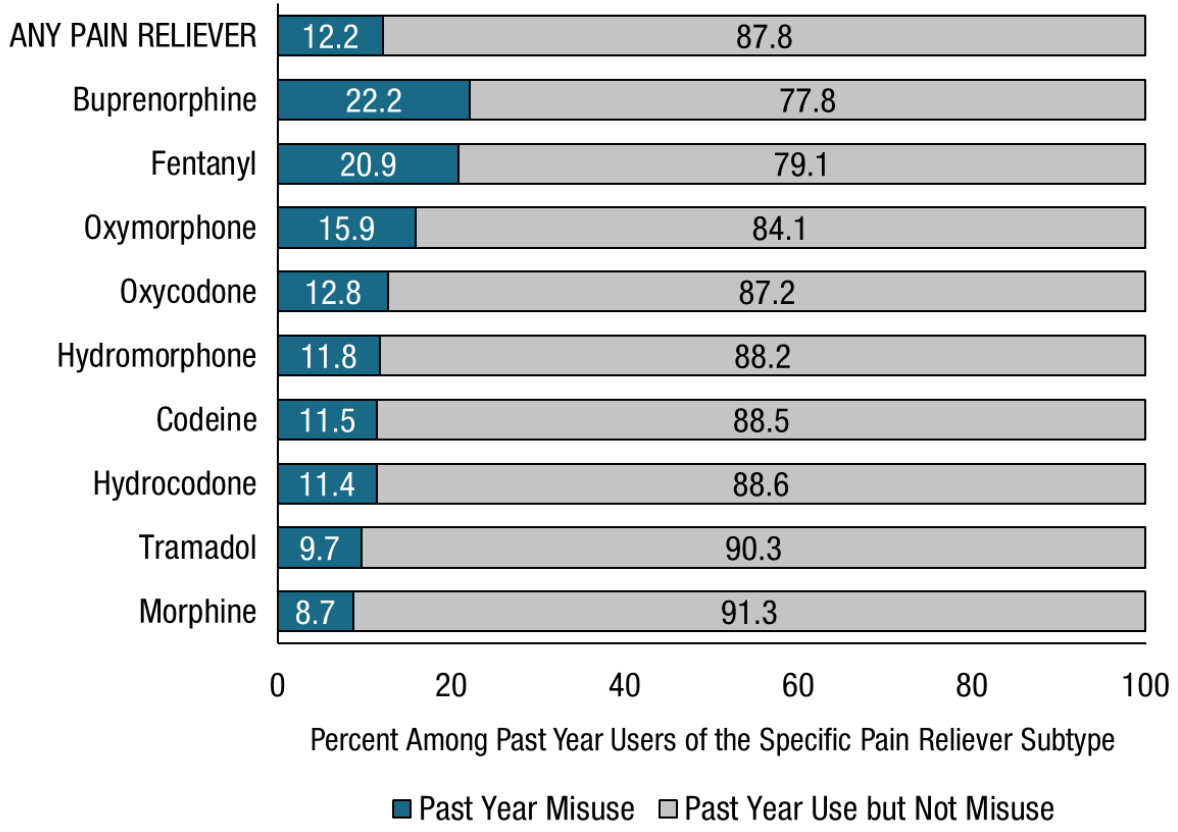
Primary reason people misused prescription opioids in 2021

- To relieve pain (64%)
- To feel good or get high (11%)
- To relax or relieve tension (7%)
- To help with sleep (5%)
- Dependent on drug (5%)
- To experiment (3%)
- To help with feelings or emotions (3%)
- To increase or decrease effects of other drugs (1%)

Past Year Prescription Pain Reliever Misuse: Among People Aged 12 or Older Who Misused Any Prescription Pain Reliever; 2021



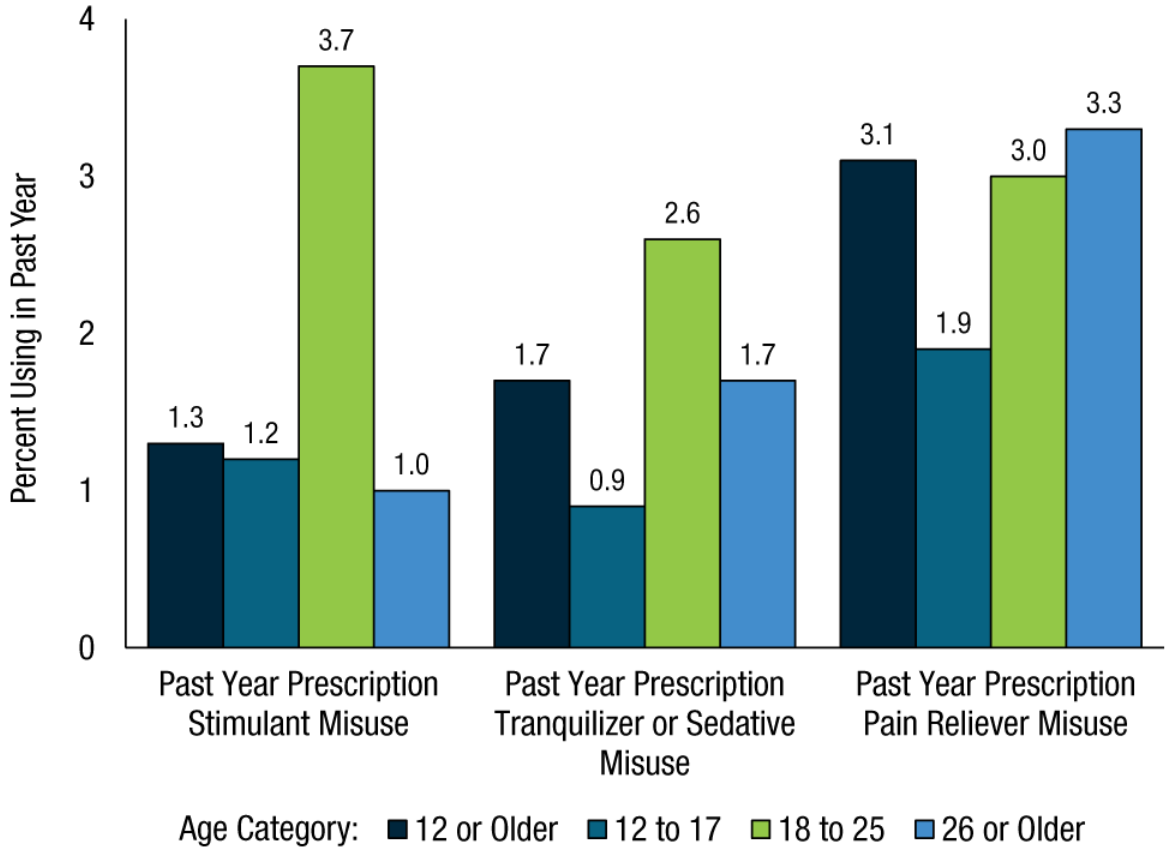
Past Year Prescription Pain Reliever Misuse: Among People Aged 12 or Older Who Used the Specific Prescription Pain Reliever Subtype for Any Reason in the Past Year; 2021



Note: Estimates for methadone and Demerol® are not shown due to low precision.

FFR1.20

Past Year Prescription Stimulant Misuse, Past Year Prescription Tranquilizer or Sedative Misuse, and Past Year Prescription Pain Reliever Misuse: Among People Aged 12 or Older; 2021



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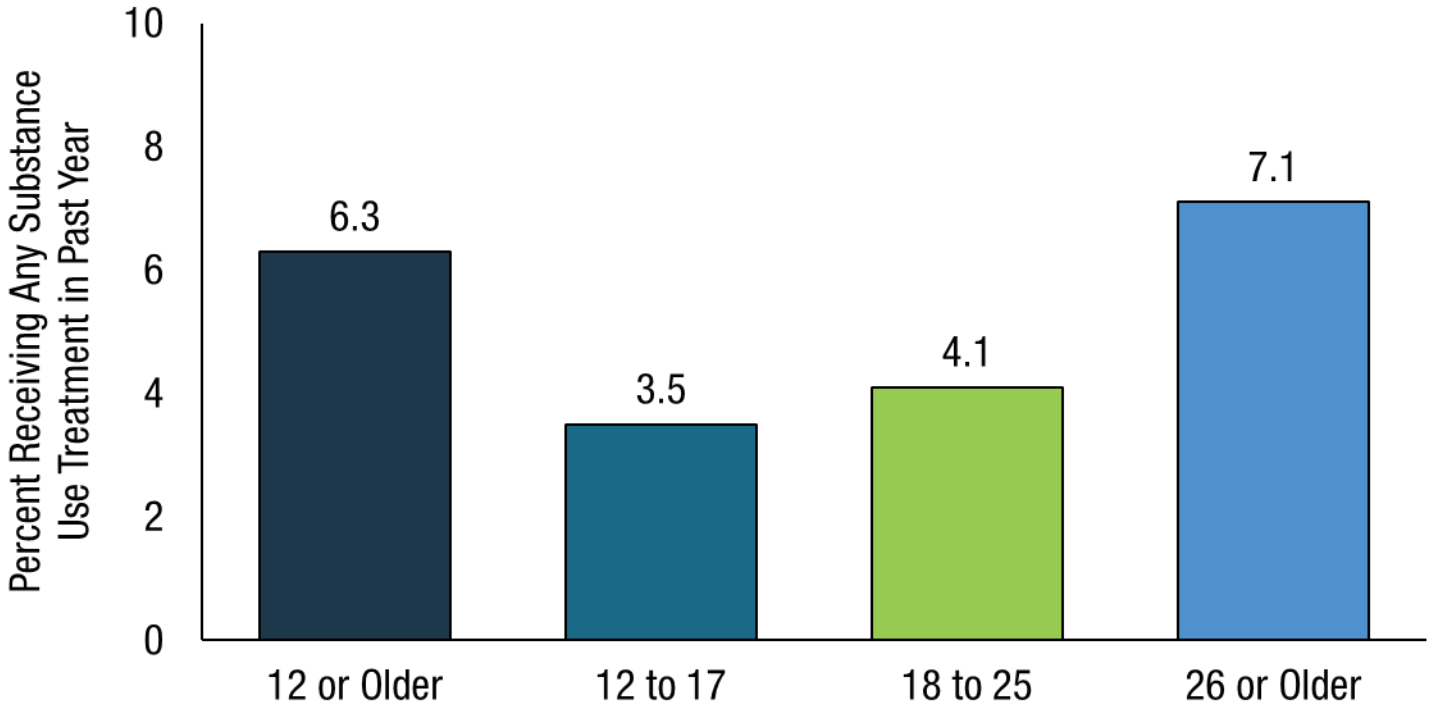
Received Any Substance Use Treatment in the Past Year: Among People Aged 12 or Older Who Had an Illicit Drug or Alcohol Use Disorder in the Past Year; 2021



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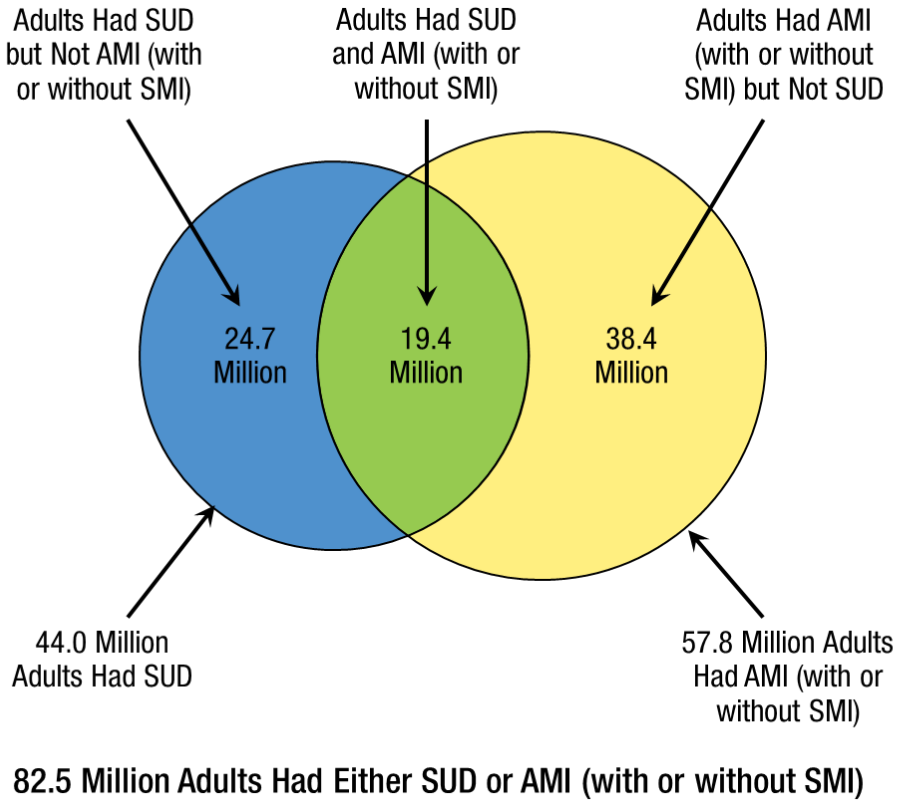
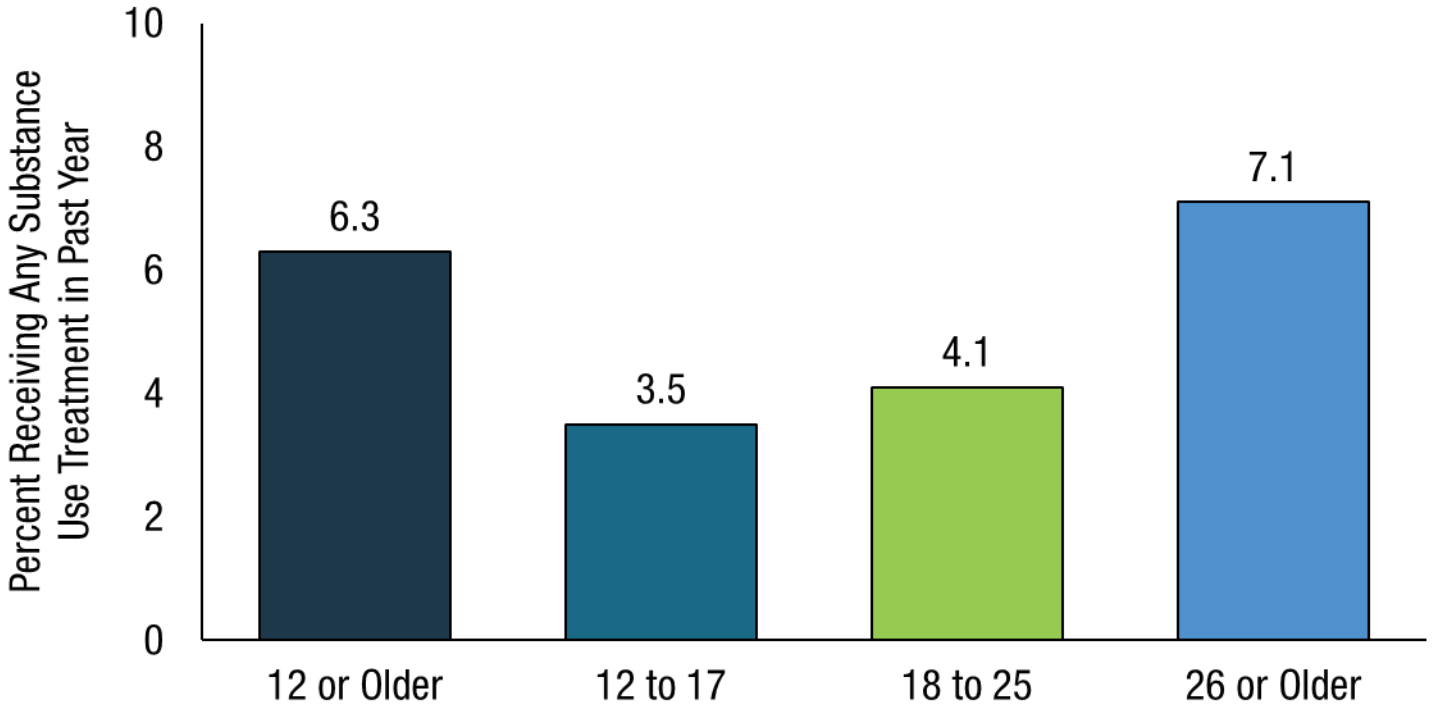
Past Year Substance Use Disorder (SUD), Any Mental Illness (AMI), and Serious Mental Illness (SMI): Among Adults Aged 18 or Older; 2021



Received Any Substance Use Treatment in the Past Year: Among People Aged 12 or Older Who Had an Illicit Drug or Alcohol Use Disorder in the Past Year; 2021



For reference: Maine PMP Statute & Rule Governing Prescriber Referrals

Chapter 1603: §7250. Access to prescription monitoring information and confidentiality

2. Review of information. If the prescription monitoring information surpasses thresholds as established by the department, the department shall notify the prescriber, the dispenser and, if the department determines it to be necessary, the professional licensing entity and provide all relevant prescription monitoring information to those persons and entities through an established letter of notification.

6. Treatment pattern data. The department may provide to a prescriber who treats a member under the MaineCare program prescription monitoring information on the prescriber and other prescribers that is de-identified as to prescriber and patient and that indicates treatment patterns in comparison among peers. If the department has shared with a prescriber treatment pattern data under this subsection, the department shall allow the prescriber time to align the prescriber's prescribing patterns with the patterns of the peers of the prescriber. The department may take appropriate actions with regard to a prescriber who is unable to achieve treatment pattern alignment as provided in this subsection.

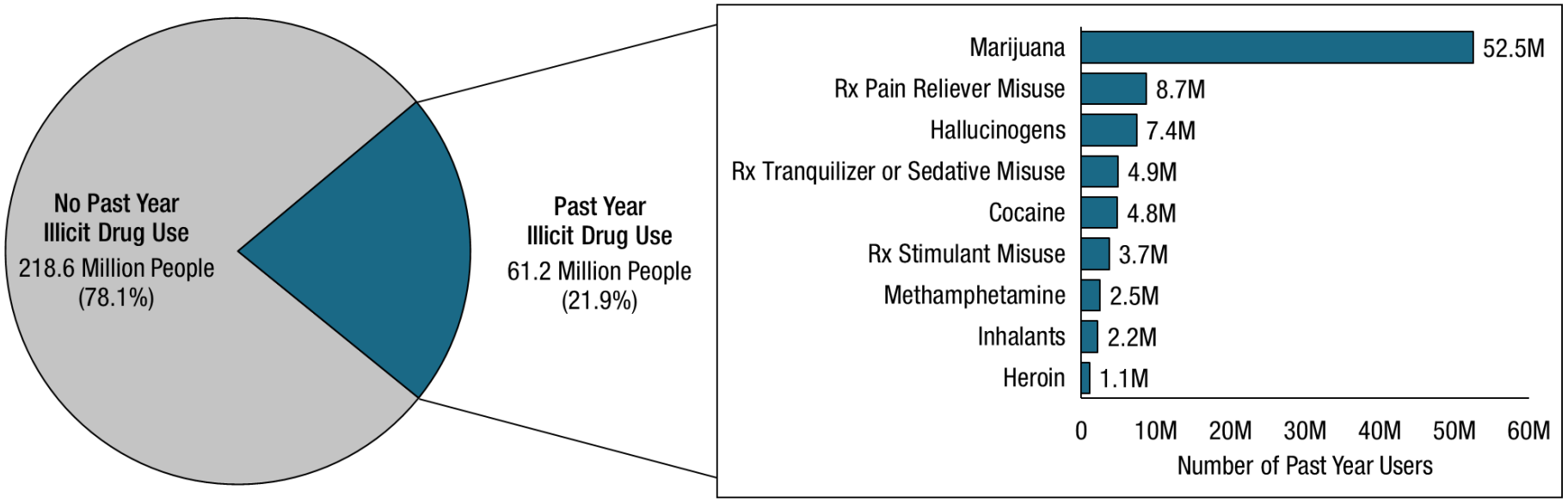
From DHHS Chapter 11 PMP Rules SECTION 9. Review of Information

1. Pursuant to 22 MRSA §7250, the Office and the Monitor shall review the information in the database on at least a quarterly basis to determine whether there are cases in which there has been questionable activity by patients or prescribers.

Full citation for NSDUH

Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report

Past Year Illicit Drug Use: Among People Aged 12 or Older; 2021



Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

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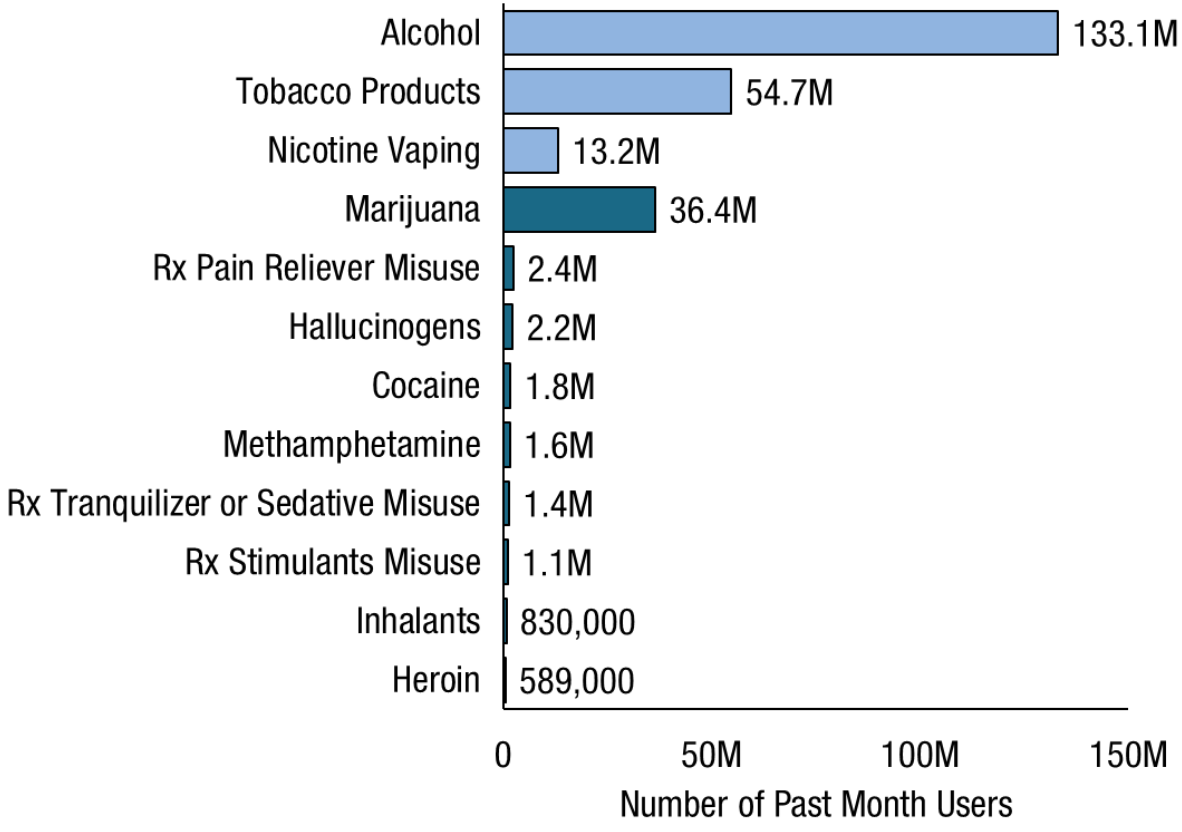
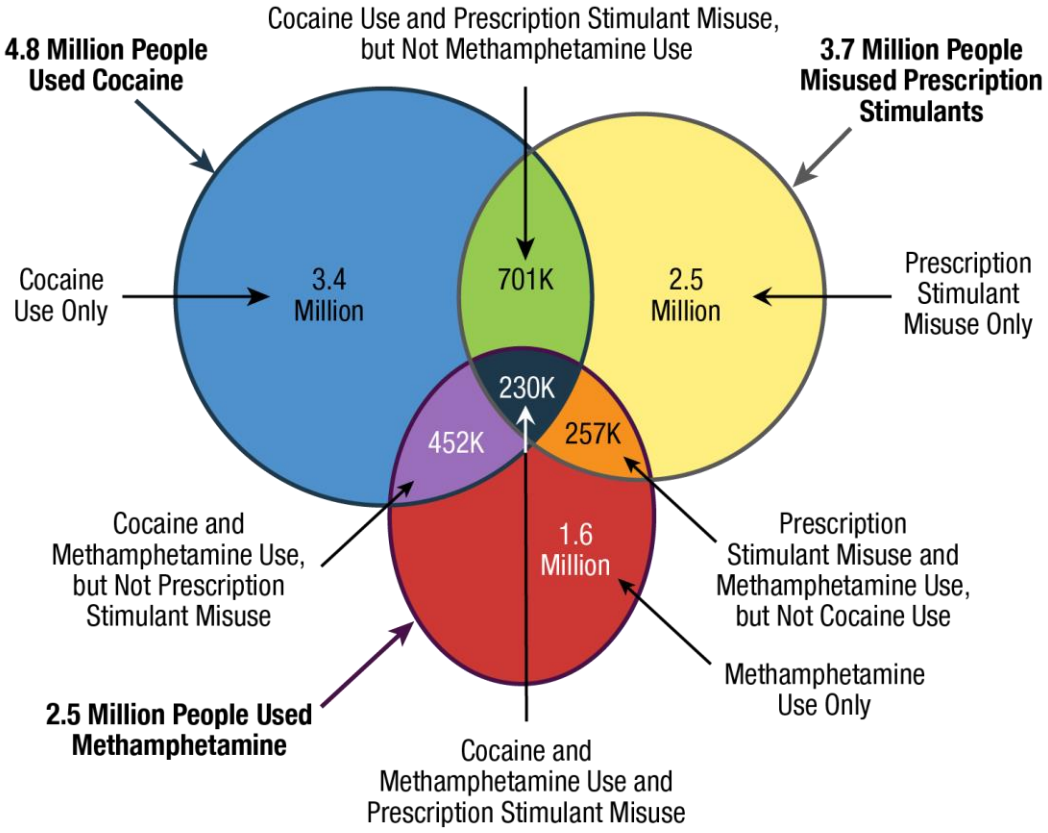
Past Month Substance Use: Among People Aged 12 or Older; 2021



Rx = prescription.

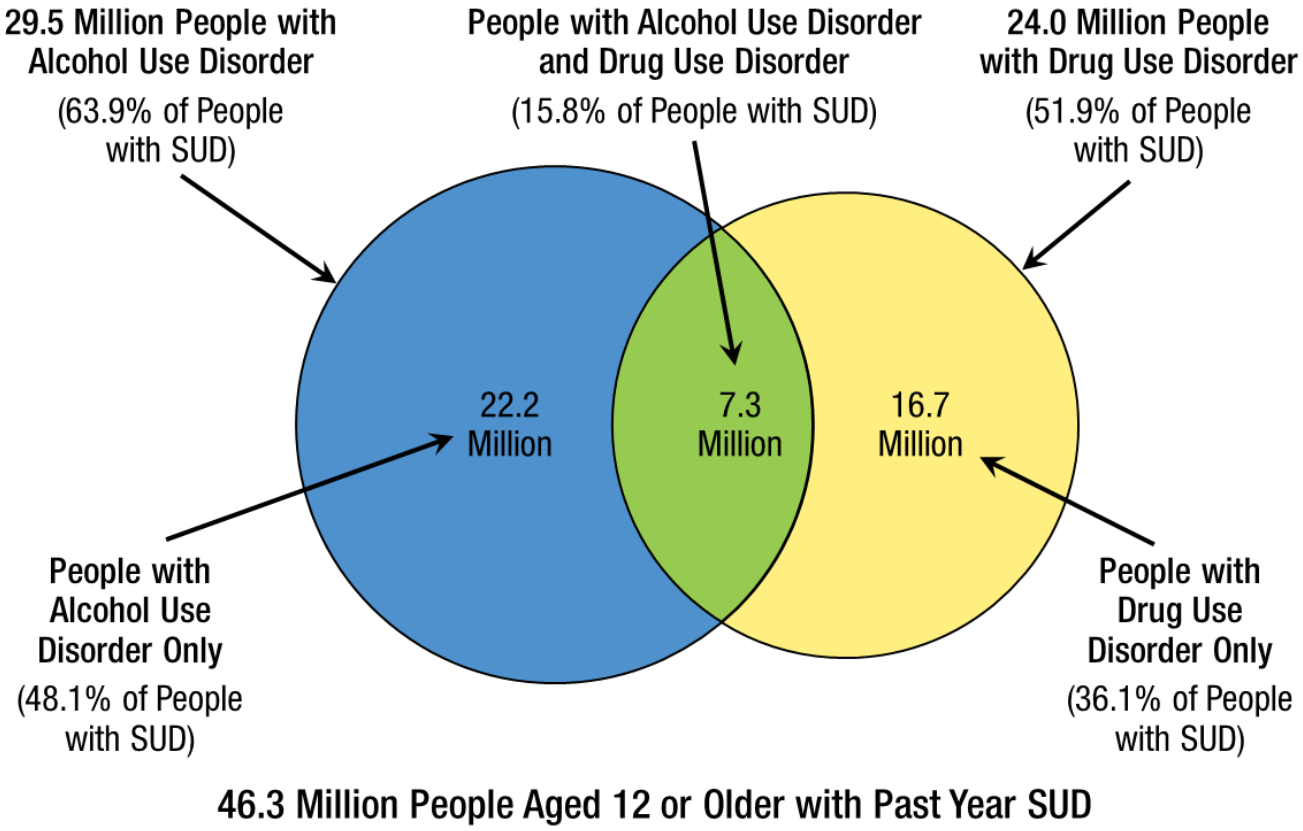
Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

Past Year Central Nervous System (CNS) Stimulant Misuse: Among People Aged 12 or Older; 2021



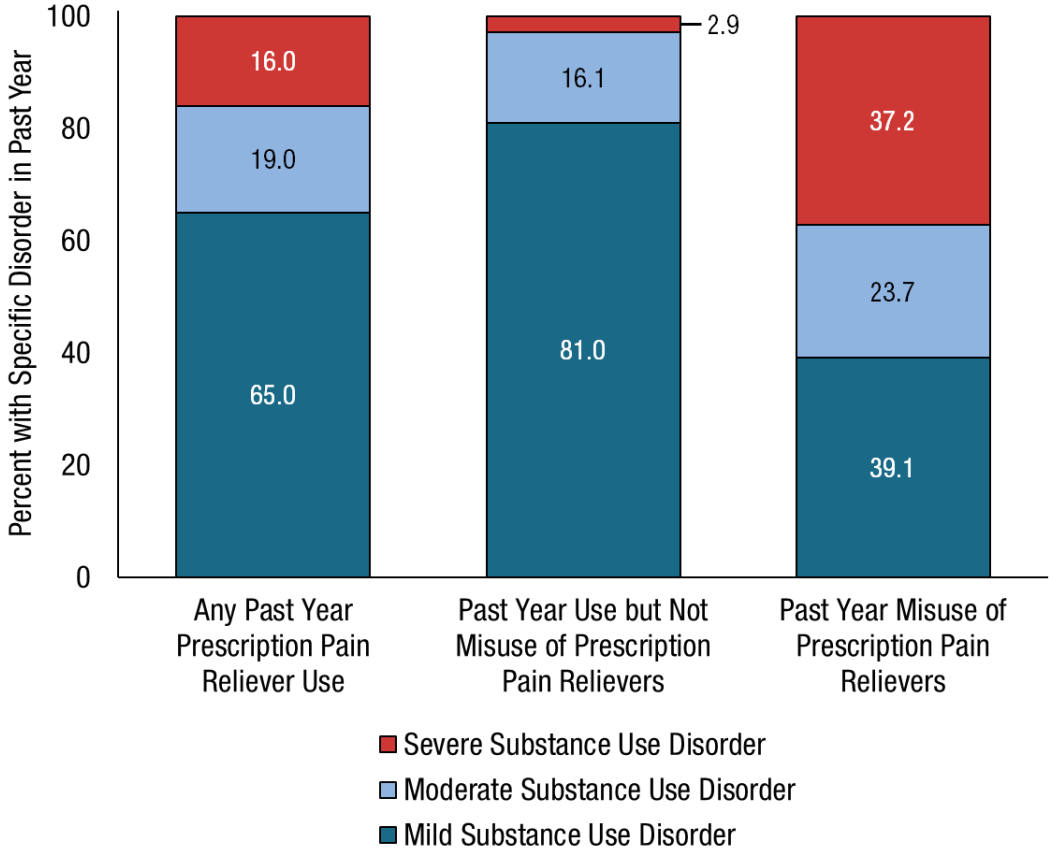
9.2 Million People Aged 12 or Older with Past Year CNS Stimulant Misuse

Alcohol Use Disorder and Drug Use Disorder in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD); 2021



Note: Drug Use Disorder includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

Pain Reliever Use Disorder Severity Level in the Past Year: Among People Aged 12 or Older with a Pain Reliever Use Disorder; 2021



Note: There are 11 criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, that apply to the pain reliever use disorder estimates for past year prescription pain reliever misuse and 9 criteria that apply to the pain reliever use disorder estimates for the past year use but not misuse of prescription pain relievers. For the pain reliever use disorder estimates for any past year user of prescription pain relievers, the number of criteria depends on whether people misused prescription pain relievers (11 criteria) or used but did not misuse them (9 criteria). Regardless of the total number of criteria used for classifying people as having a pain reliever use disorder, people who meet two or three criteria are considered to have a "mild" disorder, those who meet four or five criteria are considered to have a "moderate" disorder, and those who meet six or more criteria are considered to have a "severe" disorder.

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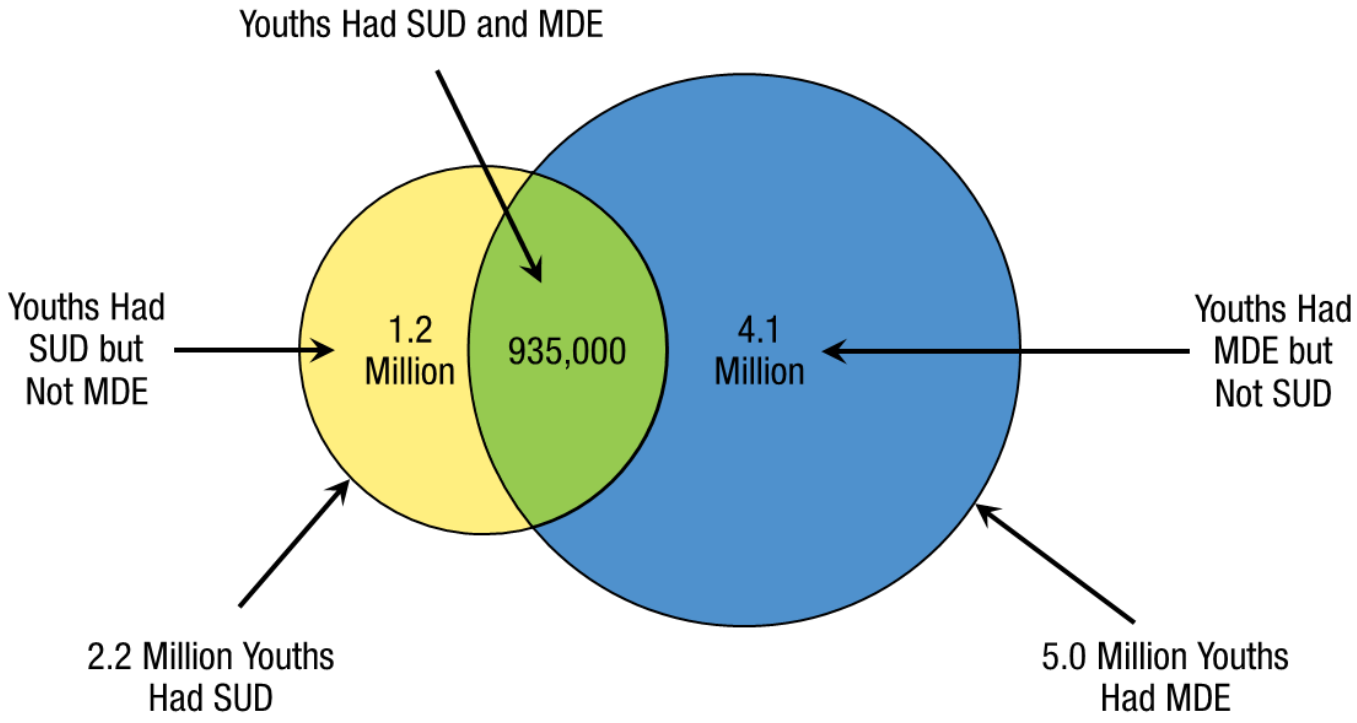
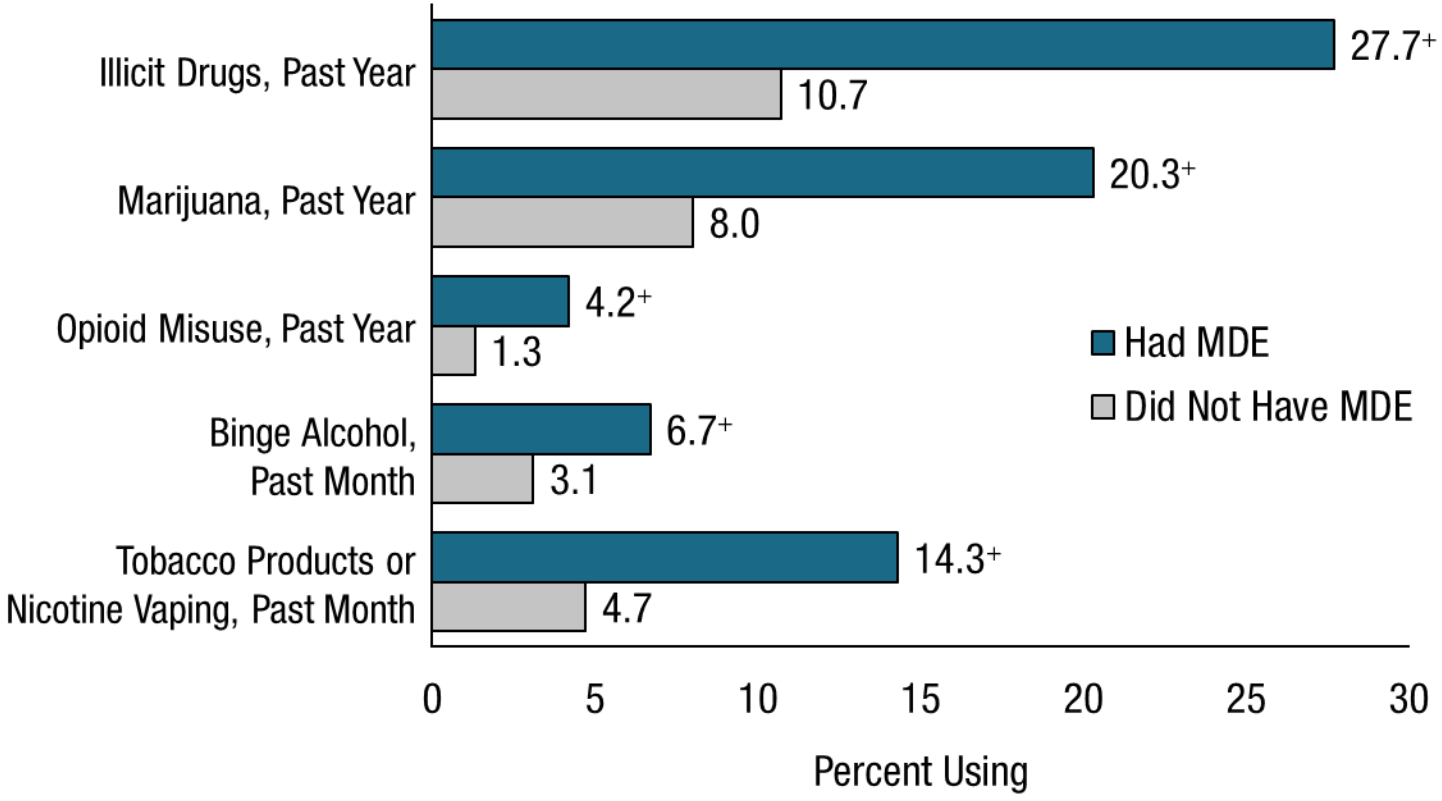
Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE): Among Youths Aged 12 to 17; 2021



6.3 Million Youths Had Either SUD or MDE

Note: Youth respondents with unknown MDE data were excluded.

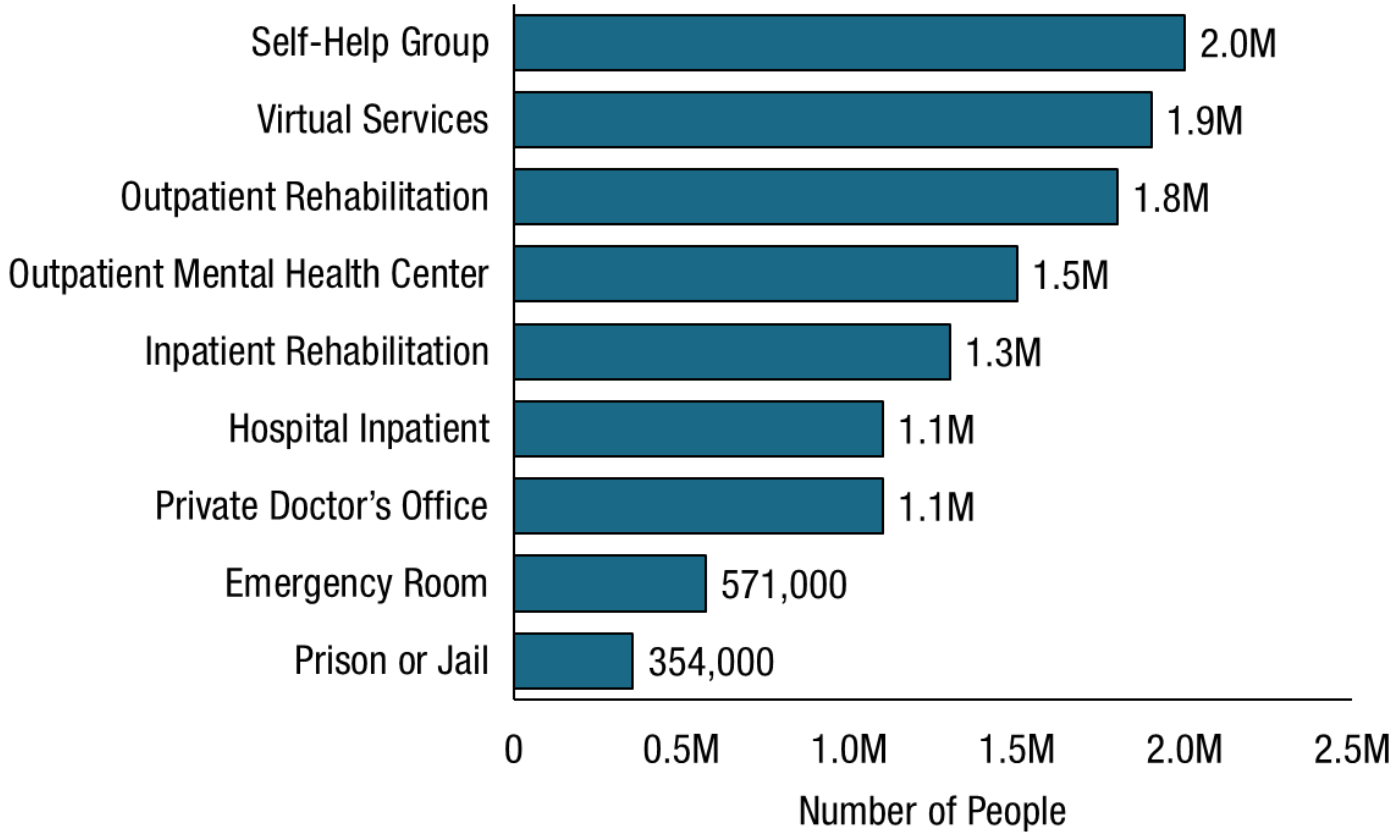
Substance Use: Among Youths Aged 12 to 17; by Past Year Major Depressive Episode (MDE) Status, 2021



+ Difference between this estimate and the estimate for youths without MDE is statistically significant at the .05 level.

Note: Youth respondents with unknown MDE data were excluded.

Locations Where Substance Use Treatment in the Past Year Was Received: Among People Aged 12 or Older; 2021



Note: Locations where people received substance use treatment are not mutually exclusive because respondents could report that they received treatment in more than one location in the past year.

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