Disclosure

• No disclosures
Learning Objectives

• Learner will be able to demonstrate how to register for the PDMP
• Learner will be able to name three conditions to look for in a patient report
Presentation Outline

• Oregon Opioid Initiative
• How PDMP fits in the Oregon Opioid Initiative
• Purpose of Prescription Drug Monitoring Program
• Mandated registration – how to
• Patient report for prescribers, pharmacists & public
• Contents of a report
• What to look for in a report
• When to run a report
• Outcomes – Good News
The Oregon Opioid Initiative

Aim: Reduce deaths, non-fatal overdoses, and harms to Oregonians from prescription opioids, while expanding use of non-opioid pain care

1. Reduce Risks to Patients by Making Pain Treatment Safer and More Effective, emphasizing non-opioid and non-pharmacological treatment

2. Reduce Harms for People Taking Opioids and Support Recovery From Substance Use Disorders by making naloxone rescue and medication-assisted treatment (MAT) more accessible and affordable

3. Protect the community by REDUCING THE NUMBER OF PILLS IN CIRCULATION through implementation of safe prescribing, storage, and disposal practices

4. Optimize Outcomes by Making State and Local Data Available for informing, monitoring, and evaluating policies and targeted interventions
Oregon Opioid Initiative: Strategies

- Pain treatment
  - Non-opioid therapies for chronic pain
  - Best practices for acute, cancer, end of life pain

- Reduce harms
  - Ensure availability of treatment for opioid use disorder
  - Increase access to naloxone and MAT

- Reduce pills
  - Decrease the amount of opioids prescribed

- Data
  - Use data to target and evaluate interventions
Oregon Health Authority Opioid Initiative Summary

- Prioritized List Back Condition Benefit Coverage (7/1/2016)
- Pain Commission Training
- Pain Education Clinics

- Naloxone availability
- Collaboration with law enforcement and EMT
- Medication Assisted Treatment (MAT)
- STR Grant

- Statewide Prescribing Guidelines
- Statewide Dental Prescribing Guidelines
- Statewide Performance Improvement Project (PIP)
- CDC Prevention for States Grant

- Clinical review sub committee prescribing monitoring
- Public health interactive opioid dashboard
- CCO PIP > 120 MED and > 90 MED tracked
Opioid Prescribing Recommendations

Goal: reduce unnecessary prescribing

Published March 2016

- Chronic Pain
- Non-cancer
- Non-palliative
- Non-end of life
After Initiation the Risk of Prolonged Opioid Use Increases by 1% Per Day After 3 Days

PDMP & prescribing guidelines can help avoid this
Oregon’s Prescription Drug Monitoring Program

“…establish and maintain a prescription monitoring program for monitoring and reporting prescription drugs dispensed by pharmacies in Oregon that are classified in schedules II through IV under the federal Controlled Substances Act…” ORS 431.962, 2009
PDMP Information Can Improve Patient Safety & Health

Information can **reduce:**
- Patient overdose
- Risk of drug interactions
- Dependence
- Drug seeking behavior
- Over prescribing
- Drug misuse
- Drug Diversion

Information can **increase:**
- Patient safety
- Conversations about pain
- Co-prescribing naloxone
- Dependency screening & SUD tx induction
- Appropriate pain care
- Improvement in the continuity of care across the systems of care
PDMP: Overview

- Oregon Health Authority implemented PDMP in 2011
- 24/7 Web-based access for authorized users
- Providers and pharmacists can run a query for their patients
- Patients can request a copy of their report
- Legislature mandated registration effective July 1, 2018
- Allows delegates to sign up and look up on your behalf of…
- Voluntary use
- Specialized use for law enforcement & judicial purposes
- Aggregate data are used for research and epidemiologic study
PDMP Registration - EASY
When to Look up a Patient in PDMP

- New patient baseline
- Writing a new or renewal prescription for a controlled substance
- Monitoring tapering
- Patient has a history of SUD or mental health tx
- Patient has multiple providers writing prescriptions
- Annually
- Any time you “feel” like you should look at the patient report
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</table>

*Pharmacy is created using a combination of pharmacy name and the last four digits of the pharmacy license number.

**List of Schedule II-IV prescriptions dispensed, date, drug, quantity, days supply, MED, refills, RX#, prescriber, pharmacy**

**List of prescribers & location**

**List of pharmacies & location**

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**Disclaimer:** The Oregon PDMP makes no claims, promises, or guarantees about the accuracy, completeness, or adequacy of the contents of this report, and recursively discloses information for returns and prescriptions, and in the context of this report. The records herein are used for examination, research, study, or other lawful purposes by subscribers. Reports in this report should be withheld with the patient before any clinical decisions are made. Access to the record of an individual who is not a patient under the care of the person accessing the record is not permitted by law.
What to Look for in PDMP Patient Report

Any of these can provide an opportunity for a conversation with patient and other caregivers:

- Number and types of drugs dispensed, prescriber, pharmacy
- Morphine Equivalent Daily Doses per prescribing guideline – *when MED is >50 consider coprescribing naloxone*
- Prescription dates overlap, early refills
- Multiple prescribers, multiple pharmacies
- Benzo & opioid combination
- Opioid initiation: dose, # of pills – *after day 3 of initiation, each day increases risk of prolonged use by 1% per day*
After Initiation the Risk of Prolonged Opioid Use Increases by 1 % Per Day After 3 Days

PDMP & prescribing guidelines can help avoid this
Oregon PDMP: Aggregate Data

- 7 million prescriptions dispensed annually in Oregon
- 4,000 prescribers write 80% of scheduled substance prescriptions (66% of top 4,000 prescribers are registered to use the PDMP)
- 41% of all prescribers have PDMP accounts (Q1 2018)
- Opioids (e.g. hydrocodone, oxycodone) account for ~50% of prescriptions – about 550,000 prescriptions dispensed each quarter in Oregon
- Benzodiazepines 2nd most frequent prescription after opioids, amphetamines are 3rd
2015-2017 Oregon Opioid Prescribing: Decreased by 24%

Q1 2015: 231 opioid fills per 1,000 residents

Q1 2018: 175 opioid fills per 1,000 residents
Oregon Opioid Prescribing by Age

Patients receiving a >120 MED opioid fill

Source: Oregon Prescription Drug Monitoring Program. healthoregon.org/opioids Data dashboard
Balance Needs

Guidelines/PDMP/Regulation

- Protect & promote pain management
- Inform clinicians
- Control diversion
- Increase SUD treatment referrals
- Inform public policy
- Public education prevention practice
- Legislative
- Privacy & Security

Honor Legislative intent
Increase SUD treatment referrals
Public education prevention practice
Inform clinicians
Control diversion
Inform public policy
Guidelines/PDMP/Regulation
For More Information

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• Web resources:
  – OHA Opioids Website: http://healthoregon.org/opioids
    • Interactive Data Dashboard
    • Community Information
    • Guidelines
  – Oregon Prescription Drug Monitoring Program Website: http://www.orpdmp.com
  – Statewide PIP website: http://www.oregon.gov/oha/hpa/csi/Pages/Performance-Improvement-Project.aspx
    • Guideline note 56: Non-interventional treatments for conditions of the back and spine
    • Guideline note 60: Opioids for conditions of the back and spine