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WA Prescription Monitoring Program
2012 BJA Enhancement Grant
September 2013
WA PMP Research Study

• WA State Department of Health
  • Health Systems Quality Assurance Division
  • Office of Health Professions & Facilities

• University of Washington
  • Alcohol & Drug Abuse Institute
    • http://adai.washington.edu/
  • School of Pharmacy
    • http://sop.washington.edu/
UW Research Team

• Caleb Banta-Green PhD MPH MSW
  • Research Scientist, Alcohol & Drug Abuse Institute. Affiliate Assistant Professor, School of Public Health. Health services researcher and epidemiologist with experience conducting studies with large pharmacy databases about controlled substance prescribing practices and outcomes. Currently conducting intervention research to prevent opioid involved overdoses.

• Beth Devine PharmD PhD
  • Associate Professor in the Pharmaceutical Outcomes Research & Policy Program, School of Pharmacy and Adjunct Associate Professor, Division of Biomedical & Health Informatics. Dr. Devine’s research program is centered at the intersection of clinical research informatics, comparative effectiveness research, medication safety, and quality.

• Ryan Hansen PharmD PhD
  • Acting assistant professor, School or Pharmacy. Co-owner of Kelley-Ross Pharmacy. Has published on the cost impacts of prescription opiate misuse. A practicing pharmacist and the Vice President and Director of Technology at Kelley-Ross Pharmacy in Seattle, WA.
Big picture: PMP research ?’s

- What’s happening in WA State?
- What impact is the PMP having?
- Are particular applications/implementations of the PMP having particular effects?

- Can we get beyond basic descriptions of averages for everyone to subtler descriptions of impacts on/of different types of patients and providers?

- Want to describe and improve care and public health in WA.
- Would be nice to provide findings (and methods) of value to other states as well.
Basic measurement problems include:

- Providers who CHOOSE to use the PMP are a self-selected sub-group
- Patients tend to cluster in predictable ways
  - So are we measuring the impact of the PMP or patterns of human behavior (relatively) distinct from the PMP?
- Minimal “pre” data exist
- Designed Studies/Evaluations/QI projects have not been implemented
Descriptive analysis of groups of interest

- These show the utility of the PMP for conducting analysis of topics of practice and policy importance. For each of these analyses we propose to examine patient and prescriber characteristics in terms of the types of controlled substances prescribed, service utilization patterns, dosages of medications, geographic location, demographics and medication payment source.

- Controlled substance use by age groups.

- High utilizer/high opioid dose patients.

- Buprenorphine prescribed for medication assisted treatment
  - (UW will provide DEA numbers for prescribers authorized to use buprenorphine for this indication).
Quasi-experimental studies related to potential impact of PMP

- Pre-post analysis for the start up period 2011 vs subsequent time period.
- Does provider access to the PMP change practice? Within provider analysis (based on prescribers DEA #). [note that these are early adopters, therefore atypical]
- Compare 3 types of patients who were present in pre-period and see if physician utilization had impact on types of meds, dosages, and service utilization.
  - Create different types of chronic opioid users - could be combination of dose and service utilization:
    - stable/low # providers/prescribers
    - middle group
    - unstable/high # providers/prescribers
Quasi-experimental studies related to potential impact of PMP cont.

• Impact of mandating Emergency Department physicians to register?

• We appear to have a natural study where the state mandated ED docs to register for the PMP by the end of 2012. We can look at PMP registration, utilization and impacts before the mandate and a period a bit after the mandate was to be implemented.

  • It appears that WA HCA can provide a variable that identified ED physicians.
Possible Studies…

• If threshold reports are implemented during 2013
• Could do pre-post analysis, for instance:
  • High dose opioids
  • High # of prescribers/pharmacies
• The UW will conduct its evaluation over a 12 month period.
• The first 3 months will be devoted to planning analyses and obtaining necessary datasets.
• Preparing analytic datasets and conducting analyses will occur during months 4-9.
• Report writing will be done during months 10-12.
• August 1, 2013- July 31, 2014
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