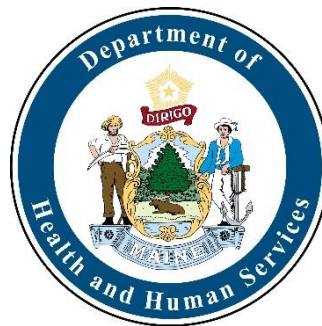# Mandatory Use Compliance Challenges

Elisabeth Fowlie Mock, MD, MPH, FAAFP

Maine PMP Clinical and Policy Advisor
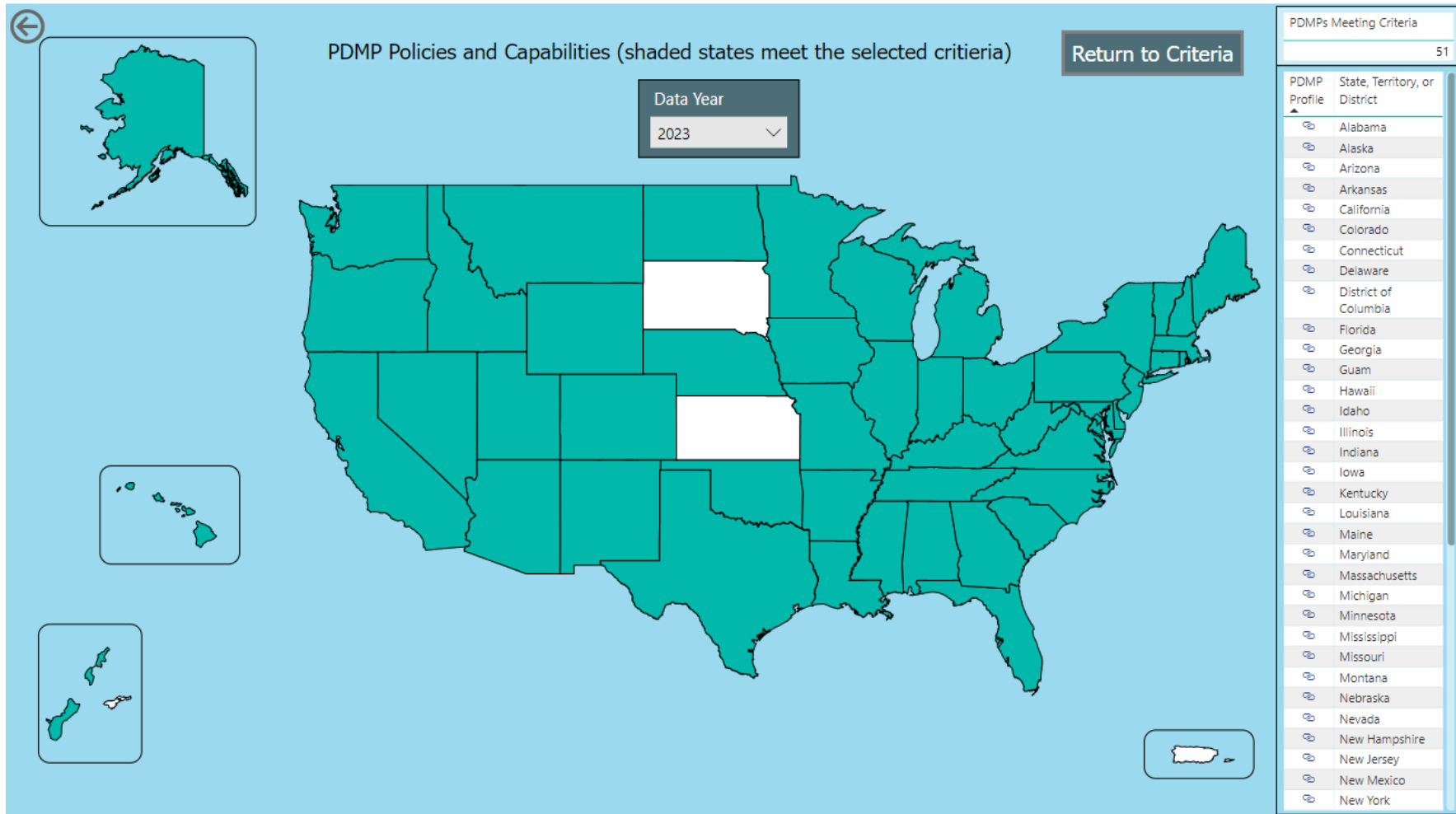
May 2024

Disclosures

- I am an independent contractor who is grant funded with the Maine PMP (SPF-Rx and OD2A)

Mandatory Use from TTAC Database

Universal Challenges

- Translating statute/rule into a reliable data analysis process
- Different laws, rules and requirements
- Differences in PDMP authority to notify or enforce MU
- Where PDMP is housed
- Rules surrounding data sharing
- Incorrect/incomplete data submission (garbage in)

Universal Challenges

- Patient matching issues (fuzzy matching to generate report vs fuzzy matching to include in compliance equation)
- Prescriber matching issues (multiple DEAs, NPI?)
- Defining "opioid naïve" if necessary
- Competing priorities
- Although it is recommended in 2022 CDC Opioid Prescribing Guideline, lack of robust evidence that PDMP checking effects patient outcome

CDC 2022 Opioid Prescribing Guideline Recommendation 9-When prescribing initial opioid therapy for acute, subacute, or chronic pain, and periodically during opioid therapy for chronic pain, clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or combinations that put the patient at high risk for overdose (recommendation category: B; evidence type: 4).

Translating Maine Statute Into a Data Report

After January 1, 2017, upon initial prescription of a benzodiazepine or an opioid medication to a person and every 90 days for as long as that prescription is renewed, a prescriber shall check prescription monitoring information for records related to that person.

Civil violation, $250/incident up to $5,000/year, MAY be adjudged
or Administrative: Licensing Board notified after a 2 week notice to remediate

Maine Department of Health and Human Services

Maine PMP Rules

- The prescriber must review
    - MME, to include the anticipated new prescription
    - Number of prescribers currently prescribing controlled substances to patient
    - Number of pharmacies currently filling prescriptions for controlled substances
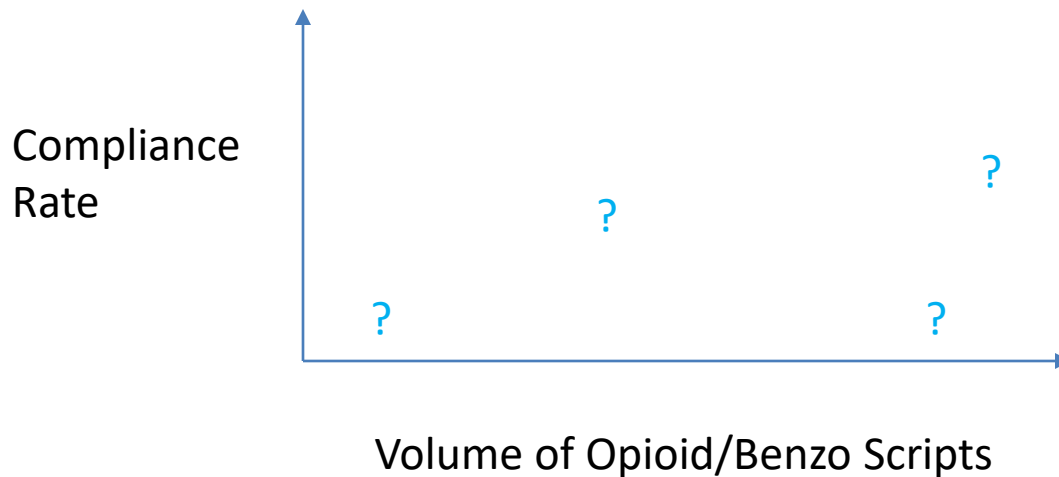
Implementation Challenges

- Original PDMP statute written 2003, MU written 2016
- New vs refill (C-II, EPCS, MOUD, etc) vs "renew"
- Directly administered exemptions
- Pain at end-of-life or hospice care exemption
- Dispenser mandatory use (different criteria)
- Despite mandatory enrollment, there may be prescribers without a PMP account, so not tracked
- "First call" data inquiries in integrated EHRs

Implementation Challenges

- Attribution by delegates
- Delegation to delegates
- In person care occurring out of state
- Telehealth (and new DEA rules regarding location on registration/ "Prescriber State" data field)
- Rolling time period for data (6 months)
- Days searched before
- Written date/filled date
- Sold date

Implementation Challenges

- Patient and provider matching issues affecting up to 10% of compliance score
- Compliance rate vs volume of opioid/benzo prescribing (where to draw lines on both x and y axis)

Compliance Rate

?

?
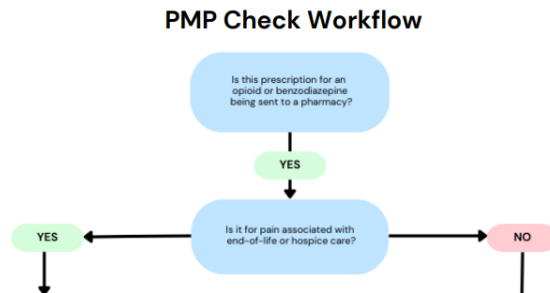
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Volume of Opioid/Benzo Scripts

Implementation Challenges

- Specialty agnostic?
- Who will notify, enforce, invoice (5 separate prescriber boards plus pharmacy board-already approaching maximum workloads)? Appeal process?
- Compliance rates of 100% unrealistic given data limitations, how to reconcile with statute
- Pushback that PMP interventions are leading to decreased patient access, increased provider burnout & hesitancy to prescribe controlled substances; implications for barriers with MOUD

So, in the meantime…

Communication & Resources to Prescribers

- Increased communication-email, PMP dashboard announcements, conference displays and CME presentations
- Designed new workflow graphic/tables (assisted by SOR funded SUD Learning Community staff)
- SUD Learning Community offers TA including on "Universal Precautions" and practice policies/workflows

PMP Check Workflow

Is this prescription for an opioid or benzodiazepine being sent to a pharmacy?

YES

Is it for pain associated with end-of-life or hospice care?

YES   NO

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 (EPCS) platform to check as prescription is written
- Prescriber personally reviews (on paper or a scree... **prescriber's name*** (if in doubt, double check und... Recommended to reference this type of review in...

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

Increased PMP Checking-
We Will Take All the Credit!

- From 2022-2023, with increased communication regarding MU, patient report requests increased 36% (over prior 2 years)

Clinical Advisor hired

MU Law enacted
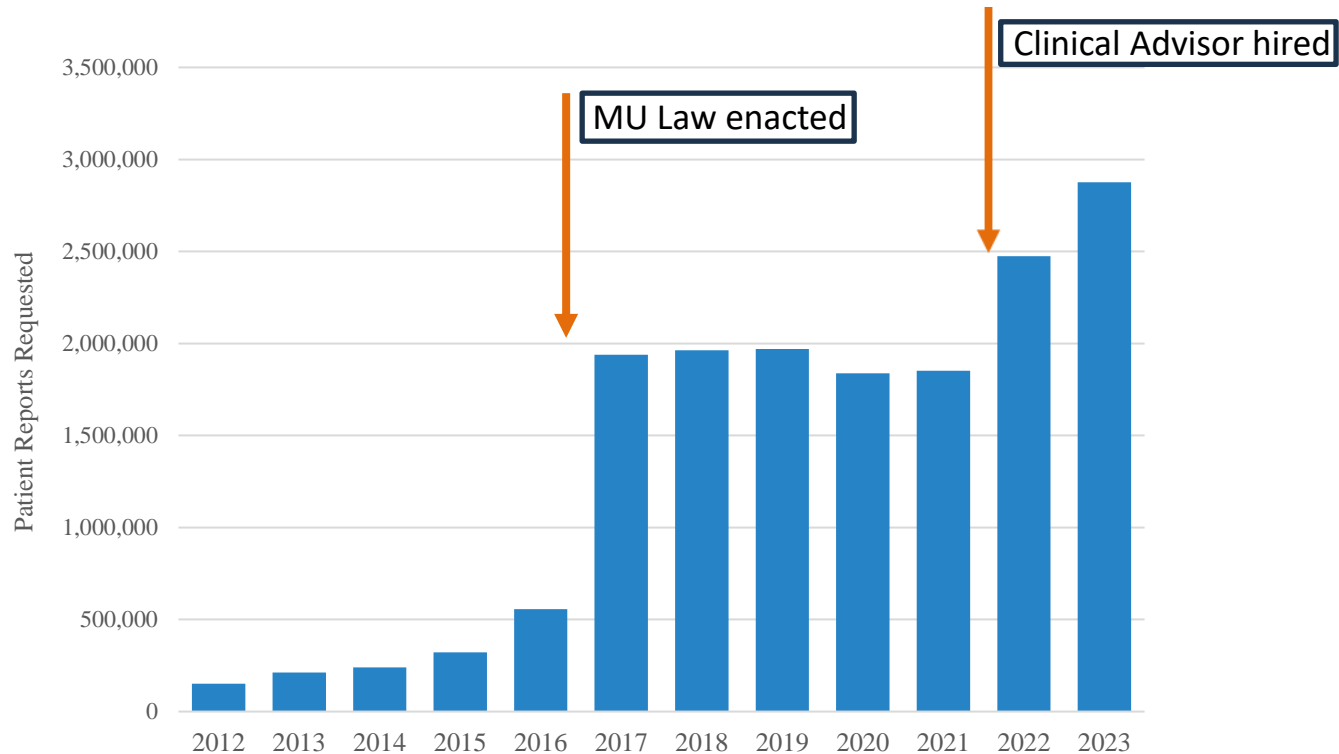
Source: Maine Office of Behavioral Health

Next steps

- Continue to work with vendor to improve product although accuracy rate still may be lower than desired
- Create gross MU proxies with totals from other reports (i.e. total number of patients prescribed an opioid divided by total number of searches)
- Find a smart person like AZ who wrote some Python code to create their own MU module

Questions?

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