Prescription Drug Monitoring Program Overview

Announcer:	Welcome, and thank you for listening to this recording, part of the Comprehensive Opioid, Stimulant, and Substance Abuse Program (or "COSSAP") podcast series. COSSAP provides financial and technical assistance to states and units of local and Indian tribal governments to plan, develop, and implement comprehensive efforts to identify, respond to, treat, and support those impacted by the opioid epidemic. Since 2017, BJA has supported innovative work on these COSSAP sites across the nation.
	Funding and programmatic support for COSSAP is provided by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, or BJA. The opinions expressed in this podcast are not necessarily those of the U.S. Department of Justice.
Don Vogt:	Welcome. Thank you for listening to this video podcast from the Prescription Drug Monitoring Program Training and Technical Assistance Center, better known as PDMP TTAC. TTAC provides a comprehensive array of services, resources, and strategies for PDMPs, their federal partners, and other stakeholders. TTAC supports the efforts and effectiveness of PDMPs in combating the misuse, abuse, and diversion of prescription drugs. Our focus is to facilitate PDMP program goals and objectives with government agencies, public interest, and private organizations.
	TTAC collects data on the operation and performance of PDMP programs and promotes their best practices. Funding and support for TTAC is provided by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, or simply BJA. BJA supports PDMPs through the Harold Rogers PDMP Grant Program. The opinions expressed in this video podcast are not necessarily those of the U.S. Department of Justice. Nothing herein is intended to be, nor should be considered, revision of legal advice. Thank you for listening to our new podcast series. The vodcast will begin shortly.
Pat Knue:	Prescription Drug Monitoring Programs, or PDMPs, are designed to facilitate the collection, analysis, and reporting of information on the prescribing, dispensing, and use of prescription drugs within a state, commonwealth, district, or territory. An overriding goal of PDMPs is to

uphold both the laws ensuring access to appropriate pharmaceutical care by citizens and the laws deterring prescription drug diversion. During this podcast, we'll provide a general overview of PDMPs to help our listeners better understand how they operate. It's important to know that PDMPs are individual programs, implemented to address their jurisdictions' prescription situation. There are variations within each PDMP, and the information offered in this video podcast is how PDMPs work at a high level. Details on a specific PDMP is available on TTAC's website or by direct contact to the PDMP's administrator.

Every PDMP has the same overarching goals: ensure access to controlled substance medications for legitimate medical purposes, support education efforts on appropriate prescribing and dispensing of these medications, support public health initiatives, use of the PDMP data to inform early intervention and substance use disorder efforts, and support investigations of controlled substance diversion and violations of the medical and pharmacy practice statutes. The proven success of the original PDMPs, and the availability of federal Bureau of Justice Assistance grant funds to implement new PDMPs and enhance existing ones, led to the establishment of PDMPs across the United States. There have been 38 new PDMPs established just since the turn of the century. Building on the experience and knowledge of the earlier programs, the more recent PDMPs have been implemented faster, employed and established proven best practices, and some have broken new ground themselves in bringing PDMPs to their full potential.

PDMPs continue to evolve into one of the most efficient and effective tools in the battle to reduce prescription drug misuse and diversion. PDMPs are continuously improving and being more responsive to stakeholders with more relevant, timely, and accurate information. PDMPs are widely recognized as an important tool in addressing the drug abuse epidemic. PDMP systems maintain a variety of information. The data collected by all the PDMPs is very similar across the country, with some PDMPs having additional information. Every PDMP receives data on a controlled substance prescription. Most PDMPs track schedules two through five; however, some only track schedules two through four.

Some PDMPs are now tracking information from all prescriptions, not just controlled substance medications. In addition, most PDMPs have the authority to track drugs of concern. Drugs of concern are medications that are not controlled substances but the state, territory, district, or commonwealth has determined that these medications are being misused or abused. Designating a drug of concern is typically accomplished through the promulgation of administrative rules. Examples include gabapentin or butalbital. Additional data fields that

may be tracked include the source of payment for the prescription; cash, commercial insurance, Medicare, Medicaid. Some PDMPs are collecting the international classification of diseases, or ICD 10, codes. It's a code to identify a disease or diagnosis.

Patient identification—the patient's driver's license identification card, or some other form of government-issued identification. PDMPs may also track the identification of the person who drops off the prescription or who picks up the medication from the pharmacy if that person's not the patient to whom the prescription was issued. In recent years, many PDMPs received data from alternate sources such as naloxone administrations or dispensings from first responders, information from medical marijuana dispensaries, drug-related arrest or conviction data, reports of fatal and nonfatal drug overdoses, and reports from pharmaceutical drug manufacturers and distributors on quantities of controlled substance medications sent to dispensers. Let's drill down into the standard prescription information sent to all the PDMPs. There is data identifying the patient, such as the patient's name, address, date of birth, and gender.

The prescriber's and dispenser's identifiers are also captured, typically through a cross-reference by their DEA controlled substance registration number. Lastly, there is information about the medication dispensed: the medication's name; form, such as tablet, injectable powder; strength; quantity of the medication; date dispensed; and the number of days supplied. The specific data elements housed within the PDMP are established by statute or regulation. PDMPs have various features, policies, and capabilities in addition to their collecting and tracking of prescription data. First, PDMPs are housed within different agencies across the country. The majority are with departments of health or boards of pharmacy, but there are some within law enforcement agencies, professional license agencies, and substance abuse agencies. Every PDMP has a specific time frame requiring the prescription data to be reported to the PDMP. The majority of PDMPs require the data to be sent within 1 business day, but others require a slightly longer or shorter time period. Regardless of the requirement, the data transmitters are permitted to send the data at a shorter time frame if they choose. The typical data file is sent to the PDMP in a batch file every night.

Data retention refers to the length of time a PDMP is allowed to keep the collected prescription data. This retention period is set by their housing agency and statute of regulation and can be from 1 year to indefinite. A 5-year retention period is the most common. PDMPs are required to purge the information at the end of the retention period; however, some are allowed to maintain non-patient identifying

information for statistical purposes. To encourage health care providers to access and use the PDMP, many PDMPs have mandatory enrollment or use laws in place. Mandatory enrollment is simply a requirement for health care practitioners to obtain a PDMP account. Mandatory use is a requirement for health care practitioners to query the PDMP under certain circumstances, such as prior to prescribing an opioid prescription or the first time treating a patient. The criteria for the mandates varies across PDMPs; a listing of the mandates and criteria are available on the TTAC website.

In addition to being a tool for health care providers, PDMPs are also used as a resource for law enforcement when investigating prescription drug-related crimes. Depending on the PDMP, law enforcement must either have an official document such as a court order, search warrant, or subpoena or show proof of an active investigation or probable cause. Although the prescription data alone has proven to be extremely useful for health care providers, many PDMPs perform different data types of analytics to help summarize and inform the provider about their patient's prescription history. The PDMP data fields can easily be analyzed based on geographic location, types of medications dispensed, medication combinations, overdose risk, and indicators of suspicious activity. The analytics are graphically displayed on a PDMP report.

PDMPs recognized in the early 2000s that there was a need for health care providers to be able to obtain a patient's prescription history across jurisdictional borderlines. Patients may seek care from providers in another state, or in some instances, people engaged in criminal activity may attempt to illegally obtain prescriptions in multiple states. PDMPs in the BJA develop the technology to enable interstate data sharing. This technology allows an authorized user in one state to query the prescription records in multiple states. PDMPs are connected to a hub which securely transmits the request to another state, and the prescription data and the response is securely transmitted back to the requester. Although the technology is capable of connecting all the PDMPs to one another, many PDMPs have elected to share data with just their border states. A common concern from health care providers is that the PDMP is a distinct system from their health record system. The provider must log into a separate system to obtain the PDMP prescription records. To rectify that, PDMPs employed technology to integrate the data from the two systems through a single sign-on.

PDMPs are working diligently to expand integration with health information exchanges, electronic health records, and pharmacy dispensing systems. TTAC, with the support from BJA, has been conducting annual assessments to keep abreast of the current policies and capabilities of all the PDMPs. The information has been compiled

into a business intelligence graphic, and detailed PDMP profiles are available through the URLs at the bottom of this slide.

So, how does a PDMP work? The process to get prescription information from the medication dispenser, such as a pharmacy or health care provider, to the PDMP has been greatly facilitated with advancements in technology. Instead of paper prescriptions being sent to the PDMP for manual data entry, as was the case back in the eighties and nineties, today's prescription data is electronically transmitted. This graphic shows the prescription information is sent from the dispenser to the PDMP. The PDMP performs a series of data quality procedures to help ensure the transmitted data is complete and accurate. Once the process is completed, the prescription data is accessible by authorized users under certain conditions established by statute or regulation.

PDMPs have the ability to generate a variety of reports for their authorized users. We'll now cover the most commonly available reports. PDMP reports can be generated based on the need of the requester. The typical reports have the prescription information showing a chronological listing of the prescriptions by the patient prescriber or pharmacy. Statistical reports can also be generated based on the medication. PDMP reports fall into two main types: solicited and unsolicited. Solicited reports are generated when an authorized user makes a request to the PDMP. Every PDMP is engaged in sending solicited reports. Unsolicited reports, or push notifications, are generated by the PDMP based on select criteria and sent to the appropriate authorized user. For example, a PDMP may create an unsolicited report on a patient who may be engaged in doctor shopping. Doctor shopping, or multiple provider episodes, is a term that describes the activity when a person is obtaining multiple prescriptions from multiple prescribers during the same time frame. The PDMP will send the unsolicited report to that patient's health care providers and possibly law enforcement. Now, it's certainly not proof that the person is engaged in any wrongdoing.

The report is provided to the health care providers to discuss with the patient as they determine appropriate medical care. For law enforcement, it's preliminary information to investigate potential criminal activity. In addition to these standard reports, many PDMPs have the ability to generate specialty reports, such as statistical reports, drug trend reports, geographic analysis, analysis on medications dispensed to determine if the patient's at risk for overdose, and prescriber report cards, which compare one prescriber's prescribing habits to others within their geographic area or specialty. The types of reports and access to any available report does vary across the country. The earliest PDMPs only allowed access to the data by the regulatory

boards and law enforcement. Subsequently, access was expanded to the health care providers. This slide is a sampling of the common entities who are authorized to access and receive PDMP data. Additionally, medical examiners, Medicaid, Medicare investigators, prosecutorial authorities, and drug courts, and some others now have access to the PDMP data. Again, access can vary across the country.

This is a generic sample report with fictitious data. As you can see, the report contains a chronological listing of the prescriptions issued to the patient and contains the information on the prescriber, dispenser, and medication. At the top of this sample report, there are four boxes: a patient's calculated morphine milligram equivalent received during a 30-day time frame, which can show the potential overdose risk; incidents of possible drug-seeking behavior with multiple provider episodes box; and risk associated with overlapping prescriptions. The last box is an overall risk score based on all analytics performed. PDMPs provide detailed explanations of the report's features to the recipients. This is one PDMP sample report. There are variations among the PDMPs, but most PDMPs follow a similar report template.

Once the report is in the hands of the authorized recipient, how should they use that information? Well, it varies with the user type. For health care providers obtaining a prescription history on one of their patients, they may try to identify instances of misuse or addiction, multiple prescribers or dispensers, drug interactions or other potential harm with the medication regimen, compliance with pain contracts, or just monitor the patient's compliance with the prescription directions. If they obtain one of their own prescribing or dispensing history reports, they could identify the instance of potential fraudulent prescriptions under their registration numbers or identify errors within the data that's been reported to the PDMP.

Law enforcement uses the PDMP information to identify possible violations of a Controlled Substance Act, such as unlawful sale of controlled substances, unlawful sale of prescriptions, unlawful prescribing or dispensing, identify organized forgery rings or doctor shopper rings.

State licensing and regulatory boards can use the PDMP information to verify that their licensees are following patient treatment standards. The information obtained can be used to improve prescribing and dispensing of controlled substances. The boards can use the information to verify a licensee is in compliance with any board action or confirm that a licensee is reporting data to the PDMP as required by law or just as a starting point for their investigation originating from a complaint about a licensee.

PDMP information can be used in some jurisdictions by court officials. Drug courts can use the information to monitor a participant's prescription use in compliance with the medication regimen. Prosecutors can use the information to assist with their cases on controlled substance law violations involving health care providers, patients, medical facilities, and drug manufacturers or distributors. Also, the PDMP report could reveal additional evidence by one of those entities. Probation and parole officers can use the information to monitor a probationer's or parolee's prescription use in compliance with the medication regimen.

PDMP information can be used in additional ways by other authorized entities. Medical examiners or coroners can use the information to assist in identifying the cause of death in a drug overdose case. Public health officials use the PDMP information to further their work in prescription drug research, prescription misuse and abuse treatment and prevention, and education. Impaired professional programs can use the information to monitor compliance of their clients. Medicaid and Medicare officials use the information with drug utilization review boards, identify instances when one of their clients is obtaining prescription medications outside the Medicaid/Medicare payment structure, and monitor clients who are restricted to engaging a single practitioner or a pharmacy.

This concludes our video podcast. Thank you for taking the time to learn about PDMPs. Please type in our web address or scan the QR code for more information. If you have any questions or need additional details about any of the PDMPs, please do not hesitate to contact us via email or telephone. Our contact information is displayed.

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