

The Role of Prescription Drug Monitoring Programs in Pain Management

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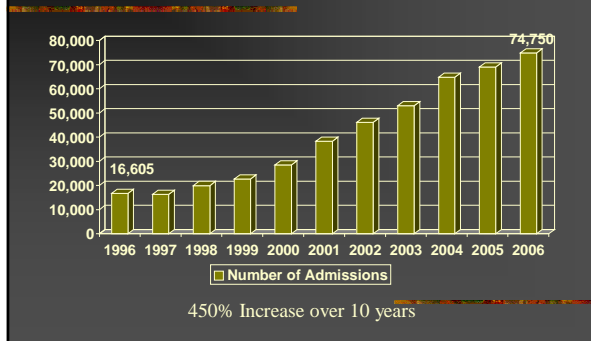
Pain is a Major Public Health Issue

- 80% of patients present for health care because of pain
- Over 40% of acute care patients report poor pain control
- 50% of dying patients report moderate to severe pain
- Unrelieved pain costs our economy over \$100,000,000,000 (100 billion) each year

Prescription Opioid Abuse is a Public Health Issue

- 2007 National Survey on Drug Use and Health (NSDUH):
 - 33.5 million Americans had used a pain reliever non-medically at least once in their lifetimes (5% increase from 2004)
- 2002 Drug Abuse Warning Network data (DAWN; ED visits):
 - 108,320 for opioid analgesics (153% increase from 1995)

Drug Treatment Admissions, Non-Heroin Opioids as Primary Drug



Recent Survey

- Teen-agers now say it is easier to get prescription drugs than it is to get beer

National Center on Addiction and Substance Abuse, August 2008

Duties of Doctors

- Provide for, and protect, public health by providing medications to those who need them to treat pain
- Protect public health by detecting and preventing drug abuse and diversion
- This dual role is also the charge for the DEA in the Controlled Substances Act

Why Have a Prescription Monitoring Program?

It can be used as a tool to help address both of these public health problems and help doctors carry out both of these duties

History and Current Status of PMPs

- First program started in California in 1937
- Most of the early programs were designed as law enforcement tools
- Some are still housed in law enforcement agencies
- Current federal funding comes from Department of Justice

History and Current Status of PMPs

- Practitioners have been concerned about potential chilling effect
- Some aspects of early programs reinforced this, e.g., triplicate forms
- Recently, emphasis has changed to public health uses
- Changes in technology permit electronic reporting (“invisible” to prescribers)

ASPI Position Paper Suggestions

- Avoid use of special forms
- Include all classes of controlled substances and allow addition of others
- Program administered by public health agency, not law enforcement
- Protect patient confidentiality
- Assure practitioners can access data

ASPI Position Paper Suggestions

- Use multidisciplinary review group:
 - Supervise management and use of data
 - Develop and review mechanisms to identify potentially problematic patterns
 - Review providers' practices when they are flagged
 - Review patient data when they are flagged
 - Oversee preparation of reports

ASPI Position Paper Suggestions

- Allow law enforcement access only when probable cause has been demonstrated
- Develop educational programs for all relevant parties
- Encourage communication of concerns and questions
- Support and engage in research on impact

PMPs Could be a Boon to Balanced Pain Policy

- Clinicians could use programs to feel more confident in their prescribing for patients
 - Is patient seeing other providers?
 - What is the patient's record of past treatment?
 - Threat of detection may prevent patients from attempting to scam the provider

PMPs Could be a Boon to Balanced Pain Policy

- Detection of diversion can be a thorny issue, but can be aided by a PMP
 - Need to keep doctors doctors and cops cops
 - Proactive screening can prevent inappropriate prescribing
 - Retroactive screening/reporting may aid in detecting cases not otherwise identified
 - Data may facilitate investigations

PMPs Could be a Boon to Balanced Pain Policy

- These programs could lead to greater identification of addictive disease
 - Exposure of patterns of use may lead to closer assessment by providers
 - This may in turn increase likelihood of a diagnosis being made
 - Referral to treatment for these patients is not only appropriate, it is an ethical mandate

Prescription Monitoring Programs: Do They Work?

- General Accounting Office evaluation, 2002, said these programs work because:
 - They shorten law enforcement investigation times by > 80% in 3 states questioned for the report
 - They reduce OxyContin prescribing
 - Only 2 of top 10 OxyContin-prescribing states have PMPs, while 6 of the bottom 10 states have PMPs
 - When states establish programs, you see increases in diversion in adjoining states, according to law enforcement sources

Prescription Monitoring Programs: Do They Work?

- Shorter investigations do not necessarily mean fewer, or more appropriate, investigations
- Decreased prescribing may affect legitimate pain patients as well as diverters
- Shift in diversion activities to adjoining states may reflect chilling effect on prescribing in monitored states

Survey of State PMP Programs

- Electronic survey targeting the 23 operating PMPs in 2006
- 18/23 (78%) responded
- Schedules monitored:
 - II-V: 6
 - II-IV: 3
 - II-III: 1
 - II: 7

Katz, et al., Pain Medicine, 2008;9(5), 587-594

Survey of State PMP Programs

- Number providing data to clinicians:
 - Upon request: 9
 - Upon request + unsolicited: 2
 - Not at all: 7 (5 planning to do so)
- Turnaround time for requests
 - < 1 hour: 8
 - 1 hour – 1 day: 1
 - 1 day – 1 week: 1

Katz, et al., Pain Medicine, 2008;9(5), 587-594

Survey of State PMP Programs

- Guidelines for use: 10 said these were important
 - 3 states had existing guidelines
 - 4 were developing guidelines
 - 5 were planning guidelines
- Education programs: 8 had developed these

Katz, et al., Pain Medicine, 2008;9(5), 587-594

Survey of State PMP Programs

- Evaluation efforts
 - 2 states developing criteria to evaluate validity of classifying patients into groups; 4 states said this was "not at all" important
 - 2 had conducted evaluation of public health impact

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BJA Harold Rogers Grant Requirements: Outcomes

- Grants require certain “outcome” measures be reported:
 - # of prescribers, dispensers, investigators trained
 - Coroner reports of Rx CS as cause of death
 - # of reports generated from system
 - # of individuals using multiple pharmacies
 - # of prescribers/distributors trained to share data

PMP Programs: Needs

- Access for prescribers/dispensers
- Education for prescribers, dispensers, investigators
- Proactive and reactive reporting
- Adequate provisions for referral to substance abuse treatment
- Adequate safeguards for patient privacy

PMP Programs: Needs

- Outcomes research (positive and negative impacts)
 - Legal
 - Public Health
 - Pain
 - Addiction
- Information sharing across states

What Problems Will NOT Be Solved by PMPs?

- Other sources of diversion
- Use of the PMP by individuals without sufficient knowledge of how to do so
- Lack of provider knowledge with respect to detecting diversion and abuse
- Lack of provider knowledge with respect to pain management
