

PUBLIC HEALTH DIVISION
Injury and Violence Prevention Program

Oregon Prescription Drug Monitoring Program: Program Evaluation

Key Findings

- Respondents to an evaluation survey agreed the PDMP would likely improve the management of patients' prescriptions and increase communication between providers.
- Providers registered to use the PDMP were significantly younger than providers who were not registered.
- 96 percent of system users checked the PDMP when they suspected diversion, addiction, or abuse.
- Among non-user survey respondents
 (providers not yet using the PDMP), 64 percent cited time constraints as a barrier; 47 percent were not aware of the program.

For full survey results: http://www.orpdmp.com/reports.html.

Why is the Prescription Drug Monitoring Program (PDMP) evaluated?

Program evaluation guides the development and ongoing operations of the system, examines how the information may or may not guide clinical practice, generates information to inform policy decisions, and provides information to develop and target prevention efforts.

What evaluation work has been completed?

In 2012, Program Design and Evaluation Services (PDES) was contracted to conduct a survey to assess the overall benefit and usefulness of the PDMP, barriers to use, and recommended system improvements. Both system users and non-users were surveyed.

In 2013, Acumentra Health and Oregon Health and Sciences University conducted a National Institutes of Health-funded survey to assess registered user and nonuser characteristics, barriers to registration and use of the PDMP, how providers use the PDMP in practice, and recommended system improvements and training opportunities.

What barriers to frequent system use were identified?

- Time constraints in the clinical practice setting.
- Office staff not able to access the system.
- System not easy to use.
- · Lack of training.
- Information not up-to-date.

- Difficult to register.
- Unaware of the system.

What program or system changes resulted from the survey feedback?

- Policy change in 2013 to allow office staff access.
- System interface upgraded in 2014 to facilitate use.
- Targeted outreach.

Conclusions

- PDMP use guidelines should be adopted by health systems.
- Additional research is needed to identify how system use impacts clinical decision-making, patient outcomes, and community-level health outcomes.
- Providers need training on how to discuss PDMP information with patients.



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