

Maryland Addiction Consultation Service 1-855-337-MACS www.marylandMACS.org





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Maryland's Prescription Drug Monitoring Program: A Tool to Support the Treatment of Patients with Substance Use Disorders

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MARYLAND ADDICTIONS CONSULTATION SERVICE



Disclosures

• No financial or commercial interests to report

Thanks to Kate Jackson and Anna Gribble at MDH for source slides



Maryland Addictions Consultation Service

- Maryland Addictions Consultation Service (MACS) supports primary care and mental health prescribers across Maryland in the identification and treatment of Substance Use Disorders.
- MDs, NPs, and Pas have access to support through phone consultation, training & education, and assistance with resource identification for their patients. All services are available free of charge and regardless of patient's insurance status.

Learning Objectives

By the end of this webinar, participants should be able to:

- Identify the clinical components of the Maryland PDMP
- Describe 3 ways of integrating PDMP look up into clinical workflows
- Integrate PDMP findings into clinical decision making when treating patients with SUDs

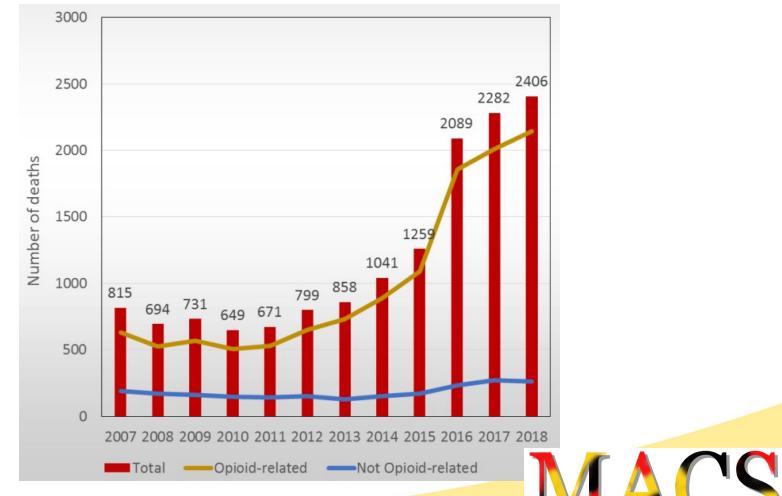


Overview: Maryland's Prescription Drug Monitoring Program (PDMP)

- Authorized through legislation in 2011
- Went live in December 2013
- Provider registration required as of July 1, 2017
- Administered by Maryland's Department of Health
- Secure, statewide, electronic database
- Contains Schedule II-V dispensed controlled medications
- Program aims to:
 - Assist healthcare providers, public health, and safety authorities with reducing the non-medical use, overdose risk, and diversion of prescription medications
 - Conduct surveillance and education about prescribing/dispensing of CDS
- Hosted by Maryland's Health Information Exchange (HIE) system, CRISP

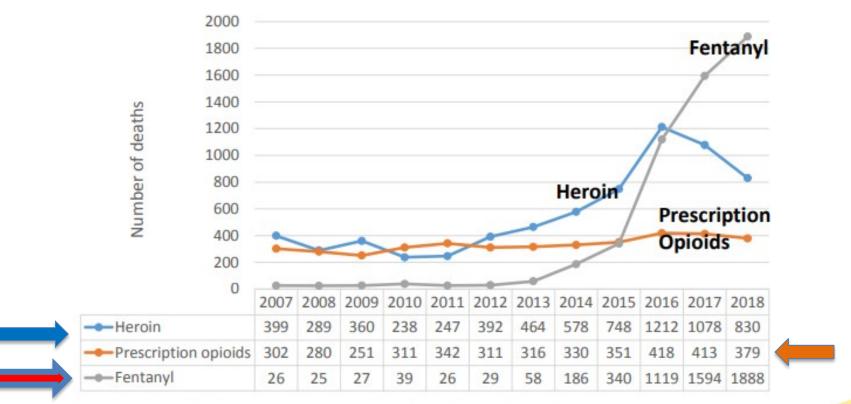


Maryland 2018: Unintentional Drugand Alcohol-Related Intoxication Deaths



Maryland Department of Health. Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland Annual Report 2018; May 2019.

Number of Opioid-Related Deaths in Maryland by Substance, 2007-2018



*Total opioids include heroin, prescription opioids, and illicit forms of fentanyl.

Maryland Department of Health. Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland Annual Report 2018; May 2019.



PDMP's Role in Addressing Opioid Misuse and Overdose

- Health care providers can be a source of misused prescription medications
- Health care providers frequently interact with individuals at risk for overdose
- PDMPs can enhance opioid prescribing and dispensing decisions, inform clinical practice, and protect patients at risk

However.....PDMPs can be misused

 Patients cut off from controlled medications without warning

• No consideration of possible errors

 Assumptions and judgments made about patients based on stigma



PDMP Since 2017

- Use mandate effective July 1, 2018
- Goal is to promote wider adoption of PDMP by clinicians
- Available clinical resources in addition to data to assist in clinical decision-making
- Providers can view their own prescribing trends to guide practice change
- Health professional licensing Boards have authority to enforce PDMP use mandate



PDMP Use Mandate Exceptions

- No requirement to query PDMP if opioid or benzodiazepine is prescribed or dispensed to an individual who receives:
 - A prescription for 3 days or less
 - Treatment for cancer or cancer related pain
 - Hospice care or is diagnosed with a terminal illness
 - A prescription to treat or prevent acute pain for a period of 14 days or less following (full definitions on PDMP website):
 - A surgical procedure
 - A fracture
 - Significant trauma or
 - Childbirth
 - Treatment in an assisted living facility; a long-term care facility; a comprehensive care facility; or a developmental disabilities facility



PDMP Use Mandate Exceptions

- Prescriber may not be required to query PDMP when:
 - Accessing would result in treatment delay that would negatively impact patient's medical condition;
 - Electronic access is not operational; or
 - Data cannot be accessed due to temporary technological or electrical failure

PDMP as a Clinical Tool

- Offers health care providers real-time, electronic access at the point of-care to their patients' complete Maryland CDS prescription history
- PDMP Search User Interface in CRISP and integrations into hospital EHRs (electronic health records)
- Interstate data sharing for clinical users



Concerning Situations Providers May Find in PDMP Data

- Patient is going to multiple prescribers and multiple pharmacists
- High MME
- Co-prescribed drugs that could have a negative interaction
- Patient has multiple addresses and DOBs in PDMP
- Possible forged prescription
- A large number of patients from same provider, especially with 'cookie-cutter' prescriptions



When there are Red Flags

- Get all facts (avoid making assumptions about patients, providers, or other dispensers)
 - Follow up with patients
 - Follow up with providers
 - Make appropriate clinical decisions
- Confirm information within PDMP with patient and other providers (and update information that is not accurate)
- Interpret results from PDMP within context of complete patient assessment (including if patient is working closely with another provider regarding these concerns)



PDMP Reporters and Exceptions

- Dispensers subject to reporting requirement:
 - Hospital outpatient pharmacies
 - Community / retail pharmacies
 - Mail-order pharmacies dispensing to Maryland address

- Dispensing practitioners
- Exceptions to reporting requirement:
 - Inpatient pharmacies
 - Pharmacies in long-term care facilities
 - Opioid Treatment Programs
 - Cannabis dispensaries

Follow Up with Patients

- Use PDMP information to have conversation with patients
- Attempt to determine reason for concerning behavior:
 - Changing providers because of insurance coverage
 - Misunderstanding/miscommunication regarding pain management agreements or limited health literacy
 - Transportation issues makes it difficult to access pharmacist
 - Other providers didn't check PDMP before prescribing
 - Underlying mental health issues that makes pain difficult to manage

- Medication has been stolen or diverted
- Risk for opioid use disorder

People need to see that you care before they care what you think





Institutes for Behavior Resources, 2012

Follow Up with Providers

- If you see something concerning within the PDMP, confirm information with patient's other providers
 - Discuss your concerns
 - Document your interactions
 - Make appropriate clinical decisions with the patient



Clinical Tools in PMDP

Alerts Center

Nonfatal Overdose Alerts

- Delegator Dashboard
 - Resource to manage delegators
- DEA Self-Audit
 - Provides listing of prescriptions across all patients based on prescribers' DEA number



Alerts Center

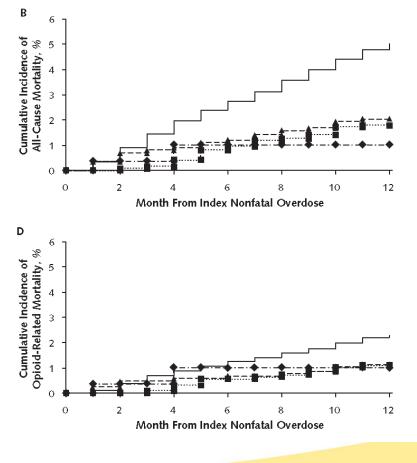
| V Alert Center | | | | | | | |
|---|------|--|----------|---|---|--|------------|
| Patient may have experienced an overdose event (1 Patient Record(s) Affected): | | | | | | | |
| Note from the MD Behavioral Health Administration: Abrupt discontinuation of a prescribed medication has inherent risks. This notification is meant to aid clinical decision making, including assessing the need for referral to treatment or coordinating with other providers. While it may affect your decision to prescribe or dispense controlled substances, it should not replace clinical judgement in providing appropriate treatment. Providers may wish to contact the Maryland Addiction Consultation Service at www.marylandmacs.org. | | | | | | | |
| 125364021 03/23/2019 | GBMC | MC Patient may have experienced an overdose event on 2019-03-23 19:32 at GBMC. Diagnosis: T40.604A (Poisoning by unspecified narcotics, undetermined, initial encounter) | | | | | |
| New Search > Modify Search Prescription Dr | | nitoring Program | Maryland | V | InterState (WV, VA, DE, DC, PA, MIL) Disclaimer | | New Search |

Note from MD BHA: "Abrupt discontinuation of a prescribed medication has inherent risks. This notification is meant to aid in clinical decision-making, including assessing the need for referral to treatment or coordinating with other providers. While it may affect your decision to prescribe or dispense controlled substances, it should not replace clinical judgment in providing appropriate treatment. Providers may with to contact the Maryland Addiction Consultation Services at www.marylandmacs.org

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Overdose May Be Opportunity...

• To start patients on effective treatment for opioid use disorder Secondary Exposure Classification: On Treatmentt



LaRochelle M, et al. Ann Int Med, 2018

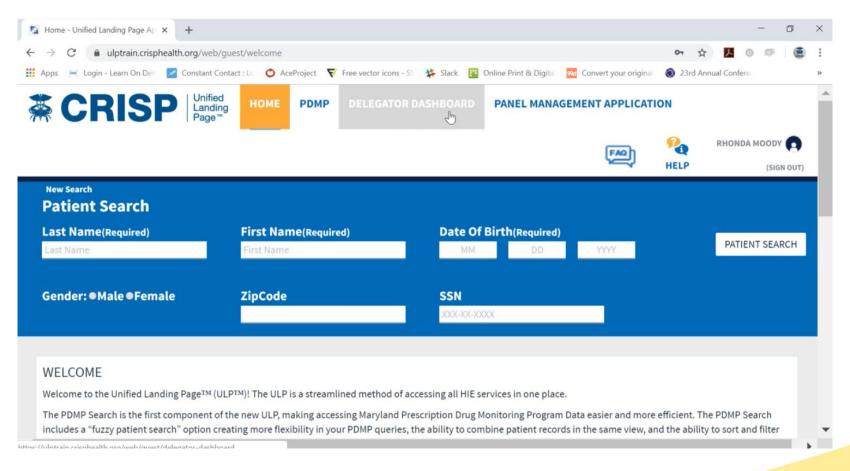


PDMP Workflow Help: Delegates

- Prescribers and pharmacists may delegate authority to health care staff to obtain PDMP user accounts (as "delegates") through CRISP and query PDMP data on their behalf
- Delegates can support integration of PDMP into practice workflow
- Delegates may include:
 - Licensed or non-licensed clinical staff that are employed by, or under contract with, the same professional practice or facility
- Prescribers and pharmacists may have multiple delegates
- Delegates may query PDMP on behalf of multiple prescribers and pharmacists



Delegator Dashboard





DEA Self Audit

- Provides listing of prescriptions across all patients based on prescribers' DEA number
- Only accessible to individual prescriber to view their own prescribing activity
- Opportunity to view and understand prescribing trends
- Tool to audit potential fraud concerns, for example if prescription pad is missing

Summary

- Maryland PDMP contains prescription data, overdose alerts, and integration with CRISP to provide useful clinical information
- Sign on through EHR, use of delegates, and understanding query mandate help integrate PDMP check into practice workflows
- Avoid making assumptions, trust but verify, and talk to patients about concerning information found in PDMP

QUESTIONS?

If you think of a question after the webinar ends, please email Tracy Sommer at <u>tsommer@som.umaryland.edu</u>

Upcoming event for prescribers:

