Prescription Monitoring Programs: Considerations for Policymakers

Summary of 2nd PAIN Policy Brief Series, October 2013

Despite wide agreement that prescription monitoring programs (PMPs) can be valuable healthcare delivery tools and extremely effective at preventing "doctor shopping," PMPs remain under-utilized, with most states reporting approximately one-third or fewer of authorized prescribers and dispensers using them. Undoubtedly, one of the most important policy needs around PMPs involves ways to promote widespread, even universal, use of PMPs in patients who are prescribed controlled substances. Some policy efforts that can further this goal include:

- **Supporting greater integration of PMPs with electronic health records (EHRs) and health information exchanges (HIEs).** Currently, providers using EHRs and HIEs have to leave those systems, open another computer window to obtain a PMP report, and then return to the EHR or HIE and summarize the PMP report. This is a time-consuming practice that, if repeated several times per day, can quickly become tedious and could add an hour of more to a provider's work day. Successful pilot studies integrating PMP reports directly into EHRs and HIEs have been conducted, and policymakers should carefully consider what more can be done to support rapid integration of these systems.

- **Considering a requirement that all eligible PMP users be registered to access the PMP.** One method to do this involves tying PMP system registration to professional license renewal. Having all eligible users registered removes one barrier to accessing the PMP.

- **Considering incentivizing use of the PMP.** Providers might be more likely to use the PMP if they were incentivized by, for instance, a slight reduction in malpractice insurance premiums or slightly greater reimbursement from third-party payers. Such incentives are likely to be much better received by providers than unfunded mandates to use the PMP.

- **Encouraging the use of unsolicited reporting of patients who meet certain criteria to the healthcare providers prescribing and dispensing for them.** Alerting providers to the behavior of these patients may help reduce "doctor shopping," although it should be noted that it will be ineffective for the most prolific "doctor shoppers," who rarely return for a second visit with a given prescriber or dispenser.

- **Finally, considering a requirement for mandatory PMP checks with each initial prescription for a controlled substance.** While such mandates are likely to meet with resistance from providers, a simple PMP check prior to writing the first controlled substance prescription for a patient should virtually eliminate "doctor shopping."

OTHER IMPORTANT POLICY INITIATIVES

Several other key PMP policy issues that warrant consideration include the following:

- **Secure funding for PMPs.** Most PMPs were established and supported for their first several years through federal grant funding. However, after a few years, states lose their eligibility to receive further grant funding, and PMPs find themselves struggling to secure adequate ongoing financial support. States have found a number of innovative ways to fund PMPs, including use of settlement money from lawsuits against drug makers, small annual fees assessed to prescribers and dispensers, money obtained from the Medicaid fraud penalty account, and even contracting with HIEs to supply PMP data to populate a patient's HIE record.

- **Participation in interstate data sharing.** States with large metropolitan areas located near the state line (e.g., Louisville, KY; Cincinnati, OH; Kansas City and

St. Louis, MO; New York City, and many others) or in geographically small states (e.g., most of New England) may see large numbers of patients receiving prescriptions from prescribers and dispensers in adjoining states, either legitimately or as a means to hide illicit activity. Interstate data sharing is key to enabling prescribers and dispensers to act appropriately in response to requests from patients. It is important that policymakers realize that current interstate data sharing programs, like the PMP InterConnect, allow states to control access to their own data, so that a requester is permitted access only if he or she meets requirements in the state being queried.

- **Timely reporting of data into the PMP.** "Doctor shoppers" can be quite prolific, often seeing multiple providers each week. PMPs that require only monthly or bi-monthly reporting may be much less effective at preventing this behavior than PMPs that require weekly, daily, or instantaneous reporting. The current trend among PMPs is to move to daily reporting requirements, with many states viewing the ideal being the kind of real-time reporting now in place in Oklahoma.

- **Use of advisory councils.** Multidisciplinary committees of key stakeholders can be very valuable to PMP administrators, as they provide ideas for ways to use and improve PMPs based on their clinical experience with the programs. Additionally, some states use these committees to preliminarily evaluate patients and providers who appear to be acting inappropriately, as a means of ensuring that any reports to authorities are warranted.

- **Efforts to identify "rogue" patients and providers.** Increasingly, data mining techniques are being used to identify patients and providers who may be outliers in terms of their behavior. It is important to realize that such identification represents only the first step in evaluating each case, and that individualized follow-up investigations are warranted before taking punitive action in each case.

- **Educational efforts to enhance awareness/ understanding for data users.** Providers who do not understand the information PMPs provide are likely to be less interested in using them. Education that includes case examples is likely to be an effective remedy for this. Some states have made such education a requirement in their statutes and regulations.

- **Allowing practitioners' delegates access to the database.** While asking a physician, pharmacist, or other highly-trained provider to personally query the PMP may represent an unreasonably onerous burden, it is possible to mitigate this concern by allowing other office staff to obtain the reports on behalf of the provider. Most states that have done this have required delegates to be licensed or certified healthcare personnel, and have left ultimate responsibility for delegates' use of the system with the supervising provider.

- **Protecting patient confidentiality.** Almost universally, when PMPs are criticized, it is by people concerned about accidental or intentional violations of confidentiality. It is important that all authorized users, including healthcare providers and law enforcement personnel, understand the importance of maintaining adequate confidentiality. Some legislatures have felt strongly enough about this issue that they have made violations of confidentiality a felony offense.

The prescription drug abuse problem is complex, and like most complex problems, is unlikely to be resolved by a single simple solution like a PMP. Nonetheless, a well-designed PMP that is widely used by healthcare professionals should provide a significant benefit in the fight to reduce such abuse. Additionally, PMPs provide an extraordinarily valuable tool for clinicians treating people with pain and other conditions requiring controlled substances, and increased use can only enhance treatment of those conditions, identification and treatment of people with substance use disorders, and patient safety. It is incumbent upon policymakers to take such steps to optimize their PMPs, for the good of the public. ■