

# **Pennsylvania's ABC-MAP Program**

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## **Recommendations on Best Practices**

**ABC-MAP Governance Board Meeting**

**May 20, 2015**

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**Penn Medicine**

# Presenters

- ◆ **Marcus Bachhuber, MD, MSHP** received his medical degree from the University of Pennsylvania School of Medicine followed by residency in internal medicine at Montefiore Medical Center/Albert Einstein College of Medicine in the Bronx, New York. He is currently a primary care physician and Robert Wood Johnson Foundation Clinical Scholar at the Philadelphia Veterans Affairs Medical Center and the University of Pennsylvania in Philadelphia. His research focuses on the organization and delivery of substance abuse treatment services, and the effects of health policy on drug use, particularly prescription drug abuse.
- ◆ **Brandon Maughan, MD, MHS, MSHP** is a Robert Wood Johnson Foundation Clinical Scholar and practicing emergency physician at the University of Pennsylvania and the Philadelphia Veterans Affairs Medical Center. Dr. Maughan attended medical school at Case Western Reserve University in Cleveland, Ohio, followed by residency and chief residency in emergency medicine at Brown University and Rhode Island Hospital in Providence, Rhode Island. His research interests focus on policy interventions to reduce the misuse, abuse, and diversion of opioid analgesics prescribed for acute painful conditions. Dr. Maughan also holds a master's degree in health policy from the Johns Hopkins Bloomberg School of Public Health and previously worked on Medicaid program evaluation at the Lewin Group, a health policy and human services consulting firm in Washington, DC.

# Presenters

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# Disclosures

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- ◆ **The opinions expressed herein at those of the speakers and do not necessarily reflect the views of their employers or affiliated funding agencies.**

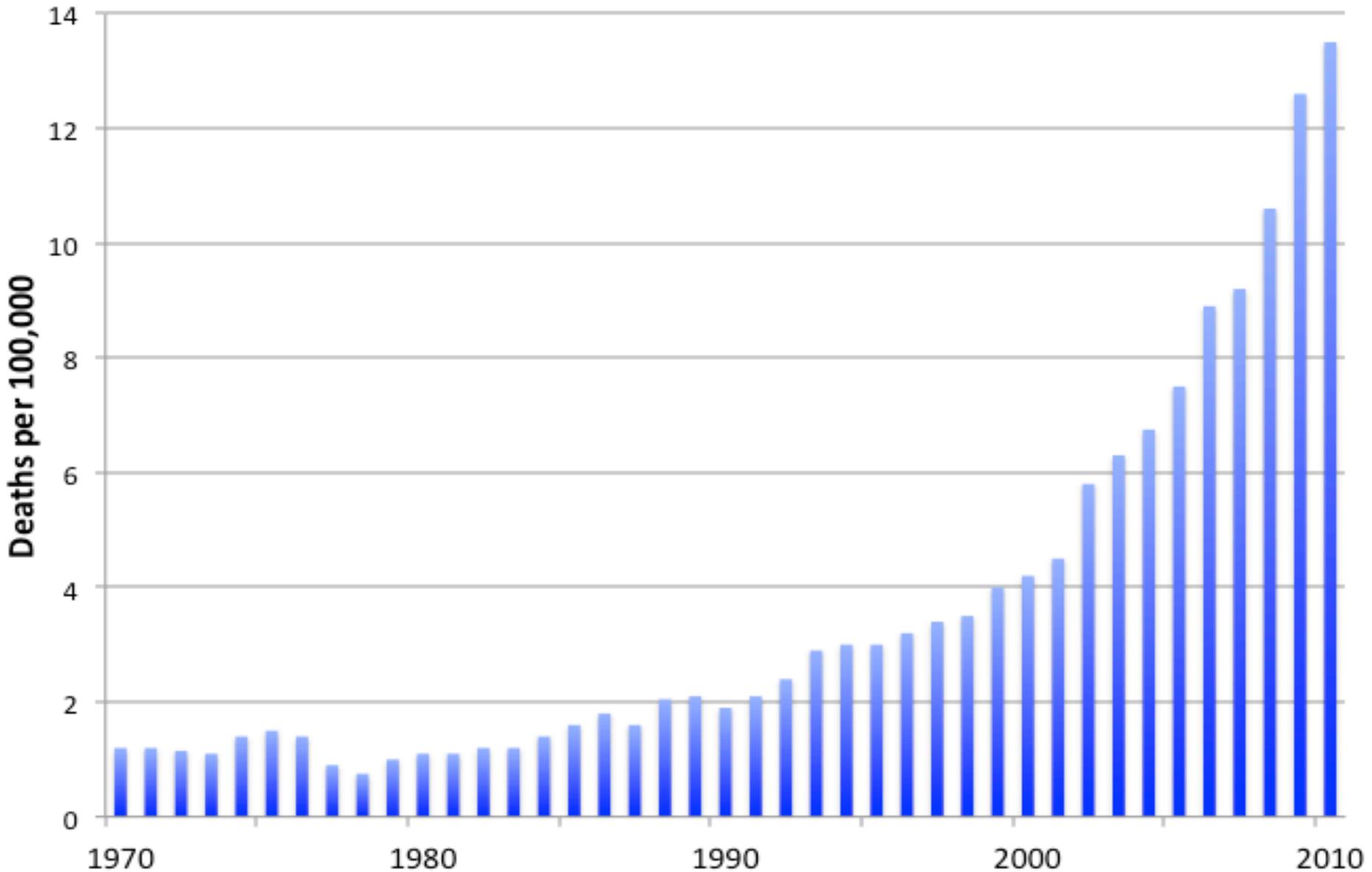
# Objectives

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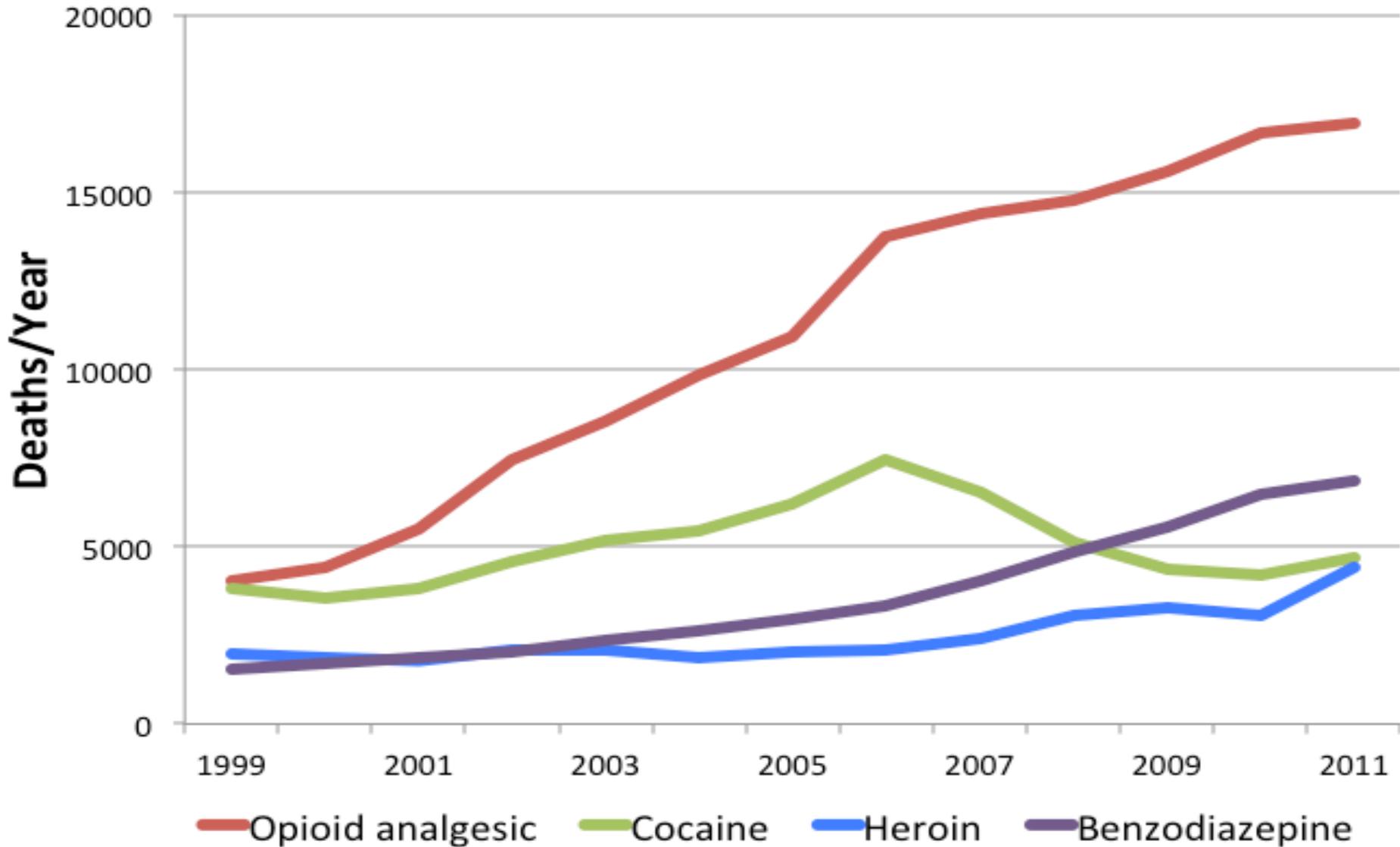
- ◆ **Briefly review a recent history of prescription drug abuse and the growth of PDMPs**
- ◆ **Describe best practices in establishing a PDMP**
- ◆ **Discuss recommendations for ABC-MAP**

# A Brief History of Prescription Drug Abuse

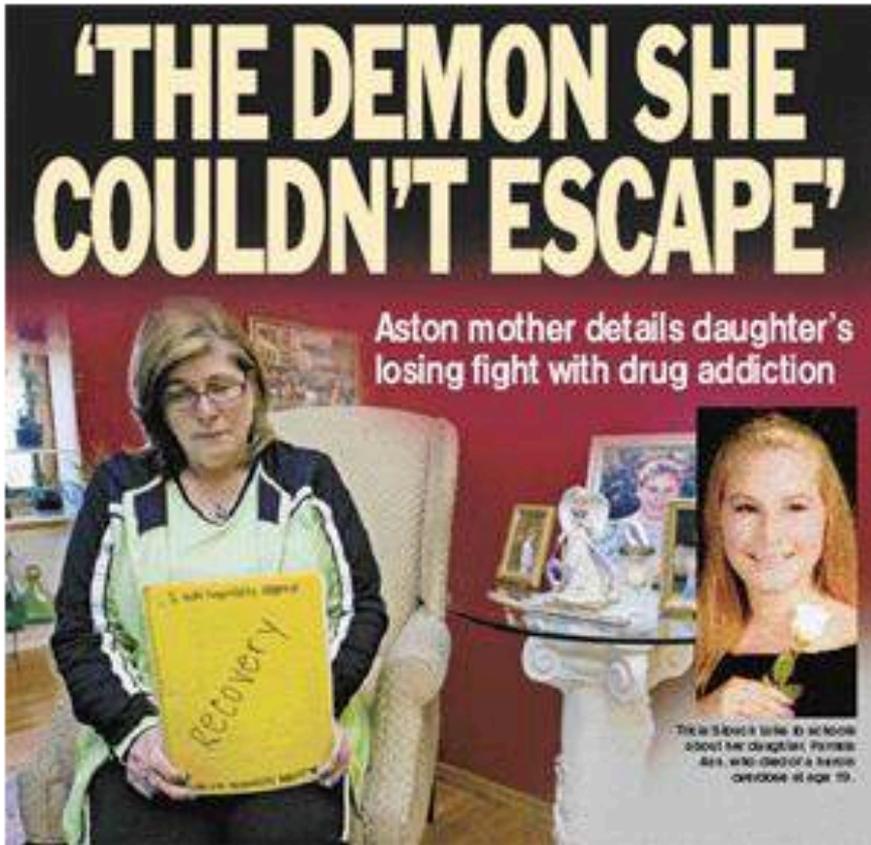
# Unintentional Drug Overdose Deaths



# Rapid Growth in Prescription Drug Deaths



# Pamela's fight lives on: Aston mother recounts her daughter's fatal battle with heroin addiction



In 2010, Pamela Stouch died of a heroin overdose, two years after starting to use Percocet (oxycodone) painkillers provided by her friends.

**She was 19.**

# Starting strong

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- Best practices in Act 191

# Starting Strong

## **ABC-MAP already meets several best (or near-best) practices:**

- Collects all Schedules (II-V) of controlled substances
- Mandates a short data collection interval (<72 hours)
  - 10 states current report in <24 hours
  - 13 states currently report in >1 week
- Allows designees (e.g., residents, nurses) to request data
- Requires nonresident pharmacies to report data
- Embraces interstate data sharing

# Best Practice Recommendations

- Actively promote program utilization
- Invest in software/electronic infrastructure
- Maximize public health benefits

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# Actively promote program utilization

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1. Send unsolicited reports to end users.
  - e.g., prescribers, pharmacies, and law enforcement officials
2. Select parameters to flag questionable prescribing or dispensing activities.
3. Identify and reach out to potential high-impact users.
4. Clarify expectations for prescribers regarding medical record documentation.

# Actively promote program utilization

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# Unsolicited reports

## ◆ Reporting to prescribers or dispensers

- High # prescribers: Arizona, Massachusetts
- Co-prescription of opioid with buprenorphine (used for treating opioid dependence): Maine

## ◆ Reporting to law enforcement

- North Carolina, Kansas, Wyoming: patients suspected of “doctor shopping”
- Kentucky, Tennessee: reports on providers to law enforcement

## ◆ Reporting to licensing boards

- Questionable prescribing: very high doses, dangerous combinations of prescriptions, prescribing for many out-of-state patients
- Questionable dispensing: filling duplicate or excessive prescriptions, filling obviously forged prescriptions

## ◆ User-initiated unsolicited reports

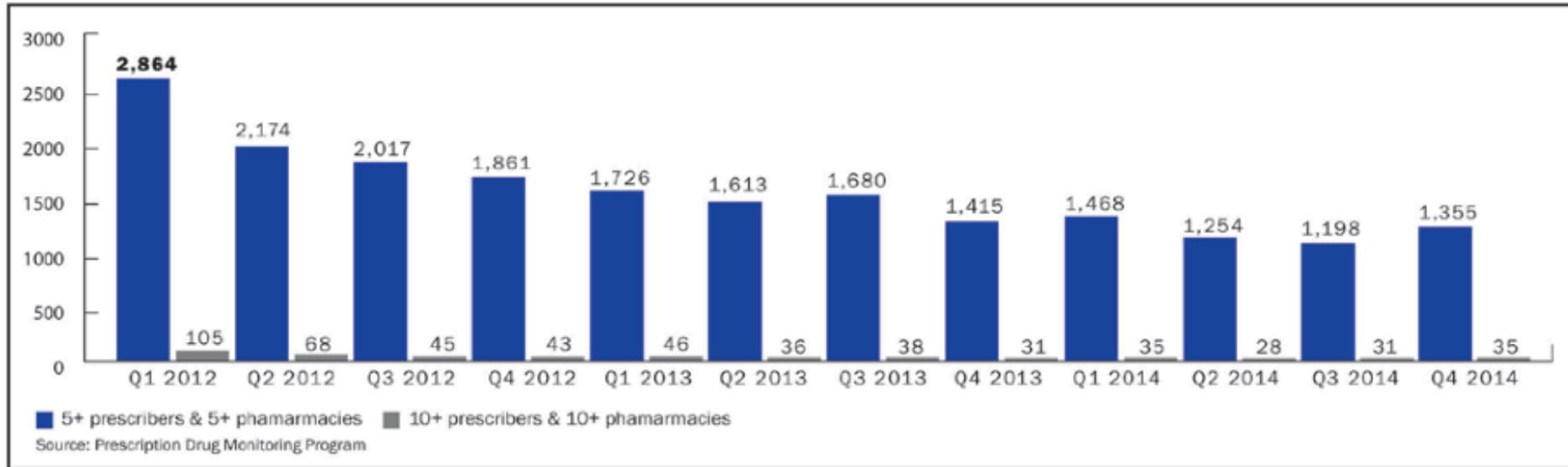
- Indiana PDMP users can send alerts to other prescribers or dispensers who are treating the same patient

# Actively promote program utilization

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- 2. Set criteria to flag questionable prescribing or dispensing activities.**
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# Defining “questionable activity”



**Figure 7. Number of individuals obtaining controlled substance prescriptions in schedules II-IV from 5 (10) or more prescribers and 5 (10) or more dispensers within a 90-day period**

# Defining “questionable activity”

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The Bureau of Justice Assistance requests that grantees report the number of patients who meet “5x5x3” criteria:

- Patients who fill prescriptions from 5 or more prescribers
- At 5 or more pharmacies
- Within 3 months

# Actively promote program utilization

1. Send unsolicited reports to end users.
2. Set criteria to flag questionable prescribing or dispensing activities.
- 3. Identify and reach out to potential high-impact users.**
  - **Utah reached out to highest-volume prescribers; PDMP use grew rapidly among this group**
  - **Massachusetts contacted prescribers with high numbers of suspected doctor-shoppers**
4. Clarify expectations for prescribers regarding medical record documentation.

# Actively promote program utilization

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# Clarify documentation requirements

Purdon's Pennsylvania Statutes and Consolidated Statutes (2014)

Title 35 P.S. Health and Safety

Chapter 6B. Drugs, Poisons and Dangerous Substances

Achieving Better Care by Monitoring All Prescriptions Program ( Abc-Map) Act

§ 872.8. Requirements for prescribers

<Section effective June 30, 2015.>

(a) System query.--A prescriber shall query the system:

(1) for each patient the first time the patient is prescribed a controlled substance by the prescriber for purposes of establishing a base line and a thorough medical record; or

(2) if a prescriber believes or has reason to believe, using sound clinical judgment, that a patient may be abusing or diverting drugs.

(b) Medical record entries.--A prescriber shall indicate the information obtained from the system in the patient's medical record if:

(1) the individual is a new patient; or

(2) the prescriber determines a drug should not be prescribed or furnished to a patient based upon the information from the system.

# Best Practice Recommendations

- Actively promote program utilization
- **Invest in software/electronic infrastructure**
- Maximize public health benefits

# Invest in software/electronic infrastructure

- 5. Develop automated systems to generate reports (both for end users and for program administrators).**
  - **Massachusetts & Oklahoma use off-the-shelf software**
  - **Maine: cost of automated reporting built into vendor contract, not charged on a per-report basis**
  - **May be less labor-intensive than sending paper/fax reports**
  
- 6. Integrate ABC-MAP reports with hospital electronic health records and pharmacy dispensing systems.**
  
- 7. Adopt current reporting standards of the American Society for Automation in Pharmacy (ASAP).**

# Invest in software/electronic infrastructure

5. Develop automated systems to generate reports (both for end users and for program administrators).
6. **Integrate ABC-MAP reports with hospital electronic health records and pharmacy dispensing systems.**
  - **Kansas, Indiana, Ohio: PDMP data automatically delivered to hospital electronic health records**
7. Adopt current reporting standards of the American Society for Automation in Pharmacy (ASAP).

# Invest in software/electronic infrastructure

5. Develop automated systems to generate reports (both for end users and for program administrators).
6. Integrate ABC-MAP reports with hospital electronic health records and pharmacy dispensing systems.
- 7. Adopt current reporting standards of the American Society for Automation in Pharmacy (ASAP).**
  - **Standardized data fields allow for easier data sharing/transfer.**

# Best Practice Recommendations

- Actively promote program utilization
- Invest in software/electronic infrastructure
- **Maximize public health benefits**

# Maximize public health benefits

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- 8. Collect data on certain non-scheduled drugs that are implicated in abuse.**
  - E.g., pseudoephedrine
9. Conduct public health analysis on drug prescription patterns for early warning and prevention purposes.
10. Establish a protocol for release of data for research.

# Maximize public health benefits

8. Collect data on non-scheduled drugs that are implicated in abuse.
  
- 9. Conduct public health analysis on drug prescription patterns for early warning and prevention purposes.**
  - South Carolina: opioid use among young adults in two counties
  - Georgia: other states' PDMPs identified GA "pill mills"
  - Identifying counties with high "questionable activity" may allow interventions in local communities before deaths increase
  
10. Establish a protocol for release of de-identified data for research purposes.

# Maximize public health benefits

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9. Conduct public health analysis on drug prescription patterns for early warning and prevention purposes.
- 10. Establish a protocol for release of de-identified data for research purposes.**

# Data Sources

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# Research abstracts

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- ◆ “Characteristics of State Prescription Drug Monitoring Programs.” Unpublished research by Travis Manasco, MD. Department of Emergency Medicine, Boston Medical Center, Boston MA. Presented at the Annual Meeting of the Society for Academic Emergency Medicine, San Diego, CA. May 13, 2015. Used with permission.

# White papers & advocacy organizations

## ◆ **PDMP Center of Excellence, Brandeis University**

- “Prescription Drug Monitoring Programs: An Assessment of the Evidence for Best Practices.” Clark et al., September 2012.
  - Available at [http://www.pdmpexcellence.org/sites/all/pdfs/Brandeis\\_PDMP\\_Report.pdf](http://www.pdmpexcellence.org/sites/all/pdfs/Brandeis_PDMP_Report.pdf)
- “Guidance on PDMP Best Practices: Options for Unsolicited Reporting.” January 2014.
  - Available at [http://www.pdmpexcellence.org/sites/all/pdfs/Brandeis\\_COE\\_Guidance\\_on\\_Unsolicited\\_Reporting\\_final.pdf](http://www.pdmpexcellence.org/sites/all/pdfs/Brandeis_COE_Guidance_on_Unsolicited_Reporting_final.pdf)

## ◆ **National Alliance for State Model Drug Laws**

- Extensive library of PDMP resources at <http://www.namsdl.org/prescription-monitoring-programs.cfm>.

# Federal & state agencies

## ◆ Centers for Disease Control and Prevention

- Mortality & Morbidity Weekly Report. “Decline in drug overdose deaths after state policy changes - Florida, 2010-2012.” 2014, 63(26) 569-74.
- Mortality & Morbidity Weekly Report. “CDC Grand Rounds: Prescription Drug Overdoses — a U.S. Epidemic.” 2012, 61(1)10-13.
- Warner M, Chen LH, Makuc DM, Anderson RN, Miniño AM. Drug poisoning deaths in the United States, 1980–2008. NCHS data brief, no 81. Hyattsville, MD: National Center for Health Statistics. 2011.

## ◆ Virginia Department of Health Professions

- “Virginia Prescription Monitoring Program Statistics through Year End 2013.” Available at [https://www.dhp.virginia.gov/dhp\\_programs/pmp/docs/ProgramStats/2013PMPStatsFinal.pdf](https://www.dhp.virginia.gov/dhp_programs/pmp/docs/ProgramStats/2013PMPStatsFinal.pdf)

## ◆ Iowa Board of Pharmacy

- “Prescription Monitoring Program Annual Report to the Governor and Iowa Legislature, 2014.” Available at [http://www.state.ia.us/ibpe/pdf/pmp\\_rpt\\_gov\\_2014.pdf](http://www.state.ia.us/ibpe/pdf/pmp_rpt_gov_2014.pdf)

## ◆ Florida Department of Health

- “2013-2014 Prescription Drug Monitoring Program Annual Report.” Available at <http://www.floridahealth.gov/%5C/statistics-and-data/e-forcse/news-reports/2014PDMPAnnualReportFinal.pdf>.

# Questions & Discussion

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