Pennsylvania’s ABC-MAP Program

Recommendations on Best Practices

ABC-MAP Governance Board Meeting
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Presenters

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

- 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

![Graph showing the rapid growth in prescription drug deaths from 1999 to 2011. The graph indicates a significant increase in deaths per year, particularly for opioids and benzodiazepines. The y-axis represents deaths per year, ranging from 0 to 20,000. The x-axis represents the years from 1999 to 2011.](image)

Warner, 2011
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

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

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

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.

4. Clarify expectations for prescribers regarding medical record documentation.
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”

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

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.

4. Clarify expectations for prescribers regarding medical record documentation.
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
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).
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

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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

8. Collect data on certain non-scheduled drugs that are implicated in abuse.
   • E.g., pseudoephdrine


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.

   - 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

8. Collect data on non-scheduled drugs that are implicated in abuse.


10. Establish a protocol for release of de-identified data for research purposes.
Research abstracts

White papers & advocacy organizations

- **PDMP Center of Excellence, Brandeis University**
    - Available at http://www.pdmpexcellence.org/sites/all/pdfs/Brandeis_PDMP_Report.pdf

- **National Alliance for State Model Drug Laws**
Federal & state agencies

♦ Centers for Disease Control and Prevention

♦ Virginia Department of Health Professions

♦ Iowa Board of Pharmacy

♦ Florida Department of Health
Questions & Discussion