



Pennsylvania Prescription Drug Monitoring Program (PDMP) System User and Stakeholder Training

What is a PDMP?; How to Use the PDMP to Make Clinical Decisions?; How to Integrate the PDMP into the Clinical Workflow?; and How to Access Pennsylvania's PDMP

MODULE **2**

GUIDE DOCUMENT

Pennsylvania Prescription Drug Monitoring Program (PDMP) System User and Stakeholder Training

Learning Objectives for Modules 1-7

Module 1: Why Using the PDMP is Important for Achieving Optimal Health for Pennsylvania Citizens

1. The status of substance use disorder in general, opioid use disorder and overdoses nationally and in Pennsylvania;
2. Common misconceptions about substance use disorder and opioid use disorder treatment and recovery;
3. Costs associated with prescription drug and heroin-associated opioid use disorder and overdose; and
4. How pervasive prescriber and pharmacist PDMP use can reduce population opioid use disorder and overdose.

Module 2: What is a PDMP, How to Use the PDMP to Make Clinical Decisions, How to Integrate the PDMP into the Clinical Workflow, and How to Access Pennsylvania's PDMP

1. Detail Pennsylvania's requirements and regulations regarding PDMP use;
2. Explore options and actions Pennsylvania prescribers and pharmacists can take to integrate the PDMP into clinical workflows; and
3. Discuss how to use the PDMP system to make clinical decisions.

Module 3: Using the PDMP to Optimize Pain Management

1. Learn how to use the PDMP to address pain management for various patient populations and pain types;
2. Understand the basic nature of pain for different patient populations and how to manage their pain using the PDMP as a clinical tool; and
3. Discuss different ways of treating patient pain that do not involve the immediate use of opioids.

Module 4: Opioid Prescribing Guide

1. Provide guidelines to inform all healthcare providers when prescribing opioids in the acute phase of pain;
2. Instruct healthcare providers on how to prescribe opioids in the chronic phase of pain, which includes information on how to initiate or continue opioid therapy, select the correct dose and/or discontinue opioids;
3. Instruct healthcare providers on how to assess risks and address harms associated with opioid use;
4. Instruct healthcare providers on the legal responsibilities related to prescribing opioids; and
5. Instruct healthcare providers on how they may direct patients to dispose of unused medications.

Module 5: Referral to Treatment for Substance Use Disorder Related to Opioid Use

1. Define "warm handoffs" and how they can best occur;
2. Provide a schema for how any healthcare provider can implement "warm handoffs" in any clinical setting;
3. Demonstrate how primary care practices can conduct "warm handoffs" by preparing, using validated screening tools, and using patient-centered communication with patients;
4. Demonstrate how healthcare providers can determine the best type of treatment for their patients;
5. Present information on patient confidentiality that providers should be aware of when working with patients with substance use disorders and performing "warm handoffs"; and
6. Present relevant Pennsylvania links for treatment and other resources.

Module 6: Approaches to Addressing Substance Use Disorder with Patients Identified by the PDMP

1. Learn how to integrate the PDMP with other screening tools to help identify those who may require substance use disorder treatment or increased monitoring;
2. Define Screening, Brief Intervention, and Referral to Treatment (SBIRT), its main goals and its main components;
3. Learn how to screen a patient for a potential substance use disorder, conduct a brief intervention and refer a patient to treatment;
4. Learn how to discuss a substance use disorder with a patient and handle patient resistance; and
5. Learn how to incorporate SBIRT into clinical practice.

Module 7: Effective Opioid Tapering Practices

1. Discuss how to use the PDMP to determine if a provider should consider tapering his/her patient;
2. Discuss several indicators that prescribers can look for when considering tapering opioids;
3. Inform prescribers on how to discuss tapering with patients using patient-centered techniques;
4. Present a general opioid tapering protocol and how to adapt this protocol to the needs of any patient; and
5. Present information on how to manage withdrawal and how to use tools to measure withdrawal symptoms in patients.

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Introduction

Effective and efficient use of the Prescription Drug Monitoring Program (PDMP) can help prescribers and pharmacists make better evidence-based clinical decisions and limit drug diversion and misuse.

Querying the PDMP each time a new controlled substance is prescribed to a patient offers an opportunity for the prescriber or pharmacist to prevent an overdose or refer an individual to treatment who might otherwise go untreated for a substance use disorder. All licensed prescribers and pharmacists are required to register for the PDMP. Prescribers and pharmacists are required to query the PDMP system in certain circumstances, for example, when prescribing opioids or benzodiazepines.

The PDMP system can influence clinical decisions in different ways. First, prescribers and pharmacists using the PDMP system can elect to not prescribe and dispense Schedule II–V medications when the PDMP indicates that unnecessary prescribing is occurring. Second, knowledge of PDMP data can help prescribers and pharmacists better coordinate care among other general and specialty treatment providers. Third, the appropriate use of the PDMP can help improve patient safety by reducing potentially harmful drug-drug interactions (e.g., benzodiazepines and opioids). Fourth, the PDMP can notify providers about which prescriptions patients are filling. Fifth, the PDMP improves communication, trust and collaboration between the prescriber and the patient by facilitating dialogue about the patients medication history. Finally, prescribers and pharmacists can use the PDMP to monitor patient opioid dosages to make sure that they are not at high levels (≥ 90 morphine milligram equivalent daily dose of a prescribed opioid).^{1,2}

As with any new innovation, the integration of the PDMP into the clinical workflow can be challenging. However, there are options available to prescribers and dispensers to implement the PDMP in a way that improves effectiveness, usability and patient care.

In this module, prescribers and pharmacists will learn how to integrate the PDMP into his/her clinical workflow and use the PDMP to make clinical decisions based on the most recent requirements and regulations. This module includes the following objectives:

1. Detail Pennsylvania's requirements and regulations regarding PDMP use;
2. Explore options and actions Pennsylvania prescribers and pharmacists can take to integrate the PDMP into clinical workflows; and
3. Discuss how to use the PDMP system to make clinical decisions.

The Pennsylvania Law Related to the Mandated Use of the PDMP

Currently, 49 states, Washington D.C. and Guam have PDMPs. The Governor of Missouri, the only state without a PDMP, recently signed an executive order to phase in a PDMP. The requirements for registration, use and access are governed by state law. However, St. Louis County operates a PDMP in which other counties in Missouri can participate. This section details the Pennsylvania requirements for registration, use and access for both prescribers and pharmacists. In Pennsylvania, authorized users of the PDMP include prescribers and their delegates, pharmacists and their delegates, the attorney general (on behalf of law enforcement) and designated commonwealth personnel, medical examiners and coroners.

According to the Pennsylvania Department of Health, the PDMP’s legislated purpose is “to be used as a tool to increase the quality of patient care by giving prescribers and pharmacists access to a patient’s controlled substance prescription medication history, which will alert medical professionals to potential dangers for purposes of making treatment determinations and to aid regulatory and law enforcement agencies in the detection and prevention of fraud, drug misuse and the criminal diversion of controlled substances.”³ This section also discusses regulations for when the PDMP must be queried.

Prescribers

Registration and Use of Delegates

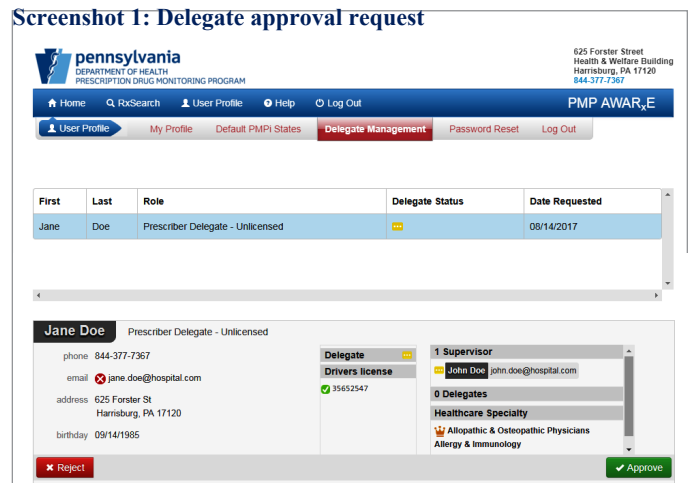
As of Jan. 1, 2017, all licensed individuals who are lawfully authorized to prescribe, distribute, dispense, or administer a controlled substance in the Commonwealth of Pennsylvania are required to register with the program. This does not include veterinarians. A Pennsylvania Professional License (i.e., license to practice granted by state accreditation boards) is needed to register for the Pennsylvania PDMP. If a prescriber has not yet registered in the Pennsylvania PDMP, they should visit the [Pennsylvania Department of Health Website](http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Pages/Register.aspx)* to begin his/her registration. The registration process should take less than five minutes.

Prescribers can also delegate authority to individuals in their employment or under their supervision to access the PDMP, as long as delegates use their own accounts. Delegates are defined as authorized individuals who can access PDMP data on behalf of the prescriber. Delegates do not need to hold a Pennsylvania Professional License themselves, but must be authorized and overseen by individuals who do. Delegate accounts must be approved by the overseeing prescriber (see Screenshot 1).

Delegates can request a prescription history report for the purpose of providing medical treatment when the prescriber

has a current prescriber-patient relationship with that individual (including initial office visits). The delegate is given his/her own account and password that cannot be shared. Prescribers are responsible for ensuring the security of PDMP data and patient information when their delegates are using the PDMP system. For more information on how to register delegates, please visit see the [delegate registration manual](#)** . The process for registering delegates should take less than five minutes.

Screenshot 1: Delegate approval request



* <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Pages/Register.aspx>

** <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Documents/PAPD-MP-DelegateRegistrationTutorial.pdf>

The Pennsylvania Law Related to the Mandated Use of the PDMP *(continued)*

Prescribers *(continued)*

Requirements for Use of the PDMP

Prescribers are required to query the PDMP in three main clinical situations. First, prescribers are required to query the PDMP system for each patient the first time the patient is prescribed a controlled substance in order to establish a baseline and thorough medical record. Second, prescribers are required to query the PDMP each time the patient is prescribed an opioid or benzodiazepine medication. Finally, if a prescriber believes or has reason to believe that a patient is misusing or diverting drugs, he/she is also required to query the PDMP. These requirements apply to all inpatient and outpatient clinical settings when a new or existing patient is prescribed a controlled substance.

In an inpatient setting, the PDMP system must be queried at least once from the time of admission through discharge when a patient is prescribed a controlled substance, as required by law. Beyond the initial query, additional queries of the system are not required as long as the patient remains admitted to the licensed health care facility or remains in observation status in a licensed health care facility. However, the Department of Health recommends that healthcare professionals check the PDMP system prior to each time a controlled substance is prescribed or dispensed in any clinical setting. Please visit the [general information*](#) page on the Pennsylvania PDMP website for more information and frequently asked questions.

Pharmacists

Registration and Use of Delegates

Pharmacists of Schedule II-V substances must also register with the PDMP. Registration is required to access the PDMP. A Pennsylvania Professional License (i.e., license to practice as deemed by state accreditation boards) is needed to register for the Pennsylvania PDMP. If a pharmacist has not registered for the Pennsylvania PDMP, they should visit the [Pennsylvania PDMP registration page**](#), to begin his/her registration. The registration process will take about 10 minutes.

Pharmacists can register individually and also delegate authority to individuals in their employment or under their supervision to access the PDMP, as long as they use their own accounts. Delegates are defined as authorized individuals who can access PDMP data on behalf of the pharmacist. Delegates do not need to hold a Pennsylvania Professional License themselves, but must be authorized and overseen by individuals who do. Delegate accounts must be approved by the overseeing pharmacist entity.

Delegates of pharmacists can request a prescription history report if the request is for the current purpose of the pharmacy's practice and when the individual is a current patient of the pharmacy (including those who present a prescription to the pharmacy, although the prescription is not filled). The delegate is given his/her own account and password that cannot be shared. Pharmacists are responsible for ensuring the security of PDMP data and patient information when their delegates are using the PDMP system. For more information on how to register delegates, please see the [delegate registration manual***](#). The process for registering a delegate should take less than five minutes.

* <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Pages/GeneralInfo.aspx#prescribers>

** <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Pages/Register.aspx>

*** <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Documents/PAPD-MP-DelegateRegistrationTutorial.pdf>

The Pennsylvania Law Related to the Mandated Use of the PDMP *(continued)*

Pharmacists *(continued)*

Requirements for Use of the PDMP

Dispensers must query the PDMP before dispensing an opioid or benzodiazepine when a patient: (1) is new to the pharmacist; (2) has insurance but chooses to pay for these prescriptions with cash; (3) requests an early refill; or (4) has opioid and/or benzodiazepine prescriptions from more than one prescriber.

A new patient does not include an individual going to the same pharmacy or a different physical location of that pharmacy, if the patient's record is available to the dispenser. Cash refers to any non-insurance payment, excluding copays. Early refill is defined as when the patient requests a refill prior to the date when he/she is eligible for insurance coverage for the prescription or when more than 15 percent of an earlier-dispensed medication remains when taken in compliance with the directions and quantity prescribed.

Dispensation Data Reporting Requirements

Pharmacies and dispensing practitioners must submit all controlled substance (Schedules II-V) dispensation information to the PDMP no later than the close of the subsequent business day after dispensing a controlled substance. A business day is any day within the standard five-day business week beginning on Monday and ending on Friday. Dispensers are encouraged to submit every day as well as on weekends if they are open for business. For more information on data reporting requirements, please see the [Data Submission Dispenser Guide](#)*.

* http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Documents/PAPD-MP_DispenserGuide_v4.pdf

Medications Targeted by the PDMP

The PDMP targets federally controlled substances, specified controlled substances regulated by the state (**Schedule II-V prescriptions**), and drugs that raise concern for potential misuse, as identified by law enforcement and addiction treatment professionals. The Drug Enforcement Administration stratifies controlled substances into the following schedule classes:⁴

Table 1: Drug Enforcement Administration Schedule I-V Definitions and Examples.

Schedule	Definitions	Example
I	Drugs with no currently accepted medical use, have high potential for misuse and are not rendered medically safe in the United States	Heroin, marijuana (cannabis), lysergic acid diethylamide (LSD), 3, 4-methylenedioxy-methamphetamine (ecstasy), methaqualone, peyote
II	Drugs with high potential for misuse, leading to severe psychological or physical dependence	Cocaine, methamphetamine (Desoxyn), methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin, Percocet), fentanyl, amphetamine (Dexedrine, Adderall), methylphenidate (Ritalin), combination products with less than 15 mg of hydrocodone per dosage unit (Vicodin)
III	Drugs with a moderate to low potential for physical and psychological dependence, which have higher potential for misuse than Schedule IV drugs, but lower potential for misuse than Schedule I and II drugs	Drugs that contain less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, testosterone
IV	Drugs with low potential for misuse and low risk of dependence, compared to Schedule III drugs	Alprazolam (Xanax), carisoprodol (Soma), clonazepam (Klonopin), clorazepate (Tranzene), diazepam (Valium), lorazepam (Ativan), midazolam (Versed), temazepam (Restoril), triazolam (Halcion), Talwin, Ambien, Tramadol
V	Drugs with lower potential for misuse than Schedule I-IV drugs	Cough medications with less than 200 mg of codeine per 100 mg or 100 mL (Robitussin AC, Lyrica, Phenergan with Codeine)

If you would like to look up whether a specific substance is controlled, you can use the following lists:

- Drug Enforcement Administration: List of controlled substances in alphabetic order; https://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf
- Centers for Disease Control and Prevention: List of controlled substances including opioids with oral morphine milligram equivalent conversion factors; or <https://www.cdc.gov/drugoverdose/resources/data.html>
- Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act. http://www.health.pa.gov/facilities/Consumers/Health%20Facilities/Home%20Health%20Services%20and%20Hospices/DDC/Laws/DDC_Act.pdf

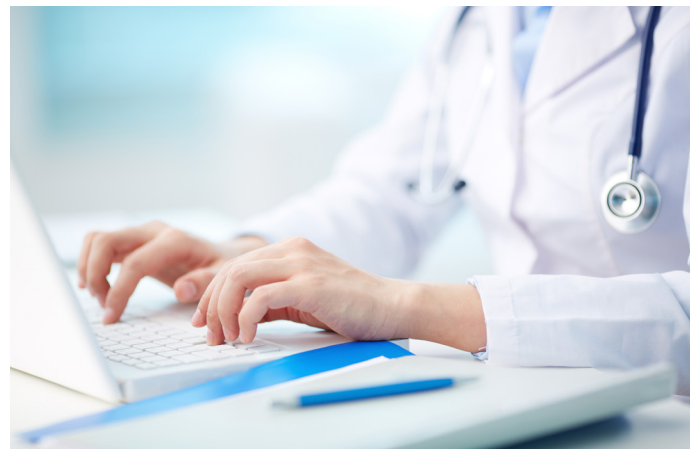
Actions for Pennsylvania Prescribers and Pharmacists to Integrate the PDMP into Clinical Workflows

Key informant interviews were conducted with prescribers and pharmacists across Pennsylvania to learn how they integrated PDMP use into their workflows and their recommendations for integration. Based on these interviews, and additional literature, the following actions are recommended for Pennsylvania prescribers and pharmacists to integrate the PDMP into their workflows: (1) utilize delegation; (2) submit and review data in a timely fashion; (3) integrate the PDMP into electronic health record systems; (4) review data from a broader viewpoint to see how it can be used to improve patient care; and (5) utilize bulk searches. Prescribers are encouraged to visit the [Pennsylvania PDMP website](#)* for tutorials on registering for the PDMP, registering delegates, and other sources of information on how to search for patient prescription information for activity within and outside the state of Pennsylvania.

Delegation

As noted previously, prescribers and pharmacists may authorize certain members of their healthcare teams to access the PDMP on their behalf. Delegates can save the prescriber and pharmacist time in his/her clinical workflow. Delegating access alleviates prescribers and pharmacists from diverting their attention from clinical duties, allowing them to receive information on their patients' prescriptions as needed.

During key informant interviews, a primary care practice in one of the major healthcare systems of Pennsylvania indicated that all medical and front desk staff members are delegates to each of the prescribers in the practice, making the query of the PDMP routine for each patient that comes in for a visit. To contrast, another rural healthcare system indicated that it does not use delegates and prefers to conduct patient queries during the visit while in the room with the patient. The decision of whether to use delegates or not can be determined by each individual practice. Both examples show that approaching PDMP integration differently, depending on the needs of the practice, can lead to effective PDMP use.



Using the PDMP in a Dental Office:

In a dental setting, a dental assistant or front office representative can be a delegate for the dentist. The delegate can query the PDMP for all of the patients being seen that day before the day begins using a bulk search or after a surgery when a pain relieving prescription medication is required to treat an episode of acute pain.

* www.doh.pa.gov/PDMP

Actions for Pennsylvania Prescribers and Pharmacists to Integrate the PDMP into Clinical Workflows *(continued)*

Integration into Electronic Health Record and Pharmacy Systems

Electronic health record integration allows for increased workflow efficiency by decreasing the amount of time necessary to search and analyze patient PDMP information. Several major health systems in Pennsylvania cite PDMP integration into electronic health records as a way to encourage use of the PDMP during practice. Some have even initiated integration by incorporating pop-up windows and messages reminding them to query the PDMP before prescribing medications. Other health care systems have included a link within their electronic health records, which takes the prescriber and pharmacist to the PDMP website for PDMP querying. Additionally, the Pennsylvania PDMP Integration Initiative provides healthcare entities the ability to seamlessly retrieve PDMP data on patients from within their health IT system. Healthcare entities must fill out the [integration request form](#)* on the PDMP website to participate.



Review Data

Prescribers and dispensers can also conduct a high-level review of the data obtained from the PDMP, focusing on what the data is summarizing about the patient, rather than reviewing individual dispensing. This allows the prescriber to spend less time analyzing the PDMP results and more time discussing the results with the patient.⁵ For example, a prescriber can look for the calculated total morphine milligram equivalent, number of prescribers or number of pharmacies to determine whether the patient may be at an elevated risk of overdose instead of spending time reading every prescription and its dosage. While data review and patient PDMP query is required in certain situations, prescribers and pharmacists can also be flexible about when this data review occurs in his/her workflow and how they use the data to improve patient care.

One outpatient primary care practice in a major health system in Pennsylvania queries patients as part of its pre-visit planning. In doing so, patients are reminded to complete any outstanding testing/screening, so the workflow during the appointment is not interrupted as a result of missing clinical test results. Other healthcare sites query patients at each visit in order to identify aberrant behavior and to ensure that patients are being adherent with the patient-provider agreement they signed before beginning opioid therapy. *(See Module 4 for an example of a patient-provider agreement.)*

After conducting a PDMP query and reviewing the results, prescribers and pharmacists may document a query in a patient's medical records. The provider should note any potential episodes of concern such as multiple prescriptions from multiple prescribers. However, prescribers and pharmacists may also document that a patient has a PDMP report that suggests that he/she is being adherent to the patient-provider agreement.

* <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Pages/integration-request-form.aspx>

Actions for Pennsylvania Prescribers and Pharmacists to Integrate the PDMP into Clinical Workflows *(continued)*

Bulk Searches

Bulk searches are mostly underutilized feature of the PDMP users that can be used to search multiple patients at one time. For instance, prescribers that see multiple patients in a day, can bulk search at the beginning of the day and can facilitate workflow throughout the work day. This can save the prescriber, pharmacist or delegate time in the clinical workflow.

There are two ways to perform bulk searches:

1. To manually enter bulk searches, users need to enter the first name, last name and date of birth of each patient.
2. To upload a list of patients, users must first create a CSV file (using Microsoft Excel or a similar application) that contains the first name, last name, and date of birth of each patient in columns 1, 2 and 3, respectively.

After the patient names are submitted, the group of patients should be named, and the date range for the search should be entered. Once that is complete, click search and the results will be generated.

Please note that it may take up to several minutes for the system to generate reports for a large number of patients.

Screenshot 2: Bulk search manual entry or file upload options

The screenshot shows the 'Bulk Patient Search' interface. It has a header 'Bulk Patient Search' and a sub-header 'Enter Patients by'. Under 'Manual Entry', there are fields for 'First Name*', 'Last Name*', 'Date of Birth*' (with a 'mm/dd/yyyy' placeholder), and 'Zip Code', followed by an 'Add +' button. Below this is an 'OR' section with a 'File Upload' option and a 'Sample file' link. The 'File Upload' section includes 'Choose a file', 'Choose File', 'Clear', and 'Validate Format' buttons. There are three main sections: 'Name Grouping' with a 'Group Name*' field; 'Prescription Fill Dates' with 'From*' (No earlier than 7 years from today, 08/14/2016) and 'To*' (08/14/2017) fields; and 'PMP Interconnect Search' with a list of states including Connecticut, District of Columbia, Illinois, Louisiana, Massachusetts, New Jersey, New York, Ohio, South Carolina, Texas, Virginia, and West Virginia. At the bottom, there is a 'Bulk Search History' link and a 'Search' button.

Screenshot 3: Results of bulk search query

The screenshot shows the results of a bulk search query. It includes a breadcrumb 'RuSearch > Bulk Patient Search' and a header for 'pennsylvania' with 'POWERED BY AWAYRE' and 'Support: 844-377-7367'. There are tabs for 'Bulk Patient Search' and 'Bulk Patient History'. A 'Back' button and a 'Download PDF' icon are visible. The main content is titled 'My Patients' and includes 'Prescription Fill Dates: 08/14/2016 - 08/14/2017', 'PMP Interconnect States', and 'Report Prepared: 01/22/2018 02:08 PM'. Below this is a 'Bulk Patient Summary' section with the instruction 'Select a patient to view the report'. A table follows with columns: Patient Full Name, DOB, Prescribers, Dispensers, Prescriptions, Supervisor, and Status. The table contains two rows of data.

Patient Full Name	DOB	Prescribers	Dispensers	Prescriptions	Supervisor	Status
Jane Doe	01/01/1950	3	3	4		Ready
John Smith	02/02/1970	3	3	8		Ready

Continued ▶

Developing Clinical Decisions Using the PDMP



Patient safety is always a top priority for any healthcare professional. PDMP use can contribute to a culture of patient safety by alerting prescribers and dispensers to potential drug diversion, misuse or over-prescribing.⁵ Identifying prescribing patterns or signs of misuse that put a patient at risk for adverse impacts can help prescribers and pharmacists make the best choice for the patient. For instance, the PDMP information may suggest that the prescriber should engage the patient in a discussion about treatment for substance use disorder.

PDMP Query Result

PDMP search results show that a patient is currently prescribed a high opioid dosage (morphine milligram equivalent ≥ 90).

» Action

The patient is at an elevated risk for overdose and should be reevaluated by the prescriber for risks/benefits associated with continued opioid therapy at the current dose.

Integrating the PDMP can help facilitate clinical decision making. For instance, Geisinger Health System in Pennsylvania has seen a 50 percent reduction in controlled substance prescribing and a 6 percent ongoing monthly reduction in controlled substances since the integration of its own prescribing dashboard and then, most recently, the PDMP.

Additionally, Geisinger addresses patient safety when discrepancies are found in the PDMP by sending reports to alert the appropriate providers throughout the healthcare system.

A provider can use Screening, Brief Intervention, and Referral to Treatment (SBIRT) to address a potential substance use disorder with a patient and conduct a "warm handoff" to substance use disorder treatment. *(See Module 5 for information on conducting a "warm handoff" and Module 6 for information on SBIRT.)*

PDMP Query Result

PDMP search results show that a patient filled two opioid prescriptions from two other providers last month and did not mention the prescriptions during a follow-up appointment.

» Action

The prescriber should engage the patient in a discussion using patient-centered communication techniques about the PDMP findings. The prescriber may also consider reaching out to the other prescribers regarding treatment if they have obtained informed consent or believe that the patient is misusing his/her medication.

Continued ▶

Developing Clinical Decisions Using the PDMP *(continued)*

By presenting PDMP information and a patient’s full medical history together, providers have the ability to make more informed clinical decisions. Doing so can help providers better coordinate patient care with each other.⁶ PDMP data can also be used to improve patient care coordination, greatly reducing the risk of adverse drug interactions. The PDMP can help providers who think they know their patients well avoid overlooking potential substance use problems or diversion.⁷ Comprehensive screening and testing includes regularly checking the PDMP. If the urine drug screen shows no substances but the PDMP shows multiple opioid prescriptions, it could mean potential diversion or misuse of opioids.

PDMP Query Result

Urine drug screen results do not show opioids that were dispensed to the patient following a PDMP query for the patient.

» Action

The patient may be participating in drug diversion, and the prescriber should engage the patient in a discussion about the PDMP results and consider whether he/she is being adherent to his/her medication. Prescribers should note that urine drug screens only determine the presence of drugs in the panel that is being tested. Some medications require special tests.

A rural outpatient clinic in a major healthcare system in Pennsylvania suggested checking the PDMP as part of a patient's pre-visit planning in order to quickly integrate the PDMP into the workflow. In this specific practice, this type of workflow has led to identifying patients that require further screening and has helped minimize unnecessary testing of patients. To contrast this example, a different clinic in another major Pennsylvania health system uses PDMP information coupled with urine drug screenings at each visit to indicate any potential misuse of opioids.

Screenshot 4: Patient PDMP report showing multiple prescriptions, multiple providers, new pharmacies and evidence of private pay

The screenshot shows the Pennsylvania PDMP interface for a patient named Jane Doe. The report is dated 08/14/2017. It displays a summary with 4 prescriptions, 3 prescribers, 3 pharmacies, and 3 private pay instances. The 'Prescriptions' section contains a table with the following data:

Filed	ID	SEQ	Written	Drug	QTY	Days	Prescriber	Rx #	Pharmacy *	Refills	MME/D	Pynt Type	PMP
03/03/2016	1		03/03/2016	HYDROCODON-ACETAMINOPHIN 10-325	60.0	30	Er Wil	4000	Walgr (5555)	0	20.0	Private Pay	PA
02/09/2016	2		02/09/2016	OXYCODONE HCL 30 MG TABLET	120.0	30	Ro Bel	3000	Rite (5555)	0	180.0	Private Pay	PA
01/21/2016	1		01/21/2016	METHADONE HCL 10 MG TABLET	90.0	30	So Lam	2000	CVS P (5555)	0	90.0	Private Pay	PA
01/04/2016	1		01/04/2016	HYDROCODON-ACETAMINOPHIN 10-325	60.0	30	Er Wil	1000	Walgr (5555)	0	20.0	Comm Ins	PA

The 'Prescribers' section lists three individuals: Bell, Robert; Lamena, Sophia; and Williams, Erica. The 'Dispensers' section lists three pharmacies: Walgreens Williamstown (5555), Rite Aide Pottstown (5555), and CVS Philadelphia (5555).

PDMP Query Result

A patient is requesting an increase in the dosage of his/her opioid prescription. During the PDMP query, a number of benzodiazepine prescriptions are identified that the patient did not report on his/her medical history.

» Action

The patient is at an elevated risk for an adverse event given the combination of opioids and benzodiazepines and should be reevaluated by the prescriber for risks/benefits associated with continued opioid or benzodiazepine therapy. The opioid prescriber(s) should obtain permission to discuss the PDMP results with the benzodiazepine prescriber(s) to determine the best course of action.

Sources

- 1) Dowell D, Haegerich T, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain- United States, 2016. *Morbidity and Mortality Weekly Report*. 2016;65(1):1-49.
- 2) Pennsylvania Department of Health, Pennsylvania Department of Drug and Alcohol Programs, Pennsylvania Medical Society. *Pennsylvania Guideline on the Use of Opioids to Treat Chronic Noncancer Pain*. 2014.
- 3) Pennsylvania Department of Health. Prescription Drug Monitoring Program: About. <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Pages/home.aspx#WckUf7KGOHs>. 2017. Accessed April, 2017.
- 4) U.S. Department of Justice Drug Enforcement Administration. Drug Scheduling. <https://www.dea.gov/druginfo/ds.shtml>. Accessed April, 2017.
- 5) Substance Abuse and Mental Health Service Administration. *Connecting for Impact: Integrating Health IT and PDMPs to Improve Patient Care*. 2013.
- 6) Greenwood-Ericksen M, Weiner S, Schurr J. *Recommendations to Optimize Prescription Drug Monitoring Programs for use in Emergency Department*. Brigham and Women's Hospital; 2016.
- 7) Hildebran C, Cohen D, Irvine J, et al. How clinicians use prescription drug monitoring programs: a qualitative inquiry. *Pain Medicine*. 2014;15(7):1179-1186.