



The prescription monitoring program data

What it can tell you

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WHAT IS A PRESCRIPTION MONITORING PROGRAM?

A prescription monitoring program (PMP) is a state-run program that collects and distributes data about the prescription of controlled substances which are administered by a variety of state agencies, including Boards of Pharmacy, Departments of Health, and Professional Licensing Boards and Law Enforcement Agencies. The intent of PMPs is to help prevent substance misuse by providing historic data on a patient's controlled substance prescriptions.¹ As an example, the Massachusetts PMP, administered by the Department of Public Health and now called Massachusetts Prescription Awareness Tool (MassPAT), is a computer-based system that collects prescription data submitted by pharmacies on all schedule II through V prescriptions and provides registered users (licensed dentists can apply to their state authority for access to the database) with information about the controlled substance prescription data for their patients. Each state has its own regulations, and in Massachusetts it has been mandated since October 2016 that prescribers check this database before prescribing controlled substances for the first time for adults, and each time for patients younger than 18 years.² PMP data can indicate forged and altered prescriptions, doctor shopping, prescription rings, unlawful dispensing, and prescription, distribution, and health care fraud.

All states have a PMP among which regulations vary and many are interoperable, allowing prescribers to check the controlled substance prescription history of their patients from other states. Only 35 states require use of the PMP, with data showing a greater impact on clinician adherence with this mandate in place.³ Although most of these programs have been in place for some time, advice on how the data can be used and interpreted is sparse, especially as it relates to dental practice. Guidance for counseling and referral for at-risk patients is also lacking.

Using MassPAT as an example for this article, we discuss the data available and use actual redacted data reports to suggest ways to understand and apply this information from a clinical, risk-assessment, and law enforcement perspective.

PRESCRIPTION MONITORING PROGRAM DATA

The MassPAT database consists of the patient's name, date of birth, sex, address, name of the drugs prescribed, strength, quantity, number of days, prescriber name, prescription number, pharmacy where filled, number of refills, morphine equivalency per day (morphine milligram equivalents [MME]), payment type, and state where prescription was filled. It also lists the prescribers' names, addresses, and telephone numbers, as well as the pharmacies' name, address, and phone number. A summary provides the total number of controlled prescriptions, number of prescribers, pharmacies used, private pay numbers, and active daily MME in the last year. Each of these pieces of data can be useful and is subject to interpretation.

Name

When submitting a search, prescribers should use the minimum amount of data to identify a person. Patients may be known by nicknames or abbreviated names but are listed under their legal names, sometimes with a middle initial, in the database. Using the least amount of data will recover a wider range of possibilities and duplicate records (that is, Jackie Smith versus Jacqueline Smith versus Jacqueline M. Smith). Misspellings are also possible.



Date of birth

Date of birth is a mandatory field and will differentiate between people with the same name but different dates of birth.

Address

Addresses can be entered with varying information (that is, apartment numbers, street names, and local community names versus municipality [Charlestown versus Boston, MA]). Two addresses may indicate that the person has moved but can also show that the person is registered at 2 separate locations.

Medications listed

Each US state defines which medications are listed and these lists are updated from time to time (for example, Massachusetts added gabapentin [Neurontin] to its list of reported medications in August 2017). Generally, opioids and benzodiazepines are listed. Quantity and days prescribed allow a calculation of number of doses per day. This helps with identification of overlapping prescriptions or early refills. A combination of opioids with benzodiazepines is a sign of concern as 71% of prescription drug overdoses involve opioids and 31% involve benzodiazepines.⁴ Medications prescribed within a formal methadone maintenance program are not listed in MassPAT; other states also have some limitations on the drugs that are listed.

Prescribers

Multiple prescribers for the same or similar medications could indicate “doctor shopping,” which is one of the primary ways that people obtain prescription drugs for nonmedical use. However, considering the organization of our health care system, numerous prescribers may not represent a problem. As described below in case 4, the husband worked at a large institution with an imbedded health center where the couple received their primary care. The many prescribers listed at the same address represented physicians and nurse practitioners working in the same facility all with access to the same medical record. Case 1 illustrates a situation in which a patient is clearly doctor shopping from 1 medical facility to another, and case 2 demonstrates “dentist shopping” in 2 adjacent states. Case 5 indicates that the patient traveled well outside her normal area to obtain a prescription.

Pharmacies

The number of different pharmacies used is likely a cause of concern. Be aware that patients may legitimately use pharmacies close to home or at work for convenience or several pharmacies within the same chain.

A combination of multiple prescribers and multiple pharmacies

Multiple prescribers and multiple pharmacies combined can indicate misuse potential. There is no standard definition for concern but 4 prescribers and 4 pharmacies are used by some agencies to indicate a level of concern and to generate reports for prescribers to alert them to potential issues.

MME

Opinions vary as to the definition of “high dosing.” The Centers for Disease Control and Prevention suggest that there is a particular need to address risk at more than 50 MMED and encourages clinicians to avoid risk at greater than MME 90 mg per day.⁵ Dunn and colleagues⁶ have stated that more than an MME of 100 milligrams per day resulted in an 8.8-fold increase in overdose risk.

Payment type

The cost of controlled substances for legitimate purposes is usually covered under medical insurance, sometimes with copayments or limitations of quantity, and time between refills is mandated by the state or insurance carrier. Self-pay may suggest that the patient is avoiding these restrictions.

TYPES OF MISUSE

Doctor shopping

Doctor shopping implies that the patient is going from 1 physician’s or dentist’s office to another and obtaining multiple prescriptions for opioids or other controlled substances for the same symptom. The

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