

# Incorporating the New PMP into Your Practice

Massachusetts Prescription Awareness Tool
MassPAT

Massachusetts Medical Society, MA Department of Public Health, and The Ripples Group

#### **CME Information**

- Physicians who participate in today's webinar are eligible to earn up to 1.0 AMA PRA Category 1 Credit™
- This activity meets the criteria of the Massachusetts Board of Registration in Medicine for Risk Management Study.
- Other health professionals will receive a certificate of attendance
- Information on the evaluation and the CME certificate process will be given at the end of this presentation
- ONLY registered attendees will be able to receive CME credit



### MassPAT: Incorporating the New PMP Into Your Practice October 11, 2016

Summary of Disclosure Information

The Department of Continuing Education and Certification (DCEC) of the Massachusetts Medical Society has determined that none of the individuals in a position to control the content of this CME activity, and/or their spouse/partner have any relevant financial relationships with commercial interests to disclose.

### Webinar Faculty

#### Keynote Speaker:

James Broadhurst, MD, Family Medicine/Addiction Medicine, UMass Memorial Medical Center



#### Additional Faculty:

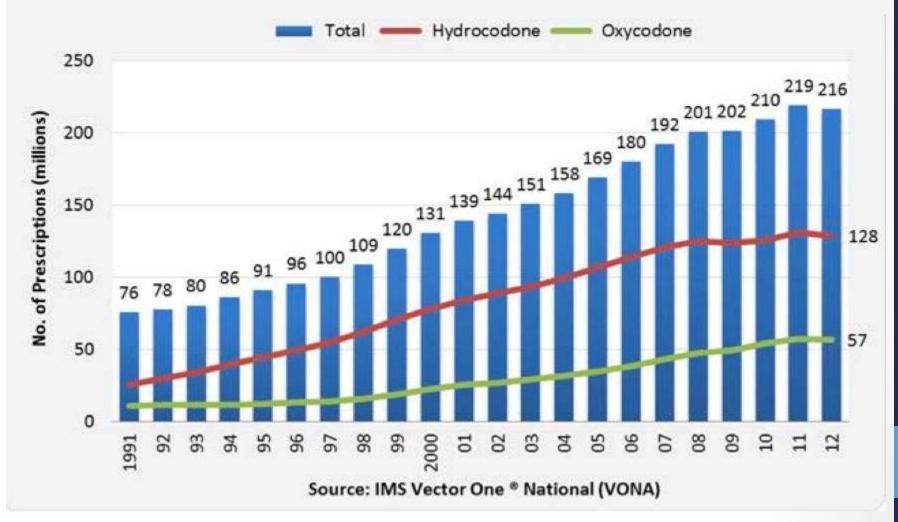
- Brendan Abel, JD, State Legislative and Regulatory Affairs Counsel,
   Massachusetts Medical Society
- Suzanne Cray, Director of Health Care Integration and Strategic Initiatives in the Bureau of Health Care Safety and Quality at the Massachusetts Department of Public Health
- Alison Rogers, Senior Consultant, The Ripples Group

# Understanding the Epidemic

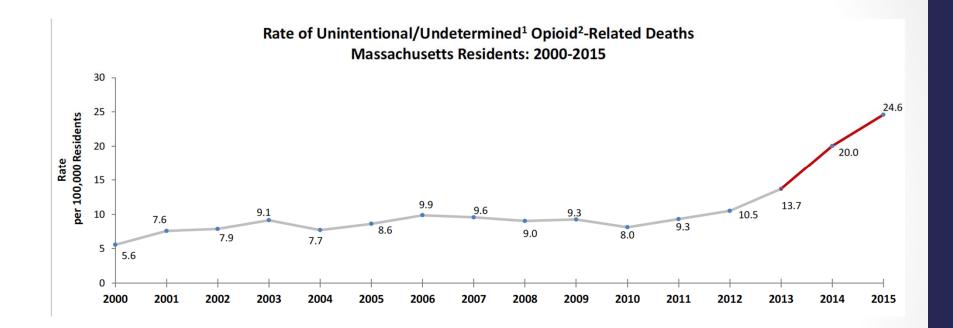
#### **Over Prescribing Opioids - Confluence of Factors**

- Lack of training in pain and addiction
- Societal medication mania, fast relief attitude
- Patients (families) overly focused on opioids
- Pain as the 5<sup>th</sup> vital sign
- Pharma over-marketing
- Provider's eagerness to relieve pain and suffering
- Provider's confrontation phobia
- Lack of pain specialists offering comprehensive pain management
- Reimbursement system favors the use of medications alone, despite evidence supporting multimodal care
- Prescription opioids as a gateway to heroin

Figure 4. Opioid Prescriptions Dispensed by US Retail Pharmacies



Source: IMS Health, Vector One: National, Years 1991-1996, Data Extracted 201. IMS Health, National Prescription Audit, Years 1997-2013, Data Extracted 2014.



• Source: Massachusetts Department of Public Health, Data Brief: Fatal Opioid-related Overdoses among MA Residents, April 2015

# It Is Not Just About Addiction: Effects on Public Health and Safety

Neonatal Abstinence Syndrome - NAS
Risks to Child Welfare
Communicable Diseases
Motor Vehicle Accidents
Poverty/Homelessness
Crime

# Responding to the Epidemic

### **Polling Question:**

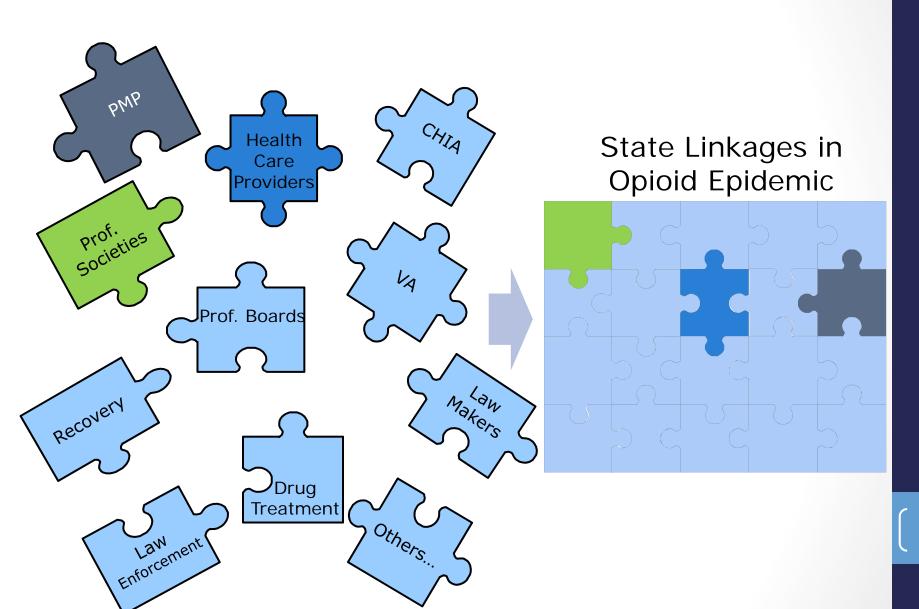
# Have you enrolled in MassPAT, the new online PMP tool?

Yes No Not sure

## Efficacy of PMPs and Other State Opioid Policies

- PMPs Associated with Fewer Deaths: A study of the 49 state prescription monitoring programs found that a state's implementation of PMP online tool was associated with an average reduction of 1.12 opioid-related deaths per 100,000 population in the year after implementation
  - PMPs with the most current data and the greatest number of drugs being monitored had even greater reductions in opioid related deaths
    - Stephen W. Patrick, Carrie E. Fry, Timothy F. Jones and Melinda B. Buntin, Implementation Of Prescription Drug Monitoring Programs Associated With Reductions In Opioid-Related Death Rates, *Health Affairs* 35, no.7 (2016):1324-1332
- State-based opioid laws not associated with reduction in opioid use. Another study of US laws enacted to restrict opioid abuse, including laws related to PMP use, found that the adoption of controlled-substance laws was not associated with reductions in potentially hazardous use of opioids or overdoses among disables Medicare beneficiaries under 65.
  - Meara E et al., State Legal Restrictions and Prescription-Opioid Use among Disabled Adults, N Engl J Med 2016;375:44-53

#### PMP is a component in the larger opioid effort



### **Getting Started**

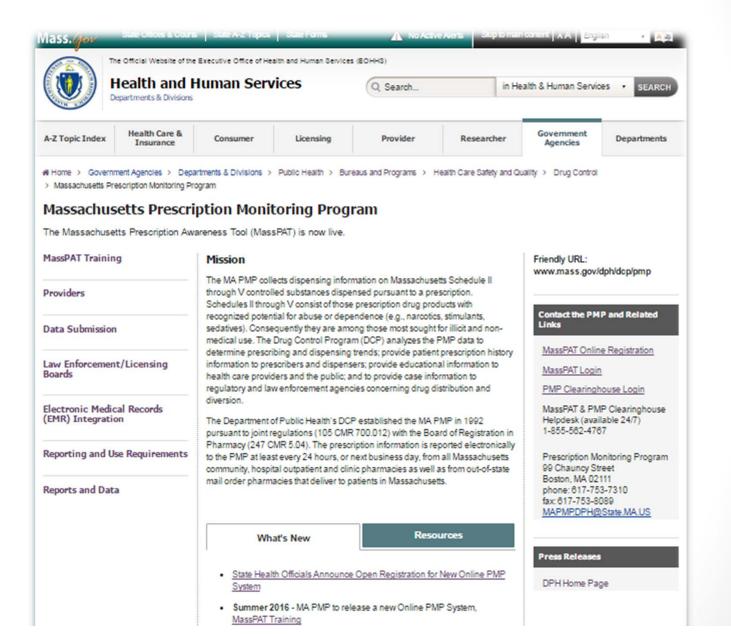
#### What is Prescription Monitoring Program (PMP)?

- The Prescription Monitoring Program (PMP) analyzes the PMP data to:
  - provide patient prescription history information to prescribers and dispensers;
  - determine prescribing and dispensing trends; and
  - provide case information to regulatory and law enforcement agencies concerning drug distribution and diversion.
- The Massachusetts Prescription Awareness Tool (MassPAT), the online PMP, displays all Schedules II-V federally controlled substances dispensed to patients pursuant to a prescription in the last 12 months in Massachusetts.

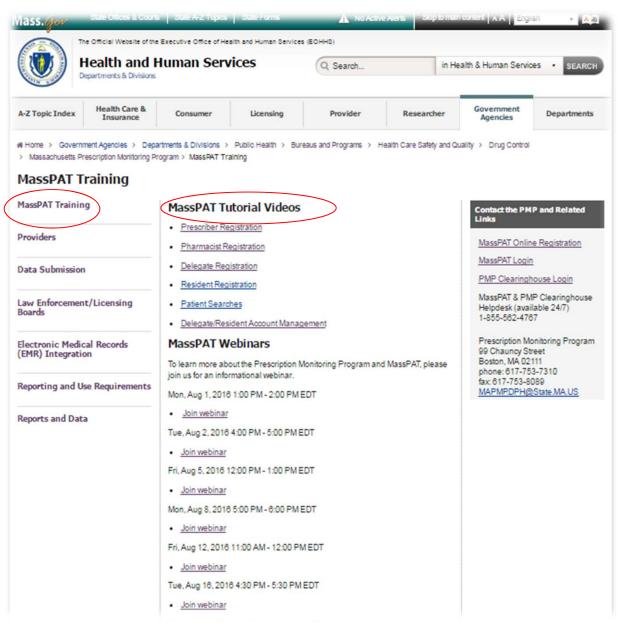
#### Where does the data come from?

- The prescription information is reported electronically to the PMP at least every 24 hours, or next business day.
- Pharmacies must report all Schedules II through V prescriptions filled in Massachusetts or for someone in Massachusetts.
   Pharmacies include:
  - Outpatient pharmacies
  - Retail pharmacies
  - Clinic pharmacies
  - Veterans Affairs outpatient pharmacies
  - Out-of-state mail order pharmacies
- Hospital medical orders filled for inpatients are not reported to the PMP.

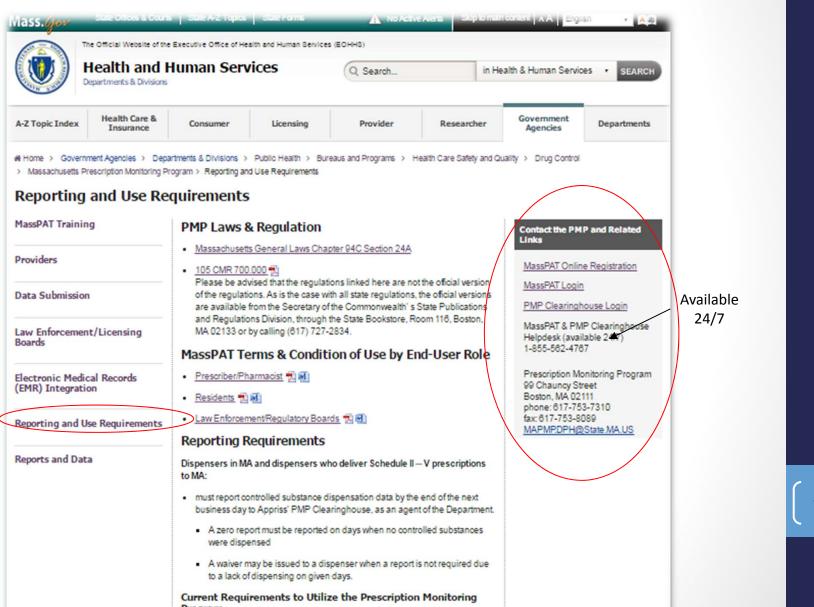
#### Website: <a href="https://www.mass.gov/dph/dcp/pmp">www.mass.gov/dph/dcp/pmp</a>



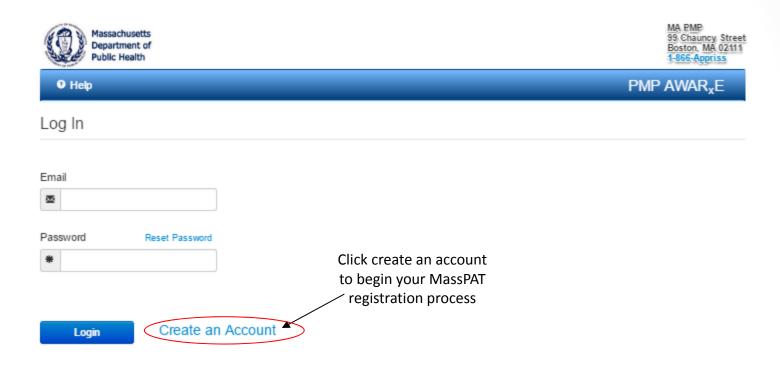
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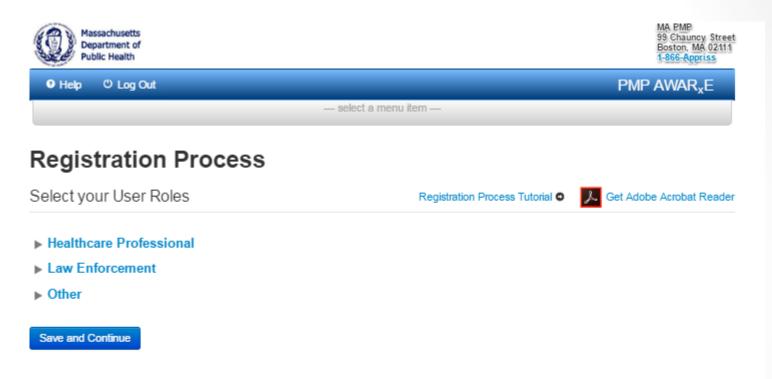
#### **MassPAT System Preview: Registration Page**



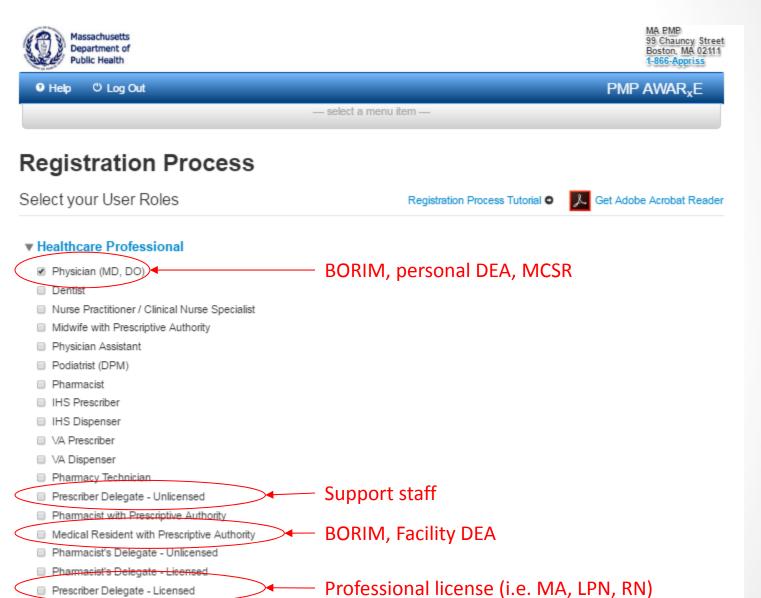
#### **MassPAT System Preview: Prescriber Enrollment**



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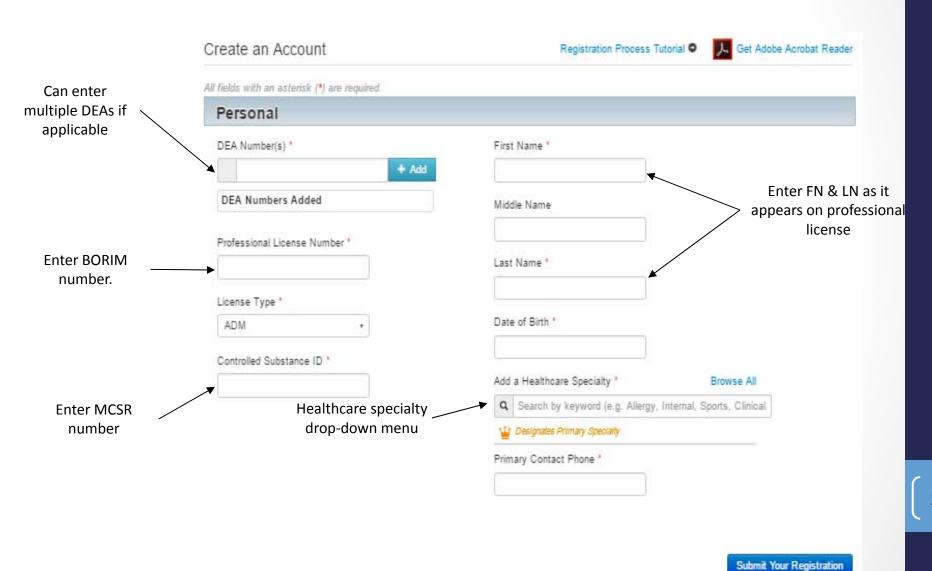


#### **MassPAT Roles**

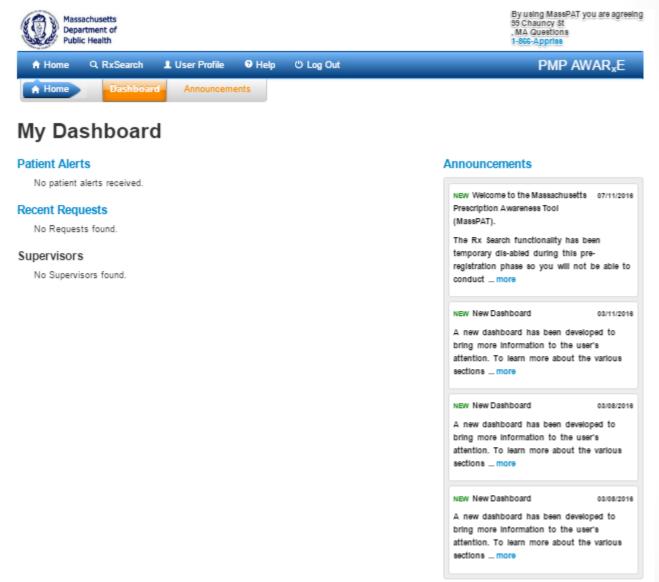


Prescriber without DEA

#### **MassPAT System Preview: Prescriber Enrollment**



#### **MassPAT System Preview: Dashboard**



Quick Links

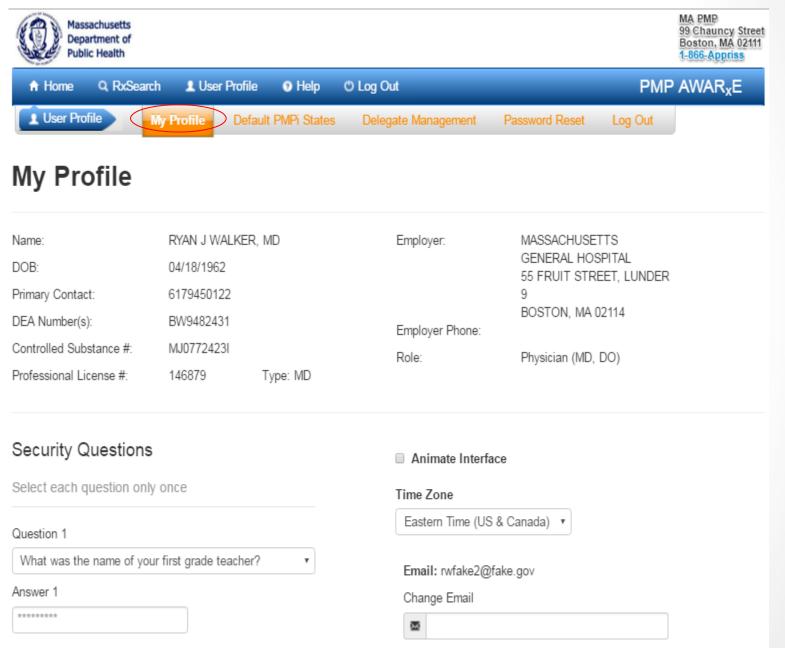
NPI Website

State Board of Medicine

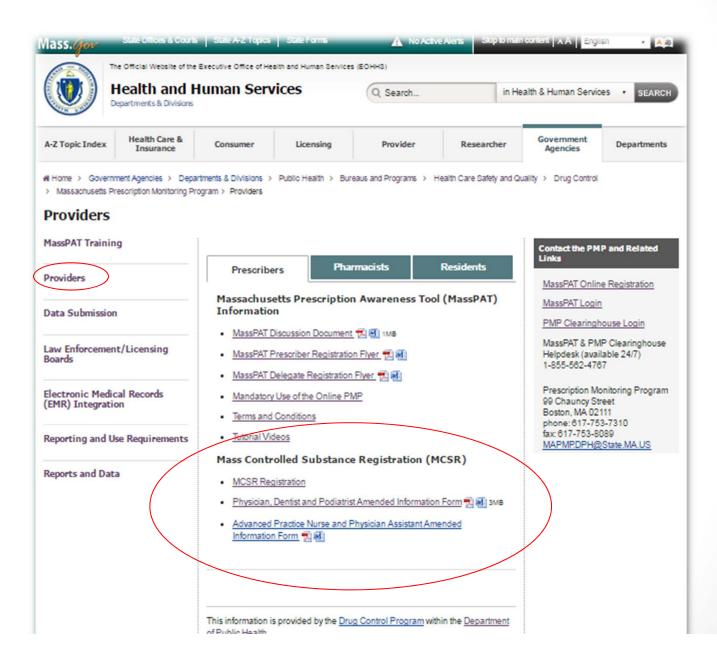
Texas Board of Pharmacy

25

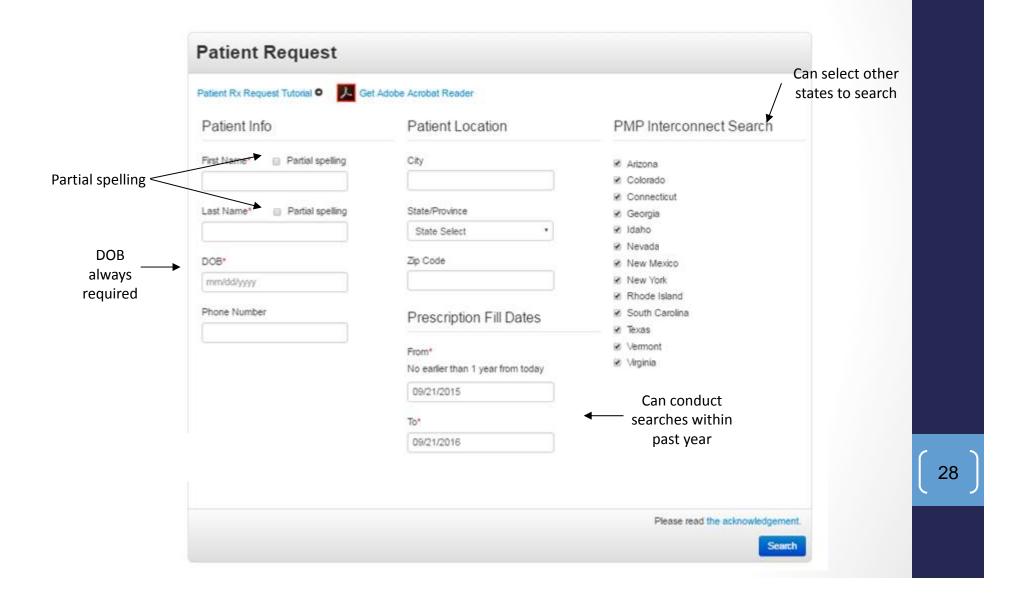
#### **MassPAT System Preview: User Profile**



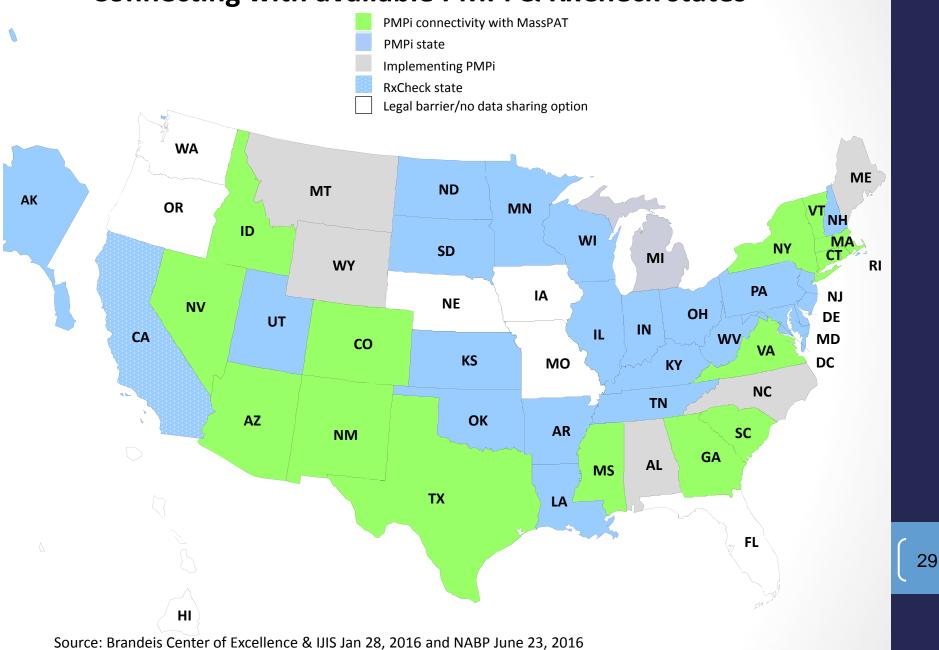
#### Website: <a href="https://www.mass.gov/dph/dcp/pmp">www.mass.gov/dph/dcp/pmp</a>



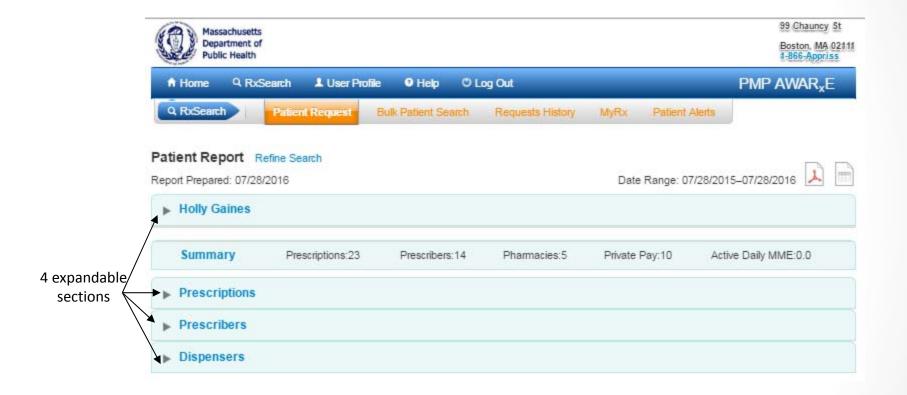
#### **MassPAT System Preview: Patient Search**



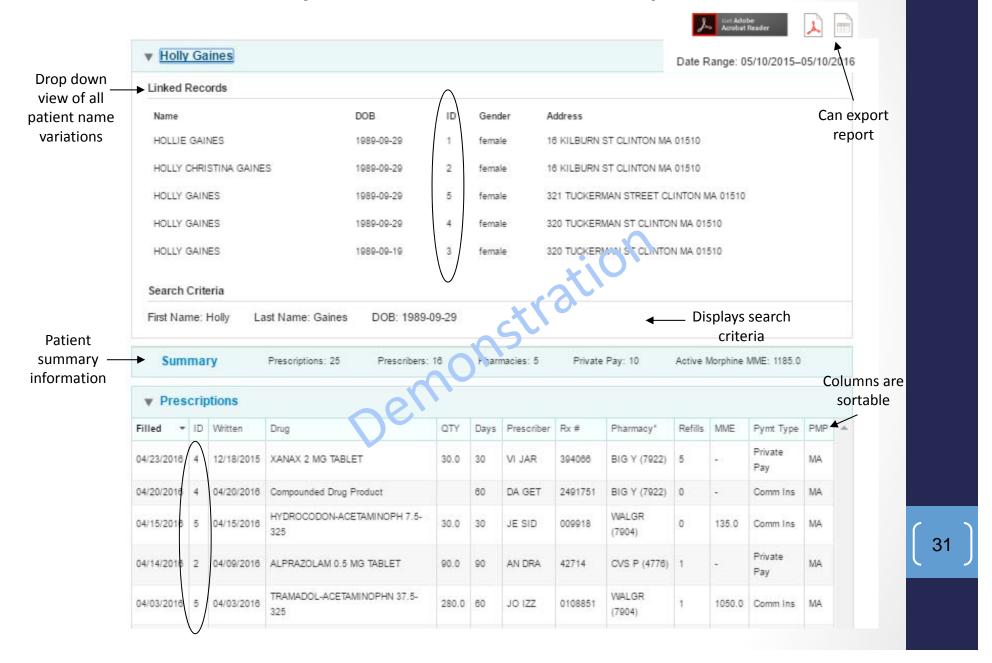
#### Connecting with available PMPi & RxCheck states



#### **MassPAT System Preview: Patient Report**



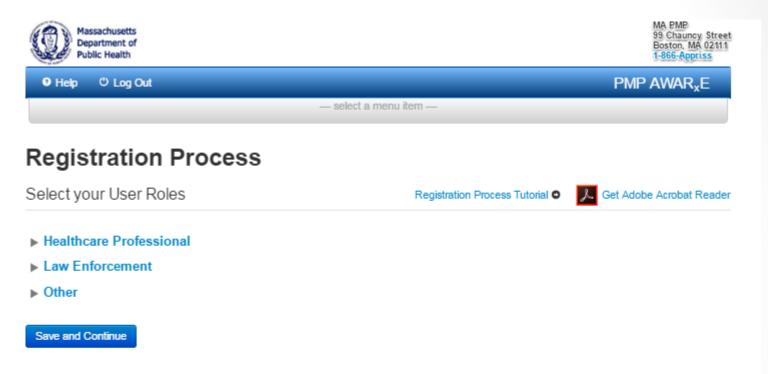
#### **MassPAT System Preview: Patient Report**



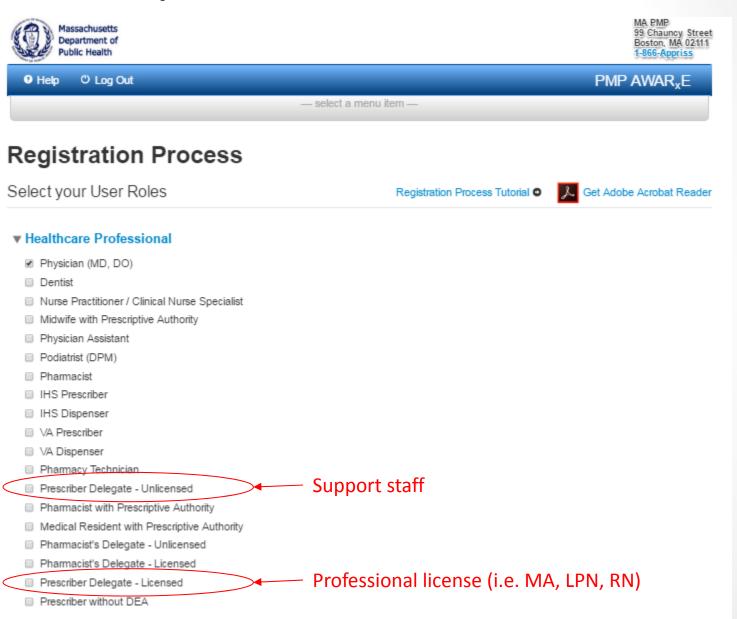
#### **MassPAT System Preview: Delegate Enrollment**



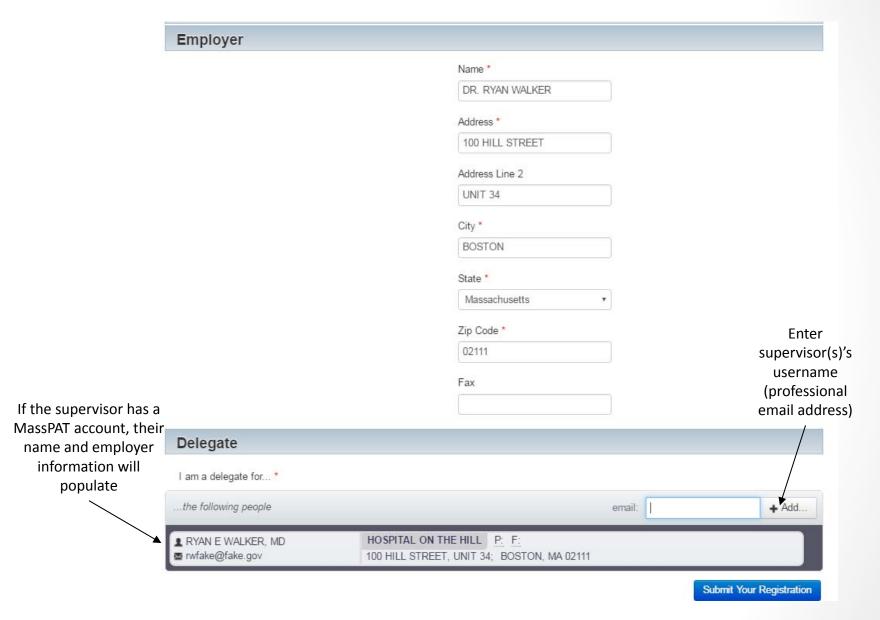
#### **MassPAT System Preview: Prescriber Enrollment**



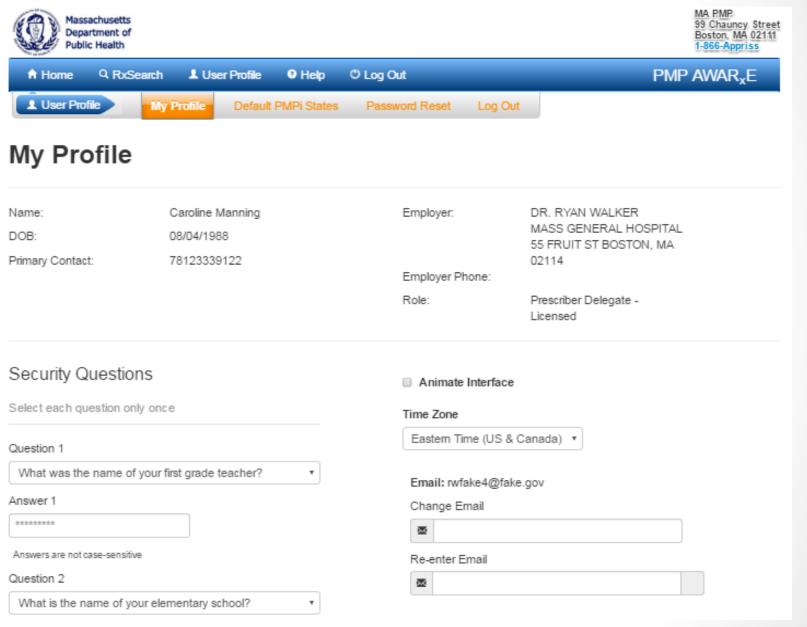
#### **MassPAT System Preview: Roles**



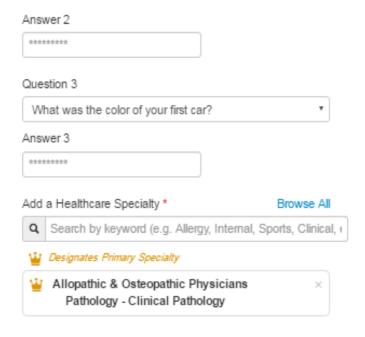
#### **MassPAT System Preview: Delegate Registration**



#### **MassPAT System Preview: Adding a Supervisor**

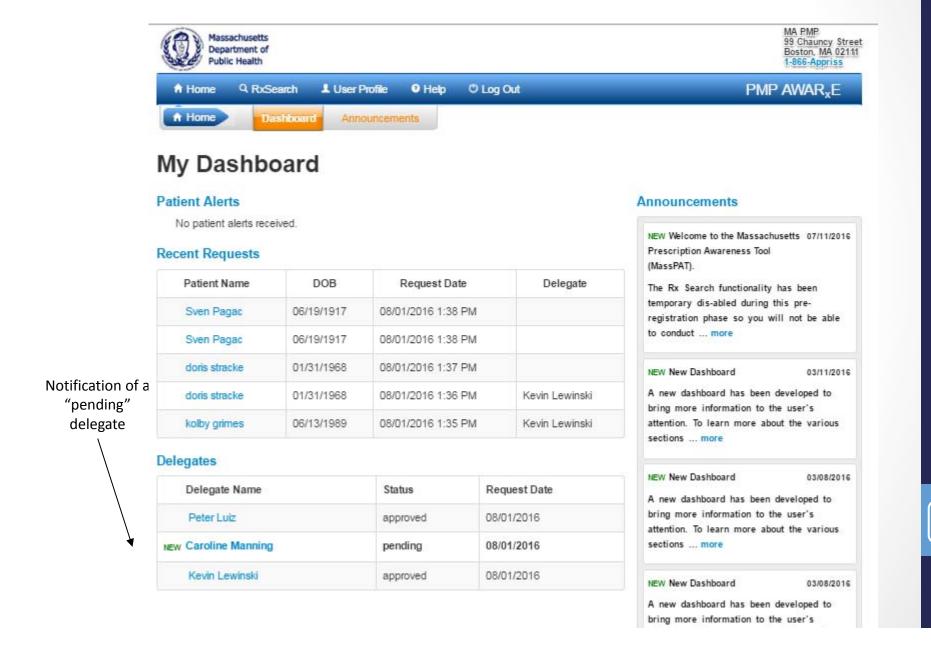


### MassPAT System Preview: Adding a Supervisor

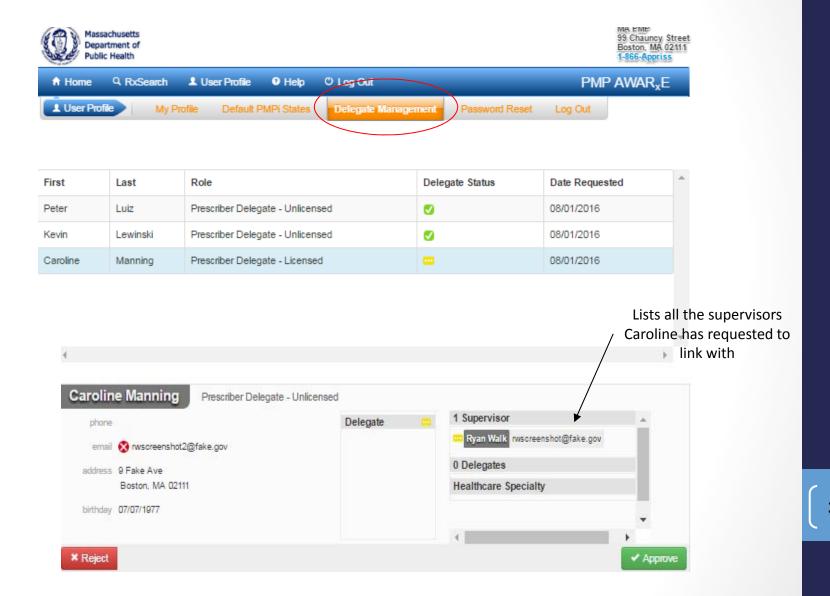




### **MassPAT System Preview: Delegate Pending**



### **MassPAT System Preview: Delegate Pending**



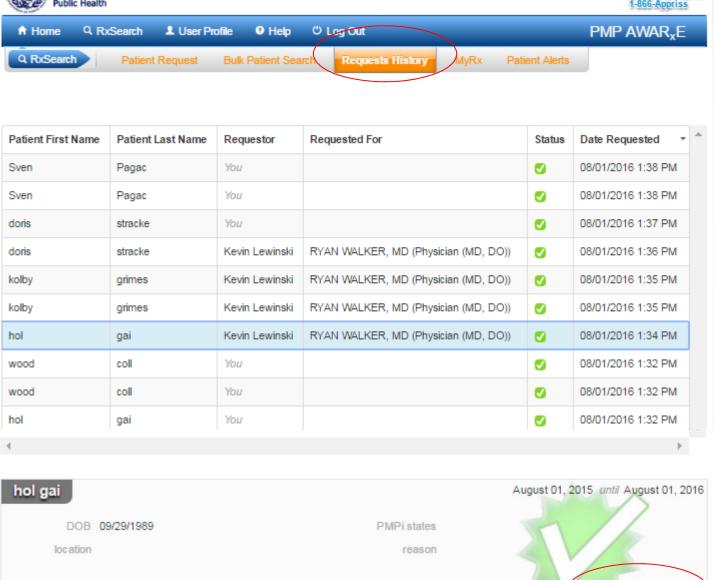
### **MassPAT System Preview: Search History**



MA PMP 99 Chauncy Street Boston, MA 02111 1-866-Appriss

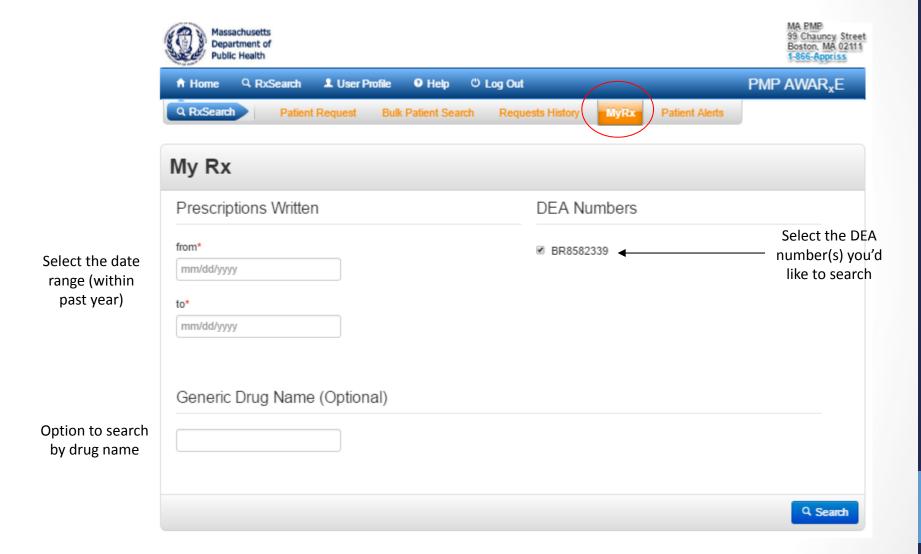
C Refresh

View



# Advanced MassPAT Functionality

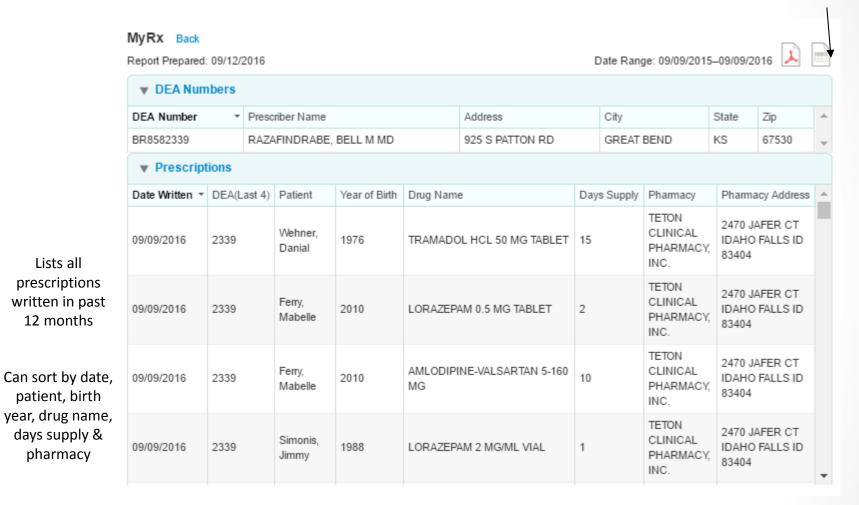
### **MassPAT System Preview: My Rx**



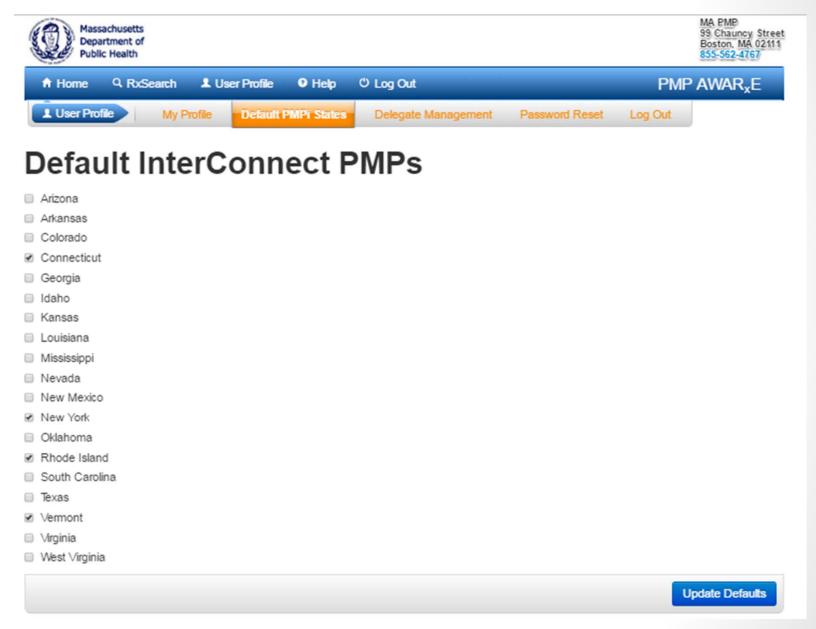
### **MassPAT System Preview: My Rx**

Lists all

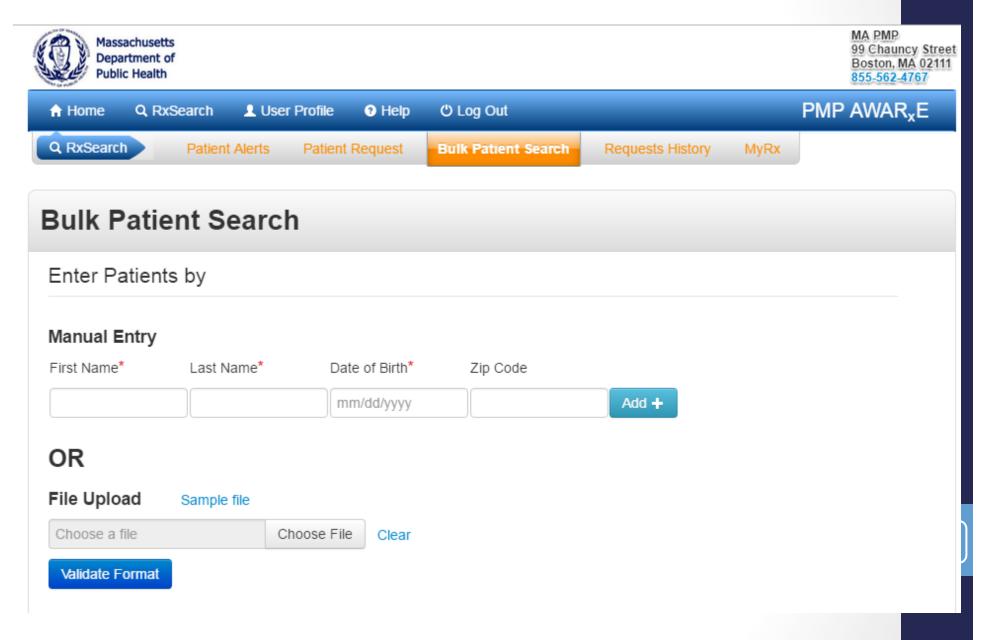
Can export PDF or CSV file



### **MassPAT System Preview: Setting default states**



### MassPAT System Preview: Bulk patient searches



### **MassPAT System Preview: Patient Alerts**



### My Dashboard

#### **Patient Alerts**

Patient Full Name	DOB	Alert Date	Alert Letter
JOHN DOE	01/10/1900	04/21/2016	PDF
JOHN DOE	01/10/1900	04/13/2016	PDF
NEW BOB TESTPATIENT	01/01/1900	04/13/2016	PDF

### Recent Requests

Patient Name	DOB	Request Date	Delegate
Hollie gaines	09/29/1989	09/16/2016 2:40 PM	
JOHN DOE	01/10/1900	09/16/2016 2:36 PM	
Hollie Gaines	09/29/1989	09/16/2016 2:29 PM	
Hollie Gaines	09/29/1989	09/16/2016 10:51 AM	
hollie gaines	09/29/1989	09/15/2016 9:37 AM	

### Delegates

Delegate Name	Status	Request Date	
Rodd Kelly	pending	07/13/2016	

#### **Announcements**

Welcome to the Massachusetts	07/11/2016
Prescription Awareness Tool	
(MassPAT).	
The Rx Search functionality has	been temporary
dis-abled during this pre-registrati	ion phase so
you will not be able to conduct	. more

#### **Quick Links**

NPI Website MA PMP PMP website

# **Legal and Regulatory Considerations**

# Requirements to use MassPAT

- Prescribers must utilize MassPAT each time the practitioner issues a prescription to a patient for any narcotic drug in Schedule II or III.
- Prescribers must continue to check MassPAT the first time they prescribe to a patient:
  - a benzodiazepine
  - or any controlled substance in Scheduled IV or V which the DPH has designated in guidance as a drug that is commonly abused and may lead to dependence.

### Standard of Care

- Aside from regulatory requirements to check, use of the PMP is increasingly seen as part of the standard of care in opioid prescribing.
- Board of Registration in Medicine "Prescribing Guidelines" include references to checking the PMP.
- Board has referenced checking the PMP in adjudicatory decisions.

### You understand:

- DPH does not guarantee the accuracy or completeness of info in database.
- Information from MassPAT may be used or disclosed only as permitted by applicable state and federal laws governing confidentiality and security of personal/patient information including HIPAA.
- Any violation of confidentiality or misuse of data must be promptly reported to the Department. Usage is recorded and monitored and your right to use the system may be revoked at any time.

# Incorporating MassPAT into Your Clinical Practice

## **Clinical Goals of MassPAT**

Viewing a patient's prescription history can:

- Avoid duplication of drug therapy
- Facilitate communication between providers and promote coordination of care
- Enable early identification of misuse, abuse or diversion
- Prompt early intervention

# Factors to Look at in MassPAT

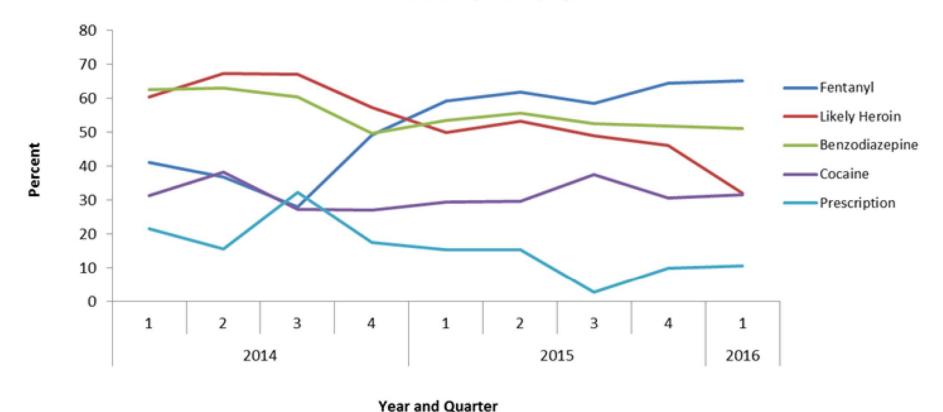
- Number of prescriptions
- What medications and strength
- Who is prescribing
- Where is it being dispensed
- Are there concerning drug interactions (i.e. benzodiazepines and opioids)
- Are there any prescriptions I did not write?

## Patient Prescription History – Tips for Clinical Practice

- Form of Payment
- Morphine Mg Equivalent per Day
  - CDC MME Calculation Factsheet:
     <a href="https://www.cdc.gov/drugoverdose/pdf/calculating\_total\_daily\_dose-a.pdf">https://www.cdc.gov/drugoverdose/pdf/calculating\_total\_daily\_dose-a.pdf</a>
  - Caution when converting methadone, a different conversion is necessary
- Remember: MassPAT does not report OTP methadone or inpatient hospital dispensing.

# Safe Prescribing and Dispensing: Looking for Unsafe Combinations

# Percent of Opioid Deaths with Specific Drug Present MA: 2014-2016



Source: U.S. Department of Justice, Drug Enforcement Admininistration, DEA Investigative Reporting, January 2015

# Responding to Questionable Patient Activity on the PMP

### Diagnose:

- Using patient's explanation, other assessment tools and careful review of history, diagnose the situation.
- Does patient have a legitimate explanation?
- Is there concern regarding potential dependence or withdrawal?
- Is this pt. a doctor shopper?
- Is there legitimate evidence patient is diverting medication?

### Develop a treatment plan:

- Focus on functional assessment.
- Share concerns with pt. and discuss reasons and purpose of plan.
- Should you continue to prescribe to the patient?
- Should medication be changed or adjusted?
- Does pt. need addiction treatment?

### Follow-up:

- Should other prescribers be notified?
- Engage pt. in follow up.

# Case Study I

- 34-year-old white male, shattered his pelvis from a fall related at work, still has pain which prevents him working full-time. Initial narcotic treatment with multiple refills.
- Patient calls for an early refill.
- MassPAT review reveals prescriptions from 5 physicians filled at 6 pharmacies.

# Case Study II

- 15-year-old lacrosse player sustains ACL rupture
- Treated with narcotic pain medication
- Runs out early; requesting refill

• What do you do?

# Case Study III

- Patient with occasional mild anxiety
- You consider treatment with an as needed benzodiazepine
- MassPAT review reveals opioids are being prescribed by another provider

• How do you proceed?

# Case Study IV

- Mrs. P. has been treated for back pain with opioids for 8 weeks following an automobile accident. Before starting opioids, Mrs. P described her pain as a 7, she now describes her pain as a 5, which has allowed her to resume work and care for her children.
- After checking the PMP on her follow up visit, you find she has received 2 other prescriptions for opioids, from two different doctors.

### Conversation with Mrs. P.

**Dr:** Tell me how your back pain has been the last month?

Mrs. P.: Oh much better, but I do find I have some more pain at night, especially after a busy day.

**Dr:** Have you had to take more medication than prescribed?

Mrs. P: No, I haven't done that. I just try and rest more.

**Dr:** I did notice on the Prescription Drug Monitoring Program that you received 2 other prescriptions for narcotics from different doctors. Can you tell me about that?

Mrs. P: No, I don't know how that could be?

**Dr:** All doctors have to check the PMP with all patients receiving narcotics. I was concerned about your safety because as you know these medications can be dangerous if too much is taken.

**Mrs. P:** I am fine, as I said the pain medication you give me is helping.

**Dr:** Well, I am just concerned about your safety and you know sometimes when people use narcotics for a longer period of time they may have other side effects I need to monitor.

### Conversation continued

**Mrs. P:** Oh, now I remember! I forgot, I had a kidney stone and had to go to the ER, and they gave me some pain pills there. When I followed up with the urologist, he gave me some more since I may need them in the future.

**Dr:** I see, I am glad you remembered that, but in the future it's very important to tell me and also tell the doctor who prescribed them to you. These medications are very strong and can be dangerous if you take too much.

Mrs. P: Oh, I didn't think about it. I only took a few of the pills, but I didn't need anymore.

**Dr:** In the future, please let me know so I can make adjustments.

# How to Incorporate the PMP into Your Clinical Workflow

- Utilize delegates to do batch look ups on scheduled patients
- Utilize delegates to search patients each morning so that they are populated onto the home screen of the primary account holder's screen
- Create SOP with delegates so that they know what types of patients they would like reports to be created for
- Create list of high-risk patients for periodic queries regardless of scheduled visits
- Electronic Health Record (EHR) Integration
- Review prescribing audit to ensure security of prescription pad

### **PMP Reminders**

- Check every time Schedule II or III narcotic prescription is written, or a benzodiazepine is written for the first time.
- PMP is one tool that should be used in conjunction.
- Consider sharing PMP findings with all patients.
- If findings are "worrisome", use this as an opportunity to discuss findings in a non-judgmental, open-ended way.
  - Diagnose cause of questionable activity.
  - Develop treatment plan based on diagnosis.

# **Questions and Answers**

## MassPAT Contact

MassPAT Helpdesk (available 24/7): <u>1-855-562-4767</u>.

For policy related questions, please call the PMP program: <u>617-753-7310</u>.

## **Evaluation and Certificates**

- Registered attendees will receive an email from MMS within 3-5 business days with a link to the online evaluation
- After submitting the evaluation, attendees will be directed to the MMS CME Certificate Portal where physicians will receive CME credit; others will receive a certificate of attendance