

Improving PDMPs as Provider Decision-Making Tools

Strategies for Promoting the Safe Use and Appropriate Prescribing of Prescription Opioids

Washington, DC

February 15, 2018

Peter Kreiner, Ph.D.

Whither PDMPs?

- PDMPs have been touted as key tools to improve provider decision-making, yet provider PDMP use has in many cases remained stubbornly low
- Increasingly, PDMPs have worked to improve their utility to providers and reduce barriers to their use

The Good News...

- Increased provider use of the PDMP has been found to be associated with decreases in:
 - Opioid-related death rates
 - Measures of misuse:
 - Rates of multiple provider episodes
 - Rates of overlapping opioid prescriptions

Providing More Comprehensive Data

- Most PDMPs now collect all schedules (II – V)
- Nearly all PDMPs enable queries of other states' PDMP data (esp. from bordering states)
- VHA and IHS facilities in all states now submit data
- Inclusion of new data fields
 - Fatal/non-fatal overdoses (WV)
 - Drug-related arrests/convictions (KY, UT, WI)

Providing More Timely Data

- Widespread reduction in pharmacy submission time
 - Nearly all states within 1 week, for many 1 day
- Delegate accounts: check PDMP ahead of patient visit
- Streamlined access: integration with EHR, HIE systems
 - But: multiple systems in each state
- Improved user interface
 - Including calculations of average daily opioid dosage

Additional Provider Decision-Making Tools

- Provider alerts/dashboards
 - Bring indications of patient risk to providers' attention
 - Some evidence of effectiveness (even when provider PDMP use is mandated)
 - But: variation in formulation of risk indicators
- Electronic prescribing of controlled substances
 - Facilitates software to flag possible drug interactions, adverse effects

PDMP Data Limitations

- Data quality
 - Dependent on quality of data pharmacies submit
- Does not include clinical information
 - Unless integrated with health IT
- Record matching
 - Variation in how PDMPs determine which prescriptions belong to same patient; compounded by data errors/deliberate wrong information