

Goals and Benefits
22nd Annual Maine Pain
Symposium
May 1st, 2019

Maine's Prescription Monitoring Program

Introduction

- Maine Department of Health and Human Services
- Office of Substance Abuse and Mental Health Services
- Johanna Buzzell – *Information and Data Systems Manager*
- Jennifer Marlowe – *PMP and IT Systems Project Coordinator*

Agenda

- Maine PMP's Mission Statement
- Goals of State PMPs
- Benefits of Utilizing the PMP
- Provider Comparison Reports

Maine PMP's Mission Statement

To improve public health by preventing and deterring adverse prescription drug related events by enabling healthcare professionals to review their patient's controlled substance prescription history prior to prescribing or dispensing and educating healthcare professionals and patients on safe and effective pain management therapies, including alternatives to prescription drugs.

Educate. Motivate.
Enhance. Empower.

Goals of State PMPs

- Education and Information
- Public Health Initiatives
- Early Intervention and Prevention

Education and Information

- Feedback to prescribers and pharmacists
 - Patient history
 - Physician history
 - This feature has aided a number of prescribers in identifying individuals who have fraudulently used their DEA number in an effort to illicitly obtain opioids or other prescription drugs
- Prescribing trend analysis
 - PMP data paired with other datasets has helped inform resource allocation for state entities
- Increase in general awareness of prescription drug diversion and illicit use of pharmaceuticals

Public Health Initiatives

- Resource allocation
- “Hot Spotting”
- Emerging threats
- Inform policy changes

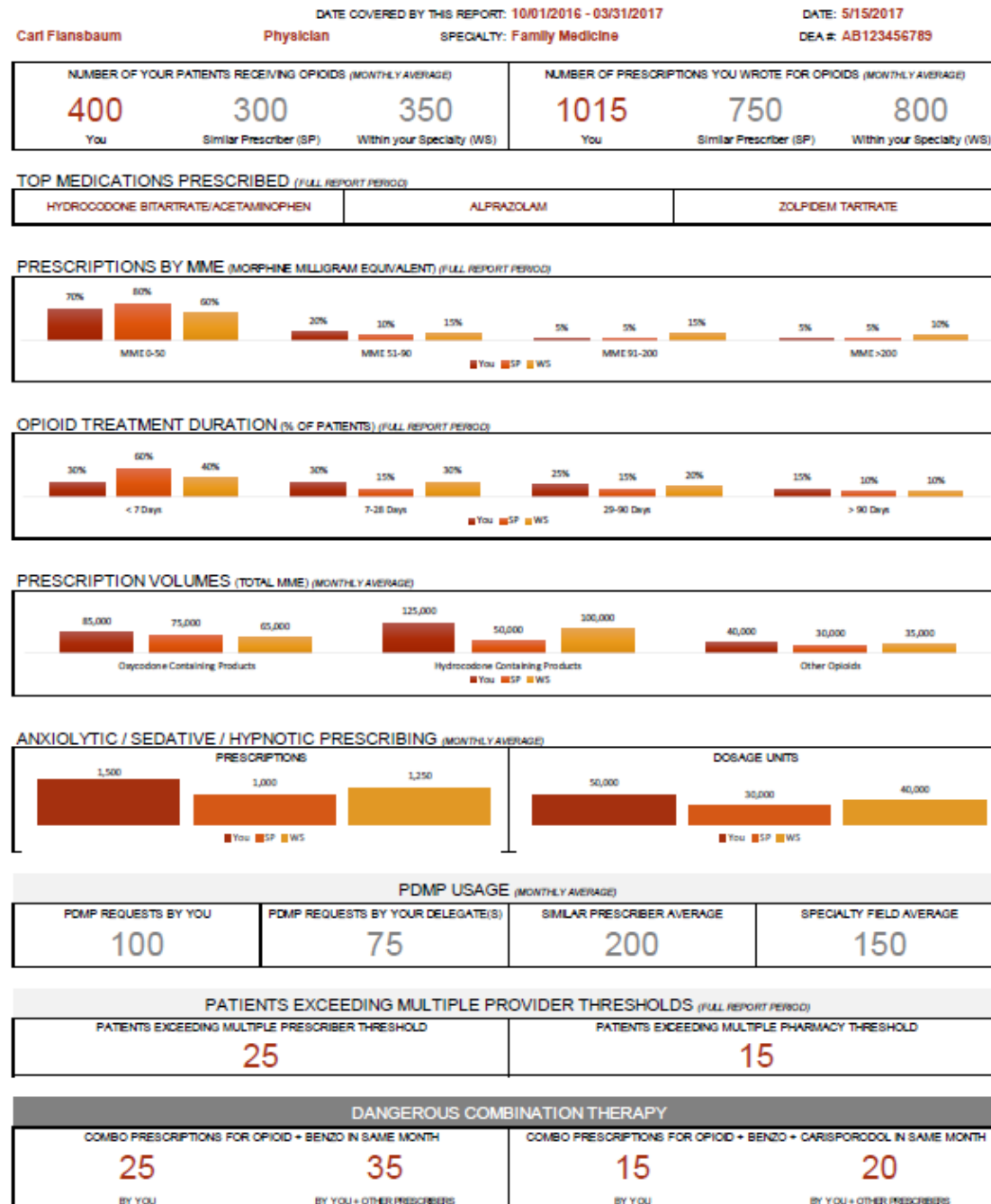
Early Intervention and Prevention

- Identify potential diversion activities
- Identify possible “doctor shoppers”
- Identify problematic prescribing

Benefits of Utilizing the PMP

- Improved quality of care
 - Reduction in harmful drug interactions
 - More complete and accurate patient history
- Heightened opportunities to intervene and deter potential misuse or dependence
- Improved population health
 - Geographic trends
 - “High Burden” communities
- Opportunities to self-audit and manage one’s own prescribing trends

Prescriber Reports (Peer Comparison)



General Opioid Prescription Information

Prescriber Information

Peer group comparisons
are medians versus
averages

DATE COVERED BY THIS REPORT: 10/01/2016 - 03/31/2017			DATE: 5/15/2017		
Carl Flansbaum		Physician	SPECIALTY: Family Medicine		DEA #: AB123456789
NUMBER OF YOUR PATIENTS RECEIVING OPIOIDS (MONTHLY AVERAGE)			NUMBER OF PRESCRIPTIONS YOU WROTE FOR OPIOIDS (MONTHLY AVERAGE)		
400	300	350	1015	750	800
You	Similar Prescriber (SP)	Within your Specialty (WS)	You	Similar Prescriber (SP)	Within your Specialty (WS)

Number of persons for whom you prescribed at least one (1) opioid
Your monthly average

Number of opioid prescriptions written by you.
Your monthly average

Top Medications and Prescriptions by MME

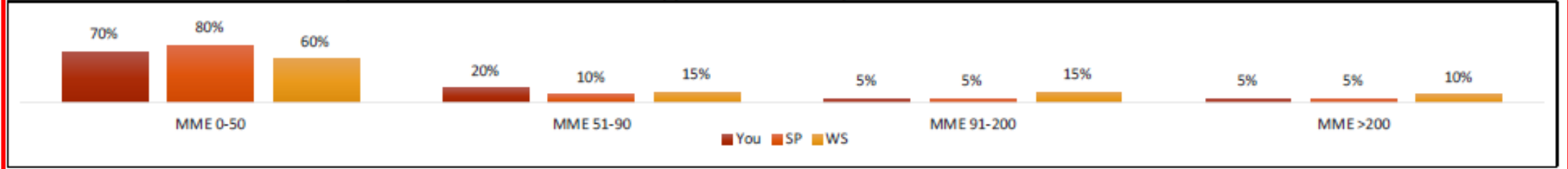
Top three (3) medication prescribed by you based on number of prescriptions



TOP MEDICATIONS PRESCRIBED (FULL REPORT PERIOD)

HYDROCODONE BITARTRATE/ACETAMINOPHEN	ALPRAZOLAM	ZOLPIDEM TARTRATE
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PRESCRIPTIONS BY MME (MORPHINE MILLIGRAM EQUIVALENT) (FULL REPORT PERIOD)



Percentage of opioid analgesic prescriptions written by you in the following daily MME ranges:

0 – 50

51 – 90

91 – 200

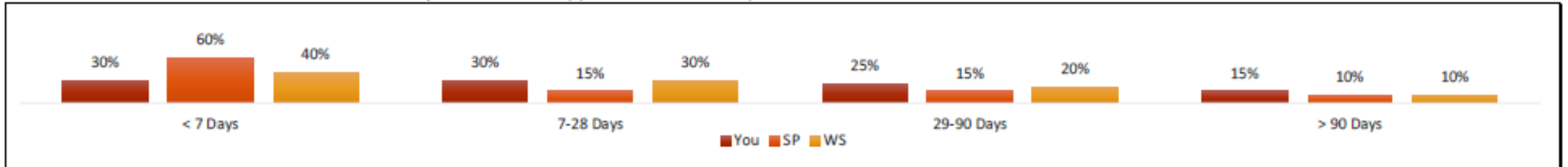
>200

Percentages reflect the full report period

Opioid Treatment Duration

Percentage of your patients where their opioid treatment duration falls into one of the indicated ranges of days. These values are based on the cumulative days of supply of a person's prescriptions during the report period.

OPIOID TREATMENT DURATION (% OF PATIENTS) (FULL REPORT PERIOD)



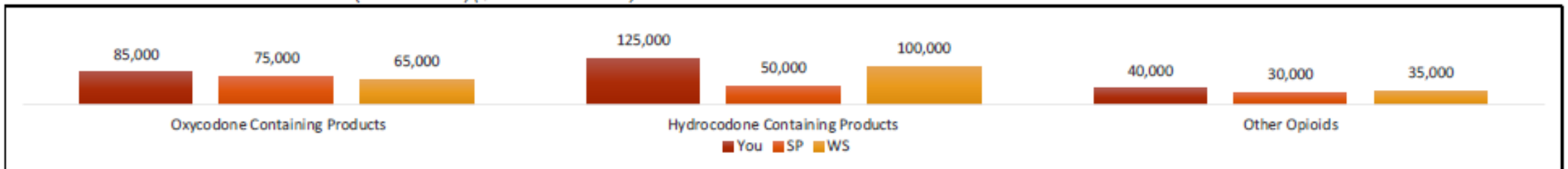
Prescription Volumes

Total Morphine Milligram Equivalency (MME) of prescriptions written by you in the following groups:

- Total MME of Oxycodone containing products
- Total MME of Hydrocodone containing products
- Total MME of all other opioids

Value is Monthly Average

PRESCRIPTION VOLUMES (TOTAL MME) (MONTHLY AVERAGE)



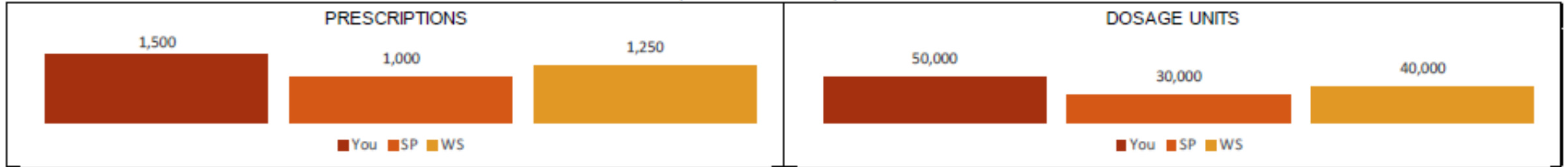
Anxiolytic/Sedative/Hypnotic Prescribing

Number of Anxiolytic / Sedative /
Hypnotic prescriptions
(together as one group)

Quantity of dose units of Anxiolytic /
Sedative / Hypnotic prescriptions
(together as one group)

Values are monthly averages

ANXIOLYTIC / SEDATIVE / HYPNOTIC PRESCRIBING (MONTHLY AVERAGE)



PMP Usage and Patients Exceeding Multiple Provider Threshold

PDMP USAGE <small>(MONTHLY AVERAGE)</small>			
PDMP REQUESTS BY YOU	PDMP REQUESTS BY YOUR DELEGATE(S)	SIMILAR PRESCRIBER AVERAGE	SPECIALTY FIELD AVERAGE
100	75	200	150

PATIENTS EXCEEDING MULTIPLE PROVIDER THRESHOLDS <small>(FULL REPORT PERIOD)</small>	
PATIENTS EXCEEDING MULTIPLE PRESCRIBER THRESHOLD	PATIENTS EXCEEDING MULTIPLE PHARMACY THRESHOLD
25	15

Number of patients with prescriptions
from > 5 prescribers
(including at least one written by you)

Number of patients having prescriptions
filled at > 5 pharmacies
(including at least one written by you)

Dangerous Combo Therapy

Number of patients receiving an opioid + a benzodiazepine in the same month - both written by you

Number of patients receiving an opioid + a benzodiazepine + Carisoprodol in the same month – all written by you

DANGEROUS COMBINATION THERAPY			
COMBO PRESCRIPTIONS FOR OPIOID + BENZO IN SAME MONTH		COMBO PRESCRIPTIONS FOR OPIOID + BENZO + CARISPORODOL IN SAME MONTH	
25	35	15	20
BY YOU	BY YOU + OTHER PRESCRIBERS	BY YOU	BY YOU + OTHER PRESCRIBERS

Number of patients receiving an opioid + a benzodiazepine in the same month – where you wrote one

Number of patients receiving an opioid + a benzodiazepine + Carisoprodol in the same month – where you wrote one

Questions?

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