

Prescription Drug Monitoring Programs: No Panacea for the Country's Opioid Epidemic

With the exception of Missouri, every state has implemented a prescription drug monitoring program (PDMP). However, using technology that tracks prescribing habits of physicians and refill habits of patients is not mandatory in all states; in some, hospitals and doctor groups can opt out of using the data-tracking platform entirely.

PDMPs were not created to only track opioid use, but of course the question of whether they can alleviate some of the tragic human suffering that comes with opioid abuse is the most pressing question for researchers studying the program. According to the Centers for Disease Control and Prevention (CDC), 91 people die in this country each day from an opioid overdose.

Three studies reveal pros and cons for PDMPs as they are used today

Last year the University of Texas Health Science Center at San Antonio released a study on PDMP use and the opioid epidemic, and researchers at Northwestern also studied the subject. When it comes to ameliorating the opioid crisis in the U.S., PDMPs emerged from the studies with mixed reviews.

On the positive side, researchers were able to connect PDMP use by practitioners with a lowering of opioid misuse. And many of the state PDMPs were able to track, in detail, the prescription history for a patient over the most recent 90 days.

The studies found that when prescribers use PDMPs, the dispensing of fewer opioid prescriptions within the state is often the result. (And because 46 of the 49 states participating in PDMP use are members of PMP InterConnect — a group begun in 2012 by Appriss Health — prescription history can be shared across state lines.)

The “chilling effect” can withhold relief from patients in need

However, even with a noted decline in the number of opioid prescriptions in some states, researchers revealed that the fatality rates did not decline along with them. And a negative consequence of prescription drug data tracking via PDMPs is what's known as the “chilling effect” — the scenario in which patients legitimately need medication for pain, and yet they are denied it.

The Pew Charitable Trusts also conducted a study recently, and, similarly, PDMP use emerged as neither panacea nor problem. The study identified that when PDMPs were reliably used, “doctor-shopping” was curtailed, the instances of inappropriate prescriptions were reduced, and some states even saw an improvement in overall health outcomes.

Clearly that's all positive, but the study also showed that those benefits aren't a sure thing in every state. Furthermore, because the variables do not lend themselves to a controlled study, and because most states are employing more than one approach to combat the opioid epidemic, it's difficult or impossible to determine which benefits can be specifically attributed to PDMP use.

Inarguably, PDMPs “have a benefit” ... but can they do

more?

Cynthia Reilly is the director of Pew Charitable Trusts Substance Use Prevention and Treatment Initiative. “[PDMPs] have a benefit,” she told Healthcare IT News. “We’ve seen nationally that there’s been a decrease of the prescribing of opioids and PDMPs are a contributor. There’s also evidence that use of PDMPs can improve prescribing decisions and decrease the abuse of opioids, and to a lesser extent that shows it improves patient outcomes.”

Although ideally PDMPs allow data sharing between states and allow physicians to spot potential opioid abuse patterns, Reilly noted that the data in the system often looks like “a laundry list,” which makes the doctor’s task when accessing the program challenging to say the least.

Reilly acknowledged the progress some states have made in making PDMPs efficient and more effective. But she said that the progress isn’t nationwide since regulations differ from state to state, including the length of time prescribing data is permitted to be stored. “In an ideal world we would want the information from a PDMP right in a prescriber workflow,” she said.

The data can open the door to meaningful doctor-patient connection

Addressing the “chilling effect” that results in some patients not having access to pain relief when they need it, Reilly had this to say to Healthcare IT news: “The point of a PDMP isn’t just to turn [patients] away. The point, in an ideal world, would be to have a dialogue with a patient. Maybe their pain isn’t being properly managed, for example. We’ve also seen that prescribers will use the information to talk to patients about substance use disorder.”

Noting that PDMP use should not be seen as “just checking a box or jumping through hoops,” Reilly said that PDMPs are “such a wealth of information to inform prescribing,” to which she added the all-important question: “so how do we make sure more people are getting that information and using it?”

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