

**Impact Evaluation of
Maine's Prescription Drug
Monitoring Program**

Executive Summary

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UNIVERSITY OF
SOUTHERN MAINE

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Background and Overview

An alarming increase in the abuse of prescription drugs in Maine prompted state policymakers to develop and implement Maine's Prescription Monitoring Program (PMP) in July 2004. Under the program, which is supported by federal funding, all transactions from pharmacies dispensing prescriptions of Schedules II, III, and IV drugs are submitted electronically to a database, maintained by the Maine Office of Substance Abuse. This database is used to issue threshold reports to clinicians indicating a potential "red flag" on individuals who may be receiving dangerous levels of prescription drugs. Clinicians may also query the database to request a patient history report. This information allows clinicians and pharmacies to better administer prescription drugs to limit and curb the dangerous and deadly effects of abuse and overdose.

In developing the Maine PMP, state policymakers and stakeholders wanted the program to be used as a public health and clinical intervention tool and not be used as a law enforcement tool, as it is in most other states with a PMP. This strong public health orientation is reflected in the programs goals, which are to:

- curb illicit use of prescription drugs in Maine;
- give prescribers an added tool in patient care;
- get patients who are addicted into proper treatment;
- help reduce prescription drug overdoses;
- ensure that those who need strong prescription drugs receive them.

The implementation of the PMP proceeded smoothly, with 350 prescribers and 66 dispensers registering for the program by summer 2005. Prescribers received and used threshold reports and requested and used patient history reports to monitor patients' use of prescription drugs. Data confidentiality was maintained in an exemplary manner. The main recommendation by prescribers and dispensers was to have access to more "real time" information from the PMP database, which would allow and enhance the proactive management of patients. The launch of OSA's WEB Portal, planned for the first quarter of 2006, held much promise to provide improved access.

For the PMP to be able to meet its longer term goals of reducing the abuse of prescription drugs, and the consequence of this abuse, more prescribers will need to continue to register for and use the PMP database. The "tipping point" would be a sizeable portion, if not a majority, of the 6,139 clinicians in Maine registered to prescribe medication, particularly primary care and emergency department clinicians, who are likely to see new patients requesting prescriptions to control pain.

This study examines the following questions to see if the PMP has begun to achieve the impacts, which if sustained, are likely to result in reducing prescription drug abuse and overdoses:

- Following its implementation, has the PMP been expanded and refined as planned?
- Which prescribers are using the PMP? Is the PMP growing in the regions of the state where it is most needed?
- Has the PMP given prescribers a useful tool in patient care?
- Has patient care improved as a result of the PMP?
- What are the collateral effects of the PMP on other programs and regulatory activities in Maine?
- Have there been any adverse or unintended consequences of the PMP?
- Has the abuse of prescription drugs in Maine changed overtime? Can these trends be related to the composition and growth of the PMP?

Data were used from four sources to examine these questions:

- Survey of prescribers who have registered in the PMP system.
- Survey of dispensers who submit data to the program.
- Key stakeholder interviews with OSA staff, members of the PMP Advisory and Clinical Advisory Committees, and heads of professional licensing boards.
- Secondary data analysis of standard and special reports, queries from the PMP database and aggregate data trends from the public-use databases.

Findings

The PMP program has grown steadily since clinicians began registering for the program in January 2005, with over 1,000 prescribers registering for the program by October 2006. The largest growth occurred after an on-line WEB Portal became available in March 2006. Prescribers are joining the program throughout Maine, proportionate to the distribution of the state's population. The most common specialties among registered prescribers are family practice (304), mid-level practitioners (134), internists (90), psychiatry (55), and emergency medicine (49). These are the specialties – particularly primary care and emergency medicine – that may most benefit from the real-time availability of the data from the PMP. Prescribers have used the data from the PMP to confirm that some patients are “doctor shopping” and that others are not and are referring patients on to treatment for substance abuse, when necessary, or for further pain management. With the availability of the information from the WEB Portal, prescribers are increasingly requesting (and using) information about new patients, who may be particularly likely to be “doctor shopping”. Prescribers are also requesting information about established patients and using this information to better manage their care. Dispensers are also using the PMP program proactively, although a bit less actively than prescribers. The confidentiality of PMP data has been maintained in an exemplary manner.

The PMP program has been successfully implemented and grown almost exactly as planned and has the wide support of stakeholders and the vast majority of participating prescribers and dispensers. The program has met / is meeting its goals to (1) give prescribers an added tool in patient care; (2) get patients who are addicted into proper treatment; and (3) ensure that those who need strong prescription drugs receive them. If the PMP program continues to grow, it appears to be on track to meet its other two goals to (4) curb the illicit use of prescription drugs in Maine, and (5) help reduce prescription drug overdoses.

The PMP has significant potential to benefit other agencies and regulatory bodies in Maine. The program also has the potential to have unintended, but harmful effects, such as decreasing the prescribing of medication needed to control pain ('chilling effect"), or if a breach of confidentiality over data should occur. The PMP has sustained an exemplary record of maintaining the confidentiality of the data and a chilling effect has not occurred. This success – crucial to the integrity, continuation, and growth of the program – may have also limited some of the potential collateral benefit of the PMP to other programs in the state, such as Drug Courts or the Maine CDC. PMP staff and stakeholders interviewed reported that, by and large, the program has stayed focused on its primary goals and the need to maintain strict data confidentiality, which given lean staffing and resources, has slowed development of working with other state health and social service agencies.

The PMP has maintained very productive, but confidential, relations with state medical licensing boards. If a licensing board wants information about a member there must be a formal, notarized request. Licensing board directors and PMP staff report that there have generally been only a relatively few number of requests for information from each Board and that these requests have been met professionally, discretely, and in a timely manner.

Recommendations

To help promote the further growth and appropriate use of the PMP, OSA might consider the following recommendations.

1. Improve how up-to-date patient information is.
2. Continue to survey registered prescribers about their use of the PMP to help guide outreach and education efforts.
3. Monitor and better understand which patients (age, gender, prescriptions, clinical venues, geographic area) for whom prescribers are requesting information
4. Develop a plan to better coordinate the PMP with related substance abuse and public health initiatives in the state.