PDMP Track: Linking and Mapping PDMP Data

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Disclosure Statement

• Gillian Leichtling and Chris Baumgartner have disclosed no relevant, real or apparent personal or professional financial relationships with proprietary entities that produce health care goods and services.
Learning Objectives

1. Explain the benefits, challenges and opportunities of linking PDMP data to clinical data.

2. Identify the benefits of mapping data to target treatment expansion and overdose prevention efforts.

3. Describe a state GIS mapping tool that integrates PDMP data with existing databases and displays community-level results.
MAPPING OPIOID AND OTHER DRUG ISSUES (MOODI) TOOL
WA State Unintentional Poisonings Workgroup (UPWG)

- Began quarterly meetings in June 2008
- Representatives from public & private organizations:
  - State/local health agencies, tribal authorities, insurers, law enforcement, substance abuse prevention/treatment, poison control, health professional associations, academic institutions, etc...
- Developed short-term actions
  - Increase provider and public education
  - Identify methods to reduce diversion through emergency departments
  - Increase surveillance
  - Support evaluation of practice guidelines for providers treating chronic, non-cancer pain
  - Support prescription monitoring program
2016 Washington State Interagency Opioid Working Plan

Goal 1: Prevent opioid misuse and abuse
  • Improve prescribing practices

Goal 2: Treat opioid dependence
  • Expand access to treatment

Goal 3: Prevent deaths from overdose
  • Distribute naloxone to people who use heroin

Goal 4: Use data to monitor and evaluate
  • Optimize and expand data sources
Opioid Plan - Goal 4 Strategies

1. Improve PDMP functionality to document and summarize patient and prescriber patterns to inform clinical decision making
2. Utilize the PDMP for public health surveillance and evaluation
3. Continue and enhance efforts to monitor opioid use and opioid-related morbidity and mortality
4. Monitor progress towards goals and strategies and evaluate the effectiveness of our interventions
Bureau of Justice Assistance (BJA)

Harold Rogers Prescription Drug Monitoring Grants to the Washington State Department of Health

**Previous**
- Category 1: Implementation
- FY 2010
- FY 2011
- Both closed

**Recent**
- Category 2: Enhancement
- FY 2012
- Ends March 2016

**Current**
- Category 3: Data-Driven Approaches
- FY 2014
- Jan 2015 – June 2016
Category 3 Harold Rogers Grant

• Data-Driven Multidisciplinary Approaches to Reducing Rx Abuse

*Program goals:*

• Pilot innovative approach
• Form multidisciplinary action group
• Examine multiple data sources
• Identify target areas and create data-driven response strategies
Project Implementation Partners

Washington Dept. of Health - PDMP
- Oversight, dataset prep

Acumentra Health
- Project management

University of Washington
- Analytic guidance

Looking Glass Analytics
- Mapping tool development
MOODI Purpose: Local Visualization

**Identify Needs**
- E.g., risky Rx patterns, Rx opioid or heroin overdose hospitalizations and deaths

**Identify Resources**
- E.g., buprenorphine access, methadone/OTP, naloxone, PDMP registration, prescription drug disposal sites

**Identify Gaps**
- E.g., medication-assisted treatment (MAT) “service deserts” with high treatment need and low availability
Datasets Currently Included

- **PDMP**
  - Dispensing records
  - Prescriber registrations

- **Overdose**
  - Opioid OD hospitalizations
  - Opioid OD deaths

- **MAT**
  - Buprenorphine-waivered physicians
  - Opioid Treatment Program list
  - State treatment admissions data

- **Other**
  - Naloxone sites
  - Safe Rx drug disposal sites
Supporting Documents

- Guidance manual to aid stakeholders in interpretation and prioritizing interventions

- Technical document with analytic detail
Opioid Mapping Tool

SAMPLE SCREENSHOTS
MOODI Functionality

Users can:

- Click to see technical details and definitions
- Zoom in or out
- Display up to 4 maps simultaneously
- View results using various denominators (e.g., counts, rates per 1,000 prescriptions, rates per 1,000 population)
Multiple Prescriber Episodes
High Dosage
Side-by-Side: Prescribing Risks
Overdose Hospitalizations
Travel Time to Buprenorphine Prescriber
Availability of Opioid Treatment Programs
Additional Maps

• Other maps look at bup maintenance/long-term treatment, patients in OTP services, PDMP registration, and dot maps for naloxone and Rx drug disposal sites

• Maps in progress:
  – Buprenorphine service availability: considers active/inactive prescribers and caseload
  – MAT service deserts: shows index score across needs and resources related to MAT
Stakeholder Examples and Next Steps

USING, SUSTAINING, AND EXPANDING MOODI
State Stakeholder Examples

Medicaid Official
- Identifies areas with high opioid issues, few bup prescribers
- Targets outreach efforts to providers to seek bup waivers

Health Officer
- IDs areas with high rates of high dosage and overlapping benzos
- Targets prescriber education efforts

Behavioral Health Official
- IDs areas where bup prescribers are providing short-term prescriptions
- Works to ID barriers to maintenance bup treatment
Local Stakeholder Examples

**County Health Officer**
- IDs areas with high rates of overdose and no naloxone
- Targets pharmacies for naloxone distribution

**Prevention Coalition**
- Low rates of PDMP registration, high rates of multiple prescriber episodes
- Implements PDMP registration campaign

**Police Chief**
- High rates of opioid overdose
- Seeks funding for first responder naloxone trainings

**Medical Provider**
- High rates of overdose and Rx risk
- Convenes local prescriber workgroup with county health officer
Sustaining/Expanding MOODI

- Working on funding to sustain and expand, for example:
  - Show trends over time
  - Add additional opioid-related data
    - Administrative: crime lab, arrests, ER, EMS
    - Survey: BRFSS, statewide student survey
Expanding Stakeholder Groups

- MOODI infrastructure now in place and may be useful for others, for example:
  - Add marijuana-related data for state groups working on this issue
  - Make platform available to other states
Contact

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