Prescriber Use of the PDMP: A Statewide Survey and Multistate Focus Groups

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Background

• PDMPs increasingly used for public health: reduce drug abuse, improve patient safety
• Many clinicians who prescribe controlled drugs do not use PDMPs
• Little known about barriers to use
• Little known about clinician responses to PDMP information
• Oregon’s PDMP: online Sept. 1, 2011
Project Aims

• Compare demographic and practice characteristics of providers who do and do not use the PDMP

• Identify barriers to registering and actively using PDMPs

• Examine how providers and patients respond to PDMP data that suggest drug abuse or diversion

• **Overarching aim**: identify educational needs for optimizing use of the PDMP
Methods

• Sample of all Oregon clinicians with DEA license (MD, DO, PA, NP, Dentists, Naturopaths; Not Pharm)

• Used professional board registration to identify clinicians; matched to DEA registration, then to PDMP (to identify users and non-users)

• Mail survey with web option

• Randomly selected 650 frequent users (>1/mo.); 650 infrequent users (≤ 1/mo.); 2,000 unregistered
Results: Response Rates and Representativeness of Sample

• Response rates (after removing bad addresses):
  - 59% for frequent users, n=358
  - 53% for infrequent users, n=261
  - 26% for non-registrants, n=439

• Age, gender closely match all board registrants (medical and dental boards)

• Largest user groups: Primary Care (55% of frequent users) and Emergency Med (22%)
### Characteristics of Registered vs. Non-Registered Clinicians

<table>
<thead>
<tr>
<th>Category</th>
<th>Registered users n=619</th>
<th>Non-registered n=446</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age over 60 years</td>
<td>15%</td>
<td>25%</td>
</tr>
<tr>
<td>Safety net clinic setting</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>Physician (MD or DO)</td>
<td>65%</td>
<td>46%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>17%</td>
<td>1%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>56%</td>
<td>16%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>0.2%</td>
<td>11%</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>4%</td>
<td>21%</td>
</tr>
<tr>
<td>Dentist</td>
<td>7%</td>
<td>21%</td>
</tr>
</tbody>
</table>
Features of Non-Users of PDMP

- 75% of surgeon respondents “frequently” prescribe opioids; only 26% of these are registered
- 81% of psychiatrist respondents “frequently” prescribe benzodiazepines; only 39% of these are registered
- 39% of dentists who “occasionally” or “frequently” prescribe opioids are registered
- Overall, 63% of non-registered prescribers occ. or frequently prescribe controlled substances
Features of Non-Users of PDMP

• 40% of non-registrants are in small private offices, vs. 22% from large private offices

• What are main reasons for not registering?
  - Unaware of program: 47%
  - Too busy: 26%
  - Rarely prescribe controlled drugs: 24%
  - Doubt any benefit: 13%
  - Not comfortable with computer or internet: 9%
Barriers Perceived by *High* Users

- How much of a barrier are the following to your use of the PDMP?
  - Time constraints: 60%
  - Cannot delegate access: 47%
  - Not easy to access: 35%
  - Not easy to navigate: 28%
  - Concern about scrutiny by law enforcement or licensing board: <5% for either
  - Lack of training in how to use: 4%
Among *High* users, what would make PDMP more useful?

<table>
<thead>
<tr>
<th>Percent who would find these useful:</th>
<th>% Very</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linking state systems</td>
<td>82%</td>
</tr>
<tr>
<td>Better insurance for MH or addiction referral</td>
<td>65%</td>
</tr>
<tr>
<td>Faster entry of data (&lt;1 week)</td>
<td>56%</td>
</tr>
<tr>
<td>Unique identifier to avoid mistaken identity</td>
<td>39%</td>
</tr>
<tr>
<td>Training in how to detect misuse</td>
<td>30%</td>
</tr>
<tr>
<td>Training in alternatives to controlled meds</td>
<td>28%</td>
</tr>
<tr>
<td>Training in non-confrontational communication</td>
<td>25%</td>
</tr>
<tr>
<td>Training to interpret results</td>
<td>5%</td>
</tr>
</tbody>
</table>
Among High users, what would make PDMP easier to use?

- Delegated access: 60% [coming with new law]
- Proactive alerts from state: 56%
- Easier login: 46%
- Training on use of system: 5%
Triggers to Access PDMP

• Usually, I access the PDMP when…
  ➢ I suspect diversion or abuse: 96%
  ➢ Patient requests early refill: 73%
  ➢ New patient: 48%
  ➢ Whenever consider Rx for controlled drug: 36%
  ➢ Every patient: 4%
    (22% among pain or addiction specialists)
Clinician Responses to PDMP Data

• If PDMP suggests diversion or misuse, I sometimes…
  - Discuss concern with patient: 90%
  - Refer to specialist (e.g. addiction or MH): 54%
  - Discharge patient from my practice: 36%
  - Most likely to discharge patients: Pain/addiction specialists (53%)
Reported *Patient* Responses to PDMP Data

- When I discuss PDMP data with a patient, it results in:

<table>
<thead>
<tr>
<th></th>
<th>Sometimes/ Frequently/Always</th>
<th>Never/ Rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger or denial</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>Not returning</td>
<td>73%</td>
<td>27%</td>
</tr>
<tr>
<td>Requesting help for addiction/dep.</td>
<td>23%</td>
<td>77%</td>
</tr>
</tbody>
</table>
Conclusions: Oregon Clinician Survey

• Substantial numbers of high prescribers are not registered to use the PDMP

• Less likely to register: older physicians, surgeons, pediatricians, dentists, small practices; but 75% prescribe controlled meds

• Almost half of unregistered are unaware

• Users identify time constraints, need for delegated access as major barriers
Conclusions (Continued)

• Over a third of clinicians at least sometimes discharge patients from practice based on PDMP findings; pain specialists are most likely

• Patient denial, failure to return are common

• Clinicians favor system improvements: interstate access; better insurance for MH and addiction care; faster data entry

• Training needs perceived by at least a quarter of users: detecting misuse; non-controlled med alternatives; non-confrontational communication
Overview of Focus Groups

- Background
- Methods
- Results
- Conclusions
- Future Research Agenda
Background

• PDMPs are tools for clinicians to use to identify a patient’s prescription history
  ➢ To determine whether or not to prescribe a controlled substance as part of treatment
• On average, only 53% of providers in a given state are registered¹
• Little is known about how providers use PDMPs in clinical practice
  ➢ How PDMP is integrated into workflow across settings
  ➢ How providers discuss PDMP with patients

Methods

- 35 clinicians from 9 states took part in online focus groups in Sept. and Oct. 2012
- Log in 15 minutes a day for three days
- Responded to questions about clinical use of PDMP and integration into workflow
- FL, LA, MI, MN, NV, OH, UT, WA, WY
- Focus group moderator: Foley Research, Inc.
- 7 telephone interviews
## Participant Characteristics, n=35

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>8 / 27</td>
</tr>
<tr>
<td><strong>Credential</strong></td>
<td></td>
</tr>
<tr>
<td>Physician</td>
<td>26</td>
</tr>
<tr>
<td>Nurse Practitioner/Phys. Asst.</td>
<td>8</td>
</tr>
<tr>
<td>Dentist</td>
<td>1</td>
</tr>
<tr>
<td><strong>Clinical Specialty</strong></td>
<td></td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>11</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>7</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>6</td>
</tr>
<tr>
<td>Psychiatry/Behavioral Health</td>
<td>6</td>
</tr>
<tr>
<td>Other Specialty</td>
<td>5</td>
</tr>
<tr>
<td><strong>Durat. of PMP use</strong></td>
<td></td>
</tr>
<tr>
<td>Greater than 1 year</td>
<td>28</td>
</tr>
<tr>
<td><strong>Freq. of PMP use</strong></td>
<td></td>
</tr>
<tr>
<td>10 or more times per month</td>
<td>25</td>
</tr>
</tbody>
</table>
Results: 4 Topical Areas

1. PDMP Functions
2. Workflow
3. Patient Discussions
4. Recommendations
Results: PDMP Functions

- Clinicians use PDMP clinically and administratively
  - verify current prescriptions or prescription fill history
  - assess patient truthfulness and trustworthiness
  - explain discrepancies on urine drug screens
  - general clinical decision making and ongoing monitoring
  - making sure no false prescriptions were written under their name
  - identifying other prescribers for patients (e.g., primary prescriber or likely pain doctor).
Results: Workflow

- Some clinicians use PDMP routinely; others rely on their gut to determine when to access information
  - Pain and psychiatry specialties seemed to have routine practices
  - Emergency and primary care specialties seemed to rely on their gut or patient “red flags”
- Is the key factor an ongoing relationship, responsibility for medication management, or nature of medical specialty?
Results: Patient Discussions

• Providers approached the discussion of PDMP data with patients in a variety of ways; goals include:
  ➢ Open dialogue
  ➢ Patient safety
  ➢ Coaxing patient to leave quietly
  ➢ Confronting patient
  ➢ Catching patient in a lie
"I always share with patients if I find that the patients have other providers prescribing to them. I feel it is a wonderful way to explain to them that only one prescriber should prescribe and that the medications need to be used safely. When there are multiple providers, I cannot prescribe the medicine and that is that."

— Family Medicine Doctor, Outpatient Clinic
"Most patients won't argue once they are confronted with the facts. I will sometimes fib, and tell a patient that shows significant evidence of doctor shopping, that the state police have flagged their profile. I encourage them to seek help for their apparent addiction to pain meds. I like to use that one if I think a patient is going to get wound up and cause a scene in the waiting room at checkout."

— Rehabilitation Medicine, Small Clinic
“Usually I’ve asked them a few times have you seen other doctors, have you gotten any further prescriptions...If it does not seem legitimate [or] it just seems odd, I will leave the room to get something and pull it...then look at it and...may confront them if it seems like they’re lying...then say, ‘Well, here’s what I got here. It seems like you haven’t been very honest with me and so I’m not going to provide you with prescriptions.’”

— Family Medicine Doctor, Large Clinic
Recall from the survey that

- 90% of providers report that they discuss worrisome PDMP reports with patients
- 73% report that patients sometimes or frequently don’t return
- 88% report that patients sometimes or frequently respond with anger or denial
- 23% report that patients sometimes or frequently ask for help for drug addiction or dependence
Results: Recommendations

• More information needed in PDMP, including
  - More details on drugs (e.g., number of days dispensed, whether prescription is long acting or short acting)
  - Data from all pharmacies (VA, Indian Health)
• National PDMP or at least interstate data sharing
• Integration into electronic health records
• Consistent policies and recommendations for when to access PDMP; financial incentives
• Training on “what to do with patients”
Training: High Users

• From survey (combining “somewhat and very useful”)
  ➢ 81% report that training on how to respond to PDMP information would be useful (e.g., resources on how to manage addiction)
  ➢ 71% report that training on how to communicate PDMP findings in a non-confrontational manner would be useful
  ➢ 35% report that training on how to interpret the data would be useful
  ➢ 15% indicate training on how to incorporate PDMP into clinical workflow would make PDMP easier to use
  ➢ Only 5% indicate that training on how to use the system would make the PDMP easier to use
Conclusions: Survey and Focus Groups

1. Not all frequent prescribers are users of the PDMP; more effort is needed to increase adoption and ease use of the system

2. Provider and patient responses to PDMP data are not optimal (discharging patients, patients not returning, confrontation)

3. Providers don’t perceive a need for training on how to use the system, but need training on how to respond to the information
Where do we go from here?

1. Continue efforts at outreach and ease of use
2. Understand when providers should access and discuss the PDMP across various settings
3. Identify optimal approaches for discussing PDMP with patients
4. Compare patient responses to various approaches
5. Train providers on optimal approaches and suggest guidelines for workflow based on setting