

NH | PRESCRIPTION DRUG MONITORING PROGRAM



NH PDMP: A Best Practice Tool

Drug Enforcement Administration
August 19-20, 2019



Declaration

**I have no declarations to make
or conflicts of interest.**



Learning Objectives

After participating in this activity, learners will be able to:

1. Understand the development and changes of the NH Prescription Drug Monitoring Program.
2. Identify how the NH PDMP is a valuable resource.
3. Describe the impact the NH PDMP is having on prescribing and dispensing practices in NH.



What Makes Up The PDMP?



New Hampshire Controlled Drug Prescription Health and Safety Program – RSA 318-B 31-38

- Better known as: NH Prescription Drug Monitoring Program – NH PDMP.
- A web-based data system à schedule II, III and IV controlled substances.
- It is intended to help practitioners avoid drug interactions, identify possible substance use disorders and drug seeking behaviors.
- Controlled substance data collected from New Hampshire-licensed dispensers includes information on the:
 - Prescribed drug
 - Recipient of the prescribed drug
 - Health care provider who wrote the prescription
 - Pharmacy that dispensed the prescription



How is NH PDMP used?

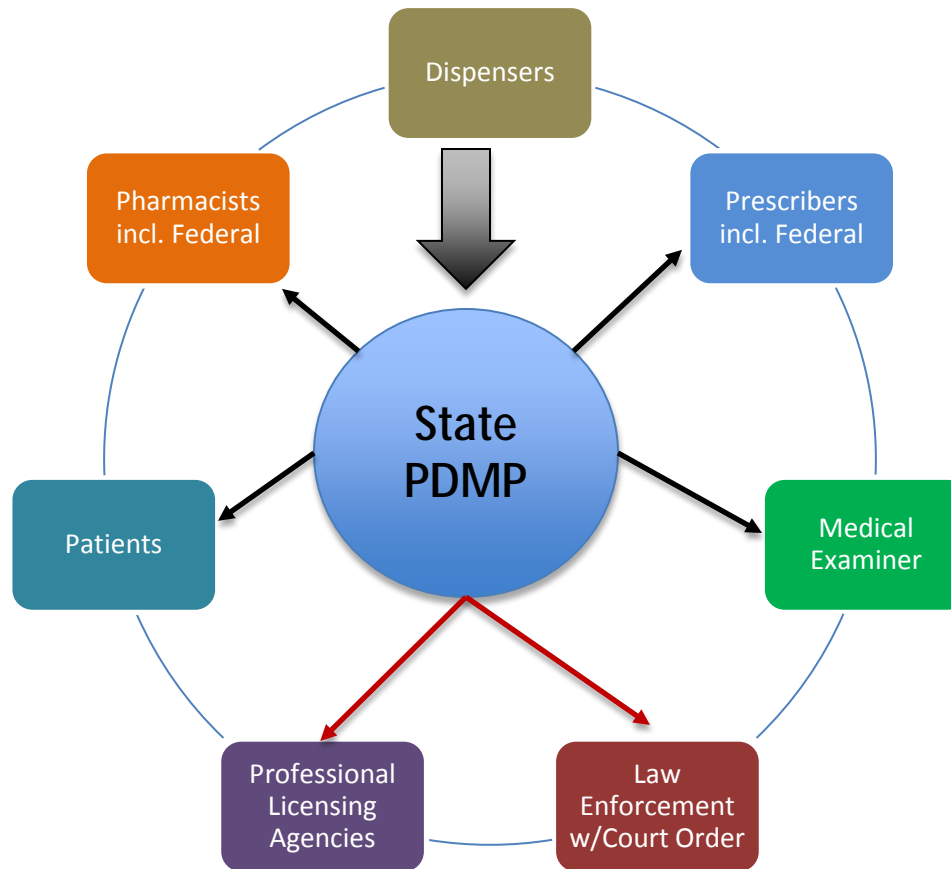
NH PDMP is a clinical tool that exists to promote the appropriate use of controlled medications for legitimate medical purposes, while deterring the misuse and diversion of controlled medications.

NH PDMP also serves as a surveillance tool that is used to monitor statewide trends in the prescribing, dispensing, and use of controlled medications.

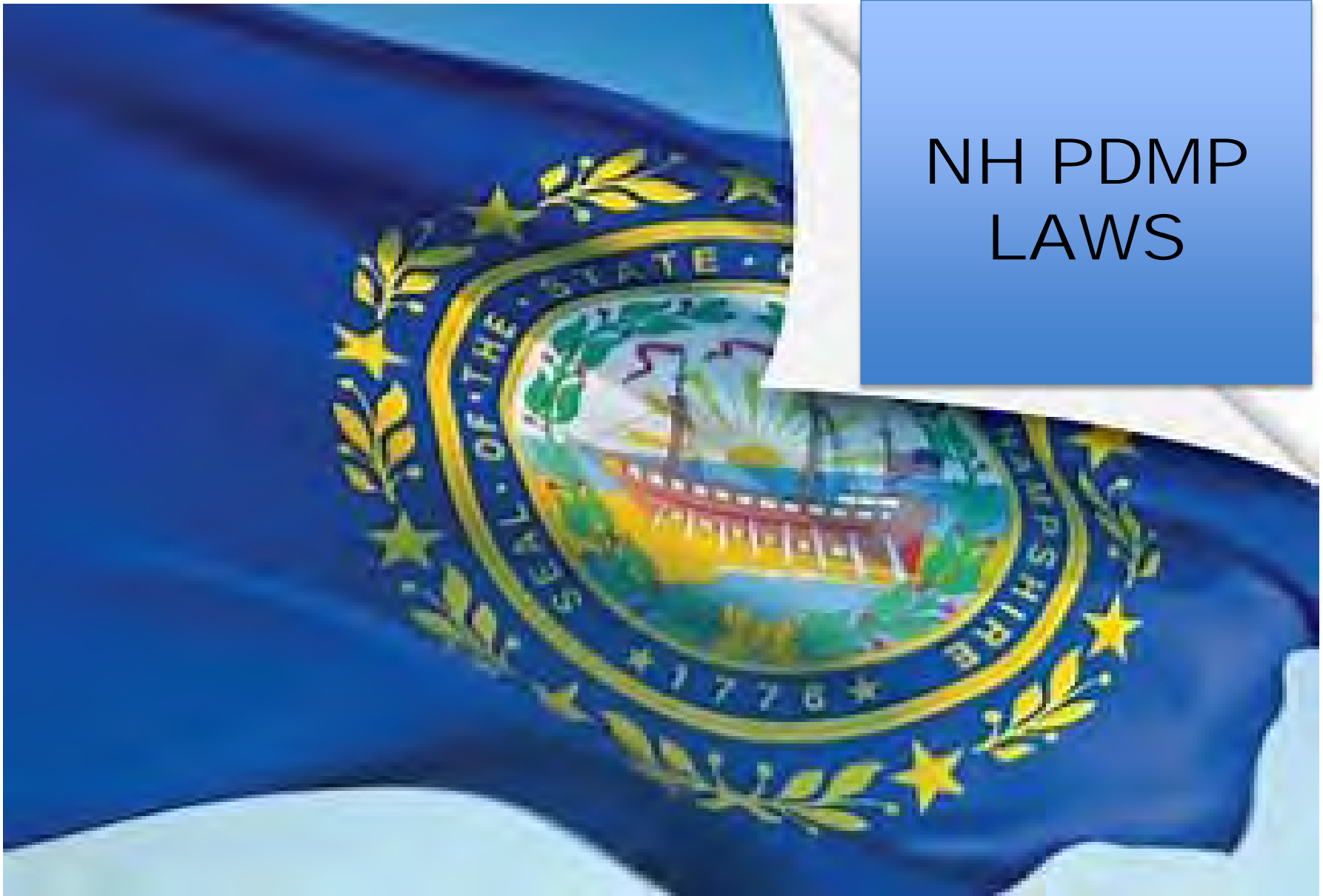
DATA LIMITATION: Opioid addiction treatment programs (OTPs) that dispense methadone and buprenorphine do not upload into the NH PDMP - (CFR 42 part 2 – confidentiality).



Who has ACCESS?



NH PDMP LAWS



2019 Legislative Changes

HB 369

Requires prescribers who write an opioid when treating a patient for an substance use disorder to query the PDMP.

This is similar to the mandate that requires a prescriber to query the PDMP when prescribing an opioid to a patient for the treatment and management of pain from HB 1426.

SB 120

Moves the PDMP out from under the authority of the Board of Pharmacy to under the authority of the Office of Professional Licensure and Certification. It also re-designs the focus of the Advisory Council and allows the impaired practitioner program to review PDMP information when retained by OPLC or referral who has agreed to be evaluated has separately agreed in writing.



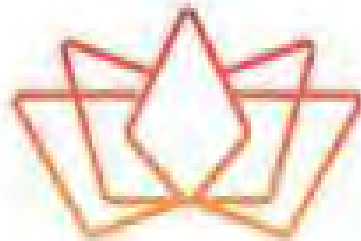
Corresponding Responsibility

§1306.04 Purpose of issue of prescription.

(a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. *The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription.* An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.



CURRENT SYSTEM



APPRISS[®]
HEALTH



Patient Search - AWAARxE

Menu Admin Michelle Ricco Jonas

RxSearch > Patient Request

Patient Request

Patient Info

First Name* Last Name*

Partial Spelling Partial Spelling

Date of Birth*

MM/DD/YYYY

Phone Number

Social Security Number

Drivers License Number State

Select State

Case Number

Case Comments

Run on behalf of...

Prescription Fill Dates
No earlier than 3 years from today

From To

05/18/2018 05/18/2019

Patient Location
Search accuracy can be improved by including the address.

Street Address

City State/Province

Select State

Zip Code

PMP InterConnect Search
To search in other states as well as your home state for patient information, select the states you wish to include in your search.

A Arizona
C Connecticut
D Delaware
M Maine
N New Jersey
R Rhode Island
S South Carolina
V Vermont

Massachusetts
 New York
 North Carolina

I agree to the terms of this acknowledgment.

Search

Check off states to you want to query.

Can view liability statement here.



Request History Feature - AWAARxE

Menu Admin Michelle Ricco Jonas

RxSearch > Requests History

Put in patient name and you can "REFRESH" the query.

Advanced Options REQUESTOR NAME YES PATIENT NAME YES Search

Requests History

Select a patient to review details about the request.

Download PDF Download CSV

Patient First Name	Patient Last Name	Requestor	Requested For	Request Type	Status	Date Requested
		Betsy Luscinski		AWARxE	Complete	11/16/2017 4:07 PM
		RYAN J GUILFOYLE		AWARxE	Complete	11/16/2017 4:06 PM
		Jennifer Nims		AWARxE	Complete	11/16/2017 4:06 PM
		RYAN J GUILFOYLE		AWARxE	Complete	11/16/2017 4:06 PM

1 2 3 4 5 ... Next > Last >



My Rx Request

RxSearch > MyRx > MyRx Request

MyRx Request

MyRx History

My Mandatory Use Compliance

My Rx

Prescriptions Written

From*

MM/DD/YYYY

To*

MM/DD/YYYY

DEA Numbers

Generic Drug Name (Optional)

Drug Name

Search

Allows a prescriber to view all prescriptions they have written and has been dispensed in NH over any specific period of time.



Delegate Management

User Profile > Delegate Management



Support: 855-353-9903

Delegate Management

Add +

Select a delegate to review details.

First	Last	Role	Delegate Status	Date Requested	Date Verified
Abbott	Willard	Prescriber Delegate - Unlicensed	Pending	07/31/2017	



Abbott Willard

Approve

Reject

Registration Approval Date: 07/31/2017

Role: Prescriber Delegate - Unlicensed

Phone: (603) 271-6980

Email: Abbott.Willard@unh.edu (Verified)

Address: 121 South Fruit Street

Validation

Manage

Delegate (pending)

1 Supervisor

Michelle Ricco Jonas (pending)

michelle.riccojonas@nh.gov



NEW – Patient/Clinical Alerts

PDMP has created (3) clinical thresholds that could produce any of the following ALERTS:

1. Multi-Provider/Multi Pharmacy
2. Concurrent Opioid/Benzo Prescriptions
3. High MME greater than/equal to 100 MME

Data is currently being reviewed and educational material being developed to accompany/ supplement these alerts to further inform the prescriber in utilizing the patient control substance report.

RxSearch > Patient Alerts

Summ. 855-353-9903

Patient Alerts

Select a patient to view more information

Patient Full Name	UOI	Alert Date	Alert Letter	Delivery Method
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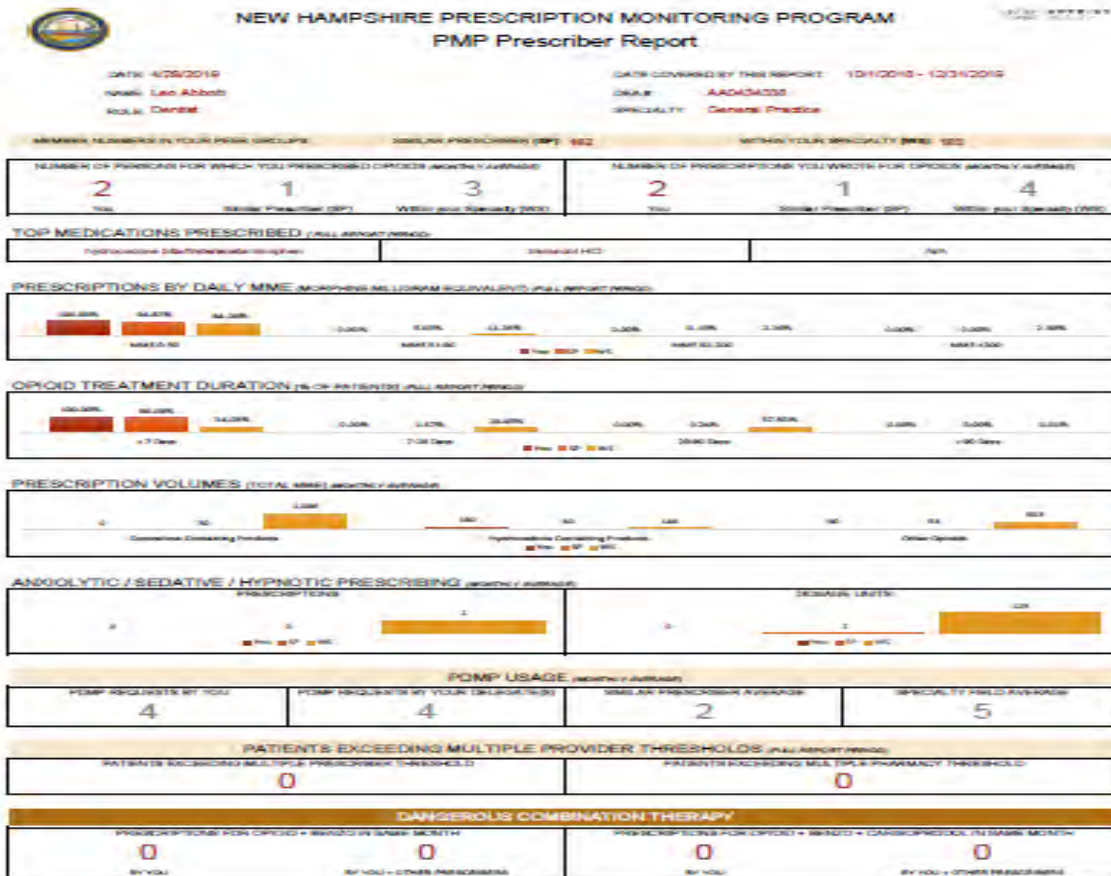
Powered by:

PMP Aware APPRISS HEALTH

New Hampshire PMP AWARE
121 South Fruit Street
Suite 401
Concord, NH 03301
855-353-9903



NEW – Prescriber Report Cards



A report sent out quarterly to providers who have prescribed opioids over the last six months and compares their prescribing to a similar provider and then compares their prescribing to those within their specialty area.

The report will provide highlights on prescription MME, PDMP usage and opioid benzodiazepine combinations.



DATA



Practitioner Registration and Patient Query Activity Report (2017 – 2018)

Registration

User Role	2018 Registered Users	% change from 2017
Physician (MD, PA, DO, Res)	5,784	18%
Delegates **	3,551	56%
Pharmacists	3,145	15%
Nurse Practitioner / Clinical Nurse Specialist	2,181	20%
Dentist	1,090	12%
Optometrist/Podiatrist (DPM)/Naturopathic Physis	365	21%
Veterinarian	341	20%
Totals	16,457	24%

Registration is required. The PDMP will be conducting an audit of the of the registrations to identify those licensees who are required to be registered and are not.

Query Requests

User Role	2018 Patient Info Requests	% change from 2017
Physician (MD, PA, DO, Res)	115,056	91%
Delegates	408,857	171%
Pharmacists	232,095	173%
Nurse Practitioner / Clinical Nurse Specialist	66,547	137%
Dentist	23,343	149%
Optometrist/Podiatrist (DPM)/Naturopathic Physis	1,677	158%
Veterinarian	146	-3%
Totals	847,721	153%

PDMP queries increased by over 153% between 2017 and 2018. Queries by delegates (171%) and pharmacists (173%) increased dramatically between 2017 and 2018



PDMP UTILIZATION- Patient Inquiries by Active Users

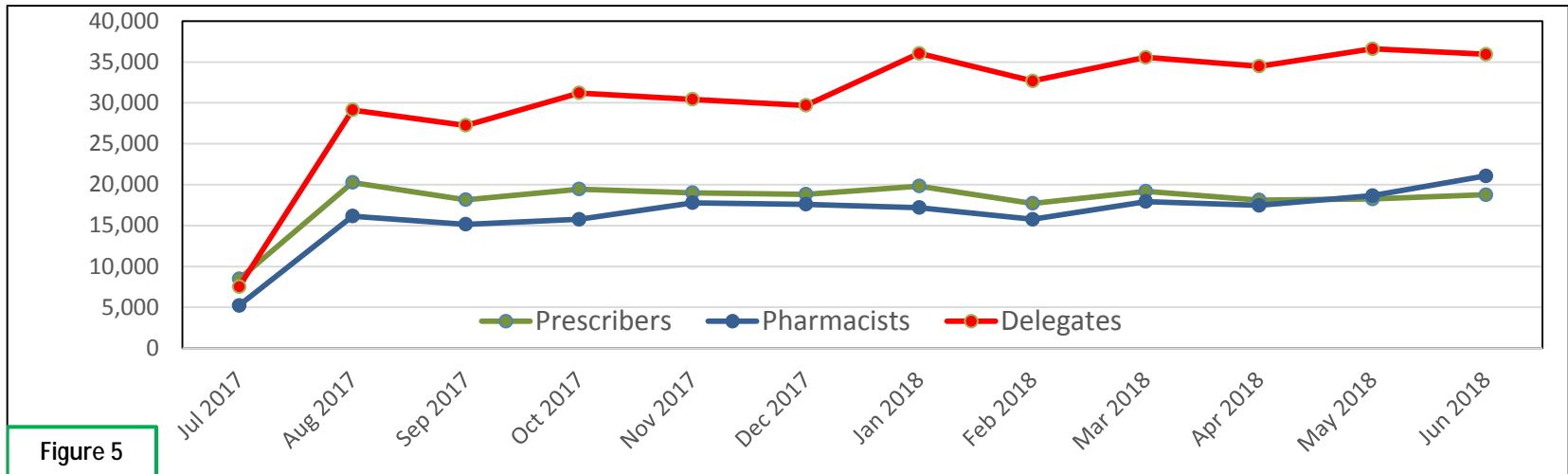


Figure 5

Although prescribers (MD,PA,DO,Res) represent the highest number of registered users, Delegates account for almost twice as many patient inquiries. This was probably caused by clinicians delegating PDMP use to other staff in their practices. Another trend in SFY 2018 utilization data was an increase in active system users. In short, the PDMP is being used more.

Overall, the number of active PDMP users increased by 11% during from the previous two quarters of 2017 to the end of 2018. The largest distribution of the increase was for delegates, followed by pharmacists and then prescribers as a combined group.

User Role	Active users Jul 1, 2017 thru Dec 31, 2017*	Active users Jan 1, 2018 thru Jun 30, 2018*	% Change
Physician (MD, PA, DO, Res)	1,920	1,978	3.0%
Delegates	1,405	1,697	20.8%
Pharmacists	768	830	8.1%
Nurse Practitioner / Clinical Nurse Specialist	617	680	10.2%
Dentist	201	272	35.3%
Optometrist/Podiatrist (DPM)/Naturopathic Physician	27	29	7.4%
Veterinarian	10	6	-40.0%
Totals	4,948	5,492	11.0%



Prescription Drug Use in New Hampshire

Background: How PDMP tracks prescriptions

The information in the PDMP comes from pharmacies. By law, all pharmacies in New Hampshire, including veterinarians, are required to report the controlled substances they dispense to the PDMP. Controlled substances are drugs that can be misused, diverted and may lead to a substance use disorder. Hospitals that administer drugs to patients in their facility are exempt, and do not have to report to the PDMP, as well as wholesale pharmacies. An additional exemption is when a patient is dispensed less than a 48 hour supply of a controlled medication in an ER.

This chart shows that for each of SFY 2017 and SFY 2018, prescription counts declined, overall by 7.6%. We attribute this to the timely information prescribers can get from the PDMP, using it as another tool for prescribing decisions.

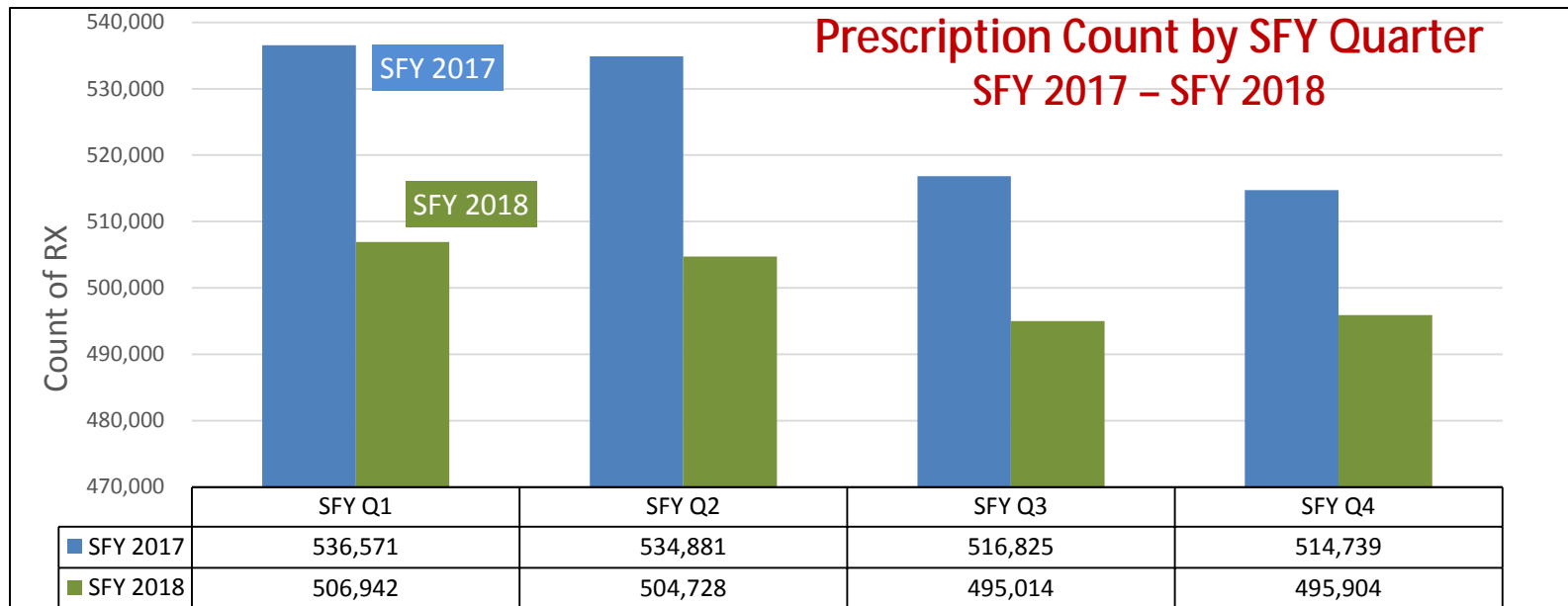


Figure 7



Prescription Drug Use in New Hampshire

Comparison of Prescription Counts of Opioids to Non-Opioids

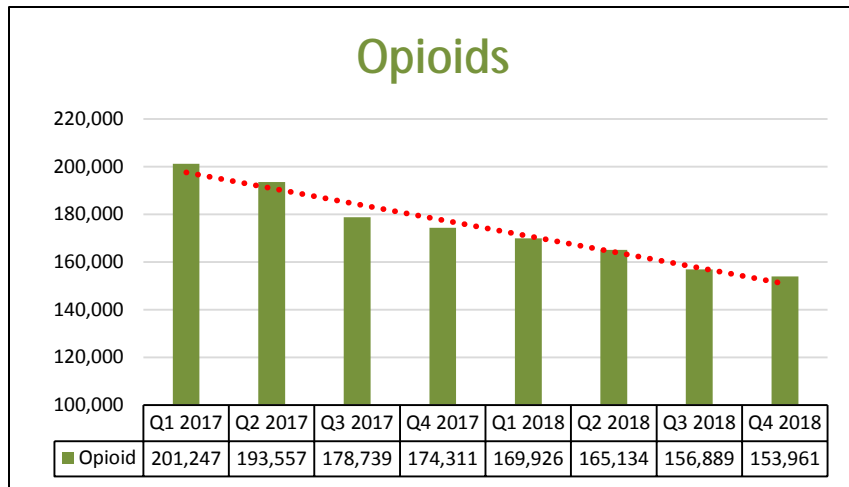


Figure 8



Opioid RX quarterly counts show a steep decline over the 24 months. Therefore the decrease in total RX (shown previously) is driven almost entirely by a decrease in opioid RX.



Non-Opioid RX quarterly counts show a variation of less than 6,000 from quarter to quarter. The trend line over two years is essentially flat with minimal change in RX count.

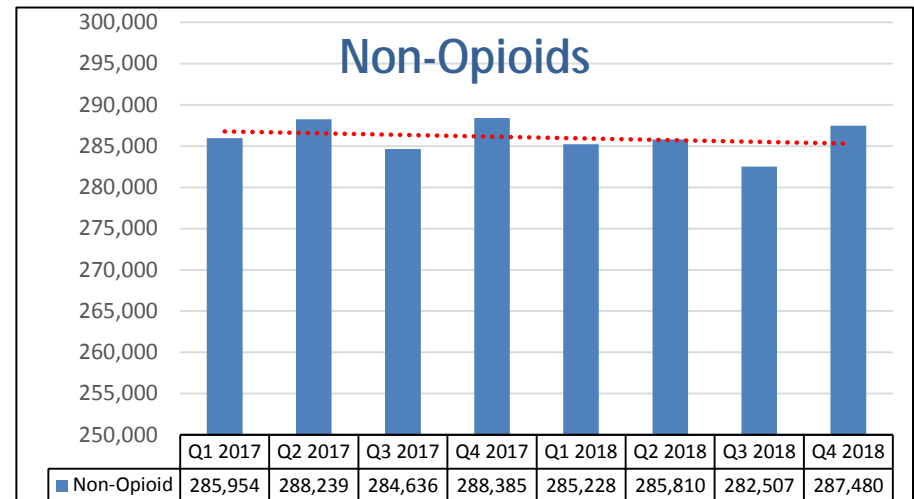


Figure 9

Prescription Drug Use in New Hampshire

Average Number of Units and Average Days Supply per Prescription – Opioids only

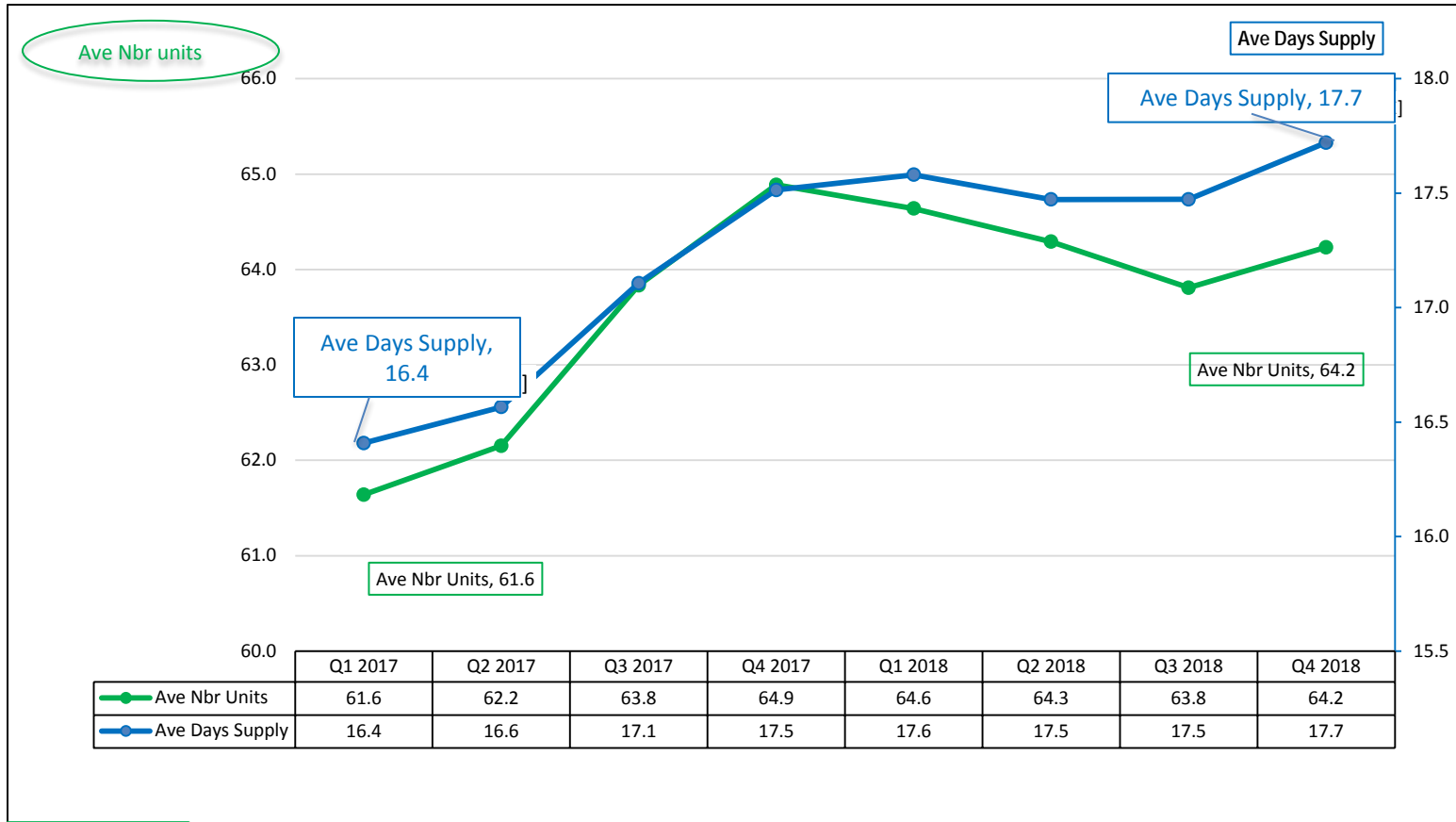
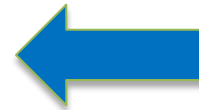
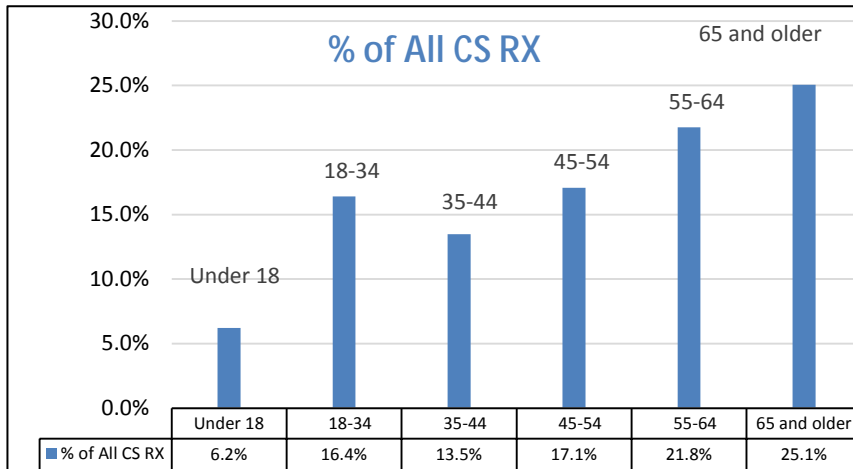


Figure 12



Prescription Drug Use in New Hampshire

The percentage of all controlled substance prescriptions by age range compared to the percentage of opioid only prescriptions. SFY 2017 and 2018 combined.



In essence, as the age of patients increase, the prescribing of Controlled Substances increases.

Figure 10



New Hampshire's 55 and older population are prescribed over half (54.7%) of all opioid prescriptions. The 34 to 54 age range account for makes up a third of all opioid prescriptions.

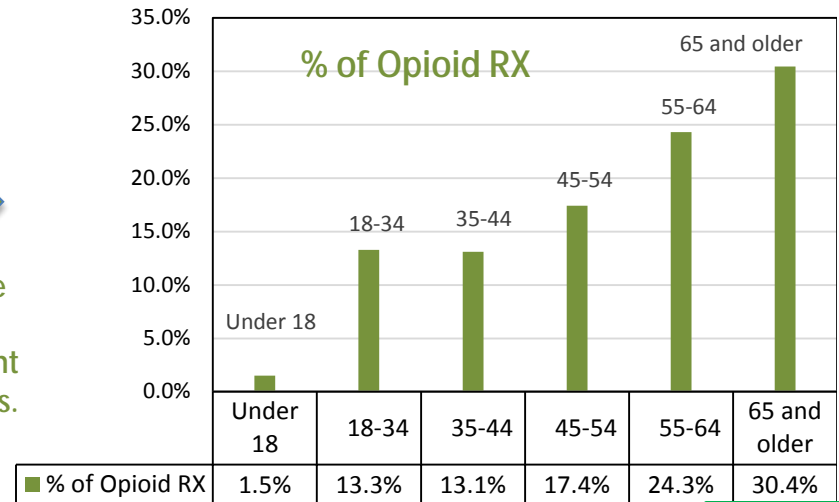


Figure 11



Prescription Drug Use in New Hampshire By County – Opioids Only SFY 2018 only

Number of Opioid RX per 1,000 residents, where the RX indicated both the prescriber and the pharmacy had an NH address.

The data show that half of NH Counties are above the statewide value and half are below.

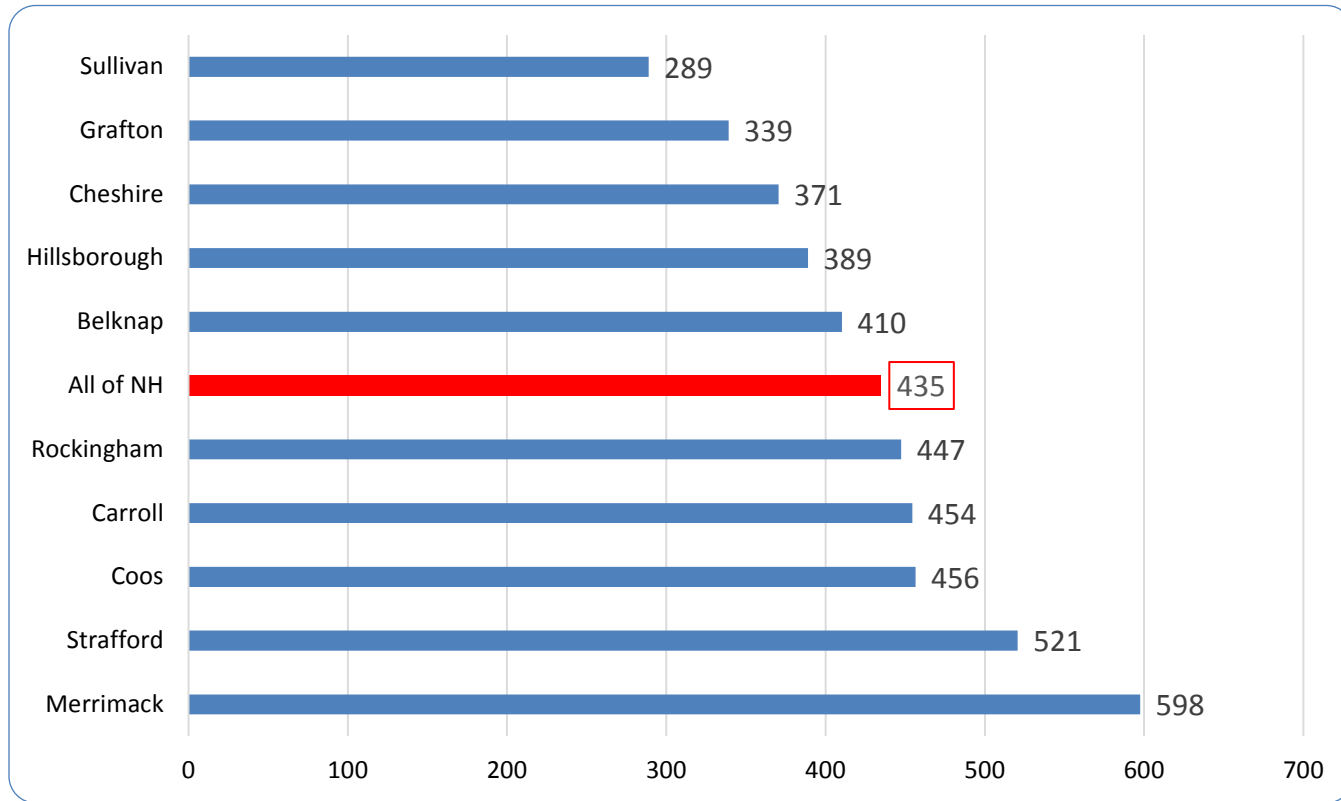


Figure 13

Population Estimate from US Census, July 2017

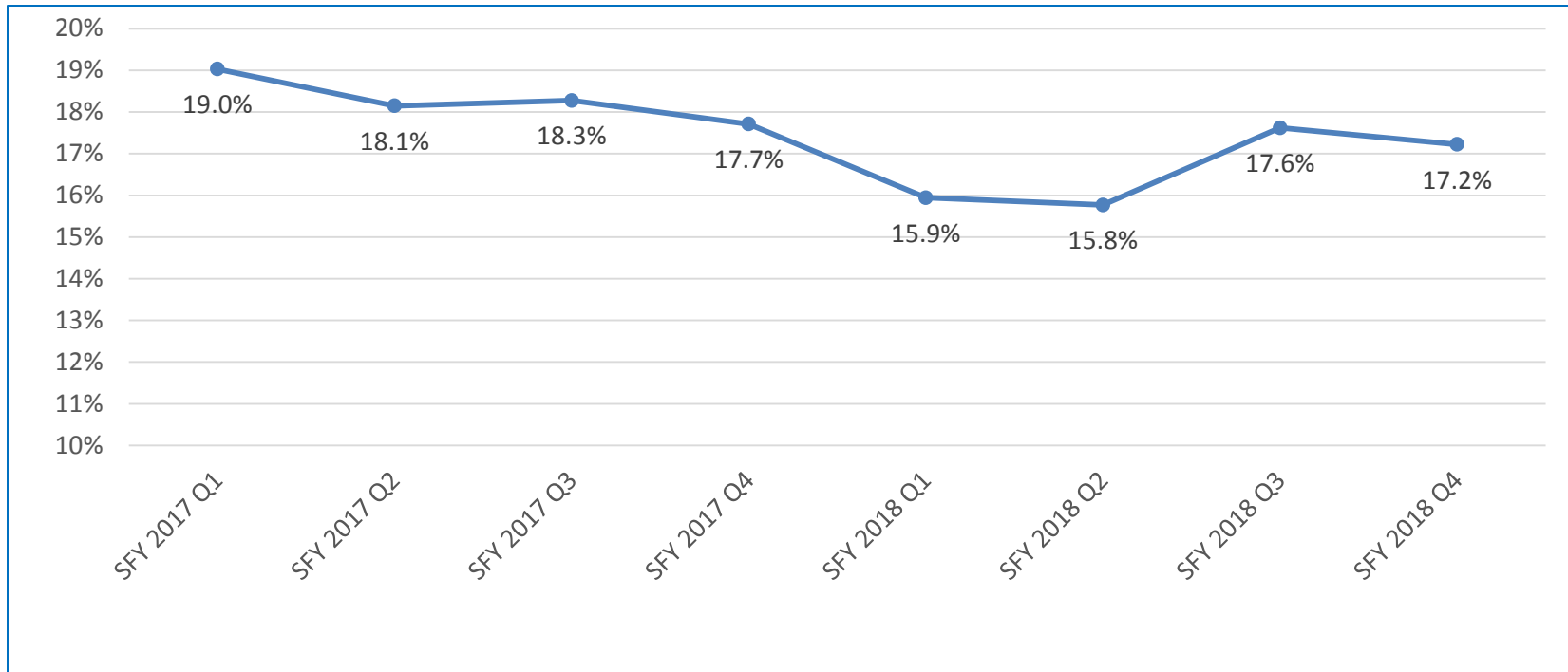


Prescription Drug Use in New Hampshire

Percent of Rx Greater than 100 MME

Opioid Rx only; SFY 2017 – SFY 2018 (Excludes Buprenorphine & Naloxone).

Morphine Milligram Equivalent (MME) is the amount of morphine equivalent to the strength of the opioid dose prescribed. Using MME allows comparison between types and strengths of opioids.



All Prescribers

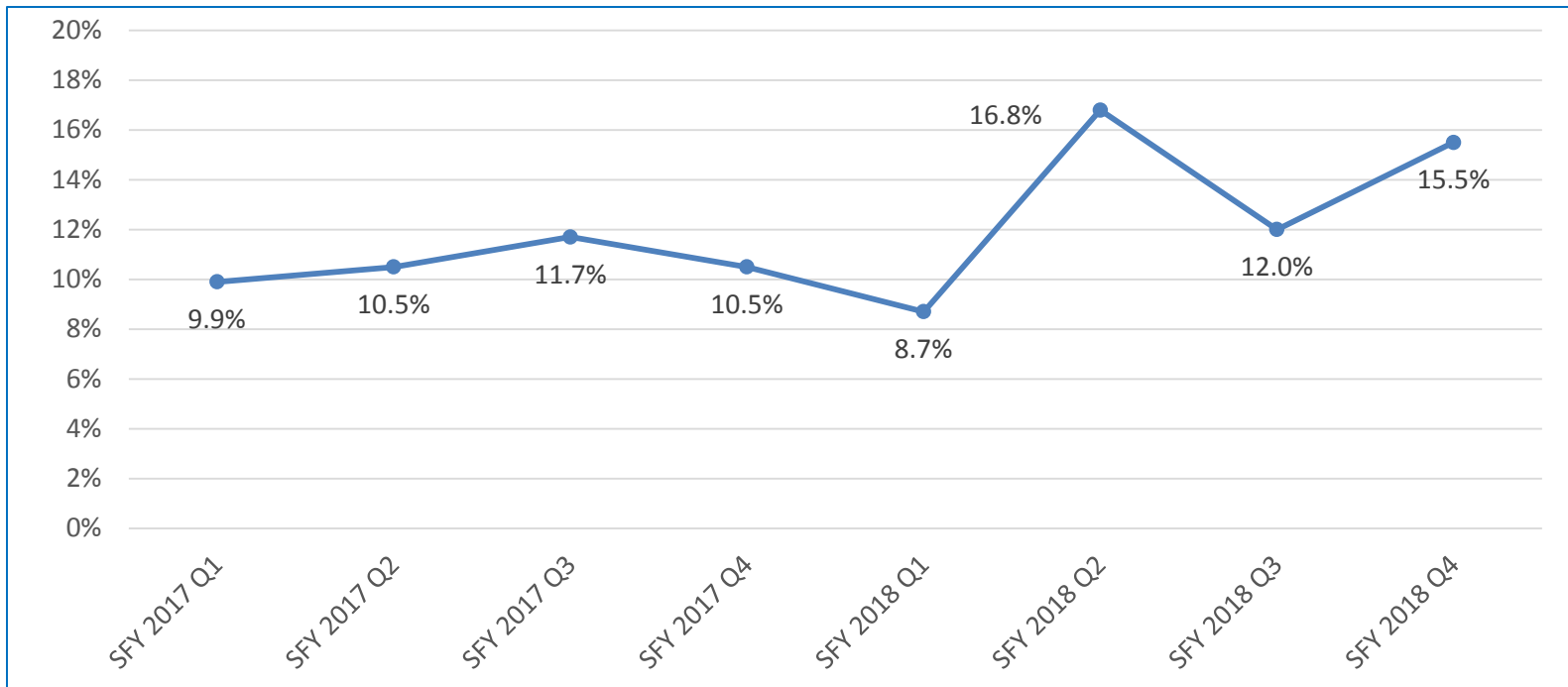


Prescription Drug Use in New Hampshire

Percent of patients prescribed long-acting/extended release opioids who were opioid-naïve.

Measured using all controlled substance prescriptions.

Opioid-naïve is defined as a patient who had not received an opioid prescription in the prior 90 days.



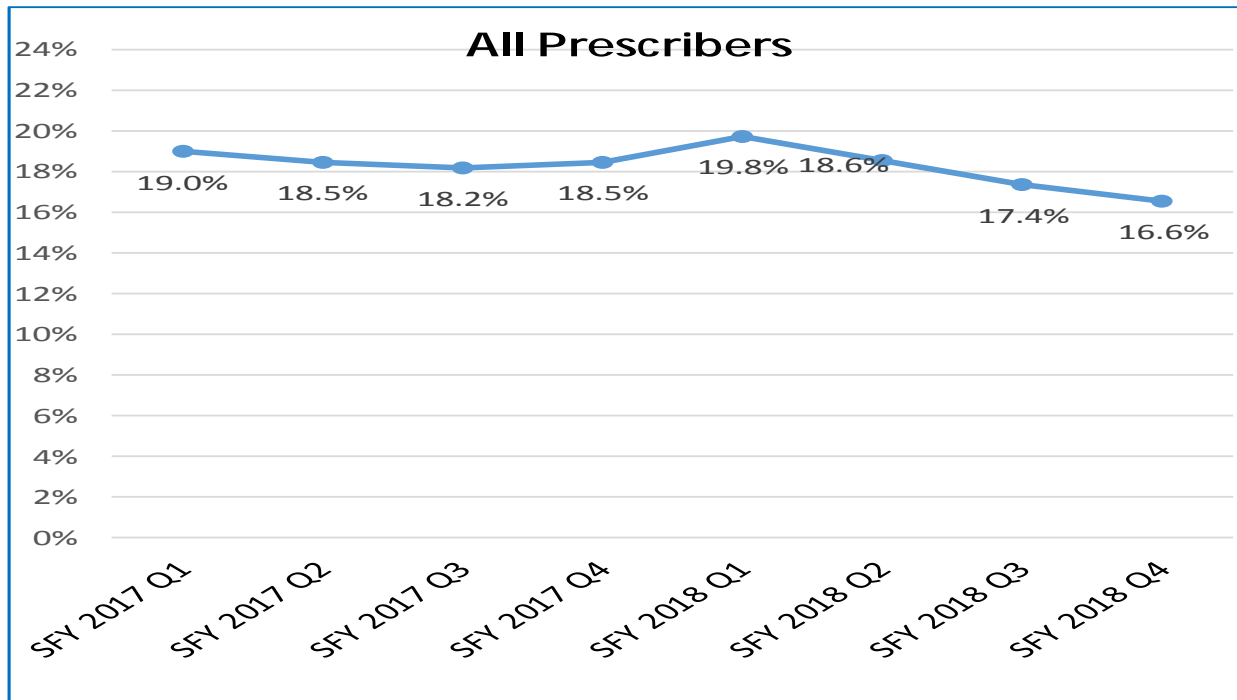
All Prescribers



Prescription Drug Use in New Hampshire

Percent of prescribed opioid days that overlap with benzodiazepine prescriptions.

Patients with combined prescription use of both drugs may be more at risk to become addicted or to die from an overdose. (Source: CDC)



Strategic Planning



NH PDMP MISSION

Promote the quality of patient care and appropriate use of controlled substances for legitimate medical purposes, including deterrence of misuse and diversion of schedule II-IV controlled substances by:

- Ø Inclusion of more accurate and complete data tracking of opioids and other scheduled drug prescriptions
- Ø Helping prescribers and pharmacists make safe prescribing and dispensing decisions
- Ø Improving the identification and education of high risk indicators (e.g. overdose and substance use disorders)



Strategic GOALS for NH PDMP

1 Provide an easy and accurate tool that improves prescribing and dispensing decisions

- *Provide health care practitioners a tool that supports them in reducing the misuse and diversion of controlled substances, while assisting patients with legitimate medical needs with appropriate access to controlled substances*
 - *Increase the number of enrolled prescribers and dispensers and their use of the program*
 - *Improve the usability and integrity of the PDMP*

2 Develop advanced analytics to improve patient outcomes

- *Use data to support appropriate prescribing and dispensing*
- *Assist prescribers and dispensers in recognizing at-risk patient indicators*

3 Support initiatives through a multi-disciplinary leadership collaborative

- *Collaborate with licensing boards for compliance to statutes/ administrative rules governing the program and partner to support their providers throughout the patient care continuum*
- *Share insights with key stakeholders to inform future policy/ regulation*
 - *Leverage PDMP information to improve public health and public safety policies, strategies, and services*



Program & System Upgrades

- On-Staff Program Analyst
- Data Sharing Agreements
- Clinical Alerts (data collection at first)
- Prescriber Report Cards – Oral Health Grant
- Tool to better monitor utilization of PDMP - CDC Grant
- Hiring of Audit/Compliance staff to review and ensure PDMP data is being uploaded & uploaded accurately in accordance to the law and rules – CDC Grant.



Program & System Upgrades cont...

PDMP Integration with EHR and PDS!!!!!!



LET'S TALK
ABOUT IT



Let's Talk Questions

1. What actions have you taken as a result of using the information from the NH PDMP?
2. What are the challenges of the NH PDMP?
3. What improvements to the PDMP would make it more useful?





"I can tell this prescription is a phony.
The doctor's signature is legible."

**ANY
QUESTIONS?**

Thank You

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