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Philadelphia Drug Monitoring Program and Compliance with Department of Health Requirements

Paniz Heidari, DO
Thomas Jefferson University

William Wieczorek, MD
Thomas Jefferson University

Jayassree Iyer, MD
Thomas Jefferson University

Denise Pineda-Fortin, MD
Thomas Jefferson University

Elizabeth Liveright, MD
Thomas Jefferson University

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Thomas Jefferson Department of Obstetrics and Gynecology

Introduction

Opioid prescribing and deaths in the United States have increased exponentially in the last several decades. As of 2011, the American Academy of Pain Medicine and the Institute of Pain Medicine, estimate there are 100 million people with chronic pain. This is more than cancer, diabetes and heart disease combined. The CDC reports that in 2012 there were 41,502 deaths due to drug poisoning (often referred to as drug-overdose deaths) in the United States, of which 16,007 involved opioid analgesics.

In the zeal to treat pain as the fifth vital sign, we are now realizing that patients have not been appropriately treated for their pain. Opiods have been a mainstay in the treatment of acute pain, cancer, and palliative care. However, a recent paradigm shift over the last several years has seen a surge in treatment of chronic non-cancer pain with narcotics. Chronic non-cancer pain (CNCP) causes significant morbidity, interfering with a patient's ability to perform activities of daily living, family life, and employment and is associated with significant psychological stress.

While several states have already instituted a prescription drug monitoring program(PDMP), legislation passed on Jaunary 1, 2017 in the the states of Pennsylvania mandating physicians screen patients prior to prescribing narcotics and other Schedule II –V drugs. This epidemic has left us posing a critical question—how can we screen patients and monitor their prescription habits.

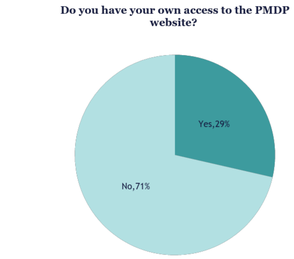
Objectives

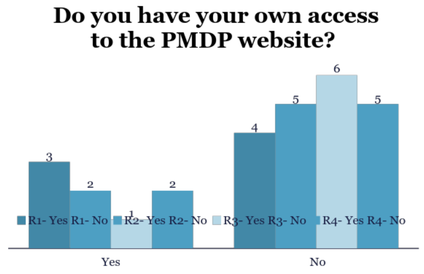
With this newly instituted mandate, we found that many of the resident did not have access to the PDMP query site. Our initial goal is to have 100% of residents have log-in access to the PDMP site. Our long-term goals involve increasing the query of the PDMP website by OB-GYN residents prior to prescribing narcotic pain medication.

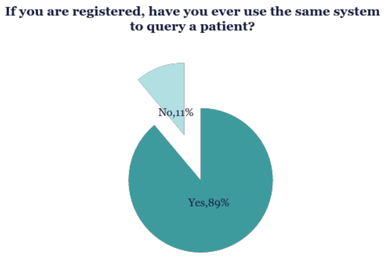
There are several changes that we can make to result in improvement of our initial goal including: identifying residents that require access, working with program coordinator to identify gaps in their PDMP application, and assisting in providing DOH with any additional documentation necessary for access.

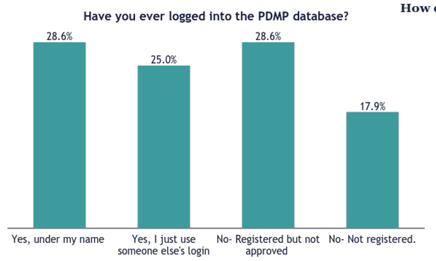
We will measure our improvement with a survey of residents as to their ability to access the PDMP website prior to our intervention and afterwards. After the intervention we wish to survey the residents on their use and utilization of the Pennsylvania Department of Health Drug Prescription Drug Monitoring Program

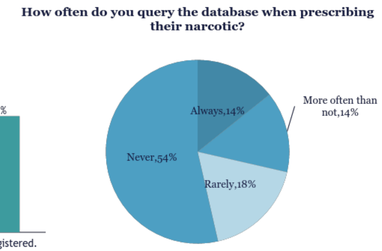
Results

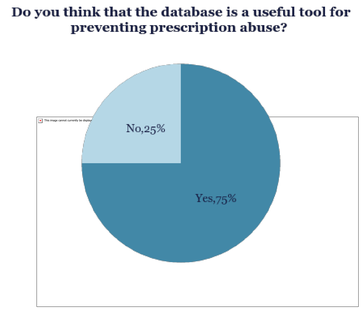


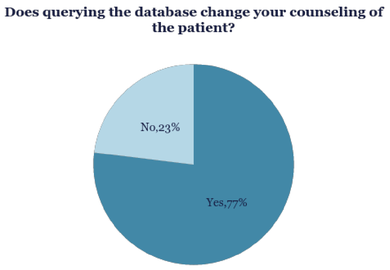












Discussion

From May 8-18, 2017, the obstetrics and gynecology residents at Thomas Jefferson University were surveyed on their views and compliance of the Philadelphia Drug Monitoring Program. Out of the 29 residents in the program, 28 residents responded to the survey. The survey consisted of 12 questions addressing a variety of views and compliance questions. Of the residents that responded to the survey, 29% have their own access to the database and every class has more than 50% of their class without access. 95% of residents have attempted to gain access without success. Some statements that prevented completing the process included a cumbersome process, denial of registration, and the system "not working." More than 50% of residents never query the database when prescribing their narcotic, regardless of whether they have access or use another person's login. Of those residents that have access, 89% use the system to query patients. Despite these statistics, 75% of residents feel that the database is a useful tool for preventing prescription abuse and 77% feel that querying the database changes their counseling of the patient. 100 % of residents indicated they would offer providing personal information in order to receive assistance in obtaining access.

Conclusion

Opioid pain medications remain a mainstay of CNCP treatment, but the number of overdoses or deaths due to these medications continues to climb. A multimodal approach must be utilized to address this crisis, including a more complete understanding of individual prescriber habits and the sources of patient's narcotic prescriptions. Prescription drug monitoring programs aim to curtail these injuries by allowing prescribers to see individual patient's narcotic history, altering their counseling or prescription choices based on the results of the system query.

Our survey of OBGYN residents at a large, urban, academic hospital has demonstrated that utilization of the PDMP is severely limited by resident physician access to the PDMP. Interestingly, while residents predominantly agreed that PDMP queries were useful for preventing abuse, more than half of respondents indicated that they never query the database. Developing department-wide PDMP registration programs and further integration of the PDMP database into the existing EMR may increase utilization by increasing ease of access.

References

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