

Prescription Drug Monitor Programs (PMDP): Combating prescription drug misuse and abuse. A physician's perspective.

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Disclosures

- None

Objectives

- Discuss why PDMPs are important
- Develop a practice protocol for use of PDMPs
- Illustrate the limitations of PDMPs
- Answer common questions regarding Alabama's PDMP
- Reduce prescription drug abuse and misuse

My Practice

- UAB-Huntsville Family Medicine
 - Outpatient
 - 36 Resident Physician Clinics
 - 6 Faculty Physician Clinics
 - 2 Pharm D Clinics
 - 25,000+ OV per year
 - Full spectrum family medicine with obstetrics
 - Huntsville, AL

My Practice

- UAB-Huntsville Family Medicine
 - Inpatient
 - 1000+ admissions per year
 - Full spectrum family medicine with obstetrics
 - Huntsville Hospital System, Huntsville, AL

My Practice

- Medical Ventures of America
 - Urgent Care and Stand-Alone Emergency Department
 - 6 full time physicians
 - 6 full time mid-level providers
 - 3 locations
 - Greater Orlando Area
 - 35,000+ OV per year
 - Full spectrum emergency medicine

My Practice

- Medical Ventures of America
 - Pain Management and Weight Loss
 - 2 full time physicians
 - 2 full time mid-level providers
 - 7,800+ OV per year
 - Invasive and non-invasive pain management
 - Medical weight loss and nutritional counseling
 - Leesburg, FL; Mount Dora, FL; The Villages, FL

My Practice

- Emergency Department Physician
 - Baptist Health Pensacola
 - Pensacola, FL
 - Jay, FL
- Certified in Addiction Medicine
 - Experience with buprenorphine
 - Experience with methadone

PDMP IN PRACTICE

- New Patients (*Family Medicine / Pain / Weight Loss*)
 - Review PDMP prior to evaluation
 - Explore PDMP with the patient
 - Address any concerns with an honest and upfront conversation
 - Multiple Prescribers = RED FLAG
 - Controlled Substances Agreement
 - I will be the only prescriber from this moment onward

PDMP IN PRACTICE

- New Patients (*Urgent Care and Emergency Department*)
 - Review PDMP prior to ALL controlled substance Rx
 - Explore PDMP with the patient
 - Address any concerns with an honest and upfront conversation
 - Multiple Prescribers = RED FLAG
 - Rarely will I give “emergency refills”
 - If I do I always contact the managing/prescribing physician

PDMP IN PRACTICE

- Return Visits (*Family Medicine / Pain Management / Weight Loss*)
 - Review PDMP EVERY time
 - Verify PDMP with Rx bottles
 - Contact the pharmacy if necessary
 - You must not be afraid to wean/discontinue treatment
 - Rely on Controlled Substances Agreement
 - Trust but verify

PDMP IN PRACTICE

Controlled Substances Committee

- UAB-Huntsville Family Medicine
- New this year
- 4 physicians and 1 Pharm D
- Quarterly meetings
- Review all patients receiving controlled substances over 90 days
- Will make recommendations on patient care

FAQ

- Who can access the PDMP?
- Am I required to access to PDMP database?

FAQ

- What if my patient is not listed in the PDMP?
- Where can I store the PDMP data?
- What if someone is committing fraud?

CASE PRESENTATION

55y M complains of chronic right knee pain

- Urgent Care
- Orthovisc injections every 6 months
- Occasional corticosteroid injection
- Does not want a knee replacement
- Active
 - Cycles 75+ miles weekly
 - Owns a construction company and investment firm

CASE PRESENTATION

55y M complains of chronic right knee pain

- Prescribed hydrocodone/acetaminophen 5/325mg PO q12 PRN #60 per month
- Compliant for 12 months
- Complaints of increase pain and noted RTC visits more often for pain
- Noted incorrect pill counts and consistent early refill requests
- Denied early refill/increased medication by our staff
- PDMP revealed multiple prescribers totaling over 200 tablets per month

CASE PRESENTATION

55y M complains of chronic right knee pain

- I had a discussion with the patient about his misuse which had turned into abuse
- I contacted the other prescribers and encouraged them to perform a PDMP query
- I arranged for the patient to have follow up with a pain management specialist with the understanding that he would be weaned from the medication and followed regularly
- At last check he was on oxycodone ER 30mg BID scheduled and had been compliant with clean PDMP for over 18 months

CASE PRESENTATION

33y M, w/c referral, chronic neck and back pain

- Pain Management
- Imaging showed multi level disease
- 2 failed surgical interventions
- Oxycodone ER 30mg PO BID scheduled
- Oxycodone 10mg PO q12 hour PRN
- Dextroamphetamine/amphetamine 20mg ER daily

CASE PRESENTATION

33y M, w/c referral, chronic neck and back pain

- Compliant for 3 years
- Began to have complaints of increased pain and requesting not higher doses but higher quantities of medications
- UDS always consistent with treatment
- PDMP always clean
- Pill counts always correct

CASE PRESENTATION

33y M, w/c referral, chronic neck and back pain

- Concerning that he was asking for higher numbers of pills
- Another patient began to have incorrect pill counts and when confronted admitted the 33y M patient was soliciting patients in the waiting room and outside the office for medications

CASE PRESENTATION

33y M, w/c referral, chronic neck and back pain

- Reported to the local sheriff's office
- Individual was investigated and found to be the lead person in a 57-person illegal opioid trade
- Last known location was in jail

CASE PRESENTATION

48y F, married to a local family medicine physician

- Pain Management
- Imaging revealed multi-level spinal stenosis
- Patient deferred surgery
- Started with hydrocodone/acetaminophen 5/325mg PRN #30 per month
- Increased over 3 years to oxycodone ER 30mg PO BID and hydrocodone/acetaminophen 10/325mg PO q12 PRN

CASE PRESENTATION

48y F, married to a local family medicine physician

- UDS appropriate
- Pill counts appropriate
- Always compliant with office visits
- PMPD revealed 4 other local physicians all supplying hydrocodone/acetaminophen including husband
- Brought both her and her husband in for an office visit and discussed the PDMP
- Encouraged the other prescribers to perform a PDMP query
- Discharged her from the practice with documentation in hand the day of the visit

CASE PRESENTATION

22y F, former employee, recurrent kidney stones

- Urgent Care
- Began as a 1-2 time a year request associated with an office visit
- Increased frequency of requests even on telephone and stated was unable to come to the office but a family member could come by and pick up the prescription

CASE PRESENTATION

22y F, former employee, recurrent kidney stones

- PDMP review revealed multiple prescribing physicians over 12 months over multiple cities
- Discussed this with the patient
- Agreed to treat acute pain related to kidney stones in office under observation when required but no more controlled substances would be provided

CASE PRESENTATION

32y F, nurse, obesity

- Seen in weight loss clinic
- Phentermine hydrochloride 37.5mg daily
- Initially showed expected weight loss over first 6 months
- Became non compliant with dieting and exercise and hit a plateau of weight loss well short of previously designed goal

CASE PRESENTATION

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CASE PRESENTATION

32y F, nurse, obesity

- Demanded continuation of the medication even with non compliance to lifestyle modifications
- Stopped coming to f/u visits when explained that medication would be discontinued until a history of compliance with diet and exercise was documented
- Left poor reviews online

CASE PRESENTATION

32y F, nurse, obesity

- Returned 6 months later apologetic and stating that she had been restarted on a diet and exercise plan for 30 days and was ready to resume treatment
- PDMP showed #360 tablets from 3 different physicians and 6 different pharmacies since she was last seen
- Politely discussed with patient and officially discharged her from the practice and provided a letter stating this prior to her leaving that day.

CASE PRESENTATION

65y male, chronic low back pain, retired musician

- Pain Management
- 5 year h/o with practice
- Appropriate imaging studies
- Failed surgical therapy
- Hydrocodone/acetaminophen 10/325mg PO BID scheduled
- PDMP always appropriate

CASE PRESENTATION

65y male, chronic low back pain, retired musician

- UDS showed cocaine in system
 - Confirmed on send out
- Patient weaned from medication over the next 90 days and discharged from practice
- Illustrative of shortcoming of PDMP alone

CASE PRESENTATION

57y F, chronic neck and back pain

- 10 year history with practice
- Imaging showing degenerative changes, disc disease, and stenosis
- Epidural injections
- Oxycodone ER 10mg PO BID
- No history of missed appointments
- No history of inappropriate UDS
- No history of inappropriate PDMP
- No history of non compliance

PEARLS

- You are NEVER under the obligation to write controlled substances
- Do not be afraid to express your concerns to your patients
- ALWAYS check the PDMP monthly (quarterly in some cases)
- ALWAYS have a written and signed Controlled Substances Agreement with your continuity patients explicitly outlining your expectations

PEARLS

- NEVER write a controlled substance for an intimate partner
- Be cautious of writing a controlled substance for friends or family
 - I will never do continuity of controlled substances for friends and family
- Do not be afraid of bad reviews or “being turned into the board” – If a patient threatens me that is grounds for immediate termination

PEARLS

- You can write for 90 days of a Schedule II substance by writing 3 separate 30-day Rx's
 - Date each with the day they are written
 - Clearly indicate the fill on or after date for each
- Be careful not to let short term turn into chronic
- Discuss with the patient up front the length of treatment and document this in the chart
- Remember that often patients (and physicians) mistake withdrawal for chronic pain

PEARLS

- Remember the limitations
 - Only the information pharmacies provide are in the system
 - Each PDMP is state specific (though this is improving with some states sharing data)
 - Information maybe up to 2 weeks delayed
 - Do not rely on PDMP information alone in assessing misuse or abuse of controlled substances

Questions/Comments

- Feel free to contact me with any questions or comments
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