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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
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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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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