

Prescription Monitoring Program

One Agency's Experience



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Agency Description



- Private non-profit, founded 1973
- \$8.5 M annual budget; staff of 134
- Clinical programs
 - ✓ Opiate Substitution Treatment (OST)
 - 1400 patients at three fixed sites (two in Seattle & one in Olympia) a mobile medication unit and a primary care-based program (both in Seattle)
 - ✓ Intensive Case Management (REACH)
 - homeless, chronic public inebriates
- Research projects

Opiate Substitution Treatment



- Methadone medication
 - ✓ A few patients are on buprenorphine (Suboxone®)
 - ✓ Other medications are used, e.g., disulfiram
- HIV & HCV Education & Risk Reduction
- Levels and types of counseling
 - ✓ Individualized Treatment planning - ASI
 - ✓ Use of Motivational Interviewing (MI)
- Psychiatric services
- Acupuncture

Initial PMP Utilization Process



- Letter to field from CSAT Director encouraging the use of the PMP; Chris Baumgartner meets with WSATOD
- Medical Directors met with me several times to assemble the principles (i.e., **protect patient health and safety**) informing and the details of draft protocols on:
 - ✓ Initial use
 - ✓ Use during the patient admission process
 - ✓ On-going use with patients during treatment
- Vetted the draft protocols through medical and counseling staff and with agency's state and federal regulatory partners
- Notice to patients in December, 2011, encouraging their registration of all prescribed drugs

Initial PMP Utilization Process



- One Medical Director involved in PMP pilot test in December, 2011
- Set up primary accounts with all medical provider (MDs, ARNPs & PA-C)
 - ✓ Secondary accounts with dispensing nurses (RNs) who were to do the bulk of the initial queries
- Started general and intake queries in January, 2012
- Positive PMP findings on patients routed to medical providers for response in accordance with agency protocol

PMP Protocol Initial Query



- Two types of patients would be identified:
 - ✓ Those with no results in PMP
 - ✓ Those with PMP findings
 - The ones we acted on were those where the PMP findings were discordant with what the patients had told (or not told) us.
- Three levels of concern (severity) & action
 - ✓ Level 3 – Patients receiving prescribed methadone
 - ✓ Level 2 – Patients receiving multiple and on-going prescriptions for opioids, benzodiazepines or psychostimulants
 - ✓ Level 1 – Patients receiving one-time prescriptions for scheduled drugs but not at high dose nor on an on-going basis

Principles Informing PMP Protocol



- Medical staff decision-making and actions relating to take-home privileges regarding patients who are found through the PMP query process to have unregistered prescriptions for controlled substances (Level 2) are to be made using the following principles to guide clinical decision-making in these cases:
 1. Protect patient health and safety
 2. Attempt to retain patients in methadone treatment
 3. Protect the safety of the clinic milieu for patients

Responses to Positive Initial Query



- Level 3
 - ✓ Medical provider (MP) holds patient's dose to investigate with patient
 - ✓ If patient agrees to sign a ROI, MP will consult with prescriber and then discuss with medical staff as to next steps
 - ✓ If patient refuses to sign ROI, patient is to be immediately discharged from methadone treatment
 - ✓ No readmission for one year

Responses to Positive Initial Query



- Level 2
 - ✓ Medical provider (MP) holds patient's dose to investigate with patient
 - ✓ If patient agrees to sign a ROI, MP will consult with prescriber and then discuss with medical and counseling staff as to next steps
 - ✓ If patient refuses to sign ROI, patient is to be placed on a 21 day (or longer) administrative taper from methadone treatment

Responses to Positive Initial Query



- Level 1
 - ✓ Medical provider (MP) will notify the patient's counselor and ask to discuss the need to register all medications or,
 - ✓ MP will schedule a meeting with the patient to discuss the need for registering medications.

Initial Query Results



- **1421** patients were enrolled at ETS on January 4, 2012 (1060 in Seattle, 361 at SSC).
- 514 (36.2%) had entries for Schedule 2 – 5 drugs noted in the PMP.
- 2 cases of mistaken/stolen identity were found.

Initial Query Results

	Total		
Drugs Identified	# of Patients with Rx	# Scripts per person	%
Opiates	281	1 - 48	54.7%
Benzodiazepines	154	1 - 27	30.0%
Sedatives/Hypnotics	48	1 - 12	9.4%
Stimulants	14	1 - 10	2.7%
Anabolic Steroids	6	1 - 6	1.2%
Barbiturates	1	3	0.2%
Other	9		1.8%
Total	514		100%

Initial Query Results

Drugs Identified

Drugs Identified	Seattle			SSC		
	# of Patients with Rx	# Scripts per person	%	# of Patients with Rx	# Scripts per person	%
Opiates	206	1 - 48	53.5%	75	1 - 14	58.1%
Benzodiazepines	114	1 - 27	29.6%	40	1 - 9	31.0%
Sedatives/Hypnotics	38	1 - 12	9.9%	10	1 - 6	7.8%
Stimulants	12	1 - 10	3.1%	2	3 - 8	1.6%
Anabolic Steroids	5	1 - 6	1.3%	1	4 - 4	0.8%
Barbiturates	1	3	0.3%	0	0	0.0%
Other	9		2.3%	1		0.8%
Total	385		100.0%	129		100.0%

Initial Query Results

Medical Provider Severity Rating

SEVERITY RATING	Frequency SEA	%	Frequency SSC	%	Frequency Total	%
Approved/None Taken (0)	74	23.9%	19	20.2%	93	23.0%
Minimal risk (1)	69	22.3%	22	23.4%	91	22.5%
Benzo / Opioids (2)	145	46.8%	50	53.2%	195	48.3%
Other / Methadone (3)	22	7.1%	3	3.2%	25	6.2%
TOTAL	310	100%	94	1.0	404	100%

Initial Query Results

Agency Action

	Seattle	%	SSC	%	Total	%
IGNORE (Suboxone pt.)			9		9	
Discharged	36	11.6%	7	7.4%	43	10.6%
Patient Reminded	110	35.5%	40	42.6%	150	37.2%
Intermediate Discipline	39	12.6%	23	24.5%	62	15.3%
NONE TAKEN*	125	40.3%	24	25.5%	149	36.9%
TOTAL WITH ACTIONS	310	100.0%	94	100.0%	404	100%

*None Taken applies to those patients whose medications were appropriately registered or whose PMP records were attributable to mistaken identity.

Protocol for PMP Utilization During Admission Process



- Patients are advised during psychosocial intake (ASI) that agency will query PMP database prior to admission and, if we find they're currently being prescribed medications that they haven't told us about in the interview, their admission process may be delayed or halted.
- MP, at the time of the medical intake, queries the PMP and, if currently positive for medications not disclosed, the patient will need to sign an ROI for agency MP to consult with prescriber(s) for the intake process to proceed.

Protocol for PMP Utilization During Treatment



- Time intervals:
 - ✓ For patients in their first year in treatment, the PMP will be queried by the patient's MP at least every 6 months.
 - ✓ For patients in their second and subsequent years of treatment, the PMP will be queried by the patient's MP at the time of the patient's Annual Medical Update.
- For Cause:
 - ✓ The MP will query the PMP database whenever a patient is being considered for regular take home privileges, either initially or for any increase in regular take-home level.
 - ✓ The patient's assigned primary Counselor will request a query of the PMP by the patient's MP in any of the following circumstances:
 - Incidents of impairment at the clinic
 - The assigned MP will do a PMP check when notified of an impairment incident.
 - A noticeable change in the patient's appearance and/or behavior at counseling sessions
 - Repetitive positive urine drug tests for opioids, benzodiazepines and/or amphetamines

Lessons Learned



- The PMP is a very important tool in helping us in our efforts to insure the health and safety of patients in OST.
 - ✓ Medication interactions
 - ✓ Collaboration with other medical providers
 - ✓ Therapeutic milieu
- Proper therapeutic use of the PMP requires total staff “buy-in” and coordination.
- Transparency with patients – assurances of no reporting of OST patient info to PMP.