

# The Role of Prescription Drug Monitoring Programs in Managing Opioids:

*A vital component to addressing Opioid Addiction in value-based care delivery*

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Chronic Pain and Substance Use Disorder Summit

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# I Objectives

**1.** Describe prescription monitoring programs in terms of their function and value to providers, patients, hospitals, and payers

**2.** Discuss the current state of the art of PDMP's and challenges to optimal provider utilization

**3.** Explore advancements in PDMP data analytics and visualization

**4.** Offer suggestions for providers on how best to start using PDMP's in their practice

# THE PROBLEM





# Economic Burden of Prescription Opioid Abuse, Overdose and Addiction

## \$78.5 BILLION ANNUALLY<sup>1</sup>

- Direct pharmacy costs
- Medical complications
- Lost productivity
- Law enforcement
- Substance abuse treatment

## COST TO HEALTH INSURERS

- Prescription drug diversion
  - **\$18 to \$70 billion a year**
  - 22 million (21%) of BCBS members filled an opioid prescription in 2015<sup>2</sup>
  - BCBS members with an **opioid use disorder diagnosis spiked 493%** over a seven year period<sup>2</sup>
- Opioid Overdose
  - Avg. cost of care ***per ICU overdose admission = \$92,408 in 2015<sup>3</sup>***
- A single doctor shopper **costs insurers \$23,000-\$25,000 per year and up to \$15,000 in excess costs<sup>4</sup>**

1. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. [Florence CS<sup>1</sup>, et al.](#) 2016 Oct;54(10):901-6
2. America's Opioid Epidemic And Its Effect On The Nation's Commercially-insured Population. Blue Cross Blue Shield The Health of America Report. June 29, 2017
3. The Critical Care Crisis of Opioid Overdoses in the United States. Stevens Jennifer P, et al. Annals of the American Thoracic Society. <https://doi.org/10.1513/AnnalsATS.201701-022OC>. Published online August 11, 2017. Accessed September 12, 2017.
4. [Economic Burden of Prescription Opioid Misuse and Abuse: A Systematic Review](#). Oderda, GM, et al. [Journal of Pain & Palliative Care Pharmacotherapy](#) Vol. 29 , Iss. 4, 2015

# Problems for Providers and Health Systems

1. Not enough time
2. Declining reimbursements
3. Increased operational costs
4. Overwhelming burden of maintaining compliance
  - o PDMP-check mandates
  - o Prescribing limits and fines
  - o MIPS/MACRA
  - o If it's not documented, it didn't happen
5. Increasing medico-legal risk
  - o Personally
  - o Provider-employees
6. EHR's and other unsolvable technological riddles

# I Problems for Payers

1. Untreated/undiagnosed **substance abuse is incredibly expensive**
  - o Inaccurate diagnoses leads to ineffective, yet expensive treatments
  - o Poorly treated co-morbid conditions due to active addiction
2. Fraud, waste, and abuse in lab testing and other areas
3. Increased operational costs
  - o Increased administrative burden
4. Lack of real-world guidance on policy-making
5. Crossing the cultural chasm to partner with providers/systems to create value-based reimbursement structures

# Problems for Government Dealing with the **Opioid Abuse Epidemic**

1. Our people are dying
2. The costs are staggering- economic, social, and individual
3. Demands for action without enough practical information
4. Societal expectations of an immediate and effective solution
5. Unintended consequences of legislation
6. Differing agendas and information from various sources

**We ALL want to solve this problem and help our friends, families, and our society get better**



**We Can't Talk About**

**Opioid Addiction**

**Without Talking About**

**Chronic Pain**

# When Dealing with Pain and/or Addiction, Most Providers Don't Know How to Differentiate What's Actually Going On:

1. Chronic pain without psych or addiction issues
2. Chronic pain **with** psychological issues
3. Chronic pain with active addiction
4. Active addiction presenting as chronic pain
5. Chronic pain in recovering person

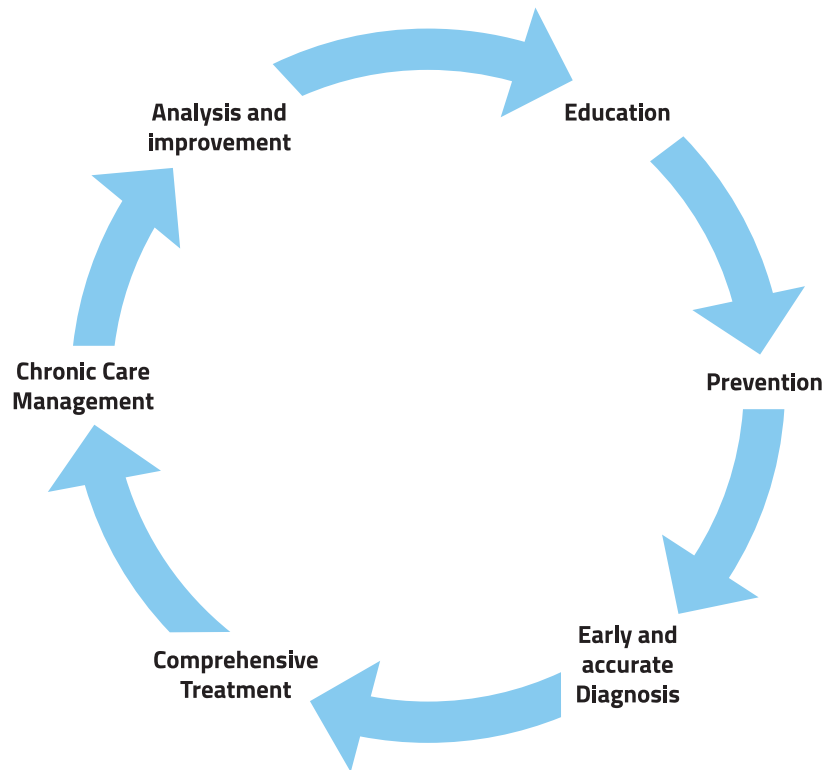
**If you only** treat the pain, the addiction (and costs) worsen.

**If you only** treat addiction, the pain (and costs) worsen.

**You must treat BOTH**

# The Future of Healthcare:

## Technology Interwoven with Hands-on Patient Care



# Early, Accurate Diagnoses Saves Lives

- **Avoid starting that risky first opioid prescription**

- Costly for opioids themselves

Additional costs for medications to treat Opioid-Induced Constipation (OIC)

- **Avoid “ineffective” pain management** and tens of thousands of dollars spent on medications and procedures because of a missed substance abuse diagnosis

- **Decrease early readmission to hospitals** and extended length of stays

- **Identify super-high-utilizers of healthcare services**

- *Not everyone has a substance abuse problem*

- **Deliver significant cost savings to Hospitals, Medicare/Medicaid, State-funded plans, employers, workers comp and third-party payers**

- Decrease prescription costs for opioids and other abusable medications
  - Decrease costs for ancillary medications to treat opioid-induced constipation
  - Decrease direct healthcare costs from substance abuse-related injuries and illness

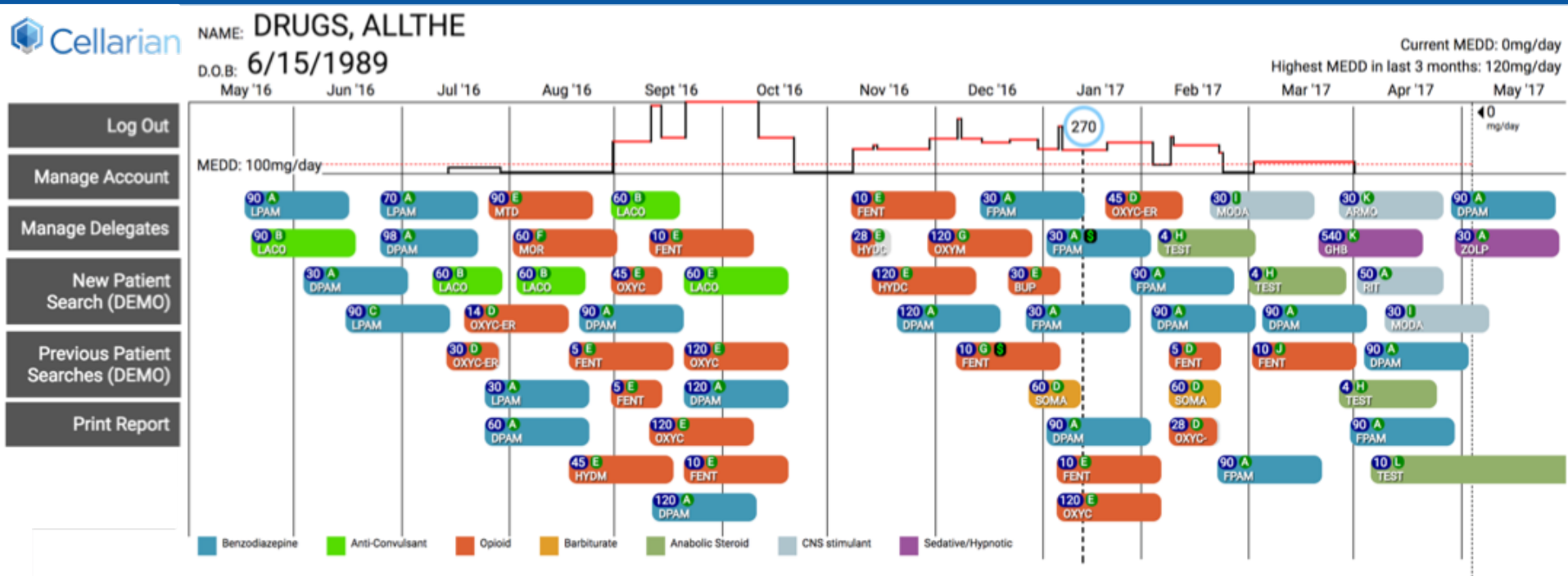
# I Providers, What Do **You** Want?

- Deliver the best care possible to patients
- Make my job easier
- Save time
- Maintain compliance- support best practices
- Decreasing administrative burden
- Improve my bottom line ...as the result of doing great work
- Help our society (and ourselves) lead healthier, more fulfilling lives

# I Payers and Legislators... What Do **You** Want?

- Support the best care possible to our constituents/members
- Create policies that support the best interests of all stakeholders
- Save money for our customers/society
- Decreasing administrative burden
- Make my job easier
- Improve my bottom line ...as the result of doing great work
- Help our society (and ourselves) lead healthier, more fulfilling lives

***...so you can stop guessing who needs help***





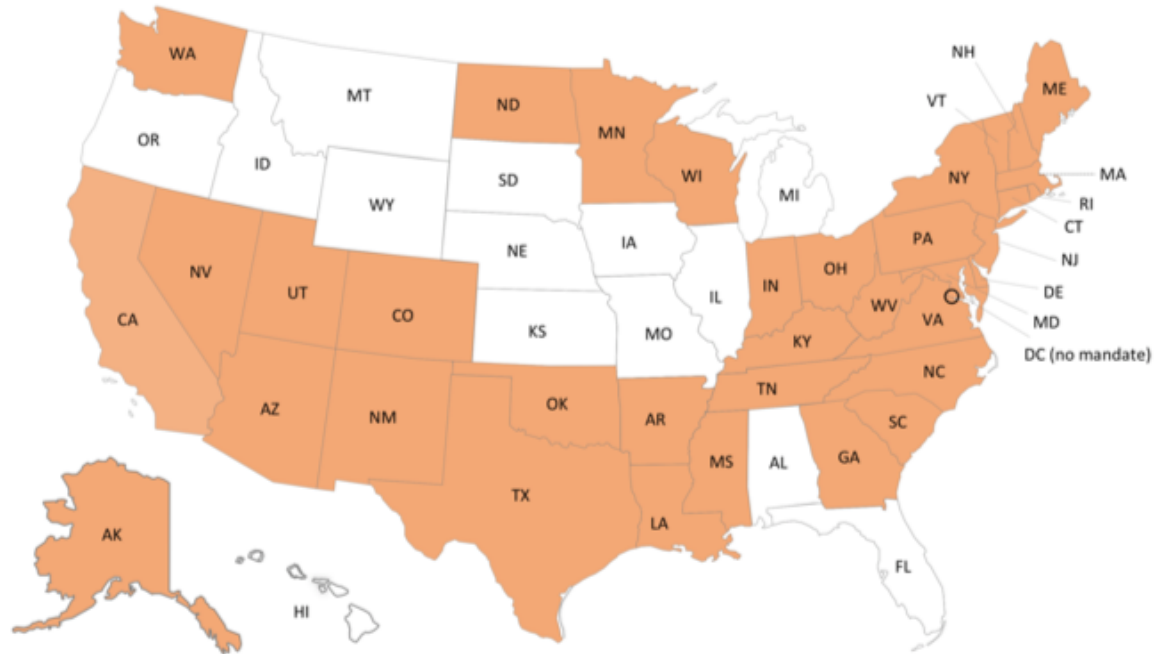
# Prescription Drug Monitoring Programs (PDMP or PMP)

1. State-run electronic databases that track the prescribing and dispensing of controlled prescription drugs to patients
2. Designed to monitor for suspected abuse or diversion of prescribed controlled substances
3. Can help prescribers and pharmacists identify patients at high-risk who would benefit from early interventions, such as substance abuse treatment
4. Helps hospitals and insurers support better patient care, improve outcomes, and decrease risk



<https://www.cdc.gov/drugoverdose/pdmp/index.html>

## Mandated Use of PMPs – 36 States with Specified Circumstances Requiring Prescriber Access\*



\* Exceptions may apply and effective dates may vary. Preparation for implementation may result in a time difference between the enactment and effective date(s) and date of implementation of the mandate. For more information about mandated use of PMPs, please see *Mandated Use of Prescription Drug Monitoring Programs (PMPs) – Highlights of Key State Requirements*, [www.namsdl.org](http://www.namsdl.org)

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# I What **Information** Do PDMP's Provide?

## **Prescription data**

- Date written and dispensed,
- Patient, prescriber, pharmacy
- Type of medicine, dose
- # of days supplied (calculated)
- Source of payment
- MEDD (calculated)
- Captures filled prescriptions- often reported within 24 hours

# I PDMP Stakeholders

## **Access varies by state**

- Prescribers and pharmacists
- Health profession licensure boards
- Law enforcement
- Medical examiners and coroners
- State and Federal Governments
- Drug courts
- Addiction treatment programs
- Third party payers (some states)
- State Medicaid programs
- Patients

# Where Does the **PDMP** Data Typically Come From?

- **All dispensing by non-hospital pharmacies** in a state
  - Retail pharmacies (in-state, mail order, Internet)
  - Includes all payers, commercial and government
  - Includes **cash-pay**
- Hospitals dispensing controlled substances to emergency department patients (e.g. >48 hour supply)
- Practitioners dispensing a controlled substance in the office
- Dispensing from Department for Veterans Affairs pharmacies

# I PDMP's Typically **do NOT** Track:

- **Methadone** administered at a federally regulated methadone clinic (OTP)
- Controlled substances dispensed for **oral or IV administration to patients in hospitals**, long-term care facilities, jails or correctional facilities
- Dispensing by **military pharmacies**
- **Hospice** facilities
- **Schedule I or other illegal drugs**
  - (including Colorado's...ahem...budding medical marijuana market)



# I The Beauty of PDMPs

- Help providers identify patients with possible substance use disorders
  - Early intervention and referral for evaluation/treatment
  - Prevent inadvertent enabling
  - Identify diversion of controlled substances (including buprenorphine)
  - **Works best in conjunction with drug testing**
- Enable long-term monitoring for medication compliance
  - Supports provider confidence
- Empower providers and pharmacists to draw boundaries
- Provides opportunity to dialogue with your patient or colleague

***HOWEVER, PDMPs are NOT one-stop Addiction-Diagnosis Genies!***



# I **Benefits to Provider**

- **Better patient care**
- **Save time**
- **Decrease risk**
- **Support/document appropriate prescribing**
- **Prevent inadvertent enabling of abuse or diversion**
- **Maintain regulatory compliance**
  - Mandated use of PDMP in Texas begins 9/1/2019 (HB 2561)
    - Opioids, benzodiazepines, barbiturates or Carisoprodol (Soma)



# I The Value of PDMP Data

## ■ Improve patient health care and safety

- Early identification of high-risk, high-cost patients
- Early identification of risky or **inappropriate prescribing or dispensing**

## ■ Improve outcomes

- Decrease early readmission rates/extended LOS due to "unmanaged pain"
- Refine best practices and standards of care
- Can support patient compliance to treatment plan

## ■ Reduce healthcare and societal costs

- Unnecessary admissions, tests, procedures, and medications
- Identify and treat co-morbid chronic diseases
- Workers comp- decrease work-related accidents and injuries

## ■ Better prediction of population health status

- More efficient use of resources

# I The Value of PDMP Data for Payers

- ***Reduce costs/Improve operational efficiency***
- ***Identify providers*** that have prescribed and dispensed to these individuals
  - Benchmarking standards among peers of same specialty
  - Decrease possible fraud, waste, and abuse
  - Reward/support responsible prescribers
- ***Fosters data-sharing and collaboration with hospitals, providers, and purchasers***
- ***Better value to employer purchasers***
  - Empowers transition to **value-based contracting model**



# Problems With Current PDMP's

Filled	ID	Prescribed	Medication	QTY	Days	Prescriber	Rx #	Pharmacy*	Refills	MEDD	Pymt Type	State
02/14/2017	2	02/14/2017	HYDROCODON-ACETAMINOPHEN 10-325	90.0	30			THE W (3405)	0	30.0	Medicare	TX
02/08/2017	3	01/19/2017	CLONAZEPAM 1 MG TABLET	60.0	30			HEB P (2205)	0		Medicare	TX
02/08/2017	3	01/19/2017	ZOLPIDEM TARTRATE 10 MG TABLET	30.0	30			HEB P (2205)	0		Medicare	TX
01/13/2017		01/11/2017	OXYCODONE-ACETAMINOPHEN 10-325	60.0	30			WALGR (6933)	0		Medicare	LA
01/12/2017		01/12/2017	CLONAZEPAM 1 MG TABLET	60.0	30			WALGR (6933)	0		Medicare	LA
01/06/2017	4	11/09/2016	ZOLPIDEM TARTRATE 10 MG TABLET	30.0	30			WALGR (3037)	0		Medicare	TX
12/15/2016		11/16/2016	OXYCODONE-ACETAMINOPHEN 10-325	60.0	30			WALGR (6933)	0		Medicare	LA
12/09/2016		12/09/2016	CLONAZEPAM 1 MG TABLET	60.0	30			WALGR (6933)	0		Medicare	LA
12/07/2016		11/09/2016	ZOLPIDEM TARTRATE 10 MG TABLET	30.0	30			WALGR (6933)	1		Medicare	LA
11/16/2016		11/16/2016	OXYCODONE-ACETAMINOPHEN 10-325	60.0	30			WALGR (6933)	0		Medicare	LA
11/12/2016		11/09/2016	CLONAZEPAM 1 MG TABLET	60.0	30			WALGR (6933)	0		Medicare	LA
11/09/2016		11/09/2016	ZOLPIDEM TARTRATE 10 MG TABLET	30.0	30			WALGR (6933)	0		Medicare	LA
10/26/2016		10/26/2016	HYDROCODON-ACETAMINOPHEN 5-325	6.0	1			WALGR (1818)	0		Medicare	LA
10/21/2016		10/21/2016	HYDROCODON-ACETAMINOPHEN 5-325	6.0	1			LOUIS (5673)	0		Medicare	LA
10/14/2016		10/14/2016	CLONAZEPAM 1 MG TABLET	60.0	30			WALGR (6933)	0		Medicare	LA
10/10/2016		09/06/2016	ZOLPIDEM TARTRATE 10 MG TABLET	30.0	30			WALGR (6933)	1		Medicare	LA
10/05/2016		10/04/2016	OXYCODONE-ACETAMINOPHEN 5-325	60.0	7			WALGR (6933)	0		Medicare	LA
09/20/2016		09/19/2016	HYDROCODON-ACETAMINOPHEN 10-325	10.0	2			K & B (8543)	0		Medicare	LA
09/20/2016		09/20/2016	OXYCODONE-ACETAMINOPHEN 10-325	60.0	30			SAMP'S (2348)	0		Medicare	LA
09/09/2016		08/26/2016	CLONAZEPAM 1 MG TABLET	60.0	30			WALGR (6933)	0		Medicare	LA
09/08/2016		09/06/2016	ZOLPIDEM TARTRATE 10 MG TABLET	30.0	30			WALGR (6933)	0		Medicare	LA
09/07/2016		09/01/2016	HYDROCODON-ACETAMINOPHEN 10-325	45.0	15			WALGR (6933)	0		Private Pay	LA
09/01/2016		09/01/2016	OXYCODONE-ACETAMINOPHEN 10-325	45.0	11			WALGR (6933)	0		Medicare	LA
08/22/2016		08/22/2016	HYDROCODON-ACETAMINOPHEN 10-325	90.0	30			WALGR (6933)	0		Medicare	LA
08/10/2016		07/12/2016	CLONAZEPAM 1 MG TABLET	60.0	30			WALGR (6933)	1		Medicare	LA

# Example: 2<sup>nd</sup> Gen (Typical) PDMP Report



Filled	ID	Prescribed	Medication	QTY	Days	Prescriber	Rx #	Pharmacy*	Refills	MEDD	Pymt Type	State
02/14/2017	2	02/14/2017	HYDROCODONE-ACETAMINOPHEN 10-325	90.0	30			THE W (3405)	0	30.0	Medicare	TX
02/08/2017	3	01/19/2017	CLONAZEPAM 1 MG TABLET	60.0	30			HEB P (2205)	0		Medicare	TX
02/08/2017	3	01/19/2017	ZOLPIDEM TARTRATE 10 MG TABLET	30.0	30			HEB P (2205)	0		Medicare	TX
01/13/2017		01/11/2017	OXYCODONE-ACETAMINOPHEN 10-325	60.0	30			WALGR (8933)	0		Medicare	LA
01/12/2017		01/12/2017	CLONAZEPAM 1 MG TABLET	60.0	30			WALGR (8933)	0		Medicare	LA
01/06/2017	4	11/09/2016	ZOLPIDEM TARTRATE 10 MG TABLET	30.0	30			WALGR (3037)	0		Medicare	TX
12/15/2016		11/16/2016	OXYCODONE-ACETAMINOPHEN 10-325	60.0	30			WALGR (8933)	0		Medicare	LA
12/09/2016		12/09/2016	CLONAZEPAM 1 MG TABLET	60.0	30			WALGR (8933)	0		Medicare	LA
12/07/2016		11/09/2016	ZOLPIDEM TARTRATE 10 MG TABLET	30.0	30			WALGR (8933)	1		Medicare	LA
11/16/2016		11/16/2016	OXYCODONE-ACETAMINOPHEN 10-325	60.0	30			WALGR (8933)	0		Medicare	LA
11/12/2016		11/09/2016	CLONAZEPAM 1 MG TABLET	60.0	30			WALGR (8933)	0		Medicare	LA
11/09/2016		11/09/2016	ZOLPIDEM TARTRATE 10 MG TABLET	30.0	30			WALGR (8933)	0		Medicare	LA
10/26/2016		10/26/2016	HYDROCODONE-ACETAMINOPHEN 5-325	6.0	1			WALGR (1818)	0		Medicare	LA
10/21/2016		10/21/2016	HYDROCODONE-ACETAMINOPHEN 5-325	6.0	1			LOUIS (5873)	0		Medicare	LA
10/14/2016		10/14/2016	CLONAZEPAM 1 MG TABLET	60.0	30			WALGR (8933)	0		Medicare	LA
10/10/2016		09/06/2016	ZOLPIDEM TARTRATE 10 MG TABLET	30.0	30			WALGR (8933)	1		Medicare	LA
10/05/2016		10/04/2016	OXYCODONE-ACETAMINOPHEN 5-325	60.0	7			WALGR (8933)	0		Medicare	LA
09/20/2016		09/19/2016	HYDROCODONE-ACETAMINOPHEN 10-325	10.0	2			K & B (8543)	0		Medicare	LA
09/20/2016		09/20/2016	OXYCODONE-ACETAMINOPHEN 10-325	60.0	30			SAMP'S (2348)	0		Medicare	LA
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09/07/2016		09/01/2016	HYDROCODONE-ACETAMINOPHEN 10-325	45.0	15			WALGR (8933)	0		Private Pay	LA
09/01/2016		09/01/2016	OXYCODONE-ACETAMINOPHEN 10-325	45.0	11			WALGR (8933)	0		Medicare	LA
08/22/2016		08/22/2016	HYDROCODONE-ACETAMINOPHEN 10-325	90.0	30			WALGR (8933)	0		Medicare	LA
08/10/2016		07/12/2016	CLONAZEPAM 1 MG TABLET	60.0	30			WALGR (8933)	1		Medicare	LA

# The Current PDMP “Solution” Doesn’t Fit Well into Clinical Practice

- Great potential, poor utilization
  - Time-consuming and cumbersome-
  - Minimal or no analytics nor clinical guidance
  - Doesn’t fit into clinical workflow
  - Strong pushback from prescribers and pharmacies, despite mandated use

Information – no matter how valuable –  
*is worthless* if no one uses it

# The “Ideal” NextGen PDMP

## The Future of Communication is *Visual*

- Fast, robust, user-friendly, real-time
- Data accuracy and integrity
- **Integration of multiple data sources (input)**
- *National data sharing*
- *Deep analytics*
- Data presentation in an intuitive and meaningful way to enable actionable information at the point of care
- Integrated clinical decision-support
- **Integration into HIT systems (EHR/EMR/HIE, PBM, etc)- output**
- Reactive reporting
- Peer-to-peer communication
- **Provider benchmarking and outlier-alerts**

# Cellarian VisionMD Demo

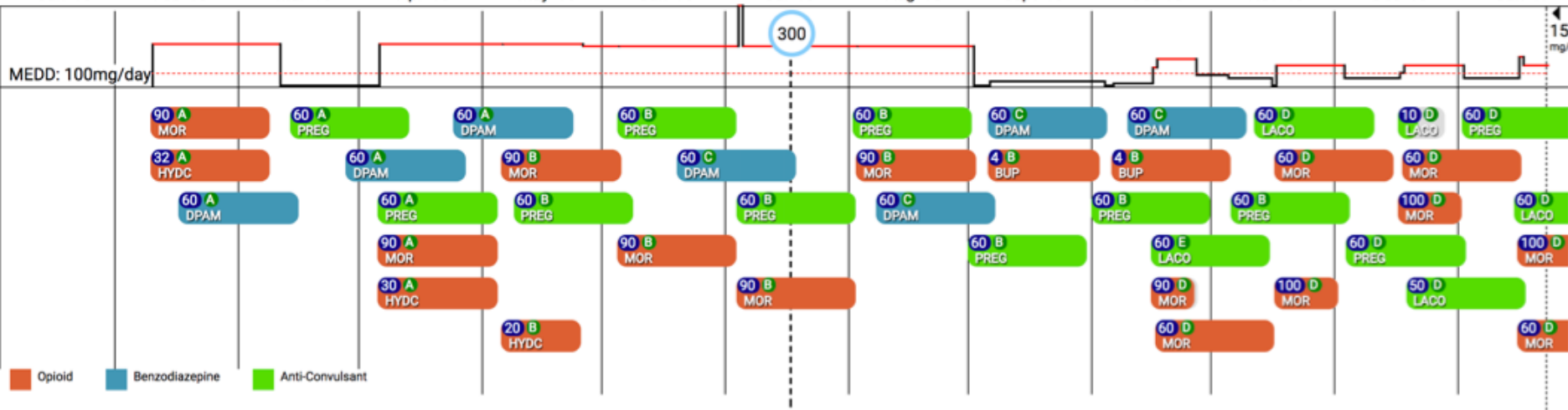
NAME: HIGHDOSE, MARTY

D.O.B: 10/31/1974



Current MEDD: 154mg/day  
Highest MEDD in last 3 months: 214mg/day

Jan '16 Feb '16 Mar '16 Apr '16 May '16 Jun '16 Jul '16 Aug '16 Sept '16 Oct '16 Nov '16 Dec '16 Jan '17



Provider Notes For This Report:

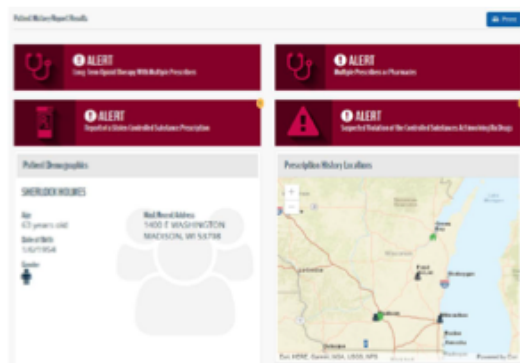
# The “Ideal” NextGen PDMP Interface – Integration

- **Clinical data**
  - EHR/EMR, HIE
  - Diagnoses, ER visits, admissions, overdoses
- **Claims data** (un-silo!!)
  - Medical, behavioral, pharmacy, ER visits, admissions, overdoses, etc.
- **Community health data** (ex: Camden Healthcare Coalition)
  - Local barriers to access, endemic drug use specifics, local disease
  - Identify super-utilizers (may overlap with claims data)
  - Opioid overdoses, ER visits, EMS transport
- **Other data sources**



# Wisconsin's ePDMP

Enhanced User Interface



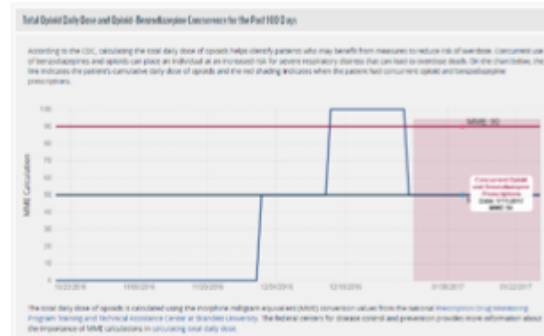
Prescriber Practice Metrics



Law Enforcement Alerts



MME and Opioid-Benzodiazepine concurrence graph



# West Virginia's **RxDataVision**, *powered by Cellarian*



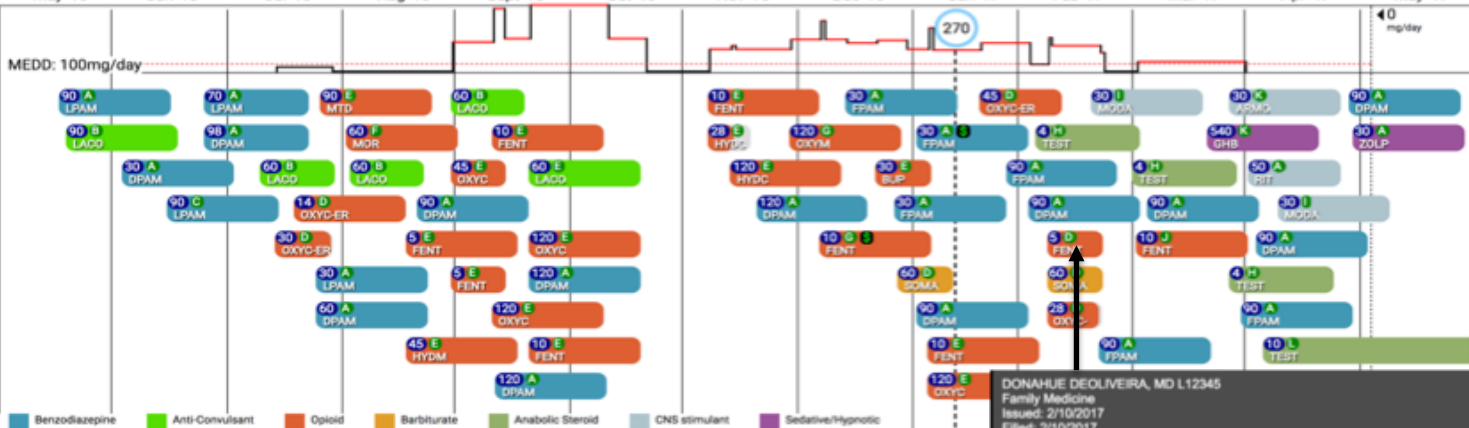
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D.O.B: 6/15/1989

Current MEDD: 0mg/day

Highest MEDD in last 3 months: 120mg/day

May '16 Jun '16 Jul '16 Aug '16 Sept '16 Oct '16 Nov '16 Dec '16 Jan '17 Feb '17 Mar '17 Apr '17 May '17



Provider Notes For This Report:

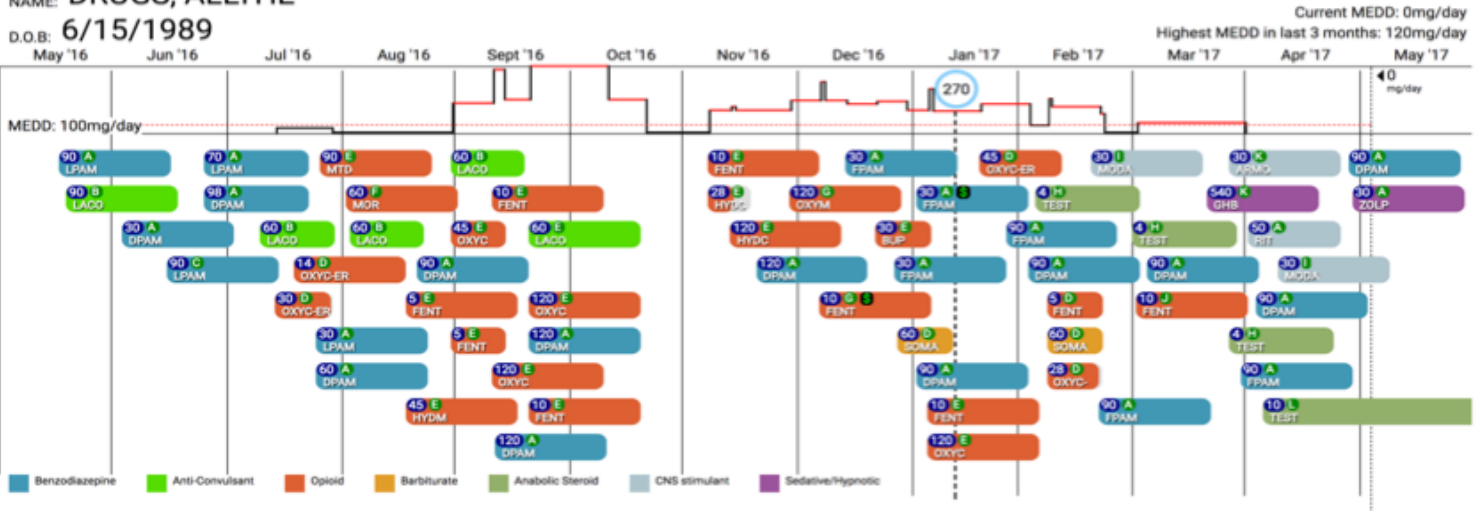
Submit Feedback

DONAHUE DEOLIVEIRA, MD L12345  
Family Medicine  
Issued: 2/10/2017  
Filed: 2/10/2017  
Drug: Fentanyl  
Strength: 100 MCG/HR PATCH  
Quantity: 5  
MEDD: 240  
# of Days: 15  
Refill Num: 0  
RX Number: 001111111  
Pharmacy: BRUNOS GENERAL STORE, 7718 SUNNY ACRES RISING FAWN , TX 77460-0600  
Payment Type: Comm Ins

# Enhanced PDMP's: Make Your Job Easier, and Deliver *Better* Patient Care, *Faster*.



NAME: DRUGS, ALLTHE  
D.O.B: 6/15/1989



Provider Notes For This Report:

Submit Feedback

# The Bottom Line:

## PDMP data will help you:

- Deliver better patient care
- Protect your patient
- Keep you in compliance
- Save Time
- Save money (improved efficiency)

**Stop acting** like you really are reading each patient report and **actually do it!!**

***PDMP enhancement software is available*** that can make using PDMP information into your clinical practice simple and easy. ***Insist on them.***

| **Let's Work Together**



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