Promoting Evidence-Based Opioid Prescribing in Pennsylvania

2020 COAP National Meeting

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March 11, 2020

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Pennsylvania's PDMP Office

Surveillance

- Controlled substance prescribing
- Non-fatal overdose
- Fatal overdose

Analysis

- Dashboards
- Maps
- Targeting
- Public Reports
- Data sharing

Prevention

- **Prescriber education**
- Pharmacist education
- First responder education
- Public education
- Patient advocacy
- **PDMP System**
- **Unsolicited Notifications to Prescribers**
- Overdose alerts
- Local prevention & response

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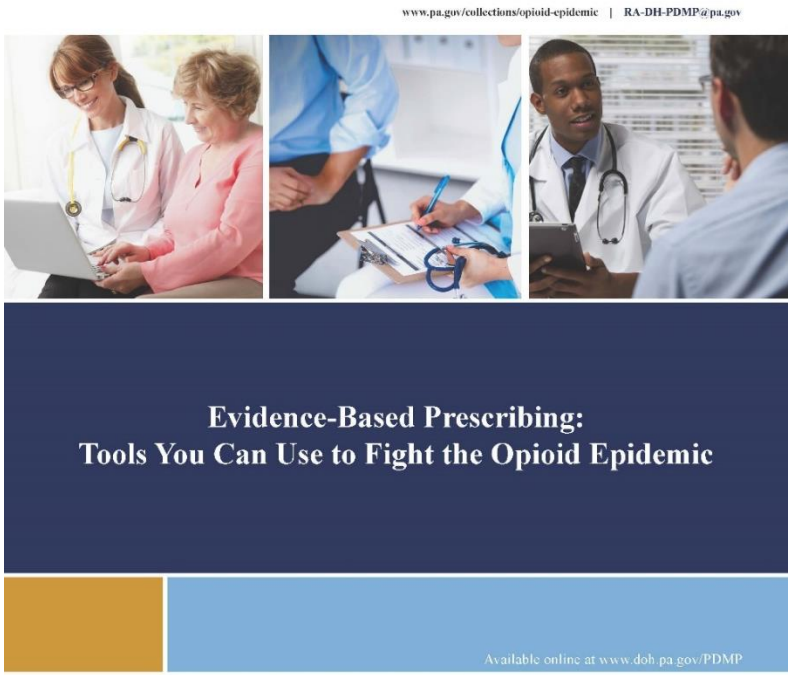

- **Module 1:** Why Using the PDMP is Important for Achieving Optimal Health
- **Module 2:** How to Integrate the PDMP into the Workflow to Make Clinical Decisions
- **Module 3:** Using the PDMP to Optimize Pain Management
- **Module 4:** Opioid Prescribing Guidelines
- **Module 5:** Referral to Treatment for Substance Use Disorder Related to Opioid Use
- **Module 6:** Approaches to Addressing Substance Use Disorder with Patients
- **Module 7:** Effective Opioid Tapering Practices

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Visit www.doh.pa.gov/pdmp and click "Education"

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Prescriber Fact Sheet

Created On: 9/29/2017

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MODULE 2 | www.pa.gov/collections/opioid-epidemic | RA-DH-PDMP@pa.gov

Dear Prescriber…

- ? Is this the first time you are prescribing a controlled substance to your patient?
- ? Are you prescribing an opioid or benzodiazepine medication?
- ? Do you suspect that your patient is abusing or diverting his/her controlled substance medication(s)?

If you answered "yes" to any of the above, you are required to query your patient in the Pennsylvania PDMP system.

Why?

- To ensure that patients are not misusing their controlled substances.
- To link patients to proper care, if needed.
- To aid law enforcement officials about illicit drug use or misuse.

Not registered for the Pennsylvania PDMP system yet?

- As of January 1, 2017, all licensed prescribers and pharmacists in Pennsylvania are required to register with the Pennsylvania PDMP.
- Please visit the Pennsylvania PDMP registration page[1] to begin your registration. Registration will take less than 5 minutes.
- **Prescribers:** You will need your personal Drug Enforcement Administration number and your Pennsylvania Professional License number. Prescribers without a Drug Enforcement Administration number must also register for the PDMP (see the Registration Manual[2] for more information).
- Access to delegates can also be given, however, a separate registration is required.

Resources for more information:

- Registration Manual[2]
- How to Search and Identify "Red Flags"[3]
- Data Submission Dispenser Guide[4]
- Delegate Policies[5]
- Delegate Registration Manual[6]
- How to Search for your Patient Across State Lines[7]

1 http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Pages/Register.aspx
2 http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Documents/PAPDMP-UserRegistrationTutorial.pdf
3 http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Documents/PAPDMP-PatientRecordQueryandWarningSigns.pdf
4 http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Documents/PAPDMP_DispenserGuide_v4.pdf
5 http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Documents/PAPDMP-Delegate_Policies.pdf
6 http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Documents/PAPDMP-DelegateRegistrationTutorial.pdf
7 http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Pages/interstate.aspx

Multimodal Pain Management Methods

Created On: 9/29/2017

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MODULE 3 | www.pa.gov/collections/opioid-epidemic | RA-DH-PDMP@pa.gov

Multimodal pain management should begin by instructing the patient on different methods of self-care, such as exercise or heat/cold application. It is followed by a patient-specific combination of therapies relating to physical, behavioral, medicinal, and/or procedural interventions. Nonpharmacological therapies should be used throughout therapy and be combined with other methods to increase the efficacy of the strategy. Non-opioid pharmacological therapies should precede opioid prescribing. In the event opioids are prescribed, the prescriber should query the Prescription Drug Monitoring Program (PDMP) and determine whether the patient is currently prescribed any opioids. The prescriber should also determine if any drug-drug interactions could occur because of any concurrently prescribed benzodiazepines. When prescribing, the prescriber should start with the lowest effective dose of immediate-release opioids. Extended-release opioids should be reserved for chronic pain therapy and when the benefits outweigh the risks associated with long-term opioid use.

Nonpharmacological Pain Management Therapies

- **Physical Treatments**
  Exercise, including low-impact aerobics, general physical therapy, stretching, and orthotics, transcutaneous electrical nerve stimulation, electrical stimulation devices, heat/cold application, and weight loss
- **Behavioral Treatments**
  Behavior therapies, including cognitive behavioral therapy, yoga, and meditation

Non-Opioid Pharmacological Therapies

- **First-Line Analgesics**
  Nonsteroidal anti-inflammatory drugs (oral and topical), acetaminophen, aspirin, and topical lidocaine
- **Second-Line Analgesics**
  Serotonin and norepinephrine reuptake inhibitors, antidepressants, including tricyclic antidepressants, and anticonvulsants, including pregabalin and gabapentin

Opioids

- **Immediate-Release/Short-Acting**
  Codeine
- **Extended-Release/Long-Acting**
  Methadone, fentanyl transdermal, or buprenorphine transdermal
- **Available in Both Formulations**
  Morphine, hydrocodone, hydromorphone, oxycodone, oxymorphone, tramadol, or tapentadol

Sources

1) American Chronic Pain Association. Chronic Pain Treatments. https://theacpa.org/treatments. Accessed May, 04 2017.
2) Dowell, D., Haegerich, T. M., & Chou, R. (2016). CDC guideline for prescribing opioids for chronic pain—United States, 2016. *Jama*, 315(15), 1624-1645
3) Woodbury, A., Soong, S. N., Fishman, D., & Garcia, P. S. (2016). Complementary and alternative medicine therapies for the anesthesiologist and pain practitioner: a narrative review. *Canadian Journal of Anesthesia/Journal canadien d'anesthésie*, 63(1), 69-85.

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Module 6

Objective 3 How to put SBIRT into practice *(continued)*

Four steps of a brief negotiated interview:

1. Build rapport and raise the subject;
2. Provide feedback;
3. Build readiness to change; and
4. Negotiate a plan for change.

Miller WR, et al. *Motivational interviewing: helping people change*. 2013
Bernstein E, et al. *Annals of Emergency Medicine*. 1996
D'Onofrio G, et al. *Case studies in emergency medicine and the health of the public*. 1996
D'Onofrio G, et al. *Academic Emergency Medicine*. 2005

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CME Credits

- Continuing Medical Education (CME) accreditation services obtained through University of Pittsburgh School of Medicine
  - Accredited by the Accreditation Council for Continuing Medical Education (ACCME)
  - Each module designated for 1 AMA PRA Category 1 credit

- PA CME Requirements
  - Modules 1-7 meet Patient Safety/Risk Management requirements for physicians
  - Modules 3-7 meet Act 124 of 2016 opioid education requirement across all boards/professions

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CME Sessions

- Partnered with Quality Insights of Pennsylvania and several universities to conduct educational sessions.

- Over **2,900** health care professionals educated on-site through a face-to-face education session.
  - Includes participants working in 26 counties out of 67 PA counties.

- Over **12,900 courses** have been completed online through TRAIN PA. Over **3,700** of those courses were completed by a unique participant.
  - Includes participants working in 64 counties out of 67 PA counties, 46 states and 16 countries

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CME Evaluation

- Pre-/post-tests created for each module include employment information, knowledge questions, attitude/intention questions
  - Results inform changes to evaluation questions and curriculum content and delivery

	Strongly disagree	Disagree	Neither	Agree	Strongly agree
It is within my responsibility and scope of work to discuss and address opioid use disorder with my patients.	○	○	○	○	○
Warm handoffs for opioid use disorder treatment can be integrated into my workflow.	○	○	○	○	○
I feel confident in my ability to use patient-centered communication to offer a warm handoff for opioid use disorder treatment.	○	○	○	○	○

- Trainer evaluations created to capture feedback from both trainers and participants to inform future changes to content
  - Interest for detailed tapering resources
  - Creation of one-pagers with local resources for SUD treatment

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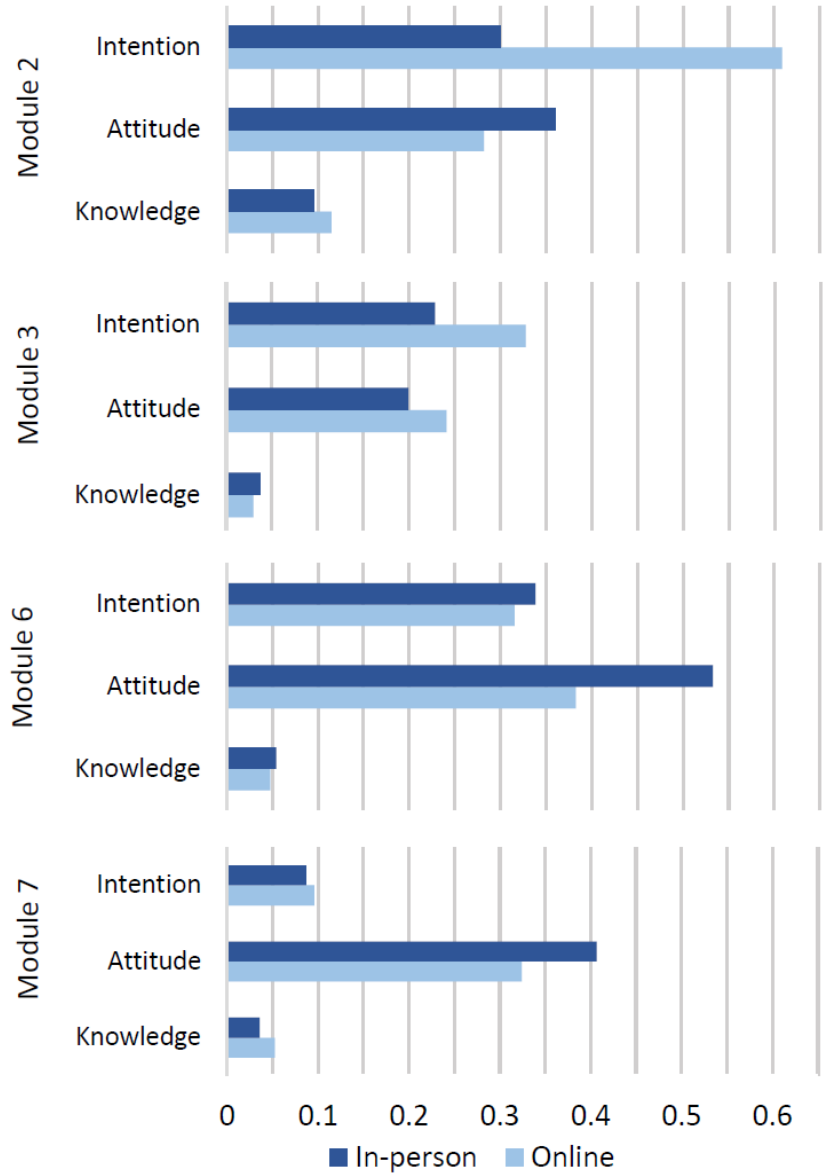
CME Outcomes



- Both in-person and online trainings were effective in increasing knowledge and attitudes related to the educational content.
- Online trainings were at least as or more effective than in-person trainings in increasing **knowledge** and **intention** scores for all four modules.
- Conversely, online trainings were less effective than in-person trainings in increasing **attitude** scores for modules 2, 6, and 7 but more effective in increasing attitude scores for module 3.

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CME Next Steps

- Update material and create new content based on evaluation results and participant/trainer feedback
- Continue CME delivery statewide
- Expand evaluation efforts by utilizing PDMP data

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Unsolicited Notifications to Prescribers

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Unsolicited Notifications

- Unsolicited notifications provide opportunity to inform and educate

- Prescribers can receive the following notifications:
  - Patient Exceeds Opioid Dosage (MME/D) Threshold
  - Patient Receiving Potentially Dangerous Drug Combination
  - Patient Seeing Multiple Providers for Controlled Substances

- What to avoid:
  - Alert fatigue
  - "Red flags"
  - Misapplication

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Unsolicited Notifications

- Monthly summary emails

Notification Type	Number of Patients
Patient Exceeds Opioid Dosage (MME/D) Threshold	6
Patient Receiving Potentially Dangerous Drug Combination	9
Patient Seeing Multiple Providers for Controlled Substances	3

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Unsolicited Notifications Disclaimer

- This notification is for informational purposes only and is not intended to be an indication that the practitioner or patient has done something wrong.
- Notifications and guidelines are intended to help healthcare providers improve patient outcomes and to supplement, but not replace, the individual provider's clinical judgment.
- Clinical decision making should be based on a relationship between the clinician and patient, and an understanding of the patient's clinical situation, functioning, and life context.

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PDMP Integration

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PDMP Integration

- "Integration First" Approach
- PDMPs should be open, standard-based platforms for sharing interstate data seamlessly at the point of care with electronic health records and pharmacy management systems.
- State must have full and unrestricted control over the management, access, and flow of its PDMP data.

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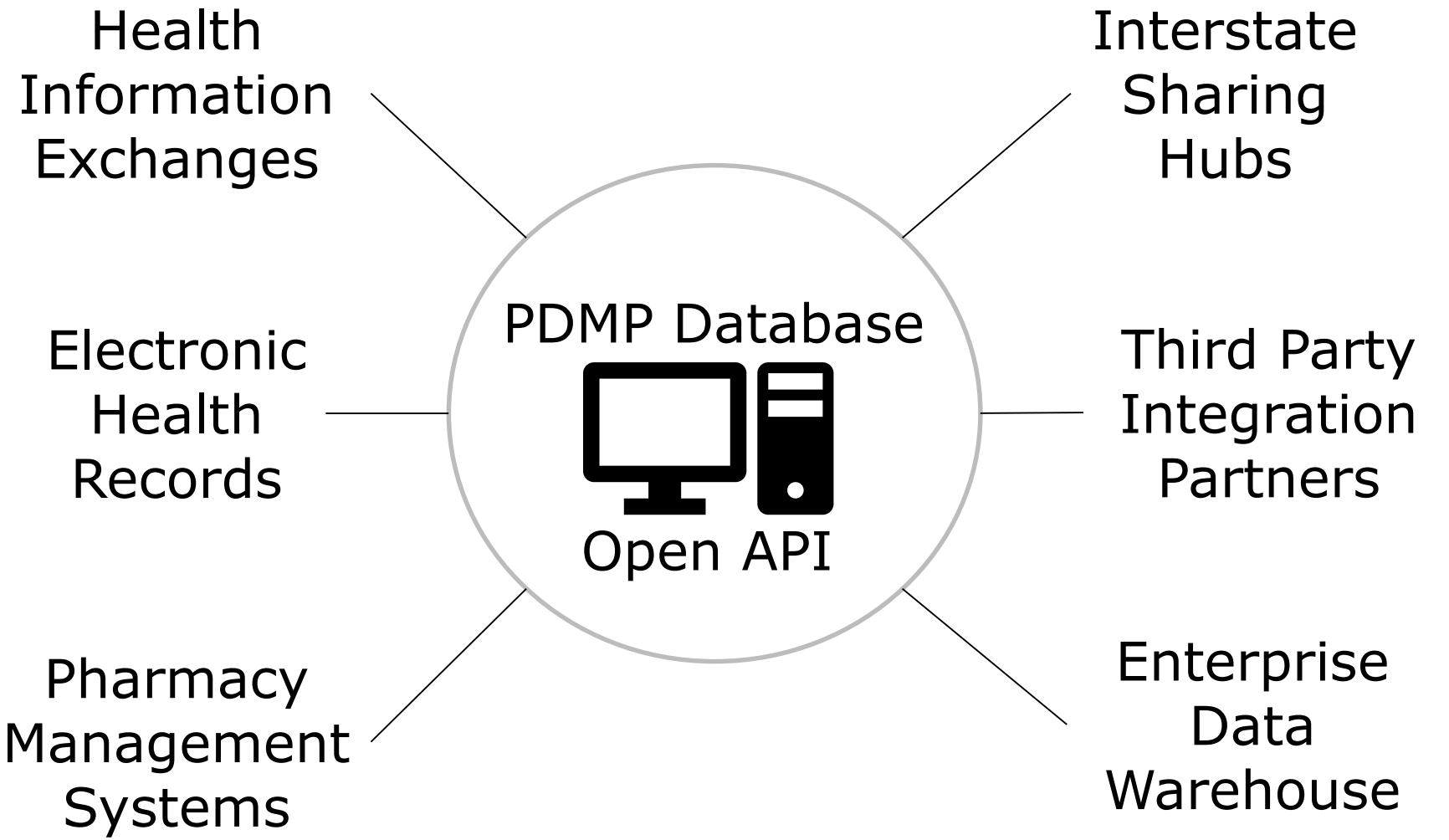
Open Platform PDMP



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Open Platform PDMP

- Hub agnostic: RxCheck & PMPi
- Vendor agnostic: Multiple options for integration
- Support SMART on FHIR (open, free and standards-based API)
- Incorporation of additional information into PDMP reports
  - MME threshold notification
  - Multiple provider episodes notification
  - Dangerous drug combinations notification
  - Data visualizations

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