WA Prescription Monitoring Program

2017 Legislation (HB 1427)
PMP Data Collection and Access

- **Dispensers**
  - ~30% w/ DEA license registered
  - Collects all Schedules II-V controlled substances
  - Average 12 million records a year
  - Veterinarians have separate requirements

- **Pharmacists**
  - ~51% registered
  - Reports Sent

- **Prescribers**
  - ~30% w/ DEA license registered
  - Reports Sent

- **Law Enforcement & Licensing**
  - Reports Sent

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*Other groups may also receive reports in addition to those listed.*
DOH’s Goals for Washington’s PMP

Help Prevent Prescription Drug Overdoses!

- Give practitioners an additional tool that provides more information for making patient care decisions.
- Data can help healthcare providers recognize patterns of misuse and addiction ensuring SBIRT opportunities are not missed.
- Make sure those in need of scheduled prescription drugs receive them.
- Educate the population on the dangers of misusing prescription drugs.
- Curb the illicit use of prescription drugs.
## Prescriptions Dispensed 2012 – 2016

*Rank by most recent year*

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>2012 Rx</th>
<th>2013 Rx</th>
<th>2014 Rx</th>
<th>2015 Rx</th>
<th>2016 Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROCODONE (all)</td>
<td>3,043,357</td>
<td>2,928,052</td>
<td>2,855,227</td>
<td>2,521,688</td>
<td>2,371,802</td>
</tr>
<tr>
<td>OXYCODONE (all)</td>
<td>1,816,171</td>
<td>1,827,750</td>
<td>1,889,380</td>
<td>1,952,720</td>
<td>1,937,349</td>
</tr>
<tr>
<td>TRAMADOL HCL</td>
<td>----</td>
<td>----</td>
<td>308,803</td>
<td>730,446</td>
<td>718,261</td>
</tr>
<tr>
<td>ZOLPIDEM TARTRATE</td>
<td>898,620</td>
<td>838,636</td>
<td>790,571</td>
<td>761,159</td>
<td>712,360</td>
</tr>
<tr>
<td>DEXTROAMPHETAMINE/AMPHETAMINE</td>
<td>466,702</td>
<td>323,013</td>
<td>579,927</td>
<td>626,923</td>
<td>701,795</td>
</tr>
<tr>
<td>LORAZEPAM</td>
<td>632,757</td>
<td>634,566</td>
<td>643,922</td>
<td>640,505</td>
<td>623,551</td>
</tr>
<tr>
<td>ALPRAZOLAM</td>
<td>644,377</td>
<td>641,634</td>
<td>644,930</td>
<td>625,209</td>
<td>609,594</td>
</tr>
<tr>
<td>CLONAZEPAM</td>
<td>519,642</td>
<td>521,425</td>
<td>527,935</td>
<td>520,615</td>
<td>502,644</td>
</tr>
<tr>
<td>METHYLPHENIDATE HCL</td>
<td>397,021</td>
<td>410,821</td>
<td>422,664</td>
<td>420,891</td>
<td>443,262</td>
</tr>
<tr>
<td>MORPHINE SULFATE</td>
<td>327,191</td>
<td>330,399</td>
<td>336,190</td>
<td>362,408</td>
<td>351,167</td>
</tr>
<tr>
<td><strong>Total Rx Dispensed</strong></td>
<td><strong>11,509,488</strong></td>
<td><strong>11,434,877</strong></td>
<td><strong>11,771,216</strong></td>
<td><strong>11,992,986</strong></td>
<td><strong>11,798,943</strong></td>
</tr>
<tr>
<td><strong>CS reported to PMP</strong></td>
<td><strong>11,509,488</strong></td>
<td><strong>11,434,877</strong></td>
<td><strong>11,771,216</strong></td>
<td><strong>11,992,986</strong></td>
<td><strong>11,798,943</strong></td>
</tr>
</tbody>
</table>

Update 03/03/2017
## Patient History Requests

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Prescriber</td>
<td>351,380</td>
<td>424,457</td>
<td>522,872 (Includes Delegates)</td>
<td>958,246 (Includes Delegates)</td>
<td>802,104 (Includes Delegates)</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>55,308</td>
<td>298,174</td>
<td>394,016</td>
<td>541,802</td>
<td>681,926</td>
</tr>
<tr>
<td>EDIE / HIE</td>
<td>-</td>
<td>-</td>
<td>26,546</td>
<td>2,222,446</td>
<td>2,722,172</td>
</tr>
<tr>
<td>Total Queries</td>
<td>406,688</td>
<td>722,631</td>
<td>943,434</td>
<td>3,722,494</td>
<td>4,206,202</td>
</tr>
</tbody>
</table>

Update: 03/31/2017
Figure 1: All Controlled Substances by County, 2014: Recipients per 1,000 Residents (Age-Gender adjusted)

Statewide Rate = 296
All OPIOIDS by County, 2014: Recipients per 1,000 Residents

PRELIMINARY PRESCRIPTION COUNT DATA

Statewide Rate = 226
Opioid Prescribing after Non-fatal Overdose

- Study of commercially insured patients with non-fatal overdose between 2000–2012 (n=2848)

- After median follow-up of 299 days:
  - Opioids dispensed to 91% of patients after overdose
  - 7% of patients (n = 212) had repeated opioid overdose

- At 2 yrs, estimated cumulative incidence of repeat overdose:
  - 17% (95% CI, 14% to 20%) for patients receiving high dosages of opioids after the index overdose
  - 15% (CI, 10% to 21%) for those receiving moderate dosages
  - 9% (CI, 6% to 14%) for those receiving low dosages
  - 8% (CI, 6% to 11%) for those receiving no opioids

PMP Ideas that went forward

• House Bill 1426, Senate Bill 5248
  – Expand DOH access to be able to assess PMP data with morbidity and mortality data
  – Authority to send prescriber feedback reports
  – Local Health Officer access for overdose follow up
  – Allow facility access to Federal & Tribal
  – Overdose notification via the Emergency Department Information Exchange
  – Facility and group access to prescriber metrics
  – Hospital Association access to prescriber data
  – Revise immunity provisions to all end users
Assessing Overdose...

- Have linked PMP data to death data
  - Look at patterns most associated with deaths
- Would like to also look to do this with hospital overdose data
- Driven by recent high profile license revocations
  - Over 40 providers, estimated 12,000 patients
  - Possibly linked to 18 deaths
Prescriber Feedback Reports

• Prior to the bill, DOH had no authority to send a report to a prescriber showing how their prescribing practices compare to best practice

• Plan to use newly collected NPI to create metric based reports with comparisons to like license and specialty

• Plan to make the reports available self-service in the PMP portal

• Plan to send the reports out to providers
Local Health Officer Access

• Medical Directors at the County Health Departments
• A few have made or are looking at making overdose a reportable condition
• Use PMP data to look at who has prescribed to an overdose victim
• Follow up as medical director for county with providers involved and with patient if they are still alive
Overdose Notification

• Emergency Department Information Exchange (EDIE) already receives:
  – Discharge information (overdose)
  – PMP information (prescribers)

• With this additional authority they can now send a notification to prescriber listed on the PMP report or to other PCPs they may have on record.
Facility/Group Prescribing Reports

• Allows chief medical officers to view prescribing metrics of those they supervise
• Use of quality improvement initiatives to drive adoption of prescribing guidelines
• Cannot be used for employment actions
• Provides list of providers (with DEA #’s) to PMP for creation of metric reports
• Required by law to be sent quarterly
Hospital Association Access

• Coordinated Quality Improvement Program (CQIP)
  – Purpose: “to improve the quality of health care services by identifying and preventing health care malpractice”
  – Approved by DOH, confidential (no public disclosure)

• Receive a flat file of records (patients are de-identified)

• Allows the association’s program to evaluate prescribing statewide for quality improvement opportunities
PROGRAM CONTACTS

• **Program Staff:**
  – Chris Baumgartner, Program Director
  – Gary Garrety, Operations Manager
  – Mariana Rosenthal, Supervising Epidemiologist
  – Neal Traven, Epidemiologist
  – Matt Reid, Program Coordinator
  – Mary Roberts, Program Coordinator

• **Contact Info:**
  – Phone: 360.236.4806 (option #2)
  – Email: prescriptionmonitoring@doh.wa.gov
  – Website: [http://www.doh.wa.gov/pmp](http://www.doh.wa.gov/pmp)