Minireview Article

Effectiveness of Prescription Monitoring Data Programs: A Policy Analysis

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Minireview

As a nation, we have left it up to the individual states to monitor and manage the use of prescription drugs, specifically controlled substances. There have been many professional organizations, along with state and national agencies who have offered strategies to help states reduce over prescribing of controlled substances like opiates and benzodiazepines. Grant money has been available for program development and support with this endeavor. Prescription Monitoring Programs, or PDMPs is one strategy that has been in the forefront of state's opportunities to monitor and manage the dispensing of controlled substance.

PDMPs are databases used to record and aggregate data about all controlled substances dispensed to individual patients. According to the Centers for Disease Control (CDC), the PDMPs/ PMPs offer the most promise at the state level for effectively managing opioid prescribing, assisting clinicians in their decision making and protecting the at-risk patients [1].

Through a literature review of various reports, studies, white papers and briefs, presented by professional organizations and governmental agencies, it was determined that the current policies regarding PDMPs need optimization in order to improve their effectiveness. Since we continue to see patients with opioid dependence, developing the disease of addiction, combining controlled substances such as opiates and benzodiazepines, resulting in overdose and death, PDMP usage policy deserves attention if its use is going to have a positive impact on the addiction crisis and overdose rates in our nation [2].

The greatest recommendation that was pervasive in much of the literature was that there needs to be a mandatory policy requiring all states to create a PDMP. Secondarily, there needs to be policy that not only requires clinician registration, but also mandates its use of by all providers when prescribing controlled substances with potential repercussion for failure to access the data [3]. Voluntary registration and surveillance of this data was not shown to be effective [4].

Additionally, evidence in the literature supported the point that the most robust PDMP programs with positive measurable outcomes, such as reductions in over prescribing, over lapping prescriptions or overdoses and deaths utilized the greatest number of policies, or strategies regarding their PDMP [5].

Literature also outlined the importance of having administrators regularly evaluate their state run PDMP, comparing best practice or policy enhancements in effect in other states, and consider adding to their own PDMP policy to improve their program [6]. The 16 policy options that were found repetitively in the literature all had strong support, but some were easier to initiate than others, thereby leading to those being more frequently recommended.

It should be reinforced and recognized that any state new to implementing their PDMP, should not consider initiating every option from the beginning. This would be a complex and unrealistic endeavor. Regular review and evaluation would offer time for all stakeholders to get accustomed to the PDMP data, surveilling and analyzing it, in order to understand which enhancements would be appropriate for the next phase of growth in their own PDMP program [1].

Finally, the consideration for a more national approach to the PDMP program was seen as one of the best opportunities to

standardize the format, language, policy and safety mandates attached to the use of PDMPs and the data. This was not a strategy that was prolific in the literature, but was subtly mentioned in discussions about funding, resources, technical assistance and training [7]. An Illinois brief directly stated that this should be considered as a long term goal and policy option to regulate the PDMP as an effective tool in curbing the prescribing, dispensing, and diverting of controlled substances [8].

Key Points/Principles

➤ Implementation of data programs as effective tools for use by multiple stakeholders to reduce misuse, diversion of controlled substances

➤ Policy standardization through language and mandates improve effective use

➤ State sharing of model efforts will improve state run programs

➤ Coordination of efforts to use the data for effective legislation, public health programs, clinical research, clinical decision making, targeted law enforcement efforts is essential

➤ Constant vigilance regarding privacy is greatest concern

➤ Eventual goal to support and coordinate a national data base for comprehensive effort

Implications/Importance for Health Policy

➤ Centralized means to collect vital data regarding controlled substances aids in multiple strategies to reduce substance abuse, addiction, and overdose deaths

➤ Analyzing of vital data aids in understanding trends, high risk areas, prescribing and dispensing issues

➤ Coordination of efforts using the data to develop educational opportunities for individuals, communities, prescribers, law enforcement, public health officials and legislators creating policy

Recommendations/Strategies

➤ All states to utilize a combination of > 3 policies to establish their PDMP program

➤ Annual evaluation of PDMPs at state level with regularly scheduled incremental enhancements

➤ Eventually standardize PDMP to a national program providing oversight, funding and best practice.

Acknowledgement

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Conflict of Interest

Authors declare no conflict of interest.

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