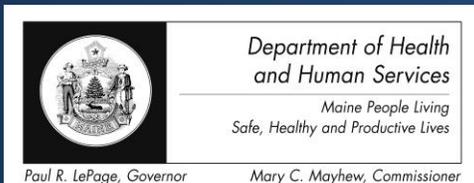


2013 Prescription Monitoring Program Survey Results



Produced for Maine Department of Health and Human Services
Office of Substance Abuse and Mental Health Services
by Hornby Zeller Associates, Inc.
July 2013

Table of Contents

Executive Summary	1
Introduction	4
Results	5
Recommendations	14
Appendix A: Data Tables.....	16

Executive Summary

The Maine Prescription Monitoring Program (PMP) is a valuable tool used by health care providers to develop comprehensive clinical backgrounds for new patients and for existing patients who request prescription refills of controlled substances. In 2012, the Maine Office of Substance Abuse and Mental Health Services (SAMHS) received a grant to improve access to complete patient prescription data through the PMP. SAMHS seeks to integrate PMP with Maine's Health Information Exchange (HIE) and to foster interoperability with at least eight other states. Part of the improvement process will be to create access to PMP data directly from a patient's health record in the HIE.

To understand and address PMP user needs in light of these new opportunities, SAMHS invited all registered PMP users (4,127 individuals) to participate in an online survey. SAMHS contracted with Hornby Zeller Associates, Inc. (HZA) to administer the survey and analyze the results. A total of 1,282 people responded for a response rate of 31.1%. Most respondents (61.9%) were prescribers (physicians, nurse practitioners or physician assistants). Other respondents were nurses, pharmacists, clinical support, case managers, behavioral health providers and administrative support.

Frequency of using PMP. Survey results indicate that most prescribers use PMP at least once a week or less than three times per month. Since survey respondents were not asked their specialty, it is not possible to conclude whether this frequency is clinically appropriate. However, for prescribers who do use PMP, most consult it just before or during a patient visit. Nearly 72% of pharmacists use PMP during the patient visit.

Reasons for using PMP. The most common reasons by far for using PMP are when misuse or diversion is suspected. This is true across the board, for all types of responders no matter how frequent their use. PMP is also used periodically (49.2%) or routinely (37.6%) for patients receiving controlled substances, and periodically for patients receiving opioids (34.8%).

Prompts for using PMP. Some office practices incorporate PMP as part of office procedure, policy or required protocol, and in these cases nurses most frequently access PMP. Pharmacists use PMP as part of required protocol more frequently than prescribers. Very few healthcare providers are prompted by a pop-up notice in electronic health records to consult PMP.

Prescribing practices as a result of using PMP. Prescribers who alter their prescribing practices as a result of using PMP stopped (60.7%) and/or decreased (49.3%) prescribing controlled substances to the patient and/or provided patient education (44.9%). Over a third referred the patient to substance abuse treatment. A smaller number (16.5%) refused to treat the patient. (Respondents could provide more than one action, so percentages do not total 100.) For non-prescribers, the most frequent course of action after reviewing a patient's PMP record was to notify the prescribers) of discrepancies.

Barriers to using PMP. The vast majority of respondents find PMP easy to use (77.7%). While PMP users had frustrations with forgetting their passwords and with the password retrieval process, by far the greatest challenge to using PMP is the lack of real-time data. Currently, data submission is required within seven days of dispensing. Pharmacists and prescribers in particular see this as a challenge to using the system to its greatest effect in prescribing and dispensing appropriate medications and in detecting misuse and diversion.

Customer satisfaction. Most PMP users who also used SAMHS customer service were satisfied with customer service (70.5%). Responses did not vary significantly by role or by frequency of use.

Recommendations. Based on the survey results, HZA provides the following recommendations to improve the effectiveness of PMP and to reach the goals of increased interoperability with other states and increased integration with electronic health records.

- 1. Collect real-time data.** Pharmacists and prescribers alike stressed the importance of having access to real-time data for optimal use of PMP as a clinical tool. SAMHS should work with its software vendor, policy-makers, and pharmacies to initiate real-time data collection as soon as feasible
- 2. Improve password retrieval process.** Prescribers and non-prescribers alike noted that the password retrieval process was slow and cumbersome. SAMHS is in the process of simplifying and improving the password retrieval process, which will address many of these concerns.
- 3. Continue to offer training opportunities.** SAMHS offers trainings to health care providers on how to use PMP and also works with Maine Medical Association, Healthy Maine Partnerships and other organizations to educate health care providers and others about the importance of registering for and using PMP. As

the percent of prescribers registered and the number of subaccounts increase, it is important to maintain this level of training.

It may be useful to offer a brief “refresher course” for long-time users to inform them of new features. SAMHS should also consider emphasizing in its trainings the importance of incorporating PMP into standard office procedures or protocol for practices that prescribe large amounts of controlled substances.

COLLECT REAL-TIME DATA

IMPROVE PASSWORD RETRIEVAL PROCESS

CONTINUE TO OFFER TRAINING OPPORTUNITIES

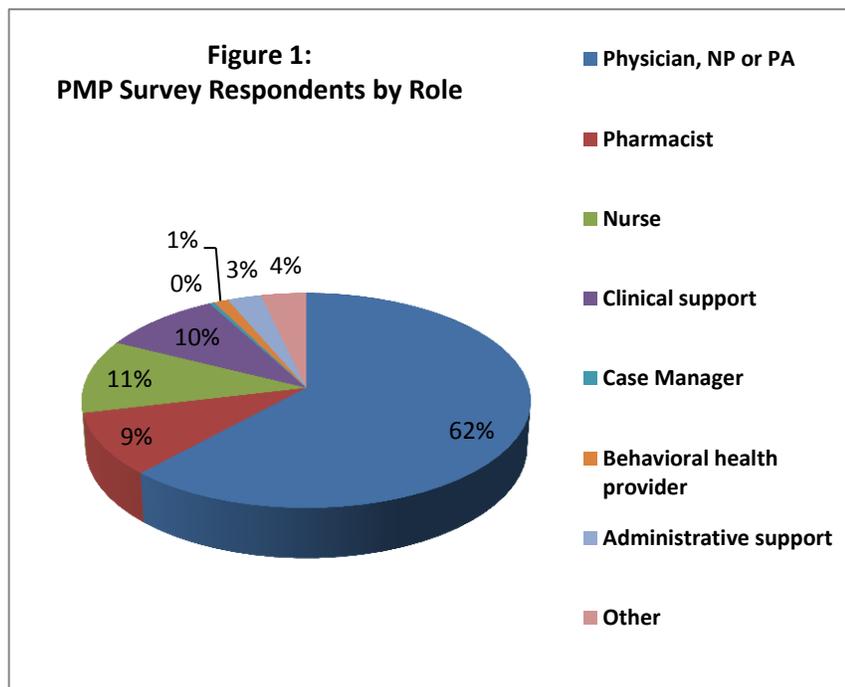
Introduction

In 2012, the Maine Office of Substance Abuse and Mental Health Services (SAMHS) received a grant to improve access to complete patient prescription data through the Prescription Monitoring Program (PMP). The goal of the grant is twofold: to integrate PMP with Maine's Health Information Exchange (HIE) and to foster interoperability with at least eight other states. Part of the improvement process will be to create access to PMP data directly from a patient's health record in the HIE. To understand and address PMP user needs in light of these new opportunities, SAMHS invited all registered PMP users to participate in an online survey.

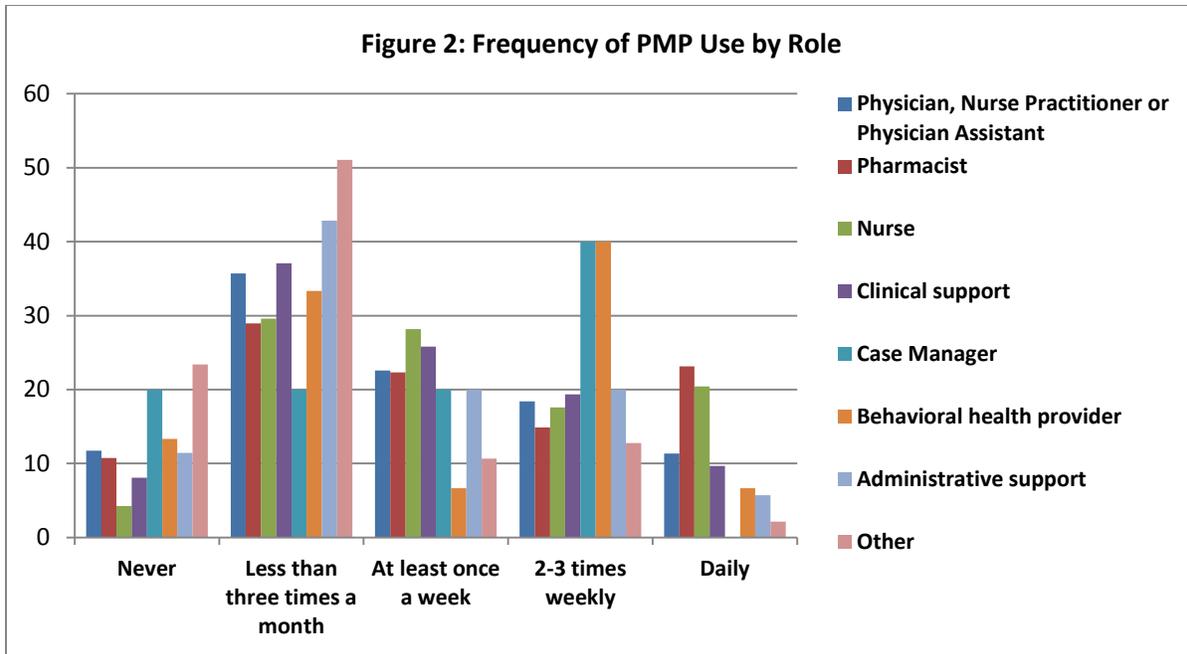
SAMHS contracted with Hornby Zeller Associates, Inc. to administer the survey and analyze the results. On April 30, 2013 the PMP Project Integration Coordinator emailed a link to the survey to all prescribers and subaccounts registered to use PMP and sent reminder emails on May 13 and May 20. The survey closed on May 20, 2013. Survey results are presented below, and survey data are in Appendix A.

Results

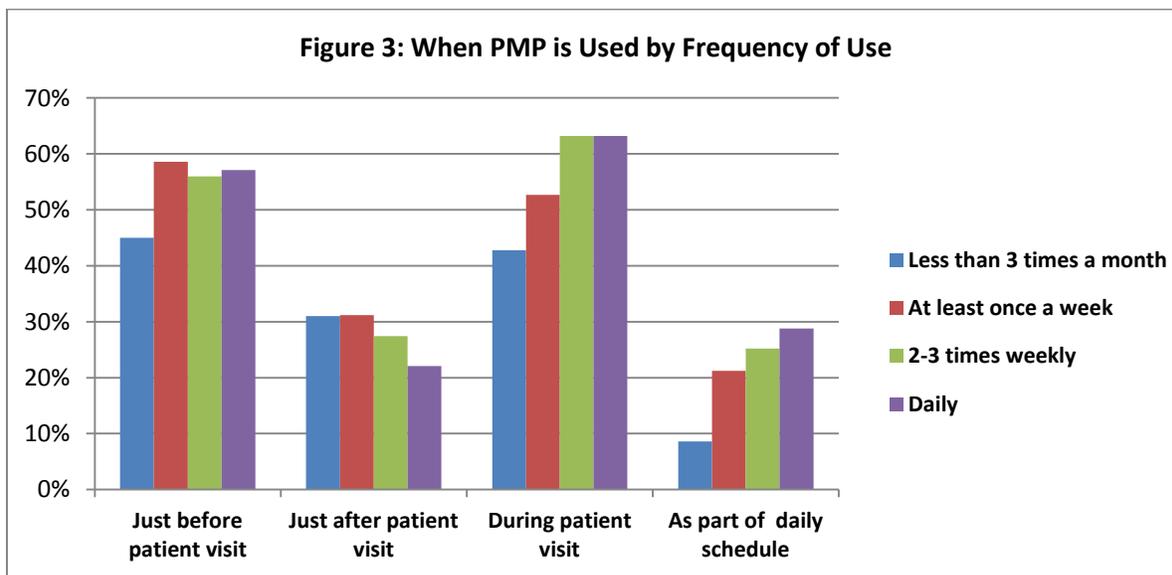
Survey Respondents. A total of 4,127 individuals were contacted and 1,282 responded, for a response rate of 31.1%. Of those who responded, 61.9% were prescribers (physicians, nurse practitioners or physician assistants). Pharmacists, nurses and clinical support staff made up 30.2%, and the remaining individuals were case managers, behavioral health providers, administrative support and other (see Figure 1). Respondents came from practices throughout Maine, with most from Cumberland County (24.6%), Penobscot County (15.5%), and Kennebec County (12.6%).



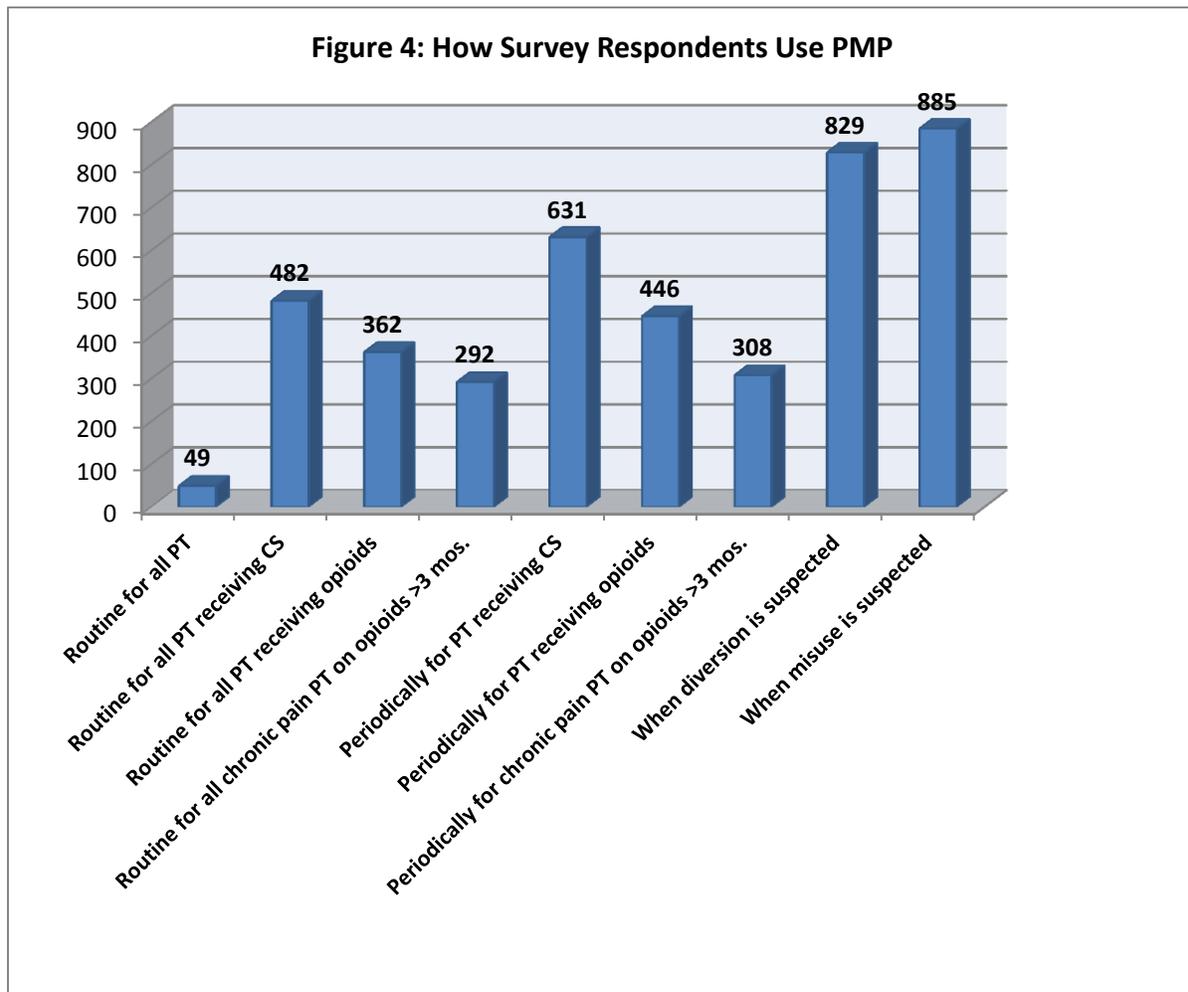
How respondents use PMP. Most physicians, nurse practitioners and physician assistants use PMP less than three times per month (35.7%) or at least once a week (22.6%). Nearly a quarter of pharmacists report using PMP daily (23.1%), and 20.4% of nurses report daily use. While a significant percentage of case managers and behavioral health providers report using PMP 2-3 times per week (40%), the number of respondents in these categories is low (total of 20 respondents) and so these results cannot be considered representative (see Figure 2 on following page).



Overall, PMP is most frequently used just before a patient visit (46.8%) or during a patient visit (46.6%). Nearly 72% of pharmacists use PMP during the patient visit. The most frequent PMP users (at least once a week, 2-3 times weekly and daily) use PMP just before or during a patient visit. See Figure 3.



The most common reasons by far for using PMP are when misuse is suspected (69.0%) or when diversion is suspected (64.7%).¹ This is true across the board, for all types of responders no matter how frequent their use. PMP is also used periodically (49.2%) or routinely (37.6%) for patients receiving controlled substances and periodically for patients receiving opioids (34.8%). See Figure 4.



NOTE: CS means controlled substances.

Nurses respond more frequently to requests from other providers and as part of office procedure, policy or required protocol than other health care providers. Pharmacists use PMP as part of required protocol more frequently than prescribers. Table 1 shows the two most frequent users of each prompt.

¹ Respondents could provide more than one reason.

Table 1: Prompts to Use PMP by Role

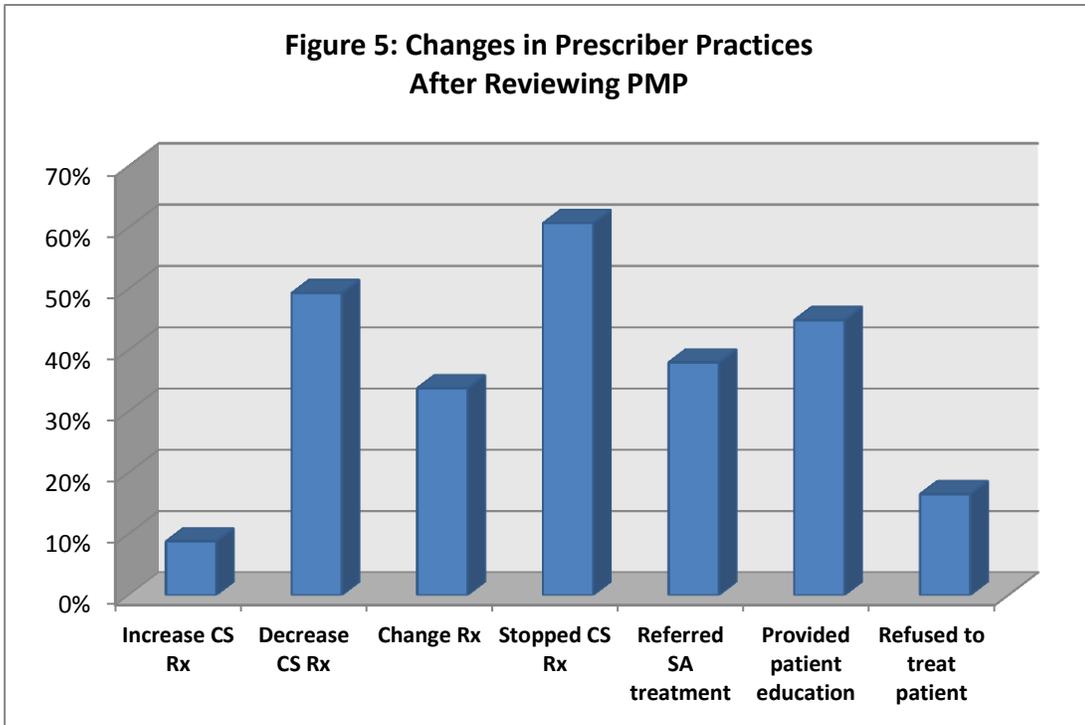
What prompts you to access PMP?*

	Part of routine office procedure. %	Pop-up notice in EMR %	Any time CS Rx %	Any suspicion of misuse or diversion %	Requests from other provider or prescriber %	Office policy %	Required protocol %	Patient threshold letter from the PMP %
Physician, Nurse Practitioner or Physician Assistant	26.5	6.9	<u>25.2</u>	76.5	22.7	14.6	10.1	<u>19.7</u>
Pharmacist	13.2	6.6	8.3	71.1	30.6	9.1	19.8	3.3
Nurse	<u>40.8</u>	<u>9.9</u>	21.8	73.2	<u>54.9</u>	<u>20.4</u>	<u>21.1</u>	12.0
Clinical support	<u>34.7</u>	8.9	<u>32.3</u>	<u>78.2</u>	<u>40.3</u>	15.3	<u>25.8</u>	9.7
Administrative support	25.7	<u>17.1</u>	22.9	<u>77.1</u>	31.4	<u>28.6</u>	20.0	8.6
Other	19.1	4.30	10.6	61.7	8.5	8.50	6.40	<u>12.8</u>

*Survey responders were asked to select all that apply, so percentages do not total 100%. Case managers and behavioral health providers are omitted from this table due to small numbers of respondents in those roles.

Prescribers who altered their prescribing practice as a result of using PMP stopped prescribing controlled substances to the patient (60.7%), and/or decreased prescribing controlled substances to the patient (49.3%), and/or provided patient education (44.9%). Over a third (38.0%) referred the patient to substance abuse treatment, and 16.5% of prescribers refused to treat the patient. See Figure 5.² For non-prescribers, the most frequent course of action after reviewing a patient’s PMP record was to notify the prescriber(s) of discrepancies (56.6%).

² For Figure 5, respondents could provide more than one answer.

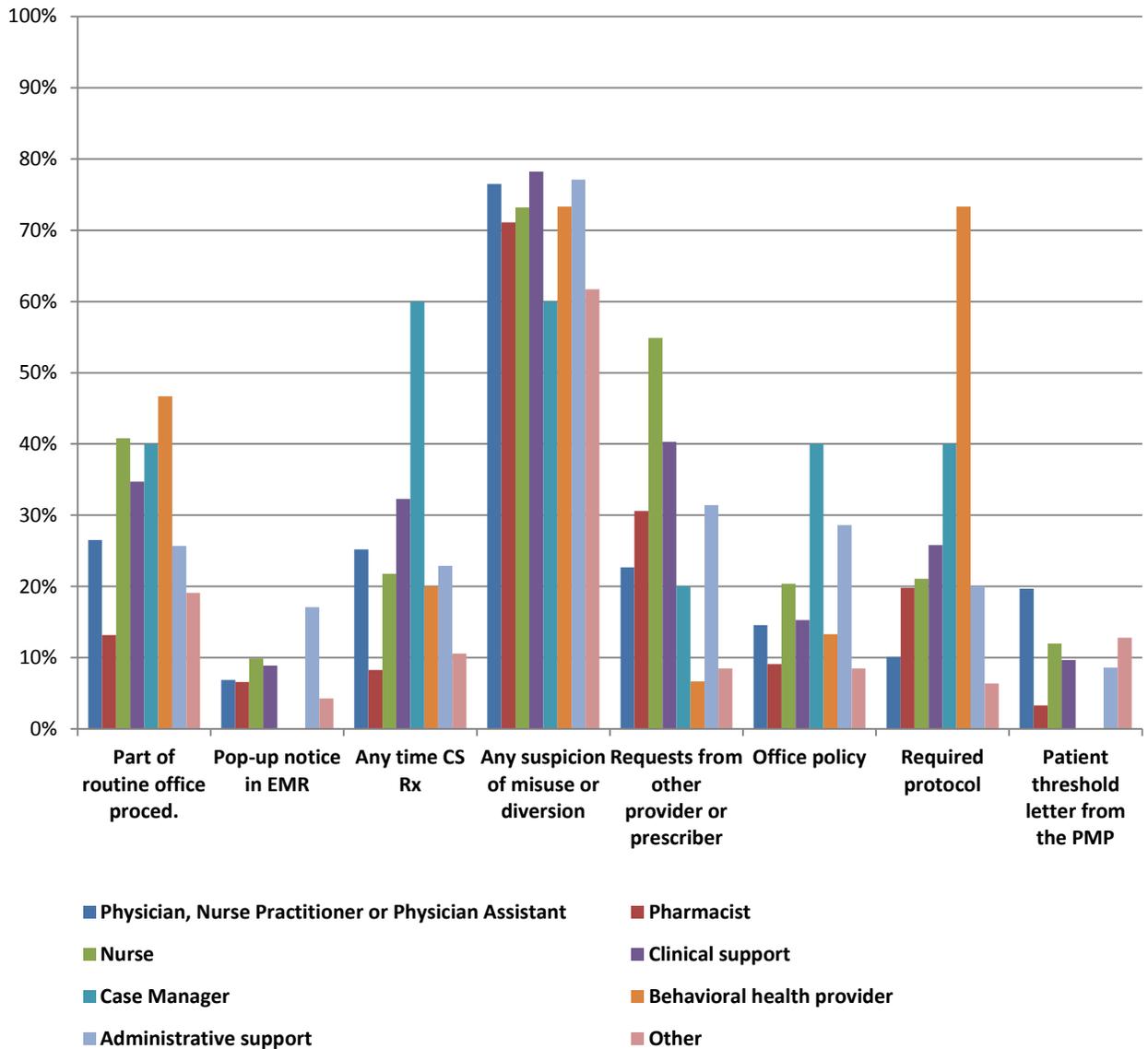


Note: Respondents could provide more than one answer.
CS means controlled substances.

Most PMP users are prompted to use PMP by suspicion of misuse or diversion (75.2%), and less so by requests from other providers or prescribers (28.2%) or part of routine office procedures (27.6%). Few PMP users are prompted by pop-up prompts in electronic medical records (see Figure 6).³

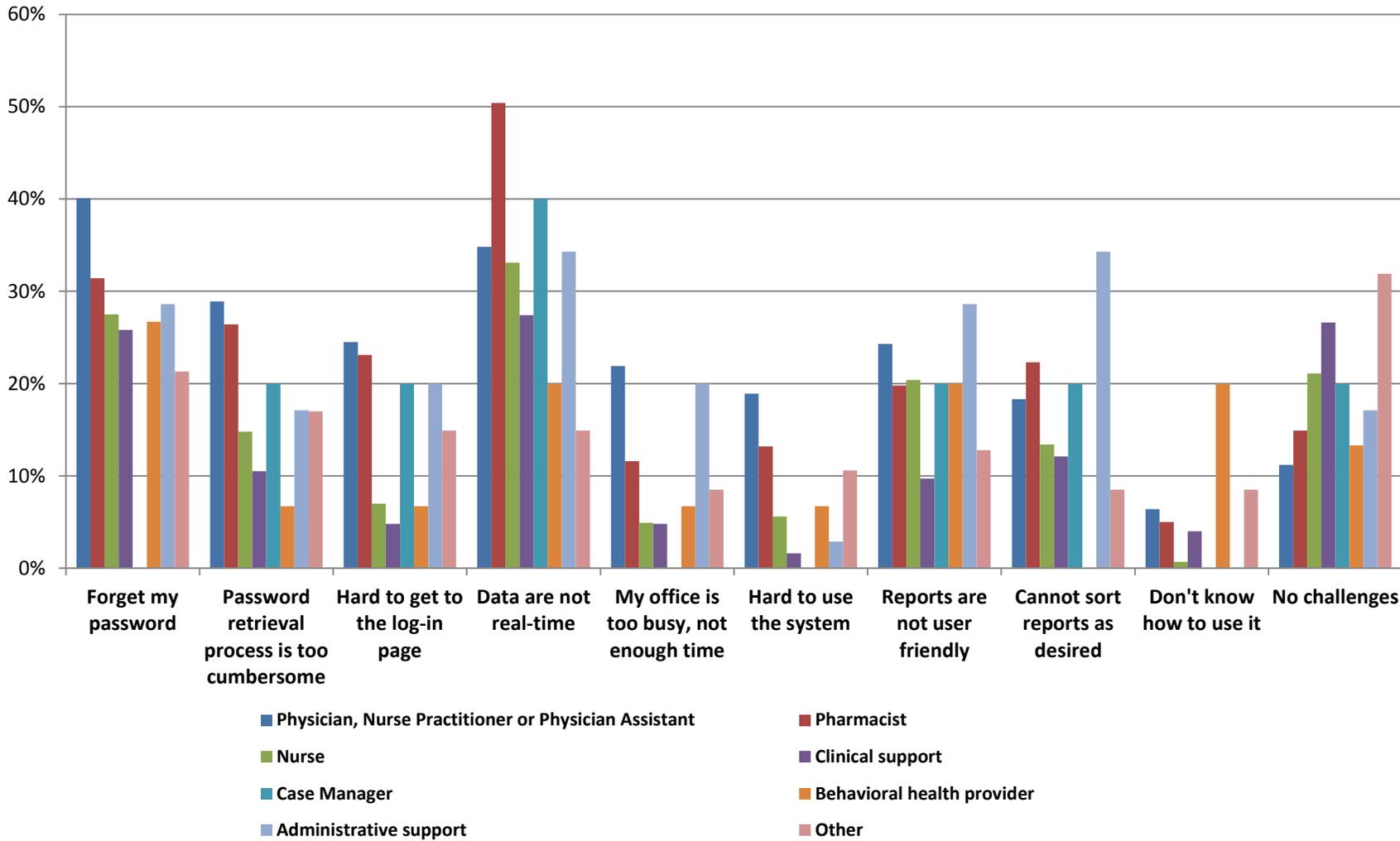
³ Respondents could provide more than one answer.

Figure 6: Prompts to Use PMP

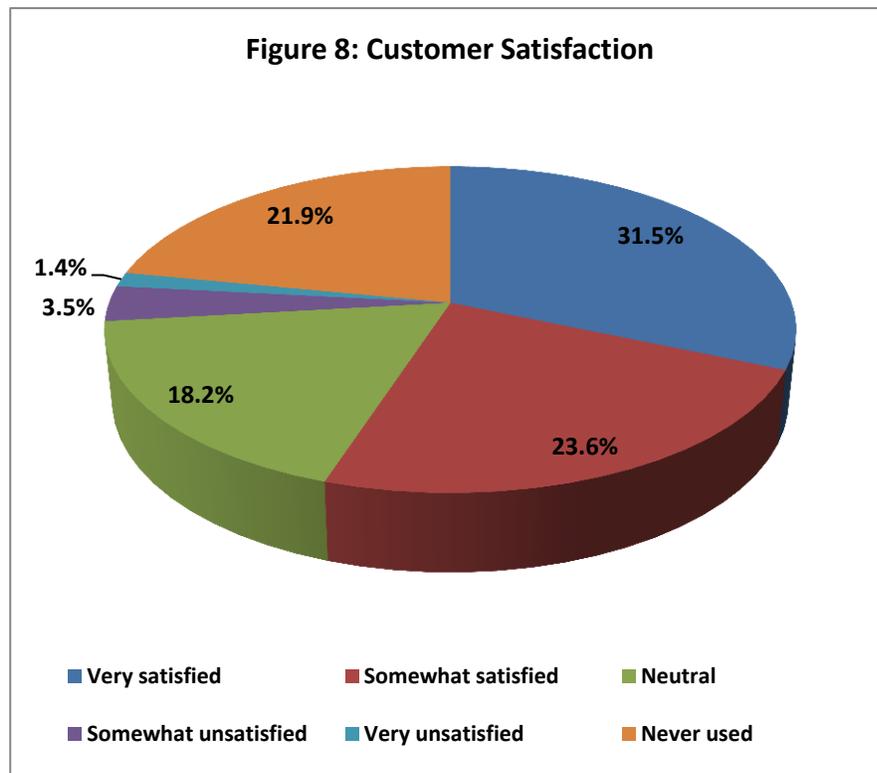


Challenges. The vast majority of respondents find PMP easy to use (77.7%). While PMP users had frustrations with forgetting their passwords and with the password retrieval process, by far the greatest challenge to using PMP is the lack of real-time data. Currently, data submission is required within seven days of dispensing. Pharmacists and prescribers in particular see this as a challenge to using the system to its greatest effect. See Figure 7.

Figure 7: Challenges to Using PMP by Role



Customer satisfaction. Most PMP users who also used SAMHS customer service were satisfied with customer service (70.5%). Responses did not vary significantly by role or by frequency of use.



Respondent Comments. Several hundred respondents took the opportunity to add more information to their responses in the space provided. These comments reinforced the results described above.

The majority of prescribers said PMP is a valuable tool for providing a comprehensive clinical background for new patients and for existing patients who request prescription refills. Prescribers use PMP primarily to check a patient’s prescription history and find PMP especially helpful in identifying “chronic pain patients with controlled substance issues.” Prescribers also use PMP to confirm a patient’s “appropriate compliance” with controlled substance agreements.

When asked if PMP has altered prescribing practices, many prescribers indicated that they “refused to refill prescriptions” either due to suspected misuse or discovering that the patient was receiving prescriptions for the same medication from other prescribers. In turn, this has opened up the lines of communication among prescribers so that they “contact the provider” and “counsel other providers on risks” when they find a patient is receiving prescriptions from multiple prescribers.

When asked about suggestions to improve PMP, the most requested changes were simplifying the login procedure, adding real-time reporting and creating access to information from other states. A few prescribers expressed difficulty in printing reports, stating that it was “hard to print reports for a patient’s chart” and that they were “unable to print an entire page.” However, when calling customer service for these issues, many stated that “they are always friendly and helpful” and “always prompt and professional.”

One provider stated “PMP is a vitally important service for primary care and hospital practice.”

Another said that “it’s wonderful to have the capability of accessing this data to help people.”

Finally, prescribers satisfied with PMP stated that the system was an easy way to find prescribing errors such as repeated early refills, to identify prescriptions that are filled out of sequence, and to provide general treatment history of new patients. One provider stated, “PMP is a vitally important service for primary care and hospital practice,” and another stated that “it’s wonderful to have the capability of accessing this data to help people.”

Recommendations

Overall, survey respondents were very positive about the importance of PMP as a clinical tool and as one way among several to prevent misuse and diversion. Based on the survey results, including open-ended written responses and respondent suggestions for improvement, HZA provides the following recommendations to improve the effectiveness of PMP and to reach the goals of increased interoperability with other states and increased integration with electronic health records.

1. **Collect real-time data.** Pharmacists and prescribers alike stressed the importance of having access to real-time data for optimal use of PMP as a clinical tool. The collection of real-time data has been considered for several years in Maine, and the time is ripe to implement that change. Technical data transmission issues have been resolved, and most pharmacies and pharmacy chains are technologically capable of real-time submission now. SAMHS should work with its software vendor, policy-makers, and pharmacies to initiate real-time data collection as soon as feasible.
2. **Improve password retrieval process.** Prescribers and non-prescribers alike noted that the password retrieval process was cumbersome. These comments may have been based on past requirements for a notarized signature at the time of registration (a requirement from a previous grant), or on other technological problems that have since been resolved. SAMHS is in the process of simplifying and improving the password retrieval process so that users will be able to create a new password online when they have forgotten their old one. This change will address many of the survey respondents' complaints.
3. **Continue to offer training opportunities.** SAMHS offers trainings to health care providers on how to use PMP, and also works with Maine Medical Association, Healthy Maine Partnerships and other organizations to educate health care providers and others about the importance of registering for and using PMP. As the number of prescribers registered and the number of subaccounts increase, it is important to maintain this level of training.

It may be useful to offer a brief “refresher course” for long-time users to inform them of new features.

SAMHS should also consider emphasizing in its trainings the importance of incorporating PMP into standard office procedures or protocol for practices that prescribe large amounts of controlled substances.

For further information about the results of this survey, contact
Alison Webb at Hornby Zeller Associates, Inc.
awebb@hornbyzeller.com

Appendix A: Data Tables

Table 1: Roles of PMP Survey Respondents

<i>Which of the following best describes your role?</i>		
	Frequency	Percent
Physician, Nurse Practitioner or Physician Assistant	793	61.9
Pharmacist	121	9.4
Nurse	142	11.1
Clinical support	124	9.7
Case Manager	5	0.4
Behavioral health provider	15	1.2
Administrative support	35	2.7
Other	47	3.7
Total responders	1,282	100.0

Table 2: Practice Location

<i>Where is your practice located?</i>		
	Frequency	Percent
Androscoggin County	118	9.2
Aroostook County	63	4.9
Cumberland County	316	24.6
Franklin County	26	2.0
Hancock County	40	3.1
Kennebec County	161	12.6
Knox County	29	2.3
Lincoln County	36	2.8
Oxford County	35	2.7
Penobscot County	199	15.5
Piscataquis County	15	1.2
Sagadahoc County	22	1.7
Somerset County	39	3.0
Waldo County	24	1.9
Washington County	32	2.5
York County	127	9.9
Total responders	1,282	100.0

Table 3: Frequency of PMP Use

<i>How often do you use PMP?</i>		
	Frequency	Percent
Never	140	10.9
Less than three times a month	<u>451</u>	<u>35.2</u>
At least once a week	<u>292</u>	<u>22.8</u>
2-3 times weekly	234	18.3
Daily	163	12.7
Total responders	1,280	100.0
Missing	2	

Table 4: Frequency of PMP Use by Role

<i>How often do you use PMP?*</i>					
	Never %	Less than three times a month %	At least once a week %	2-3 times weekly %	Daily %
Physician, Nurse Practitioner or Physician Assistant	11.7	35.7	22.6	18.4	11.3
Pharmacist	10.7	28.9	22.3	14.9	<u>23.1</u>
Nurse	4.2	29.6	<u>28.2</u>	17.6	<u>20.4</u>
Clinical support	8.1	37.1	<u>25.8</u>	<u>19.4</u>	9.7
Administrative support	<u>11.4</u>	<u>42.9</u>	20.0	<u>20.0</u>	5.7
Other	<u>23.4</u>	<u>51.1</u>	10.6	12.8	2.1

*Case managers and behavioral health providers are omitted from this table due to small numbers of respondents in those roles.

Table 5: When PMP is Used

<i>When do you use PMP?*</i>		
	Frequency	Percent
Just before PT visit	<u>600</u>	<u>46.8</u>
Just after PT visit	333	26.0
During PT visit	<u>598</u>	<u>46.6</u>
Part of daily schedule	207	16.1

*Survey responders were asked to select all that apply, so percentages do not total 100%.

Table 6: When PMP is Used by Frequency of Use

When do you use PMP?*				
	Just before patient visit	Just after patient visit	During patient visit	As part of daily schedule
	%	%	%	%
Less than 3 times a month	45.0	<u>31.0</u>	42.8	8.6
At least once a week	<u>58.6</u>	<u>31.2</u>	52.7	21.2
2-3 times weekly	56.0	27.4	<u>63.2</u>	<u>25.2</u>
Daily	<u>57.1</u>	22.1	<u>63.2</u>	<u>28.8</u>

*Survey responders were asked to select all that apply, so percentages do not total 100%.

Table 7: Prompts to Use PMP by Role

What prompts you to access PMP?*								
	Part of routine office procedure	Pop-up notice in EMR	Any time CS Rx	Any suspicion of misuse or diversion	Requests from other provider or prescriber	Office policy	Required protocol	Patient threshold letter from the PMP
	%	%	%	%	%	%	%	%
Physician, Nurse Practitioner or Physician Assistant	26.5	6.9	<u>25.2</u>	76.5	22.7	14.6	10.1	<u>19.7</u>
Pharmacist	13.2	6.6	8.3	71.1	30.6	9.1	19.8	3.3
Nurse	<u>40.8</u>	<u>9.9</u>	21.8	73.2	<u>54.9</u>	<u>20.4</u>	<u>21.1</u>	12.0
Clinical support	<u>34.7</u>	8.9	<u>32.3</u>	<u>78.2</u>	<u>40.3</u>	15.3	<u>25.8</u>	9.7
Administrative support	25.7	<u>17.1</u>	22.9	<u>77.1</u>	31.4	<u>28.6</u>	20.0	8.6
Other	19.1	4.3	10.6	61.7	8.5	8.5	6.4	<u>12.8</u>

*Survey responders were asked to select all that apply, so percentages do not total 100%. Case managers and behavioral health providers are omitted from this table due to small numbers of respondents in those roles.

Table 8: Ease Using PMP

<i>How easy is PMP to use?</i>		
	Frequency	Percent
Very easy	<u>249</u>	<u>22.1</u>
Somewhat easy	<u>412</u>	<u>36.6</u>
Easy	<u>214</u>	<u>19.0</u>
Somewhat difficult	223	19.8
Very difficult	28	2.5
Total	1,126	100.0
Missing	156	

Table 9: How PMP is Used

<i>How do you use PMP?*</i>		
	Frequency	Percent
Routine for all PT	49	3.8
Routine for all PT receiving controlled substances	482	37.6
Routine for all PT receiving opioids	362	28.2
Routine for all chronic pain PT on opioids for > 3 months	292	22.8
Periodically for PT receiving controlled substances	<u>631</u>	<u>49.2</u>
Periodically for PT receiving opioids	446	34.8
Periodically for chronic pain PT on opioids for >3 months	308	24.0
When diversion is suspected	<u>829</u>	<u>64.7</u>
When misuse is suspected	<u>885</u>	<u>69.0</u>

*Survey responders were asked to select all that apply, so percentages do not total 100%.

Table 10: How PMP is Used by Role

*How do you use PMP?**

	Routine all PT %	Routine all PT on CS %	Routine all PT on opioids %	Routine all chronic pain PT on opioids for > 3 months %	Periodically PT on CS %	Periodically for patients receiving opioids %	Periodically for chronic pain PT on opioids for >3 months %	Suspect diversion %	Suspect misuse %
Physician, Nurse Practitioner or Physician Assistant	2.8	36.7	26.1	21.7	48.2	33.7	24.2	65.3	68.2
Pharmacist	1.7	11.6	17.4	6.6	52.1	39.7	15.7	68.6	69.4
Nurse	6.3	52.1	40.1	33.8	52.1	40.8	30.3	63.4	69.7
Clinical support	5.6	56.5	38.7	37.1	57.3	33.9	29.0	58.1	68.5
Administrative support	11.4	25.7	22.9	28.6	62.9	48.6	31.4	71.4	80.0
Other	4.3	27.7	21.3	14.9	23.4	10.6	8.5	55.3	68.1

*Survey responders were asked to select all that apply, so percentages do not total 100%. Case managers and behavioral health providers are omitted from this table due to small numbers of respondents in those roles.

Table 11: PMP Use and Altering Prescribing Practice

*After reviewing PMP, has it ever altered your prescribing practice?**

	Increase Rx of CS %	Decrease Rx of CS %	Change Rx %	Stopped Rx of CS %	Referred patient to SA Treatment %	Provided patient education %	Refuse to treat patient %
Physician, Nurse Practitioner or Physician Assistant	8.8	49.3	33.8	60.7	38.0	44.9	16.5

*Prescribers were asked to select all that apply, so percentages do not total 100%. CS means controlled substances.

Table 12: Non-Prescriber Actions after Reviewing PMP

*If you are not a prescriber, but pull and review patient PMP records for a prescribing medical provider, after you review the patient's PMP record, have you ever:**

	Frequency	Percent
Notified prescriber(s) of discrepancies	<u>277</u>	<u>56.6</u>
Referred PT to substance abuse treatment	63	12.9
Provided PT education	<u>130</u>	<u>26.6</u>
Proposed alteration of Rx to prescriber	<u>146</u>	<u>29.9</u>
Changed treatment type/practice	75	15.3
Ask PT to sign release to contact the prescriber(s)	65	13.3

*Survey responders were asked to select all that apply, so percentages do not total 100%.

Table 13: Prompts to Access PMP

*What prompts you to access PMP?**

	Frequency	Percent
Part of routine office procedures	<u>354</u>	<u>27.6</u>
Pop-up notice in electronic health record	96	7.5
Any time scheduled drug is prescribed to PT	300	23.4
Any suspicion of misuse or diversion	<u>964</u>	<u>75.2</u>
Requests from other providers or prescribers	<u>362</u>	<u>28.2</u>
Office policy	193	15.1
Required protocol	189	14.7
Letter from PMP that PT exceeds threshold	198	15.4

*Survey responders were asked to select all that apply, so percentages do not total 100%.

Table 14: Challenges Using PMP

*What are the challenges you face using PMP?**

	Frequency	Percent
Forget my password	<u>451</u>	<u>35.2</u>
Password retrieval process too cumbersome	311	24.3
Hard to get to the log-in page	254	19.8
Data are not real time	<u>442</u>	<u>34.5</u>
Office is too busy, not enough time	213	16.6
Hard to use the system	183	14.3
Reports are not user friendly	278	21.7
Cannot sort reports as desired	223	17.4
Don't know how to use it	70	5.5
No challenges	194	15.1

*Survey responders were asked to select all that apply, so percentages do not total 100%.

Table 15: Challenges Using PMP by Role

What are the challenges you face using PMP?*

	Forget my password %	Password retrieval process is too cumbersome %	Hard to get to the log-in page %	Data are not real-time %	My office is too busy, not enough time %	Hard to use the system %	Reports are not user-friendly %	Cannot sort reports as desired %	Don't know how to use it %	No challenges %
Physician, Nurse Practitioner or Physician Assistant	<u>40.1</u>	<u>28.9</u>	<u>24.5</u>	<u>34.8</u>	<u>21.9</u>	<u>18.9</u>	<u>24.3</u>	18.3	<u>6.4</u>	11.2
Pharmacist	<u>31.4</u>	<u>26.4</u>	<u>23.1</u>	<u>50.4</u>	11.6	<u>13.2</u>	19.8	<u>22.3</u>	5.0	14.9
Nurse	27.5	14.8	7.0	33.1	4.9	5.6	20.4	13.4	0.7	21.1
Clinical support	25.8	10.5	4.8	27.4	4.8	1.6	9.7	12.1	4.0	<u>26.6</u>
Administrative support	28.6	17.1	20.0	34.3	<u>20.0</u>	2.9	<u>28.6</u>	<u>34.3</u>	0.0	17.1
Other	21.3	17.0	14.9	14.9	8.5	10.6	12.8	8.5	<u>8.5</u>	<u>31.9</u>

*Survey responders were asked to select all that apply, so percentages do not total 100%. Case managers and behavioral health providers are omitted from this table due to small numbers of respondents in those roles.

Table 16: Satisfaction with PMP Customer Service

How satisfied are you with PMP customer service?

	Frequency	Percent
Very satisfied	<u>378</u>	<u>31.5</u>
Somewhat satisfied	<u>283</u>	<u>23.6</u>
Neutral	218	18.2
Somewhat unsatisfied	42	3.5
Very unsatisfied	17	1.4
Never used	263	21.9
Total responders	1,201	100.0
Missing	81	