How to Use the Rhode Island Prescription Drug Monitoring Program (PMP): The Very Basics

May 2014

James V. McDonald MD, MPH
Written by a physician for physicians…and PAs, APRNs, optometrists, podiatrists, dentists, and anyone who prescribes or cares about humans!

Why did I write this? As Chief Administrative Officer of the Board of Medical Licensure and Discipline, I see a lot of complaints and, quite frankly, the not-so-pretty side of medicine. I would rather educate than regulate or legislate, especially if it helps prevent a prescriber from going astray and having to be subject to discipline of their licensing board.

Prescription drug abuse is an epidemic. As healthcare providers, we are healers, not drug dealers. It is important we have the tools we need to do our job well. The PMP is a useful tool, but only if we know how to use it.

I wrote this for you! The doc who is trying to do the right thing and help people in a complex, time-constrained, I can't go to the bathroom-nor have lunch, miss-my-kid's-soccer-game kind of world. The PMP is here to help, this manual can be read in less than 7 minutes and it will do you a world of good.

Outline:

1. *Why use the PMP?*
2. *How to register*
3. *How to use the PMP to see what my patient is taking*
4. *How to use the PMP to see what I am prescribing*
5. *What to do if I see something problematic regarding a patient?*
6. *What to do if I see something problematic regarding my prescribing?*
7. *Limitations of the PMP*

Introduction:

If you read this entire manual, you will have:

1. Invested seven minutes very wisely (lot of pictures).
2. A really good understanding of the PMP.
3. Some practical tools to protect your patients and your career.

Section 1—Why use the PMP?

Everyone is busy; who has time for one more user name and password? An old axiom from medical school is useful here: it's what you *don't know* you *don't know* that will hurt you (And your patients)! You really do not know what your patients **or others** are doing when it comes to the controlled substances you prescribe. I work with physicians every day who are **genuinely surprised** at what is going on when they look at the PMP.

Let's say you prescribe Vicodin for short-term use, for serious pain for one of your patients who you know well, who would never be a problem.

What if:

- the general surgeon did as well,
- and the dentist,
- and the pain doc,
- and the psychiatrist,
- and the other primary care doc your patient sees because he or she really isn't taking any meds, and is instead selling the Vicodin to buy cocaine, which the patient likes better?

TIP: *In 2013, 1,394 patients went to 5 or more pharmacies and 5 or more prescribers.*

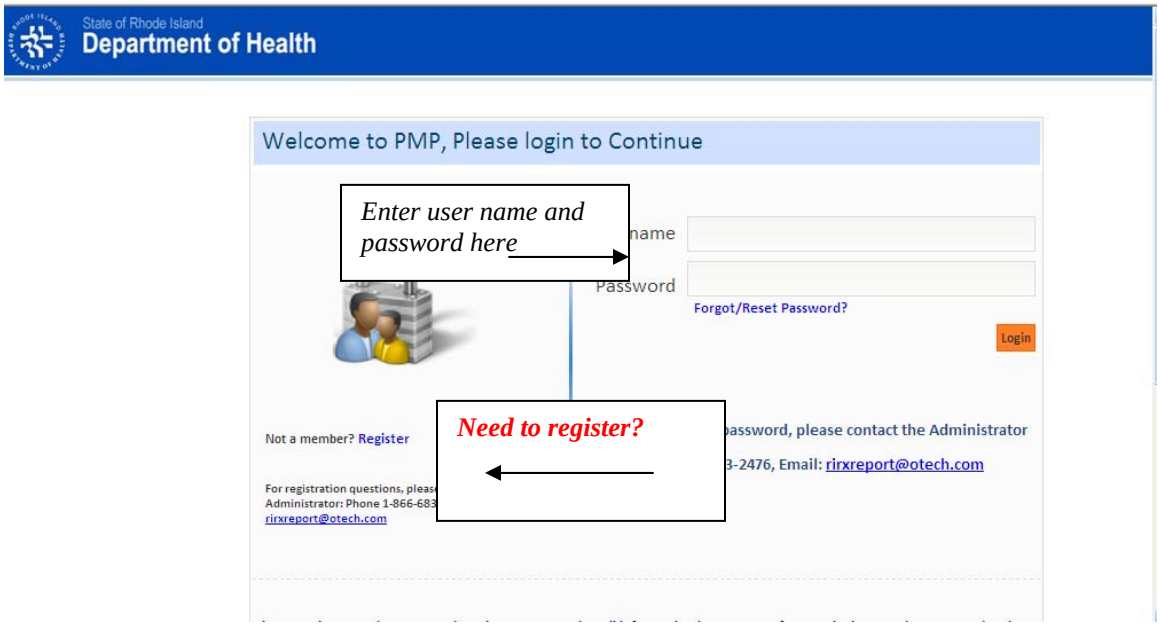
Some of those folks saw you!

Less ominously, sometimes a patient sees another doctor and receives a prescription for legitimate reasons. For example, let's say a psychiatrist started your patient on a benzodiazepine, the patient forgot to tell you, and you are about to prescribe an opioid for severe pain. Does the benzodiazepine prescription matter now? It sure does.

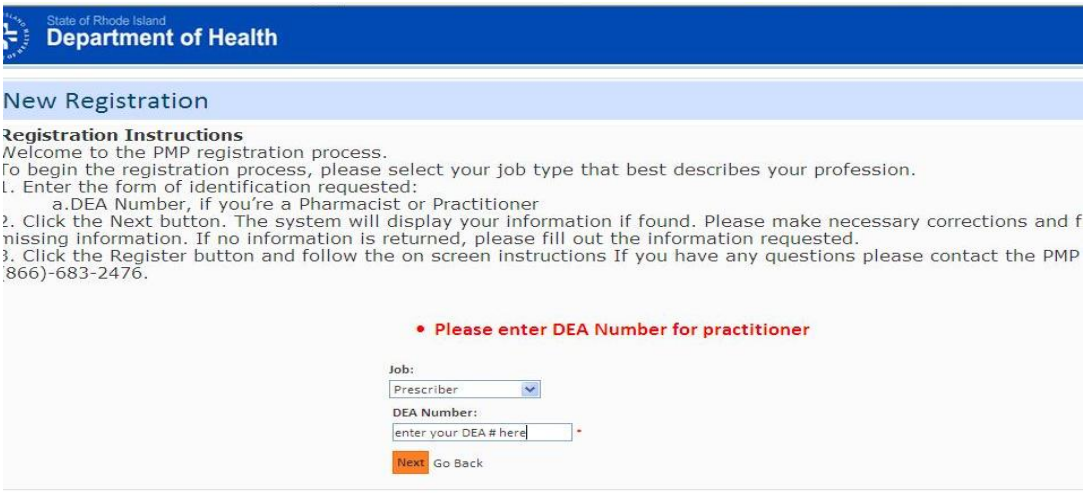
I could generate dozens of examples, yet you get the point. The PMP will help you provide safer care to protect your patients. The PMP will help you also provide safer and more responsible care to protect your career. No Rhode Island physician who prescribed responsibly has ever been disciplined by the Board of Medical Licensure and Discipline (BMLD) for their prescribing. Those who prescribe irresponsibly have had action taken—a most unpleasant business for everyone.

Section 2—How to Register

So, you have made a wise decision and plan to register for the PMP. Stop looking hopelessly for a letter from the Department of Health, or BMLD, or insurance company, or supervisor, or any of the dozens of entities that want you to register for the PMP. Just go to ripmp.com! You will be directed to the log-in screen, which looks straightforward and surprisingly unassuming.

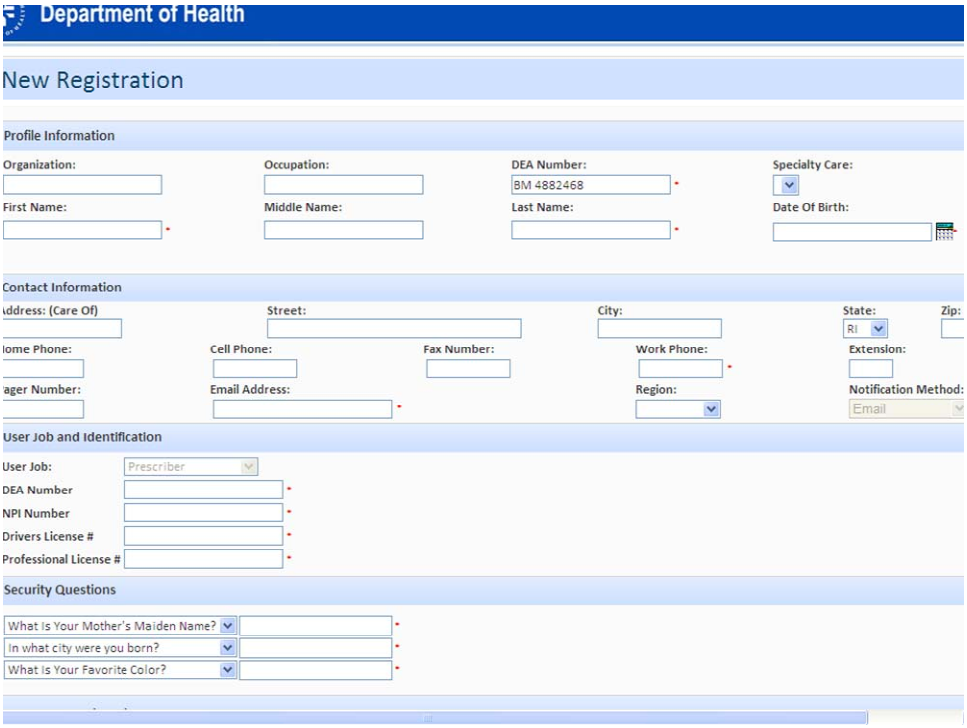


Click to Register and you will be taken to the screen below, where you should choose **prescriber** and enter your DEA number[1] (not your license number and not your CSR number—stick with the DEA number).

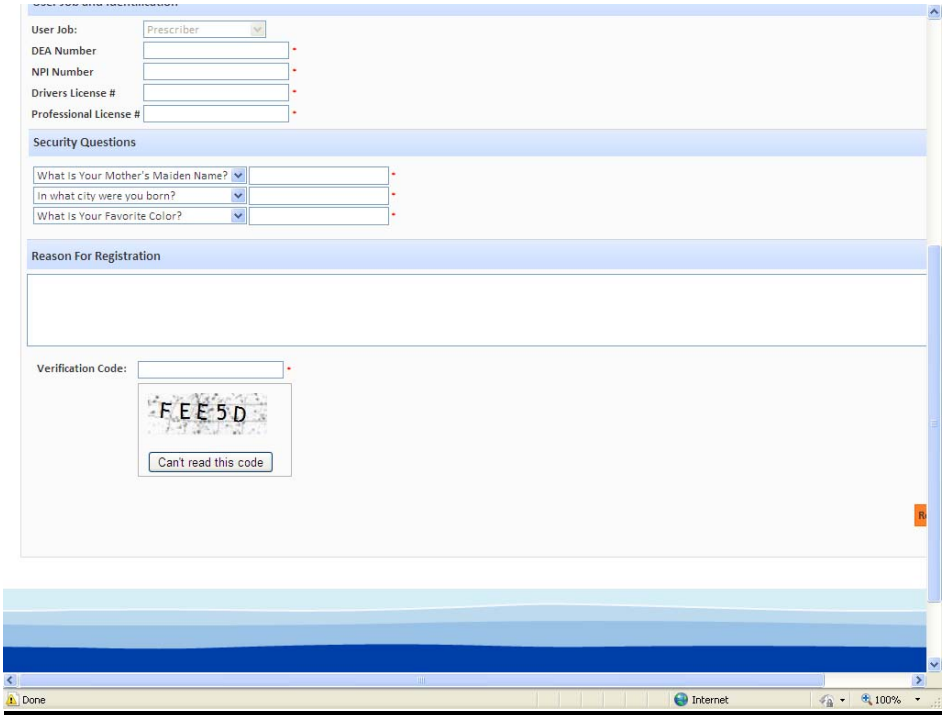


If you enter your job (you are a prescriber—in later screens you are called a practitioner) and your DEA number, you will be taken to the registration page below! Enter your DEA number as two letters and seven digits with no spaces or punctuation.

[1] Pharmacists should enter their store DEA number, and residents should enter their hospital DEA number.



Complete the questions on the registration page as you would any other electronic form. Towards the bottom, as shown below, the form asks why you want to register and for you to enter a verification code. *You do not need a detailed reason to register*. A phrase such as "*direct patient care*" is all that is needed. Composing a manifesto on prescription drug abuse, misuse, and your desire to be part of a larger effort to make Rhode Island a great place to live, work, and breathe (while admirable),is not needed.

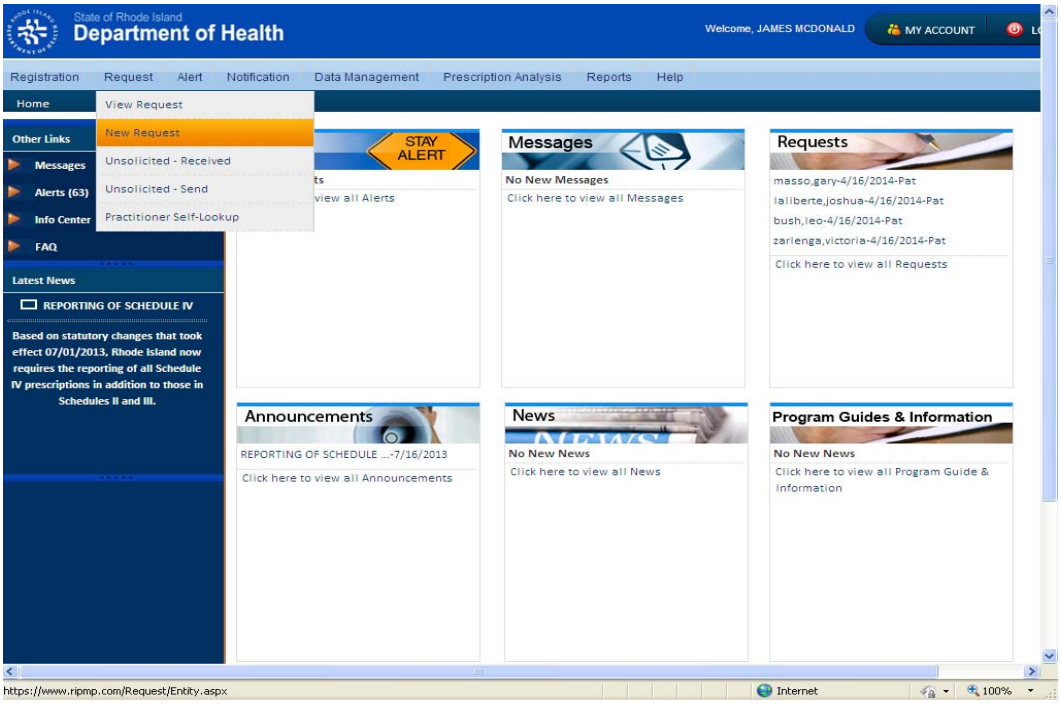


Hint: If you do not know your NPI number, just Google **your name and NPI #** and it should come right up (no privacy on this side of the net).

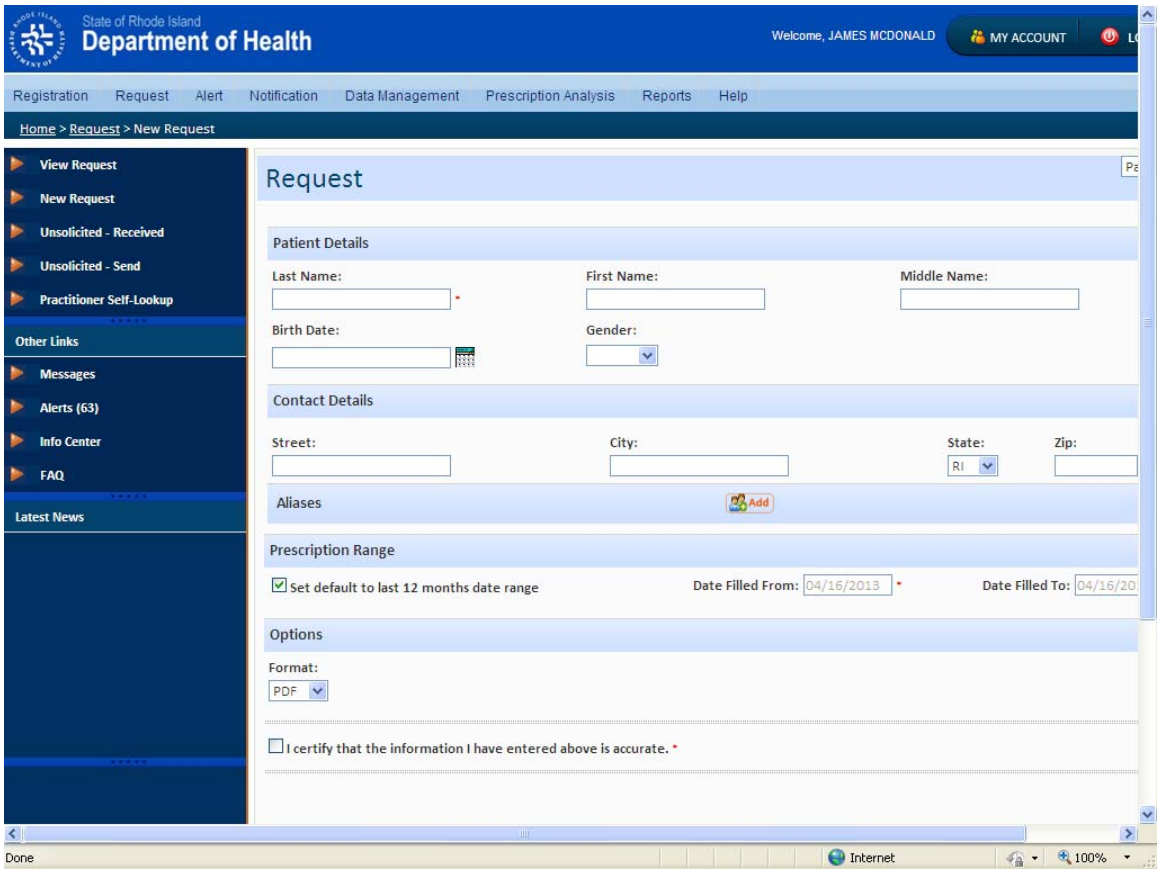
Section 3: How to use the PMP to see what my patient is taking

Once you have a user name and password, you are ready to log in and see what the PMP really looks like.

To see a patient report, generate a "New Request". This is something you will do often, ideally before you write a prescription for a controlled substance. A new request is an easy way to generate a PDF report and an excel spreadsheet at the same time and see what your patient has been taking.



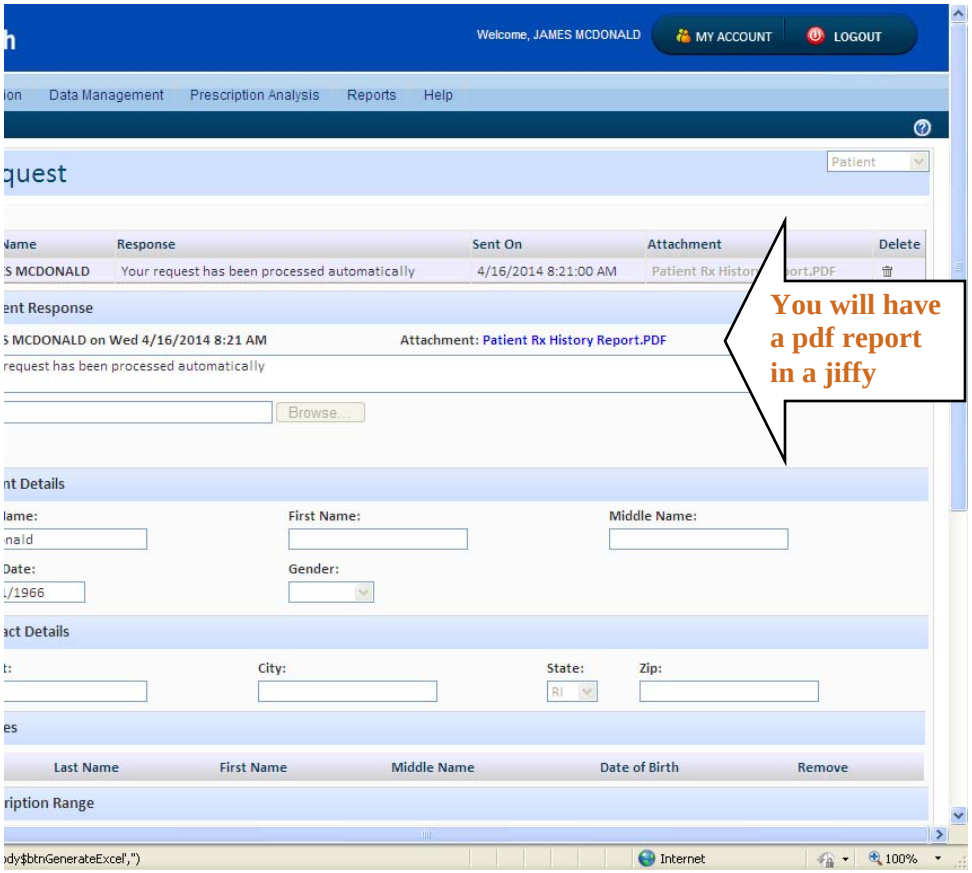
Click "New Request" and you will be taken to the screen below, which defaults to information about the patient. (There is also an option to view your prescribing to all your patients as a report—more on this later.)



Enter the patient's last name, first name, and date of birth. **It is important to enter the last name completely and spell it correctly.** It is also important to enter the correct date of birth. When you read the report, verify you are dealing with the right patient. Like everything else we do in healthcare, you need two identifiers to verify.

Hint: Check a driver's license with patients when they start with your practice, so you verify the date of birth.

Once you have entered the patient's name and birth date, click "Create". Here is what the screen looks like after you click "Create":



Let's look at an actual report. I removed the Protected Health Information from this example. Keep an eye out for red flags that might indicate diversion. The majority of your patients are doing what you expect, yet prescribers who use the PMP often, are surprised how often they are surprised! People who are diverting are often very smart; they may have more than one address, use several pharmacies, and use other tactics to confuse others as to what they are really doing.

Here are some things to look for in particular:

- Does the patient have more than one address?
- Are the prescriptions being filled early? Check column E closely for fill day and columns G and H for days' supply.
- Column F is the actual drug dispensed.
- Column K is the date the prescription was written.
- The last column is the DEA number of the pharmacy that filled the prescription. Check to see how many pharmacies are being used. *There is an alphabetical list of pharmacies at the bottom of the PDF report*.
- Column I is the prescriber. Check to see who else is prescribing besides you.

		E	F: Product, Strength, Form	G	H			K	
Patient Address	Date Of Birth	Fill Date	Product, Str, Form	Quantity	Supply Days	Prescriber	Written	N/R	Pharm
123 Main Street	XX/XX/XXXX	04/16/2012	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	25	XXX A O74	04/16/2012	N	BR42212 28
123 Main Street	XX/XX/XXXX	03/15/2012	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	25	XXX A O74	03/15/2012	N	BR26080 36
123 Main Street	XX/XX/XXXX	02/15/2012	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	25	XXX A O74	12/26/2011	R	BR42212 28
123 Main Street	XX/XX/XXXX	01/21/2012	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	25	XXX A O74	12/26/2011	N	BR42212 28
PO BOX Any NumberRI	XX/XX/XXXX	12/26/2011	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	25	XXX A O74	12/26/2011	N	BR26080 36
PO BOX Any NumberRI	XX/XX/XXXX	11/27/2011	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	25	XXX A O74	10/31/2011	N	BR42212 28
PO BOX Any NumberRI	XX/XX/XXXX	10/31/2011	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	25	XXX A O74	10/31/2011	N	FR12615 60
1 anywhere place	XX/XX/XXXX	09/30/2011	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	30	XXX A O74	09/02/2011	R	BR42212 28
1 anywhere place	XX/XX/XXXX	09/02/2011	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	30	XXX A O74	09/02/2011	N	BR42212 28
1 anywhere place	XX/XX/XXXX	08/03/2011	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	30	XXX A O74	07/05/2011	R	BR42212 28
1 anywhere place	XX/XX/XXXX	07/06/2011	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	30	XXX A O74	07/05/2011	N	BR42212 28
1 anywhere place	XX/XX/XXXX	06/06/2011	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	30	XXX A O74	06/06/2011	N	BR26080 36
1 anywhere place	XX/XX/XXXX	05/08/2011	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	30	XXX A O74	03/14/2011	R	BR42212 28
1 anywhere place	XX/XX/XXXX	04/10/2011	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	30	XXX A O74	03/14/2011	N	BR42212 28
1 anywhere place	XX/XX/XXXX	03/14/2011	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	30	XXX A O74	03/14/2011	N	BR26080 36
1 anywhere place	XX/XX/XXXX	02/14/2011	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	25	XXX A O74	02/14/2011	N	BR42212 28
PO BOX 1005 RI	XX/XX/XXXX	01/19/2011	APAP/HYDROCODONE BITARTRATE, 325 MG-10 MG, TAB	75.00	30	DIL JO74	01/19/2011	N	BR42212 28

N = New, R = Refill

What does this report demonstrate to me?

The patient:

- Has one prescriber.
- Goes to two pharmacies.
- Is on chronic opioids.
- Gets his or her medicine filled very regularly—really to the day it is needed.
- Gets roughly the same quantity of medication each time. The actual days' supply sometimes is 30, sometimes 25; it depends on how the prescription was written by the prescriber and entered by the pharmacist.

There is no clear red flag here. The provider should have a pain agreement with the patient and other safeguards against medication diversion in place. (Go to http://health.ri.gov/saferx for safeguards.)

One more thing: Since there is an acetaminophen component to the medication this patient receives, let's make sure we are not making our patient's liver toxic and check how much acetaminophen they take every day. It looks like there is 325 mg of acetaminophen in each dose, and the patient takes 3 a day, so 975 mg. We might want to check LFT's periodically, yet the total dosage does not exceed 3 grams (3000mg) per day.

TIP: If a patient is taking > 4 grams of acetaminophen per day, the patient is damaging his or her liver or diverting the drug. If you have patients taking > 4 grams of acetaminophen per day, and you are ignoring them, and there is a complaint about your prescribing, you are setting yourself up for a very, very bad day.)

Let's look at another patient, for whom the prescribing raised some questions.

Date of Birth	Date Filled	Drug Name	QTY	Days		Prescr.	Date written				
xx/xx/xxxx	09/16/2011	OXYCODONE HCL, 30 MG, TAB	60.00	30		Dr X	09/16/2011	1260181	N	BR2608125	99
xx/xx/xxxx	08/18/2011	OXYCODONE HCL, 30 MG, TAB	60.00	30		Dr X	08/18/2011	1255760	N	BR2608125	99
xx/xx/xxxx	07/29/2011	OXYCODONE HCL, 30 MG, TAB	60.00	30		Dr X	07/28/2011	2215549	N	BW5478486	99
xx/xx/xxxx	07/14/2011	OXYCODONE HYDROCHLORIDE, 15 MG, TAB	60.00	30		Dr X	07/14/2011	1462967	N	AP9086869	99
xx/xx/xxxx	07/10/2011	OXYCODONE HYDROCHLORIDE, 30 MG, TAB	60.00	30		Dr X	07/10/2011	0679926	N	FR1260974	99
xx/xx/xxxx May 26 to Aug 9 is 75 calendar days, why 120 DS of Oxy 30?	07/01/2011	OXYCODONE HYDROCHLORIDE, 30 MG, TAB	60.00	30		Dr X	07/01/2011	1460029	N	AP9086869	99
xx/xx/xxxx	06/21/2011	OXYCODONE HCL, 30 MG, TAB	90.00	30		Dr X	06/21/2011	1251477	N	BR2608024	99
xx/xx/xxxx	06/02/2011	OXYCODONE HYDROCHLORIDE, 30 MG, TAB	60.00	30		Dr X	06/02/2011	1452549	N	AP9086869	99
xx/xx/xxxx	05/26/2011	OXYCODONE HCL, 30 MG, TAB	60.00	30		Dr X	05/26/2011	1247823	N	BR2608024	99
xx/xx/xxxx	05/24/2011	APAP/HYDROCODONE BITARTRATE, 660 MG-10 MG, TAB	50.00	8		Dr X	05/17/2011	0655	R	FR1260974	99
xx/xx/xxxx	05/18/2011	OXYCODONE HCL, 30 MG, TAB	90.00	30		Dr X			N	BW5478486	99
xx/xx/xxxx	05/17/2011	APAP/HYDROCODONE BITARTRATE, 660 MG-10 MG, TAB	50.00	8		Dr X			N	FR1260974	99
xx/xx/xxxx	04/26/2011	OXYCODONE HYDROCHLORIDE, 15 MG, TAB	90.00	30		Dr X	04/26/2011	1238 20	N	BR2608125	99
xx/xx/xxxx	04/19/2011	OXYCODONE HYDROCHLORIDE, 30 MG, TAB	90.00	30		Dr X	04/19/2011	1237426	N	BR2608125	99
xx/xx/xxxx	01/20/2011	OXYCODONE HCL, 30 MG, TAB	90.00	30		Dr X	01/19/2011	0743142	N	AS3259 8	99
xx/xx/xxxx Dec 19 to Feb 19 is 60 calendar days, why 90 DS of Drug	01/05/2011	OXYCODONE HCL, 30 MG, TAB	90.00	30		Dr X	01/05/2011	1220			99
xx/xx/xxxx	12/19/2010	OXYCODONE HCL, 30 MG, TAB	90.00	30		Dr X	12/19/2010	0741732	N	AS3259808	99
xx/xx/xxxx	12/01/2010	HYDROMET, 1.5 MG/5 ML-5 MG/5 ML, SYR	180.00	6		Dr X	12/01/2010	1215623	N	BR2608125	99

The N = new prescription, R = refill

99 or 01 means patient paid cash

Here are some global observations. The patient:

- Is on chronic opioids
- Is on multiple drugs, all short-acting opioids, some with acetaminophen
- Has multiple addresses (not visualized)
- Goes to five pharmacies (last column)
- Has received several early refills for oxycodone. (Note that the short-acting version has been prescribed, which has high street value.)
- Paid cash at pharmacies (which may be indicated in the report with the codes 01-private pay or 99-other) instead of paying through an insurance plan.
- Has an actual day supply that is much greater than the number of calendar days. (The report spans 377 calendar days, but lists an actual day supply of 622.)

If the patient's prescriber used the PMP, he or she would have seen some of these red flags.

What can we infer about this patient? Is he or she in chronic pain, under treated, pseudo-addicted, diverting the medications, taking some and selling some, or addicted? Any, all or none of these situations could be true. The important point is that the PMP demonstrates a concerning pattern.

A responsible prescriber would ask why the patient uses so many pharmacies and receives early refills. There would be a pain agreement in place, and a thoughtful conversation about addiction and perhaps referral to someone who specializes in chronic pain would occur. A responsible prescriber would have followed the principles at www.health.ri.gov/saferx

Here is another PMP report that shows some concerns:

03/24/2013	HYDROCODONE BITARTRATE AND ACETAMIN, 660 MG-10 MG, TAB	100.00	17	1008	Dr	03/07/2013 X	4211104	R	BT4334138	04
03/18/2013	HYDROCODONE BITARTRATE AND ACETAMIN, 660 MG-10 MG, TAB	100.00	8	1008	Dr	03/07/2013 X	4211104	R	BT4334138	04
03/10/2013	APAP/HYDROCODONE BITARTRATE, 660 MG-10 MG, TAB	100.00	8	1008	Dr	03/07/2013 X	4211104	N	BT4334138	04
03/03/2013	APAP/HYDROCODONE BITARTRATE, 660 MG-10 MG, TAB	100.00	17	1008	Dr	02/01/2013 X	00661677	R	FR1260950	04
02/25/2013	APAP/HYDROCODONE BITARTRATE, 660 MG-10 MG, TAB	100.00	6	1008	Dr	02/01/2013 X				01
02/19/2013	APAP/HYDROCODONE BITARTRATE, 660 MG-10 MG, TAB	100.00	7	1008	Dr	02/01/2013 X				01
02/13/2013	APAP/HYDROCODONE BITARTRATE, 660 MG-10 MG, TAB	100.00	18	1008	Dr	02/01/2013 X	00661677	R	FR1260950	04
02/07/2013	APAP/H	100.00	8	1008	Dr	02/01/2013 X	00661677	R	FR1260950	01
02/01/2013	APAP/H	100.00	8	1008	Dr	02/01/2013 X	00661677	N	FR1260950	01
01/24/2013	APAP/HYDROCODONE BITARTRATE, 660 MG-10 MG, TAB	100.00	17	1008	Dr	12/24/2012 X	00640716	R	FR1260950	04
01/17/2013	APAP/HYDROCODONE BITARTRATE, 660 MG-10 MG, TAB	100.00	17	1008	Dr	12/24/2012 X	00640716	R	FR1260950	01
01/11/2013	APAP/HYDROCODONE BITARTRATE, 660 MG-10 MG, TAB	100.00	17	1008	Dr	12/24/2012 X	00640716	R	FR1260950	01
01/05/2013	APAP/HYDROCODONE BITARTRATE, 660 MG-10 MG, TAB	100.00	17	1008	Dr	12/24/2012 X	00640716	R	FR1260950	04
12/30/2012	APAP/HYDROCODONE BITARTRATE, 660 MG-10 MG, TAB	100.00	8	1008	Dr	12/24/2012 X	00640716	R	FR1260950	04
12/24/2012	APAP/HYDROCODONE BITARTRATE, 660 MG-10 MG, TAB	100.00	8	1008	Dr	12/24/2012 X	00640716	N	FR1260950	04
12/18/2012	HYDROCODONE BITARTRATE AND ACETAMIN, 300 MG-10 MG, TAB	100.00	8	1008	Dr	12/11/2012 X	00634332	R	FR1260950	04
12/11/2012	HYDROCODONE BITARTRATE AND ACETAMIN, 300 MG-10 MG, TAB	100.00	8	1008	Dr	12/11/2012 X	00634332	N	FR1260950	04

Here are some global concerns regarding the PMP report above. The report shows:

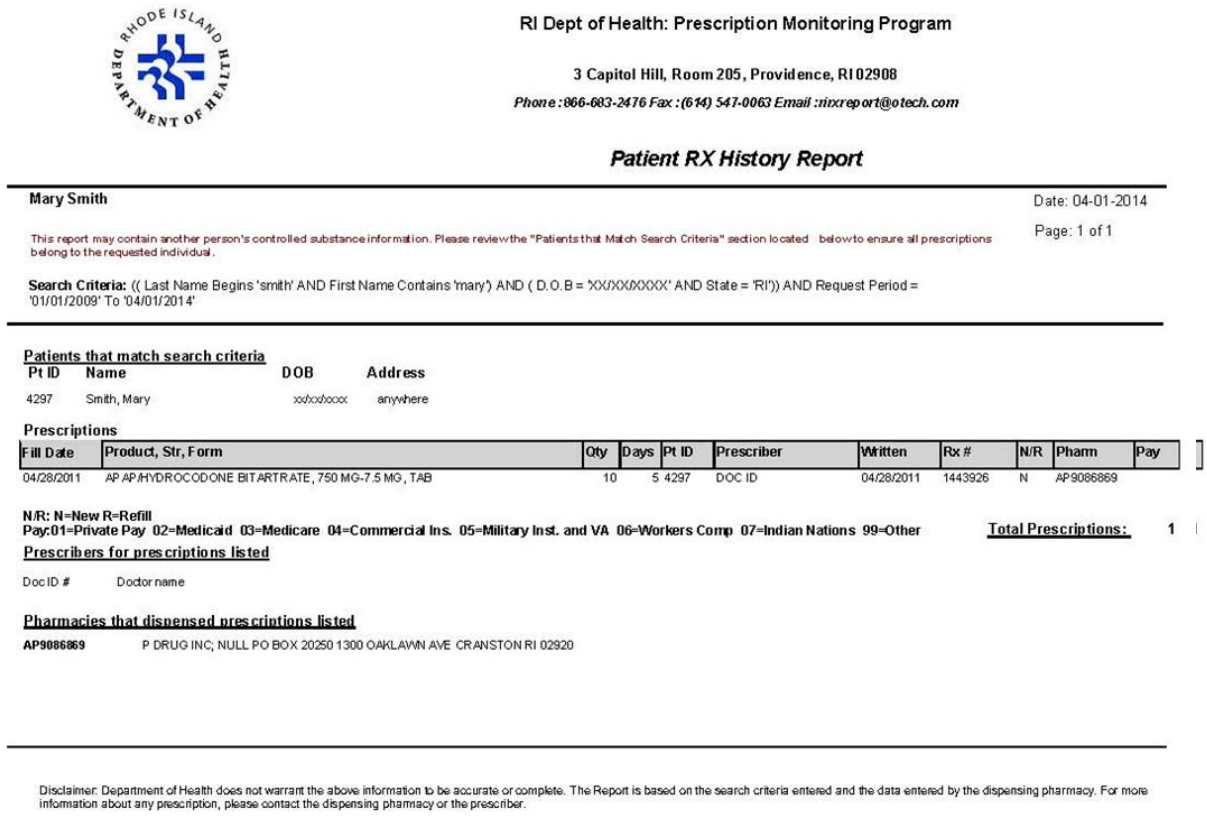
- Several early refills
- Evidence of three pharmacies
- 7.92 grams of acetaminophen daily
- Mixed payment methods

These red flags should prompt a thoughtful dialogue with the patient and reflection on your practices. Is the patient taking any of these medications, or selling them? Is there a pain agreement in place, and informed consent for chronic opioid therapy? Are there any safeguards in place to prevent diversion? Do you check LFTs, examine the patient regularly, and perform any urine drug screens to see if the drug is being taken? Does the patient drink alcohol, and has

his or her alcohol habits changed? See section 6 for more information on what to do if you see something problematic regarding a patient.

A responsible prescriber would have a pain agreement in place from the beginning, completed an informed consent before launching chronic opioid therapy for a non-cancer diagnosis, examine and assess the patient at every visit, and monitor the patient periodically for adherence and efficacy.

Here is one more PMP report for you to review. This is the PDF version. It contains the same information as the Excel version, just in a different format.



RI Dept of Health: Prescription Monitoring Program

3 Capitol Hill, Room 205, Providence, RI 02908

Phone : 866-683-2476 Fax : (614) 547-0063 Email : rixreport@otech.com

Patient RX History Report

Mary Smith Date: 04-01-2014

Page: 1 of 1

This report may contain another person's controlled substance information. Please review the "Patients that Match Search Criteria" section located below to ensure all prescriptions belong to the requested individual.

Search Criteria: ((Last Name Begins 'smith' AND First Name Contains 'mary') AND (D.O.B = 'XX/XX/XXXX' AND State = 'RI')) AND Request Period = '01/01/2009' To '04/01/2014'

Patients that match search criteria

Pt ID	Name	DOB	Address
4297	Smith, Mary	xx/xx/xxxx	anywhere

Prescriptions

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	Rx #	N/R	Pharm	Pay
04/28/2011	AP AP/HYDROCODONE BIT ARTRATE, 750 MG-7.5 MG, TAB	10	5	4297	DOC ID	04/28/2011	1443926	N	AP9086869	

N/R: N=New R=Refill
Pay:01=Private Pay 02=Medicaid 03=Medicare 04=Commercial Ins. 05=Military Inst. and VA 06=Workers Comp 07=Indian Nations 99=Other **Total Prescriptions:** 1

Prescribers for prescriptions listed

Doc ID # Doctor name

Pharmacies that dispensed prescriptions listed

AP9086869 P DRUG INC; NULL PO BOX 20250 1300 OAKLAWN AVE CRANSTON RI 02920

Disclaimer: Department of Health does not warrant the above information to be accurate or complete. The Report is based on the search criteria entered and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber.

If you were the prescriber and examined this report, you would see that only one prescription was filled, and that it was paid for with cash. Let's say you know that the physician who saw this patient for a year gave her a prescription for 30 days each month for 18 months. This is an odd scenario; why is the information not showing up in the PMP? The most common reason is that the prescriptions are being filled in another state. Rhode Island is small and patients travel, yet you would want to ask the patient why she uses an out-of-state pharmacy.

- Are the prescriptions that are not listed in the PMP report being filled in a neighboring state? (Our PMP only shows prescriptions filled in RI.)

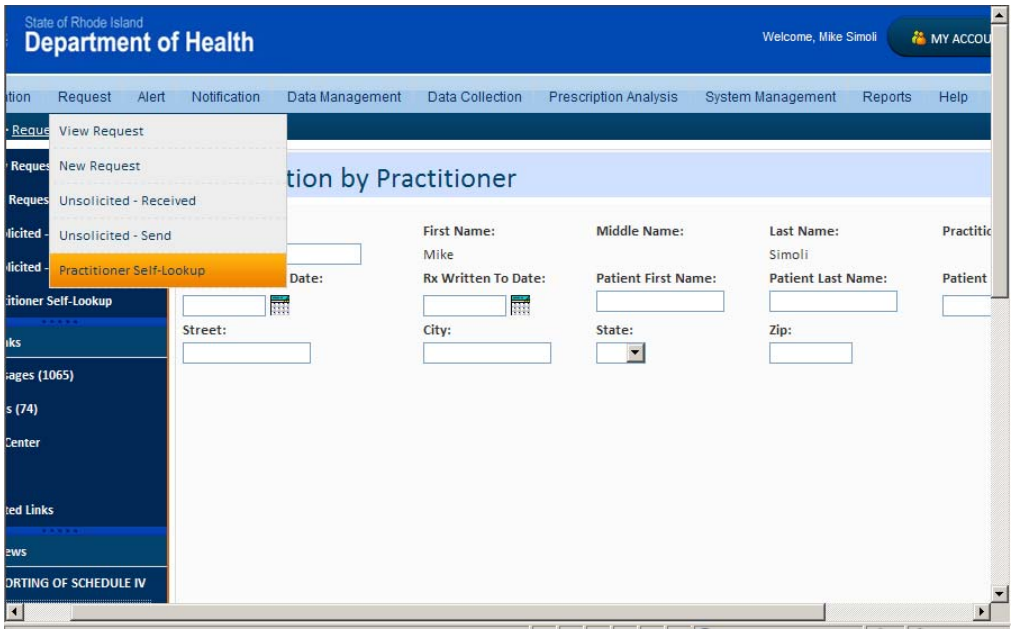
- Are the prescription not being filled, and if not, why not?

Section 4. How to use the PMP to see what I am prescribing

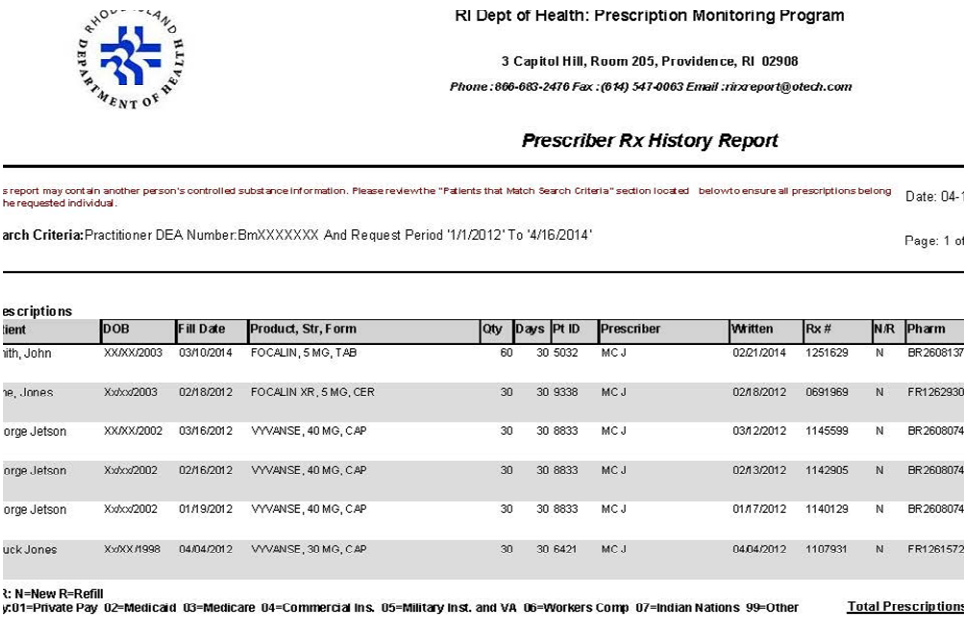
Periodically, you or your group may want to review your own prescribing habits. Perhaps even a trusted colleague would do some **peer review** for you and share his or her wisdom. All you need to do is run a practitioner report.

Here is how:

Log in as you normally would and go to New Request as you normally would. You will notice the default page is for a patient report. Select "Practitioner Self-Lookup. This is a great way to see you own prescribing. You can use this report for a lot of reasons, yet the most obvious is to a list of all your patients for whom you have authorized a controlled substance prescription.



Here is an example of a report in PDF format. You can also download one in Excel just as easily.



RI Dept of Health: Prescription Monitoring Program

3 Capitol Hill, Room 205, Providence, RI 02908

Phone : 866-683-2476 Fax : (614) 547-0063 Email : rixreport@otech.com

Prescriber Rx History Report

s report may contain another person's controlled substance information. Please review the "Patients that Match Search Criteria" section located below to ensure all prescriptions belong he requested individual. Date: 04-1

arch Criteria: Practitioner DEA Number:BmXXXXXXX And Request Period '1/1/2012' To '4/16/2014' Page: 1 of

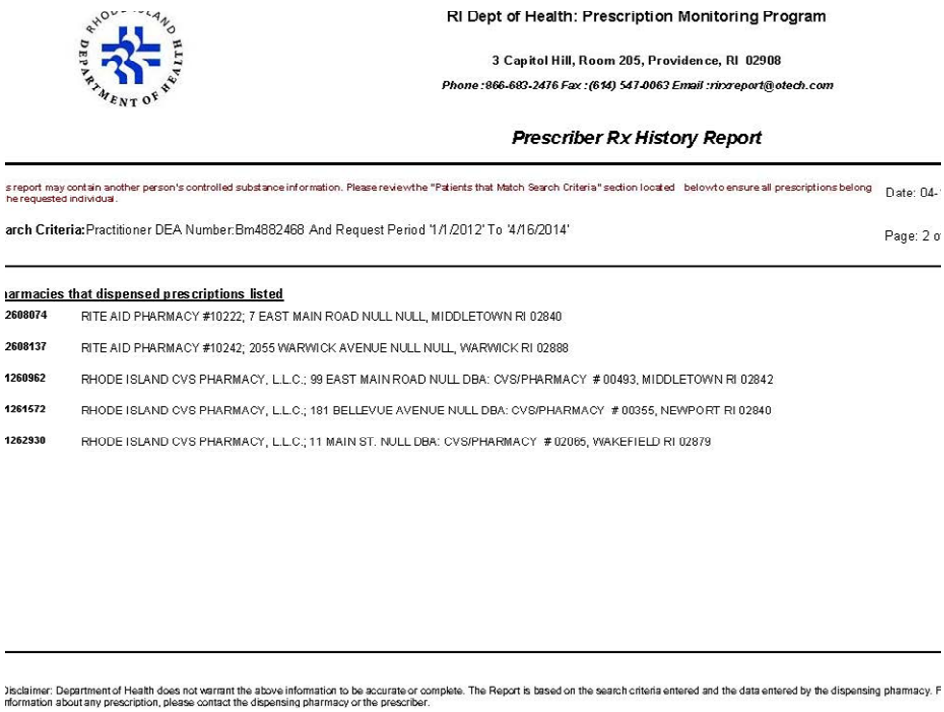
escriptions

ient	DOB	Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	Rx #	N/R	Pharm
ith, John	XX/XX/2003	03/10/2014	FOCALIN, 5 MG, TAB	60	30	5032	MC J	02/21/2014	1251629	N	BR2608137
e, Jones	Xx/xx/2003	02/18/2012	FOCALIN XR, 5 MG, CER	30	30	9338	MC J	02/18/2012	0691969	N	FR1262930
orge Jetson	XX/XX/2002	03/16/2012	VYVANSE, 40 MG, CAP	30	30	8833	MC J	03/12/2012	1145599	N	BR2608074
orge Jetson	Xx/xx/2002	02/16/2012	VYVANSE, 40 MG, CAP	30	30	8833	MC J	02/13/2012	1142905	N	BR2608074
orge Jetson	Xx/xx/2002	01/19/2012	VYVANSE, 40 MG, CAP	30	30	8833	MC J	01/17/2012	1140129	N	BR2608074
uck Jones	Xx/XX/1998	04/04/2012	VYVANSE, 30 MG, CAP	30	30	6421	MC J	04/04/2012	1107931	N	FR1261572

: N=New R=Refill
y:01=Private Pay 02=Medicaid 03=Medicare 04=Commercial Ins. 05=Military Inst. and VA 06=Workers Comp 07=Indian Nations 99=Other **Total Prescriptions**

Here are a few questions to ask yourself when you look at your own prescribing.

- Do the names look familiar? (If you see prescription for unfamiliar names, is someone prescribing in your name? Has a prescription pad been stolen?)
- Do I see patients who are coming in early for refills? If so, why are they coming in?
- Am I prescribing proportionately? (If you always see same round numbers, why is that? Some patients must have short, limited acute pain.)
- Do patients use more than one pharmacy, and if so,should I ask why?
- Is my documentation appropriate, and am I doing pill counts and/or drug screens?
- Am I prescribing responsibly? Have I been to www.health.ri.gov/saferx?



RI Dept of Health: Prescription Monitoring Program

3 Capitol Hill, Room 205, Providence, RI 02908

Phone :866-683-2476 Fax :(614) 547-0063 Email :rixreport@otech.com

Prescriber Rx History Report

s report may contain another person's controlled substance information. Please review the "Patients that Match Search Criteria" section located below to ensure all prescriptions belong he requested individual. Date: 04-

arch Criteria: Practitioner DEA Number:Bm4882468 And Request Period '1/1/2012' To '4/16/2014' Page: 2 o

armacies that dispensed prescriptions listed

2608074 RITE AID PHARMACY #10222; 7 EAST MAIN ROAD NULL NULL, MIDDLETOWN RI 02840

2608137 RITE AID PHARMACY #10242; 2055 WARWICK AVENUE NULL NULL, WARWICK RI 02888

1260962 RHODE ISLAND CVS PHARMACY, L.L.C.; 99 EAST MAIN ROAD NULL DBA: CVS/PHARMACY # 00493, MIDDLETOWN RI 02842

1261572 RHODE ISLAND CVS PHARMACY, L.L.C.; 181 BELLEVUE AVENUE NULL DBA: CVS/PHARMACY # 00355, NEWPORT RI 02840

1262930 RHODE ISLAND CVS PHARMACY, L.L.C.; 11 MAIN ST. NULL DBA: CVS/PHARMACY # 02065, WAKEFIELD RI 02879

Disclaimer: Department of Health does not warrant the above information to be accurate or complete. The Report is based on the search criteria entered and the data entered by the dispensing pharmacy. F nformation about any prescription, please contact the dispensing pharmacy or the prescriber.

Note the pharmacy list, which can be helpful and is located at the end of the report.

Section 5: What do I do if I see something problematic regarding a patient?

Ignoring a problem does not make it go away. The problem usually gets worse.

Once you review the PMP, you may start to see patients whose PMP reports raise substantial questions. This may lead to awkward moments in the exam room. Difficult questions need to be asked, and you need to be reassured you are able to prescribe responsibly. There is no substitute for clinical judgment and a trusting relationship with your patient.

Perhaps the awkward moments lead you to a diagnosis of addiction.

Addiction is a chronic disease that often relapses.

Addiction is defined as a primary, chronic, neuro-biologic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include:

1. Impaired control over drug use,
2. Craving, and
3. Compulsive use or continued use despite harm.

Addiction is one problem you might uncover when you use the PMP. You might also uncover pseudo-addiction, under-treated pain, tolerance, diversion, opioid-induced hyperalgesia, and many other things. The PMP is a reliable database that will prompt some thoughtful conversations and raise some problems.

Potential Problems/red flags—the patient:

- Goes to more than one pharmacy
- Has many other prescribers
- Has early refills
- Is not taking the medication
- Has multiple dates of birth listed
- Is taking medications you did not know about
- Said he or she lost a prescription, you supplied a replacement, yet both prescriptions were filled

You may notice other potential problems not included on the list above.

If you see a problem, *talk about it*. Do not jump to conclusions or be gullible. Take a history as you would for any other problem, and start to create a differential diagnosis.

It is rare that the right course of action is to summarily dismiss your patients without any taper of medications. That should mainly happen if you have good reason to believe the patient is diverting medication. Giving medication to someone who is diverting is unprofessional conduct.

If your patient goes to more than one pharmacy, ask him or her to pick only one, if possible.

If your patient has other prescribers, find out why. If there is good reason to believe duplicate prescribing is occurring, you can dismiss the patient without a taper. If you are not sure, taper the patient for 2-4 weeks and refer the patient to treatment for addiction.

To refer a patient for treatment for addiction, go to health.ri.gov and click the orange button in the left menu, or see www.health.ri.gov/healthrisks/addiction/for/providers

If a patient has early refills, is he or she being under-treated for pain? Should you use a long-acting agent or refer the patient to a pain or addiction specialist? This is a clinical judgment.

If a patient is not showing up on the PMP, ask why. Is he or she getting prescriptions filled in a neighboring state, and if so, is that best? If he or she is not getting them filled at all, you have some interesting questions to ask—most of all, why are you continuing to write the prescriptions?

If a patient is taking medications you did not know about, what else about your patient do you not know? Ask some questions and find out what is going on. Was this a simple misunderstanding, or deception?

If your patient said he or she lost a prescription, and then got it filled plus the one you replaced, this is not good. It is time for a serious conversation about the patient-provider relationship. Do you continue to prescribe or not? It is probably a bad idea to continue to prescribe at this point.

If a patient report says prescriptions are filled, but the patient did not see you, what is going on? Are you sure you have the right patient? It is always good to check photo identification when starting with a new patient. Is someone acting fraudulently and using you as his or her drug dealer, while assuming someone else's identity? (It happens; ask for photo ID.)

Dismissing the Patient: When to taper
Generally, you want to taper the patient for 2-4 weeks to avoid withdrawal if you are ending the physician-patient relationship. The main exception is if you have good reason to believe diversion is occurring. Sometimes a patient is diverting and addicted; the two often go hand-in-hand. It is always wise to refer the patient for treatment for addiction if indicated. (See www.health.ri.gov/healthrisks/addiction/for/providers) There are several ways to taper a patient. One way is to decrease the dose by 1/3 every 3 days, or if using long-acting medications, to decrease by 1/3 every 5-7 days.

Keep it professional!
No matter what is going on with the patient, it is important to remain professional. Keep your emotions in check, evaluate risks and benefits, and make clinical decisions. Avoid using disparaging terms in the medical record. Addiction is a disease; writing that a patient is a "druggie" is not an appropriate assessment. Keep in mind that patients have access to their medical records. Do not enter something you would not want read out loud with emphasis in court by a plaintiff attorney.

What if I feel bullied or pressured?
There is no place for violence in a therapeutic relationship. Talk to your patient about this if it is occurring. Advise the patient that while you will listen to him or her, you can never be pressured to prescribe, and you are the one who makes clinical decisions. Talk to your employer, or colleagues; this situation should not be a secret. If law enforcement is needed, call them. Protect yourself, yet remain professional.

Can I call the police if I think a patient is doing something illegal?
This is tricky, because HIPAA applies to a physician-patient relationship. Having said that, there is no reason you cannot call the state police and ask if you can be a confidential informant.

Section 6: What do I do if I see something problematic regarding my prescribing?

If you see prescriptions written in your name that you know you did not authorize, that is a problem, and actually a felony! You should contact law enforcement. The State Police and the Drug Enforcement Agency (DEA) conduct this type of investigation; local enforcement can coordinate. You should contact DEA regardless and decide if you need a new DEA number.

One of the more common reasons we see for this situation is office staff calling in prescriptions without the prescribers' knowledge. Controlled substances have a high street value and are subject to diversion. Do not let staff call in controlled substances.

If you realize you need to brush up on your prescribing, here are some resources. www.health.ri.gov/saferx is a good start.

Want CME? Really good CME that will change your prescribing?

1. Case Western Intensive Review series is nice (http://casemed.case.edu/cme/activities/intensive_series.cfm)
2. The Gold Standard course for controlled substance prescribing is the Vanderbilt course, offered in Nashville http://www.mc.vanderbilt.edu/root/vumc.php?site=cph&doc=36613
3. The Vanderbilt curriculum is also taught at University of Florida http://psychiatry.ufl.edu/education/prescribing-controlled-drugs-cme/prescribing-controlled-drugs-critical-issues-common-pitfalls-of-misprescribing/
4. Professional Boundaries offers a solid course https://www.professionalboundaries.com/prescribing-course.php
5. Pace has a nice program (and if you like San Diego…) http://www.paceprogram.ucsd.edu/prescribing.aspx

These are all great courses, yet they are in person. Safe prescribing is a big topic, and in-person training is often needed. If you would like an online course, try www.scopeofpain.com. Did I mention that course is free?

Section 7: Limitations of the PMP

Every database has limitations. The data are entered by pharmacists. They do their best, yet there is a small possibility that they may enter the prescriber or patient information in error. So, ask questions and see what makes sense.

The data has to be reported to the PMP every seven days; some pharmacies report data to the PMP even more often. We are working on getting the data entered as close to real time as possible.

Yes, it is annoying that the PMP has a separate log in than your electronic medical record; we are working on merging these.

The Rhode Island PMP shows you only what is going on in Rhode Island pharmacies. You will not see methadone given at a methadone clinic as part of a methadone maintenance program. You will also not know who has been authorized to use marijuana for medicinal purposes. We are working on connecting the data with data from other states. Ideally, the PMP would be a national database.

Conclusion

Using the PMP will not make you taller or better looking, yet it will make you smarter! This primer was the brief introduction; the main thing is to use the PMP before you write a controlled substance prescription. Get involved; medicine is a high calling, a noble profession, and helping people is still what this is all about. The PMP is a clinical tool, not unlike the stethoscope you wear so fashionably. Get started with it today!