Promoting Safe Prescribing Practice
A Prescriber’s Responsibility
PRESENTERS

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NP, Pain Care Specialist
St. Joseph Internal Medicine

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Executive Director
Diversion Alert

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Data and Research Manager
Maine Office of Substance Abuse and Mental Health Services
AG: Maine on track to see record overdose deaths in 2015

Diverted prescription pills are still a problem, Feeley said. A total of 113 of the 174 overdose deaths involved at least one pharmaceutical drug and 111 involved at least one illicit drug, with around 29 percent caused by a combination of prescription and illicit drugs, he said.

Painkilling opioids prescribed by doctors, sometimes in combination with other opioids, led to 70 deaths, Feeley said.

Then, this past Thursday, Mills announced “the state is on pace to reach between 230 and 250 overdose deaths this year” based on drug fatalities during the first nine months of 2015.
Unintentional Drug Poisoning Deaths Involving Opioid Analgesics, Cocaine and Heroin: United States, 1999–2011

% CHANGE
2006-11

- + 28%
- - 35%
- + 119%

Number of Deaths

16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0


- opioid analgesic
- cocaine
- heroin*
• The opioids contributing to all these deaths come from SOMEWHERE
• It is reasonable to believe that anyone who prescribes opioids has helped to put some opioids into the community
• There are times when a provider and patient feel that opioids should be prescribed
• How is it possible to reduce the risk?

What’s My Point?
• Prescription Monitoring Program
• Diversion Alert Program
• Patient monitoring
• It is our RESPONSIBILITY to be safe prescribers.
• Would any prescriber write a prescription for coumadin without an INR?
• If not, why would any prescriber write for a controlled substance (high risk drug) without some safety checks in place?

Patient Monitoring
- Goals of Treatment
- Patient Safety
- Monitoring Required
- Prescription Management
- Additional Agreement – practice specific information

Patient-Provider Agreement
• Informed Consent for Opioids for Chronic Pain (final version available)
• Informed Consent for Benzodiazepines (draft, changes in progress)
• Informed Consent for Stimulants (planning phase)
• This tells providers what it means to have an agreement violation
• Leaves less up for interpretation
• Interpretation leads to inconsistent practice
• Keeps the rules the same for all providers and for all patients

Policy Development
• Penobscot Community Health Care
• Eastern Maine Medical Center Primary Care Offices
• Community Health and Counseling
• St. Joseph Healthcare
• Acadia Hospital
• Sabasticook Family Doctors
• More...sorry if I missed a participant – we keep growing!

The Bangor Area Controlled Substance Work Group
• This group has been meeting monthly for nearly a year
• The first goal was to develop a universal patient provider agreement to be shared among all major practices
• There is ongoing development for the remaining informed consents
• Our task now is to spread this work to the local emergency departments
• Then...we will try to spread our work to dentists, surgeons, and other specialists

The Bangor Area Controlled Substance Work Group
Questions?
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(207)907-3300
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Nuts and Bolts of the Prescription Monitoring Program

So I registered, Now What?
Anne Rogers, M.Ed., ABD, CHES
2/5/2016
Accessing the System: https://mepdm-ph.hidinc.com
Select **Access System** and **Login**
Manage your Delegate Accounts:
The Staff in Your Facility allowed to pull patient reports for you. They will have their own login and should never use yours or share their with someone else.
User Management Section:
Update Profile, Change the Threshold level that you want to be alerted at when your Patient exceeds a certain number of Prescribers and Pharmacies.
Maine Data Requesters’ Query Site

Query Creation Tip

Make your query as general as possible and then drill down to more specific information once you have identified the person for whom you are looking. For example, you could enter the last name of the individual, the first letter of the first name, and a birth date, and then click Next. When the preliminary results are displayed on the screen, you can highlight the person that you want to query and then click Submit to submit the query for processing.

If you enter a specific birth date for an individual and the query results are blank, click the Within field just below the Date of Birth field and resubmit the query with a wider date range, for example, within two years of birth date, to create a query with broader search criteria.

Once you have submitted the query for processing, you will be redirected to the Report Queue. In the Report Queue, click the Job Sequence ID number to view the report you requested. If the Job Sequence ID is not a hyperlink, click your browser’s refresh button. The Job Sequence ID will appear as a hyperlink when the report is ready for viewing.
Liability Statement:
Your acknowledgement that you have authority to run a report and will use it appropriately.
Recipient Query

Prescriber History Query
Prescriber DEA Query
Multiple State Query

*Last Name: Skywalker

*First Name: [blank]

Search Method: Fastest. Last name equals, first name begin

*Date of Birth: 01/12/1977

Within: Exact Match

1 Year
2 Years

Gender: [blank]

County: Select County

ZIP Code: [blank]

*Dispensed Start Date: 01/20/2015

mm/dd/yyyy

*Dispensed End Date: 01/20/2016

mm/dd/yyyy

*Required Field
All required fields must be filled in.
However, for the best search results, fill in as many fields as possible.

Next  Clear
Choose all or one, click “Submit”
### Recipient Report

**Recipient:** Skywalker, L
**Date of Birth:** 01/12/1977
**Gender:** All
**County:**
**Zip Code:**
**Dispensed Start Date:** 01/20/2013
**Dispensed End Date:** 01/20/2016

**Recipient:** Skywalker, Luke
**County:**
**Zip Code:**

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<th>Drug Name/Formulation</th>
<th>RX#</th>
<th>Prescriber</th>
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*Pmt. Method: 01=Private Pay, 02=Medicaid, 03=Medicare, 04=Commercial Insurance, 05=Military Installations and VA, 06=Worker’s Compensation, 07=Indian Nations, 99=Other*
Prescriber History Query Report:
Worried Someone has Used Your Account?
Want to know when you last ran a query?

### Prescriber History Query

- **User ID(s):** Anne_MD
- **Audit Start Date:** 01/20/15
- **Audit End Date:** 01/20/16

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<th>Type</th>
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Prescriber DEA Query Report:
Want to check scheduled drugs dispensed under your DEA number?

Maine Prescription Monitoring Program

Prescriber DEA Query

User ID: Anne Rogers - Anne_MD
DEA: ZZ5555555
Dispensed Start Date: 01/20/2015
Dispensed End Date: 01/20/2016

<table>
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<tr>
<th>Date Dispensed/Date Prescribed</th>
<th>Drug Name/NDC</th>
<th>Quantity Dispensed/Days Supply</th>
<th>RX#</th>
<th>Prescriber</th>
<th>Dispenser</th>
<th>Recipient</th>
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</thead>
</table>

Generate PDF  Generate CSV  MAP Results

Maine Office of Substance Abuse and Mental Health Services
Multiple State Query report:

Have patients in other states?

Recipient Information

* Last Name:
* First Name:
Identifier (SSN, Driver’s License #, etc.):
* Date of Birth: mm/dd/yyyy
Gender: All
Street Address:
City:
State: All states
Zip Code (Blank for all):

Dispensed Timeframe

* Dispensed Start Date: 01/20/2015
* Dispensed End Date: 01/20/2016

Sorting Options

☐ SORT by Date Only
☐ SORT by Recipient by Date

*Required Field
For More information on the PMP contact John Lipovsky at 287-3363 john.lipovsky@maine.gov

Having problems logging into the system, or other technical questions contact mepmp-info@hidinc.com Toll Free: 1-866-792-3149
Three factors drive the Rx epidemic:

1. Abundant supply
2. Overwhelming demand
3. Greed
Supply, demand, greed

Availability of opioids* for pain management (2010-2012 average)  
(Consumption in defined daily doses for statistical purposes (S-DDD)/million inhabitants/day)

So, why is the problem so big here?

Rate of kilograms of opioid pain relievers sold in 2010 per 10,000 people

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention 2011.
Rx abuse in Maine

Drug deaths by drug type: ME ’10-’14

State Epidemiological Workgroup, 2015
Source of painkiller abused 2008-2011

High risk non-medical opioid users

- Own prescription from prescriber: 27%
- Free from friend/relative: 26%
- Bought from friend/relative: 23%
- Bought from drug dealer: 15%
- Other: 9%

Source: Jones et al (2014)
What is the Diversion Alert Program?

 ✓ Monthly reports
 ✓ Online drug arrest database
 ✓ Educational resources
Is it legal to distribute arrest information?

Yes.

Under Maine’s *Criminal History Record Information Act*, a criminal justice agency may disclose to the public criminal history record information related to an offense for which a person is currently within the criminal justice system. This includes recent arrests that are actively being prosecuted [16 M.R.S. § 612(3)(A)].
Arrest and summons records are NOT the same as conviction records.
How does the program work?

- Law enforcement agencies submit data.
- Data is entered into online database.
- Public health district and statewide reports are emailed or mailed to registered participants.
Aroostook
Washington/Hancock
Penobscot/Piscataquis
Kennebec/Somerset
Lincoln, Waldo, Knox, Sagadahoc
Androscoggin, Franklin, Oxford
Cumberland
York
Statewide
Who can register to access Diversion Alert data?

• Pharmacists
• Licensed Maine prescribers (e.g. NPs, MDs, DOs, PAs, dentists, podiatrists)
• Sub-recipients authorized by licensed prescribers or pharmacists (e.g. medical office managers, social service providers)
• Law enforcement personnel
Data accuracy

• Data cannot be guaranteed without error.
• You may also wish to confirm the identity of the individual through:
  – Booking photo included in monthly reports
  – Contacting law enforcement agency that arrested the individual
Participant responsibilities

• Use of data in a manner consistent with professional/ethical standards;
• Treat data as sensitive information;
• Keep data in a safe location;
• Using other resources confirm that a positive identification has been made.
Data should *not* be used as:

- justification for immediate termination of any services to a patient;
- as the sole source for clinical decision-making.
Why use Diversion Alert?

• Helps you make informed decisions about patient care;
• Identifies patients:
  – In need of substance abuse treatment
  – Who may be drug seeking for the purpose of diversion
• Assist in compliance with rules/guidelines recommended by professional boards.
Chapter 21, Section II states:

"The Boards are obligated under the laws of the State of Maine to protect the public health and safety. The Boards recognize that the use of opioid analgesics for other than legitimate medical purposes poses a threat to the individual and society and that the inappropriate prescribing of controlled substances, including opioid analgesics, may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use. Accordingly, the Boards expect that clinicians will incorporate safeguards into their practices to minimize the potential for the abuse and diversion of controlled substances."
Outcome: Awareness of patients arrested for drug crime

% of respondents answering yes to the item:
In the past six months, I have become aware of patients in my care arrested for prescription drug possession or diversion.

Proportion of Persons Arrested for Trafficking CII-CIV Drugs in 2014 with Matching PMP Rxs within 90 Days of Arrest

Total = 295

- 76% (N = 178) Rx trafficking arrests in DA only
- 24% (N = 57) Rx trafficking arrests in DA and PMP

Source: McCall, K et al (2015)
Responding to patients charged with prescription or illegal drug related crimes.

Tip sheet handouts
Responding to patients charged with prescription or illegal drug related crimes.

Tips are based on the recommendations of:
James Berry, MD, Mercy Recovery Center
Daniel Sprague, MD, Asst. Executive Director, ME Board of Licensure in Medicine
Mark Cooper, MD, ME Board of Licensure in Medicine
Ken Lehman, Attorney, Bernstein Shur
Maine Office of Substance Abuse and Mental Health Services
Find out as much info as needed to make an informed decision about how to respond to your pt.

- Talk to your patient to determine the issue behind the arrest (i.e. addiction, profit, helping a friend).
- Check PMP for atypical or concerning patterns.
- Talk to prescribers and pharmacists who share the patient’s treatment with you.
- Contact the arresting agency for more information about the criminal charge.
Implement preventive measures

- FDA’s Opiate Risk Evaluation and Mitigation Strategies (REMS);
- Controlled Substance Agreements with random pill counts and urine drug screens;
- Screening, Brief Intervention and Referral to Treatment (SBIRT) for all patients (a billable service through the Affordable Care Act).
Document your response to the criminal charges against your patient:

- Document that you received the information, investigated the allegations, and had a discussion with your patient.
- Come up with a tentative plan about how to respond before you talk to your patient.
- Document your final plan and the reasoning behind it.
- Follow through on your plan and document that you did.
- If you modify your initial plan, document that you did so and why.
Tip Sheets 2 & 3

• Tip Sheet 2: *Clinical changes to consider in response to patients charged with prescription or illegal drug related crimes*

• Tip Sheet 3: *Effective alternatives to treat medical conditions for which controlled substances are commonly prescribed*
Is it legal to report a patient to a law enforcement agency?

17-A M.R.S.A. Section 1108(6) states the following:

A prescribing health care provider, or a person acting under the direction or supervision of a prescribing health care provider, who knows or has reasonable cause to believe that a person is committing or has committed deception [to obtain scheduled drugs] may report that fact to a law enforcement officer. A person participating in good faith in reporting under this subsection, or in participating in a related proceeding, is immune from criminal or civil liability for the act of reporting or participating in the proceeding.
Do not wait for a conviction to respond to a charge

Given the professional and life-threatening risks associated with continuing a controlled substance prescription to someone who is addicted or diverting, it is safer to consider the person "guilty until proven innocent."


Contact information

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clare@diversionalert.org
207-521-2408

www.diversionalert.org