



**DECISION**Point™  
by MAXIMUS

# PRESCRIPTION DRUG **MONITORING PROGRAMS**

*A Modernized Approach to Abuse Prevention*

## WHAT ARE THE CURRENT PROGRAM MODELS?

State-run programs for monitoring prescription drugs, known as Prescription Drug Monitoring Programs (or PDMPs), gather and track information on the prescribing and dispensing of controlled substances. Practitioners and pharmacies transmit this data electronically to PDMP databases for collection, monitoring and analysis. This data can be queried by prescribers and pharmacies to view controlled substance utilization for patients who are in their care and identify potentially inappropriate use. PDMPs differ from state to state, but can be managed by various agencies including consumer protection, substance abuse, law enforcement, health and pharmacy boards, among others.<sup>1</sup>



## Why is now the time for change?

PDMPs were originally designed to curb prescription drug abuse, prevent diversion, and stop “doctor shopping.” But many of these programs have not kept up with the current regulatory or commercial environment, as well as the tactics that abusers and dealers take today. An assessment of PDMPs across the country shows clear opportunities to extend the effectiveness of these programs.

For example, existing PDMP systems are retrospective. They collect dispensing data from pharmacies only after the patient has left the pharmacy. Depending on the state, as many as 30 days may pass before the data is available for use and analysis. This means that prescribing and dispensing data are analyzed after the fact, which is often too late to avoid the negative impacts. In addition, for practitioners and pharmacists, PDMPs are not integrated into their existing workflow processes, making them burdensome to access and use.

With U.S. drug abuse deaths at an all-time high — killing more people each year than motor vehicle accidents — and with the Centers for Disease Control and Prevention (CDC) classifying prescription drug abuse as an epidemic, it’s clearly time to take advantage of operational approaches and technologies that can improve PDMP effectiveness.

## What do the next generation of programs look like?

One of the biggest failings of existing PDMPs is their retrospective nature. Solutions available today use drug information systems (DIS) to monitor prescription drug events in real time, which can help prevent a host of problems. Also, the new programs are all-inclusive, meaning they manage the entire medication portion of a patient’s electronic health record (EHR).

The DIS protects patients by linking all critical health care locations — from pharmacies to physicians to hospitals — to medication records. When health care providers have real-time access, they can make

*Prescription drug abuse costs*  
**MORE THAN**  
**\$55B** *per year*  
*and with nearly*  
**44K** *deaths in 2013,*  
*drug overdose is now the leading cause of injury death in the United States.*

quicker and better-informed clinical decisions. The practitioner or pharmacist can also immediately access other attributes of a patient’s clinical history, such as drug allergies and intolerances, medical conditions and previous adverse drug events. Additionally, as medications are prescribed and subsequently dispensed, a drug utilization review (DUR) is performed by the system against the patient’s entire medication profile, advising

## Success in Action

According to a study commissioned and facilitated by Canada Health Infoway, Canada is seeing influential benefits from its new DIS programs:

- Adverse drug events have been reduced by 15%.
- DIS programs are anticipated to reduce medication abuse by 10%.
- Adherence to prescribed medication regimes has lowered hospital admissions by 62% and visits to emergency clinics by 45%.<sup>3</sup>
- More than 9 out of 10 pharmacists responding to a survey reported that patient, physician and pharmacist/pharmacy technician satisfaction had improved since implementing a DIS.<sup>2</sup>
- Pharmacists and pharmacy technicians report productivity gains in new and mature DIS implementation settings, averaging 9.1% and 7.8%, respectively.<sup>2</sup>

the clinician of potentially dangerous interactions prior to the patient receiving the medication. The DIS assesses prescriptions and dispenses against a state's PDMP regulations as a prescription is written and during the dispensing process, detecting PDMP violations and prescribing/dispensing anomalies in real time.

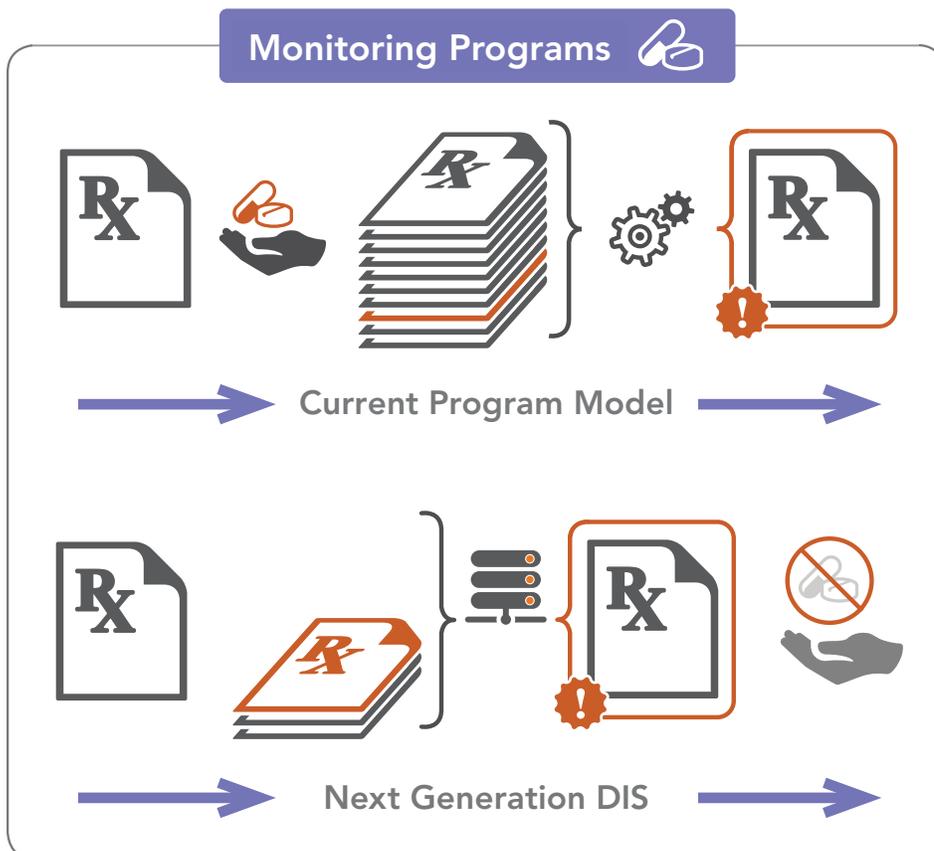
Because the DIS integrates directly with existing physician EHR and pharmacy point-of-service solutions, prescribers and dispensers no longer have to access a separate PDMP system. Practitioners also receive alerts and warnings as part of their existing prescribing and dispensing processes.

### Do drug information systems really work?

Yes. The DIS systems we have implemented in Canada, a country that previously had a PDMP system very similar to the current programs in the United States, have proved to be successful.

The first province-wide DIS went live in March 2008 in Prince Edward Island. Since then, new systems have been implemented in New Brunswick, Nova Scotia, Saskatchewan, Quebec, and Newfoundland and Labrador, and are currently being implemented in the Yukon Territory. The Province of Nova Scotia is the first to fully implement its PDMP via a DIS.

The statistics clearly show the value of a DIS to prescribers, pharmacists and patients. With the next generation solution already working so well in Canada, there are many best practices that can be adopted in the United States.



<sup>1</sup> <http://www.pdmpassist.org/content/prescription-drug-monitoring-frequently-asked-questions-faq>. Accessed March 1, 2016.

<sup>2</sup> Canada Health Infoway, 2010. *National Impact of Generation 2 Drug Information Systems Technical Report, Executive Summary*. <https://www.infoway-inforoute.ca/en/component/edocman/resources/reports/331-national-impact-of-generation-2-drug-information-systems-technical-report-full>. Accessed March 2, 2016.

<sup>3</sup> Kane, S. and Shaya, F., 2008. "Medication Non-Adherence Is Associated with Increased Medical Healthcare Costs." *Dig Dis Sci* 53:1020-1024.



## One Focus, One Source

With a focus on serving the unique needs of state health programs, MAXIMUS delivers proven strategies to support states' missions of ensuring the best outcomes for beneficiaries. We utilize our decades of expertise in reaching, engaging and informing dynamic populations about their health options to improve outcomes.

We partner this knowledge with innovative technology solutions and advanced business process management tools to consistently achieve new efficiencies.

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