

Effectiveness of Drug Monitoring Program on Improving Patient Opioid Compliance
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Abstract

Background

Over the past 5 years the CDC has placed the US in a state of Emergency regarding the use and access to Opioids in the general population. Since 2010 there has been an increase in the number of prescription opioid-related deaths with 16,651 healthcare fatalities. Although medication overdoses frequently involve multiple classes of drugs, 4903 of 16,651 opioid deaths (29.4%) in 2010 involved solely the ingestion of opioids, a proportion nearly 3 times higher than fatal single-class ingestions of any other psychotropic or central nervous system medicine. In Philadelphia specifically, opioid prescriptions more than doubled between 2000 and 2012, and health care providers continue to prescribe opioid pain medication in greater quantities than [deemed] medically appropriate with the peak age group for overdoses is 45-54. The use of opioids compromised 6,500 Emergency department visits related prescription drug overdose. Mayor James Kenney introduced a coordinated effort to confront this issue, with The Mayor's Task Force to Combat the Opioid Epidemic in Philadelphia. The task force developed a plan to reduce opioid use disorder and associated morbidity and mortality. The Pennsylvania Drug Monitoring program (PMDP), is a comprehensive tool with interstate contribution, to allow medical providers national to track access and use of controlled substances.

Objective: To implement a protocol, using PMDP within the University of Pennsylvania Physical Medicine and Rehabilitation department to minimize duplicate opioid prescriptions from Medical providers and reduce unintentional enabling of doctor shopping.

Design

Quality improvement study

Setting

Pennsylvania Institute of Rehabilitative Medicine (PIRM)

Patients

Patient seen in the outpatient practice at PRIM

Methods

We reviewed patients reported to have received opioid prescriptions from the outpatient practice at PRIM and queried their names in PMDP over a 12 month time frame.

Main Outcome Measurements

Non-compliance is be defined as patients receive pain morphine derived equivalent prescription from more than one physician in the state of Pennsylvania .

Results

Data was then further filtering by removing individuals who had no record of filling narcotic prescription or went outside of PA for Rx prescriptions (DW, NY, NJ). This reduced the working data set from 566 to 500 individuals. Opioid Non-Compliance highest in patients aged 51-55 and of that age group males. PMDP integration into EPIC visit navigation.

Conclusions

Pennsylvania Prescription drug monitoring is now more accessible to all outpatient providers in the PIRM EPIC system. Along with this integration, PRIM providers, prior to prescribing opioid pain medications, are able to prevent patient non-compliance, doctor shopping and duplicate opioid medication prescription with patient name and DOB query.