

The Prescription Drug Monitoring Program (PDMP) and Dispensing Quantity Awareness

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TO INCREASE THE AWARENESS OF THE PDMP AND SELF-AUDITING.

IMPROVE THE SAFETY OF PATIENT CARE WHEN ISSUING PRESCRIPTION OPIOIDS.

PROMOTE SURVEILLANCE AND REDUCTION OF HIGH QUANTITY ISSUING OF OPIOIDS.

Objectives

Pain: The 5th Vital Sign

In 2008 The Joint Commission rolled out their pain management standard.

Pain is a symptom that is not objective.

Research does not support an increase in chronic illnesses requiring pain management over the past years, yet there has been a drastic increase in opioid distribution.

Why is this a problem?

- Opioids deaths are steadily on the rise.
- A 300% increase was noted in sales of opioids over the last 20 years.
- Five years ago it was estimated that the cost of the crisis totaled \$504 billion dollars.
- Approximately 20.3 million people aged 12 or older misused opioids in 2018.
- 2 million people misused prescription opioids for the first time in 2019.
- In 2016 Alabama was the highest prescribing opioid state in the America (CDC, 2018).

(HHS, 2018)

The Provider and the PDMP

- The Prescription Drug Monitoring Program (PDMP) is a program developed to promote the public health and welfare by detecting diversion, abuse, and misuse of prescription medications classified as controlled substances under the Alabama Uniform Controlled Substances Act.
- (ADPH, 2019)



We need more Research

- A pilot study was conducted with the anticipated outcome of the study to reduce the # of opioids issued, reduce the loss of supply and increase self-sufficiency when participating in the program.
- 80% of participants reported that they had more confidence in self-sufficiency using the PDMP.
- The intent to increase self-sufficiency was a time a year was reported by 12.5% of participants.
- 28.5% of participants reported they had more confidence in self-sufficiency using the PDMP.
- 66.4% of participants were needed better.
- 48.3% had experience in years of experience.

Recommendations by the CDC

Even at low doses, taking an opioid for more than 3 months increases the risk of addiction by 15 times.

Average days supply per prescription increased from 2006 to 2015.

For acute pain, prescriptions should only be for the expected duration of pain severe enough to need opioids. Three days or less is often enough; more than seven days is rarely needed.

(CDC, 2019)

Best practices when prescribing opioids



Use opioids only when benefits are likely to outweigh risks



Start with the lowest effective dose of immediate-release opioids. For acute pain, prescribe only the number of doses that the pain is expected to be severe enough to require opioids.



Reassess benefits and risks, considering their increases



Use state-based PDMPs which help identify patients at risk of addiction or overdose

Better addiction prevention, treatment, and recovery services

Better data

Better pain management

Better targeting of overdose reversing drugs

Better research

(HHS, 2019)

Let's Be Better Clinicians!


