

## Prescription Drug Monitoring Programs: Another Look at PDMP for Missouri

Prescription drug monitoring programs (PDMPs) are databases that monitor the prescribing and dispensing of certain controlled substances.<sup>1a</sup> Through these programs, health care providers can review a patient’s prescription history for opioids or other controlled substances and assess the patient’s risk of substance use disorder (SUD) before prescribing a new medication.<sup>2</sup> This prevents patients from obtaining unnecessary prescriptions from multiple providers (a practice referred to as “doctor shopping”) and allows providers to intervene early and prevent SUD and overdoses.<sup>1</sup> PDMPs are a public health informational tool that gives providers a holistic understanding of their patients to increase the safety of prescriptions.

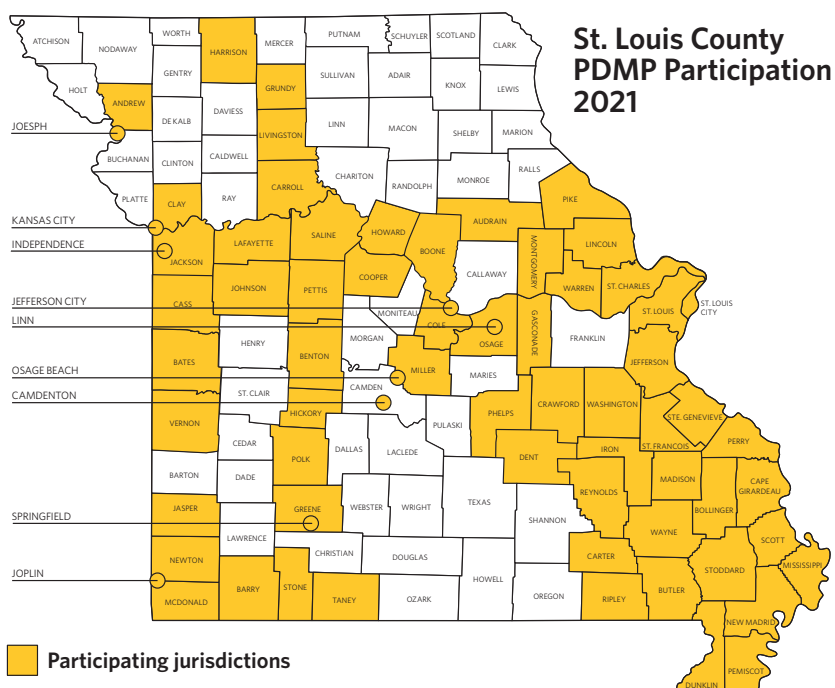
A robust body of literature affirms the effectiveness of PDMPs at improving clinicians’ confidence in prescribing, reducing doctor shopping, preventing opioid diversion,<sup>b</sup> and decreasing overall opioid prescriptions.<sup>3</sup> In one evaluation of PDMPs in 24 states, the monitoring programs resulted in a reduction of more than 30% in the rate of opioid and other pain medication prescriptions.<sup>4</sup> In some instances, comprehensive PDMPs have also been associated with reductions in opioid-related deaths.<sup>5</sup> Best practices for PDMPs include mandating prescriber and dispenser use, allowing interoperability between states, and integrating with electronic health records (EHRs).<sup>6-8</sup>

Overall, PDMP capability is bolstered when combined with other policy and programmatic interventions.<sup>9</sup> Reducing SUD requires a coordinated response among stakeholders and PDMPs are one tool among many harm reduction strategies.<sup>c</sup>

### Prescription Drug Monitoring in Missouri

Missouri is the only state in the nation without a statewide PDMP.<sup>10</sup> Despite this, the St. Louis County Health Department houses a PDMP that covers more than 93% of the state’s providers and 83% of the state’s population across 74 participating jurisdictions, including counties and cities.<sup>11</sup> The county PDMP monitors the prescribing and dispensing of schedule II-IV controlled substances. Clinicians in Missouri are using the PDMP – it was searched more than 10,000 times per day on average in January 2021 – but comparative data for other states are not readily available.<sup>11</sup>

Under the county ordinance creating the program, dispensers/pharmacists are the only entities required to submit information to the database. Though multiple groups can access PDMP data in some form, prescribers and dispensers are the only groups with full access to the database. Local public health agencies, MO HealthNet (the Missouri Medicaid program), state regulatory boards, and the Missouri Board of Pharmacy can



<sup>a</sup> Covered controlled substance are listed in Schedules II, III, or IV as set out in Chapter 195 R.S.Mo. or the Controlled Substances Act, 21 U.S.C. Section 812.

<sup>b</sup> Opioid diversion refers to the transfer of legally obtained opioids for illegal use or distribution.

<sup>c</sup> For more information on harm reduction strategies in Missouri, read MFH’s policy factsheet here:

<https://mffh.org/wp-content/uploads/2021/02/Harm-Reduction-Policy-in-MO.pdf>

only access PDMP data through regular, population-level reports that do not include patient data. Additionally, local, state, and federal law enforcement and judicial officers must have a subpoena and court order to access the data, keeping the information private unless absolutely necessary to obtain. Lastly, patients can submit requests to see their personal data.<sup>d</sup>

The county PDMP participates in the National Association of Boards of Pharmacy PDMP interchange, which allows for the transfer of data among health care professionals across state lines. This interchange includes 14 states, covering all bordering states except Nebraska. This allows providers to search multiple states to best understand a patient's prescription history.

## PDMP Policy Considerations

The Centers for Disease Control and Prevention (CDC), the American Society of Addiction Medicine, and the National Alliance for Model State Drug Laws are among several national stakeholders that recommend a variety of best practices for PDMP design and use. Adoption of some of these features would strengthen prescription drug monitoring in Missouri and would enhance broader opioid use prevention efforts across the state. PDMP policy considerations for Missouri include:

- **Implement a statewide PDMP that covers every jurisdiction in Missouri.** While the St. Louis County PDMP now includes the majority of Missourians, many opioid prescriptions remain unmonitored. Jurisdictions without prescription drug monitoring open the door for doctor shopping in communities not covered by a PDMP and weaken local and statewide efforts. A statewide PDMP should be housed within a public health entity to ensure the program is focused on overdose and SUD prevention rather than a tool used for law enforcement.<sup>12</sup> Additionally, a statewide PDMP should mirror the St. Louis County PDMP by participating in interstate data sharing so providers can search patient prescriptions from multiple states.
- **Require prescriber and dispenser enrollment and query of state PDMP.** PDMP effectiveness improves when prescribers and dispensers are required to consult the database prior to prescribing an opioid drug.<sup>6</sup> As of July 2020, 50 of 54 PDMPs require prescriber enrollment or use.<sup>13</sup> In an examination of Medicaid and hospital utilization data between 2011 and 2016, implementation of comprehensive PDMP mandates was associated with a lower rate of opioid prescriptions for Medicaid enrollees.<sup>14e</sup> Guidelines developed by the CDC recommend that clinicians review a patient's history of controlled substances before prescribing and every three months thereafter.<sup>15</sup>
- **Integrate PDMP data into the EHR.** While provider utilization is highest when PDMP use is mandatory, efforts to ease the use of PDMP are also associated with increased use and efficacy.<sup>8</sup> Data integration allows providers to seamlessly access data through their typical workflow, saving them time and effort throughout their workday. Additionally, when data are available in a centralized location, public health agencies are better able to conduct population-level data analysis. Indiana and Ohio, for example, have integrated PDMP data into EHRs, resulting in increases in the number of reports solicited by providers.<sup>16</sup> Even if the state does not require prescriber use, EHR integration on its own will increase participation by simplifying the data query process for providers.

## Endnotes available upon request

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<sup>d</sup> A full list of entities and their access levels can be found at the Saint Louis County PDMP's website: <http://www.stlouisco.com/PDMP>

<sup>e</sup> For Additional case studies on state prescriber use requirements are available in a PEW Charitable Trusts report: [https://www.pewtrusts.org/-/media/assets/2016/12/prescription\\_drug\\_monitoring\\_programs.pdf](https://www.pewtrusts.org/-/media/assets/2016/12/prescription_drug_monitoring_programs.pdf)