PDMP & Data Surveillance Track

PDMP Innovations:
Washington’s Prescriber Feedback and
Wisconsin’s Data Analytics

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Disclosures

- Chris Baumgartner has disclosed no relevant, real or apparent personal or professional financial relationships with proprietary entities that produce health care goods and services.

- Andrea Magermans has disclosed no relevant, real or apparent personal or professional financial relationships with proprietary entities that produce health care goods and services.

- Grant T. Baldwin has disclosed no relevant, real or apparent personal or professional financial relationships with proprietary entities that produce health care goods and services.
Disclosures

- All planners/managers hereby state that they or their spouse/life partner do not have any financial relationships or relationships to products or devices with any commercial interest related to the content of this activity of any amount during the past 12 months.

- The following planners/managers have the following to disclose:
  - Kelly J. Clark, MD, MBA, FASAM, DFAPA – Consulting fees: Braeburn, Indivior
Learning Objectives

- Explain Washington’s use of prescriber feedback reports.
- Explain how Washington uses facility-level prescribing reports to change prescribing behavior.
- Describe how Washington uses the PDMP and Emergency Department Information Exchange systems to create an overdose notification system.
- Identify the ways in which the Wisconsin Enhanced Prescription Drug Monitoring Program uniquely leverages data analytics to maximize its benefits.
- Recognize the importance of effective data visualization to convey complex sets of information.
- Prepare to implement functionalities similar to those of the Wisconsin Enhanced Prescription Drug Monitoring Program in their own states.
Washington’s Prescriber Feedback

Chris Baumgartner, Drug Systems Director
WA State Dept. of Health
State Opioid Response Plan

Priority Goals

Goal 1: Prevent Opioid Misuse & Abuse

Goal 2: Treat Opioid Use Disorder

Goal 3: Prevent Deaths from Overdose

Goal 4: Use Data to Monitor and Evaluate

Priority Actions

http://stopoverdose.org/section/wa-state-interagency-opioid-working-plan/
2017 Opioid Legislation: House Bill 1427

Key components:

- Expands B/C prescribing rules-
  - Acute, subacute, peri-operative pain
  - Update chronic pain rules
- Authorizes Health Officer and other gov’t access to PMP data.
- Authorizes facility/group access to PMP data.
- authorizes overdose notification via ED system.
- Authorizes prescriber feedback reports.
Prescriber Feedback Reports
Introduction of Metrics

- Based on Bree Collaborative, aligned with CDC Guidelines
- Limited in number, have a strategic focus, used for quality improvement, actionable
- Age- and sex-adjusted
- Buprenorphine prescriptions excluded
- Run Quarterly
- Location -
  https://fortress.wa.gov/doh/wtn/WTNPortal/
Bree Metrics List

1. Patients with any opioid prescription
2. Patients with chronic opioid prescriptions
   - 60 or more days in the quarter
3. Patients with high dose chronic opioid prescriptions
   - 50 MME/day, 90 MME/day, 120 MME/day
4. Patients with concurrent opioid and sedatives
5. Patients with new opioid prescriptions (days supply)
   - 0-3, 4-7, 8-13, 14-59
6. Patients with new chronic opioid prescriptions
7. Future Metric: Track buprenorphine use
New Interface for Metrics – Under Development

1. Any Opioid Prescriptions

### Time
- 2016Q4

### Geography
- Better Health Together
- Cascade Pacific Action Alliance
- Greater Columbia
- King
- North Central
- North Sound
- Olympic
- Pierce
- Southwest Washington
- State Total

### Notes
- Any Opioid by Age Group - ACHs
- Indicators 3
- Indicators 2, 4, and 5: Map and graph
- PMP 5

### Filter value
- 48-64

### Map and graph
- Rate per 1000
- Age Group:
  - 0-9
  - 10-17
  - 18-24
  - 25-34
  - 35-44
  - 45-54
  - 55-64
  - 65-74
  - 75+
- Rate:
  - 102.60
  - 160.01

#Rx Summit  www.NationalRxDrugAbuseSummit.org
Prescriber Feedback Reports

- Prior to the bill, DOH had no authority to send a report to a prescriber showing how their prescribing practices compare to best practice
- Plan to use newly collected NPI to create metric based reports with comparisons to like license and specialty
- Plan to make the reports available self-service in the PMP portal
- Plan to send the reports out to providers
% PATIENTS WITH NEW >7 DAYS’ SUPPLY OF OPIOIDS
Number of patients with a new opioid prescription with >7 days’ supply (but less than 60) in the current quarter divided by the total number of patients with a new opioid prescription in the current quarter (and none in the previous quarter)

% PATIENTS WITH CHRONIC OPIOID PRESCRIPTIONS
Number of patients with ≥1 chronic (≥60 days’ supply) opioid prescription in the current quarter divided by the total number of patients with an opioid prescription in the current quarter

% PATIENTS WITH HIGH-DOSE CHRONIC OPIOID PRESCRIPTIONS
Number of patients with a chronic (≥60 days’ supply) opioid prescription of 90 morphine milligram equivalents (MME) per day or more averaged in the current quarter divided by the total number of patients with a chronic opioid prescription in the current quarter

% PATIENTS WITH CONCURRENT OPIOID AND SEDATIVE PRESCRIPTIONS
Number of patients who receive ≥1 day(s) of overlapping opioid and sedative prescriptions in the current quarter divided by the total number of patients with an opioid prescription in the current quarter
Facility/Group Prescriber Reports
Facility/Group Prescribing Reports

- Allows chief medical officers to view prescribing metrics of those they supervise
- Use of quality improvement initiatives to drive adoption of prescribing guidelines
- Cannot be used for employment actions
- Provides list of providers (with DEA #’s) to PMP for creation of metric reports
- Required by law to be sent quarterly
# Washington State Opioid Prescriber Feedback Report

<table>
<thead>
<tr>
<th>Prescriber</th>
<th>Has WA PMP access</th>
<th>Prescriber’s Specialty</th>
<th>Number of WA Prescribers in Specialty</th>
<th>% NEW PATIENTS WITH &gt;7 DAYS’ SUPPLY OF OPIOIDS</th>
<th>% PATIENTS WITH CHRONIC OPIOID PRESCRIPTIONS</th>
<th>% PATIENTS WITH HIGH-DOSE CHRONIC OPIOID PRESCRIPTIONS</th>
<th>% PATIENTS WITH CONCURRENT OPIOID AND SEDATIVE PRESCRIPTIONS</th>
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<tbody>
<tr>
<td>YOU</td>
<td>yes</td>
<td>Internal medicine</td>
<td>25,699</td>
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<td>48%</td>
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<td>Pediatrics</td>
<td>15,682</td>
<td>84%</td>
<td>45%</td>
<td>43%</td>
<td>21%</td>
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Overdose Notification
Overdose Notification

- Collective Medical’s Emergency Department Information Exchange (EDIE) already receives:
  - Discharge information (overdose)
  - PMP information (prescribers)
- With this additional authority they can now send a notification to prescriber listed on the PMP report or to other PCPs they may have on record.
Emergency Department Information Exchange (EDIE)
Things to Consider for Implementation

- Do we send a notification for fatal and non-fatal overdoses?
- What diagnosis codes do you want to use to trigger a notification (any CS, only Rx, Heroin, Synthetics)?
- Do we wait to send notification until after we get a discharge disposition?
  - Do we send a notification if no discharge disposition is ever provided?
  - Do we send 2 notifications if we get an expired discharge disposition?
- What can we use to send the notification securely (fax, email, direct messaging, EMRs)?
- What timeframe should we use to connect a notification of overdose to a prescriber’s prescription?
Fatal & Non-Fatal Overdose Letters

RE: (PATIENT’S FIRST AND LAST NAME, DOB), FATAL OPIOID OVERDOSE

Dear PROVIDER (LAST NAME AND DESIGNATED CREDENTIALS),

Your patient, (PATIENT’S FIRST AND LAST NAME), died from an apparent opioid-related overdose at (HEALTHCARE FACILITY’S NAME) on (MONTH/DAY/YEAR). Prescription Monitoring Program and Emergency Department Information Exchange data identified you as the patient’s primary care provider, and/or as having prescribed a controlled substance to this patient, during the six months before the patient died. We do not know that your prescribing contributed to the death.

We understand that any patient’s death is difficult for health care professionals to accept and process. We are providing you this information to support you in offering safe and effective care to patients.

Here are some important tips on managing pain and prescribing opioids:

- Consider providing overdose education and naloxone to patients on opioids. See www.stopoverdose.org
- Follow opioid prescribing guidelines at: http://www.agency.meddir.wa.gov/
  and https://www.cdc.gov/drugoverdose/prescribing/guideline.html
- If a patient needs opioids for acute pain, prescribe the lowest effective dose of immediate-release opioids for the shortest duration. Discuss opioids’ risks and benefits with your patient. Patients rarely need more than seven days’ supply.
- Prescribe opioids for chronic pain only if benefits for both pain and function outweigh risks to the patient.
- Avoid co-prescribing opioids, benzodiazepines, or other sedatives. Combining opioids with sedatives, sleeping pills, or alcohol increases the risk of an overdose.
- Use the Prescription Monitoring Program database to verify if patients are receiving controlled substances from other prescribers. Register for the system at www.doh.wa.gov/pmp.
- Participate in UW TelePain (https://depts.washington.edu/anesth/care/pain/telepain/) or call the UW Medicine Pain Consult line (1-844-526-PAIN) for help in managing complex pain patients.
- Learn how to recognize opioid use disorder and offer evidence-based treatment. See the Recovery Helpline: https://www.warecoveryhelpline.org/
- Consider providing medication-assisted treatment for your patients. See the federal requirements at https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management

If you have any questions about the Prescription Monitoring Program, please contact the Washington State Department of Health at (360-236-XXXX or email).

Dear PROVIDER (LAST NAME AND DESIGNATED CREDENTIALS),

Your patient, (PATIENT’S FIRST AND LAST NAME), was diagnosed with a non-fatal opioid-related overdose at (HEALTHCARE FACILITY’S NAME) on (MONTH/DAY/YEAR). Prescription Monitoring Program and Emergency Department Information Exchange data identified you as the patient’s primary care provider, and/or as having prescribed a controlled substance to this patient, during the six months before the overdose.

We understand that no health care professional wants any patient to experience an overdose. We are providing you this information to support you in offering safe and effective care to patients.

If you are providing ongoing care to this patient, we encourage you to immediately coordinate care with the patient’s other providers, if necessary. We also encourage you to contact the patient to reassess the pain management plan, and to educate the patient about opioids’ risks. Patients who experience an opioid-related overdose are at high risk of future overdose, either non-fatal or fatal.

Here are some other important tips on managing pain and prescribing opioids:

- Follow opioid prescribing guidelines at: http://www.agency.meddir.wa.gov/
  and https://www.cdc.gov/drugoverdose/prescribing/guideline.html
- If a patient needs opioids for for acute pain, prescribe the lowest effective dose of immediate-release opioids for the shortest duration. Discuss opioids’ risks and benefits with your patient. Patients rarely need more than seven days’ supply.
- Prescribe opioids for chronic pain only if benefits for both pain and function outweigh risks to the patient.
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What diagnosis codes to use?

- Our statute allows us to send a notice for any controlled substance overdose
- We decided to start with just opioids for now:
  - Prescription
  - Heroin
  - Other Illegal Synthetics (Fentanyl)
- The rationale was for the pilot this made the most sense given how much cross over there is between illegal and legal opioids
Data Analysis fatal vs. non-fatal

- CMT Reviewed 2,359 overdoses
  - 1,666 had at least one discharge disposition
  - 693 had no discharge disposition
  - 14 discharge dispositions = expired

- This has shown a potential need to educate hospitals on importance of sending accurate discharge disposition

- We are hesitant to send a notification if we don’t know the final disposition (false positive)
Data Analysis Olympic Peninsula

3 month sample
- Clallam County
  - 8 OD
  - 6 DD
  - 0 Deaths
- Grays Harbor County
  - 21 OD
  - 17 DD
  - 0 Deaths

3 month sample
- Kitsap County
  - 27 OD
  - 20 DD
  - 0 Deaths
- Jefferson County
  - 1 OD
  - 1 DD
  - 0 deaths
Provider Contact Info

- A real challenge we are still working through is how to get the notification to the provider:
  - PMP transaction only provides address
  - No PMP mandate so no complete email list
  - Licensing file also has no complete email list

- Work with partners
  - Send over DOH licensing file
  - Combine with lists volunteered by solicitation from medical/hospital associations
  - Use of fax if need be

- In the future we hope to build a provider directory we maintain with our partners
Timeframes for notifications

- We plan to have the notification sent as soon as a final discharge disposition is in.

- For our pilot we plan to send the notice to:
  - Any prescriber who prescribed to the patient in the last 6 months (PMP)
  - Any primary care provider listed for the patient in EDIE
Next Legislative Direction
Proposed House Bill 2489 - 2018 Session

- Would require all EMR vendors operating in WA state to ensure their software can integrate PMP data via the state HIE.
- Would require facilities and prescriber groups of 5 or more that have one of the top 3 EMRs to integrate PMP data via the state HIE by July 2019.
- Would require prescribers to register for PMP access.
- Would require daily reporting in law.
Contact Information

- Washington State Department of Health
  - Health Systems Quality Assurance Division
  - Office of Health Professions

- Chris Baumgartner, Drug Systems Director
  - chris.bauemgartner@doh.wa.gov
  - www.doh.wa.gov/pmp
Wisconsin’s Data Analytics

Andrea Magermans, PDMP Managing Director
WI Dept. of Safety and Professional Services
Role of Analytics

- Clinical Decision Support
  - Data-Driven Alerts
  - Enhanced User Interface
- Prescribing Practice Assessment
  - Prescribers
  - Medical Coordinators
- Public Health Evaluation
  - De-identified Data Sets for Researchers
  - Public Statistics Dashboard
Clinical Decision Support
Data-Driven Alerts

- Early Refill
- Concurrent Benzodiazepine and Opioid Prescriptions
- Long-Term Opioid Therapy
- Multiple Prescribers or Pharmacies
- Multiple Same-Day Prescriptions
- High Opioid Daily Dose (>90 MME)
# Enhanced User Interface

## Patients Panel

### Patients Prescribed to in the Last 100 Days

<table>
<thead>
<tr>
<th>Patient Info</th>
<th>Alerts</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Last Name</strong></td>
<td><strong>First Name</strong></td>
<td><strong>Date Of Birth</strong></td>
</tr>
<tr>
<td>HOLMES</td>
<td>SHERLOCK</td>
<td>01/06/1954</td>
</tr>
<tr>
<td>TWO</td>
<td>TESTPATIENT</td>
<td>12/31/1980</td>
</tr>
</tbody>
</table>

**Cancel**
Enhanced User Interface

Patient History Report Results

- **Alert**: Long-Term Opioid Therapy With Multiple Prescribers
- **Alert**: Multiple Prescribers or Pharmacies
- **Alert**: Report of a Stolen Controlled Substance Prescription
- **Alert**: Suspected Violation of the Controlled Substances Act involving Rx Drugs

Patient Demographics

**SHERLOCK HOLMES**

- Age: 63 years old
- Date of Birth: 1/6/1954
- Gender:

  Most Recent Address
  1400 E WASHINGTON
  MADISON, WI 53708

Prescription History Locations

Map showing prescription history locations.
Enhanced User Interface

Total Opioid Daily Dose and Opioid-Benzodiazepine Concurrence for the Past 100 Days

According to the CDC, calculating the total daily dose of opioids helps identify patients who may benefit from measures to reduce risk of overdose. Concurrent use of benzodiazepines and opioids can place an individual at an increased risk for severe respiratory distress that can lead to overdose death. On the chart below, the line indicates the patient's cumulative daily dose of opioids and the red shading indicates when the patient had concurrent opioid and benzodiazepine prescriptions.

The total daily dose of opioids is calculated using the morphine milligram equivalent (MME) conversion values from the national Prescription Drug Monitoring Program Training and Technical Assistance Center at Brandeis University. The federal centers for disease control and prevention provides more information about the importance of MME calculations in calculating total daily dose.
Prescribing Practice Assessment
Daily Prescribing Volume Ranking

The charts below display individual prescriber metrics for the last 100 days compared to other prescribers within the same specialty.

Average Opioid Patient MME

Opioid Prescription Orders

Benzodiazepine Prescription Orders

Stimulant Prescription Orders

Other Controlled Substance Prescription Orders

Average Doses per Prescription Order - Opioids

Average Doses per Prescription Order - Benzodiazepine

Average Doses per Prescription Order - Stimulant

Average Doses per Prescription Order - Other
**Prescriber Metrics Report**

**Concerning Patient History Alerts**
Generated during the past 100 days

- 0 Patients with Concurrent Benzodiazepine and Opioid Prescriptions
- 0 Patients with Multiple Prescribers or Pharmacies
- 0 Patients with Early Refill
- 0 Patients with High Current Daily Dose of Opioids
- 0 Patients with Long-Term Opioid Therapy with Multiple Prescribers
- 0 Patients with Multiple Same-Day Prescription or Dispensing Events

**Law Enforcement Alerts**
Reported during the past 100 days

- 0 Patients with Suspected Non-Fatal Opioid-Related Drug Overdose
- 0 Patients with Suspected Fatal Narcotic Overdose
- 0 Patients with Report of a Stolen Controlled Substance Prescription
- 0 Patients with Suspected Violation of the Controlled Substances Act involving Rx Drugs

**Summary of ePDMP Usage**
Based on usage since 03/05/2017

- 27 Queries by User
- 238 Queries completed by Delegates
- 0 Prescription Orders Written (excluding orders for 3-day supply or less)
- 0.00% Estimated ePDMP Usage Compliance Rate

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**USE NON-OPIOID TREATMENT**
Opioids are not first-line or routine therapy for chronic pain.

In a systematic review, opioids did not differ from non-opioid medication in pain reduction, and non-opioid medications were better tolerated, with greater improvements in physical function.

---

**REVIEW PDMP**
Check PDMP for high dosages and prescriptions from other providers.

A study showed patients with one or more risk factors (4 or more prescribers, 4 or more pharmacies, or dosage >100 MME/day) accounted for 55% of all overdose deaths.

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**OFFER TREATMENT FOR OPIOID USE**
Offer or arrange evidence-based treatment for patients with opioid use disorder (e.g., Medication-assisted treatment and behavioral therapies)

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**START LOW AND GO SLOW**
When opioids are started, prescribe them at the lowest effective dose.

---

**AVOID CONCURRENT PRESCRIBING**
Avoid prescribing opioids and benzodiazepines concurrently whenever possible.

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#Rx Summit   www.NationalRxDrugAbuseSummit.org
Medical Coordinator

- Created pursuant to 2015 Wisconsin Act 266
- Requires the WI ePDMP to disclose information, not including patient-identifiable information, to a person who does any of the following:
  - Medically coordinates, directs, or supervises a practitioner to whom PDMP records may be disclosed
  - Establishes standard operating procedures for a practitioner to whom PDMP records may be disclosed
  - Evaluates the job performance of a practitioner
  - Performs quality assessment and improvement activities, including outcomes evaluation or developing clinical guidelines
Future System Metrics Enhancements

- Metrics about prescribers in list
- Easy identification of opportunities for education
- Filters for specialty, location
- Snapshot of prescribing metrics in prescriber list
  - Patient MME
  - Patients meeting criteria for concerning patient history alerts (high MME, overlapping benzodiazepine and opioids, etc.)
Public Health Evaluation
De-identified Data Sets

- Online Registration
- Requested and Released Through Online Account
- Released Pursuant to IRB Approval
- Annual Data Sets
- Anonymized Dispensing Data
  - Dispenser/Prescriber 3-Digit Zip
  - Date Written/Filled
  - NDC/Drug Name
  - Drug Category/DEA Schedule
  - Quantity/Days Supply/Refill Status
  - Payment Type
  - Patient 3-Digit Zip/Age Group/Gender
De-identified Data Sets

Account Type
- Researcher

Search ePDMP
- Government Employee
- Healthcare Professional
- Law Enforcement/Prosecutorial Unit
- Medical Examiner/Coroner

Submit Prescriptions to ePDMP
- Dispensing Practitioner
- Pharmacy
- Submitter On Behalf Of Pharmacy

Review Prescribers
- Medical Coordinator

Request De-identified Data
- Researcher

Research Data Query

Please upload your attestation document to generate the query. Only files with .doc, .docx or .PDF extensions will be accepted.

Choose file to add

Cancel Submit
Welcome to the Wisconsin Enhanced Prescription Drug Monitoring Program Statistics Dashboard

The WI ePDMP Statistics Dashboard provides interactive data visualizations about the controlled substance prescriptions dispensed in Wisconsin, the law enforcement reports submitted to the WI ePDMP, and the use of the WI ePDMP by healthcare professionals and others. Click on the icons above to interact with data from the WI ePDMP. Below, you will find a snapshot of some of the data in the WI ePDMP.

In January 2018, the WI ePDMP recorded:

- **Controlled Substance Prescriptions Dispensed**: 433,815
- **Healthcare Professional Patient Queries (Includes Delegates)**: 640,243
- **Law Enforcement Reports Submitted (Based on Date of Submission)**: 210

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Public Statistics Dashboard

Controlled Substance Prescription Drug Doses Dispensed per Capita

Quarter
2017 Q4

Doses Per Capita
- >36.00
- 27.01 - 36.00
- 18.01 - 27.00
- 9.01 - 18.00
- ≤9.00

Dispensed Controlled Substance Prescriptions by Drug Class Month Over Month

Year
2018

Area
Wisconsin (All Counties)

Data current through 01/31/2018
Public Statistics Dashboard

Data-Driven Concerning Patient History Alerts

Wi ePDMP uses sophisticated data analytics to assess a patient’s controlled substance prescription history. The chart below shows the number of patients who, during the month indicated, met the criteria for the concerning patient history alerts listed. A patient can be included in the count for more than one alert type. Note that these alerts were not available in the Wi PDMP prior to January 17, 2017, but the criteria to meet the alerts were applied to data from previous years to give an indication of how many alerts would have existed.

Year
2017

Number of Alerts
0
20,000
40,000
60,000
80,000
100,000
120,000
140,000
160,000

Alert Types (Selectable)
- Early Refill
- Concurrent Benzodiazepine and Opioid
- Long Term Opioid Therapy
- Multiple Prescribers or Pharmacies
- Multiple Same Day Prescriptions
- High Opioid Daily Dose

Data current through: 12/31/2017
Public Statistics Dashboard

Patient Queries by Healthcare User Type

Year: 2017
Area: WISCONSIN (All Counties)

Number of Queries

Graphs showing the number of queries by healthcare user type and by different months.
Public Statistics Dashboard

Monthly Patient Queries by Prescriber Specialty

Year: 2017
Area: WISCONSIN (All Counties)

Usage Queries:
- Jan 17: 20,000
- Feb 17: 40,000
- Mar 17: 60,000
- Apr 17: 80,000
- May 17: 100,000
- Jun 17: 120,000
- Jul 17: 140,000
- Aug 17: 160,000
- Sep 17: 180,000
- Oct 17: 200,000
- Nov 17: 220,000
- Dec 17: 240,000

Total Queries: 531,587
Public Statistics Dashboard

WI ePDMP Queries by Non-Healthcare Account Type

Year
2017

Number of Queries

Jan '17  Feb '17  Mar '17  Apr '17  May '17  Jun '17  Jul '17  Aug '17  Sep '17  Oct '17  Nov '17  Dec '17

Law Enforcement  Government Employee  Medical Examiner
Public Statistics Dashboard

Law Enforcement Alerts by County

Year: 2017
Alert Type: All

Alert Types:
- Suspected Controlled Substances Act Violation
- Suspected Narcotic-Related Death
- Suspected Opioid-Related Overdose (Non-Fatal)
- Stolen Controlled Substances Prescription Report

Alerts Per 10,000 residents:
- 22.63 - 28.28
- 16.98 - 22.62
- 11.32 - 16.97
- 5.67 - 11.31
- 0.00 - 5.66

Law Enforcement Alerts Submitted, by Alert Type

Year: 2017

Pie Chart:
- Suspected Controlled Substances Act Violation
- Suspected Narcotic-Related Death
- Suspected Opioid-Related Overdose (Non-Fatal)
- Stolen Controlled Substances Prescription Report

Population data from: https://www.dhs.wisconsin.gov/wish/population-data
Contact Information

- Wisconsin Department of Safety and Professional Services
  - Prescription Drug Monitoring Program

- Andrea Magermans, Managing Director
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PDMP & Data Surveillance Track

PDMP Innovations: Washington’s Prescriber Feedback and Wisconsin’s Data Analytics

Chris Baumgartner, Drug Systems Director, Washington State Department of Health

Andrea Magermans, Prescription Drug Monitoring Program Managing Director, Wisconsin Department of Safety and Professional Services

Moderator: Grant T. Baldwin, PhD, MPH, Director, Division of Unintentional Injury Prevention, National Center for Injury, CDC, and Member, National Rx Drug Abuse & Heroin Summit Advisory Board
THANK YOU #RxSummit

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