Implementation and Evaluation of New Mexico’s PDMP Mandate Legislation in Context

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Disclosures

- Michael Landen, MD, MPH; Kathryn Lowerre, PhD, MPH; and Sarah Bacon, PhD, have disclosed no relevant, real, or apparent personal or professional financial relationships with proprietary entities that produce healthcare 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

- Describe how New Mexico findings relate to previous studies of PDMP mandates in Kentucky, Ohio, Tennessee and New York.
- Explain how the New Mexico mandatory PDMP use legislation was passed and how it is being implemented.
- Identify the strategies New Mexico is using to evaluate the impact of the prescriber mandate legislation in context.
Overview

- Drug Overdose Deaths in New Mexico
- New Mexico’s Prescription Drug Monitoring Program
  - 2016 Mandate & Work with Licensing Boards
- Timelines
- Evaluation
  - Questions, key stakeholder interviews, prescriber feedback reports, surveys, PDMP data
- Next Steps & Takeaways
Drug Overdose Deaths in NM and the U.S., 1990-2016

Rates are age adjusted to the US 2000 standard population
Drug Overdose Death Rates for Selected Drugs, NM, 2012-2016

Deaths per 100,000 population

Drug categories are not mutually exclusive; fentanyl includes fentanyl analogues
Rates are age adjusted to the US 2000 standard population
Source: Bureau of Vital Records and Health Statistics death data; UNM/GPS population estimates
NM’s Prescription Monitoring Program (PMP)

- Administered by the NM Board of Pharmacy, began collecting data in mid 2005
- Data reported by outpatient pharmacies for all controlled substance (CS) prescriptions filled
- Data to be reported within 1 business day (originally 7 days)
- Data includes identifiers for prescriber, patient, drug & pharmacy
- In June 2012, NM BoP amended its rules to provide NMDOH access to PMP data for public health use
First Attempt to Require PMP Checks

- **2012 Legislative Session**
  - PMP Mandate bill failed
  - Revised Pain Relief Act passed
    - Established Governor’s Advisory Council
    - Required all licensing boards to have chronic pain management regulations

- **By 2014 all licensing boards had a PMP check requirement but significant variability existed**
  - Prescribers were confused
High Dose Opioid Prescriptions (≥ 90 MME) by Year, NM, 2009-2017

Prescriptions for buprenorphine/naloxone excluded
Percent of Patients with No PMP Review by Opioid Use Category, NM, 2014

<table>
<thead>
<tr>
<th>1 year Opioid Use Category</th>
<th>Percent of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 prescription</td>
<td>93</td>
</tr>
<tr>
<td>&lt; 90 days</td>
<td>81</td>
</tr>
<tr>
<td>90-180 days</td>
<td>56</td>
</tr>
<tr>
<td>180-330 days</td>
<td>42</td>
</tr>
<tr>
<td>Full Time</td>
<td>31</td>
</tr>
</tbody>
</table>
Overdose Deaths Involving Short Prescriptions (≤ 10 days), NM, 2014

* 2010 and 2011 underestimated due to lower specificity of drugs in OMI data
Span: overdose occurred within the span of the prescription
Span + 7: overdose within 7 days of end of prescription
Source: Linked Medical Investigator and Prescription Monitoring Program data
Prescription Monitoring Programs: Evidence in 2016

- PDMPs reduce diversion and improve prescribing practices

- PDMPs are rarely used by prescribers when usage is not mandated
NM’s PMP Mandate (SB 263)

- “Requiring a practitioner who prescribes or dispenses an opioid to a patient to obtain and review reports from the State’s Prescription Monitoring Program and from adjacent states, if accessible, for such patient,” adds a new section to the New Mexico Drug, Device, and Cosmetic Act.

- Requires that providers consult the PMP before making an opioid Rx to a patient for the first time, and at least every 3 months for established patients.

- Charges the state’s professional licensing boards to promulgate rules to implement the statute.

- Exceptions
  - Up to 4 day Rxs, hospice care, nursing home
Negotiations over PMP Mandate Bill

- Initial bill had no exceptions
- Up to 4 day prescription exception
  - Medical board, ED physicians, medical societies
  - Could have been up to 7 day exception
- Hospice care and nursing home exceptions
  - Trade groups for each started to slow bill down
    • Only a 30 day session
- Inclusion of benzodiazepines not considered
PMP Mandate Legislation: Implementation

- 7 licensing boards had to revise chronic pain prescribing regulations
- Through Governor’s Advisory Council agreed to write common regulation language for PMP checks
- Medical board first proposed checks for all controlled substances with minor exceptions
- All other boards agreed and in general similar PMP check requirements placed into regulation
- An 8th board for prescribing psychologists is finalizing a regulation requiring PMP checks for benzodiazepines
NMDOH & Licensing Boards’ Response to 2017 Proposed Legislation (HB 170)

- Bill analysis by Board of Pharmacy, Medical Licensing Board, NMDOH
  - Literature review re: SUD and cancer survivors, PDMP usage
  - Review of requirements
- Expert testimony provided for house committees hearing bill, which was tabled

Meetings between NMDOH and Board of Pharmacy staff, and cancer center
- Elicited oncologists’ concerns & their understanding of “new” rule
- Education around existing medical licensing board rules, new PMP online access (Nov. 2016) & use of delegates
- Proposed mechanisms to address burden of PMP checks
PMP Quarterly Data Reporting

- Since 2016, NMDOH has provided quarterly reports on Rx drug overdose prevention indicators to the statewide Overdose Prevention and Pain Management Advisory Council and other stakeholders.

- Report tracks 37 PMP-based indicators for improving prescribing of CS, including 7 key ones:
  - # of patients receiving opioids
  - High dose opioids (>90 MME/day) & benzos (>40 DME/day)
  - Overlapping prescriptions of opioids & of benzodiazepines from different prescribers (≥ 10 days overlap)
  - Concurrent opioid & benzodiazepine Rxs (≥ 10 days overlap)
  - Multiple prescribers and pharmacies (4 or more) in past 3 months
PMP Data: High Dose Prescriptions, 2014-2017

- Number of high dose (≥90 MME/day) opioid prescriptions excluding buprenorphine/naloxone:
  - 59,361
  - 42,926
  - 35,470

- Number of high-dose (≥40 DME/day) benzodiazepine prescriptions filled:
  - 41,732
  - 35,470

Legend:
- Green line: Number of high dose (≥90 MME/day) opioid prescriptions excluding buprenorphine/naloxone
- Blue line: Number of high-dose (≥40 DME/day) benzodiazepine prescriptions filled
PMP Data: Overlapping Opioid Prescriptions, 2014-2017

Overlapping prescriptions of opioids from different prescribers (≥ 10 days total overlap) in 3 months

- 2014Q1: 7,172 patients
- 2014Q2: 6,710 patients
- 2014Q3: 6,120 patients
- 2014Q4: 4,664 patients
- 2015Q1: 4,466 patients
- 2015Q2: 6,120 patients
- 2015Q3: 6,710 patients
- 2015Q4: 7,172 patients
- 2016Q1: 4,664 patients
- 2016Q2: 4,466 patients
- 2016Q3: 6,120 patients
- 2016Q4: 6,710 patients
- 2017Q1: 4,664 patients
- 2017Q2: 4,466 patients
- 2017Q3: 6,120 patients
- 2017Q4: 6,710 patients
PMP Data: Concurrent Opioid and Benzodiazepine Prescriptions, 2014-2017

Concurrent opioid and benzodiazepines (≥ 10 days overlap) in 3 months
PMP Data: Multiple Provider Episodes, 2014-2017

- 2014Q1: 5,278
- 2014Q2: 5,202
- 2015Q1: 4,588
- 2015Q2: 3,859
- 2016Q1: 3,068
- 2017Q3: 3,068

Multiple prescribers and pharmacies: Patients with 4 or more prescribers or 4 or more pharmacies in 3 months
PMP Data: Requests Made by Providers, 2014-2017

Missing data in 2016Q4 due to system conversion
PMP Data: Percent of New Opioid Patients with a PMP Check, 2014-2017

Missing data in 2016Q4 due to system conversion
PMP Data: Percent of Chronic Opioid Patients with PMP Report Requested, 2014-2017

Missing data in 2016Q4 due to system conversion
Evaluating through Change

- PMP Policy Changes
- Implementation
- Evaluation...
Timeline - Key Events

2015: As part of NM’s response to the opioid crisis, PMP mandate legislation is proposed and developed with key stakeholders. NMDOH awarded PDOPfS grant from CDC.

2016: Senate Bill (SB) 263 passed & signed into law in March; NMDOH works with state licensing boards (March-September) to draft and promulgate new rules which are consistent across all boards. New board rules include all CS, not opioids only. Quarterly reports shared with stakeholders. NM PMP migrates to new platform in October. PFRs sent to NM prescribers.

2017: SB 263 takes effect January 1st. During this legislative session, HB 170 (PDMP exemption for oncologists) proposed and goes to committee. LBs work with BOP and NMDOH to assess whether providers are following new rules and follow up with those who do not comply.

2018: NMDOH continues to support LBs, including BOP, with data analysis and review. Although not required by legislation, NM Psychology Board (prescribing psychologists, benzodiazepine Rx) drafts new rule to align with other boards and require PMP checks.
Policy Evaluation: Challenges

- Wide range of factors which must be taken into account
- Complexity of evaluation planning
  - Rarely a simple process or outcome, ideally includes both
  - Often need to establish a counterfactual:
    - *What would have happened if the policy had not been enacted or changed?*
- Availability of data and resources
- Timescale over which impact may occur
Evaluation of PMP Mandate (SB 263)

Review implementation of changes to the NM PMP & provide a preliminary assessment of impact on prescription drug overdose

- Initial focus on formative/process evaluation (development and use of prescriber feedback reports; volume of registration and use of PMP)
- Using baseline data collected during 2012-2016, evaluate impact by examining changes in outcomes after the new legislation has been in place at least one calendar year:
  - Triangulate quantitative data (trends, time-series analysis) with qualitative data (surveys, interviews, observation & documentation review)
Timeline - Evaluation

2016: PFRs & PFR survey developed, piloted (Summer). Interviews with BOP (December).

2017: PFR Survey findings shared. Interviews with other licensing boards (Feb-Apr).


2019: Complete final analysis, share with stakeholders.
Evaluation Questions

- To what extent has the passage of SB 263 [PMP Mandate] affected the number of PMP users and reports generated?
- What changes in knowledge, attitudes, and behaviors around PMP usage do key stakeholders among PMP user groups see?
- What barriers exist which limit full and effective use of the PMP?
- How are the new Prescriber Feedback Reports being received and used by NM prescribers?
  - How can Prescriber Feedback Reports be improved?
- What are the unintended consequences (if any) of SB 263?
- To what extent has problematic prescribing and co-prescribing (as documented in the PMP) been affected since implementation of SB 263?
- Has there been any change in adverse events (ED visits, hospitalizations, deaths) associated with prescription opioid overdose since the implementation of SB 263?
Key Informant Interviews: December 2016- April 2017

- Interviewees (n=7)
  - Board of Pharmacy: Executive Director, PMP Director, & PMP Manager
  - Licensing Board executive directors & members
    - NM Medical Licensing Board
    - NM Board of Osteopathic Medical Examiners
    - NM Midwifery Licensing Board
    - Other boards were invited to participate

- Reach: Individuals are also affiliated with professional associations & other health entities

- Expertise: Advanced degrees and professional qualifications in law, medicine, nursing, & pharmacy
Selected Questions

- When you think about working with the PMP and about your colleagues who use it, what comes to mind?
- Do you recall specific examples of successes and challenges your licensing board has dealt with around the PMP? [any time pre-mandate]
- Were you directly involved with or did you follow the legislative process when the PMP mandate (SB 263) was proposed & passed? If so, what was your role?
- What kinds of changes and/or challenges do you anticipate as the PMP mandate takes effect in 2017?
Interviews: Key Findings

- **Past Experiences**
  - Confusion among providers, difficulties using old versions of PMP (“headache”), trouble with delegate assignments, short staffing at BoP

- **SB 263 Process**
  - Some highly involved (bill language, opposition, exemptions), others supporting, one only afterwards

- **Predictions**
  - Big increase in PMP utilization & questions/calls about it. Boards will step up efforts to educate providers & put more emphasis on patient education. Boards will be more proactive about disciplining licensees.

- **Concerns**
  - Balance between opioid reduction and pain management, interoperability, money to sustain/update/improve system
 NM’s Prescription Monitoring Program: Prescriber Reporting

- In 2015-16 the BoP received funding to implement “prescriber report cards,” identified as a promising practice by the PDMP Center of Excellence (Brandeis University)

- NM reports were developed collaboratively (BoP, DOH’s Prescription Drug Overdose Prevention Program, stakeholders)
  - Renamed “Prescriber Feedback Reports” (PFRs)

- The Board of Pharmacy sends PFRs to NM PMP users with ≥ 20 patients who are prescribed controlled substances (CS) showing their data from the previous quarter
Prescriber Feedback Reports

Topics Addressed:
- # of patients and # of prescriptions filled
- Quantities of top 5 drugs prescribed
- PMP Usage: Patients with reports requested (past 6 months)
- Opioid MME breakdown, treatment duration
- Benzodiazepine breakdown, treatment duration
- Patients receiving concurrent opioids & benzodiazepines
- Definitions

Each PFR compares data on the individual provider with others in their specialty and with the NM average.
Prescriber Feedback Report (PFR) Survey Results

- Survey link is sent to providers together with their PFR
- The 8 question survey asks prescribers about their PFR:
  - Was it useful?
  - Was it accurate?
  - Their opinion of specific report elements
- Survey recipients are also asked the county or counties they practice in, their licensing board, and specialty
  - Includes opportunity to provide feedback and suggestions for improving PFRs

Aim: PFRs will encourage PMP use and share information with providers that can help them in their practice
# Ratings of PFR Usefulness & Accuracy

## Cross Tabulation (n=575)

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<tr>
<th></th>
<th>Very Useful</th>
<th>Useful</th>
<th>Somewhat Useful</th>
<th>Not Very Useful</th>
<th>Totals</th>
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<tbody>
<tr>
<td><strong>Very Accurate</strong></td>
<td>28.0%</td>
<td>16.2%</td>
<td>3.8%</td>
<td>1.0%</td>
<td>49.0%</td>
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<tr>
<td><strong>Somewhat Accurate</strong></td>
<td>13.4%</td>
<td>10.4%</td>
<td>8.3%</td>
<td>1.6%</td>
<td>33.7%</td>
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<tr>
<td><strong>Not Very Accurate</strong></td>
<td>1.0%</td>
<td>1.9%</td>
<td>1.9%</td>
<td>2.1%</td>
<td>7.0%</td>
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<tr>
<td><strong>Not Sure</strong></td>
<td>3.3%</td>
<td>2.6%</td>
<td>2.6%</td>
<td>1.7%</td>
<td>10.3%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>45.7%</td>
<td>31.1%</td>
<td>16.7%</td>
<td>6.4%</td>
<td>100.0%</td>
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</table>
PFR Survey Respondent Comments

- Seeing the numbers reflected here is a surprise as I didn’t think that I was prescribing as much as stated, but utilizing the PMP I don’t doubt the results.
- Very useful. I am currently trying to reduce the amount of benzodiazepine prescriptions I write, and I look forward to seeing my statistics more accurately reflect the NM Average …
- This should be nationwide, as it would help doctors see the nature of the challenge and where they fit in the problem.
- Awesome report and it proves that a family physician like me can have happy and healthy patients without over-prescribing narcotics and benzos.
- Thank you for the report. I use the PMP all the time and find it to be very helpful.
PFR Survey Respondent Comments

- This report is very useful because it gives a good idea about how I’m doing managing pain. … in the clinic where I’m working we always check first PMP to decide if patients are good candidates or not for pain management.

- I feel that the report is quite inclusive and will let each of us know how to better use the PMP for coordinating patient care and is a wake up call for each of us to be actively involved---I feel that receiving this report every 6 months could be most helpful …

- This is helpful to see exactly where the prescriber stands as far as prescribing dangerous medications. I have lost track of how many patients I have on benzos and this has truly helped me realize where I stand.
PMP Data for Evaluation

- Have there been changes in PMP indicators associated with PMP rule changes?
  - Include overlapping opioids, overlapping benzodiazepines, concurrent opioids & benzodiazepines, multiple prescribers & pharmacies
  - Track amount of PMP use or non-use (zero use)
  - Show trends from 2014 through 2017, include % change
PMP Data: Active Prescribers and PMP Usage, 2014-2017

- **# of active CS prescribers (≥ 20 CS patients, NM address)**
  - 2014Q1: 3,065
  - 2014Q2: 3,060
  - 2014Q3: 3,055
  - 2014Q4: 3,050
  - 2015Q1: 3,045
  - 2015Q2: 3,040
  - 2015Q3: 3,035
  - 2015Q4: 3,030
  - 2016Q1: 3,275
  - 2016Q2: 3,270
  - 2016Q3: 3,265
  - 2016Q4: 3,260
  - 2017Q1: 3,200
  - 2017Q2: 3,195
  - 2017Q3: 3,190
  - 2017Q4: 3,185

- **# of prescribers with no PMP requests**
  - 2014Q1: 1,523
  - 2014Q2: 1,520
  - 2014Q3: 1,517
  - 2014Q4: 1,514
  - 2015Q1: 1,511
  - 2015Q2: 1,508
  - 2015Q3: 1,505
  - 2015Q4: 1,502
  - 2016Q1: 1,375
  - 2016Q2: 1,372
  - 2016Q3: 1,369
  - 2016Q4: 1,366
  - 2017Q1: 1,300
  - 2017Q2: 1,297
  - 2017Q3: 1,294
  - 2017Q4: 1,291
PMP Data: Active Prescribers and PMP Usage, Percent Change from Baseline

% change in # of active CS prescribers

% change no PMP requests since 2016Q1

% change in prescribers with no PMP requests

PMP Data: Prescribers with No PMP Requests, Percent Change from Previous Quarter
PMP Data: Patients with Overlapping Opioid Prescriptions from Different Prescribers, Percent Change from Previous Quarter

-8%
-15%
-20%
-15%
-10%
-5%
0%
5%
10%
Users Survey & Additional Data Analysis

- PMP Users Survey (Spring 2018)
  - Interrelated surveys for providers, pharmacists, and investigation/law enforcement
    - Data collection instruments based on the surveys developed by the Institute for Pharmaceutical Outcomes and Policy at the University of Kentucky
    - Pilot tested with NM stakeholders
- Interrupted time-series analysis of PMP usage data 24 months pre/post mandate
  - Investigation/law enforcement users and queries will act as non-equivalent dependent variable
Prescription Monitoring Programs: Evidence in 2018

- PDMPs associated with reductions in opioid prescribing & death rates

- PDMP mandates’ effect on outcomes are unclear

- PDMP mandates in combination with other policies can effect outcomes

- Evidence-Based Practices (overview)
Next Steps for New Mexico

- Continue work with licensing boards to identify and educate prescribers with a history of problematic prescribing
- Continue work with health systems and individual HCPs to lower remaining barriers to PMP use, e.g. integration with EHRs
- Complete PMP Users Survey, analyze, and share findings
- Continue analyzing PMP data and evaluating impact of both the mandate and related local and state policy changes over time
Key Takeaways

- For PMP Mandate legislation aim high and don’t compromise too early
- Licensing board and other organization regulations may provide opportunities to expand PMP mandate
- The PMP mandate has improved prescribing practices in NM
- Partner buy-in and implementation are key to mandate effectiveness
- Be alert both for opportunities and unintended consequences that may follow policy action
Questions & Discussion
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