



## Using the Rhode Island Prescription Drug Monitoring Program (PMP)

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Prescription drug abuse is an epidemic that will not be controlled without a well-coordinated effort. Prescribers in Rhode Island can contribute substantively to this effort by using the Rhode Island Prescription Drug Monitoring Program (“PMP”) consistently. The PMP is a simple on-line tool that helps prescribers monitor patient-prescription histories. Every prescription filled in the state is input to the PMP system within seven days of filling (and the average lag is less).

Why use the PMP? In the words of an old axiom from medical school, “It’s what you don’t know you don’t know that will hurt you” – and your patients. I work with physicians every day who are genuinely surprised by the patient-prescription histories they review in the PMP. Consider. In the year 2013, 1,394 Rhode Island residents used five or more pharmacies to fill prescriptions from five or more prescribers. Are at least *some* of these people diverting prescription drugs from their intended purposes? Yes, of course. Did *you* unknowingly write prescriptions for any of these people? Possibly. Using the PMP helps you avoid this problem. Less ominously, but also of potentially great concern, are those patients who do not inform you of prescriptions written for reasons unconnected with the care *you* provide. For example, a patient taking a benzodiazepine for anxiety may forget to mention this fact when being seen for severe pain following a serious injury – pain for which you would normally (and appropriately) prescribe an opioid. Does the benzodiazepine prescription matter? Of course. Using the PMP helps you avoid potentially dangerous prescribing conflicts such as this.

### REGISTERING

Registering to use the PMP is simple. Go to RIPMP.com, where you will be directed to a log-in screen to register. You will need your DEA number. You will be asked why you wish to register. You do not need a detailed reason. A phrase such as “direct patient care” will suffice.

### GENERATING A PATIENT REPORT

Once you have a user name and password, you are ready to log into the system. To see a patient report, generate a “New Request.” (This is something you will do often, ideally before you write any and every prescription for a controlled substance.) Enter the patient’s last name, first name, and date of birth. (It is important to enter the last name completely and to spell it correctly. It is also important to enter the correct date of birth.) After you have entered this information, click

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“Create,” and when the report is generated, verify that it is the report of your patient, and not the report of a patient of the same name, recalling how easy it is to mis-enter a date of birth.

### REVIEWING A PATIENT REPORT

In the vast majority of cases, when you review a patient’s report, you will find few surprises. Prescription records will match your prescribing, with an occasional prescription the patient has neglected (or thoroughly forgotten) to report.

Yet, prescribers who use the PMP do find surprises! People who divert prescription drugs may be quite devious, using several addresses and several pharmacies. Other than these signs, look for prescriptions that have been filled early.

The PMP is also useful for conducting simple reviews of the safety of a drug regimen. For example, a patient may be taking several medications containing acetaminophen. The PMP may be used as a handy summary to compute the usual daily dose of acetaminophen, looking for potentially toxic levels.

### ADDRESSING PROBLEM BEHAVIOR

Once you begin using the PMP, you will eventually see patients whose PMP reports raise substantial questions, leading to potentially awkward moments in the exam room. Difficult questions will need to be asked, but of course, the sooner the correct diagnosis is made, the better. You may uncover addiction, pseudo-addiction, under-treated pain, tolerance, opioid-induced hyperalgesia, and many other treatable problems.

You may also suspect prescription diversion. In this case, you must avoid jumping to conclusions, on the one hand, and gullibility, on the other, but you *must* talk about it with the patient. The issue at stake is whether or not to dismiss the patient without tapering the medication(s) in question. *Proceed as you would with any other medical problem.* Take a good history. Create a differential diagnosis. Work it through. Sometimes, the correct course of action is to

summarily dismiss a patient without any taper of medications, keeping in mind that patients who divert prescription medications may also be seriously addicted to a variety of substances, some prescribed, some not. Nonetheless, if you conclude that a patient is diverting medications, dismissal is justified, *especially because knowingly giving medication to someone who is diverting prescription medications is unprofessional conduct.*

### **TAPERING A PRESCRIPTION**

In any case, if you decide to taper a prescription medication, do so over two to four weeks to avoid withdrawal. Decrease the dose by one-third every three days. In the case of long-acting medications, decrease the dose by one-third every five to seven days.

Then refer the patient to addiction treatment.

### **ADDRESSING PRESSURE FROM THE PATIENT TO PRESCRIBE**

There is no place for bullying or violence in a therapeutic relationship. Address this forthrightly with a patient if you feel pressured to prescribe. Advise the patient that you cannot be pressured. If the patient persists, talk to your employer and colleagues about the situation. It should never be kept a secret. If law enforcement is needed, call them. Protect yourself, while remaining professional.

### **IDENTITY THEFT**

As you make use of the PMP, you may see prescriptions in your name that you did not write. *Contact law enforcement immediately.* The State Police and the Drug Enforcement Agency (DEA) conduct this type of investigation; local enforcement can coordinate.

It is not uncommon for office staff to call in prescriptions without the prescribers' knowledge. Controlled substances have a high street value and are subject to diversion. *Do not let staff call in controlled substances.*

### **YOUR PRESCRIBING PRACTICES**

You may wish to brush up on your prescribing practices. Many resources are currently available online. Consider, for example, <http://www.scopeofpain.com>.

### **PMP USER'S GUIDE**

A user's guide to the Rhode Island PMP, covering all of the above in greater detail and including detailed examples of patient histories, is available online:

<http://www.health.ri.gov/publications/guides/HowToUseThePMP.pdf>

### **LIMITATIONS**

Ideally, the PMP would contain information on *all* prescriptions dispensed for every patient, but currently, its scope is limited to prescriptions dispensed by pharmacies located in Rhode Island and by mail-order pharmacies licensed to do

business in the state. Information on prescriptions dispensed by other out-of-state pharmacies and from Veterans Administration (V.A.) or military pharmacies is not available at this time. Being cognizant of these limitations, it is prudent to ask patients about the use of pharmacies not covered by the PMP, especially in the case of patients who have moved into the state recently or who have been recently deployed out of state by the military (or another employer).

### **Author**

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