Inpatient Prescription Drug Monitoring Program Usage at UNMH: A Pilot QI Proposal to Decrease Prescription Opioid Misuse

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**Background**
From 1999-2018, almost 450,000 people died from an opioid overdose in the United States. Studies show that this number might be even higher, with an estimated 130 people dying daily from prescription opioid overdose. 11.4 million people currently misuse prescription opioids. A Prescription Drug Monitoring Program (PDMP) is an online live database accessed by physicians to review a patient’s prescription fill date, medication name, strength, supply, pharmacy and prescriber of controlled substances. Prior studies demonstrate that state mandated PDMPs ensure up-to-date prescribing data and have are attributed to greater declines in opioid-related overdoses and deaths. For example, in 2018, PDMP implementation was associated with a 13.5% decrease in prescription opioid involved deaths. In 2019, New Mexico made regulatory changes that mandated PDMP usage and documentation to help combat overprescribing of controlled substances. Unfortunately, there was not standardization protocol for performing inpatient PDMP checks at UNMH at the time of this regulation. This project’s AIM was to develop a novel process for inpatient PDMP implementation.

**Objectives**
- Understand the catalysts and barriers to inpatient PDMP usage
- Identify the number of inpatient providers using the PDMP
- Determine next steps to facilitate increase inpatient usage of the PDMP

**Methods**
- Developed a PDSA cycle and process map
  - As part of the Plan stage of our PDSA, we performed a concurrent provider survey and chart review
  - Surveys and chart reviews were conducted May to June 2019
  - Provider survey: we surveyed 25 providers utilizing a 5 point Likert scale RedCap survey to assess barriers to PDMP utilization
  - Chart review: we reviewed 54 charts through the EMR to assess whether patients discharged on controlled substances received PDMP checks

**Results**
- Of the 25 providers surveyed:
  - 50% of providers said obtaining and reviewing the PDMP is important all the time.
  - However, only 24% (n=6) self-report checking the PMP 100% of the time
- Of the 54 patient charts reviewed:
  - 26% (n=14) patients were discharged with controlled substances (8 opioids, 6 benzodiazepines)
  - Only, 35% (n=5) of these patients had PDMP utilization documented

**Conclusions**
Our data, showed that providers believe that PDMP utilization is important but rarely utilize the PDMP when prescribing. Our chart review also showed that PDMP utilization is low. Additionally, providers feel that PDMP usage does not reduce overprescribing. Providers mentioned the following as barriers: time, training regarding sign up and account access, no integration into the EMR.

Moving forward, it is important to determine interventions that address these barriers to help encourage providers to utilize the PDMP. The survey and chart review were the PLAN part of our PDSA cycle to gather insight about provider attitudes and usage of the PDMP. Our upcoming DO portion of the cycle will be to delegate the role of PDMP retrieval to a medical assistant. This intervention will help address the barriers mentioned by providers in our survey.

**References**

**Figure 1:** Number of patient charts discharged with opiates, benzodiazepines or without review of PDMP

**Figure 2:** Demonstrates how often providers are checking the PDMP in a 3 month period