VERMONT

DEPARTMENT OF HEALTH

Memo to Vermont Prescribers of Controlled Substances

From: Harry Chen, M.D. Commissioner of Health
Date: November 18, 2015
Subject: Policy on Analysis of Opioid Prescribing Patterns

As a response to growing concern about opioid addiction and misuse, the Vermont Legislature passed Act 75 in 2013 titled *Strengthening Vermont's Response to Opioid Addiction and Methamphetamine Abuse.* The Act is a complex set of policy initiatives and requirements for state government, law enforcement, the prescribing community and others to respond to a significant public health and safety crisis.

Among the many educational, regulatory and other strategies Vermont is pursuing to improve prescription drug safety is an analytical approach to understanding controlled substance prescribing patterns within medical specialties and identifying opportunities for education about safe prescribing.

The amended Vermont Prescription Monitoring System (VPMS) law requires all physicians who prescribe controlled substances to enroll in VPMS and expands required querying prior to prescribing opioids (Act 75, Section 11). The Act requires the Commissioner of Health to develop a policy for understanding and evaluating prescribing patterns. Having received input from the Unified Pain Management System Advisory Council, I am making available the approach we will take to comply with the Act. The intent of this policy is as follows:

- This approach to analyzing Prescription Drug Monitoring Program (PDMP, called VPMS in Vermont) data reflects a nation-wide movement of analyzing the prescribing of controlled substances as a universal precaution for safe prescribing. Vermont is one of many states doing so.

- The policy for evaluating the prescribing of regulated drugs in Vermont will function as a process of analyzing prescribing data by using queries similar to those identified below. This will provide the Department with a profile of prescribing patterns and the variability of prescribing within specialties. The analyses will help the Department understand the training needs of Vermont prescribers and develop other necessary and appropriate interventions. The goal of doing so will be to promote evidence-based

practices and minimize risks to patients for whom controlled substances have been prescribed.

- The policy neither establishes a standard of care nor is intended to be a process for professional regulation.

- The analyses set out below are examples and may change over time to improve the meaningfulness and utility of future analyses.

Analytical Methodology

The following are examples of analyses that Department staff may perform using VPMS data.

1. The writing of more controlled substance prescriptions than 90% of the other Vermont-licensed providers with the same board certified medical specialty who prescribe controlled substances,
2. The prescribing of opioids to a patient who is concurrently receiving opioids from another health care provider;
3. The prescribing of an opioid at a daily dose of more than 100 MME;
4. The prescribing of an opioid that, in conjunction with other opioid prescriptions the patient was concurrently receiving, put the patient at a cumulative daily dose that was greater than 100 MME;
5. The prescribing of opioid analgesics to a patient who was on analgesics for more than 90 consecutive days;
6. Prescribing to a patient who received prescriptions concurrently from 3 or more health care providers;
7. Prescribing to a patient who received prescriptions from 3 or more providers in a three month time period;
8. Prescribing that was part of a patient's (non-overlapping) contra-indicated drug combination;
9. Prescribing that was part of a patient's (overlapping) contra-indicated drug combination;
10. The prescribing of more overlapping prescriptions of any type than 90% of Vermont-licensed providers with the same board certified medical specialty;
11. The prescribing of prescribed methadone for pain at a daily dose greater than 40mg;
12. The prescribing of opioid analgesics and MAT drugs concurrently to a patient or
13. Other new analyses as they become accepted by the PDMP field or published in the scientific literature.

In addition to the above, staff will perform analyses on VPMS usage to understand prescriber training needs. These analyses may include identification of the following:

1. The prescriber whose index* falls among the lowest 10% of Vermont-licensed providers with the same board certified medical specialty;
2. A prescriber whose index* falls below the VPMS threshold for best practice (this threshold will be based on a peer-to-peer comparison of all registered prescribers with the same board certified medical specialty);
3. A prescriber who did not query VPMS for a patient identified in one of VPMS's unsolicited reports identifying high risk patients;
4. A prescriber who did not comply with legislatively mandated standards of minimum use;
5. Any new standards as accepted by the Prescription Drug Monitoring Program field or those published in the scientific literature.

   *a prescriber index is the number of patients that prescriber prescribed a controlled substance to divided by the number of patients the prescriber looked up in VPMS

We are hopeful that this policy will advance our understanding of prescribing patterns, improve prescribing practices and enhance public health and safety.