

## Specific Metrics Explanations and Examples for Vermont Prescription Monitoring System (VPMS) Prescriber Insight Reports

**Note: The following document contains example images from a stock Prescriber Insight Report. This document is not a personalized report.**

*The Prescriber Insight Report is not able to account for variations in clinical hours or patient volume. The characteristics of your practice should be taken into consideration when viewing comparative metrics.*

*Comparison metrics are reflective of those prescribers who are registered with VPMS and have prescribed at least one (1) Schedule II-IV opioid analgesic during the period of the report.*

### Metric Values Generation

- The PDMP Prescriber Report is reflective of Schedule II-IV opioids, excluding Buprenorphine products, and anxiolytic/sedative/hypnotic medications as reported to the state PMP during the report period as noted.
- Metrics are reported either as values covering the full report period or the average of monthly metrics (which are referred to as “Monthly Average”).
- Some metrics additionally include comparisons to median values of prescriber peer groups; these are defined as follows:
  - Similar Prescriber (SP): The same role + the same healthcare specialty of the prescriber.
    - e.g. comparison with other APRNs in family practice
    - A value of \* indicates that the SP peer group was too small for a statistically valid comparison and no comparison is provided.
  - Within Specialty (WS): The same healthcare specialty as the prescriber.
    - e.g. comparison with all other provider types practicing in family practice
    - The specialty as selected by the prescriber at the time of registration is used for this comparison. If Specialty Level 3 is too small for a statistically valid comparison, Specialty Level 2 is used. If Specialty Level 2 is too small for a statistically valid comparison, Specialty Level 1 is used.

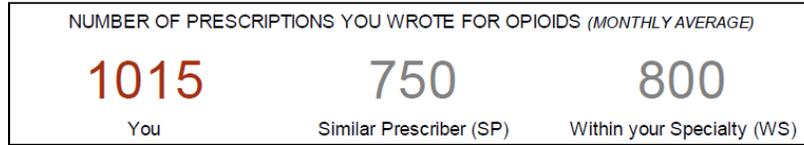
### Specific Metrics

***\*\*Please refer to the separate document that has your name and DEA number on it to review your personalized metrics. The examples below are to illustrate the section described. \*\****

- 1) Number of persons for whom you prescribed at least one (1) opioid
  - Your monthly average value
  - Comparison peer groups are medians rather averages



- 2) Number of opioid prescriptions written by you
  - Monthly average value
  - Comparison peer groups are medians rather averages



- 3) Top medications prescribed by you
  - Top three (3) drugs based on # of prescriptions
  - By generic name and as reported to VPMS

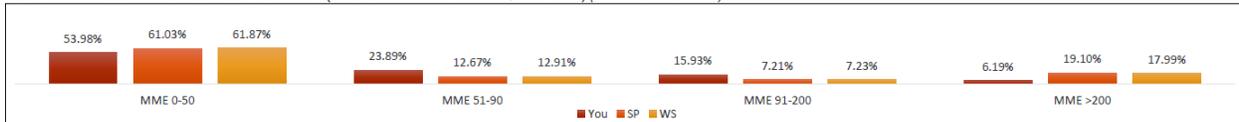
TOP MEDICATIONS PRESCRIBED (FULL REPORT PERIOD)

HYDROCODONE BITARTRATE/ACETAMINOPHEN	ALPRAZOLAM	ZOLPIDEM TARTRATE
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- 4) Percentage of opioid analgesic prescriptions written by you divided into the following Daily MME ranges:
  - MME 0-50
  - MME 51-90
  - MME 91-200
  - MME > 200
  - Full report period
  - Comparison peer groups are medians rather averages

*Although the use of any opioid can lead to overdose, research suggests that exposure to higher doses of opioids increase the risk of overdose. Opioid doses of more than 100 MME are associated with significant increase in the risk of overdose compared to lower dose.<sup>1</sup>*

PRESCRIPTIONS BY DAILY MME (MORPHINE MILLIGRAM EQUIVALENT) (FULL REPORT PERIOD)

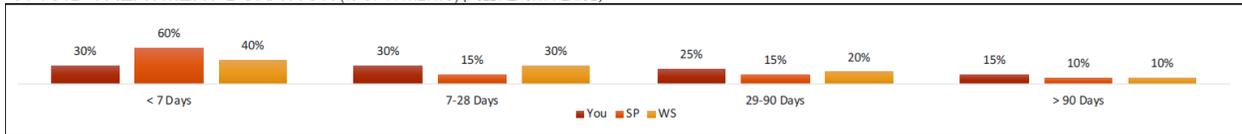


- 5) Percentage of your patients where their opioid treatment duration falls into one of the following ranges of days (these values are based on the cumulative days of supply of a person's prescriptions during the report time.):
  - < 7 Days
  - 7-28 Days
  - 29-90 Days
  - > 90 Days
  - Full report period
  - Comparison peer groups are medians rather averages

<sup>1</sup> Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>

*In cases of acute pain treatment more than a few days of exposure to opioids significantly increases risk, each day of unnecessary opioid use increases likelihood of physical dependence without adding benefit, and prescriptions with fewer days' supply will minimize the number of pills available for unintentional or intentional diversion. In chronic pain management, taking even a low-dose opioid for more than three months increases the risk of addiction by 15 times.<sup>2</sup>*

OPIOID TREATMENT DURATION (% OF PATIENTS) (FULL REPORT PERIOD)



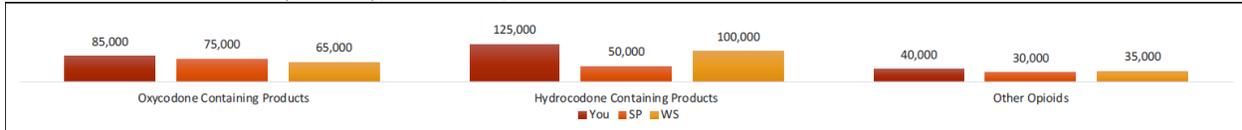
6) Total Morphine Milligram Equivalency (MME) of prescriptions written by you in the following groups:

- Total MME of Oxycodone containing products
- Total MME of Hydrocodone containing products
- Total MME of all other opioids
- Monthly average value
- Comparison peer groups are medians rather averages

Download an Opioid Morphine Milligram Equivalent (MME) Conversion mobile app here: <https://www.cdc.gov/drugoverdose/prescribing/app.html>

Other MME Calculators are available here: <http://www.healthvermont.gov/alcohol-drugs/professionals/resources-patients-and-providers>

PRESCRIPTION VOLUMES (TOTAL MME) (MONTHLY AVERAGE)



7) Anxiolytic / Sedative / Hypnotic Prescribing

- Number of Anxiolytic / Sedative / Hypnotic prescriptions (together as one group)
- Quantity of dose units of all Anxiolytic / Sedative / Hypnotic prescriptions.
- Monthly average value
- Comparison peer groups are medians rather averages

ANXIOLYTIC / SEDATIVE / HYPNOTIC PRESCRIBING (MONTHLY AVERAGE)



8) PDMP Usage

<sup>2</sup> Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>

- Number of PDMP Report requests by you (and your delegates, when used)
- Monthly average value
- Comparison peer groups are medians rather averages

PDMP USAGE (MONTHLY AVERAGE)			
PDMP REQUESTS BY YOU	PDMP REQUESTS BY YOUR DELEGATE(S)	SIMILAR PRESCRIBER AVERAGE	SPECIALTY FIELD AVERAGE
100	75	200	150

9) Patient Exceeding Multiple Provider Thresholds

- Number of patients with prescriptions from > 5 prescribers (including at least one written by you)
- Number of patients having prescriptions filled at > 5 pharmacies (where you wrote at least one of these prescriptions.)
- Full report period

**Note:** Multiple Provider Thresholds are calculated differently on this report than when generated through the system or by other unsolicited report and may not accurately represent the full number of providers accessed by each patient.

PATIENTS EXCEEDING MULTIPLE PROVIDER THRESHOLDS (FULL REPORT PERIOD)	
PATIENTS EXCEEDING MULTIPLE PRESCRIBER THRESHOLD	PATIENTS EXCEEDING MULTIPLE PHARMACY THRESHOLD
25	15

10) Dangerous Combo Therapy

- Number of patients receiving an opioid + a benzodiazepine\* (in same month - both written for by you).
- Number of patients receiving an opioid + a benzodiazepine\* (in same month - where you wrote just one of the prescriptions).
- Number of patients receiving an opioid, a benzodiazepine\* + carisoprodol (in same month - all written for by you).
- Number of patients receiving an opioid, a benzodiazepine\* + carisoprodol (in same month - where you wrote just one of the prescriptions).

\* This would also include any other Anxiolytic / Sedative / Hypnotic medications

- Full report period

*Overlapping analgesic opioid-benzodiazepine prescriptions were dispensed to 33% of people with an opioid-related accidental fatality at some point within the five years prior to the fatality. Twenty-one percent received overlapping prescriptions in the year prior to fatality, 13% received overlapping prescriptions within 30 days of fatality, and 9% within 10 days of fatality.<sup>3</sup>*

<sup>3</sup> Data Brief, Vermont Department of Health: Controlled Substance Prescription Histories for Opioid-Related Accidental Fatalities in 2015; [http://www.healthvermont.gov/sites/default/files/documents/2017/01/HSRV\\_VPMS\\_10\\_28\\_16\\_opioid\\_related\\_accidental\\_fatality\\_brief.pdf](http://www.healthvermont.gov/sites/default/files/documents/2017/01/HSRV_VPMS_10_28_16_opioid_related_accidental_fatality_brief.pdf)

DANGEROUS COMBINATION THERAPY

COMBO PRESCRIPTIONS FOR OPIOID + BENZO IN SAME MONTH		COMBO PRESCRIPTIONS FOR OPIOID + BENZO + CARISPORODOL IN SAME MONTH	
25	35	15	20
BY YOU	BY YOU + OTHER PRESCRIBERS	BY YOU	BY YOU + OTHER PRESCRIBERS