

Vermont Prescription Monitoring System (VPMS) Prescriber Insight Report User Guide

This document is a guide to interpreting your Prescriber Report. Please see the additional attachment for your actual report, or log into VPMS and navigate to Menu > RxSearch > Prescriber Report to download a copy. Report images below are examples and not a reflection of your prescribing history.

The Prescriber Report is intended to give prescribers insight into their controlled substance prescribing patterns. Reports are provided quarterly to all registered VPMS users with an active account and a defined role and specialty who have written at least one opioid, sedative, or stimulant prescription during the prior 6-month period. The data represented includes Schedule II-V drugs as reported to VPMS by dispensers and pharmacies, during the report period listed. The following includes information on how to interpret each section of the prescriber report.

***Disclaimer:** Comparisons with peer groups are meant to give prescribers a point of reference. VPMS recognizes that no two practice settings are identical. Additionally, this report is not intended to be an indication that the prescriber or his/her patients have done something wrong.*

Report Header

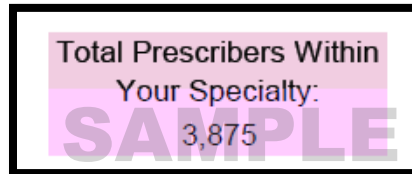
The “Specialty” field represents the Healthcare Specialty chosen by you upon registration with VPMS. If you feel your specialty is misrepresented, you may update it within your VPMS account, and these changes will be reflected in the next distribution of your prescriber report.

To update your Specialty in VPMS, please log-in to the system. Under the “Menu” tab, select “My Profile” and update your Healthcare Specialty. For additional details on how to do this, please see the Q&A section of this document.

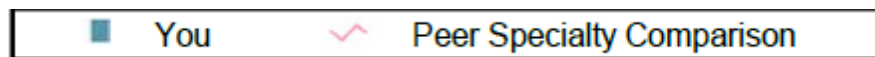
| Prescription Monitoring Program | |
|---------------------------------|--|
| PMP Prescriber Report | |
| Date: 9/4/2019 | Date Covered by this Report: 01/1/2019-6/30/2019 |
| Name: Your Name | DEA #: AA1234567 |
| Role: Physician (MD, DO) | Specialty: Internal Medicine |

Peer Groups

Most metrics include comparisons to median values of your prescriber peer groups. Only those prescribers who are registered with VPMS with an active account and a defined role and specialty who have written at least one opioid, sedative, or stimulant prescription during the prior 6-month period are included in the comparisons.



Peer Specialty Comparison: The same healthcare specialty as the prescriber. For example, comparison with all other roles (physicians, nurse practitioners, physician assistants, etc.) practicing in family practice. Throughout the report, the blue bar chart represents your prescribing activity, while the peer specialty comparison is displayed as the pink line.



The specialty as selected by the prescriber at the time of registration is used for this comparison. If the number of peers in 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.

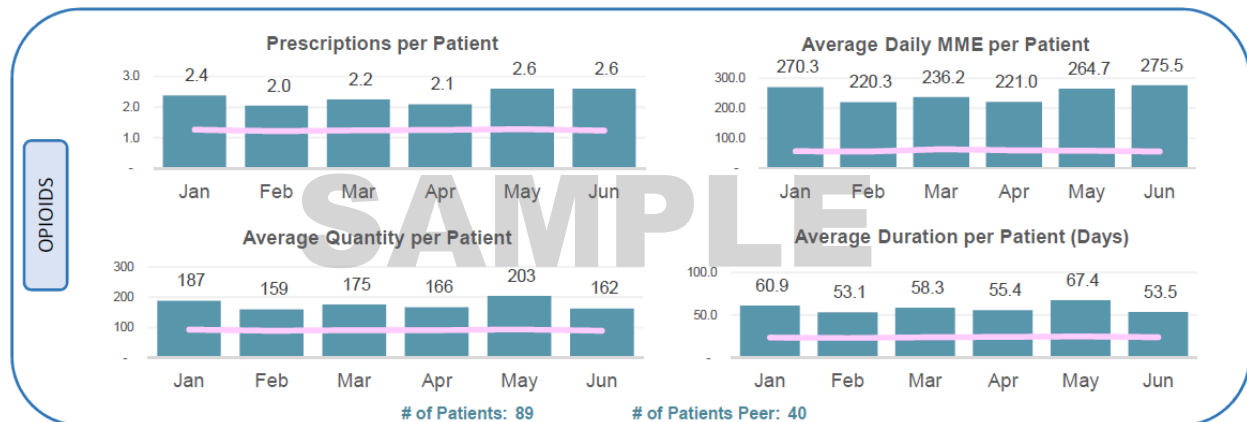


Top Medications Prescribed

This metric represents the top three Schedule II-IV drugs (listed by generic name) based on the number of prescriptions prescribed by you and reported to VPMS during the 6-month reporting period.



Opioids*



*This section excludes drugs containing buprenorphine

Prescriptions per Patient: The average number of opioid prescriptions dispensed per unique patient during each month.

Daily MME per Patient: The average daily MME for opioids dispensed per patient during each month. Daily MME is the total MME divided by days supplied for each dispensation.

Average Quantity per Patient: The average quantity of opioid doses dispensed per unique patient during each month.

Average Duration per Patient: The average days supplied of opioids dispensed per unique patient during each month. The days' supply in the reporting period is not necessarily consecutive (e.g., two 5-day opioid prescriptions written two weeks apart would count as 10 days).

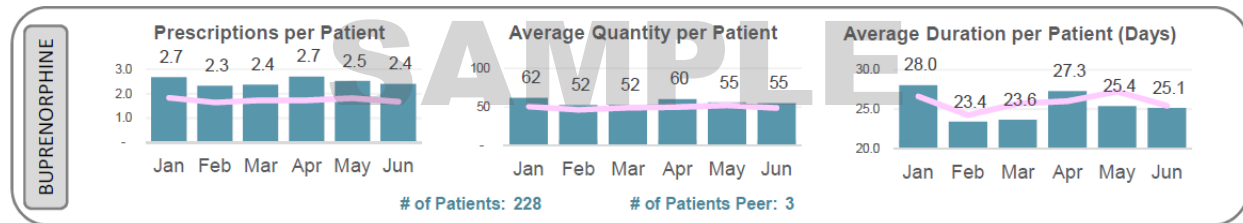
Unique Patients: Distinct count of patients prescribed opioids by physician during the 6-month reporting period.

Unique Patients Peer: Average Distinct count of patients prescribed opioids per physician, within peer specialty comparison, during the 6-month reporting period.

The Morphine Milligram Equivalent (MME) is the amount of morphine an opioid dose is equal to when prescribed. Buprenorphine is excluded from MME calculations in this report. The Centers for Disease Control and Prevention (CDC) recommends that prescribers should reassess evidence of the benefits and risks to the patient when increasing dosage to ≥ 50 MME/day (e.g., ≥ 50 mg hydrocodone; ≥ 33 mg oxycodone) and avoid increasing to ≥ 90 MME/day (≥ 90 mg hydrocodone; ≥ 60 mg oxycodone) when possible due to an increased risk of complications.

The CDC's Opioid Guideline Mobile App summarizes key recommendations on opioid prescribing and includes an MME calculator: <https://www.cdc.gov/drugoverdose/prescribing/app.html>

Buprenorphine**



**This section includes only drugs containing buprenorphine dispensed from a pharmacy. Any buprenorphine dispensed through an opioid treatment program (OTP), or “hub,” is not included in these totals.

Prescriptions per Patient: The average number of buprenorphine prescriptions dispensed per unique patient during each month.

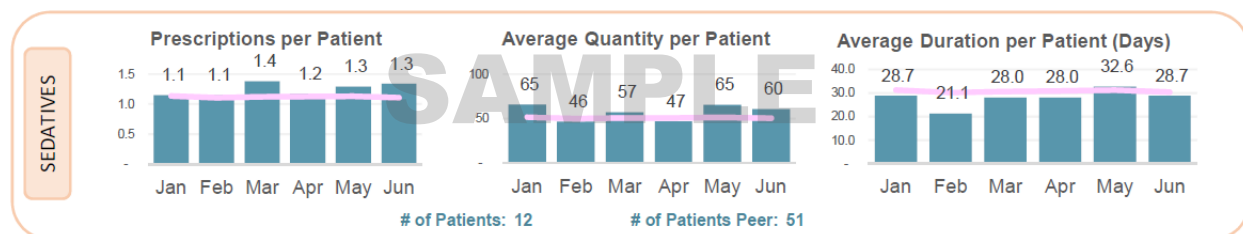
Average Quantity per Patient: The average quantity of buprenorphine doses dispensed per unique patient during each month.

Average Duration per Patient: The average days supplied of buprenorphine dispensed per unique patient during each month. The days’ supply in the reporting period is not necessarily consecutive (e.g., two 5-day opioid prescriptions written two weeks apart would count as 10 days).

Unique Patients: Distinct count of patients prescribed buprenorphine by physician during the 6-month reporting period.

Unique Patients Peer: Average Distinct count of patients prescribed buprenorphine per physician, within peer specialty comparison, during the 6-month reporting period.

Sedatives***



***This section includes all Anxiolytic/Sedative/Hypnotic dispensations

Prescriptions per Patient: The average number of sedative prescriptions dispensed per unique patient during each month.

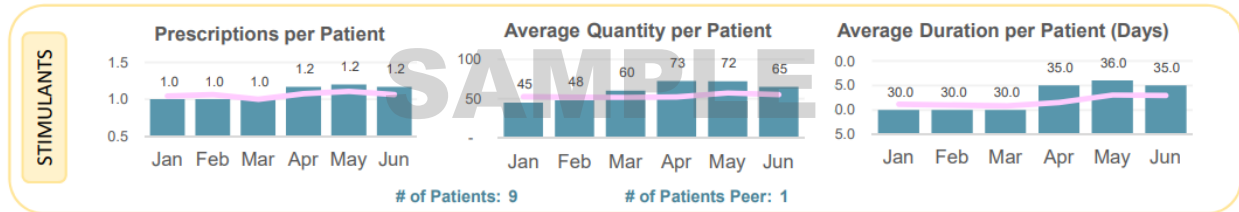
Average Quantity per Patient: The average quantity of sedatives dispensed per unique patient during each month.

Average Duration per Patient: The average days supplied of sedatives dispensed per unique patient during each month. The days’ supply in the reporting period is not necessarily consecutive (e.g., two 5-day opioid prescriptions written two weeks apart would count as 10 days).

Unique Patients: Distinct count of patients prescribed sedatives by physician during the 6-month reporting period.

Unique Patients Peer: Average Distinct count of patients prescribed sedatives per physician, within peer specialty comparison, during the 6-month reporting period.

Stimulants



Prescriptions per Patient: The average number of stimulant prescriptions dispensed per unique patient during each month.

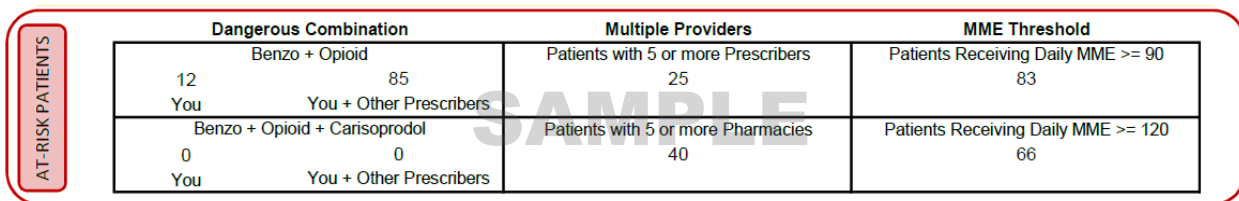
Average Quantity per Patient: The average quantity of stimulants dispensed per unique patient during each month.

Average Duration per Patient: The average days supplied of stimulants dispensed per unique patient during each month. The days' supply in the reporting period is not necessarily consecutive (e.g., two 5-day opioid prescriptions written two weeks apart would count as 10 days).

Unique Patients: Distinct count of patients prescribed stimulants by physician during the 6-month reporting period.

Unique Patients Peer: Average Distinct count of patients prescribed stimulants per physician, within peer specialty comparison, during the 6-month reporting period.

At Risk Patients



| Metric | You | You + Other Prescribers |
|--|-----|-------------------------|
| Dangerous Combination Benzo + Opioid | 12 | 85 |
| Multiple Providers Patients with 5 or more Prescribers | 25 | |
| MME Threshold Patients Receiving Daily MME >= 90 | 83 | |
| Dangerous Combination Benzo + Opioid + Carisoprodol | 0 | 0 |
| Multiple Providers Patients with 5 or more Pharmacies | 40 | |
| MME Threshold Patients Receiving Daily MME >= 120 | 66 | |

Dangerous Combination Therapy:

This metric represents the number of patients in the 6-month reporting period receiving a prescription for both an opioid and a benzodiazepine (or an opioid, benzodiazepine, and carisoprodol) for an overlapping period within the reporting period. The metric "You" represents cases in which you wrote prescriptions for each of the drugs for the same patient. The metric "You + Other Prescribers" represents cases in which you wrote at least one of the prescriptions (this metric is inclusive of the "You" metric). Benzodiazepine prescriptions include any other anxiolytic, sedative, and hypnotic medications. *According to the CDC, concurrent benzodiazepine, opioid, and/or carisoprodol prescriptions should be avoided, given the high risk of adverse drug interactions, specifically respiratory depression and death.*

Patients Exceeding Multiple Provider Thresholds:



This metric represents the number of your patients who received controlled substance prescriptions from 5 or more prescribers/pharmacies, including you, within 6-month reporting period.

Patients Exceeding Daily MME Thresholds:

This metric represents the number of patients who received a daily MME value of ≥ 90 or ≥ 120 for dispensations prescribed by you during the 6-month reporting period.

PDMP Usage

This metric represents the total number of VPMS patient report requests made within the reporting period by you and/or your delegates.

| | | | |
|---|---|--|---|
|  | Patient Searches by You 564 | Patient Searches by Your Delegate(s) 0 | Your Total Patient Searches 564 |
| |  | | |

Questions and Answers (Q&A)

What are some of the limitations of the Prescriber Insight Report?

- The Report is not able to account for variations in clinical hours or patient volume. Some practitioners may see many more patients during the reporting period than others. The characteristics of your practice should be taken into consideration when viewing comparisons with prescribers within your specialty.
- Certain specialties can have a small number of practitioners and, therefore, an outlier can significantly influence the number of patients, prescriptions, and the median values in several of the data fields included in the Report.
- Comparisons exclude practitioners within your specialty that have not issued a prescription for at least one Schedule II-IV prescription during the six-month reporting period.
- Prescribers self-select their specialty upon registration for VPMS. Prescribers who have not registered for VPMS do not have a specialty associated with them in VPMS data, and their counts and calculations will be excluded from the peer comparison calculations.

Is the Prescriber Insight Report confidential?

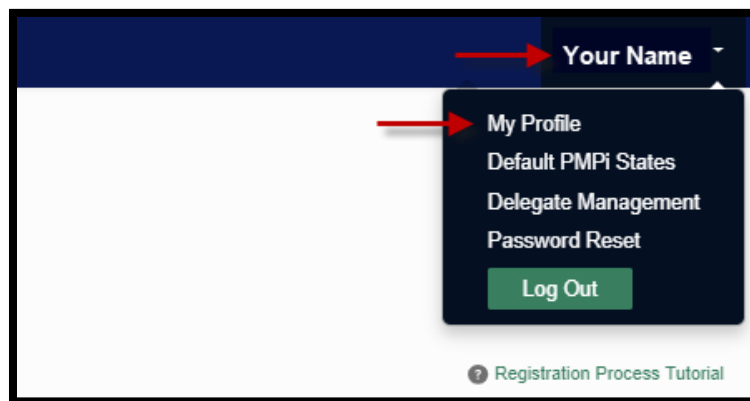
Yes, the Prescriber Report is confidential. It is intended to provide you, the practitioner, with information to support your efforts to deliver quality care to your patients.

How can I update my Specialty so that it is represented correctly in this report?

The “specialty” in the prescriber report represents the specialty level 2 as chosen by you upon registration with VPMS. If you feel your specialty is misrepresented, you may update it within your VPMS account and these changes will be reflected in the next distribution of your prescriber report.


To update your specialty, follow the steps below.

1. Login to VPMS at <http://vermont.pmpaware.net>
2. Click on your name in the top right corner of VPMS and then click My Profile.



3. Under My Profile you will find Specialty which displays the currently selected Healthcare Specialty.

My Profile

 Download PDF

Profile Info [Edit](#)

| | |
|--|--|
| Name: Your Name (Last Login: 09/23/2019) Position/Rank: DOB: Primary Contact: DEA Number(s): Controlled Substance #: Professional License #: Type: | Registration Date: 04/05/2016 Employer DEA(s): Employer: Employer Phone: Employer Fax: Primary Work Location: Roles: |
|--|--|

Specialty

Add a Healthcare Specialty [Browse All](#)

★ Designates Primary Specialty

★ Allopathic & Osteopathic Physicians
 Family Medicine x


You may add additional specialties, if applicable, by clicking within the “Add a Healthcare Specialty” field and begin typing the name of your preferred specialty. Prescriber Insight Reports will use your primary specialty, indicated by a star, for comparisons in the report.

Specialty

Add a Healthcare Specialty [Browse All](#)

- ★ **Nursing Service Providers**
- Licensed Practical Nurse
- ★ Licensed Psychiatric Technician
- Licensed Vocational Nurse
- Registered Nurse
- Registered Nurse - Addiction (Substance Use Disorder)
- Registered Nurse - Administrator
- Registered Nurse - Ambulatory Care
- Registered Nurse - Cardiac Rehabilitation
- Registered Nurse - Case Management
- Registered Nurse - College Health
- Registered Nurse - Community Health
- Registered Nurse - Continenence Care
- Registered Nurse - Continuing Education/Staff Development
- Registered Nurse - Critical Care Medicine

4. To delete an existing Healthcare Specialty click the “X” to the right of the specialty you wish to delete.



Specialty

Add a Healthcare Specialty Browse All

★ Designates Primary Specialty

★ Allopathic & Osteopathic Physicians
Family Medicine → X

My DEA number is incorrect. How can I fix that?

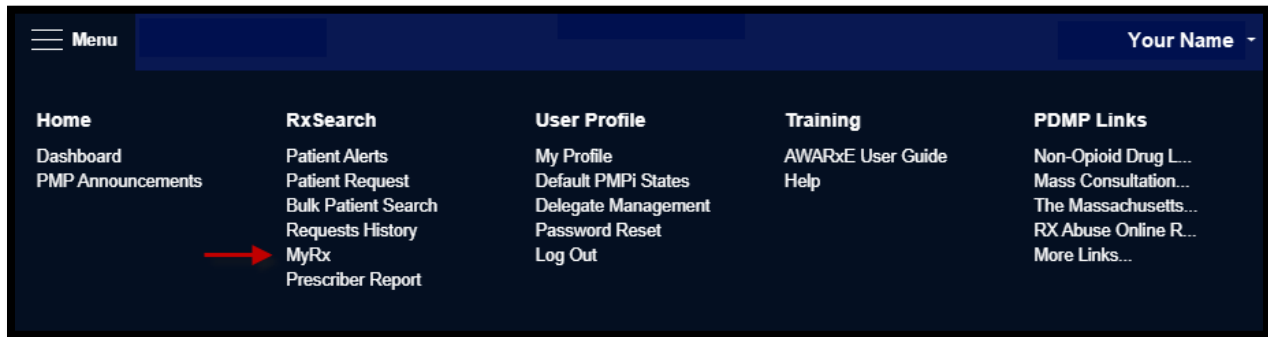
You can validate or update your DEA number by visiting the DEA website:

<https://apps.dea.diversion.usdoj.gov/webforms/jsp/regapps/common/updateLogin.jsp>

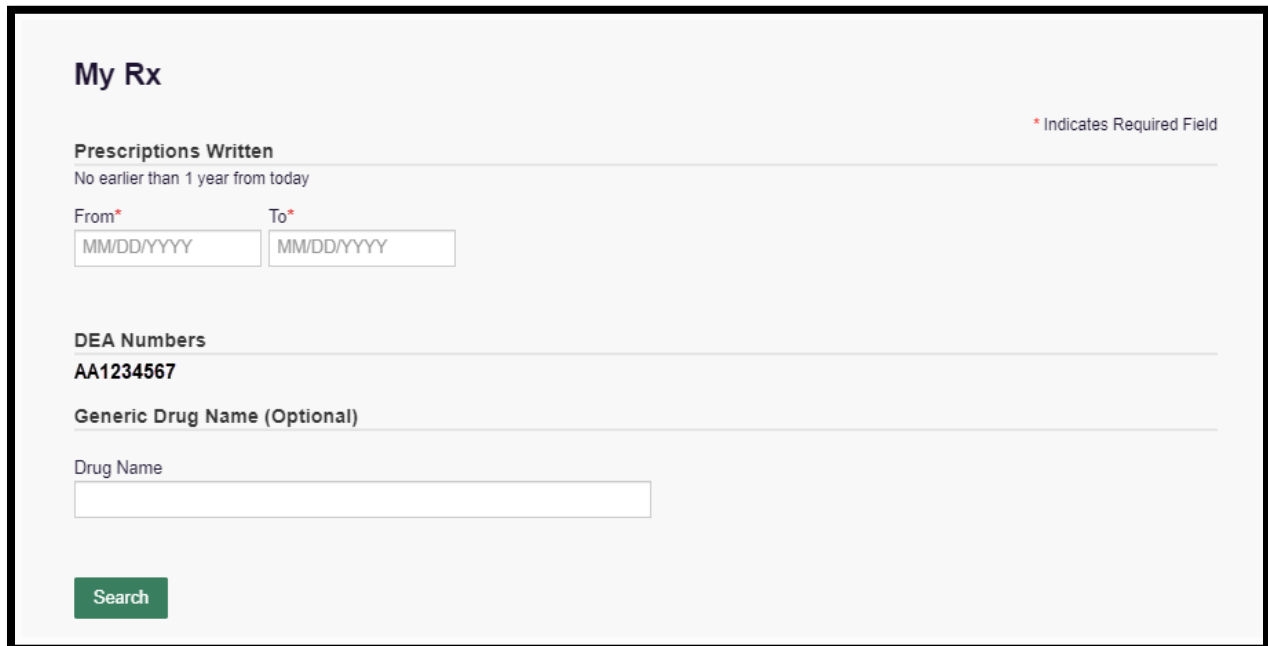
How can I look up my prescribing history?

You may further review your VPMS prescription details by following the below steps.

1. Login to VPMS at <http://vermont.pmpaware.net>
2. Click Menu from the top menu bar to expand the options
3. Click MyRx below RxSearch



4. MyRx will allow you to search for prescriptions written by you that have been dispensed to the patient and reported to Vermont.



The screenshot shows the 'My Rx' search interface. At the top right, there is a note: '* Indicates Required Field'. The form is divided into sections: 'Prescriptions Written' with a sub-note 'No earlier than 1 year from today' and two date input fields labeled 'From*' and 'To*'; 'DEA Numbers' with the value 'AA1234567'; and 'Generic Drug Name (Optional)' with a text input field labeled 'Drug Name'. A green 'Search' button is located at the bottom left of the form.

How can I find more resources, including where to learn more about opioid prescribing, tapering and referring substance use disorder patients to treatment?

Vermont Department of Health *Rule Governing the Prescribing of Opioids for Pain*:
http://www.healthvermont.gov/sites/default/files/documents/pdf/REG_opioids-prescribing-for-pain.pdf

Vermont Department of Health *Vermont Prescription Monitoring System Rule*:
http://www.healthvermont.gov/sites/default/files/documents/pdf/REG_vpms-20170701.pdf

Resources for the prescribing of opioids for pain:
<http://www.healthvermont.gov/alcohol-drugs/professionals/resources-patients-and-providers>

CDC Resources: <https://www.cdc.gov/drugoverdose/prescribing/resources.html>

VPMS hopes that you find this information helpful in your practice. If you are interested in receiving quality improvement support around the prescribing of opioids, please contact hannah.hauser@vermont.gov.

What if I believe that there is an error on my MyRx prescription history?

If you believe that one or more of these prescriptions are incorrect, you may contact the dispensing pharmacy for additional details about the prescription in question. If you believe that there may be fraudulent activity associated with your DEA, please contact the VPMS Program Manager at hannah.hauser@vermont.gov or 802-652-4147.

Why did I receive this report when my peer prescriber has not received it?

Only prescribers that are registered with VPMS, have a defined role and specialty, and have written at least one controlled substance prescription during the prior six-month period will receive a report. Additionally, prescribers with inaccurate, invalid, or inactive email addresses in VPMS would not be able to receive the report.

I am not being credited for searches I know I have conducted. Why is the reported number of my searches so low?

One common user error is to review your patient's prescription history using the "Requests History" tab or by clicking the patient's name from your dashboard without hitting the REFRESH button. If you do not hit REFRESH the prescription data will be unchanged from the last time you viewed this report (i.e., you will not be viewing the most current prescription history) and you will not be credited with a new search.

I have delegates conducting searches of all my patients. Why are these searches not credited in my delegate search count?

Delegates may conduct searches on behalf of multiple prescribers in a practice or facility. However, the terms and conditions state that the delegate **MUST** choose from the drop down list the specific prescriber on whose behalf he/she is conducting a search. If a delegate chooses one prescriber for all patient searches conducted that day, that one prescriber will be given credit for utilizing VPMS. To ensure that you receive credit for patient searches, please instruct your delegate to choose you as the prescriber when conducting searches on your patients.

I'm concerned about what I saw in my Prescriber Insight Report. Who should I contact for help in analyzing my prescribing?

The Health Department supports quality improvement work in prescribing. Contact Hannah Hauser at hannah.hauser@vermont.gov or 802-652-4147 for more information about resources available to you.

If I have questions, who should I contact?

If you have any questions regarding the Prescriber Insight Reports, please contact the VPMS Program Manager at Hannah.hauser@vermont.gov or 802-652-4147.