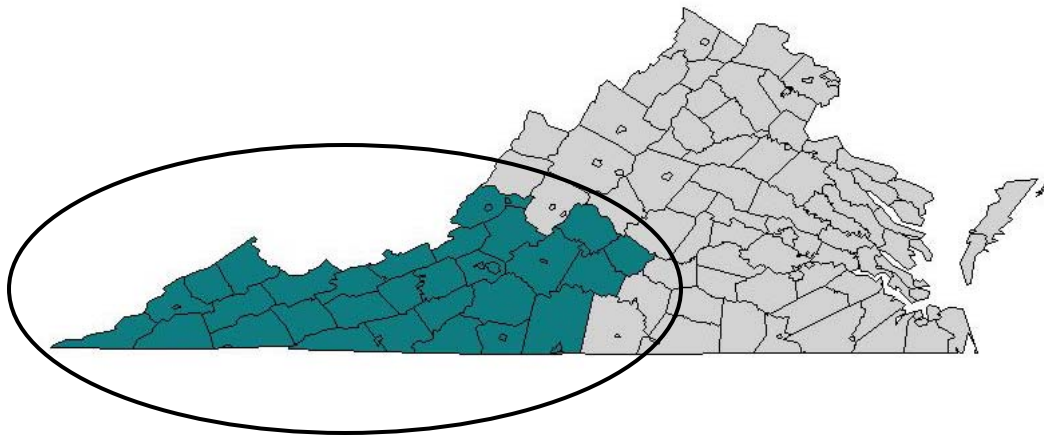


***PRESCRIPTION MONITORING PROGRAM SURVEY:
REPORT OF FINDINGS***



August 2004

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EXECUTIVE SUMMARY

The Virginia General Assembly, in 2002, passed a law establishing a pilot prescription monitoring program (PMP) in State Health Planning Region III in Southwest Virginia. The PMP collects prescription data for schedule II drugs and maintains it in a central database. The database can be queried by physicians interested in examining a patient's pattern of schedule II drug use. The assumption is that the PMP will help deter the illegitimate use of schedule II drugs by helping physicians identify patients who are "doctor shopping".

The American Cancer Society (ACS) and the South Atlantic chapter of the ACS, in collaboration with the Virginia Cancer Pain Initiative, contracted with the Survey and Evaluation Research Laboratory (SERL) at Virginia Commonwealth University to collect information from physicians about their knowledge of, attitudes toward, and prescribing behaviors as a result of Virginia's PMP. The *Prescription Monitoring Program Survey (PMP Survey)* was mailed to 689 physicians in southwest Virginia, the pilot area for the PMP.

A total of 275 surveys were received yielding a response rate of 41%.¹ The findings will be used to gauge the impact of the PMP on the ability of physicians to help their patients manage pain. Also, the Virginia Department of Health Professions will find the information useful as they evaluate the pilot PMP program which they have been responsible for implementing in southwest Virginia.

Awareness of the PMP

- Slightly less than one-half of physicians reported having heard about the PMP prior to receiving the *PMP Survey*.² Of those who had heard of the PMP, slightly more than one-half acknowledged that they did not know what year it actually began. Only 39% correctly identified 2003 as the year the PMP began.

General Practice with Regard to Prescribing Schedule II Drugs

- Physicians were asked if, in the past three years, they have been prescribing fewer schedule II drugs. Thirty-six percent (n=46) of physicians responded affirmatively. Intense media coverage and increased law enforcement activity were cited most frequently as reasons for prescribing fewer schedule II drugs. Thirty-one percent (n=14) reported that prescribing fewer schedule II drugs had a negative impact on their ability to help their patients manage their pain; 60% reported no impact (n=27).

Querying the Prescription Database

- Only 11% of physicians (n=14) reported that they had requested information from the Virginia Department of Health Professions about a patient's prescription history. The majority of those requesting information received it within one to three days.
- Common reasons cited for not querying the PMP database were a lack of knowledge about the ability to request information, information not viewed as necessary, and an inability to access information instantaneously.

¹ Total valid sample was 672.

² Respondents who had heard about the PMP (n=132), continued the survey. Those who had not heard of the PMP were asked to end the survey and return it to SERL in the envelope provided.

Access to the PMP Database

- The vast majority of physicians, 83%, felt that pharmacists should be able to request information about patients' prescription histories (n=106). Only 17% did not (n=22).

Perceived Oversight as a Result of the PMP

- Nearly 60% of physicians believe that their prescribing behaviors are being monitored more closely as a result of the PMP. Of the 75 who perceived an increase in monitoring, 23% reported that this has had a negative impact on their ability to help their patients manage their pain, 8% reported a positive impact, and 69% reported no impact at all.

Usefulness of the PMP

- Despite low utilization of the PMP database, 68% of physicians reported that the PMP was useful for monitoring patients' prescription histories with regard to schedule II drugs; 24% did not know if it was useful for this purpose. The results were essentially the same with regard to the usefulness of the program for decreasing the incidence of "doctor shopping".

Familiarity with Virginia Board of Medicine's Guidelines

- Of the 131 respondents, 48% (n=63) were aware of the Virginia Board of Medicine's *Guidelines for the Use of Opioids in the Management of Chronic, Noncancer Pain* and 52% (n=68) were not. Of those who were aware of the *Guidelines*, 71% reported using them when making decisions about pain treatment for their patients (n=42).

Recommendations

The *PMP Survey* yielded interesting findings that can be used to inform programmatic and policy decisions with regard to the PMP. Based on the findings, the following recommendations are made:

1. Ongoing education campaigns are needed to make physicians fully aware of the PMP and its purpose. These efforts should attempt to dissuade the perception that the PMP is a mechanism to more closely monitor physician prescribing behaviors.
2. Physicians need to receive ongoing information about the PMP database and ways in which the database can be used as part of their clinical practice.
3. Explore benefits and drawbacks to allowing pharmacists to access the PMP database.
4. Provide physicians with a copy of the *Guidelines for the Use of Opioids in the Management of Chronic, Noncancer Pain*.
5. Of physicians believing they are being monitored more closely, nearly one-quarter reported that this had a negative impact on their ability to help patients manage their pain. Further study is warranted to explore this unintended consequence of the PMP.

INTRODUCTION

The Virginia General Assembly, in 2002, passed a law establishing a pilot prescription monitoring program (PMP) in State Health Planning Region III in Southwest Virginia. The PMP collects prescription data for schedule II drugs and maintains it in a central database. The database can be queried by physicians interested in examining a patient's pattern of schedule II drug use. The assumption is that the PMP will help deter the illegitimate use of schedule II drugs by helping physicians identify patients who are "doctor shopping".

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METHODS

Survey Development

The *PMP Survey* consisted of a number of close-ended questions focused on practice characteristics, awareness of the PMP, attitudes toward the PMP, and prescribing behaviors. Prior to administration, the *PMP Survey* was reviewed by leadership at the Virginia Department of Health Professions, the PMP Advisory Council, a few practicing physicians in southwest Virginia, and specialists in cancer care. Feedback was incorporated. In May 2004, a two-wave mailing was conducted with prenotification and reminder postcards. Also, in an effort to enhance response rates, a web-based option was made available. The final version of the *PMP Survey* can be found as Appendix A.

Study Population

Rather than drawing a sample, all physicians in State Health Planning Region III in Southwest Virginia practicing in one or more of the following specialties were surveyed: Internal Medicine, Family Practice, Neurology, and Orthopedics.^{3,4} Physician mailing addresses were provided to SERL by the Virginia Department of Health Professions. A total of 689 physicians were surveyed.

Response Rate

Of the 689 surveys sent, 17 were deemed unusable⁵, yielding a valid sample of 672. A total of 275 surveys were completed, 264 via the mail and 11 via the web. The overall response rate for the *PMP Survey* was 41%.

³ The following counties / cities are located in State Health Planning Region III in Southwest Virginia: Bedford City, Alleghany, Grayson, Bristol City, Amherst, Henry, Clifton Forge City, Appomattox, Lee, Covington City, Bedford, Montgomery, Danville City, Bland, Patrick, Galax City, Botetourt, Pittsylvania, Lynchburg City, Buchanan, Pulaski, Martinsville City, Campbell, Roanoke, Norton City, Carroll, Russell, Radford City, Craig, Scott, Roanoke City, Dickenson, Smyth, Salem City, Floyd, Tazewell, Franklin, Washington, Giles, Wise, and Wythe. Physicians with mailing addresses in these localities were selected for survey participation because it is in this region that the PMP was piloted.

⁴ At the time the PMP Survey was fielded, two additional physician-focused surveys were being conducted by SERL. In order to avoid having one physician participate in multiple surveys simultaneously, physicians participating in either of the other two surveys were removed from the PMP sample (n=168).

⁵ Bad address, deceased, refused, or retired.

METHODS (con't)

Data Entry and Data Analysis

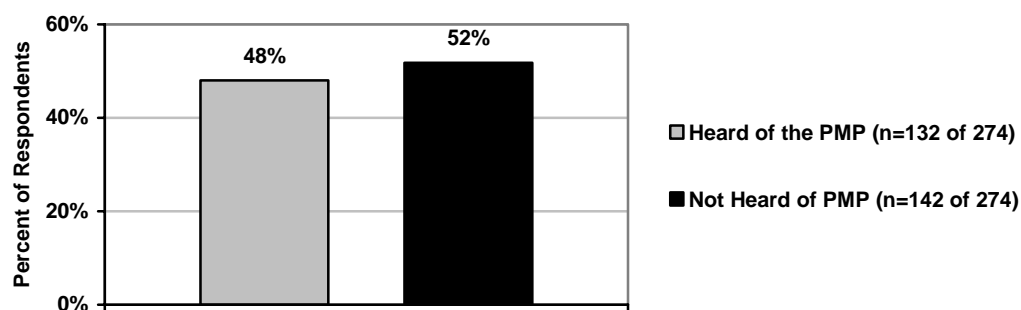
Data from individuals opting to complete the survey via the web were stored in the web survey database. Data from individuals opting to complete the mail survey were entered into the web survey database by SERL data entry staff. A flag was created to distinguish web completions from mail completions. Standard quality assurance activities occurred with all data entered by SERL staff.⁶ SPSS 11.5 was used for all data analysis activities.

RESULTS

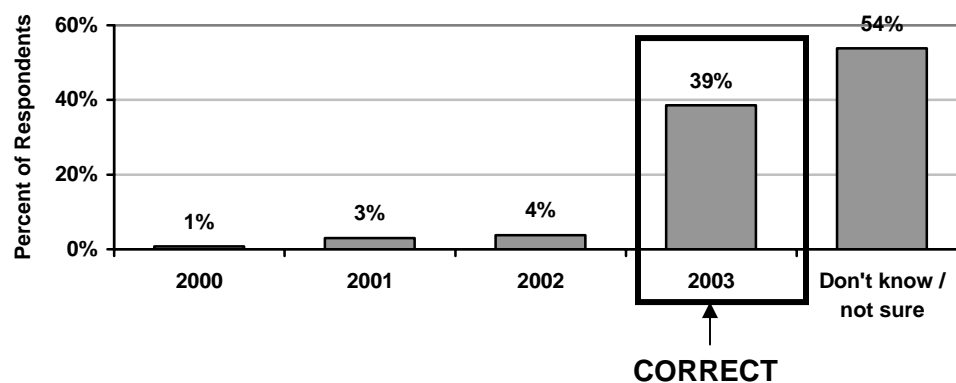
This section provides a summary of the results generated through analyses of the 275 completed *PMP Surveys* returned to SERL.

Awareness of the PMP

- Slightly less than one-half of physicians reported having heard about the PMP prior to receiving the *PMP Survey*.⁷



- Of those who had heard of the PMP, slightly more than one-half acknowledged that they did not know what year it actually began. Only 39% correctly identified 2003 as the year the PMP began.



⁶ A mailroom supervisor verifies a minimum of 10% of all surveys entered. If any one individual's accuracy rate falls lower than 99.5% then 100% of the forms that individual entered are verified and corrected.

⁷ Respondents who had heard about the PMP (n=132), continued the survey. Those who had not heard of the PMP were asked to end the survey and return it to SERL in the envelope provided.

Characteristics of Physicians Aware of the PMP

In terms of specialty.....

- 40% of the respondents were in family practice (n=52).
- 31% of the respondents were in internal medicine (n=41).
- The remainder of the physicians were in neurology (n=2), orthopedics (n=1), psychiatry (n=8), emergency medicine (n=12), or some other specialty (n=13).

In terms of practice.....

- Physicians, on average, saw 21 patients a day.
- Physicians, on average, had 20 years of experience in their profession.

General Practice with Regard to Prescribing Schedule II Drugs

Physicians were asked if, in the past three years, they have been prescribing fewer schedule II drugs.

- 36% of physicians reported prescribing fewer schedule II drugs (n=46).
 - Of these, 48% (n=22) reported intense media cover and 41% (n=19) reported increased law enforcement activity as reasons for prescribing fewer schedule II drugs.
 - 31% (n=14) reported that prescribing fewer schedule II drugs had a negative impact on their ability to help their patients manage their pain; 60% reported no impact (n=27).
 - 57% (n=26) reported that they were prescribing more schedule III and IV drugs as a result of prescribing fewer schedule II drugs.

Querying the Prescription Database

Physicians practicing in southwest Virginia are able to request information about their patient's prescription history with regard to schedule II drugs. To gain access to prescription information, written consent from the patient is required. Once written consent is obtained, the physician sends a written request for information to the Virginia Department of Health Professions.

- Only 11% of physicians (n=14) reported that they had requested information from the Virginia Department of Health Professions about a patient's prescription history.
 - 12 physicians requested information on an average of 4.3 patients within the past three months. Requests ranged from a low of one to a high of 12 with a median of 2.5.
 - All 12 physicians reported receiving information within seven days of submitting their request and the majority, 75%, reported receiving information within one to three days of submitting their request.

Querying the Prescription Database (con't)

- The 116 physicians who had not queried the database were asked why not. Common reasons cited by respondents included a lack of knowledge about the ability to request information, information not viewed as necessary, and an inability to access information instantaneously. The following table provides the reasons cited by physicians for not querying the PMP database.

REASON	N	%
Did not know about this aspect of the PMP	46	40%
Not viewed as necessary	29	25%
Information not available instantaneously	21	18%
Paperwork too time consuming	20	17%
Other*	12	10%
Patients not willing to consent or patients suspicious	11	9%
PMP does not cover schedules of interest	10	9%

Access to the PMP Database

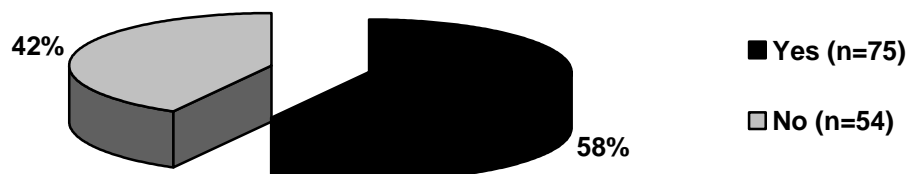
- The vast majority of physicians, 83%, felt that pharmacists should be able to request information about patients' prescription histories (n=106). Only 17% did not (n=22).

Perceived Oversight as a Result of the PMP

The primary purpose of the PMP is to help providers prospectively identify patients who may be "doctor shopping" in an effort to access schedule II drugs. An unintended consequence is that physicians may feel as if there is a greater oversight of their prescribing behaviors by law enforcement and/or regulatory agencies.

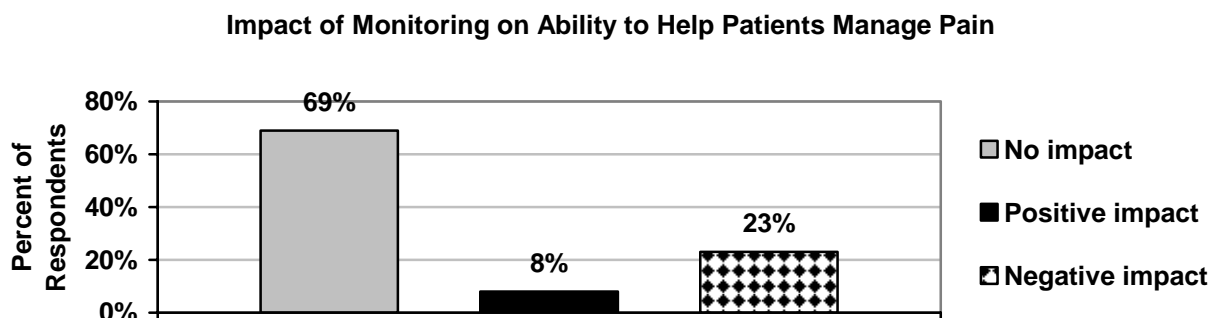
- As can be seen in the diagram below, nearly 60% believe that their prescribing behaviors are being monitored more closely.

As a result of the PMP, do you believe that your prescribing behavior is being monitored more closely by law enforcement or regulatory agencies?



Perceived Oversight as a Result of the PMP (con't)

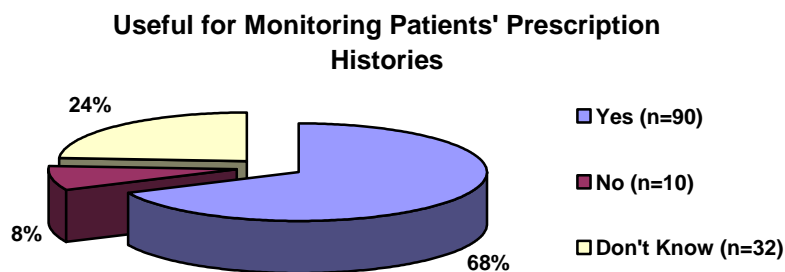
- Physicians were asked how increased oversight has impacted their ability to help patients manage their pain. Of the 75 who perceived an increase in monitoring, 23% reported that this has had a negative impact on their ability to help their patients manage their pain, 8% reported a positive impact, and 69% reported no impact at all.



Usefulness of the PMP

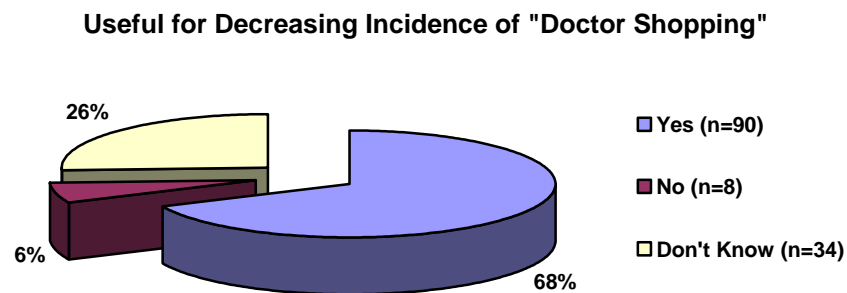
Physicians were asked if the PMP was useful for monitoring patients' prescription histories and if it was useful for decreasing the incidence of "doctor shopping" in order to access schedule II drugs.

- Despite low utilization of the PMP database, 68% of physicians reported that the PMP was useful for monitoring patients' prescription histories with regard to schedule II drugs; 24% did not know if it was useful for this purpose. The remaining 8% reported that it was not useful for this purpose.



Usefulness of the PMP (con't)

- The results were essentially the same with regard to the usefulness of the program for decreasing the incidence of "doctor shopping"; 68% reported that the program was useful and 26% did not know. The remaining 6% reported that the program was not useful for this purpose.

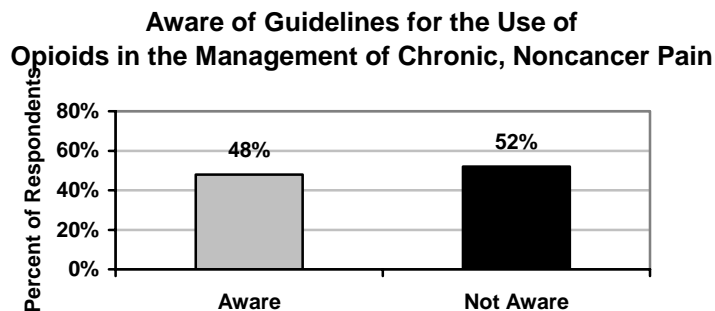


- Physicians who believe that the PMP is useful for monitoring prescription histories tend to also believe that the PMP is useful for decreasing the incidence of doctor shopping.

Familiarity with Virginia Board of Medicine's Guidelines

Physicians were asked if they were aware of the Virginia Board of Medicine's *Guidelines for the Use of Opioids in the Management of Chronic, Noncancer Pain*.

- Of the 131 respondents, 48% were aware (n=63) and 52% were not (n=68).



- Of those who were aware of the *Guidelines*, 71% reported using them when making decisions about pain treatment for their patients (n=42).

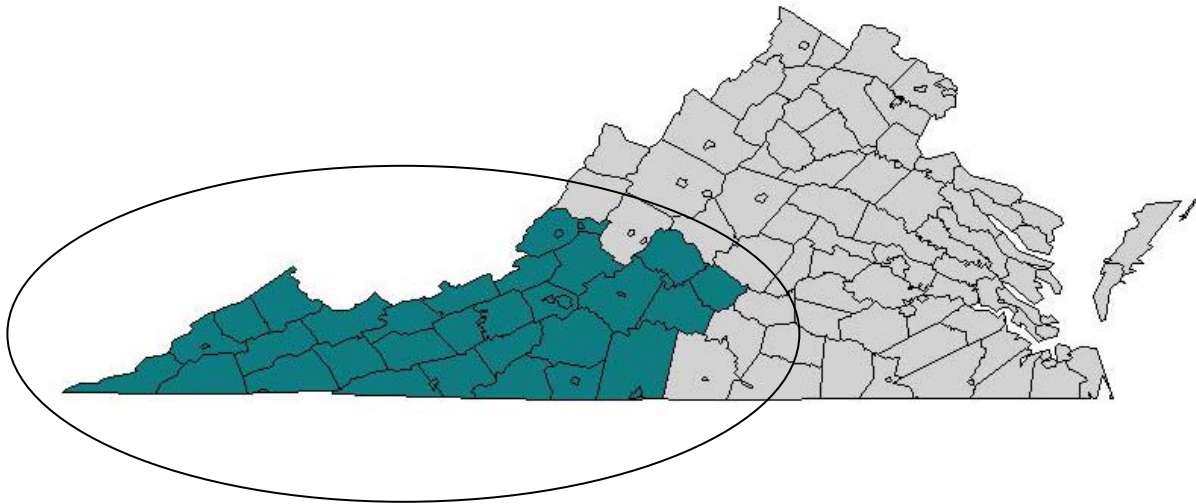
Recommendations

The *PMP Survey* yielded interesting findings that can be used to inform programmatic and policy decisions with regard to the PMP. Based on the findings, the following recommendations are made:

1. Ongoing education campaigns are needed to make physicians fully aware of the PMP and its purpose. These efforts should attempt to dissuade the perception that the PMP is a mechanism to more closely monitor physician prescribing behaviors.
2. Physicians need to receive ongoing information about the PMP database and ways in which the database can be used as part of their clinical practice.
3. Explore benefits and drawbacks to allowing pharmacists to access the PMP database.
4. Provide physicians with a copy of the *Guidelines for the Use of Opioids in the Management of Chronic, Noncancer Pain*.
5. Of physicians believing they are being monitored more closely, nearly one-quarter reported that this had a negative impact on their ability to help patients manage their pain. Further study is warranted to further explore this unintended consequence of the PMP.

Appendix A
PMP Survey

Prescription Monitoring Program Survey



SUMMER 2004

**Virginia Commonwealth University
Survey and Evaluation Research Laboratory**

Section I: Questions about Virginia's Prescription Monitoring Program (PMP)

1. Before receiving this survey, had you heard of Virginia's Prescription Monitoring Program (PMP)? ¹ Yes ² No

¹ Yes ↓ Please continue.

² No → Thank you. Please return the survey in the enclosed envelope.

2. In what year did the PMP begin? Check one only:

¹ 1999 ² 2000 ³ 2001 ⁴ 2002 ⁵ 2003 ⁶ Don't know / not sure

3. The PMP allows physicians to request information from the Department of Health Professions about a patient's prescription history. Since the inception of the PMP, have you made any requests for patient information?

¹ Yes ² No

¹ Yes ↓ Please go to next question.

² No → What is the primary reason? Check all that apply:

- ¹ Patients not willing to consent / patients suspicious.
- ² Paperwork too time consuming.
- ³ Did not know about this aspect of the PMP.
- ⁴ Not viewed as necessary.
- ⁵ PMP does not cover schedules of interest.
- ⁶ Information not available instantaneously.
- ⁷ Other: _____

Please go to question #6

4. How many patients have you requested information about in the past three (3) months?

Total number: _____ → Of all the requests made in the past three (3) months, in how many cases did the information you received alter your prescribing? _____ (# of cases)

5. On average, how long does it take to receive information about a patient after submitting a request to the Department of Health Professions? Check one only:

¹ 1 to 3 days ² 4 to 7 days ³ 8 to 14 days ⁴ More than 14 days

Section II: Impact of PMP on Practice

6. In the past three years, have you been prescribing fewer Schedule II controlled substances? Check one only:

¹ Yes → Go to question #6a, b, c. ² No → Go to question #7.

6a. What factors have resulted in you prescribing fewer Schedule II controlled substances? Check all that apply:

¹ Intense media coverage ³ Increased law enforcement activity
² Enactment of the PMP ⁴ Other _____

NEXT PAGE →

Section II: Impact of PMP on Practice (con't)

6b. Has prescribing fewer Schedule II controlled substances impacted your ability to help your patients manage their pain? Check one only:

- ¹ Yes, there has been a positive impact on my ability to help my patients manage their pain.
- ² Yes, there has been a negative impact on my ability to help my patients manage their pain.
- ³ No, there has been no impact on my ability to help my patients manage their pain.

6c. As a result of prescribing fewer Schedule II controlled substances have you prescribed more schedule III and IV controlled substances? ¹ Yes ² No

7. As a result of the PMP, do you believe that your prescribing behaviors are being monitored more closely by law enforcement or regulatory agencies? Check one only:

¹ Yes → Go to question #7a. ² No → Go to question #8.

7a. Has this impacted your ability to help your patients manage their pain? Check one only:

- ¹ Yes, there has been a positive impact on my ability to help my patients manage their pain.
- ² Yes, there has been a negative impact on my ability to help my patients manage their pain.
- ³ No, there has been no impact on my ability to help my patients manage pain.

8. Currently pharmacists are unable to request information about patients' prescription histories. Do you think that pharmacists should be able to request this information? Check one only: ¹ Yes ² No

Section III: Opinions about the PMP

9. Do you think the PMP is a useful program for monitoring patients' prescription histories with regard to schedule II controlled substances? ¹ Yes ² No ³ Don't know

10. Do you think the PMP is a useful program for decreasing the incidence of "doctor shopping" in order to access schedule II controlled substances? ¹ Yes ² No ³ Don't know

Section IV: Guidelines for the Use of Opioids in the Management of Chronic, Noncancer Pain

11. Are you aware of the Virginia Board of Medicine's *Guidelines for the Use of Opioids in the Management of Chronic, Noncancer Pain*? Check one only: ¹ Yes ² No → Go to question #12

11a. If yes, do you use the *Guidelines for the Use of Opioids in the Management of Chronic, Noncancer Pain* when making decisions about pain treatment for your patients? ¹ Yes ² No

Section V: Practice Information

12. In what city/county do you currently practice? _____
[If you practice in more than one city / county, please report the one that you spend the majority of your time in.]

13. What best describes your specialty? Check one only:

- ¹ Internal Medicine ² Family Practice ³ Neurology ⁴ Orthopedics ⁵ Other: _____

14. On average, across all practice sites, how many patients do you see a day? _____ (# of patients)

15. Total number of years in practice, including internship and residency: _____ (# of years)

**THANK YOU FOR COMPLETING THE SURVEY.
PLEASE RETURN IT USING THE ENCLOSED ENVELOPE AS SOON AS POSSIBLE.**