

Physicians call for better prescription drug-monitoring programs

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Use of prescription drug-monitoring programs (PDMPs) has increased significantly in recent years, but information gaps remain, a problem that new AMA policy adopted at the 2017 AMA Annual Meeting seeks to address.

Prior to her election as AMA president-elect, AMA Trustee Barbara McAneny, MD, noted the results of an AMA survey which found that physician PDMP registration has nearly tripled between 2014 and 2016 from almost 472,000 to more than 1.32 million.

The number of PDMP queries during the same period jumped from almost 61.5 million to more than 136 million, even though many state PDMPs still lack timely information and have problematic interfaces which are sometimes hard to read or slow to access.

“Use will go up when they become more useful tools,” Dr. McAneny (@BarbaraMcAneny) said while presenting a Board of Trustees report to the reference committee.

The report notes how testimony at the 2016 AMA Annual Meeting made clear “that some state PDMPs are less than optimal,” with one reason being that few Veterans Health Administration pharmacies report data to the PDMP operated by the state they are located in.

The new policy adopted by delegates includes a call for the AMA to advocate that VA pharmacies report prescription information required by the state into the state PDMP. The policy also says physicians and other health professionals employed at the VA should be eligible to register for and use the PDMP in the state where they practice.

The policy also calls for the AMA to study available data showing the outcomes of PDMPs on improved pain care and on opioid-related mortality and harms.

In its report, the reference committee says that testimony regarding the Board of Trustees report was

“overwhelmingly supportive” and that speakers said PDMPs should have a public health focus, include real-time data, be integrated into physicians’ workflow and continue to have a state-based focus.

Testimony at this year’s meeting included discussion of how PDMPs originated as a law-enforcement tool while they are now seen as an aid to physician decision support. A new law in Georgia addressed this by moving jurisdiction over the PDMP from the state Drugs and Narcotics Agency to the state Department of Public Health.

The AMA Opioid Task Force has been working to:

- | Support physicians’ use of effective PDMPs.
- | Enhance education on effective, evidence-based prescribing and treatment.
- | Support access to comprehensive, affordable, compassionate treatment.
- | Put an end to stigma for patients with chronic pain or substance-use disorder.
- | Expand access to naloxone in the community and through co-prescribing.
- | Encourage safe storage and disposal of prescription medication.

The task force recently launched a microsite that outlines its recommendations and offers state- and specialty-specific resources for physicians. Read more news coverage from the 2017 AMA Annual Meeting.