

# Using PMP Data to Facilitate Clinic Closure Response

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# Disclosures-Disclaimers

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I do not accept any money from pharmaceutical companies/commercial interests

I have no significant or relevant financial relationships to disclose

I am a contractor and not an employee or official representative of the State of Maine

<b>Evaluate</b>	authority to use and release PMP data
<b>Discuss</b>	clinic closure response
<b>Review</b>	resources for prescribers asked to take on patients with high risk prescribing histories

# Learning objectives

# Primary Projects-PMP Clinical Advisor

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Communication + Education for Prescribers

~6000 active CS prescribers; 2.3 million scripts-2022

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Higher-risk Prescribing ('Outliers')

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Organization Management (CMO Access to PMP)

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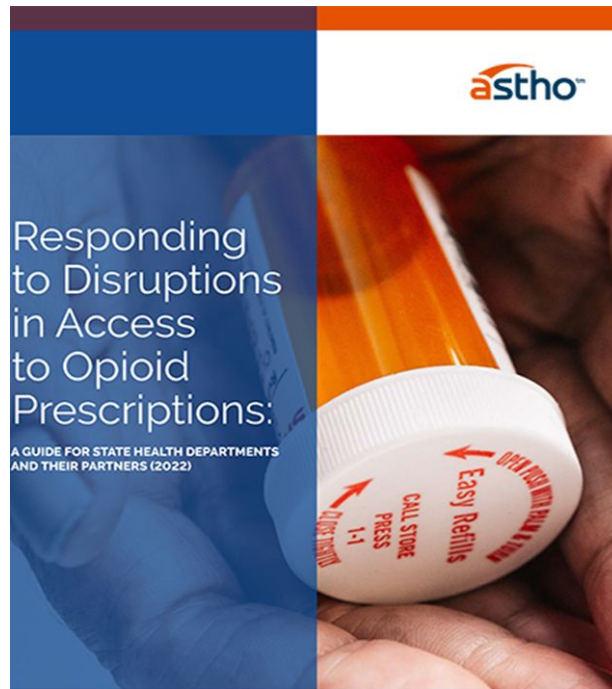
Mandatory Use Evaluation

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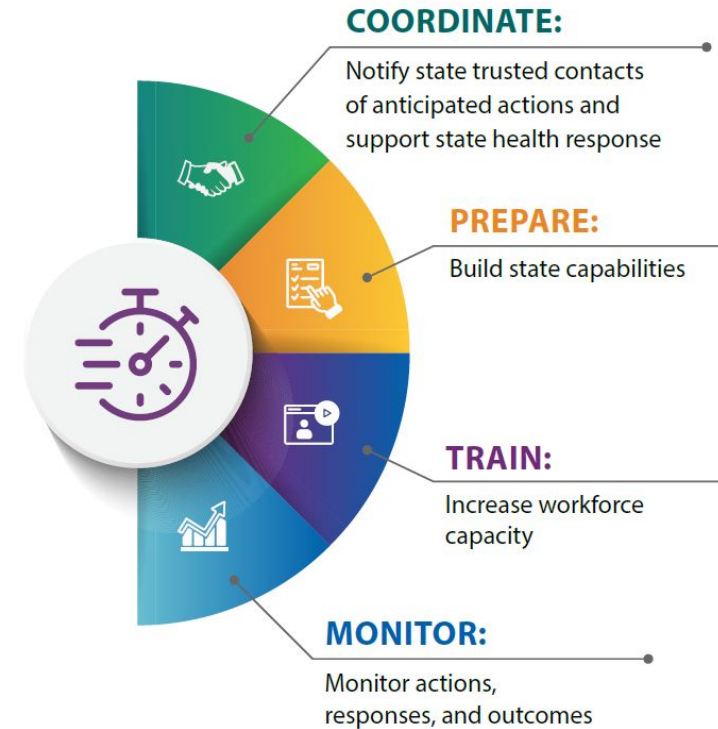
**\*Opioid Rapid Response Program**-only physician working in the Office of Behavioral Health (Mental Health and Substance Use Agency) AND one of 5 people with access to PMP data

# Opioid Rapid Response Program-ORRP

Program of OIG and CDC Foundation with support from ASTHO

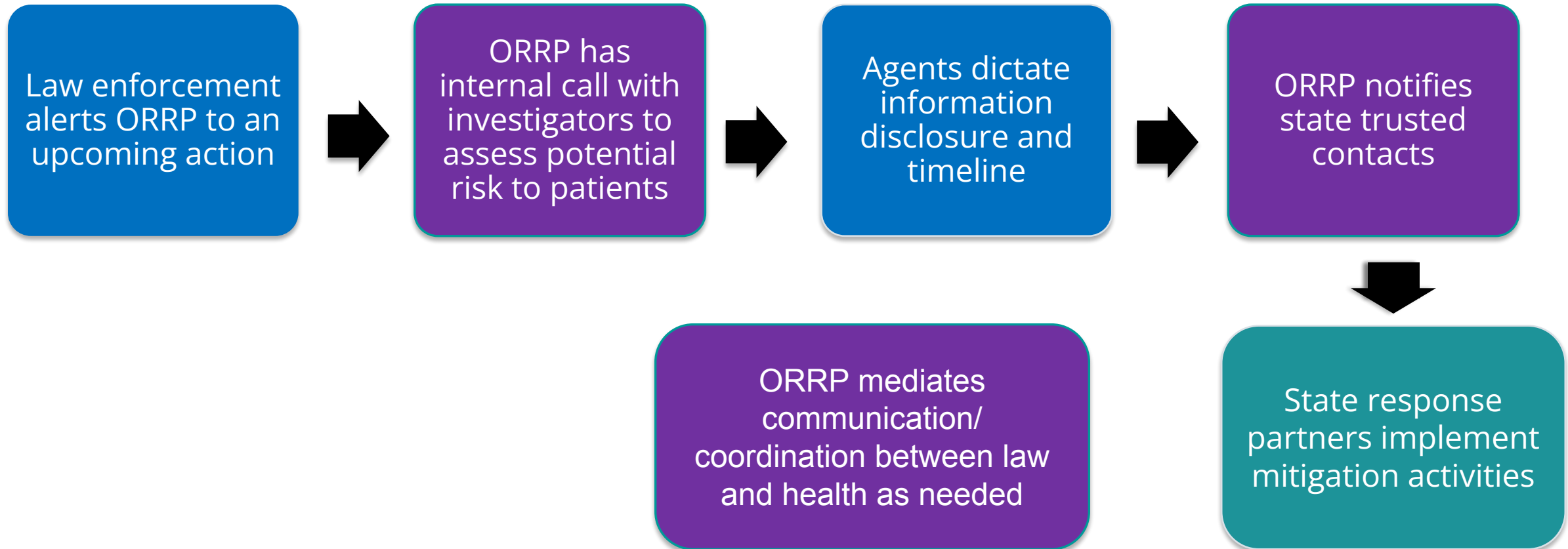


ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS  
astho.org



# ORRP Sequence of Events

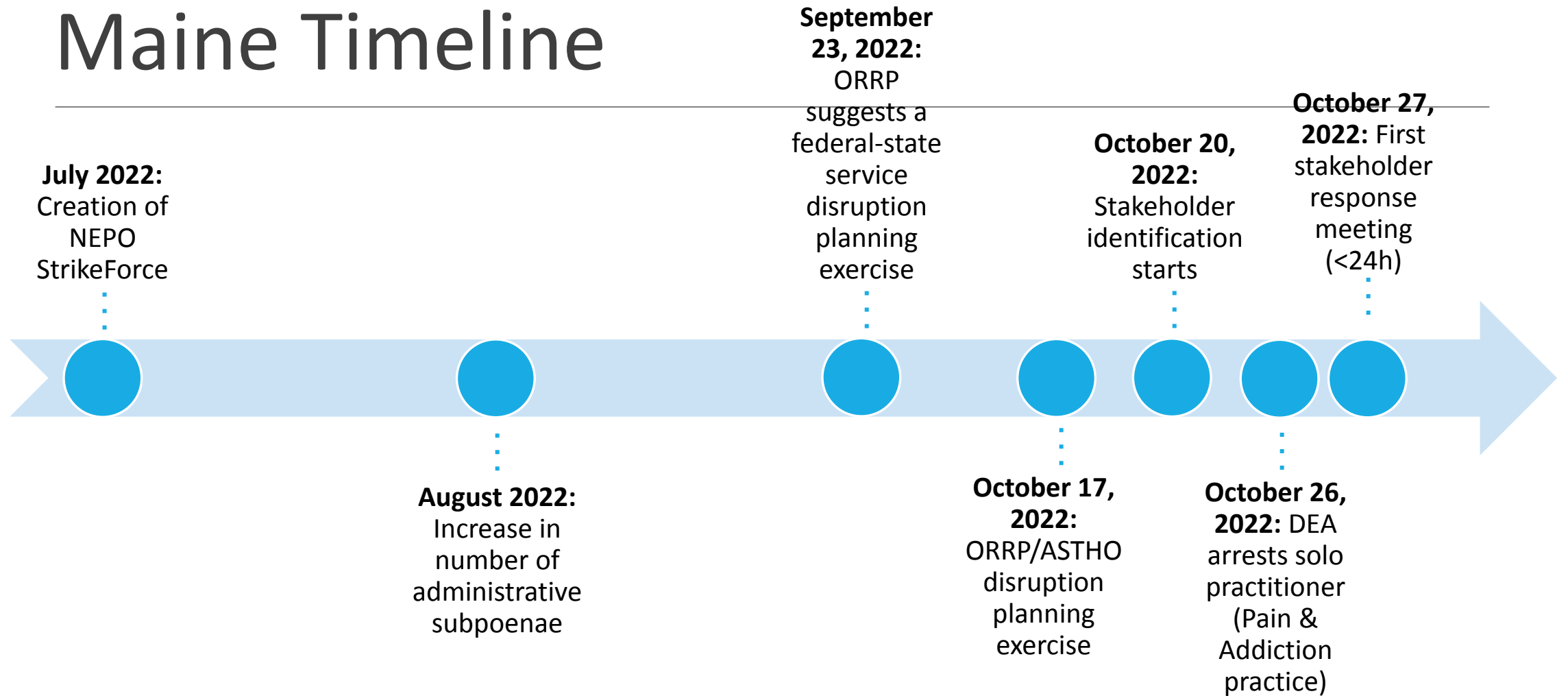
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# Maine Clinic Closure

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# Maine Timeline





Ability to use  
and release  
PMP  
data-some of  
the statutory  
language

prescription monitoring information is confidential and not a public record

....confidentiality of information concerning the prescription drug, prescriber, pharmacy, patient and dispenser

the Office may provide de-identified copies of prescription monitoring information to researchers who have signed written agreements restricting the use of the data for research, policy, or educational purposes

the Office may make aggregate information based on prescription monitoring information available to the public

# Geography

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# Patient numbers

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Further  
breakdown of  
affected  
patients

High dose opioids for  
chronic pain

Each drug class broken  
down by county

More specifics by location

# Anticipating the immediate healthcare system needs

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Some  
revelations

BUPRENORPHINE

TYPES OF OPIOIDS FOR  
CHRONIC PAIN

MULTIPLE SUBSTANCES

# Measuring the response

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# Prescriber resources-in existence or rapidly developed

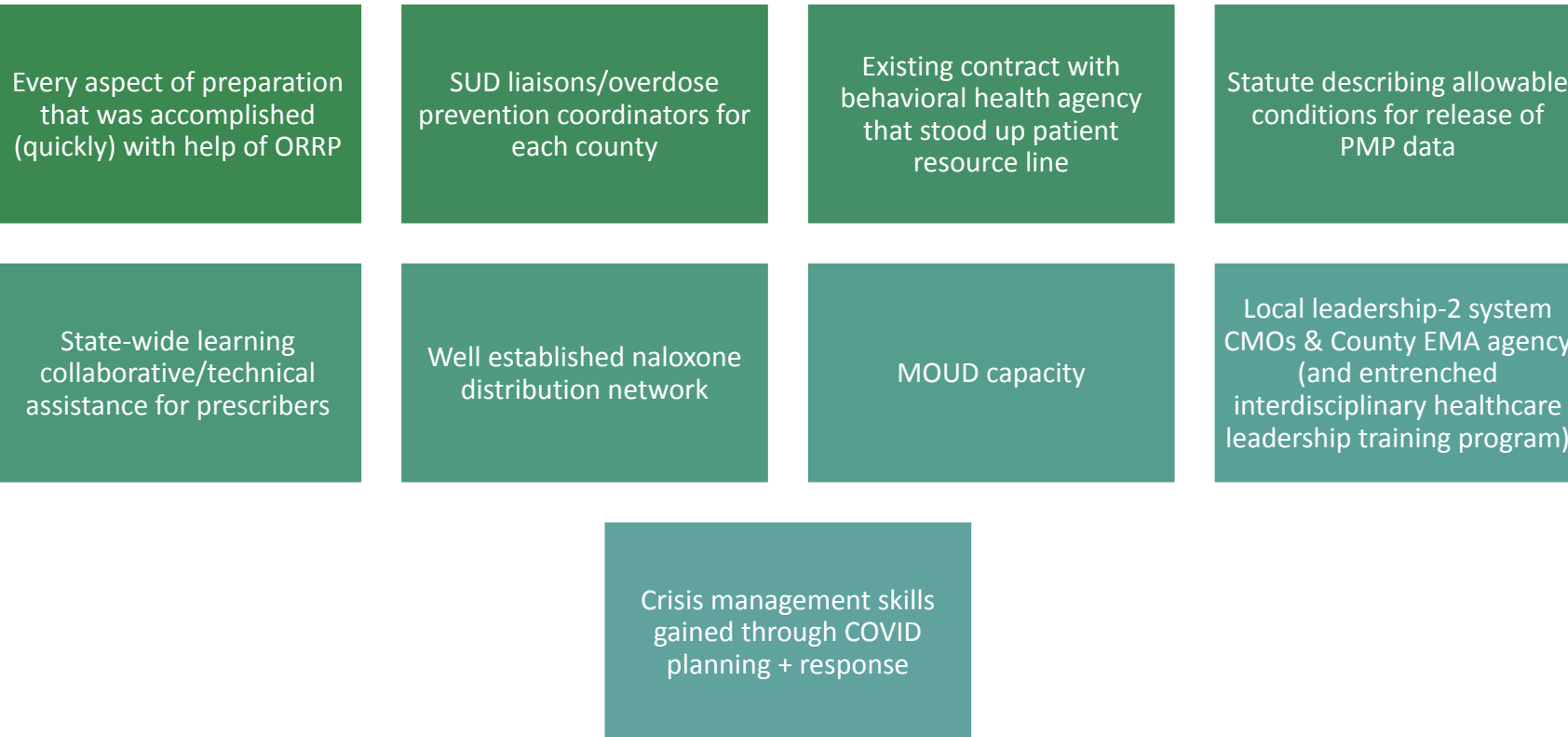
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- SUD webinars & guidance documents
  - Methadone tapering (48h)  
<https://mesudlearningcommunity.org/document/methadone-for-chronic-pain-tapering/>
  - Benzodiazepine tapering  
<https://mesudlearningcommunity.org/document/deprescribing-chronic-benzodiazepines/>
  - <https://mesudlearningcommunity.org/>
- SUD Learning Community Chronic Pain RAPID ECHO
  - Started Tuesday 11/29 for 7 sessions into January
- SUD Learning Community technical assistance
- SUD Learning Community office hours-3 sessions
- Controlled Substance Stewardship [website in transition](#)
- MICIS Academic Detailing <https://micismaine.org/>



# Pre-existing Advantages

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# Biggest Challenges-1

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First such state response to a disruption in care

Emotions of patients regarding the arrest

Emotions of prescribers regarding the arrest and perceived risks of assumption of care

Vagary of DEA/CSA charges “not medically necessary,” etc.

Overburdened primary care system; lack of resources to care for pts with chronic pain

Reports of pts withdrawing on their own

Initial resource phone number given out by affected office was wrong

# Biggest Challenges-2

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Trauma to  
behavioral health  
call center staff

Limited outcome  
data

Getting  
stakeholders to  
respond to a  
“planning” exercise

Inability to use PMP  
data to directly  
outreach to  
patients

Preliminary review  
of PMP data did not  
reveal some issues  
that emerged





# The Happier Side of Maine

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•Map <https://www.nationsonline.org/maps/USA/Maine-location-map.jpg>

•Photos-all personal, taken in 2023 in Maine