Using PMP Data to Facilitate Clinic Closure Response

ELISABETH FOWLIE MOCK, MD, MPH, FAAFP

MAINE PMP CLINICAL AND POLICY ADVISOR

OCTOBER 2023

Disclosures-Disclaimers

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 Evaluate

authority to use and release PMP data

Discuss

clinic closure response

Review

resources for prescribers asked to take on patients with high risk prescribing histories

Learning objectives

Primary Projects-PMP Clinical Advisor

Communication + Education for Prescribers ~6000 active CS prescribers; 2.3 million scripts-2022

Higher-risk Prescribing ('Outliers')

Organization Management (CMO Access to PMP)

Mandatory Use Evaluation

*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

Law enforcement alerts ORRP to an upcoming action



ORRP has internal call with investigators to assess potential risk to patients



Agents dictate information disclosure and timeline



ORRP notifies state trusted contacts



ORRP mediates
communication/
coordination between law
and health as needed

State response partners implement mitigation activities

Maine Clinic Closure

Maine Timeline

July 2022:

Creation of NEPO StrikeForce

September 23, 2022: ORRP

suggests a federal-state service disruption planning exercise

October 20, 2022: Stakeholder identification starts October 27, 2022: First stakeholder response meeting (<24h)

August 2022:

Increase in number of administrative subpoenae

October 17, 2022: ORRP/ASTHO disruption planning exercise

October 26, 2022: DEA arrests solo practitioner (Pain & Addiction practice)

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

Patient numbers

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

BUPRENORPHINE

Some revelations

TYPES OF OPIOIDS FOR CHRONIC PAIN

MULTIPLE SUBSTANCES

Measuring the response

Prescriber resources-in existence or rapidly developed

- SUD webinars & guidance documents
 - Methadone tapering (48h)
 https://mesudlearningcommunity.org/document/methadone-for-chronic-pain-tapering/
 - Benzodiazepine tapering <u>https://mesudlearningcommunity.org/document/deprescribing-chronic-benzodiazepines/</u>
 - 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

Every aspect of preparation that was accomplished (quickly) with help of ORRP SUD liaisons/overdose prevention coordinators for each county

Existing contract with behavioral health agency that stood up patient resource line

Statute describing allowable conditions for release of PMP data

State-wide learning collaborative/technical assistance for prescribers

Well established naloxone distribution network

MOUD capacity

Local leadership-2 system
CMOs & County EMA agency
(and entrenched
interdisciplinary healthcare
leadership training program)

Crisis management skills gained through COVID planning + response

Biggest Challenges-1

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

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

Elisabeth.Mock@maine.gov

- •Map https://www.nationsonline.org/maps/USA/Maine-location-map.jpg
- •Photos-all personal, taken in 2023 in Maine