

**Appendix A
Healthy Maine Partnership Responses**

PHC contacted 28 HMPs; and 9 responded. Unedited responses from the Survey Monkey survey and results from phone conversations are included below.

HMPs: How do you educate the community (including prescribers) about prescription drug abuse and diversion in your service area?
<ul style="list-style-type: none"> • Diversion Alert Mailer CME events held at least once per year in each hospital district
<ul style="list-style-type: none"> • to date educational workshop and newspaper article
<ul style="list-style-type: none"> • diversion alert with Maine DEA and law enforcement, PMP training last month
<ul style="list-style-type: none"> • We do this in many ways. We are fortunate enough to have a Drug Overdose program and this program does outreach to the community about prescription drug abuse and diversion. Additionally, Greater Waterville Communities 4 Children and Youth does prescription drug prevention and they target youth, parents and MaineGeneral Medical Center Prevention Center reaches out to all the MG and non MG practices in KC.
<ul style="list-style-type: none"> • Provide information to our own personal physicians; have had Dan Eckerdt do Gand Rounds at our local hospital. Provide information about the PMP to our Boards, and Coalition members.
<ul style="list-style-type: none"> • Random one-on-one conversations about the issue, and the things that are being done (including the PMP) to reduce misuse/abuse make it clear to me that the general public is: <ul style="list-style-type: none"> -well aware of the problem -generally quite frustrated with prescription practices that result in people walking away from the pharmacy with way more pills than they think they are going to use, but -much less aware of the PMP per se. <ul style="list-style-type: none"> • I think Jayne’s upcoming trainers for Prescription Drug Prevention Educators would be a great place to weave in encouragement that patients become advocates for consistent use of the PMP (and thanks to physicians who do use it).

HMPs: How have you promoted the use of PMP in your service area?
<ul style="list-style-type: none"> • CME events with on-site registration, provision of username/password card through Diversion Alert mailer; provision of updates on changes through Diversion Alert mailer
<ul style="list-style-type: none"> • above answer
<ul style="list-style-type: none"> • training session for prescribers, Dan Ecker presentation
<ul style="list-style-type: none"> • The MGMC Prevention Center works with the hospital physician liaisons at MGMC and Inland. When we received OSA funding we had dedicated staff time to work on PMP promotion, training and provide TA to providers with getting signed up. Currently at MGMC, when new providers are hired the PC provides PMP training and TA to get them signed up.
<ul style="list-style-type: none"> • See question #1
<ul style="list-style-type: none"> • PMP trainings, through each outpatient health casre center

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HMPs: How have you promoted the use of PMP in your service area?
<ul style="list-style-type: none"> Talked with practice managers of physician practices and assisted a few in registration
<ul style="list-style-type: none"> Through our partnership with Lincoln County Health Care.
<ul style="list-style-type: none"> I have not personally promoted PMP as a OSA initiative and am not aware of the extent of it's use among practioners - but should be able to gain this information through our HMP. The PMP is a critically important tool for the control of prescription drug misuse. Wherever and whenever this opportunity has arisen, we have: <ul style="list-style-type: none"> -repeatedly shared with individual physicians, as the opportunities have presented themselves, our support for the use of this tool; -referred professionals who want assistance in signing up or managing their account to resources immediately available; -advocated for the restoration of HMP funding to preserve the program in the new year; and -on selected occasions, shared with appropriate members of the public, the existence of the PMP, and asked them to support its use.

HMPs: What promotional/educational materials can you share?
<ul style="list-style-type: none"> Username/password card
<ul style="list-style-type: none"> there is a PP that has been created by Anne Perry that is used
<ul style="list-style-type: none"> presentations, worked with Waterville
<ul style="list-style-type: none"> A lot - please contact me for additional information.
<ul style="list-style-type: none"> Have none
<ul style="list-style-type: none"> Diversion Alert - Clare Derosier
<ul style="list-style-type: none"> Just use what I have received from office of substance abuse
<ul style="list-style-type: none"> I do not currently have these materials to share.

HMPs: How do you know you are successful?
<ul style="list-style-type: none"> Increase in number of prescribers registered
<ul style="list-style-type: none"> we do not feel as if we have been successful with the education. However, we have just started promoting the program (Dec of 2010).
<ul style="list-style-type: none"> putting together survey, have received positive feedback`
<ul style="list-style-type: none"> We've significantly increased the number of providers signed up for PMP in our service area. The State PMP program tracks this.
<ul style="list-style-type: none"> We don't
<ul style="list-style-type: none"> Requests for more information by the public, partners
<ul style="list-style-type: none"> Only rely on quarterly reports forwarded from OSA regarding physican and number of requests they made that quarter.

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HMPs: What are barriers for promoting PMP?
<ul style="list-style-type: none"> Ongoing changes to the system. This make it a program that physicians are less likely and less willing to use.
<ul style="list-style-type: none"> funding, time to plan
<ul style="list-style-type: none"> dental community doesn't see issue, difficult to obtain email addresses
<ul style="list-style-type: none"> No funding. The significant feedback we've received is that it is very difficult for busy providers to use PMP and have said they wish the non liscensed staff such as MA could access PMP on behalf of the provider. There is the perception there's a significant lag time from the time the prescription is filled and the time that gets updated to the PMP system. When the PMP program vendor has made changes to the program that has been very confusing for the providers.
<ul style="list-style-type: none"> Everything about the way that it is currently set up for HMPs to promote is, in our opinion, a barrier to promote PMP. It should be mandated by the State that every physican, along with every pharmacist must participate in the PMP. To expect HMPs to be able to make suggestions to physicians as to how they conduct their practice and care of their patients is ridiculous and completely removed from the way the real world of community collaboration works. The fact that OSA will not tell us which local physicians are participating, is a major barrier. Physicians and practice managers have very little time to meet with HMP's, to ask them to set aside time to meet with us so we can present the PMP only to find out they're already participating is not only a waste of time, it makes the HMP look stupid not having the information.
<ul style="list-style-type: none"> Complaints that it is cubersome to use; office staff not able to pull up for HCP
<ul style="list-style-type: none"> No longer in work plan and with limited time due to budget cuts, have to devote time to what we are responsible for doing, but incorporate whenever possible.
<ul style="list-style-type: none"> As I recall, two years ago, when PMP planning was an choice on our OSA workplan we steered away from it because it was apparent that we were to be enforcers of it's use among providers & pharmacies & this was not a role we wished to play.
<ul style="list-style-type: none"> HCCA has not been an active promoter of the PMP directly with medical practices for the past 2-3 years. It became clear in our early efforts, in partnership with Alison, that it was a much easier and more efficient task when undertaken from within the MaineGeneral hospital system. Working to promote awareness within medical practices not yet signed up; advocating for participation where it was not yet robust; and offering and responding to requests for technical assistance was a hard sell from the outside.

HMPs: What makes it easy to promote PMP?
<ul style="list-style-type: none"> The usefulness of the program. But, again, I think that is undermined by the annual changes - whether they are changes in the database being used or in how registration is to occur. Any barrier is too much for a physician.
<ul style="list-style-type: none"> one of the top 3 concerns of WC residents (substance abuse)
<ul style="list-style-type: none"> such a phenomenal resource, prescribers don't realize how far it's come, Dan Ecker and Gordon Smith addressed issues and concerns

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HMPs: What makes it easy to promote PMP?
<ul style="list-style-type: none"> • Because there is great concern that prescription drugs are being diverted.
<ul style="list-style-type: none"> • absolutely nothing
<ul style="list-style-type: none"> • Free
<ul style="list-style-type: none"> • Materials already provided to distribute and promote.
<ul style="list-style-type: none"> • With the high rate of prescription drug use in Maine, it should be a program everyone would wish to support.

HMPs: What would help you promote PMP even more?
<ul style="list-style-type: none"> • Keep the system consistent and provide onsite registration with notary present.
<ul style="list-style-type: none"> • materials to disseminate, funding to activate dedicated staff resource to the development of campaign and resources for distribution
<ul style="list-style-type: none"> • having email list and updated database
<ul style="list-style-type: none"> • Don't change the program so the provider has to relearn the system.
<ul style="list-style-type: none"> • Have OSA work with Legislators to submit a bill requiring physicians to participate in the PMP. If it's passed HMP's could promote the fact that participating in the PMP is now law, much like we have around tobacco issues.
<ul style="list-style-type: none"> • change in access for office setting
<ul style="list-style-type: none"> • If it was mandatory for physicians who prescribe controlled drugs to be registered.
<ul style="list-style-type: none"> • Someone working with health care professionals to promote PMP

HMPs: Can you identify a PMP champion (or drug abuse prevention champion or drug diversion prevention champion) in your area?
<ul style="list-style-type: none"> • Clare Desrosiers Chief Michael Gahagan
<ul style="list-style-type: none"> • Anne Perry- we are also the umbrella for the Washington County Drug Action Team and have been working through them to promote
<ul style="list-style-type: none"> • have really collaborative team, substance abuse task force
<ul style="list-style-type: none"> • Jayne Harper and Natalie Morse
<ul style="list-style-type: none"> • No
<ul style="list-style-type: none"> • Clare Desrosier
<ul style="list-style-type: none"> • Not aware of any one particular person.
<ul style="list-style-type: none"> • Law enforcement.

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<p>HMPs: What would help you train/provide technical assistance to prescribers in your service area?</p>
<ul style="list-style-type: none"> On-site regration with notary present On-site PMP coordinator to assist in troubleshooting problems
<ul style="list-style-type: none"> resources for staff time to develop educational sesstions, disseminate information, person to present info when Anne is not available
<ul style="list-style-type: none"> not sure, done on case by case basis. format would be helpful.
<ul style="list-style-type: none"> MONEY to pay staff
<ul style="list-style-type: none"> This should be the responsibility of State level employees NOT pushed off onto the HMPs. HMPs do not have the capacity - either staff or time - to train physicians or practice managers. HMPs have been trying ot provide Healthy Maine Works trainings to employers since 2007 - without much success. A number of HMPs haven't been able to do this at all, the remaining HMPs have only been able to engage a small number of employers. OSA should look carefully at that and learn lessons from it. If this is pushed onto HMPs, at the very least, OSA should engage every hospital CEO and get a firm committment that they will personally require ALL physicians associated with their hospital to participate in the PMP and give the name of the local HMP as the person who will provide PMP training for them. Give HMP's extensive training in how to use the PMP system so we can easily, quickly provide training to physicians and practice managers. Before any of this, fix the system so that it works correctly. The comments we've had from physicians is that it often isn't working, or isn't up to date. We've had the same problem with HMW - everytime you try to present it to an employer, it isn't working properly. It puts the State and the HMPs in a bad light.
<ul style="list-style-type: none"> trainer
<ul style="list-style-type: none"> Materials are currently available on website.
<ul style="list-style-type: none"> Training for prescribers is needed - but, with SAP reduced hours from OSA, it is not something I can currently add to my work .

**Appendix B
Maine Statewide Association Responses**

PHC contacted 14 statewide associations; and 8 responded. Unedited responses from the Survey Monkey survey and results from phone conversations are included below.

Statewide Associations: What is your role and involvement in the promotion of PMP?
<ul style="list-style-type: none"> I am also a member of the Franklin county Community Coalition to end substance abuse in Franklin county and I serve to educate prescribers in the community and Nurse Practitioners in our state about the role the Prescription monitoring program plays in stopping the flow of narcotics and to monitor "doctor shopping" by patients.
<ul style="list-style-type: none"> private practice
<ul style="list-style-type: none"> As provider is to ensure use for pain patients. have just had one of our nurses able to get info for incoming patients. Also, as MNPA Board Member have program presented at Conference.
<ul style="list-style-type: none"> Member, Adv Comm; PMP Coord is MASAP employee
<ul style="list-style-type: none"> Former president of statewide psychiatric association
<ul style="list-style-type: none"> MMA staff
<ul style="list-style-type: none"> Executive Director of DO association
<ul style="list-style-type: none"> Promote PMP through state PA association (DEAPA)

Statewide Associations: How do you educate your members about prescription drug abuse and diversion in Maine?
<ul style="list-style-type: none"> We have had educational seminars about diversion use and misuse in the community we have sent out brochures and we have the PMP liason Dan Eccker come to each of our state wide conferences to educate our memebers about how the PMP can play a valuable role in limiting some of the over prescribing that happens in the state
<ul style="list-style-type: none"> n/a
<ul style="list-style-type: none"> Through conferences
<ul style="list-style-type: none"> PMP Coord direct involvement with members through presentation at meetings, updates etc; members are prevention, treatment and recovery services agencies /staff so have a grasp on this already
<ul style="list-style-type: none"> Email, training events, legislative testimony. Goal was to get as many members as possible registered and using PMP. Fell short.
<ul style="list-style-type: none"> Provide CMEs at statewide trainings, trainings at individual hospitals, local hotels for physicians, mid-levels, office managers sine 2006. Sessions are well attended. Majority who attend are MDs and DOs.
<ul style="list-style-type: none"> Dan presents at annual conference (225+ DOs in attendance) and has booth with wifi access to register on the spot; Dan presents at June conference when possible; articles in newsletters; Osteopathic Board of Licensure is very concerned about over-prescription and asked us to put a PMP article in newsletter; Constant Comment (electronic newsletter articles); have to repeat message regarding registering.
<ul style="list-style-type: none"> Newsletter articles, educational outreach

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Statewide Associations: How do you promote the use of PMP among your membership?
<ul style="list-style-type: none"> I guess I answered that above they all kind of go hand in hand. by getting prescribers to use the PMP and view patients data prior to prescribing we can understand where they have been and not allow ourselves to get pulled into the problem.
<ul style="list-style-type: none"> n/a
<ul style="list-style-type: none"> News letter and conferences
<ul style="list-style-type: none"> Members with prescribers use PMP; members promote with others as appropriate. e.g, I have asked my dentist and my PCP to use PMP.
<ul style="list-style-type: none"> Same as above (same as how we educate members)
<ul style="list-style-type: none"> Same as above (same as how we educate members)
<ul style="list-style-type: none"> Invite Dan Eccher to our educational conferences, articles about the PMP, with instructions on how to use it

Statewide Associations: What promotional/educational materials can you share?
<ul style="list-style-type: none"> I have brochures form the Franklin County coalition on community involvement regarding drug abuse that talks about it starting with prescription drugs in the home medicine cabinet. We also distribute information from the office of substance abuse.
<ul style="list-style-type: none"> n/a
<ul style="list-style-type: none"> website link
<ul style="list-style-type: none"> No specific materials used

Statewide Associations: How do you know you are successful?
<ul style="list-style-type: none"> We monitor the numbers with the office and promote some competition for Nps to get other NPs onto the site and increase the number to have more than other entities (like MDs or PAs) I wish I could say I can see the number of people calling asking for addition treatment has declined but it has not.
<ul style="list-style-type: none"> n/a
<ul style="list-style-type: none"> do not know
<ul style="list-style-type: none"> PMP data and Dan's reports back to me.
<ul style="list-style-type: none"> Dan Eccher advises us of the percentage of PAs registered to use the PMP.

Statewide Associations: What are barriers for your members using PMP?
<ul style="list-style-type: none"> TIME it is the biggest complaint from MD, DO, NP, PA colleagues Also changing venues every few years-we are bombarded trying to learn new E systems regularly and to switch after we have gotten members used to one we have to start all over again promoting it and training.
<ul style="list-style-type: none"> none
<ul style="list-style-type: none"> time; recent changes also the printout is too large for an 8x11 paper

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Statewide Associations: What are barriers for your members using PMP?
• None
• Hard to use, time to access the online program
• Anecdotal info from members-still clunky to use
• Time, software barriers, registration barriers. Those are being addressed though.

Statewide Associations: What would help you train/provide technical assistance to your members?
• The OSA has been very helpful in preparing and providing assistance always.
• I believe we need to look at this as an office education. I work in a large practice and we see each others patients as needed - the practice needs to look at the issue of making this as efficient as possible
• NA
• Information on how docs can work PMP into existing workflow
• Dan’s presence at our conferences is key.

Statewide Associations: Are you aware of research on evidence-based practices around the use of PMP?
• Yes I am a member of the medical advisory board for the PMP and we have had several presentations with the data gleaned from the PMP usage
• no
• yes
• Yes
• Yes

Statewide Associations: Please add any additional notes or suggestions.
• I consider the work of the OSA and the PMP detrimental to the people of the State of Maine. We as prescribers must get control of our prescribing habits and educate the public continually about the problems of controlled substnace misuse, abuse, dependence, tolerance and addiction. With the continued efforts of the OSA and PMP we will make a difference .
• no
• Need legislation mandating that prescribers amd dispensers be enrolled in PMP to attain maintain Maine license.
• Efforts are underway currently to consider physician participation in PMP as a requirement of licensure, or at least for physicians who prescribe controlled substances
• Consider technology changes to allow physicians to identify patients they want data on for all prescribing “events” (including emergency department visits/prescriptions) – physicians would “subscribe” and would receive up-to-the-minute email reports on those patients.

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Statewide Associations: Please add any additional notes or suggestions.
<ul style="list-style-type: none">• Allow office staff to access PMP on behalf of prescribers• Build into the website some sort of “audit” so some events would prompt inquiry (e.g. patterns of who is using PMP and who is being looked up in PMP)• Allow prescribers to look up patients outside of their geographical area• Look into linking PMP with Health Info Net.
<ul style="list-style-type: none">• A recent survey of DOs asked if PMP registration should be mandatory. 60% said “yes.”• Probably not enough time to do patient education around what PMP is and why it is being used.• What about residency (requiring residents to register)?• Allow PAs to prescribe controlled substances?• Testimonials from physicians who have successfully used PMP—could be helpful in convincing other physicians to register and use.
<ul style="list-style-type: none">• Requirements that it be used would help us promote PMP even more—BUT!!! That is not what the PMP is designed for, and very controversial.• You might want to utilize cautionary tales, such as instances of controlled substances called in under a prescriber's name falsely, and/or harm coming to a pt who gets meds from multiple providers, and present use of the PP as simply prudent, like assuring a pt. is not allergic to a med, or performing kidney and liver function tests to monitor meds which can cause kidney or liver damage—just a thought.

Appendix C Key Individuals in Maine

PHC contacted 10 key individuals in Maine, and 5 responded. Responses from interview notes are included below.

Key individuals: How do you educate the community (including prescribers) about prescription drug abuse and diversion in your service area?
<ul style="list-style-type: none">• HECK of a problem outreach to social service agencies, treatment providers, patient groups, wellness communities, jails, Suboxone Providers Group, community groups (moving more in this direction). Working with Kennebec County Sheriff's office on train-the-trainer HECK of a problem outreach. Consistent message is important.• Involved in local campaign to education physicians/put the pressure on. Health care providers are aware of the prescription drug problem, but not necessarily about the problem in their own area. Law enforcement can help communicate about that.

Key individuals: How have you promoted the use of PMP in your service area?
<ul style="list-style-type: none">• Direct outreach to health care providers; encourage health care providers to make sure they check PMP. Grand Rounds presentations. Articles in physician/hospital newsletters. About half have heard of it, and those who have heard about it usually know a fair amount.• Worked with Mayo Hospital on a training—including Dan Eccher, MMA (Gordon Smith on HIPPA) and law enforcement (speaking on diversion)• Conversations with health care providers; physicians at the free clinic contacted law enforcement and wanted information about abuse of other drugs besides opiates (ex. Aderol).

Key individuals: How do you know you are successful?
<ul style="list-style-type: none">• Increase in number of prescribers registered (OSA data)

Key individuals: What are barriers for prescribers using PMP?
<ul style="list-style-type: none">• Time; signing up process; only physicians can use• Internet access only (some physicians do not use the internet); non-compensated physician time; learning curve for new system was steep. Note: new notarization requirement for registration hasn't been a barrier (as some anticipated).• People in medical offices don't know about it, are afraid of it, think it will take too much time. Professional staff in offices are tired of the prescription drug problem—PMP is a way for them to take action on diversion/abuse—allows them to contact a law enforcement officer if they see evidence of PD fraud (acquiring prescription drugs by deception).• Time. Physicians are under pressure to see patients quickly. Generally staff time is devoted to other required paperwork (ex. Insurance paperwork).• PAs are more likely to sign up and use. Some docs don't use due to forgetting password. Changing vendors is a major problem.

Key individuals: What are barriers for promoting PMP?
<ul style="list-style-type: none"> • Resources (cuts in HMP funding for substance abuse prevention) • Needed to make technology changes/vendor changes/had to go out to bid and accept best proposal. Still have complaints about up-to-date data.

Key individuals: What other recommendations do you have?
<ul style="list-style-type: none"> • Make presentations to pharmacists about overdose, diversion, abuse, so pharmacists use PMP to share information with prescribers. Pass legislation so physician office support staff can use. Network with all states, so we can track other prescriptions. Make learning about PMP an educational requirement of nurses and docs. Get hospital systems to require PMP (policies, procedures). Educate patients, so they know it’s just part of accepted practice (not just for drug users). Create “tickler” in EMR for physicians to check PMP. We lost momentum with the change in the system/vendor. We really need to refocus on it. It’s one of the many tools to be used to prevent prescription drug abuse. • In order to increase use, increase access; create more subaccount options; broaden context of how pain is treated—now, physician incentive is to prescribe painkillers; alternative therapies not reimbursed; PT not always reimbursed. Don’t just focus on pain killers—benzodiazepines are a major issue as well. Unless there is active monitoring at the PMP level, there is no point in linking electronic prescriptions with PMP; however linking PMP with EMR could be beneficial—cost could be a barrier for this. Interstate data sharing is absolutely necessary, especially with NH and MA. The technology is there—OSA did a test with CT, and it worked. Waiting for changes in state legislation and policy. Encourage greater use by pharmacists, educate pharmacists about their role (dispensing, link with health care providers, they have an ethical and legal requirement to counsel patients re prescriptions and interactions). Educating patients could increase prescribers’ use of PMP. Increase public education about the program, prescription drug use and abuse. • Open lines of communication locally—law enforcement, health care providers, office staff, pharmacists. Convene a group locally to start talking about the problem. General public education needed. • Would help to have prepared set of materials for use statewide; need to educate users (docs need to educate patients who are abusing, and the word will get out to other users). Educate physicians about the depth and breadth of the problem, and they may be more inclined to use PMP. Doctor office protocol that is used consistently could improve problems with office staff. Broader education, including the general public may prevent some doctor shopping. • Is it possible to maintain a longterm contract with the vendor? If we require PMP, how do we enforce that? What about a link to PMP in Health Info Net. Could do better job educating all practitioners on overdose and prescription drug abuse. Why is there no limit on the number of pills written at one time?! Target internists and family practitioners for messaging because they prescribe large amounts for chronic pain. 90 day prescribing practices is a major problem. Can we change that for controlled substances?

**Appendix D
Information from other states**

PHC contacted 62 individuals from 35 other state PMPs; and 23 responded. Unedited responses from the Survey Monkey survey and results from phone conversations are included below. Altogether, responses were collected from the following states: AZ, CA, CO, CT, IA, ID, IL, KY, MA, MI, MN, MS, MT, NC, NY, OH, OK, RI, TN, TX, VT, WA. One respondent to Survey Monkey did not indicate the state.

Other states: What is your role and involvement in PMP?
<ul style="list-style-type: none"> • Implementation and administrator. • Program Manager - Implement all aspects of the program • Program Information Coordinator • I am Manager of the Illinois Prescription Monitoring Program. • Program Director • PMP Director • PMP Administrator • I am in charge of the PMP. My supervisor is the executive director of the Ohio State Board of Pharmacy. • PMP Manager • Manager over Texas Prescription Program • PMP Program Manager • Manager • PMP Administrator • Legislation to authorize PMP working its way through the legislature. will be housed in the Board of Pharmacy and Executive Director of Board will be administrator. • Manager over the program • PDMP Administrator. • Vermont Prescription Monitoring Program Coordinator • Program Manager • Grant manager and outreach/education coordinator • Data manager • Administration • Manager

Other states: How is PMP promoted with prescribers in your state? Specifically, how do you promote PMP to increase registration and use by health care providers?
<ul style="list-style-type: none"> • Multifaceted approach. Presentations, mailings, book, DVD. Also letters identifying shoppers. • We team up with all the professional health care associations across the state. Place print ads and articles in their newsletters and journals. Developed educational brochures on prescription drug abuse, safe storage and disposal of OTC and prescription drugs and other related materials precribers and dispensers and make available in the office or pharmacy. Attend and speak at association

Other states: How is PMP promoted with prescribers in your state? Specifically, how do you promote PMP to increase registration and use by health care providers?

conferences and develop CE credit programs.

- Through prescriber licensing boards.
- We have developed an informational brochure. This brochure was distributed to the various professional healthcare organizations that are represented on our PMP Advisory Board. We have also scheduled attendance at various annual meetings and conferences that involve these various professional healthcare organizations. This involves setting up an informational exhibit, as well as giving actual presentations at the meetings.
- Have not implemented yet so no promotion has really started.
- We have done continuing education seminars for several large practice sites. We have run articles in the Medical Association Journal and Dental Association Journal. We have an article running in the newsletter of a major hospital employer. Purdue representatives have been passing out a flyer to practitioners during visits that details the pmp. We send unsolicited letters to practitioners when their patient is seeing more than 7 doctors and 7 pharmacies in one month. The letter promotes the use of the program and details how to get access to the database.
- don't
- We have used articles in professional newsletters and state specific journals, live presentations as often as invited, and a video on the medical association website. We have also exhibited at professional meetings.
- At this time we have made several inperson presentations to various prescriber types. Additionally, we know that the state boards that license prescribers do mention the PMP to their membership in newsletters and on their website. We have also published two articles in monthly journals.
- web page for our Agency and Licensing Boards
- Through direct mailing, phone calls and by providing training for targeted user groups.
- We are in the process of having articles published, offering speaking services as well as promotional items to Medical Licensure, Board of Nursing, and Pharmacist through out the state.
- Direct mail at program start; printed insert included with Controlled Substances Act registration certificate; information on professional licensing Websites (i.e. Board of Medicine, Board of Pharmacy, Board of Nursing) and professional association Websites, newsletters, magazines
- NA
- Press Release by the Attorney General, articles in the regulatory boards newsletters, and articles with the various medical associations. Also, we prepare manual requests. When a manual request is sent a letter is included that talks about the online program.
- There has been outreach provided, and the information is available online at <http://www.dora.state.co.us/pharmacy/pdmp/index.htm>.
- Outreach, grandrounds, table displays, brochures, threshold letters
- 1. Word of Mouth 2. Articles in Med assoc, Dental Assoc, etc newsletters 3. Presentations at County Medical Assoc Meetings, Dental Assoc Meetings, etc 4. Presentations at state speciality Assoc Meeting 5. Linked with Statewide Safer Opioid Prescribing initiative and present for CME's 6. Linked with Chronic Pain initiatives 7. Linked with Project Lazarus

Other states: How is PMP promoted with prescribers in your state? Specifically, how do you promote PMP to increase registration and use by health care providers?

- Publications were created on how to use the online PMP and we include these publication with all Controlled Substance License renewals and registrations. We recently used a Department of Health list serve to send information via email to all prescribers that have a valid email address on record with the Dept. We also are making it a priority in 2011 to attend professional conferences as guest speakers with a focus on the PMP.
- Unfortunately we are not at the point of registration yet. It is strictly an internal system for now.
- We attend their annual conventions Use unsolicited reports Include articles in their association newsletters annually Participate in Drug Summit conventions (only 2 thus far)
- Brochures for providers, law enforcement, general public, attorneys; statewide meetings (pharmacists, dental, physicians, hospital staff meetings); Kansas Medical Association journal article dedicated to prescription drug issues

Other states: What promotional/educational materials can you share?

- Book, DVD
- All available information (brochures, posters, print ads, etc)
- Idaho does not have any as of yet.
- PMP Brochures and PMP Notepads
- We plan on developing some but have not yet.
- We can give copies of the journal and newsletter articles and the flyer.
- none
- We really have no materials
- we can share what is on the web page
- We have a postcard that we send to prospective registrants that we could share. Computer based training modules are coming.
- We are in the process of ordering at this time.
- none
- Updating these right now.
- A brochure titled State of Colorado Prescription Drug Monitoring Program (PDMP), available upon request, and the information on our website, <http://www.dora.state.co.us/pharmacy/pdmp/index.htm>.
- Brochures and website
- Brochure
- Borchures, letters to professionals, powerpoint, whatever you feel would be useful.
- Unfortunately we are not at the point of registration yet. It is strictly an internal system for now.
- We have signs that facilities can place in their waiting rooms. (Like South Carolina) We have an online training program for prescribers, dispensers and the public and then one for law enforcement
- Brochures [sent via email]

Other states: What do you find the most effective way to increase registration and use of PMP?

- Not sure. Adding 300 practitioners monthly.
- There is not a single method that is most effective. We found that sending out materials in a phased approach provides the best results.
- Mailing to prescribers through their licensing boards and with Board of Pharmacy license renewal mailings.
- Attending meetings/conferences and setting up exhibits/informational booths
- Some ideas: presentations, CEU credits, work with insurers to incentive or require use, promotion for pain management or treatment.
- The face to face seminars work the best, but time and budget limit their use.
- ?
- Live presentations and word-of-mouth from one health-care professional to another.
- Word of mouth.
- We haven't seen a tremendous increase in participation for data requests; to date, Texas does not have the information available on line.
- Like any application, the best way to generate new interest is to add additional features. For instance, a good marketing ploy is to change your programs look and feel and promote "The new and improved PMP system".
- Education with the cooperation of involved agencies.
- Word of mouth among practitioners and recommendations from professional licensing boards and professional associations
- we plan continuing education meetings with practitioners.
- Presentations and word of mouth. Offer to provide a presentation to a large health organization. We had two health care organizations send out email blasts to all their drs alerting them to the PDMP. One was a teaching hospital.
- outreach
- Presentations for CME's with notary and applications present
- Face to face interaction - We always see a spike in use after we have attended a conference both as exhibitors and presenters.
- Unfortunately we are not at the point of registration yet. It is strictly an internal system for now.
- Unsolicited reports and the drug summits that were held in the 2 largest populated cities (we would like to put more of these on)

Other states: How do you know you are successful?

- 300 monthly. Currently over 16,000 registered.
- Number of calls to the program, number of new prescribers signing-up, request for brochures and other materials.
- The number of requests for registration to online program and the number of faxed profile report requests.
- After attending these meetings/conferences, we see an increase in the number of applicants within the following few weeks.
- Utilization Rate, User Satisfaction, Medicaid Savings, Reduction in threshold violations.
- We increased the number of practitioner users by 134% in 2010, but that is not enough. We need to do more to increase users.

Other states: How do you know you are successful?

- I don't know yet, but I'm going to work on this.
- Registrations and use of the program continue to increase.
- We do not have a way to measure success
- When we get the data on line, we expect an exponential increase in requests.
- We tried suveys, but the response was so low that it was not useful. Generally, we have seen a 73% decline in doctor shopping at the 10/10 and 15/15 level. Our medical professionals have been very proactive, with about 60% actively using the PMP. They (professionals) tell us reguraly that the PMP has helped them identify addicted patients and those who were seeking drug for illegal purposes. The rely on the system so much, the decided to fund it through increased fees when funding was nearly lost.
- We will know we are successful when there is a major increase of PMP users.
- Steadlily increasing registrations and requests for information
- na
- Registration continues to grow and the number of reports generated far exceed the amount of requests that were generated when it was only a manual process. We also have the ability for the request to submit messages back to us (PDMP).
- number of providers and pharmacists registered, number of queries made in the system, feed back from users
- # of new regestrants
- Growth in the number of prescribers using the online PMP system. Increase in the number of phone calls received at the Bureau with questions on the program. Eventually we will be able to look at filled script data and possibly see a reduction in the heavy Dr shoppers. Biggest obstacle to measuring our success or lack of is the limited man power within the Bureau.
- Unfortunately we are not at the point of registration yet. It is strictly an internal system for now.
- We have a research project being headed by Dr. Steven LeMire from UND to find if the program is successful. Dr. LeMire's contact information is: Steven D. LeMire, Ph.D. Director of the Bureau of Educational Services and Applied Research Assistant Professor, Educational Foundations & Research University of North Dakota Education Room 305 231 Centennial Drive, Stop 7189 Grand Forks ND 58202-7189 Office Phone: 701-777-3158 Email: steven.lemire@und.edu Please feel free to contact him for details on that project. There are several things you can do: Compare your unsolicited criteria from one date to another date 3 mo or 6 mos later see if the # is changing View the patients to see if those you saw in original show up in last. Run a report of recipient ranking of scheduled drugs for 01/01/10 and again for 12/01/10 to see if the numbers are different. Look at the # of requests for 01/01/10 and again 06/30/10 see if the # of requests have increased.
- We track numbers: +/-30% of DEA licensed prescribers are registered

Other states: What barriers do healthcare providers face in using PMP in your state?

- On a personal level, some older practitioners are arrogant and stubborn. Believe they don't need help.
- We are in the process of conducting a survey to both prescribers and pharmacist. Results will not be available until Sept. 2011
- None that we are aware of.
- Password Resets. The providers feel they have to change their passwords too often and frequently forget their passwords. Some pharmacy chains prohibit their pharmacists from using the PMP.
- We will be requiring two factor authentication for login. No integration with their EHR.
- They must complete two forms, one which must be notarized. They must mail those forms to us along with copies of their state license, DEA registration, and Driver's license. They must then complete a 15-minute online training course. This can cause some to not attempt the process. We feel it is necessary to ensure that the person we give access to the database has the proper credentials.
- Some don't have internet access in the office
- Prescribers currently cannot use unlicensed delegates such as medical assistants to query the PMP. (We allow only licensed delegates such as RN, LPN at present time.) That will change with new legislation expected to pass next month. Some pharmacists do not have internet access at work.
- Time
- lack of our web access to data
- None that I know.
- I believe it is a lack of computer knowledge and a failure to follow instructions.
- none
- None outside of we require all documents to be notarized unless we are present.
- After working through initial registration, none.
- time consuming
- 1.Can't have delegate accounts 2. Time to look up 3. Bias that they can "recognize" a Dr. Shopper by looking at them
- Many prescribers would like a larger window of information that the Bureau can not at this time provide.
- Unfortunately we are not at the point of registration yet. It is strictly an internal system for now.
- Their computer skills may not be sufficient or their lack of knowledge of the system. They may not have access to a computer and so they would fax in a request, which can take 24 hours.
- Time

Other states: What makes it easy for healthcare providers to use PMP?

- Free. Available 24/7
- We are in the process of conducting a survey to both prescribers and pharmacist. Results will not be available until Sept. 2011
- The online program.

Other states: What makes it easy for healthcare providers to use PMP?

- It is available for use 24-7. Mobile web use is now available. Search is simple and only requires name and date of birth of patient.
- 24/7 web reporting system. Work registration and renewal in with their license. Integrate with EHR.
- Once they get their access, the process is all online using a browser. It is very easy to get the data once they have their user name and password.
- That it is web-based
- PMP is web-based, available 24/7. Help is available during business hours by phone, e-mail, and instant message. 95% of all reports are available to the requester in 11 sec (avg).
- In my opinion it is the ability to have delegates with access.
- quick turn around for requests
- Simple registration process, simple interface and a well designed report.
- We basically have a "two click" process for our sign up process.
- Online access not dependent on administrative interaction
- na
- It's available 24/7.
- It is a web based service.
- Delegate forms
- Web access and simplicity of look up
- The PMP online application is webbased and incorporated into a Department of Health secure reporting system that already existed. If the prescriber already uses the system for many of the public health initiatives in the State it is as simple as choosing the PMP application and saving it as a favorite application. After that it is one click service.
- Unfortunately we are not at the point of registration yet. It is strictly an internal system for now.
- Direct access, training, access to computers, time it takes to pull up a report. Appointing a delegate to access the system on their behalf.

Other states: Are you aware of research on evidence-based practices around the use of PMP?

- On a peripheral level.
- We are in the process of conducting a survey to both prescribers and pharmacist. Results will not be available until Sept. 2011
- No
- No
- I think the PMP COE might have a few studies: www.pmpexcellence.org
- No
- No, but I'd like to know more
- Yes.
- No
- The University of Texas is in the initial stages of obtaining prescription data to conduct various research studies.

Other states: Are you aware of research on evidence-based practices around the use of PMP?
<ul style="list-style-type: none"> • If you mean by this, that prescribers should or law enforcement should have evidence before they can access a PMP, I know of no studies on the subject. For PMP's to prosper and improve, there needs to be extensive academic research on the effectiveness of PMP's to positive impact patient care and directly effect diversion of prescription drugs. • No. • na • No • I personally am not. • no • No • No but I would like to see some if you get any yes answers to this question. • Yes but we currently do not have a final report...should be out shortly.

Other states: Do you have any other thoughts or suggestions for promoting the use of PMP?
<ul style="list-style-type: none"> • Keep promoting it. Get the professional associations on board. Even after 8-9 years still making presentations every month. • Promote the benefits of the system not just saying it's use to detect doctor shoppers. • No • Although we have acquired Federal Grant Funds to promote the PMP, we are facing opposition from the Governor's Office for out of state travel expenses to attend the meetings. We would suggest promoting the PMP through our licensing agency. Every time a practitioner renews their license, they would receive information about IL PMP. We are not allowed to do so at this time. • You could consider Pain Management Law/Rules like those being constructed here in WA State. Or law changes to require registration like UT & WV. Mandating use via licensing entities or PMP law change is also an option. • We plan to continue sending articles to the various user groups for publication in journals and newsletter. We will continue to give seminars when possible. • We too are in the process of developing an education and awareness program and are just starting to connect with others within the state that see this as a positive tool. I would be curious to see the results of your survey to better assist us as well.- -Barbara Carter, PMP Manager, Minnesota PMP • When we get the on line capabilities, we will promote through the media in the major cities and perhaps a mass mail notification. • Some pharmaceutical companies will help market PMP programs through their sales representatives. I also think it would be helpful for PMP admn's to do radio talk shows and local television infomercials where economically feasible. • No. • na • None at this time. • Perhaps information concerning PMP programs could be developed into a CEU that providers can take to meet licensure renewal requiriements.

Other states: Do you have any other thoughts or suggestions for promoting the use of PMP?
<ul style="list-style-type: none">• Some States have a cD for CME's that instruct.• Drug Summits/Conventions - EDUCATION!!!!• Prepopulate query of patient data from EMR to PMP so prescriber doesn't have to type same info twice (name, DOB)• No. Still in early stages of promoting PMP.