PDMP

A Powerful Tool

February, 2014
No reportable financial interest.
“During the spring and summer of 2001, U.S. intelligence agencies received a stream of warnings that al Qaeda planned, as one report put it, "something very, very, very big."

The Director of Central Intelligence said, “The system was blinking red.”
The FBI’s approach to counterterrorism investigations was, “case-specific, decentralized, and geared toward prosecution.”

“Each agency’s incentive structure opposes sharing, with risks (criminal, civil, and internal administrative sanctions) but few rewards for sharing information.”
The 9/11 Commission’s bottom-line recommendation called for a...

Unity of Effort
One fight, one team
2,390 Pearl Harbor Deaths

2,973 9/11 Deaths
> 15,500
Prescription Painkiller Overdose Deaths
CY 2009

http://www.cdc.gov/vitalsigns/MethadoneOverdoses
Unintentional overdose deaths involving opioid analgesics now exceed the sum of deaths involving heroin or cocaine

Source: National Vital Statistics system, multiple cause of death dataset

The Prescription Drug Overdose Epidemic and the Role of PDMPs in Stopping It, Len Paulozzi, MD, MPH, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
Unintentional overdose deaths involving opioid analgesics parallel per capita sales of opioid analgesics in morphine equivalents by year, U.S., 1997-2007

Source: National Vital Statistics System, multiple cause of death dataset, and DEA ARCOS
* 2007 opioid sales figure is preliminary.
Rates of Prescription Painkiller Sales, Deaths and Substance Abuse treatment admissions (1999-2010)


http://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html
Two keys to prescription acquisition...

The Prescriber
The Dispenser
Prescription Medicine Actors...

The Prescriber
The Dispenser
The Patient
Most prescription painkillers are prescribed by primary care and internal medicine doctors and dentists, not specialists.

Roughly 20% of prescribers prescribe 80% of all prescription painkillers.
pdmp
EPIDEMIC: RESPONDING TO AMERICA’S PRESCRIPTION DRUG ABUSE CRISIS

2011
**Education:** critical for the public and for healthcare providers to increase awareness about the dangers of prescription drug abuse, and about ways to appropriately dispense, store, and dispose of controlled substance medications.

**Tracking and Monitoring:** the enhancement and increased utilization of prescription drug monitoring programs will help to identify “doctor shoppers” and detect therapeutic duplication and drug-drug interactions.

**Proper Medication Disposal:** the development of consumer-friendly and environmentally-responsible prescription drug disposal programs may help to limit the diversion of drugs.

**Enforcement:** provide law enforcement agencies with support and the tools they need to expand their efforts to shut down “pill mills” and to stop “doctor shoppers” who contribute to prescription drug trafficking.
CDC Prevention Strategies

Prescription Monitoring...
  to stop users of multiple providers for the same drug.
  Insurers can contribute substantively.

Improve legislation and enforcement of existing laws...
  i.e., anti-doctor shopping and pill mill

Improve medical practice in prescribing opioids...
  to update prescribers on under-appreciated risks
  of high-dosage therapy and provide evidence-based
  guidelines

Centers for Disease Control and Prevention, CDC Grand Rounds:
Status of Prescription Drug Monitoring Programs (PDMPs)

* To view PDMP Contact information, hover the mouse pointer over the state abbreviation

- **Operational PDMPs**
- **Enacted PDMP legislation, but program not yet operational**
- **Legislation Pending**
- **No Legislation**

Research is current as of November 1, 2013
Relevant prescription drug monitoring provisions of laws:

- Health Insurance Portability and Accountability Act (HIPAA) & Attendant Regulations
  42 U.S.C. §§ 1320d to 1320d-8, and 45 CFR 164, et seq.

- State Confidentiality of Medical Information Act

- State Information Practices Act

- State PDMP Legislation
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1939</td>
<td>The California Triplicate Prescription Program (TPP) was created in 1939, capturing Schedule II prescription information.</td>
</tr>
<tr>
<td>1997</td>
<td>CURES was initiated, operating in parallel with the TPP’s Automated Triplicate Prescription System (ATPS) to evaluate the comparative efficiencies between the two systems.</td>
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<tr>
<td>1999</td>
<td>CURES replaced the TPP/ATPS and began capturing Schedules II through IV prescription information.</td>
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<tr>
<td>2005</td>
<td>TPP/ATPS decommissioned after Senate Bill (SB) 151 eliminated the triplicate prescription requirement for Schedule II controlled substances, making CURES permanent.</td>
</tr>
<tr>
<td>2009</td>
<td>PDMP introduced as a searchable, client-facing component of CURES.</td>
</tr>
</tbody>
</table>
CURES stores and reports Schedule II, III and IV prescription dispensation data reported by dispensers to DOJ.

Pharmacists are required to report dispensations of Schedules II through IV controlled substances at least weekly.

In order to reflect exactly what dispensers report to DOJ, the department does not touch or modify dispenser-reported data.

Presently, the database contains over 100 million entries of controlled substance drugs that have been dispensed in California.
In FY 11/12, the program responded to 1,063,952 requests.

Provides registered prescribers and dispensers with 6- or 12-month Patient Activity Reports (PAR).

CURES/PDMP serves the public health and the public safety. CURES data can assist health practitioners identify, intervene, and deter abuse of scheduled drugs. CURES data can assist investigators, regulators, and prosecutors.

Use of the PDMP by prescribers and dispensers for prescription abuse prevention/intervention is voluntarily.
California PDMP Participation

Dentists 37,494
Medical Physicians 128,697
Optometrists 4,939
Osteopathic Physicians 6,376
Physician Assistants 8,520
Podiatrists 1,918
Registered Nurse
   Midwives (Furnishing) 778
Registered Nurse
   Practitioners (Furnishing) 12,125
Veterinarians 10,985
Prescribers 174,338
Pharmacists 38,29
TOTAL 212,631

PDMP Registrants 20,847
(as of 01/22/20147)
pdmp
9.80%
Medication Reconciliation for Controlled Substances — An “Ideal” Prescription-Drug Monitoring Program

The United States is in the midst of an epidemic of misuse of prescription drugs and related deaths. Between 1997 and 2007, the use of prescription opioids from the four quadrants most likely among the states that report the percentage of prescriptions converted to heroin or other illegal drugs - the use of opioid-related deaths (1) has increased in recent years (2). For example, among nonopioid-related deaths, the per capita death rate in 2017 was 20.3 per 100,000 people. As health care providers and public health officials continue to work to address these challenges, we are advocates for more informed decision making.

Since 1992, federal legislation has expanded the identification of state-based prescription monitoring programs (PDMPs) to track prescription of controlled substances. In the past decade, such programs have helped reduce misuse and abuse of prescription drugs, and in some cases, have reduced deaths. Now, health care providers have access to these programs, and the availability of data is expanding. As more states have developed PDMPs, and some have established regional ones, one might expect that the availability of nationwide information about prescription drug use would be greatly increased. It is important to emphasize that, with varying levels of effectiveness, these programs add important information to enhance the “fourth” (patient). The Fourth Amendment of the U.S. Constitution, which protects against unreasonable searches and seizures, does not apply to the collection of personal health data, as long as such data is collected for the purpose of improving patient care. However, the use of electronic health records (EHRs) has increased in recent years, and many health care providers are now using these systems to improve patient outcomes. In addition, some states have passed laws that require health care providers to consult a PDMP before prescribing controlled substances. This requirement is aimed at preventing overprescribing and misuse of prescription drugs.

In recent years, state laws have been enacted to require health care providers to consult a PDMP before prescribing controlled substances. These laws are designed to prevent overprescribing and misuse of prescription drugs. However, the effectiveness of these laws is limited by the fact that most PDMPs are not integrated into the EHR systems used by health care providers. As a result, providers may not be aware of the patient’s current medication regimen or other relevant information when prescribing controlled substances. This can lead to unnecessary and inappropriate prescribing, which may increase the risk of adverse events and patient harm.

To address these challenges, some states are considering implementing more comprehensive approaches to the use of PDMPs. These approaches may include mandatory consultation of PDMPs before prescription, real-time integration of PDMP data into EHR systems, and other strategies. Such approaches would provide a more comprehensive and integrated way to manage controlled substance prescribing. In conclusion, the use of PDMPs is an essential component of efforts to reduce prescription drug misuse and related deaths. As health care providers continue to work to address these challenges, it is important to recognize the importance of using PDMPs to identify and prevent overprescribing and misuse of prescription drugs.
Drs. Perrone and Nelson noted barriers to today’s PDMPs include:

- Time and access issues.
- Complicated application and notarization procedures
- Prescribers will have to be educated about PDMPs if voluntary compliance is to be improved and routine use encouraged.
PDMPs need to integrate and interoperate with the major health care systems in their regions.

PDMP data can be rendered by the health care system to be presented with the EHR when the practitioner walks into the exam room to see the patient.
Integration / Interoperation will leverage a trust arrangement that the various interoperation partners vet their respective members.

Integration / Interoperation can facilitate peer-to-peer collaboration.

Integration / Interoperation can facilitate “watch” flags across member systems.
The registration process is initiated electronically via a web-based application form. 

HTTP://OAG.CA.GOV/CURES-PDMP

Select the appropriate registration form according to profession:
- BNE Admin
- BNE Analyst
- DOJ Investigator
- Law Enforcement Agency
- Non-BNE Support
- Pharmacist
- Practitioner
- Regulatory Board

NOTE: You must call the regional office ahead of time and make an appointment prior to having your documents validated by BNE personnel.
PDMP Registration: Practitioner

**Application Instructions**

To submit this application, complete the following steps:

1. Complete the on-line application form then click the 'Submit' button.
2. Upon successful submission of this form, you will see a confirmation page with additional instructions for completing the registration process.

**Important Notes**

*Indicates Required Field

Your E-Mail Address will be used for communicating account information and system notifications. It is therefore very important that this be an E-Mail Address that only you have access to and is not accessible by others. If this condition is not met your registration will be denied.

For assistance, contact the Help Desk at (916) 319-9274 or pmp_registration@djo.ca.gov

**Applicant Information:**

- **Last Name**
- **First Name**
- **Date of Birth mm/dd/yyyy**
- **E-Mail Address**
- **Re-Enter E-Mail Address**
- **Contact Phone**
- **State Medical License**
- **NPI**
- **Specialty**
- **Other Specialty**
- **Degree**
- **Other Degree**

**Address Information**

- **First Address**
- **Business Name**
- **Street Address**
- **City**
- **State**
- **Zip**
- **Phone**
- **DEA**

Please check all options that apply to this location:

- Business Location
- Home Location
- Listed on DEA Certificate

**Account Information**

Would you like to receive Notifications/Alerts? *

- No
- Yes

*Must create your own individual answers and not answers that are agency sanctioned*

**Question**

- In what city or town was your first job? Answer
- In what city or town was your first job? Answer
- In what city or town was your first job? Answer

**Application Validation**

The CAPTCHA feature requires that you enter both words exactly as they appear, separated by a space. If you cannot read both words simply click the refresh button, which looks like two arrows in a circle, next to the CAPTCHA words and you will be prompted with two new words.

**Application Certification**

**User Agreements**

The California Prescription Drug Monitoring Program (PDMP), CURES, is committed to assisting in the reduction of pharmaceutical drug diversion without affecting legitimate medical practice and patient care. The CURES system is designed to identify and deter drug abuse and diversion through accurate and rapid tracking of Schedule II through IV controlled substances.

I certify the facts stated above are true to the best of my knowledge.

I accept the terms and conditions of the User Agreements.

I CERTIFY/AGREE TO THE ABOVE *

For assistance, contact the Help Desk at (916) 319-9274 or pmp_registration@djo.ca.gov

**Submit**  **Reset**
ADDITIONAL REGISTRATION PROCESS STEPS:

Print registration confirmation and have notarized.
Respond to e-mail verification request.
Mail notarized application & required supporting documents to CA DOJ.

Required Documentation:
- Notarized application
- Copy of government-issued identification
- Copy of Medical License (Pharmacy or Regulatory License)
- Copy of Drug Enforcement Administration Registration

Approval Notification
Prescribing and dispensing history of Schedule II-IV controlled substances.

Registered prescribers and dispensers can quickly review a patient’s controlled substance history.

Enables a prescriber to identify and prevent drug abuse through accurate & rapid tracking.
Patient Activity Report (PAR)
## Prescription Drug Transaction Details:

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<th>Date Filled</th>
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<th>Dr.'s Name</th>
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Disclaimer: The Patient Activity Report (PAR) is compiled from information maintained in the Department of Justice’s Controlled Substance Utilization Review and Evaluation System (CURES). The CURES maintains Schedule II, Schedule III and Schedule IV prescription information that is received from California Pharmacies and is therefore only as accurate as the information provided by the Pharmacies. If data was submitted with errors or have unknowns within a field, it will not be displayed within this report.
California Department of Justice
PDMP/CURES
P.O. Box 160447
Sacramento, California 95816

Phone: (916) 227-3843
FAX: (916) 227-4589
Email: PMP@doj.ca.gov

http://oag.ca.gov/cures-pdmp
¡¡¡ One fight, one team !!!