ASTHO Brief
Exploring critical issues in state and territorial public health.
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STATES WORK ACROSS AGENCIES TO INFORM OPIOID PRESCRIBING PRACTICES

Many states are building successful partnerships between their public health and Medicaid agencies around substance use disorder (SUD) prevention and treatment. States are pursuing a wide array of policies, including those that focus on provider education, prevention, data sharing, and building linkages to treatment. One area of interest is fostering appropriate opioid prescribing practices while minimizing the associated risk for development of SUD. Virginia and Pennsylvania are making significant strides by modeling how data available through prescription drug monitoring programs (PDMPs) can be harnessed to monitor prescribing practices and guide future policy improvements.

Pennsylvania

In January 2018, the Pennsylvania Gov. Tom Wolf issued a disaster declaration in response to the opioid epidemic. The declaration established the legal authority to create the Unified Coordination Group, consisting of 14 state agencies. This Unified Coordination Group has advanced opioid stewardship by developing prescriber guidelines and expanding the use of PDMP data. As of July 2018, the Pennsylvania Department of Health has developed 11 population-specific prescribing guidelines, designed with input from the medical community, as a resource to highlight best practices for providers. The Pennsylvania Department of Human Services, which administers the state Medicaid program, has used these guidelines to develop prior authorization protocols for opioids, which have been affirmed by state licensing boards.

In addition, Pennsylvania's PDMP has been online since August 2016. In its first year, there has been a more than 20 percent decrease in opioid dispensing across the state, along with a decrease in "doctor shopping." The number of patients who visited over ten prescribers and ten pharmacies in three months for Schedule II drugs decreased by 100 percent. Through the legal authority created by the declaration, Pennsylvania's PDMP data can now also be shared between state agencies for regulatory purposes, including the department of health, department of human services, the department of labor and industry, the insurance department, and the department of state. The state also plans to use its PDMP data to issue prescriber reports, which allow physicians to see how their prescribing practices compare with their peers and state averages.

Finally, Pennsylvania is offering education for prescribers on best practices for using the PDMP, prescribing opioids, tapering opioids, and addressing SUD with patients and referring for SUD treatment. This education offers prescribers the opportunity to earn seven free Continuing Medical Education (CME) credits that can be applied to meet Pennsylvania's 2016 Act 124 educational requirements on the topics of pain management, identifying addiction, and opioid prescribing practices.

Virginia

Virginia is combating the opioid epidemic through prescribing regulations, which were created at the request of the state legislature in March 2017 and the final regulations were made public later that year

by August. The regulations empower prescribers to use their personal and professional judgment to prescribe opioids while also encouraging them to consider non-opioid interventions. The regulations aim to minimize the amounts and dosages of opioids when opioid prescriptions are medically necessary and encourage a heightened awareness of SUD. Virginia's prescription monitoring program (PMP) data reflects a decline of almost 200,000 individuals receiving opioid prescriptions since the final prescribing regulations were enacted.

Virginia requires opioid CME for all prescribers. In addition, a 2016 bill (HB 829) authorized the PMP to release information to the Virginia Board of Medicine regarding prescribers who meet a certain threshold of controlled medication prescriptions. The board of medicine would then offer CME related to pain management and addiction diagnosis and management to those providers.

Virginia's PMP director has also worked to advance legislation, now passed into law, which requires the PMP director to review providers' prescribing and dispensing patterns on an annual basis with an advisory board consisting of representatives from the department of health and the state Medicaid agency. The director and advisory board will send reports to prescribers with prescribing patterns that indicate additional education may be useful.

Both states illustrate emerging challenges and strategies for advancing prescriber regulations and building robust prescription monitoring systems:

- Virginia's and Pennsylvania's actions to partner across agencies and advance new regulations came from top leaders, such as a governor's disaster declaration or legislative mandates. Cross-agency partnerships benefit from direct support from state leadership.

- Turning data into actionable information likely requires integration with electronic health records, vital statistics, corrections, demographic data, and social services data. However, these systems may be siloed or locally administered. Data sharing may also be limited by privacy concerns. Pennsylvania may share its PDMP data only with other state agencies for official state purposes via the disaster declaration, but all other PDMP data shared beyond other state agencies must be de-identified or reported in aggregate.

- PDMP data is useful to monitor and measure patients who are engaging a high number of prescribers and pharmacies, as well as to reach out to providers with atypical prescribing behaviors, which may require special legal authority.

Virginia and Pennsylvania demonstrate the importance of engaging across agencies and with the medical community to develop prescribing guidelines and monitor prescribing behaviors. These states are modeling the types of multisector collaborations that can reduce the number of opioid prescriptions and stem future addictions.

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