The nation’s opioid painkiller overdose epidemic has been especially costly in Arkansas, both in lives lost and the social and psychological costs of substance abuse. In 2008, Arkansas ranked 22nd in the country for deaths due to drug overdose. In 2014, 356 Arkansans died of drug overdoses, a 14 percent increase from 2013.1 Death from prescription drug overdose is nearly double the death rate from illicit drugs.

Opioids were involved in 61 percent of all drug overdose deaths, according to the Centers for Disease Control and Prevention (CDC).1 Opioids are involved in about 40 percent of all emergency department visits for nonmedical drug use.2 The most common prescription opioids linked to overdose deaths include oxycodone, oxymorphone, hydrocodone, fentanyl and methadone. Heroin use is also driving the 200 percent increase in the rate of opioid-related overdose deaths since 2000.3

Prescription drug monitoring programs (PMPs) are a relatively new tool to help providers identify patients who may be seeking prescriptions from multiple providers (“doctor shopping”), a behavior that greatly increases the risk of overdose death. PMPs are state-controlled databases that track prescriptions for controlled substances and identify overprescribing problems.

The Arkansas Department of Health implemented Arkansas’ PMP (AR-PMP) in 2013 after it was authorized by the Arkansas Legislature, Act 304 of 2011. The intent was to reduce prescription drug abuse and improve patient care by promoting legitimate use of controlled substances. By law, all licensed pharmacies and other licensed dispensers are required to report dispensing data to the AR-PMP for every controlled substance.

Originally, access to AR-PMP was granted to physicians, pharmacists, authorized prescribers, law enforcement, regulatory boards and the state medical examiner. Beginning in 2016, the AR-PMP, in response to Arkansas Act 1208 of 2015, now allows delegate access. Prescribers may delegate access of PMP data to designated staff members whom they supervise. There is no limit to a prescribers’ number of delegates. All users must be approved for access according to statutory requirements. Access occurs through a secure website, which requires authorized users to log in with a password.

The benefits of AR-PMP include the ability to:
- Determine when drug abuse or drug diversion occurs
- Collect data on Schedule II through V controlled substances and these state-controlled drugs when dispensed to an individual: nalbuphine, ephedrine, pseudoephedrine and phenylpropanolamine
- Access controlled-substance data 24/7
- Access interstate data
- Help providers work together to improve patient care


Delegates began registering for access in December 2015. At the end of the second quarter 2016, there were 4,308 prescribers (2,602 physicians) and 542 prescriber delegates registered with the AR-PMP. By June 2016, prescribers and their delegates had made 91,270 queries of the program. That is a 47 percent increase compared to the same period in 2015.

In 2016, a new component was added to the patient history report that calculates the morphine equivalent dose (MED) for each

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opioid. Narcotic pain reliever doses greater than 100 MED have been shown to increase the risk of overdose and death. The MED calculation is: Dose x QTY x Conversion Factor / Day Supply = MED.

The MED for each opioid is displayed in the last column of the report; the MED Summary is at the bottom. The MED Summary provides an “MED Max” value, which is the maximum occurrence of cumulative MED sustained for any three consecutive days. This value is calculated based on the number of prescriptions dispensed during the date range requested.

The number of individuals receiving daily doses of narcotic pain relievers greater than 100 MED has steadily decreased, reflecting a positive change in opioid prescribing.

The AR-PMP has greatly reduced the extreme instances of “doctor shopping.” The number of individuals visiting seven or more prescribers and seven or more pharmacies in a 90-day period (7/7/90) has decreased 74 percent since AR-PMP implementation. AR-PMP has implemented unsolicited reporting, a CDC best practice recommendation. Unsolicited reporting is a proactive dissemination of PMP information to prescribers alerting them to questionable patient activity. The initial parameter set to trigger an alert has been set at 7/7/90. Each prescriber and pharmacy listed on a report will receive an alert pertaining to questionable patient activity. If registered with the PMP, they will receive an email that a patient report is awaiting review. It is extremely important that contact information be kept current. Those not registered with the PMP will receive an alert letter directing them to register with the PMP in order to view patient reports. In addition to questionable patient activity, the alert letter will also address several “what to do next” options. This information may be kept with patient history reports in the patient file or chart. It should be marked as confidential and not copied or forwarded to other parties.

By visiting the Reports section of the website www.arkansaspmp.com, you will find quarterly reports that provide statistical data detailing registered users, queries and interstate data-sharing information. You will also find color-coded state opioid maps. The data on these maps show existing variations in the number of opioid recipients and the number of doses dispensed by county. The data are reported using rates in order to better compare larger and smaller populated counties.

The Resources and Substance Abuse Resources areas are updated periodically. Under the Resources tab you will find links to prescribing guidelines, opioid prescribing continuing education opportunities and other information. The Substance Abuse Resources tab includes contacts for national and local addiction programs. To expand access to drug treatment the limit on the number of patients a physician can prescribe the maintenance drug buprenorphine is being increased. Unlike methadone for drug treatment, buprenorphine can be prescribed and dispensed from conventional medical practices. Arkansas can benefit from this change by physicians seeking buprenorphine education and considering prescribing it when appropriate.

The AR-PMP actively shares data with 17 other states and our goal is to share data with our border-states. Unfortunately, Missouri legislators have not authorized a state PMP program. In response to the need to address the issue locally, St. Louis County, Mo., will implement their own PMP. Other counties are planning to do the same.

According to several national articles published this year, PMP programs have been successful and Arkansas shares in that success. An article published by Health Affairs credited PMPs with sustained reduction in opioid prescribing by physicians nationwide. Another article credited PMP implementation with a reduction in opioid deaths nationwide.

AR-PMP is a valuable tool for you and your practice to utilize in combating opioid misuse, abuse, overdose and death, but only if you use it. Prescribers who use the PMP report higher confidence levels in prescribing opioids. AR-PMP technical assistance is available at arpmp-info@hidinc.com or by calling the Help Desk at 855-729-8917, weekdays 8 a.m.–5 p.m. ▲

Dr. Robertson is Arkansas’ Prescription Monitoring Program administrator.

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