


Maine's PMP: Trends in Controlled Substance Prescribing 2005-2010

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Office of Substance Abuse
Department of Health and Human Services

John E. Baldacci, Governor Brenda M. Harvey, Commissioner



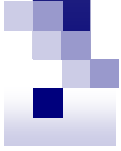
No Disclosures

- The presenter DOES NOT have an interest in ‘selling’ a technology, program, product, and/or service to CME/CE professionals. (Use of PMP is free!)
- I have nothing to disclose with regard to commercial relationships.



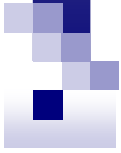
Outline

- Trends in controlled substance (CS) prescribing in Maine, 2004-2010
- Public health importance of Maine's PMP
- Resources for more information




Overview of Maine's PMP

- **Legislation passed in 2003**
- **Data collection began July 2004, includes DEA Schedules II, III, and IV**
- **Data is submitted once a week by over 400 pharmacies**
- **All transactions saved in centralized database, available online**



Use of Aggregate and De-identified PMP data

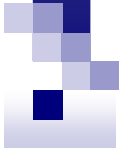
- Aggregate data: pulling records together
- De-identified data: maintaining each record, but removing identifying information



Types of Aggregate PMP data

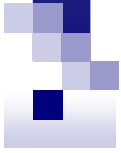
- Counts of prescriptions
- Tabs
- Day's supply
- Patients
- Prescribers

* Each of the above measures can be broken down by geographic areas -- such as towns, counties and regions -- and one can specify different time periods.



Aggregate Data – Trends, '05-'10

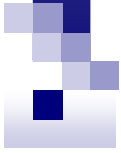
- Rx Counts
- Day's Supply
- Tabs



Rx Counts – Trends, '05 – '10

	SFY2006	SFY2007	SFY2008	SFY2009	SFY2010 *
ALL	2,011,218	2,130,135	2,312,489	2,407,263	2,457,438
ANALGESICS - OPIOID	1,075,696	1,126,730	1,201,053	1,221,415	1,222,841
STIMULANTS	203,018	223,305	256,034	281,897	312,583
TRANQUILIZERS	691,019	738,165	812,116	856,833	878,038
HYPNOTICS	157,690	179,304	208,157	227,953	234,240
Z-OTHER	41,485	41,935	43,286	47,118	43,976

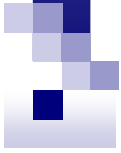
* VAMC stopped submitting data in June 2009.



Day's Supply – Trends '05 - '10

	SFY2006	SFY2007	SFY2008	SFY2009	SFY2010 *
ALL	39,476,330	43,134,933	48,615,574	52,169,348	54,415,000
ANALGESICS - OPIOID	14,436,086	15,739,114	17,561,732	18,492,780	18,919,348
STIMULANTS	6,219,201	6,863,898	7,933,589	8,808,275	9,654,542
TRANQUILIZERS	18,033,229	19,691,869	22,190,514	23,831,527	24,763,521
HYPNOTICS	4,689,129	5,505,115	6,627,020	7,423,844	7,818,484
Z-OTHER	787,814	840,052	929,739	1,036,766	1,077,589

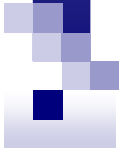
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Tabular Trends, '05 – '10

	SFY2006	SFY2007	SFY2008	SFY2009	SFY2010 *
ALL	123,007,039	132,940,792	156,905,973	141,489,067	144,435,439
ANALGESICS - OPIOID	71,556,351	79,018,372	96,750,685	81,102,363	80,736,108
STIMULANTS	9,491,762	10,099,654	11,534,972	12,166,509	13,463,403
TRANQUILIZERS	37,625,968	39,300,386	43,947,231	43,824,235	45,981,118
HYPNOTICS	6,963,665	6,712,666	7,775,847	8,005,488	8,557,844
Z-OTHER	4,332,959	4,522,380	4,673,085	4,395,960	4,254,811

* VAMC stopped submitting data in June 2009.




For more information

Log on to -

www.maine.gov/dhhs/osa

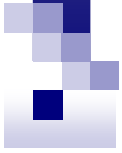
or send an email to -

daniel.eccher@maine.gov



Epidemiological Analysis of PMP (2005-2008)

- Used de-identified PMP data from 2005-2008
- Patient age and location, prescriber and pharmacy locations, etc.
- USM, Authors: Susan Payne, PhD, MPH
Deborah Thayer, MBA
- Full report available on OSA's web site




Epidemiological Analysis, cont.

- Number of patients increased by 11% (population remained stable)
- Number of prescriptions increased 24%
- Most rapid growth in number of prescriptions per patient was among children (ages 0-17)
- Rural areas had higher ratio of prescriptions per person compared to more populated areas



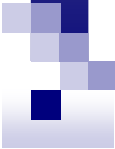
Epidemiological Analysis, cont.

- Average number of prescribers/patient: 1.5
- Average number of pharmacies/patient: 1.0
- Pain relievers most common category; stimulants fastest growing category
- Increase in the percentage of prescriptions paid for by Medicare and cash; decrease for MaineCare
- *Decrease in the numbers of prescribers and pharmacies used by patients with the highest numbers for these measures*



Use of Patient-specific Data

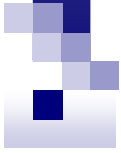
- Notification reports – OSA sends “unsolicited” reports when patients cross a threshold of prescribers or pharmacies.
- Registration – Providers register for secure online access to the database to view patient histories at intake, routine follow-up, or as indicated.



Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- Recommended in broad range of settings
- Structured screening for substance abuse
- For positive screen, brief intervention
- Assessment of readiness for change
- For those ready, referral to licensed substance abuse treatment provider

More info: <http://www.drugabuse.gov/nidamed/>



Maine Office of Substance Abuse Treatment Resources

Information and Resource
Center (IRC)

[http://www.maine.gov/dhhs/
osa/irc](http://www.maine.gov/dhhs/osa/irc)

1-800-499-0027 (in Maine) or
(207) 287-8900

TTY: 1-800-606-0215

OSA's Treatment Team
(207) 287-2595

Kristen Jiorle - Manager

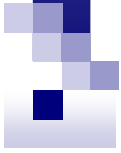
Jarad Platt

Darren Ripley

Christine Theriault


Tracey Weymouth

(Treatment Specialists)



Public Health Importance

- Aggregate and de-identified data
- Patient-specific data – notification reports and requested reports
- SBIRT
- Qualitative program evaluation underway



Conclusion

- Prescription drug abuse – a growing problem in Maine
- PMP – a tool to prevent and detect prescription drug abuse
- OSA's Main Goal: getting people into substance abuse treatment



Questions?

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