

Iowa Department of Public Health
Division of Behavioral Health
Opioid Update for Wednesday, February 21, 2018

The Iowa Department of Public Health (IDPH) offers the Opioid Update to share information about opioid use and Iowa's efforts to address the national opioid epidemic. Please feel free to submit topics to Julie Jones at julie.jones@idph.iowa.gov.

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Legislative Interest

Prescription Drug Monitoring Programs

During the legislative session, IDPH will spotlight opioid-related initiatives or promising practices endorsed by federal partners and adopted by other states. In this edition, the focus is on Prescription Drug Monitoring Programs.

According to the Centers for Disease Control and Prevention, prescription drug monitoring programs continue to be among the most promising state-level interventions to improve responsible opioid prescribing, inform clinical practice, and protect patients at risk.

So what is a prescription drug monitoring program (PDMP), or, as it's called in Iowa, a prescription monitoring program (PMP)? A PDMP is an electronic database that tracks controlled substance prescriptions in a state. PDMPs can provide health authorities timely information about prescribing and patient behaviors that contribute to the epidemic and facilitate a nimble and targeted response.



Although findings are mixed, evaluations of PDMPs have illustrated changes in prescribing behaviors, use of multiple providers by patients, and decreased substance abuse treatment admissions. States have implemented a range of ways to make PDMPs easier to use, and these changes have significant potential for ensuring that the utility and promise of PDMPs are realized.

Some of the more promising PDMP features include:

- **Universal Use:** PDMPs can inform health care providers about their patients' prescription histories as they make prescribing decisions. However, a PDMP is only useful to health care providers if they check the system before prescribing.
- **Real-Time:** When pharmacists dispense controlled substances to patients, they must enter the prescription into the state PDMP. However, when they submit this data varies greatly — ranging from monthly to daily to “real-time,” i.e., under five minutes. When there is a long time period between dispensing a prescription and entering the data into the state PDMP, providers and other PDMP users don't have information on a patient's most recent prescriptions.
- **Actively Managed:** PDMPs are more than passive databases. As a public health surveillance tool, PDMPs can be used by state health departments to understand the opioid use epidemic and inform and evaluate interventions. PDMPs can also be used to send “proactive” reports to authorized users to protect patients at the highest risk and identify inappropriate prescribing trends.
- **Easy to Use and Access:** States have taken a number of steps to make PDMPs easier to use and access. Promising practices include integrating PDMPs into electronic health record (EHR) systems, permitting physicians to delegate PDMP access to other allied health professionals in their office (e.g., physician assistants and nurse practitioners), and streamlining the process for providers to register with the PDMP.

There is a lot of activity in Iowa related to this topic. The Iowa Board of Pharmacy released an RFP for a new/upgraded PMP that will provide easier integration with provider EHRs. In addition, legislation has been introduced this session that would lead to more changes. Currently, Iowa Code does not require prescribers to use the PMP. In fact, only 46% of Iowa prescribers are registered to use the PMP, with an even smaller percentage actually using it. The proposed legislation would require prescribers to register, and require use of the PMP in certain situations. Other parts of the legislation require the upload of data to the PMP within 24 hours and use of proactive reports.

Opioid News

How a Police Chief, a Governor and a Sociologist Would Spend \$100 Billion to Solve the Opioid Crisis*

In a recent New York Times article, 30 experts were asked, if given the opportunity, how would they spend \$100 billion over five years, to address the opioid crisis. To read the entire article and see a breakdown of the responses, please click on the following link: [NY Times](#)

New SAMHSA Publication: *Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and their Infants*

The new SAMHSA Clinical Guide provides comprehensive national guidance for optimal management of pregnant and parenting women with opioid use disorder and their infants. The Clinical Guide helps healthcare professionals and patients determine the most clinically appropriate action for a particular situation and informs individualized treatment decisions.

To download a copy of the Clinical Guide, please click on the following link: [SAMHSA](#)