CURES/PDMP

and the Public Health

July, 2014
No reportable financial interest.
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.

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
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
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.
LA County found that 24.5% of its prescribers prescribed 90.9% of all opioids during calendar year 2012.
A Los Angeles County Department of Health article, dated July 1, 2014, found that “Doctor Shopping,” albeit an extremely at-risk behavior, was actually a rare patient behavior during calendar year 2012 in LA County.

The generally accepted definition of a doctor shopper is an individual who obtains scheduled drug prescriptions from 6 prescribers and 6 pharmacies during a 6 month period (6-6-6).

However, using a mere 4-4-12 measure, LA County identified only .3% of its 2012 opioid prescription patient population of 1.5 million patients engaged in this behavior.
**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.

*Epidemic: Responding to America’s Prescription Drug Abuse Problem. Office of National Drug Control Policy, 2011, Pages 2-8*
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
“America’s Biggest Drug Problem Isn’t Heroin, It’s Doctors”

Governing Magazine, June 2014
In other words...

...cavalier overprescribing and diversion, together, comprise America’s biggest problem.
To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled substances, and for statistical analysis, education, and research, the Department of Justice shall . . . maintain the Controlled Substance Utilization Review and Evaluation System (CURES)...

*California Health and Safety Code § 11165(a)*
Data obtained from CURES shall only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the Department of Justice, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. ...

*California Health and Safety Code § 11165(c)(2)*
Epiphany:

Prescription drug abuse is a public health issue.

CURES aggregate prescription behavior data is essential for public health sector data-driven problem analysis, program design/implementation, and success measurement.

CURES, therefore, must collaborate with the public health officers to best protect the public safety and public health.
The CURES Program has applied for a 2015 Harold Rogers Grant to achieve the following:

1. Identify the best uniform manner to de-identify/de-duplicate CURES data for data delivery across the state.

2. Create de-identified CURES datasets of each of the 58 counties of California, as well as one statewide de-identified dataset.

3. Provision each of the 58 California health officers with his/her respective county dataset.

4. Provide prescription behavior dataset analysis on behalf of smaller county health officers lacking epidemiological support.
CURES 2.0
Integration / Interoperation

CURES needs to integrate and interoperate with its major health care systems.

CURES 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.
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