



PMP Center of Excellence

Notes from the Field

1.1 Trends in Wyoming PMP Prescription History Reporting: Evidence for a Decrease in Doctor Shopping?

September 2010

Notes from the Field

Trends in Wyoming PMP prescription history reporting: Evidence for a decrease in doctor shopping?

Cheyenne, WY. The Wyoming prescription drug monitoring program (PMP) tracks numbers of prescription history reports sent to PMP end-users, mostly medical providers. These reports contain only uninterpreted data for providers to consider when treating patients, and can be either solicited or unsolicited. *Unsolicited* reports are sent to providers when a patient meets or exceeds a threshold for suspected questionable activity such as doctor shopping, for instance receiving prescriptions for controlled substances from more than a certain number of providers and visiting more than a certain number of pharmacies in a given time period. In contrast, *solicited* reports are those requested by providers who want to learn about their patients' prescription histories. In the Wyoming PMP, reports are currently faxed to providers, or sometimes mailed via the US Postal Service. An online system is planned to be operational in a year.

Decrease in unsolicited reports as evidence for reduction in doctor shopping

On page 3 are graphs provided courtesy of the Wyoming PMP, one showing an increase in solicited reports per month and another showing a *decrease* in unsolicited reports, from October 2008 to September 2009. Since the number of unsolicited reports is determined by the number of patients meeting or exceeding the threshold for suspected questionable activity, a plausible interpretation of the decrease in these reports is that fewer and fewer patients tracked by the Wyoming PMP are engaging in doctor shopping.

What might explain this decline? A plausible hypothesis is that as medical providers in Wyoming learned of the PMP and about their patients' prescription histories, via both unsolicited and solicited reports (increasingly the latter as word spread about the PMP), they took this information into account in their subsequent prescribing for some patients. Once a provider discovers that a patient is obtaining multiple simultaneous prescriptions, especially for the same controlled substance, she will likely take steps to ensure that the patient is receiving only those prescriptions that are medically necessary. As more providers in Wyoming learned about their patients' prescription histories and took appropriate action, it became more difficult for doctor shoppers to obtain medically unnecessary prescriptions from these providers. This reduction in doctor shopping is reflected in the decrease in patients meeting the threshold for questionable behavior, and thus the decrease in unsolicited reports sent to providers. To help confirm this hypothesis, other influences on doctor shopping could be examined, for instance, changes in law enforcement emphasis on prescription drug diversion.

Factors that increase PMP awareness and participation

According to officials from the Board of Pharmacy, the agency that administers the Wyoming PMP, several factors contributed to increased awareness of the PMP and the consequent increase in solicited reports requested by providers (up 55% from 2008 to 2009). First, sending out *unsolicited* reports on patients exceeding the threshold, which started in 2006, functioned to

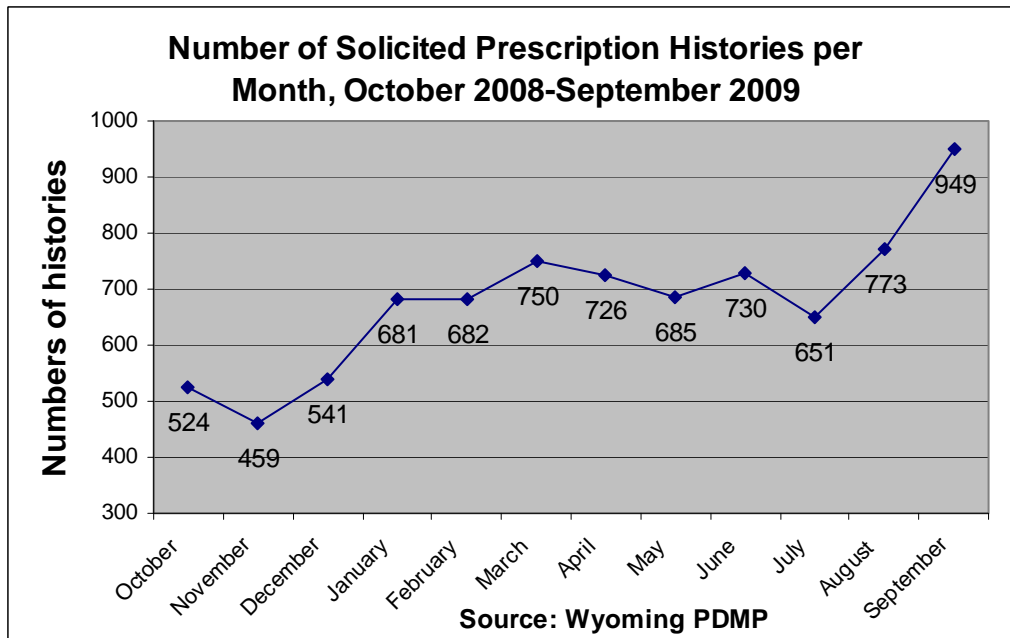
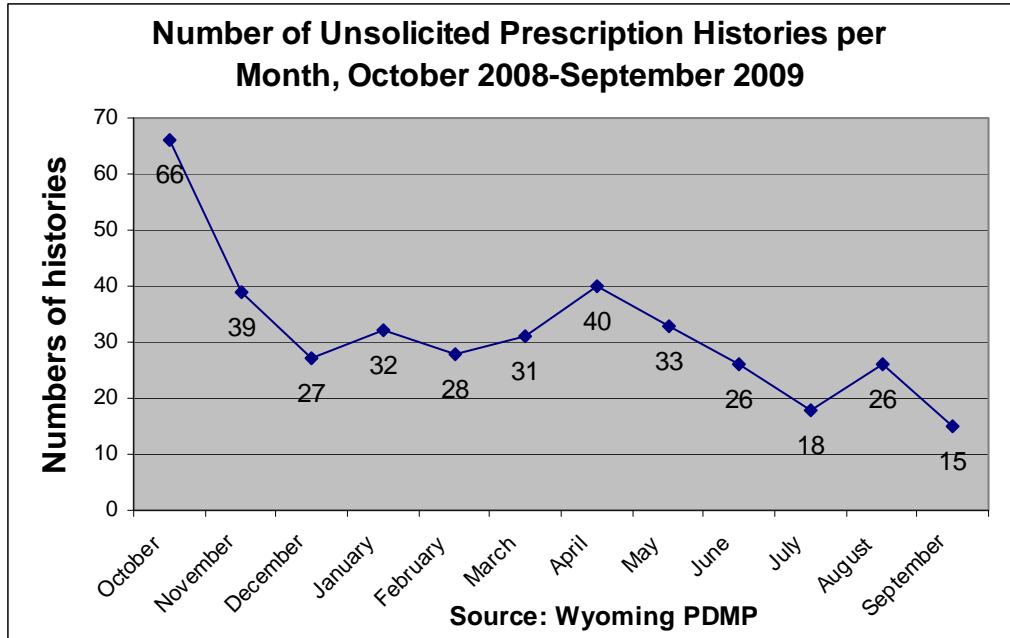
alert providers about the existence of the PMP and the value of PMP data for their practice. As a pharmacy board official put it, these reports were “part of our advertising” that brought attention to the program, which then resulted in doctors requesting reports on their own initiative. This highlights the crucial role unsolicited reports can play in generating provider awareness of and participation in PMPs.

Other factors that helped encourage provider participation were quicker data analysis and reporting enabled by software improvements, plus a move to weekly data collection from pharmacies. As word spread that prescription data were more recent, and that patient reports could be received within five to ten minutes of request in most cases, providers requested more reports. Some are even requested on the spot after a patient appears for an appointment. One prescriber commented that “the program is really helpful and quick to get results back.”

Conclusion

Sending out unsolicited reports, the timeliness of prescription history data, quicker report turnaround, and what Wyoming Board of Pharmacy officials described as “good customer service” all seemed to incentivize provider use of the Wyoming PMP system. This in turn may well have helped reduce doctor shopping, at least among the patient population tracked by the program. Although these findings are preliminary and need further investigation and replication, they give us good reasons to believe that PMPs can be effective in reducing diversion of controlled substances.

Wyoming Prescription Drug Monitoring Program Trends in Prescription History Reporting, October 2008-September 2009



For further information on the Wyoming PMP, please visit <http://pharmacyboard.state.wy.us/pdmp.aspx>