

Prescription Drug Monitoring Program Training and Technical Assistance Center

Vermont

PDMP acronym:	VPMS	Region:	East
Agency Responsible:	Department of Health		
Agency Type:	Department of Health		
	PDMP Web Resources/Links		
PDMP Website:	https://www.healthvermont.gov/stats/registries/vermont-prescriptivpms	on-monitoring-	system-
PDMP Email:	ahs.vdhvpms@vermont.gov		
PDMP Register Website:	https://vermont.pmpaware.net		
User Account Manual:	https://d1b1sdx6nwlphm.cloudfront.net/aware/vt_aws_prod/aware	e_user_guide.po	df
PDMP Query Website:	https://vermont.pmpaware.net		
PDMP Data Upload Website	https://pmpclearinghouse.net		
Data Upload Manual:	https://www.healthvermont.gov/sites/default/files/documents/pdf/ Submission-Dispenser-Guide.pdf	ADAP-VPMS-D	ata-
Statute/Regulation Website	https://legislature.vermont.gov/statutes/fullchapter/18/084A		
Opioid Guidelines Website:	http://www.healthvermont.gov/about-us/laws-regulations/rules-and	d-regulations	
PDMP FAQs:	https://www.healthvermont.gov/sites/default/files/documents/pdf/ Report_User_Guide_VT_FINAL.pdf	ADAP_VPMS_F	Prescriber_
Integration Guidance:			
PDMP Statistics Website:	https://www.healthvermont.gov/stats/registries/vermont-prescripti vpms	on-monitoring-	system-
Opioid Dashboard Website:	http://www.healthvermont.gov/scorecard-opioids		
Training Website:			

PDMP Contact Information

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State Population and Number of Registrants					
State population:	647,156	DEA Prescriber total:	4,944	DEA Dispenser total:	146
		Data Transm	itter(s)		
Dispensing Practitioner		Ph	armacy (In-S	State)	
Pharmacy (Mail Order In-State)		Ph	Pharmacy (Mail Order Out of State)		
Pharmacy (Other Out of Sta	ate)	Ve	Veterans Administration		
		Substances Mo	nitored		
Schedules II - IV					
		Alternate Data	Sources	5	
Medical Marijuana Dispens	ations	Na	Naloxone/Narcan Administrations		
Naloxone/Narcan Dispensations		Ον	Overdoses - Fatal		
		Available Re	eports		
Annual PDMP Reports		Cli	nical Alerts		
Dispenser Reports to Law Enforcement		Lic	Licensee Reports to Licensing Board		
MME Calculations		M	Multiple Provider Episode Reports		
Patient Query Lists to Patients		Ра	Patient Reports to Dispensers		
Patient Reports to Law Enfo	orcement	Ра	Patient Reports to Licensing Boards		
Patient Reports to Prescribers		Ра	Patient Reports with Summary Data		
PDMP Evaluation Reports		Pr	Prescriber Report Cards		
Prescriber Reports to Law Enforcement		Pr	Prescription Drug Combinations		
Registrant Reports to Dispensers		Re	Registrant Reports to Prescribers		
Statewide Statistics					

Statistical Capabilities

- ✓ # of Prescription Filled
- ✓ # of Prescriptions Filled by CS Schedule
- # of Prescriptions Filled by Drug Class
- Statistics Filtered by Age or Age Range
- □ Statistics Filtered by Ethnicity or Race
- ✓ # of Authorized PDMP Users Enrolled
- ✓ # of Registrants in SDTC
- ✓ # of Registrants in SDTC by Practice/License Type
- □ # of Data Errors by Error Type
- # of Data Errors Corrected
- # of At-Risk Patients by Risk Factor
- Risk Factor Statistics by Time Frame
- ✓ # of Solicited Prescriber Reports
- ✓ # of Solicited Prescriber Reports by Requestor Type
- □ # of Unsolicited Prescriber Reports
- \Box # of Unsolicited Prescriber Reports by Recipient Type
- # of Solicited Dispenser Reports
- # of Solicited Dispenser Reports by Requestor Type
- # of Unsolicited Dispenser Reports
- # of Unsolicited Dispenser Reports by Recipient Type
- # of Solicited Patient Reports
- # of Solicited Patient Reports by Requestor Type
- # of Unsolicited Patient Reports
- # of Unsolicited Patient Reports by Recipient Type

- ✓ # of Dosage Units Dispensed
- # of Dosage Units Dispensed by CS Schedule
- ✓ # of Dosage Units Dispensed by Drug Class
- Statistics Filtered by Gender Identification
- ✓ Statistics Filtered by Geographic Location
- ✓ # of Prescribers Enrolled in PDMP by License Type
- ✓ # of Dispensers Enrolled in PDMP by License Type
- \Box # of Prescribers Enrolled in PDMP by Specialty
- ✓ # of Unique Prescribers
- ✓ # of In-State Queries
- # of In-State Queries by Requestor Type
- ✓ # of Interstate Queries
- # of Interstate Queries by Requestor Type
- # of Positive Matches from Interstate Queries
- ✓ # of Solicited Statistical Reports by Requestor Type
- \Box # of Unsolicited Statistical Reports by Recipient Type
- # of Unique Requestors for Solicited Reports
- # of Unique Requestors by Requestor Type (sol. reports)
- \square # of Unique Requestors for Unsolicited Reports
- # of Unique Recipients by Recipient Type (unsol. reports)

% Out-of-State Patients: 5-10%

% Out-of-State Prescribers: 5-10%

Data Analysis Resources Available: Data Analyst

Authorized PDMP Users

Dispenser Delegates - Licensed/Solicited In-State Dispenser Delegates - Licensed/Solicited Out-of-State **Dispenser Delegates - Unlicensed/Solicited In-State** Dispenser Delegates - Unlicensed/Solicited Out-of-State **Dispensers - Pharmacists/Solicited In-State** Dispensers - Pharmacists/Solicited Out-of-State **Dispensers - Pharmacists/Unsolicited In-State** Law Enforcement - Federal/Solicited In-State Law Enforcement - Local/Solicited In-State Law Enforcement - State/Solicited In-State Medicaid Drug Utilization and Review/Solicited In-State Medicaid Fraud and Abuse/Solicited In-State Medical Examiners and Coroners/Solicited In-State Medical Examiners and Coroners/Solicited Out-of-State Medical Interns/Solicited In-State Medical Interns/Solicited Out-of-State Medical Residents/Solicited In-State Medical Residents/Solicited Out-of-State Nurse Practitioners/Solicited In-State Nurse Practitioners/Solicited Out-of-State Nurse Practitioners/Unsolicited In-State Patients/Solicited In-State Patients/Solicited Out-of-State Physician Assistants/Solicited In-State Physician Assistants/Solicited Out-of-State Physician Assistants/Unsolicited In-State Prescriber Delegates - Licensed/Solicited In-State Prescriber Delegates - Licensed/Solicited Out-of-State Prescriber Delegates - Unlicensed/Solicited In-State Prescriber Delegates - Unlicensed/Solicited Out-of-State Prescribers/Solicited In-State Prescribers/Solicited Out-of-State Prescribers/Unsolicited In-State Regulatory and Licensing Boards/Solicited In-State **Regulatory and Licensing Boards/Unsolicited In-State** State Health Departments/Solicited In-State

Engaged PDMP Users

Dispenser Delegates - Licensed/Solicited In-State Dispenser Delegates - Licensed/Solicited Out-of-State **Dispenser Delegates - Unlicensed/Solicited In-State** Dispenser Delegates - Unlicensed/Solicited Out-of-State **Dispensers - Pharmacists/Solicited In-State** Dispensers - Pharmacists/Solicited Out-of-State Law Enforcement - Federal/Solicited In-State Law Enforcement - State/Solicited In-State Medicaid Drug Utilization and Review/Solicited In-State Medicaid Fraud and Abuse/Solicited In-State Medical Examiners and Coroners/Solicited In-State Medical Examiners and Coroners/Solicited Out-of-State Medical Interns/Solicited In-State Medical Interns/Solicited Out-of-State Medical Residents/Solicited In-State Medical Residents/Solicited Out-of-State Nurse Practitioners/Solicited In-State Nurse Practitioners/Solicited Out-of-State Nurse Practitioners/Unsolicited In-State Patients/Solicited In-State Physician Assistants/Solicited In-State Physician Assistants/Solicited Out-of-State Physician Assistants/Unsolicited In-State Prescriber Delegates - Licensed/Solicited In-State Prescriber Delegates - Licensed/Solicited Out-of-State Prescriber Delegates - Unlicensed/Solicited In-State Prescriber Delegates - Unlicensed/Solicited Out-of-State Prescribers/Solicited In-State Prescribers/Solicited Out-of-State **Prescribers/Unsolicited In-State Regulatory and Licensing Boards/Solicited In-State**

Budget

Total Annual Budget:	\$360,000.00	PDMP Staff:	2		
# of Employees - Operational:	0	# of Employees - Othe	er: 0		
# of Employees - Technical:	1				
# of Employees - Analytical:	1				
		Funding Source	(c)		
CDC Grant		Tunung Source	.(3)		
		Technologies			
Data Collection Entity:	Vendor		State HIE in pla		
Data Collection Vendor name:	Bamboo H	ealth	RxCheck Integra		
Data Storage Entity:	Vendor		VHA VISTA inte	0	
Data Storage Vendor name:	Bamboo H	ealth	🗆 HL7 FHIR conne	•	
Report Generation Entity:	Vendor		ASAP Version Util	ized: 4.2B	
Report Generation Vendor nan	ne: Bamboo H	ealth			
Data Access Method:	Web Porta	I/On-Line			
Data Access Entity:	Vendor				
Data Access Vendor name:	Bamboo H	ealth			
		Patient Matchi	ng		
✓ Dete ✓ Man	rential Matching rministic Match ual Matching r Matching		 Exact Matching Probablistic N Probablistic a 	•	ching
Access to patient matching a	C				
Patient Matching Metrics Avail	-	tive matches, False posit	ive matches, True n	legative matche	s, False negative
Patient matching data elements:Patient last name, Patient first name, Patient middle name or initial, Patient a Patient date of birth, Prescriber, prescribed drug, phone number, pharmacy lo and other fields used when select records are manually reviewed					
	I	ntegration(s) Ava	ilable		
Integration Type % Providers EHR Integration 0-24%	Hub Used	Paid by Fed Gov't Paid	by State Gov't Pa	aid by Facility	Paid by Provider
Data Downloaded/Stored		Data Manipulated fo	r Analysis		
\Box Data Downloaded/Stored					
Integration Standards:					
Integration Type% ProvidersHIE Integration0-24%	Hub Used	Paid by Fed Gov't Paid	by State Gov't Pa	aid by Facility	Paid by Provider
\Box Data Downloaded/Stored		\Box Data Manipulated fo	r Analysis		
\Box Data Incorporated with Interstate Data		Multistate Integratio	ns Allowed		
Integration Standards:		Č			

Integration Type % Providers	Hub Used	Paid by Fed Gov't Paid by State Gov't	Paid by Facility	Paid by Provider
PDS Integration 0-24%				
\Box Data Downloaded/Stored		\square Data Manipulated for Analysis		
\square Data Incorporated with Interstate Data		\Box Multistate Integrations Allowed		
Integration Standards:				

Interstate Data Sharing Partner(s)

Arizona	PMPi Hub
Arizona	RxCheck Hub
Connecticut	PMPi Hub
Delaware	PMPi Hub
Delaware	RxCheck Hub
Florida	RxCheck Hub
Maine	PMPi Hub
Massachusetts	PMPi Hub
New Hampshire	PMPi Hub
New Jersey	PMPi Hub
New York	PMPi Hub
Pennsylvania	PMPi Hub
Pennsylvania	RxCheck Hub
Rhode Island	PMPi Hub

PDMP Policies

Enabling legislation enacted:	2006	Data collection frequency:	Daily or next busines	
PDMP operational:	2009	Requirement for zero-reporting	ıg	
User access date (any method):	2009	Frequency of zero-reporting:	Daily	
User electronic access date:	2009			
Date received electronic data:	2009			
Interstate sharing start date:	2016			
Law/Statute citation:	VT Statute Title 18 §§4218; 4	281; Title 28 §801		
Regulation/Rule citation:	VT Code Regs 12-5-21 §§1 to			
Dr Shopper law/statute:	18 VSA §§ 4223			
	10 104 33 4522			
Pill Mill law/statute:				
Pain Clinic law/statute: Unauthorized Use or Disclosure: Enacted 42 CFR Part 2: 42 CFR Part 2 Details:	VT Statute Title 18 §4284(g)			
Required Notification to cons	umers	✓ Data Retention Policy		
Mandated Use of Advisory G		Data Retention Time: 6 years		
Payment method captured		✓ All Information Purged		
Ability to id prescriber specia	•	Patient Information Purged		
Patient consent required befo		Prescriber Information Purge	ed	
\Box Ability for users to set thresholds for alert notices		Dispenser Information Purged		
Ability for users to do user-led alert notices		Drug Information Purged		
Mandatory E-Prescribing (EPCS)		HIPAA Covered Entity		
Compliance Process for Enrollment Mandates		✓ Identifiable Data to State He	•	
Compliance Process for Query Mandate		☐ Identifiable Data to local Hea	•	
□ ICD-10 Codes Collected □ Deceased Patient Field		Certified as CMS Specialized Registry		
✓ Engaged in Academic Detailin	σ	PDMP Disaster Recovery Pla	n	
□ Patient ID Required to be Pre	-	Types Reported:		
Ability to de-id data		rypes neported.		
Authority to release de-id dat	а			
De-identified data sharing condit	the VPMS database for h	se of Data 1. The Department ma lealth promotion purposes includ data about the extent of reportal	ing the publication of	
De-Identified Data Retention Det	ails:			
Record Retention Details:				
Patient Notification of Breach		Written Notification of Bread	ach	
Patient Breach Notification Meth				
Patient Breach Notification Meth				
E-prescribing required substance				
E-prescribing exemptions/waiver				
Authority to enforce PDMP man		oard		
-				

Enrollment and Accounts

 \Box Superviser Review/audit of Delegate Accounts Number of Delegates allows: <50

□ Auto Enroll with License Renewal or App

Enrollment Method:

online enrollment

Practitioner IDs for PDMP Account:

DEA controlled substance registration number; Licensing Board number; National Provider Identifier;

2 Factor Authentication:

2 factor authentication not offered

Criteria for Dispensers to get account to upload data

Must complete online profile registration

Criteria for Prescriber delegates to get account:

Delegate accounts must be added to a master account holder with a valid DEA and VT license.

Criteria for Dispenser delegates to get account:

Delegate accounts must be added to a master account holder with a valid DEA and VT license.

Criteria for PAs to get account:

Must have a valid DEA and VT license

Criteria for Nurse Practitioners to get account:

Must have a valid DEA and VT license

Criteria for other users to get account:

Requirements for Patients to get PDMP Report:

A patient for whom a prescription for a controlled substance has been written or dispensed may request information from VPMS relating to himself or herself. The request shall be submitted to the Department in writing, shall be signed by the patient and sh

Requirements for others to get PDMP Report

Criteria for Online Non-healthcare accounts:

Medical examiners/coroners

PDMP Data for Epidemiological Purposes: Authority to Release

Law Enforcement On-line access to PDMP Law Enforcement Written Request access to PDMP

Law Enforcement Access Method:

Law Enforcement Access Requirements: Court Order/Approval

PDMP users validated with DEA Registration File

✓ PDMP users validated with NPI File

□ PDMP Access without DEA Number

Validation Process for

□ PDMP users validated with State Licensing Board File users without DEA #:

Enrollment Mandates

Dispenser - Mandatory PDMP Enrollment Prescriber - Mandatory PDMP Enrollment

Effective Date(s): July 1, 2013

Details:

18 V.S.A. § 4289. Standards and guidelines for health care providers and dispensers (b)(1) Each health care provider who prescribes any Schedule II, III, or IV controlled substances shall register with the VPMS by November 15, 2013. Vermont Prescription Monitoring System Rule: 5.1.1 All Vermont-licensed pharmacists shall register to query the VPMS.

Effective Date(s): July 1, 2013; OBOT 10-11-21

Details:

18 V.S.A. § 4289. Standards and guidelines for health care providers and dispensers (b)(1) Each health care provider who prescribes any Schedule II, III, or IV controlled substances shall register with the VPMS by November 15, 2013. Vermont Prescription Monitoring System Rule: 5.1.1 All Vermont-licensed pharmacists shall register to query the VPMS.

VT ADC 12-5-102:5.0 OBOT Administration and Operation Requirements 5.3 OBOT providers shall register with VPMS and comply with the Vermont Prescription Monitoring System Rule.

Use Mandates

Dispenser - Mandatory PDMP Use Prescriber - Mandatory PDMP Use

Effective Date(s): November 15, 2013 (health care providers); October 1, 2013 (replacement prescriptions); December 3, 2014 (extended release non-abuse deterrent hydrocodones); May 8, 2012 (OTPs); October 29, 2014 (Medicaid)

Details:

Vermont Prescription Monitoring System Rule: 6.2 Prescriber-Required Querying of VPMS Prior to prescribing a controlled substance for a patient, Vermont licensed prescribers and/or their delegates must query the VPMS system in the following circumstances: 6.2.1 The first time the provider prescribes an opioid Schedule II, III, or IV controlled substance written to treat pain when such a prescription exceeds 10 pills or the equivalent; 6.2.2 When starting a patient on a Schedule II, III, or IV controlled substance for nonpalliative long-term pain therapy of 90 days or more; 6.2.3 Prior to writing a replacement prescription for a Schedule II, III, or IV controlled substance; 6.2.4 At least annually for patients who are receiving ongoing treatment (treatment without meaningful interruption) with an opioid Schedule II, III, or IV controlled substance; 6.2.5 The first time a provider prescribes a benzodiazepine; 6.2.6 When a patient requests an opioid prescription or a renewal of an existing prescription for pain from an Emergency Department or Urgent Care prescriber if the prescriber intends to write a prescription for an opioid; 6.2.7 With the exception of prescriptions written from an OTP, prior to prescribing buprenorphine or a drug containing buprenorphine to a Vermont patient for the first time and at regular intervals thereafter, and: 6.2.7.1 At regular intervals thereafter, but no less than twice annually; and 6.2.7.2 No fewer than two times annually thereafter; and 6.2.7.3 Prior to writing a replacement prescription. 6.2.8 In the case of an OTP, prior to prescribing buprenorphine, methadone, or a drug containing buprenorphine to a Vermont patient for the first time, and: 6.2.8.1 Annually thereafter; and 6.2.8.2 Any other time that is clinically warranted. 5.2 Pharmacist Required Querying of the VPMS All dispensers, with the exception of hospital-based dispensers dispensing a quantity of a Schedule II, III, or IV opioid controlled substance that is sufficient to treat a patient for fewer than 48 hours shall query the Vermont Prescription Monitoring System in the following circumstances: 5.2.1 Prior to dispensing a prescription for a Schedule II, III, or IV opioid controlled substance to a patient who is new to the pharmacy; 5.2.2 When an individual pays cash for a prescription for a Schedule II, III, or IV opioid controlled substance and the individual has prescription drug coverage on file; 5.2.3 When a patient requests a refill of a prescription for a Schedule II, III, or IV opioid controlled substance substantially in advance of when a refill would ordinarily be due; and 5.2.4 When the dispenser is aware that the patient is being prescribed Schedule II, III, or IV opioid controlled substances by more than one prescriber.

Effective Date(s): November 15, 2013 (health care providers); October 1, 2013 (replacement prescriptions); December 3, 2014 (extended release non-abuse deterrent hydrocodones); May 8, 2012 (OTPs); October 29, 2014 (Medicaid); OBOT 10-11-21

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VT ADC 12-5-102:6.0 Clinical Care and Management Requirements

6.5.2 Monitoring for Diversion 6.5.2.1 To ensure patient and public safety, each OBOT provider shall develop clinical practices to minimize risk of diversion. These clinical practices shall include: 6.5.2.1.1 Querying VPMS as required by the Vermont Prescription Monitoring System Rule.

Training on Enrollment and Use

In-person; Interactive online training; Webinar **Prescriber - Training Provided Dispenser - Training Provided** In-person; Interactive online training; Webinar **PDMP** Queries Ability to search for multiple patients in one query Maximum number of patients in one query: Unlimited Patient Query Date Range: >3 years Other Query Date Range: Minimum data elements to query for healthcare user: last name, first name, dob Query by partial data elements by healthcare user: must provide at least first three letters of first name and first three letters of last name with a partial name search Optional data elements to query by healthcare user: middle name, gender, street, city, state, zip, prescription date range

Minimum data elements to query for non-healthcare user: last name, first name, dob

Query by partial data elements by non-healthcare user:

Optional data elements to query by non-healthcare user: middle name, gender, street, city, state, zip, prescription date

range

Unsolicited Reports/Push Notifications

Frequency unsolicited alerts/reports generated: Delivery method for unsolicited alerts/reports:	Quarterly Providers surpassing 5x5 MPE are reviewed by the Commissioner of Health for follow-up and/or referral to licensing board
	5: Unsolicited reports are only sent to the licensing boards in two scenarios: 1) if prescriber has been flagged through Commissioner of Health review, 2) if the prescriber has not responded to multiple requests to register for VPMS and has continued prescri
Unsolicited alerts/reports to practitioners not enrol	led in PDMP

Veterinary Policies

Data transmission frequency for Veterina	irians:	
Criteria for veterinarian queries:		
□ Veterinarian access to owner's prescrip	Veterinary Icon on PDMP Report	
Reporting Specifications		
Reporting Method:		
Reporting Specifications:		
Data Fields:		
Reporting Description:		
Reporting Mandate Compliance		
Reporting Compliance Details:		
Reporting Mandate Actions:		
Reporting Issues:	Veterinarians are not allowed to regist	er as submitters
Reporting Misc Information:		
Enrollment Mandate Compliance		
Enrollment Description:	Veterinarians are not allowed to enroll	as either requestors or submitters
Enrollment Mandate Compliance Details:		
Enrollment Mandate Criteria:		
Query Mandate Compliance		
Query Description:	Veterinarians are not permitted by star	tute/rule/policy to query
Query Mandate Compliance Details:		
Query Mandate Criteria:		

PDMP Effectiveness Measures

Reduction in morphine milligram equivalents (MMEs) prescribed or dispensed Reduction in number of fatal or non-fatal overdoses Reduction in incidence of multiple provider episodes Reduction in number of opioid prescriptions issued

Substance Use Disorder Activities

Tools or Resources

 MAT Services MOUD Services Harm Reduction Strategies Mental Health Assistance Services Employee Assistance Programs Housing Assistance Programs Re-Entry Programs 	Other:
Surveillance Activities	
Emergency Department Data Data Sources for Surveillance Activities:	 Medical Examiner/Coroner Data While the PDMP participates in surveillance activities through provision of data and/or linking, this information is not integrated into the PDMP, nor specifically under the PDMP program's oversight. https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP-2018-Vermont-Social-Autopsy.pdf is one of the largest projects of this sort, although other projects including EMS data are also in the works, although not active reports yet.
Initiated Actions	
 Resources to Affected Areas Directed Training on Prescribing Prescription Drug Tool Kits Risk Evaluation/Analysis on PDMP Reports Referrals to SUD Organizations 	Other Actions:

□ Referrals to OFR Teams