Do Well by Doing Good: Expand the Connecticut Prescription Monitoring and Reporting System (CPMRS)

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Connecticut Prescription Monitoring and Reporting System (CPMRS)

- Implemented to help address the opioid epidemic
- June 2013
  Dispensed schedule II-V prescription narcotics must be entered (CT PA 13-172)
- October 2015
  Providers must check before writing >3 day supply (CT PA 15-198 & 15-5, 354)
- July 2016
  Pharmacies must enter data by next business day (CT PA 16-43)

Similar Programs Across United States*

• All states except Missouri have programs
• Effective at:
  – Reducing overdose deaths
  – Decreasing rates of prescription, especially “at risk”
  – Less “doctor shopping” & diversion
• Those most like CPMRS (include more narcotics and require frequent updates) most effective

*Patrick SW. et al. Implementation of PDMPs Associated with Reductions in Opioid-Related Death Rates. Health Affairs July 2016 vol 35: no. 7
Polypharmacy a Growing Problem

• Defined as 5+ medications
• Nationally, rates doubled from 2000-2012
• Increases risk of drug reactions, inappropriate prescribing, hospitalization and mortality
  – Providers don’t know what other medications a patient is taking and don’t have time to ask
  – Patients have trouble remembering all the medications they take
• Differentially harms older citizens-39% of 65+ year olds take 5+ medications
CPMRS Has Already Handled

• Privacy and data security
• Nightly electronic downloads from pharmacies
• Real time electronic access for providers
• Data transfer, standardization, storage
We Can Jump Start a Statewide Health Database and Do Good

• Expand CPMRS to all prescription medications

• Make data easily available to patients and their designees (providers, care givers, etc.)

• Advertise directly with public service announcements

• When they access data, offer enrollment for safety alerts, If they enroll
  – Obtain cell phone contact and download app for communicating drug safety alerts
  – Offer free DNA “screening” for drug interactions in exchange for donating DNA for research
Immediate Gains

• Patient safety and decreased healthcare costs:
  – Avoid redundant or dangerous prescriptions
  – Decrease emergency room and hospitalizations

• Good public relations for a new program
  – Save providers time
  – Reassure patients/families
Issues to Address

• What Agency (Consumer Protection?)

• How to make the interface directly accessible to patients or their designees

• How to make access easier for providers (integrated into electronic health records)
Future Steps: Expand Data

- CMS, Health Systems, and Insurers: Administrative diagnostic codes (ICD 9-10)
- Laboratory data
- Radiology and Pathology
- Text (discharge summaries, progress notes etc)
- Geo-spatial data (for example)
  - Socio-economic (zip codes)
  - Air quality, weather patterns
  - Purchasing (food, alcohol, tobacco, etc.)
Health Data As An Economic Driver

• Innovation around customized health
  – Phone apps
  – Online and in person counselling
  – Customized health programs/resources

• Post marketing surveillance contracts

• Genetic and proteomic discovery

• Strategic drug development