



AMERICAN ACADEMY OF
HOSPICE AND PALLIATIVE MEDICINE

GUIDELINES:

Prescription Drug Monitoring Programs

AAHPM recognizes the public health imperative to curb prescription drug abuse, misuse, and diversion. The Academy is committed to partnering with policymakers in efforts to enhance prescribers' knowledge and skills in order to improve care and outcomes for patients and increase public health and safety. An effective network of state prescription drug monitoring programs (PDMPs) is a key tool in such efforts.

Palliative care and hospice providers treat the sickest, most vulnerable patients. Efforts to stem the prescription drug crisis must not prevent individuals with serious or life threatening illness – such as cancer, AIDS, chronic obstructive pulmonary disease, end stage kidney disease, heart failure, and sickle cell disease – from getting the medications they require for timely, effective treatment of their pain and suffering. AAHPM recommends the following to ensure successful drug monitoring that also preserves access to medications for patients with legitimate need.

PDMP STRUCTURE AND OPERATIONS SHOULD ENCOURAGE BROAD USE

A PDMP will be most effective if it is developed with the end-users – prescribers and dispensers – in mind and designed to fit within the workflow of health care practices. **This can be achieved by:**

- fostering efficient point-of-care access to prescription data and reporting mechanisms;
- ensuring interoperability and HIPAA-compliant data sharing across various systems and state lines;
- allowing practices to check patients' prescription histories in advance of appointments;
- granting the authority to check and enter prescription information to certain qualified staff members who are acting under a supervising physician or pharmacist;
- creating common-sense exemptions from PDMP mandates for vulnerable populations (e.g. home-bound hospice patients) that recognize the varying potential for abuse and diversion among different practice types and patients; and
- including prescribers and dispensers in the development and ongoing review of a PDMP.

PDMPs SHOULD MAINTAIN A HEALTH CARE FOCUS

When PDMPs are used primarily as a law enforcement mechanism, health care providers may fear excessive or punitive scrutiny. This can have a “cooling effect” on legitimate prescribing, threatening patient access to needed pain and symptom management. PDMPs should exist chiefly as a tool for improving patient care and safety. **This can be achieved by:**

- administering PDMPs through state health care agencies or professional licensing boards;
- requiring external oversight and approval of law enforcement requests to access PDMP data;
- providing options for law enforcement access that protect the confidentiality of patients' sensitive information; and
- implementing regular, formal assessments of PDMP effectiveness, including clinical usability and impact on patients' legitimate access to medications.

PDMP OBJECTIVES SHOULD BE REINFORCED THROUGH OTHER POLICIES

PDMPs can help prescribers and dispensers understand patient histories and tailor treatments, as well as help reduce misuse, abuse, and diversion of prescription drugs. Policymakers can further these goals by supporting other strategies that complement PDMPs. **This can be achieved by:**

- creating incentives and opportunities for providers to expand their knowledge and skills in safe prescribing practices, patient screening for substance abuse risk factors, and counseling patients and caregivers about safe use of controlled substances, including proper storage and disposal; and
- dismantling “pill mills” by requiring that pain clinics be physician-owned and that an expert-level prescriber is actively involved in the management of daily clinical activities.