

# Prescriber Feedback Reports from the New Mexico (NM) Prescription Monitoring Program: Survey Results, January 2017

*NM Board of Pharmacy & NMDOH Prescription Drug Overdose Prevention Program*

In 2015-16 the NM Board of Pharmacy, which administers the NM Prescription Monitoring Program (PMP), received funding to implement summary reports for prescribers, which have been identified as a promising practice to address prescription drug overdose by improving prescribing habits.

In developing the NM-specific reports in collaboration with the Department of Health’s Prescription Drug Overdose Prevention Program (PDOPP) and stakeholders, examples of reports from other states were consulted. Changes were made to report elements and formatting. Reports like this have been called “report cards” in other states, but “prescriber feedback reports” better reflects their purpose. The goal of the reports is to encourage PMP use and share information with healthcare providers (HCPs) that can be helpful in their practice.

## *Results from Survey of HCPs Sent Prescriber Feedback Reports (PFRs)*

The NM Board of Pharmacy sent prescriber feedback reports on November 8-10, 2016 to all 2,924 NM prescribers with active accounts in the NM PMP who met the report criteria. Prescribers had to have at least 20 patients who filled controlled substance (CS) prescriptions during the third quarter of 2016 and have functional e-mail addresses.

Reports were sent as pdfs via e-mail, with an accompanying message that provided a link to the survey. From November 8 through December 16, 2016, 337 HCPs working in 29 of NM’s 33 counties responded, although some did not answer all of the survey questions.

Survey respondents were asked five questions about their impressions of the prescriber feedback report (PFR) they received, and three questions about their medical background and the county or counties in which they practice, in order to get a sense of which types of practitioners and which regions were being represented. While the PFRs were created for and sent to specific individuals, the survey was anonymous.

*Note: Specialty information in the PFRs is taken from the primary taxonomy code in the National Provider Index (NPI) and updated each quarter. For valid comparisons, the reference specialty must contain at least 20 practitioners who each have at least 20 CS patients. Specialties with less than 20 practitioners are compared to the larger group (e.g. internal medicine) which includes that specialty.*

## **Cross Tabulation: Most Survey Respondents Rate PFR Usefulness and Accuracy Positively**

	<b>Very Useful</b>	<b>Useful</b>	<b>Somewhat Useful</b>	<b>Not Very Useful</b>	<i>Totals</i>
<b>Very Accurate</b>	<b>30.1%</b>	15.2%	4.2%	1.5%	51.0%
<b>Somewhat Accurate</b>	14.6%	10.4%	8.4%	1.2%	34.6%
<b>Not Very Accurate</b>	0.6%	1.5%	1.5%	<b>2.4%</b>	6.0%
<b>Not Sure</b>	2.1%	2.7%	1.8%	1.8%	8.4%
<i>Totals</i>	47.5%	29.9%	15.8%	6.9%	100.0%

Overall, a majority of respondents (n=231) rated the reports “very useful” and/or “very accurate.” Input from free response questions was also positive overall. As seen in the table (which can be read both across and down), over 30 percent of respondents (n=101) indicated their report was both very useful and very accurate, while only 2.4 percent (n=8) found it not useful and not accurate. Between 8 and 9 percent (n=28) indicated they were not sure how accurate their report was, although most of them (n=22) still found it at least somewhat useful.

## **About NM’s Prescription Monitoring Program and Senate Bill (SB) 263**

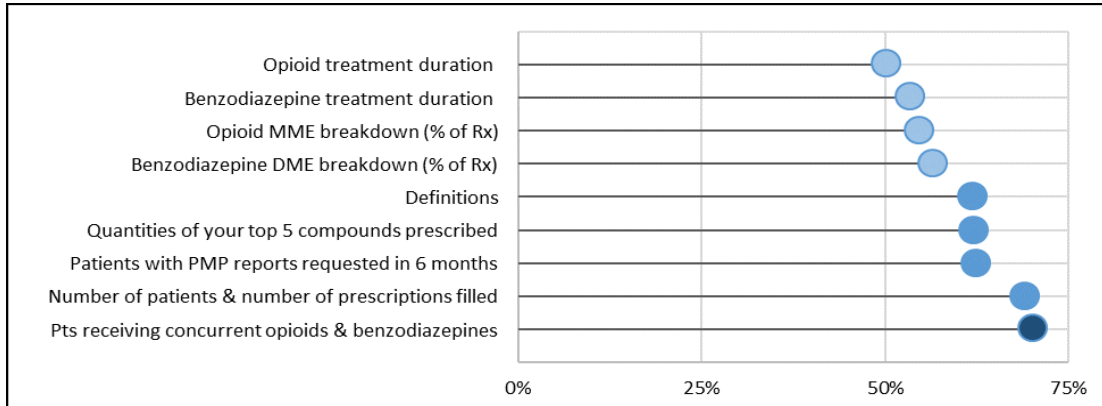
*New Mexico’s Prescription Monitoring Program was established in July 2005. All controlled substance prescriptions filled by NM pharmacists are required to be reported to the PMP.*

*Nearly all states have created PMPs (also called PDMPs, Prescription Drug Monitoring Programs) to help ensure patients do not receive risky amounts of opioids and other medications, particularly ones that should not be prescribed at the same time. PMPs can also help detect ‘doctor shopping’ and drug diversion.*

*In March 2016, Governor Martinez signed SB 263 which requires HCPs who prescribe opioids to review reports from the NM PMP before writing an initial prescription, and every 3 months thereafter for patients continuing on opioid therapy. This legislation required changes to NM professional licensing board rules, which went into effect on January 1, 2017.*



## More than Half of Survey Respondents Rate All PFR Elements “Very Useful”



When asked about specific elements included in the reports, respondents were generally positive, with a majority of respondents rating every element included as “very useful” (similar to results from the pilot survey in September 2016).

The majority of survey respondents who

provided licensing board information (63%) practice under the NM Medical Board. Other respondents were licensed as nurse practitioners or other advance practice nurses (23%), as osteopathic physicians or physician assistants (5%), in dentistry (5%), or as podiatrists, psychologists, pharmacist clinicians, or nurse midwives (all < 2% of responses). They reported a wide variety of specialty areas, with the majority working in Family Medicine.

Although the majority of survey respondents work in counties classified as metropolitan (the Albuquerque area) or small metropolitan (Doña Ana, Santa Fe, San Juan), over 100 survey respondents practice in mixed (urban-rural) or rural counties.

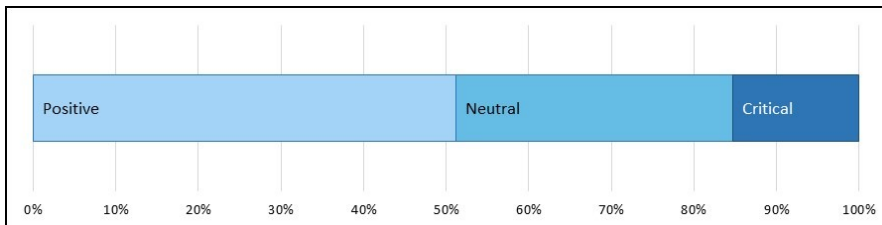
	Metro	Small Metro	Mixed	Rural
<b>Medical (n=200)</b>	49.3%	18.4%	29.4%	2.5%
<b>Nursing (n=74)</b>	33.8%	24.3%	37.8%	4.1%
<b>Dentistry (n=16)</b>	37.5%	37.5%	25.0%	0.0%
<b>Osteopathy (n=16)</b>	43.8%	25.0%	31.3%	0.0%

### Board and Practice Location for Larger Groups (>15 Survey Respondents)

Among survey respondents, nurses were the most likely to work in mixed and rural counties.

## Survey Respondent Comments and Recommendations

Several themes emerged in analysis of the free responses submitted. Nearly three-quarters (72.7%) of survey respondents took the time to write something in their own words, and over half of these comments were positive. Themes included suggestions for changes to PFRs, questions for the Board of Pharmacy, issues with provider specialty categories and comparisons, practice situations (realities and challenges, like tapering high-dose CS patients inherited from another provider), the PFR in relation to their practice, and varied reactions to the PFR (trouble reading or interpreting it, new or surprising information found in it, or incorrect information in it).



### Percentages of Positive, Neutral, and Critical Text Responses

Roughly one third of the survey respondents whose responses were categorized as “critical” had issues with the specialty categories used in creating the PFRs and the survey, which did not

include oncologists as a separate category. Other respondents practiced in more than one specialty or had changed specialties, and thus the comparisons in the PFRs were felt to be too broad or inaccurate. While issues with specialty categories and difficulties in reading or interpreting PFRs represented only a small fraction of the positive responses, they predominated among critical ones.

Based on the responses received to the Prescriber Feedback Reports Survey, the following actions are recommended:

- Continue to send PFRs to all active CS prescribers, making changes to specialty categories where feasible
- Explore additional changes suggested, including links or access to specific PMP patient data where the PFR shows potential risk (e.g. patients with multiple prescribers and/or pharmacies)



*If you would like more information about NM’s PMP, Prescriber Feedback Reports and the results from this survey (full evaluation report), or if you need assistance with your PMP registration or password, please contact the Board of Pharmacy at (505) 222-9846 or NM.PMP@state.nm.us*

