

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