

ALASKA'S PRESCRIPTION DRUG MONITORING PROGRAM

Analysis of Participant Feedback Questionnaire

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CONTENTS

Executive Summary..... 1

Introduction 2

Methods 2

Respondents 3

Sample Characteristics 4

Key Findings 5

Awareness of Resources..... 5

How the PDMP is Being Used by Prescribers and Pharmacists..... 7

How PDMP Users are Reporting Information on Controlled Substances..... 11

Overall Barriers and Challenges: Why Users Are Not Reporting..... 12

The Focal Reasons for Using the PDMP 13

The Usefulness of Prescriber Report Cards 14

The Role of PDMP Delegates 15

Veterinarians’ Opinions About the PDMP 16

Appendices 18

Executive Summary

In 2017, legislation was passed in the state of Alaska requiring professionals who prescribe or dispense controlled substances federally classified as schedule II, III, or IV drugs, substances, or chemicals to register and utilize a Prescription Drug Monitoring Program (PDMP) to track prescription activity. Following increased use of the PDMP, the first PDMP Awareness and Feedback Questionnaire was administered in 2019 to understand behaviors and opinions around the PDMP. This original questionnaire was revised in 2020 to further understand how behaviors and opinions about the PDMP differed by professional role (i.e., dentists, nurse practitioners, optometrists, physicians, physician's assistant, podiatrists, pharmacists, delegates¹, and veterinarians).

Results from the 2020 questionnaire indicate that there are **gaps in knowledge regarding PDMP resources, such as frequently asked question pages and registration requirements** and **additional training is needed** to specify which roles are responsible for record reviewing and reporting in the PDMP. Further, information about delegate utilization and helpfulness demonstrated that these PDMP users were beneficial and their access to the PDMP is a desirable method for reducing barriers to PDMP usage. Results from the 2020 questionnaire informed several recommended policy and practice changes to the PDMP feedback process, training on use of the PDMP, and the structure of the PDMP platform. Key recommendations are listed below, and this report presents additional information on each recommendation including results on which they are based.

- Update the PDMP user database to remove users who have moved out of state or have retired
- Increase training and marketing of the lesser-known resources related to the PDMP
- Prescribers should check the PDMP every time a patient is prescribed a controlled substance
- Improve the PDMP user interface and evaluate the impact of improvements
- Establish positive communication between prescribers and pharmacists in order for pharmacists to contact prescribers and discuss a patient's history prior to declining a prescription
- Prescribers and pharmacists should always review and report patient information in the PDMP system even if exempt under AS 17.30.200(u)
- Allow additional medical professionals, such as medical assistants, to register as delegates for the PDMP to improve the frequency and consistency of PDMP checking and reporting practices
- Offer desired trainings to veterinarians on identifying drug-seeking behaviors

¹ A delegate is a person who has been authorized to act as a search agent for a supervising PDMP Prescriber or Pharmacist.

Introduction

In Alaska, professionals who prescribe and dispense federally classified schedule II, III, or IV drugs, substances, or chemicals (controlled substances) are required to register with the state's Prescription Drug Monitoring Program (PDMP) to review and report patient-prescription information (see House Bill 159 for additional information). To evaluate the functionality and usefulness of this program, registered users were asked to participate in an awareness and feedback questionnaire. This questionnaire was first administered in 2019 and was revised in 2020 to further assess user behaviors, knowledge, and barriers to the use of the PDMP system. Additionally, the 2020 questionnaire specifically requested information from delegates² and pharmacists to gain an understanding on how these roles assist prescribers in their reviewing and reporting practices. Information was gathered from PDMP users with various professional roles to understand their unique experience and opinions.

As of the end of 2019, there were 7,116 registered PDMP users. This number is slightly higher than the number of registered PDMP users in 2018 but is a large increase from 1,785 in 2016 (before the legislation was enacted).³ PDMP registration counts by profession include 2,969 physicians, 1,027 pharmacists, 879 nurse practitioners, 645 dentists, 653 physician's assistants, 255 veterinarians, 73 optometrists, and 615 "other" federal roles.⁴ However, the number of frequent users of the PDMP may be lower than the totals reflected here based on users retiring, moving, or adapting practices. Presently, it is a challenge to identify the users that are actively versus not actively using the PDMP.

The PDMP Awareness and Feedback Questionnaire requested feedback on different components of the PDMP. The purpose of this report is to describe responses to the 2020 questionnaire and provide recommendations for improving PDMP practices in Alaska. We explored the following three research aims to further elucidate practices of PDMP users:

1. To examine how users from various professional roles use the PDMP;
2. To understand barriers to using the PDMP; and
3. To gain knowledge about how pharmacists and delegates utilize the PDMP to support or supplement prescribers reporting practices.

Methods

The 2020 PDMP Awareness and Feedback Questionnaire was sent to all registered PDMP users. The users had approximately one month; from February 19th to March 8th, 2020 to respond to the questionnaire.

To examine respondents' behaviors and attitudes, we conducted descriptive analyses that included frequencies by role to understand question response patterns. Additionally, chi-square tests were

² A delegate is a person who has been authorized to act as a search agent for a supervising PDMP Prescriber or Pharmacist.

³ Data and content retrieved from: https://www.commerce.alaska.gov/web/portals/5/pub/PHA_PDMP_2020_LegislativeReport.pdf

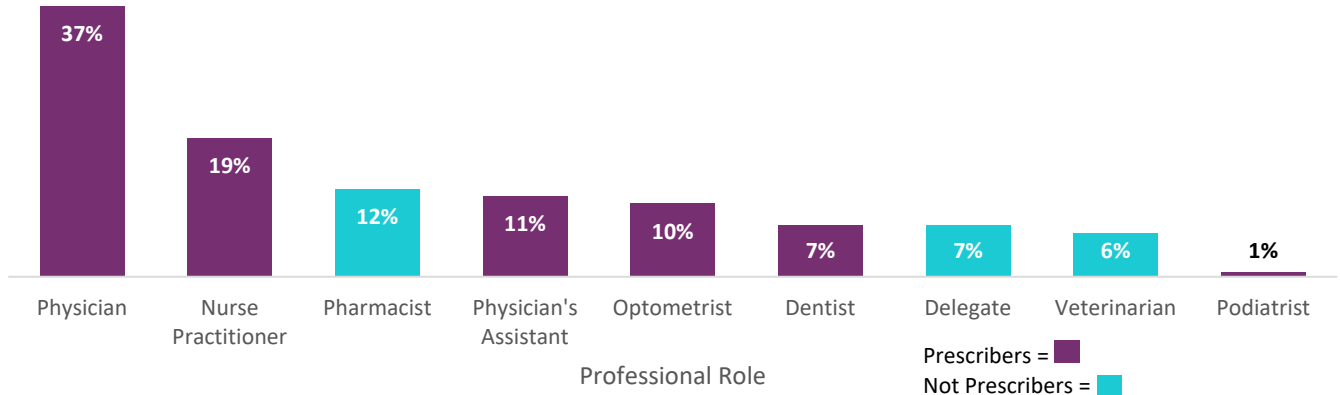
⁴ Delegate information is not included here because delegates are designated users of PDMP accounts for other registered users.

conducted to determine statistically significant behavioral differences by professional role for prescribers of controlled substances. Descriptive statistics were run to understand characteristics of the questionnaire respondents.

Respondents

The 2020 PDMP questionnaire was sent to all registered PDMP users and 978 respondents completed it. Most of these respondents were prescribers (75%), a designation that consists of dentists, nurse practitioners, optometrists, physicians, physician’s assistant, and podiatrists. Figure 1 highlights the percentage of questionnaire respondents by role. Prescribers are featured in blue and the non-prescribers (delegates, pharmacists, and veterinarians) are featured in purple. In this instance, veterinarians are not included in the prescriber group even though they can prescribe federally controlled substances. Veterinarians were given a distinct set of questions within the PDMP questionnaire that were different than the set of questions answered by other prescribers, thus constituting their own designation with individual results.

Figure 1: The majority of questionnaire respondents were physicians or nurse practitioners.

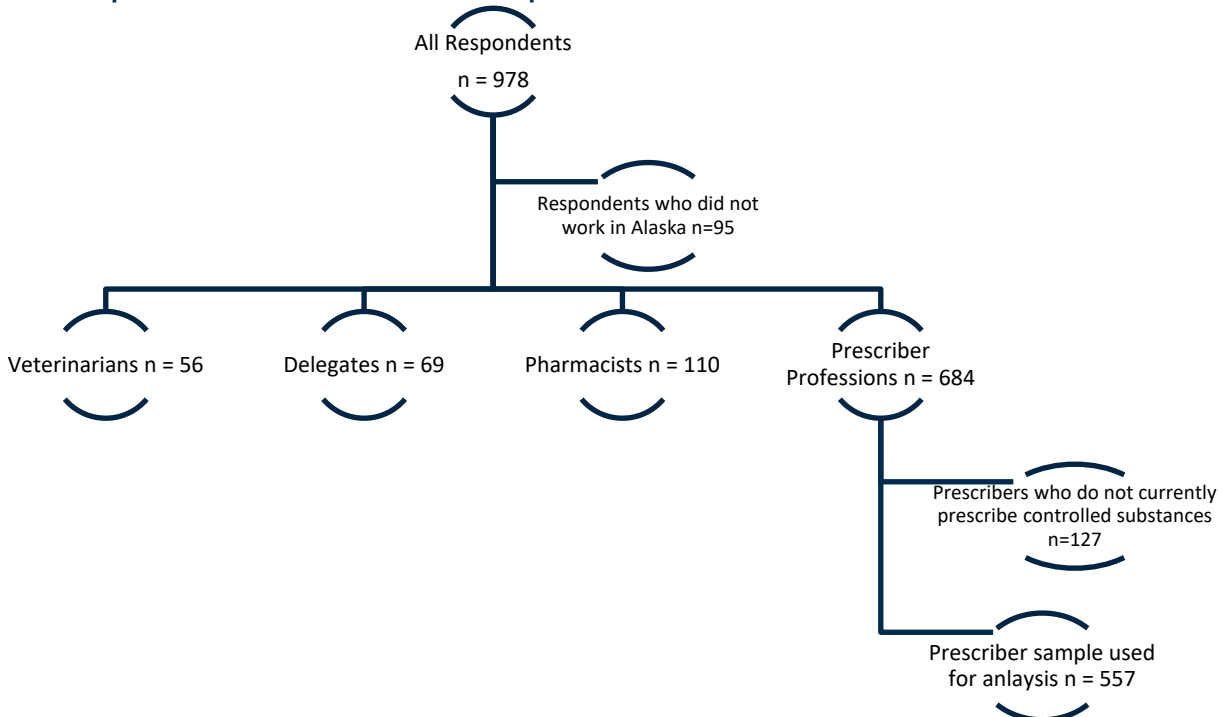


Based on a recommendation in 2019, the perceptions of delegates (7%) and pharmacists (12%) were intentionally collected with the 2020 PDMP questionnaire since they serve a critical role in checking information in and reporting to the PDMP. About half of all respondents were 50 years of age or older (54%). Most respondents used the PDMP for at least one year (83%), 12% indicated they used it for less than a year, and 5% indicated they never used the PDMP. Participants also worked in a variety of medical environments with large private office (6 or more practitioners; 11%), small private office (5 or fewer practitioners; 24%), and Indian Health Service (16%) being the most prevalent among respondents.

Sample Characteristics

To ensure the responses to the PDMP questionnaire reflected the opinions of professionals **currently handling prescription medication in Alaska, only participants who reported currently working in the state were included in analyses (n = 883)**. While 978 individuals responded to the survey, 95 questionnaire respondents were excluded from analyses because they indicated they no longer work in Alaska. Additional qualitative responses indicated that some of these respondents were retired from the medical field, moved out of Alaska, or only traveled to Alaska for specialty work. Out of those 883 remaining respondents who currently worked in Alaska, 648 were in roles that could potentially prescribe controlled substances to patients; however, only 577 indicated **that they currently prescribed controlled substances (see Figure 2)**. The final sample that is used in the analysis in this report (hereby referred to as the prescribers) is comprised of 47% physicians, 27% nurse practitioners, 18% physician’s assistants, 8% dentists, and less than 1% of both optometrists and podiatrists. Similar to the full sample, more than half of prescribers reported being 50 years old or older (54%). Most of these prescribers also had used the PDMP for at least 1 year (82%).

Figure 2: This report focuses on current PDMP prescribers



Note. Respondents that did not work in Alaska were removed from analyses. Prescribers who do not currently prescribe controlled substances were also removed from the prescriber group.

Key Recommendation: Update the PDMP user database to remove users who moved out of state or retired.

- The next administration of the PDMP Awareness and Feedback Questionnaire should attempt to reach, and gain responses from a larger number of **active** PDMP users (currently reaching less than 10% of all registered PDMP users). To increase survey participation, an incentive can be offered to those that complete the survey. Additionally, advertising for the survey could occur through professional or licensing boards. Following up with users who have not completed the survey by a certain time could also be beneficial to gaining more responses.
- If possible, PDMP users who are no longer active should be archived so prior users could be saved in a different part of the system. This could be done by sending out a brief survey to all users regarding their current status with the PDMP or by asking each professional board to solicit this information from registered users.

Key Findings

Findings from the 2020 PDMP Awareness and Feedback questionnaire communicate how various prescribers, delegates, pharmacists, and veterinarians use the PDMP.

Awareness of Resources

All questionnaire respondents were asked about their awareness of additional PDMP resources (e.g., pdmp.alaska.gov website, FAQs, AWARExE, etc.). More specifically, respondents were asked how helpful their respective state board was during the PDMP registration process. **Most prescribers did not attempt to contact their state board for this process (53%)**. For the 47% that did involve their state board in the PDMP registration process, there were significant differences among responses by role regarding the usefulness of this point of contact.⁵ For example, 53% of pharmacists thought that this point of contact was at least somewhat helpful, whereas only 19% of physicians reported feeling the same way. Further, 35% of delegates, 33% of physician's assistants, 33% of optometrists ($n = 1$), 27% of nurse practitioners, 26% of dentists, and 21% of veterinarians all thought this point of contact was at least somewhat helpful to their PDMP registration process.

Additional questions regarding specific resources related to the PDMP were inquired about and **only a small percentage of PDMP users were aware of each resource** (see Figure 3). There were also **statistically significant differences in knowledge of each resource by professional role**. Thirty-five percent of users reported having knowledge of the resources for registering, reviewing, and reporting requirements⁶ for the PDMP and only 34% reported knowing of the web resources such as AWARExE, PDMP, and Alaska.gov.⁷ **For both of these resources, veterinarians (46%; 50%), delegates (42%; 49%),**

⁵ $\chi^2(48) = 198.14, p < .0001$

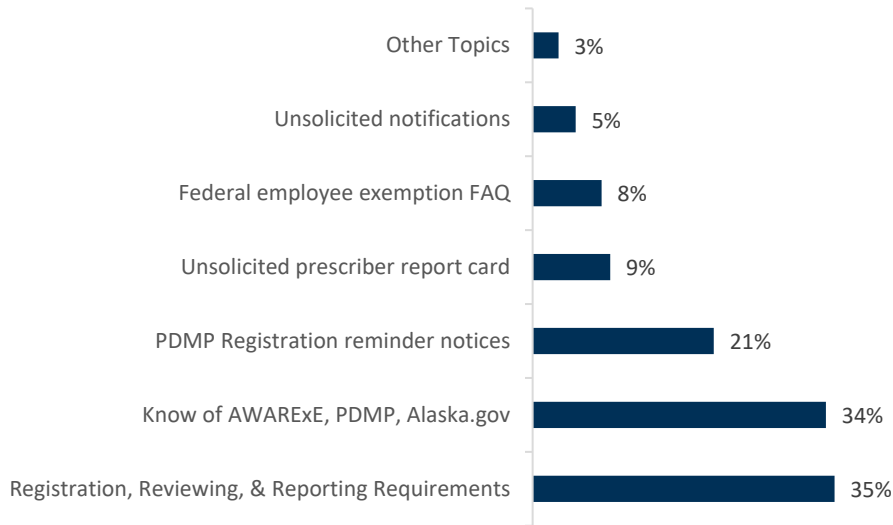
⁶ $\chi^2(8) = 17.43, p = .026$

⁷ $\chi^2(8) = 34.19, p < .0001$

pharmacists, (41%; 45%) and physician’s assistants (44%; 39%) reported the highest percentage of respective resource knowledge.

Twenty-one percent of users reported having knowledge about the PDMP registration reminder notices Frequently Asked Questions (FAQ) page.⁸ Veterinarians had the highest percentage of registered users aware of and able to access this registration reminder notices FAQ page (32%), with nurse practitioners (27%), and physician’s assistants (26%) indicating the second and third largest percentage of users.

Figure 3: Knowledge of additional PDMP resources among questionnaire respondents ⁹



Summary

Many respondents were not aware of, nor could they access, specific PDMP resources, such as the various FAQ pages, reporting requirements, unsolicited report cards, and registration update notices. Having training on how to access and use these resources could help alleviate roadblocks to reviewing or reporting to the PDMP, which could allow for additional information to be utilized and collected.

Key Recommendation: Increase training and marketing of the lesser-known resources related to the PDMP

- Provide state board information during the PDMP user’s registration process to provide a resource to ask relevant questions.
- Provide additional marketing and messaging regarding where to find and how to navigate resources related to successful PDMP use for every PDMP registered user to have general awareness of these resources.

⁸ $\chi^2(8) = 19.31, p = .013$

⁹ All survey respondents were asked this question; $n = 883$

How the PDMP is Being Used by Prescribers and Pharmacists

Frequency of Reviewing Patient History Using the PDMP

Physicians (47%), nurse practitioners (27%), and physician’s assistants (18%) reported prescribing controlled substances frequently.¹⁰ These respondents were asked about the frequency with which they use the PDMP to review a patient’s history. Ideally, prescribers would check the PDMP for each patient to whom they are prescribing a controlled substance before the prescription is written to the patient. However, not all prescribers checked the PDMP with the same frequency.¹¹ **A majority (65%) of prescribers (or their delegates) checked the PDMP each time they prescribed a controlled substance.** Of the prescribers who did *not* check the PDMP each time they prescribed a controlled substance, these prescribers reported checking the PDMP daily (7%), weekly (7%), monthly (8%), or even less frequently (13%). Additionally, **55% of pharmacists reported that they (or their delegates) check the PDMP every time they dispense a prescribed controlled substance or at least once daily (29%).**

When PDMP Reviews Were Performed

In addition to asking about the frequency of checking the PDMP, respondents were asked about the timing of when they review PDMP information. Among those respondents who reported checking the PDMP to inform medical decisions for patients ($n = 338$), prescribers completed their review either prior to seeing the patient (54%) or while the patient was in the room (40%), although there were differences reported across professional roles.¹² A majority of nurse practitioners (63%), physicians (56%), and physician’s assistants (53%) reported that they reviewed the PDMP prior to seeing a patient and a majority of dentists (90%) and podiatrists (100; $n = 1$) reported that they reviewed the PDMP while the patient was in the room. Most pharmacists completed their review when the patient dropped off the prescription (87%).

Prescribers varied in their reasons for checking the PDMP. **Thirty-six percent indicated they checked the PDMP when a patient requests a specific controlled substance, 29% checked if a patient has a known history of substance misuse, 13% checked if patient has a known behavioral health issue, and 10% checked if the patient looks suspicious.** Differences existed between roles in terms of checking the PDMP based on whether a patient looked suspicious, with 33% of optometrists, 23% of dentists, 14% of physician’s assistants, 9% of nurse practitioners, 7% of physicians all reporting this as a valid reason for checking the PDMP.¹³

Six percent of prescribers indicated they checked every patient regardless of prescription, even if that prescription was not a controlled substance. When determining which patients to check the

¹⁰ $\chi^2(25) = 40.30, p = .027$

¹¹ $\chi^2(35) = 69.42, p < .0001$

¹² $\chi^2(12) = 30.35, p = .002$

¹³ $\chi^2(5) = 14.98, p = .01$

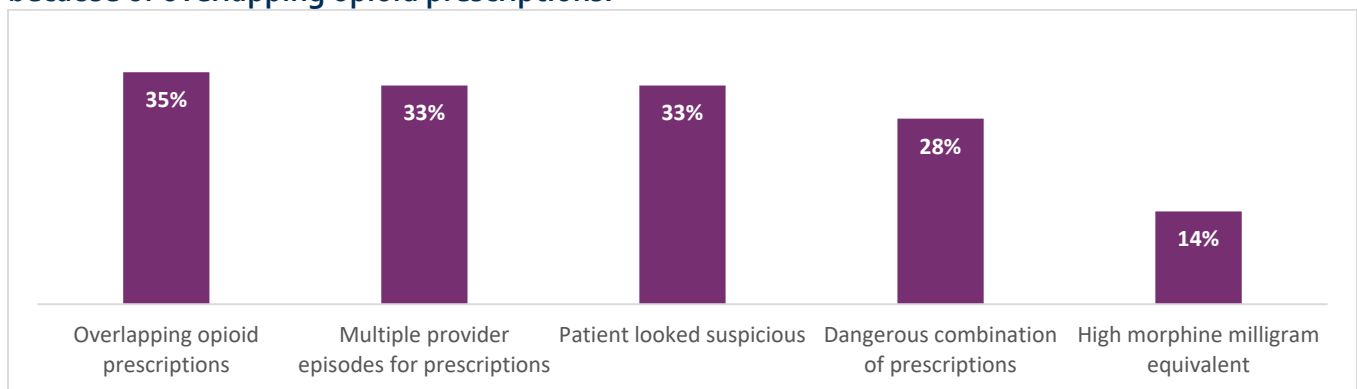
PDMP for, 69% of prescribers reported checking the PDMP for every patient to whom they were prescribing a controlled substance.¹⁴ In contrast, 55% of pharmacists reported checking the PDMP for every patient to whom they were dispensing a controlled substance.

Denying a Prescription

Prescribers and pharmacists have the right to deny patients a controlled substance based on findings from a PDMP patient review or professional judgement. **Sixty-one percent of prescribers have denied a patient a controlled substance prescription**; however, there was a significant difference in how frequently this occurred based on prescriber role.¹⁵ For instance, **nurse practitioners and physician’s assistants reported higher rates of denying prescriptions for a controlled substance** (66% and 73%, respectively) compared to physicians (55%), dentists (50%), or podiatrists (33%). **Pharmacists had a slightly higher rate of controlled substance prescription denial**, with 79% reporting that they had done so.

Common reasons why prescribers reported having denied patients a controlled substance prescription included 1) the patient would have overlapping opioid prescriptions (35%), 2) the patient had multiple provider episodes for prescriptions (33%), 3) the patient looked suspicious (33%), 4) the prescription would be dangerous if consumed in combination with other pre-existing prescriptions (28%),¹⁶ or 5) the new prescription had high morphine milligram equivalents (14%; see Figure 4).

Figure 4: The most common reason for prescribers to deny a patient a controlled substance was because of overlapping opioid prescriptions.



Pharmacists also had several reasons why they denied patients a controlled substance, including the prescription not being in the best interest of the patient (37%), the prescription not being due or being too early to refill (24%), and the prescription not being in the regular course of medical treatment (16%). Additionally, there were instances where pharmacists denied a patient a controlled substance because the pharmacist did not agree with the prescriber (3%), the patient had traveled a long

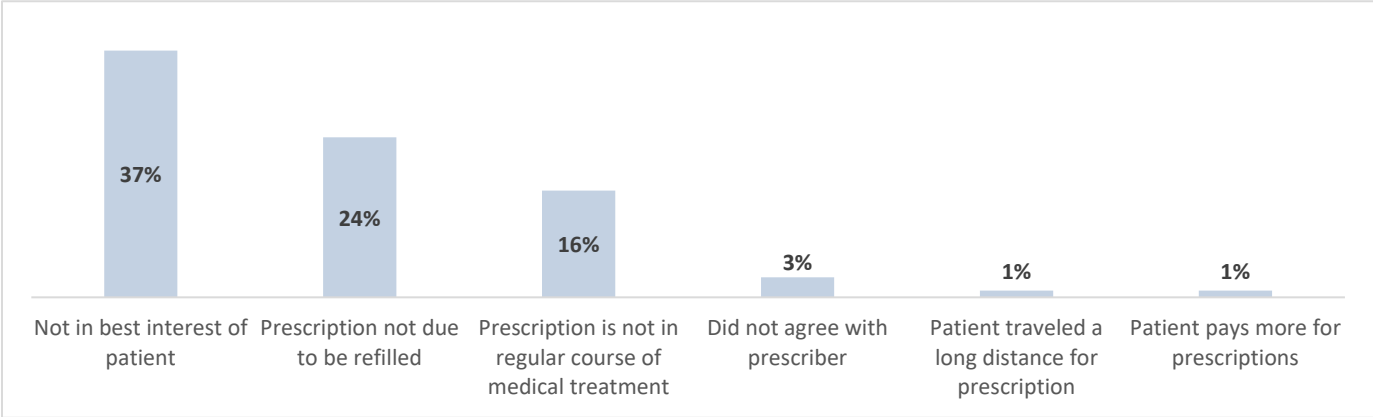
¹⁴ $\chi^2(5) = 11.62, p = .04$

¹⁵ $\chi^2(5) = 19.41, p = .002$

¹⁶ $\chi^2(5) = 16.62, p = .005$

distance to obtain the medication (1%), or the patient had a history of paying higher prices for medications (1%; see Figure 5).

Figure 5: The most common reason pharmacists denied patients a controlled substance was because they perceived it was not in the best interest of the patient.



Summary

Almost half of prescribers are not conducting a PDMP review each time they are prescribing a controlled substance. This is problematic because the prescriber may then be uninformed about the prescription history of a patient, which could lead to prescribing an inappropriate controlled substance. Prescribers who check the PDMP for each patient typically perform this review either right before seeing the patient or while the patient is in the room. Depending on the patient, performing this review at either time could be beneficial. Understanding the decision behind when the prescriber is checking the PDMP could be particularly salient for suggesting changes to current recommendations or procedures.

Both prescribers and pharmacists use their right to deny a patient a controlled substance prescription, although it may not necessarily be for purely medical reasons. For example, prescribers reported that they have denied a prescription because the patient looked suspicious and this reason for denial was reported more frequently than denials based on dangerous substance combinations or high morphine milligram equivalents (MMEs). **Additional information may be needed here to understand why prescribers feel comfortable denying a person medication based on initial observation and the criteria they are using to make this decision.**

For those prescribers and pharmacists who use the PDMP regularly, it was often done because it was deemed beneficial for patients and for reducing opioid use. For instance, prescribers and pharmacists both wanted to make a difference for their patients, to assist in ending the opioid crisis, and to not be problematic prescribers or dispensers as considered by both their peers and their patients. Prescribers and pharmacists who feel the information from the PDMP provides them an avenue to improve their practice and the lives of their patients may be more likely to invest time in frequent and accurate reporting. Other prescribers and pharmacists reported only using the PDMP because it is indeed mandatory by the state of Alaska. These users were often wanting to preserve the integrity of their practice but may not view the PDMP as entirely necessary, therefore leading to potentially less investment in the program.

Key Recommendation: Prescribers should check the PDMP every time a patient is prescribed a controlled substance

- Although more than half of prescribers (62%) checked the PDMP every time they prescribed a controlled substance, a large percentage did not report checking the PDMP every time. It is recommended that every person who prescribes a controlled substance prescription check the PDMP to understand a patient's history with controlled substance prescriptions.
- Each patient's records should be reviewed prior to their appointment time, which may require additional delegates to assist with workflow. Medical professionals can then broach important conversations with patients based on PDMP information if controlled substances are suggested for treatment. The medical professional interfacing with that patient will also be more informed in their treatment suggestions regardless of whether that treatment involved controlled substances or not.
- There should be more training and messaging provided to prescribers and pharmacists, so they are aware of the proper way to use the PDMP.
- A question should be added to the next version of the PDMP Awareness and Feedback questionnaire that asks about how prescribers decide when to check the PDMP.

Key Recommendation: Improve the PDMP user interface and evaluate the impact of improvements

- Allocate funding to continue to work with the creator of the PDMP interface to improve usability for registered users.
- Add questions about the usability of specific PDMP features to the next Awareness and Feedback questionnaire.

Key Recommendation: Establish positive communication between prescribers and pharmacists in order for pharmacists to contact prescribers and discuss a patient's history prior to declining a prescription Guidance should be provided on how to best communicate with prescribers when pharmacists need to question or confirm if the PDMP was previously checked for a patient.

How PDMP Users are Reporting Information on Controlled Substances

When prescribers were asked when they report to the PDMP, either through AWARE or the PDMP Clearinghouse, **65% said they never reported to these databases and assumed that pharmacists did this reporting.** Further, only 19% of prescribers stated that they reported to the PDMP when they prescribed a controlled substance.

Many pharmacists (66%) have an automated system that reports to the PDMP upon dispensing controlled substance prescriptions. Of the remaining 34% of pharmacists who do not have the automated reporting system, 12% stated that they **never** reported to the PDMP whereas 15% said they reported at some point throughout the day. **Eighty-five percent of pharmacists also lacked confidence in prescribers having queried the PDMP, which prompted 76% of pharmacists to contact the prescriber and confirm the prescription for the patient.**

Summary

In the state of Alaska, the medical professional dispensing a controlled substance prescription is responsible for reporting that information to the PDMP. Although a fair number of pharmacists have an automated system to complete the reporting process when the prescription is dispensed, over 1 in 10 pharmacists are not reporting prescription information into the PDMP. The prescriptions that are not being reported to the PDMP by prescribers and pharmacists could contribute to opioid misuse or addiction. Improved reporting guidelines need to be created and potentially paired with refreshed training procedures to increase prescription reporting in the PDMP.

Key Recommendation: Prescribers and pharmacists should always review and report patient information in the PDMP system even if exempt under AS 17.30.200(u)

- A clarification should be given during training updates for both prescribers and pharmacists indicating the importance of reporting to the PDMP controlled substance prescription activity for all patients and stating the equal responsibility that prescribers and pharmacists have in this reporting when dispensing a controlled substance. Most pharmacists have an automated system for this reporting, but there are still reporting gaps overall.
- The individual boards for each type of prescriber should also work towards improving compliance in prescriber's role in reviewing the PDMP. Push notifications, like those used by the board of pharmacy, can be helpful in notifying unregistered prescribers about the PDMP registration process.
- Look into expanding automated reporting to all PDMP users.

Overall Barriers and Challenges: Why Users Are Not Reporting

Although 39% of prescribers reported there were no barriers to their use of the PDMP,

- 32% reported that they did not feel they had enough time to check the PDMP and to report prescriptions,
- 18% of prescribers reported that their support staff were not allowed to access the PDMP under their account,
- 10% struggled with limited internet access at work to connect to the PDMP, and
- 7% reported a lack of training on how to access the PDMP.

When reviewing qualitative responses that described barriers prescribers faced when using the PDMP, several respondents indicated the PDMP was not user friendly. Other prescribers mentioned the lack, or insufficient number, of delegates was a barrier for their use of the PDMP. Some illustrative quotes include:

"I wish my MA could be my delegate" – Nurse Practitioner

"As far as I'm aware our behavioral health clinicians can't be our delegates. This is challenging for our suboxone patient's where they would be the perfect delegate."-Physician

“Dental assistants/front desk/hygienists/residents need to be delegates. I am a bottle neck if I am busy, which upsets patients.”-Dentist

Almost half of pharmacists reported they did not face barriers to PDMP system usage (47%). Among those that experienced barriers, the most frequently cited reason was a lack of time to input information in the program (18%).

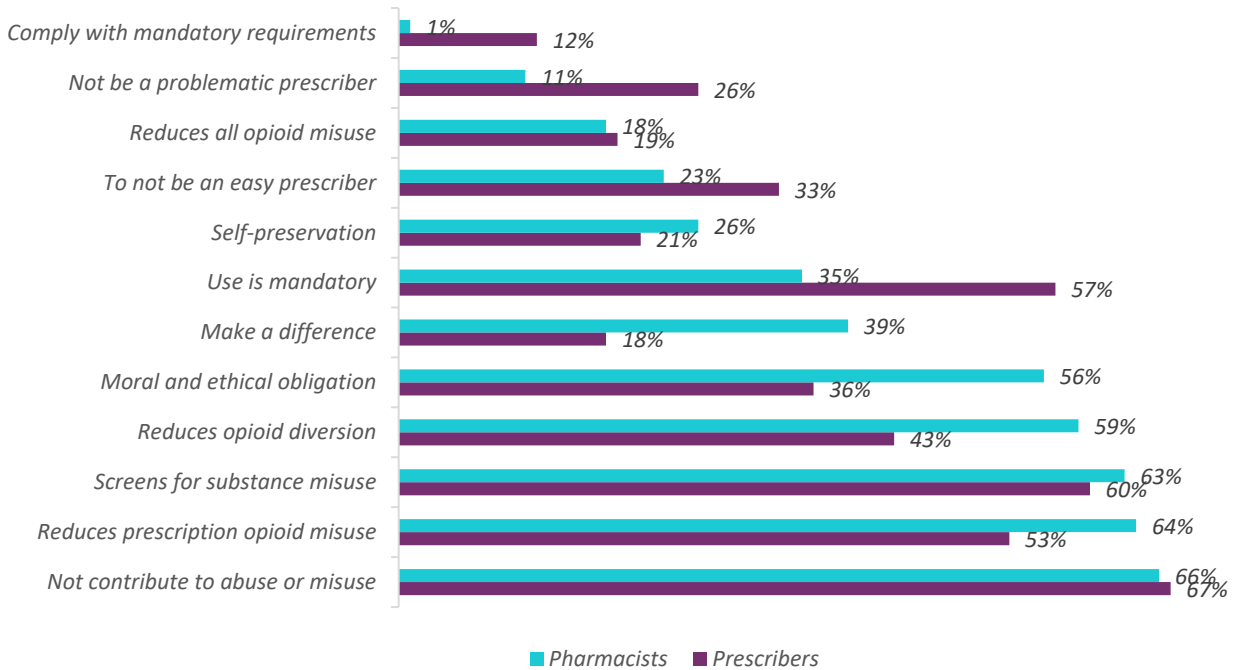
Summary

One possible reason for the lack of reporting could be the various barriers faced by PDMP users. Users frequently commented in the qualitative sections of the 2020 questionnaire that the PDMP was cumbersome to use and often took more time to utilize than a prescriber had available when meeting with any given patient. A solution posed by respondents to alleviate the time spent reviewing and reporting in the PDMP would be to enable more staff (e.g., office staff, front desk staff) to use the PDMP and to report these findings to the prescriber ahead of their appointment with the patient.

The Focal Reasons for Using the PDMP

There are many reasons why prescribers and pharmacists use the PDMP. These priorities range from feeling like they are making a difference and reducing prescription opioid misuse to only using the PDMP because it is required in the state of Alaska. The following figure indicates the percentage of prescribers and pharmacists who reported using the PDMP for various reasons (see Figure 6).

Figure 6: 67% of prescribers and 66% of pharmacists use the PDMP because they do not want to contribute to opioid abuse or misuse.



Note. Statistically significant differences by role are presented in Appendix F.

The Usefulness of Prescriber Report Cards

Most prescribers received and viewed their PDMP report card¹⁷ (78%); however, most prescribers were neutral or **not surprised at how they compared to other prescribers in their specialty (79%) and did not change their prescribing practices as a result of the report card findings (93%)**. Most prescribers (88%) rated the PDMP as at least somewhat valuable for making clinical decisions¹⁸. These findings were also significantly different across user roles.¹⁹ For example, 43% of dentists found reviewing the PDMP to be either very valuable or extremely valuable when making clinical decisions, whereas a higher frequency of physician’s assistants (75%), nurse practitioners (72%), and physicians (47%) found the PDMP to be valuable for making clinical decisions and rated it as either very valuable or extremely valuable.

¹⁷ The prescriber report card is a new type of report that is emerging among State PDMPs. A typical report card contains a summary of a healthcare provider’s personal prescribing history and her/his ranking compared to the “average” prescriber of the same medical specialty.

¹⁸ Extremely valuable 29%; very valuable 30%; somewhat valuable 29%; not so valuable 8%; and not at all valuable 4%

¹⁹ $\chi^2(25) = 55.22, p < .0001$

The Role of PDMP Delegates

In Alaska, only individuals holding a license, registration, or certification under AS 08²⁰ may register as a delegate (i.e., an authorized PDMP search agent) for a pharmacist, prescriber, or veterinarian. Of the questionnaire respondents who reported working in Alaska ($n = 883$), 12% of prescribers overall indicated they had delegates whereas less than 1% of pharmacists and less than 1% of veterinarians indicated they had delegates. The majority of pharmacists and veterinarians indicated they had 1 or 2 delegates. **Of the prescribers who indicated they had delegates, 62% had 1 or 2 delegates, 31% had 3 to 5 delegates, and 7% had 6 or more delegates.** The appropriate number of delegates available to a prescriber depends upon the size and type of medical practice, namely the number of patients and extent of prescriptions for controlled substances. One way to reduce the burden of PDMP checking and updating is to avoid placing limits on the number of delegates available to prescribers.

Of the delegates who responded to the questionnaire, 91% ($n = 61$) were delegates to a prescriber and 9% ($n = 6$) were delegates to a pharmacist. Delegates can be registered to more than one prescriber or pharmacist. The largest proportion of delegates were registered to 1 or 2 prescribers or pharmacists (46%), followed by 6 to 10 prescribers or pharmacists (25%), 3 to 5 prescribers or pharmacists (20%), and 11 or more prescribers or pharmacists (7%).²¹ Placing no limits on the number of prescribers to whom a delegate is registered allows prescribers to assign delegates based on their needs and workflow.

²⁰ http://www.akleg.gov/basis/get_documents.asp?session=31&docid=60018

²¹ 2% of delegates did not respond to this question

Delegates viewed their role as most helpful in reviewing patient prescription history. Half of the delegates reported that their role also reduced time constraints and improved office workflow, whereas a third of the delegates reported that their role was helpful in submitting prescription data and distributing the workload among the employees in their office.

Summary

Another important role that was specifically asked about in the 2020 PDMP questionnaire was delegates for prescribers, pharmacists, and veterinarians. These delegates thought they added value to their job environments by interfacing with the PDMP on behalf of the main PDMP account holder and making office operations continue more smoothly. **Prescribers and pharmacists also reported a desire for more delegates**, which indicates that the extra help reviewing and reporting to the PDMP was helpful overall. Adding more professionals, such as delegates, who can access the PDMP could help improve reviewing and reporting rates.

Unfortunately, the prescriber report cards were not rated as particularly useful by the respondents in the prescriber group. Although the report cards were being viewed, they were not informing any changes in practices for prescribers, meaning that they may not be reporting on information that is pertinent to prescriber's decisions regarding their practice. Understanding what information is necessary to influence prescriber's practices could be beneficial so the report cards can be more useful to prescribers.

Key Recommendation: Allow additional medical professionals, such as medical assistants, to register as delegates for the PDMP to improve the frequency and consistency of PDMP checking and reporting practices

- Expand state-level requirements regarding who can serve as a delegate for various prescribers and pharmacists to enable more PDMP reviewing and reporting to be completed while simultaneously alleviating time constraints currently faced by prescribers and pharmacists.

Veterinarians' Opinions About the PDMP

A vast majority of veterinarians **did not believe** that using the PDMP in their practice was helping to reduce the opioid crisis (95%). Many veterinarians have even changed their prescribing practices to avoid using the PDMP, which was reported as detrimental to their clients (79%). **The PDMP was also interpreted as being burdensome (93%) and the information is not considered by the veterinarians to be valuable (91%).** Only one veterinarian responded that they thought the PDMP contributed anything good to their practice; however, 68% stated they would be happy to use the PDMP if it related to their clientele and **91% responded that training on identifying drug-seeking behaviors would be more beneficial than the PDMP.**

Summary

In the 2019 report, it appeared that veterinarians were asked the same questions as other prescribers and felt that, overall, the PDMP was not created with them in mind, nor was it relevant to their practice. In the 2020 questionnaire, a specific set of questions was asked of veterinarians to further understand their feelings and challenges with the PDMP. Unfortunately, veterinarians feel that being required to use the PDMP is actually damaging to their practices and that the program is not necessary for the success of their individual practices. Further explanation and clarification are needed to assist veterinarians with understanding how their role is important in addressing the misuse of controlled substances.

Key Recommendation: Offer desired trainings to veterinarians on identifying drug-seeking behaviors

- Further evaluate the usefulness of providing resources for training and PDMP requirements for veterinarians. A modified system could be considered that may be less burdensome to veterinary practices while still accomplishing the goal of mitigating the opioid crisis by reviewing and reporting animal-intended prescriptions.
- Provide veterinarians a regular training on identifying and responding to drug seeking behavior.

Appendices

Appendix A: Expanded Demographic Information

Table 1. Age by role for all questionnaire respondents

Role	< 30 Years Old	30-39 Years Old	40-49 Years Old	50+ Years Old
Delegate	6	17	20	22
Dentist	0	12	10	23
Nurse Practitioner	1	17	45	92
Optometrist	0	3	1	2
Pharmacist	8	31	18	38
Physician	1	49	52	175
Physician's Assistant	2	16	22	50
Podiatrist	0	0	1	1
Veterinarian	0	11	20	24
Total	18 (2%)	156 (20%)	189 (24%)	427 (54%)

Note. 790 participants responded to this demographic question.

Table 2. Length of using the PDMP by role for all questionnaire respondents

Role	1-6 Months	7-12 Months	1-2 Years	3-4 Years	5-6 Years	7+ Years
Delegate	9	9	27	16	1	3
Dentist	3	0	14	22	4	0
Nurse Practitioner	5	6	60	46	20	13
Optometrist	0	2	2	1	0	0
Pharmacist	8	1	14	29	17	21
Physician	18	16	90	85	31	21
Physician's Assistant	6	1	33	28	12	10
Podiatrist	0	0	2	0	0	0
Veterinarian	2	6	24	14	1	0
Total	51 (7%)	41 (6%)	266 (36%)	241 (33%)	86 (12%)	52 (7%)

Note. 737 participants responded to this demographic question.

Appendix B: Awareness of PDMP Resources

Table 1. Questionnaire respondent's rating of how helpful it was to contact state boards

Role	N/A	Not attempted to contact	Not at all helpful	Not so helpful	Somewhat helpful	Very helpful	Extremely helpful
Delegate	9 (14%)	31 (48%)	2 (3%)	0	4 (6%)	10 (16%)	8 (13%)
Dentist	0	0	5 (14%)	6 (17%)	6 (17%)	1 (3%)	2 (6%)
Nurse Practitioner	2 (1%)	2 (1%)	9 (6%)	12 (7%)	17 (12%)	16 (11%)	6 (4%)
Optometrist	0	0	1 (33%)	0	1 (33%)	0	1 (33%)
Pharmacist	1 (1%)	26 (31%)	6 (7%)	6 (7%)	20 (24%)	18 (22%)	6 (7%)
Physician	0	157 (63%)	17 (7%)	27 (11%)	32 (13%)	8 (3%)	8 (3%)
Physician's Assistant	0	50 (58%)	5 (6%)	3 (3%)	15 (17%)	11 (13%)	3 (3%)
Podiatrist	0	2 (100%)	0	0	0	0	0
Veterinarian	0	22 (41%)	17 (32%)	4 (7%)	8 (15%)	2 (4%)	1 (2%)
Total	12 (2%)	382 (53%)	62 (9%)	58 (8%)	103 (14%)	66 (9%)	35 (5%)

Note. Differences by role were statistically significant $\chi^2(48) = 198.14, p < .0001$.

Table 2. Awareness of various resources related to the PDMP

Role	AWARExE, PDMP, & Alaska.gov	Registration, reviewing & reporting requirements	Federal employee exemption FAQs	Unsolicited prescriber “report card” FAQs	PDMP registration reminder notices FAQs	Unsolicited Notifications	The “other” topics
Delegate	34 (49%)	29 (42%)	3 (4%)	5 (7%)	9 (13%)	4 (6%)	1 (1%)
Dentist	13 (25%)	15 (29%)	4 (8%)	6 (12%)	12 (23%)	2 (4%)	0
Nurse Practitioner	60 (34%)	56 (32%)	14 (8%)	15 (9%)	47 (27%)	6 (3%)	2 (1%)
Optometrist	1 (13%)	2 (25%)	0	0	0	0	0
Pharmacist	49 (45%)	45 (41%)	24 (22%)	5 (5%)	22 (20%)	4 (4%)	5 (5%)
Physician	77 (25%)	92 (30%)	16 (5%)	34 (11%)	50 (16%)	15 (5%)	9 (3%)
Physician’s Assistant	41 (39%)	46 (44%)	5 (5%)	7 (7%)	27 (26%)	3 (3%)	5 (5%)
Podiatrist	1 (25%)	0	0	0	0	0	0
Veterinarian	28 (50%)	26 (46%)	1 (2%)	4 (7%)	18 (32%)	6 (11%)	3 (5%)
Total	304 (34%)	311 (35%)	67 (8%)	76 (9%)	185 (21%)	40 (5%)	25 (3%)

Note. Differences by role were statistically significant for knowledge of the registration, reviewing, and reporting requirements ($\chi^2(8) = 17.43, p = .026$); knowing of AWARExE, PDMP, and Alaska.gov ($\chi^2(8) = 34.19, p < .0001$); registration reminder notices FAQ ($\chi^2(8) = 19.31, p = .013$); and federal employee exemption FAQ ($\chi^2(8) = 40.05, p < .0001$).

Appendix C: Expanded Information on Behaviors & Practices of PDMP System

Table 1. Frequencies of prescribing controlled substances by role

Role	Yes	No	No, I am retired
Delegate	0	0	0
Dentist	44	7	0
Nurse Practitioner	153	17	1
Optometrist	3	3	0
Pharmacist	0	0	0
Physician	271	25	3
Physician's Assistant	102	2	0
Podiatrist	4	0	0
Veterinarian	0	0	0

Table 2. Prescriber status by professional role

Role	Number of prescribers
Dentist	44 (8%)
Nurse Practitioner	153 (27%)
Optometrist	3 (<1%)
Physician	271 (47%)
Physician's Assistant	102 (18%)
Podiatrist	4 (<1%)
Total	577

Table 3. Frequency of prescribing controlled substances by role

Role	Several Times per Day	Daily	Weekly	Monthly	Quarterly	Annually
Dentist	8%	8%	25%	35%	15%	10%
Nurse Practitioner	13%	9%	33%	24%	13%	7%
Optometrist	0	0	0	33%	33%	33%
Physician	15%	20%	36%	17%	9%	3%
Physician's Assistant	10%	10%	33%	24%	16%	6%
Podiatrist	0	33%	33%	33%	0	0
Total	72 (13%)	80 (15%)	189 (34%)	120 (22%)	67 (12%)	31 (6%)

Note. Differences by role were statistically significant $\chi^2(25) = 40.30, p = .027$.

Table 4. Frequency of checking the PDMP when prescribing controlled substances by role

Role	Every time prescribe	Daily	Weekly	Monthly	Quarterly	Annually	Never
Dentist	43%	2%	5%	18%	9%	9%	5%
Nurse Practitioner	67%	9%	4%	5%	8%	3%	5%
Optometrist	100%	0	0	0	0	0	0
Physician	62%	6%	9%	9%	4%	4%	7%
Physician's Assistant	66%	9%	8%	25%	0	25%	6%
Podiatrist	0	25%	25%	0	0	0	0
Total	360 (62%)	41 (7%)	40 (7%)	47 (8%)	26 (5%)	8 (1%)	35 (6%)

Note. Differences by role were statistically significant $\chi^2(35) = 69.42, p < .0001$.

Table 5. When PDMP patient review is occurring by role

Role	Never, assume pharmacist does it	Prior to seeing patient	While patient is in the room	After patient leaves
Dentist	0	2 (10%)	18 (90%)	0
Nurse Practitioner	1 (1%)	63 (63%)	29 (29%)	7 (7%)
Optometrist	0	0	0	0
Physician	0	80 (56%)	58 (40%)	6 (4%)
Physician's Assistant	0	39 (53%)	29 (40%)	5 (7%)
Podiatrist	0	0	1 (100%)	0

Note. Differences by role were statistically significant $\chi^2(12) = 30.35, p = .002$.

Table 6. Determining attributes warning prescribers to check the PDMP

Role	Every patient regardless of Rx	Every patient I am prescribing a controlled substance to	Patients who look suspicious	Patients with known substance misuse	Patients who request a specific controlled substance	Patients with known behavioral health issues
Dentist	2 (5%)	24 (55%)	10 (23%)	18 (41%)	22 (50%)	11 (25%)
Nurse Practitioner	10 (7%)	114 (75%)	13 (9%)	47 (31%)	54 (35%)	18 (12%)
Optometrist	0	3 (100%)	1 (33%)	1 (33%)	1 (33%)	1 (33%)
Physician	20 (7%)	183 (68%)	19 (7%)	74 (27%)	87 (32%)	27 (10%)
Physician's Assistant	5 (5%)	71 (70%)	14 (14%)	24 (24%)	39 (38%)	16 (16%)
Podiatrist	0	1 (25%)	0	1 (25%)	2 (50%)	1 (25%)
Total	37 (6%)	396 (69%)	57 (10%)	165 (29%)	205 (36%)	74 (13%)

Note. Statistically significant differences occurred by role for the items regarding prescribers checking the PDMP for each patient they are prescribing controlled substances to $\chi^2(5) = 11.62, p = .04$ and for patients that looked suspicious $\chi^2(5) = 14.98, p = .01$.

Table 7. Prescribers who denied a prescription to a patient

Role	Yes, denied	No, haven't denied
Dentist	20 (50%)	20 (50%)
Nurse Practitioner	100 (66%)	52 (34%)
Optometrist	0	3 (100%)
Physician	146 (55%)	118 (45%)
Physician's Assistant	73 (74%)	26 (26%)
Podiatrist	1 (33%)	2 (67%)
Total	340 (61%)	221 (39%)

Note. Differences by role were statistically significant $\chi^2(5) = 19.41, p = .002$.

Table 8. Reasons for denying patients a prescription by role

Role	Dangerous combination of treatment	High MME	Overlapping opioid Rx	Multiple provider episodes for Rx	Patient looks suspicious
Dentist	2 (5%)	4 (9%)	15 (34%)	10 (23%)	1 (2%)
Nurse Practitioner	46 (30%)	17 (11%)	50 (33%)	51 (33%)	7 (5%)
Optometrist	0	0	0	0	0
Physician	77 (28%)	41 (15%)	98 (36%)	92 (34%)	93 (34%)
Physician's Assistant	34 (33%)	18 (17%)	40 (39%)	40 (39%)	40 (39%)
Podiatrist	0	1 (25%)	1 (25%)	0	0
Total	159 (28%)	81 (14%)	204 (35%)	193 (33%)	193 (33%)

Note. Differences by role were statistically significant for prescribers who chose that they denied a prescription because it was a dangerous combination of treatments $\chi^2(5) = 16.62, p = .005$.

Appendix D: PDMP Reporting Habits

Table 1. Frequency of reporting prescriptions to the PDMP by role

Role	Never, assume pharmacist does it	While patient in the room	As soon as patient leaves	At some point during the day	Every other day	I report when I directly dispense controlled Rx	Weekly	Monthly
Dentist	22 (63%)	7 (20%)	0	1 (3%)	0	5 (14%)	0	0
Nurse Practitioner	87 (65%)	12 (9%)	3 (2%)	5 (4%)	0	25 (19%)	2 (2%)	0
Optometrist	1 (33%)	0	1 (33%)	1 (3%)	0	0	0	0
Physician	166 (69%)	17 (7%)	3 (1%)	10 (4%)	2 (<1%)	40 (17%)	2 (<1%)	0
Physician's Assistant	49 (57%)	3 (4%)	2 (2%)	8 (10%)	0	23 (27%)	0	1 (1%)
Podiatrist	2 (67%)	0	0	0	0	1 (33%)	0	0
Total	327 (65%)	39 (8%)	9 (2%)	25 (5%)	2 (<1%)	94 (19%)	4 (<1%)	1 (<1%)

Appendix E: Barriers and Challenges with Using the PDMP System

Table 1. Challenges with Using the PDMP System and Platform

Role	No barrier	Limitations with Internet access at work	Not enough time	Support staff not being allowed to access the system under my account	Lack of training on how to access the PDMP
Dentist	15 (34%)	5 (11%)	17 (39%)	9 (21%)	5 (11%)
Nurse Practitioner	73 (48%)	15 (10%)	43 (28%)	20 (13%)	11 (7%)
Optometrist	2 (67%)	0	1 (33%)	0	0
Physician	95 (35%)	33 (12%)	90 (33%)	58 (21%)	20 (7%)
Physician's Assistant	39 (38%)	11 (10%)	31 (30%)	15 (15%)	5 (5%)
Podiatrist	0	0	2 (50%)	1 (25%)	1 (25%)
Total	224 (39%)	64 (11%)	184 (32%)	103 (18%)	42 (7%)

Appendix F: Reasons for Using the PDMP

Table 1. Reasons prescribers reported using the PDMP by role

Selected Answer	Dentist	Nurse Practitioner	Optometrist	Physician	Physician's Assistant	Podiatrist	Total
It reduces prescription opioid use	21 (48%)	87 (57%)	2 (67%)	127 (47%)	69 (68%)	1 (25%)	307 (53%)
It reduces all opioid misuse	9 (21%)	30 (20%)	1 (33%)	45 (17%)	22 (22%)	1 (25%)	108 (19%)
It reduces opioid diversion	11 (25%)	75 (49%)	2 (67%)	109 (40%)	51 (50%)	1 (25%)	249 (43%)
It is a way to screen for substance abuse	25 (57%)	94 (61%)	1 (33%)	156 (58%)	69 (68%)	0	345 (60%)
For self-preservation	6 (14%)	37 (24%)	0	45 (17%)	30 (29%)	0	118 (21%)
It is my moral and ethical obligation to do so	18 (41%)	64 (42%)	1 (33%)	78 (29%)	46 (45%)	1 (25%)	208 (36%)
It is mandatory to do so	21 (48%)	88 (58%)	0	156 (56%)	61 (60%)	1 (25%)	327 (57%)
I am making a difference	10 (23%)	44 (29%)	1 (33%)	40 (15%)	11 (11%)	0	106 (18%)
To not contribute to abuse, misuse, or addiction	27 (61%)	110 (72%)	2 (67%)	171 (64%)	76 (75%)	2 (50%)	388 (67%)
To not be perceived as a problematic prescriber	11 (25%)	53 (35%)	1 (33%)	52 (19%)	35 (34%)	0	152 (26%)

To not be viewed by patients as an easy prescriber	11 (25%)	60 (39%)	1 (33%)	74 (27%)	44 (43%)	0	190 (33%)
Only use the PDMP to comply with mandatory requirements	7 (16%)	15 (10%)	1 (33%)	35 (13%)	8 (8%)	1 (25%)	67 (12%)

Note. Statistically significant differences occurred by role for the following individual items: reduces prescription opioid misuse ($\chi^2(5) = 15.77, p = .008$), reduces opioid diversion ($\chi^2(5) = 12.17, p = .033$), for self-preservation ($\chi^2(5) = 11.86, p = .037$), because it is their moral and ethical obligation to do so ($\chi^2(5) = 12.72, p = .026$), because they are making a difference ($\chi^2(5) = 19.18, p = .002$), to not be perceived as a problematic prescriber ($\chi^2(5) = 17.47, p = .004$), and to not be viewed by patients as an easy prescriber ($\chi^2(5) = 14.65, p = .012$).

Appendix G: Report Card Use by Prescribers

Table 1. Report card use by role

Role	No	Yes
Dentist	9 (23%)	30 (77%)
Nurse Practitioner	35 (24%)	109 (76%)
Optometrist	2 (67%)	1 (33%)
Physician	57 (23%)	196 (77%)
Physician's Assistant	14 (15%)	79 (85%)
Podiatrist	0	3 (100%)
Total	117 (22%)	418 (78%)

Table 2. Prescribers who were surprised with how they compared to other prescribers

Role	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
Dentist	3 (10%)	6 (20%)	9 (30%)	8 (27%)	4 (13%)
Nurse Practitioner	4 (4%)	11 (10%)	67 (62%)	16 (15%)	11 (10%)
Optometrist	0	0	1 (100%)	0	0
Physician	9 (5%)	35 (18%)	92 (47%)	39 (20%)	20 (10%)
Physician's Assistant	4 (5%)	10 (13%)	45 (58%)	15 (20%)	3 (4%)
Podiatrist	0	1 (33%)	2 (67%)	0	0
Total	38 (9%)	63 (15%)	216 (52%)	78 (18%)	38 (9%)

Table 3. Prescribers changed reporting patterns based on the results of the report card

Role	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
Dentist	1 (3%)	2 (7%)	7 (24%)	8 (28%)	11 (38%)
Nurse Practitioner	3 (3%)	7 (6%)	34 (31%)	39 (36%)	26 (24%)
Optometrist	0	0	1 (100%)	0	0
Physician	0	13 (7%)	60 (31%)	69 (35%)	53 (27%)
Physician's Assistant	0	4 (5%)	28 (36%)	35 (45%)	11 (14%)
Podiatrist	0	0	2 (67%)	1 (33%)	0
Total	4 (1%)	26 (6%)	132 (32%)	152 (37%)	101 (24%)

Table 4. Prescribers' rating of how valuable reviewing the PDMP was to inform clinical decision making

Role	N/A	Not at all Valuable	Not so valuable	Somewhat valuable	Very valuable	Extremely valuable
Dentist	0	1 (3%)	1 (3%)	15 (50%)	9 (30%)	4 (13%)
Nurse Practitioner	1 (<1%)	4 (4%)	3 (3%)	22 (20%)	32 (29%)	47 (43%)
Optometrist	0	0	0	0	0	1 (100%)
Physician	1 (<1%)	9 (5%)	27 (14%)	65 (34%)	51 (26%)	41 (21%)
Physician's Assistant	0	3 (4%)	0	17 (22%)	30 (39%)	28 (36%)
Podiatrist	0	0	0	2 (67%)	1 (33%)	0
Total	2 (<1%)	17 (4%)	31 (8%)	121 (29%)	123 (30%)	121 (29%)

Note. Differences by role were statistically significant $\chi^2(25) = 55.22, p < .0001$.

Appendix H: Delegate Information

Table 1. Offices that delegates work in

Profession delegates work with	Number of delegates reporting
Hospital or office	61
Pharmacists	6

Table 2. How many PDMP users are delegates registered with

Number of prescribers	Number of delegates reporting
1-2	32
3-5	14
6-10	17
11+	5

Table 3. Delegates selected that their role was helpful in the following ways

Ways that delegates thought their role was helpful	Number of delegates reporting
Review patient prescription history	67
Submit prescription data	26
Distribute the workload	25
Improve office workflow	36
Reduce time constraints	33
Case management – coordinate care of patients using chronic controlled substances	1
Minimizing harm to patients	1
Plan care	1

Appendix I: PDMP Feedback and Awareness Questionnaire 2020

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness Questionnaire

Introduction

We welcome the opportunity to receive your feedback about Alaska's Prescription Drug Monitoring Program. The survey should take 10 minutes to complete. Your responses are important to helping improve the PDMP in Alaska. Your responses will be anonymous.

1. Please specify your user role (should match the user role used to register with the PDMP).

- | | |
|--|---|
| <input type="radio"/> Dentist | <input type="radio"/> Physician Assistant |
| <input type="radio"/> Nurse Practitioner (includes APRN; NP, CNM, CNS, CRNA) | <input type="radio"/> Optometrist |
| <input type="radio"/> Pharmacist | <input type="radio"/> Veterinarian |
| <input type="radio"/> Physician (MD, DO) | <input type="radio"/> Delegate |
| <input type="radio"/> Podiatrist | |

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

Veterinarian

2. I do not believe my participation in the PDMP is helping the opioid crisis

- True
 False

3. I have tried to change what I prescribe and/or dispense solely for the purpose of avoiding the PDMP, which has been detrimental to my clients

- True
 False

4. The PDMP has been burdensome to my practice

- True
 False

5. I do not believe the information I provide to the PDMP is valuable

- True
 False

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

Veterinarian

6. The use of the PDMP in my practice has contributed to the overall good of the population

- True
 False

7. If the PDMP was specific to my clientel, I would be happy to report in the program

- True
 False

8. Education and training on how to identify drug-seeking behaviors would be more beneficial than using the PDMP

- True
 False

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

Alaska

9. Do you practice/work in Alaska?

- Yes
- No

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

Delegate: Alaska

10. Do you practice/work in Alaska?

- Yes
- No

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

Pharmacist: Alaska

11. Do you practice/work in Alaska?

Yes

No

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

Veterinarian: Alaska

12. Do you practice/work in Alaska?

Yes

No

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness Questionnaire

Pharmacists Questions

13. How difficult is it to report prescription information daily to the PDMP?

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult

14. Does your pharmacy manually report prescription information, or is the data transmitted to the PDMP automatically by your pharmacy management system?

- Manually
- Automatically

15. Did you ever not report to the PDMP for any of the following reasons:

- Having to report manually
- Unsure of how to report
- Data dispenser submission guide was not useful
- Difficulty or inconvenience of reporting
- No, I always report

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness Questionnaire

Pharmacists Questions

16. How often do you have to perform patient matching?

- Frequently
- Occasionally
- Never

17. If you've had to perform patient matching, how difficult was it?

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult
- Not applicable

18. How confident are you that providers are querying patients prior to writing the prescription?

- Extremely confident
- Very confident
- Somewhat confident
- Not so confident
- Not at all confident

19. If you have ever had doubts about whether a prescriber queried a patient before prescribing a controlled substance, what action did you take (check all that apply)?

- Contacted the prescriber to confirm
- Informed the patient you would not be able to fill the prescription
- Asked the patient to speak with their provider about their medication
- Referred the patient to another pharmacy

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

Pharmacist Delegates?

20. Do you have Delegate(s)?

Yes

No

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

Pharmacist - No. of Delegates

21. How many Delegates are associated with your PDMP account?

- 1-2
- 3-5
- 6-10
- 11+

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

Prescriber Delegates?

22. Do you have Delegate(s)?

Yes

No

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

Prescriber - No. of Delegates

23. How many Delegates are associated with your PDMP account?

- 1-2
- 3-5
- 6-10
- 11+

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

Veterinarian Delegates?

24. Do you have Delegate(s)?

Yes

No

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

Veterinarian - No. of Delegates

25. How many Delegates are associated with your PDMP account?

- 1-2
- 3-5
- 6-10
- 11+

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness Questionnaire

Pharmacist Review

26. How often do you, or your delegate, review a patient's prescription history in the PDMP before dispensing a controlled substance?

- Every time I prescribe a controlled substance
- Daily
- Weekly
- Monthly
- Quarterly
- Annually
- Never

27. Have you ever denied a patient a controlled substance prescription because of information found in the Prescription Drug Monitoring Program?

- Yes
- No

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

Prescriptions - Controlled Substances

28. Do you ever prescribe schedule II, III, or IV controlled substances?

- Yes
- No - I am retired
- No - I am a Pharmacist
- No

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

Pharmacist - Deny

32. What was the reason for denying to fill the prescription? (check all that apply)

- Not medically necessary
- Not in the best interest of the patient
- Did not agree with prescriber
- Other (please specify)
- Not in the usual course of medical treatment
- Patient had traveled a long distance to obtain the prescription
- Patient had a history of paying higher prices for medication

33. When do you perform your review of a patient?

- When the patient drops off the prescription
- When the patient comes to pick up prescription
- After the patient leaves
- Never, I'm not required to review

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness Questionnaire

Deny - Prescriber

34. What was the reason for denying to prescribe? (check all that apply)

- Dangerous combination of treatment
- High morphine milligram equivalents (MME)
- Number of opioid prescription days
- Overlapping of opioid prescriptions
- Multiple provider episodes for prescription opioids (5 or more prescriptions filled at 5 or more pharmacies over a 3 month period)
- The patient looked suspicious
- Other (please specify)

35. When do you perform your review of a patient?

- Prior to seeing the patient
- While the patient is in the room
- After the patient leaves
- Never, I assume the pharmacist will review before dispensing

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness Questionnaire

Patient Review

36. What patients do you generally check in the PDMP? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Every patient, regardless of the prescription | <input type="checkbox"/> Patients with known substance misuse |
| <input type="checkbox"/> Every patient I am prescribing a controlled substance to | <input type="checkbox"/> Patients who request a specific controlled substance |
| <input type="checkbox"/> Patients who look suspicious | <input type="checkbox"/> Patients with known behavioral health issues |
| <input type="checkbox"/> Other, please explain | |

37. What best describes the frequency in which you report to the PDMP, either through AWARxE or the PDMP Clearinghouse:

- | | |
|--|---|
| <input type="radio"/> While patient is still present/in the room | <input type="radio"/> Weekly |
| <input type="radio"/> As soon as the patient leaves | <input type="radio"/> Monthly |
| <input type="radio"/> At some point throughout the day | <input type="radio"/> I only report when I directly dispense a controlled substance |
| <input type="radio"/> Every-other-day | <input type="radio"/> Never, I assume the pharmacist will report after dispensing |

38. Which of the following is a barrier(s) that keeps you from using PDMP more? (Check all that apply)

- | |
|---|
| <input type="checkbox"/> No barrier |
| <input type="checkbox"/> Limitations with Internet access at work |
| <input type="checkbox"/> Not enough time |
| <input type="checkbox"/> Support staff (CMAs) not being allowed to access the system under my account |
| <input type="checkbox"/> Lack of training on how to access the PDMP |
| <input type="checkbox"/> Other (please specify) |

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness Questionnaire

Patient Review

39. The following are reasons why I use the PDMP (Check all that apply).

- | | |
|--|---|
| <input type="checkbox"/> It reduces prescription opioid misuse. | <input type="checkbox"/> It is mandatory to do so. |
| <input type="checkbox"/> It reduces all opioid use. | <input type="checkbox"/> I am making a difference. |
| <input type="checkbox"/> It reduces prescription diversion. | <input type="checkbox"/> I do not want to contribute to abuse, misuse, or addiction. |
| <input type="checkbox"/> It is a way to screen for substance misuse. | <input type="checkbox"/> I do not want to be perceived as a problematic prescriber by my peers. |
| <input type="checkbox"/> For self-preservation. | <input type="checkbox"/> I do not want to be viewed by patients as a easy provider to obtain prescriptions. |
| <input type="checkbox"/> It is my moral and ethical obligation to do so. | <input type="checkbox"/> I only use the PDMP to comply with mandatory requirements. |
| <input type="checkbox"/> Other (please specify) | |

40. The State of Alaska currently shares data with nine other states - Idaho, Louisiana, Massachusetts, Minnesota, Montana, North Dakota, Rhode Island, South Carolina, and Washington through the PMP InterConnect (PMPi). When you review patient histories, do you utilize the PMPi Interconnect to review patient prescription histories in other states?

- Yes
- No
- Not applicable

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness Questionnaire

Pharmacist - Patient Review

41. What patients do you generally check in the PDMP? (Check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> Every patient, regardless of the prescription | <input type="checkbox"/> Patients with known substance misuse |
| <input type="checkbox"/> Every patient I am dispensing a controlled substance to | <input type="checkbox"/> Patients with known behavioral health issues |
| <input type="checkbox"/> Patients who look suspicious | <input type="checkbox"/> Patients with a prescription by a specific provider |
| <input type="checkbox"/> Other, please explain | |

42. What best describes the frequency in which you report to the PDMP, either through AWARxE or the PDMP Clearinghouse:

- | | |
|--|---|
| <input type="radio"/> While patient is still present | <input type="radio"/> Monthly |
| <input type="radio"/> As soon as the patient leaves | <input type="radio"/> I only report when I directly dispense a controlled substance |
| <input type="radio"/> At some point throughout the day | <input type="radio"/> My software does this automatically on a daily basis |
| <input type="radio"/> Every-other-day | <input type="radio"/> never |
| <input type="radio"/> Weekly | |

43. Which of the following is a barrier(s) that keeps you from using PDMP more? (Check all that apply)

- | |
|---|
| <input type="checkbox"/> No barrier |
| <input type="checkbox"/> Limitations with Internet access at work |
| <input type="checkbox"/> Not enough time |
| <input type="checkbox"/> Support staff (CMAs) not being allowed to access the system under my account |
| <input type="checkbox"/> Lack of training on how to access the PDMP |
| <input type="checkbox"/> Other (please specify) |

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness Questionnaire

Pharmacist - Patient Review

44. The following are reasons why I use the PDMP (Check all that apply).

- | | |
|--|---|
| <input type="checkbox"/> It reduces prescription opioid misuse. | <input type="checkbox"/> It is mandatory to do so. |
| <input type="checkbox"/> It reduces all opioid use. | <input type="checkbox"/> I am making a difference. |
| <input type="checkbox"/> It reduces prescription diversion. | <input type="checkbox"/> I do not want to contribute to abuse, misuse, or addiction. |
| <input type="checkbox"/> It is a way to screen for substance misuse. | <input type="checkbox"/> I do not want to be perceived as a problematic prescriber by my peers. |
| <input type="checkbox"/> For self-preservation. | <input type="checkbox"/> I do not want to be viewed by patients as a easy provider to obtain prescriptions. |
| <input type="checkbox"/> It is my moral and ethical obligation to do so. | <input type="checkbox"/> I only use the PDMP to comply with mandatory requirements. |
| <input type="checkbox"/> Other (please specify) | |

45. The State of Alaska currently shares data with ten other states - Connecticut, Idaho, Louisiana, Massachusetts, Minnesota, Montana, North Dakota, Rhode Island, South Carolina, and Washington through the PMP InterConnect (PMPi). When you review patient histories, do you utilize the PMPi Interconnect to review patient prescription histories in other states?

- Yes
- No
- Not applicable

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

PMPI

46. If you search PMPI, how often do you find data in other states that change your course of treatment for you patient?

- Always
- Usually
- Sometimes
- Rarely
- Never

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness Questionnaire

Pharmacist - PMPI

47. If you search PMPI, how often do you find data in other states that change your course of treatment for you patient?

- Always
- Usually
- Sometimes
- Rarely
- Never

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

Receive a Report Card

48. Do you receive a prescriber report card?

Yes

No

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness
Questionnaire

Report Card

49. In looking at my report card, I was surprised by how I compare to other prescribers within the same specialty.

- | | |
|--|---|
| <input type="radio"/> Strongly disagree | <input type="radio"/> Agree |
| <input type="radio"/> Disagree | <input type="radio"/> Strongly agree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable - I do not prescribe |

50. I changed my prescribing patterns as a result of looking at my report card.

- | | |
|--|---|
| <input type="radio"/> Strongly disagree | <input type="radio"/> Agree |
| <input type="radio"/> Disagree | <input type="radio"/> Strongly agree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable - I do not prescribe |

51. How would you rate the value of reviewing patient prescription history in informing clinical decision making?

- | | |
|--|---|
| <input type="radio"/> Extremely valuable | <input type="radio"/> Not so valuable |
| <input type="radio"/> Very valuable | <input type="radio"/> Not at all valuable |
| <input type="radio"/> Somewhat valuable | <input type="radio"/> Not applicable |

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness Questionnaire

Copy of page: Report Card

52. Which of the following metrics from the report card do you find helpful or informative? (Check all that apply)

- The number of similar prescribers working within my profession
- The number of prescribers working in the same specialty
- The average number of patients receiving opioids compared to similar prescribers in the same specialty
- The number of opioid prescriptions I've written compared to similar prescribers in the same specialty
- Top three (3) medications I've prescribed
- Prescriptions I've written by Morphine Milligram Equivalent (MME)
- The monthly average of prescription volumes in MME written
- The monthly average of anxiolytic, sedative, and hypnotic prescriptions
- The number of patients exceeding multiple provider thresholds
- Dangerous combination therapies (prescriptions for opioids + benzodiazepines) I've written compared to other prescribers
- Dangerous combination therapies (prescriptions for opioids + benzodiazepines + carisoprodol) I've written compared to other prescribers

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness Questionnaire

Resources

53. How helpful are your interactions with your Board (Dental, Medical, Including Physician Assistants, Nursing, Optometry, Pharmacy, Veterinary) involving the PDMP registration?

- | | |
|---|--|
| <input type="radio"/> Extremely helpful | <input type="radio"/> Not at all helpful |
| <input type="radio"/> Very helpful | <input type="radio"/> I have not attempted to contact my Board |
| <input type="radio"/> Somewhat helpful | <input type="radio"/> I am not under any of these Boards |
| <input type="radio"/> Not so helpful | |

54. Are you aware of the resources at pdmp.alaska.gov? (Check all that apply)

- "AWARxE, PDMP, and PDMP.alaska.gov – what are these websites and what can I find on them?"
- Registration, reviewing, and reporting requirements
- Federal employee exemption FAQs
- Unsolicited prescriber "report card" FAQs
- PDMP registration reminder notices FAQs
- Unsolicited notifications
- The "other" topics

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness Questionnaire

Delegates

55. Are you a Delegate for a:

- Prescriber in a hospital or office
- Pharmacist in a pharmacy

56. How many prescribers are you registered as a Delegate for?

- 1-2
- 3-5
- 6-10
- 11+

57. Is your role helpful to your office in any of the following ways? (Check all that apply)

- To review patient prescription history
- To submit prescription data
- Distributing work load
- Improving office work flow
- Reducing time constraints
- Other (please specify)

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness Questionnaire

Demographics

58. Which best characterizes your practice? (check all that apply)

- Large private office (6+ practitioners)
- Small private office (5 or fewer practitioners)
- Academic practice
- Emergency room
- Hospital-based clinic
- Hospital: inpatient primarily
- Health care facility (e.g., including a nursing home, hospice center, or substance use disorder treatment facility)
- Military facility
- IHS
- VA healthcare system
- Not applicable
- Other (please specify)

59. How long have you used the PDMP?

- Never
- 1-6 months
- 7-12 months
- 1-2 years
- 3-4 years
- 5-6 years
- 7+ years

60. What is your age group?

- Under 30
- 30-39
- 40-49
- 50+

2020 Prescription Drug Monitoring Program (PDMP) Feedback and Awareness Questionnaire

End Note

Thank you for completing this survey! The PDMP is an important part of Alaska's efforts to address the opioid epidemic. We appreciate your feedback and ideas.

If you have any questions or would like to know more about the survey and the results, please contact:

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