

ALASKA'S PRESCRIPTION DRUG MONITORING PROGRAM

Analysis of 2023 Awareness & Feedback Questionnaire

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EXECUTIVE SUMMARY

BACKGROUND

In 2017, legislation was passed in the State of Alaska requiring professionals who prescribe or dispense federally scheduled II, III, or IV controlled substances to register with and utilize a Prescription Drug Monitoring Program (PDMP). 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.

The original questionnaire was revised in 2020 to further understand how PDMP utilization and perceptions differed by professional role (i.e., dentists, nurse practitioners, physician assistant, optometrists, physicians, podiatrists, pharmacists, delegates¹, and veterinarians). In 2021, questions focused on prescription denial, PDMP resources, usefulness of PDMP report cards, and perception of delegates were added. Questions investigating the impact of COVID-19 on PDMP usage were also added.

In 2023, NPC Research began hosting the survey and made it available in Alchemer, an online data collection and survey tool. Minor edits were made to various questions and response options to improve question clarity. Questions aimed at further understanding the impact of delegates were added for providers, while additional questions for delegates themselves were added to glean insight into their role with the PDMP. Questions were also added and/or edited to clarify and better understand direct dispensing. This report contains detailed descriptions of survey results for prescribers and pharmacists (for whom PDMP use is mandatory) particularly where they were asked parallel questions.

RECOMMENDATIONS BASED ON THE 2023 SURVEY

- **Increase training and marketing of PDMP resources**, possibly through other professional organization listservs and social media sites in addition to state licensing board communications.
- **Explore options for increasing speed of the PDMP system.** One of the most common barriers in using the PDMP is slow processing largely due to users' internet speeds. Further, Gateway Integration should be considered as a solution for improving speed of the PDMP system.
- **Increase information dissemination** about the time-saving value of delegates and ensure that PDMP resources and trainings are made available to delegates as well as primary users.

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, providers who prescribe and dispense federally scheduled II, III, or IV 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 the Awareness and Feedback Questionnaire. This questionnaire was first administered in 2019 and was revised both in 2020 and 2021 to further assess user behaviors, knowledge, and barriers to the use of the PDMP system.

As of the end of 2022, there were 8,595 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). PDMP registration counts by profession include 3,985 physicians, 714 pharmacists, 1,156 nurse practitioners, 551 dentists, 601 physician assistants, 312 veterinarians, 85 optometrists, and 722 "other" federal roles.

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 2023 questionnaire and provide recommendations for improving PDMP practices in Alaska. We focused on the following three research aims to further explore practices of PDMP users:

1. *To examine how pharmacists and prescribers with various roles use the PDMP,*
2. *To understand barriers to using the PDMP, and*
3. *To gain knowledge about how delegates utilize the PDMP to support prescriber and pharmacist practices.*

METHODS

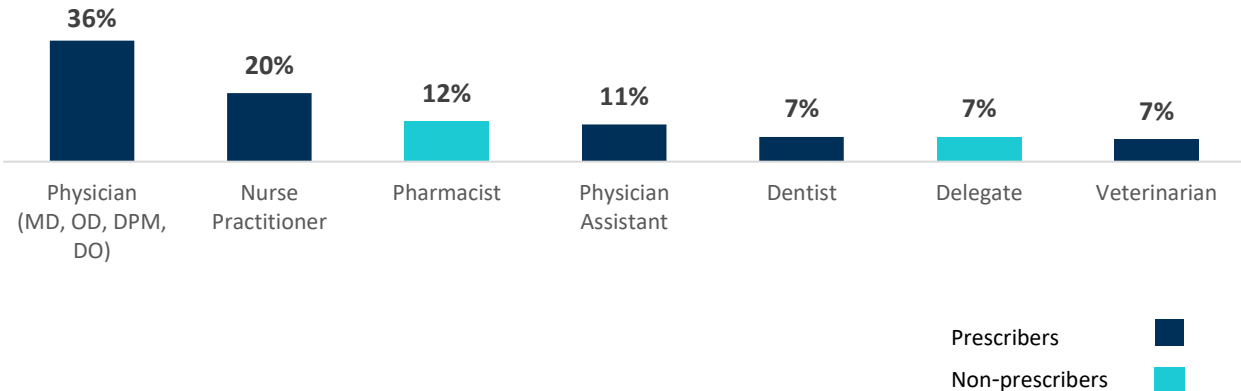
The 2023 PDMP Awareness and Feedback Questionnaire was sent to all registered PDMP users. The users had approximately one month, from March 15th to April 17th, 2023, to respond to the questionnaire.

To examine respondents’ behaviors and attitudes, we conducted descriptive analyses that included frequencies by role to understand question response patterns. Additionally, Pearson chi-square tests and one-way analyses of variance (ANOVA) were conducted to look for differences by professional prescriber role which were statistically significant; these results are discussed in the text where applicable. Specific details (such as level of significance or cases in which significance was not assessed due to low response rates) are provided in the Appendix. If there were skip patterns in the survey, this was accounted for in the analysis. For instance, for respondents who denied prescriptions, subsequent questions on the reasons for denial were analyzed only for those who *did* deny prescriptions, not the entire sample. In some cases, similar response options (such as “agree” and “strongly agree”) were collapsed into new categories to create larger group sizes to improve the validity of significance tests.

RESPONDENTS

The 2023 PDMP questionnaire was sent to all registered PDMP users. Although there were 450 respondents who initially started the survey, respondents indicating they did not live in Alaska (n=59) or who were retired (n=10) were taken to the end of the survey.² Of the 381 remaining respondents who started the survey, over half were physicians³ (35%) or nurse practitioners (20%).

Exhibit 1: Over half of respondents were Physicians and NPs



² Due to an error with the survey skip logic, delegates did not receive the question asking if they currently worked in Alaska. Therefore, there may be some delegates who responded to the survey who don't work in Alaska or who are retired.

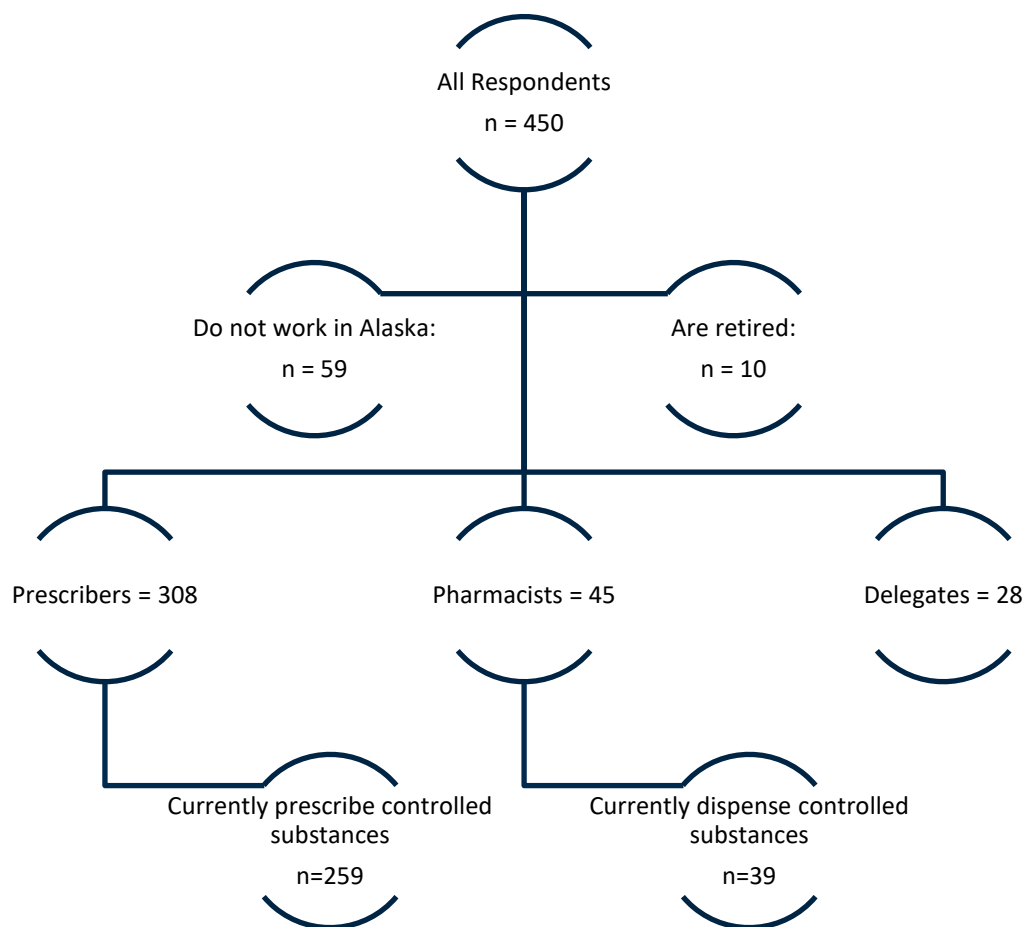
³ Prior to 2023, optometrists and podiatrists had separate response categories. Due to low response rates, these categories were removed for 2023, and podiatrist and optometrists were included under “Physician”. While optometrists and podiatrist may have responded to the 2023 PDMP survey, their specific response numbers are unknown.

SAMPLE USED FOR ANALYSIS

To ensure the responses to the PDMP questionnaire reflected the opinions of professionals currently handling prescription medication in Alaska, respondents indicating they did not prescribe/fill prescriptions for scheduled substances⁴ were taken to the end of the survey and removed from further analysis. The final sample (n=326) used for analysis (hereby referred to as the respondents) in this report was comprised of 79.4% prescribers, 11.9% pharmacists, and 8.6% delegates.

Because not every respondent answered each question, sample sizes by group vary across questions in this report.

Exhibit 2: Most Respondents were Alaska Residents and Active Prescribers



⁴ 49 prescribers and 6 pharmacists indicated that they **do not** prescribe/dispense federal scheduled II, III, or IV controlled substances.

Sample Characteristics

More than half of respondents were 50 or more years old and just 2% were under the age of 30. Respondents indicated being largely familiar with the PDMP, with 84% reporting they had been using it for at least 3 years. Around a third (34%) reported using the PDMP for 7 or more years, with physicians accounting for the largest proportion of these respondents.

Respondents work in a variety of professional settings (Exhibit 3, below). Just under half indicated they worked in an urban area. Thirty-five percent reported being a rural provider and 19% reported working in both urban and rural facilities. Around 20% of respondents indicated they worked in small private offices or for the Indian Health Service.

Exhibit 3: Most PDMP users work in small offices, the IHS, and hospitals

Work Settings	Number	Percent
Small private office; 5 or fewer practitioners	59	21%
Large private office; 6 or more practitioners	33	12%
Hospital; inpatient or outpatient	19	7%
Indian Health Service	56	20%
Emergency Room	7	2%
Healthcare facility (nursing home, substance use treatment facility, hospice, etc.)	10	4%
Military facility or Veterans Affairs system	9	3%
Academic practice	4	1%
Other setting	47	16%
Veterinary clinic	9	9%

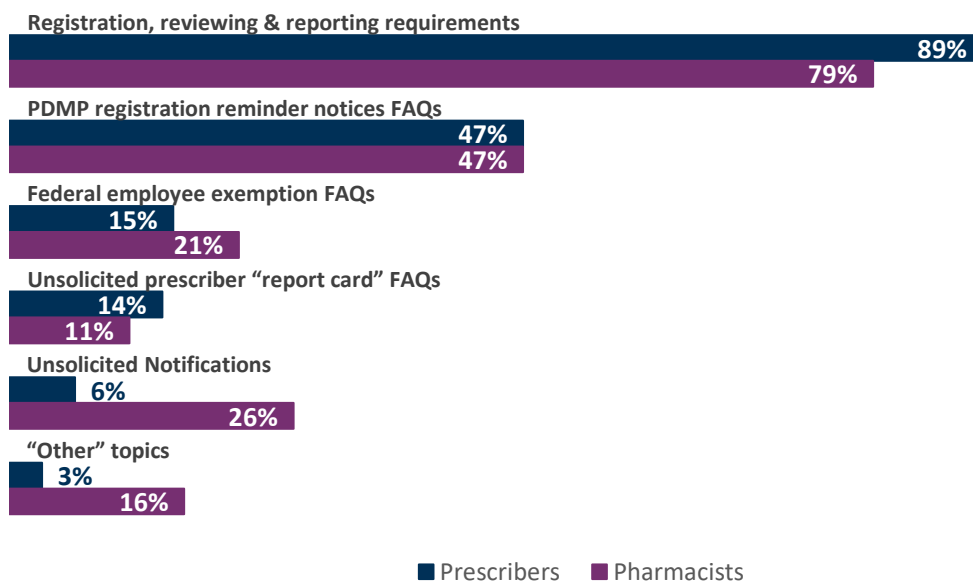
Note: Percents add up to more than 100% because respondents could select multiple categories.

KEY FINDINGS

AWARENESS OF RESOURCES

All respondents were asked about their familiarity with resources at pdmp.alaska.gov. Thirty-four percent (n=89) of respondents indicated they *were not familiar* with any resources on the pdmp.alaska.gov website. Resources relating to registration, reviewing, and reporting requirements appeared to be the most salient for respondents, with 60% of prescribers and 46% of pharmacists indicating familiarity. Across prescriber roles, there were no statistically significant differences.

Exhibit 4: Respondents were most aware of registration resources



Note: Percents add to more than 100% because respondents could select multiple types of resources.

Both prescribers and pharmacists were asked to indicate how helpful their respective state board was during the PDMP registration process. Around half of each (54% prescribers and 49% pharmacists) did not attempt to contact their board during registration. Of prescribers who did contact their board 60% (n=105) found it at least somewhat helpful. Sixteen pharmacists (16%) reported contacting their board during registration. Of these, 88% reported their board being at least somewhat helpful.

Over half of responding prescribers (56%) and 46% of pharmacists reported never attending meetings held by their licensing board. Around a quarter (23%) of prescribers and 14% of pharmacists reported not knowing their board even held regular meetings. Just 27% of prescribers indicated being subscribed to their board's listserv. This differed from pharmacists, with 74% stating they were subscribed to their board's listserv. This suggests email or listserv communication may be more effective in disseminating information rather than meetings, especially for pharmacists.

SUMMARY & RECOMMENDATIONS

Many prescribers and pharmacists reported not being aware of specific PDMP resources, with around a quarter of respondents indicating they were not familiar with the pdmp.alaska.gov website generally. Few respondents reported attending their respective licensing board meetings, with some stating they were unaware such meetings occurred.

Recommendations:

- Increase training and marketing of PDMP resources available to prescribers and pharmacists.
- Increase knowledge surrounding licensing board listservs while considering other modalities for information sharing such as social media.
- Consider polling Alaska PDMP users for feedback on best methods for information and resource sharing.

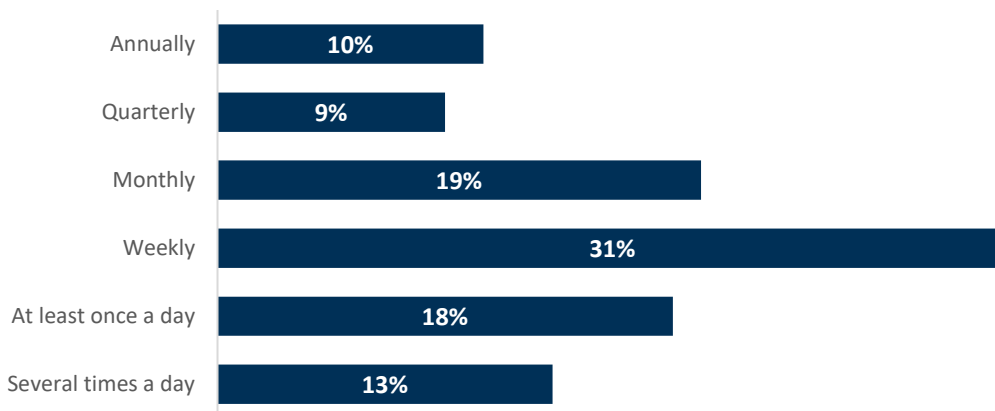
REVIEWING AND REPORTING IN THE PDMP

Reviewing Patient History Using the PDMP

Prescribers

Most prescribers (80%) indicated they write prescriptions for controlled substances at least monthly. Around a third (30%) report prescribing once or more every day.

Exhibit 5: Prescribers frequently write prescriptions for controlled substances

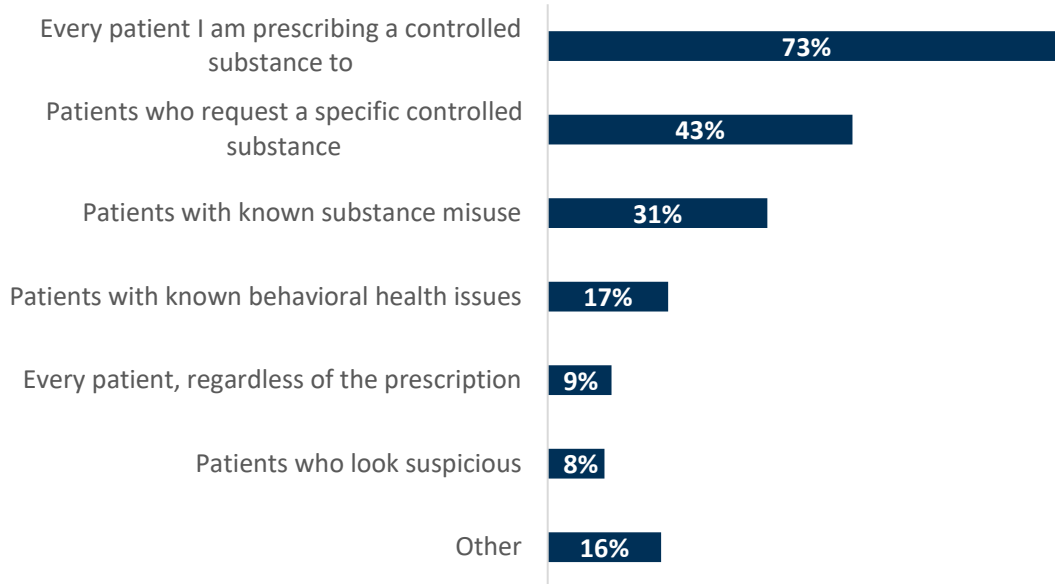


Physicians (75%), nurse practitioners (57%), and physician assistants (68%) reported prescribing controlled substances the most frequently, indicating they do so at least weekly. The majority (82%) of respondents said reviewing patient prescription history in the PDMP was at least somewhat valuable. Just 10% responded that it was not at all valuable.

Prescribers tended to have different habits on at which point within the patient’s visit they reviewed the PDMP for patient prescriptions depending on their role. Overall, 58% of prescribers indicated they review patients prior to their appointment, while 19% said they reviewed during the patient’s appointment, and only 6% said they reviewed after the patient’s appointment. There were statistically significant differences for timing of PDMP reviews across prescriber roles, with physician assistants (73%) and nurse practitioners (70%) being more likely to review prior to appointments and no veterinarians reviewing prior to appointments. Of those who review prior to their appointment, the types of patients they typically reviewed were patients with a current prescription or who they anticipated might need a prescription (69%). Fifty percent of prescribers reported they review all patients for the day at one time.

Regarding prescribers checking the PDMP, 72% indicated that they check every patient to whom they prescribe a controlled substance. Forty-three percent also reported checking patients who request a specific controlled substance.

Exhibit 6: Most prescribers check the PDMP for every patient they plan to prescribe a controlled substance to



Pharmacists

Nearly all responding pharmacists (92%) indicated that they review patients in the PDMP when the patient drops off the prescription, as opposed to after the patient left, or when they came to pick up the prescription. Around 6% of pharmacists said they never review patients in the PDMP.

Encouragingly, 83% of pharmacists indicated they check every patient to whom they are dispensing a controlled substance. Twenty-eight percent reported checking patients with known substance misuse.

How PDMP Users Report Information on Controlled Substances

Although PDMP users report their prescriptions to the PDMP, there is considerable variation in reporting habits between prescribers and pharmacists. In some cases, prescribers may directly dispense medication to the patient without writing a prescription to be filled at a pharmacy. Those who directly dispense a greater than 3-day supply of federally scheduled II-IV controlled substances are required to report those to the PDMP. Thus, this question was analyzed only for prescribers who responded that they do sometimes directly dispense more than 3 days' worth of these types of prescriptions. Among the 22 prescribers who indicated they directly dispense more than a 3-day supply, half (50%) said they *never reported prescriptions to the PDMP*.

Among pharmacists, the context of reporting prescriptions is somewhat distinct since their role differs from prescribers. Nearly all pharmacists (91%) said their *software automatically reports prescription information* on a daily basis.

SUMMARY

- A majority of PDMP users review patient history in the PDMP every time they prescribe or dispense a prescription for a controlled substance. However, among prescribers, dentists and veterinarians are less likely than other professionals to do this.
- Prescribers generally review the PDMP prior to seeing the patient or while the patient is still in the room. Most pharmacists review the PDMP when the patient drops off the prescription.
- While few prescribers directly dispense more than a 3-day supply of federally scheduled II-IV controlled substances, half never report these substances to the PDMP.

Denying a Prescription

PDMP users occasionally deny prescriptions to patients in certain situations. Over half (62%) of respondents reported that they have denied a prescription. There were significant differences across professional roles, with physician assistants and pharmacists being much more likely to deny a prescription. Just one veterinarian indicated they had previously denied a prescription. For prescribers, the most common (61%) reason for denial was evidence of overlapping opioid prescriptions, while the least likely reason was that the patient looked suspicious.

Exhibit 7: Physician Assistants are most likely to have denied a prescription

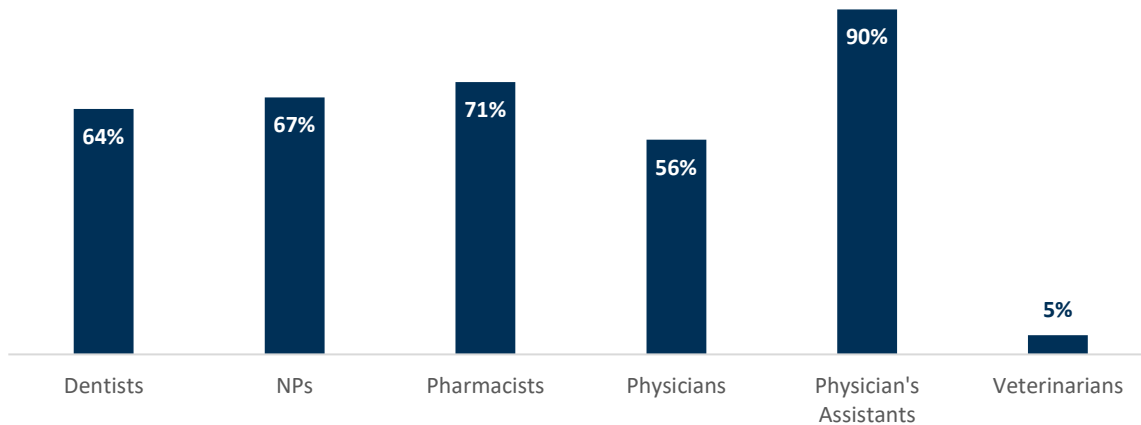
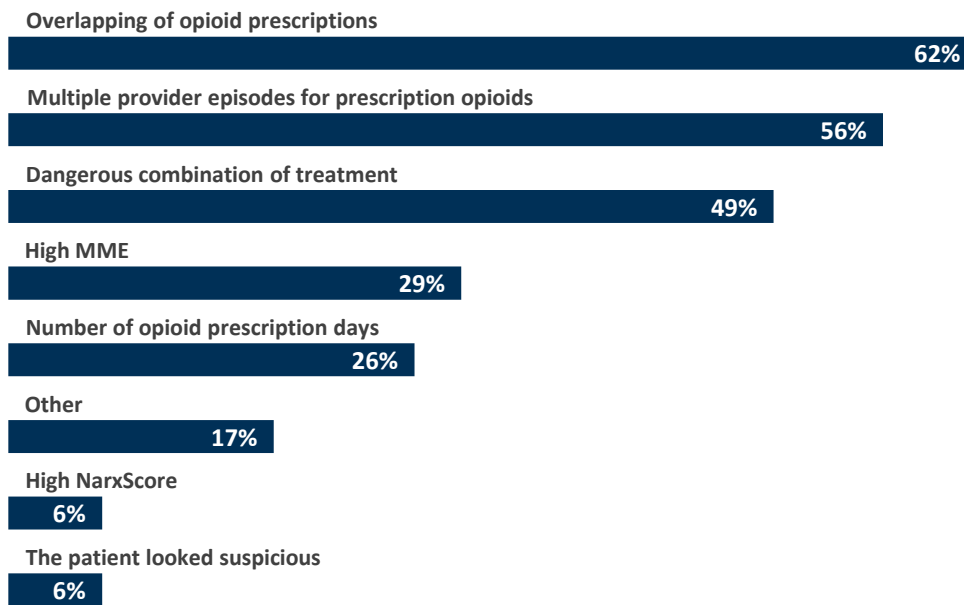


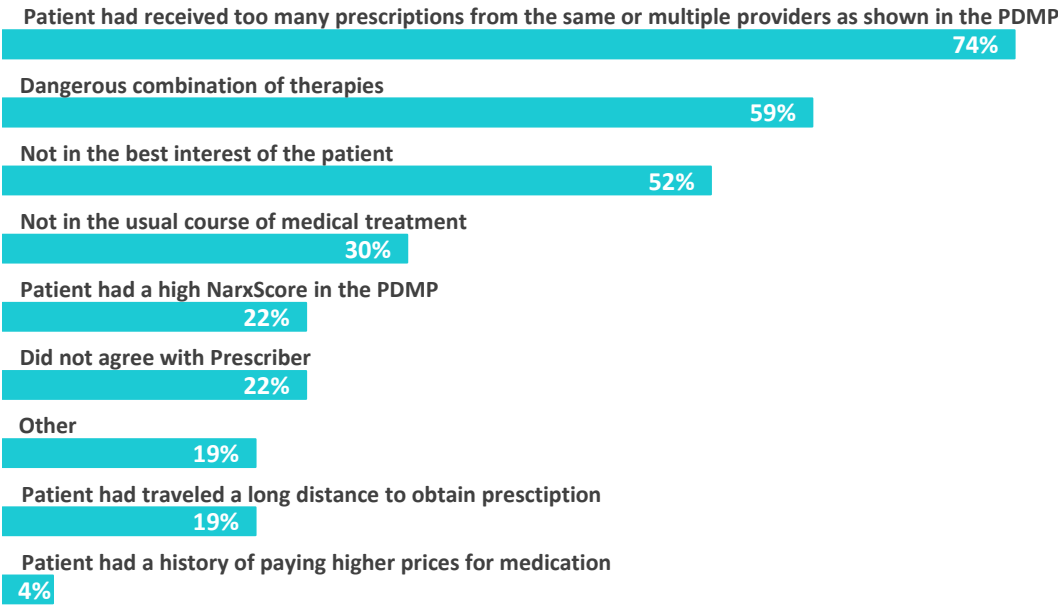
Exhibit 8: Prescribers most often denied because of overlapping prescriptions, multiple provider episodes, or a dangerous combination of treatment



Note: Item includes only those who responded that they have denied a prescription. Percents add up to more than 100% because respondents could select multiple options.

As a result of the decision to deny, prescribers most often *discussed their concerns* with the patient (79%). Nearly half (48%) of prescribers also indicated they utilize resources in the PDMP to guide conversations with patients after denying a prescription. Around 13% of prescribers “*just said no,*” and 8% percent opted to *refer the patient to another provider*.

Exhibit 9: Pharmacists most often denied because the patient had received too many prescriptions from the same or multiple providers



Note: Item includes only those who responded that they have denied a prescription. Percents add up to more than 100% because respondents could select multiple reasons for denying a prescription.

Among pharmacists, the majority (71%) had denied filling a prescription at some point. The most common reason for denial was a patient receiving too many prior prescriptions from the same or multiple providers. Pharmacists also commonly denied prescriptions due to dangerous combinations and a prescription not being in the best interest of a patient. Exhibit 9 highlights other reasons pharmacists indicated they deny prescriptions.

Similar to prescribers, a large number of pharmacists indicated when they deny prescriptions, they discuss their concerns with the patient (63%) and also use PDMP resources to guide patient conversations (63%). Given the nature of their role, 48% of pharmacists also reported they sometimes refer patients back to their provider when they deny a prescription.

SUMMARY

- Over half of responding prescribers and pharmacists reported ever denying a prescription.
- Among prescribers, the most common reasons for denial were overlapping opioid prescriptions and multiple provider episodes.
- Among pharmacists, the most common reasons for denial were that the patient had received too many prescriptions, there was a dangerous combination of therapies, and the prescription was not in the best interest of the patient.

- As a result of the decision to deny, prescribers and pharmacists both most often discussed their concerns with the patient and/or used the resources in the PDMP to guide their conversation. Just under half of pharmacists also referred the patient back to their provider, and a handful reported contacting the provider themselves.

BARRIERS AND MOTIVATIONS FOR PDMP USE

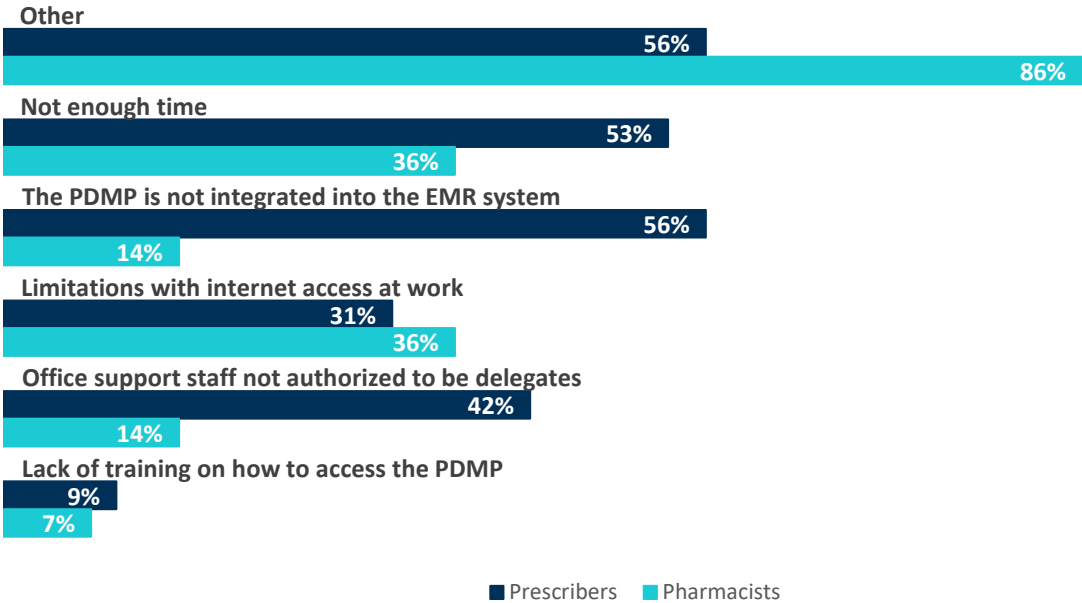
Barriers and Challenges

Although many users are familiar with using the PDMP, just under half (43%) of prescribers indicated they experience barriers in using the PDMP. Statistically significant differences were present across prescriber roles, with veterinarians being much more likely (83%) to experience barriers than others. The most common barrier for prescribers was not enough time and the PDMP not being integrated with the electronic medical records system. A larger number of prescribers also indicated there were other barriers to using the PDMP. Around two-thirds of 'other' responses related to technology issues with the PDMP. Primarily these spoke to the slowness of the system and how frustrating it is to use as well as difficulties receiving/requesting new passwords. Multiple prescribers also indicated that patient records often were not updated or contained incorrect information. Veterinarians specifically highlighted how the system is not optimized for animal patients and often did not apply to their work.

While *lack of training on how to access the PDMP* was less of an acknowledged barrier (9%), there were significant differences across prescriber roles regarding lack of training as a barrier. Veterinarians were much more likely to indicate this was a barrier as compared to other prescribers.

A smaller proportion (39%) of pharmacists indicated they experience barriers in using PDMP. For them, limitations with internet access at work (36%) and not enough time (36%) were the two most common barriers. Many pharmacists (86%) also indicated there were 'other' barriers with PDMP usage. Much like prescribers, these responses highlighted the system being slow, poorly designed, and often inaccurate.

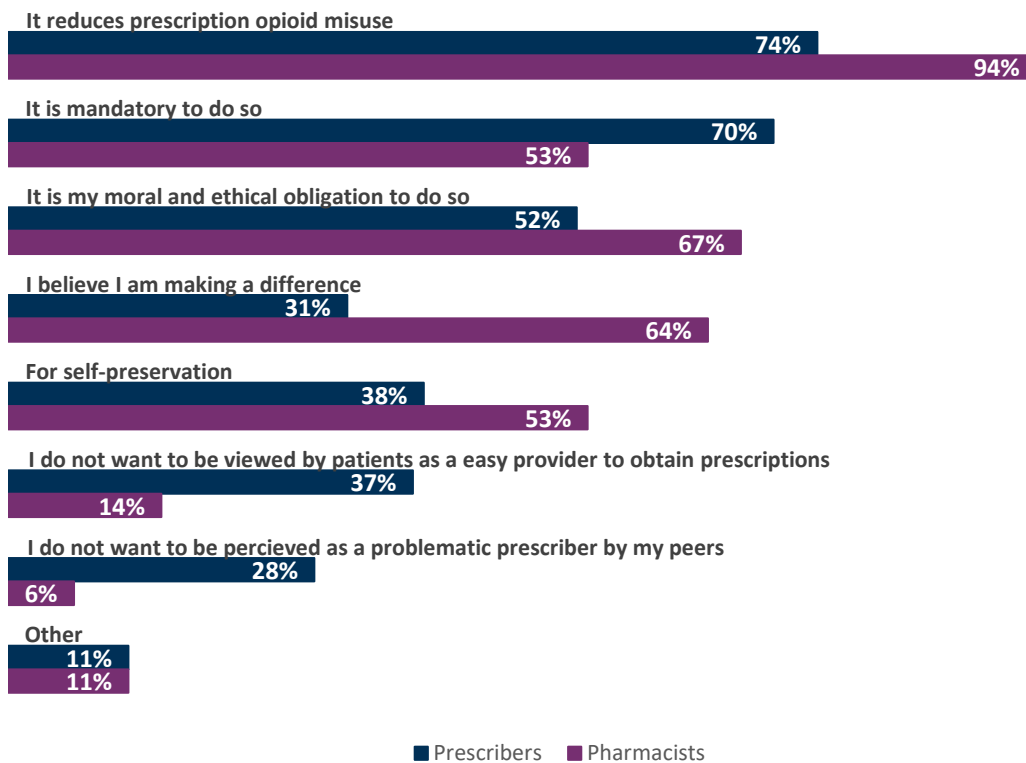
Exhibit 9: Prescribers and pharmacists experience barriers to using the PDMP



Why Users Use the PDMP

Despite barriers faced, both pharmacists and prescribers indicated many important reasons why they used the PDMP (Exhibit 10). Among both groups, the most endorsed reason for using the PDMP was that *it reduces prescription opioid misuse*. It being a *moral and ethical obligation* was also a common reason prescribers and pharmacists reported using the PDMP. The mandatory use of the PDMP was also a top reason. Veterinarians overall were less likely to select any of these reasons for using the PDMP, which is consistent with many free-text responses of veterinarians indicating that they felt the structure of the PDMP did not apply to or provide clear guidance for their role in caring for animals.

Exhibit 10: Prescribers and pharmacists use the PDMP to reduce opioid misuse, preserve professional reputations, and comply with requirements



SUMMARY

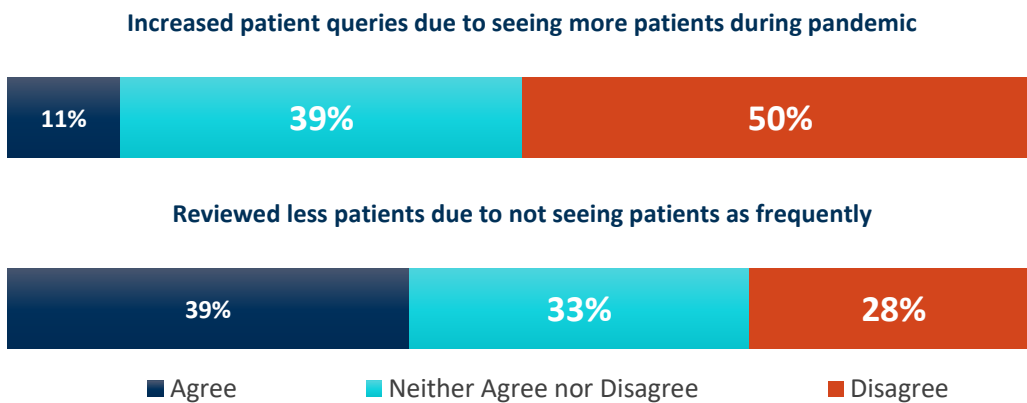
- Many prescribers reported barriers to using the PDMP. The most common barriers were not having time and PDMP system issues, primarily the system being frustratingly slow and not containing updated and accurate information for every patient.

- Many pharmacists also reported barriers to using the PDMP. The most common barriers were not having enough time, a lack of PDMP integration into the EMR system, and internet access limitations at work.
- Despite these challenges, respondents used the PDMP for several important reasons, encompassing themes of responsible opioid prescription practices, professional reputation, and requirements to use the PDMP.

IMPACT OF COVID ON PDMP USAGE

The COVID-19 pandemic had huge impacts on the healthcare industry. To specifically investigate potential impacts on PDMP usage, questions were again⁵ asked regarding potential changes in PDMP usage during the pandemic. Just 14% (35 prescribers and one pharmacist) of respondents indicated that the pandemic *did* impact their PDMP usage. Of these, 39% indicated they reviewed patients less due to seeing fewer patients. Only 11% (n=4) reported an increase in patient queries in the PDMP during the pandemic.

Exhibit 11: PDMP users who were impacted by COVID-19 tended to review fewer patients



SUMMARY

- Most prescribers and pharmacists reported that their PDMP habits were not impacted by COVID-19.
- Of those that were impacted by COVID-19, most tended to review fewer patients rather than more patients.

⁵ Covid-19 questions were first asked in the 2021 survey.

ROLE OF PDMP DELEGATES

While PDMP users have the option of authorizing delegates to access the PDMP on their behalf, delegates are not largely being utilized overall. Among prescribers, most (76%) were aware of their option to use delegates. There was little variation across individual prescriber roles. Despite the majority of prescribers being aware of their option to use delegates, only 16% actually had authorized delegates on their account. Physician assistants (26%) and physicians (20%) more often indicated they had delegates than other prescriber groups.

Among the 191 prescribers and 33 pharmacists who did not have delegates, only 20% were interested in adding some to their account. The reasons for not having delegates varied. Most (53%) indicated preferring to check the PDMP on their own. An additional 8% reported they did not understand how to allow delegates access, and 5% felt it was too much responsibility to share. Around a third (32%) had “other” reasons for not allowing delegate access. These included not having eligible staff, being understaffed, the process of having delegate not working with their office, and prescribers who are independent practitioners.

Of the 42 PDMP users⁶ who *did* have delegates, information was collected on the number they had and the perceived helpfulness of the delegates. The majority (64%) had between 1 and 2 delegates, 29% had 3 to 5, and 7% had 6 to 10 delegates. Most (83%) prescribers/pharmacists with delegates said that delegates were at least somewhat helpful. While a small percentage of overall PDMP users have delegates, this suggests that when used, prescribers and pharmacists greatly benefit from having authorized delegates on their account.

Exhibit 12: PDMP users who have delegates tend to find them helpful



SUMMARY

- While many prescribers and pharmacists reported being aware of their option to use delegates, few indicated they actually had authorized delegates.

⁶ Group made up of 40 prescribers and 2 pharmacist.

- Many prescribers and pharmacists who did *not* have delegates did not show interest in learning how to add delegates to their account.
- The most common reason for not having delegates was because they preferred to check the PDMP themselves. Some indicated they did not understand how to give access to delegates.
- For PDMP users who do have delegates, both pharmacists and prescribers found them to be helpful.

CONCLUSIONS

The 2023 PDMP Awareness and Feedback Questionnaire continued efforts to assess how prescribers, pharmacists, and delegates in various roles utilize the PDMP for writing and reporting prescriptions, checking patient histories, and utilizing resources, as well as barriers and motivations for use.

This year, 450 respondents completed the survey. After removing those who did not work in Alaska or did not actively prescribe/fill prescriptions for federally scheduled II-IV controlled substances, the final sample was 326 respondents, although the number of responses for individual questions varied due to respondents not answering all questions. The initial and final samples this year are both lower than the numbers from the 2021 survey. This suggests a potential need to revisit when the PDMP survey is sent out to users.

Statistically significant differences across prescriber roles were found for several topics. The Appendix contains specific details of these differences and may be used in conjunction with this report to focus on areas of improvement by prescriber roles. Often, veterinarians had responses that were distinct from the overall average across all prescribers, and PAs and NPs also sometimes responded differently from MDs. These distinct responses are likely because of differences in prescriber specialties and responsibilities that correspond to variations in how the PDMP is used.

Successes

- The majority of prescribers indicated they check the PDMP for every patient to whom they prescribe a controlled substance.
- Denying prescriptions is a common occurrence for both prescribers and pharmacists. The majority of both prescribers and pharmacists use information they obtained through the PDMP to determine whether or not to deny a prescription and what to discuss with patients when they deny.
- Most prescribers and pharmacists utilize the PDMP because they feel it reduces prescription opioid misuse.

Areas of Growth

- Of PDMP users who responded, around a third indicated they were not familiar with resources available on the pdmp.alaska.gov website. Efforts should be made to bridge this knowledge gap.
- Half of prescribers who directly dispense said they never report these prescriptions to the PDMP. This suggests an area where more guidelines and/or training could be useful.
- Technology issues, such as limitations with internet access and the system running very slowly, were the most commonly reported barriers to using the PDMP, as well as the PDMP not being integrated into the EMR system.
- Finally, this year's items on **the role of COVID-19 pandemic in PDMP usage** suggest that while prescribers and pharmacists largely did not change their PDMP habits in the wake of the

pandemic, in some cases prescribers felt that their patient reviews in the PDMP declined. Very likely, specific prescriber specialties played an important role in how their practices and prescribing needs were or were not affected during the pandemic. Since the U.S. generally is viewed as being in a “post-pandemic” phase, these items should be considered for removal in the next administration of the PDMP Awareness and Feedback survey.

APPENDIX A: RESPONDENT BACKGROUND

Table 1. Age by role for all questionnaire respondents

Role	< 30 Years Old		30-39 Years Old		40-49 Years Old		50+ Years Old	
	N	%	N	%	N	%	N	%
Dentist	0	0%	2	13%	5	33%	8	53%
Nurse Practitioner (includes APRN NP, NM, CNS, CRNA)	0	0%	3	5%	19	30%	41	65%
Pharmacist	2	6%	7	21%	7	21%	17	52%
Physician (includes MD, DO, DPM, OD)	0	0%	9	10%	16	17%	68	73%
Physician Assistant	0	0%	6	16%	11	30%	20	54%
Veterinarian	1	6%	4	22%	3	17%	10	56%
Delegate	3	11%	4	14%	5	18%	16	57%
Total	6	2%	35	12%	66	23%	180	63%

Note: 287 participants responded to this demographic question.

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

Role	Never		1-6 Months		7-12 Months		1-2 Years		3-4 Years		5-6 Years		7+ Years	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Dentist	0	0%	0	0%	0	0%	0	0%	2	13%	7	47%	6	40%
Nurse Practitioner	0	0%	1	2%	3	5%	4	6%	16	25%	16	25%	23	37%
Pharmacist	0	0%	5	15%	1	3%	3	9%	5	15%	7	21%	12	36%
Physician	0	0%	0	0%	2	2%	4	4%	24	26%	30	32%	33	35%
Physician Assistant	0	0%	0	0%	1	3%	4	11%	5	14%	10	27%	17	46%
Veterinarian	1	6%	0	0%	2	11%	2	11%	4	22%	7	39%	2	11%
Delegate	0	0%	4	14%	4	14%	6	21%	6	21%	3	11%	5	18%
Total	1	<1%	10	3%	13	5%	23	8%	62	22%	80	28%	98	34%

Note: 287 participants responded to this demographic question. Differences by roles were statistically significant, $F(6,280) = 6.56, p < .001$.

APPENDIX B: AWARENESS OF PDMP RESOURCES

Table 3. Prescribers—Awareness of various resources related to the PDMP

Role	I’m not familiar with anything on this website		Registration, reviewing & reporting requirements		Federal employee exemption FAQs		Unsolicited prescriber “report card” FAQs		PDMP registration reminder notices FAQs		Unsolicited Notifications		The “other” topics	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Dentist	8	53%	7	47%	1	7%	0	0%	1	7%	0	0%	0	0%
Nurse Practitioner	18	29%	39	62%	4	6%	3	5%	20	32%	1	2%	2	3%
Pharmacist	14	42%	15	45%	4	12%	2	6%	9	27%	5	15%	3	9%
Physician	36	39%	51	55%	9	10%	10	11%	29	31%	4	4%	1	1%
Physician Assistant	8	22%	26	70%	6	16%	7	19%	15	41%	3	8%	1	3%
Veterinarian	5	28%	12	67%	2	11%	1	6%	6	33%	1	6%	1	6%
Total	89	34%	150	58%	26	10%	23	9%	80	31%	14	5%	8	3%

Note: Differences by role were not statistically significant for any of the resources. Percents add up to more than 100 because respondents could indicate awareness of multiple resources.

Table 4a. Prescriber rating of how helpful it was to interact with state boards

Role	Extremely, very or somewhat helpful		Not so/at all helpful		I have not attempted to contact	
	N	%	N	%	N	%
Dentist	3	19%	5	31%	8	50%
Nurse Practitioner	11	17%	14	22%	38	60%
Physician	16	17%	25	27%	53	56%
Physician Assistant	5	13%	15	39%	18	47%
Veterinarian	7	39%	4	22%	7	39%
Total	42	18%	63	28%	124	54%

Note: 229 participants responded to this question. Differences by role were not statistically significant.

Table 4b. Pharmacist rating of how helpful it was to interact with state boards

	N	%
Extremely helpful	2	6%
Very helpful	7	20%
Somewhat helpful	5	14%
Not so helpful	2	6%
Not at all helpful	0	0%
I have not attempted to contact the Board of Pharmacy	17	49%
I am not under any of these Boards	2	6%
Total	35	100%

Note: 35 participants responded to this question.

Table 5a. Prescribers – Do you attend meetings held by your licensing board?

Role	Always		Sometimes		Never		Did not know they held regular meetings	
	N	%	N	%	N	%	N	%
Dentist	0	0%	3	19%	11	69%	2	13%
Nurse Practitioner	1	2%	11	17%	36	57%	15	24%
Physician	4	4%	13	14%	52	55%	25	27%
Physician Assistant	0	0%	8	21%	21	55%	9	24%
Veterinarian	0	0%	9	50%	8	44%	1	6%
Total	5	2%	44	19%	128	56%	52	23%

Note: 229 respondents answered this question. There were no statistically significant differences between roles.

Table 5b. Pharmacists’ attendance of Board of Pharmacy meetings

	N	%
Always	0	0%
Sometimes	14	40%
Never	16	46%
I did not know they held regular meetings	5	14%
Total	35	100%

Note: 35 participants responded to this question.

Table 6a. Prescribers – Are you subscribed to board listservs?

Role	Yes		No		Did not know there was a list serv	
	N	%	N	%	N	%
Dentist	5	31%	2	13%	9	56%
Nurse Practitioner	24	38%	15	24%	24	38%
Physician	14	15%	27	29%	53	56%
Physician Assistant	8	21%	9	24%	21	55%
Veterinarian	10	56%	3	17%	5	28%
Total	61	27%	56	24%	112	49%

Note: 229 respondents answered this question. Results are statistically significant by role with $\chi^2(8,229) = 21.01, p = .007$.

Table 6b. Pharmacists – are you subscribed to Board of Pharmacy listserv

	N	%
	N	%
Yes	26	74%
No	4	11%
I did not know there was a listserv	5	14%
Total	35	100%

Note: 35 participants responded to this question.

APPENDIX C: USE OF PDMP IN REVIEWING & REPORTING

Table 7. Do you prescribe/dispense controlled substances

Role	Yes		No		No, I am retired	
	N	%	N	%	N	%
Dentist	22	79%	6	21%	0	0%
Nurse Practitioner	70	90%	8	10%	0	0%
Pharmacist	39	87%	6	13%	0	0%
Physician	106	78%	30	22%	0	0%
Physician Assistant	41	98%	1	2%	0	0%
Veterinarian	21	84%	4	16%	0	0%
Total	260	84%	49	16%	0	0%

Note: 354 users answered this question. Results are statistically significant by role for prescribers, $\chi^2(4,309) = 41.84, p < .001$.

Table 8a. Prescribers—Do you review any patients in the PDMP prior to their appointment

Role	Yes		No	
	N	%	N	%
Dentist	10	45%	12	55%
Nurse Practitioner	48	70%	21	30%
Physician	62	58%	44	42%
Physician Assistant	30	73%	11	27%
Veterinarian	0	0%	21	100%
Total	150	58%	109	42%

Note: 259 users answered this question. Results are statistically significant by role, $\chi^2(4,259) = 38.07, p < .001$.

Table 8b. Prescribers—Which patients do prescribers review in the PDMP ahead of time when prescribing controlled substances

Role	All patients, regardless of prescription status	Only patients with a current prescription or	Other (Write-In)

			who I anticipate may need one			
	N	%	N	%	N	%
Dentist	0	0%	8	80%	2	20%
Nurse Practitioner	14	29%	26	54%	8	17%
Physician	13	21%	44	71%	5	8%
Physician Assistant	1	3%	26	87%	3	10%
Veterinarian	0	0%	0	0%	0	0%
Total	28	19%	104	69%	18	12%

Note: 150 users answered this question. Results are statistically significant by role, $\chi^2(6,150) = 14.04$, $p = .03$.

Table 8c. Prescribers—when do you review patients in the PDMP ahead of time when prescribing controlled substances

Role	Review patients for the day one at a time		Review all patients for the week at once time		Other (Write-In)	
	N	%	N	%	N	%
Dentist	4	40%	0	0%	6	60%
Nurse Practitioner	29	60%	0	0%	19	40%
Physician	29	47%	0	0%	33	53%
Physician Assistant	15	50%	0	0%	15	50%
Veterinarian	0	0%	0	0%	0	0%
Total	77	51%	0	0%	73	49%

Note: 150 users answered this question. Differences by role were statistically significant $\chi^2(6,150) = 14.041$, $p = .03$.

Table 8d. Prescribers—if you don't review prior to their appointment, when do you review patients in the PDMP when prescribing controlled substances

Role	During the patient's appointment		After the patient's appointment		Other (Write-In)	
	N	%	N	%	N	%
Dentist	6	50%	2	17%	4	33%

Nurse Practitioner	11	52%	2	10%	8	38%
Physician	20	45%	8	18%	16	36%
Physician Assistant	7	64%	1	9%	3	27%
Veterinarian	5	24%	2	10%	14	67%
Total	49	45%	15	14%	45	41%

Note: 109 users answered this question. There were no statistically significant differences by role.

Table 9. Pharmacists—When PDMP patient review is occurring

	N	%
When the patient drops off the prescription	33	92%
When the patient comes to pick up prescription	0	0%
After the patient leaves	1	3%
Never, since I am not required to review	2	6%
Total	36	100%

Note: 36 users answered this question.

Table 10a. Prescribers—What patients do you generally check in 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		Other	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Dentist	0	0%	14	67%	4	19%	6	29%	12	57%	2	10%	4	19%
Nurse Practitioner	8	12%	51	74%	8	12%	20	29%	31	45%	12	17%	10	14%
Physician	11	11%	79	76%	5	5%	31	30%	40	38%	17	16%	12	12%
Physician Assistant	3	7%	33	80%	3	7%	19	46%	25	61%	9	22%	5	12%
Veterinarian	0	0%	8	42%	1	5%	2	11%	2	11%	2	11%	10	53%
Total	22	9%	185	73%	21	8%	78	31%	110	43%	42	17%	41	16%

Note: This question allowed respondents to select all that applied. Statistically significant differences occurred by role for: patients who request a specific controlled substance $\chi^2(4,255) = 15.74, p = .003$ and for other reasons $\chi^2(4,255) = 21.06, p < .001$.

Table 10b. Pharmacists—What patients do you generally check in the PDMP?

	N	%
Every patient regardless of Rx	3	8%
Every patient I am prescribing a controlled substance to	30	83%
Patients who look suspicious	4	11%
Patients with known substance misuse	10	28%
Patients with known behavioral health issues	3	8%
Patients with a prescription by a specific provider	6	17%
Other	2	6%

Note: Percent adds up to more than 100% because multiple selection was possible.

Table 11. Prescribers—Frequency of reporting prescriptions to the PDMP

Role	Immediately		Daily		At some point throughout the day		Every-other-day		Weekly		Monthly		I only report when I directly dispense a controlled substance		Never, I assume the pharmacist will report after dispensing	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Dentist	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Nurse Practitioner	1	50%	0	0%	0	0%	0	0%	0	0%	0	0%	1	50%	0	0%
Physician	1	14%	0	0%	0	0%	0	0%	0	0%	0	0%	1	14%	5	71%
Physician Assistant	1	25%	1	25%	0	0%	0	0%	0	0%	0	0%	1	25%	1	25%
Veterinarian	2	22%	0	0%	0	0%	0	0%	0	0%	0	0%	2	22%	5	56%
Total	5	23%	1	5%	0	0%	0	0%	0	0%	0	0%	5	23%	11	50%

Note: This question was analyzed only for the 23 respondents who answered in the prior question that they directly dispense greater than a 3-day supply of federally scheduled II-IV controlled substances. 22 of those respondents answered this question.

APPENDIX D: DENYING PRESCRIPTIONS

Table 12. Prescribers—Have you denied a prescription to a patient

Role	Yes, denied		No, haven't denied	
	N	%	N	%
Dentist	14	64%	8	36%
Nurse Practitioner	46	67%	23	33%
Pharmacist	27	71%	11	29%
Physician	59	56%	47	44%
Physician Assistant	37	90%	4	10%
Veterinarian	1	5%	20	95%
Total	184	62%	113	38%

Note: 297 respondents answered this question. Differences by role were statistically significant $\chi^2(5,297) = 46.85, p < .001$.

Table 13a. Prescribers—Reasons for denying patients a prescription

Role	Dangerous combo of treatment		High MME		Number of opioid prescription days		Overlapping of opioid prescriptions		Multiple provider episodes for Rx opioids		The patient looks suspicious		High Narx-Score		Other	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Dentist	6	43%	4	29%	4	29%	13	93%	7	50%	0	0%	1	7%	1	7%
Nurse Practitioner	25	54%	15	33%	12	26%	27	59%	26	57%	2	4%	3	7%	9	20%

Physician	23	40%	13	22%	13	22%	33	57%	28	48%	4	7%	3	5%	14	24%
Physician Assistant	22	59%	14	38%	12	32%	23	62%	26	70%	2	5%	2	5%	3	8%
Veterinarian	0	0%	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%	0	0%
Total	76	49%	46	29%	41	26%	96	62%	87	56%	9	6%	9	6%	27	17%

Note: This item was analyzed only for those prescribers who reported ever denying a prescription. Responses add up to more than 100% because respondents could select more than one option. Differences by role were statistically significant for prescribers who chose that they denied a prescription because the patient looked suspicious $\chi^2(4,158) = 17.81, p < .001$.

Table 13b. Pharmacists—Reasons for denying patients a prescription

	N	%
Not medically necessary	0	0%
Not in the best interest of the patient	14	52%
Did not agree with prescriber	6	22%
Not in the usual course of medical treatment	8	30%
Dangerous combination of therapies	16	59%
Patient had traveled a long distance to obtain prescription	5	19%
Patient had a history of paying higher prices for medication	1	4%
Patient had a high NarxScore	6	22%
Patient had received too many prescriptions from the same or multiple providers as shown in the PDMP	20	74%
Other	5	19%

Note: This table presents responses for the 184 respondents who answered in the previous question they had denied a prescription. Responses add up to more than 100% because respondents could select more than one option.

Table 14a. Prescribers—Result of prescription denial due to PDMP

Role	I discussed my concerns with the patient		I used the resources in the PDMP to guide my conversation with the patient		I just said no		I referred the patient to another provider		Other	
	N	%	N	%	N	%	N	%	N	%
Dentist	9	64%	7	50%	2	14%	0	0%	1	7%
Nurse Practitioner	41	89%	22	48%	3	7%	8	17%	6	13%
Physician	44	76%	23	40%	11	19%	2	3%	6	10%
Physician Assistant	30	81%	23	62%	4	11%	2	5%	2	5%
Veterinarian	0	0%	0	0%	0	0%	0	0%	1	100%
Total	124	79%	75	48%	20	13%	12	8%	16	10%

Note: Differences by role were statistically significant for prescribers who had selected the ‘other’ option, $\chi^2(4) = 10.34, p = .04$.

Table 14b. Pharmacists—Result of prescription denial due to PDMP

	N	%
I discussed my concerns with the patient	17	63%
I used the resources in the PDMP to guide my conversation with the patient	17	63%
I just said no	1	4%
I referred the patient back to their provider	13	48%
Other	7	26%

Note: This table analyzes responses for the 184 respondents who answered they had denied a prescription. Respondents could select more than one option for this question.

APPENDIX E: PDMP CHALLENGES AND REASONS FOR USE

Table 15. Do you experience any barriers to using the PDMP?

Role	Yes, experienced barriers		No, did not experience barriers	
	N	%	N	%
Dentist	6	30%	14	70%
Nurse Practitioner	22	32%	47	68%
Pharmacists	14	39%	22	61%
Physician	47	47%	54	53%
Physician Assistant	18	44%	23	56%
Veterinarian	15	83%	3	17%
Total	122	43%	163	57%

Note: 284 respondents answered this question. Differences by role were statistically significant for prescribers, $\chi^2(4,249) = 17.28, p = .002$.

Table 16a. Prescribers—Challenges with using the PDMP system and platform

Role	Limitations with Internet access at work		Not enough time		Office support staff not authorized to be delegates		Lack of training on how to access the PDMP		The PDMP is not integrated into EMR system		Other	
	N	%	N	%	N	%	N	%	N	%	N	%
Dentist	2	33%	3	50%	3	50%	0	0%	2	33%	2	33%
Nurse Practitioner	9	41%	7	32%	7	32%	1	5%	10	45%	15	68%
Physician	16	34%	28	60%	17	36%	3	6%	27	57%	23	49%
Physician Assistant	5	28%	8	44%	8	44%	0	0%	13	72%	11	61%
Veterinarian	1	7%	11	73%	10	67%	6	40%	8	53%	9	60%
Total	33	31%	57	53%	45	42%	10	9%	60	56%	60	56%

Note: Types of barriers represent a question where respondents could select multiple options. This table shows percentages out of the 265 respondents who had any barriers based on the previous question. Since multiple barriers could be selected, percentages add up to more than 100%. Differences by role were statistically significant for prescribers who chose lack of training on how to access the PDMP $\chi^2(4,108) = 20.37, p < .001$.

Table 16b. Pharmacists—Challenges with Using the PDMP System and Platform

	N	%
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Limitations with Internet access at work	5	36%
Not enough time	5	36%
Office support staff not authorized to be delegates	2	14%
Lack of training on how to access the PDMP	1	7%
The PDMP is not integrated into EMR system	2	14%
Other	12	86%

Note: 27 users answered this question. Respondents who reported barriers could select multiple challenges, so responses add up to more than 100%.

Table 17a. Prescribers—Reasons why they use the PDMP

Selected Answer	Dentist		Nurse Practitioner		Physician		Physician Assistant		Veterinarian		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
It reduces prescription opioid misuse, abuse, and diversion	13	68%	57	84%	78	77%	34	85%	0	0%	182	74%
For self-preservation	10	53%	29	43%	34	34%	18	45%	2	11%	93	38%
It is my moral and ethical obligation to do so	11	58%	42	62%	50	50%	25	63%	0	0%	128	52%
It is mandatory	13	68%	46	68%	71	70%	28	70%	15	83%	173	70%

to do so												
I believe I am making a difference	5	26%	29	43%	28	28%	15	38%	0	0%	77	31%
To not be perceived as a problematic prescriber	4	21%	23	34%	27	27%	14	35%	0	0%	68	28%
To not be viewed by patients as an easy prescriber	7	37%	33	49%	30	30%	19	48%	1	6%	90	37%
Other	2	11%	9	13%	11	11%	3	8%	2	11%	27	11%

Note: 246 users answered this question. Statistically significant differences occurred by role for the following individual items: reduces prescription opioid misuse $\chi^2(6,246) = 57.99, p < .001$, for self-preservation $\chi^2(4,246) = 9.53, p = .049$, because it is their moral and ethical obligation to do so $\chi^2(4,246) = 24.38, p < .001$, because they are making a difference $\chi^2(4,246) = 12.81, p = .008$, to not be perceived as a problematic prescriber $\chi^2(4) = 9.71, p = .046$, and to not be viewed by patients as an easy prescriber $\chi^2(4,246) = 15.77, p = .003$.

Table 17b. Pharmacists—Reasons why they use the PDMP

	N	%
It reduces prescription opioid misuse, abuse, and diversion	34	94%
For self-preservation	19	53%
It is my moral and ethical obligation to do so	24	67%
It is mandatory to do so	19	53%
I believe I am making a difference	23	64%
To not be perceived as a problematic prescriber	2	6%
To not be viewed by patients as an easy prescriber	5	14%
Other	4	11%

Note: Respondents could select more than one option for this question, and so percentages sum over 100%.

APPENDIX F: IMPACT OF COVID-19

Table 18a. COVID-19 has affected PDMP use (with delegates)

Role	Yes		No	
	N	%	N	%
Dentist	2	13%	13	87%
Nurse Practitioner	7	11%	56	89%
Pharmacist	1	3%	32	97%
Physician	19	20%	74	80%
Physician Assistant	7	19%	30	81%
Veterinarian	0	0%	18	100%
Delegate	0	0%	0	0%
Total	36	14%	223	86%

Note: 259 users answered this question. Differences by role were not statistically significant.

Table 19. Increase in patient queries in PDMP due to COVID-19 (with delegates)

Role	Agree or Strongly Agree		Neither Agree nor Disagree		Disagree or Strongly Disagree	
	N	%	N	%	N	%
Dentist	1	50%	0	0%	1	50%
Nurse Practitioner	1	14%	4	57%	2	29%
Pharmacist	0	0%	1	100%	0	0%
Physician	1	5%	7	37%	11	58%
Physician Assistant	1	14%	2	29%	4	57%
Veterinarian	0	0%	0	0%	0	0%
Delegate	0	0%	0	0%	0	0%
Total	4	11%	14	39%	18	50%

Note: 36 users answered this question. Differences by role were not statistically significant.

Table 20. Decrease in patient reviews due to COVID-19 because they have not seen patients as frequently

Role	Agree or Strongly Agree		Neither Agree nor Disagree		Disagree or Strongly Disagree	
	N	%	N	%	N	%
Dentist	2	100%	0	0%	0	0%

Nurse Practitioner	1	14%	4	57%	2	29%
Pharmacist	0	0%	1	100%	0	0%
Physician	10	53%	4	21%	5	26%
Physician Assistant	1	14%	3	43%	3	43%
Veterinarian	0	0%	0	0%	0	0%
Delegate	0	0%	0	0%	0	0%
Total	14	39%	12	33%	10	28%

Note: 36 users answered this question. Differences by role were not statistically significant.

APPENDIX G: UTILIZATION OF DELEGATES

Table 21. Awareness of option to use delegates

Role	Yes		No	
	N	%	N	%
Dentist	13	73%	4	24%
Nurse Practitioner	49	78%	14	22%
Pharmacist	26	74%	9	26%
Physician	70	74%	24	26%
Physician Assistant	29	74%	10	26%
Veterinarian	14	78%	4	22%
Total	201	71%	65	24%

Note: 266 respondents answered this question. Differences by role were not statistically significant.

Table 22. Do you have authorized delegates on your account

Role	Yes		No	
	N	%	N	%
Dentist	1	6%	16	94%
Nurse Practitioner	8	13%	55	87%
Pharmacist	2	6%	33	94%
Physician	19	20%	75	80%
Physician Assistant	10	26%	29	74%

Veterinarian	2	11%	16	89%
Total	4	16%	224	84%
	2			

Note: 266 respondents answered this question. Differences by role were not statistically significant.

Table 23. Interest in having delegates

Role	Yes		No	
	N	%	N	%
Dentist	5	31%	11	69%
Nurse Practitioner	13	24%	42	76%
Pharmacist	5	15%	28	85%
Physician	5	15%	28	85%
Physician Assistant	16	21%	59	79%
Veterinarian	0	0%	16	100%
Total	44	20%	180	80%

Note: This item analyzes data for the 224 respondents who answered that they do not have delegates. 224 respondents answered this question. Differences by role were not statistically significant.

Table 23. Reasons for not having delegates

Role	Too much responsibility to share		Don't trust anyone on my staff		Don't understand how to allow them		I prefer to check on my own		Other	
	N	%	N	%	N	%	N	%	N	%
Dentist	1	6%	0	0%	1	6%	10	63%	4	25%
Nurse Practitioner	3	5%	0	0%	6	11%	33	60%	13	24%
Pharmacist	1	3%	2	6%	1	3%	21	64%	8	24%
Physician	4	5%	1	1%	6	8%	33	44%	31	41%
Physician Assistant	2	7%	0	0%	3	10%	17	59%	7	24%
Veterinarian	1	6%	1	6%	2	13%	4	25%	8	50%
Total	12	5%	4	2%	19	8%	118	53%	71	32%

Note: This item analyzes data for the 224 respondents who answered that they do not have delegates. 224 respondents answered this question. Differences by role were not statistically significant.

Table 23. Number of delegates

Role	1-2		3-5		6-10	
	N	%	N	%	N	%
Dentist	1	100%	0	0%	0	0%
Nurse Practitioner	6	75%	2	25%	0	0%
Pharmacist	1	50%	1	50%	0	0%
Physician	12	63%	4	21%	3	16%
Physician Assistant	6	60%	4	40%	0	0%
Veterinarian	1	50%	1	50%	0	0%
Total	27	64%	12	29%	3	7%

Note: This item analyzes data for the 90 respondents who answered that they do have delegates. 42 respondents answered this question. Differences by role were not statistically significant.

Table 24. Perceived helpfulness of delegates

Role	Extremely helpful		Very helpful		Somewhat helpful		Not so helpful		Not at all helpful	
	N	%	N	%	N	%	N	%	N	%
Dentist	0	0%	1	100%	0	0%	0	0%	0	0%
Nurse Practitioner	2	25%	3	38%	1	13%	0	0%	2	25%
Pharmacist	0	0%	1	50%	0	0%	1	50%	0	0%
Physician	6	32%	5	26%	5	26%	3	16%	0	0%
Physician Assistant	3	30%	4	40%	2	20%	1	10%	0	0%
Veterinarian	1	50%	0	0%	1	50%	0	0%	0	0%
Total	12	29%	14	33%	9	21%	5	12%	2	5%

Note: This item analyzes data for the 90 respondents who answered that they do have delegates. 42 respondents answered this question. Differences by role were not statistically different.



ABOUT NPC RESEARCH

NPC Research provides quality social services evaluation, policy analysis, research, and training. We are dedicated to improving the effectiveness of human services offered to children, families, and communities.

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PDMP Survey 2023

Intro

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

- Dentist
- Nurse Practitioner (includes APRN; NP, NM, CNS, CRNA)
- Pharmacist
- Physician (includes MD, DO, DPM, OD)
- Physician Assistant
- Veterinarian
- Delegate

All - Start

2. Do you practice/work in Alaska? *

- Yes
- No
- No - I am retired

Pharmacist - Dispense

3. Do you ever dispense federally scheduled II, III, or IV controlled substances? *

- Yes
- No

Pharmacist - Query

4. How confident are you that providers are reviewing patients in the PDMP prior to prescribing? *

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

5. If you had concerns about whether or not a provider reviewed a patient in the PDMP prior to prescribing to a patient, 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
- Dispensed a different quantity of the medication
- Reviewed the patient myself

Pharm & Prov - Deny

6. Have you ever denied a controlled substance prescription because of information found in the PDMP? *

- Yes
- No

Pharmacist - Yes Deny

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

- Not in the best interest of the patient
- Did not agree with Prescriber
- Not in the usual course of medical treatment
- Dangerous combination of therapies
- Patient had traveled a long distance to obtain prescription
- Patient had a history of paying higher prices for medication
- Patient had a high NarxScore in the PDMP
- Patient had received too many prescriptions from the same or multiple providers as shown in the PDMP
- Other

*

8. If you have ever denied a patient a prescription due to what you saw in the PDMP, what was the result? *

- I discussed my concerns with the patient
- I used the resources in the PDMP to guide my conversation with the patient
- I just said no
- I referred the patient back to their provider
- Other - Write In (Required)

*

9. When do you usually 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, since I am not required to review

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

*

- Every patient, regardless of the prescription
- Every patient I am dispensing a controlled substance to
- Patients who look suspicious
- Patients with known substance misuse
- Patients with known behavioral health issues
- Patients with a prescription by a specific provider
- Other - Write In (Required)

*

Pharmacist - Barriers

11. Do you experience any barriers to using the PDMP? *

- Yes
- No

Pharmacist - Barriers

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

- Limitations with internet access at work
- Not enough time
- Office support staff not authorized to be delegates
- Lack of training on how to access the PDMP
- The PDMP is not integrated into EMR system
- Other - Write In (Required)

*

Pharmacist - Reason

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

- It reduces prescription opioid misuse, abuse, and diversion
- For self-preservation.
- It is my moral and ethical obligation to do so.
- It is mandatory to do so.
- I believe I am making a difference.
- I do not want to be perceived as a problematic prescriber by my peers.
- I do not want to be viewed by patients as a easy provider to obtain prescriptions.
- Other (please specify)

*

Pharmacist - PMPI

14. Alaska currently shares data with 17 other states through PMP InterConnect (PMPi). When you review patients in the PDMP, do you search the PMPi to review patient prescription histories in other states? *

- Yes
- No
- Not applicable

Pharmacist - PMPi

15. Have you changed your course of treatment for a patient as a result of information found on PMPi? *

- Never
- Rarely
- Sometimes
- Usually
- Always

Pharmacist - Report

16. How difficult is it to report prescription information to the PDMP?*

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

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

- Manually
- Automatically

18. Have any of the following been burdens to reporting to the PDMP?*

- 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

Pharm & Prov - Delegates

19. How often do you utilize delegate(s) to search the PDMP on your behalf?*

- Never
- Rarely
- A few times a week
- A few times a day
- Every time

20. Are you aware of your option to use Delegate(s) to assist with reviewing and reporting? *

- Yes
- No

21. Do you have any authorized Delegate(s) on your account? *

- Yes
- No

Pharm & Prov - No Delegates

22. Are you interested in learning about adding delegates to your account? *

- Yes
- No

23. Which of the following are reasons you choose not to allow Delegate access? *

- Too much responsibility to share
- I do not trust anyone on my staff
- I don't understand how to allow them
- I prefer to check on my own
- Other - Write In (Required)

Pharm & Prov - Yes Delegate

24. How many Delegates are associated with your PDMP account? *

- 1-2
- 3-5
- 6-10

25. If you could have additional delegates, how many total would you utilize? *

- 11-15
- 16-20
- 21+

26. How helpful is the use of delegates? *

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

27. Do you agree or disagree that the following personnel should be allowed to serve as a delegate for reviewing and reporting? *

	Yes	No	No Opinion
Certified Medical Assistants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office Managers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reception Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. How helpful are your interactions with the Board of Pharmacy involving the PDMP registration? *

- Extremely helpful
- Very helpful
- Somewhat helpful
- Not so helpful
- Not at all helpful
- I have not attempted to contact my Board
- I am not under any of these Boards

29. Do you attend meetings held by the Board of Pharmacy? *

- Always
- Sometimes
- Never
- I did not know they held regular meetings

30. Are you subscribed to the Board of Pharmacy listserv which provides updates, communication, and information about the Board of Pharmacy meetings? *

- Yes
- No
- I did not know there was a listserv

31. Rate your level of familiarity with the following resources:

	not familiar	somewhat familiar	very familiar
Board Reports on the PDMP website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Statue and Regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PDMP User Guide to AWARxE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data Submission Dispensers Guide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Tutorials on the PDMP website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- I'm not familiar with any of this website
- Registration, reviewing, and reporting requirements
- Federal employee exemption FAQs
- Unsolicited prescriber "report card" FAQs
- PDMP registration reminder notices FAQs
- Unsolicited notifications
- The "other" topics

Providers - Prescribe

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

- Yes
- No

Providers - Query

34. How often do you prescribe schedule II, III, or IV controlled substances?*

- Several times a day
- At least once a day
- Weekly
- Monthly
- Quarterly
- Annually

35. How would you rate the overall value of reviewing patient prescription history in the PDMP in informing clinical decision making? *

- Not at all valuable
- Not so valuable
- Somewhat valuable
- Very valuable
- Extremely valuable
- Not applicable

36. Do you review any patients in the PDMP prior to their appointment? *

- Yes
- No

37. Which patients do you review in the PDMP ahead of time? *

- All patients, regardless of prescription status
- Only patients with a current prescription or who I anticipate may need a prescription
- Other - Write In (Required)

38. When do you typically review patients in the PDMP before their visit? *

- I review all my patients for the day at one time
- I review all my patients for the week at one time
- Other - Write In (Required)

39. When do you typically review your patients in the PDMP? *

- During the patient's appointment
- After the patient's appointment
- Other - Write In (Required)

Provider - Deny

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

- Dangerous combination of treatment
- High 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
- High NarxScore
- Other - Write In (Required)

*

41. If you have ever denied a patient a prescription due to what you saw in the PDMP, what was the result? *

- I discussed my concerns with the patient
- I used the resources in the PDMP to guide my conversation with the patient
- I just said no
- I referred the patient to another provider
- Other - Write In (Required)

*

Provider - Check

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

*

- Every patient, regardless of the prescription
- 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
- Other - Write In (Required)

*

Provider - Direct Dispense

43. Do you directly dispense federally scheduled II – IV controlled substances to patients? (Writing a prescription to fill at a pharmacy is NOT directly dispensing) *

- Yes
- No

44. Do you zero report on days you do not dispense federally scheduled II – IV controlled substances? *

- Yes
- No

45. If you directly dispense federally scheduled II – IV controlled substances to patients, when do you report the dispensation to the PDMP? *

- Immediately
- Daily
- Every-other-day
- Weekly
- Monthly
- I only report when I directly dispense a controlled substance
- Never

Providers - Barrier

46. Do you experience any barriers to using the PDMP? *

- Yes
- No

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

- Limitations with internet access at work
- Not enough time
- Office support staff not authorized to be delegates
- Lack of training on how to access the PDMP
- The PDMP is not integrated into the EMR system
- Other (please specify)

Provider - Patient Review

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

- It reduces prescription opioid misuse, abuse, and diversion.
- For self-preservation.
- It is my moral and ethical obligation to do so.
- It is mandatory to do so.
- I believe I am making a difference.
- I do not want to be perceived as a problematic prescriber by my peers.
- I do not want to be viewed by patients as a easy provider to obtain prescriptions.
- Other - Write In (Required)

*

Provider - PMPI

49. Alaska currently shares data with 17 other states through PMP InterConnect (PMPi). When you review patients in the PDMP, do you search the PMPi to review patient prescription histories in other states? *

- Yes
- No
- Not applicable

50. Have you changed your course of treatment for a patient as a result of information found on PMPi? *

- Never
- Rarely
- Sometimes
- Usually
- Always

Provider - Report card

51. Do you receive a prescriber report card? *

- Yes
- No

Provider - Enhancements

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

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Not applicable - I do not prescribe

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

*

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Not applicable - I do not prescribe

54. 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 (opioids + benzodiazepines) I've written compared to other prescribers
- Dangerous combination therapies (opioids + benzodiazepines + carisoprodol) I've written compared to other prescribers

55. Rate the usefulness of the following enhancements: *

	Not useful	Somewhat useful	Useful	Extremely useful
Clinical Alerts – High MME Thresholds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Alerts – Prescriber Thresholds (5/5/3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Alerts – Dangerous Combinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescriber Report Cards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NarxCare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. Have you ever reviewed your compliance report in the PDMP? *

- Yes
- No
- Did not know I could

Provider - Resources

57. How helpful are your interactions with your licensing board involving the PDMP registration? *

- Extremely helpful
- Very helpful
- Somewhat helpful
- Not so helpful
- Not at all helpful
- I have not attempted to contact my Board
- I am not under any of these Boards

58. Do you attend meetings held by your licensing board? *

- Always
- Sometimes
- Never
- I did not know they held regular meetings

59. Are you subscribed to the listserv for your board which provides updates, communication, and information about meetings? *

- Yes
- No
- I did not know there was a listserv

60. Rate your level of familiarity with the following resources: *

	Not familiar	Somewhat familiar	Very familiar
Board Reports on the PDMP website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Statute and Regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PDMP User Guide to AWARxE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data Submission Dispensers Guide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Tutorials on the PDMP website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

*

- I'm not familiar with anything on this website
- Registration, reviewing, and reporting requirements
- Federal employee exemption FAQs
- Unsolicited prescriber "report card" FAQs
- PDMP registration reminder notices FAQs
- Unsolicited notifications
- The "other" topics

Delegates

62. Are you a Delegate for a: *

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

63. How many prescribers/pharmacists are you registered as a Delegate for? *

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

64. 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
- Quality review of providers prescribing practices
- Other - Write In (Required)

*

65. How did you learn about the opportunity to become a delegate? *

- From my supervisor
- From the facility where I am employed
- From a co-worker
- My own research
- Other - Write In (Required)

Delegate - Share

66. How do you share the PDMP information with your supervising provider?
(check all that apply) *

- I verbally discuss with my supervising provider
- I make notes in the patients chart
- I pull the PDMP information up and leave it on the screen for my supervising provider
- I print the report from the PDMP

67. When do you share the information from the PDMP with your supervising provider? *

- Before the provider sees the patient
- Before the provider issues the prescription
- Only when there is an issue concerning data
- Only if my provider asks
- Never

Delegate - Enhancement

68. Rate your level of awareness for each of the following enhancements:

*

	Not Aware	Somewhat Aware	Aware
Clinical Alerts (High MME thresholds, Multiple Provider Threshold, dangerous combinations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NarxCare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. Rate the usefulness of the following enhancements: *

	Not Useful	Somewhat Useful	Useful	Extremely Useful
Clinical Alerts – High MME Thresholds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Alerts – Prescriber Thresholds (5/5/3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Alerts – Dangerous Combinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NarxCare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COVID - Prov & Pharm

70. Did the COVID-19 pandemic impact your PDMP usage?*

- Yes
- No

71. Please rate the extent to which you agree with the following: *

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have increased my patient PDMP reviews due to seeing more patients during the pandemic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have reviewed less patients because I have not seen my patients as frequently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographics - ALL

72. Which best characterizes your practice? *

- Large private office (6+ practitioners)
- Small private office (5 or fewer practitioners)
- Academic practice
- Emergency room
- Outpatient clinic
- Hospital: inpatient primarily
- Military facility
- IHS
- VA healthcare system
- Other healthcare facility
- Pharmacy
- Veterinary clinic
- Other - Write In (Required)
- Not applicable

73. Are you a rural or urban provider/prescriber? *

- Rural
- Urban
- I work in both rural and urban facilities

74. 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

75. What is your age group? *

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