Primary Care Provider Survey regarding Vermont Prescription Monitoring System

Prepared by Charles MacLean, Professor of Medicine
February, 2016

In preparation for legislative testimony regarding proposed new requirements to check VPMS when prescribing opioids, we performed a survey of 99 physicians in Family Medicine and Primary Care Internal Medicine on staff at the UVM Medical Center; this included the UVM-employed physicians and community physicians as well.

Results

The survey response rate was 55%.

1. *How many times in the past 5 years has a VPMS lookup yielded unexpected information that was important to the care of the patient?*
   Median = 1
   Mean = 2.2
   Range = 0-50

2. *Would you support a legislative mandate that VMPS be checked before writing ANY prescription for a controlled substance?*
   No = 96%

3. *Please enter any comments that you would like voiced regarding VPMS*

Table. Comments re VPMS

As a primary care physician, the controlled substance prescriptions I write are for long-term well-known established patients on chronic controlled medications for various chronic pain conditions, mood disorders, and adult ADHD. It would be extremely burdensome, and pointless, to have to query VPMS EVERY time I have to write a prescription for a controlled drug for these patients. There simply is no time left nowadays to spend meaningful time with my patients as it is!!!
As a primary care provider there is an ever growing list of mandated things I MUST do during my office visit. The added burden of checking VPMS before prescribing any controlled substance (which includes medications such as ambien and lyrica) would be disastrous to my practice. It would decrease the quality of care I could provide during a visit be reducing the time I have to spend with the patient, it would decrease access by making OVs longer, it would change my prescribing practices and contribute to my sense of burn out. I'm on the verge daily of throwing up my hands and saying I quit because of all of the BS that has entered the practice of medicine. Like the doctors in Franklin County that finally left practice because of the unsustainable Medicaid reimbursement rates I feel a mandate like this would drive out even more providers (especially primary care providers) from the state.

Because information about the new VPMS site was sent to a wrong e-mail address, I have not been able to access VPMS since last August. I have yet to figure out how to re-register. I fully support the VPMS and wish this was available years ago. It would be great if there were a similar system for patients who I prescribe narcotics to who live in New York State. Medical assistants and nurses who are part of our team need to be able to access the system. So far this has not been possible. Please leave the clinical judgment of whether and when to check the VPMS up to the provider.

Checking before every Rx is WAY too burdensome and very low yield on established patients.

Did ANYONE think this through?

Efforts should be directed at increasing rehabilitation and psychiatric services

great program, every Rx may be a bit much every new patient/rx may make sense

I agree this requirement would and does yield very little helpful results while creating a significant burden on the medical providers who are involved in the care of these patients. I write MANY prescriptions for opiates and other controlled medicines. The only positive results occurred when I already had suspicion of potential abuse or misuse of their medicine.

I am glad we have it but it would be another time consuming chore we have to do during a shrinking office visit. Between meaningful use and all of the other data we are required to provide, there is barely time to see our patients.

I check all my opiate patients q 6 months. Sometimes there are some interesting findings, like visits to ortho or a Walk in care center that I was unaware of, but no episodes of RX abuse, misuse, doctor shopping or multiple pharmacies in my practice.

I do think that VPMS is a valuable tool. However mandated use before each controlled substance prescription seems not only clinically inappropriate but also a HUGE time waster. As a suboxone provider, VPMS is useful as a periodic surveillance, but not needed for each script as other tools for monitoring are in place. With regard to stable or potentially unstable patients on long term controlled substances, I also think it is useful as a monitoring tool but not with each script. Finally, as a Urgent Care provider for over ten years, it has the potential to be the most useful as patients are often unknown to providers. However , we have seen a dramatic decrease in pain medication 'seekers' overall and when we use pain medication for acute injury or illness, it is typically small quantity for a short time. In addition, since most primary care clinicians in Vermont have trained/practiced in a climate of significant prescription drug abuse, we have become much better at identifying patients who need more careful supervision and surveillance. I do support multiple monitoring tools but feel that mandating use with each prescription will not be of high clinical yield and as stated above an enormous time burden.

I don't feel for my practice that it is helpful more than once a year, or ad hoc as I feel needed (eg new patient, new request for pain meds). Also the system would be much more usable if providers could maintain a simple list of their chronic narcotic patients on the VPMS so the list could be checked as needed. The only instance that VPMS was useful was when I was seeing a new patient on Saturday call.

I think the current guidelines pertaining to opiates are both fair and sensible and to have to check VPMS prior to writing a prescription for any controlled substance would be onerous and of such a low yield as to not support the time needed to accomplish the task.

I use VPMS very frequently with my patients observing. I have not had a single instance of unexpected information since. I am very concerned that my patients could acquire prescriptions for controlled substances from NY or NH without my knowledge.

If the State mandates that I need to check VPMS every time I prescribe an opiate or dictates the number of opiates I can prescribe per prescription then I will stop prescribing opiates all together to existing and future patients. I understand the spirit of the legislation, but I fell it will be too onerous on my practice. Perhaps the State can create Pain Management Clinics, similar to the methadone clinic concept, to manage patients with chronic pain needs. Care could be comprehensive with psychologists and social workers and the State could have total control over this matter.

It is a helpful tool for provider's to use based on individual assessment, organization's monitoring per contract, and provider discretion. I think doing this every time writing a controlled substance is a huge inconvenience that would not yield any positive benefit to patient care, safety, or provider satisfaction. Burnout is becoming a huge issue in primary care and this will only contribute to more of it.

It is my professional opinion that mandating VPMS program with every controlled substance prescription would add unnecessary administrative burden with no clinical benefit. We already have effective guidelines regarding use of VPMS it should also be pointed out to the legislature that the majority of prescription drugs 'on-the-street' are coming from out of state sources and not from diversions of prescriptions written by Vermont physicians.

Just another intrusion in the practice of medicine

Requiring to check VPMS prior to writing every controlled substance Rx would be far too burdensome on a busy outpatient practitioner and would not produce information with enough frequency that would alter our prescribing. This would be extremely upsetting to me if I were to have to do this. I check VPMS once a quarter with my patients on controlled substances, I have a medication contract that I am required to use, I have random pill counts and quarterly office visits to reassess the need for the patient to be on the medication. I think these are extremely important parts of ensuring safe prescribing and safe usage for patients. VPMS is another tool to help reassure the prescriber but I don't think it is wise to overdo it by requiring us to check with every controlled substance Rx we write. Would be happy to have legislators follow me on a busy practice day and see why this is not feasible.

still significant delay in data entry to VPMS to show recent scripts written our office uses VPMS frequently with our nurse care coordinators and <1% of inquiries have resulted in unexpected finding. if a mandate , i will stop prescribing .

The data base is useful I think however there should be no mandate on when and how many times it should be accessed. It would be virtually impossible to look at this each time. I use it when I have downtime to review my patients on chronic narcotics. Unfortunately VT State government is interfering too much in the daily workings of our profession.

This is not an efficient use of time given the multitude of tasks of a PCP.

This mandate will not have the intended effect and will further burden us with time wasting tasks
This would be much too time consuming for all of us!!!
This would be way too much work and not clear it would add more benefit. Compared to other practices vpms is not that powerful- but it is helpful
Very useful resource but will become burdensome if it means extensive more hurdles we have to jump through.
VPMS is a great tool. mandating more frequent use will be one more mandated activity that will drive good people from providing primary care in this state. I also worry that this kind of mandate will be used by non primary care MD's to prescribe larger amounts to avoid this additional time consuming activity. Remember- a little is good but a lot is not necessarily better.
VPMS is a valuable resource as it does allow me to verify that I am the only person prescribing for my patients. It is reasonable to recommend that physicians periodically review VPMS but to mandate that physicians check every time they fill a prescription is an unreasonable expectation given the small amount of time that most physicians have per visit.
VPMS is an excellent (though fraught with program flaws) tool to help monitor controlled prescriptions. Even last week I found that it is not being updated frequently enough to truly be helpful. As a primary care prescriber I am hampered by not having New York and New Hampshire prescription data included in VPMS.
VPMS is an incredibly valuable service but can also be an administrative burden. I can see value in checking it before prescribing controlled substances in the ED, for example. I work in primary care and it is useful when I am seeing a new patient who is asking for pain medication (which happens rarely now, as my practice is closed). Personally I am now using it as a surveillance tool to ensure that my long-standing patients are filling the scripts I have provided and no others. In this setting it becomes lower yield.
VPMS should be checked at least once a year on people who take opiates chronically and perhaps at the beginning of chronic therapy (>45 days). Otherwise it should be at the discretion of the prescriber.
We have an extensive process that identifies all patients on chronic narcotics, and flags those with renewals of acute narcotics. We do several VPMS checks a day for the past 6+ months. We have never had useful information, and the resources involved in this primary care practice are extensive. If this is to be a requirement, there needs to be a fee paid by Medicaid and other insurers to support it...and moreover there should have been a fee when the system was created. I would estimate the time and program commitment at about $20 per inquiry.

We should identify ways that VPMS is helpful and support that use. There is no point whatsoever in obsessively checking VPMS on stable patients. A patient who is stable annually will be stable monthly. A patient who is stable for opiates will also be stable for their zolpidem refills. The time taken to do this will take time away from other importance tasks, whether the checking is done by providers or by our delegates, at the risk of compromising quality of care...more delays in refilling prescriptions for non-narcotics, managing prior authorizations, answering phone calls, etc., less time for focusing on chronic care management, counseling smoking cessation, etc. Also, I have a problem with the initial screen after I log in to VPMS. I used to check VPMS with the patient as part of the office visit. It was somewhat educational. Now the initial screen has a list of names of patients I have queried recently. This means I can't check VPMS during an office visit without risking a HIPPA violation by having the patient see names of other patients if they happen to look at the screen, which many do. The only time VPMS has been helpful to me was when someone in the health department was monitoring and called me when I was the 4th prescriber for a patient new to me. We made a clear plan that I would be the only provider going forward and the patient was monitored carefully. That help came from a health department monitor, not from my doing a routine check.

What is a better use of a primary care provider's time? Caring for, listening to and counseling patients with chronic pain issues or giving them increased check the box tasks like checking VPMS before writing each script. I have found the checking once per year and prior to new patient scripts or replacement scripts to BE BENEFICIAL but prior to each script is ridiculous and will outrage providers.

With 15 minute appointments in the setting of multiple required quality measurements, patients typically arriving late, and unexpected emergent medical issues, it would be a significant burden, in terms of time, to perform VPMS lookups in every instance in which a controlled substance is medically warranted. The reality is often that we have between 5 and 10 minutes to address patient concerns for most scheduled encounters. This is a terrible idea that would place further stress a very poor system.

Would be time consuming unless we could have our staff do it or an automated program print it out with the script? Our staff are already over burdened, I don't think we could add this in. I love having VPMS as a resource but every script for controlled substance is too much.