

Specific Metrics Explanations and Examples for Vermont Prescription Monitoring System (VPMS) Prescriber Insight Reports

Note: The following document contains example images from a stock Prescriber Insight Report. This document is not a personalized report.

The Prescriber Insight Report is not able to account for variations in clinical hours or patient volume. The characteristics of your practice should be taken into consideration when viewing comparative metrics.

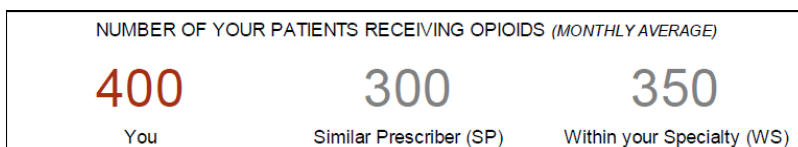
Comparison metrics are reflective of those prescribers who are registered with VPMS and have prescribed at least one (1) Schedule II-IV opioid analgesic during the period of the report.

Metric Values Generation

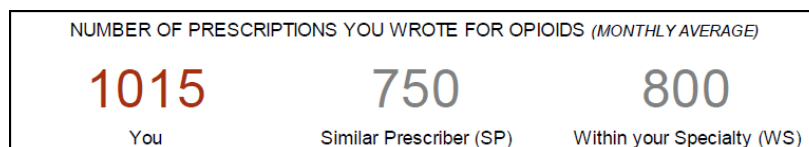
- The PDMP Prescriber Report is reflective of Schedule II-IV opioids, excluding Buprenorphine products, and anxiolytic/sedative/hypnotic medications as reported to the state PMP during the report period as noted.
- Metrics are reported either as values covering the full report period or the average of monthly metrics (which are referred to as “Monthly Average”).
- Some metrics additionally include comparisons to median values of prescriber peer groups; these are defined as follows:
 - Similar Prescriber (SP): The same role + the same healthcare specialty of the prescriber.
 - e.g. comparison with other APRNs in family practice
 - Within Specialty (WS): The same healthcare specialty as the prescriber.
 - e.g. comparison with all other provider types practicing in family practice

Specific Metrics:

- 1) Number of persons for whom you prescribed at least one (1) opioid analgesic
 - Your monthly average value
 - Comparison peer groups are medians rather averages



- 2) Number of opioid prescriptions written by you
 - Monthly average value
 - Comparison peer groups are medians rather averages



- 3) Top medications prescribed by you
 - Top three (3) drugs based on # of prescriptions
 - By generic name and as reported to VPMS

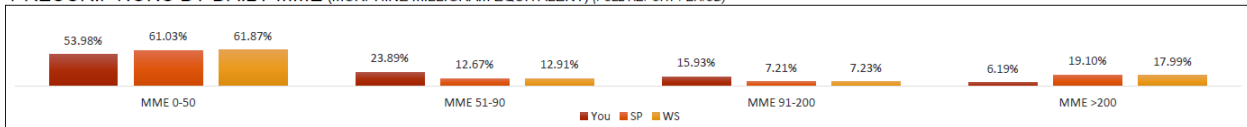
TOP MEDICATIONS PRESCRIBED (FULL REPORT PERIOD)

| | | |
|--------------------------------------|------------|-------------------|
| HYDROCODONE BITARTRATE/ACETAMINOPHEN | ALPRAZOLAM | ZOLPIDEM TARTRATE |
|--------------------------------------|------------|-------------------|

- 4) Percentage of opioid analgesic prescriptions written by you divided into the following Daily MME ranges:
 - MME 0-50
 - MME 51-90
 - MME 91-200
 - MME > 200
 - Full report period
 - Comparison peer groups are medians rather averages

Although the use of any opioid can lead to overdose, research suggests that exposure to higher doses of opioids increase the risk of overdose. Opioid doses of more than 100 MME are associated with significant increase in the risk of overdose compared to lower dose.¹

PRESCRIPTIONS BY DAILY MME (MORPHINE MILLIGRAM EQUIVALENT) (FULL REPORT PERIOD)



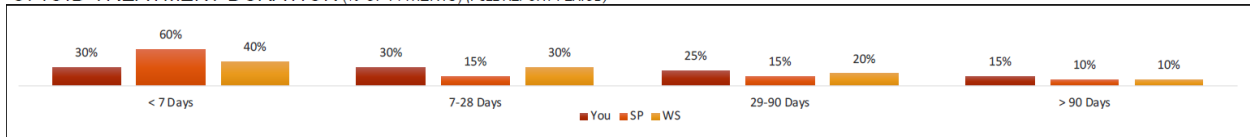
- 5) Percentage of your patients where their opioid treatment duration falls into one of the following ranges of days (these values are based on the cumulative days of supply of a person's prescriptions during the report time.):
 - < 7 Days
 - 7-28 Days
 - 29-90 Days
 - > 90 Days
 - Full report period
 - Comparison peer groups are medians rather averages

In cases of acute pain treatment more than a few days of exposure to opioids significantly increases risk, each day of unnecessary opioid use increases likelihood of physical dependence without adding benefit, and prescriptions with fewer days' supply will minimize the number of pills available for unintentional or intentional diversion. In chronic pain management, taking even a low-dose opioid for more than three months increases the risk of addiction by 15 times.²

¹ Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>

² Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>

OPIOID TREATMENT DURATION (% OF PATIENTS) (FULL REPORT PERIOD)



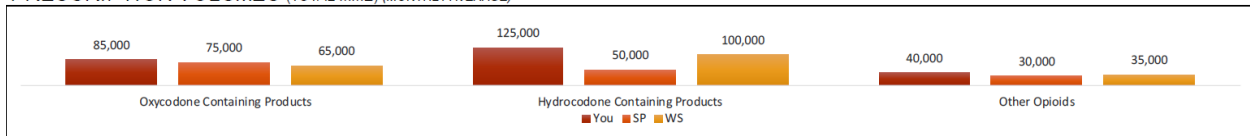
6) Total Morphine Milligram Equivalency (MME) of prescriptions written by you in the following groups:

- Total MME of Oxycodone containing products
- Total MME of Hydrocodone containing products
- Total MME of all other opioids
- Monthly average value
- Comparison peer groups are medians rather averages

Download an Opioid Morphine Milligram Equivalent (MME) Conversion mobile app here: <https://www.cdc.gov/drugoverdose/prescribing/app.html>

Other MME Calculators are available here: <http://www.healthvermont.gov/alcohol-drugs/professionals/resources-patients-and-providers>

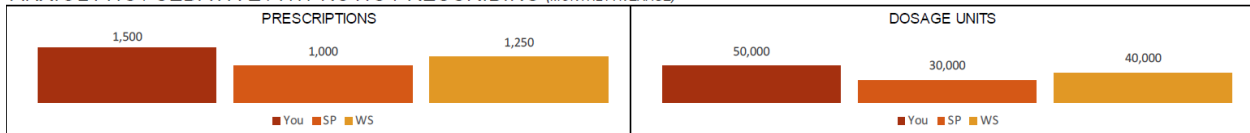
PRESCRIPTION VOLUMES (TOTAL MME) (MONTHLY AVERAGE)



7) Anxiolytic / Sedative / Hypnotic Prescribing

- Number of Anxiolytic / Sedative / Hypnotic prescriptions (together as one group)
- Quantity of dose units of all Anxiolytic / Sedative / Hypnotic prescriptions.
- Monthly average value
- Comparison peer groups are medians rather averages

ANXIOLYTIC / SEDATIVE / HYPNOTIC PRESCRIBING (MONTHLY AVERAGE)



8) PDMP Usage

- Number of PDMP Report requests by you (and your delegates, when used)
- Monthly average value
- Comparison peer groups are medians rather averages

| PDMP USAGE (MONTHLY AVERAGE) | | | |
|------------------------------|-----------------------------------|----------------------------|-------------------------|
| PDMP REQUESTS BY YOU | PDMP REQUESTS BY YOUR DELEGATE(S) | SIMILAR PRESCRIBER AVERAGE | SPECIALTY FIELD AVERAGE |
| 100 | 75 | 200 | 150 |

9) Patient Exceeding Multiple Provider Thresholds

- Number of patients with prescriptions from > 5 prescribers (including at least one written by you)
 - Number of patients having prescriptions filled at > 5 pharmacies (where you wrote at least one of these prescriptions.)
- Full report period

Note: Multiple Provider Thresholds are calculated differently on this report than when generated through the system or by other unsolicited report and may not accurately represent the full number of providers accessed by each patient.

| PATIENTS EXCEEDING MULTIPLE PROVIDER THRESHOLDS (FULL REPORT PERIOD) | |
|--|--|
| PATIENTS EXCEEDING MULTIPLE PRESCRIBER THRESHOLD | PATIENTS EXCEEDING MULTIPLE PHARMACY THRESHOLD |
| 25 | 15 |

10) Dangerous Combo Therapy

- Number of patients receiving an opioid + a benzodiazepine* (in same month - both written for by you).
- Number of patients receiving an opioid + a benzodiazepine* (in same month - where you wrote just one of the prescriptions).
- Number of patients receiving an opioid, a benzodiazepine* + carisoprodol (in same month - all written for by you).
- Number of patients receiving an opioid, a benzodiazepine* + carisoprodol (in same month - where you wrote just one of the prescriptions).

* This would also include any other Anxiolytic / Sedative / Hypnotic medications

- Full report period

Overlapping analgesic opioid-benzodiazepine prescriptions were dispensed to 33% of people with an opioid-related accidental fatality at some point within the five years prior to the fatality. Twenty-one percent received overlapping prescriptions in the year prior to fatality, 13% received overlapping prescriptions within 30 days of fatality, and 9% within 10 days of fatality.³

| DANGEROUS COMBINATION THERAPY | | | |
|--|----------------------------|---|----------------------------|
| COMBO PRESCRIPTIONS FOR OPIOID + BENZO IN SAME MONTH | | COMBO PRESCRIPTIONS FOR OPIOID + BENZO + CARISOPRODOL IN SAME MONTH | |
| 25 | 35 | 15 | 20 |
| BY YOU | BY YOU + OTHER PRESCRIBERS | BY YOU | BY YOU + OTHER PRESCRIBERS |

³ Data Brief, Vermont Department of Health: Controlled Substance Prescription Histories for Opioid-Related Accidental Fatalities in 2015; http://www.healthvermont.gov/sites/default/files/documents/2017/01/HSRV_VPMS_10_28_16_opioid_related_accidental_fatality_brief.pdf