

CDC *Vital Signs* Town Hall Teleconference

Prescription Painkiller Overdoses Among Women  
Q&A

July 09, 2013  
2:00–3:00 pm EDT

Brandy Peaker: Okay great, thank you all for the excellent presentations. I'd like to remind everyone that you can get in the queue to ask a question by pressing star 1. Record your name when prompted, and you will be announced into the conference by the operator when it's your turn to ask your question.

I encourage you to take advantage of this opportunity to share strategies, lessons learned, challenges, and success stories. Okay, we'll go ahead, operator, and start with our first question, please.

Coordinator: Thank you so much. Susan Miller, your line is now open.

Susan Miller: Yes, thank you very much. I actually have two questions. My first question is: the information's very startling, and I'm wondering if you have any sense of how many prescriptions are filled for self-use versus diversion. And my second question is whether the demographics in the VA system is different than in the general population?

Brandy Peaker: Does anyone have any thoughts on that?

Anne Rogers: Okay, so, this is Anne from Maine. To the first question, we can't tell from our prescription monitoring program as to which is for diversion and which is for self-use. There is a method within the prescription monitoring program that we call "suspected doctor shopping" or "pharmacy hopping."

In that, we do have information and data on our website on numbers of suspected, but we can't say for sure. As far as VA, we don't receive the VA data yet, but it's my understanding that the Veteran's Administration is doing current testing with a few states on integrating their data with prescription monitoring programs.

And so, hopefully in the near future we'll be able to start receiving the VA. I know that that will be a somewhat different population than what we currently have in Maine in our system.

Susan Miller: Okay, thank you very much.

Anne Rogers: You're welcome.

Brandy Peaker: Thank you, Ms. Rogers. As we wait for more questions, I have a question and this is probably geared toward Ms. Rogers or Mr. Johnson. What do you see is the role of pharmacists or other allied health professionals in reducing the use of prescription drugs? Have you found that some of your successes have included bringing other people in and not just targeting physicians?

Anne Rogers: Yes, we also work with pharmacists. We work with them in a couple different capacities. To make sure that they're uploading the information and that it's accurate. They reach out to us often and they worry that they've got somebody whom they may suspect, what do they do.

We provide possible guidance for them. We also do a lot of directing to their boards of pharmacy or medical boards because they have lawyers there that can help them with anything that they may be concerned about.

We also keep a lot of Q&A on our website to help them with some of these questions, because they're worried. They're put in a position of "Do I fill it

and get the person off my back?” or “Do I not and take a risk?” So, we provide them with a few suggestions. Not sure if Hal, if you guys...

Hal Johnson: Yes, in Florida, well, of course, the pharmacists are required to enter the prescriptions they fill in there. There's some pretty good evidence that the numbers are growing pretty quickly on the ones that are actually using it for better surveillance.

Also with the doctors, there's some evidence that their numbers are going up pretty quickly. They started out real slow with nobody actually looking at it, other than the pharmacist entering the data. But, yes, we're certainly promoting the use of it by pharmacists and by physicians.

Anne Rogers: I believe Florida—don't you also do this, we provide what's called unsolicited reports to both medical providers and pharmacists if any of their patients have exceeded what we call a threshold level of safe use. That could be certain interactions with different types of drugs.

It can also be that they're getting a certain number of drugs within a certain timeframe from a certain number of people for a possible diversion. So they get reports automatically sent to them on their own patients if something like that is triggered in the system.

Hal Johnson: Right, I know Florida is contracting with Brandeis for something along those lines, but honestly that's a different department and I work closely with them, but I'm not there so I'm not sure what the status is, to be honest.

Anne Rogers: Okay.

Brandy Peaker: Okay, we have a question from Dr. Schieber here in our room.

Richard Schieber: So, from these databases of the two states, it looks like you have the number of prescriptions filled per 1,000 people in the state. Can you tell how many unique patients this represents?

Hal Johnson: This is Hal. I believe I've got that data, but honestly I'm not at my desk so I can't tell you what it is. I do know that it's Florida schedules II, III, and IV filled 34.5 million prescriptions in 2012. Now, that obviously is more than the drugs I reported on here, but that's all I have right now.

Richard Schieber: Thank you. Anne?

Anne Rogers: You know I'm trying to remember the table. I didn't get all the same data, all of mine was not quite ready. I believe they did that on unique patients so when it's reported per 1,000 that they have done the matching with—there's unique identifiers within there so they know how many approximately per person.

Richard Schieber: It just seems to me those would be valuable elements to trend because I guess we're not so concerned about someone who gets a prescription once for one problem and maybe doesn't get another prescription for another couple of years.

Anne Rogers: Right.

Richard Schieber: But it would be very good to know whether those who are abusing or misusing these drugs, whether that number is going down in the state. I suppose this could be a particularly important one—I'm thinking of Florida with older people perhaps getting more painkillers for a chronic disease or for acute problems like a fall. So...

Hal Johnson: Yes, I'm hoping that I can improve the access that I have to the data because of the confidentiality it's really difficult, and especially when I'm in the

substance abuse program obviously in a different department than the health department that uses the PDMP. So, it makes it difficult for me to get direct access to it, but I'm fighting for it.

Richard Schieber: Yes, good. Thank you both.

Brandy Peaker: Thanks, Dr. Schieber. I have another question and this really is for any of the panelists. But does your prescribing data include prescriptions that come from dentists or podiatrists or other professionals that can prescribe not just your primary care physician or ER physician?

Anne Rogers: Right. Maine's includes anyone who has—it doesn't matter who the doctor is, what type of doctor. If a person has a prescription filled in a pharmacy, and it could be a CVS, a Walgreens, Wal-Mart, a hospital-based pharmacy.

Any pharmacy, they are required just like in Florida to report up. So, the doctor, no matter what the type, that'll be in the pharmacy system and that gets reported up into the Prescription Drug Monitoring Program system as well. So, it's not the doctor that's reporting it, it's the pharmacy.

And so if it's filled in Maine it gets reported there, even if it were mail-ordered and it's a schedule II through IV and it comes to somebody in Maine, they're required to also report up into the system.

Hal Johnson: That's exactly the same as Florida, I was just going to say that.

Brandy Peaker: Great, thank you. All right, are there any more questions?

Coordinator: I have no further questions over the phone lines.

Brandy Peaker: Okay, great. Well, I would like thank our presenters, and I would also like to thank all of you for joining us. Before we close, please let us know how we can improve these teleconferences to be more beneficial to you. You may email your suggestions to [ostltsfeedback@cdc.gov](mailto:ostltsfeedback@cdc.gov), again that's O-S-T-L-T-S feedback, all one word, at CDC dot gov.

We hope you've been able to enjoy this conference and please join us for next month's conference which is focusing on obesity among preschoolers on August 13. Thank you very much and this ends our call for today.

Coordinator: Again, thank you for your participation, this conference is concluded now you may disconnect. Thank you have a great day.