

Monitoring mandates reduce high-risk opioid prescriptions, study says

States mandating that providers search drug prescriptions through an electronic database at the point of care experienced a 6% to 9% decline in high-risk prescriptions, according to a new study by Weill Cornell Medicine and additional researchers published in Health Affairs.

Prescription Drug Monitoring Programs, or PDMPs, are statewide electronic databases that track the dispensing of controlled substances. They can be a significant tool in addressing the opioid crisis, but providers don't always use them effectively, said Dr. Yuhua Bao, research affiliate of Cherish at Weill Cornell Medicine.

The study estimated that if all states used these so-called comprehensive-use mandates, there would be more than 36,000 fewer people with overlapping opioid prescriptions and more than 44,000 fewer people with overlapping opioid and benzodiazepine prescriptions in any given quarter, Bao and her fellow researchers wrote.

The study looked at data from a large commercial insurance-claims database and focused on patients ages 18 to 64 with private insurance from 2011 to 2015. The findings, Bao said, are consistent with previous studies that examined comprehensive-use mandates in other populations, such as Medicare. The study also found that laws that allow prescribers to delegate PDMP use to office staff were associated with similar reductions in high-risk prescriptions.

Future research should continue to examine PDMP and electronic health record integration, according to the study. Lack of integration can create a time burden and disrupt the clinical flow for providers, said Bao.

Cherish supported the study through a pilot grant, according to Weill Cornell. Researchers from the University of Pennsylvania as well as Cornell University in Ithaca also participated.