

ACMT Studies Enhancement of Prescription Drug Monitoring Programs

Prescription Drug Monitoring Programs are tools that assist healthcare providers in identifying aberrant opioid use patterns in patients. Researchers from the American College of Medical Toxicology identified barriers to full utilization of these programs by clinicians. They provide a glimpse into prescribers' concerns in a recent New England Journal of Medicine Perspective article.

Philadelphia, PA ([PRWEB](#)) May 30, 2012 -- Prescription opioid misuse has reached epidemic levels in the US and is associated with thousands of deaths each year. Since the vast majority of these drugs, which include oxycodone (in Percocet) and hydrocodone (in Vicodin), are obtained through prescribing by healthcare [providers](#), tools must be available that provide reliable information to identify patients who are misusing, overusing or diverting prescription opioid medications. Prescription drug monitoring programs can help to identify aberrant practices among patients and in turn provide insight to clinicians prior to prescribing these potentially dangerous medications. Currently such programs are of variable functionality and simple enhancements could help to optimize their benefit.

Prescription drug monitoring programs are state-based data collection systems that track prescribing and dispensing of certain federally scheduled medications, including opioids as well as sedatives like alprazolam (found in Xanax). Most states allow prescribers to access the system prior to prescribing a controlled medication and review the patient's prescription history for signs of aberrancy, as this is often a sign of misuse. Nearly every state (48/50) has such a system, although they vary widely in functionality and ease of use.

Two researchers from the [American College of Medical Toxicology](#) recently examined the opioid prescribing practices of College members to help determine factors that were considered to be benefits or limitations to their use of prescription drug monitoring programs. The results were presented at the ACMT national meeting in March. A glimpse into the prescriber's concerns is provided in a recent Perspectives article in the New England Journal of Medicine by the researchers, Jeanmarie Perrone, M.D., from the University of Pennsylvania, and Lewis Nelson, M.D., from New York University.

They describe the characteristics of the prescription drug monitoring programs that can be frustrating to clinicians and prevent optimal use of the programs and they recommend ways to create an "ideal" program. The prescribers studied noted that the major limitation was simply the time to use these programs. According to Dr. Nelson, "even if it takes only 3 minutes per patient, in a busy emergency department or office practice, having to do this multiple times daily amounts to a substantial time investment." As time was the major barrier, several time-consuming aspects of access were emphasized including navigating to the correct web portal for the program and recalling and resetting the password. Many clinicians found that once they gained access, timely information for each patient was not available.

The authors acknowledged that despite these limitations the potential upside of these programs is great, and that attention is needed toward increasing "user friendliness." With enhancement, prescription drug monitoring programs may help to diminish the magnitude of the prescription drug epidemic.

The American College of Medical Toxicology (ACMT) is a professional, nonprofit association of physicians with recognized expertise in [medical toxicology](#). The College is dedicated to advancing the science and practice of medical toxicology to improve the care of poisoned patients.

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