

## **Most docs don't check database for abusers**

Three out of four doctors and dentists enrolled in the state's mandatory prescription drug monitoring program — which is designed to help physicians flag pill-shopping patients — aren't actually checking it, according to new state data, raising questions about its effectiveness in rooting out opiate abusers.

Just under 25 percent of the nearly 25,000 doctors, dentists and others enrolled in the Prescription Monitoring Program used it to search a patient's history in the last half of 2015, the Department of Public Health revealed in the program's annual report filed yesterday with lawmakers.

The lagging numbers follow months of the Baker administration and medical community leaders touting the program as a tool to tackle the state's opiate scourge, which last year claimed 1,379 lives through fatal overdoses.

Legislation Gov. Charlie Baker signed in March now requires physicians to check the database before writing a prescription for narcotics such as methadone, oxycodone and fentanyl; the state also started allowing medical residents access to the program in December.

But even among the state's most frequent prescribers, the majority aren't taking advantage of the system. Less than half of the doctors who wrote 200 or more prescriptions for drugs with a "high potential for abuse" last year searched out a patient at least once in the program.

"That's unbelievable. That's problematic in my mind," said Dr. Daniel Alford, director of the Clinical Addiction Research and Education unit at Boston Medical Center. "It's not an easy system to use. The yield is really, really low that you're going to identify some doctor-shopping behavior. But it doesn't mean we shouldn't use it."

DPH officials argue that it takes time for doctors to "become educated" and begin regularly checking the database. But they also admit the "utilization of the (program) may be less than initially expected."

Doctors blame the low numbers, in part, on a user-unfriendly system that only in recent years started gaining attention in medical circles. Dr. Dennis M. Dimitri, head of the Massachusetts Medical Society, called it "old, clunky technology" that currently doesn't integrate doctors' own electronic medical records.

"It's slow, it's time-consuming," Dimitri said. "Until fairly recently, there was also some lag in the data. It wasn't as helpful as physicians would like."

In response, state officials say they're planning a \$6.2 million overhaul of the program, with a new vendor and new online system that's scheduled to go live this summer.

Scott Zoback, a DPH spokesman, said it will integrate medical records and link with other states' online prescription monitoring programs (PMP), helping to prevent pill-seekers from hopping across state lines undetected.

"DPH is now developing a brand new PMP online solution ... that will be easier for prescribers and pharmacists to access and use, and increase our overall data capabilities," Zoback said in a statement.

As of December, nearly 89 percent of all practitioners, such as doctors and dentists, in the state were enrolled, which is now done automatically.

Dr. Sabrina Poon, an emergency medicine resident at Brigham and Women's Hospital and co-author of a recent study that deemed the program "complicated" to navigate — said one obstacle that still exists is in how the data is presented. It often requires doctors to do their own analysis and leaves some in the dark about how to interpret it.

"It's not that surprising to me (25 percent used it)," Poon said.

"Asking clinicians to kind of do these extra things that are clinically important but are very time-consuming when people are already stretched thin time-wise is a definitely a challenge."

By: Matt Stout