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Introduction

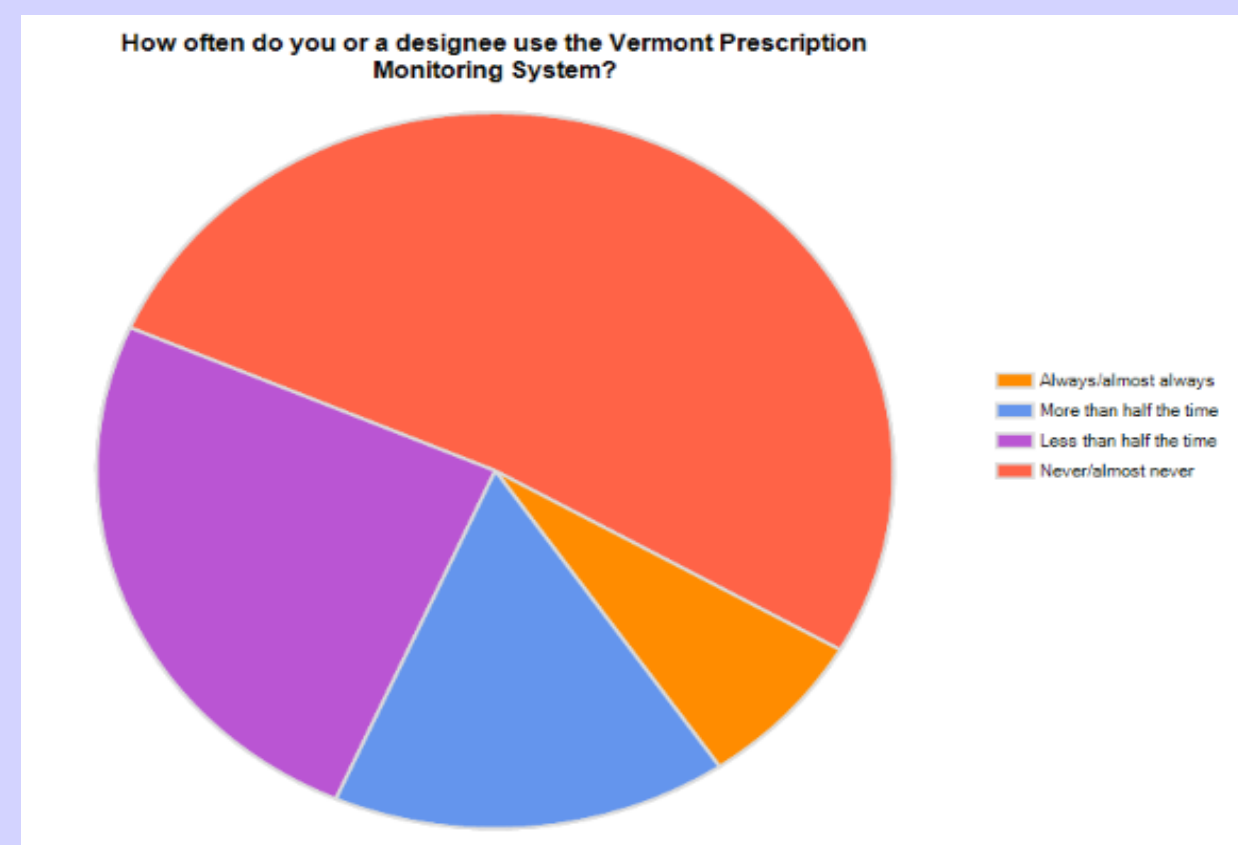
Prescription drug diversion has become a major problem in the state of Vermont. According to 2010 data from the National Survey on Drug Use and Health, most people get access to prescription drugs for purposes of misuse through family and friends. This accounts for both drugs which are given away and those which are taken without permission.

This research used a top-down approach to examine a cause for apparent excess in prescription medications. The goal was to assess prescription practices of Vermont doctors and utilization of the Vermont Prescription Monitoring System (VPMS). This information is intended to provide insight into potential methods of reducing prescription drug diversion.

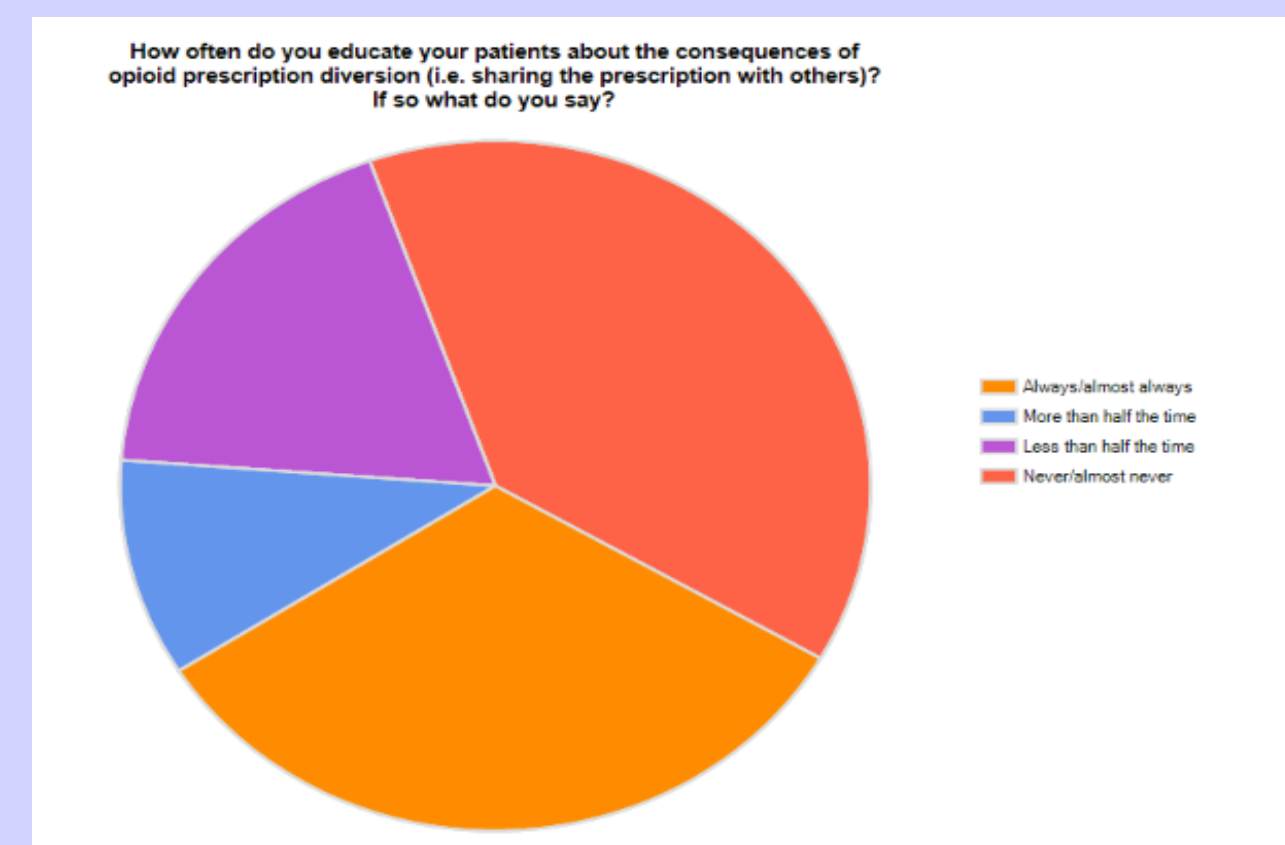
Methods

- An online anonymous survey was distributed to 552 MDs throughout Vermont.
- 57 surveys were returned
- 10 multiple choice questions assessed the following subjects
 - Use of the VPMS
 - Doctor education on prescribing opioids
 - Patient education on the use of opioids
- Data were analyzed with the program STATA using bivariate logistical regression
- Charts/graphs were generated through Survey Monkey and the STATA program

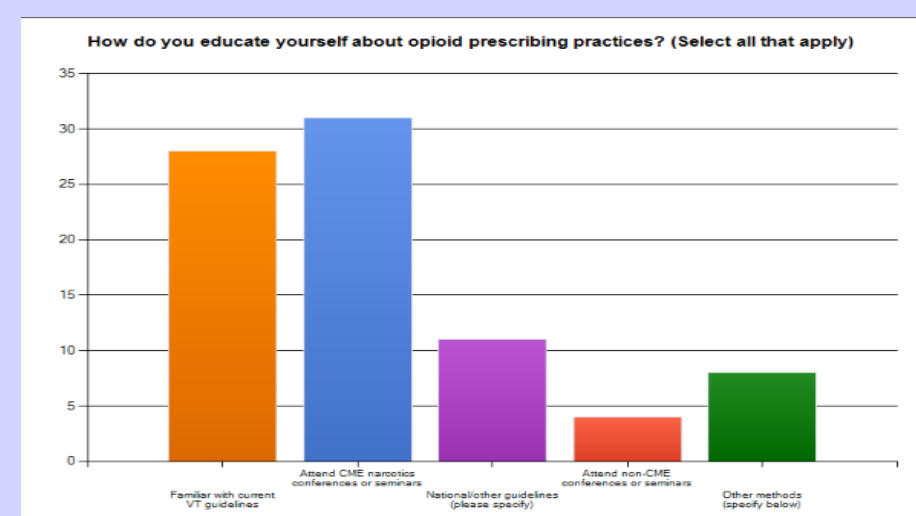
Results



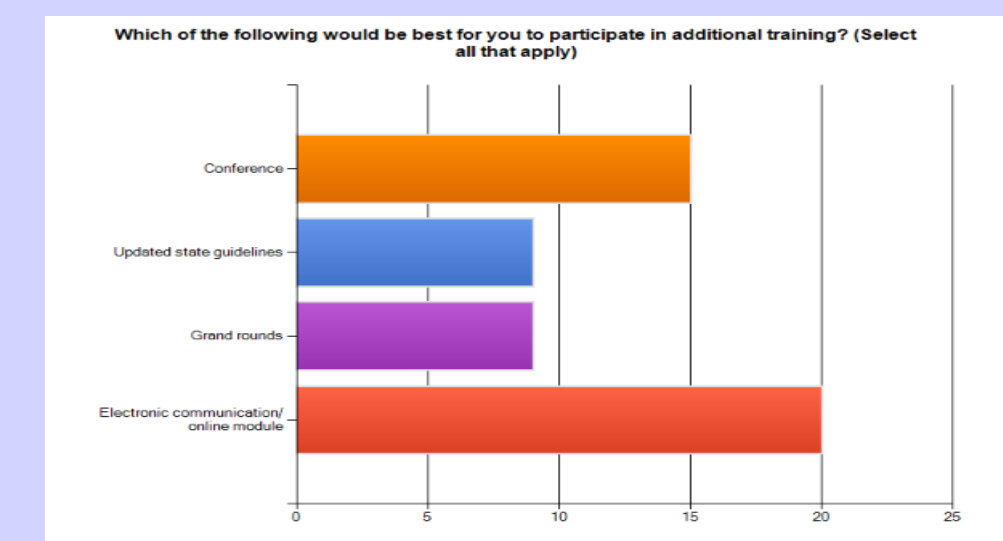
"I'm inefficient enough with our EMR, I need one less thing to bog down my patient care"



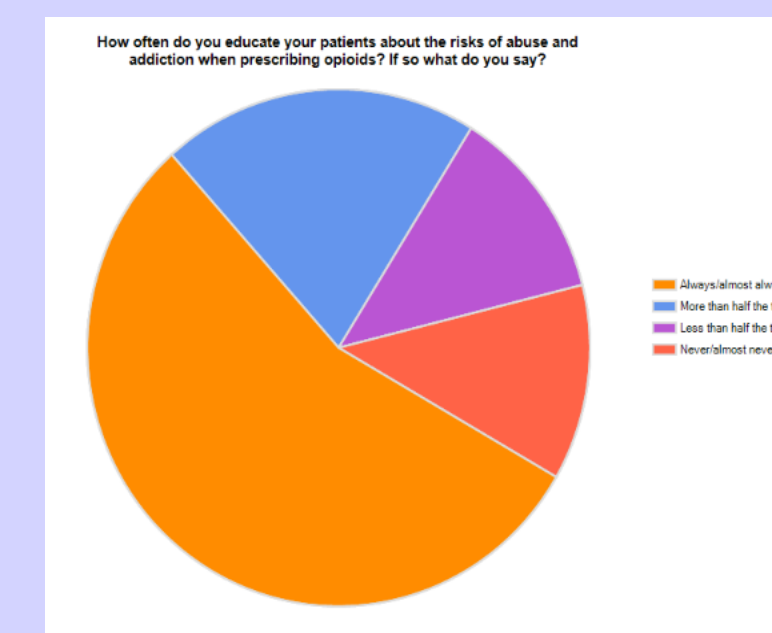
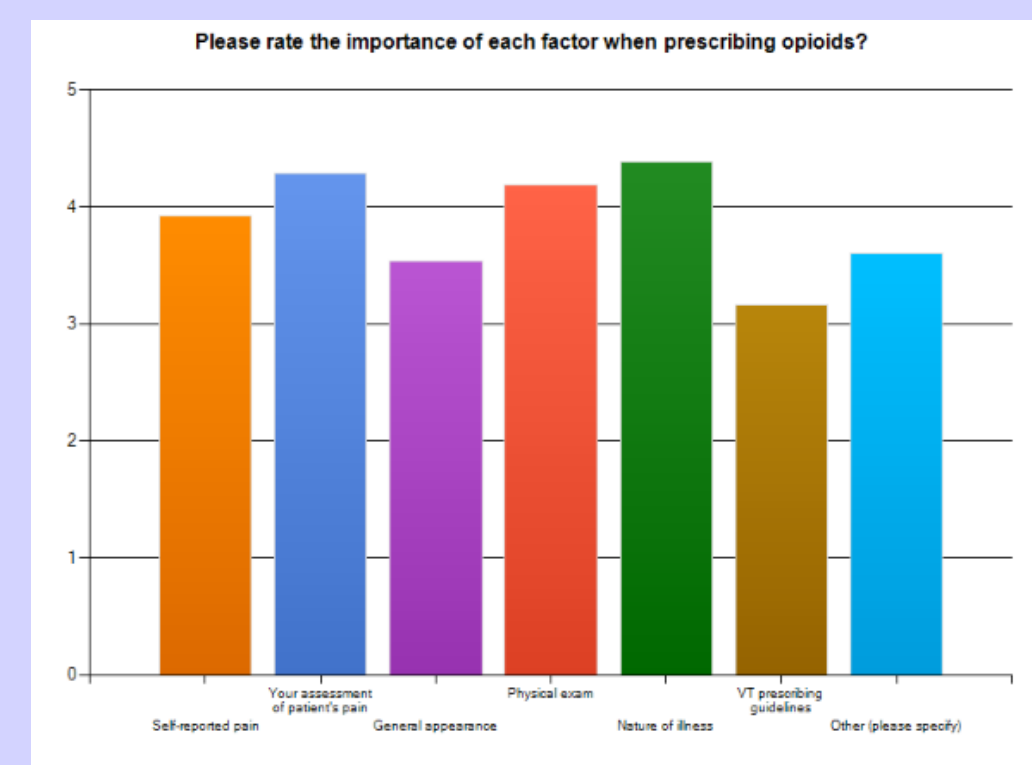
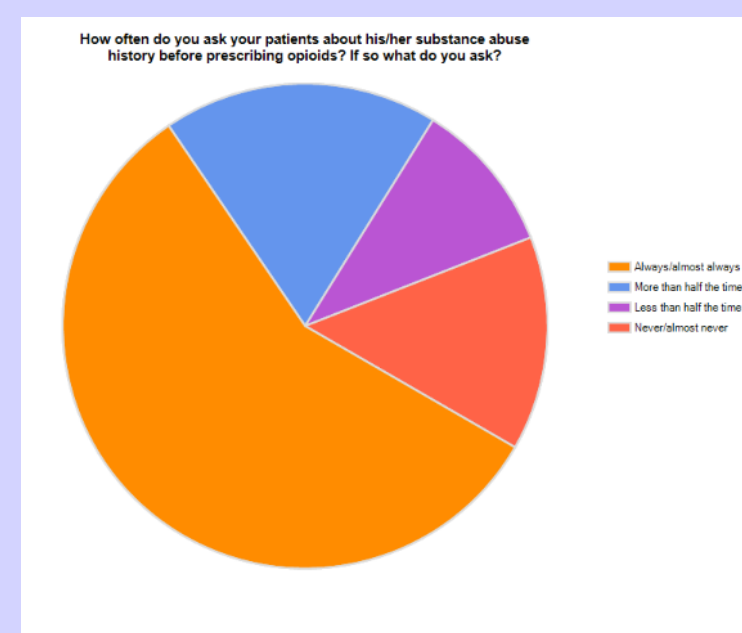
"Someone who is going to do this won't be dissuaded by anything I say - they already know it's illegal."



"Once we are in the system, if we could type in a list of names and get a list back-- this would allow an easy review for those patients seen on a daily basis. Obviously, coordinating with NH and NY would be helpful as nothing prevents a patient from filling scripts out of state and thus avoiding surveillance."



"We have so many inefficiencies built into our patient encounters. This needs to be extremely quick and easy to access."



Discussion

- Only 25% of doctors use the VPMS more than half the time, with many indicating that they do not use the program for long-term patients
- Reasons for lack of use included:
 - Doctors do not know enough about the program to use it
 - It is too inefficient for work flow
 - It is not updated in a timely manner
- One solution may be to integrate the VPMS with Fletcher Allen's current EMR. This will make the system more accessible and time-efficient
- Most opiate diversion occurs when a single provider prescribes to a single patient who then diverts that prescription, indicating the potential importance of educating patients on drug diversion
- Doctors report a wide variety of approaches to educating patients on the consequences of diversion
 - One option utilized is a formal opiate usage contract between patient and practitioner
- More than one third of respondents indicated that they never talk with their patients about diversion
 - Some doctors expect that their patients should understand that diversion is illegal, thus there is no need for discussion
 - Others believe there is no level of conversation that will dissuade those who are intent on redistribution from doing so
- If these beliefs about the futility of patient education are widespread, they may add to the problem of diversion
- A proposed solution to address the problem of diversion is to prescribe smaller amounts of controlled substances more frequently
 - Obstacles to this include inconvenience as well as direct financial and time costs to both the patient and prescriber
- Doctors offices do not have the staff or time slots to accommodate the increased number of appointments that would result
- This could be overcome if requirements changed to allow for the electronic prescribing of opiates