

CORRELATES OF RED FLAGS FOUND BY PRESCRIPTION MONITORING PROGRAMS (PMP) IN COMMUNITY MENTAL HEALTH SETTINGS



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Background

- PMP are state-administered databases that provide reports on individuals' controlled Rx drug histories, used throughout the US and Canada^{1,2}
- Aim:** identify correlates of PMP red flags and influence on prescriber practices

Methods

- Cross-sectional card study
- Participants were local prescribers (psychiatrists and APNs) at 5 CMHC sites.
- Data collected on consecutive patient visits for whom a PMP report was run, over a period of 3 months
- Patient demographic and clinical variables were tested for association with "Red Flags"^{3,4}
- Statistical analysis: Descriptive and chi square

References

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 - State Medical Board of Ohio. <http://med.ohio.gov/>
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Figure 1: Red Flags

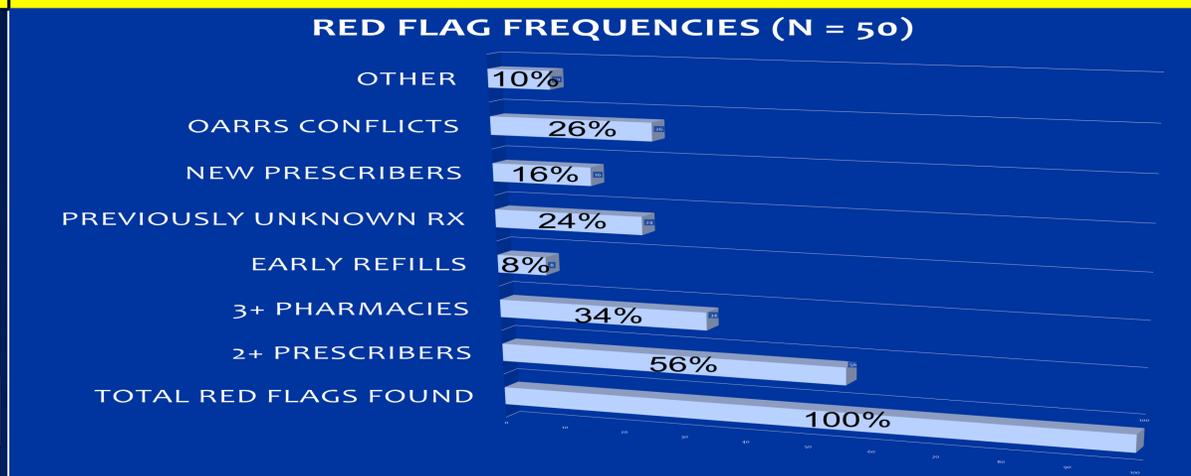


Figure 2: Red Flags by Patient Characteristics

Patient Characteristics n = 249*	Patients with Red Flags n (%)	Chi Square p-value
Male	13 (17)	0.365
Female	37 (22)	
African American	5 (9)	0.013
Caucasian/Hispanic/Other	45 (24)	
Prescriber-Estimated Adherence: Yes	22 (14)	0.001
No	23 (34)	
Chronic Pain Disorder: Yes	24 (28)	0.021
No	25 (16)	
Addiction Diagnosis: Yes	25 (26)	0.054
No	25 (16)	
Prescribed an Opioid: Yes	31 (46)	0.001
No	20 (11)	
Prescribed a Benzodiazepine: Yes	32 (21)	NS
No	18 (19)	
Prescribed a Stimulant: Yes	8 (15)	NS
No	41 (21)	

*Data not adding up to 249 represents missing data points.

Figure 3: Impact of Red Flags on Prescriber Behavior

Impact of Red Flags on Prescriber Behavior	
Lower prescribing rates	p<0.01
Decision to decrease dosage	p<0.002
Frequency of patient visits	p<0.01

Results

Provider Characteristics

- 64% physicians, 36% APNs
- 58% Caucasian, 27% Asian
- Of 42 providers enrolled, 33 returned 249 cards

Patient Characteristics

- Patients: mostly female (66%) and white (63%), with mean age of 48. Majority were considered adherent and had been seen for >1 year.
- Over 1/3 reported any addictive disorder (38%) or a diagnosis of chronic pain (34%)

Red Flags (Figure 1)

- 1 in 5 had red flags
- Most common: multiple prescribers, pharmacies

Correlates of Red Flags (Figure 2)

- Red flags more likely with non-AA race, poor adherence, chronic pain disorder, and prescription of opioid
- No association with gender, addiction diagnosis, or prescription of benzodiazepine/stimulant

Impact of Red Flags (Figure 3)

- Lower prescribing rates of controlled substances
- Decrease in dosage of controlled substances
- Increased frequency of patient visits

Discussion

- First study in community mental health setting
- Limited by small sample size and missing data
- Clinical Implications: Increased clinician vigilance and use of PMP when prescribing controlled substances to high-risk patients
- Future study: further characterize red flag epidemiology; develop guidelines to enhance prescriber decision-making