New Jersey Pharmacists’ Perceptions of the New Jersey Prescription Monitoring Program

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Background

Prescription drug abuse and diversion are growing concerns as the US Centers for Disease Control and Prevention (CDC) estimated in 2010 that roughly 12 million Americans (age 12 or older) reported nonmedical use of prescription painkillers since 2005. Further, there were almost 500,000 emergency department visits and approximately 55,000 deaths annually attributed to prescription painkiller overdose.1

In 2010, there were 7,238 reported admissions to state-licensed or certified substance abuse programs secondary to prescription painkillers in New Jersey, an increase of over 5,000 since 2005.2 To help combat this mounting epidemic, the DOJ recommended the implementation of state-run prescription monitoring programs (PMPs) to collect data on prescribing and dispensing of controlled substances.3

Forty-nine states have enacted legislation for PMP implementation.4 The New Jersey Division of Consumer Affairs (DCA) which can be accessed by pharmacists and prescribers in good standing with their respective licensing boards, monitors data on controlled dangerous substances (Schedules II-V) and Human Growth Hormone dispensed in outpatient settings in New Jersey, and by out-of-state pharmacies dispensing into New Jersey.5

To our knowledge, little has been published6 on pharmacists’ use and opinions of PMPs, particularly in New Jersey where the operational program launched in 2012.

Objective

The primary objective is to evaluate New Jersey outpatient pharmacists’ knowledge and perceptions of the New Jersey Prescription Monitoring Program (NJ PMP) and capture commentary related to access, barriers to use, and applicability to clinical practice.

Methods

Cross-sectional study of New Jersey pharmacists practicing in outpatient settings

Total of 495 licensed pharmacists who served as experiential rotation preceptors for Ernest Mario School of Pharmacy were contacted via e-mail and invited to participate in a voluntary and anonymous online survey.

Submitted to Institutional Review Board and granted exemption

Adaptive design survey contained 1-17 items utilizing SurveyMonkey® to collect description data

Six-week survey period from September 2013 – October 2013

Inclusion criteria: 1) pharmacists practicing in New Jersey; 2) pharmacists practicing in community pharmacy, mail order or hospital/clinic outpatient settings; 3) subjects provide consent and agree to take the survey

Exclusion criteria: 1) pharmacist not licensed and/or practicing in New Jersey; 2) pharmacists practicing in inpatient settings, pharmaceutical industry, or who are not subject to NJ PMP reporting requirements

Demographics

Prescription drug abuse, diversion rate = 26% (n=198); 163 met inclusion criteria; 150 were registered to use the NJ PMP

>90% of respondents have practiced in New Jersey ≥20 years; >75% practiced ≥ 10 years; <6% have been practicing < 5 years

Top three non-practice areas during month: independent (21%), employer (10%), hospital (9%)

98% were familiar with the NJPMP, with the majority attributing HHS to the NJ Board of Pharmacy’s Newsletter and/or their employers

Results

How would you rate your overall knowledge of the NJPMP?

On average, how often do you access the NJPMP database?

For what categories of prescriptions do you access the NJPMP?

I would not dispense a prescription if the NJPMP indicates potential misuse

If the NJPMP indicates potential misuse, I would call the prescriber to verify & notify him/her

Discussion and Conclusions

This study was limited by inherent response bias and a study population limited only to outpatient pharmacists who serve as preceptors for Rutgers University Ernest Mario School of Pharmacy. The results of the study indicate that a significant number of New Jersey outpatient pharmacists are aware of, and are using the NJ PMP frequently in practice. Despite positive feedback, several features of the NJPMP would be improved, including: increased prescriber use, regional interconnectivity of data, and a real-time data system. Future studies should investigate prescribers’ use, perceptions, and challenges with the PMP in New Jersey.

Research should also give consideration to how prescribers’ and pharmacists’ overall use of the NJPMP affects patient care and promotes collaboration for the benefit of patient safety.

References

8. Michael Toscani, Pharm.D. Rutgers University, Ernest Mario School of Pharmacy.