Project Overview

During the summer and early fall of 2018, the Behavioral Health Resources and Technical Assistance Program (BHRT) conducted key informant interviews with pharmacists and Maryland pharmacy school faculty as part of the SPF Rx initiative. The purpose of the pharmacist interviews was to assess Maryland pharmacists’ experiences using Maryland’s Prescription Drug Monitoring Program (PDMP) and identify any changes or resources that could be offered to increase and improve PDMP utilization among pharmacists. Interviews were also conducted with faculty at each of Maryland’s three pharmacy schools to collect information on the scope of training students receive about prescription drug misuse and the PDMP. BHRT had previously conducted similar interviews with hospital-based pharmacists and reported on those findings.

BHRT worked with partners at the Maryland Department of Health and the University of Maryland School of Pharmacy to develop two question guides: one question guide for practicing pharmacists (see Appendix A) and one question guide for pharmacy school faculty (see Appendix C). BHRT recruited pharmacists using existing networks and reaching out to new partners to recruit pharmacists with diverse practice experience. Interviews were conducted either in-person or over the phone. All data collected was anonymous and only aggregate findings will be reported as per IRB requirements. All questions were optional to answer.

In total, 19 interviews were conducted between June and October of 2018. Three of these interviews were with faculty from Maryland pharmacy schools. The other 16 interviews were with practicing Maryland pharmacists in chain (11 respondents) and independent (5 respondents) pharmacy settings. Chain pharmacists from CVS, Walgreens, Giant, and Walmart were interviewed for this project. BHRT recruited practicing pharmacists across the state and the respondents represented ten different Maryland jurisdictions: Baltimore City, Baltimore County, Frederick, Howard, Washington, Harford, Garrett, Montgomery, Worcester, and Washington.

BHRT found that identifying and recruiting independent pharmacists was more difficult than their chain counterparts. Future outreach for either assessment or education should consider this barrier. However, the number of interviews conducted was sufficient for the scope of the assessment. Little new data was collected in the final interviews as most of those respondents’ answers mirrored what previous respondents iterated. Consistent repetition in responses is a good indicator that the salient data was collected and saturation was sufficient.
Recommendations

Based on the key informant interviews, BHRT developed the following recommendations for enhancing the PDMP and areas where resources related to prescription drug misuse could be beneficial. These recommendations are based on the responses from both the pharmacist and pharmacy school faculty interviews. All recommendations derived from the interviews were aggregated and organized into three categories:

Improvements to the PDMP

- Increase the amount of time it takes for a user to be automatically logged out of the system (two respondents also reported that they sometimes needed to log in twice in a row)
- Decrease the time it takes for patients’ records to update in the system
- Integrate a tool within the PDMP that pharmacists can use to quickly find treatment resources in their areas
- Expand integration with other states’ PDMP’s (Pennsylvania was mentioned, but several pharmacists wanted access to all states’ records)
- Include pictures of previously-filled prescriptions to make it easier for pharmacists to identify fraudulent prescriptions
- Add a messaging feature for pharmacists to communicate directly with providers when they have questions about a prescription

Additional Resources

- Provide pharmacies with more deactivation bags (one respondent suggested bags be given to all patients with one-time and short-term prescriptions)
- Expand access to CRISP’s HIE data (one pharmacist mentioned that she was part of a pilot program in which she had access to the CRISP HIE data; she said the data were very helpful and believed all clinical pharmacists should have access so they can fully evaluate prescriptions)

Training and Education

- Develop a mock PDMP website or interface for training pharmacy students
- Work with pharmacy schools and practicing pharmacists to offer SBIRT and naloxone education
- Clarify what data pharmacists are allowed to disclose and to whom they can disclose data (provide examples)
- Offer instruction on how sharing PDMP data with providers and other pharmacists is impacted by regulations on the disclosure of mental health and substance use disorders
- Provide additional education around the Use Mandate and what the mandate looks like in practice
- Enhance general education and communication around the PDMP, CRISP, and the Board of Pharmacy (many respondents thought the PDMP was run by the Board, others did not
understand the difference between CRISP and the PDMP, some did not know they could access other states’ records
• Offer more training to practicing pharmacists on how to use the PDMP, how to identify fake prescriptions, and how to deny filling a prescription (one respondent suggested Power Point slides and another suggested a recorded webinar)
• Clarify the role that pharmacy technicians can play in querying the PDMP and discussing PDMP records with providers and patients

In addition to the recommendations above, several higher level or broad challenges were identified by interview respondents. These challenges include:

• The cost of naloxone is a barrier for patients
• There are not enough accessible treatment options to which patients can be referred by pharmacists
• Many pharmacists report that they do not have enough time to query the PDMP and counsel patients
• There is no good system or standard procedure in place for pharmacists and providers to coordinate and discuss a patient’s care
Interviews with Pharmacists

Following is a brief summary of the main points gleaned from the interviews with pharmacists. A full summary of the responses to each question can be found in Appendix B.

When asked about whether the PDMP has had a positive or negative impact on patient care, all respondents reported that the PDMP has positively impacted patient care by expanding access to useful data and information. Many respondents did report technical problems with the system and noted that querying the PDMP can be time consuming due to the system logging out quickly. Several respondents noted that they would like to use the PDMP more, but did not have time to query for every case they wanted to check. While the general response to the PDMP was very positive, the interviews did reveal some confusion around the Use Mandate, limitations on disclosing PDMP data to other professionals, and the appropriate process for reporting a provider for questionable care.

Although the PDMP has increased coordination of care and information sharing, most respondents reported difficulty in communicating with providers when they have questions or concerns about a prescription. Some respondents said it can take days to get a response from some providers and some providers and their offices are not open to discussion about a patient's care. Two pharmacists reported that some providers (or their delegates) will only confirm the diagnosis and prescription rather than have a discussion about a pharmacist’s concerns. In spite of difficulties with communicating with providers, all but one respondents said they felt comfortable not dispensing a prescription if they had concerns.

Few respondents reported having ever received training on recognizing signs of drug misuse or how to deny someone a prescription. Respondents stated that these are skills they’ve picked up through work experience. However, at least one chain pharmacy does have a required training module on how to deny someone a prescription and many pharmacies (primarily chains) have policies that prohibit pharmacists from lying about why they are not filling a prescription.

All respondents said that their pharmacies do dispense naloxone under the standing order, but several respondents said they had not dispensed naloxone themselves. Many respondents reported actively counseling patients with opioid prescriptions about naloxone, but several mentioned that the cost of naloxone was a barrier for patients. Pharmacists reported that the most common source for information about naloxone was directly from drug companies.

Interviews with Pharmacy School Faculty

Following is a brief summary of the interviews with Maryland pharmacy school faculty. A full summary of the responses to each question can be found in Appendix D.

In order to gain an understanding of how pharmacy schools throughout the state of Maryland are incorporating prescription drug monitoring program (PDMP) training into their curricula, BHRT conducted interviews with pharmacy school faculty across the state. BHRT interviewed one faculty member from each of the three pharmacy schools in Maryland: University of Maryland
School of Pharmacy, Notre Dame of Maryland University School of Pharmacy, and University of Maryland Eastern Shore School of Pharmacy.

BHRT found that the majority of exposure to the PDMP for pharmacy students is during their community rotations. However, there are no specific outcomes or formal training related to the PDMP in clinical rotations at any of the schools. The respondents stated that students are likely informally trained on using the PDMP by their preceptors on their clinical rotations. One professor stated that it is difficult for pharmacy students to learn to use the PDMP because they do not have login access. This respondent would like to see a mock PDMP system released to the schools for educational purposes.

For two schools, there is no formal instruction or learning objectives related to using the PDMP in either their lab or didactic courses. One school includes formal training about the PDMP in both their lab courses and in a didactic pain management module. At this school, students are presented with a fraudulent prescription during a lab simulation. According to the respondent, not many students are able to recognize the prescription as fraudulent, so this school is changing their pain management module to include instruction about identifying false prescriptions, using the PDMP, and using SBIRT.

While training on the PDMP and prescription drug misuse is not prevalent in Maryland pharmacy school curricula, all three respondents expressed interest in adding more PDMP training to their schools’ coursework and rotation objectives. None of the respondents could identify any major barriers to introducing these topics to their curricula. Two respondents mentioned that PDMP training is not a topic that they have thought much about before. One respondent was also unsure of what resources exist for teaching pharmacy school students about PDMP use and prescription drug misuse and would like guidance on existing resources.
Appendices

Appendix A: Pharmacist Interviews Question Guide

Warm-Up Question:
1. Could you briefly describe your professional background and current role?

PDMP Questions:
1. Can you briefly describe any written or unwritten policies your pharmacy has related to the PDMP or dispensing controlled substances?
2. Under what circumstances do you query the PDMP?
3. Have you experienced any challenges to using the PDMP?
   a. F/U: If yes, please describe those challenges.
4. Do you think the PDMP has had any positive or negative impacts on patient care?
5. What actions have you taken if you are concerned about a prescription?
6. Do you generally feel comfortable not dispensing a prescription?
   a. F/U: Do you see this as part of your role or within the scope of your job?
   b. If you do, how do you manage the communication with a patient? How do you communicate with the prescriber? Give an example.
   c. If you do not, what do you need to feel more comfortable?
7. How easy is it to communicate or coordinate with prescribers if you have questions or concerns about a prescription?
   a. F/U: Under what, if any, circumstances do you communicate with prescribers?
   b. F/U: Do you feel comfortable reporting a physician for questionable care?
   c. F/U: If you were to report a physician for questionable care, to whom would you report them?
8. What are some key ways that the PDMP can be improved to better support patient care?
9. Do you use any other tools or resources to identify or address the misuse of prescription drugs?
   a. F/U: What tools don’t you have that would be helpful?

Naloxone Questions:
1. Do you dispense naloxone under a physician's standing order to people who do not otherwise have a prescription?
2. What procedural challenges do you face in dispensing naloxone?
3. What tools do you have or what education have you received to inform your customers about naloxone?

Additional Questions:
1. Have you ever received training in how to deny someone a medication?
   a. F/U: Have you ever received training on how to identify people who may be addicted to or misusing drugs?
   b. If so, describe the nature of the training? What and from whom?
2. How do you view your role in preventing and addressing prescription drug misuse and abuse?
   a. F/U: Do you think pharmacists generally understand their legal authority and feel confident in exercising that authority?
3. What is your understanding of the PDMP Use Mandate?
4. What, if any, communication(s) have you received about the PDMP Use Mandate? Email? Letter? Information from the Pharmacy Board? Other?

Wrap-Up Questions:
1. Do you have any suggestions as to whom we might interview to gain more insight into pharmacists’ use of PDMP? [Note: This question was used to identify additional interviewees]
2. Do you have any other thoughts or comments you’d like to add that we haven’t covered?

Appendix B: Summary of Findings from Pharmacist Interviews

Could you briefly describe your professional background and current role?
All respondents currently worked at chain or independent pharmacies. Many respondents worked in pharmacy manager roles, and began their careers as pharmacy technicians. Several respondents mentioned working in a city that is near another state’s border. Of respondents who mentioned their years of practice, the shortest practice experience was three years and the longest was 20 years.

Can you briefly describe any written or unwritten policies your pharmacy has related to the PDMP or dispensing controlled substances?
The majority of respondents said their pharmacies do not have written policies related to the PDMP or dispensing controlled substances. At least one chain does require a PDMP check for all opioid prescriptions and another for all controlled substances. Other said their pharmacies leave it to pharmacists’ judgement and discretion.

Under what circumstances do you query the PDMP?
There was a lot of variability in when pharmacists query the PDMP. The most common responses were with new patients, new prescriptions, certain providers, if a patient’s story or explanation does not make sense, if a patient says they do not have insurance or wants to pay with cash, if a patient return too soon for a refill, for all controlled substances, for all opioids, for opioids over a X milligrams. There were some conflicting responses. For example, several pharmacists reported that they query the PDMP for all new patients, while another reported that he does not query for new patients but does query for returning patients, especially if they take multiple controlled substances.

Have you experienced any challenges to using the PDMP?
Most respondents listed at least one or two challenges.

If yes, please describe those challenges.
The most common challenges were around logging into the system. Pharmacists reported that they have to log in for virtually every patient because the system logs them out too quickly and that they sometimes have to log in twice in a row. Other challenges mentioned include difficulty when looking up patients with hyphenated last names, inaccuracies in patients records, not having access to Pennsylvania PDMP data,
confusion about what information they are allowed to share (especially with providers and in light of SAMHSA’s mental health disclosure rules), and difficulty in printing a prescription and not the entire screen.

**Do you think the PDMP has had any positive or negative impacts on patient care?**
All respondents reported that the PDMP has had a positive impact on patient care. The most common positive feedback was that the PDMP helps coordinate care and identify problem prescriptions. The system also gives pharmacists access to helpful information that would otherwise not be available. No one reported that the PDMP has had a negative impact on patients. Some respondents did note that they wished they had more time to query the PDMP. Multiple chain pharmacists noted that they must meet strict metrics involving time that make it impossible to check every patient they’d like to.

**What actions have you taken if you are concerned about a prescription?**
The most common actions by respondents were to check the PDMP and then reach out to the prescriber. Other responses included using the feedback tool on the PDMP platform and speaking with the patient first to get more information.

**Do you generally feel comfortable not dispensing a prescription?**
All but one respondents said that they personally feel comfortable not dispensing a prescription. However, some mentioned that they have heard anecdotally that not all pharmacists feel comfortable. One respondent said she did not feel comfortable because patients usually react badly.

**Do you see this as part of your role or within the scope of your job?**
All respondents agreed that this was within the scope of their role or job.

**If you do, how do you manage the communication with a patient? How do you communicate with the prescriber? Give an example.**
Most respondents said they do not lie and are honest with patients about why they won’t fill a prescription (one respondent will say he won’t fill a prescription “based on their professional judgement.”) Two respondents said they do sometimes lie about their reasons for not filling a prescription (they will say the medication is out of stock.) Several respondents noted that their chain pharmacies have policies against lying about why they do not fill a prescription. Some respondents will then refer patients back to their providers.

**If you do not, what do you need to feel more comfortable?**
The one respondent who reported feeling uncomfortable said she wished patients had a better understanding of her role so they wouldn’t react as negatively when their prescriptions aren’t filled. Another respondent who reported that she was comfortable in not filling a prescription did express that she wished she had better guidance on referring patients to treatment resources; she also noted that there is a bigger underlying problem of too few treatment centers that are accessible to patients.
How easy is it to communicate or coordinate with prescribers if you have questions or concerns about a prescription?
Depends on the provider; some providers don’t take their input seriously or see them as having a valid opinion; often hard to get in touch with prescribers (can’t speak to them directly, prescriptions come in when providers’ offices are closed, office staff are hesitant to give them information); can take days to get a reply after leaving a message with staff. Two respondents reported that it was generally or very easy to get in touch with providers.

Under what, if any, circumstances do you communicate with prescribers?
Respondents’ answers generally fell into three circumstances: when they need more information about a prescription, when they are concerned about a prescription, and when they have decided not to fill a prescription.

Do you feel comfortable reporting a physician for questionable care?
All respondents responded that they feel comfortable reporting a physician for questionable care.

If you were to report a physician for questionable care, to whom would you report them?
Answers to this question varied and included the Board of Medicine, a pharmacy’s corporate or compliance office, the Department of Health, and the DEA. Several respondents were unsure and said they would discuss with someone above them first.

What are some key ways that the PDMP can be improved to better support patient care?
Many responses to this question were incorporated into the recommendations above. Some improvements that were mentioned include the development of a nationwide PDMP, including more retail pharmacists on the PDMP board, expand PDMP access to non-dispensing pharmacists,

Do you use any other tools or resources to identify or address the misuse of prescription drugs?
Responses included reaching out to other local pharmacists, coordinating with social workers, and using their pharmacies’ own patient profile databases.

What tools don’t you have that would be helpful?
Responses included a tool to message providers through the PDMP rather than reaching out over the phone, reimbursement for counseling patients, and insurance coverage for naloxone.

Do you dispense naloxone under a physician's standing order to people who do not otherwise have a prescription?
Three respondents reported having never dispensed naloxone, but all other respondents reported that they do dispense naloxone. Many respondents elaborated that they counsel their customers who have opioid prescriptions about naloxone and offer it to them.

What procedural challenges do you face in dispensing naloxone?
One respondent said she felt the process and policies surrounding the standing order were complicated and that she had to check the policy before dispensing to ensure it was legal. Two respondents mentioned that the cost was a barrier for patients and that many patients do not want to pay for the nasal atomizer. No other challenges were mentioned.

**What tools do you have or what education have you received to inform your customers about naloxone?**
Sources of education mentioned include classes offered by jurisdiction health departments, information sent by the manufacturer, information from drug company representatives, informational handouts provided by chain pharmacies, APHA trainings required by chain pharmacies, and online CE courses. The most common answer by far was information that they received directly drug the manufacturers either through the mail or through in-person drug representatives.

**Have you ever received training in how to deny someone a medication?**
Only one pharmacist reported having received training on how to deny someone a medication. The training was provided by her employer (a chain pharmacy) along with a written script.

**Have you ever received training on how to identify people who may be addicted to or misusing drugs?**
Three respondents had received training on identifying people who have an addiction or may be misusing prescription drugs.

**If so, describe the nature of the training? What and from whom?**
Two of the three respondents reported receiving the training in pharmacy school and one reported that her pharmacy (a chain) has a required course that covers this topic.

**How do you view your role in preventing and addressing prescription drug misuse and abuse?**
Many respondents agreed that they play an important role, but many also lamented that they are often put in difficult situations and are often the middlemen between patients and providers (they have to be the “bad guys” even when providers write improper prescriptions.) One pharmacist responded that he can play an important role, but does not have the time to fully use all tools available to him.

**Do you think pharmacists generally understand their legal authority and feel confident in exercising that authority?**
Overall, most respondents believed pharmacists understand their authority and role (although they may be uncomfortable exercising it.) Some respondents noted that policy changes over the past few years have solidified their role and emboldened pharmacists to more actively exert their authority. Several respondents said not all pharmacists or pharmacists in general understood their authority. Two respondents believed that older generations of pharmacists were less likely to understand their authority (e.g. as long as they receive adequate documentation from the doctor, they will fill the prescription.)

**What is your understanding of the PDMP Use Mandate?**
Only a few respondents were familiar with the term “PDMP Use Mandate.” When the interviewer described the use mandate, many reported that they were generally familiar with the concept but did not necessarily know the details and some had questions about who the mandate applied to (e.g. in-patient pharmacists) and under what circumstances they were required to query the PDMP. Of those who described when they are required to query the PDMP, answers ranged from only when they suspect misuse, only for opioid prescriptions, and only for controlled medications. Several respondents who worked at chain pharmacies reported that they didn’t pay much attention to the use mandate because they are already held to strict standards.

**What, if any, communication(s) have you received about the PDMP Use Mandate? Email? Letter? Information from the Pharmacy Board? Other?**

Responses included letters and emails from the Board of Pharmacy, notices from CRISP and the PDMP, and emails from a pharmacy’s corporate office. Four respondents didn’t recall receiving any communication about the Use Mandate.

**Do you have any other thoughts or comments you’d like to add that we haven’t covered?**

Many respondents reiterated that they felt that the PDMP was a helpful tool for them and did not have any negative impact on patients from their perspectives. Several respondents had additional suggestions that were incorporated into the above recommendations.

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**Appendix C: Pharmacy School Faculty Interview Question Guide**

**Warm-Up Question:**
1. Could you briefly describe your professional background and current role?

**PDMP Questions:**
1. What training or education are students receiving about the PDMP in their didactic curriculum?
   a. F/U: Can you describe the nature of the training?
2. What training or education are students receiving about the PDMP during their rotations?
   a. F/U: Can you describe the nature of the training?
3. Are students trained to identify people who may be addicted to or misusing drugs based on PDMP records?
4. Do you know of any training for students about denying to fill a prescription for a patient?
5. In your opinion, are there any opportunities to add more training related to the PDMP into your school’s curriculum?
   a. F/U: What might be potential barriers to adding this training?
   b. F/U: Who would be the contact person to implement these changes to the curriculum?

**Wrap-Up Questions:**
1. Do you have any suggestions as to whom we might interview to gain more insight into the integration of PDMP training into pharmacy school curriculum? [Note: This question was used to identify additional interviewees]
2. Do you have any other thoughts or comments you’d like to add that we haven’t covered?

Appendix D: Summary of Findings from Pharmacy School Faculty Interviews

**Could you briefly describe your professional background and current role?**
The subjects interviewed held positions in pharmacy/clinical practice and/or experiential education. Two subjects were either the assistant director or interim director for their respective offices of experiential education. These pharmacists had experience working in community and retail settings, managed care, and clinical pharmacy.

**What training or education are students receiving about the PDMP in their didactic curriculum?**
For multiple schools, there was no formal instruction or learning objectives in either their lab or didactic courses related to the PDMP. However, the respondents did express that their students are likely informally trained on using the PDMP by their preceptors on their clinical rotations. One respondent described this informal training as “looking over their preceptors’ shoulders as they use the PDMP.” One school does include formal training in both its lab courses and in a didactic pain management module.

**Can you describe the nature of the training?**
For the school that included specific instruction about the PDMP in its curriculum, students were presented with a fraudulent prescription during a lab simulation. Not many students were able to recognize the prescription as fraudulent, so this school is changing their pain management module to include instruction about identifying false prescriptions, using the PDMP, and using SBIRT.

**What training or education are students receiving about the PDMP during their rotations?**
There are no specific outcomes or formal training related to the PDMP during rotations in any of the schools. Students are likely informally trained by their preceptors. One respondent stated that it is difficult for pharmacy students to get hands-on experience with the PDMP because they do not have login access to the system during their rotations.

**Can you describe the nature of the training?**
One school required students to write an essay after their one week-long rotation about the opioid crisis. Some students discussed the PDMP in this essay.

**Are students trained to identify people who may be addicted to or misusing drugs based on PDMP records?**
There are no specific outcomes or formal training related to this in any of the schools.

**Do you know of any training for students about denying to fill a prescription for a patient?**
One school does not offer any formal training on this subject. Another school offers a course to first year students about diversity and communication that has a lecture addressing difficult situations and assertiveness. This course has an objective about handling drug abuse/misuse. The
third school will be incorporating SBIRT training into their curriculum that will touch on this topic.

**In your opinion, are there any opportunities to add more training related to the PDMP into your school’s curriculum?**
One school stated that it could be added to their pain management/neurology module.

**What might be potential barriers to adding this training?**
None of the respondents could identify barriers.

**Who would be the contact person to implement these changes to the curriculum?**
None of the respondents identified a contact person.

**Do you have any other thoughts or comments you’d like to add that we haven’t covered?**
The majority of exposure to the PDMP for students is in their community rotations. One pharmacist would like to see a mock PDMP system that could be released to the schools for educational purposes (e.g. a module for students to learn how to navigate the software.) One pharmacist stated that she has seen tools where a pharmacist could enter a zip code to see all available substance misuse and addiction resources for a patient in that area. This respondent would like to see something like this integrated with or linked to the PDMP. They would also like to see formal tracking of naloxone distribution.