Prescriber Insights Report Guidance Document





OVERVIEW

The Prescriber Insights Report is a clinical tool for a prescriber's use and benefit to help them monitor their prescribing habits. The data provided by the reports are only shared by CRISP to individual prescribers.

By allowing providers to review their prescribing history, CRISP enables providers to see how they are doing in comparison to their peers and provide confidence in how one is prescribing.

The Insight Report includes several measures of a provider's prescribing practices and displays a comparison to their specialty, provider type, and across Maryland prescribers.

ACCESSING THE REPORT

The Prescriber Insights Report is available in the Prescriber Reports tile of the Portal along with the Maryland PDMP at https://portal.crisphealth.org/.



SPECIALTY DATA

The Specialty listed in the Insights Report is based on the information that was provided by you upon registration for the PDMP. To change PDMP Specialty, send an email to CRISP Support indicating your preferred Specialty: support@crisphealth.org or call 877-952-7477.

■ PRESCRIBER INSIGHTS

90-Day Look Back Period

At the top of the report you will see five metrics based on a 90-day lookback period from the date indicated.





▶ When you hover over the blue circle icon, , the following tool tips will appear under each category.

MME, an abbreviation for Morphine Milligram Equivalents, indicates the total number of patients who had a least one day with a dose of 90 or more MME based on all active prescriptions during the 90-day lookback period. You wrote at least one opioid prescription during this time period to a patient that contributed to the patient meeting the 90 or more MME threshold.

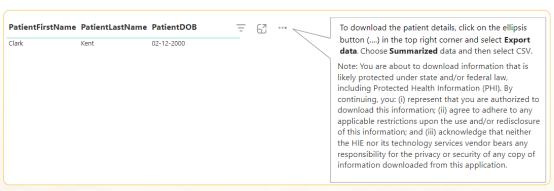
Opioid Overlap(s) indicates the total number of patients who had 3 or more days of overlapping opioid prescriptions during the 90-day lookback period. You wrote at least one opioid prescription to a patient during this time period that contributed to the patient meeting the overlapping opioid threshold.

Benzo & Opioid indicates the total number of patients who had 3 or more days of overlapping opioid and benzodiazepine prescriptions during the 90-day lookback period. You wrote at least one opioid or benzodiazepine prescription to a patient during this time period that contributed to the patient meeting the overlapping threshold.

Multiple Provider indicates the total number of patients who received controlled substance (CS) prescriptions from 5 or more prescribers and were dispensed CS medications from 5 or more pharmacies during the 90-day lookback period. You wrote at least one prescription to a patient during this time period that contributed to the patient meeting the multiple provider threshold.

Long-Term Opioid Use indicates patients who had ≥60 days of consecutive opioid prescriptions during the 90-day lookback period. You wrote at least one opioid prescription during this time period to that patient that contributed to the patient meeting the long-term opioid use threshold.

When you click on Patient Details the following view opens to display the name and date of birth of all patients who contributed to the respective metric. This button only appears under metrics that are greater than zero.



You are able to export the patient details information as a CSV file by clicking on the (...) button in the top right corner. To find more information about a specific patient's prescriptions, prescribers can search the PDMP for the patient and view their controlled substance prescriptions under the "Clinical Information" card in the Portal.



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■ PRESCRIBER INSIGHTS - COMPARISON

At the bottom of the report, you will see "Prescriber Comparison" section. This section allows you to compare your prescription history to others.

- Select a Month: Note that only one month of data will display at a time. You can choose a
 specific month to view from the dropdown list. Date is based on day the prescription was
 written.
- Select a Drug Group: You may choose a specific drug group or combination of groups to view. Simply click on a drug group to include that group. The default includes all the drug groups. You may select multiple groups at the same time. The 'Opioid' drug group excludes buprenorphine containing products that have an FDA indication for treatment of substance use disorder. The 'Bup for Treatment' only includes buprenorphine containing products that have an FDA indication for treatment of substance use disorder.
- Select a Comparison: You may choose a specific comparison group or compare to all other Maryland prescribers.



In each graph, you will see the number attributed to you on the top left, and the number attributed to the chosen comparison group on the top right. On the graph above, you see two bars the lighter green bar on the left indicates you prescribing, and the darker green bar on the right indicates the average prescribing habits of the comparison group. When you hover over the icon, (1), a description of the metric is provided.

of CS Rx's displays the total number of selected CS prescriptions written during the chosen month.

Avg. Days' Supply displays the mean (average) days' supply for all selected CS prescriptions written during the chosen month.

Avg. Quantity displays the mean (average) quantity of all selected CS prescriptions written in the chosen month. Quantity includes all forms of medications, including tablets, liquids, films, etc.

Avg. MME/Day displays the mean (average) Morphine Milligrams Equivalents (MME)/day of opioids written the chosen month. MME only displays for opioids and excludes buprenorphine that has an FDA indication for treatment of substance use disorder. **Click here for fact sheet on MME**.

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■ WHAT ARE THE LIMITATIONS OF THE REPORT?

- Data are based on the DEA number providers use when registering with CRISP. These
 data may contain multiple DEA numbers if a prescriber uses multiple DEA numbers to
 prescribe CS medications.
- The 'Prescriber Comparison' section is limited to displaying one month's worth of data at a time.
- The '90-Day Look Back Period' section is limited to displaying the past 90 days' worth of information, and the data will be current as of the previous day as dispensers have 24 hours to upload data to the PDMP.
- The PDMP collects data on CS medications that were dispensed in or into Maryland. Any prescriptions written but not filled or filled in other states would not be counted in the metrics. The data collected by the PDMP is dependent upon the accurate reporting by dispensers. The PDMP does not make changes to the data that we recieve and any data corrections need to be made at the dispenser level.

■ RESOURCES ON PAIN MANAGEMENT AND OPIOID PRESCRIBING

If a provider is concerned about their prescribing practices in relation to their peers or has questions about appropriate prescribing practices after reviewing the Prescriber Insights Report, providers can look to the following resources:

- MACS, or the Maryland Addiction Consultation Service, provides support to primary care and mental health prescribers across Maryland in the identification and treatment of substance use disorders. MACS provides a free phone consultation for clinical questions, resources, and referral information [1-855-337-MACS (6227)]. MACS also offers education and training opportunities related to substance use disorders and can assist providers in the identification of addiction and behavioral health resources that meet the needs of patients in the community. http://www.marylandmacs.org/
- In the **2022 CDC Guideline for Prescribing Opioids for Chronic Pain**, they address the following four areas:
 - 1) Determining whether or not to initiate opioids for pain
 - 2) Selecting opioids and determining opioid dosages
 - 3) Deciding duration of initial opioid prescription and conducting follow-up
 - 4) Assessing risk and addressing potential harms of opioid use

This clinical practice guideline is intended to improve communication between clinicians and patients about the benefits and risks of pain treatments, including opioid therapy; improve the effectiveness and safety of pain treatment; mitigate pain; improve function and quality of life for patients with pain; and reduce risks associated with opioid pain therapy, including opioid use disorder, overdose, and death.

- •The Federal Department of Health and Human Services (HHS) published a new opioid tapering guidance document for clinicians October 2019. The **Guide for Appropriate Tapering or Discontinuation of Long-Term Opioid Use** provides new guidance on safe and effective tapering practices and discontinuation of opioid therapy.
- Continuing education trainings on controlled substance prescribing.

