Sign on before you sign off.

A prescriber's guide to using the Texas Prescription Monitoring Program

TEXAS PRESCRIPTION MONITORING PROGRAM

txpmp.org

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About the Texas PMP

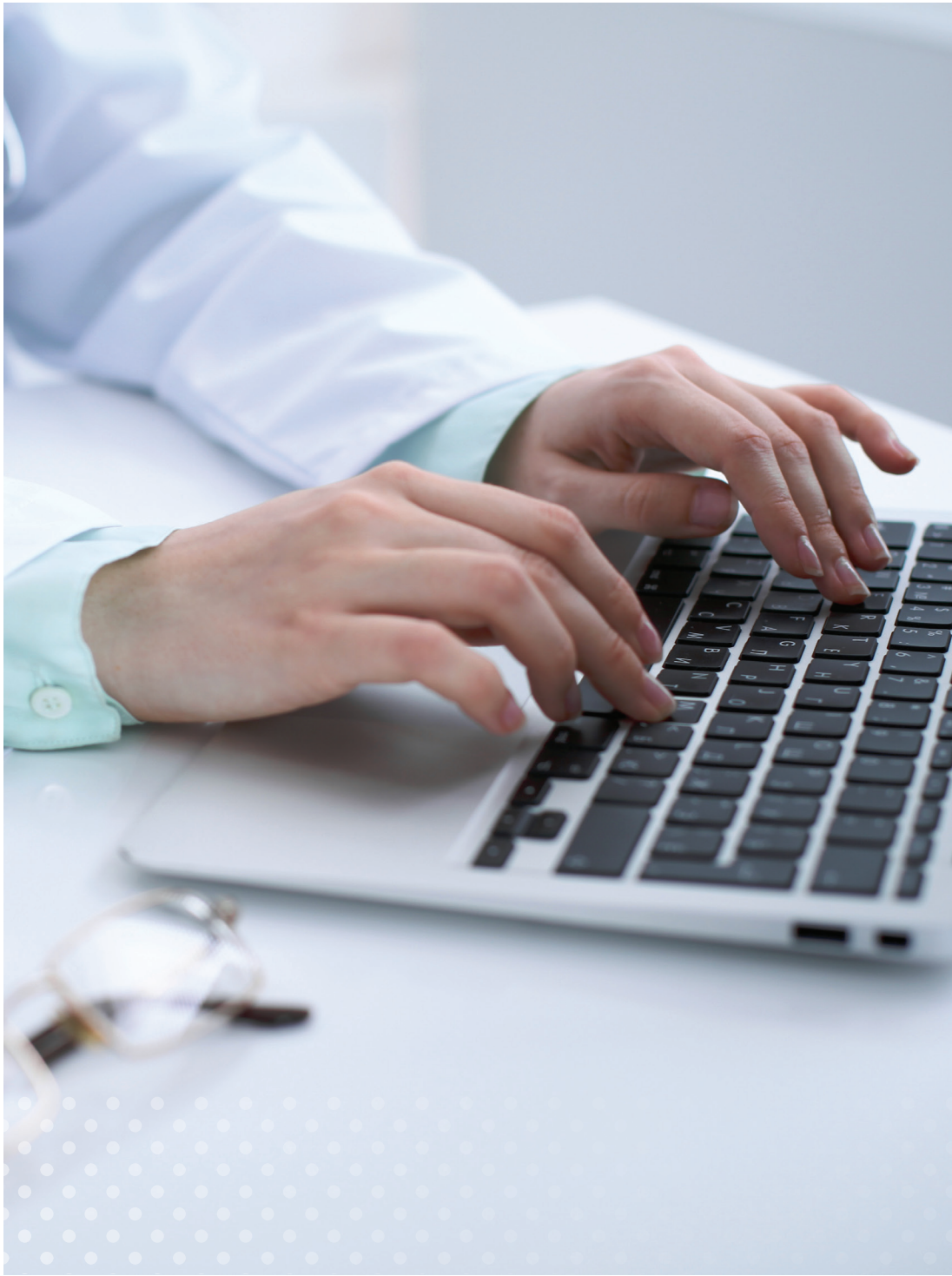
The Texas Prescription Monitoring Program (Texas PMP), managed by the Texas State Board of Pharmacy, collects and monitors outpatient prescription data for all Schedule II, III, IV and V controlled substances dispensed by a pharmacy in Texas. It is sometimes referred to as the Prescription Drug Monitoring Program (PDMP), Rx AWARE, or PMP AWARxE. Texas currently partners with more than 30 other states and organizations to share prescription data using the PMP Interconnect.

The Texas PMP is a patient care tool that can be used to inform prescribing practices and to address prescription drug misuse, diversion, and overdose. As the only statewide electronic database that stores all controlled substance data, the Texas PMP helps prescribers and pharmacists avoid potentially life-threatening drug interactions, identify individuals obtaining controlled substances from multiple health care providers and pharmacies, and decide when to make referrals to specialty treatment providers. The Texas PMP sends monthly alerts to prescribers and pharmacies when a patient is associated with five or more prescribers and five or more pharmacies.

Mandated Use of the Texas PMP

Effective March 1, 2020, prescribers and pharmacists or their delegates will be required by Texas state law to use the Texas PMP to review a patient's prescription history before prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol. Exceptions are made for patients who have been diagnosed with cancer or are receiving hospice care.

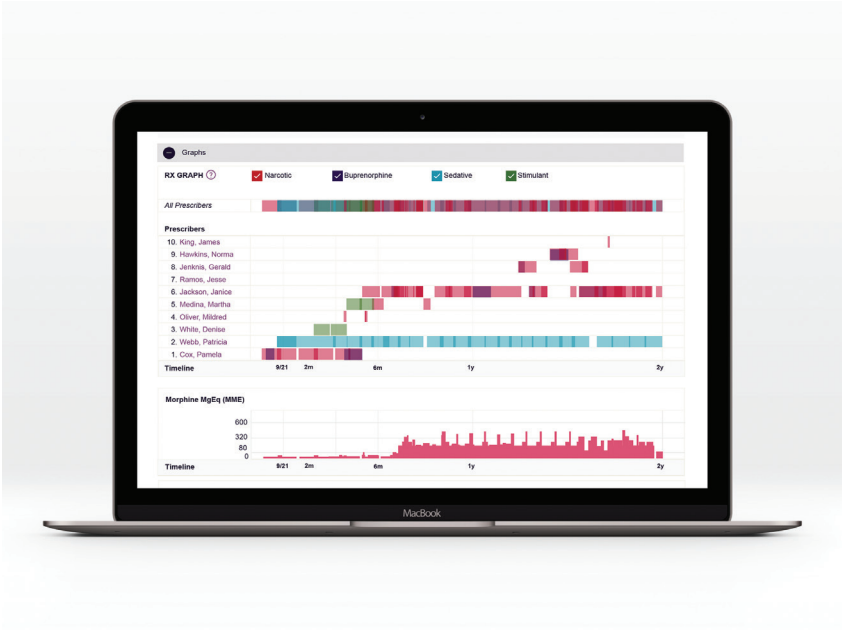
Texas-licensed pharmacies are currently required to report all dispensed controlled substances to the Texas PMP no later than the next business day after the prescription is filled.



EHR Integration

The Texas PMP is now available for integration into electronic health records at no charge to Texas practices and health systems. The 2019 Texas Legislature approved funding for the Texas State Board of Pharmacy to offer statewide integration along with NarxCare, a new PMP data analytics feature. Integration allows access to PMP data within the daily workflow, helping prescribers to make more informed clinical decisions at the point of care.

For more information about integrating the Texas PMP into your EHR system, visit **txpmp.org/integration**.



Using a Delegate to Access the Texas PMP

The Texas PMP allows prescribers and pharmacists to authorize delegates to access patient prescription data and generate reports using the web-based PMP database. Eligible prescriber delegates include nurses, medical residents, medical assistants, administrative staff, etc. Pharmacists may delegate this responsibility to pharmacy technicians. The use of delegates saves time for prescribers and pharmacists, and can be helpful in integrating use of the Texas PMP into your workflow.

Guidelines & Talking Points

INTRODUCTION

Physicians, physician assistants, nurses, nurse practitioners, pharmacists, and other health care professionals often interact with patients who are experiencing pain. Sometimes prescription opioids and other medications are part of a comprehensive pain management plan. However, facilitating conversations with patients about safe and effective alleviation of pain can be difficult. These guidelines and talking points are designed to assist prescribers and other health care professionals in having effective conversations with patients about managing pain, opioids, potential drug misuse, and the Texas Prescription Monitoring Program.

THE BASICS

The following guidelines and talking points are designed to help you make these conversations effective and satisfying for everyone.

- **Invite participation** by explicitly encouraging patients to respond. Asking questions like, "How does that sound to you?" before or after providing information to patients can help establish a trusting relationship. In addition, this helps providers collect information from patients.

- **Use motivational interviewing techniques** to encourage patients to share their stories, allowing them to explore their own circumstances and options with professional or clinical guidance. Asking open-ended questions can help identify psychosocial factors that are contributing to patient experiences of pain. Treating co-occurring psychological disorders may help decrease a patient's pain.
- **Use positive language** like, "Sometimes we struggle to know exactly what causes this problem, but I can tell you that I will make my best effort to help you get comfortable" instead of, "I don't know what's wrong." Avoid using negatives (e.g., "no" "not" "nothing" "never").
- **Affirm resilience** by offering encouraging responses when patients disclose positive coping strategies. It's important to identify, name, and celebrate positive coping strategies so that people can maintain hope and realize they can cope with pain and other stressors.
- **Distill** the information that patients have shared, and then keep listening. Distilling complex reflections during the interaction and leaving space for patients to interject facilitates accurate shared understanding.
- **If possible**, offer immediate naloxone and overdose prevention counseling when you have concerns about a patient's substance use. Having a behavioral health specialist on staff can help.

Still not sure if conversations about pain are going well? Focus on making sure that the patient is the one doing most of the talking. Practice listening while successfully resisting the urge to "fix it."

Communication Basics

Guidelines	"What should I do or say?"
Set the stage for a conversation about pain and opioids. Provide a safe, comfortable, and private space. If possible, sit alongside the patient to foster a trusting dynamic.	• ***"[Patient name], let's talk more about how to get you comfortable. I'd like to know more about how you've managed pain in the past."***
Use affirmative language that fosters mutual trust. Avoid asking "Why don't you..."	• ***"We want to make sure it's safe for you."*** • ***"What about if we…"***
Demonstrate empathetic, active listening by using reflective statements and a nonjudgmental approach. Avoid seeming rushed, and pause when necessary.	• ***"What I hear you saying is [paraphrase]. Is that right?"*** • ***"I understand your concerns."*** • ***"Does that fit with what you were thinking?"***
Before ending the conversation, use the teach-back method to ensure patient understanding. Ask patients to repeat back your mutually agreed upon plan using their own words. Clarify or add information when necessary.	• ***"Can you repeat back to me what our plan is?"*** • ***"Yes, and I want to remind you…"***
Ask patients what questions they have. Make sure they know how to get in touch if they have questions later on.	• ***"What questions do you have?"*** • ***"We will call you tomorrow morning. Here is how you can reach us…"***

Talking About Pain

Guidelines	"What should I do or say?"
Start with open-ended questions. Ask about patients' experiences with pain and how they have managed pain in the past. Maintain eye contact and use visual cues to help you gather patient information.	• ***"What can we help you with today?"*** • ***"Has there been a time in your life when you have had pain? How did you manage it?"***
Offer encouragement for positive or desirable pain management strategies. Ask questions to suggest alternative strategies if necessary.	• ***"Those are great strategies for managing pain."*** • ***"Let's talk about other ways to get you comfortable. Have you tried [massage]?"*** • ***"What worked or didn't work before?"***
Consider screening patients for depression and their risk of opioid use disorder. Most pain has both physiological and psychosocial elements.	• ***"Let's also consider the results of the [appropriate questionnaire or survey]."***
If patients become upset or angry, ask about their concerns, worries, or fears. Follow up with the patient's response. Emphasize common goals like patient comfort. Acknowledge emotions and ask open-ended questions.	• ***"What are your concerns, worries, or fears [about using acetaminophen]? Tell me more about that."***

Talking About the PMP

Guidelines	"What should I do or say?"
Confirm the accuracy of the Texas PMP results. Consider printing out the PMP results or swiveling your computer screen in order to review the results alongside the patient.	• ***"I see that [summarize the Texas PMP results]."*** • ***"Have you seen any other doctors who are treating you for your pain?"***
If patients have questions about the Texas PMP, explain what it is, and why you are using it.	• ***"We use the Texas PMP for every patient. It is part of [your medical history/our protocol/our policy]."***
If you have concerns about the PMP results, state the facts and ask questions to gain more information.	• ***"As is our clinic policy, I checked the Prescription Monitoring Program database, and I noticed that you have been getting [drug name] from [prescriber name]. Can you tell me more about that?"***
If you have concerns about the PMP results, clarify or restate clinic policies to shift the conversation to safe and effective alleviation of pain.	• ***"Here, patients can only receive opioids from one prescriber. It sounds like for you, that's [prescriber name]. Is that right?"*** • ***Since I cannot prescribe you opioids, can we talk about other ways we can work together to alleviate your pain?"***

If There's a Concern

Guidelines	"What should I do or say?"
If necessary, initiate a direct conversation about drug diversion or dependence. If possible, facilitate a warm hand-off by connecting patients to further resources.	• ***"I have some concerns, and I'd like to ask you some more questions about what you have told me."*** • ***If necessary, refer the patient to appropriate treatment using SAMHSA resources at findtreatment.samhsa.gov.***

Avoid stigmatizing language.

Use patient-centered language:

SAY THIS	NOT THAT
misuse, harmful use, risky use	abuse
person with a substance use disorder	user, addict, abuser
overdose	bad reaction
medication-assisted treatment	replacement or substitution therapy
negative, positive, substance-free	clean, dirty

CONTACT

For help using the Texas PMP, call APPRISS at **844-4TX-4PMP (844-489-4767)**.

For other general questions about the Texas PMP, contact the Texas State Board of Pharmacy at **texaspmp@pharmacy.texas.gov** or call **512-305-8050**.

The Texas Health and Human Services Commission and the Texas State Board of Pharmacy have partnered to promote prescribers' use of the Texas Prescription Monitoring Program (PMP), with the ultimate goal of preventing prescription drug misuse and overdose.

For additional resources and information about the Texas PMP, please visit **txpmp.org.**

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