Federal officials, advocates push pill-tracking databases

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In this Thursday, Feb. 11, 2016, file photo, Centers for Disease Control and Prevention Director Thomas Frieden testifies on Capitol Hill in Washington, before a Senate Appropriations subcommittee hearing. Federal officials and advocates both want to require doctors to use pill-tracking databases to curb painkiller abuse. "There isn't yet a single state in the country that has an optimal prescription drug monitoring program that works in real time, actively managing every prescription," said Frieden, director of the Centers for Disease Control and Prevention, in a recent news conference. (AP Photo/Manuel Balce Ceneta, File)

The nation's top health officials are stepping up calls to require doctors to log in to pill-tracking databases before prescribing painkillers and other high-risk drugs.

The move is part of a multi-pronged strategy by the Obama administration to tame an epidemic of abuse and death tied to opioid painkillers like Vicodin and OxyContin. But physician groups see the proposed requirement to check the databases as overly burdensome, another time-consuming task that takes away from patient care.

Helping push the administration's effort forward is an unusual, multi-million dollar lobbying campaign funded by a former corporate executive who has turned his attention to fighting addiction.

"Their role is to say what needs to be done, my role is to get it done," says Gary Mendell, CEO of the non-profit Shatterproof, which is lobbying in state capitals to tighten prescribing standards for addictive drugs.

Mendell founded the group in 2011, after his son committed suicide following years of addiction to painkillers. Previously Mendell was CEO of HEI Hotels and Resorts, which operates upscale hotels. To date, Mendell has invested $4.1 million of his own money in the group to hire lobbyists, public relations experts and 12 full-time staffers.

In this Wednesday, Jan. 27, 2016, file photo, Michael Botticelli, director of the Office of National Drug Control Policy, testifies during a Senate Judiciary Committee hearing on attacking America's epidemic of heroin and prescription drug abuse, on Capitol Hill, in Washington. Federal officials and advocates both want to require doctors to use pill-tracking databases to curb painkiller abuse. Prescription drug monitoring databases are "a proven tool for reducing prescription drug misuse and diversion," said Botticelli, the White House's drug czar, in a statement. (AP Photo/Alex Brandon, File)

A new report from Shatterproof lays out key recommendations to improve prescription monitoring systems, which are currently used in 49 states.

The systems collect data on prescriptions for high-risk drugs that can be viewed by doctors and government officials to spot suspicious patterns. The aim is to stop "doctor shopping," where patients rack up multiple

prescriptions from different doctors, either to satisfy their own drug addiction or to sell on the black market. But in most states, doctors are not required to use the systems.

Last week, the White House sent letters to all 50 U.S. governors recommending that they require doctors to check the databases and require pharmacists to upload drug dispensing data on a daily basis.

Prescription drug monitoring databases are "a proven tool for reducing prescription drug misuse and diversion," said Michael Botticelli, the White House's drug czar, in a statement.

But government health officials also say that virtually all state systems need improvements, including more up-to-date information.

"There isn't yet a single state in the country that has an optimal prescription drug monitoring program that works in real time, actively managing every prescription," said Dr. Tom Frieden, director of the Centers for Disease Control and Prevention, in a press conference last week.

Physicians warn about the unintended consequences of mandating use of programs that can be slow and difficult to use. Patients may face longer waits and less time with their physicians, says Dr. Steven Stack, president of the American Medical Association.

"There really is a patient safety and quality-of-care cost when you mandate the use of tools that are not easy to use," Sacks said.

The report from Shatterproof highlights the gaps in current prescribing systems. When doctors are not required to log in, they generally only do so 14 percent of the time, according to data from Brandeis University.

The report points to positive results in seven states that have mandated database usage: Kentucky, New York, Tennessee, Connecticut, Ohio, Wisconsin and Massachusetts. In Kentucky, deaths linked to prescription opioids fell 25 percent after the state required log-ins in 2012, along with other steps designed to curb inappropriate prescribing.

The same information can be used to prevent deadly drug interactions between opioids and other common medications, including anti-anxiety drugs like Valium and Xanax.

Opioids are highly addictive drugs that include both prescription painkillers like codeine and morphine, as well as illegal narcotics, primarily heroin. Deaths linked to opioid misuse and abuse have increased fourfold since 1999 to more than 29,000 in 2014, the highest figure on record, according to the CDC.

Earlier this month the CDC released the first-ever national guidelines for prescribing opioids, urging doctors to first try non-opioid painkillers, physical therapy and other methods for treating chronic pain.

But pain specialists fear requiring pill-tracking databases will discourage doctors from prescribing the drugs even when appropriate, leaving patients in pain. Dr. Gregory Terman says it takes him three minutes to log-in to the system used in his home state of Washington.

"If it was easier to use, more people would use it," said Terman, who is president of the American Pain Society, a group which accepts money from pain drugmakers. Like many physicians, Terman says he supports the technology but doesn't think it should be required.

Last week, two states targeted by Shatterproof signed into law database-checking requirements: Massachusetts and Wisconsin. Mendell says his staffers are now lobbying in California and Maryland.

"I don't think we can afford to wait decades for this to slowly get implemented into the system," he says. "I think we need to take action now."

More information: www.shatterproof.org/

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