CAPSULE COMMENTARIES

Capsule Commentary on Radomski et al.'s Physicians' Perspectives Regarding Prescription Drug Monitoring Program Use Within the Department of Veterans Affairs: a Multi-state Qualitative Study

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Although progress has been made in reducing the amount of opioids prescribed in the USA, their use remains widespread. To effectively address the morbidity and mortality associated with these medications, fundamental changes to the way that we approach their use are needed.

One approach receiving increased attention is the use of Prescription Drug Monitoring Programs (PDMPs). PDMPs are statewide databases that track the prescribing and dispensing of controlled substances and that are designed to help prescribers and other stakeholders identify and prevent their misuse. Although evaluations of their impact have yielded mixed results, accumulating evidence suggests that state PDMPs with robust features including strong mandates regarding registration and use are associated with reductions in opioid prescribing² and overdose deaths.³

Unfortunately, PDMPs remain greatly underutilized,⁴ which substantially undermines their potential impact. To help understand why, Radomski et al.¹ investigated the Department of Veterans Affairs (VA) physicians' perspectives regarding PDMPs. Primary care providers from states with differing levels of prescriber access to PDMPs were interviewed regarding their experiences with PDMPs as well as barriers and facilitators to their use. Although support for PDMPs was widespread, difficulties accessing key information and significant administrative burdens were noted. Limited availability of VA prescription data in state PDMPs was also viewed as problematic. Linking PDMPs to the electronic medical record (EMR), access to note templates to facilitate documentation, and the ability to delegate routine queries to ancillary staff were identified as desired modifications to enhance usability.

Radomski et al.'s¹ rigorous qualitative approach allowed for a greater understanding of factors influencing prescribers' PDMP use. Their findings are consistent with prior work suggesting that access difficulties are prominent barriers to their use.^{4,5} Although linking PDMPs to the EMR may raise concerns about information security, it is encouraging that the proposed solutions are feasible and apply to both VA and non-VA settings.

When designed correctly and used consistently, PDMPs hold considerable promise for improving prescribing practices and reducing patient risk. If PDMPs are to fulfill their full potential, steps to facilitate their use such as those identified by Radomski et al.¹ are needed.

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Compliance with ethical standards:

Conflict of interest: The author declares that he has no conflict of interest.

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