

Q6 Since Missouri is unlikely to develop a prescription drug monitoring program, what do you think MOCEP can do to help combat opioid drug abuse in Missouri?

Answered: 59 Skipped: 11

#	Responses	Date
1	I thought Missouri has a drug monitoring program for Medicaid recipients (Cyberaccess) but it is not effective if the administration does nothing with the data but it is a start. MOCEP may be able to come up with a pain management guideline/template or policy that discourages opioid prescription refills in the ED and recommend/encourage all EDs to follow to possibly cut down on the abuse.	10/31/2015 12:02 AM
2	continue fighting for it	10/30/2015 8:08 PM
3	Pay for billboards that effectively communicate need in counties of legislators/regulators that oppose the movement!	10/29/2015 8:49 AM
4	unsure	10/26/2015 7:21 PM
5	We need to elect representatives that will support a monitoring program.	10/26/2015 8:38 AM
6	Recognize and communicate to the public that EM physicians are not the problem.	10/25/2015 8:49 PM
7	Don't accept this NO answer and let others know the need for this	10/25/2015 6:05 PM
8	don't believe necessary	10/25/2015 4:35 PM
9	Nothing. Without objective ways to track patient use, might as well give up because everything else is purely subjective.	10/25/2015 9:49 AM
10	Help change prescribing practices, public education campaign	10/25/2015 7:00 AM
11	Get the prescription drug monitoring program approved	10/24/2015 11:11 PM
12	Education as to proper pain management acute vs chronic and push for more extensive pain management resources for us and patients.	10/24/2015 10:09 PM
13	Continue to pursue the PDMP. It is absurd that one legislator can filibuster this, we must not be the only state without this necessary tool. Don't give in and keep fighting!	10/24/2015 2:45 PM
14	Continue to lobby strongly for a prescription drug monitoring program	10/24/2015 2:30 PM
15	Develop universal guidelines for treatment of "chronic pain" for all patients	10/24/2015 2:10 PM
16	guidelines to level the playing field in MO. ED's	10/24/2015 1:45 PM
17	Keeping list like we did years ago is not acceptable. 25 years ago most ER's kept a paper folder of patient's suspected of being addicted. We a feature on our old EMR that connected electronically with local pharmacies and gave you list of the scripts filled in the last two years. That was helpful and one of the best features of that particular system.	10/24/2015 1:25 PM
18	Publish an official policy statement recommending against EM physicians prescribing any opiate for chronic pain. Create EMS and ER databases city wide to keep track of a patients' 911 calls and ER visits for pain-related complaints - if presenting, say, every 2 weeks and no documentation of sickle cell or cancer mets to bone, etc, no pain meds. Lobby against the "time to pain meds" metric published by CMS online. Create an RN or NP position in the ER as medication reconciliatory and educator to talk to waiting room patients about how to use opiates for breakthrough pain rather than scheduling doses chronically (they can also do diabetes teaching, anti hypertensives, oxygen, etc).	10/24/2015 1:14 PM
19	Send the patients notice if they appear to be getting too much medication or are in violation of laws.. They always send the notices to the physician who already knows the problem..	10/24/2015 12:56 PM
20	can we make our own ? It is ridiculous that we do not have this - this is probably the most frustrating part of our job . For our satisfaction and patient safety - we should make this high priority	10/24/2015 12:53 PM
21	ACEP policy and standards for EM practice	10/24/2015 12:39 PM
22	Developers a monitoring program, there isn't a good alternative	10/24/2015 11:54 AM
23	not sure	10/24/2015 11:53 AM

24	keep working on PDMP, education but without limitation on physician choices	10/24/2015 11:33 AM
25	Advocate for limitation of number of opioids prescribed by # of pills at one time, number of refills in one month period	10/23/2015 5:19 PM
26	limit number of pills that can be dispensed at a time. no more prescribing a hundred or more pills	10/21/2015 2:15 PM
27	Get Patient Satisfaction Score and time metric reliance for "competency" under control. Caring for pain patients is time consuming and they deserve care aimed at healthy ways of managing pain.	10/21/2015 11:38 AM
28	Develop some consensus guidelines all EDs in Missouri can use/reference.	10/20/2015 7:40 PM
29	I just call pharmacies and they tell me.	10/20/2015 4:36 PM
30	Consider endorsing an ED opioid guideline similar to the NY guideline.	10/20/2015 2:00 PM
31	We need to help police this ourselves. If we reduce the number and amount of narcotic prescriptions given out in the ED perhaps patients will not demand them in the future. I agree that is much more difficult to convince someone with back pain that NSAIDs and a muscle relaxer are the appropriate treatment but we need to set this as a standard in our ED community. The "candyman" mentality makes it worse for the rest of us who practice responsible medicine.	10/20/2015 12:36 PM
32	have pharmacist call if too many opioids prescribed in a time frame	10/20/2015 10:07 AM
33	Help and support all EDs in state with methods for reasonable pain control. I.e. Non-opiate methods for chronic headaches; other support for how to say "no" on a statewide basis. We should look at education while still pushing for a drug monitoring program	10/20/2015 9:16 AM
34	Dig up dirt on the doctor/legislator opposing it.	10/20/2015 7:35 AM
35	Restrict prescribing	10/20/2015 4:50 AM
36	I honestly don't know but we need some kind of help!	10/20/2015 4:21 AM
37	Support legislation to protect physicians from board complaints re: not addressing pain	10/20/2015 12:24 AM
38	nothing until we work to change MO opposition. Use every resource to get the opposition outed and unelected. If the state cared, they'd enact this program, anything failures are on the shoulders of the legislature.	10/19/2015 11:46 PM
39	Avocate to get it and join the other 49 states	10/19/2015 9:30 PM
40	Have institutions share electronic records easily	10/19/2015 8:01 PM
41	Support Changing legislators	10/19/2015 7:54 PM
42	Pressure Missouri to do the right thing - this is information we need, they should recognize it and if anyone takes liability for the distribution of SAVING information, it should be them	10/19/2015 6:52 PM
43	Provide anonymous reporting to state/federal government for patients we are concerned are drug diverting.	10/19/2015 5:59 PM
44	Refuse to prescribe opioid to patients without a clear pathology.	10/19/2015 4:09 PM
45	Keep lobbying to get the state monitor of opioids in place.	10/19/2015 4:00 PM
46	unsure	10/19/2015 3:58 PM
47	Develop and get approved a prescription drug monitoring program.	10/19/2015 3:46 PM
48	Free dental clinics	10/19/2015 3:27 PM
49	Improved communication between local hospitals regarding individuals who often present for opioid prescriptions.	10/19/2015 3:17 PM
50	Prohibiting EDs from prescribing opiates to the same patient more than once for the same condition	10/19/2015 2:20 PM
51	Need state wide data bank that every pt identified as opiate dep if filling opiats reg. Every practitioner can have secure access to	10/19/2015 2:14 PM
52	More rehab options, prescription drug monitoring	10/19/2015 2:10 PM
53	Provide a monitoring tool that hospitals within a given health care system can use to track abuse within their own institutions	10/19/2015 2:09 PM
54	May be MOCEP/ACEP can develop a plan and make a business out of it buy charging annual fee to access to hospitals, Free Standing Emergency Centers and Doctor Offices	10/19/2015 1:56 PM
55	Broader utilization of Cyber Access for Medicaid Patients; partnership relationships with Missouri Pharmacy Association, Walgreens, CVS, etc.	10/19/2015 1:53 PM
56	We must pressure the state to get a drug monitoring program. Lobby the Feds to make it a federal requirement.	10/19/2015 1:52 PM

57	template policies that other ED's can use	10/19/2015 1:42 PM
58	Sponsor recovery programs	10/19/2015 1:41 PM
59	PSAs, supoorting accessibility to naloxone	10/19/2015 1:38 PM