

2024 Survey of registered users of the Montana prescription Drug Registry

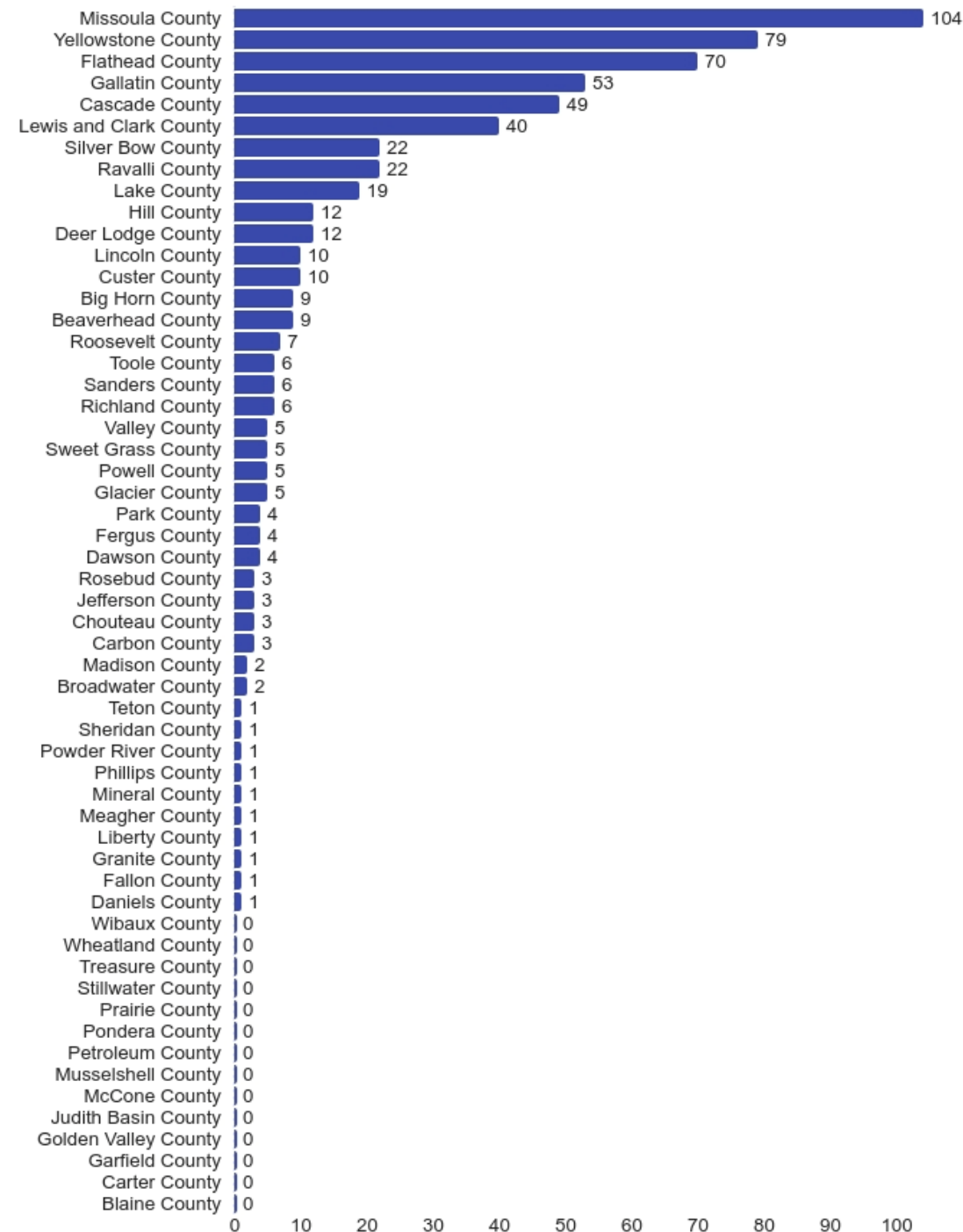
- Target Audience = registered users of Montana Prescription Drug registry (MPDR)
- Survey distribution
 - Hyperlink posted to BLI website
 - E-mailed to registered users of MPDR via GovDelivery
 - Survey opened 09/25/2024
 - 3 reminders
 - Survey closed 10/31/2024
- Response rate $779 / 9607 = 8.1\%$
- 779 individuals responded:
 - 642 completed the survey
 - 137 did not complete the survey

Respondent's workplace

Tribal Health	Community Health Center	Pharmacy	Hospital	Medical Clinic	Other
26	55	120	136	247	151



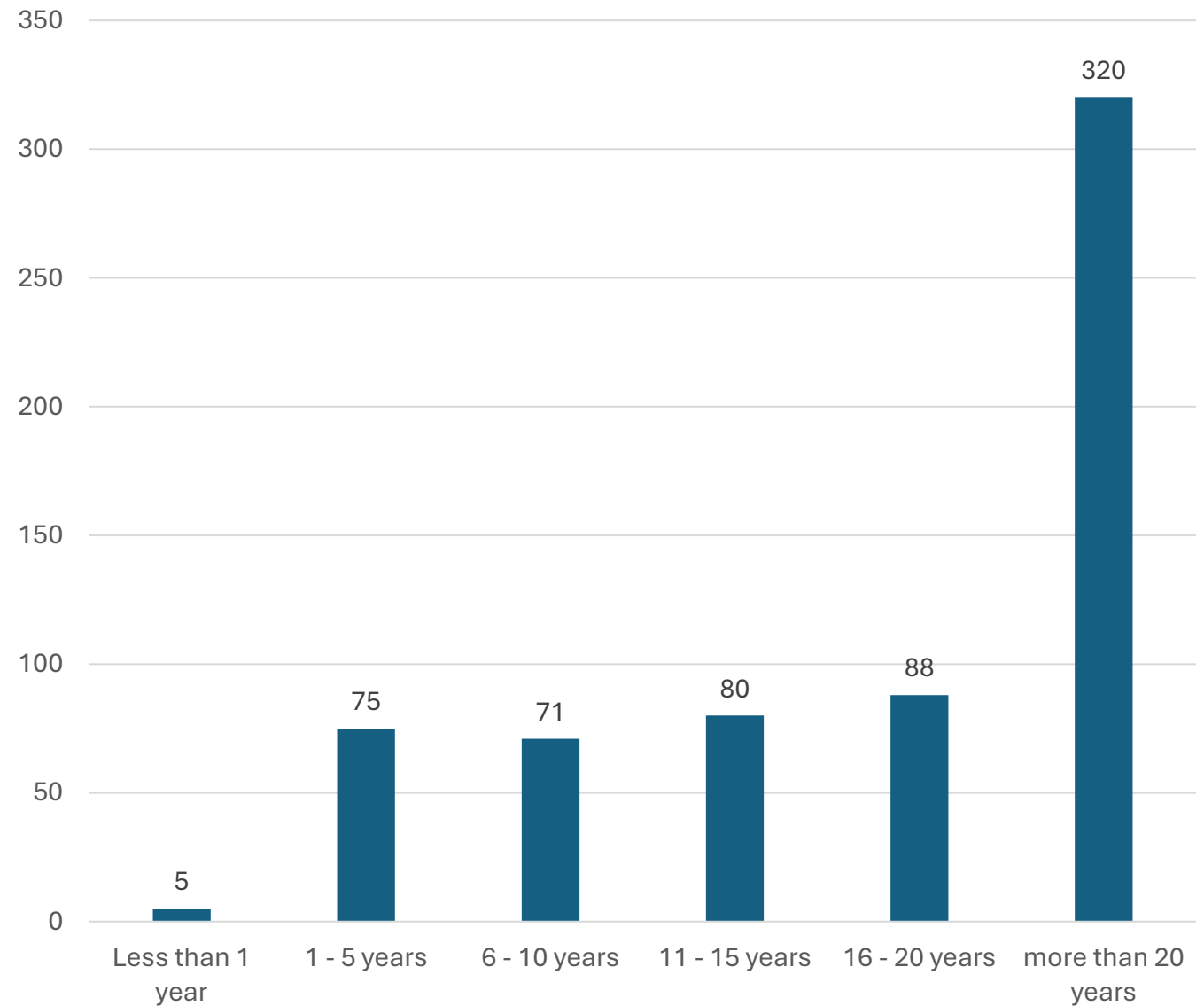
Respondent's workplace location



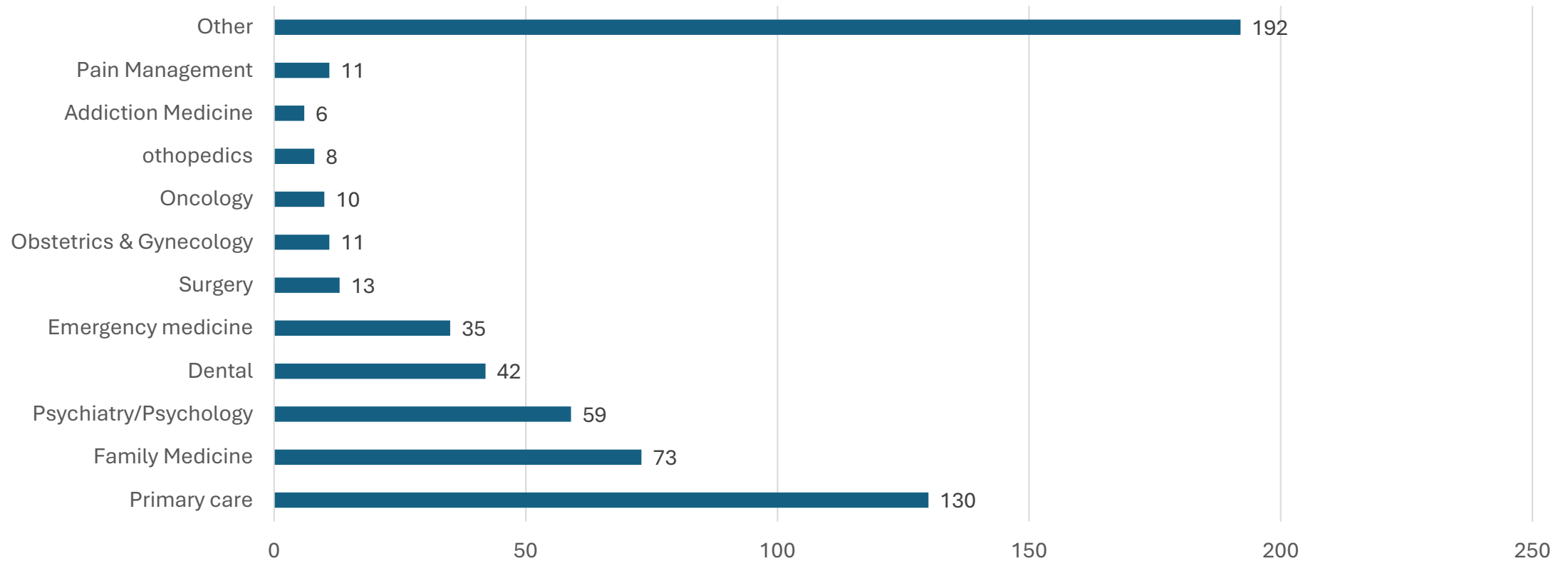
Respondent's role in the organization

Role	#
Physician	2105
Pharmacist	151
Nurse Practitioner	146
Physician Assistant	67
Dentist	46
Optometrist	7
Naturopathic Physician	7
Podiatrist	2
Nurse	2
Pharmacy technician	0
Other	20

Respondent's years of experience



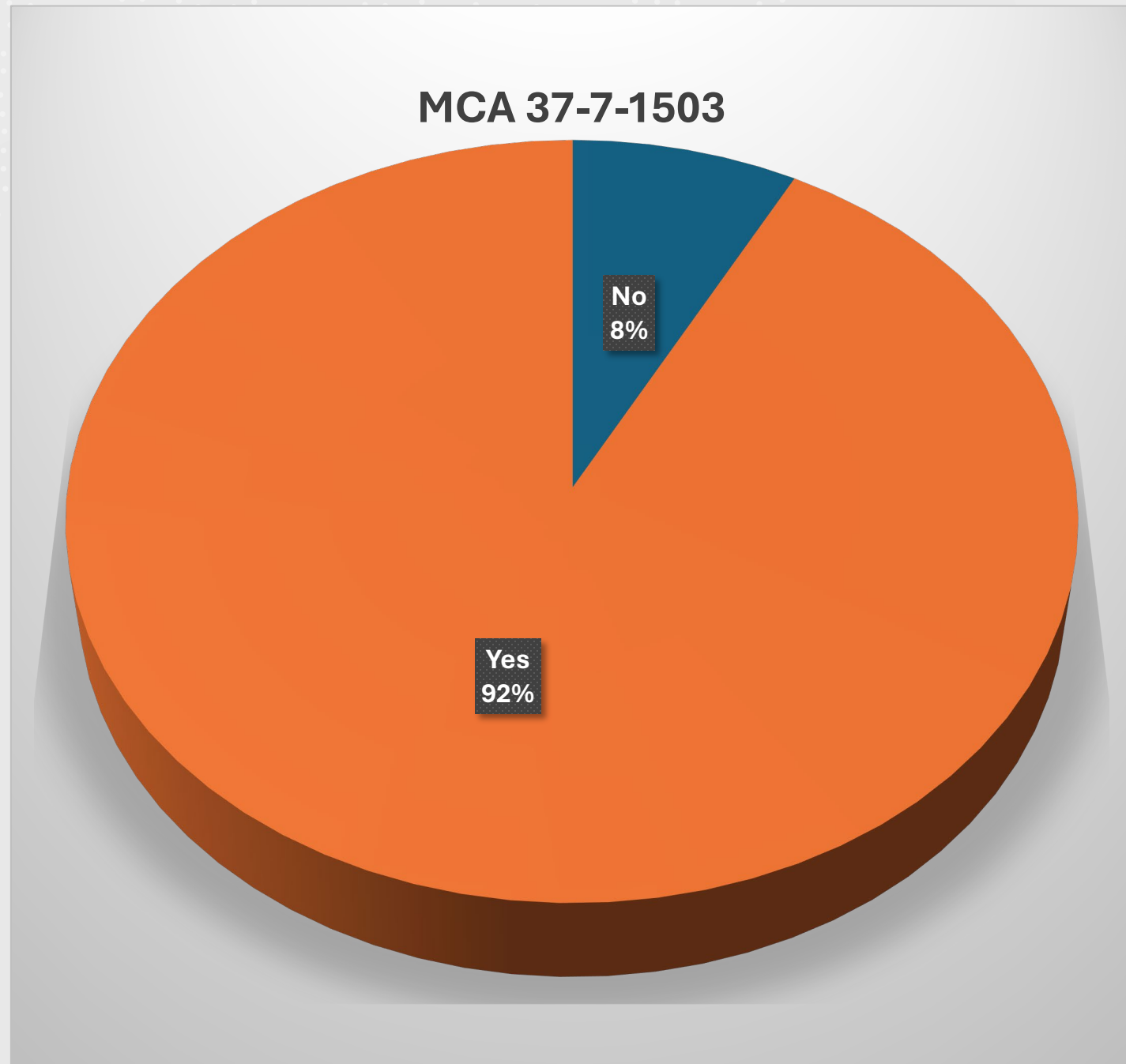
Respondent's practice specialty



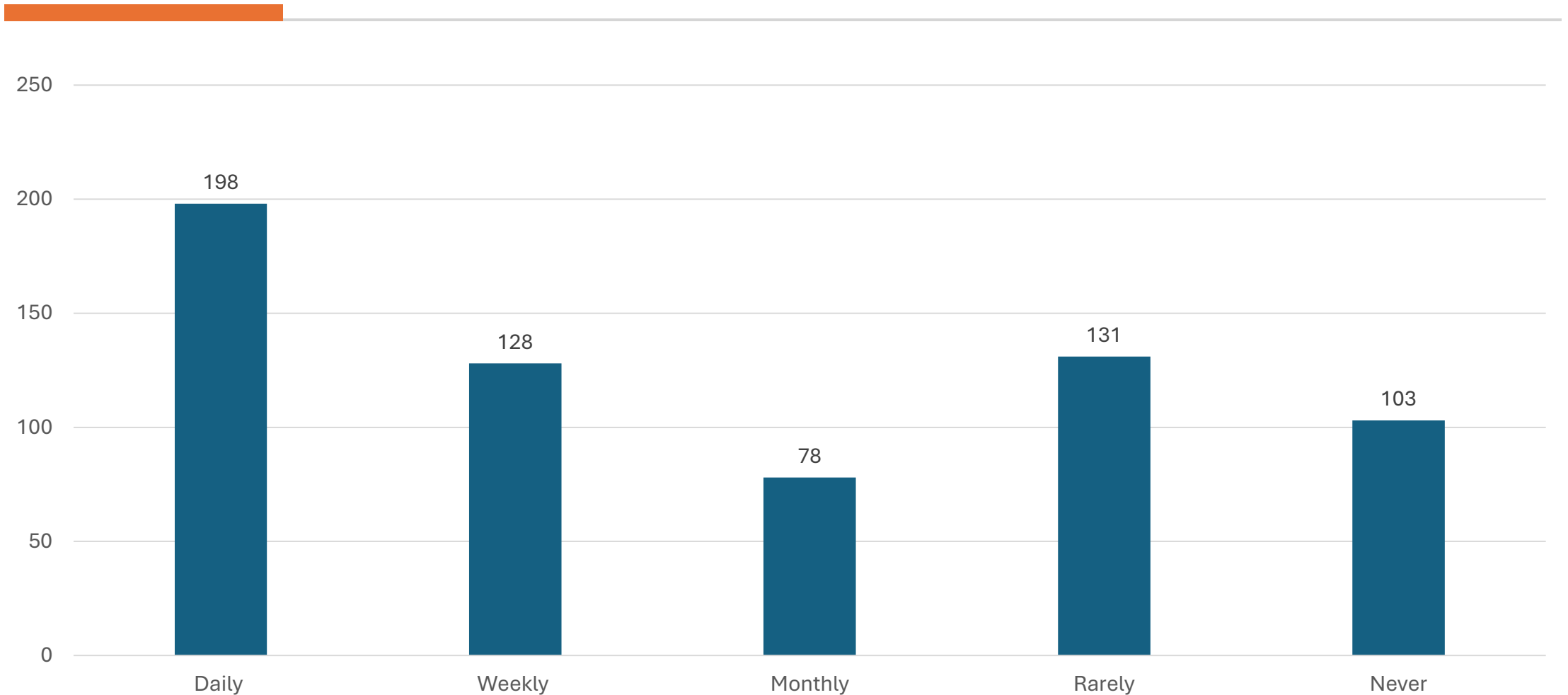
“Other” specialty



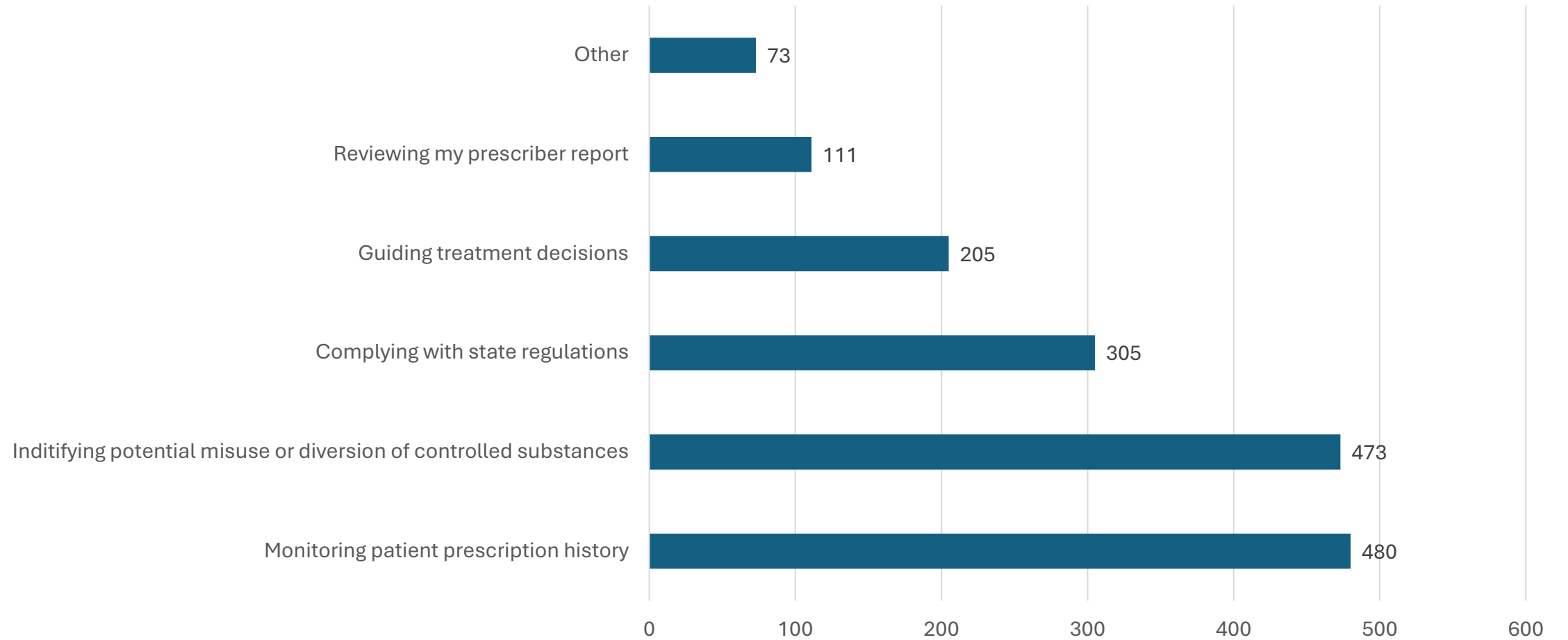
Respondent's awareness of registration requirements



Respondent's utilization of the MPDR



Factors that influenced respondent's decision to access the MPDR

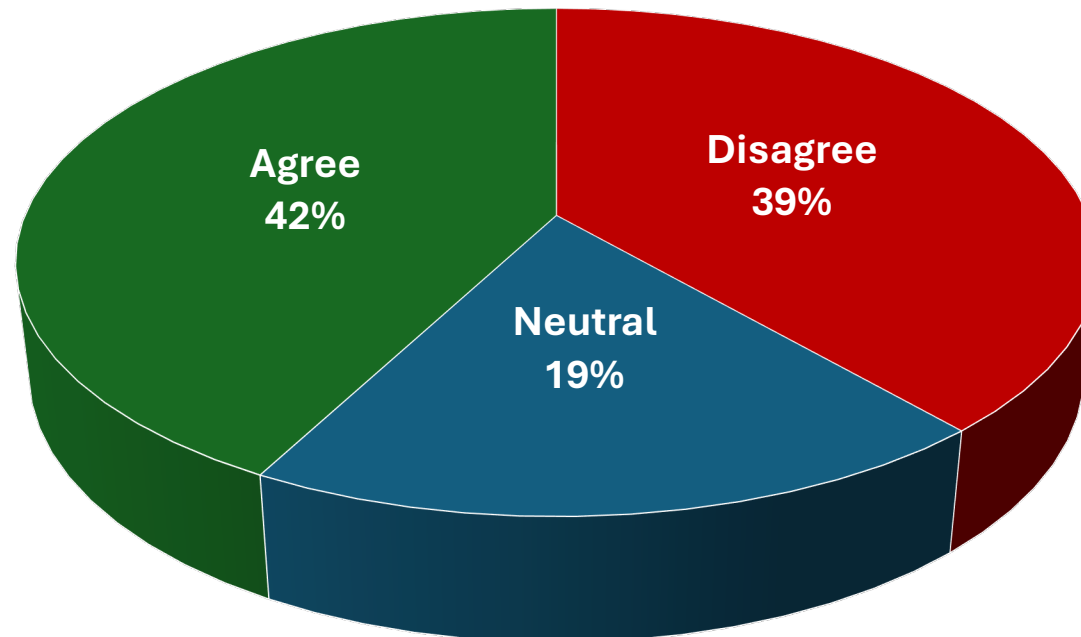


“Other” factors that influence decisions to access the MPDR

- Retired / not currently practicing
- Don't often write scripts for narcotics – confirming dosage
- Don't access the MPDR – unless it is to change password
- Required / Company policy

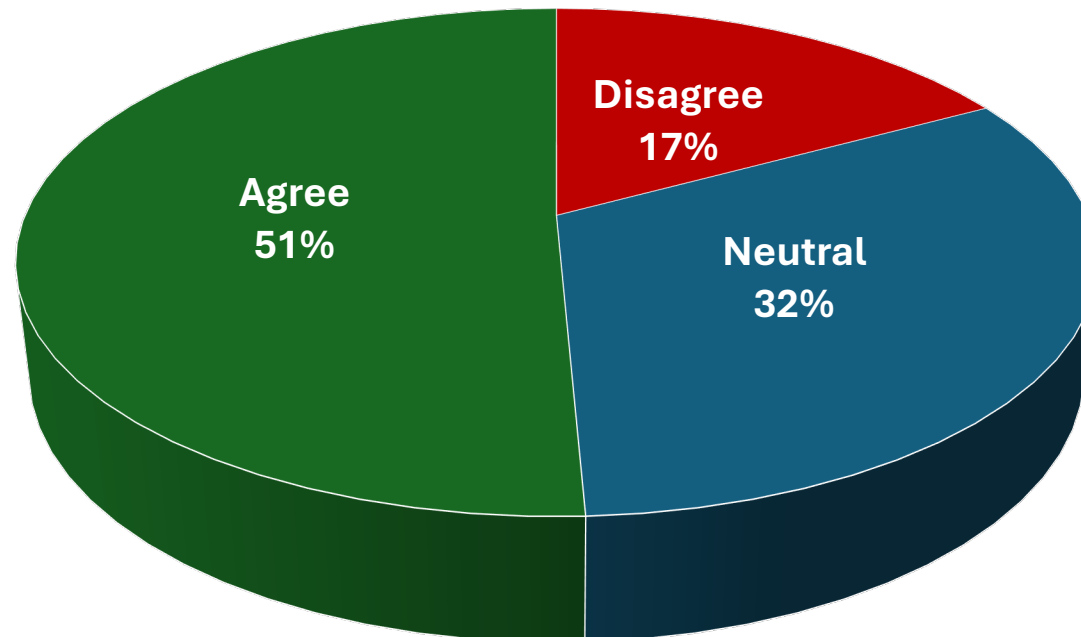
Respondent's agreement with the statement:

The MPDR is integrated into my organization's EHR system.



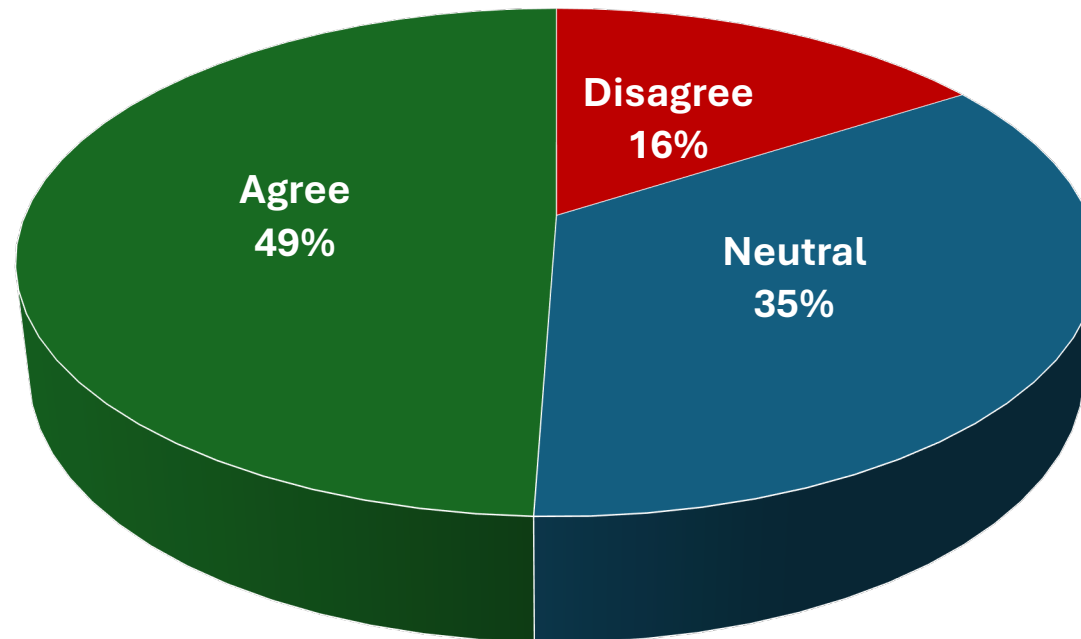
Respondent's agreement with the statement:

Logging into the MPDR is easy.



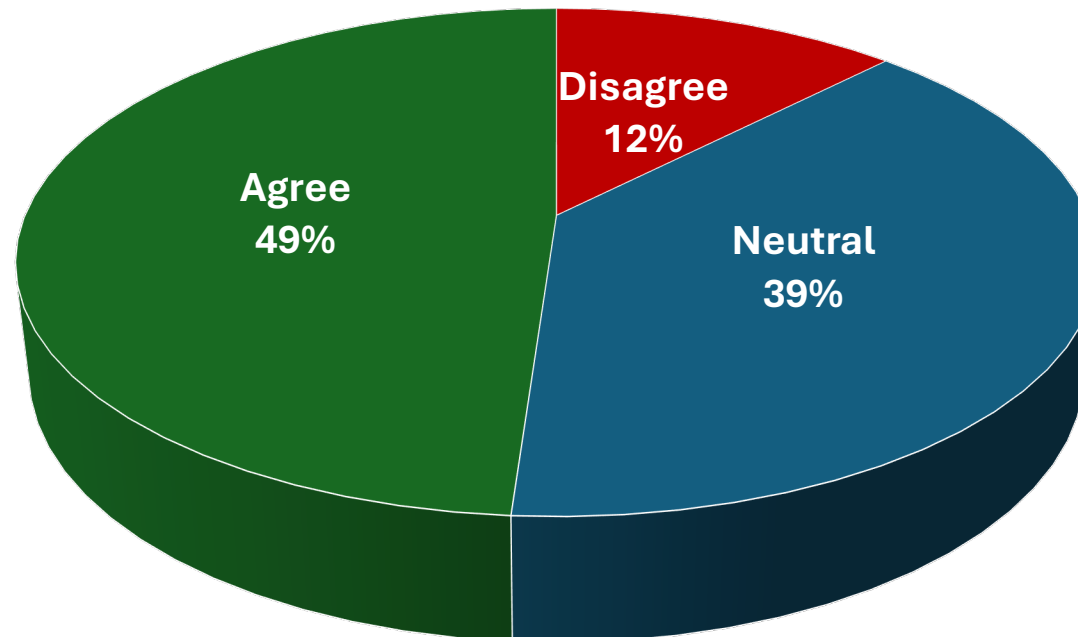
Respondent's agreement with the statement:

Accessing the MPDR is fast.



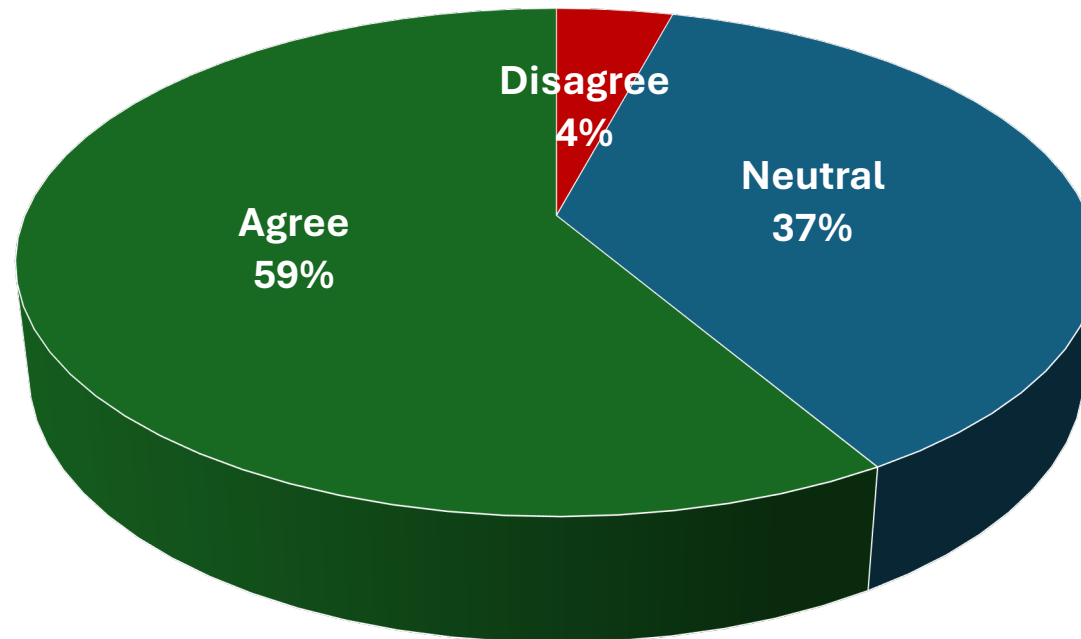
Respondent's agreement with the statement:

Navigating the MPDR is user friendly.



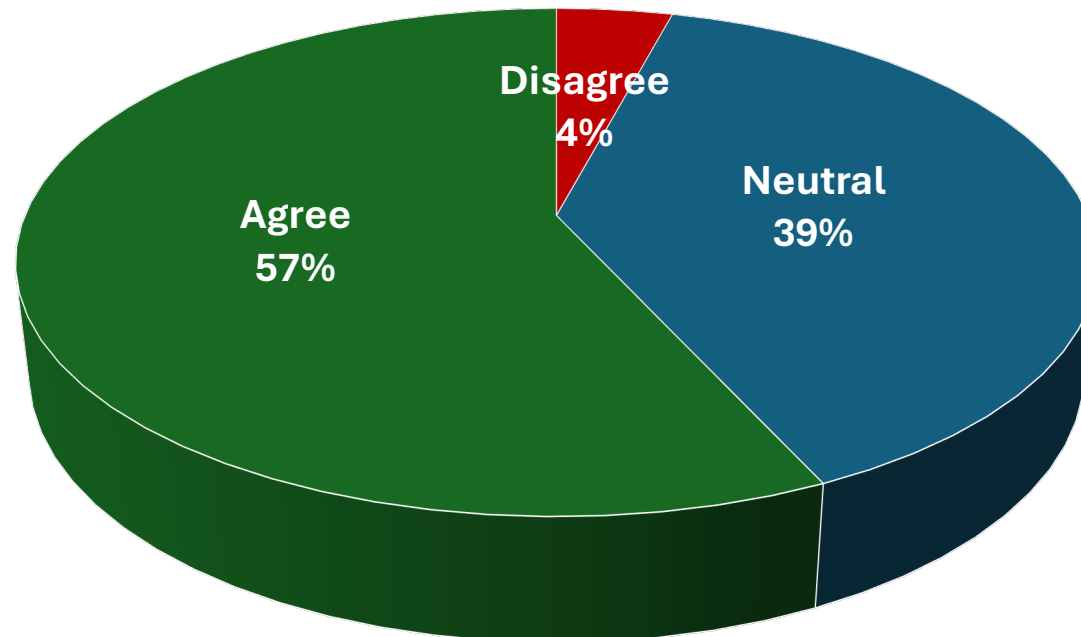
Respondent's agreement with the statement:

Data in the MPDR is accurate.



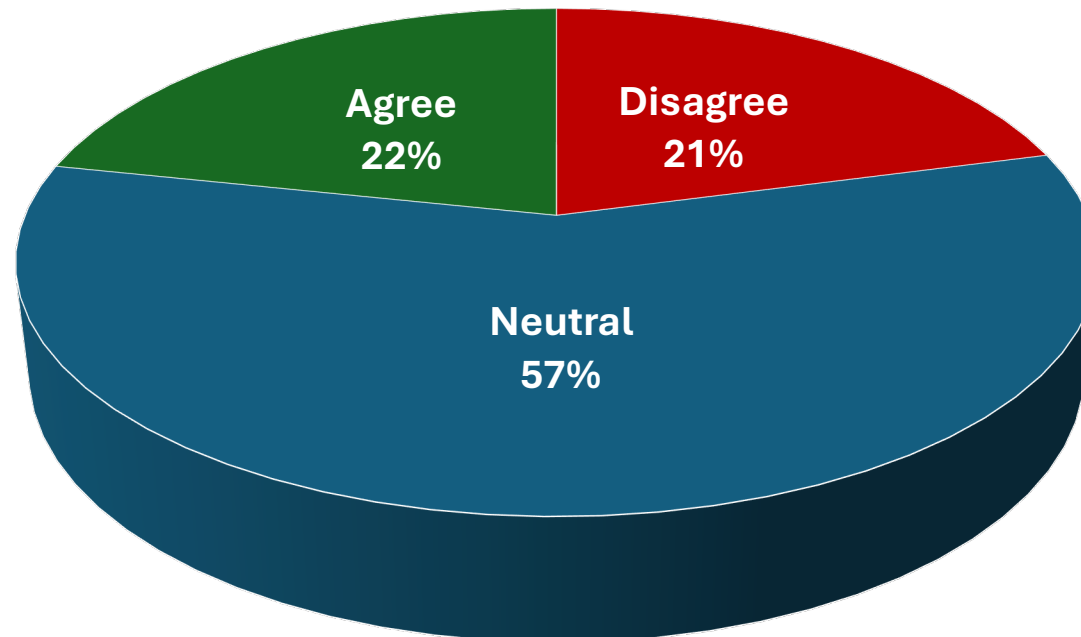
Respondent's agreement with the statement:

Data in the MPDR is up to date.

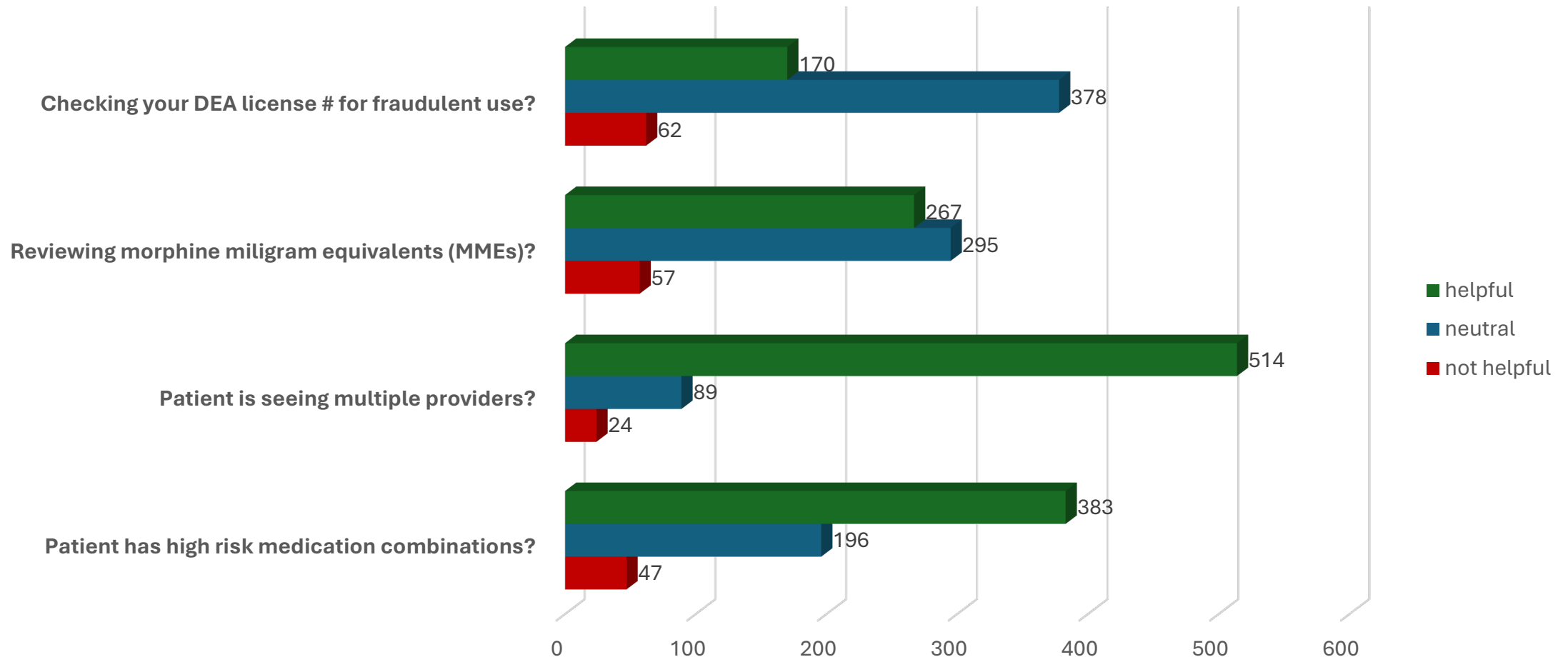


Respondent's agreement with the statement:

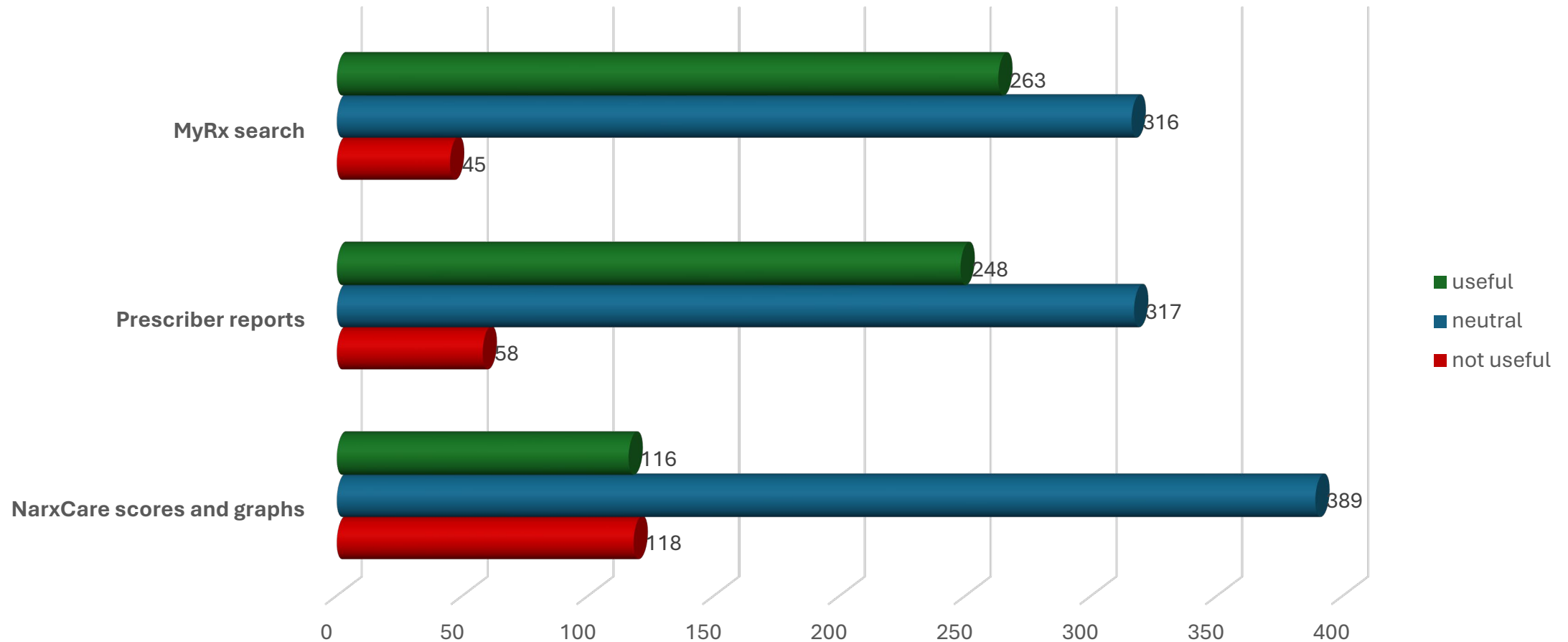
Searching for out-of-state patient information is easy.



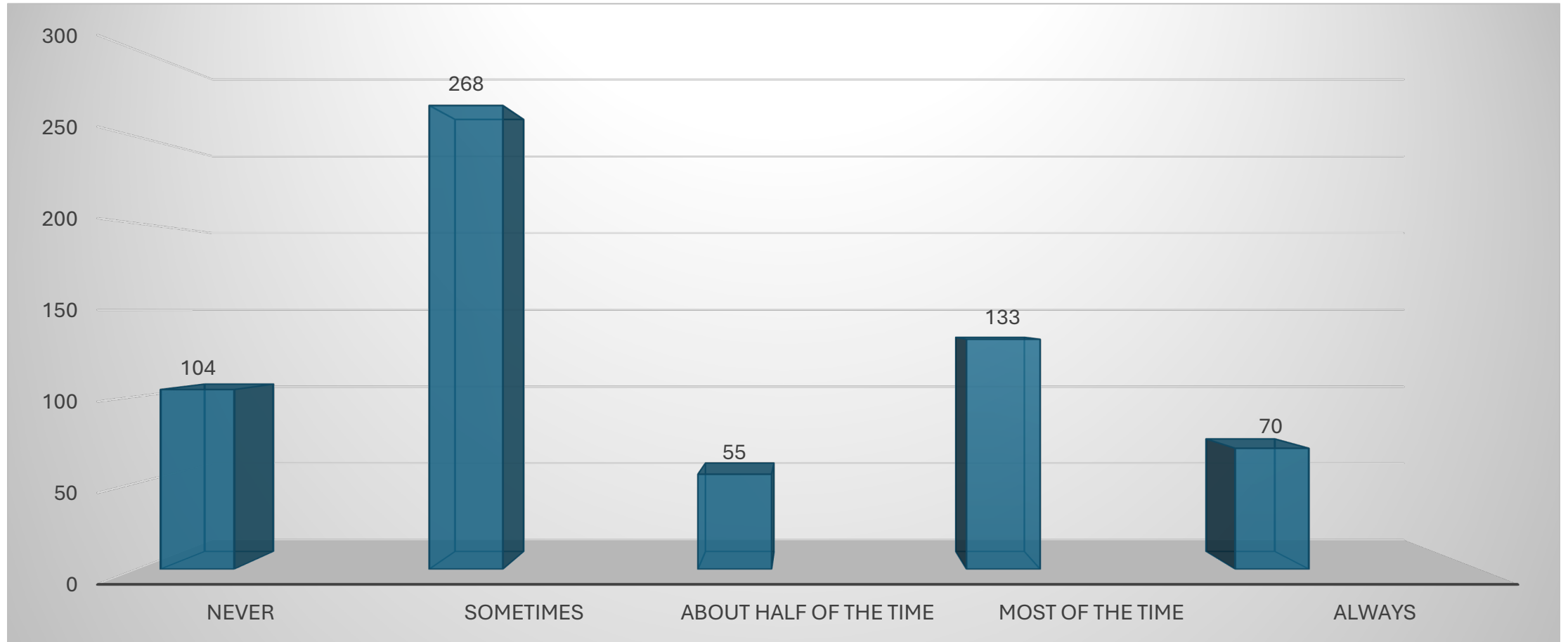
How helpful is the MPDR as a clinical tool to inform you when:



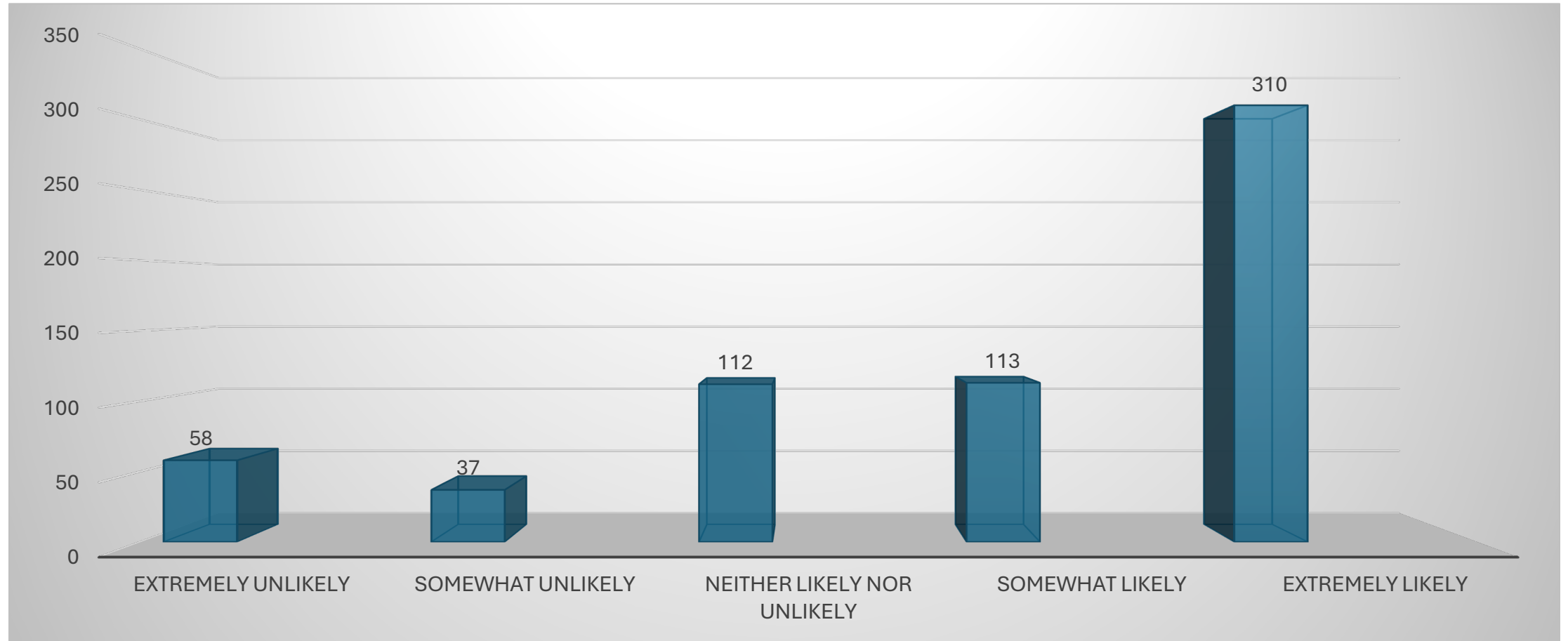
How useful do you find the following tools available in the MPDR?



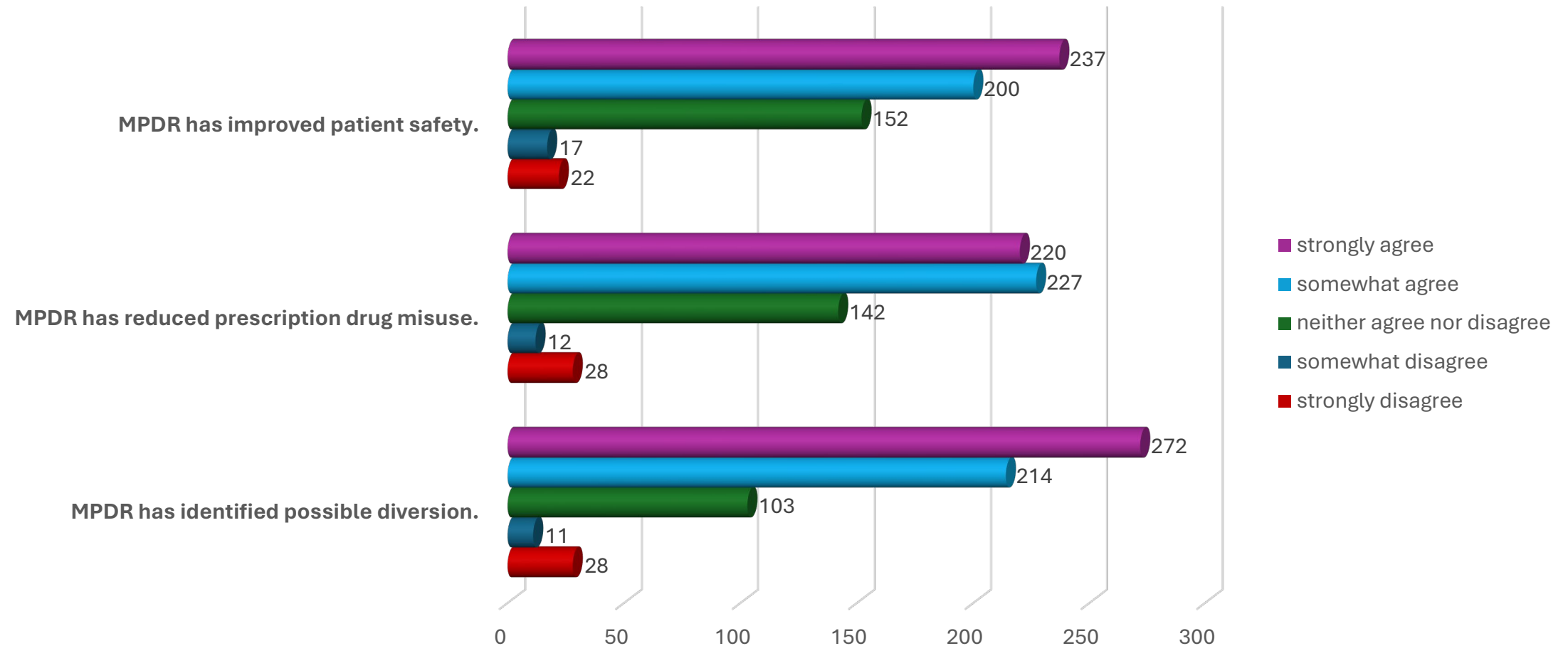
How often does the knowledge gained from accessing the MPDR impact your clinical decision making or approach to patient care?




How likely are you to recommend use of the MPDR to a colleague?



The purpose of the MPDR is to improve patient safety and possibly identify misuse and diversion. To what extent do you agree or disagree with the following three (3) statements about the MPDR:?





Additional
comments or
feedback
regarding the
MPDR...



Accessibility – Password / Login

The requirement to frequently change passwords is a barrier.

I hate having to change my password for the MPDR every 8 weeks. It is hard to access the MPDR as well and I would often like to do so, but it takes too long when I'm busy.

Searching the MPDR is cumbersome enough that I dread every time I have to login. The usability once I've found the correct patient is good.

great resource to have, but the constant changing of passwords and general difficulty of use make it hard to utilize.

accessing MPDR through the EMR is very quick and easy, but to log in through the website is very cumbersome

This website is not very useful to me because I cannot keep up with the password requirements. My password is always expiring or I am always having to reset my password because I can't keep up with remembering the password. This system is not built into our EMR. I have major time restraints at my job. It is a big barrier!

Utility

My one issue with it is the patient search function. If I mistype the patient name and search, I have to reload the whole page then search instead of just correcting the name and searching again.

It has been my experience that while the pharmacists utilize MPDR multiple times daily, the prescribers and their support staff (RNs, etc.) rarely access MPDR. It would improve practice immensely if they did.

Duplicate names/aliases are still challenging in MDPR, especially if different than what is in our EMR and I cannot access via the integrated link. Continuing to work on this would increase usability.

Need a way to highlight the patients who have hyphenated names - have had several instances of a patient match not linking with an Idaho profile due to the name same and or spelling of the name. Even with trialing variations in the “may contain” button and shortening the name system still never found them. Only way it was caught was from insurance declining the fill in Montana that was filled the day prior in Idaho.

could be simpler to use and have better explanations for the graphs/scores/tools available

I wish there was a better way to track when prescriptions were due (exactly 30 days) and total amount of meds dispensed and average. For example, for patients getting Rx 1-3 days early that MPDR would calculate number of pills.

MPDR is not integrated our EHR!

invaluable and highly necessary!!!

Accuracy

When will CA be searchable?

Add a “select all” button to check all states.

Searching neighboring states is a struggle.

In working with my patient population base (mental health), it is not uncommon for this population have poor medication histories and to use various pharmacies, including pharmacies in other states due to their transient behaviors. I appreciate the multi-state search function and hope that CA will soon join our list of states.

Data from the IHS/tribal health & VA is missing!

Checking “for out of state” information is cumbersome.

I had a new patient whom I looked up on MTPDR and confirmed past prescriptions/ providers. The patient provided me with some records also. One record had a different name on it and I looked it up also. I believed the patient was receiving medications under both identities; although they were not linked in the MTPDR. I called the pharmacy and informed them of my suspicions; they checked their system and confirmed that both identities had been prescriptions being picked up by the same drivers licence number. I tried to report this to the MTPDR but was informed that the identities could not be linked or flagged or investigated by MTPDR. I ended up calling the DEA. It would have been nice to have been given the option or given direction on how to proceed with reporting to the DEA; it was unfamiliar territory and I feel the MTPDR should have some internal reporting/ monitoring option to prevent this type of likely diversion from continuing to occur.

Communication & education opportunities

create a mobile app and user training videos

How do providers learn about diversion under their own DEA number?

Occasional emails from MPDR would be welcome. I'd like to be refreshed about the site or if anything is new or changed. Or to remind the legal requirements of checking prior to prescribing or dispensing a drug.

make the formatting easier to see, print and utilize at a glance

Trainings on how to use site is needed

The patient search page is cumbersome - we shouldn't have to scroll all the way down to the bottom of the page to initiate the search.

I only log into MPDR to stay compliant and I am/have been unaware of all its potential benefits to me as a provider.

I am not aware of Narx Care Score, Prescriber Reports or My RX Search

Sometimes the MME listed seems greater in value than my calculation with standard MME clinical calculators that I use.

an occasional communication sent out with bullet points would be helpful. New features, reminders on prescribers to check prior to every CII RX written, etc.