

Sign on before you sign off.

A guide to using the Texas
Prescription Monitoring Program



txpmp.org



About the Texas PMP

The Texas Prescription Monitoring Program (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. Texas partners with more than 35 other states and organizations to share data using the PMP Interconnect.

The PMP is a patient care tool used to:

- Ensure that patients have access to safe, effective pain management.
- Visualize controlled substance data to help prescribers and pharmacists make informed prescribing and dispensing decisions.
- Avoid potentially life-threatening drug interactions.
- Address prescription drug misuse, diversion and overdose.
- Identify patients obtaining controlled substances from multiple prescribers and pharmacies, and make referrals to specialty treatment providers.



Mandated Use of the Texas PMP

The Texas PMP is part of the statewide response to the opioid epidemic. Prescribers and pharmacists or their delegates are required by Texas state law to check the PMP 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.

Checking the PMP for every patient, every time helps to eliminate implicit bias, ensuring prescribing and dispensing decisions are informed by data.



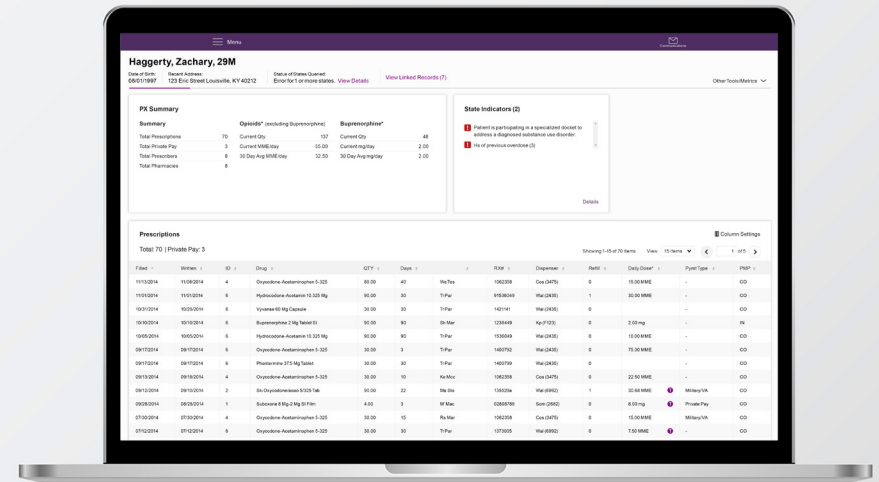
Integration

Integration provides immediate access to the Texas PMP through Electronic Health Records (EHR) and Pharmacy Management Systems (PMS). Integration greatly simplifies the process of checking the PMP, allowing providers to quickly comply with the mandate while keeping the focus on patients.

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

Using a Delegate

The Texas PMP allows prescribers and pharmacists to authorize delegates to access patient prescription data and generate reports using the web-based PMP database. Recommended 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 and can be helpful in integrating use of the Texas PMP into your workflow.





Communication Guidelines & Talking Points

INTRODUCTION

Physicians, pharmacists and health care practitioners of all kinds 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 about safe and effective alleviation of pain can be difficult, especially when you have limited time with each patient. These evidence-based health communication guidelines and talking points are designed to assist you in having effective conversations with patients about managing pain, potential opioid misuse and the Texas PMP.



THE BASICS

- **Invite participation** by explicitly encouraging patients to respond. Asking questions like, “How does that sound to you?” before or after providing information can help establish a trusting relationship. This can also help you collect valuable information from patients.
- **Use motivational interviewing techniques** such as asking open-ended questions and encouraging the patient to reflect on the positive effects of behavior change. This allows patients to explore their own circumstances, behaviors and treatment goals.
- **Identify and treat psychosocial factors** that contribute to patient experiences of pain. Treating co-occurring psychological disorders may help alleviate 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”). Using positive, solution-oriented language acknowledges the patient’s needs and establishes a trusting relationship.
- **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 patients can maintain hope and realize they have the tools to cope with pain and other stressors.
- **Summarize** the information that patients have shared, and then keep listening. Summarizing complex reflections and leaving space for patients to interject facilitates shared understanding.
- **Offer naloxone** and overdose prevention counseling if you are concerned about a patient’s substance use. Connect your patients to established local or state treatment and recovery services.

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 resisting the urge to “fix it.”

Communication Basics

Guidelines

Provide a safe, comfortable and private space. If possible, sit alongside the patient to foster a trusting dynamic.

Use affirmative language that fosters mutual trust. Avoid asking “Why don’t you...”

Demonstrate empathetic, active listening by using reflective statements and a nonjudgmental approach. Avoid seeming rushed and pause when necessary.

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.

Ask patients what questions they have. Make sure they know how to get in touch if they have questions later on.

“What should I do or say?”

- **“[Patient name], let’s talk about how to get you comfortable. I’d like to know more about how you’ve managed pain in the past.”**

- **“We want to make sure it’s safe for you.”**
- **“What about if we...”**

- **“What I hear you saying is [paraphrase]. Is that right?”**
- **“I understand your concerns.”**
- **“Does that fit with what you were thinking?”**

- **“Can you repeat back to me what our plan is?”**
- **“Yes, and I want to remind you...”**

- **“What questions do you have?”**
- **“Here is how you can reach us...”**

Talking About Pain

Guidelines

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.

Offer encouragement for positive or desirable pain management strategies. Ask questions to suggest alternative strategies if necessary.

Consider screening patients for depression, anxiety and risk of opioid use disorder. Most pain has both physiological and psychosocial elements.

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 should I do or say?”

- **“Has there been a time in your life when you had to manage pain? What worked or didn’t work before?”**

- **“Those are great strategies for managing pain.”**
- **“Let’s talk about other ways to get you comfortable. Have you tried [physical therapy]?”**

- **“Research shows a strong connection between emotional well-being and our experience of pain. Consulting with a mental health professional is one of many options that we can explore together to manage your pain.”**

- **“What are your concerns [about using acetaminophen]? Tell me more about that.”**
- **“I hear you. I understand this may be [unexpected/not what you want to discuss today]. Let’s figure this out together.”**

Talking About Concerning PMP Data

Guidelines

Explain what it is, and why you are using it.

“What should I do or say?”

- **“It is our policy to check the PMP for every patient, every time.”**

Summarize the PMP results to the the patient and confirm the accuracy of the data.

- **“I see that [summarize the Texas PMP results]. Is that correct?”**

If you have concerns about PMP results, state the facts and ask non-judgemental questions to gain more information.

- **“I noticed that you have been getting [drug name] from [prescriber name]. Can you tell me more about that?”**

Clarify or restate clinic policies to shift the conversation to safe and effective alleviation of pain.

- **“At our office, patients can only receive opioids from one prescriber. It looks like for you, that’s Dr. [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?”**

Guidelines

If necessary, initiate a direct conversation about about dependence, misuse, opioid use disorder, or overdose. If possible, facilitate a warm handoff by connecting patients to further resources.

“What should I do or say?”

- **“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, use other than as prescribed	abuse
person with a substance use disorder	user, addict, abuser
person in recovery, person who previously used drugs	former addict, reformed addict
negative, positive, substance-free	clean, dirty toxicology screen results

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 promote prescribers' and pharmacists' use of the Texas Prescription Monitoring Program (PMP), with the ultimate goal of preventing prescription drug misuse and overdose.

For additional information and resources, including free Continuing Education (CE) opportunities, please visit **txpmp.org**.

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