

1 VERMONT MEDICAL SOCIETY RESOLUTION

2 Use and Improvement of the Vermont Prescription Monitoring System

3 *Adopted October 27, 2012*

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5 Whereas, State and national reports indicate that the number of prescriptions for controlled  
6 substances in Vermont has been increasing<sup>1</sup>; and

7 Whereas, Although Vermont’s national ranking in the nonmedical use of pain relievers improved  
8 from in 2003 to in 2008 according to the 2008 National Survey on Drug Use and Health,<sup>2</sup>  
9 nonmedical use of pain medication remains a serious problem in Vermont; and

10 Whereas, Thirteen percent of Vermont young adults age 18 to 25 reported misusing prescription  
11 drugs in 2008<sup>3</sup>; and

12 Whereas, The issue of prescription drug abuse has been identified as a major public policy issue by  
13 the legislative and executive branches of government in Vermont; and

14 Whereas, Vermont has had an operational Prescription Drug Monitoring Program since 2009<sup>4</sup> to  
15 help track the prescribing and dispensing of controlled substances — those drugs most likely to  
16 lead to abuse, addiction or patient harm if they are not used properly.; and

17 Whereas, The Vermont Prescription Monitoring System (VPMS) is a database of over four-  
18 million-and-growing records of controlled substances prescriptions filled by 140 in-state licensed  
19 Vermont pharmacies and 240 out-of-state licensed Vermont pharmacies since July 1, 2008; and

20 Whereas, The purpose of the VPMS is to provide timely and useful information to both licensed  
21 prescribers and pharmacists and help health care practitioners identify patients who may need  
22 treatment for drug abuse or addiction; and.

23 Whereas, Only licensed health care practitioners and pharmacists, registered with the U.S. Drug  
24 Enforcement Agency, and registered with the VPMS, have access to information in the database  
25 and individuals can also receive a copy of their own database information upon request; and

26 Whereas, As of 2011, the information reported to the VPMS by pharmacies was incomplete with  
27 pharmacy compliance ranging from about 77% compliance in the second and fourth quarters to a  
28 high of 91% compliance in the first and third quarters as determined by the Department of Health;  
29 and

30 Whereas, As of 2010 there were approximately 1877 physicians practicing in Vermont (MDs and  
31 DOs) and currently about 1000 physicians are registered to use the VPMS ; and

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<sup>1</sup> [http://healthvermont.gov/adap/VPMS\\_about.aspx#qa](http://healthvermont.gov/adap/VPMS_about.aspx#qa)

<sup>2</sup> [http://healthvermont.gov/adap/documents/Rx\\_workgroup\\_final\\_recommendations\\_122011.pdf](http://healthvermont.gov/adap/documents/Rx_workgroup_final_recommendations_122011.pdf) (page 4)

<sup>3</sup> [http://healthvermont.gov/adap/documents/Rx\\_workgroup\\_final\\_recommendations\\_122011.pdf](http://healthvermont.gov/adap/documents/Rx_workgroup_final_recommendations_122011.pdf) (page 4)

<sup>4</sup> <http://www.pmpalliance.org/pdf/pmpstatusmap2012.pdf>

1 Whereas, The Department of Health can use the VPMS to obtain reports, profiles and algorithms  
2 that with input from the Department of Public Safety could be used to create reports for  
3 prescribers, dispensers and the public, in a manner similar to the infectious disease reports, for the  
4 purpose of improving the public health of Vermonters; now therefore be it

5 **RESOLVED, The Vermont Medical Society (VMS) supports physicians who prescribe**  
6 **controlled substances registering with the Vermont Prescription Monitoring System and the**  
7 **VMS will encourage the Vermont Board of Medical Practice and the Vermont Department**  
8 **of Health to create a process to enroll prescribers automatically in the VPMS at the time of**  
9 **license renewal; and be it further**

10 **RESOLVED, The Vermont Medical Society will work with the Vermont Department of**  
11 **Health to make further refinements to the VPMS that will reduce the time and**  
12 **administrative burdens on physicians using the system and increase effectiveness, such as,**  
13 **further integration with EHRs, streamlined user interfaces, and real-time reporting of filled**  
14 **prescriptions; and be it further**

15 **RESOLVED, The Vermont Medical Society will work with the Vermont Information**  
16 **Technology Leaders (VITL) and state agencies, to ensure that software is available to**  
17 **physicians to enable them to prescribe controlled substances electronically through their**  
18 **electronic medical record programs or through stand alone e-prescribing programs; and be**  
19 **it further**

20 **RESOLVED, The Vermont Medical Society will encourage the Department of Health to**  
21 **improve the functionality of the VPMS so that it can be used to send out public health alerts**  
22 **about diversion of controlled substances and about patterns of unusual or dangerous**  
23 **prescribing in particular regions of the state in a timely manner; and be it further**

24 **RESOLVED, The Vermont Medical Society opposes requiring physicians to check the**  
25 **Vermont Prescription Monitoring System each time they prescribe a controlled substance**  
26 **and, instead, the VMS will seek to work with the Vermont Board of Medical Practice and the**  
27 **Vermont Department of Health in order to develop evidence-based guidelines for the**  
28 **appropriate use of the VPMS by prescribers.**