Enhancing Access to Prescription Drug Monitoring Programs

A national effort to reduce prescription drug abuse and overdose through technology and policy

The Office of the National Coordinator for Health Information Technology
SAMHSA
MITRE

Today's Agenda

Overview

Work Groups

Pilots

The Team

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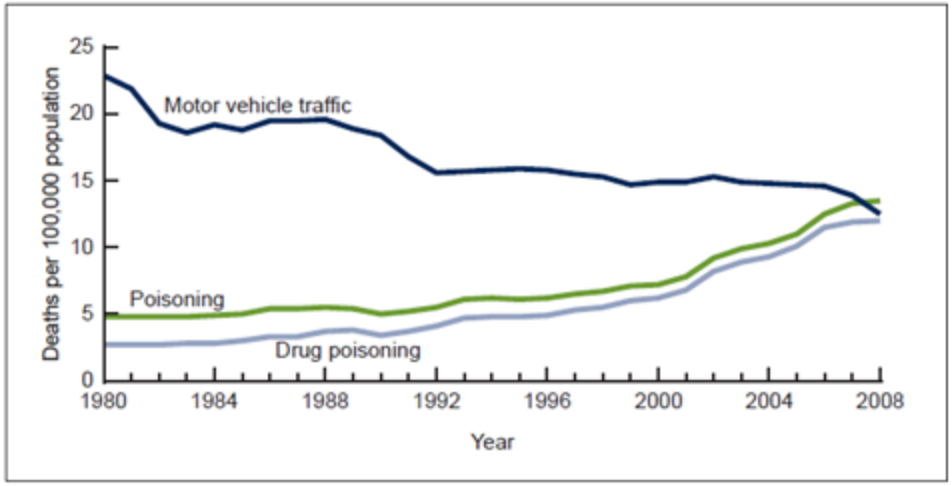
OVERVIEW

The Problem

- The Centers for Disease Control and Prevention (CDC) declared that deaths from prescription painkillers now outnumber deaths from heroin and cocaine combined

- In 2010, U.S. pharmacies dispensed 69 tons of oxycodone and 42 tons of hydrocodone—enough for each American to receive 40 Percocet and 24 Vicodin

Figure 1. Motor vehicle traffic, poisoning, and drug poisoning death rates: United States, 1980–2008



NOTE: In 1999, the *International Classification of Diseases, Tenth Revision (ICD–10)* replaced the previous revision of the ICD (ICD–9). This resulted in approximately 5% fewer deaths being classified as motor-vehicle traffic–related deaths and 2% more deaths being classified as poisoning-related deaths. Therefore, death rates for 1998 and earlier are not directly comparable with those computed after 1998. Access data table for Figure 1 at http://www.cdc.gov/nchs/data/databriefs/db81_tables.pdf#1.
SOURCE: CDC/NCHS, National Vital Statistics System.

PDMP Value

- PDMPs contain useful information
  - Identify patients who are potentially **abusing or diverting** prescription drugs
  - Inform **clinical decisions** regarding controlled substances
- The issue is how to make this information more available to three key groups of clinical decision makers:

The Story So Far

White House Roundtable on Health IT & Prescription Drug Abuse June 3, 2011

Federal & State Partners

SAMHSA

The Office of the National Coordinator for Health Information Technology

CDC

BJA Bureau of Justice Assistance U.S. Department of Justice

State Participants

Stakeholders

Substance Abuse & Mental Health Services Administration

RelayHealth

RITE AID

Walmart

surescripts The Nation's E-Prescription Network

Walgreens

CVS/pharmacy

Organizations

Alliance of States with Prescription Monitoring Programs

NAMSDL National Alliance for Model State Drug Laws

IJIS Institute

Action Plan

ACTION PLAN FOR IMPROVING ACCESS TO PRESCRIPTION DRUG MONITORING PROGRAMS THROUGH HEALTH INFORMATION TECHNOLOGY

Presented to
The Behavioral Health Coordinating Committee,
Department of Health and Human Services
through
The Pharmaceutical Abuse Subcommittee
by the
Prescription Drug Abuse and
Health Information Technology Work Group

JUNE 30, 2011

Project Structure and Objectives

Work Groups

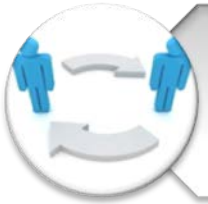
Provide recommendations and pilot input

Pilots

Test the feasibility of using health IT to enhance PDMP access

Connect PDMPs to health IT with **existing technologies**

Improve **timely access** to PDMP data



Establish standards for facilitating information exchange

Reduce prescription drug misuse and overdose in the United States

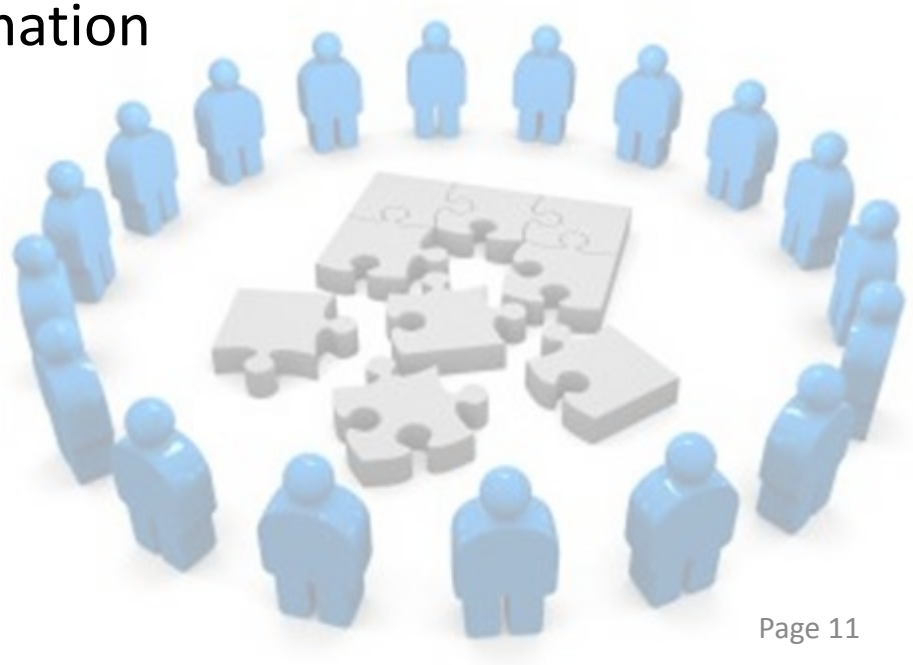
Desired Results

- Recommendations on policies/law around the use of PDMP data by providers or dispensers
- Feasible, vendor-independent, technical solutions that are scalable and useable by states
- New levels of cooperation among health IT sectors around PDMP
- Increased practitioner use of PDMPs
- Reduced prescription drug misuse and overdose

WORK GROUPS

Work Groups

- Convened to address issues impacting the access and use of PDMP data
- Explored the legal, technological, and operational aspects of the PDMP data and user landscapes
- Developed specific recommendations aimed at improving timely access to PDMP information
- Identified additional areas of exploration



Work Group Engagement

Types

Academic

Data Provider

Federal Partner

Health Information Exchange

Interest Group

PDMP Software Vendor

Pharmacy Benefits Manager

Pharmacy Retailer

Standards Organization

State PDMP

94
People

53
Organizations

42
Telephone and In-Person Meetings

(in 2.5 months)

5 Work Groups

Data Content and Vocabulary

User Interface

Data Transport

Law and Policy

Business Agreements

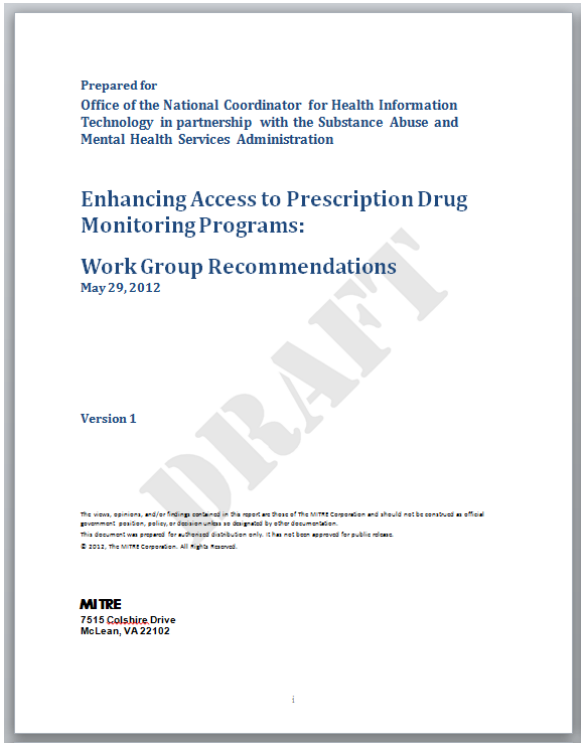
Work Groups

Number/Name	Purpose
1: Data Content and Vocabulary	To determine the data content and vocabulary necessary to support data exchange between PDMP and recipients.
2: Information Usability and Presentation	To determine how PDMP information will be presented in the user interfaces for pharmacy systems and provider and ED Electronic Health Records (EHR) to maximize the value of this data for the treatment and dispensing decision-making processes.
3: Transport and Architecture	To explore and develop the technical specifications for data transmission (e.g., REST, SOAP, Direct) between PDMPs and a variety of recipient systems and intermediaries.
4: Law and Policy	To explore legal and policy issues in support of program objectives, including PDMP data access within various recipient settings, use of intermediaries to enable PDMP data exchange and specific Pilot Program scenarios in the context of specific state(s).
5: Business Agreements for Intermediaries	To analyze the current business environment relevant to the use of intermediaries (e.g., Switches, HIEs) to route transmissions between PDMPs and data recipients.

Work Group Report

- Full write-up of following slides
- Detailed recommendations and rationales
- Downloadable templates
- Will be posted on ONC website
- Currently in review process

- Today
  - Summary of findings
  - Preliminary recommendations



Prepared for
Office of the National Coordinator for Health Information Technology in partnership with the Substance Abuse and Mental Health Services Administration

Enhancing Access to Prescription Drug Monitoring Programs:

Work Group Recommendations
May 29, 2012

DRAFT

Version 1

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Findings of the Work Groups

- PDMPs contain useful information
- **Five Impediments** may hinder physicians and pharmacists from accessing or using this information

The Work Groups developed **recommendations** to address each of these impediments

Recognized **diverse nature** of PDMP's laws, technology, etc.

Low Usage

Overview

PDMPs are not used as much as desired because of **issues with awareness and system registration**

Specific Impediments

- Prescribers and dispensers are unsure of how PDMP data may support the care they provide
- Lack awareness and education of the value of this data
- Concern over increased liability
- Lack of trust in PDMP data because of data currency

Low Usage (cont.)

	Recommendations
1A	Streamline the **registration process** • Review current registration procedures • Institute automatic and mandatory registration
1B	Provide **increased protection** from civil and criminal liability for authorized users
1C	**Increase awareness** on value and use of PDMP data at the point of care • Implement awareness campaigns and education programs
1D	Consider more **real-time transmission** of dispensed data to PDMPs • Implement more frequent reporting of PDMP information • Move toward real time reporting • Increase electronic reporting

Limitations on Authorized Users

Overview

Members of the care team supporting prescribers and dispensers often are **not permitted access** to PDMP systems

Specific Impediment

- In 32 of the 42 states with operational PDMPs, both prescribers and dispensers may not delegate the authority to their staffs to access patients' controlled-substance drug histories

Limitations on Authorized Users (cont.)

	Recommendation

2	• **Expand the pool** of authorized healthcare professionals permitted to access PDMP data
	  • Their access can impact patient care
	  • Support real-world clinical practices
	• Grant these professionals the authority to **appoint delegates** who can access this data on their behalf
	  • Would align with HIPAA
	  • More easily expand the number of authorized users

Lack of Workflow Support

Overview

The use of standalone Web portals and unsolicited reports **do not adequately support clinical practices** and workflows

Specific Impediments

- Prescribers /dispensers have limited time to access separate PDMP system
- Unsolicited alerts may go unnoticed
- Difficult to attach unsolicited alert to a patient in an EHR
- There currently is no standard for the specific data that must be included in all PDMP reports

Lack of Workflow Support (cont.)

	Recommendations
3A	**Integrate access** to the PDMP Web portal in EHR and pharmacy systems
3B	Consider secure **electronic communication** of unsolicited alerts
3C	Send prescribers and dispensers an **alert or notification** when they receive an unsolicited report
3D	Allow **customizable patient-at-risk filters**
3E	Provide a variety of **mechanisms for PDMP access** at the point of care
3F	Define a **standard set of data** that should be available to support clinical decision making

Low Technical Maturity

Overview

There is a **lack of system-level access and standards** among PDMPs, EHRs, and pharmacy systems.

Specific Impediments

- Lack of standards for automated queries
- Lack of standards for automated unsolicited reporting
- No formal standards or specifications for sharing PDMP reports electronically
- Lack of interoperability between PDMPs and systems used by prescribers and dispensers

Low Technical Maturity (cont.)

	Recommendations
4A	Standardize and adopt a **data exchange standard** • Adopt the National Information Exchange Model (NIEM) Prescription Monitoring Program (PMP) specification for information exchange • The interstate hubs (RxCheck and PMPi) use the PMIX architecture which includes this • Formalize adoption as part of the NIEM Health Domain
4B	Develop **system-level access** to PDMPs • Define application programming interface (API)
4C	Standardize three **PDMP interfaces** to improve interoperability
4D	**Share and distribute** PDMP technical products • Using the NIEM Health Domain

Lack of Business Agreements

Overview

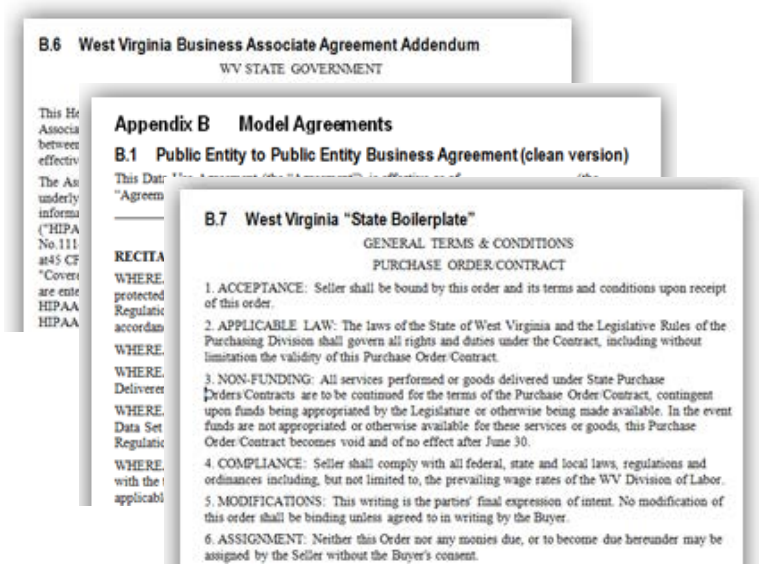
The business and health IT landscape increasingly contains third-party intermediaries which currently **lack optimized business agreements** to adequately protect information

Specific Impediment

- Configure appropriate legal agreements to enable PDMP data flow while protecting the privacy of patients entails considerable effort and expense

Lack of Business Agreements (cont.)

	Recommendations
5	Implement an **agreement framework** and model agreements to facilitate data sharing through intermediaries • The Agreement Framework should be built of the following components: Business Agreements, Business Associate Agreements and "State Boilerplate" Language



Next Session: Pilots

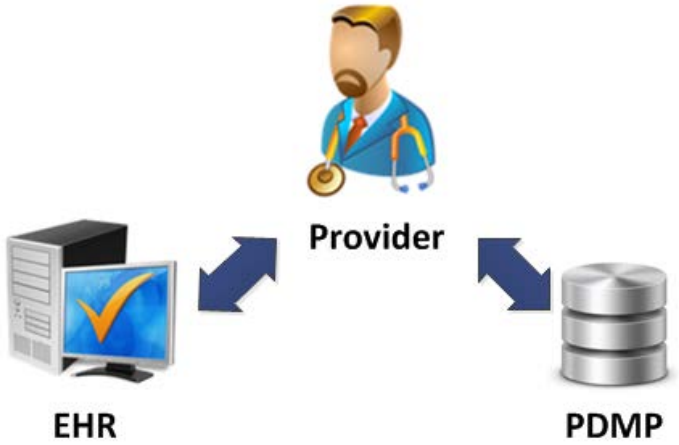
- From the Meeting Room to the Front Lines
- Efforts to connect PDMPs and health IT
- Envisioned pilots

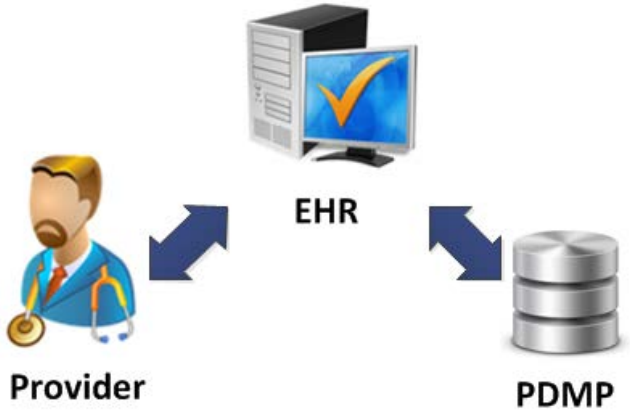
Stick Around

PILOTS

Why Pilots?

- PDMPs today
  - primarily standalone systems
  - Separated from rest of health IT ecosystem
  - accessed via web portals
  - **Human-centric process**
- PDMPs tomorrow
  - Integrated with other health IT in the patient workflow
  - **Machine-centric process**





Leveraging Health IT

- Use **existing technologies** to facilitate exchange of information
- Leverage what is **in use today** for other purposes
- Open to **new approaches** to enhance access to PDMP data

Pilot Types

Technology Enabler	*Community that Will be Making Decisions on PDMP Data*		
	Providers	**Emergency Departments**	**Pharmacies**
Direct Messaging	PDMP sends report to provider when patient exceeds state-defined threshold. Secure message sent to provider-specific EHR In-basket		
Trigger	• Scheduling of patient appointment • Check-in of the patient • Eligibility check • eRx controlled substance prescription	• Patient presents at ED	• Prescription fill • Receipt of electronic prescription
Intermediary	• Health Information Exchange (HIE) • Scoring system	• HIE • Centralized Care Management System	• Switch • HIE

Outreach

- NASCSA 2011
- Alliance for States with PMPs – Webinar
- Newsletter piece in FSMB, NASCSA, Alliance
- HIMSS12 conference with about 20 State HIEs
- HIMSS Quality Safety Measure
- 100+ One-on-one calls
- ONC State HIE eRx CoP
- Networking

Pilot Goals

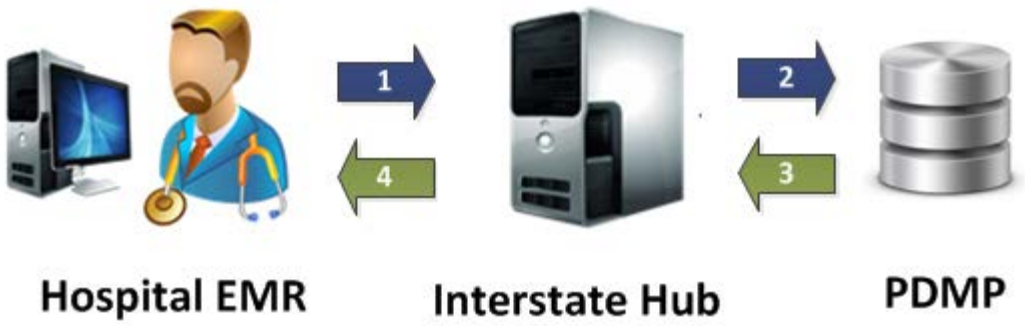
- Goals
  - Extensible results
  - Vendor neutral solutions
  - Determine what works and doesn't work
- Types of Results

Clinical

Technical

Legal

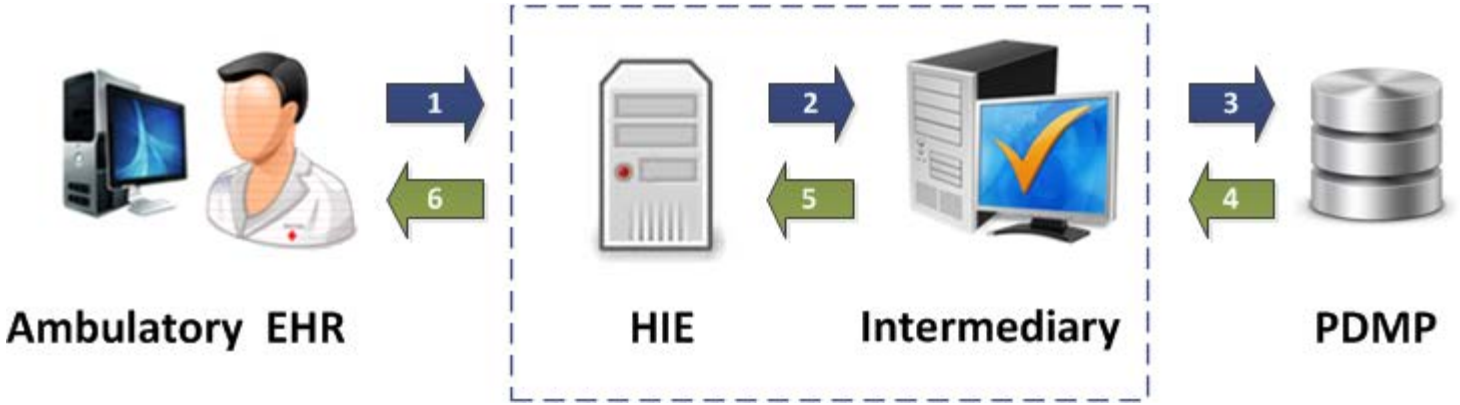
Emergency Department/Hub Pilot



- **Type**
  - Emergency Department
- **Trigger**
  - ADT
  - Machine to machine call
- **Intermediary(s)**
  - Interstate hub

- **Result**
  - PDMP data stored in EMR patient record
- **Desired Outcomes**
  - Increased use by ED staff
  - Data available at right time
  - More convenient access
  - Better prescribing decisions

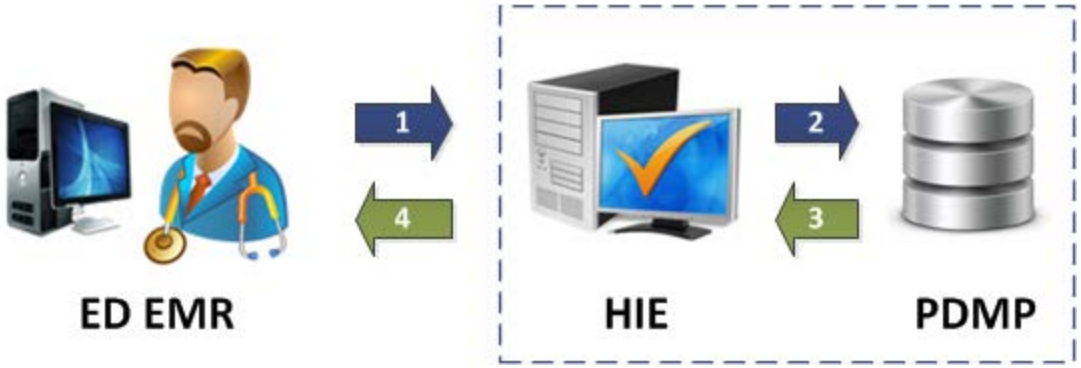
Ambulatory/Intermediary Pilot



- **Type**
  - Ambulatory
- **Trigger**
  - Appointment
  - Check-in (data refresh)
- **Intermediary**
  - Analysis engine
  - HIE

- **Result**
  - Risk profile
  - Link to full PDMP report and data analysis
- **Desired Outcomes**
  - Data available at right time
  - More convenient access
  - Better prescribing decisions

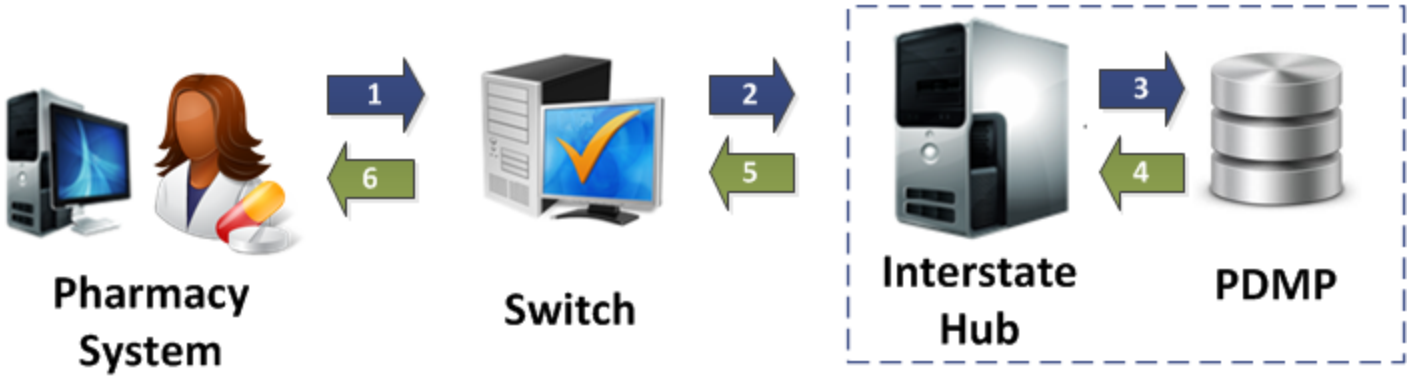
ED/HIE Pilot



- **Type**
  - Emergency Department
- **Trigger**
  - Physician Activated
  - Single Sign On (SSO) and Patient Context
- **Intermediary**
  - HIE

- **Result**
  - PDMP data returned to EMR in pop-up window
- **Desired Outcomes**
  - Feasibility of Single Sign On and Patient Context
  - Compare manual call vs. machine-to-machine call

Pharmacy/Switch Pilot



- **Type**
  - Pharmacy
- **Trigger**
  - Rx fill request
  - Uses switch "eligibility check" message format
- **Intermediary**
  - Claims Switch

- **Result**
  - Binary Accept/Reject flag sent back to Pharmacy System (Reject = check PDMP)
- **Desired Outcomes**
  - Effectiveness of flag as at-risk filter
  - Lessons from using switch

Next Steps

- Complete planning/contracting process
- Finish pilots in August
- Pursue non-pilot activities
- Final Report in September
- Continue outreach and communication

Final Thought