



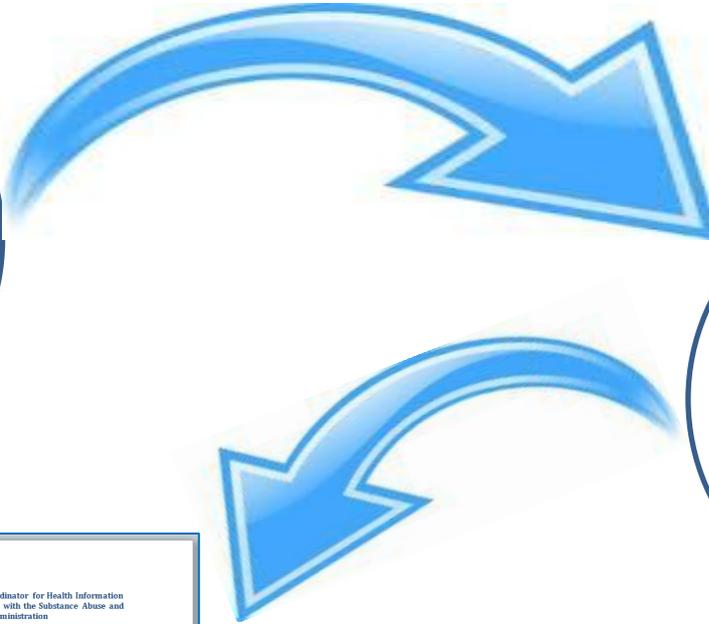
Enhancing Access to Prescription Drug Monitoring Programs

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

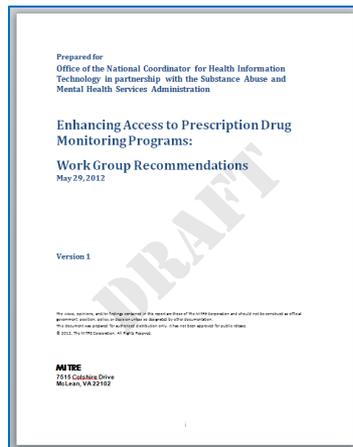
Today's Agenda



Overview



Work Groups



Recommendations

The Team



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OVERVIEW



Approved for Public Release: 12-0805

The Story So Far



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

Federal & State Partners

State Participants

Stakeholders

Organizations

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



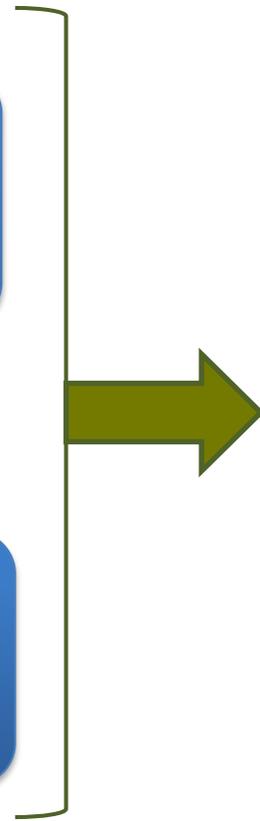
Work Groups

Provide recommendations and pilot input



Pilots

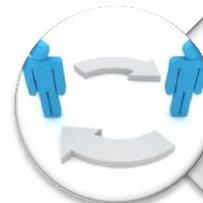
Test the feasibility of using health IT to enhance PDMP access



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

Work Group Engagement

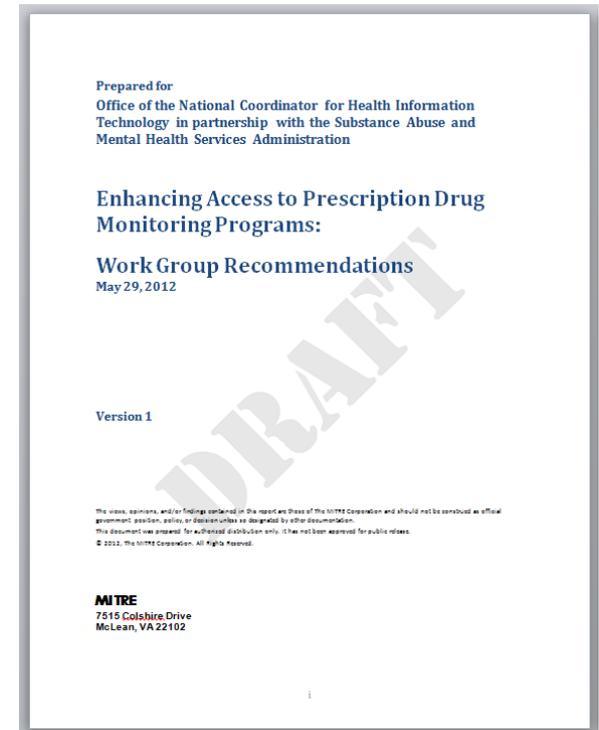


Work Group Report Status



- 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





Low Usage

Limitations on Authorized Users

Current Processes do not Support Clinical Workflows

Low Technical Maturity to Support Interoperability

Lack of Business Agreements

PDMP





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 <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• Implement awareness campaigns and education programs
1D	Consider more real-time transmission of dispensed data to PDMPs <ul style="list-style-type: none">• Implement more frequent reporting of PDMP information• Move toward real time reporting• Increase electronic reporting



Overview

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

Specific Impediment

- Only 17 of the 43 states with operational PDMPs allow prescribers to access their patients' controlled-substance drug histories, but they may not delegate the authority to their staffs

Limitations on Authorized Users (cont.)



	Recommendation
2	<ul style="list-style-type: none">• Expand the pool of authorized healthcare professionals permitted to access PDMP data<ul style="list-style-type: none">• 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<ul style="list-style-type: none">• Would align with HIPAA• More easily expand the number of authorized users



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 data 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



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 <ul style="list-style-type: none">• Adopt the National Information Exchange Model (NIEM) Prescription Monitoring Program (PMP) specification for information exchange<ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• Define application programming interface (API)
4C	Standardize three PDMP interfaces to improve interoperability
4D	Share and distribute PDMP technical products <ul style="list-style-type: none">• Using the NIEM Health Domain



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 Steps



- Release Final Report
- Continue outreach and communication



Questions or Comments?

Approved for Public Release: 12-0805