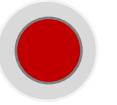

Blueprint for Integrating PDMP Data with Prescriber Workflow

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Sr. Consultant



Session Agenda



- Describe how integrated PDMP data supports more informed clinical decisions
- Review outcomes and best practices from the S&I Framework Prescription Drug Monitoring Program
- Understand the value of integrated PDMPs and the standards in play
- Summarize new PDMP mandates that impact prescribers and their information technology vendors



Background: The Explosive Opioid Abuse Crisis

- Since 1999, the following statistics have **quadrupled**:
 - Prescription opioids sales but without an overall change in the amount of pain reported
 - Deaths from prescription opioids – drugs like oxycodone, hydrocodone, and methadone
 - 165,000 people have died from prescription opioid overdoses¹

On an average day
in the U.S.:

650,000+

opioid prescriptions
are dispensed

78

people die from
an opioid-related
overdose

Source: FACT SHEET: The Opioid Epidemic - By The Numbers. HHS.gov. <http://www.hhs.gov/opioids/about-the-epidemic/index.html#>. Published June 15, 2016. Accessed August 1, 2016.

¹ Centers for Disease Control and Prevention. <http://www.cdc.gov/drugoverdose/data/overdose.html>. Accessed August 10, 2016.

Opioid Epidemic: The Economic Impact



Perspective

The cost of opioid abuse is greater than the state budgets for Alaska, Delaware, Idaho, Iowa, Maine, Mississippi, New Hampshire, Oklahoma, Rhode Island, South Dakota, and Vermont combined.¹

\$55 billion in health and social costs related to prescription opioid abuse each year.

\$20 billion in emergency department and inpatient care for opioid poisonings.

Source: FACT SHEET: The Opioid Epidemic - By The Numbers. HHS.gov. <http://www.hhs.gov/opioids/about-the-epidemic/index.html#>. Published June 15, 2016. Accessed August 1, 2016.

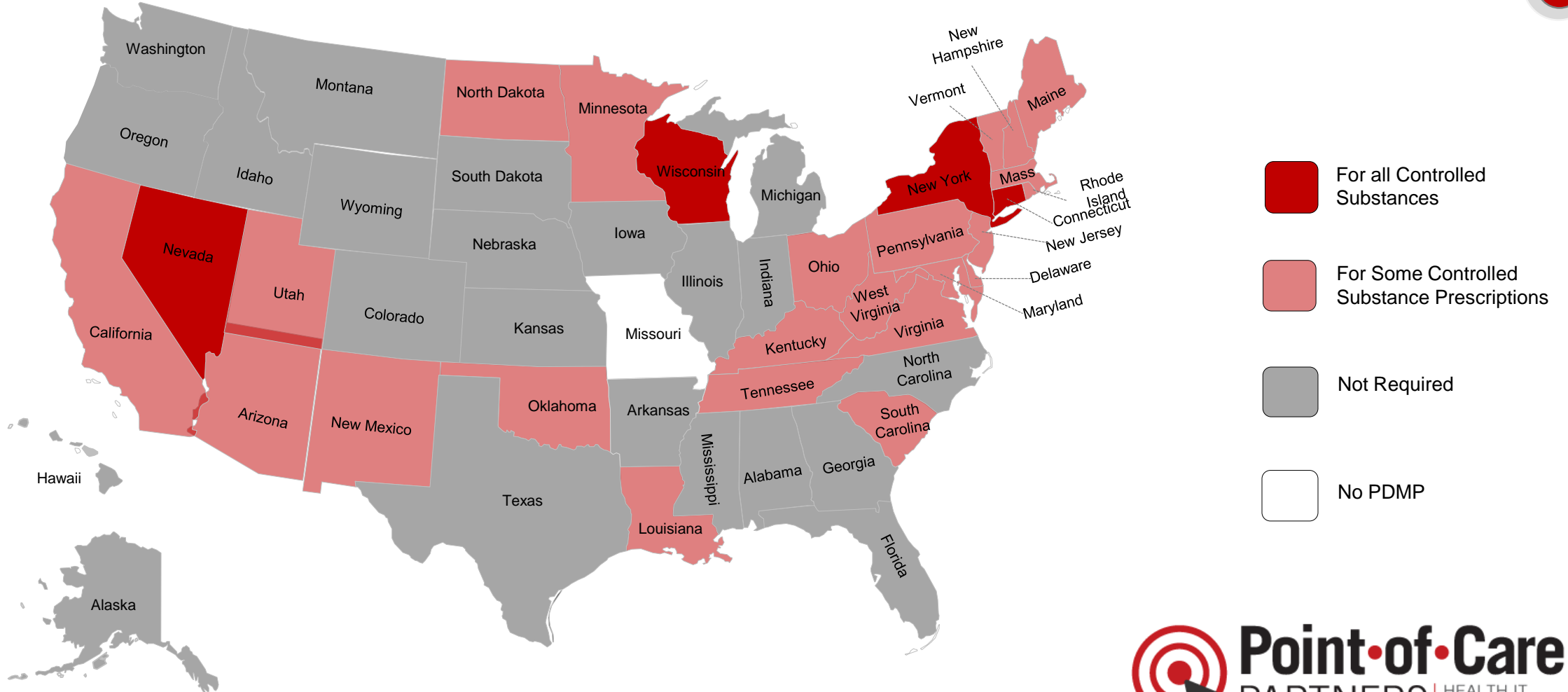
¹ Wikipedia. List of U.S. State Budgets. https://en.wikipedia.org/wiki/List_of_U.S._state_budgets

Opioid Epidemic: States are fighting back

- Prescription Drug Monitoring Programs (PDMPs) are tools utilized by States to address prescription drug abuse, addiction and diversion.
- The data from PDMPs can be used to support states' efforts including:
 - Support of access to legitimate medical use of controlled substances
 - Identify and deter or prevent drug abuse and diversion
 - Facilitate and encourage the identification, intervention with and treatment of persons addicted to prescription drugs
 - Inform public health initiatives through outlining of use and abuse trends
 - Educate individuals about PDMPs and the use, abuse and diversion of and addiction to prescription drugs

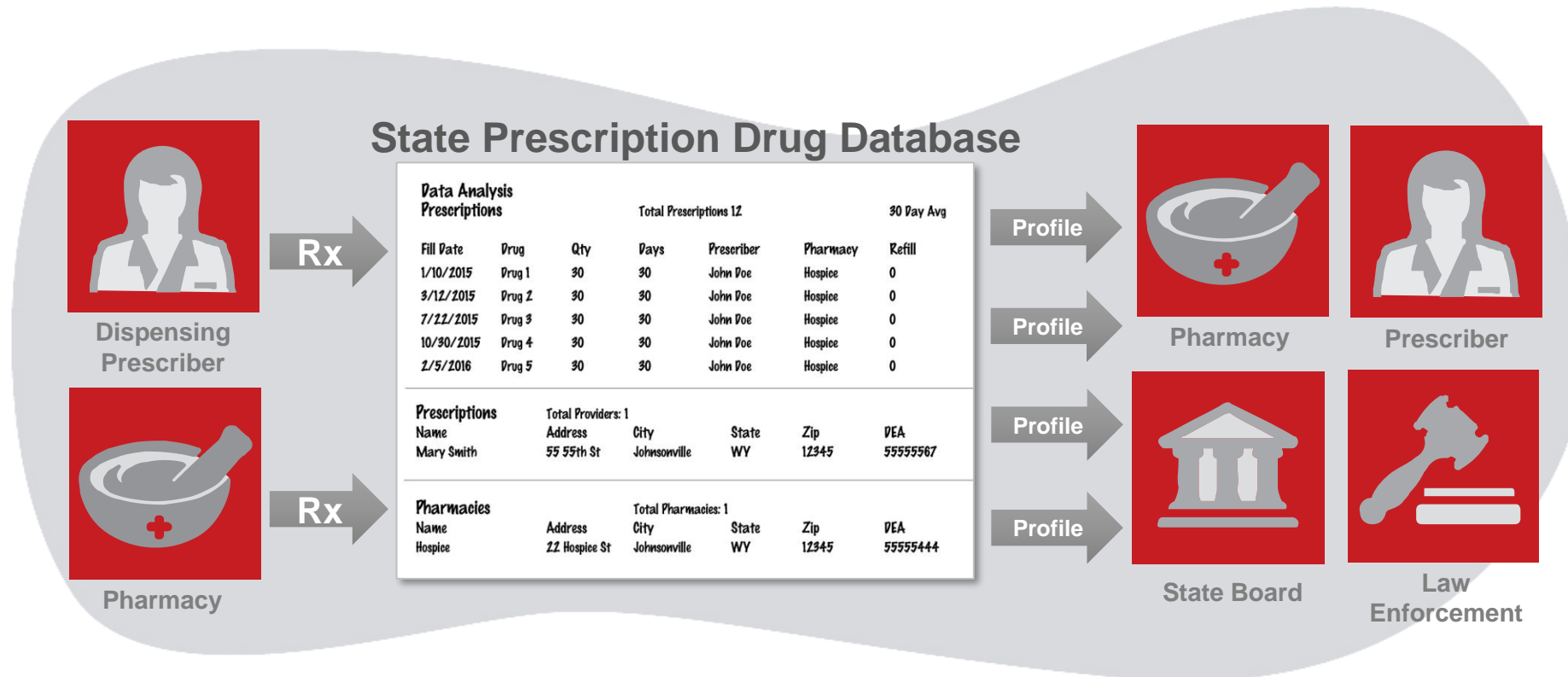


Prescriber PDMP Access Required

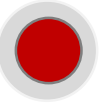


PDMPs: A historical view

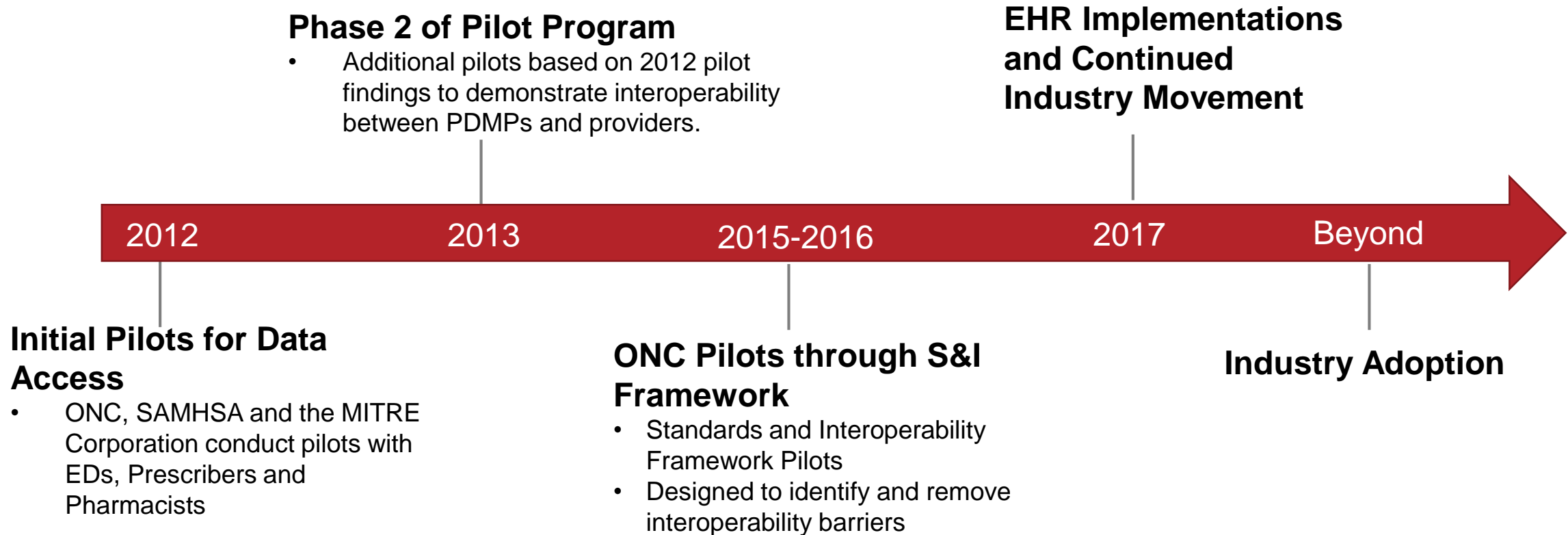
- ✓ Historically, PDMP utilization has been **optional** for clinicians
- ✓ PDMP Data, until recently has been accessed **outside** of the clinician workflow
- ✓ Access to PDMP Data may be limited by user



PDMP Data Access Milestones

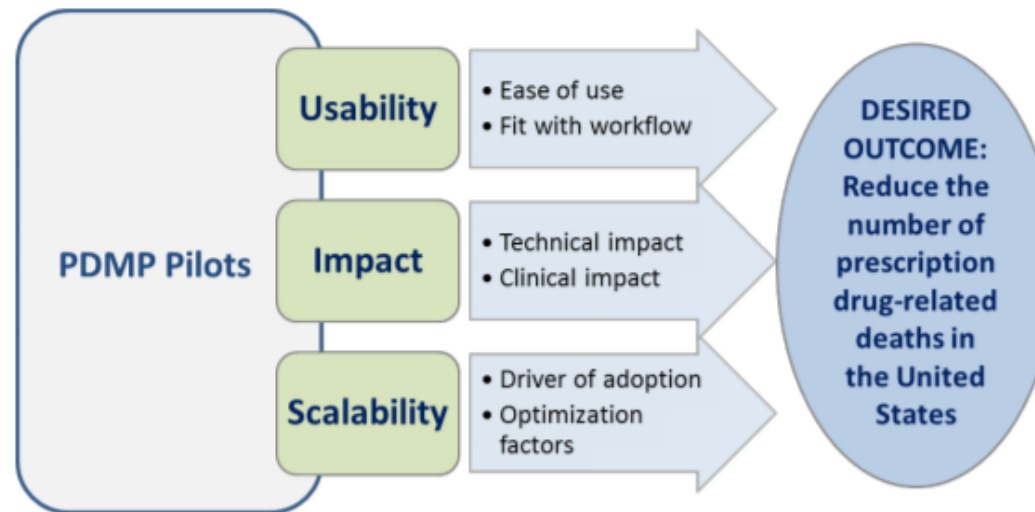


In 2011, attendees of a White House Roundtable on Health Information Technology (IT) and Prescription Drug Abuse concluded that prescription drug abuse is a preventable problem requiring immediate attention.

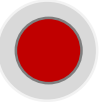


2012 Pilots: Testing the Ease and Effectiveness of connections with PDMPs

- Stakeholders helped to identify the following opportunities to leverage health IT to improve timely access to PDMP information
- These pilot studies tested the **ease** and **effectiveness** of **establishing new connections with PDMPs** so that this information could be available to prescribers and dispensers at the point of care.
- The pilot studies explored effectiveness in multiple areas: Usability, Impact and Scalability



2012 Pilots: Lessons Learned



Once prescriber and dispenser communities were connected to the PDMP, immediate improvement to the patient care process was achieved.

Manual Workflow Pilots:

- Manual actions required to access the PDMP (Query, Response)
- Resulted in **67% to 75%** of prescribers and dispensers reporting that PDMP data was now easier to access

Automated Workflow Pilots:

- Majority of system processing actions were automated (Query, Response)
- Resulted in **98% to 100%** of prescribers and dispensers reporting that PDMP data was now easier to access



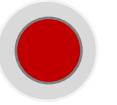
2013 Pilots: Testing Clinical Decision Making, Automation and Integration

- **Clinical Decision Making:** Presenting PDMP information **within the context of the patient's full medical history** resulted in increased value and improved clinical decision-making
- **Automation:** Using patient data to generate **automatic PDMP queries increased the speed and efficiency** of accessing controlled substance history data
- **Integration:** Integrating PDMP data as a resource of HIEs or pharmacy benefits management switches provided a mechanism for **improving access to a more complete medical picture** through a single resource



Seven new implementations focused on three primary stakeholders: Ambulatory providers, Emergency Department Physicians, and Pharmacists.

2013 Pilots: Lessons Learned



Better Clinical Decision Making

- Including summary rather than raw PDMP information provided additional diagnostic power for clinical decision making.
 - Prescribers appreciated the use of risk assessment tools and alerts that allowed them to screen a patient's risk of abusing prescription drugs.
 - These risk assessment tools not only included analytical evaluations of risk but also provided additional contextual information about the patient in the form of their full controlled substance prescription history

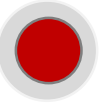
Data Integrity

- Real-time information leads to greater confidence in information
 - Real-time versus static reports that may contain old data

Privacy and Access to Data

- Testing of various authentication models
 - HIE Integration allowed prescribers to login without individual PDMP logins
 - Role-based authentication within the EHR
 - Proper identification of patient presenting in ER (e.g., John Smith)

2015/2016 Pilots: Integrated Access and Standards based approach

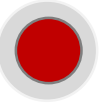


- ONC PDMP and Health IT Integration Pilot Programs
 - Chartered to identify and resolve barriers to interoperability
 - Executed use cases for integrated access to PDMPs via EHRs in pilot setting
 - Used NCPDP SCRIPT
 - Connected to States and Hubs
- EHRs participants include Epic, NextGen and Dr. First



The S&I Framework is a collaborative community of participants from the public and private sectors who are focused on providing the tools, services and guidance to facilitate the functional exchange of health information.
Learn more at www.siframework.org

Lessons Learned



- Changes made to standardized data and message content structure based on participant feedback
- Individual State challenges identified:
 - Lag time required to “go-live” based on state policies (e.g., New Jersey: Attorney General must sign approval for us to go live)
 - Data sharing limitations between states
 - Access privileges vary by state and specialty within the state
 - Lack of single standard across states
 - Business rules around “minimum data set” vs. states with more than the “minimum data set” (e.g., Zip Code is needed/required in Ohio but not Arizona)



EHRs as part of the solution



**EHRs can be part of the Solution by
Improving Prescriber access to PDMP
Data in the workflow**

Patient Name: [REDACTED] Request #: 138012

| Pat ID | Patient Name | DOB | Address |
|--------|---------------------|------------|---------------------------------|
| 1 | ROBERTSON, KIMBERLY | 10/27/1957 | 1000 W. 10TH ST., LEXINGTON, KY |
| 2 | ROBERTSON, KIMBERLY | 10/27/1957 | 1000 W. 10TH ST., LEXINGTON, KY |
| 3 | ROBERTSON, KIMBERLY | 10/27/1957 | 1000 W. 10TH ST., LEXINGTON, KY |

| Drug Name | 10/27/2014 | 1/7/2015 | 2/26/2015 | 4/17/2015 | | | | | |
|------------------|-------------|----------|---------------------|---------------------|---------------------|---------------|--------|-----------|--------|
| Drug Name | Patient DOB | Qty | Prescriber Name | Prescriber DEA City | Pharmacy Name | Pharmacy City | Rpt To | Daily MED | Pat ID |
| Fentanyl 75MG/HR | 10/27/1957 | 5 | Robertson, Kimberly | Lexington | Robertson, Kimberly | Hazard | KY | 180 | 3 |
| Alprazolam 1MG | 10/27/1957 | 30 | Robertson, Kimberly | Lexington | Robertson, Kimberly | Hazard | KY | 180 | 2 |
| Fentanyl 75MG/HR | 10/27/1957 | 5 | Robertson, Kimberly | Lexington | Robertson, Kimberly | Hazard | KY | 180 | 2 |
| Alprazolam 1MG | 10/27/1957 | 45 | Robertson, Kimberly | Lexington | Robertson, Kimberly | Hazard | KY | 180 | 2 |
| Fentanyl 75MG/HR | 10/27/1957 | 5 | Robertson, Kimberly | Lexington | Robertson, Kimberly | Hazard | KY | 180 | 2 |
| Fentanyl 75MG/HR | 10/27/1957 | 5 | Robertson, Kimberly | Lexington | Robertson, Kimberly | Hazard | KY | 180 | 2 |

Prescribe New Medication

* Drug Name: **Vicodin**

Indication: [REDACTED]

* Dosage: [REDACTED]

* Sig: [REDACTED]

Duration: [REDACTED] # Day * Start Date: [REDACTED]

* Dispense: [REDACTED] # * Package: [REDACTED]

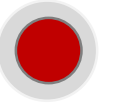
* Refills: [REDACTED] # Options: ☐ Maintenance Drug
☐ Brand Name Necessary
☐ Samples Given

Comment: [REDACTED]

* Prescriber: User, Admin

Add to Favorites Add Another OK Cancel

EHR Best Practices



1. **Access** to PDMP
2. **Processing** PDMP Request
3. **Receiving** PDMP Data
4. **Documenting and Storing** PDMP Results



EHR Best Practices



Access to PDMP Data



Automatic: Automatically requested (Single-Sign-On) based on a triggering event

- Writing a Prescription
- Patient Appointment
- Patient Admission to ER
- **Manual:** Manually requesting data
 - Click a link in the EHR or patient record
- **Unsolicited:** Process runs in background
 - Secure message sent to providers inbox

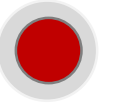
Processing PDMP Requests



Automatic: Patient's demographic information automatically passed from EHR to PDMP

- **Manual:** Provider must enter patient demographic manually into request
- **Unsolicited:** Provider must leave current workflow to access patient report

EHR Best Practices



Receiving PDMP Data

- **Discrete Data Elements:** Information received from PDMP is individual data elements; EHR must format for display to end-user
- ★ **Formatted Reports:** Data received from PDMP is a formatted, user-friendly report that can be displayed to end-user
- **Custom:** Proprietary connections to individual state PDMPs; may return a mix of discrete data elements and/or customized/formatted report depending upon the state

Processing and Storing PDMP Data



- **Automatic:** Automatically records the results in the transaction history log or patient record
 - Dependent upon state regulations
- **Manual:** Prescriber or staff must manually record information in the patient record
 - Patient Notes
 - Medication History
 - Prescription Notes

The Path to Industry Adoption (EHR Perspective)

The biggest challenge faced by EHRs to integration and adoption of PDMPs into their workflow is the management of individual state business rules.

Pilot
Implementations

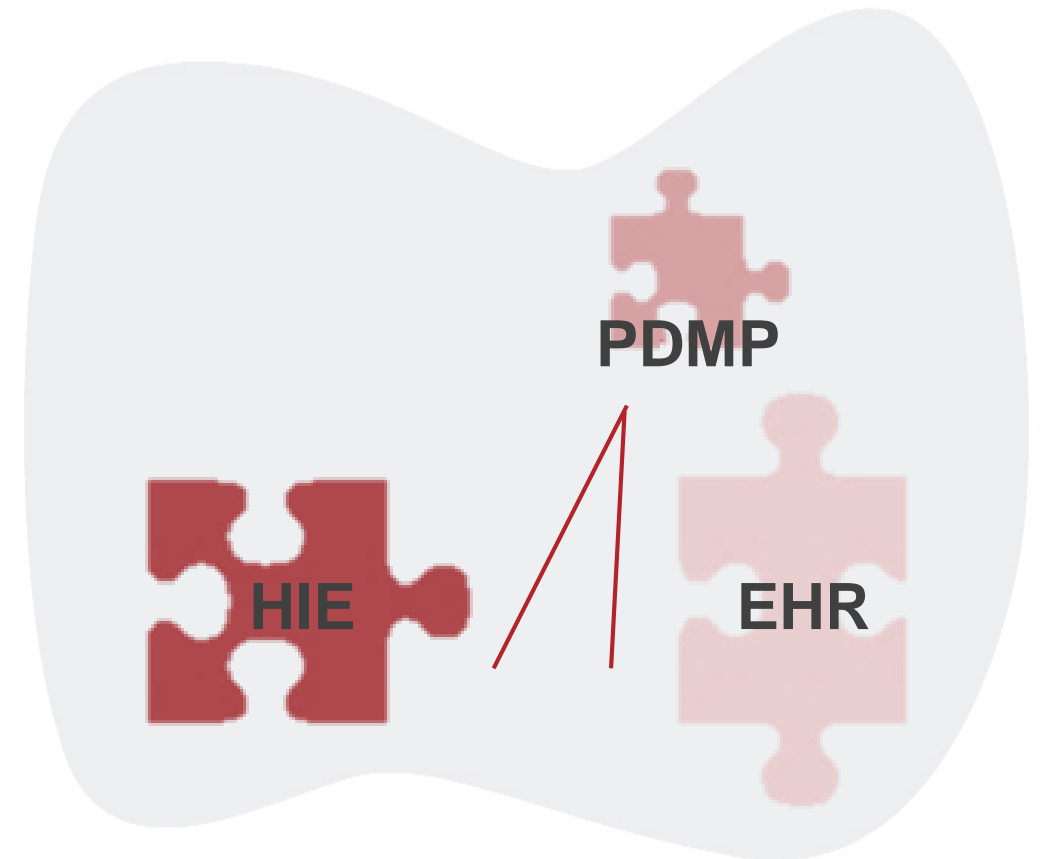
Live
Implementations

Regulatory
Changes and
Standardization



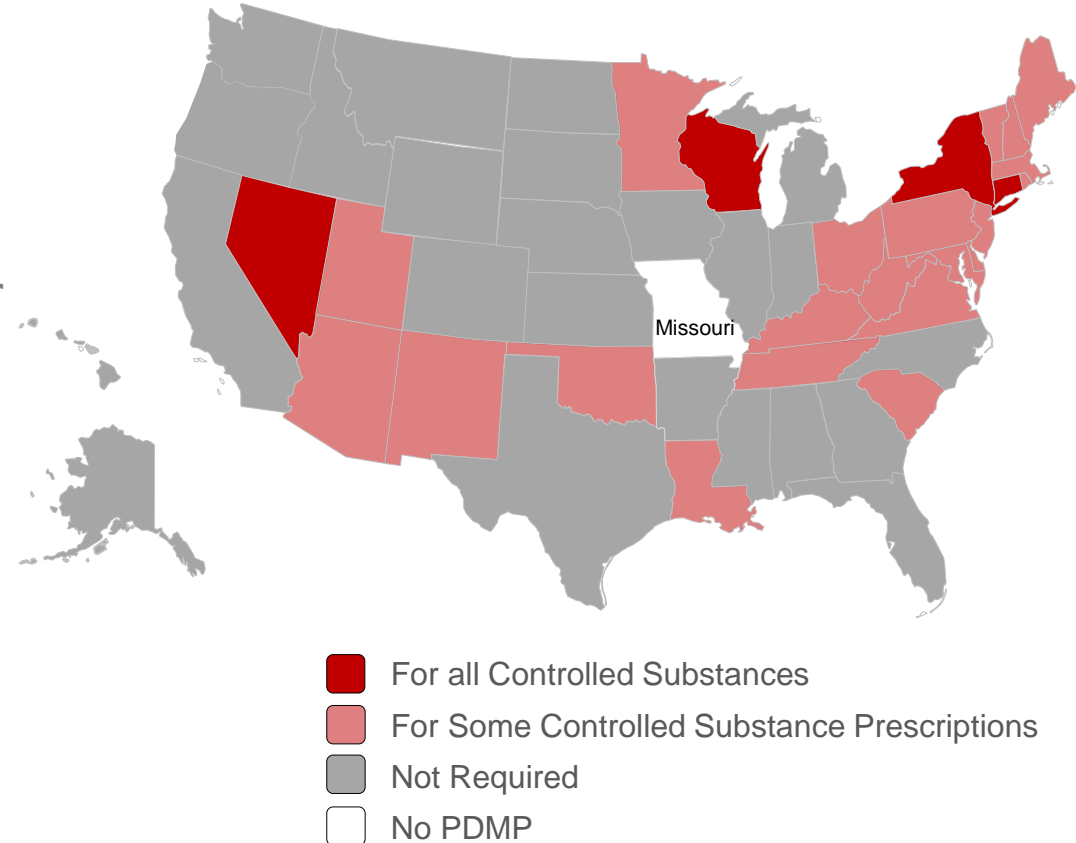
Federal Action: Comprehensive Addiction and Recovery Act (CARA)

- Enacted 7/22/2016
- Reauthorizes National All Schedules Prescription Electronic Reporting Act (NASPER)
 - Grants to state PDMPs
 - New focus on **Interoperability, ePrescribing, HIEs, EHRs**
 - PDMP into the workflow
- Mandates VA facility prescribers to query the PDMP



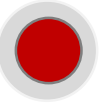
Regulatory Trend: States Addressing PDMP EHR Workflow Integration

- States are removing barriers to access
 - Allowing data sharing with EHRs
 - Encouraging integration into prescriber workflow
- States are mandating prescriber utilization
 - Requiring registration for PDMP access
 - Requiring access before prescribing



25 states now require prescribers to view the PDMP when prescribing specified controlled substances

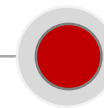
Standard Organizations' efforts around ePrescribing and PDMPs: NCPDP



- National Council on Prescription Drug Programs (NCPDP)
 - ANSI-accredited, standards development organization
 - NCPDP standards have been named in US federal legislation including: HIPAA and the Medicare Prescription Drug, Improvement, and Modernization Act
 - NCPDP members have created standards such as the Telecommunication Standard, SCRIPT Standard, Manufacturers Rebate Standard and others to improve communication within the pharmacy industry
- Developing a patient safety network which leverages a PDMP model where a Single Source facilitator captures prescription information across pharmacies
- Identifies at risk patients triggering notification prior to prescribing dispensing medication;
- Continued discussions with Industry leaders, Government agencies and stakeholders



Questions?



Thank you

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