

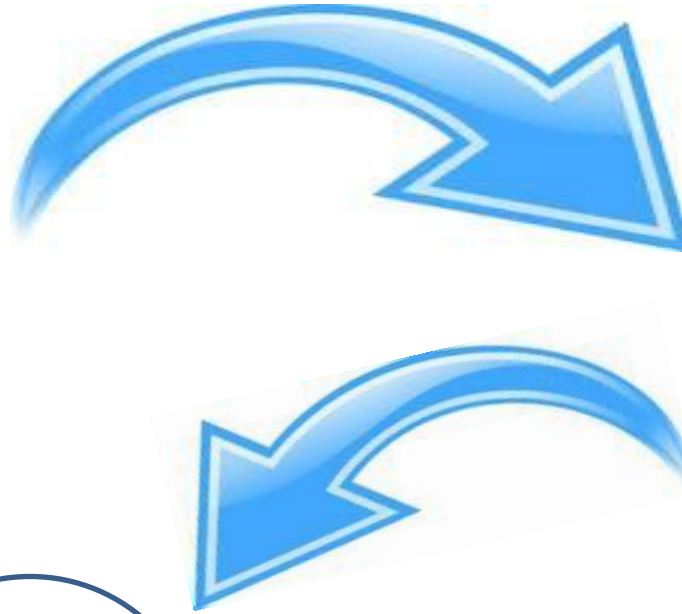


# **Enhancing Access to Prescription Drug Monitoring Programs**

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

# Today's Agenda

## Overview







## Work Groups



## Pilots

# The Team

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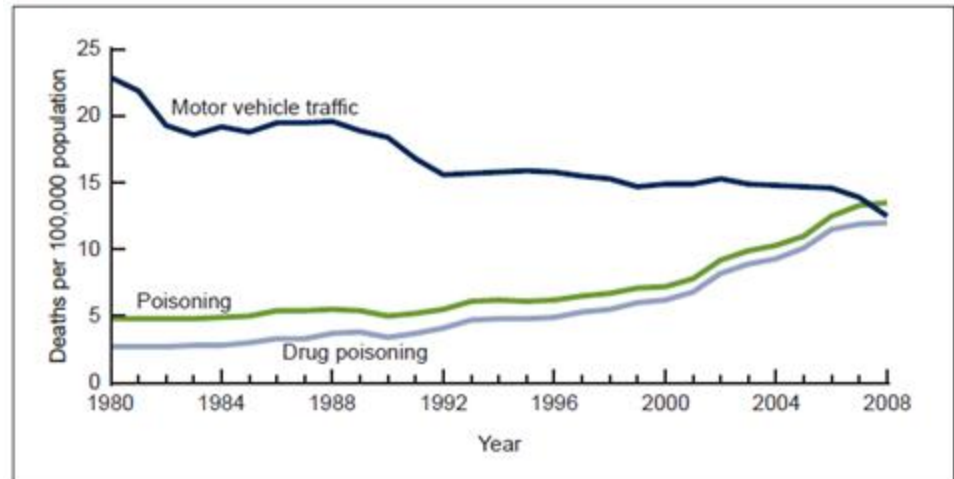
# OVERVIEW



# 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](http://www.cdc.gov/nchs/data/databriefs/db81_tables.pdf#1). SOURCE: CDC/NCHS, National Vital Statistics System.

# PDMP Value

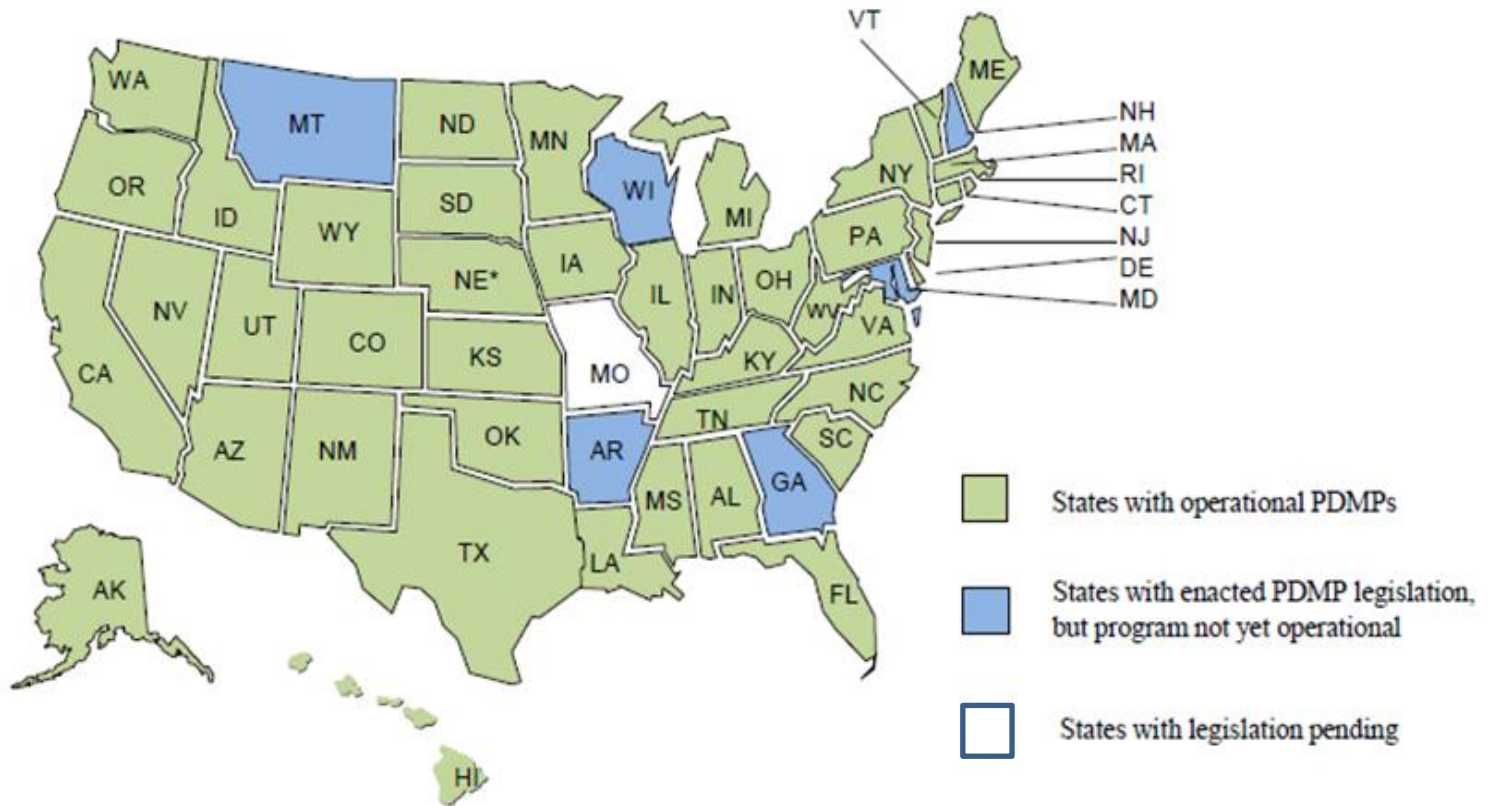
## ■ PDMPs contain useful information

- 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:



# Status of PDMPs in the United States



\*The operation of Nebraska's Prescription Monitoring Program is currently being facilitated through the state's Health Information Initiative. Participation by patients, physicians, and other health care providers is voluntary.

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This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives.

# 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

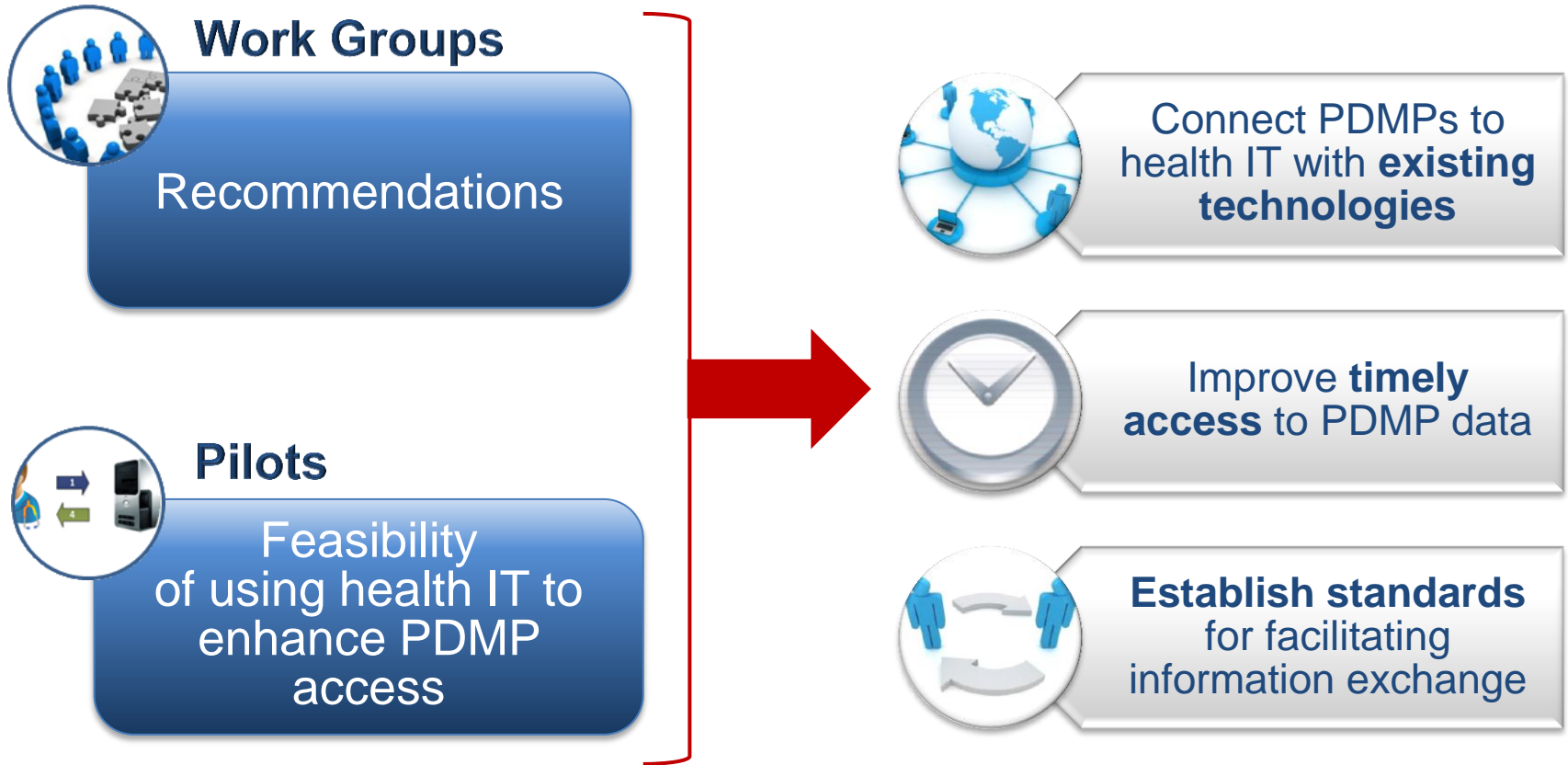
**ACTION PLAN FOR IMPROVING ACCESS TO  
PRESCRIPTION DRUG MONITORING  
PROGRAMS THROUGH HEALTH INFORMATION  
TECHNOLOGY**

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



*Reduce prescription drug misuse and overdose in the United States*

# WORK GROUPS



# Work Group Engagement



# PDMP Landscape

**Low Usage**

**Limitations on Authorized Users**

**Current Processes do not Support Clinical Workflows**

**Low Technical Maturity to Support Interoperability**

**Lack of Business Agreements**

PDMP



# Low Usage

## Overview

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

- 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 <b>registration process</b> <ul style="list-style-type: none"><li>• Review current registration procedures</li><li>• Institute automatic and mandatory registration</li></ul>
1B	Provide <b>increased protection</b> from civil and criminal liability for authorized users
1C	<b>Increase awareness</b> on value and use of PDMP data at the point of care <ul style="list-style-type: none"><li>• Implement awareness campaigns and education programs</li></ul>
1D	Consider more <b>real-time transmission</b> of dispensed data to PDMPs <ul style="list-style-type: none"><li>• Implement more frequent reporting of PDMP information</li><li>• Move toward real time reporting</li><li>• Increase electronic reporting</li></ul>

# Limitations on Authorized Users

## Overview

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

- 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"><li>• <b>Expand the pool</b> of authorized healthcare professionals permitted to access PDMP data<ul style="list-style-type: none"><li>• Their access can impact patient care</li><li>• Support real-world clinical practices</li></ul></li><li>• Grant these professionals the authority to <b>appoint delegates</b> who can access this data on their behalf<ul style="list-style-type: none"><li>• Would align with HIPAA</li><li>• More easily expand the number of authorized users</li></ul></li></ul>



# Lack of Workflow Support

## Overview

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

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

# PILOTS

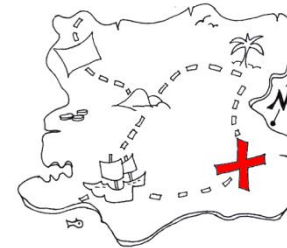


# Why Pilots?

The pilot studies explored effectiveness in multiple areas:



At the point of  
decision-making  
(*timely*)



Integrated into existing  
clinical and health IT  
workflows (*placement*)



Real-time data, based on  
the most up-to-date data  
in the PDMP (*currency*)



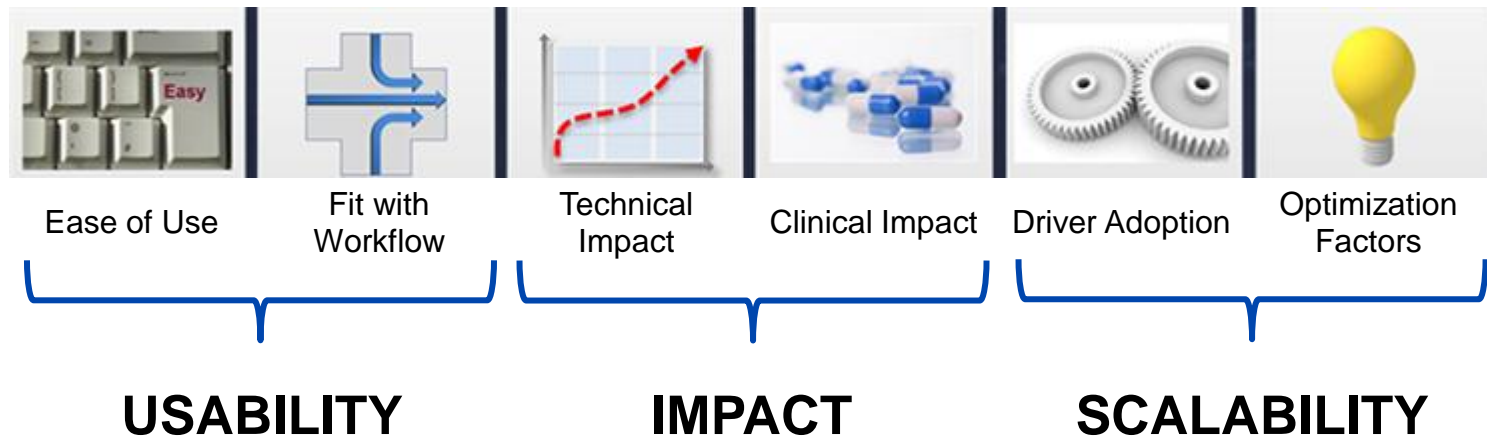
Meaningful return of patients'  
prescription drug information  
(*essential, easily absorbed,  
and actionable*)

# Pilot Goals

## ■ Goals

- Extensible results
- Vendor neutral solutions
- Determine what does and doesn't work

## ■ Types of Results



# Pilot States and Summary

Indiana (IN<sub>1</sub>)

Emergency  
Department

Automated query to PDMP upon patient admission to ED  
PDMP data integrated into EHR



Indiana (IN<sub>2</sub>)

Provider

Unsolicited PDMP reports sent via Direct

Michigan (MI)

Provider

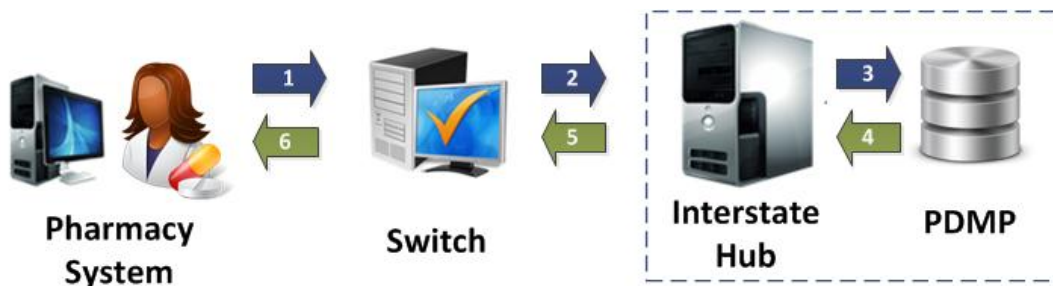
Automated query to PDMP to create integrated prescription history  
and alerts

# Pilot States and Summary (cont.)

North Dakota  
(ND)

Pharmacy

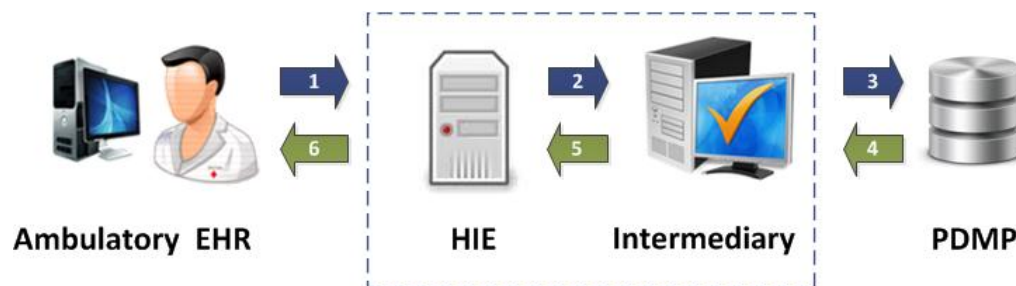
Automated query to PDMP using an existing benefits management switch



Ohio (OH)

Provider

Automated query to PDMP upon appointment scheduling and patient check-in; patient risk score displayed in EHR



Washington  
(WA)

Opioid  
Treatment  
Program

Hyperlink to PDMP within EHR

# Pilot Results – High Level

- Once prescriber and dispenser communities were connected to the PDMP, ***immediate improvement*** to the patient care process was achieved, especially because pilot prescribers and dispensers were rarely accessing PDMP information before.
- The pilots considerably ***streamlined the user workflows*** by leveraging technology to enable PDMP query and processing tasks.
- Prescribers and dispensers were the most satisfied with their new workflows when ***technology automated*** the majority of workflow tasks.

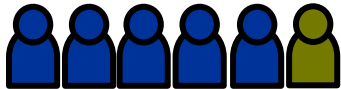


# Pilot Results - Usability



**98-100%**  
when systems were mostly  
**AUTOMATED**

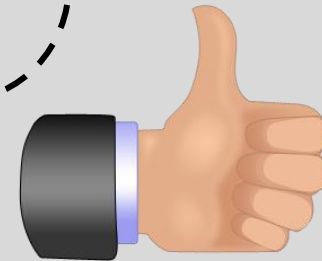
## Ease of Use



Prescribers and  
Dispensers  
reported that data  
easier to access...



**67-75%**  
when some actions  
remained  
**MANUAL**



Prescribers and dispensers  
uniformly agreed that the  
**position of the**  
**new tasks**  
in the workflow was correct


# Pilot Results - Impact



Less than

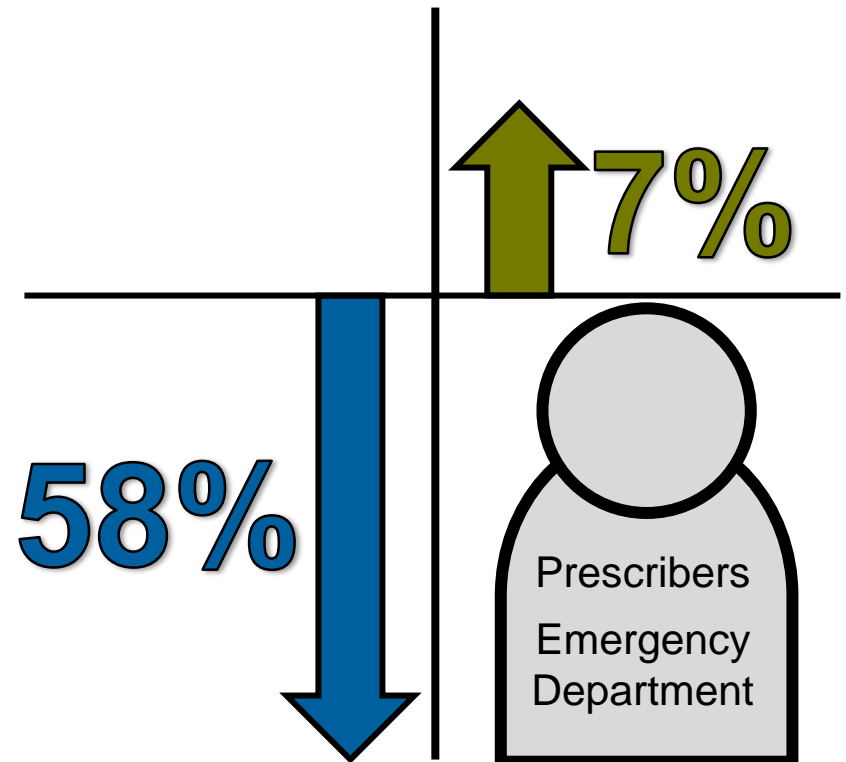
**3**



**Multiple**  
**types** 

of pilot designs and technology  
were successful

% of responses reporting a  
change in prescriptions written  
or number of pills dispensed



# Pilot Results - Scalability



5 of 6

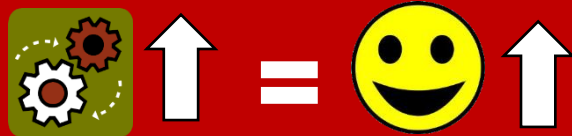


pilot locations are

**CONTINUING**

to use the new connections to PDMP

**AUTOMATION =  
SATISFACTION**




**Triage** helpful  
but...

...full data access

**visibility** and  
**integration** desired

# In Their Own Words

- ***“I have to say that this is probably one of the more **genius moves of the 21<sup>st</sup> century** . . . having easy access to [the PDMP] without going to a totally different website and have it pop up instantly has taken a lot of time off of decision making for me.”***
  - ***Emergency Department Physician***
- ***“Yes, much easier. Especially like being able to click on the report and be taken directly to the patient’s report without having to enter the patient’s name, date of birth, and zip code (this was very **time consuming and sometimes prevented me from looking up the information in the past**).”***
  - ***Ambulatory Family Physician***



# The Work Group Recommendations and Pilot Results will be coming soon to the ONC website

## Resources

<http://www.pmpalliance.org/>

<http://www.nascsa.org/>

<http://www.namsdl.org>

Questions or Comments?

Email [\*\*pdmphit@mitre.org\*\*](mailto:pdmphit@mitre.org)