



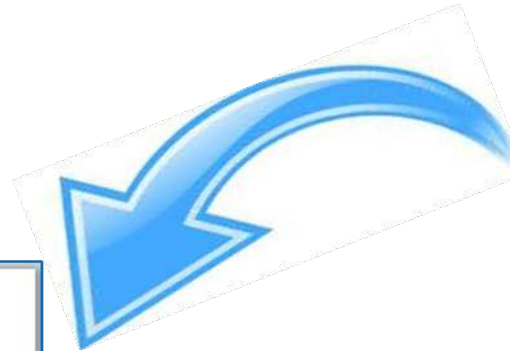
# Enhancing Access to Prescription Drug Monitoring Programs

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



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# The Story So Far



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

### Federal & State Partners

**SAMHSA**  
Substance Abuse and Mental Health Services Administration

**CDC**

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

The Office of the National Coordinator for Health Information Technology

State Participants

### Stakeholders

**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**

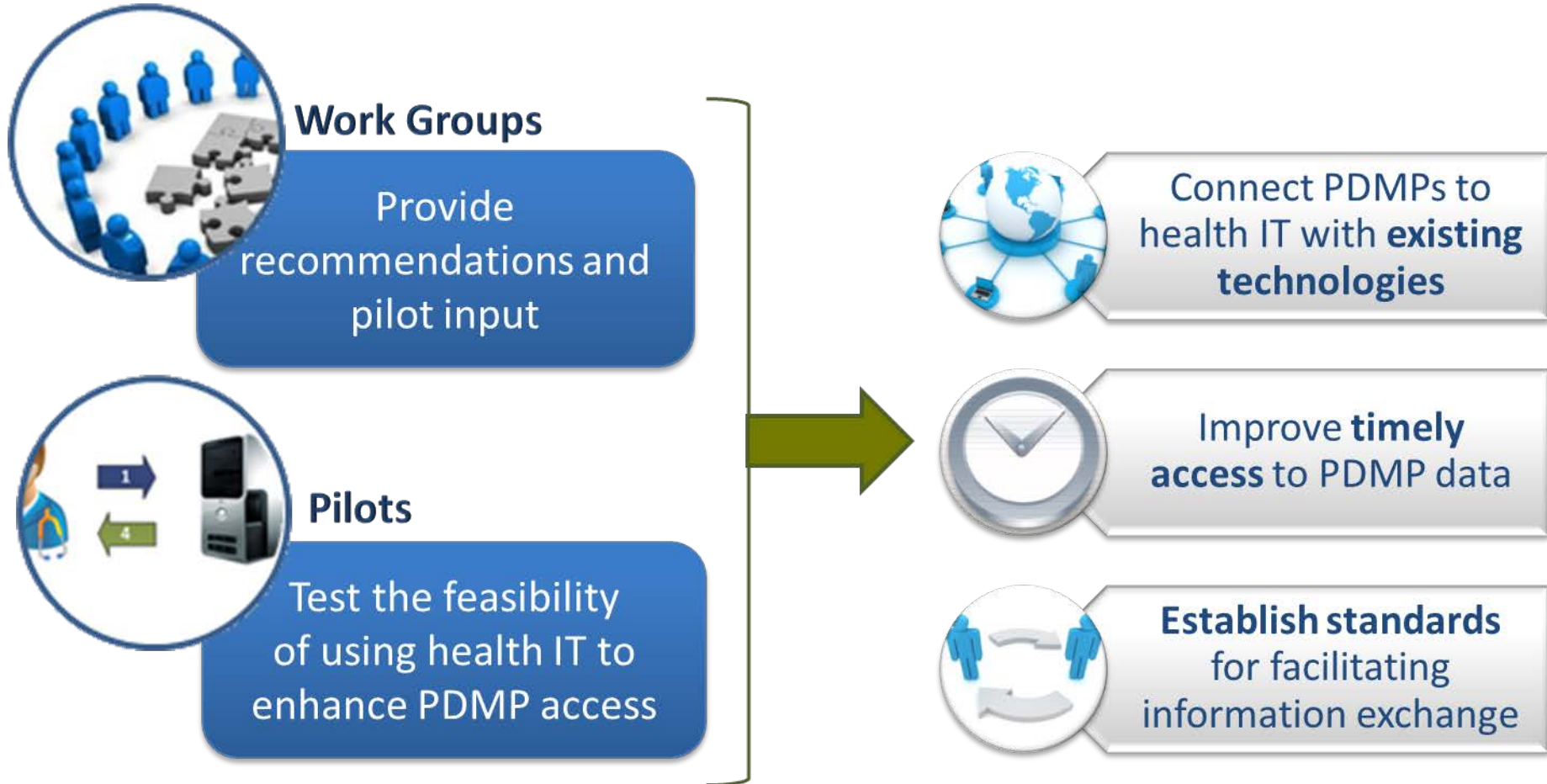
## Action Plan

**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



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

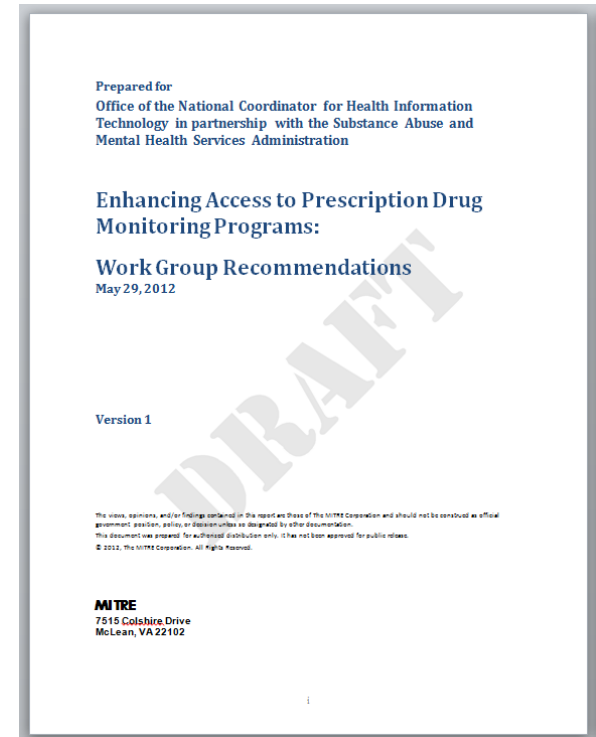
# Work Group Engagement



# 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 <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>



## 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"><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>



## 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	<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



## 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 <b>data exchange standard</b> <ul style="list-style-type: none"><li>• Adopt the National Information Exchange Model (NIEM) Prescription Monitoring Program (PMP) specification for information exchange<ul style="list-style-type: none"><li>• The interstate hubs (RxCheck and PMPi) use the PMIX architecture which includes this</li></ul></li><li>• Formalize adoption as part of the NIEM Health Domain</li></ul>
4B	Develop <b>system-level access</b> to PDMPs <ul style="list-style-type: none"><li>• Define application programming interface (API)</li></ul>
4C	Standardize three <b>PDMP interfaces</b> to improve interoperability
4D	<b>Share and distribute</b> PDMP technical products <ul style="list-style-type: none"><li>• Using the NIEM Health Domain</li></ul>



## Overview

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

### Specific Impediment

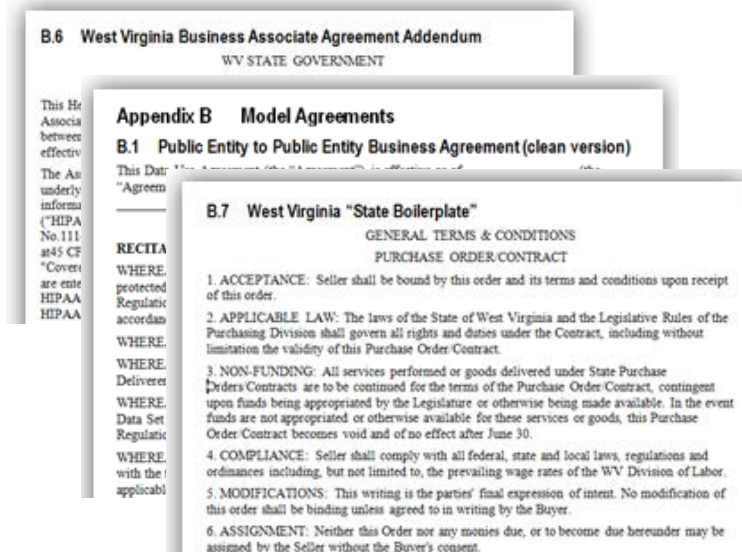
- Configure appropriate legal agreements to enable PDMP data flow while protecting the privacy of patients entails considerable effort and expense

# 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?

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