MN Board of Pharmacy, Prescription Monitoring Program

Integration of Access to the MN Prescription Monitoring Program Data into the Clinical Workflow via the Electronic Medical Record or Pharmacy Operations Software Grant

Questions and Responses

3/30/17
Question: I have a question regarding the Integration of Access to the MN Prescription Monitoring Program Data into the Clinical Workflow via the Electronic Medical Record or Pharmacy Operations Software grant opportunity. Are the funds being granted for this opportunity state funds or federal funds that would require compliance with Code of Federal Regulations, title 2, subtitle A, chapter II, part 200?

> Response: Funds being granted are Federal Grant Funds which have been awarded to the MN Board of Pharmacy for this grant offering. We are not familiar with how the CFR noted in your question impacts your organization.

4/7/17
Question: I have two choices for implementation, each having pro's and con's but I do not know if the State allows both or only one or the other.

The first is by an NCPDP Query, where the medication history query is discretely sent by a third party showing dispense information within the EMR. This would be an automated and the message is the standard used in e-prescibing. Where the information could be displayed and to whom would be configurable. (My assumption is we would use a third party to include narcotic PDMP information in a similar fashion it is providing our EMR other non-narcotic medication history in our EMR).
The second is by a single sign on, which would be a button or link within our EMR which would launch the PDMP web site. The browser could then be imbedded in our EMR and the user context would be passed automatically to the PDMP website where they would then access the patients data automatically by the passing of patient demographic information into the system.

Do you now if the state would support both of these integration methods or only one or the other?

> Response:
> For this RFP, integration refers to:
> 1. The applicant's Electronic Medical Record system (EMR) or pharmacy operations system sending an electronic request for MN PMP data utilizing the approved "pass-through" and displaying the response in a manner which is useful to the intended data recipient. The current approved "pass-through" is the PMP InterConnect, which is administered by the National Association of Boards of Pharmacy (NABP). NABP may not permit direct connection to the PMP InterConnect, and may require use of an established and/or NABP approved "translation service". Nationally PMPs have been developed using the justice system IT platform and not on a health system IT platform, therefore a translation service such as PMP Gateway offered by APPRISS, is necessary.
> 2. Integration, as it applies to this grant, could also be developed in a manner which passes PMP user login credentials, at minimum, to the MN PMP RxSentry system. It must not require prescribers and/or pharmacists to manually enter their own PMP log in credentials prior to making data requests.

3. Integration as it applies to this grant may also be in a manner not described above but will meet the intent of the grant offering.

If you believe there are more than one solution that will meet the intent to integrate access to the PMP data then we encourage you to include them in your proposal for the review team to consider.

4/21/2017
Question: eCW confirmed that APPRISS would provide the ability for the prescriber to print the data and hand to the patient. When it says, "Downloaded to hard copy or shared electronically" does that include printing of the data? From what I understand, the PMP website allows printing as well and as long as printing is an option, there will always be the ability to print to pdf. We do have organizational policies to deter this action and we also run audit logs, but I would like a little clarification if the state is asking the EMR to prevent this from happening altogether.

Response:
The purpose for printing of PDFs from within the MN PMP RxSentry system was to allow delegates to provide the report to the prescriber or pharmacist on whose behalf they were querying. With the integration of access to the MN PMP data, the health care provider has immediate point of care access, eliminating the need for delegates. The MN PMP discourages the health care provider from "handing" the patient a PMP report-as the patient should be requesting a certified copy from our office when needed.

4/21/2017
Question: Can a Medical practice facility (a small group of doctors or solo practice) or a pharmacist in MN, bid for this for RFP or are only big MN health care entities, MN licensed pharmacies (CVS or Walgreens) eligible for this?

Response:
All MN licensed pharmacies (not pharmacists) and all MN healthcare entities (small group practice, solo practice, dental practice, large systems, etc.) are eligible for this grant offering.

4/25/2017
Question: For the process of filling out the grant documents, are there editable version of the documents available?

Response:
There are not. The forms on the website are only samples to aid in your submission.

4/26/2017
Question: Do you have any info from the state about what web app their hosting/using?

Response:
The database hosting will be moving to Amazon Web Services (AWS).

Question: What pieces of information are required to be sent by the entity in order to auto log the providers into their site?

> Response:
> This will be specified by the IT teams of the entity. Differing options have been used in the past.
> For example, the EMR user ID can be sent to be matched with a master list held by RxSentry for credentialing. Alternatively, the EMR would send the RxSentry user ID and Password with each session log in.

4/26/2017
Question: Currently, does the PMP data reside in the existing HID PMP application's database?

> Response:
> Yes, it is currently on the RxSentry database servers, but will soon move to AWS.

Question:
Part 1. If the PMP data currently resides in HID PMP application's database then is the HID application going to allow access to the database directly?
> Response:
> No, we are not aware of this as an option.

Part 2. If direct access to the HID PMP database is not available then does HID expose the PMP data using an API? If not, is there any other way to access the PMP data?
> Response:
> It is my understanding that the only way to access the data, without passing the prescribers and pharmacists PMP user credentials, is to go through our approved solution for interstate data sharing, PMP Interconnect.

Question: What are the current HIE's used in Minnesota? If so, can you please provide us the name of the HIEs and if possible their website?

> Response:
> This is outside the scope of this RFP.

Question: In Minnesota, are there any EMR's like Epic that already use an HIE to check prescription data from **Sure Scripts, Express Scripts** or any other prescription data providers?

> Response:
> This is outside the scope of this RFP.

Question: Also please let us know if is there any other information or other documents which you can share with us about this project Other than exhibit B and C, and if the total budget has to be under $200,000 only.

> Response:
> All information regarding this RFP is in the documents available on the MN PMP website.