NABP PMP InterConnect®

Danna E. Droz, JD, RPh
PMP Liaison

Integrating Access to Minnesota Prescription Monitoring Program Data with Health IT
May 13, 2014
Prescription Drug Issues Are Not New
Newspaper Headlines

7/29/90
Pharmacist Indicted For Illegally Dispensing 200,000 Doses Of Controlled Drugs

4/17/92
Woman Charged With Forging Prescriptions To Buy $500,000 Worth Of Narcotic Painkillers
More Headlines

6/4/92
Up To 23% Of High School Seniors At Risk Of Becoming Heavy Drug Abusers

8/6/93
Regional Drug Abuse Task Force Appointed

Today we have better tools!
Clarification of Acronyms

• Prescription Monitoring Program (PMP)
• Prescription Drug Monitoring Program (PDMP)
• Controlled Substance Monitoring Database (CSMD)
• Controlled Substance Monitoring Program (CSMP)
• Controlled Substance Monitoring Program Database (CSMPD)
• Controlled Substance Database (CSD)
• Prescription Drug Registry (PDR)
• Controlled Substance Reporting System (CSRS)

PMP = PDMP = CSMD=CSMP = CSMPD = CSD = CSRS
Prescription Monitoring Programs: National Landscape

- Forty eight states have functional PMPs or are at least collecting data.
- Two: New Hampshire, Washington, DC – Gearing up to implement
- One: Missouri – No authorizing legislation
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.

The Mayor of D.C. has approved the legislation but it is pending a 30-day review process by Congress.

© 2014 The National Alliance for Model State Drug Laws (NAMSDL). Headquarters Office: 215 Lincoln Ave. Suite 201, Santa Fe, NM. 87501. This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives.
Prescription Monitoring Programs: National Landscape

Where the PMPs are housed (expected to be housed):

- 26: Boards of pharmacy/professional licensing
- 16: Health/substance abuse/consumer protection, state agencies
- Two: Health information exchanges
- Seven: Law enforcement agencies
Problems with PMPs:

- Persons engaging in doctor shopping do not stay in one state, particularly areas that border other states.
- Querying the state PMP may not give a complete picture to a physician or pharmacist of the controlled substances a person is obtaining.
- Low utilization/lack of integration
- PMPs lack function and analytical tools
Background on NABP Involvement

• NABP’s mission is to support boards of pharmacy and assist other regulators to protect the public health.

• In fall 2010, NABP was approached by several members.

• They requested a low-cost, easy to implement, highly enhanced solution for interstate data sharing.
- Built using open standards
- Cost effective
- Easy to implement
- Low maintenance
- Supports states’ autonomy over PMP data exchanges
• The program creates interoperability for individual state PMPs via a hub system.

• Physicians and pharmacists log into their own state PMP and select other participating states from which they want data.

• The hub routes the requests to the various states and the information back to the home PMP for delivery to the physician or pharmacist in one collated report.
How NABP PMP InterConnect Works
Traditional Model

Pharmacist

Patient Request

Patient Response

Requesting PMP System

PMPI HUB

Disclosure Request

Disclosure Response

Disclosing PMP System

Physician

Patient Request

Patient Response
Request

Patient Details

Last Name: [
First Name: [ 
Middle Name: [ 

Birth Date: [ ]
Gender: [ ]

Contact Details

Street: [ ]
City: [ ]
State: [ ]
Zip: [ ]

Aliases

Prescription Range

Set default to last 12 months date range

Date Filled From: 03/20/2012
Date Filled To: 03/20/2013

Options

Format:

Request To State(s)

- Arizona
- Connecticut
- Illinois
- Kansas
- Michigan
- North Dakota
- Ohio
- Virginia

The interstate request may take longer for response.

I certify that the information I have entered above is accurate.

Create
NABP PMP InterConnect Participation

• Twenty four PMPs are actively sharing data:
  • Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Nevada, New Mexico, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Virginia, West Virginia, and Wisconsin

• NABP expects 30 PMPs to be connected and sharing data by the end of 2014.
  • New Jersey and Utah are expected to join in spring 2014.

• Six more states are in the process of signing a memorandum of understanding (MOU) with NABP.
• All protected health information is encrypted and not visible to the hub. The system is secure and HIPAA-compliant.
  • No protected health information is stored by the hub; it’s just a pass-through from one state to the authorized requestor in another state.

• It’s easy for states to:
  • Only sign one MOU/contract with NABP
    o States do not have to sign one for every other state to exchange data.
  • Each state’s rules about access are enforced automatically by the hub.

• In July 2011 it went live and since launch, NABP PMP InterConnect® has processed over 5 million requests with an average of 7.5 seconds to process a request.
Prescription Monitoring Program
State Pharmacy Board
123 High St
Anytown USA

Phone (123) 123-4567
E-mail Info @ PMP
Fax (123)123-5678

John Doe

<table>
<thead>
<tr>
<th>Fill Date</th>
<th>Drug Product, Strength, Form</th>
<th>Qty</th>
<th>Days</th>
<th>Patient</th>
<th>Prescriber</th>
<th>Written</th>
<th>RX#</th>
<th>N/R</th>
<th>Pharmacy</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/15/2010</td>
<td>HYDROCODONE/ APAP 10-500 TAB</td>
<td>90</td>
<td>30</td>
<td>7137</td>
<td>C Gardner</td>
<td>10/15/2009</td>
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<td>N</td>
<td>Walgreens</td>
<td>OH</td>
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<tr>
<td>8/1/2010</td>
<td>OXYCODONE/APAP 7.5-325 TAB</td>
<td>240</td>
<td>30</td>
<td>0938</td>
<td>M Black</td>
<td>8/1/2009</td>
<td>0166311</td>
<td>N</td>
<td>Wal-Mart</td>
<td>OH</td>
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<tr>
<td>7/10/2010</td>
<td>HYDROCODONE/ APAP 5-325 TAB</td>
<td>50</td>
<td>6</td>
<td>3323</td>
<td>D White</td>
<td>7/10/2009</td>
<td>254513</td>
<td>N</td>
<td>CVS1234</td>
<td>OH</td>
</tr>
</tbody>
</table>

N/R = New R = Refill
Pay = Insurance WC = Workers Comp

Prescribers for prescriptions listed (These are fictitious practitioners)
- C Gardner: Charles Gardner, 2139 Auburn Ave, Anytown USA
- D White: David White, DO; Family Medicine Group, 8787 Medicine Ave, Somewhere
- G Green: George Green, MD, 672 Main St, Anytown USA
- J Smith: Joseph Smith, MD; Health Care Office, 3123 Brown Drive, Anytown USA
- M Black: Michael Black, MD; 672 Main St, Anytown USA
- Saint P: St Paul Hospital, 987 Market St, Somewhere

Pharmacies that dispensed prescriptions listed (These are fictitious pharmacies)
- CVS1234: CVS/PHARMACY #1234, 11611 Medicine Ave, Somewhere, OH, Pharmacy phone number
- K-Mart: K MART PHARMACY #153, 1217 Brown Dr., Anytown, OH, Pharmacy phone number
- Sam's Club: Sam's Club Pharmacy #123, Anytown, IN
- Target: Target Pharmacy, 4321 Fifth St, Somewhere, OH, Pharmacy phone number
- Walgreens: Walgreens Co #22, 9775 Auburn Ave, Anytown, OH, Pharmacy phone number
- Wal-Mart: Wal-Mart Pharmacy #432, 128 Main St, Anytown, OH, Pharmacy phone number
Cost for States to Participate

- It costs nothing to participate through June 30, 2016, although states may incur some costs by their own PMP software companies.

- NABP is paying from its own revenues (exams/accreditations):
  - All development and implementation costs for the program
  - Annual maintenance fee to the contractor to house the hub
  - Annual participation fees for states that cannot accept funding from pharmaceutical manufacturers, eg, Florida

- NABP is using unrestricted grants from third parties.
  - To date, Purdue Pharma L.P. and Pfizer have provided grants.
  - The money assists states with developing needed software to connect to the hub and other costs for participation for states that can accept these funds.
Next Steps to Increase PMP Utilization

- Continue to onboard states into NABP PMP InterConnect
- Assist states with legislation to allow interstate sharing
- Integrate NABP PMP InterConnect into health information exchanges
- Integrate PMP requests into workflow processes such as pharmacy software systems and hospital system emergency departments
- Provide access to analytical tools to automate analysis of PMP reports to increase efficiencies, eg, NAR\textsubscript{X}CHECK™
- Developing software that works seamlessly with NABP PMP InterConnect as well as meets the day-to-day needs of administrators, requestors, and data submitters
PMP Workflow Today and in the Future

• PMPs Today
  • Primarily stand-alone systems
  • Separated from rest of health IT ecosystem
  • Accessed via web portals
  • **Human-centric process**

• PMPs Tomorrow
  • Integrated with other health IT in the patient workflow
  • Single sign on
  • **Automated process**
Workflow Data Integration Projects

- No registration
- No user name/password
- No data entry
- No added steps
- No delay
Integration Projects

• Leveraging our growing “national network”
• Guidance from NABP PMP InterConnect Steering Committee
• Third-party Inquiries
  – Networks
  – Electronic Medical Records
  – Pharmacy Chains
  – Health Information Exchanges
The Purpose of PMP Integration

- Insight into patient’s access to controlled substances from PMP records from all pharmacies
- Information on patient behavior patterns with multiple providers
- Supports identification of patients with behavior patterns that may be indicative of misuse, allowing further interaction with the patient and/or practitioners regarding the situation, prior to prescribing or dispensing
PMP Interoperability Challenges

- One of the current technical barriers to interoperability is the lack of standard methods to exchange and integrate the prescription drug data available in PMPs into health IT systems.

- There is a lack of common technical standards and vocabularies to enable PMPs to share computable information with the electronic health record (EHR) that providers can use to support clinical decision-making.
Data flow is initiated by a patient encounter with a health care provider at step 1.
Now and Then

SAMHSA’s Enhancing Access to Prescription Monitoring Programs Using Health IT project – Phases 1 and 2:

- September 2011 - March 2013
- Pilots demonstrated *proof of concept*
- Various non-standard approaches were used

Phase 3 – *PMP & Health IT Integration Initiative*

- November 2013 – to be determined
- Assess the current PMP infrastructure and available standards to allow interoperable communications between PMPs and health IT systems
SAMHSA Action Plan Implementation

• SAMHSA provided funding for implementation of the action plan through the Enhancing Access to Prescription Monitoring Programs Using Health IT project.
  – SAMHSA partnered with ONC, ONDCP, and the CDC.
  – ONC has management oversight of the effort.
# Phase 1 Pilots: Overview

<table>
<thead>
<tr>
<th>State</th>
<th>End User</th>
<th>Pilot Summary</th>
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</thead>
<tbody>
<tr>
<td>Indiana (IN₁)</td>
<td>Emergency Department</td>
<td>Automated query to PDMP upon patient admission to ED</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PDMP data integrated into EHR</td>
</tr>
<tr>
<td>Indiana (IN₂)</td>
<td>Provider</td>
<td>Unsolicited PDMP reports sent via Direct</td>
</tr>
<tr>
<td>Michigan (MI)</td>
<td>Provider</td>
<td>Automated query to PDMP to create integrated prescription history and alerts</td>
</tr>
<tr>
<td>North Dakota (ND)</td>
<td>Pharmacy</td>
<td>Automated query to PDMP using an existing benefits management switch</td>
</tr>
<tr>
<td>Ohio (OH)</td>
<td>Provider</td>
<td>Automated query to PDMP upon appointment scheduling and patient check-in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient risk score and a link to PDMP details displayed in EHR</td>
</tr>
<tr>
<td>Washington (WA)</td>
<td>Opioid Treatment Program</td>
<td>Hyperlink to PDMP within EHR</td>
</tr>
</tbody>
</table>
Access to PMP Data – Integration Method

Direct integration of PMP data through one-click access
DUPLICATE THERAPY ALERT! Hello Kitty Test (01/01/1982) already has a pending prescription for **Lunesta (eszopiclone)**, which is in the same therapeutic category (Hypnotics) as the drug you have just prescribed, **Lunesta (eszopiclone)**.
## Phase 2 Pilots - Overview

<table>
<thead>
<tr>
<th>State</th>
<th>End User</th>
<th>Pilot Summary</th>
</tr>
</thead>
</table>
| Illinois   | Emergency Department | • Automated query via intermediary and interstate hub to PMP upon patient admission to ED  
• PMP data integrated into EHR as a PDF via a Direct message |
| Indiana    | Emergency Department | • Automated query via HIE to multiple states’ PMPs upon patient admission to ED  
• Patient risk score and PMP data integrated into EHR |
| Kansas     | Providers       | • Unsolicited report of at-risk patients sent via Direct to EHR-integrated mailboxes |
| Michigan   | Providers       | • Automated query via e-Prescribing software to multiple states’ PMPs and result integrated in patient’s medication history |
| Nebraska   | Emergency Department | • Automated query via HIE to PMP upon patient admission to ED  
• Easy access to PMP with SSO  
• PMP data integrated into EHR |
| Oklahoma   | Emergency Department | • Established PMP access directly though an HIE  
• Developed a SSO from the EHR through the HIE to the PMP  
• Alert flag representing the PMP data |
| Tennessee  | Pharmacy        | • Real-time reporting of dispensing controlled substance data to the PMP using an existing network |
SAMHSA – PMP – EHR Cooperative Agreements

• Grant for Fiscal Year (FY) 12 – Provided two-year funding for nine states:
  Florida, Indiana, Illinois, Kansas, Maine, Ohio, Texas, Washington, West Virginia

• Grant for FY 13 – Provides two-year funding for seven states:
  Kentucky, Massachusetts, North Dakota, New York, Rhode Island, South Carolina, Wisconsin

• Purpose:
  • Improve real-time access to PMP data by integrating PMPs into existing technologies like EHRs (FY12,13)
  • Strengthen currently operational state PMPs by increasing interoperability between states (FY12)
  • Evaluate whether these enhancements have an impact on prescription drug abuse (FY12)
PMP – EHR Cooperative Agreement State Updates

• Illinois*
  • Currently connected to Anderson Hospital
    • Over 700 requests per week to the Illinois PMP
    • Requests triggered upon patient presentation or admission to the emergency room
    • PMP report returned and presented on select workstations in the emergency room and immediate care locations
  • Plans to integrate with an EHR software company that is used by many opioid treatment programs
    • Testing to begin within the next 30 days
  • Plans to bring another hospital online within the quarter
  • Within the next six months, three hospitals will be fully implemented and five hospitals will be in the testing stage

• West Virginia
  • Planning continues with a clinic, hospital, and the West Virginia health information network

PMP – EHR Cooperative Agreement
State Updates (cont.)

- Kansas*
  - Integration at Via Christi Hospital fully functional
    - PMP data is integrated into the physician’s workflow
    - Via Christie currently has 267 users +
  - Integration with LACIE (Lewis And Clark Information Exchange)
    - Testing successfully completed
    - Hospital pilot anticipated by end of this month
    - Anticipate 3,000-4,000 users in the Kansas City metro
  - Integration with a major pharmacy chain

- Ohio**
  - Currently integrated into the EHR of 22 hospitals and six primary care practices
  - Plans to expand and integrate into over 200 community pharmacies, additional hospitals, and 15 ambulatory clinics

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Enhancing Access to PMPs Through Health IT Project

- Goal: Increase timely access to PMP data in an effort to reduce prescription drug misuse and overdoses
  - Explore ways to use health information technology to link prescribers and dispensers with the valuable data in PMPs
- Main issue: How to make this information more available to three key groups of clinical decision makers:
PMP and Health IT Integration Initiative

Purpose and Goals

• The purpose of this initiative is to bring together the PMP and health IT communities to standardize the data format, as well as transport and security protocols, to exchange patient information between PMPs and health IT systems (e.g., EHRs and pharmacy systems).

• The specific goals are:
  • Identify existing connections that consume PMP
  • Identify, evaluate, and harmonize the data format(s) sent from PMPs to EHRs
  • Evaluate and select transport protocol(s) systems support
  • Evaluate and select security protocol(s) systems support
  • Map selected health IT standards to standards already in use for PMP-to-PMP interstate exchange

• The results of this work would enable health care providers to make more informed clinical decisions through timely and convenient access to PMP data in an effort to reduce prescription drug misuse and overdose in the United States.
Questions?