Nebraska PDMP Update

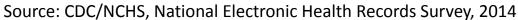## April 28, 2016

PDMP TTAC Webinar

PRESENTATION OVERVIEW

- Nebraska landscape
- NeHII overview
- PDMP in Nebraska
- Stand alone PDMP systems vs HIE services
- PDMP challenges/barriers
- Addressing the gaps/challenges
- Screen shots of the app
- Secured grant funding
- Next steps

HEALTHCARE DELIVERY SERVICES IN NEBRASKA

- 1.8 million people; urban vs. frontier
- Sixty seven Critical Access Hospitals (CAH)
- 77.2 % office based physicians using certified EHR compared to 74.1 % national average
- 39.3% with those EHRs share info electronically to outside providers and hospitals compared to 32.5% nationally
- Balance the needs with the willingness to pay
- Resource availability – human and capital
- Willingness to roll up our sleeves and get it done
- The numbers that work for us

Source: CDC/NCHS, National Electronic Health Records Survey, 2014

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NEBRASKA DRUG OVERDOSE HEALTH BURDEN

- In 2012, Nebraska's drug overdose age-adjusted death rate was 7.9 per 100,000 up from 3.6 per 100,000 people in 2004. The U.S. rate was 13.1 in 2012 and 9.3 in 2004.

    (Source: National Vital Statistics System)

- 13th lowest state in rate (4.18) of non-medical use of prescription painkillers (2010-2011).
  (Source: National Survey on Drug Use and Health)

NEHII UPDATE

- Statewide query model HIE for Nebraska
- Public/private collaborative 501 (c) 3
- Managed by 16 member Board of Directors
- Exchanging data since Feb. 2009
- Opt out consent model, no "break the glass" options
- 62% of beds in the State connected
- Recipient of 2009 ARRA/HITECH funding
- Partnering with State Medicaid and Division of Public Health
- Moving to Oracle cloud based platform using the Optum HIE 2.0 product

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NEHII STATISTICS (AS OF APRIL 15, 2015)

- Patients in the System   3,173,381
- Virtual Health Record (VHR) Usage
    - Providers   2,112
    - Staff   3,932
- Percentage of Requests Completed in Less than 2 Seconds   98.8%
- Number of Results Sent to the Exchange   115,811,356
    - LAB   59,301,807
    - RAD   10,833,670
    - Transcription   45,675,879

SUMMARY OF EXISTING LAW IN NEBRASKA

- LB 237 – Creation of a PDMP
  - Approved by governor on April 14, 2011
  - Identified Nebraska DHHS and NeHII as collaborative partners to administer PDMP
  - Prohibited use of state or federal funds to create a PDMP
  - LB 1072 repealed the no funding stipulation in 2014
- No mandatory reporting
- No mandatory enrollment
- No mandatory use

PDMP IN NEBRASKA

- Focus on provider/patient relationship with addiction as a disease process

- Accessible through the NeHII state-wide HIE platform

- Nebraska Pharmacists Association objected to incurring the burden of the reporting requirements while providers received the benefit

- First state to incorporate PDMP data into HIE

- Offered a medication query functionality

  - Supplied by SureScripts

  - Data from retail feeds to capture self pay

  - Data from Pharmacy Benefit Manager (PBM) systems

MEDICATION QUERY DETAIL

Medications Fill History

	Drug/SIG	Qty/Days	Refills	Filled	Pharmacy	Written	Prescriber	Source
☐	ONDANSETRON ODT 8 MG TABLET - 62756035664[NDC] - Rx written: 2012-03-21							
☐	NEOMYCIN-POLYMIXIN-HC EAR S - 61314064511[NDC] - Rx written: 2011-03-23							
☐	AZITHROMYCIN 250 MG TABLET - 59762306001[NDC] - Rx written: 2011-03-23							
	AZITHROMYCIN 250 MG TABLET	6.000/005	0	20110323	Gretna Drug	20110323		SureScript
☐	METHYLPREDNISOLONE 4 MG DOS - 59746000103[NDC] - Rx written: 2012-04-20							
☐	TIZANIDINE HCL 4 MG TABLET - 55111018015[NDC] - Rx written: 2011-07-21							
	TIZANIDINE HCL 4 MG TABLET	40.000/014	0	20110721	Gretna Drug	20110721		SureScript
	TIZANIDINE HCL 4 MG TABLET	40.000/010	0	20110622	Gretna Drug	20110622		SureScript
☐	OMEPRAZOLE DR 20 MG CAPSULE - 55111015810[NDC] - Rx written: 2011-11-21							
☐	RANITIDINE 150 MG TABLET - 53746025301[NDC] - Rx written: 2012-04-27							
	RANITIDINE 150 MG TABLET	60.000/030	1	20120427	Gretna Drug	20120427		SureScript
	RANITIDINE 150 MG TABLET	60.000/030	1	20120314	Gretna Drug	20120314		SureScript
☐	HYDROCODON-APAP 7.5-500 - 53746011205[NDC] - Rx written: 2011-07-21							
	HYDROCODON-APAP 7.5-500	40.000/010	0	20110721	Gretna Drug	20110721		SureScript
☐	HYDROCODON-APAP 5-325 - 53746010905[NDC] - Rx written: 2011-10-31							
	HYDROCODON-APAP 5-325	30.000/006	0	20111031	Gretna Drug	20111031		SureScript
☐	HYOMAX-SL 0.125 MG TAB SL - 24486060110[NDC] - Rx written: 2011-10-24							
☐	CIPROFLOXACIN HCL 500 MG TA - 16571041210[NDC] - Rx written: 2012-01-03							
☐	AURODEX OTIC SOLUTION - 00904079310[NDC] - Rx written: 2011-03-23							
☐	HYDROCODON-APAP 7.5-325 - 00603389128[NDC] - Rx written: 2011-06-22							
☐	LORAZEPAM 0.5 MG TABLET - 00591024005[NDC] - Rx written: 2012-04-27							
	LORAZEPAM 0.5 MG TABLET	60.000/015	1	20120427	Gretna Drug	20120427		SureScript
	LORAZEPAM 0.5 MG TABLET	60.000/015	0	20120403	Gretna Drug	20120403		SureScript
	LORAZEPAM 0.5 MG TABLET	60.000/015	5	20120224	Gretna Drug	20120220		SureScript
	LORAZEPAM 0.5 MG TABLET	60.000/015	1	20120220	Gretna Drug	20120113		SureScript
	LORAZEPAM 0.5 MG TABLET	60.000/015	1	20120113	Gretna Drug	20120113		SureScript
☐	OMEPRAZOLE DR 20 MG CAPSULE - 00378615010[NDC] - Rx written: 2011-09-13							
☐	LORAZEPAM 0.5 MG TABLET - 00228205710[NDC] - Rx written: 2011-12-21							
☐	PREDNISONE 20 MG TABLET - 00143147701[NDC] - Rx written: 2011-06-22							
	PREDNISONE 20 MG TABLET	18.000/009	0	20110622	Gretna Drug	20110622		SureScript
☐	PROCHLORPERAZINE 10 MG TAB - 00093965201[NDC] - Rx written: 2012-02-20							
☐	SUCRALFATE 1 GM TABLET - 00093221005[NDC] - Rx written: 2012-03-14							

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EFFECTIVENESS OF PDMP

- Improved by active unsolicited reporting

- Unintended consequence of sending drug seekers across state lines

- Improved by:
  - Increased timeliness of data
  - Increased completeness of data
  - Increased consistency of data
  - Increased accessibility of prescribers

Prescription Drug Monitoring Programs, Congressional Research Service; Kristin M. Finklea, Erin Bagalman, Lisa N. Sacco, January 3, 2013

PDMP IN OTHER STATES

- Many predate electronic health information

- Independent siloed systems/databases (traditional PDMPs)

- Authorized requestors vary (prescribers, pharmacists, law enforcement, licensing boards, patients, PAs, APRNs, delegates, etc.)

- Mandatory reporting

  - Not all states monitor all scheduled drugs

  - Frequency of reporting requirements vary (daily, 3 business days, weekly, etc)

- Mandatory enrollment

  - Many states require specific health professions to sign up for access to the system

  - 24 states have some form of mandatory enrollment

- Mandatory Use

  - Increasing number of states require the review of Rx data available in the system prior to the prescribing and/or dispensing of controlled substances.

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INTEGRATED PDMP EFFORTS IN OTHER STATES

- Trending towards incorporating PDMP data into health information exchange or integrating into electronic health record technology

- HIE/PDMP pilots projects were completed in IN, MI, ND, OH and WA in 2012. Four states continued the service after the pilot.

- Kentucky PDMP data was integrated with HIE in 2012.

- Maryland provides access to the state PDMP through the HIE through EHR single sign-on.

- South Carolina and Oregon have received funding through the ONC Advance Interoperable Health Information Technology Services to Support Health Information Exchange Cooperative Grant to connect PDMP data to their respective HIEs

STRENGTHS OF STAND ALONE PDMP

- Include self pay data

- No need to address consumer permission to share data

- More complete Rx data

- No fees to physicians if funded by grants or state

- State supported

- Alert notifications

- Use data for surveillance

- Support prevention

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WEAKNESSES OF STAND ALONE PDMP

- Delay in obtaining Rx data

- Requires separate siloed system that physicians must access

- Lack of adoption by physicians

- Ongoing State funding/sustainability

- Lack of MPI functionality

- Separate standards (ASAP 4.2) and vendor solutions

- Future consumer privacy & security considerations

- Controlled Substances Schedule II – V Rx only

PDMP AND HIE BENEFITS

- "Near" real time access to Rx data not limited to controlled substances

- Access to clinical data including diagnoses, lab results, radiologic reports to help understand patient medical history

- Ease of access to data - information is all in one place.

- Efficiency of access – HIE can be accessed through the EHR

- Master Patient Index (MPI) functionality

WEAKNESSES OF HIE PDMP

- Gaps in self pay data

- Drug seekers tend to opt out

- Incomplete Rx data from SureScripts on the current system

- Sustainability challenges

- Physician fees and adoption

- Law enforcement referrals

PDMP VS. HIE COMPARISON

Function/Feature	HIE	Stand Alone PDMP
Reports history of controlled substances	Yes	Yes
Reports history of all drugs	Yes	No
Captures self-pay Rx	Some	Yes
Real-time Rx availability	Yes	No
Opt Out	Yes	No
Ability to proactively send alerts to provider when patient admitted	Yes	No
Complete medical record	Yes	No
Captures pain agreements & advanced directives	Yes	No

CHALLENGES TO BOTH SOLUTIONS

- Complete Rx data in real time

- Lack of physician adoption

- Sustainability

- Stand alone siloed systems from EHR

- Costly technology

- Referral to treatment or law enforcement

- Sharing information across state lines

- Physician education to manage drug seekers

- Physician's reluctance to refer to drug treatment and/or law enforcement

ENHANCED PDMP FUNCTIONALITY

- DrFirst medication history functionality
  - More data sources than any other medication history service in the market
  - Appear as a separate application tile on NeHII's landing page, breaking it out from HIE data
- LB 471 enhanced PDMP functionality
  - Mandate pharmacy reporting of all controlled substances to the system in 2017
  - Mandate pharmacy reporting of all medications in 2018.
  - Mandate consumer participation in medication history query (no opt-outs)
  - Make the medication history service available to all prescribers and dispensers at no cost
  - Include veterinarians in reporting process

PDMP ACCESS

COUNT ON **QUALITY** MEDICATION DATA

Pharmacy Information

- Pharmacy Name

- Pharmacy Callback Number

In-Depth Medication Fill Details

- Dates Filled

- Drug Name

- Dosage

- Quantity

- Days Supply

- Original Refills

- Prescriber Name

- Directions

Data Source

Data De-duplication

MEDHX SCREENS

NEBRASKA'S 2016 APD APPLICATION FOR CMS HITECH 90/10 FUNDING

- Funding available through 2021

- Focus on tools that help providers/hospitals meet Meaningful Use

- DrFirst medication history

- Pertains to only Eligible Hospitals and Eligible Providers

- Does not cover annual ASP fees nor administrative costs

GRANT FUNDING SUMMARY

Federal or State Funding Agency	Solicitation Name/Project Name	Anticipated Award Date	Maximum Award Amount	Period of Performance	Status
National Association of State Controlled Substances Authorities (NASCSA)	Prescription Drug Monitoring Program Enhancement for P:ain Management Providers	August, 2014	$15,000	1 year	Did not receive funding
Office of the National Coordinator for Health Information Technology (ONC)	Advance Interoperable Health Information Technology Services To Support Health Information Exchange	June 12, 2015	$3,000,000	2 years	Nebraska received award of $2,734,000. Funding started July 27, 2015.
Centers for Disease Control and Prevention (CDC)	Prescription Drug Overdose Prevention for States	September 15, 2015	$4,000,000	4 years	Nebraska received award of $771,229 per year. A minimum of 51% of the award will remain with the state. NeHII will receive $350,771/year
Bureau of Justice Assistance, et al	Harold Rogers Prescription Drug Monitoring Program FY2015 Competitive Grant Program	October 1, 2015	$500,000	2 years	Nebraska received the $500,000 award. NeHII will receive $261,00 first year and $248,000 second year.

STATE OF NEBRASKA AND NEHII WORKING TO ADDRESS

- On-going sustainability

- Safe prescribing practices and educational outreach with provider scripting to support safe practices

- Automated alerting to promote safety of healthcare professionals

- Automated referral processes for treatment facilities

- Using eHealth Exchange and PMP Interconnect to share information with healthcare professionals across the country

FEDERAL FUNDING

- CDC Prescription Drug Overdose Prevention Grant
- Term: 4 years
- Amount: $771,249 annually
- Lead agency: DHHS Injury Prevention Program
- 16 states awarded through a competitive process
  - Priority Strategy 1: Enhance and maximize the prescription drug monitoring program
  - Priority Strategy 2: Implementing community or insurer/health system interventions
- NeHII will receive $350,771/year

FEDERAL FUNDING

- Harold Rogers Grant Funding
- Term: 2 years
- Available funding: $250,000 annually through Dept. of Justice
- Lead agency: Nebraska Health Information Initiative (NeHII)
- Nebraska Focus:
- 1) Software enhancements of the PDMP
- 2) Training of PDMP users; enrolling and training users on the PDMP system

IN CLOSING

- The laws surrounding PDMPs vary from state to state.

- Nebraska is unique in their approach.

- A complete medication history is our focus to prevent all adverse medical events and medication errors including opioid drug overdose

- The strengths of the system in Nebraska are being emulated throughout the country.

- The weaknesses of the system in Nebraska are being addressed.

- The availability of the data is critical to providers everywhere.

- PDMP and HIE data can be provided together for more effective use of both types of information.

PDMP IN NEBRASKA

- Testimonial

"NeHII is a wonderful tool. I use it in the emergency department at least 10 times per day. We had a methadone overdose patient in our emergency department. Using NeHII we were able to find out this patient had been discharged from an Omaha area emergency department just 30 minutes prior."

James Faylor, MD

NEHII CONTACT INFORMATION

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