Prescription Drug Monitoring Programs (PDMPs):
Indian Health Service Update

Harold Rogers Prescription Drug Monitoring Program Annual Meeting
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Discussion Points

• Indian Health Service (IHS) Agency Overview
• PDMP Background and History
• MOU requirement
• PDMP Reporting Status
• Challenges (standardization, interconnect)
• Future plans
Who we serve....
70% of drug abuse starts at home...

Help protect our future generations...

Reduce prescription drug abuse by locking up your medicines...
Give back your expired and no longer needed medicines to a drug collection site nearest you...
IHS Participation--Background

• Indian Health Care Improvement Act 2010—Section 1680q:
  – 18 months after enactment to provide a report that outlines Federal capacity to exchange data with state PDMP, training, infrastructure, statutory/administrative barriers

• Change to Federal registry permitting IHS to report—USC 552a(e)(4) No 09-17-0001

• What does this mean?:
  – IHS is not required by law to report
  – Many tribes have declared a Public Health Emergency and have elected to participate with the reporting initiative.
MOU Requirements

• IHS Legal Requirement due to HIPAA status of PDMP entities
  – Memorialize HIPAA exception (Public Health or Health Oversight Agency)
  – Program specifics (reporting elements, frequency)
  – Security provisions and data breach responsibilities
IHS Implementation Timeline

2008:
- IHS Pharmacists began querying state PDMP

2010:
- Partnership with ND to develop and deploy RPMS reporting ASAP 4.0, 4.1

2011:
- RPMS reporting capability to developed and deployed ASAP 4.2

2012:
- Partnership with AZ and SC to develop and deploy RPMS reporting capability ASAP 95, 3.0

2013:
- Exploring partnership with ND and USAR to interconnect with IHS EHR

2014:
- IHCA Permanently reauthorized
IHS Status
Integrated Approach to Care

• Prescription Drug Abuse Workgroup formed in 2011
  – Patient Care
  – Policy
  – Education
  – Monitoring (PDMP)
  – Disposal/Storage
  – Enforcement
  – Interagency Collaboration
New Developments
Pain Management Website
**NE—utilizes HIE to report**

**IHS PDMP Reporting Deployment Status**
March 2014

- NE
- AL
- AR
- CA
- CO
- ID
- IL
- IN
- IA
- MN
- MO
- MT*
- NE**
- NV
- ND
- OH
- OK
- OR
- TN
- UT
- WA
- AZ
- SD
- NM*
- VA
- WY
- VT
- NH
- MA
- RI
- CT
- NJ
- DE
- MD
- NC
- SC
- GA
- MS
- AL
- FL
- TX
- LA

- Testing and rollout complete
- Pending MOU—Tribal
- Delayed MOU
- No activity to date/not an IHS state

**NE**—utilizes HIE to report
States with Reporting Delays
Due to MOU

• OK—provisioned as law enforcement. No legislative authority to declare ‘Public Health’ or ‘Health Oversight’.

• WY—awaiting response to email inquiry; sites are currently reporting manually.

• CO—recently Board of Pharmacy changed rules to allow IHS to report. Pending MOU.

• UT—administrative challenges with MOU maintenance.

• ME—delay with MOU (tribal site reporting)

• AL—reporting without an MOU (tribal site)
Challenges

• Lack of standardization
  – Data elements, vendors, ASAP formats

• Program changes
  • New MOU; software programming changes

• Provider utilization—
  – multiple sign-ons (interconnects are slow to roll-out)
  – Solicited vs unsolicited reports and their use in clinical practice

• Outcomes/metrics
  – Unknown program impact in Indian Country

• Population factors
  – AI/AN data privacy, etc
Future Direction

• PDMP shift to clinical tool
• Interconnect participation
• Prescriber and community education
• Define elements for conducting OPPE/FPPE (peer review)
• Naloxone first-responders & co-prescribing
Questions

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