State Prescription Drug Monitoring Programs VHA Participation

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VA Views on State PDMPs

• VA fully supports the concept of State PDMPs to improve care for Veterans
• VA is committed to improving the public health benefits realized by PDMPs nationwide
• VA is committed to balancing participation in PDMPs with the protection of the personal information of Veterans
• VA wants to share information with PDMPs as soon as possible
BACKGROUND
VA’s Authority to Participate in State PDMPs

• On March 16, 2010, the VA Office of General Counsel (OGC) issued an opinion which states under current law, VA can only participate in a PDMP if that program qualifies as a “law enforcement entity”

• The OGC opinion also stated:
  – It is unlikely that a State PDMP would qualify as a law enforcement entity, but a final determination would have to be made on a state-by-state basis, and
  – VA could participate if it obtained individual patient written consent
VA Provider’s Interest in PDMPs

• VA providers and pharmacists have expressed a strong interest for VA to participate in State PDMPs:
  – To improve the quality of care
  – To improve patient safety by avoiding problems related to the misuse of controlled substances

• As a result, in August 2010, PBM submitted a formal legislative proposal through established mechanisms, to obtain the legal authority to participate in PDMPs without obtaining each patient’s individual consent
Timeline

• December 2010: In anticipation of legislation, PBM submitted an information technology (IT) New Service Request (NSR) to the Veterans Health Administration’s (VHA) Requirements Development and Management office for the necessary IT tools to support VA’s participation in State PMPs

• February 2011: To allow VA providers to access state PMPs per the OGC opinion, VA’s Privacy Office distributed templates to allow VA providers to query State Prescription Drug Monitoring Programs if a Veteran provides written consent
Legislative Authority

• On December 23, 2011, the President signed into law the Consolidated Appropriations Act, 2012 (the Act), Public Law 112-74.

• Part of the Act amended privacy laws applicable to VA in order to authorize VA to share certain patient information with PDMPs.

• The law required VA to promulgate regulations in order to implement this authority.
Regulations

• February 2013: The Department of Veterans Affairs (VA) published regulation as an interim final rule authorizing VA to share certain patient information in order to implement VA’s authority to participate in State PMPs

• April 2013: Public comment period ended Final Rule addressing comments is under final VA review prior to submission to the Office of Internal and Regulatory Affairs
§ 1.483 Disclosure of information to participate in state prescription drug monitoring programs.
Information covered by §§ 1.460 through 1.499 of this part may be disclosed to State Prescription Drug Monitoring Programs pursuant to the limitations set forth in § 1.515 of this part.

§ 1.515 Disclosure of information to participate in state prescription drug monitoring programs.
(a) General. Information covered by §§ 1.500 through 1.527 of this part may be disclosed to State Prescription Drug Monitoring Programs pursuant to the limitations set forth in paragraph (c) of this section.
(b) Definitions. For the purposes of this section:
Controlled substance means any substance identified in 21 CFR part 1308 as a schedule II, III, IV, or V controlled substance.
State Prescription Drug Monitoring Program (PDMP) means a State controlled substance monitoring program, including a program approved by the Secretary of Health and Human Services under section 399O of the Public Health Service Act (42 U.S.C. 280g-3).
(c) Participation in PDMPs. VA may disclose to PDMPs any of the following information concerning the prescription of controlled substances:
(1) Demographic information of veterans and dependents of veterans who are prescribed a controlled substance. Examples include name, address, and telephone number.
(2) Information about the prescribed controlled substances. Examples include the identification of the substance by a national drug code number, quantity dispensed, number of refills ordered, whether the substances were dispensed as a refill of a prescription or as a first-time request, and date of origin of the prescription.
(3) Prescriber information. Examples include the prescriber's United States Drug Enforcement Administration-issued identification number authorizing the individual to prescribe controlled substances and United States Department of Health and Human Services-issued National Provider Identifier number.
Status Today

• VA providers and pharmacists have been informed about the new regulations and have begun to register and query state PDMP databases.

• VA is actively developing and testing software to transmit prescription information to State PDMP databases.

• Once developed, VA facilities will contact and register with the state PDMP to begin transmitting prescription data electronically.
Software Development
Technical Approach

• Data will be transmitted using Secure File Transfer Protocol (sFTP) and an RSA key pair to allow transmission of encrypted data.
Data Elements to be Transmitted

• VA will transmit based on the corresponding ASAP standard in use by the receiving state

  Example Transmission
  TH*4.2*857463*01**20091015*1045*P**~~ IS*7564*ACME
  PHARMACY~PHA*1234567890~
  PAT*MA*06*987544****SMITH*JOHN****1234 MAIN ST**SOMEWHERE*MA*54356**
  19500101*M~DSP*00*6542984*20091015*0*20091015*0*01*57866707401*30*15~PRE**
  AW8765432~AIR*MA*787456493993~TP*6~TT*857463*9~

• Within the data, you have:
  – Pharmacy NPI (1234567890)
  – Patient ID (987544)
  – Address (1234 Main St, etc.)
  – DOB (1-1-1950)
  – Gender code (M)
  – Provider DEA# (AW8765432)
  – Prescriber DEA # and Suffix
Transmission Frequency

• VA will be able to support transmissions as frequently as DAILY (Q 24 Hours)
ASAP Version Support

- ASAP 1995
- ASAP 3.0
- ASAP 4.0
- ASAP 4.1
- ASAP 4.2
Recipient State for Data

• VA will transmit to the PDMP for the state in which the pharmacy is geographically located

• This implies:
  – Rx’s from VA clinics without their own pharmacy will transmit based on the state of the parent VA facility
  – Rx’s from VA clinics WITH their own pharmacy will transmit to the pharmacy of the clinic’s state
  – Rx’s dispensed from a VA Consolidated Mail Outpatient Pharmacy (CMOP) will transmit based on the state of the VA Medical Center that issued the prescription
Special Setup Considerations

• In most cases, VA will need one “upload” account per state

• The transmission itself will contain facility-level identifiers to differentiate which VA Medical Center originated a given prescription
Capacity Management

• Take into account whether the new volume of prescriptions from VA Medical Centers will impact the overall rate of inbound data to your PDMP
Timeline / Status of Testing

• SUBJECT TO CHANGE
• Software National Release August 2014
• Phased Implementation of Sites by State
• Current dependencies
  – Completion of VA software deployment for “MOCHA v2.0 Dosing”
• To our knowledge, the rate of Rx acceptance vs. return is very stable at the test sites, only a handful of Rx’s per day to adjudicate, often zero!
Known Issues (Resolved)

• Testing identified a number of important items for software development, such as:
  – Identification of products from VA’s contracted repackager, Aphena Pharmaceuticals
  – Management of VOID records for prescriptions RETURNED TO STOCK
  – State PDMPs that perform data validation checking can identify data quality issues in elements such as patient address
Known Issues (Pending)

• Some issues are still pending, such as:
  – State-specific internet port security
  – Encryption standards other than use of RSA key
Test sites

• Thank you to the following VAMC test sites and PDMPs:
  – Fayetteville, Arkansas
  – Muskogee and Oklahoma City, Oklahoma
  – Durham, North Carolina
  – Louisville, Kentucky
  – Nashville/Murfreesboro, Tennessee

• Appreciation is shared for the additional VA-only testing by:
  – Central Plains (Iowa/Nebraska) VA Health Care System
  – New Jersey Health Care System
Veterans Affairs
Contact Information

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