Enhancing Access to Prescription Drug Monitoring Programs

A national effort to reduce prescription drug abuse and overdose through technology and policy
Today’s Agenda

Overview

Work Groups

Pilots
The Team

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OVERVIEW
PDMP Value

- PDMPs contain useful information
  - Identify patients who are potentially abusing or diverting prescription drugs
  - Inform clinical decisions regarding controlled substances

- The issue is how to make this information more available to three key groups of clinical decision makers:

  - Provider Practices
  - Emergency Departments
  - Pharmacies
Project Structure and Objectives

**Work Groups**

Provide recommendations and pilot input

**Pilots**

Test the feasibility of using health IT to enhance PDMP access

**Connect PDMPs to health IT with existing technologies**

**Improve timely access to PDMP data**

**Establish standards for facilitating information exchange**

Reduce prescription drug misuse and overdose in the United States
WORK GROUPS
Work Group Engagement

Types

- Academic
- Data Provider
- Federal Partner
- Health Information Exchange
- Interest Group
- PDMP Software Vendor
- Pharmacy Benefits Manager
- Pharmacy Retailer
- Standards Organization
- State PDMP

94 People

53 Organizations

42 Telephone and In-Person Meetings

(in 2.5 months)

5 Work Groups

- Data Content and Vocabulary
- User Interface
- Data Transport
- Law and Policy
- Business Agreements
PILOTS
Leveraging Health IT

• Use **existing technologies** to facilitate exchange of information
• Leverage what is **in use today** for other purposes
• Open to **new approaches** to enhance access to PDMP data
Pilot Goals

- Goals
  - Extensible results
  - Vendor neutral solutions
  - Determine what does and doesn’t work

- Types of Results

- Ease of Use
- Fit with Workflow
- Technical Impact
- Clinical Impact
- Driver Adoption
- Optimization Factors

USABILITY  IMPACT  SCALABILITY
### Pilot States and Summary

<table>
<thead>
<tr>
<th>State</th>
<th>Role</th>
<th>PDMP Integration</th>
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<tbody>
<tr>
<td>Indiana (IN₁)</td>
<td>Emergency Department</td>
<td>Automated query to PDMP upon patient admission to ED 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>
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Pilot States and Summary (cont.)

<table>
<thead>
<tr>
<th>State</th>
<th>Program</th>
<th>Automation &amp; Display</th>
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</thead>
<tbody>
<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; patient risk score displayed in EHR</td>
</tr>
<tr>
<td>Washington (WA)</td>
<td>Opioid Treatment Program</td>
<td>Hyperlink to PDMP within EHR</td>
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Pilot Results – High Level

- Once prescriber and dispenser communities were connected to the PDMP, *immediate improvement* to the patient care process was achieved, especially because pilot prescribers and dispensers were rarely accessing PDMP information before.

- The pilots considerably *streamlined the user workflows* by leveraging technology to enable PDMP query and processing tasks.

- Prescribers and dispensers were the most satisfied with their new workflows when *technology automated* the majority of workflow tasks.
Pilot Results - Usability

Ease of Use
Prescribers and dispensers uniformly agreed that the position of the new tasks in the workflow was correct.

Ease of Use
Prescribers and Dispensers reported that data easier to access…

Prescribers and dispensers uniformly agreed that the position of the new tasks in the workflow was correct.

Step 1 Step 2 Step 3

98-100% when systems were mostly AUTOMATED

67-75% when some actions remained MANUAL
Pilot Results - Impact

Less than 3 months

Multiple types of pilot designs and technology were successful

% of responses reporting a change in prescriptions written or number of pills dispensed

- Prescribers Emergency Department

58%
Pilot Results - Scalability

5 of 6 pilot locations are continuing to use the new connections to PDMP

Automation = Satisfaction

Triage helpful but...
...full data access visibility and integration desired
In Their Own Words

- “I have to say that this is probably one of the more genius moves of the 21st century . . . having easy access to [the PDMP] without going to a totally different website and have it pop up instantly has taken a lot of time off of decision making for me.”
  – Emergency Department Physician

- “Yes, much easier. Especially like being able to click on the report and be taken directly to the patient’s report without having to enter the patient’s name, date of birth, and zip code (this was very time consuming and sometimes prevented me from looking up the information in the past).”
  – Ambulatory Family Physician
FY13 Work

PDMP Phase II Pilots

Expand Existing Pilots: Greater Impact

Expand Existing Pilots: New Design

Do New Pilots: Additional Proof of Concept

Target Areas

‘Hot Spots’

Explore Additional Industry Health IT Solutions

SAMHSA Grants (PDMP EHR IIO)

Data-In

Linking with ePrescribing Technologies
Call to Action – What can you do?

- Follow unfolding projects closely
  - SAMHSA grants
  - SAMHSA/ONC/MITRE FY13 work
  - Other PDMP-related initiatives

- Explore integration of PDMPs with EHRs
  - PDMPs should be thought of as health IT
  - Integration = Indispensability (increase PDMP value)

- Focus on standards and interoperability
  - Technology to expand reach of PDMP
  - Expand policies to adapt to clinician workflow and practices
Final Thought

The major obstacle to using the database is the **time needed** to access the information. Anything that puts this information in front of me quicker, or more simply, will only **benefit patient care**.

- Emergency Department Physician