Nebraska: What's Going On with the PDMP and HIE

Kevin C. Borcher, PharmD
PDMP Program Director
NeHII, Inc.

BJA PDMP North Regional Meeting
October 16, 2018

Nebraska PDMP Legislative Summary

- LB 237 (2011)
  - Creation of Nebraska PDMP
- LB 1072 (2014
  - Repeal no funding stipulation
- LB 471 (2016)
  - Prevents opting out
  - Allow prescribers and dispensers to access the system at no cost
  - Report all dispensed controlled substance prescriptions by January 1, 2017
  - Report ALL dispensed prescriptions by January 1, 2018
- LB 223 (2017)
  - Allow prescriber designees
  - Veterinarian reporting CII- CIV beginning July 1, 2018
- LB 1034 (2018)
  - Exclude reporting of non-human non-controlled substances
  - Clarify pharmacist use of the PDMP
- Neb. Rev. Stat § 71-2454
- Neb. Rev. Stat § 84-712.05(19)

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PDMP Highlights

- Operated by DHHS
- Use NeHII and Optum HIE platform
- Developed with DrFirst
- Funded through federal grants
- Dispensers must submit data
  - Nebraska pharmacies
  - Mail order pharmacies
  - Dispensing practitioners with a pharmacy permit
  - Delegated dispensers
  - Veterinarians (dispensing CS II-IV only)
- All dispensed prescription drugs reported
- Reported on a daily basis

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PDMP Highlights

- Prescribers and pharmacists can access PDMP patient reports
- Prescribers and pharmacists can authorize designees (e.g., RN, LPN, pharmacy tech)

Nebraska's Innovative Approach

- PDMP monitors controlled substances and some "drugs of concern"
- All prescription drugs can be drugs of concern
  - Drug interactions, allergies
- HIE users accustomed to seeing the med history, not just opioids, controlled substances
- PDMP contained gaps prior to 2017

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By the Numbers - Prescriptions

- January 1 – December 31, 2017
  - 3,882,974 dispensed prescription records (1.9M pop.)
    - 2.04 Rx/person
- January 1 – August 31, 2018
  - **20,989,152 dispensed prescription records**
    - **18,890,705 (90%) dispensed non-controlled substances**
- 2017 Average 10,638 Rx/day
- 2018 Average 86,436 Rx/day

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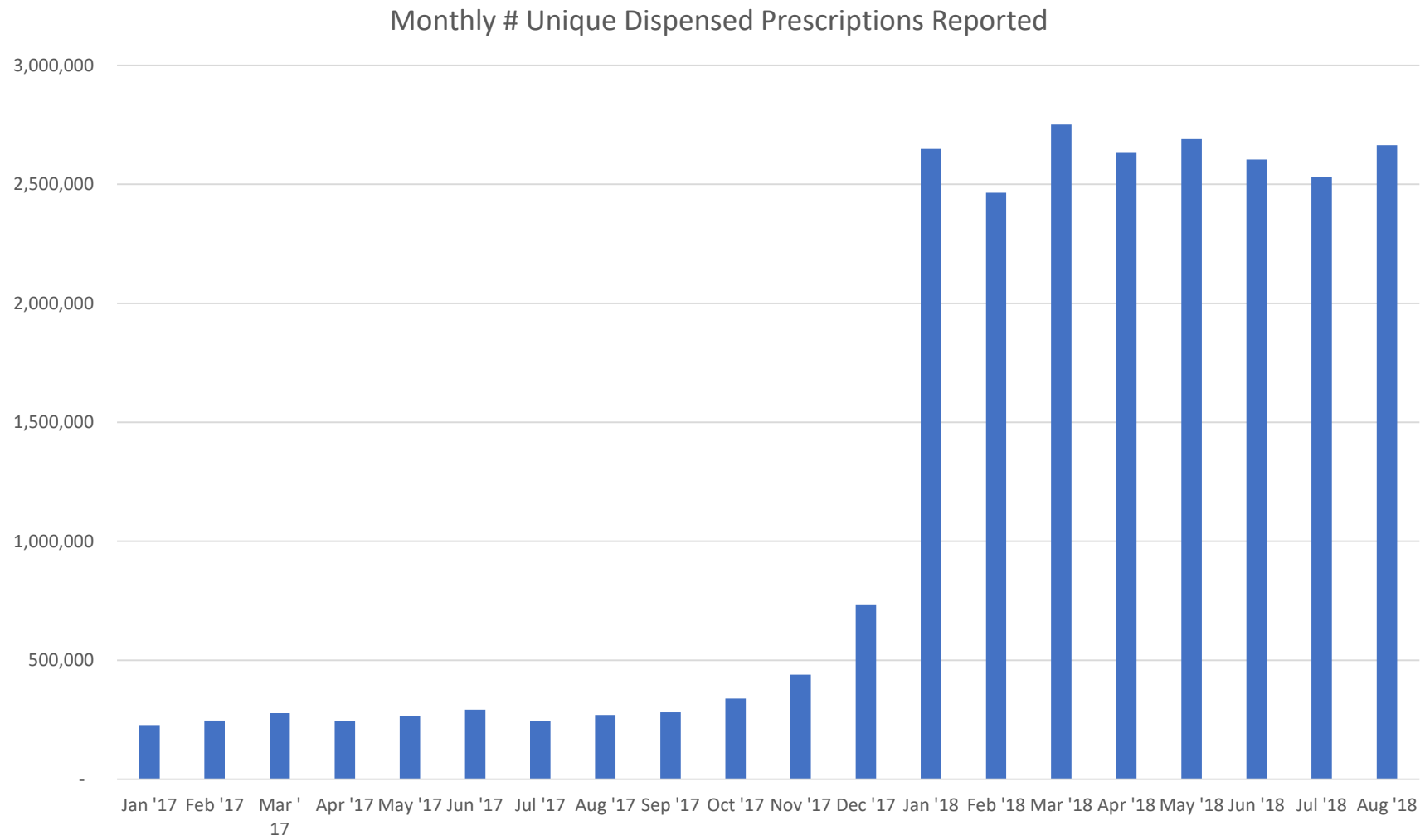
Nebraska PDMP Reported Data January 2017 – August 2018



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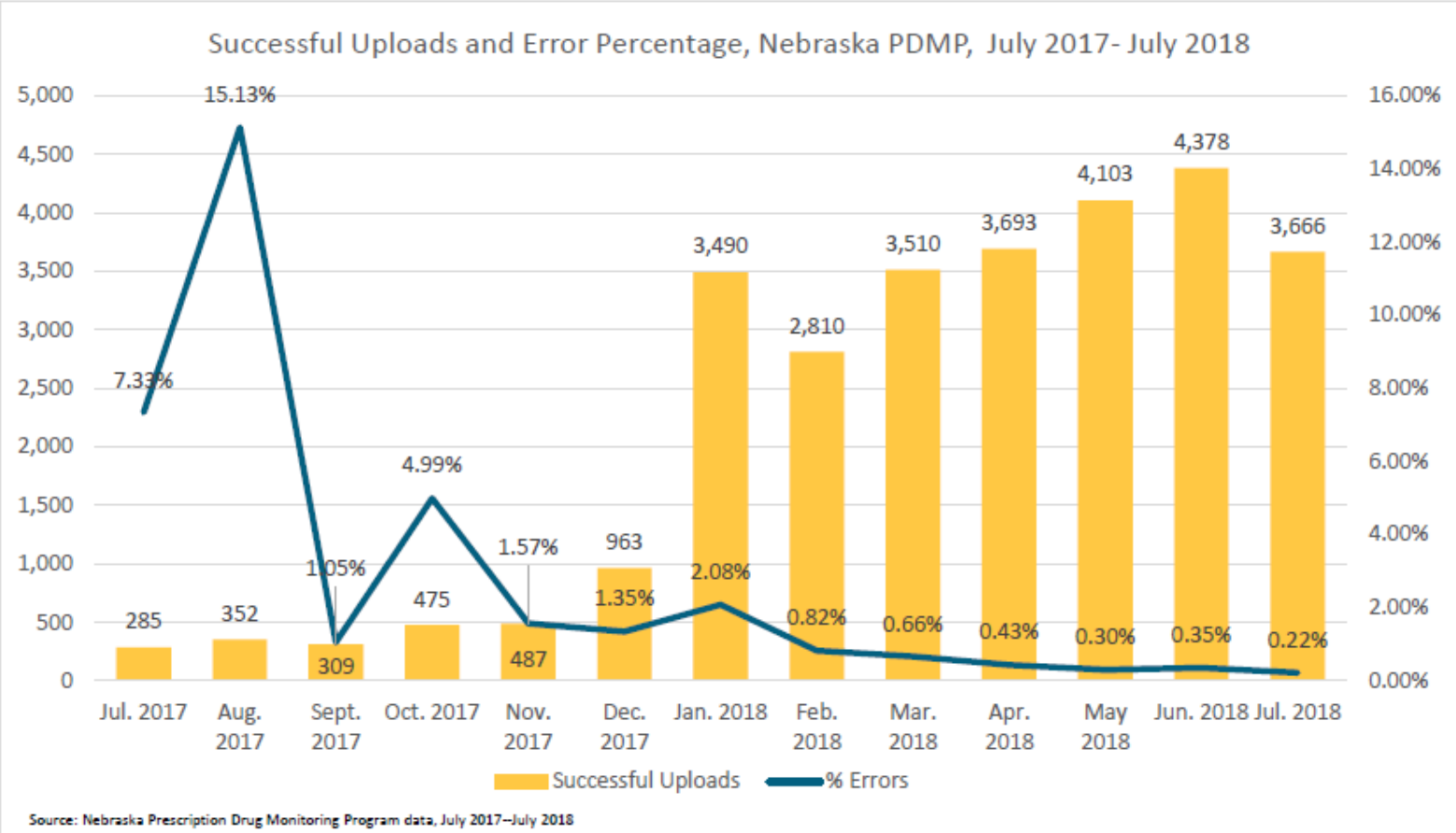
Nebraska PDMP Reported Data and Errors July 2017 – July 2018



Source: Nebraska Prescription Drug Monitoring Program data, July 2017–July 2018

By the Numbers – Enrolled Users

- **7,366** Enrolled users of the PDMP (as of 8/31/18)
  - **4,873** (37.6%) prescribers (MD, APRN, DDS, DVM, PA)
    - with address in NE, KS, MO, IA, SD, WY, CO
  - **2,002** (58.6%) dispensers (i.e., pharmacists)
    - with address in NE, KS, MO, IA, SD, WY, CO
  - **491** (0.7%) designees (e.g., nurses, pharmacy technicians, pharmacist interns, etc.)
    - with address in NE, KS, MO, IA, SD, WY, CO

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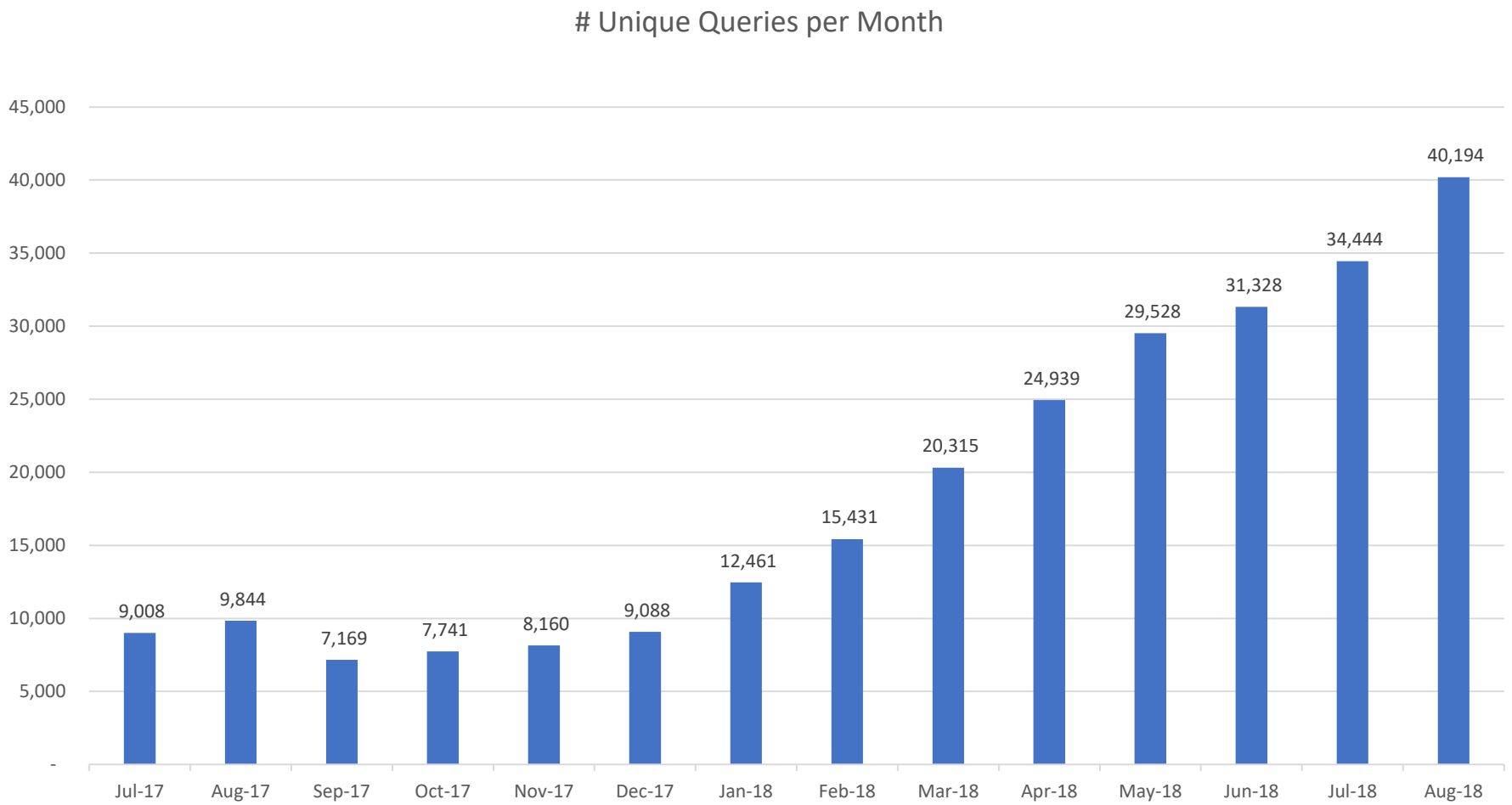
User Queries
July 2017 – August 2018



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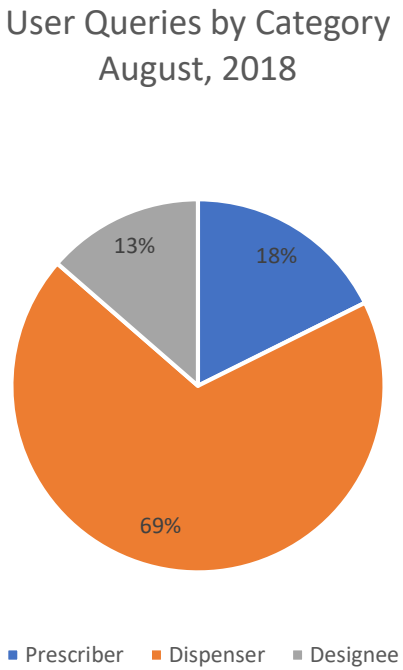

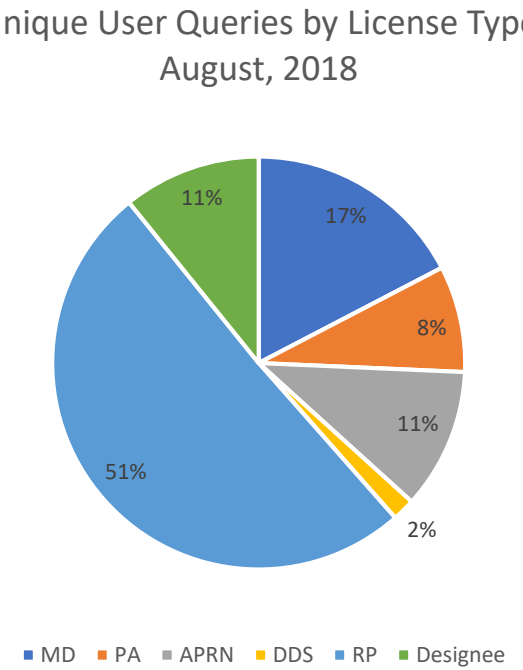

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Implemented Enhancements

- Report all prescription drugs – January 1, 2018
- Group/Sort
- Date Sold (when available)
- Non-human controlled substances
- Clinical safety alerts
  - MME
  - Multiple Provider Episodes (e.g., 5-5-6)
  - Overlapping Opioid-Benzodiazepine

Submission Errors

- Learning process
- Some pharmacies don’t dispense controlled substances and have not previously reported
- Some pharmacies resent same files repeatedly, causing error rates to increase
- Insufficient testing
- Field delimiter contained within field, causing “shift” of fields
  - Asterisk entered in Address field interpreted as field separator
- Some coded missing or extra fields

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Submission Errors

- NPI
  - Legislation
  - Veterinarians and some pharmacies don't have NPI
  - Restricted manual entry/override of NPI
  - Map prescriber 10-digit phone number to NPI field
- "Record does not exist to be voided"
  - Original not submitted prior to January 1
  - Cancelled/reversed prescriptions errored because original prescription not found, so no match when DSP01=02 for Rx
- Information entered for non-controlled Rx has variations that may not conform to ASAP format
  - Pharmacies must conform to ASAP standard format
  - Refills Authorized (DSP04) may have > 99 refills
  - Address not required for non-controlled or may contain extraneous information

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Pharmacy Segment Errors

- Pharmacy NPI (PHA01)
  - Pharmacy 10-digit phone number
- Pharmacy DEA (PHA03)
  - May not exist
- Pharmacy name, address
  - Field length

Prescriber Segment Errors

- NPI, DEA (PRE01/PRE02)
  - Required by Nebraska statute
  - Veterinarians not allowed by CMS to have NPI
  - Some pharmacy systems require valid check digit
  - Alternatively use prescriber phone number
- Prescriber name
  - Missing prescriber first/last name
  - Vendor programming issue

Patient Segment Errors

- Patient ID Qualifier (PAT02)
  - Invalid format
- Patient address (PAT 12-16)
  - Not required for prescriptions but required for PDMP
  - Missing/invalid zip code
- Telephone number (PAT17)
  - Invalid format

Dispensing/Prescription Segment Errors

- Reporting Status (DSP01)
  - Voids prior to original being reported
  - Nursing home pharmacies report daily dispensing
- Date filled earlier than Date written (DSP03, DSP05)
  - Nursing home pharmacy processing
- Refills authorized (DSP04)
  - Not meeting ASAP format criteria
    - PRN defaulted to 999 as pharmacy process
- Pharmacist NPI (DSP14)
  - Pharmacies use certain fields for purposes other than intended
- Payment type (DSP16)
  - Home health, home infusion, nursing home pharmacies not previously used
  - Separate billing system
- RxNorm (DSP18/DSP19)
  - Not meeting ASAP format criteria
    - SCD vs 01

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Dispensing/Prescription Segment Errors

- Product ID (DSP08)
  - NDC required
  - UPC, HCPCS, NADA
  - DSP07=03
  - Some invalid length
  - DSP07=02 for veterinary products
- CDI
  - Majority of errors
  - Not previously reported for non-controlled substances
  - Some ingredients don’t have NDC
    - Flavorings
    - Chemicals, vitamins
    - Tubing, pumps, mailing labels
  - General number (e.g., 88888888888) to allow for validation

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Future Dispensing/Prescription Considerations

- Indication
- Rx SIG
  - ASAP 4.2A
  - Technically complex
  - Sig vs. abbreviation vs. Free text
  - Translation table?

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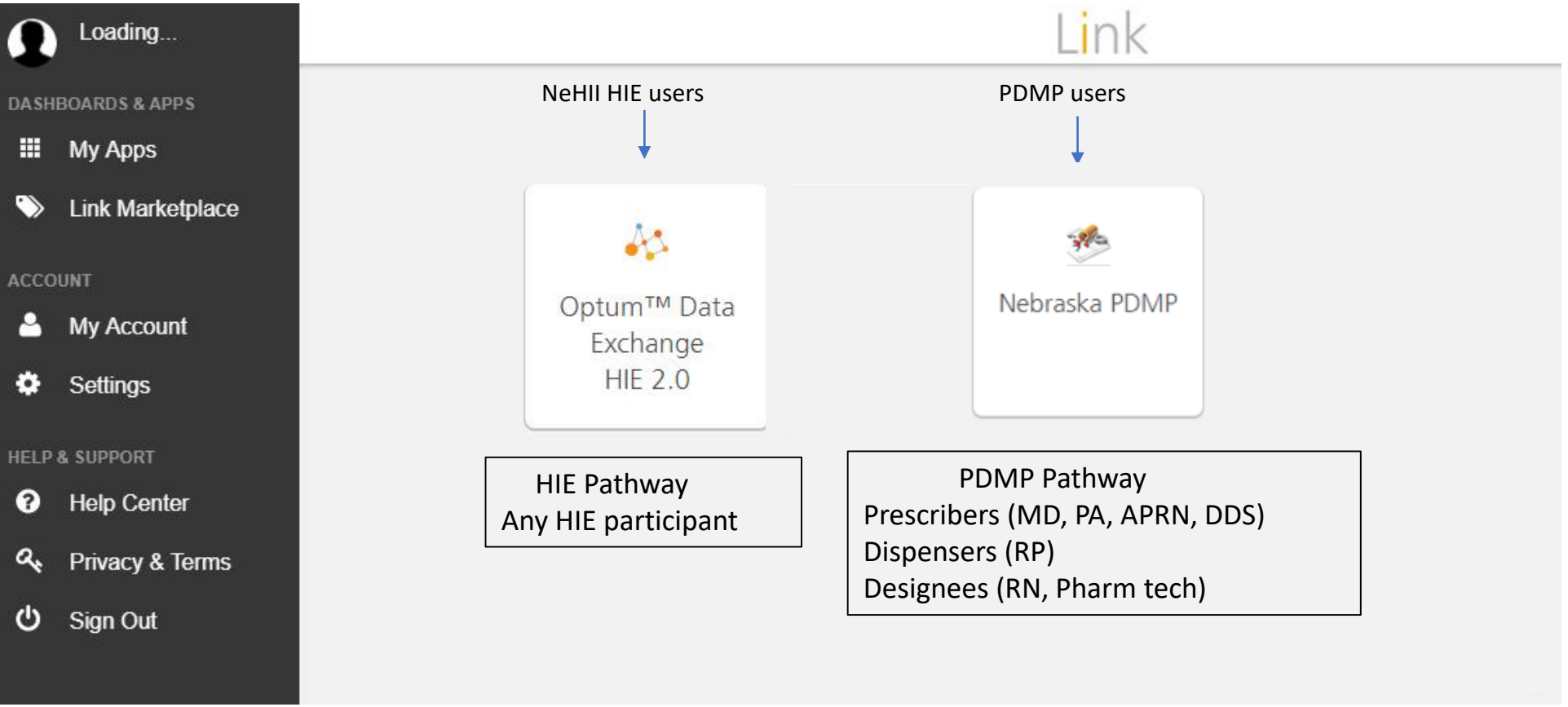
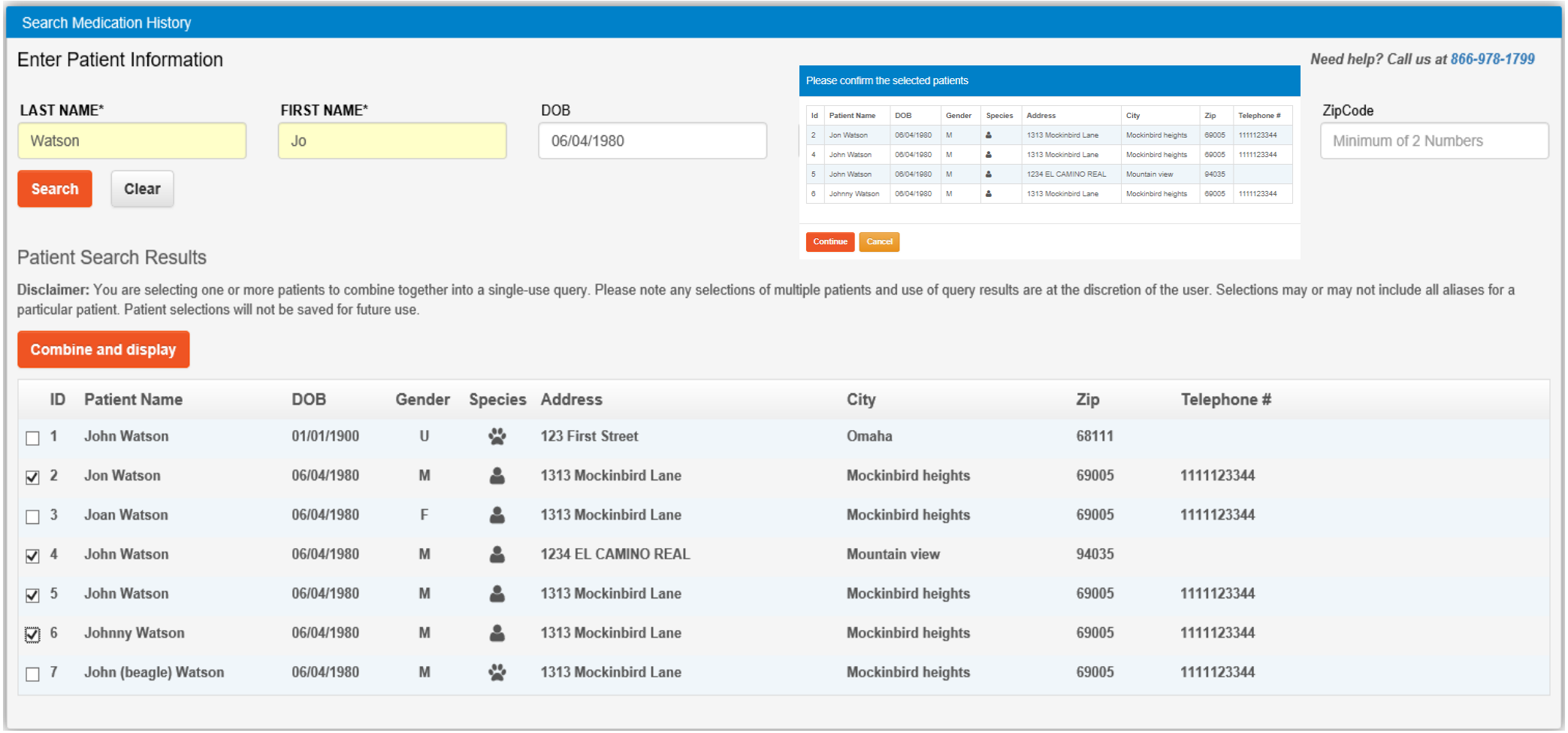
Who Can Access?



Identifying and Selecting Patients



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Search Medication History

Enter Patient Information

Need help? Call us at 866-978-1799

LAST NAME*	FIRST NAME*	DOB	Gender	City	ZipCode
Watson	Jo	08/04/1980	Not Specified	Minimum of 2 Letters	Minimum of 2 Numbers

Search | Clear

Medication History Combined Results

Search Date: 08/10/2018 16:53:38

2 Jon Watson, 08/04/1980, M, 1313 Mockinbird Lane, Mockinbird heights, 68006, 1111123344
4 John Watson, 08/04/1980, M, 1234 EL CAMINO REAL, Mountain view, 94035
5 John Watson, 08/04/1980, M, 1313 Mockinbird Lane, Mockinbird heights, 68006, 1111123344
8 Johnny Watson, 08/04/1980, M, 1313 Mockinbird Lane, Mockinbird heights, 68006, 1111123344

DISPLAY: Last 6 Months | Controlled and Non-Controlled | View/Print PDF | Download PDF

Results

134.4 MME Assessment * 7 day average

12 / 6 Multiple Provider Episodes * Last 6 Months

Overlapping Prescriptions * Last 45 Days

Controlled Substances

Patient	Fill Date	Sold Date	Drug	Qty	Days	Refills	Prescriber	Pharmacy	Payment
2	08/03/2018	08/05/2018	hydrocodone-acetaminophen (Vicodin) 5-300 mg tablet	180	30	0	Miranda Bailey	Big Box Pharmacy PH#: 4025688842	Private Pay
5	07/29/2018	07/31/2018	oxycodone (oxycodone) 10 mg tablet	60	8	0	Beverly Crusher	Kevin s Pharmacy PH#: 4025688882	Private Pay
2	07/28/2018	07/28/2018	alprazolam (alprazolam) 1 mg tablet	15	15	0	Herchel Greene	Perfect Pet Pharmacy PH#: 4225688842	Commercial Insurance
2	07/24/2018	07/26/2018	alprazolam (Xanax XR) 1 mg tablet extended release 24 hr	90	30	0	Marcus Welby	Kevin s Pharmacy PH#: 4025688882	Commercial Insurance
2	07/24/2018	07/27/2018	oxycodone (OxyContin) 15 mg tablet,oral only,ext.rel.12 hr	14	14	0	S.T. Rong-Bones	Kevin s Perfect Pharmacy PH#: 4025688882	Commercial Insurance
2	07/23/2018	07/23/2018	alprazolam (Xanax XR) 3 mg tablet extended release 24 hr	90	30	0	Leonard McCoy	Out Of Town Pharmacy PH#: 1116688832	Private Pay
2	07/22/2018	07/23/2018	morphine (morphine) 30 mg tablet	17	17	0	Sherman T Potter	zzTest Pharmacy PH#: 4023333333	Commercial Insurance
2	07/18/2018	07/18/2018	morphine (morphine) 30 mg tablet extended release	14	14	0	Hawkeye Pierce	Out Of Town Pharmacy PH#: 1116688832	Commercial Insurance
5	07/18/2018		hydrocodone-acetaminophen (hydrocodone-acetaminophen) 7.5-300 mg tablet	100	10	0	Doogie Howser	Test Pharmacy PH#: 4025688888	Commercial Insurance

Non-Controlled Substances

Patient	Fill Date	Sold Date	Drug	Qty	Days	Refills	Prescriber	Pharmacy	Payment
2	06/30/2018		acetaminophen (Tylenol) 325 mg tablet	2	3	4	JOHNNY BLAZE	A1 TEST PH#: 3434343434	Medicare
2	06/28/2018		Drug name not found. NDC ID: 21286426855	21286426855	7	20	MaryAnn OCorner	A1 TEST PH#: 3434343434	Medicare
2	06/16/2018		Drug name not found. NDC ID: 21286426858	21286426855	10	14	MaryAnn OCorner	A1 TEST PH#: 3434343434	Medicare
4	03/06/2018	03/06/2018	amlodipine (Norvasc) 5 mg tablet	30	30	0	Beverly Crusher	Big Box Pharmacy PH#: 4025688888	Private Pay
4	03/03/2018	03/03/2018	esomeprazole magnesium (Nexium) 40 mg capsule,delayed release(DR/EC)	30	30	0	Gregory House	Test Pharmacy PH#: 4025688888	Commercial Insurance
4	03/03/2018	03/03/2018	simvastatin (simvastatin) 40 mg tablet	60	30	6	Beverly Crusher	Test Pharmacy PH#: 4025688888	Commercial Insurance
4	03/02/2018	03/02/2018	bumetanide (bumetanide) 1 mg tablet	30	30	0	Gregory House	Newbie Pharmacy PH#: 4025688882	Commercial Insurance
4	02/18/2018	02/18/2018	ciprofloxacin HCl (ciprofloxacin HCl) 500 mg tablet	10	10	0	Gregory House	Big Box Pharmacy PH#: 4025688888	Commercial Insurance
4	02/16/2018	02/16/2018	omeprazole (omeprazole) 20 mg tablet,delayed release (DR/EC)	30	30	0	Gregory House	Big Box Pharmacy PH#: 4025688888	Commercial Insurance
4	02/10/2018	02/10/2018	warfarin (warfarin) 5 mg tablet	10	5	0	Leonard McCoy	zzMail Order Pharmacy PH#: 7025681234	Commercial Insurance

Disclaimer: Certain information may not be availble or accurate in this report, including items that the patient asked not to be disclosed due to patient privacy concerns, over the counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.

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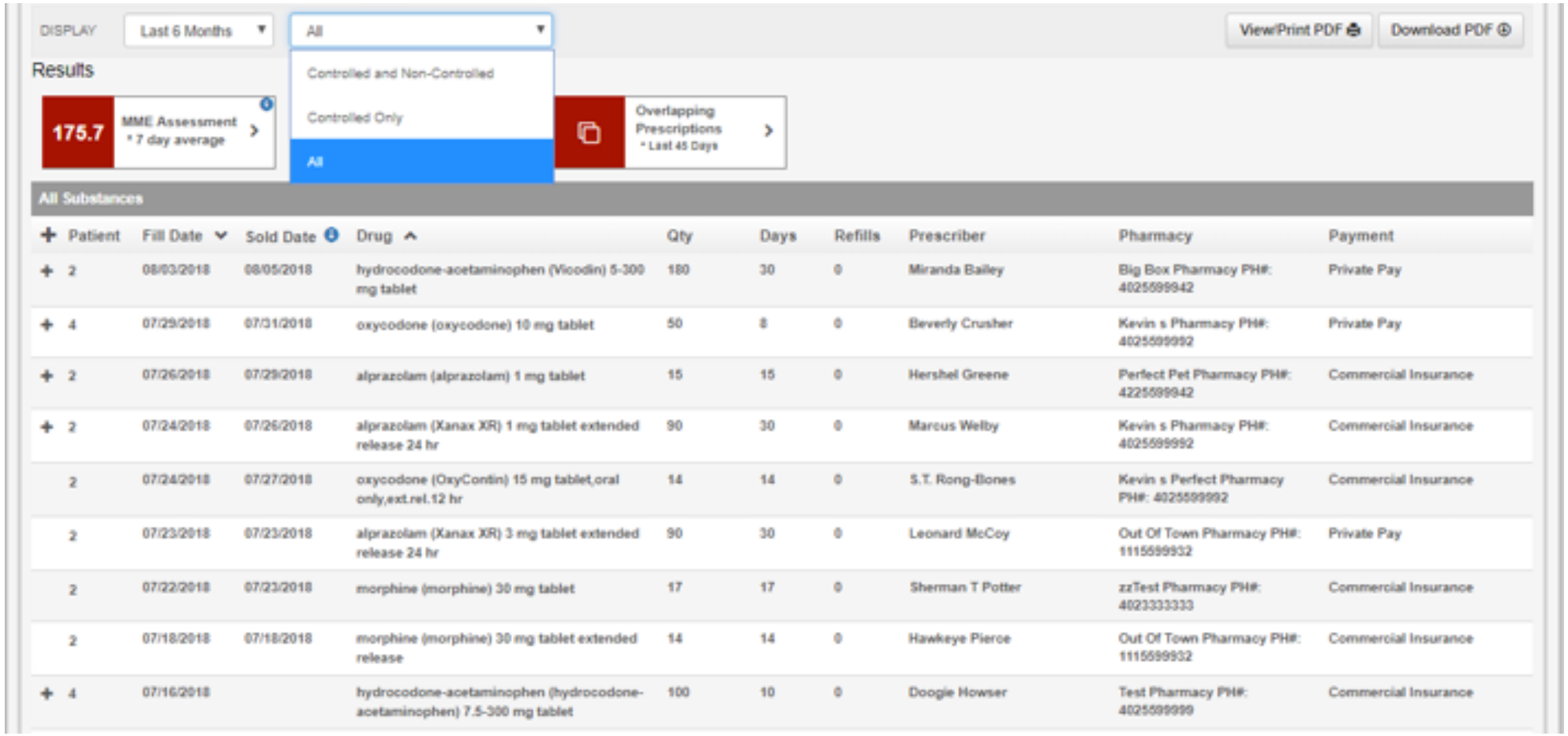
Grouping and Sorting Prescriptions



Patient	Fill Date	Sold Date	Drug	Qty	Days	Refills	Prescriber	Pharmacy	Payment
2	08/03/2018	08/05/2018	hydrocodone-acetaminophen (Vicodin) 5-300 mg tablet	180	30	0	Miranda Bailey	Big Box Pharmacy PH#: 4025599942	Private Pay
4	07/29/2018	07/31/2018	oxycodone (oxycodone) 10 mg tablet	50	8	0	Beverly Crusher	Kevin s Pharmacy PH#: 4025599992	Private Pay
2	07/26/2018	07/29/2018	alprazolam (alprazolam) 1 mg tablet	15	15	0	Hershel Greene	Perfect Pet Pharmacy PH#: 4225599942	Commercial Insurance
2	07/24/2018	07/26/2018	alprazolam (Xanax XR) 1 mg tablet extended release 24 hr	90	30	0	Marcus Welby	Kevin s Pharmacy PH#: 4025599992	Commercial Insurance
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4	07/16/2018		hydrocodone-acetaminophen (hydrocodone-acetaminophen) 7.5-300 mg tablet	100	10	0	Doogie Howser	Test Pharmacy PH#: 4025599999	Commercial Insurance

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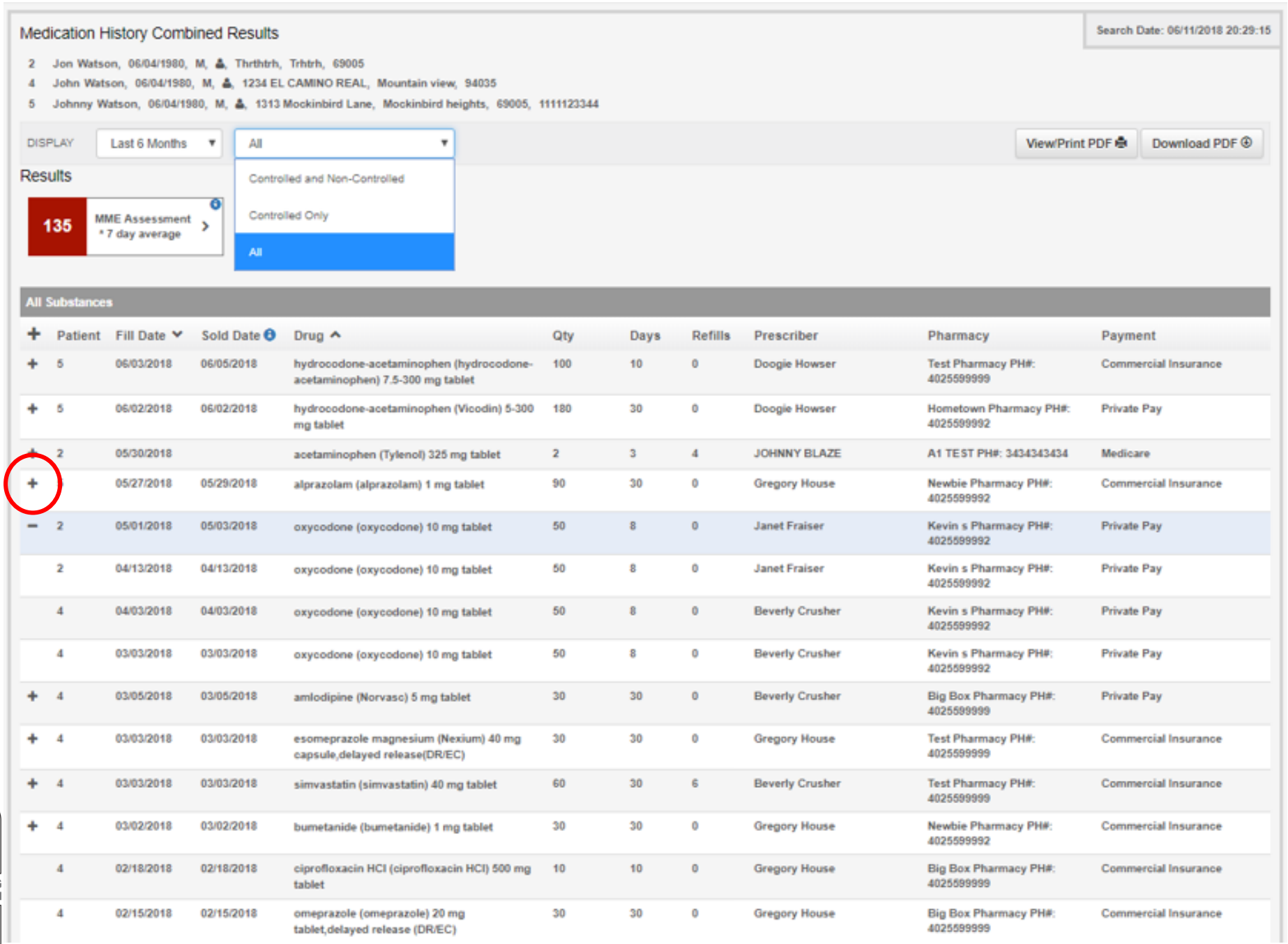

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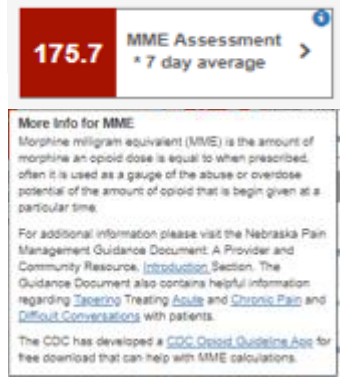
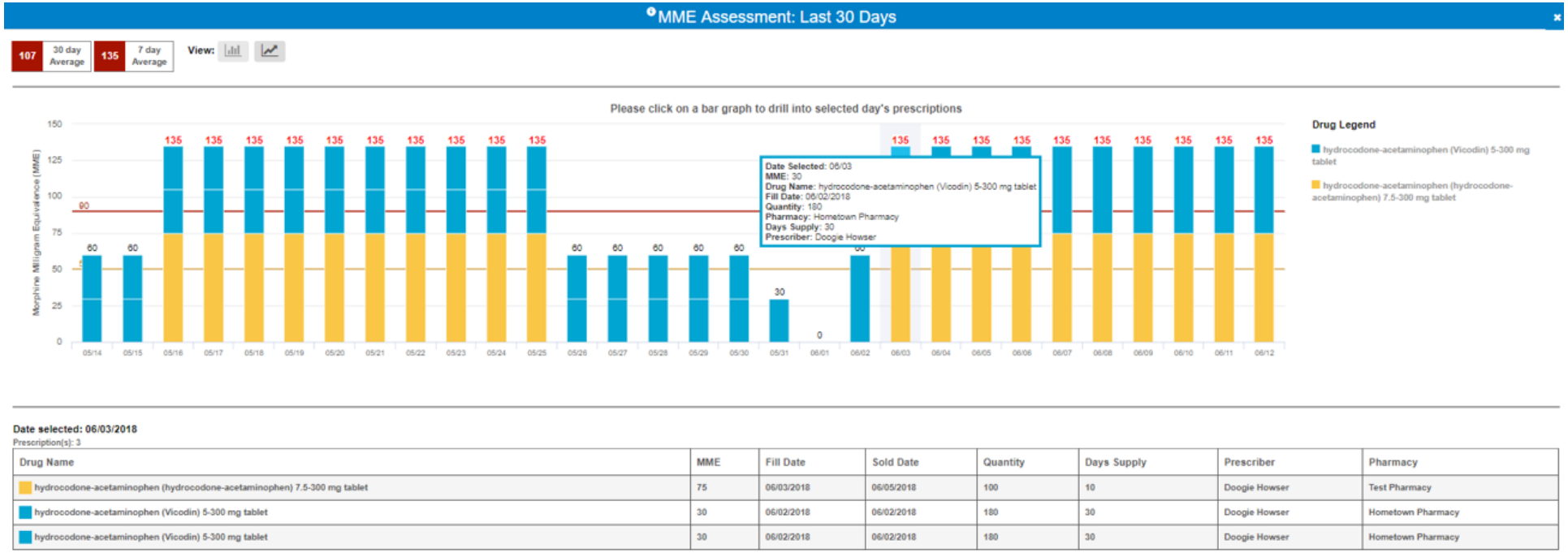
MME Alert

Links to Nebraska Pain Management Guidance Document





Drug Name	MME	Fill Date	Sold Date	Quantity	Days Supply	Prescriber	Pharmacy
hydrocodone-acetaminophen (hydrocodone-acetaminophen) 7.5-300 mg tablet	75	06/03/2018	06/05/2018	100	10	Doogie Howser	Test Pharmacy
hydrocodone-acetaminophen (Vicodin) 5-300 mg tablet	30	06/02/2018	06/02/2018	180	30	Doogie Howser	Hometown Pharmacy
hydrocodone-acetaminophen (Vicodin) 5-300 mg tablet	30	06/02/2018	06/02/2018	180	30	Doogie Howser	Hometown Pharmacy

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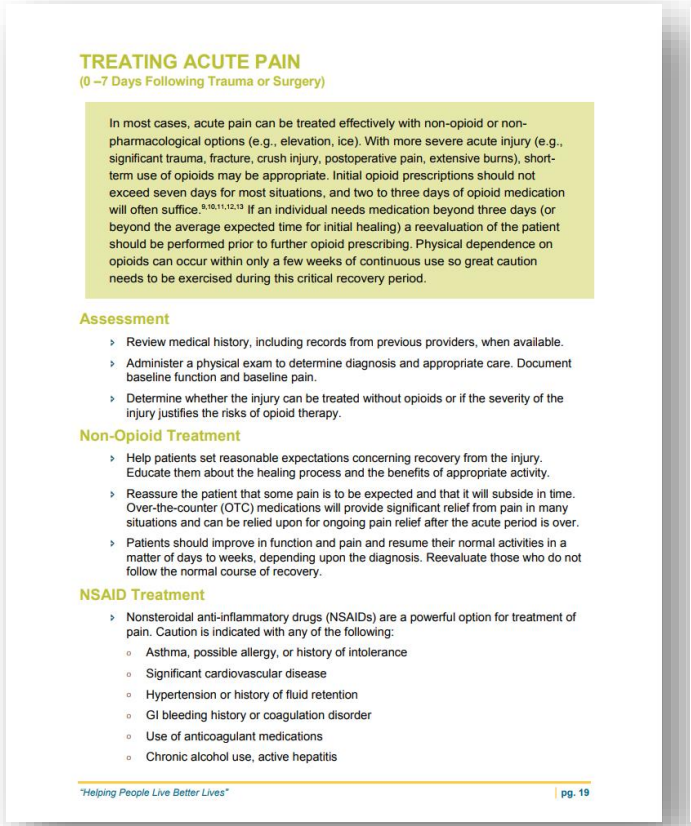
Nebraska Pain Management Guidance Document

More Info for MME

Morphine milligram equivalent (MME) is the amount of morphine an opioid dose is equal to when prescribed, often it is used as a gauge of the abuse or overdose potential of the amount of opioid that is begin given at a particular time.

For additional information please visit the *Nebraska Pain Management Guidance Document: A Provider and Community Resource*, Introduction Section. The Guidance Document also contains helpful information regarding Tapering, Treating Acute and Chronic Pain, and Difficult Conversations with patients.

The CDC has developed a CDC Opioid Guideline App for free download that can help with MME calculations.



TREATING ACUTE PAIN
(0 –7 Days Following Trauma or Surgery)

In most cases, acute pain can be treated effectively with non-opioid or non-pharmacological options (e.g., elevation, ice). With more severe acute injury (e.g., significant trauma, fracture, crush injury, postoperative pain, extensive burns), short-term use of opioids may be appropriate. Initial opioid prescriptions should not exceed seven days for most situations, and two to three days of opioid medication will often suffice.[9,10,11,12,13] If an individual needs medication beyond three days (or beyond the average expected time for initial healing) a reevaluation of the patient should be performed prior to further opioid prescribing. Physical dependence on opioids can occur within only a few weeks of continuous use so great caution needs to be exercised during this critical recovery period.

Assessment

- Review medical history, including records from previous providers, when available.
- Administer a physical exam to determine diagnosis and appropriate care. Document baseline function and baseline pain.
- Determine whether the injury can be treated without opioids or if the severity of the injury justifies the risks of opioid therapy.

Non-Opioid Treatment

- Help patients set reasonable expectations concerning recovery from the injury. Educate them about the healing process and the benefits of appropriate activity.
- Reassure the patient that some pain is to be expected and that it will subside in time. Over-the-counter (OTC) medications will provide significant relief from pain in many situations and can be relied upon for ongoing pain relief after the acute period is over.
- Patients should improve in function and pain and resume their normal activities in a matter of days to weeks, depending upon the diagnosis. Reevaluate those who do not follow the normal course of recovery.

NSAID Treatment

- Nonsteroidal anti-inflammatory drugs (NSAIDs) are a powerful option for treatment of pain. Caution is indicated with any of the following:
  - Asthma, possible allergy, or history of intolerance
  - Significant cardiovascular disease
  - Hypertension or history of fluid retention
  - GI bleeding history or coagulation disorder
  - Use of anticoagulant medications
  - Chronic alcohol use, active hepatitis

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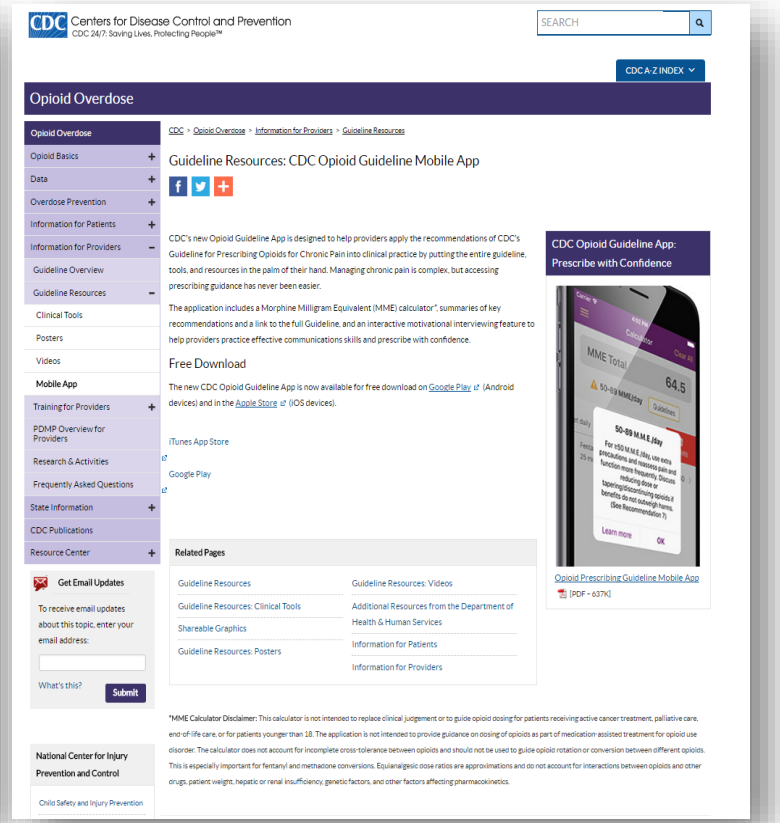

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

SEARCH

CDC A-Z INDEX

Opioid Overdose

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Research & Activities
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State Information
CDC Publications
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To receive email updates about this topic, enter your email address:
What's this?
Submit

National Center for Injury Prevention and Control
Child Safety and Injury Prevention

CDC > Opioid Overdose > Information for Providers > Guideline Resources

Guideline Resources: CDC Opioid Guideline Mobile App

CDC's new Opioid Guideline App is designed to help providers apply the recommendations of CDC's Guideline for Prescribing Opioids for Chronic Pain into clinical practice by putting the entire guideline, tools, and resources in the palm of their hand. Managing chronic pain is complex, but accessing prescribing guidance has never been easier.

The application includes a Morphine Milligram Equivalent (MME) calculator*, summaries of key recommendations and a link to the full Guideline, and an interactive motivational interviewing feature to help providers practice effective communications skills and prescribe with confidence.

Free Download

The new CDC Opioid Guideline App is now available for free download on Google Play (Android devices) and in the Apple Store (IOS devices).

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CDC Opioid Guideline App: Prescribe with Confidence

Opioid Prescribing Guideline Mobile App
[PDF - 637K]

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Guideline Resources: Posters
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Information for Patients
Information for Providers

*MME Calculator Disclaimer: This calculator is not intended to replace clinical judgement or to guide opioid dosing for patients receiving active cancer treatment, palliative care, end-of-life care, or for patients younger than 18. The application is not intended to provide guidance on dosing of opioids as part of medication-assisted treatment for opioid use disorder. The calculator does not account for incomplete cross-tolerance between opioids and should not be used to guide opioid rotation or conversion between different opioids. This is especially important for fentanyl and methadone conversions. Equianalgesic dose ratios are approximations and do not account for interactions between opioids and other drugs, patient weight, hepatic or renal insufficiency, genetic factors, and other factors affecting pharmacokinetics.

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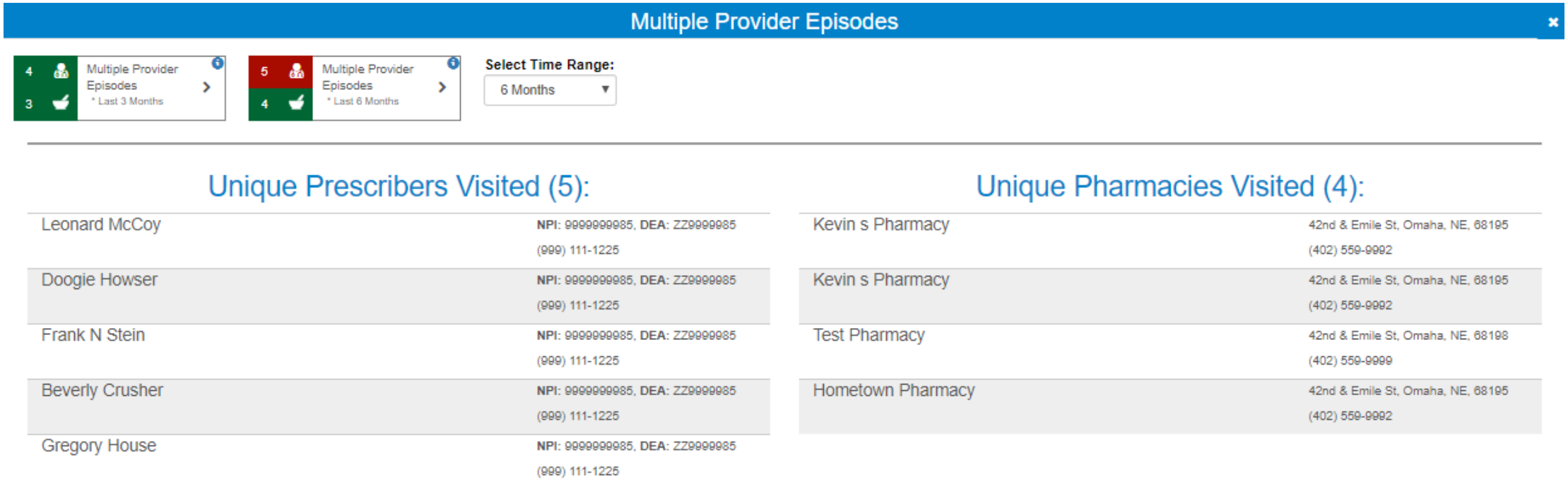
Multiple Provider Episode Alert Detail



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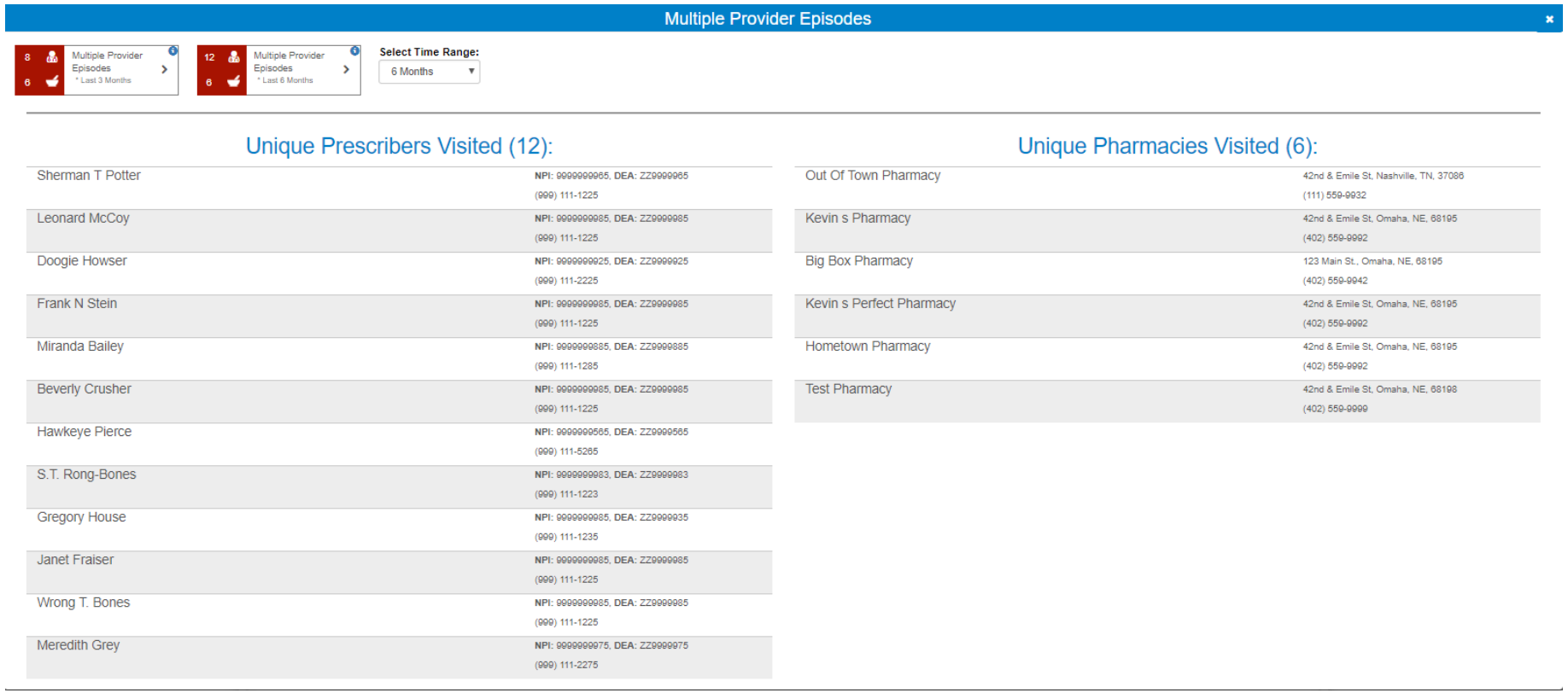
Clicking on the alert will display a list of the prescribers who issued an opioid prescription and pharmacies which dispensed opioid prescriptions in the last 6 months.



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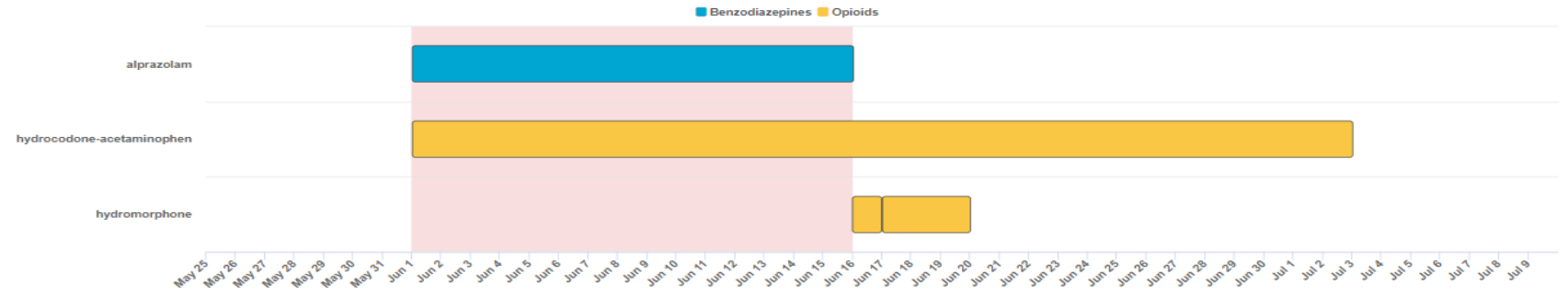
Overlapping Opioid/Benzodiazepine Alert Detail

Overlapping Therapy Alert: Last 45 days

Medications Timeline



Overlapping Medications

Category	Drug Name	Fill Start Date	Fill End Date	Sold Date	Day Supply	Quantity	Prescriber	Pharmacy
Overlapping Period: 06/01/2018 - 06/15/2018								
	alprazolam (alprazolam) 1 mg tablet	06/01/2018	06/15/2018	06/01/2018	15	15	Victoria Veterinarian	Newbie Pharmacy
	alprazolam (alprazolam) 1 mg tablet	06/01/2018	06/15/2018	06/01/2018	15	15	Victoria Veterinarian	Newbie Pharmacy
	hydrocodone-acetaminophen (Vicodin) 5-300 mg tablet	06/01/2018	06/30/2018	06/01/2018	30	180	Gregory House	Hometown Pharmacy
	hydrocodone-acetaminophen (Vicodin) 5-300 mg tablet	06/01/2018	06/30/2018	06/01/2018	30	180	Gregory House	Hometown Pharmacy
	hydrocodone-acetaminophen (hydrocodone-acetaminophen) 7.5-300 mg tablet	06/02/2018	06/11/2018	06/03/2018	10	100	Doogie Howser	Test Pharmacy
	hydrocodone-acetaminophen (hydrocodone-acetaminophen) 7.5-300 mg tablet	06/02/2018	06/11/2018	06/03/2018	10	100	Doogie Howser	Test Pharmacy
	hydrocodone-acetaminophen (Vicodin) 5-300 mg tablet	06/03/2018	07/02/2018	06/05/2018	30	180	Doogie Howser	Hometown Pharmacy
	hydrocodone-acetaminophen (Vicodin) 5-300 mg tablet	06/03/2018	07/02/2018	06/05/2018	30	180	Doogie Howser	Hometown Pharmacy
	hydrocodone-acetaminophen (hydrocodone-acetaminophen) 7.5-300 mg tablet	06/05/2018	06/14/2018		10	100	Doogie Howser	Test Pharmacy
	hydrocodone-acetaminophen (hydrocodone-acetaminophen) 7.5-300 mg tablet	06/05/2018	06/14/2018		10	100	Doogie Howser	Test Pharmacy
	hydromorphone (Dilaudid) 0.5 mg/0.5 mL syringe	06/16/2018	06/16/2018	06/17/2018	1	1	Beverly Crusher	Kevin s Pharmacy
	hydromorphone (Dilaudid) 0.5 mg/0.5 mL syringe	06/16/2018	06/16/2018	06/17/2018	1	1	Beverly Crusher	Kevin s Pharmacy
	hydromorphone (Dilaudid) 0.5 mg/0.5 mL syringe	06/17/2018	06/19/2018	06/18/2018	3	0.0005	Beverly Crusher	Kevin s Pharmacy

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What's Next?

- Provider Patient Dashboard
  - Save "favorites"
  - Display safety alerts
- Dispensed opioid location visualization (i.e., Geo Mapping of patient opioid dispenses)
- Designee management
- Promoting Interoperability & Specialized Registry

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Specialized Registry

- Meaningful Use (Promoting Interoperability)
- Integration
  - HIE
  - Single Sign On
- Meet Specialized Registry measure
  - Eligible Professionals and Eligible hospitals to submit data via Certified EHR Technology (CEHRT)
  - PDMP considered a public health specialized registry
  - Submit prescription data to PDMP
  - Submit patient information to query PDMP
  - Washington, Pennsylvania, Maryland, Florida, Illinois, Michigan, South Dakota, Nebraska

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HIE Collaboration

- PDMP Integration within HIE
  - Nebraska
  - Washington
  - Maryland
  - Oregon

SHIEC

- Strategic Health Information Exchange Collaborative
- National collaborative representing health information exchanges (HIEs) and their strategic business and technology partners
- Secure exchange of patient information
  - Intrastate
  - Interstate
- 60+ member HIE organizations
- Cover more than 200 million people
- HIE – patient health/medical information
- PDMP – prescription information

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SHIEC PDMP Workgroup

- 40+ participants
  - HIE members
  - CMS/ONC
- Understand the purpose of the PDMP
- Discuss future opportunities of PDMPs and the role HIEs can play to impact the opioid epidemic and patient health and safety
- PDMP – prescription information
- HIE – patient health/medical information

SHIEC PDMP Workgroup

- Review state and federal bills and legislation
- Discuss activities occurring within states
  - Integration
- Invite guests to provide information on PDMP activities
  - Appriss
  - BJA/TTAC
- Opportunities for data and population health analytics
- Encourage dialogues between HIEs and PDMPs

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