



Prescription Monitoring Programs: Creating a National Network

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Topics

- Overview of prescription monitoring programs (PMPs)
- Shortcomings of PMPs and how states are addressing them
 - Impact on workflow for health care professionals
 - Cross-border patients
 - Low utilization – mandatory registration/use
- Future of PMPs
 - National network – NABP PMP InterConnect®
 - Integration
 - Risk evaluation strategies



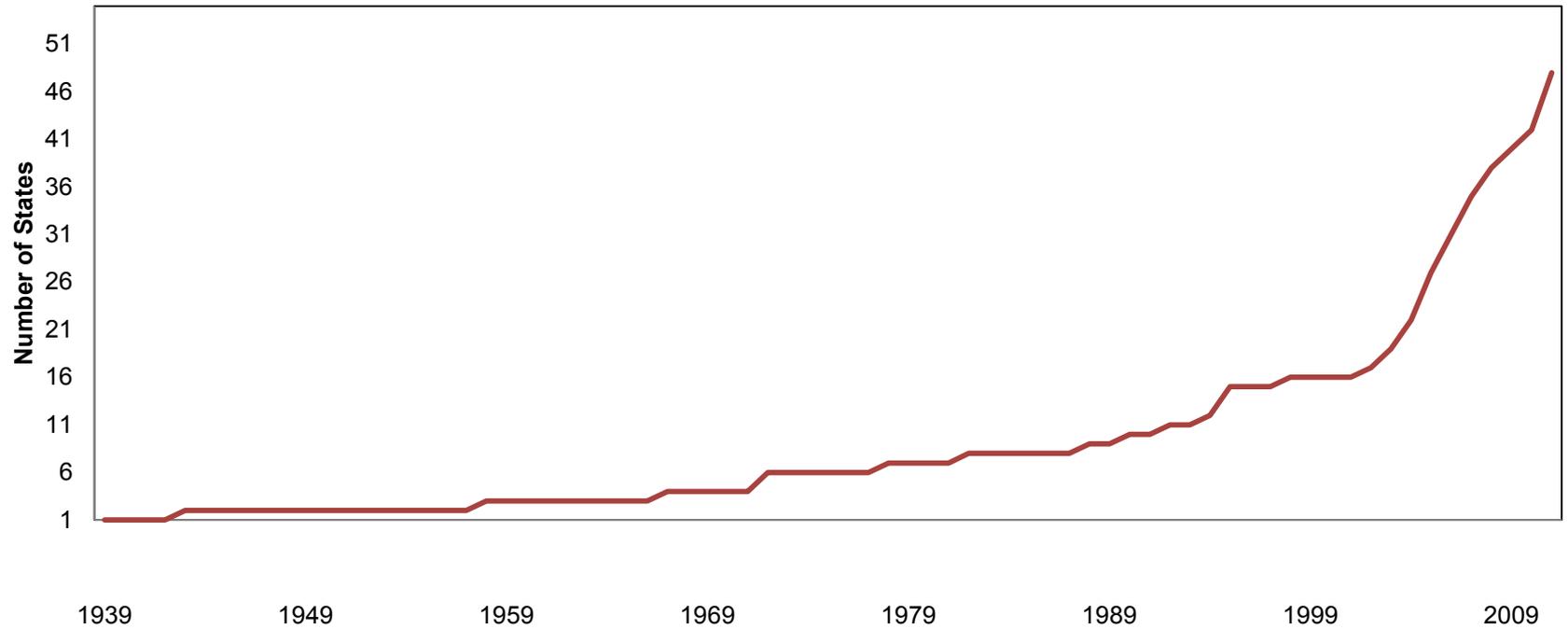
Clarification of Acronyms

- **Prescription Monitoring Program (PMP)**
- **Prescription Drug Monitoring Program (PDMP)**
- Controlled Substance Monitoring Database (CSMD)
- Controlled Substance Monitoring Program (CSMP)
- Controlled Substance Monitoring Program Database (CSMPD)
- Controlled Substance Database (CSD)
- Prescription Drug Registry (PDR)
- Controlled Substance Reporting System (CSRS)

PMP = PDMP = CSMD=CSMP = CSMPD = CSD = CSRS



Cumulative States with PMP Legislation

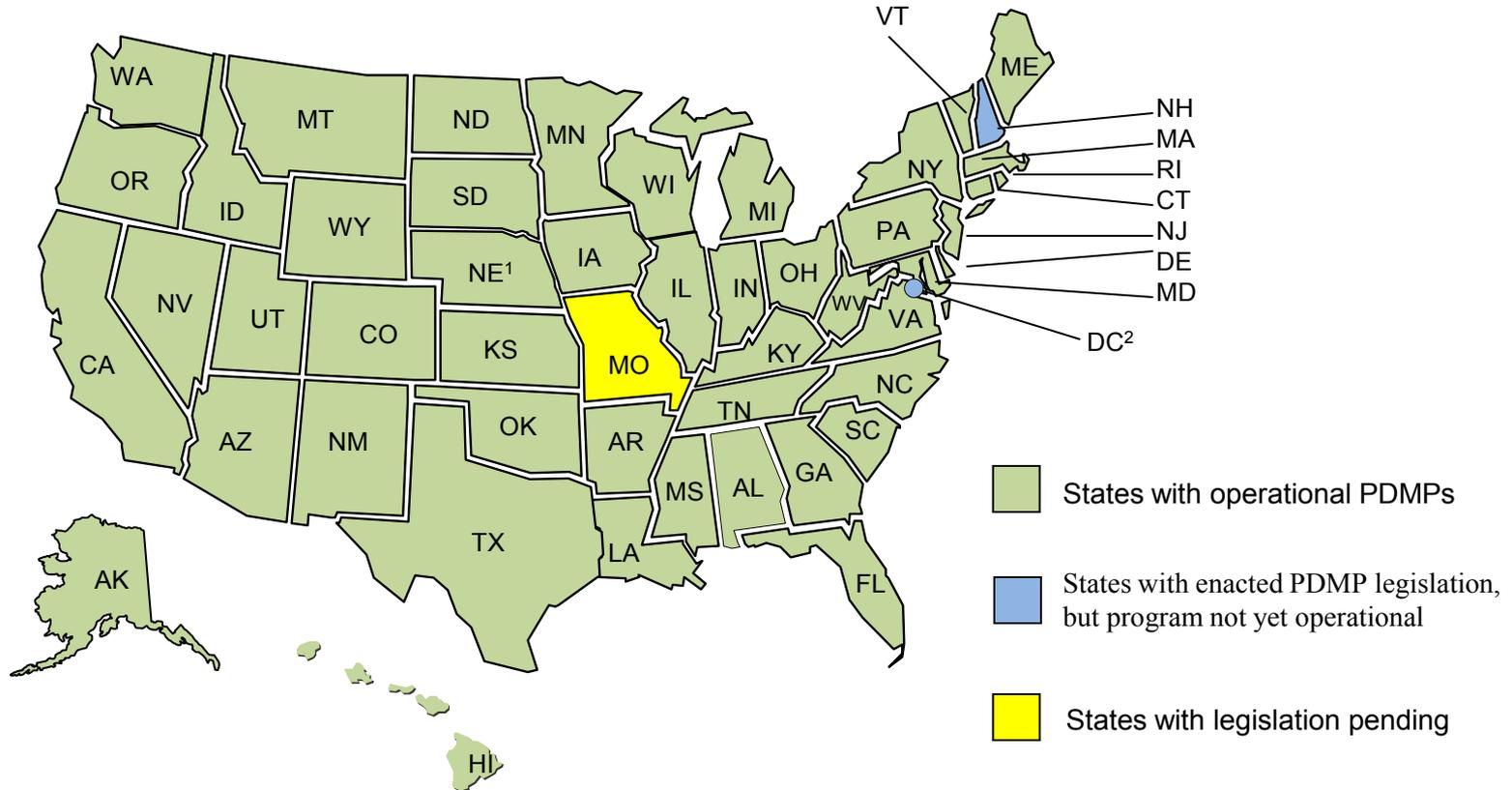


Prescription Monitoring Programs: National Landscape

- 49 states have PMPs or are at least collecting data.
- 1: Washington, DC – Gearing up to implement
- 1: Missouri – No authorizing legislation



Status of State PMPs



¹ The operation of Nebraska's PMP is currently being facilitated through the state's Health Information Initiative. Participation by patients, physicians, and other health care providers is voluntary.

² The mayor of DC has approved the legislation, but it is pending a 30-day review process by Congress.

Purposes for PMP

- Improve health care decision-making and patient treatment.
- Assist health care providers identify and prevent drug abuse, misuse, or addiction.
- Assist law enforcement officers in investigating prescription drug diversion.
- Guide public policy on prescription drug access and drug addiction treatment.



PMP Data Reported

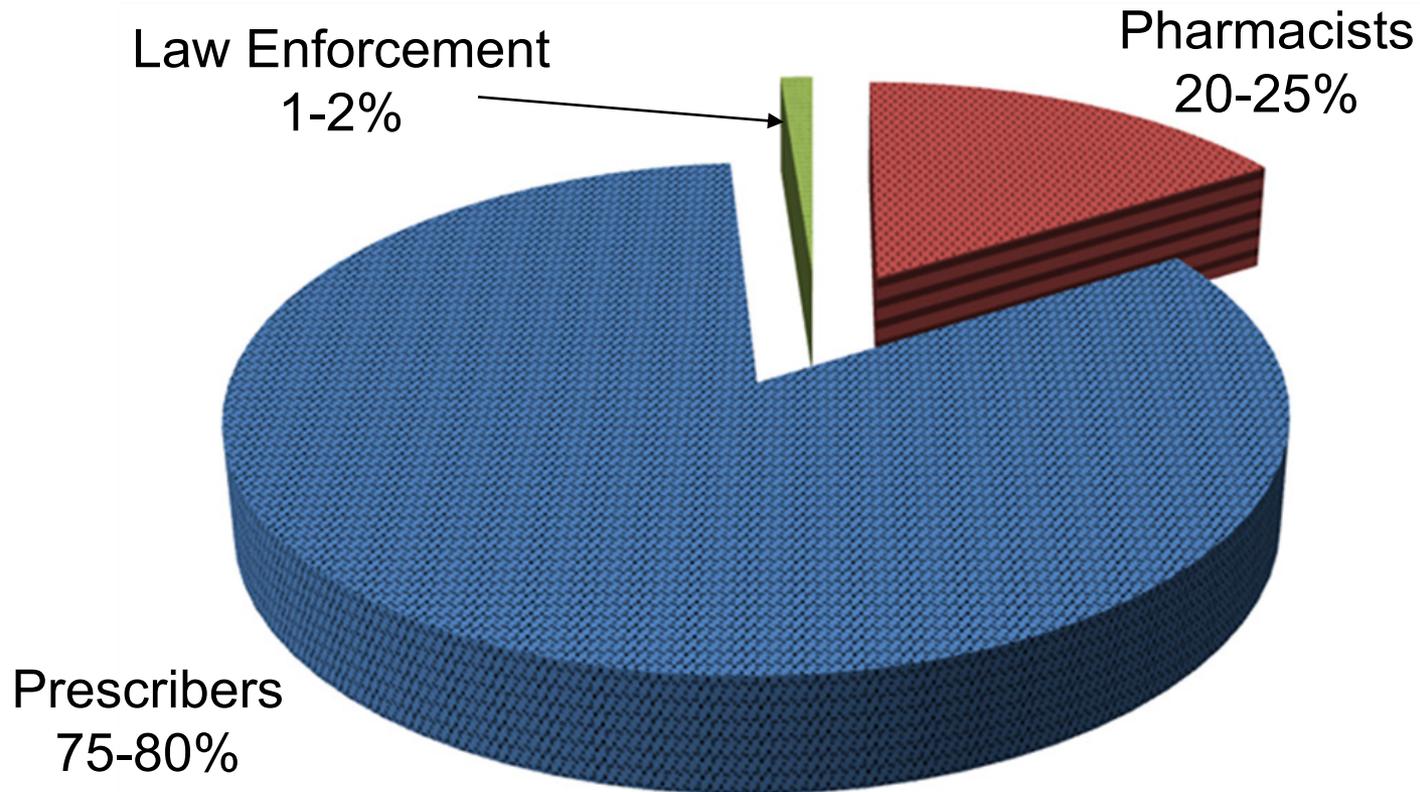
- Patient identifying information (eg, name, date of birth, address, phone)
- Drug information (National Drug Code number, quantity, days supply, date dispensed, prescription number)
- Prescriber (Drug Enforcement Administration (DEA) number or National Provider Identifier (NPI) number)
- Pharmacy (DEA number or NPI/National Council for Prescription Drug Programs number)



PMP Conditions of Use, In General

- Prescriber is treating or contemplating treating a specific patient.
- Pharmacist is involved in practice of pharmacy with a specific patient.
- Law enforcement officer is investigating a prescription drug crime.
- Other conditions, depending on the state.

Requests for PMP Reports



NABP[®]

Shortcomings of PMPs

- Perception/Impact on workflow
- Cross-border patients
- Low utilization

Perception is Low Value

Return On (time) Investment

- Prescribers expect pharmacists to be the watchdog.
- Pharmacists expect prescribers to take the initiative.
- Hospital prescribers and pharmacists do not see abuse, addiction, or diversion as an in-house issue.
- Reports do not include diagnosis or prescriber specialty.



Patient Problems

- Patients, including those with legitimate medical conditions, do not stay in one state, particularly areas that border other states.
 - Therefore, querying the state PMP may not give a complete picture to a physician or pharmacist of the controlled substances a person is obtaining.

Result is Low Utilization by Health Care Professionals

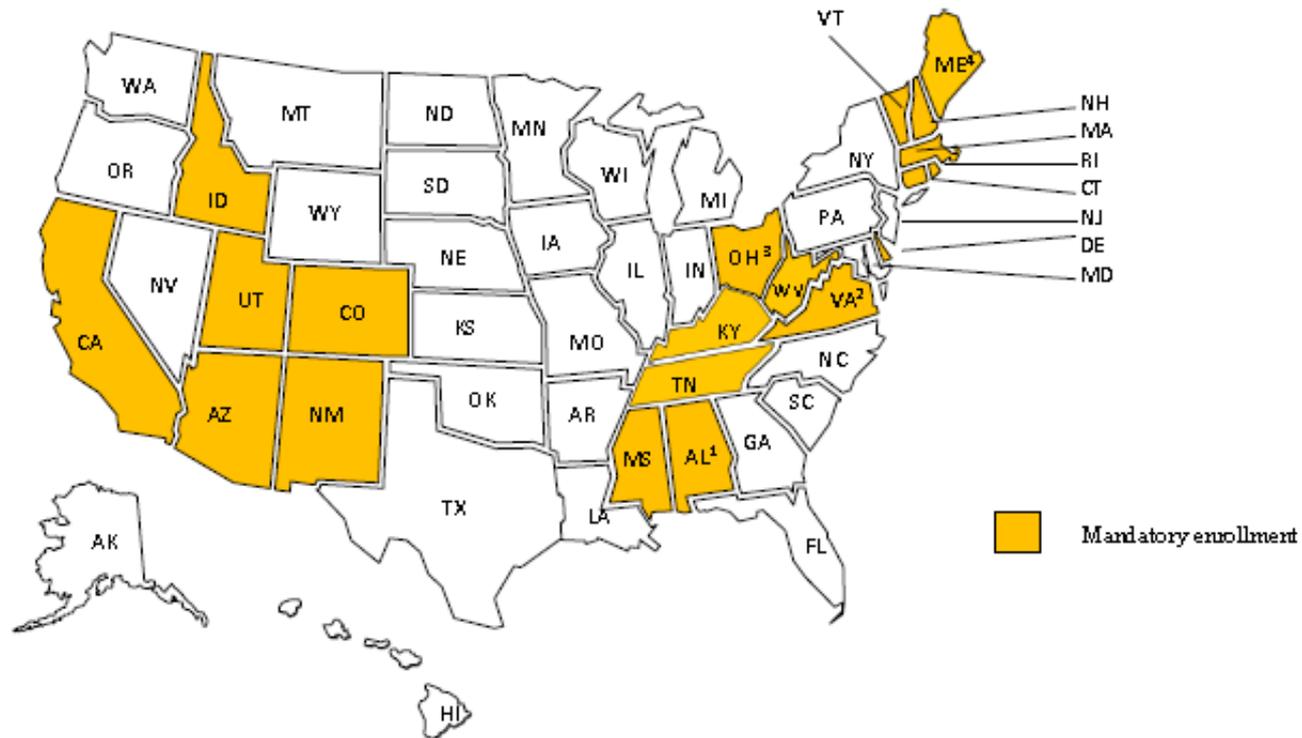
- Utilization is low if it's voluntary – only 10-30% of prescribers use PMPs.
- States did not require health care professionals to utilize the PMP until prescription drug abuse became an epidemic.

How States Are Responding

- Require health care professionals to register with the PMP.
- Require health care professionals to utilize the PMP.
 - Red flag scenarios
 - Specific, high-risk drugs
- Allow delegates to receive patient report for prescriber/pharmacist to review.
- Develop PMP-to-PMP data sharing across state borders.



States that Require All Licensed Prescribers and/or Dispensers to Register with PMP Database*

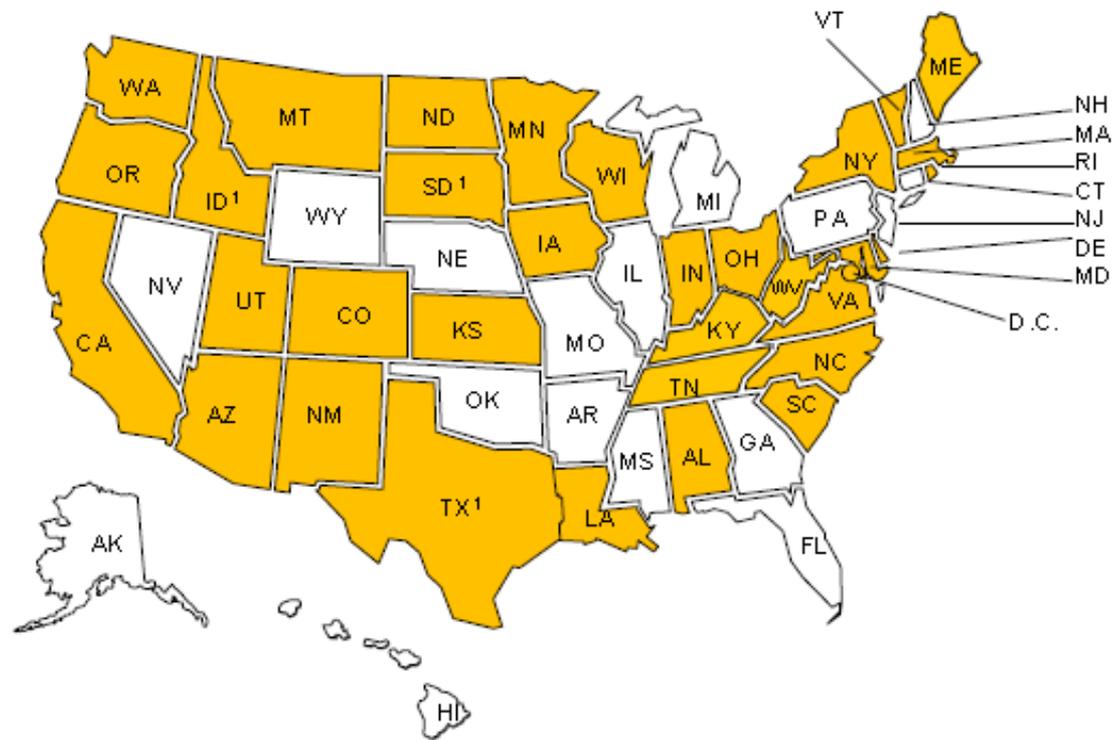


* Many states require that persons requesting access to the state PMP database first register as an authorized user. This map and the memorandum located on the NAMSDL website are concerned with only those states that require all practitioners licensed in the state to also register to use the PMP database.

¹ Alabama only requires physicians with or seeking a pain management registration to be registered with the PMP. ² The Virginia provision goes into effect on July 1, 2015. ³ The Ohio provisions go into effect on January 1, 2015. ⁴ Practitioners in Maine will be automatically registered with the PMP upon obtaining or renewing their professional license.

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States that Allow Practitioners to Designate an Authorized Agent to Access the PMP Database



¹ Idaho and South Dakota only allow prescribers to designate an agent at this time.

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Background on NABP Involvement

- NABP’s mission is to support boards of pharmacy and assist other regulators to protect the public health.
- In fall 2010, NABP was approached by several members.
- They requested a low-cost, easy-to-implement, highly enhanced solution for interstate data sharing.



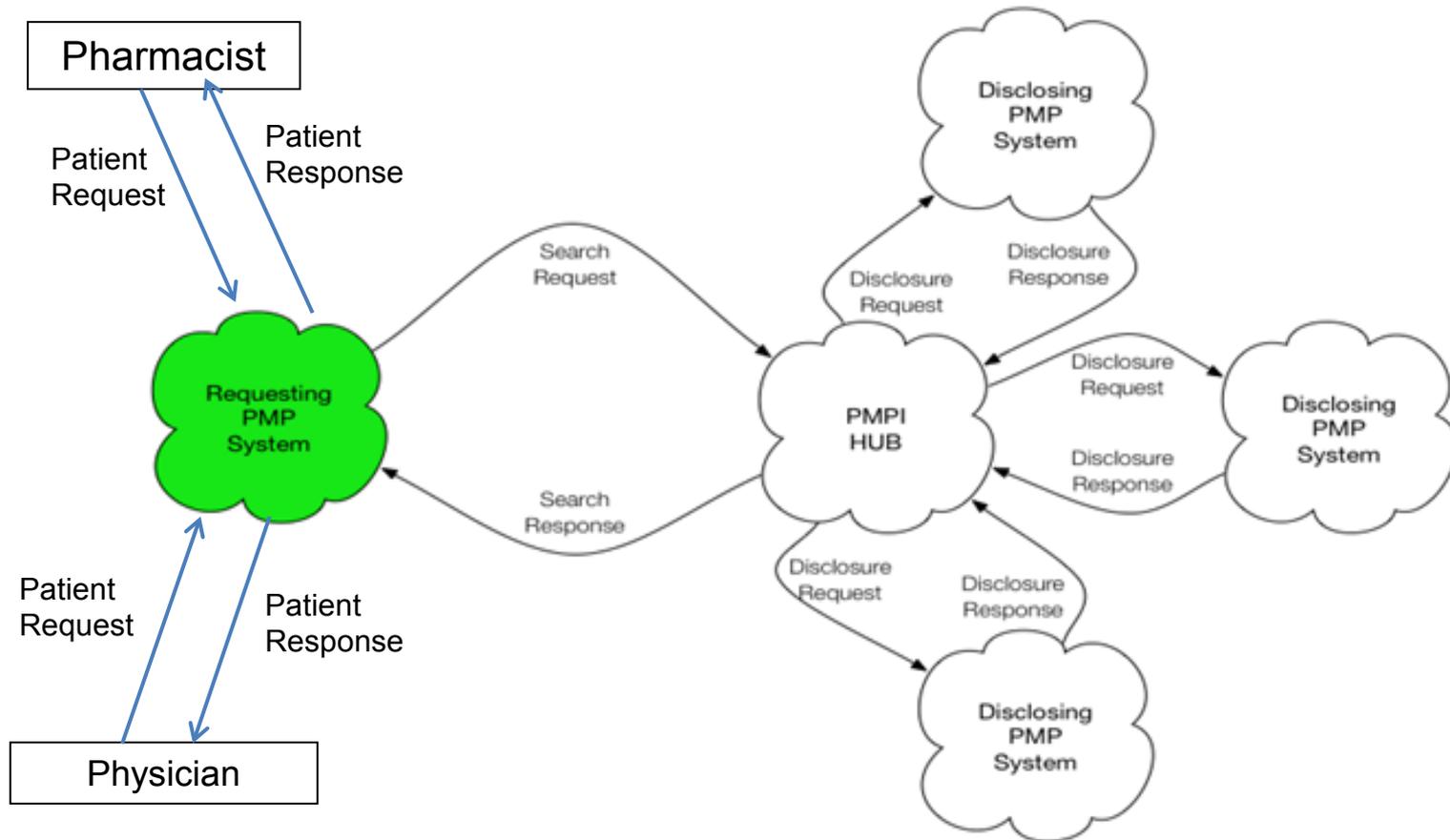
- Built using open standards
- Cost effective (NABP covers up-front costs.)
- Easy to implement
- Low maintenance (NABP covers maintenance through June 30, 2016.)
- Supports states' autonomy over PMP data exchanges

NABP InterConnect Participation

- 26 PMPs are actively sharing data.
 - Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia, and Wisconsin
- Expect 30 PMPs to be connected and sharing data by the end of 2014.
- More states are in the process of signing memorandums of understanding (MOUs).



How NABP PMP InterConnect Works: Traditional Model



- >> View Request
- >> New Request
- >> Unsolicited - Received
- >> Unsolicited - Send
- >> Practitioner Self-Lookup
- *****
- Other Links
- >> Messages (7351)
- >> Alerts (2204)
- >> Info Center
- >> FAQ
- >> Related Links
- *****
- Latest News

Request Patient

Patient Details

Last Name: First Name: Middle Name:

Birth Date:  Gender:

Contact Details

Street: City: State: Zip:

Aliases

Prescription Range

Set default to last 12 months date range Date Filled From: * Date Filled To: *

Options

Format:

Request To State(s)

Arizona
 Connecticut
 Illinois
 Kansas
 Michigan
 North Dakota
 OHIO
 VIRGINIA



The interstate request may take longer for response

I certify that the information I have entered above is accurate. *

Create



- All protected health information (PHI) is encrypted and not visible to the hub. It's secure and compliant with the Health Insurance Portability and Accountability Act of 1996.
 - No PHI is stored by the hub; it's just a pass-through from one state to the authorized requestor in another state.
- It's easy for states:
 - Only sign one MOU/contract with NABP – they do not have to sign one for every other state to exchange data.
 - Each state's rules about access are enforced automatically by the hub.
- In July 2011, the system went live. Since launch, NABP InterConnect has processed over 7 million requests, with an average of 7.5 seconds to process a request.



Cost for States to Participate

- States have no participation costs through June 30, 2016.
 - Some states have federal grant funds to cover implementation.
 - NABP has grants available for other states.
- NABP is paying from its own revenues (exams/accreditations):
 - All development and implementation costs for the hub
 - Annual maintenance fees to the contractor to house the hub for two years
- NABP is using unrestricted grants from third parties to assist states.
 - To date, Purdue Pharma, L.P., and Pfizer have provided grants.
 - NABP assists states for states that can accept these funds.

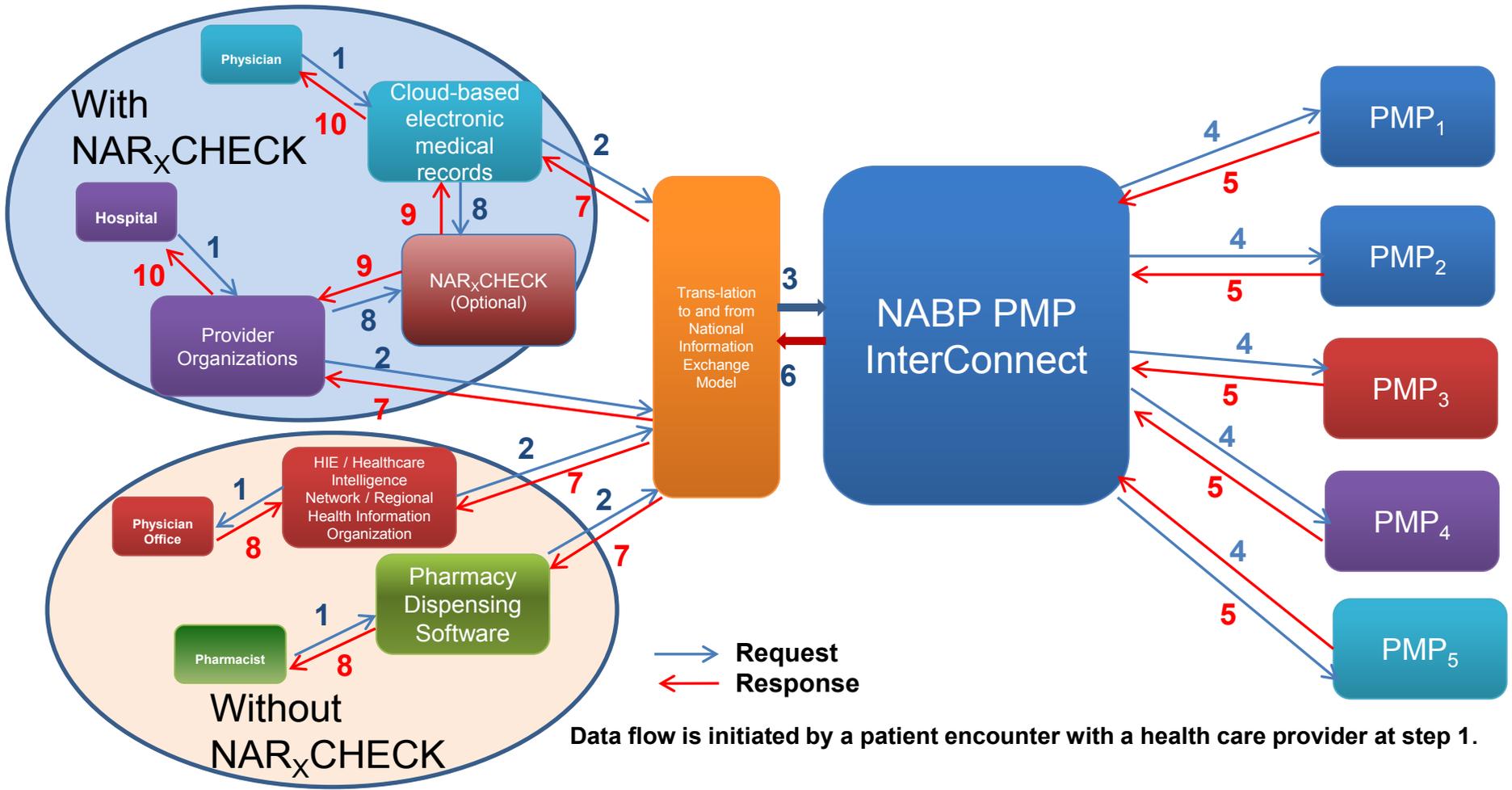


Next Steps to Increase Utilization

- Continue to onboard states into NABP InterConnect
- Assist states with legislation to allow interstate sharing
- Integrate NABP InterConnect into health information exchanges (HIEs)
- Integrate PMP requests into workflow processes, such as pharmacy software systems and hospital system emergency departments
- Provide access to analytical tools to automate analysis of PMP reports to increase efficiencies; eg, NAR_xCHECK[®]
- Developing software that works seamlessly with NABP InterConnect, as well as meets the day-to-day needs of administrators, requestors, and data submitters



Conceptual Data Flow for Integration of PMP data



Benefits of Workflow Integration

- Prescriber/pharmacist is credentialed by workplace, instead of by the PMP.
- Authentication occurs when logging in to workplace software.
- Workplace software populates the data fields for the request.
- Delivery of request is automatic.
- One-click access.



Benefits of Workflow Integration Summary

- No separate registration
- No separate usernames/passwords
- No additional data entry
- No added steps
- No delay

Access to PMP Data – Indiana Integration

COY, CATHERINE L #37704030 (F) Age: 51 years [CLARIAN] **WHITTAKER, STEPHANIE**

Chronologic Results - Page: 1 (Underline indicates changed Result)

Date	Description	Elapsed	Results	Status/Priority	ORD#/Normals	Links
<u>21-Feb-13</u> 16:02	Hosp ICD9 Dx	4 Days	Hosp ICD9 Dx Updated: 25-Feb-13 12:02 530.81 ESOPHAGEAL REFLUX 555.9 REGIONAL ENTERITIS NOS (a) <i>(a) From IUHealth Coding (ClinTrac), 37704030 COY, CATHERINE L</i>			
<u>21-Feb-13</u> 14:55	Glucose Bld Qn (POC)		Glucose Bld Qn (POC) Updated: 21-Feb-13 15:24 82 mg/dL (70-99) Test performed at: IU Health University Hospital 550 N. University Blvd. Indianapolis, IN 46202 Note: New Reference Range. Testing performed at the point of care. (a) <i>(a) From IUHealth (Cerner) Lab, (SO RALS POC 37704030 COY, CATHERINE L)</i>	Final	13-052-11765_686128	
<u>21-Feb-13</u> 13:29	Colonoscopy		Colonoscopy Updated: 21-Feb-13 14:47 REFERRING MD: Daniel Vlahovich, DO, Ian Abdullah, MD INDICATION: Multiple ulcers in the neo-terminal ileum consistent with moderately active Crohn's FINDINGS: Multiple ulcers in the neo-terminal ileum consistent with moderately active Crohn's. Side-to-side ileo-colonic anastomosis. - Pseudopolyps in the Rectum. Inactive. (a)	Final	50885877	
<u>30-Jan-13</u> 21:17	Emergency Dept MD Progress Note	765 Days	Emergency Dept MD Progress Note Updated: 08-Feb-13 01:40 Emergency Dept MD Progress Note (a) <i>(a) From IUHealth Powernote, 37704030 COY, CATHERINE L</i>	Final	4FA0-A348-5B/9EEDB5F	
<u>30-Jan-13</u> 23:59	Hosp ICD9 Dx		Hosp ICD9 Dx Updated: 03-Feb-13 17:09 555.9 REGIONAL ENTERITIS NOS 578.1 BLOOD IN STOOL 787.91 DIARRHEA 789.07 ABDOMINAL PAIN GENERALIZED (a) <i>(a) From IUHealth Coding (ClinTrac), 37704030 COY, CATHERINE L</i>			
<u>30-Jan-13</u> 17:45	Vitamin D 25 Hydroxy Ser Panel		Vitamin D 25 Hydroxy Ser Panel Updated: 01-Feb-13 02:33	Final	13-030-12744_1039378	

Direct integration of PMP data through one-click access

Access to PMP Data – Michigan Integration

Pending Prescriptions for this Patient

[\[Select All\]](#) [\[Select None\]](#) [\[Delete Selected\]](#)

Prescriptions 11 - 20 of 35 [\[Prev\]](#) [\[Next\]](#)

Signature Password:

[Add to Meds](#) [Print Pharmacy](#)

<u>Serial#</u>	<u>Dr/Staff</u>	<u>Name</u>	<u>Date</u>	<u>Status</u>	<u>Drug</u>	<u>Sig</u>	<u>Qty</u>	<u>Rfl(s)</u>	<u>Action</u>
<input type="checkbox"/> DEV-966046	FL	Hello Kitty Test	06/14/2012	pending WARNING	Lunesta (eszopiclone) 1 mg Tablet	Take 2 tablet by mouth every four to six hours while awake after meals -- kjkjk	3	1	Modify Delete Favor

SCHEDULE IV



Future of PMPs

- National network of state PMPs
 - Standardize data collection
- Full integration with PMP data available within the workflow of every prescriber and pharmacist
- Risk evaluation/mitigation strategies
 - NAR_xCHECK
 - Warning signals
 - Information regarding treatment options

Questions?

