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Lessons Learned from All Prescription Reporting

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Presenters

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Lessons Learned From All Prescription Reporting



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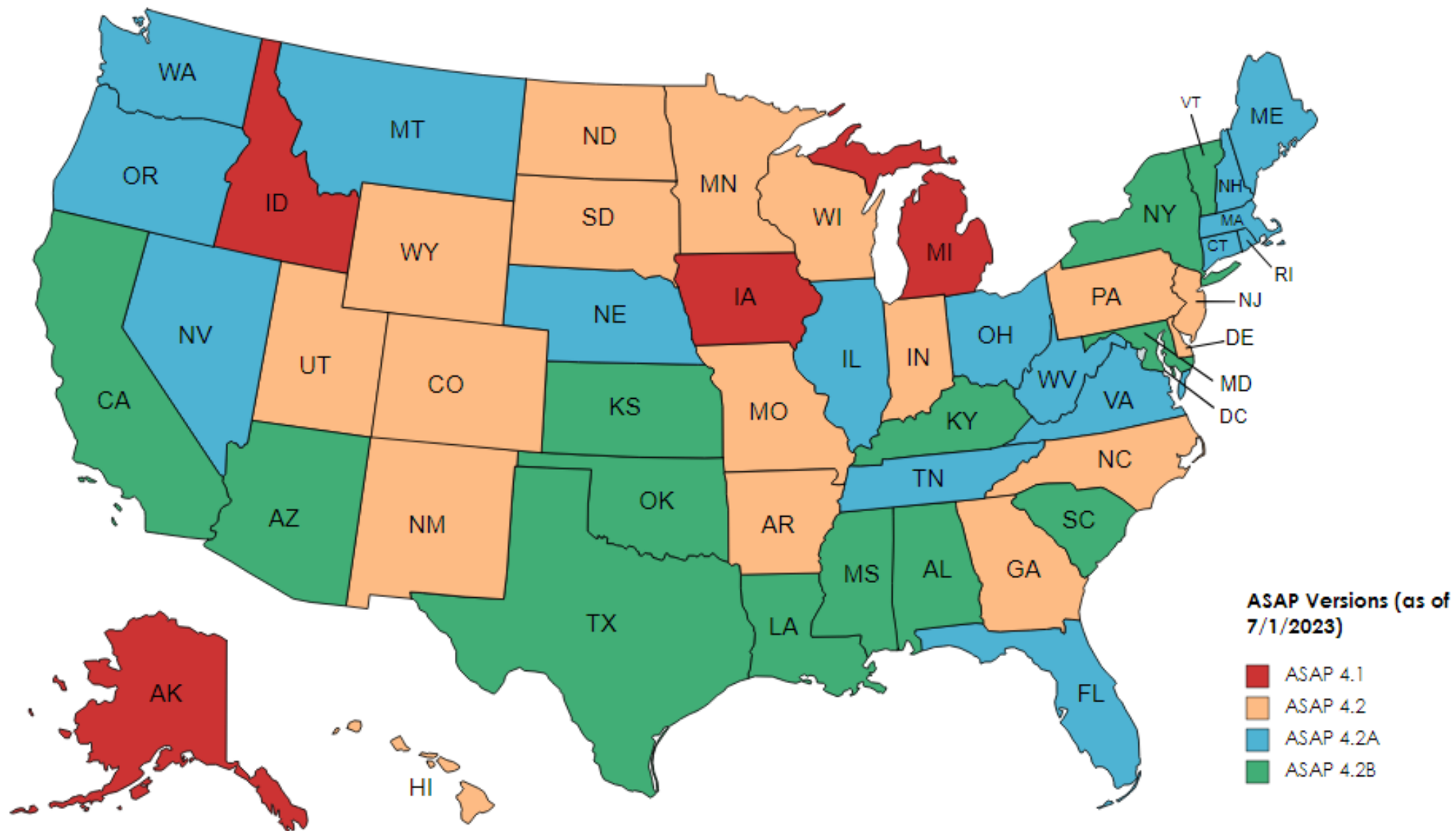
Purpose of the PDMP

Improving patient care and safety through reducing abuse and diversion of monitored drugs, promoting appropriate professional practice, and public health surveillance.

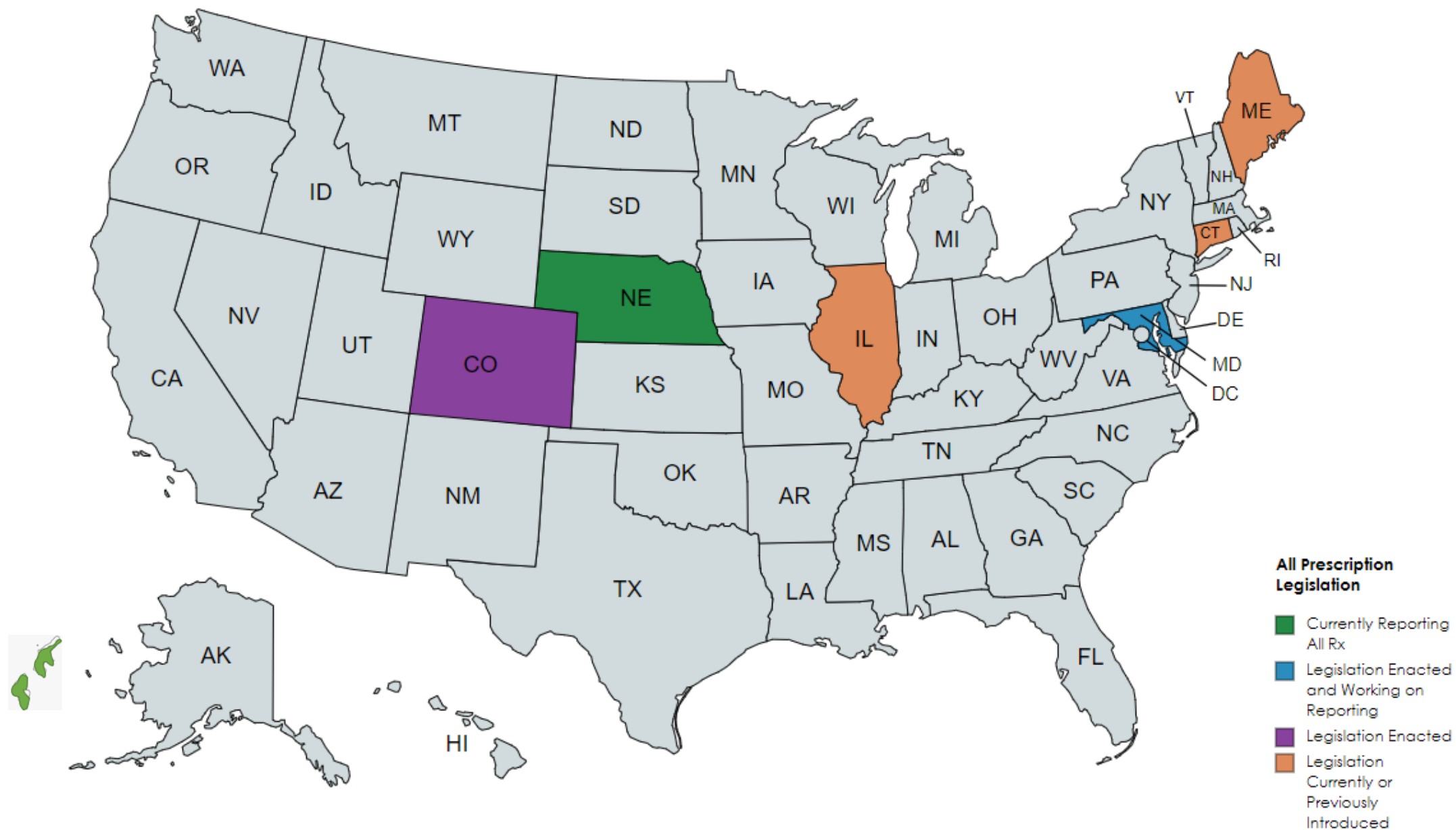
National Association of State Controlled Substances Authorities Model PMP Act 2021



ASAP Versions by State



All Prescription Legislation



Nebraska PDMP Major Milestones

- PDMP created in NEHII HIE

- Implement enhanced PDMP
- Reporting of all dispensed controlled substances

- Legislation to allow specific data use cases

- Data Governance
- Health IT Board

2016

2018

2020

2011

2017

2019

2021

- LB 471 to enhance PDMP
- Neb. Rev. Stat. § 71-2454

- Reporting of ALL dispensed prescriptions

- Continue SUPPORT Act projects
- Implement Interstate Data Sharing
- Implement PDMP workflow integrations
- Built FHIR API for integrations

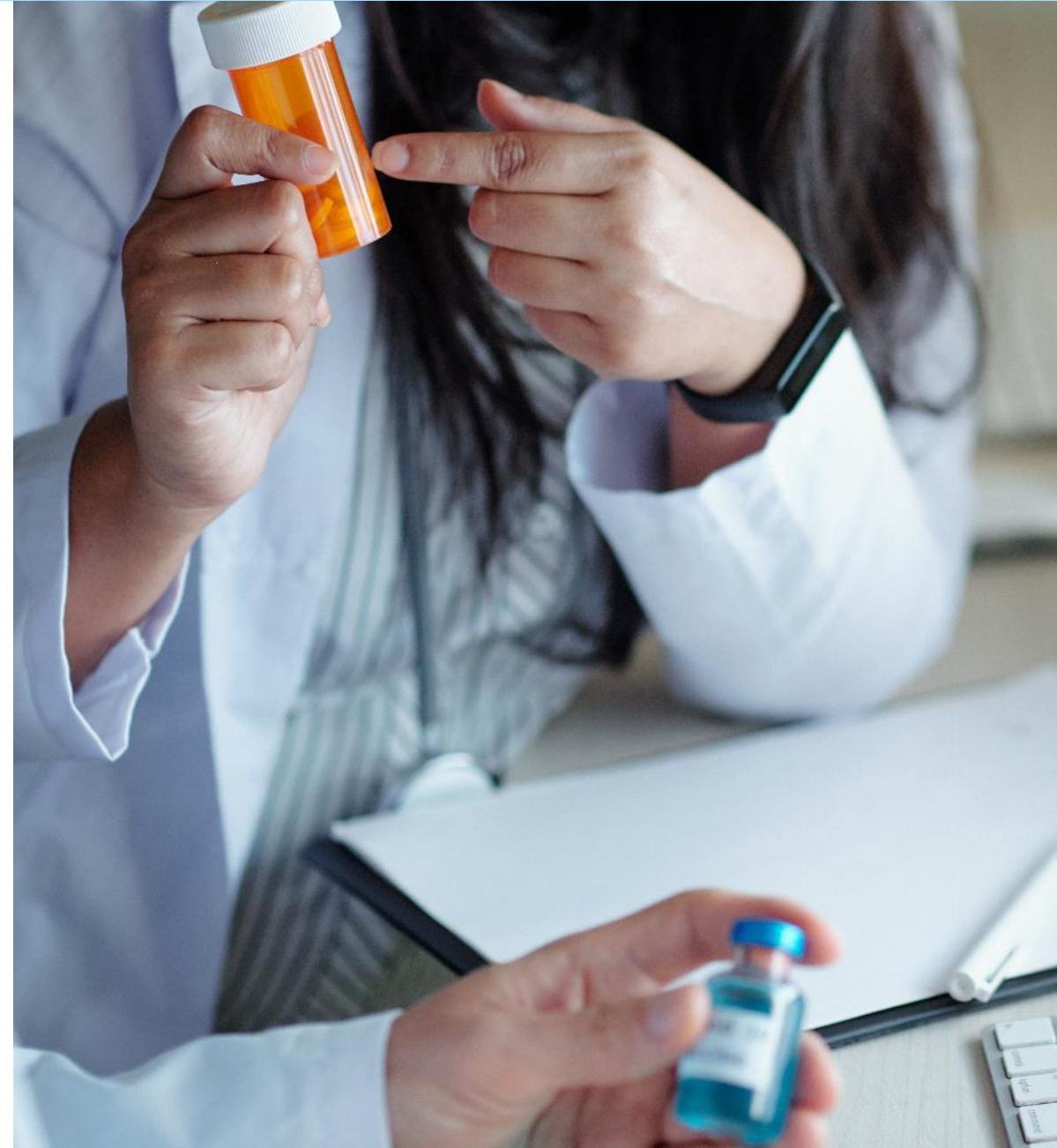
Key Legislative Provisions

- Collaboration with DHHS and the statewide health information exchange
- Prohibit any patient from opting out of the prescription drug monitoring system;
- Require any prescription drug that is dispensed in this state or to an address in this state to be entered into the system by the dispenser or his or her delegate no less frequently than daily after such prescription drug is sold,
- Allow all prescribers or dispensers of prescription drugs to access the system at no cost to such prescriber or dispenser
- Exceptions:
 - The dispensing to a nonhuman patient of a prescription drug which is not a controlled substance listed in Schedule II, Schedule III, Schedule IV, or Schedule V



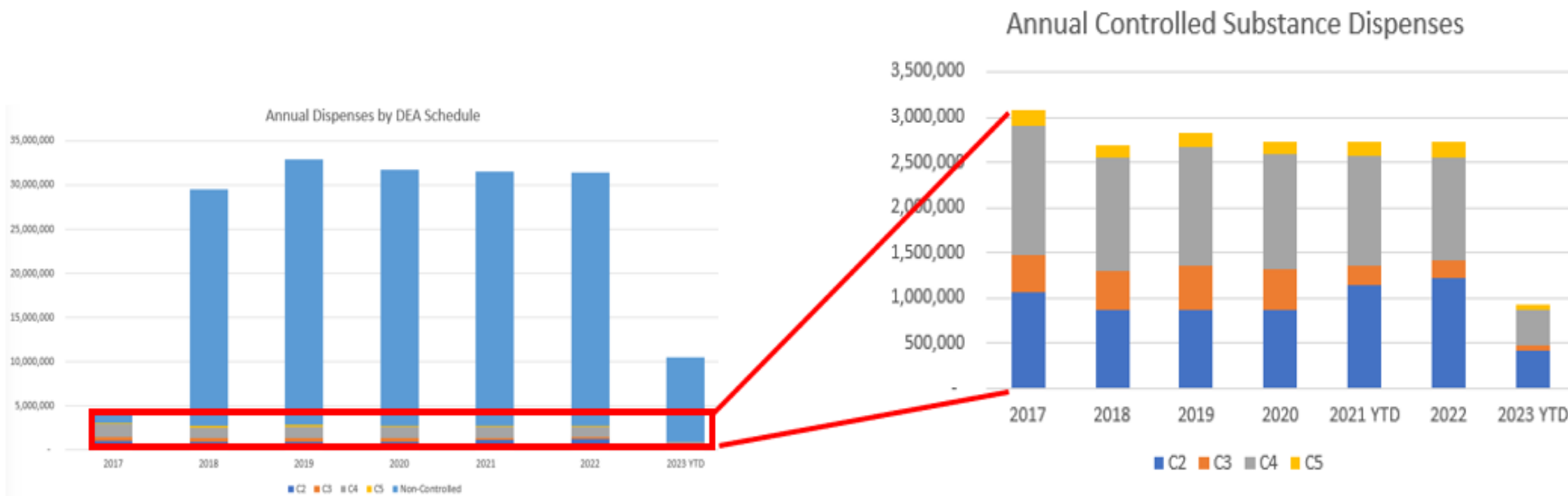
Why All Prescriptions?

- Drugs of Concern
 - All prescriptions can be drugs of concern
- Monitor trends patterns for next non-scheduled drug of abuse
- Comprehensive medication history
 - Medication reconciliation
- Medication compliance
- Public health/epidemiology
- Population health
- Planned/unplanned outages
- More and better data for providers to make better informed treatment decisions
- Patient safety



Data

- 10 x volume of controlled substances



With great data, comes great responsibility.

More data → More information → More knowledge



Population Health Information Act

- Creates Health Information Technology Board
 - Neb. Rev. Stat. §§ 81-6,123 to 81-6,128
 - Establish criteria for data collection and disbursement by the HIE and PDMP to improve the quality of information provided to clinicians
 - “Additional information as determined by the Health Information Technology Board and as published in the submitter guide for the prescription drug monitoring system”
 - Provide governance oversight



About the Maryland Health Care Commission



- ▶ The Maryland Health Care Commission (MHCC) is an independent regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment.
- ▶ The Center for Health Information Technology and Innovative Care Delivery implements programs and initiatives that support advancing health information technology statewide.
- ▶ As the regulator of health information exchanges in Maryland, MHCC plays a critical role in facilitating the exchange of and use of health information to improve the quality and efficiency of health care delivery.



Background

Chapter 435 (House Bill 115) *Maryland Health Care Commission – Electronic Prescription Records System – Assessment and Report (2018)*

- ▶ Required MHCC to convene a Workgroup to assess the benefits and feasibility of developing a non-CDS repository and publish a summary report

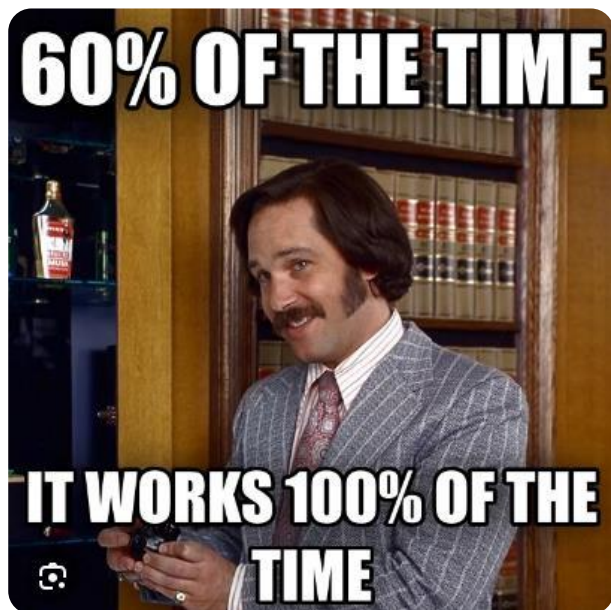
Chapter 296 (House Bill 1127) *Public Health – State Designated Exchange – Health Data Utility (2022)*

- ▶ Requires CRISP to operate a health data utility (HDU) in Maryland
- ▶ Requires dispensers to electronically submit information on non-CDS drugs dispensed in Maryland to the State Designated Health Information Exchange (CRISP)
 - CRISP to make non-CDS data available to authorized users for purposes of treatment and care coordination of a patient and public health purposes



Defining Health Data Utility

- ▶ A Health Data Utility (or HDU) is a statewide model or entity with advanced technical capabilities to combine, enhance, and exchange electronic health data across care and services settings for treatment, care coordination, quality improvement, and public and community health purposes.
 - Supports multi-stakeholder needs by enabling complex and evolving use cases, using clinical and non-clinical data and ensuring privacy and security that exceeds federal minimum standards established by HIPAA



Considerations – The 3 C's



COMMUNICATION



COLLABORATION



COOPERATION



Communication

- Reach out to all pharmacies and dispensers
 - “We don’t need to report because we don’t dispense controlled substances”
 - Mail order pharmacies
 - Non-traditional pharmacies
 - Nursing homes, home health, nuclear, etc.
- Communicate early
- Communicate frequently and thoroughly
- Work with pharmacy associations (local, national)

Collaboration

- Involve and engage stakeholders
 - Pharmacies
 - Hospitals
 - Providers
 - Hospital, medical, pharmacy associations
 - Local/state
 - National
 - Vendors

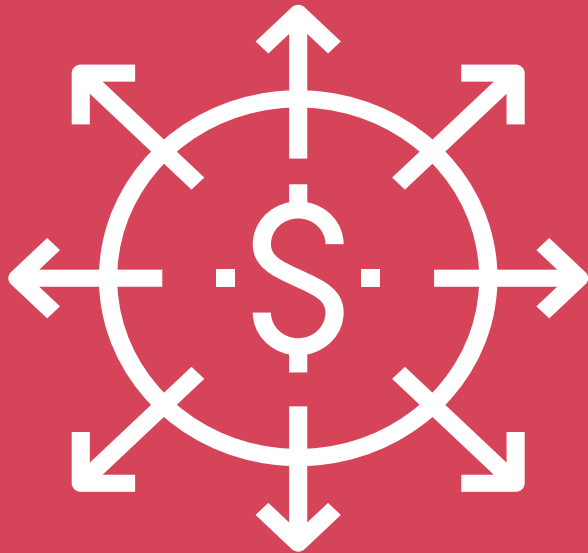




Cooperation

- Test file submissions
- Compounds
- Items without NDCs
 - OTC
 - Chemicals/minerals
 - Tubing, supplies
 - Diabetic supplies

Maryland's Approach to Implementing a Non-CDS Repository



- ▶ **Funding:** Funding is available under an existing financial agreement between CRISP, Health Services Cost Review Commission (“HSCRC”), and MDH which leverages operations and maintenance (“O&M”) funding CMS’ Medicaid Enterprise System (“MES”)
- ▶ October 2022, MHCC established the **Noncontrolled Prescription Drug Workgroup** to discuss technical and policy related matters as it pertains to reporting non-CDS dispense data
 - Specific data elements and formats
 - Reporting frequency
 - Technical infrastructure
 - Privacy and Security



Noncontrolled Prescription Drug Workgroup



- ▶ Discussions are helping inform an implementation strategy that minimizes burden and duplication as required by the law, drafting a dispenser data submission manual, and supporting regulations
- ▶ Membership consists of stakeholders including representatives from chain and independent pharmacies, prescribers, consumer organizations, technology vendors, and CRISP
- ▶ Feedback
 - Consider how to identify prescribers and dispensers who do not have DEA numbers
 - The higher quantity of dispense data may mean a greater potential for data errors
 - Dispensers have encouraged reporting requirements and format to be as consistent as possible to the PDMP

- ASAP fields
 - Validation logic of controlled vs. non-controlled substances
- Errors
- Manual entry/UCF fields
- Does it change user access
 - Does law enforcement have access to all Rx
 - Payer access
 - Patient access
- Display
 - CS vs. legend drugs
 - Expand/collapse vs. scrolling
 - System performance



Things to Think About: Pharmacies

- Not all dispensers/pharmacies have NPI or DEA
- Address field lengths
- Lack of knowledge/understanding about reporting
 - Communication
 - Exemptions





Maryland's Approach: Dispensers

- ▶ **Dispensers:** Chapter 296 requires all dispensers (including dispensers who do not currently report information to the PDMP and dispensing prescribers) to submit non-CDS dispense information to CRISP to support treatment and care coordination of a patient and public health purposes
- ▶ **Veterinarian Prescribing:** Dispensing veterinarians will be excluded from reporting dispense information; dispensers who dispense prescriptions written by veterinarians will report those prescriptions and species code will be required in alignment with Maryland PDMP requirements





Things to Think About: Patients

- Identifiers
 - System-generated ID
 - Patient address may not be required for non-controlled substances in some states
- Patient matching
 - Gender
 - DOB
 - Phone Number
 - Extraneous information



Opting Out and Additional Data Protections

- ▶ Consumers may opt out of participation in CRISP
- ▶ Senate Bill 786/House Bill 812, *Health – Reproductive Health Services – Protected Information and Insurance Requirements* (2023), establishes additional privacy rights for certain information relating to reproductive health services
 - As of December 1, 2023, an HIE may not disclose mifepristone data, or the diagnosis, procedure, medication, or related codes for abortion care and other sensitive health services as determined by the Secretary to a treating provider, a business entity, another HIE, or another EHN unless the disclosure is:
 - For the adjudication of claims; or
 - To a specific treating provider at the written request of and with the consent of a patient, or
 - To a patient or guidance of a patient, for services for which they can provide consent

Things to Think About: Dispenses

- Nursing home daily dispense reporting
- Date Filled before Date Written
- Payment Type
 - Don't use prescription plan for billing
 - Home health, hospital infusion centers
- Product ID
 - Invalid NDCs
 - Missing NDCs
- RxSig



Things to Think About: Compounds

- Products with fictitious NDCs
- Products without NDCs
 - OTC
 - Chemicals/minerals
 - Tubing, supplies
 - Diabetic supplies



Things to Think About: Prescriber

- Many without DEA
 - Most, but not all have NPI or DEA
- Name incorrect, missing



Things to Think About: Errors

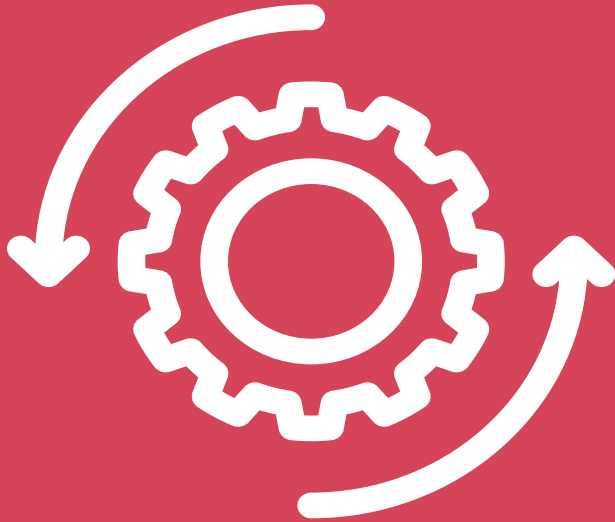
- Increased volume
 - Resources to ensure error correction
- Invalid NDCs
- Patient address
 - May not required for non-controlled substances
- Payment type
 - Home infusion/compounding, nursing home pharmacies
- Refills Authorized > 2 digits
- Missing/incorrect/invalid DEA or NPI
- Record does not exist to be voided
 - Original Rx prior to 2018, so nothing available to void
- Some pharmacies resent same files repeatedly, causing # dispenses and error rates to increase
- Some pharmacy software vendors extra fields
- Asterisk entered, interpreted as field data delimiter





Maryland's Approach: Access

- ▶ Access to dispense information will align with CRISP's clinical data access requirements; Chapter 296 did not include access requirements or allowances for law enforcement or interstate data hubs that aligns with Maryland Health General Article § 21-2A-06



Things to Think About: PDMP Staff

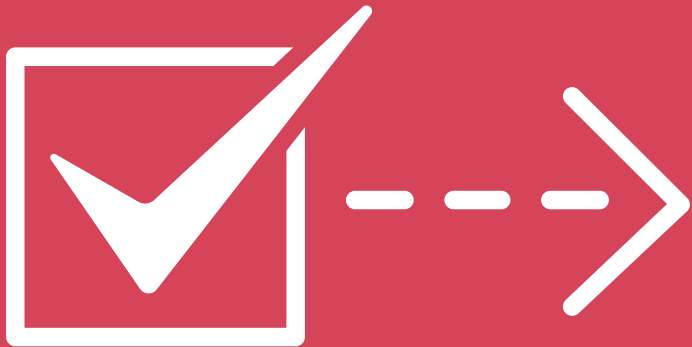
- Resources for:
 - Communication
 - Testing
 - Implementation
 - Support
 - Data compliance/integrity
 - Users not finding prescriptions





Next Steps in Maryland

- ▶ CRISP to identify a vendor to collect non-CDS dispense information based on feedback provided by the Workgroup
- ▶ Facilitate a pilot with a subset of dispensers
- ▶ Outreach to dispensers who are new to reporting dispense information





PRESCRIPTION DRUG
MONITORING PROGRAM



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