PDMP Alerts, Analytics and the Pharmacy Workflow

Speakers:

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Thomas Bizzaro, R.Ph., Vice President, Health Policy and Industry Relations, FDB, Inc.

Brian Eidex, Director, Pharmacy, LexisNexis

Rob Cohen, President, Appriss Health

May 9, 2017

Moderator: Anthony Schueth, M.S., CEO & Managing Partner, Point-of-Care-Partners

Anthony Schueth, MS, is the CEO and Managing Partner of Point-of-Care Partners (POCP), a health information technology (HIT) strategy and management consulting firm specializing in the evolving world of electronic health records. A 25-year healthcare veteran, he is an expert in HIT, in general, and one of the nation's foremost experts in ePrescribing and eMedication Management. In addition, he currently serves as a co-leader of NCPDP' Specialty ePrescribing Task Group and leads the NCPDP Electronic Prior Authorization Task Group.

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Thomas Bizzaro, R.Ph., Vice President, Health Policy and Industry Relations, FDB, Inc.

Tom Bizzaro, R.Ph., is Vice President, Health Policy and Industry Relations for FDB. He has served three terms on the NCPDP Board and served as Board Chair in 2013. He currently serves as a member of the NCPDP Foundation Board of Trustees, is a member of the AMCP Legislative and Regulatory Action committee and is a member of the AMIA Industry Advisory Council

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Brian Eidex, Senior Director, National Accounts, LexisNexis

Brian Eidex, is the Director of Strategic Accounts at LexisNexis Healthcare, a company providing solutions leveraging provider data, comprehensive public records, proprietary linking and claims analytics, and predictive science. Eidex has over 15 years of experience in the pharmacy industry, including working closely with NCPDP during the Part D rollout of the TrOOP Facilitator and more recently helping pharmacies and PBMS meet increasingly complex prescriber compliance requirements. Eidex is currently serving as co-chair of the Definition of a Valid Prescriber Task Group within Work Group 1.

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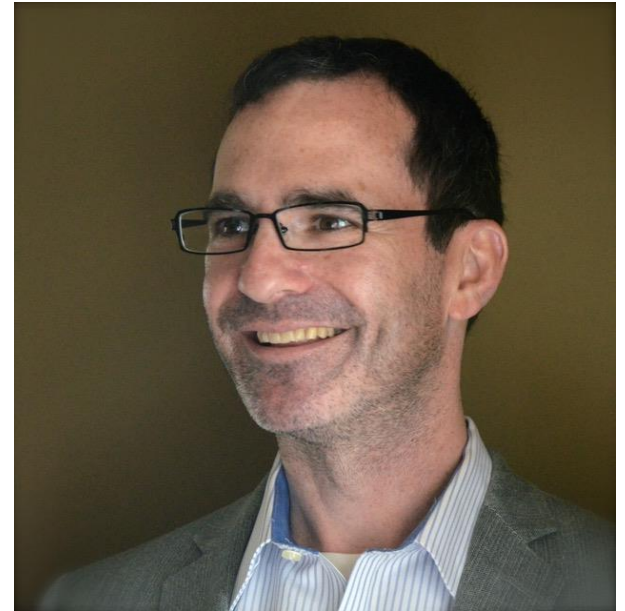
Rob Cohen, MBA, President, Appriss Health

Rob Cohen, MBA, is the President of Appriss Health, a health analytics and technology provider specializing in substance use disorder and the evolution of PDMPs as clinical decision support tools. Cohen has over 15 years of healthcare experience with particular domain expertise in value-based care and population health in payer and provider settings. Cohen has held senior leadership roles at Anthem, Healthways, and Evolent Health along with experience at Disney and McKinsey and Company.

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Accreditation Statement

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ACPE program numbers are:
0459-0000-17-021-L04-P and **0459-0000-17-021-L04-T**

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Learning Objectives

1. What is PDMP and what is the state of PDMP?

2. Overview of regulations and legislative issues.

3. Overview of state specifics.

4. What pharmacy must do to support PDMP.

5. How can we better leverage current technology to identify risk at point of care.

Pre-Test Questions

1. Describe state programs requiring dispensers to check PDMP repositories.

2. What are the various technological solutions that exist to facilitate PDMP checks?

3. What is the political climate for controlled substance abuse regulation? And what potential for new regulations relative to PDMP exists?

PDMP Overview and Landscape

Opioid Epidemic:
The Social and Economic Impact

Economic Impact:

$55 billion in health and social costs related to prescription opioid abuse each year.

$20 billion in emergency department and inpatient care for opioid poisonings.

On an average day in the U.S.:

650,000+ opioid prescriptions are dispensed

91 people die from an opioid-related overdose

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Opioid Epidemic: States are fighting back

- Prescription Drug Monitoring Programs (PDMPs) are tools utilized by States to address prescription drug abuse, addiction and diversion.
- The data from PDMPs can be used to support states' efforts including:
  - Support of access to legitimate medical use of controlled substances
  - Identify and deter or prevent drug abuse and diversion
  - Facilitate and encourage the identification, intervention with and treatment of persons addicted to prescription drugs
  - Inform public health initiatives through outlining of use and abuse trends
  - Educate individuals about PDMPs and the use, abuse and diversion of and addiction to prescription drugs

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PDMPs: A historical view

✓ Historically, PDMPs began as a **law enforcement tool** to help diversion

✓ PDMP Data has been primarily accessed **outside** of the clinician workflow

✓ More recently, focus has shifted to **point-of-care clinical** use of PDMP data by prescribers and pharmacists.
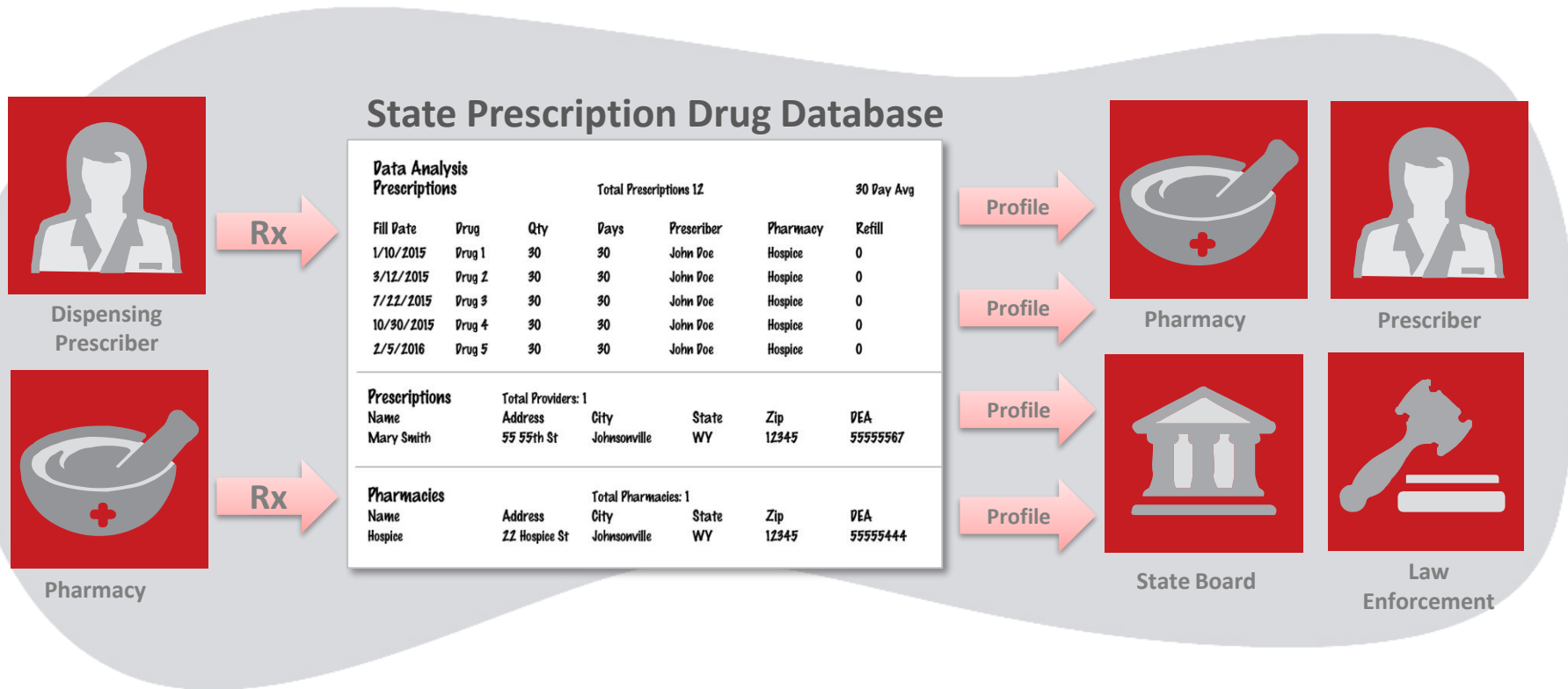
Prescriber PDMP Access Required

Kentucky is the first state to mandate prescribers to view PDMP before prescribing

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Prescriber PDMP Access Required

January 2016

For all Controlled Prescriptions

For Some Controlled Prescriptions

Not Required

No PDMP

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Prescriber PDMP Access Required

April 2017

- **For all Controlled Prescriptions**
- **For Some Controlled Prescriptions**
- **Not Required**
- **No State PDMP; Local City and Country efforts**
- **Proposed**

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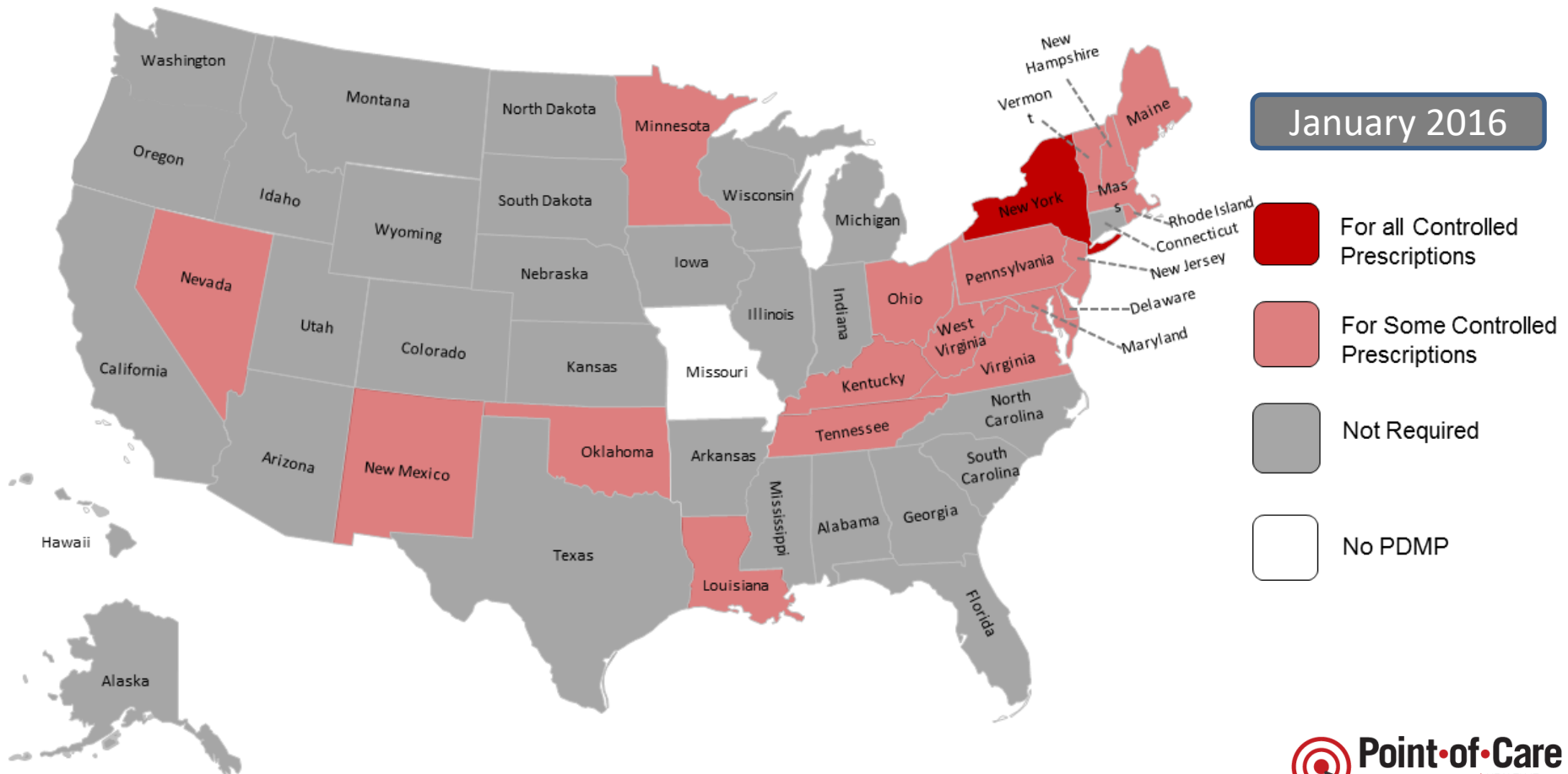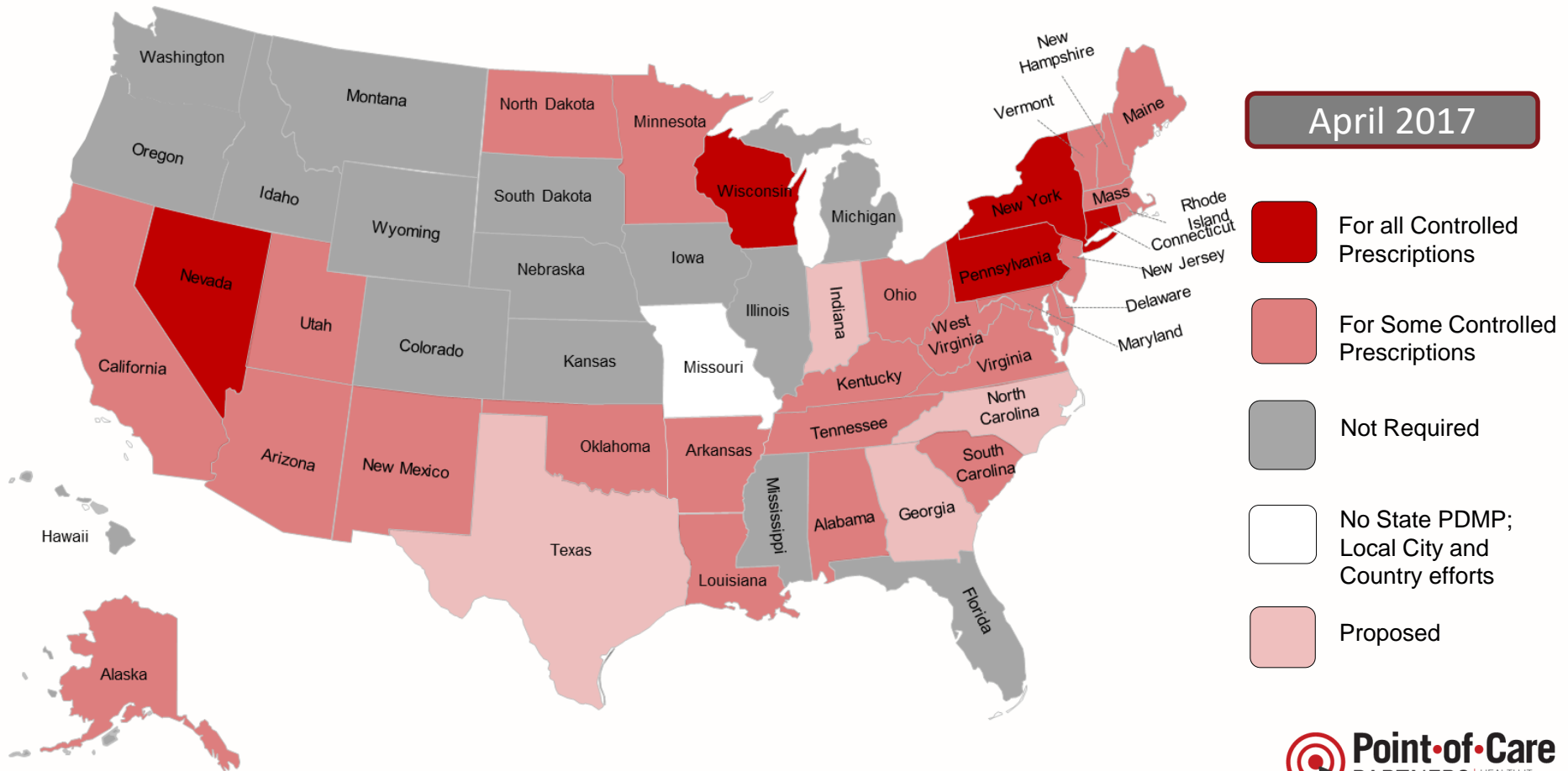
States Addressing PDMP EHR Workflow Integration

- Mandates are not effective if prescriber access is burdensome

- States are removing barriers to access

  - Allowing data sharing with EHRs
  - Encouraging integration into prescriber workflow

- Mandates are being implemented for PDMP registration as well as access.

> **29 states require prescribers to view the PDMP when prescribing specified controlled substances**

Source: ePrescribing State Law
Review by Point-of-Care Partners

PDMP Market Landscape

PDMPs

- Managed by States
- Housed under various govt. agencies
- No federal standards or regulations

Evolving Technology

- NABP PMP Interconnect (PMPi)
- Appriss
- ASAP standards
- NCPDP Standards

Legislative Reform

- Prescriber Mandates
- Interoperability
- Data Sharing among states
- Additional Data Collection (e.g., history of overdose)

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EHRs and Pharmacy systems as part of the solution

EHRs and pharmacy systems can be part of the Solution by Improving Prescriber and Pharmacist access to PDMP Data in the workflow

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The Path to Industry Adoption

The biggest challenge faced by EHRs to integration and adoption of PDMPs into their workflow is the management of individual state business rules.

2017: Regulatory Changes and Standardization

Industry Adoption EXIT

2016: Live Implementations

2012-2016: Pilot Implementations

Regulatory Drivers & NCPDP EDvocacy

Federal PDMP Initiatives Overview

- Comprehensive Addiction and Recovery Act (CARA)

- 21st Century Cures

- Prescription Drug Monitoring Act of 2017

- Opioid Abuse Commission

- FY 18 "skinny budget" proposal
    - $500 million increase from above 2016 levels to expand opioid misuse prevention efforts

NCPDP EDvocacy Efforts 2016-2017

- Ensuring Safe Use of Controlled Substances
    - NCPDP #1 EDvocacy priority
- Edvocacy Tours
    - 37 Congressional Meetings
        - ➢ Senate HELP, Senate Appropriations, House Energy & Commerce, House Ways & Means, House Appropriations
    - 13 Administrative Meetings
        - ➢ CMS, ONC, ONDCP, FDA, Surgeon General
    - 9 Stakeholder Meetings
        - ➢ AMA, NACDS, NCPA, Veterans, NGA

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Building a Patient Safety Network
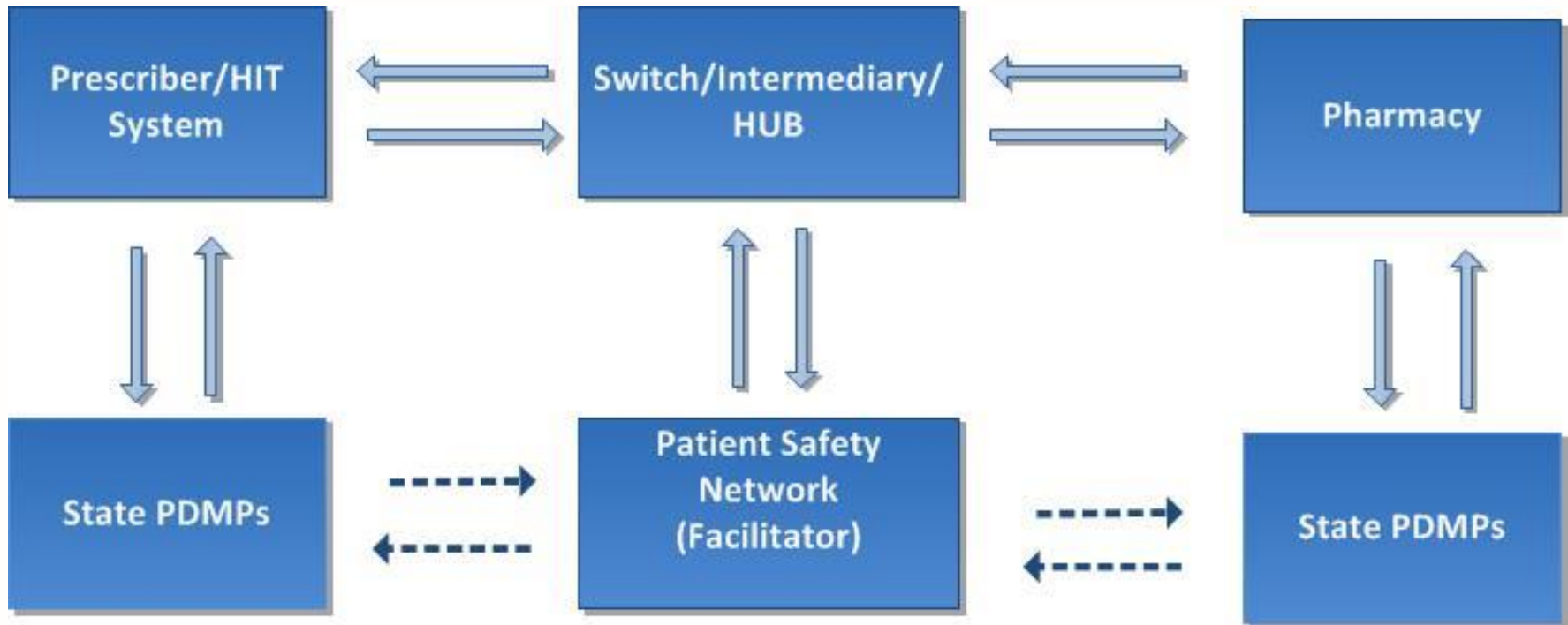
Solving the Opioid Problem in the U.S.

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LexisNexis Overview

- Assign risk using big data and complex analyses to improve business decisions

- Collect over 4 petabytes of data about individuals and companies across the U.S., associating to single identity with over 99.99% accuracy

- Provide contributory databases within the healthcare, insurance, financial, government industries

- Support real-time processes across industries supporting well over 1,000 transactions / second with sub-second response times

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Patient Linking

- Ability to link prescriptions together and to a single person consistently

- Reduced dependency on sensitive IDs, such as SSN

- Reduce need for new patient IDs

- Increase chance of matching request to underlying database

Patient Linking

Analytics and Big Data

- Understand who your patient is

- Simple analytics
  - How far does patient live from prescriber and pharmacy?

  - Does patient have other home addresses?

- Complex Analytics
  - Is this person's peer group a high risk for substance abuse?

  - Is this prescriber associated to a group practice/clinic (CMS' Opioid requirement 2018)

Big Data

Contributory Databases

- Voluntary delivery of data to help their business and customers

- Auto industry
  - CLUE database

- Banking
  - SIRIS database

- Real Estate
  - MIDEX database
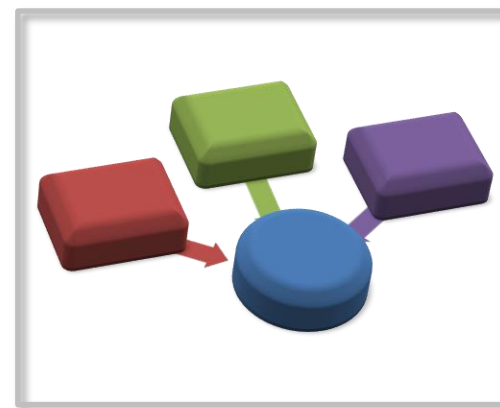
Contributory Database

Regulations

Regulations

- Can we work within existing regulations (state, HIPAA)?

- Enable better sharing of data

- Enable better integration of patient data

- Integrate into workflow of EHR and Pharmacy systems

- Do we need more regulations to push us to help patients even better?

Workflow Integration: Challenges & Solutions

Appriss Health Overview

Software provider for **42 of 52 PDMPs** in U.S.
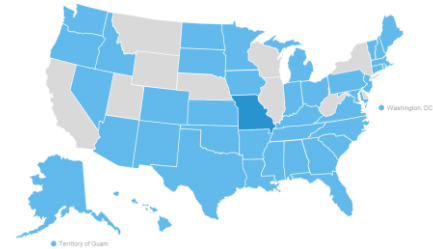
Software provider for **PMP Interconnect** – national data sharing platform
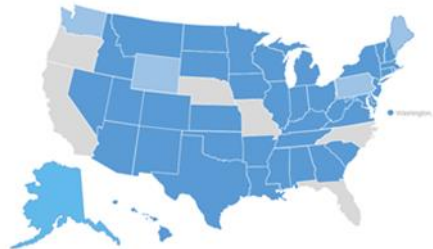
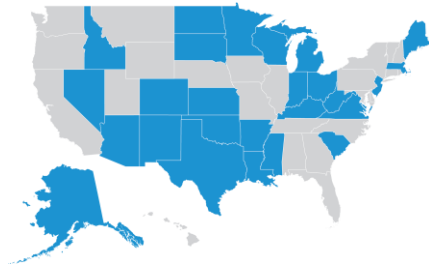Provider of **PMP Gateway** – managed service for integration of real-time, multi-state data into health IT systems
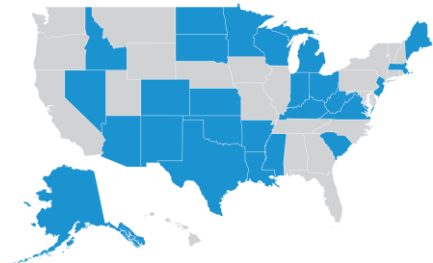
Data Sharing and Workflow Integration

PMP Interconnect
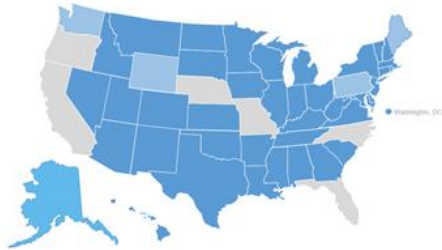
- **44 PDMPs** have agreed to share data
- **40 PDMPS** actively sharing
- **6 million** transactions per month

PMP Gateway

- Integrating multi-state data and analytics into workflow in **26 states** in real-time
- More than **1,000** Kroger pharmacies integrating multi-state data and analytics
- **18 million** transactions per month nationwide

Pharmacy Management System Integration Example

- Advanced analytics integrated and displayed directly in workflow with no clicks

- One-click access to full PDMP and substance use disorder platform

- Multi-state query performed in real-time

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Emerging PDMP Platform

Data

- Incorporation of "non-PDMP data" for enhanced risk stratification and clinical decision support

Advanced Analytics and CDS

- Predictive modeling and risk stratification using PDMP and non-PDMP data
- Configurable red flags and clinical alerts

Presentation

- At-a-glance scoring and risk stratification
- Interactive data visualizations
- Prominent red flags and clinical alerts

Population Health and Care Coordination

- Patient and clinician engagement and support tools and resources
- Communication for coordination of care

Post-Test
followed by Panel Q&A

Post-test Question #1

1) Fifty states have PDMP monitoring programs.
a)   True
b)   False

Post-test Answer #1

1)   Fifty states have PDMP monitoring programs.

a)   True

b)   False

2. PDMP checking is mostly a manual process today.
a)   True
b)   False

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2. PDMP checking is mostly a manual process today.

a) True

b) False

3. PMPi is owned by NABP.

a)   True

b)   False

3. PMPi is owned by NABP.

a)   True

b)   False

4. PDMPs maintain controlled substance prescription history for all pharmacies in a state.
a)   True
b)   False

4. PDMPs maintain controlled substance prescription history for all pharmacies in a state.

a)   True

b)   False

5. Prescribers have all the responsibility relative to PDMP checking.
a)   True
b)   False

5. Prescribers have all the responsibility relative to PDMP checking.

a)   True

b)   False

Contact Information

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Thank You!

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