Health IT for the Care Continuum Task Force

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March 29, 2019

Agenda

- Call to Order/Roll Call

- Welcome Remarks

- Discussion – Pediatric Recommendations Wrap Up

    » Recommendations Follow-Ups

    » Remaining Supplemental Children's EHR Format Requirements

- Background/Overview – Opioid Use Disorder (OUD) Request for Information (RFI)

    » Leveraging Health IT and Prescription Drug Monitoring Programs (PDMPs) to Address SUD/OUD (LPASO) Presentation/Overview

- Public Comment

- Next Steps and Adjourn

Draft Recommendations Wrap Up

Group Discussion

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Health IT and Opioid Use Disorder Prevention and Treatment RFI

ONC recognizes that health IT offers promising strategies to help medical specialties and sites of service as they combat opioid use disorder (OUD).

We request public comment on how our existing Program requirements and the proposals in this rulemaking may support use cases related to opioid use disorder (OUD) prevention and treatment and if there are additional areas that ONC should consider for effective implementation of health IT to help address OUD prevention and treatment.

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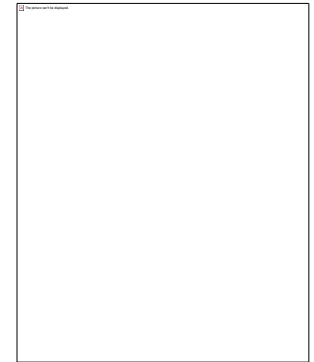
Health IT and Opioid Use Disorder Prevention and Treatment RFI

Section VI of the NPRM addresses Health IT for the Care Continuum:

> » VI (A) *Health IT for Pediatric Setting*

> » VI (B) *Health IT and Opioid Use Disorder Prevention and Treatment – Request for Information*

Questions for OUD RFI:

- **General**

  > » What's your general sense of how our existing Program requirements and the proposals in this rulemaking support use cases related to OUD prevention and treatment and additional areas for ONC consideration for effective implementation of health IT?

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Health IT and Opioid Use Disorder Prevention and Treatment RFI

Topics:

1. **Neonatal Abstinence Syndrome (NAS)**

   » What are some health IT policies, functionalities and standards to support the NAS use case?

   » Are there any ONC pediatric recommendations that are particularly relevant to the NAS use case?

2. **Data Segmentation for Privacy (DS4P)**

   » What are your thoughts on the proposal to remove the current 2015 Edition DS4P-send and receive certification criteria and replace them with three new DS4P criteria (two for C-CDA and one for FHIR), as related to OUD? As related to pediatric care?

   » What are some best practices, including processes and methods for displaying OUD information?

3. **Electronic Prescribing and Prescription Drug Monitoring Program (PDMP)**

   » What are some effective approaches for the successful dissemination and adoption of standards including the National Council for Prescription Drug Programs (NCPDP) SCRIPT 2017071 standard (see section IV.B.2) that can support the exchange of PDMP data for integration into EHRs and also enable further adoption and use of Electronic Prescribing of Controlled Substances (EPCS)?

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Leveraging Health IT and Prescription Drug Monitoring Programs (PMDPs) to Address SUD/OUD (LPASO)

March 29, 2019

Health IT is Critical for Combating the Opioid Crisis

How can health IT help?

Enhance Prescription Drug Monitoring Programs (PDMPs) and improve prescribing practices

Integrating PDMPs and electronic health records (EHRs) enables providers to routinely query a patient's controlled substance history prior to prescribing. Standards based electronic data exchange between EHRs, pharmacies, and PDMPs allows more seamless and timely access to medication history data to those who need it most.

Improve provider/prescriber education

Advancing clinical decision support standards and functionality in certified EHRs can provide evidence based pain management recommendations to providers/prescribers directly in their workflow.

Connect and refer individuals to drug addiction treatment services

Standards based electronic data exchange between EHRs, HIEs, and PDMPs would improve transitions of care and care coordination between primary care, SUD treatment centers, behavioral health, and social services.

Improve access to more complete, accurate, and timely data and reporting

Standard data capture and exchange within and across complex health systems can support more robust state and federal public health reporting.

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LPASO Project Overview

- **Project Overview**

  » ONC funded, contractor led project from June 15, 2018 - June 4, 2019.

  » The purpose of this project is to assess health IT and PDMP technical and policy ecosystems in an effort to identify ways that health IT can be used to combat the opioid crisis. This project builds upon ONC's earlier activities and informs those underway by ONC and other federal agencies.

- **Project Outputs**

  » Anticipated deliverables include:

    – Nationwide assessment of key PDMP and health IT indicators

    – Final report with recommendations to advance future state

    – Strategies to assist states with implementing recommendations

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LPASO Landscape Assessment

- **ONC reviewed the best available secondary sources for information on indicators of PDMP and Health IT relevant to the opioid epidemic.**

- **PDMP Indicators**
  - » PDMP Data Storage in the EHR (Integration)
  - » PDMP Integration in Hospital EHRs
  - » PDMP Data Interpretation Restrictions
  - » PDMP Access Roles
  - » Standards Used for PDMP Data Capture, Exchange, and Reporting and Use of Hubs

- **Health IT Indicators**
  - » Behavioral Health IT
  - » Telehealth for SUD/OUD Treatment & Recovery Services
  - » Electronic Prescribing of Controlled Substances (EPCS) State Mandates

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Electronic Prescribing of Controlled Substances (EPCS)
Background & Barriers to Adoption

- EPCS is a critical tool that enables healthcare providers to play an essential role in addressing the nation's opioid crisis. EPCS eliminates paper prescriptions, which can be stolen, forged or altered, and gives prescribers electronic access to a patient's prescription history to help identify potential overuse or abuse.

- The *SUPPORT for Patients and Communities Act* mandates the use of EPCS for all Medicare Part D controlled substances by January 1, 2021.

- Barriers to EPCS adoption as noted by states & subject matter experts as part of the LPASO project include*:

  » Costs

  » Lack of provider education to fully understand benefits of EPCS

  » Multi-factor authentication

  » Multiple competing priorities

  *LPASO project was not scoped to determine specifics on use of standards in states.

PMDP Definition

- **Prescription Drug Monitoring Program (PDMP)** : An electronic database that tracks controlled substance prescriptions in a state. PDMPs can provide health authorities timely information about prescribing and patient behaviors that contribute to the epidemic and facilitate a nimble and targeted response.[1]

[1] Accessed from: https://www.cdc.gov/drugoverdose/pdmp/states.html

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PDMP Components

- PDMPs consist of the following components:

  i. **PDMP Processor**
  ii. **PDMP Database**
  iii. **PDMP Host/Operator**
  iv. **PDMP Integration in Health IT Systems**
  v. **Interstate Data Sharing Hubs**

- PDMP systems comprise various processes and components that vary significantly across states. In any given state the PDMP system may include state-developed and vendor-based solutions along with the core PDMP database.

PDMP / Health IT Integration

PDMP Data

May be accessed via…

- PDMP Website Portal
- Health Information Exchange
- Electronic Health Record
- Pharmacy Dispensing Software

Varying levels of 'integration'

- SSO within a patient s medical record (view only)
- PDMP data stored in the health record
  - PDMP data placement laws may apply

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PDMP/EHR Integration

- The degree of PDMP and health IT (EHR, HIE, PDS) integration varies significantly within and across states, ranging from single sign on (SSO) to the PDMP from within the EHR, to full integration of PMDP data into the electronic medical record.

- According to one vendor, they have a commonly employed tool that enables PDMP integration with EHR systems in at least one entity in 38 jurisdictions. Secondary sources are not available to detail all vendor solutions to facilitate PDMP/health IT integration.

- Section 5042 of the *SUPPORT Act* describes the "Medicaid Providers Are Required To Note Experiences in Record Systems to Help In-need Patients Act" or the "Medicaid PARTNERSHIP Act." The act very specifically describes several requirements for record systems in the Section 1944(b) definition of Qualified Prescription Drug Monitoring Program (PDMP), including **integrations of PDMP data into prescribing systems such as electronic health records.**

1   Accessed via: https://www.pmpinterconnect.com/

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PDMP/EHR Data Storage & Interpretation Policies

- **PDMP Data Placement/Storage in the EHR**

  - **18 states with language that can allow, depending on legal interpretation, placement of PDMP data/report in medical record.**

    - AZ, CA, CO, GA, IN, KY, LA, MA, MS, NH, NJ, OH, OK, TN, TX, VA, WA, WV

    - Florida proposed rule would allow placement.

  - **7 states with language that applies access, use or disclosure policies governing medical or health information to PDMP data/report in medical record.**

    - CA, CO, KY, NJ, TN, TX, WA

  - **14 states with language that authorizes PDMP integration or interoperability with health IT systems <u>but</u> silent on placement.**

    - DE, IL, IA, MD, NE, NV, NC, OR, PA, RI, SC, SD, UT, WI

- **PDMP Data Interpretation Restrictions**

  - CDS tools (i.e., risk scores and morphine milligram equivalents (MMEs)) to aid providers in delivering guideline recommended opioid therapy.

  - No state has statutory or regulatory language prohibiting the development or use of interpretations of PDMP data such as risk scores, but most of those scores use proprietary algorithms.

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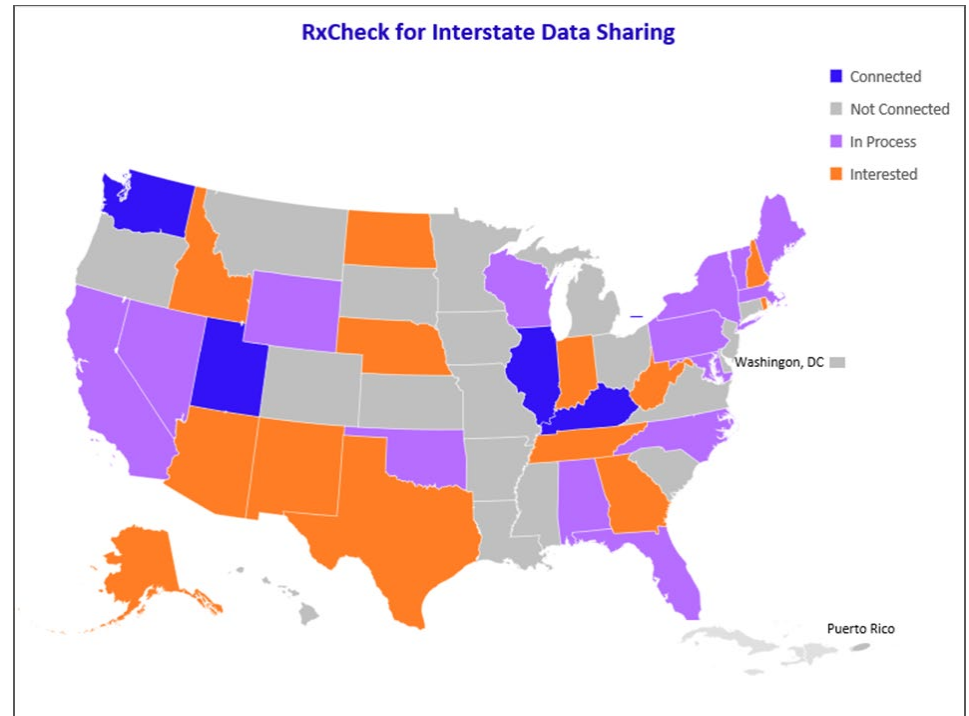Health Information Technology

PDMP Access Roles

- Considerable variability in the number (n= 8-25) and types (e.g., prescriber, pharmacist, law enforcement, delegate, etc.) of access roles identified in each jurisdiction.

    » 63 authorized access roles across 53 jurisdictions.

- Lack of harmonized definitions of user roles cause challenges with interstate data sharing.

    » The problem arises when one state allows data placement in the EHR and another does not. Once data is placed in the EHR, access roles defined by the PDMP are generally superseded by the EHR access roles.

- Most states do not allow behavioral health providers to access the PMDP.

PDMP Interstate Data Sharing

Two Interstate PDMP Data Sharing hubs

» National Association of Boards of Pharmacy (NABP): PMPInterConnect (n = 47 states)

» Bureau of Justice Assistance (BJA): RxCheck (n = 4 states)

– 29 additional jurisdictions are either interested in, or in the process of, connecting to RxCheck.

RxCheck for Interstate Data Sharing

Legend:
- Connected
- Not Connected
- In Process
- Interested

Washingon, DC

Puerto Rico

Interstate Data Sharing Status via RxCheck Hub Accessed via:
http://www.pdmpassist.org/pdf/RxCheck_states_map_20190322.pdf

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Thank You

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Workplan

Meeting Date	Draft Discussion Items
March 6	• TF Kick-off Meeting • Review of charge, discussion
March 8	• TF Meeting • Discussion/early draft recommendations
March 15	• TF Meeting • Discussion/early draft recommendations
March 19-20	• Present draft recommendations to HITAC
	• TF Meeting • Discussion, update and/or revise recommendations
	• **TF Meeting** • **Discussion, update and/or revise recommendations**
April 5	
April 10	• Present progress on draft recommendations to HITAC
April 19	• TF Meeting • Update and revise recommendations
April 22 – April 26	• Present final recommendations to HITAC (if not finalized sooner)
April 29 – May 2	• ONC prepares final transmittal letter from HITAC
May 3, 2019	

Public Comment

To make a comment please call:

Dial: 1-877-407-7192

*(once connected, press "*1" to speak)*

All public comments will be limited to three minutes.

You may enter a comment in the
"Public Comment" field below this presentation.

Or, email your public comment to onc-hitac@accelsolutionsllc.com.

Written comments will not be read at this time, but they will be delivered to members of the Workgroup and made part of the Public Record.

Meeting Adjourned

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