BJA COAP Category 5 Grantee Webinar

Thursday, June 21, 2018
BJA Update

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U.S. Department of Justice
BJA Grant Project Update:

- Washington – Gary Garrety, Casey Schaufler
2017
BUREAU OF JUSTICE ASSISTANCE
COMPREHENSIVE OPIOID ABUSE SITE-BASED PROGRAM
HAROLD ROGERS PDMP ENHANCEMENT PROJECT

SUPPORTING EHR-HIE-PDMP INTEGRATION THROUGH
ONBOARDING SUPPORT FOR FACILITIES AND DEVELOPMENT
OF PROVIDER FEEDBACK REPORTS
WA 2017 BJA COAP CATEGORY 5 (HR PDMP) PROJECT

“Supporting EHR-HIE-PDMP Integration Through Onboarding Support for Facilities and Development of Provider Feedback Reports”

1. Support EHR-HIE-PDMP Integration Through Onboarding Support for Facilities

2. Development of Provider Feedback Reports
Focus:
Support prescribing best practices by removing barriers to adoption and compliance with existing prescribing guidelines

Action points:
- Remove barriers to PMP query data by supporting WA EHR-HIE-PMP integration
- Provide data, in the form of Prescriber Feedback Reports, for self-assessment and QI
Attachment 1: Logic Model

Program Goals

- Increase access to PDMP patient data for prescribers’ use in clinical decision making
- Reduce facility burden for adoption of EHR-PDMP integration

Activities

- DOH support of technical and administrative onboarding processes for facilities
- Develop prescriber feedback report into PDMP web portal
  - Market the new report feature

Outputs

- Integrated PDMP data directly to providers EHR clinical workflow
- Prescriber feedback reports available on the PDMP web portal

Outcomes

- Increase in facility adoption of EHR-PDMP integration
- Increase in prescriber PDMP usage rates (in terms of queries)
- Increased ability for providers to self-assess and improve prescribing practices in accordance with available prescribing guidelines
- Decrease in prescribing patterns with high abuse or overdose potential

Long-Term Impact

- Increase in EMR-PDMP integrations
- Increased number of PDMP queries
- Decrease in opioid overdose deaths and hospitalizations
- Increase in patients referred to substance abuse treatment
- Better prescriber adoptions of available prescribing guidelines
Provider Feedback Reports – 2 Routes

Solicited Reports:
• System produced reports
• Opt in service

Unsolicited:
• Program and stakeholders develop metrics customized for Washington
• Model for delivery to include all WA prescribers (meeting threshold)
• Roll-up reporting available for HCO’s (Cat 6 – Data Driven... project)
2014 Washington State Department of Health Customer Survey (PMP) results:

#1 reason for not using PMP: Provider burden (time needed to access PMP)
  • Initial registration process
  • Account maintenance functions
  • Time to access account and perform query

WA method for integration removes barriers for access:
  ✓ No need to register individual PMP account
  ✓ PMP data presented along with med-rec data
    ✓ Existing frame of reference
    ✓ No extra work
Integration

DOH Goals for Washington PMP

- Prevent Prescription Drug Overdose
  - Give practitioners an additional tool that provides more information for making patient care decisions
  - Provide data that can help healthcare providers recognize patterns of misuse and addiction ensuring SBIRT opportunities are not missed
  - Make sure those in need of scheduled prescription drugs receive them
  - Educate the population on the dangers of misusing prescription drugs
  - Curb illicit use of prescription drugs

Improve prescribing

Official entry for 2018 “Cheezy Silde” contest
Prescribing and PMP Utilization

A Poorly Defined Problem Invariably Results A Poorly Devised Solution

Goal = Reduce improve prescribing

➢ Toolbox:
  ➢ CDC Guideline for Prescribing Opioids for Chronic Pain
  ➢ Agency Medical Director’s Group (AMDG) Guideline on Prescribing Opioids for Pain

Low PMP utilization indicates poor adoption/adherence to prescribing guidelines
PMP Data and Utilization

PMP Queries and Controlled Substance Prescriptions by Calendar Year

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<th>Year</th>
<th>Total Queries</th>
<th>Total Rx Dispensed</th>
<th>Prescriber</th>
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Supporting PMP Integration

• PMP integration available 2013 (HIE connection)
• Proof of concept (EDIE – 2014)
• Incentive (MU Specialized Registry)
• HIE
Stand Alone PDMP Integration Service

Cost to HCO for PMP Data Integration to EHR

PMP Integration Service Provider

PMP
Washington State Health Information Exchange (HIE)
One subscription fee provides access to all data offerings
Onboarding Support

Recap:
✓ Integration is a needed and valuable intervention
✓ Integration is well incentivized
✓ Proof of concept via Pilot program
✓ HIE offers cost-effective economy of scale for HCOs and synergizes with PH data sources

Identified Issues:
o Technology project prioritization at HCO level (ICD 10 – not $)
o Support
Onboarding Support

Grant funds allowed PMP to hire an onboarding coordinator (1 FTE) to:

✓ Follow up with HCOs having registered intent to integrate PMP
✓ Liaison between HCOs and HIE to support onboarding (technical connection and business arrangement)
✓ Liaison between HCOs, HIE, and PMP vendor for testing
✓ Liaison between HCOs and EHR vendors to support development of PMP transaction integration
✓ Liaison between approved 3rd party solution providers and EHR vendors
✓ Liaison between HCOs to develop and support a community of support and learning
Onboarding Support

Outcomes (so far):

- At the time of our grant application 1 EHR-HIE-PMP integrations. Now averaging almost 1 per month
- Monthly query totals have more than tripled since Jan 2018 (> 1M/mnth)
- Worked with HIE vendor to develop and implement a web services transaction in addition to AS2 connectivity
Access

Original Legislation Provided PMP Access for...

✓ Prescribers & dispensers – for patient care
✓ Licensing boards – for investigations
✓ Individuals – regarding prescriptions dispensed to them
✓ EDIE – Providing PMP in the ED
✓ DOH/Vendor – in regard to program operation
✓ Law Enforcement/Prosecutor – for bona fide investigations
✓ Medical Examiner/Coroner – cause of death determination
✓ HCA (Medicaid), L&I (Worker’s Comp), DOC (Offenders)
✓ De-identified information may be provided for research and education
Access Continued ...

SB 5720 (2015)
✓ Staff of Medical Testing Labs – for urinalysis testing and determining prescribed medication use.

HB 2730 (2016)
✓ Health Care facilities and clinics when using a certified EHR connected to the state's Health Information Exchange (HIE)
✓ Access for legend drug prescribers (no DEA #)
✓ Delegate Access for DOH licensed Pharmacy Staff

ESHB 1427 (2017)
✓ EDIE - OD reports to recent prescribers
✓ WSHA CQIP, Health Care facilities, and provider groups of 5 or more can obtain PMP data for QI
✓ Federal and Tribal HC facilities using EHR-HIE
Questions?
HIE: PUBLIC HEALTH DATA INTEGRATION

- HOSPITAL
- EMERGENCY SERVICES
- PHARMACY
- PROVIDER OFFICE/CLINIC
- HEALTH INFORMATION EXCHANGE
- DEPARTMENT OF HEALTH
- HEALTHCARE AUTHORITY
- IMMUNIZATION REGISTRY
- ELECTRONIC LAB REPORTING
- CANCER REGISTRY
- CLINICAL DATA REPOSITORY

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Grantee Project Status and Discussion Forum
BJA Comprehensive Opioid Abuse Site-based Program
FY 2017 Grant Awards by Grant Category

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