PDMP Administrators’ Forum

Thursday, December 7th 1-2p ET
Purpose

The TTAC provides support, resources, training, and strategies to PDMPs, federal partners, data driven projects, and many other stakeholders to further the efforts and positive outcomes in curtailing abuse, misuse and diversion of prescription drugs.
Staff

Brandeis University
- Peter Kreiner – Principal Investigator (PI)
- Meelee Kim – Co-PI & Senior Research Associate
- Carol Prost – Project Manager

Consultants
- Patrick Knue – Director
- James Giglio – Senior Consultant
- Heather Gray – Legal Coordinator
Services Provided

- Information resource
- Publications and Guidelines
- On-Site Assistance
- Host National, Region, and Topical Meetings
- Interstate Data Sharing
- Webinars
- Newsletters
- Communication with Stakeholders
Orientation Packet

- PDMP Overview – history, interstate data sharing, integration
- Resources – capabilities, funding opportunities, laws/rules
- Contacts – PDMPs, federal, vendors
- Guides – recommended practices, vendor user manuals, ASAP
- Recommendations – meetings, staffing, innovations
- FAQs, Acronyms/Definitions
Welcome

The Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP TTAC) at Brandeis University provides a comprehensive array of services, support, resources, and strategies to PDMPs, federal partners and other stakeholders to further the efforts and effectiveness of PDMPs in combating the misuse, abuse and diversion of prescription drugs.

Our focus is to improve consistency and alignment among PDMP’s, facilitate coordination between PDMPs and state and national stakeholders, increase PDMP efficiencies, measure performance and effectiveness, and promote best practices.

Note: The TTAC website now has information and reports concerning the Prescription Behavior Surveillance System (PBSS). PBSS is an early warning surveillance and evaluation tool to measure trends in controlled substance prescribing and dispensing as well as indicators of medical use and possible non-medical prescription drug abuse and diversion. More about the PBSS.

What’s New

- Agenda and Presentations from 2017 BJA Harold Rogers PDMP National Meeting
- Updated September 2017 - BJA Performance Measure Guide to Calculate Daily Morphine Milligram Equivalents (MMES)
Tara Kunkel
Senior Drug Policy Advisor - IPA
Bureau of Justice Assistance
www.bja.gov
Update on the Prescription Monitoring Information eXchange
The Prescription Monitoring Information eXchange National Architecture is a nationwide framework designed to enable standards-based sharing of information between Prescription Drug Monitoring Program (PDMP) organizations and their stakeholders.
PMIX Working Group

The purpose of the PMIX WG is to support the sharing of PDMP Data among PDMP organizations and their stakeholders by establishing and maintaining the PMIX National Architecture and related guidelines, policies and standards to minimize the cost and complexity of sharing PDMP data across organizational, vendor, geographic and operational boundaries; enable secure, trusted exchanges of PDMP data and promote consistency among PDMPs.
PMIX Working Group

PMIX fosters prescription drug information sharing across all Federal, State, Tribal and approved third party boundaries while seeking to:

1. Protect states’ full rights and control of Data Ownership
2. Promote the adoption of security standards that protect the confidentiality, integrity, and availability of the data in transit and at rest
3. Promote uniformity in the selection of a limited set of approved common data standards
4. Promote a standard to which IT solution providers are held that ensures the best value products and/or services to PDMP participating states, while maintaining the public’s trust and fulfilling public policy objectives
Executive Committee

West:
- Tina Farales, CA
- Gary Garrety, WA
  (Vacant)

North:
- Chad Garner, OH
- Kevin Borcher, NE
- Reyne Kenton, KS

East:
- Michelle Ricco-Jonas, NH
- Rodd Kelly, MA
- Meghna Patel, PA

South:
- Denise Robertson, AR
- Jean Hall, KY
- Alex Asbun, NC
Subcommittee Membership

Operations
- Chad Zadrazil, WI
- Denise Robertson, AR
- David Flashover, NY
- Anita Murray, NY
- Rebecca Poston, FL
- Tina Farales, CA
- Danna Droz, NABP
- Sherry Green, NAMSDL
- Sheila Sullivan, Appriss
- Wes Sargent, CDC

Technical Architecture
- Alex Asbun, NC
- Chad Garner, OH
- Gary Garrety, WA
- Neal Traven, WA
- Stan Murzynski, IL
- Don Vogt, OK
- Clay Rogers, Appriss, PMPi
- Don Gabbin, IJIS, RxCheck
- Bob Slaski, IJIS, RxCheck
- Hazem Eldakdoky, CISO, OJP
- Jaime Noble, OJP

* Tom Carlson, Carlson Consulting, serves as a resource to Executive and Subcommittees
Process to Change the PMIX Architecture

• Changes may be proposed by any PDMP Representative, Advisory member, Subcommittee, or interested person
• Executive Committee reviews and assigns to a subcommittee
• Subcommittees review, amend and vote to recommend/not recommend a proposal
• Executive Committee reviews, amends, returns and/or votes to post proposal
• Proposals are posted for 15 to 30 days with written notice to PDMP organizations and other stakeholders
  • Description of the Change
Process to Change the PMIX Architecture

- Reason(s) for the change
- Instructions on how PDMP Organizations may review and comment on the proposal.
- Anticipated Date of Implementation of the Proposal if approved by the Executive Committee.

- Executive Committee provides written response to all comments
- Executive Committee votes to:
  - Approve the proposal
  - Amend and approve the proposal
  - Deny the proposal
2017 Standards Proposals

- Standards approved January 2017 to be implemented by January 2018
  - Healthcare Roles
  - Status Messages
  - Alerts Notifications
    - Maintenance
    - System - Generated
### Healthcare Roles

<table>
<thead>
<tr>
<th>Role</th>
<th>Definition</th>
<th>Requirements for PUMP Access</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physicians</strong></td>
<td>A person trained and licensed to practice medicine with a degree in Medicine (MD), or a Doctor of Osteopathic Medicine (DO)</td>
<td>States require one or more of the following: a state license, a state license to prescribe controlled substances, or a DEA # for controlled substances. Every state requires the provider to be licensed in at least one jurisdiction.</td>
</tr>
<tr>
<td><strong>Advanced Practice</strong></td>
<td>RN, APRN-BC, Certified Registered Nurse Practitioner (CRNP), Certified Nurse Midwife (CNM)</td>
<td>States require one or more of the following: a state license, a state license to prescribe controlled substances, or a DEA # for controlled substances. Each state's requirements can vary.</td>
</tr>
<tr>
<td><strong>Physician Assistants</strong></td>
<td>A person trained and licensed to practice medicine under the supervision of a physician</td>
<td>States require one or more of the following: a state license, a state license to prescribe controlled substances, or a DEA # for controlled substances. Each state's requirements can vary.</td>
</tr>
<tr>
<td><strong>Dentists</strong></td>
<td>A person trained and licensed to practice dentistry with a Doctor of Dental Medicine (DMD) or Doctor of Dental Surgery (DDS)</td>
<td>States grant limited prescribing privileges. Many states require a DEA # for controlled substances while some states have no additional requirements.</td>
</tr>
<tr>
<td><strong>Optometrists</strong></td>
<td>A professional trained in diagnosing and treating disorders of the eyes and associated structures and other functions of primary eye care with a Doctor of Optometry (O.D.) degree.</td>
<td>States do not grant prescribing privileges. The states that allow access only require a DEA # for controlled substances.</td>
</tr>
<tr>
<td><strong>Psychologists</strong></td>
<td>A person trained and licensed to practice psychological medicine with a degree in Psychology or a Doctor of Psychology (Ph.D. or Psy.D.)</td>
<td>States do not grant prescribing privileges. Some states require a DEA # for controlled substances.</td>
</tr>
<tr>
<td><strong>Pharmacists</strong></td>
<td>A person who treats illness or injury by using medicine and other substances that either interact with or affect the body.</td>
<td>States do not grant prescribing privileges. Some states require a DEA # for controlled substances.</td>
</tr>
<tr>
<td><strong>Veterinarians</strong></td>
<td>A person trained and licensed to practice veterinary medicine by treating disease, disorder, and injury in non-human animals and holds a degree of Doctor of Veterinary Medicine (DVM or VMD)</td>
<td>States require one or more of the following: a state license, a state license to prescribe controlled substances, or a DEA # for controlled substances. Each state requires the provider to be licensed in at least one jurisdiction. Some states do not allow access to PUMP.</td>
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### Implementation

#### Helpful Considerations for states when sharing data using the healthcare user roles

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<th>Considerations</th>
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<td><strong>Physicians</strong></td>
<td>1. This category includes Oral and Maxillofacial Surgeons and Podiatrists. 2. Would states that require a DEA or the ability to prescribe controlled substances limit sharing with states that allow any physician to have access regardless of prescriptive authority? 3. The circumstances under which a state allows the prescriber to look up a patient.</td>
</tr>
<tr>
<td><strong>Advanced Practice</strong></td>
<td>1. Some states require that the APRN have a supervising physician and states may want to discuss whether this would impact their sharing. 2. Would states that require a DEA or the ability to prescribe controlled substances limit sharing with states that allow any prescriber to have access regardless of prescriptive authority? 3. The circumstances under which a state allows the prescriber to look up a patient.</td>
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<td><strong>Physician Assistants</strong></td>
<td>1. Would states that require a DEA or the ability to prescribe controlled substances limit sharing with states that allow any prescriber to have access regardless of prescriptive authority? 2. The circumstances under which a state allows the prescriber to look up a patient.</td>
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<td><strong>Dentists</strong></td>
<td>1. Would states that require a DEA or the ability to prescribe controlled substances limit sharing with states that allow any prescriber to have access regardless of prescriptive authority? 2. The circumstances under which a state allows the prescriber to look up a patient.</td>
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</tr>
<tr>
<td><strong>Other Prescribers</strong></td>
<td>1. States may want to discuss the process in place for granting access to determine compatibility. 2. The circumstances under which a state allows the prescriber to look up a patient.</td>
</tr>
</tbody>
</table>

Pharmacists suggest that any state who has this role discuss sharing via this role with their partner states to determine compatibility.
## Status Messages

<table>
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<th>Description</th>
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<tbody>
<tr>
<td>Complete</td>
<td>Data is available and returned for a person that matches the requested patient based on the information provided in the request.</td>
</tr>
<tr>
<td>No Data</td>
<td>There is no data for a person that matches the requested patient based on the information provided in the request.</td>
</tr>
<tr>
<td>Disallowed</td>
<td>The requesting user’s role is not permitted in the state from which they are requesting information.</td>
</tr>
<tr>
<td>Error</td>
<td>An error occurred in request process either at the PDMP or hub level. This status would include hub or PDMP system errors as well as externally created faults. The hub should also send the specific error text.</td>
</tr>
<tr>
<td>Deferred</td>
<td>The response cannot be returned at this time. This may be caused by the request going to a manual process (placed in a queue for a person to review and reconcile) in a state PDMP system.</td>
</tr>
<tr>
<td>Version Mismatch</td>
<td>Differences in the versions of the hub software being used by two states cause an error.</td>
</tr>
</tbody>
</table>
# Maintenance Notifications

## Alerts - Maintenance

<table>
<thead>
<tr>
<th>Notification</th>
<th>Description</th>
<th>Implementation</th>
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<tr>
<td>PDMP Maintenance</td>
<td>This would be used for PDMP system outages that are intentional and planned. These outages may be caused by PDMP upgrades or system maintenance. It may also be used for outages that may be the result of an unexpected issue but require a service interruption to resolve issues.</td>
<td>A button or similar functionality that allows a state to put its PDMP system in maintenance mode. Email notifications would be generated when this is done. Ideally, it would be able to be enabled in advance of the actual date and time.</td>
</tr>
<tr>
<td>Hub Maintenance</td>
<td>This would be used for Hub system outages that are intentional and planned. These outages may be caused by Hub upgrades or system maintenance. It may also be used for outages that may be the result of an unexpected issue but require a service interruption to resolve issues.</td>
<td>The message is generated by the hub administrator to all connected states indicating that maintenance will take place. This doesn’t need to be a button or technical functionality.</td>
</tr>
</tbody>
</table>
## System-generated Notifications

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<td>PDMP Error Notification</td>
<td>Disproportionate number of errors being returned from a PDMP system</td>
<td>Email notification to both the PDMP contacts. Would be interested in some kind of dashboard that displays/tracks successful and errors to see patterns or spikes.</td>
</tr>
<tr>
<td>Hub Error Notification</td>
<td>Disproportionate number of errors being returned by the hub system</td>
<td>Email notification to hub contacts. Would be interested in some kind of dashboard that displays/tracks successful and errors to see patterns or spikes.</td>
</tr>
<tr>
<td>Timeouts - State</td>
<td>Disproportionate number of timeouts between the hub and the state.</td>
<td>Same as above with message being different</td>
</tr>
<tr>
<td>Timeouts - Hub</td>
<td>Disproportionate number of timeouts in the hub processing.</td>
<td>Same as above with message being different</td>
</tr>
</tbody>
</table>
2017 - 2018 PMIX Activities

• Security Standard Proposal
  • National Institute of Standards and Technology 800-171, *Protecting Controlled Unclassified Information in Nonfederal Systems and Organizations*
    • FIPS Publication 200
    • NIST 800-53
  • Terms for Compliance
  • Process for:
    • Plan of Action
    • Waiver
• Will not supersede or amend any requirements imposed by the laws, rules, or policies of an individual state or the federal government.
2017 - 2018 Proposed Activities

• Future initiatives:
  • Develop PMIX website
  • Add a standing committee: Standards Compliance
  • Examine the need for additional data fields
  • Explore challenges of patient matching
  • Review the current architecture for any updates latest versions of ASAP/NIEM, Cardinality, etc.
  • Memorandums of Understanding – minimum standard
  • Examine possible Hub reporting standards or guidelines
Questions?

PMIX Working Group Executive Committee Contacts

Chairperson: Jean Hall, KY – Jean.Hall@ky.gov
Vice Chairperson: Gary Garrety, WA – Gary.Garrety@doh.wa.gov
RXCHECK

The State’s Interstate/Intrastate Data Sharing Hub
WHAT IS THE RXCHECK DATA SHARING HUB

- Fully operational, PMIX Compliant, Interstate Data Sharing Hub
- Designed by PMP Administrators, PMP Vendors, Private Organizations and the Federal Government
- Uses a Federated Model
- Originally Developed as the PMIX Reference Hub
- Used as the Model for Springboard Hub Certification
- Fully Governed by State PMP Administrators
- Funded and Supported by the U.S. Department of Justice Assistance
- Managed by IJIS
COMMITMENT

• Ownership and Operation by the States
• As a tool to
  • Facilitate data sharing at all levels
  • Integrate with health care providers
  • Foster open communication between members
• Promote public health and safety through enhancements
• Create opportunities to encourage third party development and participation
• Foster the adoption of open standards
• Support PMIX as a data sharing standard
• Promote the common needs for all states with a flexible data sharing model
HOW MUCH DOES IT COST?

• No fees

• Initial setup costs covered by federal grant dollars from BJA

• Internal development cost from state technology infrastructure will vary
FUTURE DIRECTION

• Simplify the RxCheck Hub Connection Process
• Develop a Full Featured Dashboard
• Increase Scalability and Reduce Future Costs
• Develop Partnerships
• Develop a Translator for HIE/EHR Integrations
• Develop Enhanced Data Analytics for Identifying Sharing Issues
• Develop Tools to Facilitate Data Quality and Data Matching
• Support and Participate in the Creation of an Open Source PMP System
• Support the Creation of an Open Forum so that PMP’s Can Effectively Communicate
• Support and Participate in the Creation of Data De-Duplication Standards within PMPs
• Support the Development of a National PMP Research Database Managed and Operated by the States
CONTACT INFORMATION

Governance Board Chair: Gary Garrety – Washington

gary.garrety@doh.wa.gov

(360) 236-4806

Governance Board Vice-Chair: Alex Asbun – North Carolina

alex.asbun@dhhs.nc.gov

(919) 733-1765

Governance Board Secretary: Tina Farales – California

tina.farales@doj.ca.gov

(916) 227-3436

Technical Support: Donald Gabbin – IJIS Institute

donald.gabbin@ijis.org

Website: http://www.pdmpassist.org/content/rx-check

Email: rxcheckhub@pdmpassist.org
Discussion Topics

- Naloxone Tracking
- Pharmacy compliance
- Data quality and error resolution
- Interstate queries – exact v. probabilistic matches
- Patient matching techniques and accuracy
- 2018 TTAC Survey
- X-DEA numbers for doctors and mid-levels
- Other topics
- Future webinars/meetings
Email: info@pdmpassist.org

Telephone: (781) 609-7741
Website: www.pdmpassist.org