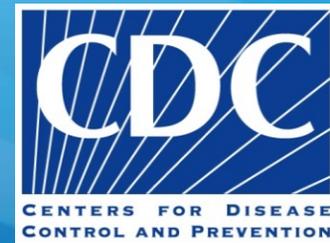


The Office of the National Coordinator for
Health Information Technology



Public Health Specialized Registries in EHR Meaningful Use: Prescription Monitoring Program (PMP)

Public Health - EHR Vendors Collaboration Initiative

January 19, 2016

Putting the **I** in Health **IT**
www.HealthIT.gov

CDC EHR Meaningful Use webpage-Public Health – EHR Vendors Collaboration Initiative



URL: <http://www.cdc.gov/ehrmeaningfuluse/public-health-ehr-vendors-collaboration-initiative.html>

The screenshot shows a web browser window displaying the CDC website. The page title is "Meaningful Use". On the left is a navigation menu with items like "Introduction", "Calendar", "Connect with Others", and "Public Health - EHR Vendors Collaboration Initiative". The main content area features a banner with a word cloud of terms like "EHR", "incentive", "payment", and "eligible". Below the banner is the heading "Public Health - EHR Vendors Collaboration Initiative" with social media icons for Facebook, Twitter, and a plus sign. The text describes the initiative's focus on meeting Stage 1 and 2 Meaningful Use public health objectives and provides instructions for joining, including an email address: meaningfuluse@cdc.gov. A "Meeting Materials and Schedule" section is also visible at the bottom.



WA DOH Meaningful Use: PDMP as a Specialized Registry

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Public Health Objectives

10 objectives for eligible professionals including one public health reporting objective (with flexible options for measure selection)

Washington State Department of Health is accepting the following MU data:

- Immunization Information
- Cancer Reports (Specialized Registry)
- Prescription Data (Specialized Registry)
- Syndromic Surveillance
- Electronic Lab Reporting (Hospitals Only)

Summary for Providers

Eligible Professionals

Eligible Hospitals and Critical Access Hospitals

Public Health Objectives	2015		2016-2017	2017	2018-2021
	Stage 1	Stage 2	All EHs and CAHs	Optional Stage 3	Stage 3
<u>Electronic Laboratory Reporting</u>	Must pick 2 of 4	Must pick 3 of 4	Must pick 3 of 4	Must pick 4 of 5	Must pick 4 of 6
<u>Immunization Information</u>					
<u>Syndromic Surveillance</u>					
<u>Specialized Registry – Prescription Review</u>	N/A	N/A	N/A	N/A	
<u>Clinical Data Registry</u>	N/A	N/A	N/A	N/A	
<u>Case Reporting of Reportable Conditions</u>	N/A	N/A	N/A	N/A	

DOH MU Website

Home ▶ For Public Health and Health

Updated content: www.doh.wa.gov/HealthIT

- Eligibility criteria
- Registration instructions
- Submitting data
- Specific program information
- Transport options
- FAQ

- Breastfeeding Friendly Washington ▼
- Emergency Medical Services (EMS) Systems ▼
- Emergency Preparedness ▼
- Health Care Reform
- Healthcare Professions and Facilities ▲**
- Best Practices ▼
- Data Reporting and Retrieval ▼
- Facilities Licensing
- Hearings ▼
- Medical Marijuana (Cannabis)
- Pain Management ▼
- Patient Care Resources ▼
- Prescription Monitoring Program (PMP) ▼
- Professional Resources ▼
- Public Health Meaningful Use ▲**
- Eligibility and Registration ▲
 - Eligibility Criteria
 - FAQ
- Immunization Information ▲
 - Onboarding
- Laboratory Reporting (ELR)
- Specialized Registry - Cancer
- Specialized Registry - Prescription Review
- Syndromic Surveillance

Registration

- Complete the [registration of intent](#)
- Multiple clinics (supplemental enrollment spreadsheet)
- Registration submission will be acknowledged by each program for which you register
- Register your intent at least once for each public health objective.
 - Once you register you do not need to register again in future years, unless you've received an exclusion, exited or failed the onboarding process.
- A clinic may complete a single registration on behalf of all providers that primarily practice at that clinic

Active Engagement

Must demonstrate 'Active Engagement' to meet Public Health Reporting measures

3 ways to satisfy

1. Via Registration – The EP is registered and awaiting invitation to begin onboarding
2. Via Testing and validation phase – Actively working with DOH and responding to any requests within 30 days
3. Via Production – Ongoing submission of real-live, validated data

Reminder: Providers are responsible for documenting active engagement with public health

Reporting Guidelines

- Moving from fiscal year to calendar year reporting beginning in 2015
- 90-day reporting period
- Current CEHRT edition is 2014
 - EPs may use EHR technology certified to the 2014 Edition for an EHR reporting period in 2015;
 - 2014/2015 Edition required in reporting years 2016 and 2017
 - 2015 Edition for a reporting period in 2018 and subsequent years.

Prescription Drug Monitoring Program (PDMP) or Prescription Monitoring Program (PMP)

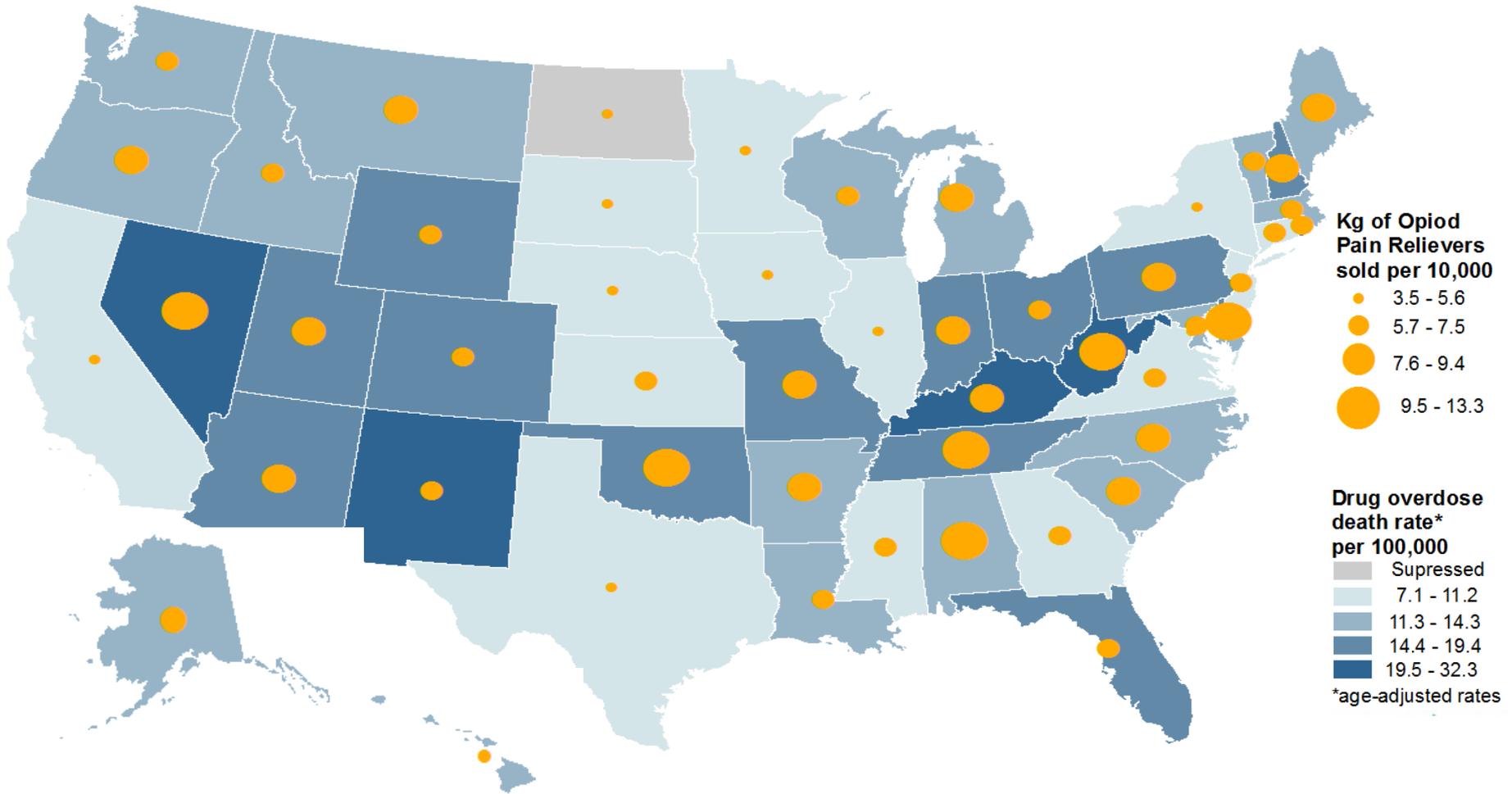


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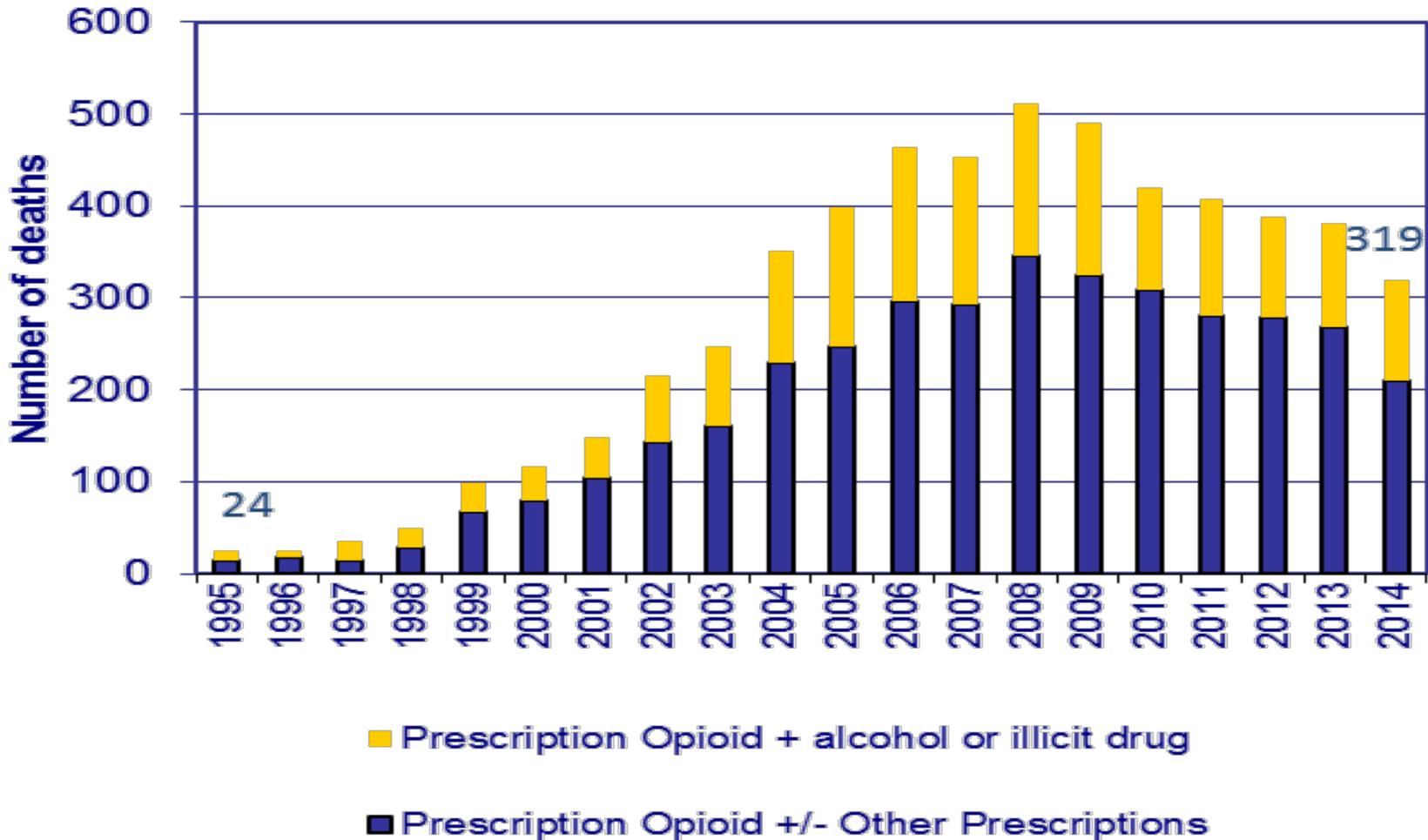
a

States with more opioid pain reliever sales tend to have more



Death rate, 2011, National Vital Statistics System. Opioid pain reliever sales rate, 2013, DEA's Automation of Reports and Consolidated Orders System

Unintentional Prescription Opioid Overdose Deaths Washington 1995-2014



Source: Washington State Department of Health, Death Certificates

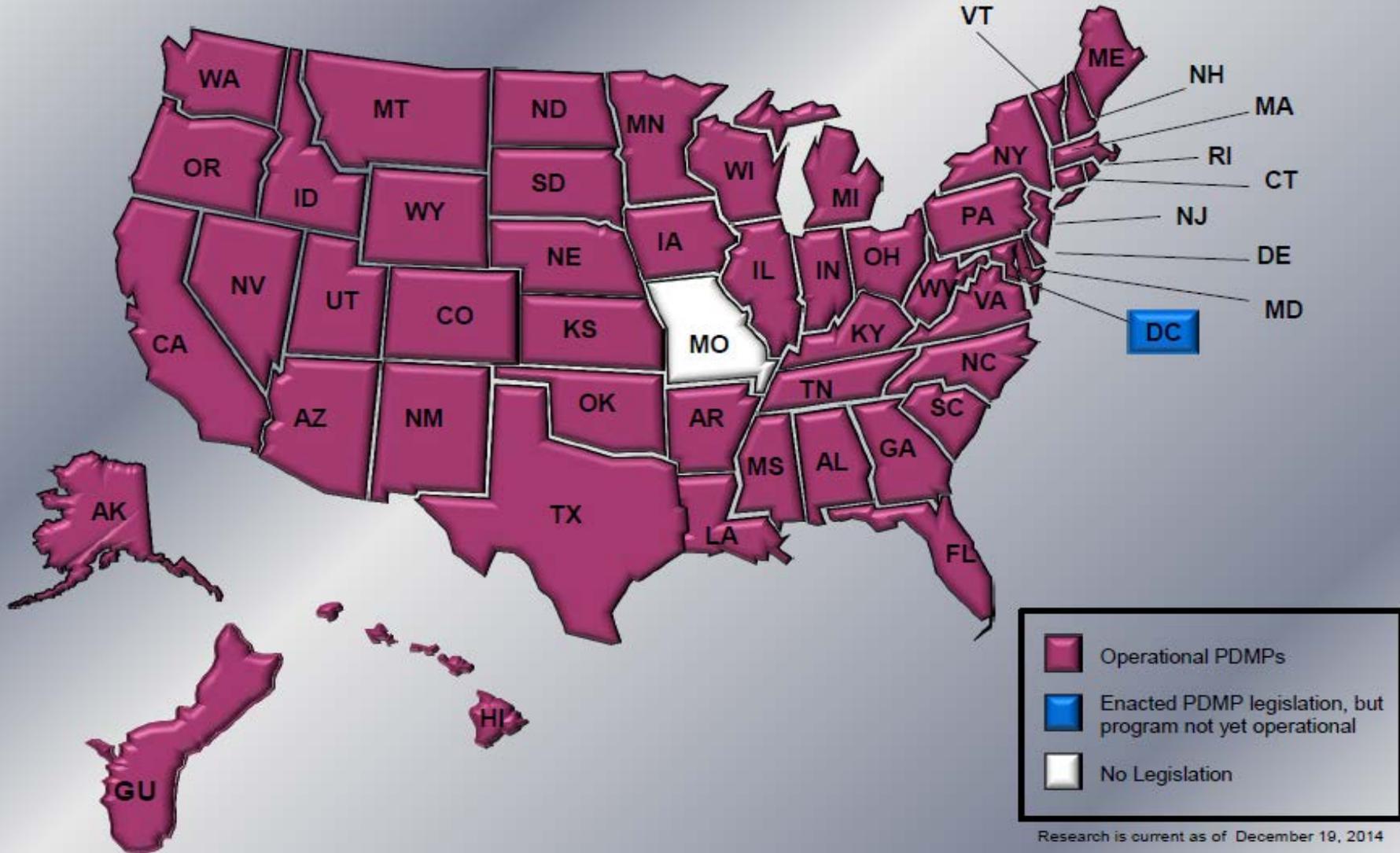
The PMP Solution- “An Overview”

- A PMP is a program designed to improve patient safety and protect public health with the goal of reducing overdose deaths, hospitalizations, and other related prescription drug abuse issues.
 1. Records for dispensing of controlled substances are submitted to a central database by pharmacies and other dispensers.
 2. Health providers and other authorized users are able to register for access, and once approved, can view information through a secure web portal.
 3. PMP information helps providers avoid duplicative prescribing and dangerous drug interactions; and helps to identify substance abuse or pain management issues.

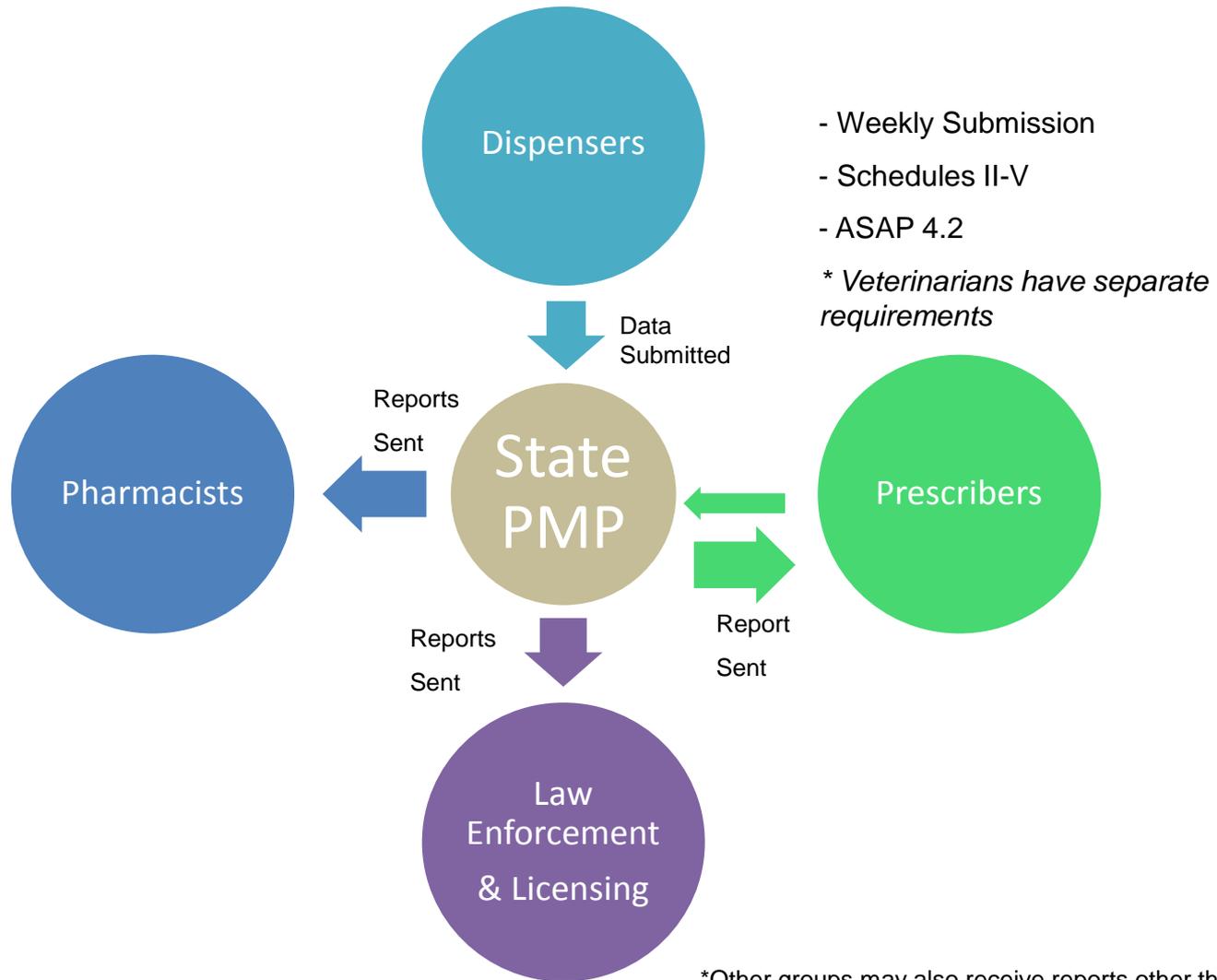
PDMP Training & Technical Assistance Center

Status of Prescription Drug Monitoring Programs (PDMPs)

** To view PDMP Contact information, hover your cursor over the state abbreviation*

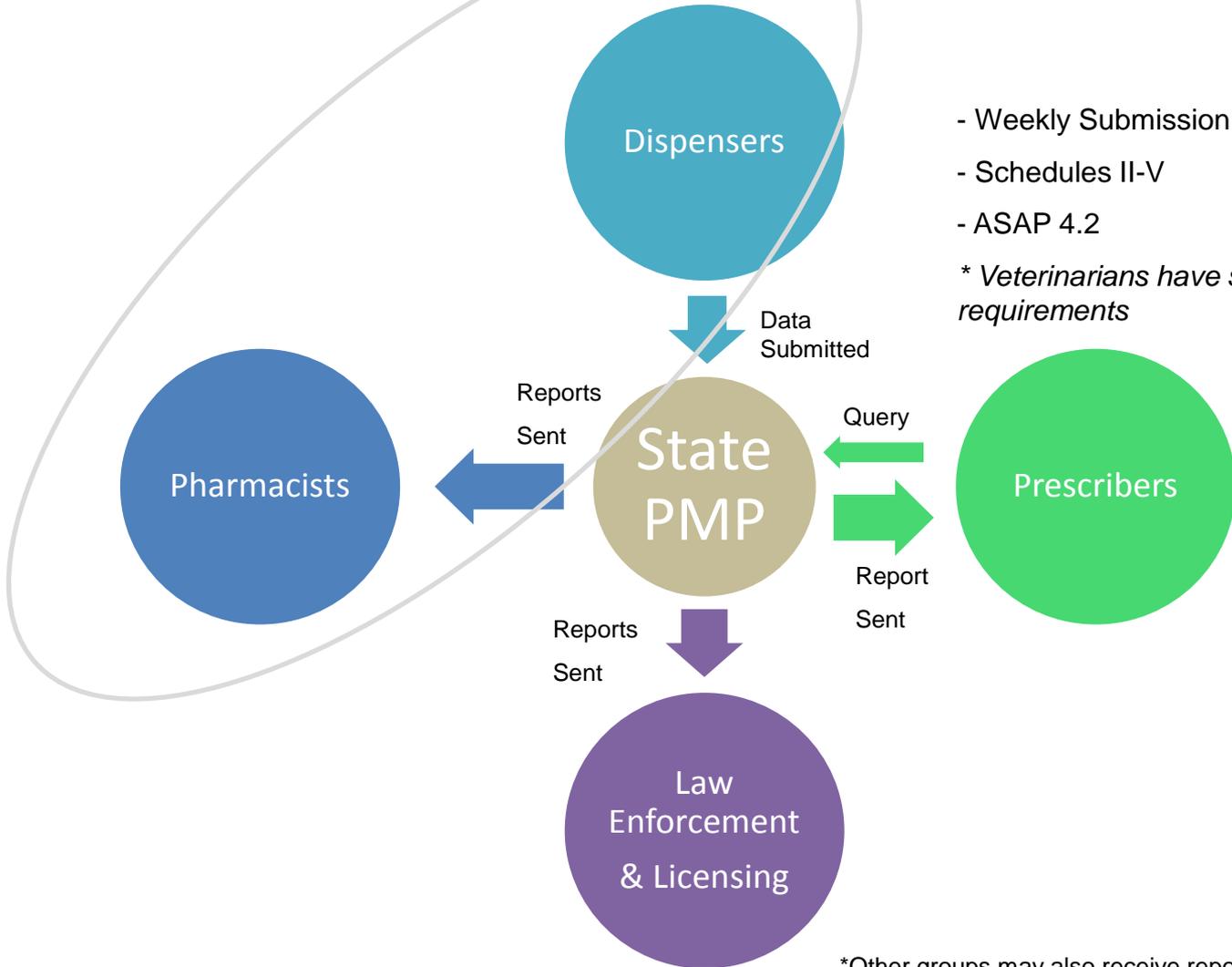


WA PMP System Overview



*Other groups may also receive reports other than those listed

WA PMP System Overview



- Weekly Submission
- Schedules II-V
- ASAP 4.2

** Veterinarians have separate requirements*

*Other groups may also receive reports other than those listed

DOH's Goals for Washington's PMP

Help Prevent Prescription Drug Overdoses!

- Give practitioners an additional tool that provides more information for making patient care decisions.
- Data 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 the illicit use of prescription drugs.

Key PMP Benefits for Providers

- CHECK for misuse, multiple prescribers (coordinate care)
- CHECK for drug interactions or other harm
- USE reports for compliance with treatment contracts
- CHECK history of transactions linked to DEA number
 - fraudulent scripts and monthly reporting

Top 5 Times to Check the PMP

1. New patients
2. When prescribing a controlled substance
3. Patient is in substance abuse treatment
4. Chronic pain patients – ensure treatment contract compliance
5. For evaluating episodic care

2015 AMDG Guideline on Prescribing Opioids for Pain

- Updated guide from Washington State Agency Medical Director's Group
- Guide covers Prescribing Opioids:
 - In the Acute and SubAcute Phases
 - For Perioperative Pain
 - For Chronic Non-Cancer Pain
 - and many other related topics
- <http://www.agencymeddirectors.wa.gov/opioiddosing.asp>

The Epidemic & Provider Utilization

- We currently have only about 30% of prescribers registered to use the PDMP as it is voluntary.
- To adequately address the Rx epidemic we need more use of the system.
- The key issue found when surveying out prescribers as to why they don't use the PMP:
 - Ease of access

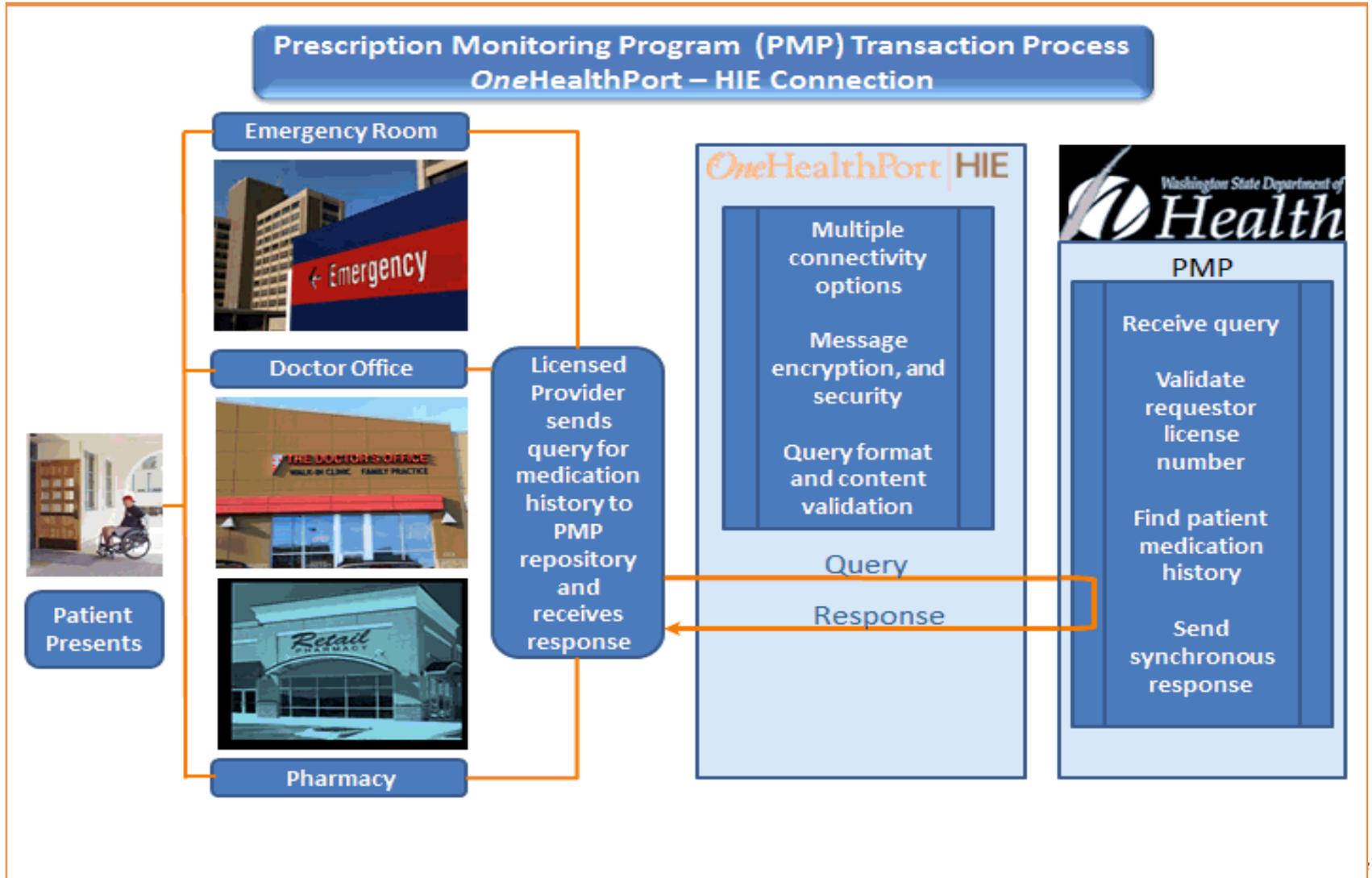
Brief Overview of the WA HIE

- Washington State HITech grant dollars were used to fund a statewide health information exchange.
 - OneHealthPort managed the vendor selection process and designed the HIE model based on community/constituent input
 - OHP HIE is an “exchange” model – no central repository
 - OHP HIE can leverage many large existing repositories (EPIC, other EHRs, state agency systems, etc.)
 - OHP HIE provides secure, trusted trading options
 - Hosted central web services
 - Central meeting point for secure connections
 - Leveraging and promoting data standards

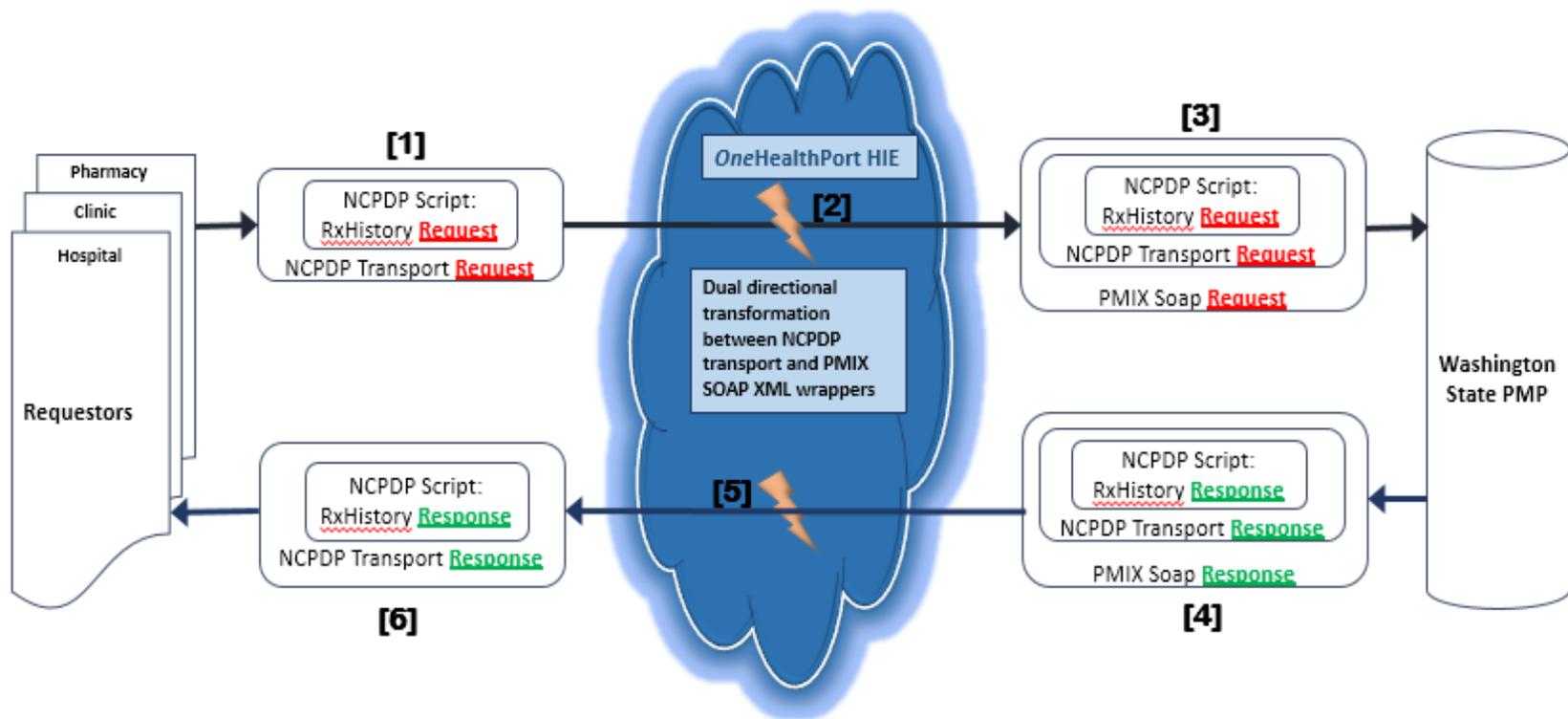
Key Issues to Address

- How do we track requests down to the individual user?
- How do you account for the data sharing agreements with trading partners?
- How do you address an ADT request with the need to have the request come from an authorized user?
- What data standard to use?

Prescription Monitoring Program



HIE Message Handling



PMP & Meaningful Use

Stage 2 & 3 Meaningful Use Approval: WA DOH has approved the PMP as an official “other specialized registry” in compliance with stage 2 & 3 meaningful use

- Listed as an EP & EH Public Health Measure-Specialized Registry
- For MU Registration we do accept group registrations (a health system can register multiple sites at once)
- Professionals need to have an active account with the PMP in order for requests to process
- Onboard with OHP using the NCPDP 10.6 transactions (it should be part of your medication reconciliation module already)



Challenges/Lessons Learned

- PMP legislation that was not forward thinking enough (no HIE, authorizing facilities, etc...)
- Different data transmission standards (use of different standards, translation could leave data unencrypted)
- Avoiding too many data sharing agreements
- Patient Matching (no pick list)
- Audit trails (tracking requests by facility or end user)
- If you build it, “they” may not necessarily come (MU)
 - Many facilities have competing priorities with MU and ICD-10
 - The providers love the idea but have to sell it to their administration



S&I Epic Pilot Emergency Department Connection

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PMP Pilot with Epic

- Standard & Interoperability Framework – sponsored by the Office of the National Coordinator (DHHS)
- WA chosen as a pilot site
- Began work with Epic in April 2015
- Completed pilot in October 2015
- Epic has released the update and it is available to WA customers

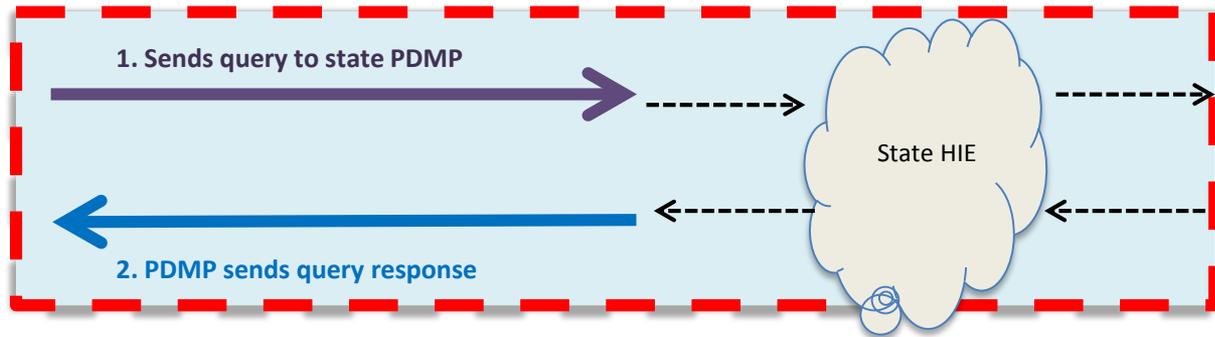
Epic Use Case (From S&I)

Pre-Step: Healthcare Professional logs into Health IT System



Healthcare Professional receives requested information

PDMP & HIT Integration Use Case Scope



Quote from End User (benefits of automated HIE query)

- "Just as creating a PMP was a game changer in it's relationship to coordinating the care of our most at risk patients in WA State, pushing that information without provider bias, without burdensome hurdles, now pretty much mandates providers be aware of these patient's special needs and risks. It's the next level that all of the nation can learn from."

Current Status

- As of January 2016:
 - 76 hospitals have gone live with their PMP connection
 - Over 2 million queries were submitted in 2015 via HIE to the PMP
 - We average only 700,000 or so queries via our online portal
 - Several Hospitals and Clinic systems in Queue for Epic PMP interface

Department Contacts

- **Program Staff:**

- Bryant Karras, Chief Informatics Officer, Sr. Epidemiologist
- Travis Kushner, Meaningful Use Coordinator
- Chris Baumgartner, Drug Systems Director

- **More Info:**

- MU Website: <http://www.doh.wa.gov/healthit>
- PMP Website: <http://www.doh.wa.gov/pmp>



The Office of the National Coordinator for
Health Information Technology

Meaningful Use

Specialized Registries - Programmatic Considerations

Daniel Chaput, ONC

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Specialized registries

2015-17 and beyond

We want to continue to encourage those providers who have already started down the path of reporting to a specialized registry as part of their participation in Stage 2. Therefore, we will allow such specialized registries to be counted for purposes of reporting to this objective in Stage 3 under the public health CMS-3310-& 3311-FC 447 registry reporting measure for Stage 3 in 2017, 2018 and subsequent years in the following manner: A provider may count a specialized registry if the provider achieved the phase of active engagement defined under Active Engagement Option 3: Production, including production data submission with the specialized registry in a prior year under the applicable requirements of the EHR Incentive Programs in 2015 through 2017. We do note that reporting to specialized registries does not require certification under the ONC Health IT Certification Program or adherence to specific implementation guides for reporting in 2015 through 2017, and we direct readers to section all.B.2.b.x for further information on the Specialized Registry Reporting measure for 2015 through 2017.



Consideration – Future Rule making

- We further noted that ONC will consider the adoption of standards and implementation guides in future rulemaking and should these be finalized, they may then be adopted as part of the certified EHR technology definition as it relates to meeting the clinical data registry reporting measure through future rulemaking for the EHR Incentive Programs.