Public Health – EHR Vendors Collaboration Initiative
Webinar

Update on Pregnancy Status in EHR, per recommendations from the Federal Advisory Task Force and Combating Drug Addiction and the Opioid Crisis: Role of Prescription Drug Monitoring Programs (PDMP) in Preventing Prescription Opioid Misuse

December 18, 2017
Question and Answer Session

How to submit or ask questions for the panel members?

Submit or Ask Questions

• Submit your text question and comments using the Question Panel

• Please raise your hand to be unmuted for verbal questions.
Agenda

• Update on Pregnancy Status in EHR, per recommendations from the Federal Advisory Task Force
• Combating Drug Addiction and the Opioid Crisis: Role of Prescription Drug Monitoring Programs (PDMP) in Preventing Prescription Opioid Misuse

  • Wesley Sargent, Health Scientist on the Prescription Drug Overdose (PDO) Health Systems Team in CDC’s Division of Unintentional Injury Prevention (DUIP)
  • Craig Berberet is the Illinois Prescription Monitoring Program Administrator at the Illinois Department of Human Services
  • Stanley Murzynski, Illinois Prescription Monitoring Program
  • Lindsey Ferris, Chesapeake Regional Information System for our Patients (CRISP)

• Discussion/Q&A
• Proposed Next Steps
Public Health Task Force Recommendations Update

December 2017

Rachel Abbey, Public Health Analyst, ONC
Brief Background

• In December 2016 the Health IT Policy Committee and Health IT Standards Committee launched a Public Health Task Force to specifically make recommendations to better assist in the standardization of pregnancy status data, clinical decision support in health IT systems, and case management in public health settings—which are important components to addressing many public health challenges.

• May 2017 the Health IT Policy Committee and Health IT Standards Committee presented the National Coordinator the final recommendations of the Public Health Task Force.

• This updates outlines the steps ONC, CDC and other stakeholders are doing to move some of the recommendations forward.
Charge 1: Capturing Pregnancy Status

- Disseminate the prioritized data elements identified by the Task Force related to pregnancy status
- Promote “Ask on Order Entry” for transmission via ELR to capture pregnancy status for tests for reportable diseases where pregnancy status is relevant
- Publish pregnancy data standards in ONC’s Interoperability Standards Advisory (ISA)
- Explore ways for the patient (individual) to electronically self-report pregnancy status and other related data and electronically share that data with the provider’s EHR

Proposed next steps:
- ONC staff will work with the CDC and the Council of State and Territorial epidemiologists (CSTE) to publish the pregnancy data standards, created in March 2017 by the Public Health Task Force, in ONC’s ISA. **COMPLETED 10/25/2017:** [https://www.healthit.gov/isa/representing-patient-pregnancy-status](https://www.healthit.gov/isa/representing-patient-pregnancy-status)
- ONC will continue to work on pilots funded by the HHS IDEA Lab project for Ask on Order Entry for transmission via ELR to capture pregnancy status for tests for Zika.
- ONC will continue to work with CMS to promote the use of 90/10 Medicaid funding for successful pilot projects.
Charge 2: Sending and Sharing Pregnancy Status

- Promote that pregnancy status be transmitted for Zika and other reportable conditions (including chronic reportable conditions) where pregnancy status is relevant.

- In the short term, expand the use of ELR to transmit pregnancy status to public health for Zika and other reportable conditions; while Ask on Order Entry is the preferred method to capture pregnancy status, promote the use of specific prenatal Zika test to indicate pregnancy status.

- Publish the pregnancy data standards for transmission in the ONC Interoperability Standards Advisory.

- Encourage state and local jurisdictions to leverage existing public health authority to require transmission of pregnancy status in accordance with state and local laws.

- Promote the use of ONC's Interoperability Proving Ground (IPG) as a mechanism to share information on public health interoperability projects.

Proposed next steps:

- ONC will continue to work with CDC and provide technical guidance on recommendations associated with Charge 2.
Charge 3: Clinical Decision Support

- Follow demonstration projects that have shown how CDS from public health can be incorporated into EHRs (e.g., RCKMS) to identify best practices for future recommendations.

- Explore sharing of CDS implementations across provider locations by promoting the use of Agency for Healthcare Research and Quality (AHRQ)'s CDS Connect, a web-based repository, as a mechanism to share information on public health interoperability projects related to CDS.

- In the short term, encourage the use of CDS to improve access to human readable guidance and to identify patients at risk.

- Explore mechanisms to enable consumers to identify and document their own risks including travel, pregnancy status and pregnancy intention and to share this data with their providers (e.g., myhealthfinder APIs).

- Explore the use of open APIs for CDS (e.g., CDS Hooks to deliver CDS to EHRs).

**Proposed next steps:**

- ONC will continue to work with CDC to provide technical guidance on recommendations associated with Charge 3.

- As part of the Digital Bridge electronic case reporting implementations, CDC will work with CSTE and State and local public health departments to provide condition-specific clinical follow-up information in human readable format to clinicians in the Reportability Response.
Charge 4: The Electronic Initial Case Report (eICR)

• Incorporate Charge 1 recommendations for collection and sharing of pregnancy status into the eICR
• Leverage current work from existing eCR projects (e.g. Digital Bridge) to promote best practices and standards for reporting pregnancy status with the initial case report as well as follow up and case management
• Explore the use of new or maturing standards such as Structured Data Capture and SMART on FHIR as methods for eCR
• Promote the use of ONC's Interoperability Proving Ground (IPG) as a mechanism to share information on public health interoperability projects related to eCR

Proposed next steps:
• ONC will continue to work with CDC and provide technical guidance on recommendations associated with Charge 4.
• ONC will collaborate with other stakeholders (e.g., Digital Bridge and Argonaut Project) on the use of technologies - including mature and emerging standards such as SMART on FHIR—to support ongoing data exchange between healthcare settings and the public health community.
• CDC will work to include pregnancy data elements in the eICR. The current eICR Release 1.1 includes the data elements of pregnancy status (Y/N/UKN) and estimated delivery date that are available in the C-CDA Release 2 standard.
• CDC will work through the HL7 Public Health and Emergency Response Working Group to explore and encourage the additional data elements identified by the Public Health Task Force be added to the C-CDA or will develop a public health specific template for these pregnancy details. These updates will be published in an updated version of the eICR Implementation Guide.
Wesley Sargent

Health Scientist on the Prescription Drug Overdose (PDO) Health Systems Team in CDC’s Division of Unintentional Injury Prevention (DUIP)
Illinois PMP Integration Solution and Efforts

Craig Berberet and Stan Murzynski
Automated Connection

• Service that incorporates PMP information directly into an electronic health record system, pharmacy system or medication management system

• Smooth Clinical Workflow
  • Little to no human interaction
  • No logons to the PMP website

• Direct connections to each healthcare facility
Meaningful Use

• In Modified State 2 and MU3 Public Health Agencies are tasked with:
  • Declaring readiness to accept data from providers
  • Register Providers
  • Establish testing and validation process (onboard)
  • Acknowledge providers that submit data successfully
Meaningful Use

• Illinois PMP Designated Specialized Registry
  • Meaningful Use Stage 2 (E.H.R. Incentive Program)
    • If a PMP declares itself a registry ready to accept data
    • Integration with an E.H.R.
  • Illinois E.H.R. Medicaid Incentive Program
    • Eligible Hospitals and Eligible Professionals receive Medicaid and Medicare Incentive Payments for connecting to specialized registries
    • Obvious incentive to connect to the PMP
    • IL PMP received approval in March, 2016
Automated Connection - Connection Options

• E.H.R. Vendor Adapter
  • Developed by Illinois PMP and vendor, Logicoy
  • Act like add-ons to current E.H.R. versions
  • EPIC, Cerner, AllScripts and other large vendors
  • Facility can license the adapter rather than developing connection from scratch
  • Easily adaptable and scalable

• Self-developed Connection
  • Hospital I.T. teams can develop connection without licensing an adapter
Automated Connection – Request Options

• Admission, Discharge, Transfer Requests
  • Requests are triggered to PMP as soon as patient presents to emergency department (no human interaction)
    • Ambulatory Clinic setting

• Tab Requests
  • Requests are made by a user click on a tab within the E.H.R. system much like an internet browser tab
    • Hospital and clinic setting

• Group Requests
  • Requests can be run the night before patient appointments
    • Office setting
PMIX Architecture

• First Standard utilized by PMP for data transfer
• Not the best for hospital Data transfer
• Utilizes SOAP Protocol
  • Older Protocol, more use
NCPDP Architecture

• Built for prescription data transfer through medical community
• Standard Utilized by EPIC
• Uses REST Protocol
Dear Clinician:

This is a current report from the Illinois Prescription Monitoring Program database of recently dispensed prescriptions of controlled substances for:

DALE DOBACK (DOB: 1966-12-26)

You may find this information useful for making decisions about the care of this patient.

Sincerely,

II. Prescription Monitoring Program

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### PMP Patient Lookup

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<th>Qt/Supply Days</th>
<th>Payment Type</th>
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<th>Prescriber City</th>
<th>Org State</th>
<th>Org Zip</th>
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**Medication Details**

- **Prescriber**: HYDROCODON-ACETAMINOPHEN
- **Prescriber**: ZOLPIDEM TARTRATE
- **Prescriber**: QUAMIFENESIN-CODERINE

**Pharmacy Details**

- **NDC Number**: 00400512305
Prebuilt Module (MME)

Current active MME/day based on prescription history

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<th>Prescriptions in past 12 months</th>
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<tr>
<td>Name</td>
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<td>Prebuilt Module (MME)</td>
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</table>

MME/day based on new prescription

<table>
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<tr>
<th>New Prescription</th>
<th>Go Back</th>
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</table>

MME/day in the past based on prescription history
Potential Issues

• Lack of understanding
• Limited resources at hospital
• IT priorities and hesitation
• No PMP user support
• Nurses and other patient care providers couldn’t have access until Heroin Crisis Act was passed
Automated Connection Utilization

![Graph showing Automated Connection Utilization from 2014 to 2017. The graph indicates a significant increase in total searches starting from 2016.]
CRISP & Maryland PDMP Integration

CRISP
Lindsey Ferris
Program Director, HIE Projects
Unintentional Drug & Alcohol Overdose Deaths in Maryland, 2007-2015
PDMP Background/CRISP Involvement

• PDMP Background
  • Established in law, 2011
  • Regulations adopted, 2012
  • Dispenser reporting required, 2013
  • Under the Maryland Department of Health (MDH) Behavioral Health Administration (BHA)
  • Program goals:
    ➢ Assist with reducing non-medical use, abuse and diversion of prescription drugs
    ➢ Increase confidence in prescribing/dispensing decisions
    ➢ Promote balanced use of prescription data that preserves clinical decision making

• CRISP Involvement
  • Serves as underlying technology for official Maryland PDMP
  • Credentialing and access point for clinical providers
  • Provides advanced patient matching
  • Allows for PDMP data to be viewed alongside HIE data
  • Contracted with PDMP vendor for collection of data from dispensers (Appriss/Health Information Designs)
Partnership Benefits

- Advanced patient matching of PDMP data
- Ability to leverage existing credentialing/outreach processes
- Ability to leverage existing CRISP services
  - Query portal
  - Encounter Notification Service
  - Reporting Service
  - Streamlined access to data (Single Sign-On, etc.)
- New technology build in response to opioid crisis and PDMP legislative action
  - Unified Landing Page / PDMP Search
Technical Architecture
### Maryland Prescriptions

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<th>Drug Name</th>
<th>Quantity Dispensed</th>
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<th>Date Written</th>
<th>Pharmacy, HID Test</th>
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Disclaimer: These are in-state prescriptions.

### Out-of-State Prescriptions

No Out-of-State Prescriptions Found

Disclaimer: These are Out-of-State Prescriptions. Please be advised that out-of-state prescriptions are matched on last name, first name, and date of birth ONLY, which could result in improper matching in some cases. CRISP encourages providers to use discretion when interpreting interstate data.
Technology Updates to PDMP

• Updates to support PDMP Mandates (HB 437)
  • Designed PDMP database to be highly available and accessible by EHRs and other systems
    • Improved performance and responsiveness
  • Created PDMP-focused platform as base for added functionality
    • Embedded in CRISP’s Unified Landing Page
    • “Fuzzy” patient search
    • Multiple patient selection for consolidated PDMP view
    • Displays number of pharmacies and prescribers
    • DEA Self-Audit (in pilot)
• Increased interstate sharing within portal
  • Sharing data with WV, VA, DC, PA, CT, AR, MN
• DEA self-audit (in pilot)
Unified Landing Page/PDMP Search

- ULP will allow for single-login access to all CRISP services
PDMP Search

- All Maryland and out-of-state PDMP data are displayed together

### PDMP Search Table

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<th>FIRST NAME</th>
<th>DATE OF BIRTH</th>
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<th>DATE FILLED</th>
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<th>PRESCRIBERS (6)</th>
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<th>PHARMACIES (2)</th>
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<td>PRESCRIBER, HID TEST</td>
<td>0</td>
<td>PRIVATE PAY</td>
<td>MD</td>
</tr>
<tr>
<td>79293644</td>
<td>SKYWALKER</td>
<td>LUKE</td>
<td>01/12/1977</td>
<td>ZOLPIDEM TARTRATE 10 MG TABLET</td>
<td>01/12/2017</td>
<td>30</td>
<td>30</td>
<td>HID PRESCRIBER,</td>
<td>01/12/2017</td>
<td>PRESCRIBER, HID TEST</td>
<td>0</td>
<td>OTHER</td>
<td>MD</td>
</tr>
</tbody>
</table>
PDMP Search

- Filtering and sorting options available for each column
- Address information available for prescribers/pharmacies through info button
Controlled Substance Prescribing by Drug Class and Patient Residence

Statewide Number of Prescription Fills

Number of Prescription Fills by County - 1/1/2016 through 12/31/2016

County Number of Prescription Fills

Number of Prescription Fills by Age Group

DHMH 2017. Tableau dashboards developed by CRISP. Data Source: Prescription Drug Monitoring Program (PDMP) data.
PDMP Data available between 1/1/2014 and 8/13/2017.
Streamlined Access to PDMP Data

• Increasing efforts to enable more streamlined workflows for accessing PDMP data
  • Single Sign-On and patient context passing into CRISP portal (one-click access)
  • In-context alerting (zero-click access) to PDMP within EHR

• Coming soon: PDMP data delivery into the EHR
  • Working through policy/programmatic considerations
Funding

• **PDMP State Budget & Federal Grants:**
  • Underlying PDMP infrastructure (e.g. data collection)
  • Ad hoc PDMP-specific development (e.g. PDMP Search)

• **Medicaid 90/10 Federal Funding**
  • Overarching frameworks for data delivery (e.g. ULP)
  • Deeper integration into EMR (e.g. SSO, in-context alerting)
  • Meaningful Use Public Health Reporting - PDMP
New Functionality – Coming Soon

• Delegate Dashboard
  • Prescriber and pharmacist management of delegates
  • Delegate query history

• Fatal & non-fatal overdose notifications through CRISP ENS
  • Fatal notifications based on OCME data
  • Non-fatal notifications leverages chief complaint and diagnosis information in Syndromic Surveillance and ADT feeds
  • Delivery via real-time ENS alerts & displayed within portal

• Notifications based on PDMP-patient relationship in prescription
  • Unsecure email informing registered user to log into secure portal to view alert

• PDMP “risk alerts”
  • Priority alerts (e.g. high dosage, multiple opioid prescriptions, etc.)
  • Real-time notifications through ENS and display within portals

• Prescriber insight (“report card”/benchmarking report)
Q&A/Discussion
Question and Answer Session
How to submit or ask questions for the panel members?

Submit or Ask Questions

• Submit your text question and comments using the Question Panel

• Please raise your hand to be unmuted for verbal questions.