

Status of the Integration of Electronic Health Record Systems with the Prescription Monitoring Program Under ESHB 1427 (Chap. 297, Laws of 2017)

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Executive Summary

Passed in 2017, Engrossed Substitute House Bill 1427 ([ESHB 1427](#)) requires the Department of Health (department) to expand access to the Prescription Monitoring Program (PMP) to further address the opioid epidemic. The bill broadens the department's ability to assess PMP and overdose data. It provides PMP data access to:

- Local health officers for overdose follow-up;
- The coordinated electronic tracking program for emergency department providers and overdose notification;
- Health facilities, entities, and provider groups for improving prescribing practices; and
- The Washington State Hospital Association for use in its coordinated quality improvement program.

Section 10 of the bill requires the department by November 15, 2017, and annually thereafter, to report to the governor and the appropriate committees of the legislature on the number of facilities, entities or provider groups that have integrated their federally certified electronic health record (EHR) systems with the Prescription Monitoring Program, using the state Health Information Exchange (HIE).

As of August 31, 2017 the following health systems have integrated PMP data into their EHR system through the HIE:

- Emergency Department Information Exchange (EDIE) – The EDIE system operates somewhat like an EHR system between Washington's Emergency Departments (ED). This system now provides integrated PMP data to 87 of the 94 EDs in our state. The patient PMP data is requested automatically when the patient registers in the ED.
- Valley Medical Center (Renton) – Began a pilot in May before rolling out the integration system-wide in July this year.

As of August 31, 2017 the following health systems have begun testing the PMP transaction from their EHR with the HIE:

- PTSOWA, a not-for-profit healthcare technology services organization.
- Kaiser Permanente Washington
- University of Washington
- Kadlec Regional Medical Center

As of August 31, 2017 the department 114 health systems have registered their intent to use this PMP integration to receive meaningful use credit toward their public health objectives. These health systems represent more than 1,276 clinic locations around the state.

Introduction and Brief History

Misuse and abuse of prescription opioids is a [nationwide epidemic](#). Most states have implemented a PMP as a means of addressing this public health issue. The purpose of PMPs is to collect all records for controlled substances into a central repository and relay that information back to healthcare providers (so that they can make better care decisions for their patients) along with other entities to address the epidemic. Washington State has focused on addressing this issue since 2008, when the department formed an interagency workgroup. The leading cause of accidental death in Washington State is no longer motor vehicle-related accidents, as it used to be, but rather from poisoning, much of which is caused by controlled drugs. The department's statewide plan for addressing the epidemic is online at <http://stopoverdose.org/>.

Washington State implemented its [PMP](#) in October 2011. Similar to other states that have an active PMP and no requirement for healthcare provider PMP use, the percentage of Washington's prescribers using the program has plateaued around 30 to 40 percent. Washington State surveyed its providers about PMP use, and identified ease of access as the major obstacle for using the PMP. Providers often do not have time to log into another system to check prescription drug use during short appointments with patients. Providers indicated that if the PMP was part of their healthcare system's EHR, they would be more likely to use it, as it would be integrated into the clinical workflow of their EHR.

In 2013, Washington State began work to electronically connect the PMP to the Emergency Department Information Exchange and one EHR system (Epic). To facilitate this transaction, Washington State began working with [OneHealthPort](#), the state HIE, to help foster this collaboration among health system EHRs and PMP.

Washington State received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in October 2012 to build a connection to the HIE. Initial connection with the HIE occurred in November 2013. After working through some barriers, the first emergency department connected to the HIE in November 2014.

In early 2015, the department declared the PMP an official public health "specialized registry" eligible under CMS Medicare and Medicaid EHR Incentive Programs for meaningful use (MU) to allow eligible providers to meet one of their required public health objectives. This federal program is designed to provide incentive payments to healthcare professionals and hospitals to promote the adoption and use of electronic health records. MU is the application of certified EHR technology to ensure it is connected in a manner that provides for the electronic exchange of health information to improve the quality of care and population health; and that in using that technology, the provider must submit to the secretary of Health and Human Services (HHS) information on quality of care and other measures. By making the PMP available for MU credit, the department helped build extra business incentive to assist healthcare systems with creating the integration between their EHR and the PMP. Later in the process, federal requirements shifted to also allow credit for eligible hospitals as well. Current federal proposed rules may change the name of the incentive program from MU to Quality Payment Program (QPP),

transitioning this from payment bonus to a higher reimbursement rate for providers fully meeting measures and objectives.

Through the summer of 2015, PMP staff members worked with technical staff members from the department's system vendor, the HIE and Epic in developing and pilot testing of this connection and transaction for the Epic EHR system. Epic developed and released a module to its Washington clients in December of 2015. This new module allows Epic users to transact and ingest PMP data directly to the patient record in the native EMR. In May 2017 the first Epic customer finished testing and went into production with its connection.

Previously in Washington State, the only way for a provider to interact with the PMP was to log into a web portal and manually search for a patient's name, select the possible patient matches, and then see what prescriptions those patient(s) have received. Integrating the state's PMP in the EHR through the HIE streamlined the workflow for the providers, as they no longer have to log into an additional web portal, which disrupts the natural workflow of a visit and detracts from individualized patient care. Integration of these data systems improves workflow and productivity with streamlined background automation.

The web portal for the PMP receives roughly 1.5 million queries each year. In the first year after implementing only one automated system (EDIE), system queries jumped by more than 2.2 million. These data reflect queries from roughly 50 percent of Washington's emergency department care settings. In the following year (2016) EDIE queries jumped again to 2.7 million accounting for 65 percent of the PMP systems 4.2 million queries in the year. As this automated process is moved to into primary care settings we expect an even more drastic increase in queries resulting in far greater use of PMP data by prescribers.

The registration process for facilities wanting to integrate PMP data to their EHR system and use this integration for MU opened in the fall of 2015. Registrations, via the online survey, have increased dramatically since. As of August 31, 2017, the department has received 114 registrations, which include more than 1,276 clinics.

Benefits of using the HIE

Washington's statewide HIE, operated by OneHealthPort, provides several benefits in addition to the PMP integration. The HIE benefits health systems as well as the department in the following ways:

- **Fewer data use agreements.** By using the HIE, the department is able to sign onto a single memorandum of understanding for protecting the data being transmitted. This is signed by each trading partner using the HIE and contains the PMP-specific language we need them to agree to. This cuts down on an enormous amount of time and money that would be spent executing individual agreements with each health system.
- **Maintenance of only one connection.** There is a cost associated with maintaining this type of IT connection between the HIE and the PMP database. By using the HIE, the state has to pay for and maintain only one connection instead of a separate one to each

health system, as the HIE provides the connections out to the health systems. This again saves time and money.

- **Annual flat fee for use.** The HIE charges a [single annual fee](#) to each trading partner based on its size. The annual fee allows each partner to trade as many transactions it wants for the PMP and any other transaction that the HIE is set up for. Several other [DOH transactions](#) are also available through the HIE. This also saves the state and the health systems time and money.

Barriers to Integration

While integrating PMP data into clinical workflow has shown to be the most effective way to make the data easier to regularly use, there are some challenges to this effort.

1. **Security requirements.** Many federal and state security requirements must be met to safeguard the protected healthcare information in the PMP database. The current web portal meets these requirements but makes the system more cumbersome to access. The HIE to EHR integration meets all security requirements while greatly improving ease of access. Some health systems still may have challenges ensuring their EHR is able to connect to this secure infrastructure.
2. **Cost.** While Epic has made an update available to customers, not all EHR vendors have. Depending on the size of the provider group, facility or health system, the cost to pay their vendor for the update needed or to build it themselves may be prohibitive. Information from integration pilots¹ indicates a cost range from as low as \$32,500 and up to \$111,877. Another cost is associated with joining our state HIE. In order to make HIE cost manageable, the department worked with OHP to provide a flat annual charge under which a health system can exchange a wide range of different data types, including PMP.
3. **Prioritization.** Health systems, as any organizations, have many technology needs and requirements. With limited IT resources, work such as the PMP integration must be worked into the queue and carefully reviewed against other technology work.
4. **EHR Vendor.** Again, the Epic EHR has built out functionality for its customers that meet the Washington state requirements and integration model. Other vendors have developed similar modules in other states that may not be compatible with our requirements. This is a challenge for some of our health systems as they try to convince their system vendor to customize software for Washington.

¹ <https://www.healthit.gov/pdmp/PDMPCConnect> (Pilot Summary Papers FY12)

Conclusion and Recommendation

It's clear more needs to be done to address the opioid epidemic in Washington State, that the PMP is a critical tool in Washington State's efforts, and that healthcare provider use of the PMP needs to increase further. Review of PMP data during a patient encounter can greatly assist a provider in giving better care, which in turn should reduce the number of patients who are at risk for adverse outcomes.

Through a PMP customer survey, healthcare providers indicated their primary reason for not regularly using the PMP is the extra time and effort required to access a system outside of the clinical workflow of their EHR. The small amount of time providers have for each patient encounter makes it challenging to pull this valuable information along with all the other important clinical functions they must perform. The most effective way to eliminate this barrier is to provide a way for this information to be made a part of their workflow. Integrating with the HIE provides this while still meeting vital security requirements that protect patient information from being inappropriately released or used. The HIE in our state is uniquely positioned to provide several cost-saving services to assist DOH and our health systems in connecting.

Recommendation. The department recommends that the hospital and health professional associations continue to partner with us and the Health Information Exchange in encouraging healthcare systems and provider groups to connect. The department has found that when providers have seamless access to the PMP data (within their own workflow), it is more frequently used. This is essential to ensure better treatment decisions are made, resulting in better patient outcomes.