Washington State Department of
Health

Using the Health Information Exchange and Electronic Healthcare Records System to Provide Seamless Access to Prescription Monitoring Data

Produced By: The Washington State Prescription Monitoring Program

Opioid Misuse, Abuse, Overdose, Morbidity, and Mortality

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Situation

Opioid drug overdose deaths surpassed deaths caused by traffic accidents in Washington State in 2006 and remain the state's leading cause of accidental death. Prescription monitoring data (2014) shows that Washington pharmacies dispense nearly 1 million controlled substance prescriptions each month, enough for nearly every Washingtonian to have two controlled substance prescriptions per year. More than half of these prescriptions are for an opioid, and nearly one in four Washingtonians received at least one controlled substance prescription during the year. The prescription opioid misuse and abuse epidemic remains a dire problem in Washington. It has wide-ranging collateral consequences for our population and our public health system.

In October 2011, the Washington State Department of Health (DOH) began operating a controlled substance dispensing record repository known as the Prescription Monitoring Program (PMP – also known as Prescription Review). The PMP captures record of all controlled substances dispensed from Washington dispensers regardless of payment source, prescriber, or healthcare network. It makes this verifiable prescribing history available to healthcare providers (HCP) so they may better ensure the safety of their patients. However, HCPs are missing opportunities to ensure patient safety by not using this available resource.   Nearly 70 percent of Washington HCPs authorized to prescribe controlled substance medications remain without ability to check patients' controlled substance history on the PMP by not completing the free PMP account registration process. Frustratingly low adoption of the PMP by HCPs remains a barrier to the realization of a full return on Washington's investment in the PMP.

Remedies Available for Addressing PMP Underuse:

- **Education and training encouraging HCP registration and use**
- **Integrated, seamless access to PMP data within the HCP's EHR system**

Education and training to HCPs has been under way since before the PMP went live in 2011. PMP staff members continue to provide education and training upon request.   Integrated, seamless access to PMP data within the HCP's EHR system is an effective way to increase use by reducing barriers to registration and accessing the PMP. Increasing PMP data use in your facility not only benefits patients, providers, and the facility by increasing patient safety, but provides additional benefits to facilities interested in participating in and receiving reimbursements from Meaningful Use as this integration is available for meeting participation requirements.

Prescription Review
Prescribe health | Dispense safely

Problem - Solution

Since going live, primary access to the PMP has been through a web portal. Access involves using the Internet, navigating to the sign-on site, completing user authentication, accessing the PMP site, and navigating to the screen where patient data can be entered for query. Access is available to HCPs only once they've completed the account registration and activation process. The user who access the service more frequently is more in tune with the process and has a much easier time accessing. The result for HCPs is a web portal that is accessible from nearly any location with security and authentication that, though not difficult, takes additional time.   Our recommendation for HCPs using the PMP web portal is to access the PMP often enough that accessing becomes second nature.

Fortunately, Washington State has established a Health Information Exchange (HIE) where trading partners can access protected health information (PHI) directly through their electronic health records (EHR) systems. Clinics, hospitals, and offices where patients are treated can benefit from PMP data by building this connection and integrating the PMP transaction to their EHR to provide seamless access within their workflow with no additional log-on or authentication processes for the HCPs. Integration of the PMP transaction to the native EMR system puts PMP data in the hands of the HCPs within their normal workflow and at the critical point it is needed.

Integrated, seamless access to PMP data within the HCP's EHR system eliminates the need for the HCP to complete the registration process for web access, and reduces or completely removes barriers for accessing PMP data at the time of the patient visit. The resulting increase in PMP data use benefits patients, providers, and the facility by increasing patient safety. Additionally facilities interested in participating and receiving reimbursements from Meaningful Use can use this integration for meeting participation requirements.

Through the summer of 2015, PMP staff members worked with technical staff members from our system vendor, One Health Port (OHP) and Epic, in the development and pilot testing of this connection and transaction for the Epic EMR 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.

Success

PMP's connection to the HIE has been in place since late 2013. The first to take advantage of that connection was the Emergency Department Information Exchange (EDIE). PMP data went live on the EDIE system in November of 2014. Through 2015 more than 2.2 million PMP queries were completed by EDIE, about 120 percent more than the number of queries made by all other HCPs in all other healthcare settings over the PMP web portal for the year. ED physicians have been thankful to have this important information delivered by an automated process saving time and helping to ensure patient safety.

Compelling Reasons to Integrate the PMP into EMRs via HIE Connection

1. **Patient Safety**
   - The primary goal for using the PMP is patient safety, with additional goals of providing the highest quality of care and reducing harm. The PMP informs the HCP of a patient's controlled substance prescription history. That helps prevent drug-drug interactions that may lead to an adverse outcome, and therapeutic duplication. It alerts the HCP to length of time a patient has taken prescription opioids, and understanding of undertreated pain.
   - PMP data can alert the HCP about patients receiving opioids, benzodiazepines, and other drugs that can create an adverse outcome at the same time.
   - PMP data can alert the HCP of patients receiving high morphine equivalent dose (MED) opioids.

2. **Mitigate Liability**
   - Verifying patients' controlled substance history by reviewing PMP before prescribing is growing in regard as best practice and is recommended in the updated Agency Medical Director's Group 2015 Interagency Guideline on Prescribing Opioids for Pain. Removing barriers to this information and integrating it into the prescriber's workflow ensures its availability at the time it's needed for making the best and most informed prescribing decisions.

3. **State Laws and Meaningful Use**
   - Washington State's opioid prescribing rules suggest that providers should use PMP data: "providers *shall* take a health history when evaluating a patient for chronic non-cancer pain, which *should* include review of any available PMP data" (WAC 246-919-853) and "PMP data *should* be reviewed when patient seeks episodic care e.g. urgent care" (WAC 246-919-859).
   - Washington State's workers' compensation program requires prescribers to use the PMP. According to WAC 296-20-03035: "Providers must check the prescription monitoring program data base... and document before prescribing opioids in the sub-acute phase and repeat during chronic opioid therapy at intervals according to the worker's risk category as described in the agency medical directors' group's guideline. Any provider performing a preoperative evaluation for elective surgery in workers on chronic opioid therapy should also check the prescription monitoring program data base and document as part of a treatment plan for post-surgical pain management."
   - The Washington State DOH has obtained approval to list the PMP as an official "other" specialized registry in compliance with stage 2 meaningful use, which can bring in revenue.
   - Once connected to the HIE, healthcare organizations can also connect to other data systems and trading partners. DOH, for example, also provides connections to immunizations, laboratory reporting, syndromic surveillance, and cancer registry in addition to the PMP.

4. **Preventing Fraud and Abuse**
   - The PMP allows prescribers to view their prescribing history to watch for fraudulent scripts
   - The PMP allows prescribers and dispensers to check for possible prescription misuse, multiple prescribers, adverse drug interactions, and undertreated pain.

- The PMP can alert the HCP of people who have potential abuse patterns, such as having seen five or more opioid prescribers and dispensers.

5. **Increased Efficiency**
   - HCPs can delegate authority (web portal) to other licensed clinical support people (e.g. MA, LPN, RN) to query the PMP for their patient's prescription history making workflows efficient.
   - The Washington state health officer, DOH, and many state agencies and health care facilities jointly collaborate to reduce morbidity and mortality related to the unintentional use, misuse, and abuse of opioids. One of their key strategies is to facilitate clinical service sites, building the connection to the HIE for more seamless access to PMP data.

Technical Requirements

The schema for connecting to One Health Port is illustrated below. The connection between the HIE and the PMP is already built, and has been providing data to EDIE since November 2014. Healthcare organizations will need to build the connection on the left side of the diagram from their EHR to the HIE.
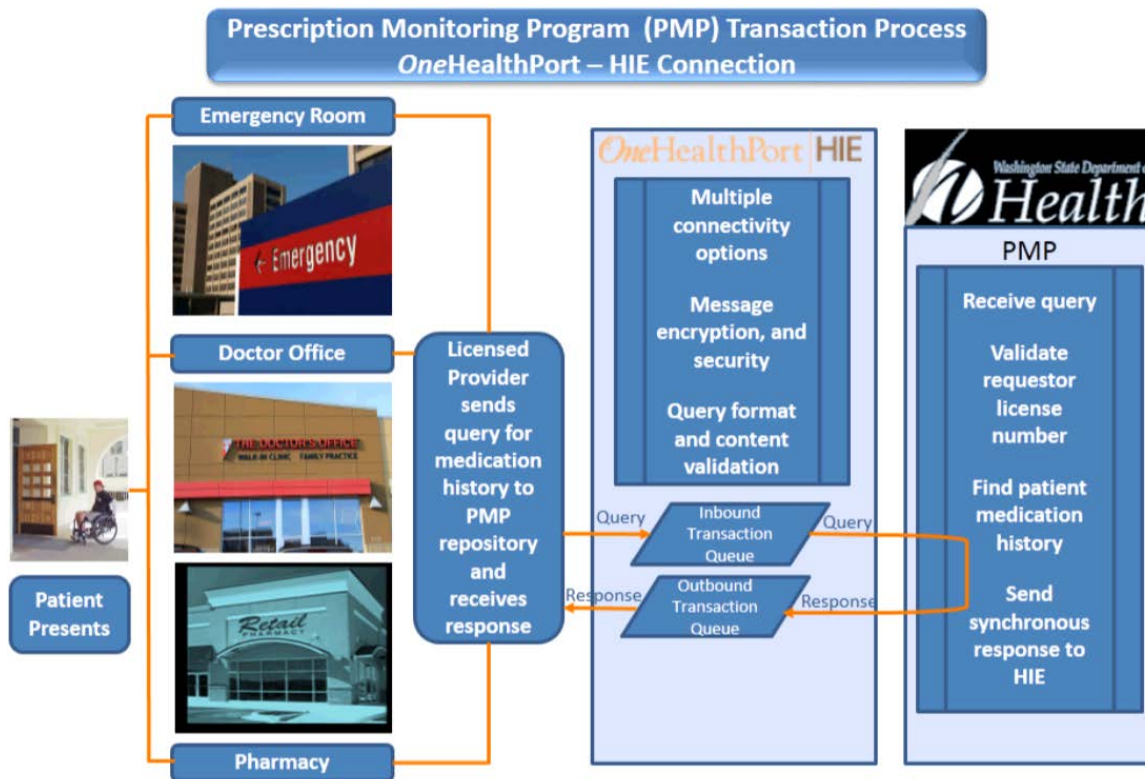
The response provided from the PMP database via the HIE is:

- A real-time transaction based on the authentication of the requestor's license (pre-registration of the user in the online PMP system)

DOH 630-129
August 2017

- A match of the patient record requested
- Uses the NCPDP Script Standard for medication history. OHP HIE is utilizing the NCPDP 10.6 standard.

This will enable providers to have immediate access to PMP data for each patient from within the EMR. Requests can also be triggered automatically by the EMR when a patient is admitted to a hospital. A similar connection has been done for EDIE. OneHealthPort has a technology guide for how to accomplish this[1]. The PMP query uses a standard medication history already in place in certified clinical systems that query repositories such as Surescripts for medication history. The organization's cost for integrating are in its IT developing the transaction and transport for the EHR, and establishing a connection with the HIE. The HIE connection - as little as $600 per year - allows access to all DOH data services. Many facilities have encumbered this cost and have an active connection to the HIE already for facilitating data exchange for other programs such as Electronic Lab Reporting, Cancer Registry, or Syndromic Surveillance.

Recommendations

1. Approach medical, administrative, and technical leadership regarding this opportunity. Include a discussion on the ability of the PMP to help meet Meaningful Use requirements.
2. Contact the Washington State Department of Health if there is interest in using the PMP to meet Meaningful Use requirements. To register (www.doh.wa.gov/healthit).
3. Contact OneHealthPort (OHP) to begin the onboarding process, which involves a trading partner agreement (if your organization is not signed up yet) and getting the technical specifications (https://www.onehealthport.com/hie).
4. Work with OHP to build and test your connection for the PMP transaction.
5. Consider creating PMP champions who can train users on how to query and use the report from the connection that have been built. Take advantage of the PMP training videos online or contact DOH PMP staff for in-person training or via webinar (www.doh.wa.gov/pmp).
6. Consider creating standard protocols and prioritizing which situations warrant a PMP query on a patient (example: new patient visit) and how patient care is handled depending on the results of the query.

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[1] http://www.onehealthport.com/sites/default/files/hie/CanonicalGuide_PMP.pdf

DOH 630-129
August 2017