



SYSTEM DESIGN, INTENT, AND USE



PRESCRIPTION MONITORING PROGRAM

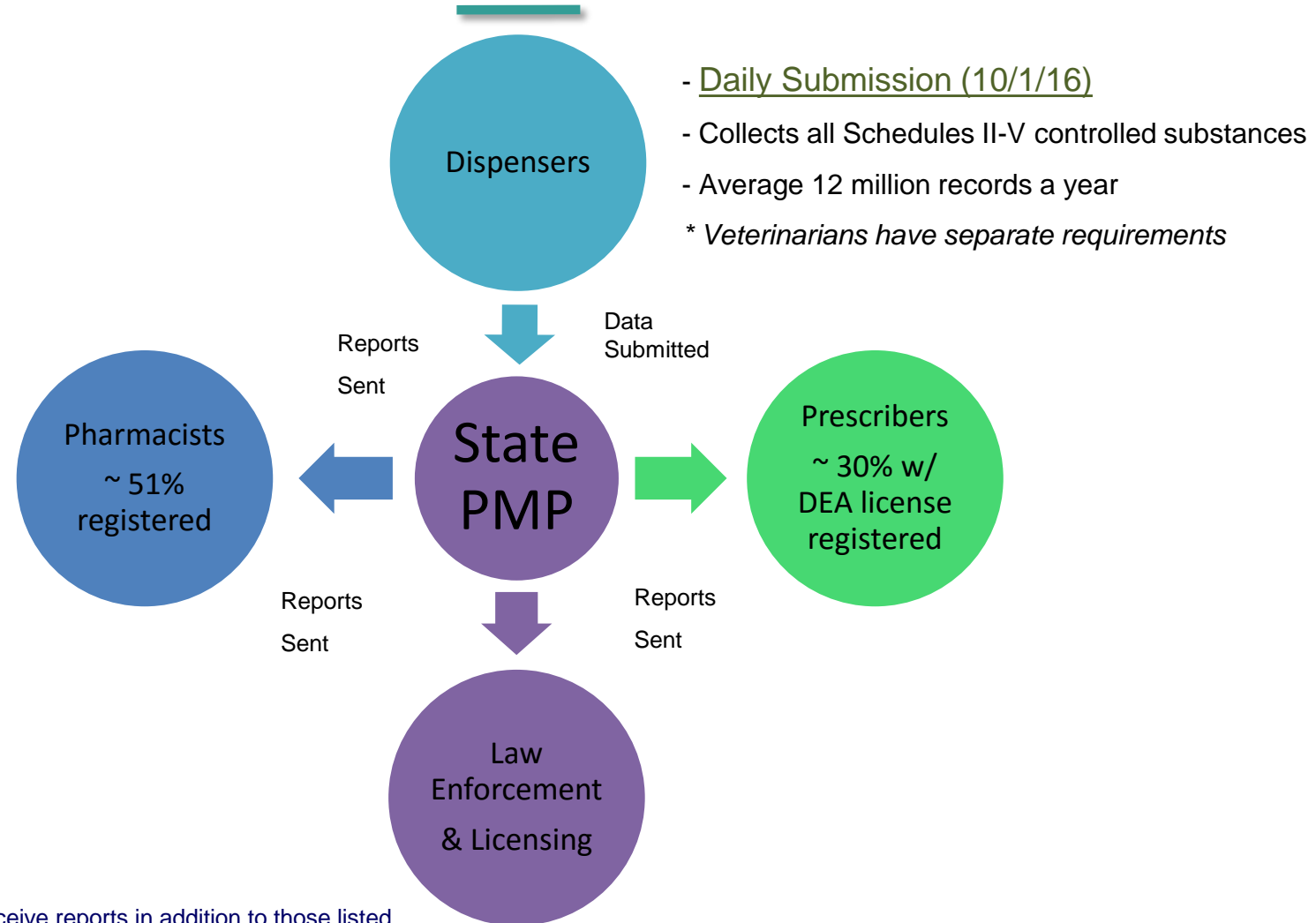


DOH Goals for Washington PMP

Prevent Prescription Drug Overdose

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

PMP Data Collection and Access



*Other groups may also receive reports in addition to those listed.



Not Required to Submit Data

- Licensed wholesalers, distributors, manufacturers
- Rx'd for ≤ 24 hrs or directly administered
- Prescriptions provided to patients receiving inpatient care at hospitals
- Pharmacies operated by the Department of Corrections
 - Except when an offender is released with a dispensing intended for ≥ 24 hrs of use
- Federally operated facilities
 - Veterans Affairs, Department of Defense or other federally operated pharmacies
 - Voluntary reporting from Indian Health Service (IHS) & Veterans Affairs (VA) since 2015
- Opioid Treatment Programs (42CFR)

Access

Original Legislation Provided PMP Access for...

- ✓ Prescribers & dispensers – for patient care
- ✓ Licensing boards – for investigations
- ✓ Individuals – regarding prescriptions dispensed to them
- ✓ EDIE – Providing PMP in the ED
- ✓ DOH/Vendor – in regard to program operation
- ✓ Law Enforcement/Prosecutor – for bona fide investigations
- ✓ Medical Examiner/Coroner – cause of death determination
- ✓ HCA (Medicaid), L&I (Worker's Comp), DOC (Offenders)
- ✓ De-identified information may be provided for research and education

Access Continued ...

SB 5720 (2015)

- ✓ Staff of Medical Testing Labs – for urinalysis testing and determining prescribed medication use.

HB 2730 (2016)

- ✓ Health Care facilities and clinics when using a certified EHR connected to the state's Health Information Exchange (HIE)
- ✓ Access for legend drug prescribers (no DEA #)
- ✓ Delegate Access for DOH licensed Pharmacy Staff

ESHB 1427 (2017)

- ✓ EDIE - OD reports to recent prescribers
- ✓ WSHA CQIP, Health Care facilities, and provider groups of 5 or more can obtain PMP data for QI
- ✓ Federal and Tribal HC facilities using EHR-HIE

Key Take-Aways for Providers

PMP helps 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

Under the Hood

WA Prescription Monitoring Program

Recipient (Patient) Query

WA Prescription Monitoring Program

[How to Do a Recipient Query](#) (YouTube - 5 minutes, 42 seconds)

[How to View Query Results](#) (YouTube - 2 minutes, 17 seconds)

Recipient Query

System Attestation

Washington Prescription Monitoring Program



[Home](#) [Query](#) [Report Queue](#) [User Management](#) [System Help](#) [Resources](#)

[Log Out](#)

[Recipient Query](#)

[Multiple Recipient Query](#)

[Prescriber History Query](#)

[Prescriber DEA Query](#)

Washington PDMP Certification Statement for Provider/Pharmacist

I agree that by accessing this system, I affirm that I am

Currently licensed and authorized to prescribe or dispense controlled substances; or
Currently licensed as a health care practitioner AND I am currently authorized to access this system by a prescriber who meets the requirements in paragraph (1).

I understand that my use of this system is permitted only in connection with:

providing medical or pharmaceutical care for my patients.
providing my patient his or her own prescription monitoring information contained in the system, so long as I am sure of the patient's identity.

I understand that any other access or disclosure of PMP data is a violation of Washington law and may result in civil sanctions or disciplinary action. I further understand that I will treat the information in the system as any other health care information and will protect the information in my possession in accordance with federal and state laws governing health care information.

I understand that I am responsible for all use of my user name and password, and any use of the system by a provider I have authorized. I will never share my password with anyone, including co-workers. If any authentication or password is lost or compromised, or if a provider who I have authorized to access the system no longer needs that access, I agree to notify the Department of Health immediately.

I understand that the PMP will conduct auditing activities to monitor for unusual or potentially unauthorized use of the system.

I accept the above conditions

You must accept the above conditions before you can continue.

Washington Prescription Monitoring Program



Recipient Query

Multiple Recipient Query

Prescriber History Query

Prescriber DEA Query

*Last Name: Skywalker

*First Name: luke

Search Method: Fastest: Last name equals, first name begins

*Date of Birth: 01/12/1977
mm/dd/yyyy

Within: Exact Match

Gender: All

County: Select County

ZIP Code:

*Dispensed Start Date: 08/20/2013
mm/dd/yyyy

*Dispensed End Date: 08/20/2014
mm/dd/yyyy

*Required Field
All required fields must be filled in.
However, for the best search results, fill in as many fields as possible.

Washington Prescription Monitoring Program



Recipient Query

Multiple Recipient Query

Prescriber History Query

Prescriber DEA Query

Query/Report Claims

*Dispensed Start Date:
mm/dd/yyyy

*Dispensed End Date:
mm/dd/yyyy

Recipient 1

*Last Name:
First Name:
*DOB:
mm/dd/yyyy

Within:

Recipient 2

Last Name:
First Name:
DOB:
mm/dd/yyyy

Within:

Washington Prescription Monitoring Program

[Home](#)[Query](#)[Report Queue](#)[User Management](#)[System Help](#)[Resources](#)[Log Out](#)[Recipient Query](#)[Multiple Recipient Query](#)[Prescriber History Query](#)[Prescriber DEA Query](#)

Search Criteria

Last Name: Skywalker

First Name: luke

Date of Birth: 01/12/1977

Gender: All

County:

ZIP Code:

Dispensed Start Date: 08/20/2013

Dispensed End Date: 08/20/2014

Search Results

To select a name, click on the desired name. To select multiple names, hold down [Ctrl] while clicking the desired names.

Last Name	First Name	DOB	County	Address	City	State	ZIP
SKYWALKER	LUKE	01/12/1977	Lee	391 Industry Dr	Auburn	AL	36832
SKYWALKER	LUKE	01/12/1977	Thurston	310 Industry Dr	Olympia	WA	98501

Sort:

Recipient Query

Multiple Recipient Query

Prescriber History Query

Prescriber DEA Query

Recipient Report

Last Name: Skywalker
First Name: luke
Date of Birth: 01/12/1977
Gender: All

County:
Zip Code:
Dispensed Start Date: 08/20/2013
Dispensed End Date: 08/20/2014

Recipients: 2 out of 2 Recipient(s) Selected - Click to View

Date Dispensed/ Date Prescribed	Drug Name/ NDC	Quantity Dispensed/ Days Supply	RX#	Prescriber	Dispenser	Recipient	*Payment Method
03/31/2014 01/20/2014	DEMEROL 100 MG TABLET 00024033705	1 1	TEST01	Prescriber	Prescriber Seattle, WA	SKYWALKER, LUKE 01/12/1977 391 INDUSTRY DRIVE Auburn, AL 36832	99
01/20/2014 01/20/2014	DIAZEPAM POWDER 51927101400	1 1	TEST01	Prescriber	Prescriber Seattle, WA	SKYWALKER, LUKE 01/12/1977 391 INDUSTRY DRIVE Auburn, AL 36832	99
01/08/2014 01/08/2014	DEMEROL 100 MG TABLET 00024033705	1 1	TEST01	Prescriber	Prescriber Seattle, WA	SKYWALKER, LUKE 01/12/1977 391 INDUSTRY DRIVE Auburn, AL 36832	99
01/08/2014 01/08/2014	DIAZEPAM POWDER 51927101400	1 1	TEST01	Prescriber	Prescriber Seattle, WA	SKYWALKER, LUKE 01/12/1977 391 INDUSTRY DRIVE Auburn, AL 36832	99
05/22/2014 05/21/2014	DEMEROL 100 MG TABLET 00024033705	1 1	TEST01	Prescriber	Prescriber Seattle, WA	SKYWALKER, LUKE 01/12/1977 310 INDUSTRY DR Olympia, WA 98501	01
05/22/2014 05/22/2014	DIAZEPAM POWDER 51927101400	1 1	TEST01	Prescriber	Prescriber Seattle, WA	SKYWALKER, LUKE 01/12/1977 310 INDUSTRY DR Olympia, WA 98501	01
05/20/2014 05/20/2014	DEMEROL 100 MG TABLET 00024033705	1 1	Test2	Prescriber	Prescriber Seattle, WA	SKYWALKER, LUKE 01/12/1977 310 INDUSTRY DR Olympia, WA 98501	01

*Pmt. Method:01=Private Pay; 02=Medicaid; 03=Medicare; 04=Commercial Insurance; 05= Military Installations and VA; 06=Worker's Compensation; 07= Indian Nations; 99=Other

Generate PDF

MAP Results

Delegate Management

WA Prescription Monitoring Program

[How to Manage Delegate Accounts](#) (YouTube - 2 minutes, 31 seconds)

Delegate Accounts for Prescribers

Delegates are able to access the system and check patient records on behalf of the prescriber

- The rule allows for “licensed health care practitioner authorized by a prescriber” to access information as a delegate
- Any health professional licensed by the department can have a delegate account.
- Same registration process for the delegate.
- Prescribers manage (link and un-link) delegate accounts to their main account to make requests on their behalf

Selecting Delegates

- Select “User Management”
- Select Delegate Accounts

Washington Prescription Monitoring Program

Prescription Review
Prescribe health Dispense safely

Home Query Report Queue **User Management** System Help Resources Log Out

Update User Profile
Delegate Accounts

RxSENTRY
Copyright © 2013 Health Information Designs, LLC
If you need further assistance, please contact the **PDMP Help Desk**

Prescription Review
Prescribe health Dispense safely

Washington State Department of Health
P.O. Box 47852, Olympia, Washington, 98504-7852, Fax: (360) 236-2901

Selecting Delegates

- Select Delegates from alphabetical list and click “Link”
 - Use CTRL + Click to select multiple
 - To remove, select from “Linked List” and click “Unlink”

Washington Prescription Monitoring Program



Home Query Report Queue User Management System Help Resources

Log Out

Update User Profile

Delegate Accounts

Currently Linked Delegate Accounts	Link Additional Delegate Accounts
	Alicia Higgins MD Alicia_Sub Business Name
	arora, mohit A1 A112345
	asdf, asdf CP CPAPST123456 Facility Name
	beard, testthree CP CP34826665
	BeardTest2, TomTest2 M RN RN88778899 test agency name
	Bird, Big A1 A144578901 HID Testing A1 Account
	Cortes, Nikkita CM CM8527968
	Crocker, Betty D1 D148005347 Cooking Inc.

Unlink Account

Link Account

System User Queries

WA Prescription Monitoring Program

[How to Do a Prescriber History Query](#) (YouTube - 1 minute, 29 seconds)

[How to Do a Prescriber DEA Query](#) (YouTube - 1 minute, 30 seconds)

Prescriber History Query

(Query Audit)
System Attestation

Washington Prescription Monitoring Program



[Home](#)

[Query](#)

[Report Queue](#)

[User Management](#)

[System Help](#)

[Resources](#)

[Log Out](#)

[Recipient Query](#)

[Multiple Recipient Query](#)

[Prescriber History Query](#)

[Prescriber DEA Query](#)

Washington PDMP Certification Statement for Provider/Pharmacist

I agree that by accessing this system, I affirm that I am

Currently licensed and authorized to prescribe or dispense controlled substances; or

Currently licensed as a health care practitioner AND I am currently authorized to access this system by a prescriber who meets the requirements in paragraph (1).

I understand that my use of this system is permitted only in connection with:

providing medical or pharmaceutical care for my patients.

providing my patient his or her own prescription monitoring information contained in the system, so long as I am sure of the patient's identity.

I understand that any other access or disclosure of PMP data is a violation of Washington law and may result in civil sanctions or disciplinary action. I further understand that I will treat the information in the system as any other health care information and will protect the information in my possession in accordance with federal and state laws governing health care information.

I understand that I am responsible for all use of my user name and password, and any use of the system by a provider I have authorized. I will never share my password with anyone, including co-workers. If any authentication or password is lost or compromised, or if a provider who I have authorized to access the system no longer needs that access, I agree to notify the Department of Health immediately.

I understand that the PMP will conduct auditing activities to monitor for unusual or potentially unauthorized use of the system.

I accept the above conditions

You must accept the above conditions before you can continue.

Prescriber History Query (Query Audit)

Washington Prescription Monitoring Program



Home **Query** Report Queue User Management System Help Resources

Log Out

- Recipient Query
- Multiple Recipient Query
- Prescriber History Query**
- Prescriber DEA Query

Prescriber History Query

User ID(s):



Any attached delegate accounts are shown. The report will audit all queries pulled under account authority.

Audit Start Date:
mm/dd/yyyy

Audit End Date:
mm/dd/yyyy

Submit

Prescriber DEA Query

System Attestation

Washington Prescription Monitoring Program



[Home](#) [Query](#) [Report Queue](#) [User Management](#) [System Help](#) [Resources](#)

[Log Out](#)

[Recipient Query](#)

[Multiple Recipient Query](#)

[Prescriber History Query](#)

[Prescriber DEA Query](#)

Washington PDMP Certification Statement for Provider/Pharmacist

I agree that by accessing this system, I affirm that I am

Currently licensed and authorized to prescribe or dispense controlled substances; or

Currently licensed as a health care practitioner AND I am currently authorized to access this system by a prescriber who meets the requirements in paragraph (1).

I understand that my use of this system is permitted only in connection with:

providing medical or pharmaceutical care for my patients.

providing my patient his or her own prescription monitoring information contained in the system, so long as I am sure of the patient's identity.

I understand that any other access or disclosure of PMP data is a violation of Washington law and may result in civil sanctions or disciplinary action. I further understand that I will treat the information in the system as any other health care information and will protect the information in my possession in accordance with federal and state laws governing health care information.

I understand that I am responsible for all use of my user name and password, and any use of the system by a provider I have authorized. I will never share my password with anyone, including co-workers. If any authentication or password is lost or compromised, or if a provider who I have authorized to access the system no longer needs that access, I agree to notify the Department of Health immediately.

I understand that the PMP will conduct auditing activities to monitor for unusual or potentially unauthorized use of the system.

I accept the above conditions

You must accept the above conditions before you can continue.

Prescriber DEA Query

Washington Prescription Monitoring Program



Home **Query** Report Queue User Management System Help Resources

Log Out

- Recipient Query
- Multiple Recipient Query
- Prescriber History Query
- Prescriber DEA Query**

Prescriber DEA Query

User ID(s): Garrety, Gary J - DE12345678

DEA(s): AB1234567 , DE12345678 , DE12345678

Dispensed Start Date:
mm/dd/yyyy

Dispensed End Date:
mm/dd/yyyy

Submit

Prescribers enter their DEA # upon registration, and can have additional DEA #'s added by PMP staff.



Washington Prescription Monitoring Program



Washington
Department of Health
PMP

WA PMP Factsheets:

- [Provider factsheet](#)
- [Public factsheet](#)

WA PMP FAQs for Using a PMP Report:

- [Clinicians](#)
- [Pharmacists](#)
- [Veterinarians](#)

WA PMP Tools for Patient Care:

- [Certified Chemical Dependency Services in WA State](#)
- [SAMHSA Buprenorphine Treatment Provider Locator](#)
- [SAMHSA Opioid Overdose Prevention Toolkit](#)
- [WA State Opioid Dosing Guidelines](#)
- [WA Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#)
- [WA State Take As Directed Resources for Providers](#)
- [Opioid Overdose Prevention and Reversals](#)

WA PMP Law, Rules, and DOH Website:

- [WA PMP Law](#)
- [WA PMP Rules](#)
- [WA DOH PMP Website](#)