

Nebraska's Prescription Drug Monitoring Program



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Disclosures:

- Neither Dr. Borchert nor Dr. DeringAnderson have any financial conflicts of interest with this program.
- Dr. Borchert is the Nebraska PDMP Director and Dr. DeringAnderson is a faculty member at the University of Nebraska College of Pharmacy
- Both are pharmacists, and members of the University of Nebraska College of Pharmacy Class of 1986.

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Quick note on pharmacy grammar:

- **Prescription** – an order for a drug, device or biologic that is intended for use in the patient's home
- **Chart order** – an order for a drug, device or biologic that is intended for use in the hospital or methadone treatment center

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Dispensed - - the pharmacy or dispensing medical practitioner provides the drug to the patient or patient's caregiver for use at home

Administered - - the pharmacist or other health care provider puts the drug into or onto the patient
or
gives it to another health care provider to use for the patient - - the patient is NOT in control of the drug

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Dispensed Prescriptions are reported to the PDMP

- If the pharmacy **dispenses** it, it shows up on the PDMP
- Things that **don't** show up on the PDMP
 - Drug administered in the practitioner's office,
 - Drug administered in the hospital
 - Drug administered in the pharmacy (vaccines)
 - Medical marijuana / CBD / illicit drugs

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What is a PDMP

- In general: A Prescription Drug Monitoring Program (PDMP) is an electronic database that tracks controlled substance prescriptions in a state. ¹
- In Nebraska²:
 - Prevent the misuse of controlled substances that are prescribed
 - Includes both controlled and non-controlled substances (all dispensed prescriptions)
 - The State of Nebraska remains on the cutting edge of medical information technology
 - Allow prescribers and dispensers (doctors and pharmacists) to monitor the care and treatment of patients for whom such a prescription drug is prescribed to ensure that such prescription drugs are used for medically appropriate purposes



¹CDC. <https://www.cdc.gov/drugoverdose/pdmp/states.html>
²Nebr. Rev. Stat § 71-2454



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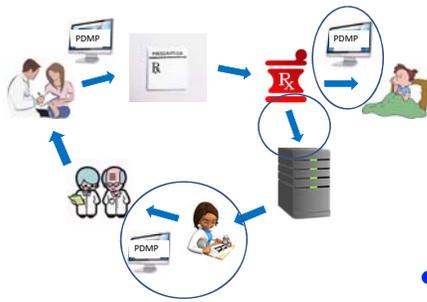
Objectives

- Define the Prescription Drug Monitoring Program (PDMP)
- Compare and contrast the Nebraska PDMP to other PDMP systems across the country
- Change workflow to include PDMP verification when appropriate



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PDMP Workflow Process



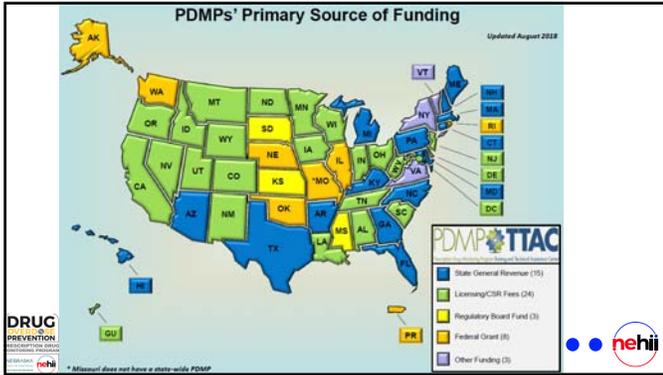
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Nebraska PDMP Legislative Summary

- LB 237 (2011)
 - Creation of Nebraska PDMP
- LB 1072 (2014)
 - Repeal no funding stipulation
- LB 471 (2016)
 - Prevents opting out
 - Allow prescribers and dispensers to access the system at no cost
 - Designee [e.g., pharmacy technician] may act as an agent when authorized by dispenser [pharmacist] to submit or access PDMP data
 - Report all dispensed controlled substance prescriptions by January 1, 2017
 - Report ALL dispensed prescriptions by January 1, 2018
- LB 1034 (2018)
 - Exclude reporting of non-human non-controlled substances
 - Clarify pharmacist use of the PDMP
- Neb. Rev. Stat § 71-2454
- Neb. Rev. Stat § 84-712.05(19)



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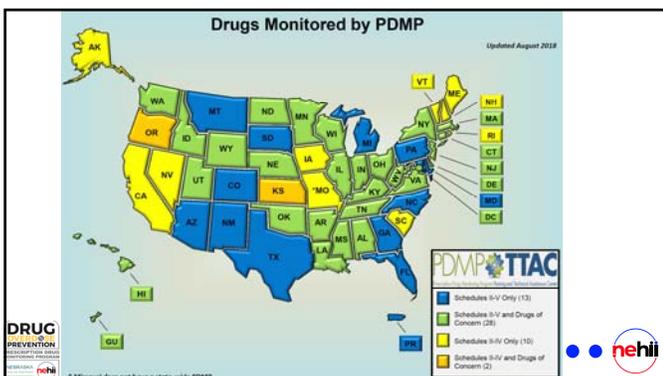
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PDMP Highlights

- Operated by DHHS
- Use NeHII and Optum HIE platform
- Developed with DrFirst
- Funded through federal grants
- Dispensers must submit data
 - Nebraska pharmacies
 - Mail order pharmacies
 - Dispensing practitioners with a pharmacy permit
 - Delegated dispensers
 - Veterinarians (dispensing CS II-IV only)
- All dispensed prescription drugs reported
- Reported on a daily basis

DRUG PREVENTION CENTER logo and nehi logo are present.

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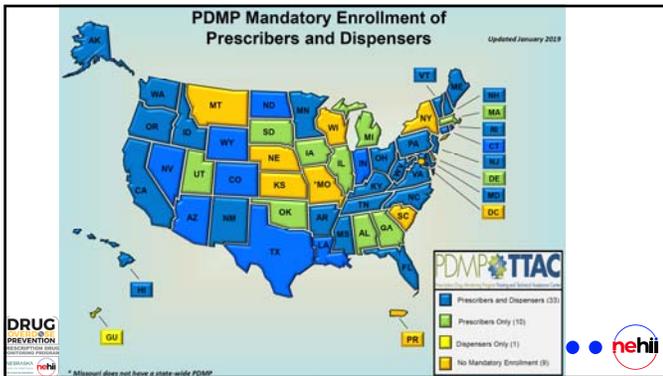
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PDMP Highlights

- Prescribers and pharmacists can access PDMP patient reports
 - MD
 - PA
 - DDS
 - APRN
 - CNS, NP, CRNA, CNM
- Prescribers and pharmacists can authorize designees (e.g., RN, LPN, pharmacy tech)



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PDMP

Federal Policy/
Regulation

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National Drug Control Strategy – January 2019

- Office of National Drug Control Policy
- Expanding the Use of Prescription Drug Monitoring
 - Improving interoperability within the clinical data workflow, and making PDMP data from neighboring states more accessible, can improve the likelihood that providers will consult the PDMPs.



A Report by the Office of National Drug Control Policy
JANUARY 2019




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Pain Management Best Practices Inter-Agency Task Force

- Secretaries of Health and Human Services, Veterans Affairs, Defense convene task force
- Identify and propose updates to best practices and recommendations on addressing gaps or inconsistencies for pain management
- Gap 1: PDMP use varies greatly across the United States, with variability in PDMP design; the state's health information technology infrastructure; and current regulations on prescriber registration, access, and use
 - Recommendation 1a: Check PDMPs in conjunction with other risk stratification tools, upon initiation of opioid therapy, with periodic reevaluation
 - Recommendation 1f: EHR vendors should work to integrate PDMPs into their system design at minimal to no additional cost to providers (to eliminate barriers to accessing PDMP data), especially when these data points are mandated.
 - Recommendation 1g: Enhance the interoperability of PDMPs across state lines to allow for more effective use.
 - Recommendation 1h: Physicians and other health care providers within and outside federal health care entities should have access to each other's data to ensure safe continuity of care.

1. <https://www.hhs.gov/about/news/2018/12/28/pain-management-task-force-calls-patient-centered-approach-improve-management-pain.html>




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CMS Promoting Interoperability

- Formerly known as EHR Incentive Programs
- “Meaningful Use” of certified EHR technology (CEHRT)
- CMS issued final rule August 2, 2018
- Electronic Prescribing Objective
 - Three new measures for eligible hospitals, CAHs
 - Verify Opioid Treatment Agreement
 - E-prescribing of opioids
 - Query of PDMP
 - For at least one Schedule II opioid electronically prescribed using CEHRT during the EHR reporting period, the eligible hospital or CAH uses data from CEHRT to conduct a query of a PDMP for prescription drug
 - Optional CY 2019
 - Required CY 2020




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SUPPORT Act and Prescription Drug Monitoring Programs

- Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act
 - H.R. 6 (2018)
- Prescription Drug Monitoring Program/PDMP specifically referenced 74 times
- Interoperability cited 12 times



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SUPPORT Act and Prescription Drug Monitoring Programs

- Interoperability
 - Interstate data sharing
 - Sharing PDMP information with other states
 - Intrastate data sharing
 - Workflow integration
 - EHR
 - Pharmacy dispensing software
- Medication-Assisted Treatment
- Patient matching
- Near real-time reporting
- Electronic Prescribing of Controlled Substances (EPCS)



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Sec. 1944 – Requirements to check the PDMP

- (a) Beginning October 1, 2021, a State-
- (1) shall require each covered provider to check, in accordance with such timing, manner, and form as specified by the State, the prescription drug history of a covered individual being treated by the covered provider through a qualified prescription drug monitoring program described in subsection (b) before prescribing to such individual a controlled substance* and
- (2) in the case that such a provider is not able to conduct such a check despite a good faith effort by such provider—
 - (A) shall require the provider to document such good faith effort, including the reasons why the provider was not able to conduct the check
 - may require the provider to submit, upon request, such documentation to the State
- *(h)(1) Controlled substance.—The term ‘controlled substance’ means a drug that is included in schedule II of section 202(c) of the Controlled Substances Act and, at the option of the State involved, a drug included in schedule III or IV of such section.



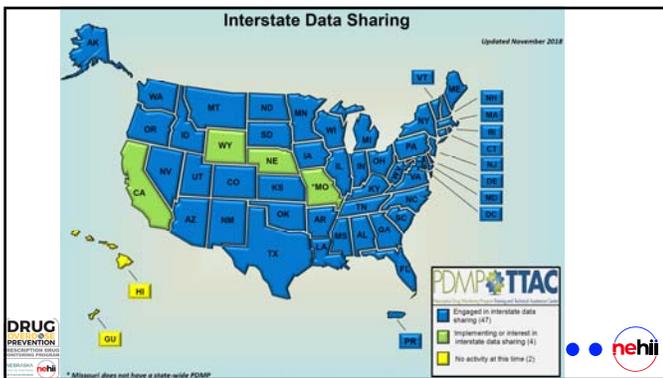
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Sec. 1944 - Qualified Prescription Drug Monitoring Program – Integration into Workflow

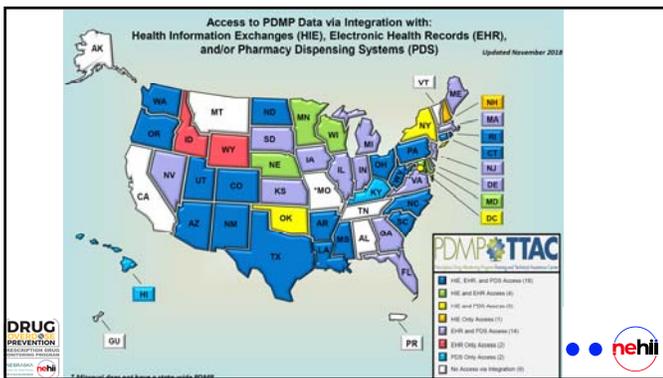
- (b)(2) The program facilitates the integration of information described in paragraph (1) into the workflow of a covered provider, which may include the electronic system the covered provider uses to prescribe controlled substances.



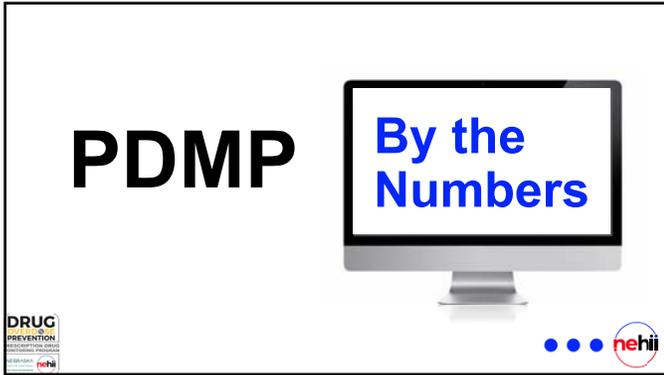
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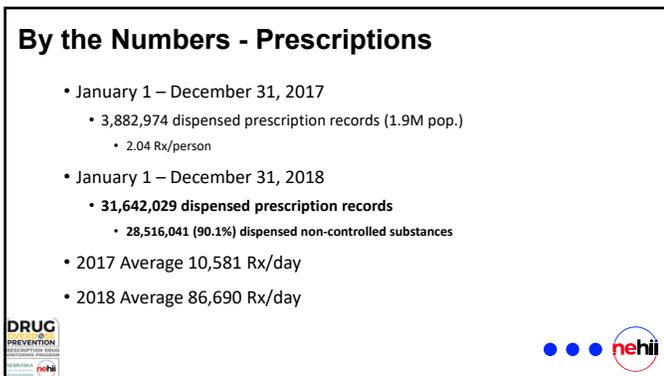
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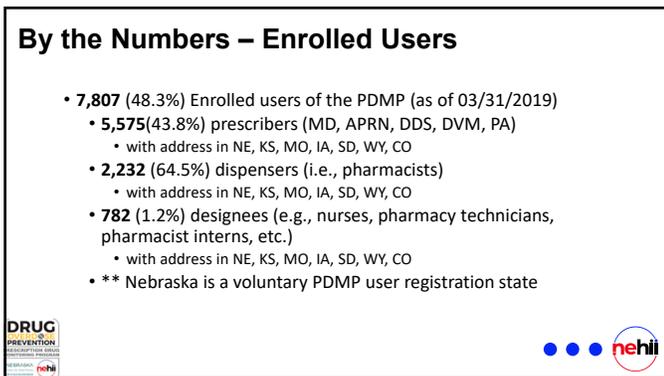
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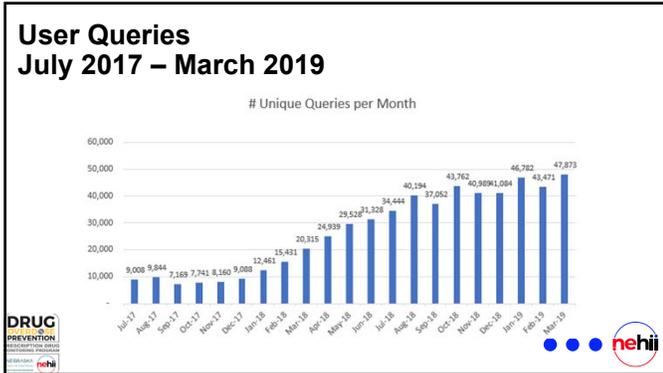
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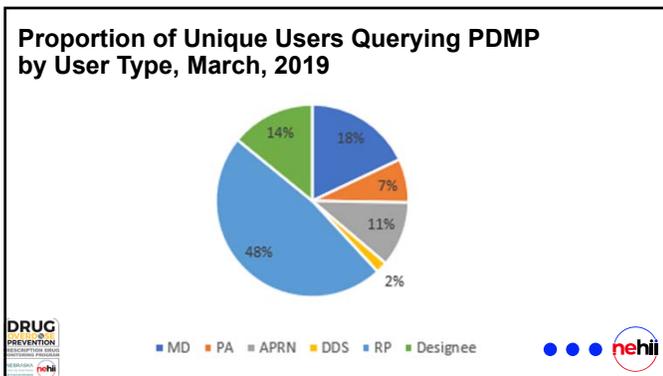
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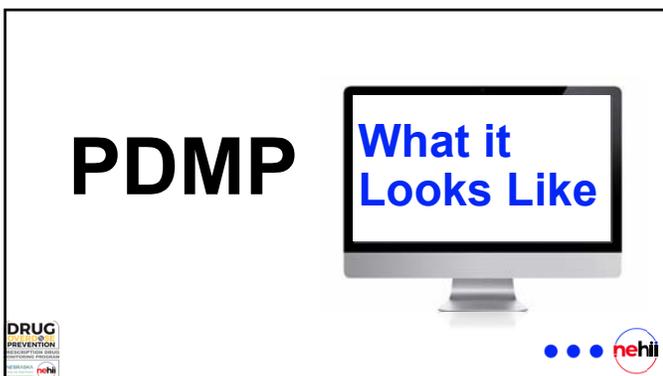
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Who Can Access?

www.nehii.org https://provider.linkhealth.com

HIE Pathway
Any HIE participant

PDMP Pathway
Prescribers (MD, PA, APRN, DDS)
Dispensers (OP)
Designees (RN, Pharm tech)

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Improved Name Search

Allows a second name or nickname to be searched (e.g., Richard and Dick, Robert and Bob)

Name	DOB	Gender	Services	Address	City	ZIP	Phone
John Wilson	80041908	M		1111 McCook Blvd., McCook Heights	McCook	67901-0104	
John Wilson	80041908	M		504 S. 11th St.	McCook	67901-0104	
John Wilson	81111100	M		401 11th Street	McCook	67901	
John Wilson	80041908	M		1111 McCook Blvd., McCook Heights	McCook	67901-0104	
John Wilson	80041908	M		1111 McCook Blvd., McCook Heights	McCook	67901-0104	
John Wilson	80041908	M		1111 McCook Blvd., McCook Heights	McCook	67901-0104	
John Wilson	81111100	M		Texas	Texas	75701	
John Wilson	80041908	M		1111 McCook Blvd., McCook Heights	McCook	67901-0104	
John Wilson	80041908	M		1111 McCook Blvd., McCook Heights	McCook	67901-0104	

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Clinical Patient Safety Alerts

Patient	FID Date	Drug	City	Days	Route	Prescriber	Pharmacy	Payment
1	05/02/19	Hydrocodone Acetaminophen (PainReduction)	McCook	10	0	Michael Day	East Pharmacy PBM	Commercial Insurance
1	05/02/19	Hydrocodone Acetaminophen (PainReduction)	McCook	30	0	Gregory Hoover	East Pharmacy PBM	Private Pay
1	05/02/19	Hydrocodone Acetaminophen (PainReduction)	McCook	0	0	Gregory Hoover	East Pharmacy PBM	Private Pay
1	05/02/19	Hydrocodone Acetaminophen (PainReduction)	McCook	0	0	Gregory Hoover	East Pharmacy PBM	Private Pay
1	05/02/19	Hydrocodone Acetaminophen (PainReduction)	McCook	0	0	Michael Bailey	East Pharmacy PBM	Commercial Insurance

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Nebraska Pain Management Guidance Document

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Morphine Milligram Equivalent (MME) Alert

MME Assessment: Last 30 Days

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Multiple Provider Episode Alert Detail

Clicking on the alert will display a list of the prescribers who issued an opioid prescription and pharmacies which dispensed opioid prescriptions in the last 6 months.

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Overlapping Opioid/Benzodiazepine Alert Detail

The screenshot displays a 'Medication Timeline' at the top with a blue bar for 'Benzodiazepine' and a yellow bar for 'Opioid'. Below this is a table titled 'Overlapping Medications' with columns for Drug Name, Start Date, End Date, Dose, Route, and Status. The table lists various medications such as Oxycodone, Hydrocodone, and various benzodiazepines.

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Provider Patient Dashboard

The screenshot shows a 'Provider Patient Dashboard' with a search bar and a table of patients. The table columns include Name, ID, Last Updated, Alerts, Overlap, and Risk Score. A red box highlights the 'Alerts' column, and a red arrow points to the 'Add New Profile' button below the table.

- Allows multiple patients to be saved
- Displays clinical safety alerts for saved patients on one screen
- Follow patients who may need frequent monitoring
- Quicker, easier access

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The screenshot shows 'Medication History Combined Results' with a table of medication history. A red circle highlights a '+' icon in the table, and a red arrow points to it with the text 'Re-sort for easier medication reconciliation'.

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Registration to Access the PDMP

www.dhhs.ne.gov/pdmp OR https://www.surveymonkey.com/r/training_access

The flowchart outlines the registration process in three steps:

- Step 1: Complete the PDMP Training** located at: https://www.surveymonkey.com/r/training_access
- Step 2: Complete the PDMP User Access Request Form** located at: https://www.dhhs.ne.gov/pdmp/pdmp_registration_form
- Step 3: Complete the PDMP Registration** Once the Nebraska online registration form and training acknowledgment have been received, your registration will be processed. You will be notified by email when your registration is complete.

If you have questions about the Nebraska PDMP registration process please contact: DHHS.PDMP@Nebraska.gov

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State Life, Health, Insurance and Consumer Services

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Designees for Prescribers and Dispensers (Pharmacists)

- Can authorize a designee(s)
 - Designee – licensed or registered healthcare professional credentialed under the Uniform Credentialing Act
 - Examples: RN, LPN, PT
- Designee must be **under supervision** of the prescriber/dispenser
- **Prescriber/Dispenser needs to complete** User Access Request form designating them and should **list all authorized individuals** whom they wish to designate
 - Prescribers/dispensers may authorize unlimited number of designees
- **All users must complete the training and training acknowledgement to be granted access**

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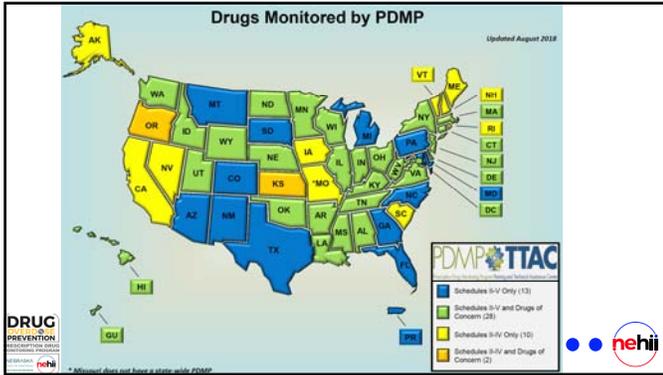
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Reporting All Dispensed Prescriptions

- Required reporting as of January 1, 2018
- Comprehensive medication history
 - 10 x more data than traditional PDMP's that include controlled substances only
- **Patient safety tool**
- Allows clinicians to make better informed decisions
- Identify medications from multiple prescribers and pharmacies
- Identify potential drug interactions, allergies
- Provides a valuable resource in the event of natural disasters, system power interruptions
- Tool for medication reconciliation

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Medication Reconciliation

- The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider.

Definition: Medicaid Promoting Interoperability Program Modified Stage 2. Eligible Professionals, Objectives and Measures for 2018. Objective 7 of 10

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Admissions/Readmissions/Transitions of Care

- Hospital
 - Admission/discharge medication reconciliation
- Ambulatory surgical center
 - Review for recent prescriptions
 - Review opioid prescriptions
- Ambulatory clinic
 - Identify prescriptions from other providers
- SNF/LTC
 - Review admission orders
 - Compare pre-post hospital prescriptions

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Challenges with Obtaining Medication History

- Only as accurate as the history obtained
- Poor historian
 - Patient
 - Family/caregiver
- Patient/family to bring in all medication bottles
- Call pharmacies
- Review EHR
- Time-consuming
- Delays/distractions
 - Obtain discharge summary
 - Obtain admission orders
- Admission vs. discharge orders
 - "Continue home meds"
 - Formulary adjustments
 - Therapeutic interchanges




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Importance of Medication Reconciliation

- Medicare hospital readmissions (2003-2004)¹
 - 19.6% within 30 days
 - 34.0% within 90 days
 - Longer rehospitalization length of stay
 - Estimated cost of Medicare unplanned rehospitalizations in 2004 - \$17.4 billion
- Readmissions
 - 18.3-24.8% for HF, AMI, Pneumonia²
 - 13.1-17.8%³




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Importance of Medication Reconciliation

- 23% suffered adverse event post-discharge⁴
 - 12% considered avoidable
 - 72% adverse drug events
- \$\$\$
 - Medicare Reimbursement/HRRP
 - AMI, HF, COPD, CABG, Pneumonia, THA/TKA
 - 2,597 hospitals penalized in FY 2017⁵
 - \$528 million
 - 0.73% average penalty
 - 3% max penalty
 - FY2019




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Medication Reconciliation

- One in seven patients readmits to a hospital within 30 days of discharge ¹
- Sixty-six percent of hospital readmissions result from medication non-adherence
- Hospital readmissions cost more than \$41 billion per year
- Hospital readmission decreased 50 percent (from 22% 11%) when pharmacists reviewed patients' medication regimens and provided counseling during transitions from hospital to home



¹ Haefliger M. Medication reconciliation programs have hospital readmissions - 6 findings. Becker's Hospital Review. July 15, 2016. <https://www.beckershospitalreview.com/quality/study-medication-reconciliation-programs-have-hospital-readmissions-6.html>



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Successful Medication Reconciliation System

- ✓ Accurate list
- ✓ Comprehensive list
- ✓ Up-to-date list
- ✓ Ease of access within clinical workflow
- ✓ Cost-effective



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Overall Value of the PDMP

- Comprehensive medication history
 - Dispensed prescriptions from all dispensers
- Timely
 - Reported within one day of dispensing
- No cost to query
- Supporting federal policy/regulation
- Ease of access
 - Interoperability
 - Workflow integration
 - Directly access through HIE
 - Single Sign On
- Patient Safety



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Fear not, these sections were not repealed when the previous section was enacted:

71-2418(1)
 The Legislature finds that many controlled substances have useful and legitimate medical and scientific purposes and are necessary to maintain the health and general welfare of the people of Nebraska.
 Principles of quality medical practice dictate that the people of Nebraska have access to appropriate and effective pain relief.

71-2418(3)
 The Legislature finds that a physician should be able to prescribe, dispense, or administer a controlled substance in excess of the recommended dosage for the treatment of pain so long as such dosage is not administered for the purpose of causing, or the purpose of assisting in causing, death for any reason and so long as it conforms to policies and guidelines for the treatment of pain adopted by the Board of Medicine and Surgery.

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The world is round
 The climate is changing
 Vaccines do work

Any other questions?

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Contact Information

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Do not hold Dr. Borchert responsible for my mouth!!
