

2022 QI Residency

**Health Information
Exchange**

**Prescription Drug
Monitoring Program**

November 3, 2022

Tamara Stepanek, RN, MSN



Course Objectives:

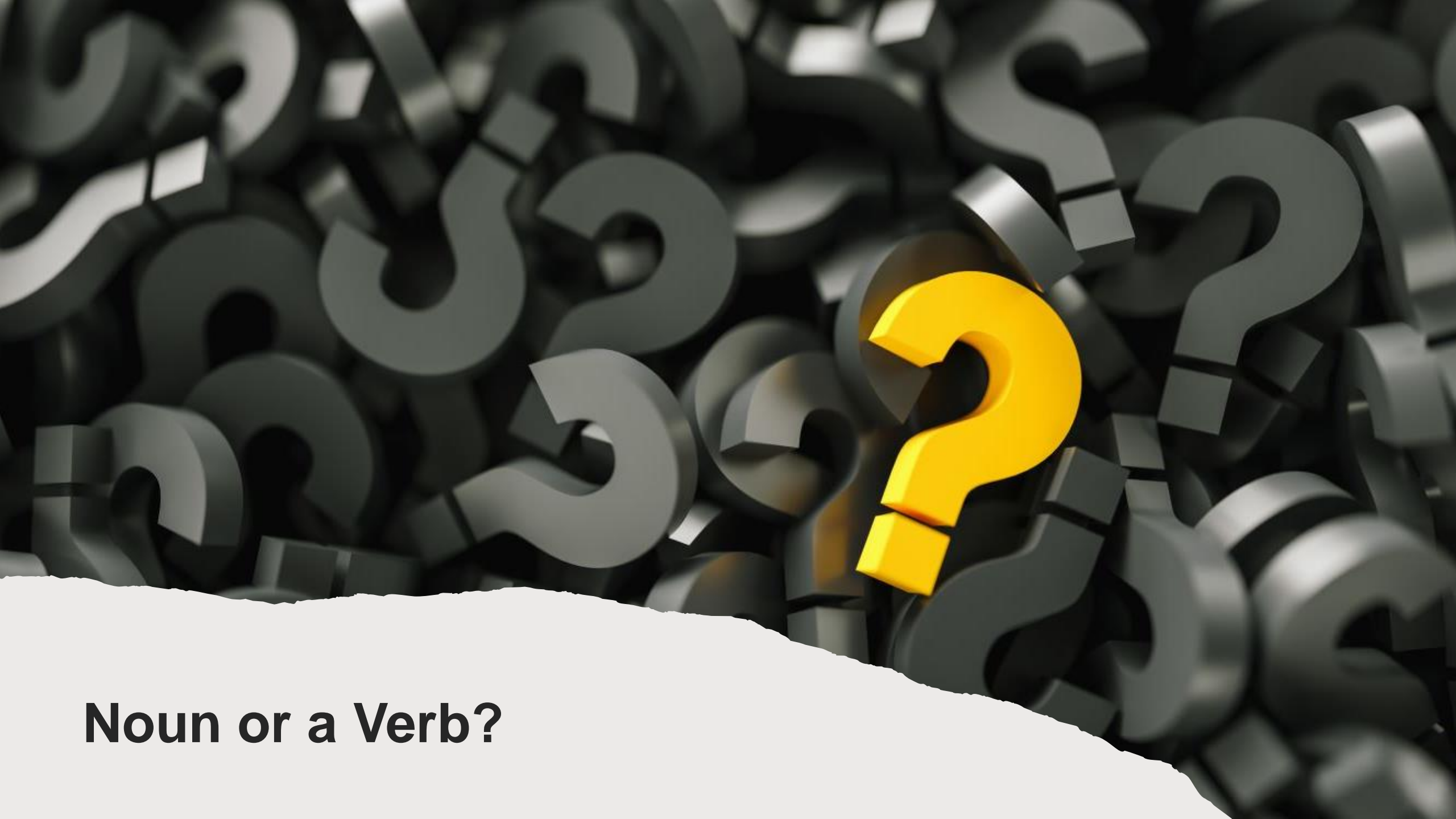
- Translate population health promotion and continuum of care activities
- Defend resource needs to leadership to improve quality
- Distinguish quality initiatives impacting reimbursement

Topics:

- Health Information Exchange Concepts
- Data Exchange Basics to support Interoperability
- HIE Federal Funding History
- Typical Service Offerings of a Health Information Exchange
- Prescription Drug Monitoring Program Overview

What is a Health Information Exchange Platform?

A health information exchange (HIE) platform collects, organizes, and stores medical data from various providers within a geographical region on a centralized or decentralized database. HIE participants with appropriate authorizations can then access the medical data of patients with their consent.



Noun or a Verb?

Potential Service Offerings from a Health Information Exchange

Provider Portal

Event Notification

Public Health Reporting

Analytics/Quality Measure Reporting

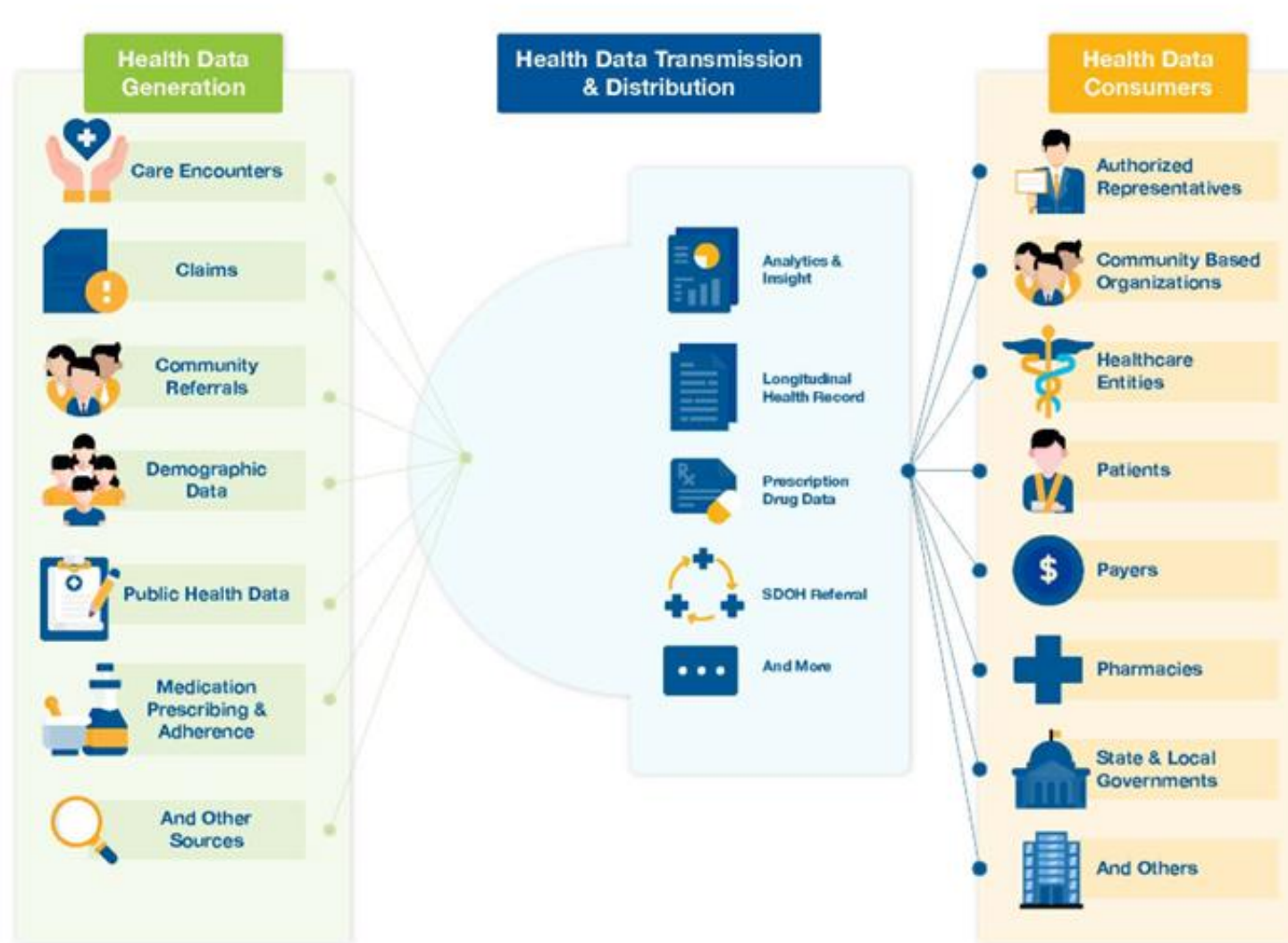
Academics and Research Support

Prescription Drug Monitoring Program

Direct Secure Messaging (HISP)

Patient Portal

Health Data Utility Model



Goals of a Health Information Exchange

- Support Coordination of Care
- Improve Patient Care
- Ease Burden on Providers and Quality Professionals by Creating Efficiencies
- Create Healthier Communities



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Four Levels of Interoperability

- **Foundational (Level 1):** Establishes the inter-connectivity requirements needed for one system or application to securely communicate data to and receive data from another
- **Structural (Level 2):** Defines the format, syntax and organization of data exchange including at the data field level for interpretation
- **Semantic (Level 3):** Provides for common underlying models and codification of the data including the use of data elements with standardized definitions from publicly available value sets and coding vocabularies, providing shared understanding and meaning to the user
- **Organizational (Level 4):** Includes governance, policy, social, legal and organizational considerations to facilitate the secure, seamless and timely communication and use of data both within and between organizations, entities and individuals. These components enable shared consent, trust and integrated end-user processes and workflows

(Healthcare Information and Management Systems Society (HIMSS))

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Foundation

HL7 V2

- ADT - Admissions/Discharge/Transfer
- LAB - Laboratory Feed
- RAD - Radiology Feed
- TRN - Transcription Feed (reports, dictations, etc.)

HL7 V3 CCDA

- Continuity of Care Documents

ADT Message with segments

MSH|^~\&|MESA_ADT|XYZ_ADMITTING|iFW|ZYX_HOSPITAL||**ADT^A04**|103102|P|**2.4**|||||||
EVN||200007010800|||200007010800
PID||583295^^^ADT1||DOE^JANE||19610615|M-||2106-3|123 MAIN STREET^^GREENSBORO^NC^27401-1020|GL|(919)379-1212|(919)271-3434~(919)277-3114||S||PATID12345001^2^M10|123456789|9-87654^NC
NK1|1|BATES^RONALD^L|SPO||||20011105
PV1||E||||5101^NELL^FREDERICK^P^^DR|||||||V1295^^^ADT1|||||||200007010800|||||||
PV2||^ABDOMINAL PAIN
OBX|1|HD|SR Instance UID||1.123456.2.2000.31.2.1|||||F|||||
AL1|1|^PENICILLIN|PRODUCES HIVES~RASH
AL1|2|^CAT DANDER
DG1|001|I9|1550|MAL NEO LIVER, PRIMARY|19880501103005|F||
PR1|2234|M11|111^CODE151|COMMON PROCEDURES|198809081123
ROL|45^RECORDER^ROLE MASTER LIST|AD|CP|KATE^SMITH^ELLEN|199505011201
GT1|1122|1519|BILL^GATES^A
IN1|001|A357|1234|BCMD||||132987
IN2|ID1551001|SSN12345678

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USCDI v3

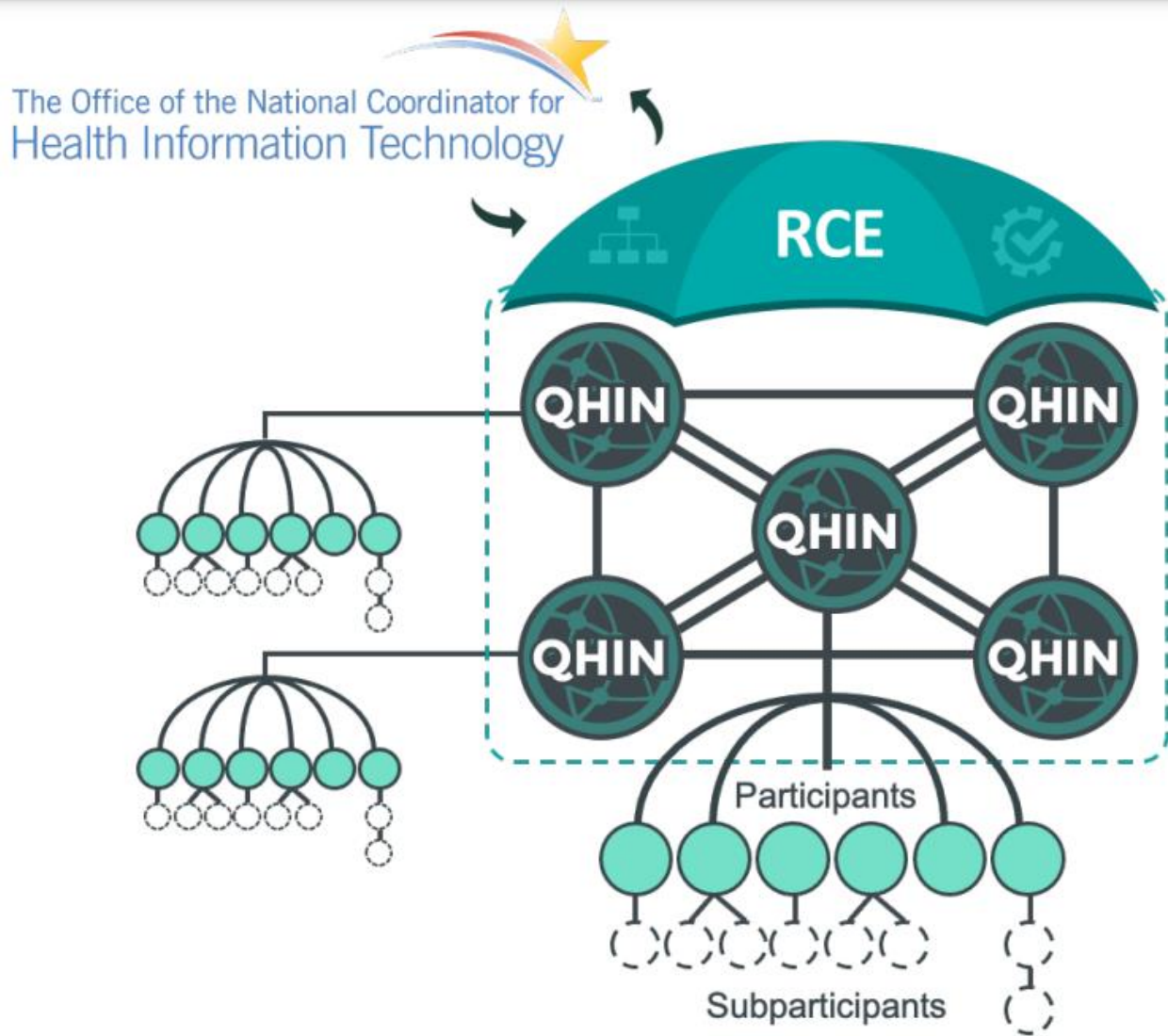
(U.S. Core Data for Interoperability)

- Assessment and plan of treatment
- Care Team members
- Clinical Notes
- Goals
- Health concerns
- Immunizations
- Laboratory
- Medications
- Patient Demographics
- Problems
- Procedures
- Provenance
- Smoking Status
- Unique device identifier
- Vital signs

Four Levels of Interoperability

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TEFCA, QHIN USCDI & FHIR Interoperability



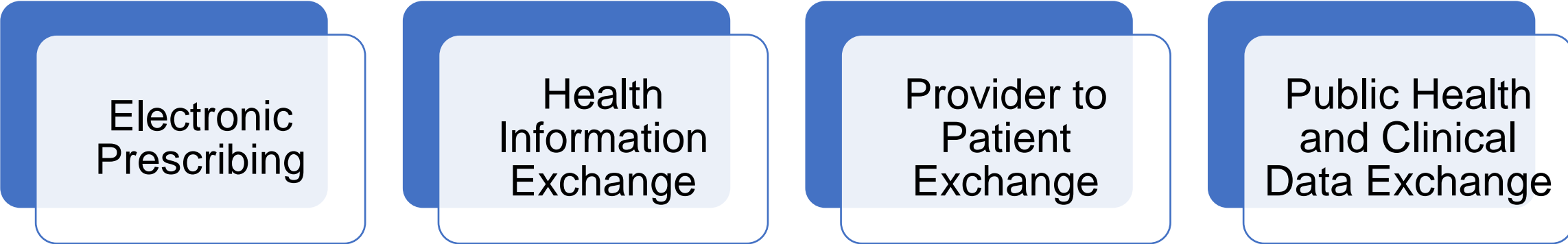
Data Quality

**Data
Completeness**

Federal Policies supporting Interoperability

- (2004) Office of the National Coordinator for Health Information Technology (ONC) Standards
- (2009) Health Information Technology for Economic and Clinical Health (HITECH) Act
- (2016) 21st Century Cures Act

Hospital Interoperability Measures 2022



Electronic
Prescribing

Health
Information
Exchange

Provider to
Patient
Exchange

Public Health
and Clinical
Data Exchange

Health Information Exchange Measure

Quality Payment PROGRAM

Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Measure 2022 Performance Period

Objective:	Health Information Exchange
Measure:	Health Information Exchange (HIE) Bi-Directional Exchange The MIPS eligible clinician or group must attest that they engage in bi-directional exchange with an HIE to support transitions of care.
Measure ID:	PI_HIE_5

Definition of Terms

Transition of Care – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum this includes all transitions of care and referrals that are ordered by the MIPS eligible clinician.

Referral – Cases where one provider refers a patient to another, but the referring provider maintains his or her care of the patient as well.

Current problem lists – At a minimum a list of current and active diagnoses.

Active/current medication list – A list of medications that a given patient is currently taking.

Active/current medication allergy list – A list of medications to which a given patient has known allergies.

Allergy – An exaggerated immune response or reaction to substances that are generally not harmful.



e-Prescribing Measure

Quality Payment PROGRAM

Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Measure 2022 Performance Period

Objective:	e-Prescribing
Measure:	e-Prescribing At least one permissible prescription written by the MIPS eligible clinician is transmitted electronically using CEHRT.
Measure ID:	PI_EP_1
Exclusion:	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
Measure Exclusion ID:	PI_LVPP_1

Definition of Terms

Prescription – The authorization by a MIPS eligible clinician to a pharmacist to dispense a drug that the pharmacist would not dispense to the patient without such authorization.

Permissible Prescriptions – All drugs meeting the current definition of a prescription as the authorization by a clinician to dispense a drug that would not be dispensed without such authorization and may include electronic prescriptions of controlled substances where creation of an electronic prescription for the medication is feasible using CEHRT and where allowable by state and local law.



Public Health and Clinical Data Exchange

Quality Payment PROGRAM

Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Measure 2022 Performance Period

Objective:	Public Health and Clinical Data Exchange
Bonus Measure:	Public Health Registry Reporting The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.
Measure ID:	PI_PHCDRR_4

Definition of Terms

Active engagement – The MIPS eligible clinician is in the process of moving towards sending "production data" to a public health agency or clinical data registry, or is sending production data to a public health agency (PHA) or clinical data registry (CDR).

Active engagement may be demonstrated in one of the following ways:

- **Option 1 – Completed Registration to Submit Data:** The MIPS eligible clinician registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the performance period; and the MIPS eligible clinician is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows MIPS eligible clinicians to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. MIPS eligible clinicians that have registered in previous years do not need to submit an additional registration to meet this requirement for each performance period.
- **Option 2 – Testing and Validation:** The MIPS eligible clinician is in the process of testing and validation of the electronic submission of data. MIPS eligible clinicians must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within a performance period would result in that MIPS eligible clinician not meeting the measure.



Provider to Patient Exchange

Medicare Promoting Interoperability PROGRAM

2022 MEDICARE PROMOTING INTEROPERABILITY PROGRAM FOR ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS

Provider to Patient Exchange Objective Fact Sheet

On August 13, 2021, the Centers for Medicare & Medicaid Services (CMS) published the [Fiscal Year 2022 Medicare Hospital Inpatient Prospective Payment System for Acute Care Hospitals and Long-term Care Hospital Prospective Payment System Final Rule](#). In the rule, CMS continued its focus on the advancement of certified electronic health record technology (CEHRT) utilization, and improving interoperability and patient access to health information for the Medicare Promoting Interoperability Program for eligible hospitals and critical access hospitals (CAHs).

The information included in this fact sheet pertains to the Provider to Patient Exchange objective for the Medicare Promoting Interoperability Program in calendar year (CY) 2022.

Provider to Patient Exchange Objective: The eligible hospital or CAH provides patients (or patient-authorized representative) with timely electronic access to their health information.

Required Measure

Measure: Provide Patients Electronic Access to Their Health Information

- **Measure description:** For at least one unique patient discharged from the eligible hospital or CAH inpatient or emergency department (Place of Service [POS] 21 or 23):
 - The patient (or patient-authorized representative) is provided timely access to view online, download, and transmit their health information; and
 - The eligible hospital or CAH ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the application programming interface in the eligible hospital or CAH's CEHRT.
- **Exclusion:** Not available in 2022.
- **Maximum points available for this measure:** 40 points.

Typical Service Offerings from an HIE

Provider Portal

Event Notification

Public Health Reporting

Analytics/Quality Measure Reporting

Academics and Research Support

Prescription Drug Monitoring Program

Direct Secure Messaging (HISP)

Patient Portal

Health Data Utility Tool: The Provider Portal




Demographics

ZZZTESTPT, EIGHTZ
03/02/1944 - 77 Yrs - Female

MME Alert Last 7-days
Average daily MME: 127
days daily MME over 90: 7
Highest daily MME: 140

Multiple Provider Alert Last 180-days
Pharmacies: 4
Prescribers: 4

Opioid/Benzo Overlap Last 45-days
Yes



Chartbook

Encounters

Demographics

Demographics

Insurance

Support Contacts

Conditions

Allergies

Medications

Documents

Diagnostic Studies

Lab Results

Vital Signs

Immunizations

Patient Details

Title

Prefix

MS.

Surname

ZZZTESTPT

Given Name

EIGHT

Middle Name

Z

Suffix

Gender

F

Date of Birth

03/02/1944

Age

77

Driving License

Preferred Language

EN

Translator Required

Inactive MRNs

4156787-NM

4153673-NM

Address Details

Address

DO NOT MAIL

City

OMAHA (OMAHA)

State

NE

Post Code

68198

Country

USA

Home Telephone

(999) 9999999

Business Phone

+1 (402) 5523019

Mobile Phone

(712) 2102745

Email

ankrueger@nebraskamed.com

Local Doctor Details

GP Name

NORTHWEST, ONEWORLD

Clinical Details

Blood Type

Additional Demographics

Race

White

Marital Status

Married

Religion

LUTHERAN MIS

Date of death

Deceased Time

Location Of Death

Declared Deceased

By

MRN

Last Update Date 11/18/2021

Last Update Time 17:53

Last Update Hospital Nebraska Medicine

Last Update User NELSON, CYNDI

Encounters

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...

Awaiting results from: PDMP (Done), XCADocuments (Done)

Refresh

Chartbook

Encounters

Demographics

Conditions

Allergies

Medications

Documents

Diagnostic Studies


Lab Results

Vital Signs

Immunizations

Admission	Visit Description	Reason for Visit	Discharge Destination	Start Date	End Date	Treating Care Provider	Care Provider	Facility	Location
Emergency Emergency		HEADACHE, VOMITING	Home or Self Care	10/31/2021	10/31/2021	Thomas F Cheatle	⋮	Nebraska Methodist Health System	Jeannie Edmundson Hospital
Elective Outpatient		CHRONIC THORACIC BACK PAIN	Home or Self Care	09/01/2021	11/30/2021	Andrew E Huff	⋮	Nebraska Methodist Health System	Jeannie Edmundson Hospital
Outpatient	PC EST ACUTE			08/03/2021		MICHAEL W GUZMAN	⋮	Catholic Health Initiatives	VVMC
Elective Outpatient		CERCVICALGIA	Home or Self Care	07/30/2021	07/30/2021	Andrew E Huff	⋮	Nebraska Methodist Health System	Jeannie Edmundson Hospital
Elective Inpatient		FORMER SMOKER		06/24/2021		Kevin N Sheppard	⋮	Nebraska Methodist Health System	Jeannie Edmundson Hospital

Diagnosis

ZZZTESTPT, EIGHTZ 03/02/1944 - 77 Yrs - Female		MME Alert Last 7-days Average daily MME: 127 # days daily MME over 90: 7 Highest daily MME: 140	Multiple Provider Alert Last 180-days Pharmacies: 4 Prescribers: 4	Opioid/Benzo Overlap Last 45-days Yes		
<div>Chartbook</div>	<div>Diagnoses [Across All Episodes]</div> <div>Date, Diagnosis</div>					
Encounters	Episode No	Diagnosis	Facility	Status	Code	Date
> Demographics	HSgenerated85476AG	Activity, physical games generally associated with school recess, summer camp and children	Nebraska Medicine	Active	Y93.6A	
< Conditions	989998	Activity, physical games generally associated with school recess, summer camp and children	Beatrice Community Hospital & Health Center	Active	Y93.6A	
Diagnoses	989998	Acute posthemorrhagic anemia	Nebraska Medicine	Active	D62	
Current Problems	HSgenerated85476AG	Acute upper respiratory infection, unspecified	Great Plains Health	Active	J06.9	
Historical Problems	989998	Anemia, unspecified	Nebraska Medicine	Active	D64.9	
Allergies	989998	Basal cell carcinoma of skin, unspecified	Great Plains Health	Active	C44.91	
> Medications	989998	Basal cell carcinoma of skin, unspecified	Mary Lanning Healthcare	Active	C44.91	
Documents	HSgenerated85476AG	Basal cell carcinoma of skin, unspecified	Beatrice Community Hospital & Health Center	Active	C44.91	
Diagnostic Studies	HSgenerated85476AG	Chest pain, unspecified	Beatrice Community Hospital & Health Center	Active	R07.9	
Lab Results	989998	Contact with and (suspected) exposure to other viral communicable diseases	Nebraska Medicine	Active	Z20.828	
Vital Signs	HSgenerated85476AG	Cough, unspecified	Great Plains Health	Active	R05.9	
Immunizations	HSgenerated85476AG	COVID-19	Nebraska Medicine	Active	U07.1	
	989998	COVID-19	Nebraska Medicine	Active	U07.1	
	HSgenerated85476AG	Disease of intestine, unspecified	Great Plains Health	Active	K63.9	

Allergies

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<div>Chartbook</div>		<div>Allergies</div>							
Encounters									
Demographics									
Conditions									
Allergies									
Medications									
Documents									
Diagnostic Studies									
Lab Results									
Vital Signs									
Immunizations									


Documents

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Chartbook

Encounters

> Demographics

> Conditions

Allergies

> Medications

Documents

Diagnostic Studies

Lab Results

Vital Signs

Immunizations

Documents

Some documents are unable to be launched in the browser, therefore leverage the local device to display. Follow your organization's technical safeguard protocols.

Doc Type	Document	Source	Facility	Entered Location	Date	Details	Episode No
DOC	TELEPHONE EN	KATHERINE C PULLEN	Nebraska Medicine		03/11/2021 14:07		HSgenerated85476AG
PR	PROGRESS	FEDJAA ROCHLING	Nebraska Medicine		03/11/2021 13:45		HSgenerated85476AG
DOC	ERRONEOUS EN	FEDJAA ROCHLING	Nebraska Medicine		03/11/2021 13:45		HSgenerated85476AG
DOC	NURSE TRIAGE	KATHERINE C PULLEN	Nebraska Medicine		03/11/2021 00:00		HSgenerated85476AG
DOC	NURSE TRIAGE	KATHERINE C PULLEN	Nebraska Medicine		03/11/2021 00:00		HSgenerated85476AG
DOC	TELEPHONE EN	BRANDY L HERTZIG	Nebraska Medicine		03/10/2021 13:40		HSgenerated85476AG
DOC	TELEPHONE EN	ALYSSA R SHARP	Nebraska Medicine		03/10/2021 10:03		HSgenerated85476AG
DOC	TELEPHONE EN	MORGAN D MOODY	Nebraska Medicine		03/10/2021 07:39		HSgenerated85476AG
DOC	TELEPHONE	MORGAN D MOODY	Nebraska Medicine		03/10/2021 00:00		HSgenerated85476AG
PR	PROGRESS	ALISON A DELIZZA	Nebraska Medicine		03/09/2021 09:57		HSgenerated85476AG
DOC	DOCUMENTATIO	ALISON A DELIZZA	Nebraska Medicine		03/09/2021 00:00		HSgenerated85476AG

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Diagnostic Studies

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Diagnostic Studies

Collection Date

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Study	Document Link	Report	Status	Collection Date	Facility	Location	Episode No
CT CHEST		Report	Final	09/19/2018 05:11	Great Plains Health	Great Plains Health	156979070

Lab Studies

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Opioid/Benzo Overlap Last 45-days
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Chartbook	Lab Results by Date							
	Order	Trend	Result 1	Result 2	Result 3	Result 4	Result 5	>
Encounters	Type and Screen		11/16/2021 12:00					
> Demographics								
> Conditions								
Allergies	URINE CULTURE		11/15/2021 08:00	10/26/2021 08:10	09/02/2021 08:00	07/29/2021 08:09	07/29/2021 08:08	
> Medications								
Documents	BETA 2 MICROGLOB/BLD		11/03/2021 06:00	10/28/2021 12:00	09/10/2021 06:00			
Diagnostic Studies								
Lab Results	CBC AND PLT WITH DIFF		11/03/2021 05:00					
Vital Signs								
Immunizations	STABLE HGB A1C		11/03/2021 05:00	05/04/2021 05:00				
	TB INTERFERON AG		10/22/2021 08:00	04/29/2021 09:01	02/12/2021 11:01	02/12/2021 10:01	02/11/2021 00:00	
	AEROBE/ANAEROBE CULT		09/23/2021 08:00					

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Prescribers: 4

Opioid/Benzo Overlap Last 45-days
Yes



Order Start Date	09/02/2021
Order Start Time	08:00
Ordering Clinician	FEY, PAUL (35871)
Specimen	UCLN
Specimen Collection Date	09/02/2021
Specimen Collection Time	08:00
Specimen Received Date	09/02/2021
Specimen Received Time	12:37

Order Details

Cumulative

Result Date	
Result Time	
Result Status	Corrected
Placer ID	
Last Update Date	
Last Update Time	
Age at Time of Test	77 Years

Test Item	Flag	Value	Units	Reference Range	Test Item Status	Comments	Sensitivities	Message Flag	Observation Time	Performed At
SPECIMEN SOURCE XXX		Urine Clean Catch			Final				09/02/2021	Nebraska Medicine
ANNOTATION COMMENT IMP		None			Final				09/02/2021	Nebraska Medicine
MICROORGANISM/AGENT XXX		Enterococcus faecalis			Corrected			Abnormal	09/02/2021	Nebraska Medicine
Report Status		09/02/2021 Final			Final				09/02/2021	Nebraska Medicine
ORGANISM		Enterococcus faecalis			Final	Enterococcus faecalis			09/02/2021	MICROBIOLOGY
BACTERIAL SUSC PNL ISLT MIC		MIC			Final				09/02/2021	MICROBIOLOGY
AMPICILLIN SUSC ISLT		<=2			Final		S		09/02/2021	MICROBIOLOGY
VANCOMYCIN ISLT MIC		<=0.25			Final		S		09/02/2021	MICROBIOLOGY
DAPTOMYCIN ISLT MIC		<=0.25			Final		S		09/02/2021	MICROBIOLOGY

Medication History

ZZZTESTPT, **EIGHTZ**
03/02/1944 - 77 Yrs - Female

MME Alert Last 7-days
Average daily MME: 622
days daily MME over 90: 7
Highest daily MME: 622

Multiple Provider Alert Last 180-days
Pharmacies: 4
Prescribers: 5

Opioid/Benzo Overlap Last 45-days
Yes



Awaiting results from: **NSIIS (Done)**

[Refresh](#)

Chartbook

Encounters

> Demographics

> Conditions

Allergies

Medications

Current Medications

Historical Medications

Documents

Diagnostic Studies

Lab Results

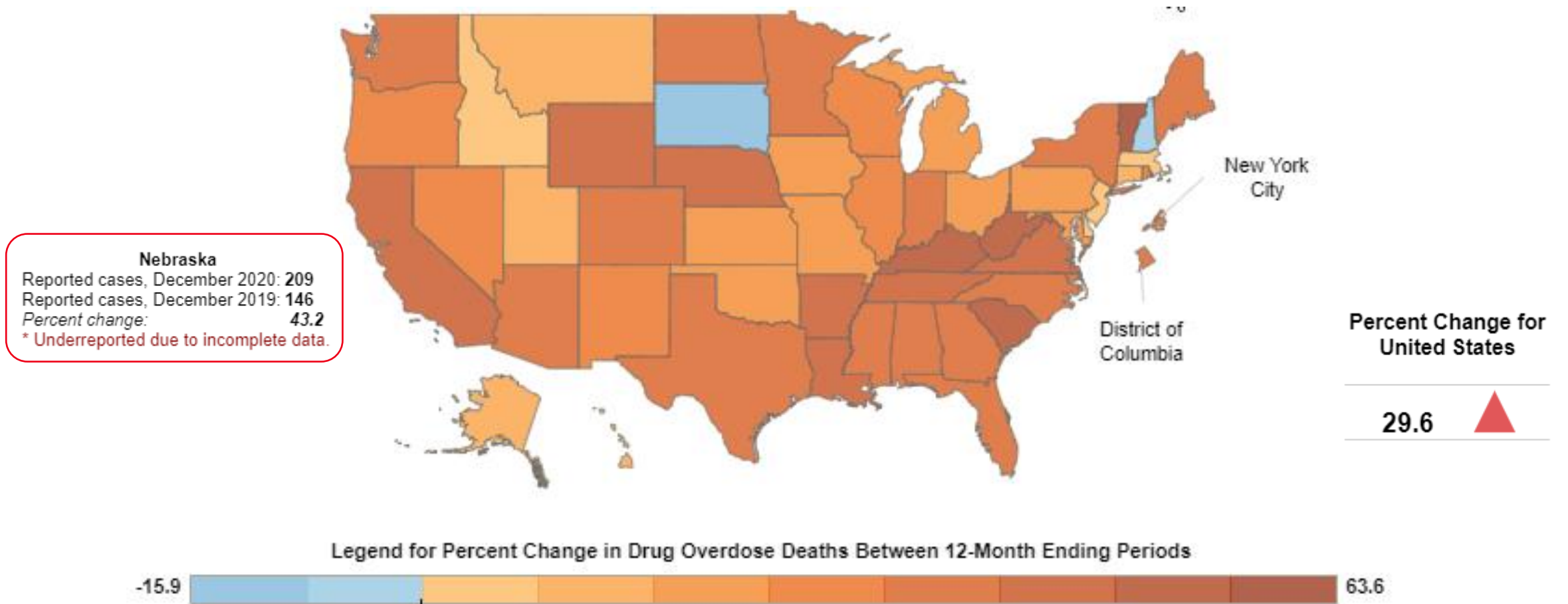
Species	RxGov Patient ID	Date Filled	Drug Name	Quantity Dispensed	Generic Drug	Prescriber	Pharmacy	Date Written	Days Supply	Refills	Payment Type	Details
Human	989998	12/15/2021	Compound incl. LORazepam 1 MG TABS, Banophen 25 MG CAPS, Lecithin Organogel GEL	30	Compound incl. Lorazepam, Diphenhydramine HCl, Premium Lecithin Organogel Base	zzEIGHT zzPrescriber	zzTest Pharmacy 1	10/16/2021	4	0/32	Private Pay (Cash, Charge, Credit Card)	
Human	989998	12/15/2021	Compound incl. fentaNYL Citrate 1600 MCG LPOP	180	Compound incl. Fentanyl Citrate	zzEIGHT zzPrescriber	zzTest Pharmacy 1	12/15/2021	30	0/0	Private Pay (Cash, Charge, Credit Card)	
Human	989998	12/08/2021	Compound incl. LORazepam 1 MG TABS, Banophen 25 MG CAPS, Lecithin Organogel GEL	30	Compound incl. Lorazepam, Diphenhydramine HCl, Premium Lecithin Organogel Base	zzEIGHT zzPrescriber	zzTest Pharmacy 1	10/17/2021	4	1/32	Private Pay (Cash, Charge, Credit Card)	
Human	989998	12/04/2021	Compound incl. LORazepam 1 MG TABS, Banophen 25 MG CAPS, Lecithin Organogel GEL	30	Compound incl. Lorazepam, Diphenhydramine HCl, Premium Lecithin Organogel Base	zzEIGHT zzPrescriber	zzTest Pharmacy 1	10/17/2021	4	2/32	Private Pay (Cash, Charge, Credit Card)	
Human	989998	12/01/2021	Compound incl. fentaNYL Citrate 1600 MCG LPOP	180	Compound incl. Fentanyl Citrate	zzEIGHT zzPrescriber	zzTest Pharmacy 1	12/01/2021	30	0/0	Private Pay (Cash, Charge, Credit Card)	

Questions?

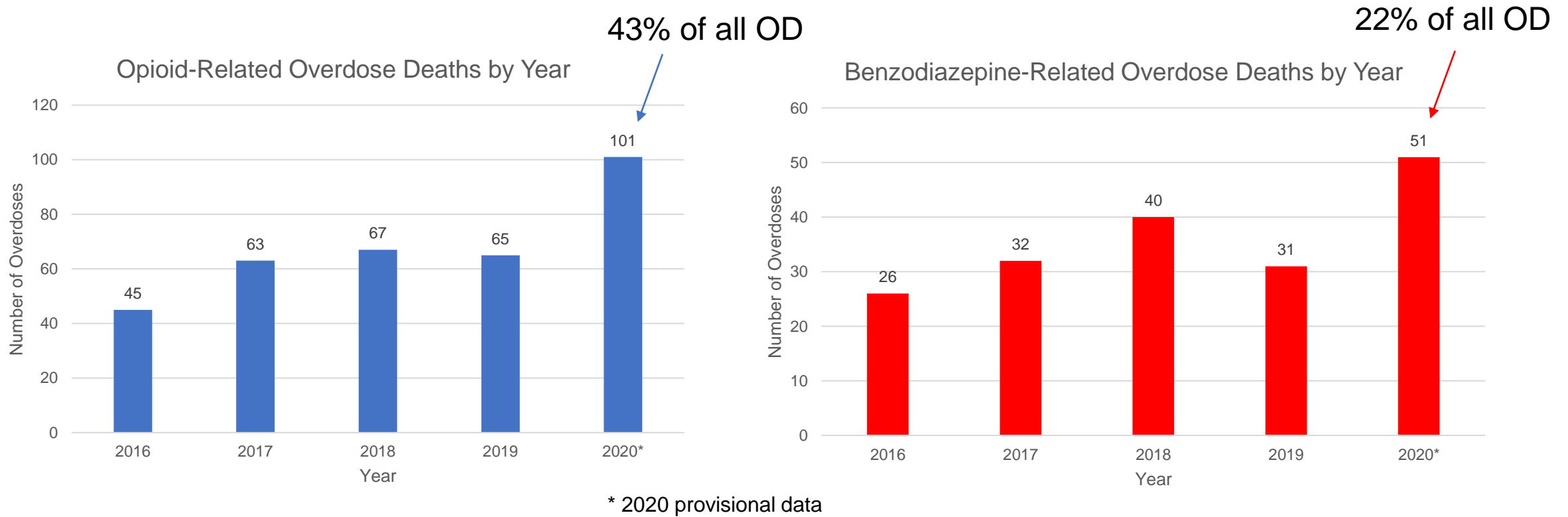
Prescription Drug Monitoring Program



Percent Change in Reported 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: December 2019 to December 2020



Nebraska Drug-Related Overdose Deaths 2016 - 2020



**Combating the opioid crisis:
Multi-faceted approach**



Prevention



Education



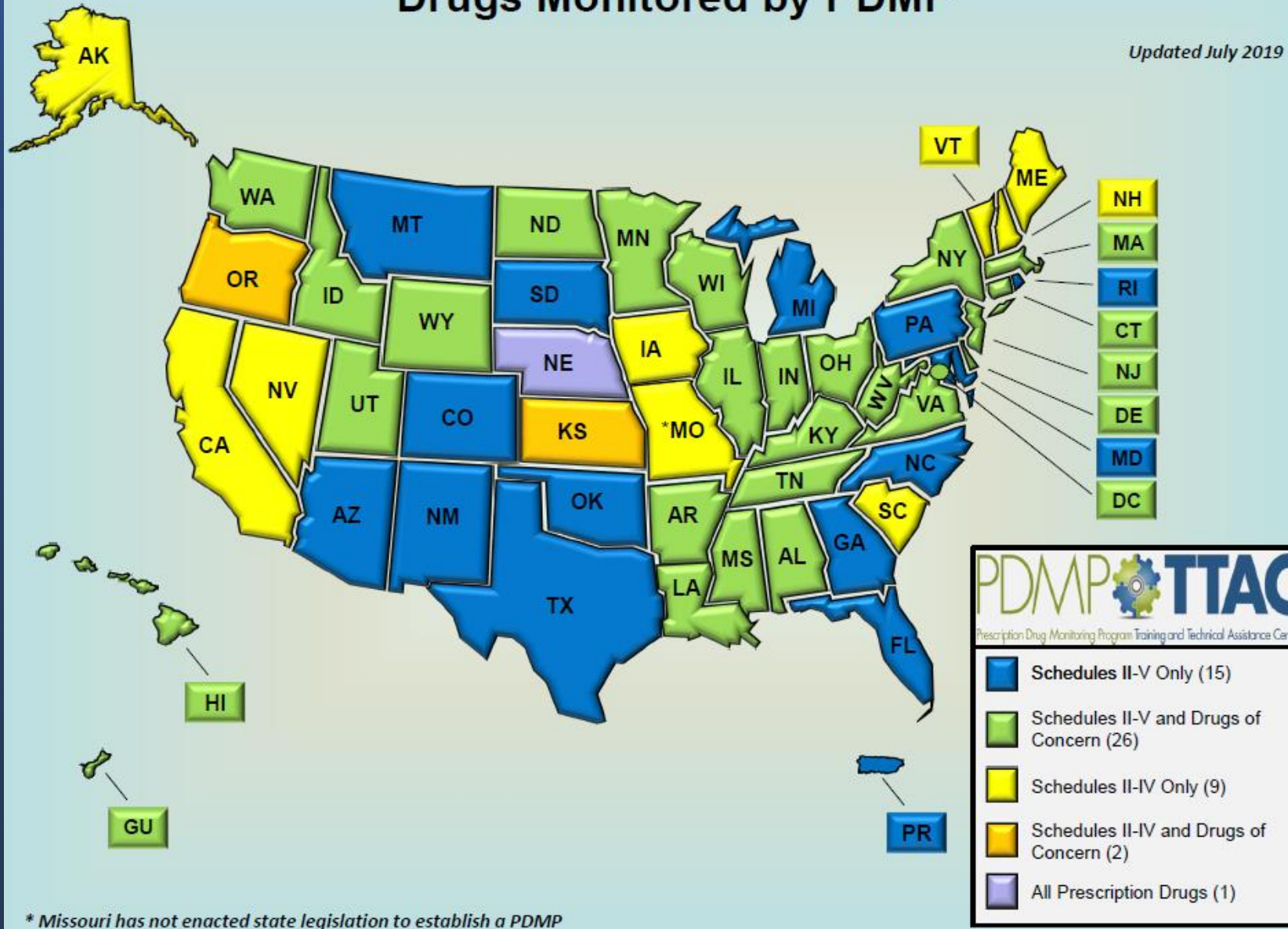
**Treatment/
recovery**



**Identification/
monitoring**

Drugs Monitored by PDMP

Updated July 2019





NATIONAL DRUG CONTROL STRATEGY

A Report by the
Office of National Drug Control Policy

JANUARY 2019

Special Communication | April 19, 2016

CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016

FREE

Deborah Dowell, MD, MPH¹; Tamara M. Haegerich, PhD¹; Roger Chou, MD¹

¹Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, Georgia

JAMA. 2016;315(15):1624-1645. doi:10.1001/jama.2016.1464.

ABSTRACT

Importance Primary care clinicians find managing chronic pain challenging. Evidence of long-term efficacy of opioids for chronic pain is limited. Opioid use is associated with serious risks, including opioid use disorder and overdose.

Objective To provide recommendations about opioid prescribing for primary care clinicians treating adult patients with chronic pain outside of active cancer treatment, palliative care, and end-of-life care.

Process The Centers for Disease Control and Prevention (CDC) updated a 2014 systematic review on effectiveness and risks of opioids and conducted a supplemental review on benefits and harms, values and preferences, and costs. CDC used the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) framework to assess evidence type and determine the recommendation category.

A NATIONAL GOVERNORS ASSOCIATION TOOLKIT



State Strategies to Improve the Use of Prescription Drug Monitoring Programs to Address Opioid and other Substance Use Disorders

PAIN MANAGEMENT

BEST PRACTICES



PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE REPORT

Updates, Gaps, Inconsistencies, and Recommendations

FINAL REPORT

PDMP Expansion

- A Prescription Drug Monitoring Program (PDMP) is a proven means to increase accountability in opioid prescribing practices and prevent patients from receiving opioids and other controlled medications that may have adverse interactions with opioids from multiple providers.
- In some states where PDMP checking is optional, providers report difficulty using their PDMP due to lack of integration with electronic health records (EHR) which interrupts workflow and can result in decreased use.
- Providers also cite lack of interstate data-sharing and concerns about patient confidentiality as reasons not to use the PDMP. In those cases where states' integration services are made available, the service can be costly.



NATIONAL DRUG CONTROL STRATEGY

A Report by the
Office of National Drug Control Policy

JANUARY 2019

Who Reports information to PDMPs?

Pharmacies

- In-state
- Mail order
- Nebraska VA

Physicians

With a pharmacy license

Veterinarians

(Controlled substances only)

PDMP

Highlights

- Dispensers must submit data
- All dispensed drugs reported on at least a daily basis
- Providers and pharmacists can:
 - Access PDMP patient reports
 - Authorize delegates
- Alignment with federal policy (SUPPORT Act)
- Patient safety tool

Functionality

- Delegate management
- Enhanced reporting
- Share PDMP data with other states
- Clinical workflow integration

What needs to be reported to the PDMP?

- **Patient:** name, address, gender, DOB, phone, identifier
- **Pharmacy:** name, address, DEA/NPI
- **Prescription:** date issued, date filled, name of drug (NDC), strength, quantity, payment type
- **Prescriber:** name, DEA/NPI



Accessing PDMP Data in Nebraska



Prescribers

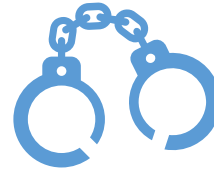


Pharmacists



Delegates

- Nurses
- Pharmacy Technicians



Law enforcement



Payers (e.g.,
Medicaid)

Reporting all dispensed prescriptions

Required reporting as of Jan. 1, 2018

Comprehensive medication history

Patient safety tool

- Allows clinicians to make better informed decisions
- Identify potential drug interactions, allergies and medications from multiple prescribers and pharmacies
- Provides a valuable resource for unprecedented emergencies
- Tool for medication reconciliation

Patient queries

Patient Query

Patient Query Query History

☒ Search any first and last name combinations ⓘ

First Name ⓘ Last Name ⓘ DOB



Species ⓘ
☒ All
☐ Human
☐ Non-Human

Additional States to Query:

Asterisk (*) can be used as a wildcard to broaden searching

Check other states!

Species Indicator

Patient Results							
Display All	Species	Name	Identifier	RxGov Patient Id	Gender	Date of Birth	Address & Phone
<input checked="" type="checkbox"/>		+ Clark Joseph Kent	Social Security Number: XXX-XX-8789	271	M	1/1/00	12 Smallville St , Smallville, ne, 68001 4021234567 Butler
<input checked="" type="checkbox"/>		+ Fido Kent	Social Security Number: XXX-XX-8789	271	M	1/1/00	12 Smallville St , Smallville, ne, 68001 4021234567 Butler
<input checked="" type="checkbox"/>		Kent Clark	Unique System ID: 454545	283	M	1/1/00	123 Planet St , Metropolis, NE, 68111 4022222222

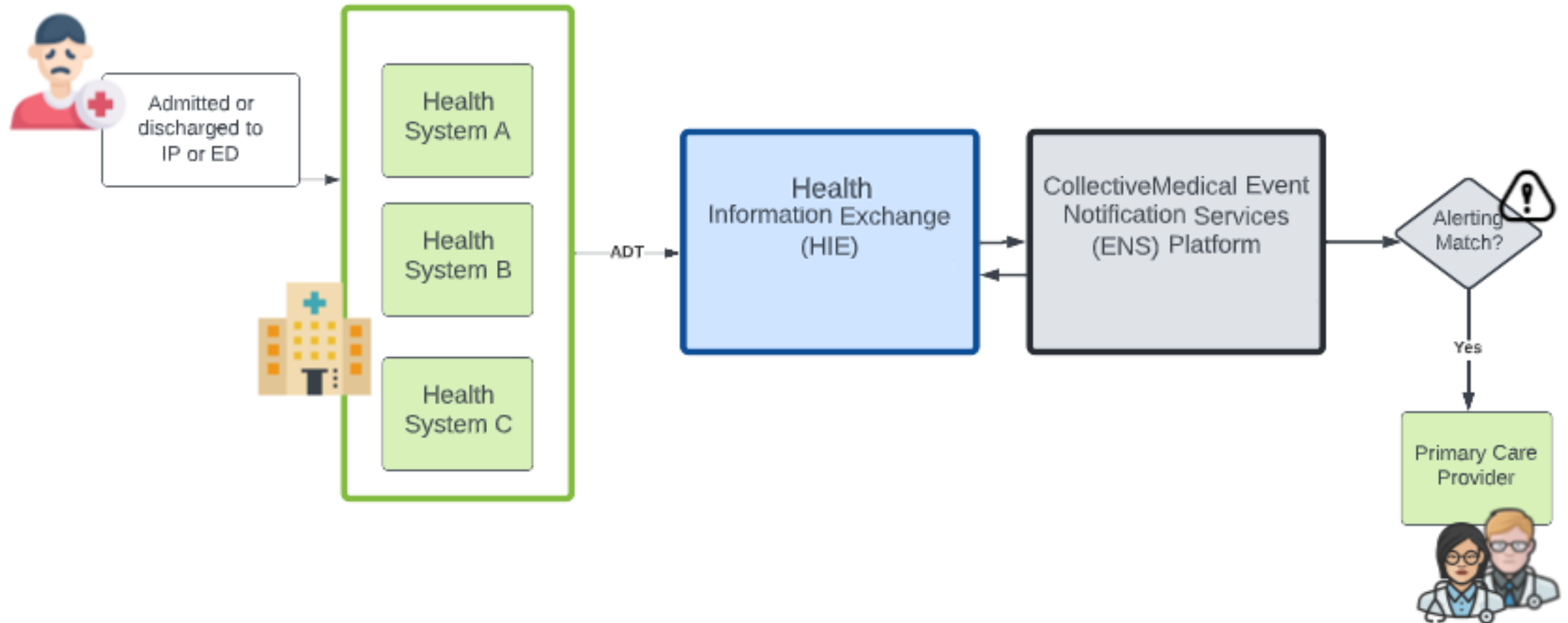
Questions?

Health Data Utility Tool: Event Notification



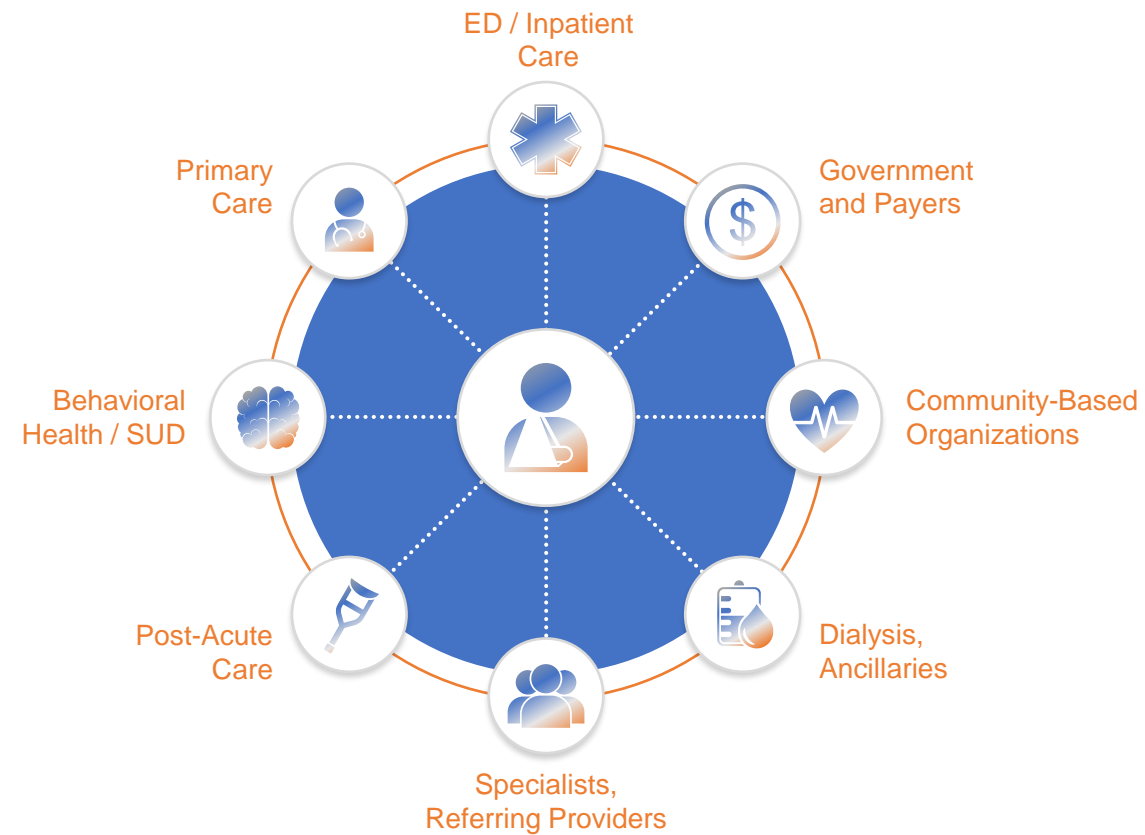
Event Notification

General Event Notification Message Flow



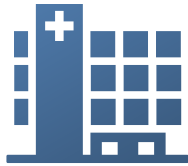
What is Event Notification?

Event Notification is a patient identification and tracking solution that gets the right information to the right person at the point of care.



Conditions of Participation (CAH/ACH)

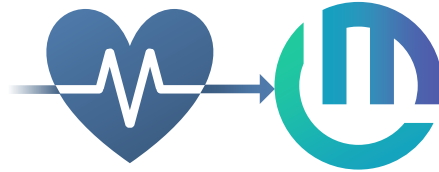
Patient Presents
at Hospital ED or IP



Immediate

Basic demographic information and triage details about the encounter are entered into the hospital's EHR

EHR Sends Patient
Data to Event
Notification Platform



Less than two (2) minutes

Identification of the patient and cross-references the new encounter information with prior care records from all entities

Primary Care Physician
Notification via Direct
Message on file
associated with NPI



CoP

Conditions of Participation
notification

Emergency Department Optimization (ED)

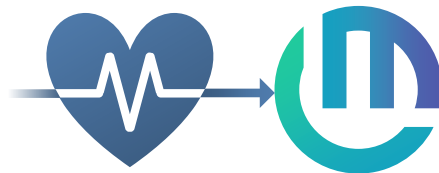
Patient Presents
at Hospital ED



Immediate

Basic demographic information and triage details about the encounter are entered into the hospital's EHR

EHR Sends Patient
Data to Event
Notification Platform



Less than two (2) minutes

Identification of the patient and cross-references the new encounter information with prior care records from all entities

ED Notification of High
Risk Issues



Risk Notification

Notification is made back to the ED via secure email, Fax or integration with EHR Trackboard of high risk issues/behaviors

Ambulatory Clinic Case Management Notifications

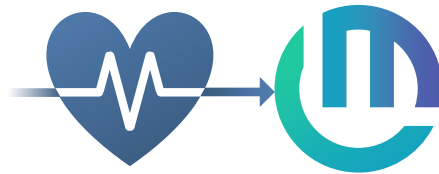
Patient Presents
at Hospital ED



Immediate

Basic demographic information and triage details about the encounter are entered into the hospital's EHR

EHR Sends Patient
Data to Event
Notification Platform



Less than two (2) minutes

Identification of the patient and cross-references the new encounter information with prior care records from all entities

Staff Notified if
Encounter Meets Criteria

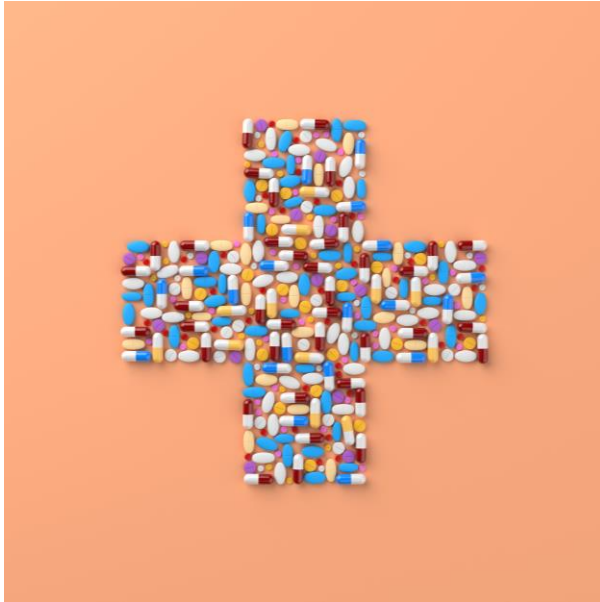


Ongoing

Notifications contain relevant, actionable information about the patient, allowing the provider to positively influence patient care outcomes

Questions?

Use Cases



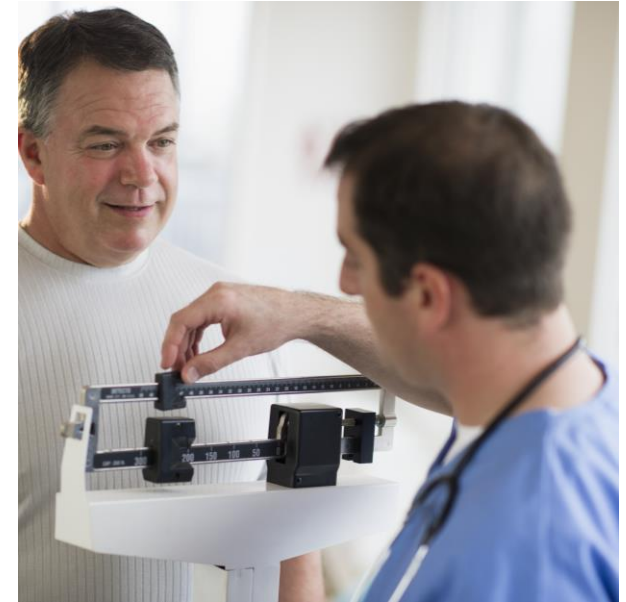
Medication Compliance

Are there barriers to compliance?



Hospitalizations

Proper Use of Emergency Care



Medical Follow up

Is the Patient being seen?
Following up with appointments?

The Challenges of a Health Information Exchange

- Quality, Quality, Quality
- Interoperability standards and consistency
- Creating a frictionless experience (SSO/Workflow Integration, Smart on FHIR experience)

Questions?

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- https://calendly.com/cynchealth_tamarastepanek