


Department of Health & Human Services
DHHS
NEBRASKA
PRESCRIPTION DRUG MONITORING PROGRAM
NeHII
Nebraska Health Information Initiative

Nebraska and the Prescription Drug Monitoring Program

Kevin C. Borchert, PharmD
Rachel Houseman, PMP
NeHII, Inc.



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Presentation Overview

- Describe the prescription drug problem in Nebraska
- History of PDMP in Nebraska
- NeHII, the statewide HIE overview
- Compare/Contrast current vs enhanced PDMP system
- Benefits of HIE-PDMP Integration
- Next steps

9/30/2016
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Nebraska Drug Overdose Mortality

(Age-adjusted rate/100,000 population)

- ▶ 2014 – 7.1 (National average 14.7)
- ▶ 2013 – 6.3 (National average 13.8)
- ▶ 2010 – 6.2 (National average 12.3)
- ▶ 2005 – 5.0 (National average 10.1)

2014 Nebraska Drug Overdose Death Demographics

Table 1. Drug overdose deaths: Demographic characteristics and intent, Nebraska residents, 2014

		Number	Percent	Rate per 100,000 persons
Gender	Female	64	52%	6.8
	Male	60	48%	6.4
Age (in years)*	15-24	9	7%	3.4
	25-44	60	48%	12.5
	45-54	32	26%	13.4
	55 and older	22	18%	4.3
Intent	Unintentional (also known as "accidental")	92	74%	
	Suicide	25	20%	
	Undetermined	7	6%	

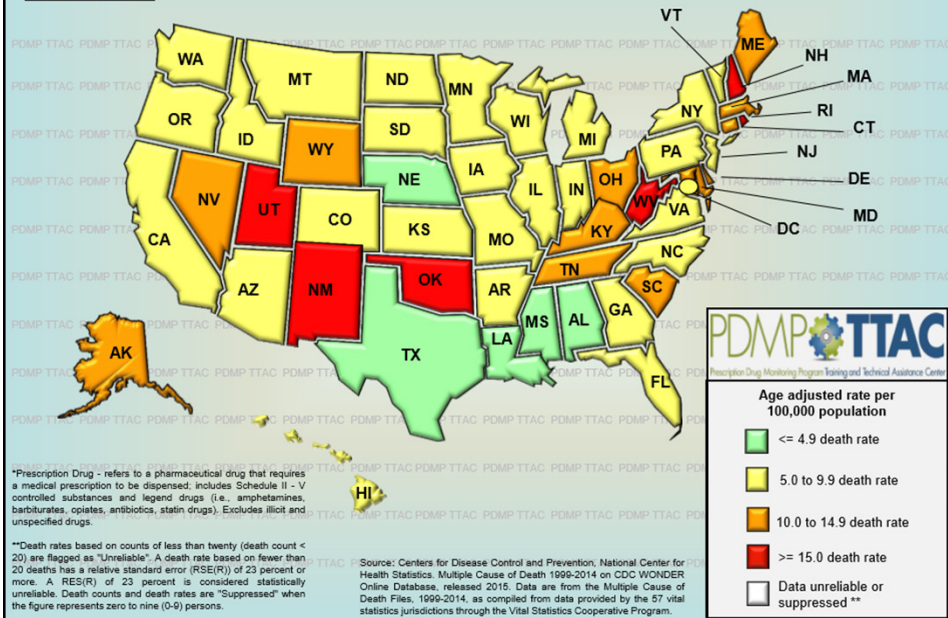
*0-14 age group not included due to small numbers.

(Source: Nebraska Death Certificate data, National Vital Statistics System, NCHS – Drug Poisoning Mortality, U.S. and State Trends: United States, 1999–2014, Data.CDC.gov)



2014 Death Rates for Prescription* Drug Overdose by State

[View Data Tables](#)



Nebraska Opioid Overdose Mortality

- ▶ 2014 - 2.8 (National average 5.9)
- ▶ 2013 - 2.2 (National average 5.1)

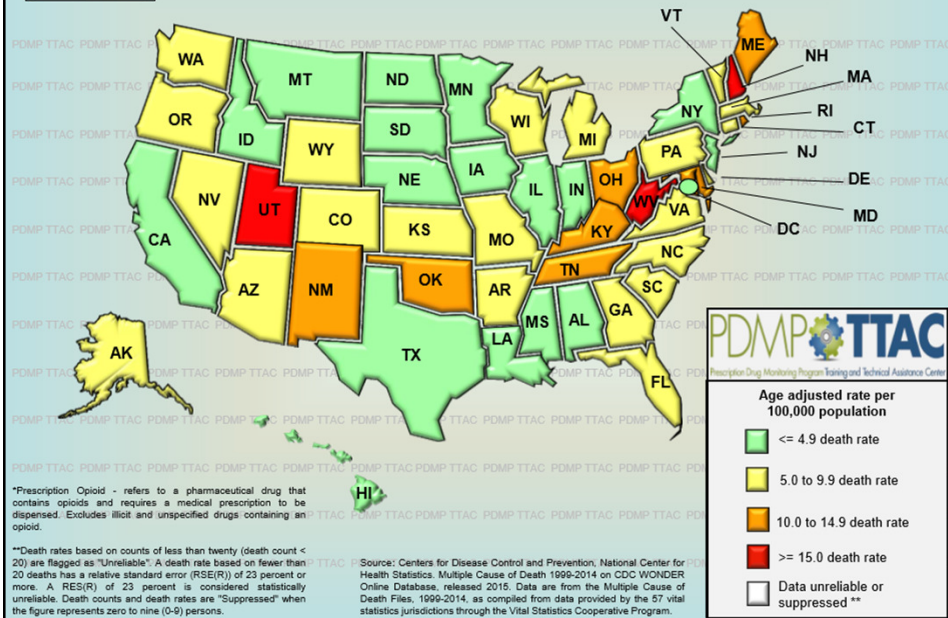
- ▶ Opioids contributed to 40% of Nebraska drug overdose deaths in 2014

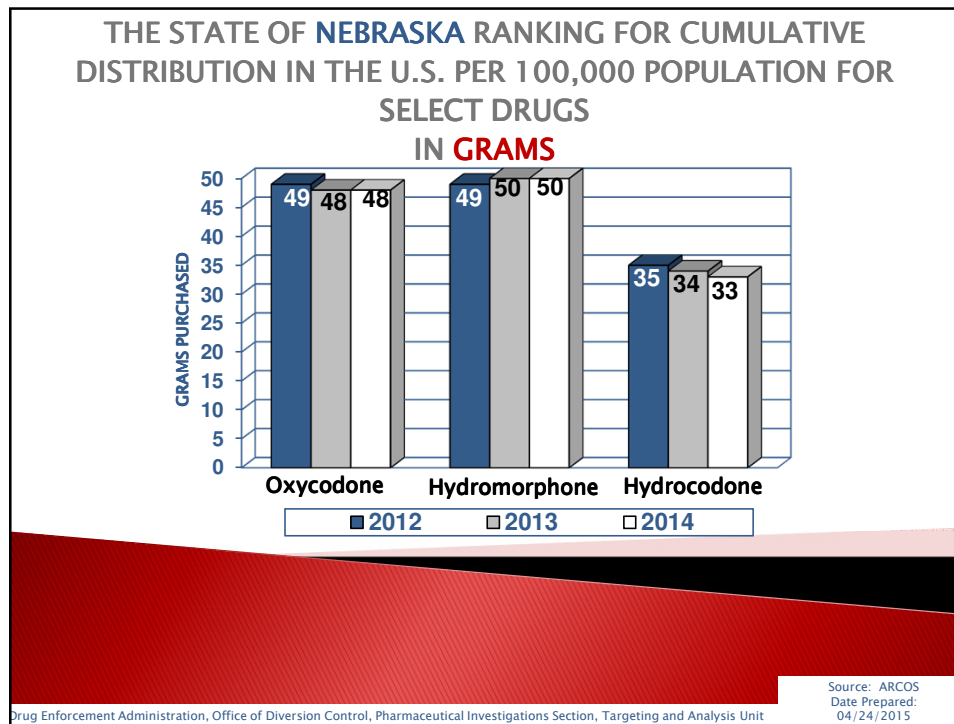
Age-adjusted rate/100,000 population
 (Source: Nebraska Death Certificate data, National Vital Statistics System)



2014 Death Rates for Prescription Opioid* Overdose by State

[View Data Tables](#)

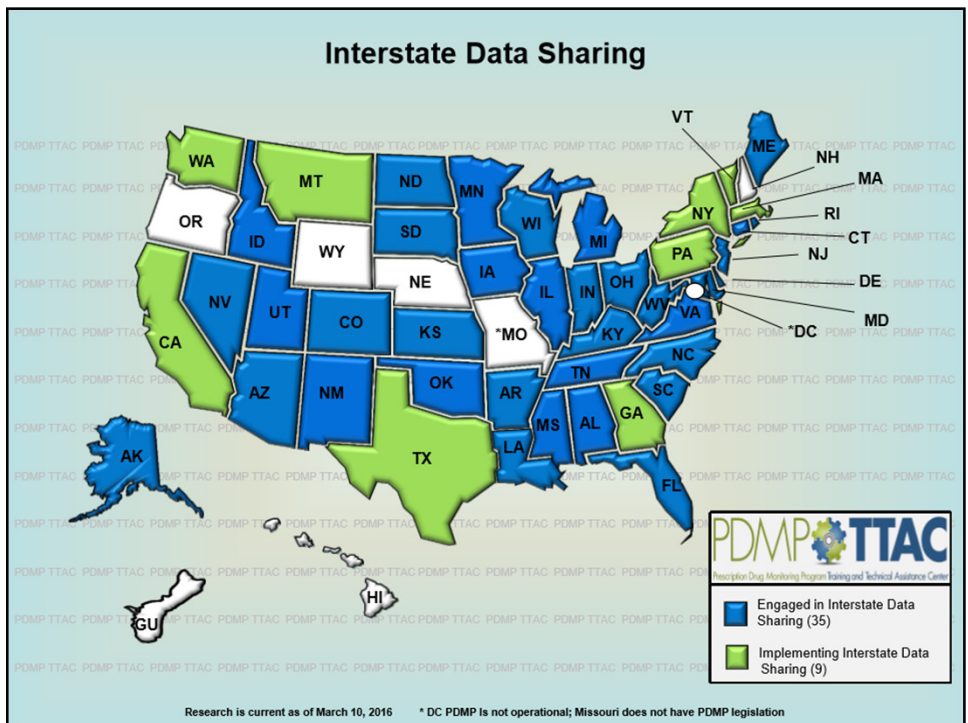
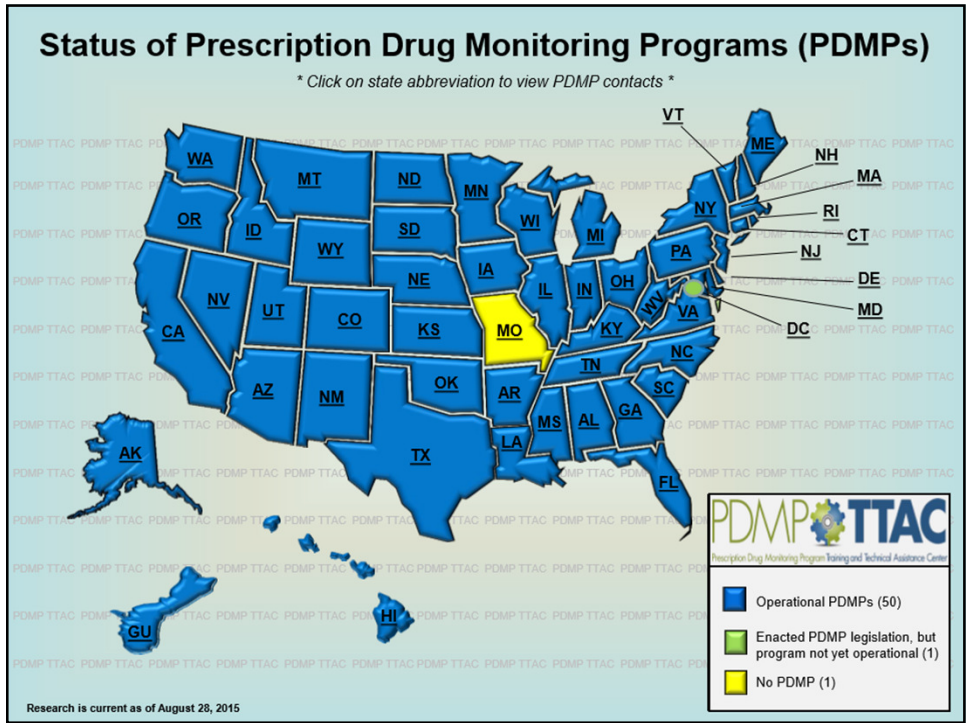




What is a PDMP

- ▶ Statewide electronic database that collects designated data on controlled substances¹
- ▶ Used to reduce prescription drug abuse and diversion
- ▶ Tool to allow healthcare professionals to make better informed decisions relating to the treatment and safety of the patient

¹ NAMSDDL



Summary of PDMP Legislation in Nebraska

- ▶ LB 237 – Creation of a PDMP
 - Introduced by Senator Gwen Howard
 - Approved by Governor Heineman on April 14, 2011
 - Prevent misuse of prescription drugs in an efficient and cost-effective manner
 - Allow doctors and pharmacists to monitor the care and treatment of patients for whom a prescription drug is prescribed to ensure that prescription drugs are used for medically appropriate purposes
 - Identified Nebraska DHHS and NeHII as collaborative partners to administer PDMP
 - Prohibit use of state funding to implement or operate the PDMP
- ▶ LB 1072
 - Introduced by Senator Lathrop
 - Approved by Governor Heineman on April 10, 2014
 - Prevent misuse of controlled substances
 - Repealed the no funding stipulation



PDMP in Nebraska until 1 / 1 / 17

- Accessible through the Nebraska Health Information Initiative (NeHII) statewide health information exchange (HIE) platform
- No mandatory pharmacy reporting
 - Data from Surescripts query
- No mandatory patient/consumer enrollment
 - Opt out model
- No mandatory use



LB 471 Summary

- ▶ Introduced by Senator Sara Howard
- ▶ Approved by Governor Ricketts on February 24, 2016
- ▶ Report all dispensed controlled substance prescriptions by January 1, 2017
- ▶ Report ALL dispensed prescriptions by January 1, 2018
- ▶ Prevents opting out
- ▶ Allow dispensers, dispenser designees, and prescribers to access the system at no cost
- ▶ Establishes Veterinary Prescription Monitoring Task Force
- ▶ Neb. Rev. Stat § 71-2454
- ▶ Neb. Rev. Stat § 84-712.05(19)
- ▶ Since an emergency exists, this act takes effect when passed and approved according to law.



Purpose of Nebraska PDMP

- ▶ Preventing the misuse of controlled substances that are prescribed
- ▶ Allowing 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
- ▶ The State of Nebraska remains on the cutting edge of medical information technology

Source: Nebraska statute 71-2454(1)



Enhanced PDMP Funding

- ▶ **CMS**
 - IAPD 90/10 HITECH
- ▶ **Centers for Disease Control and Prevention (CDC)**
 - Prescription Drug Overdose Prevention for States
- ▶ **Bureau of Justice Assistance**
 - Harold Rogers Prescription Drug Monitoring Program FY2015 Competitive Grant Program



What's Happening and When?

- ▶ February 24, 2016 - LB471 became law
- ▶ June - August, 2016 - Pharmacies contacted
- ▶ August - December, 2016 - Work with dispensers, pharmacies to test and submit data
- ▶ October, 2016 - Training for dispensers
- ▶ December, 2016 - Training for prescribers
- ▶ January 1, 2017 - PDMP Reporting Requirements Effective
 - Mandatory reporting of dispensed controlled substances
- ▶ January 1, 2018 - Full medication history
 - Mandatory reporting of ALL prescriptions dispensed



Who Has Access to PDMP

- Prescribers
 - Physicians/M.D.
 - Physician Assistants
 - Medical residents with a TEP
 - Optometrists
 - Podiatrists
 - Veterinarians
 - Dentists
 - APRN
 - Nurse Midwives (APRN–CNM)
 - Nurse Practitioners (APRN–CRNA)
 - Nurse Practitioners (APRN–NP)



Who Has Access to PDMP

- Dispensers
 - Pharmacist
 - Pharmacist Interns (under supervision of a pharmacist)
 - Prescribing practitioners incident to practice of their profession
 - Prescribing practitioners with a dispensing practitioner permit
 - Pursuant to a delegated dispensing permit
- Dispenser Designee
 - Any “licensed or registered health care professional” designated by a dispenser to act as an agent of the dispenser for purposes of submitting or accessing data in the prescription drug monitoring system and who is directly supervised by such dispenser



Who does not need to send reports

- ▶ Neb. Rev. Stat §71-2454(6)(b) Dispenser means a person authorized in the jurisdiction in which he or she is practicing to deliver a prescription to the ultimate user by or pursuant to the lawful order of a prescriber but does not include
 - ▶ (i) the delivery of such prescription drug for immediate use for purposes of inpatient hospital care or emergency department care,
 - ▶ (ii) the administration of a prescription drug by an authorized person upon the lawful order of a prescriber,
 - ▶ (iii) a wholesale distributor of a prescription drug monitored by the prescription drug monitoring system, or
 - ▶ (iv) through December 31, 2017, a veterinarian licensed under the Veterinary Medicine and Surgery Practice Act when dispensing prescriptions for animals in the usual course of providing professional services;



Is the information protected

- ▶ (5) All prescription drug information submitted pursuant to this section, all data contained in the prescription drug monitoring system, and any report obtained from data contained in the prescription drug monitoring system are not public records and may be withheld pursuant to section Neb. Rev. Stat §84-712.05.



Comprehensive Approach



- ▶ Collaboration with Stakeholders
 - PDMP Work Group
 - Nebraska Medical Association
 - Nebraska Pharmacists Association
 - Nebraska Hospital Association
 - Nebraska Professional Boards

- ▶ Collaboration within DHHS Divisions
 - Division of Behavioral Health
 - Division of Medicaid Long Term Care
 - Division of Public Health

- ▶ Collaboration with Contractors
 - PDMP Contractor – NeHII
 - External Evaluator– Schmeckle Research
 - Information System and Technology Contractor– Brian Harter



Health Information Exchange

- ▶ Health Information Exchange (HIE) refers to the sharing of electronic health-related information in a manner that protects the confidentiality, privacy, and security of the information. This process requires use of national standards as they are established in order to increase interoperability, security, and confidentiality of information. It also requires standards for authorization of those who access the information.
- ▶ HIE supports sharing health-related information through EHRs in order to make coordinated care easier. HIE can:
 - provide key information to individuals to promote health and wellness
 - support research, public health, emergency response, and quality improvement
- ▶ HIE also allows for local, regional, and national sharing of health-related information among health care organizations and with individuals



Benefits of HIE–PDMP Integration

- ▶ PDMP integration into HIE/EHR is a value-added service
- ▶ Value increases with degree of automation
- ▶ Provider workflow
- ▶ Ease of access, especially with Single Sign On
- ▶ Improved data quality capabilities



Current Nebraska PDMP vs. Enhanced PDMP Comparison

Function/Feature	Current PDMP	Enhanced PDMP
Reports history of controlled substances	Some	All
Reports history of all drugs	Some	Yes*
Captures self-pay Rx	Some	Yes
Real-time Rx availability	Some	Some
Opt Out	Yes	No
Ability to proactively send alerts to provider when patient admitted	Yes	No
Complete medical record	Yes	No
Captures pain agreements & advanced directives	Yes	No

*as of 1/1/2018



States with PDMP and/or HIE/EHR integration

- Kansas
- Indiana
- Iowa
- Maine
- Maryland
- Massachusetts
- Nebraska
- New York
- North Dakota
- Oklahoma
- Washington
- Wisconsin



States with PDMP and HIE integration

- Maryland
- Nebraska
- Oklahoma
- Washington
- Wisconsin



PDMP Prioritized Enhancements

- ▶ PDMP Work Group
 - Physicians, pharmacists, and other stakeholders
- ▶ Prioritized Functionalities by Stakeholders
 - Filtering of controlled substances/all medications
 - Identification of high-risk patients
 - Calculation of MME (morphine mg equivalent)
 - Notification to prescribers/dispensers
 - Solicited
 - Unsolicited
- ▶ Interstate data sharing
 - Legislative changes
 - Interstate agreements



In closing

- Nebraska is unique in their approach to PDMP.
- Nebraska is focused on providing a complete medication history to aid in the prevention of adverse medication events and medication errors, including opioid drug overdose.
- The availability of the complete medication data is critical to providers everywhere.
- PDMP and HIE data can be used together for a more complete understanding of the patient's medical history.
- Continued improvement to PDMP systems, including access through EHR and pharmacy systems, improve their effectiveness.



Contact Information



- ▶ Kevin Borchert – PDMP Program Director, NeHII
 - 402-290-2635 kborchert@nehii.org
- ▶ Rachel Houseman – Project Manager, NeHII
 - 608-628-6257 rhouseman@nehii.org
- ▶ Deb Bass – CEO, NeHII
 - 402-981-7664 dbass@nehii.org
- ▶ Amy Reynoldson, Prescription Drug Overdose Prevention Coordinator, DHHS
 - 402-471-0835 Amy.Reynoldson@Nebraska.gov

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