

Report to the Legislature

Prescription Monitoring Program Integration

November 2022

RCW 70.225



Prepared by
Health Systems Quality Assurance
Prescription Monitoring Program



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Contents

- Executive Summary..... 1
- Legislative Requirement 2
- Washington State’s Prescription Monitoring Program 2
- EHR-PMP Integrations..... 3
- Integration Mandate..... 4
- Inter-jurisdictional Data Sharing..... 4

Executive Summary

[RCW 70.225.045¹](#) requires the Department of Health (department) to annually report to the governor and legislature on the number of facilities, entities, or provider groups that have integrated their federally certified electronic health records (EHRs) with the Prescription Monitoring Program (PMP) using the state Health Information Exchange (HIE).

Between July of 2021 and June of 2022, an additional 51 health care facilities have integrated with the PMP through the state's HIE, and 99 facilities have integrated with the PMP through direct integration. This brings the total number of integrated health care organizations to 252, doubling the number of integrations. In 2021, the PMP received over 83 million data queries, with more than 95 percent of those queries passing through the HIE. The increase of health care organizations integrating their EHRs with the PMP continues to drive an expansion of PMP use by health care providers and additional integration options have had a dramatic effect on the number of facilities integrated with the PMP.

¹ Chapter 297, Laws of 2017

Legislative Requirement

[RCW 70.225.045](#) requires the Department of Health (the department) to annually report to the governor and legislature on the number of facilities, entities, or provider groups that have integrated their federally certified electronic health records (EHRs) with the Prescription Monitoring Program (PMP) using the state Health Information Exchange (HIE).

Washington State's Prescription Monitoring Program

The Washington state Prescription Monitoring Program (PMP) is an information technology system that collects dispensing records for Schedule II, III, IV, and V drugs² into a single central repository. These records are available to health care practitioners, pharmacists, and other entities to inform patient care. PMPs are among the most promising state-level interventions for improving opioid prescribing, informing clinical practice, and protecting at-risk patients.³ Health care practitioners should use the PMP at every opportunity as they evaluate whether prescribing a controlled substance is medically necessary⁴ and appropriate.

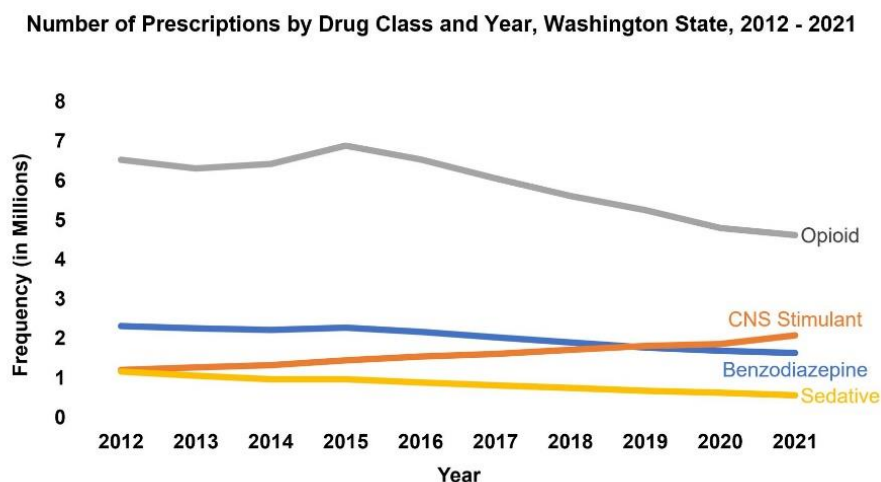
Washington state implemented its PMP in October 2011. Since then, the program has been collecting controlled substance dispensing information and monitoring the number of controlled substances dispensed in the state (Figure 1). The highest frequency of use was in 2015, with 6,188,189 doses dispensed, and has been steadily declining ever since.

² The DEA defines scheduled drugs as “drugs...classified into 5 distinct categories or schedules depending upon the drug’s acceptable medical use and the drug’s abuse or dependency potential. Schedule V drugs represent the least potential for abuse.” Definition available at: <https://www.dea.gov/drug-scheduling>

³ CDC’s Opioid Overdose website available at: <https://www.cdc.gov/drugoverdose/index.html>

⁴ The PMP gives the prescriber the ability to see what the patient has been prescribed and is currently taking. This can prevent the prescriber from issuing a prescription that may counter other currently prescribed medications and prevent the patient from being prescribed over the daily recommended morphine medical equivalent (MME) dosage.

Figure 1: Number of Controlled Substance Prescriptions Dispensed by Drug Class, Washington State, 2012-2021^{5,6}



EHR-PMP Integrations

Integrating EHRs with the PMP provides a streamlined clinical workflow for health care providers. EHR-PMP integration eliminates the need for providers to leave their EHR workflow, open the Washington PMP system, log in, and query the patient’s information. Instead, providers can initiate their patient query and obtain any results within their EHR. Integration allows for near real-time⁷ presentation of patient PMP data within the EHR.

In July 2021, the Secretary of Health opened integration options to any mechanism that meets the State Office of Cybersecurity and agency security requirements. The department made this change in response to stakeholder feedback and it will give health care organizations more flexibility in determining the best method of integration for their providers. This should, in turn, increase overall PMP-EHR integrations across the state.

As of June 2021, 252 health care organizations have integrated with the PMP, doubling the number of organizations integrated with the PMP in a year. In 2021, the PMP received more than 83 million data queries, with more than 95 percent of those queries passing through the

⁵ Source – Washington State Department of Health, Prescription Monitoring Program. Data available at: <https://data.wa.gov/Health/Prescription-Monitoring-Program-PMP-Public-Use-Dat/8y5c-ekcc>

⁶ CNS Stimulant – Central Nervous System Stimulant

⁷ When pharmacists dispense controlled substances to patients, they enter the prescription into the state PMP. In Washington, this is done daily. The data is then validated and made publicly available by the PMP vendor. The entire process – from data entry to data availability – takes about 60 hours. If there is a long interval between dispensing and submission into the PMP, providers and other PDMP users will not have information on patients’ most recent prescriptions. Timely data, such as “real-time” or “near real-time,” maximizes the utility of the prescription history data, with significant implications for patient safety and public health.

HIE. Many facilities that integrated through expanded integration options did so in the mid-to-late fall of 2021. The department expects that the overall percentage of queries through the expanded integration options will increase once the 2022 data is analyzed.

Following the expansion of integration options, the department is exploring data visualization features that may assist providers in their workflow. These color-coded visualizations and charts allow providers to assess a patient's potential risk of overdose more quickly and can be used through a health care organization's PMP-EHR integration.

Integration Mandate

[RCW 70.225.090\(2\)](#) mandated most⁸ health care facilities, entities, offices, or provider groups, with 10 or more prescribers, to fully integrate their EHRs with the PMP by January 1, 2021. The statute also required the department to create a waiver application so facilities, entities, offices, or provider groups may request a waiver from the mandate to integrate due to economic hardship, technical limitations, or other special circumstances.

In 2020 and again in 2021, the department issued blanket waivers from the PMP-EHR integration mandate for all entities subject to RCW 70.225.090(2) because of the exceptional circumstance created by the COVID-19 pandemic. The blanket waivers moved the implementation date of the integration requirement to January 1, 2022.

Since January, the department has granted 343 waivers to individual facilities, entities, offices, and provider groups. Nearly 60 percent were granted because the entity writes fewer than 100 Schedule II-V prescriptions per calendar year. Twenty percent were granted to entities that are in the process of integrating their EHRs with the PMP. The remaining waivers were granted based on economic hardships or other exceptional circumstances.⁹

Inter-jurisdictional Data Sharing

The Washington state PMP also actively shares data with other jurisdictions to allow prescribers to query patient data across state lines. Sharing prescription data assists travelers seeking emergency care, facilitates improved patient care (especially in border communities), and discourages prescription-shopping¹⁰ across state lines. Washington State is connected with both national hubs for PMP inter-jurisdictional data sharing: RxCheck and PMP InterConnect.

⁸ Critical access hospitals as defined in [RCW 74.60.010](#) and facilities, entities, offices, or provider groups, with 10 or more prescribers that do not use a federally certified EHR system are exempt from the integration mandate.

⁹ Many of the largest health care organizations are integrated with the PMP and many applying for a waiver are small to mid-sized facilities.

¹⁰ Prescription shopping is the term used to describe when patients seek out multiple prescribers to obtain opioids or other addictive medications to feed their addiction.

