

Report to the Legislature

# Prescription Monitoring Program Integration

November 2023

RCW 70.225



Prepared by  
Health Systems Quality Assurance  
Prescription Monitoring Program



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## Executive Summary

[RCW 70.225.045<sup>1</sup>](#) 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).

In 2022, 46 health care organizations in Washington integrated with the PMP through the state's HIE and 67 health care organizations in Washington integrated with the PMP through direct integration<sup>2</sup>. This brings the total number of Washington health care organizations integrated with the PMP to 381. In 2022, the PMP received over 81 million data queries.

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<sup>1</sup> Chapter 297, Laws of 2017

<sup>2</sup> In 2021, the Secretary of Health opened integration options to any mechanism that meets the State Office of Cybersecurity and agency security requirements. This expansion of integration options allows health care organizations to determine the right integration method for its organization and continues to make it easier for providers to access the PMP within their workflow.

## 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 PMP is an information technology system that collects dispensing records for Schedule II, III, IV, and V drugs<sup>3</sup> 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.<sup>4</sup> Health care practitioners should use the PMP at every opportunity as they evaluate whether prescribing a controlled substance is medically necessary<sup>5</sup> 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 12,228,956 prescriptions dispensed and the lowest frequency of use was in 2020 with 9,825,715.

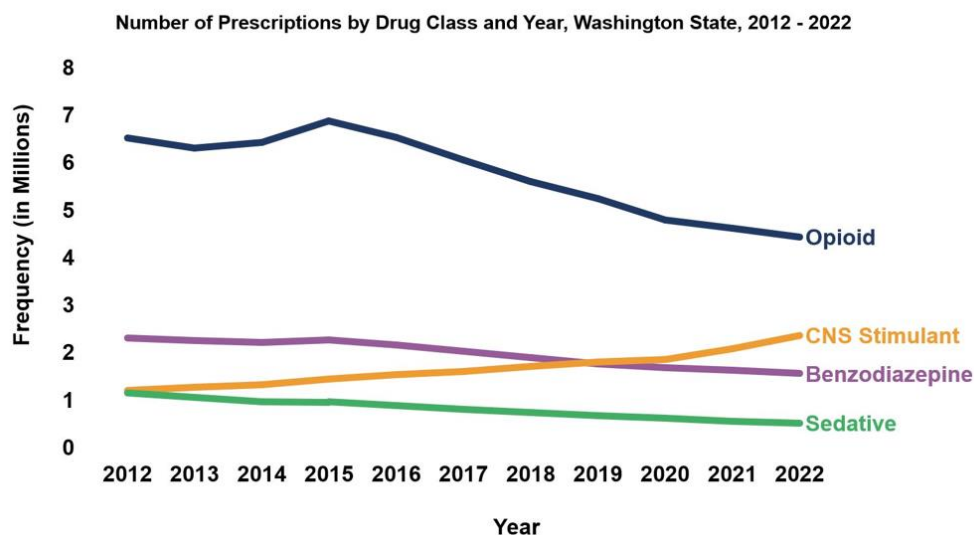
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<sup>3</sup> The DEA defines scheduled drugs as “drugs...classified into 5 distinct categories or schedules depending upon the drug’s acceptable medical use and the drug’s abuse or dependency potential. Schedule V drugs represent the least potential for abuse.” Definition available at: <https://www.dea.gov/drug-scheduling>

<sup>4</sup> CDC’s Opioid Overdose website available at: <https://www.cdc.gov/drugoverdose/index.html>

<sup>5</sup> 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, 2012-2022<sup>6,7</sup>**



## 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-time<sup>8</sup> 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 gives health care organizations more flexibility in determining the best method of integration for their providers

As of December 31, 2022, 381 health care organizations integrated their EHRs with the PMP and health care providers made more than 81 million data queries. The current integration options, the state HIE and direct integration through Bamboo Gateway, are fundamentally

<sup>6</sup> 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>

<sup>7</sup> CNS Stimulant – Central Nervous System Stimulant

<sup>8</sup> 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.

different. Ninety-five percent of queries pass through the state HIE, which are configured by the health care organization and can be set to query all patients scheduled on a given day or week in addition to querying at point of care when the patient is in the clinic. This means it queries all patients, rather than only those who may be prescribed a controlled substance.

Queries through Bamboo Gateway are initiated by medical staff at the point of patient care, meaning a prescriber or their delegate queries the PMP for a patient a single time. The difference in how the systems run queries leads to significant differences in the total number of queries.

## Integration Mandate

[RCW 70.225.090\(2\)](#) mandated most<sup>9</sup> 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 waiver ended and implementation of the integration mandate began on January 1, 2022.

In 2022, the department granted 410 waivers to individual facilities, entities, offices, and provider groups. Eighty percent were granted because the entity writes fewer than 100 Schedule II-V prescriptions per calendar year. Nine percent were granted to entities that are in the process of integrating their EHRs with the PMP. The remaining 11 percent of waivers were granted based on economic hardships or other exceptional circumstances.<sup>10</sup>

## 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-shopping<sup>11</sup> across state lines. Washington is connected with both

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<sup>9</sup> 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.

<sup>10</sup> Many of the largest health care organizations are integrated with the PMP and many applying for a waiver are small to mid-sized facilities.

<sup>11</sup> 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.



national hubs for PMP inter-jurisdictional data sharing: RxCheck and PMP InterConnect. Health care providers in Washington can query the PMPs of 41 states and jurisdictions, including the District of Columbia, Puerto Rico, Commonwealth of the Northern Mariana Islands, and the Military Health System (Figure 2).

**Figure 2: States with which Washington can Share PMP Data**

