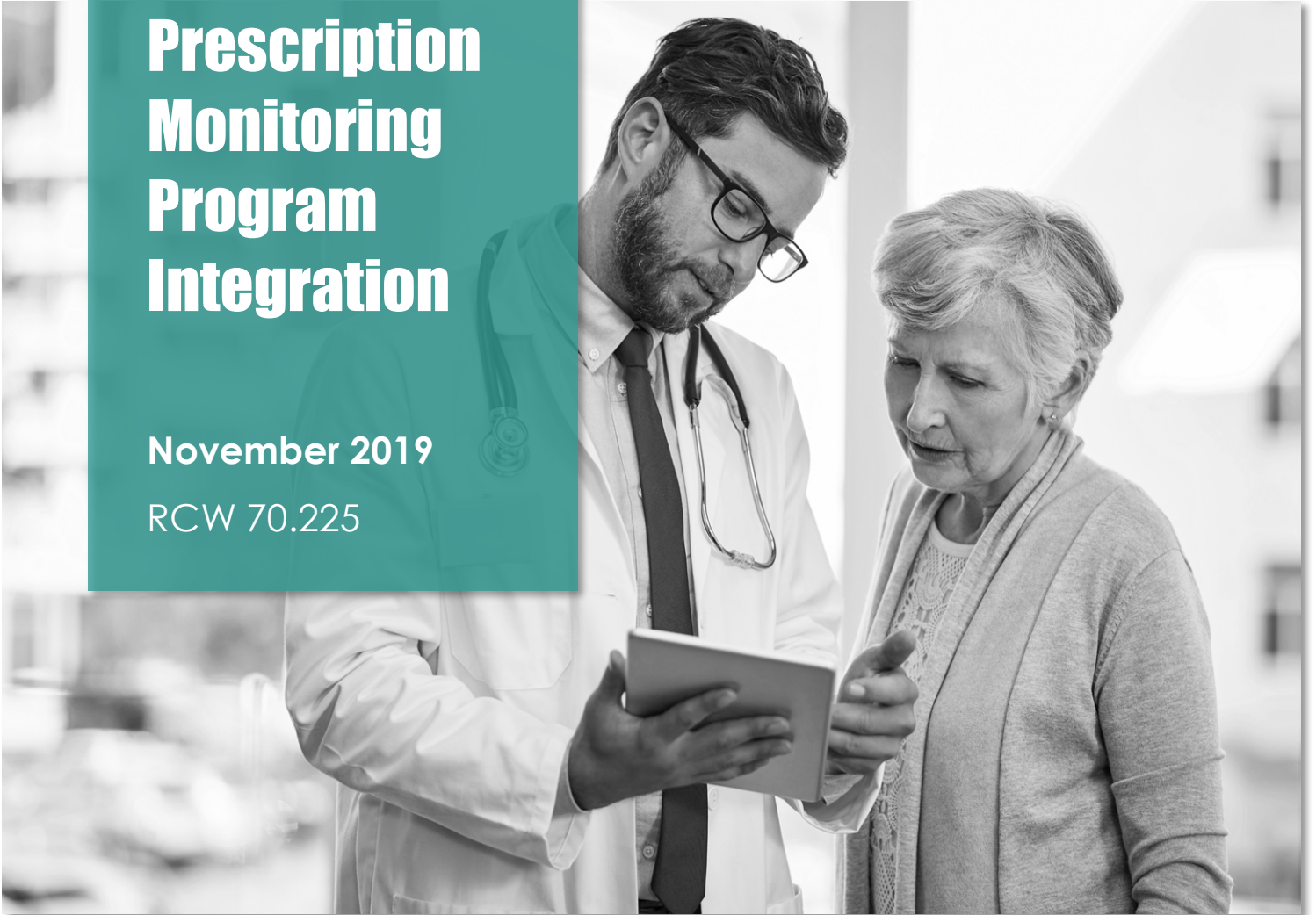Report to the Legislature

# Prescription Monitoring Program Integration

**November 2019**

RCW 70.225

Prepared by
Health Systems Quality Assurance
Prescription Monitoring Program

*Washington State Department of*
# Health

For people with disabilities, this document is available in other formats. Please call 800-525-0127 (TTY 711) or email civil.rights@doh.wa.gov.

*Washington State Department of*
*Health*

John Wiesman, DrPH

Secretary of Health

# Contents

# Executive Summary

Chapter 297, Laws of 2017 require the Department of Health 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).

Since the previous report, the department has activated connections with both national PMP data-sharing hubs (RxCheck and PMPi). This expands access for opioid prescribers, allowing them to view patient prescription records in 36 other states and jurisdictions, including the Department of Defense. We have increased our commitment to customer service by expanding the PMP team and collaborating with electronic health record (EHR) vendors and third-party integrators. The increase of hospital organizations integrating with the PMP has resulted in a dramatic expansion of PMP use by health care providers.

The department's next steps include upgrading the PMP system to the vendor's current platform (AWARxE), slated for completion by early 2020. It also plans to implement the integration-related requirements of the newly enacted Senate Bill 5380, and continue to assist health care practitioners to integrate their EHRs with the PMP, as well as connect Washington's PMP with additional states for inter-jurisdiction data sharing.

# Washington State Prescription Monitoring Program

The Washington State Prescription Monitoring Program (PMP) is a database that collects dispensing records for Schedule II, III, IV and V drugs into a single central repository. These records are available to health care practitioners, pharmacists, and other entities to inform patient care. The PMP is an important tool that health care practitioners should employ to help determine whether prescribing a controlled substance is medically necessary and appropriate.

Washington state implemented its PMP in October 2011. House Bill 2730 (2016) expanded access to include data on legend drug prescriptions and extended PMP access to state-licensed health care facilities. Engrossed Substitute House Bill 1427 (2017) continued this expansion by adding PMP access to federal and tribal health care facilities through Washington's Health Information Exchange (HIE). ESHB 1427 also required boards and commissions who regulate health care providers with opioid prescriptive authority[1] to draft rules. These rules require prescribers of opioids and, in some cases, other related drugs, to register for the PMP[2], and require a PMP check when prescribing opioids. All five boards and commissions adopted these rules between November 1, 2018, and January 26, 2019.

---

[1] Washington Medical Commission, Board of Osteopathic Medicine and Surgery, Podiatric Medical Board, Dental Quality Assurance Commission, and Nursing Care Quality Assurance Commission
[2] an existing PMP-EHR integration may exempt this requirement

# Integration Element 1: EHR-PMP Integration

To make it easier for health care providers to access the PMP, the department focused on integrating electronic health record systems (EHRs) with the PMP through the Health Information Exchange. Integrating systems enables providers to seamlessly check the PMP from within their EHR when prescribing opioids. The PMP team was expanded to manage registration of PMP users, facilitate integration with EHRs, and handle the ever-increasing data. The team worked with EHR vendors and third-party integrators to provide expedited EHR-HIE-PMP integrations, and made HIE-PMP integration eligible for Meaningful Use[3][4].

As a result of these efforts, the number of EHR-PMP integrations increased dramatically. As of July 31, 2019, 25 health care organizations, representing more than 800 facilities, entities and provider groups have integrated PMP data into their EHR through the state HIE (Figure 1). An additional 133 health care organizations representing about 1,795 facilities, entities and provider groups have registered intent to integrate with PMP.  The department is partnering with the University of Washington and Comagine[5] to explore adoption of the PMP (through EMR-HIE integration) across small- and medium-sized providers, to inform future implementation recommendations and third-party vendor integration for practices such as these.
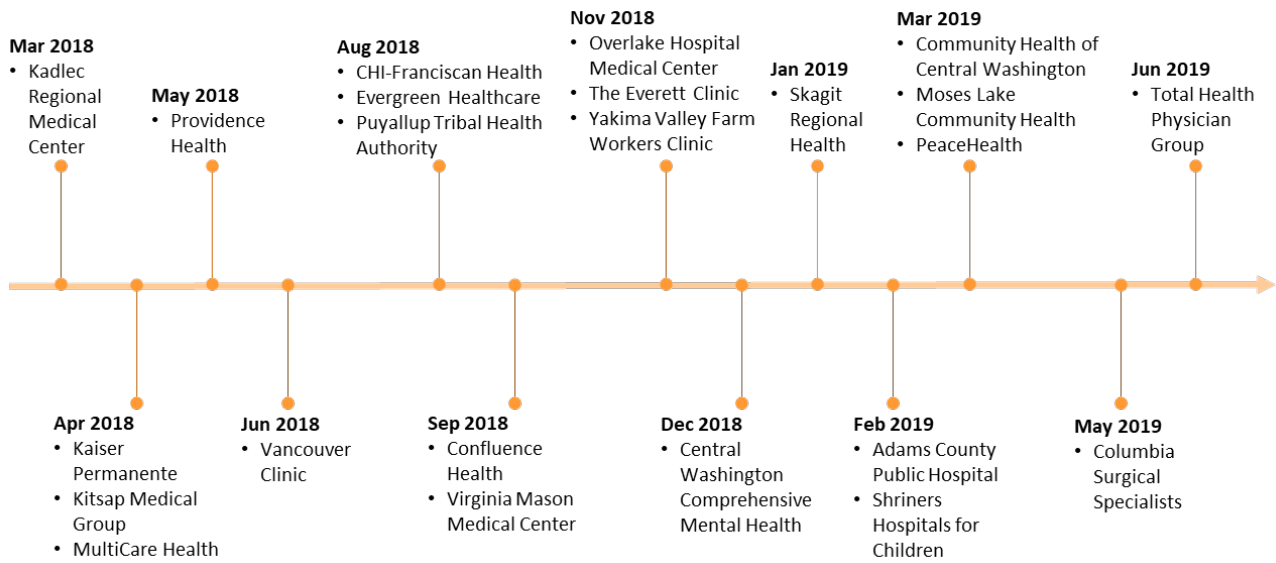
---

[3] Meaningful Use is defined as minimum U.S. government standards for electronic health records and outlines how patient data should be exchanged among providers, providers and insurers, and providers and patients. Meaningful Use has four components:  to cut health disparities and improve healthcare quality; engage family and patients; boost healthcare coordination and public health towards positive effects on populations; and keep patient records private and confidential.

[4]  The Centers for Medicare and Medicaid Services (CMS) has the lead role in which public health systems can qualify for the Meaningful Use designation.  The Office of the National Coordinator (ONC) sets the data standards used by certified electronic health record systems to exchange data with public health.  Once CMS and ONC have approved, each state must declare if they wish to make a specific registry available for Meaningful Use.  For more information on the registries we have online, see
https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PublicHealthMeaningfulUse
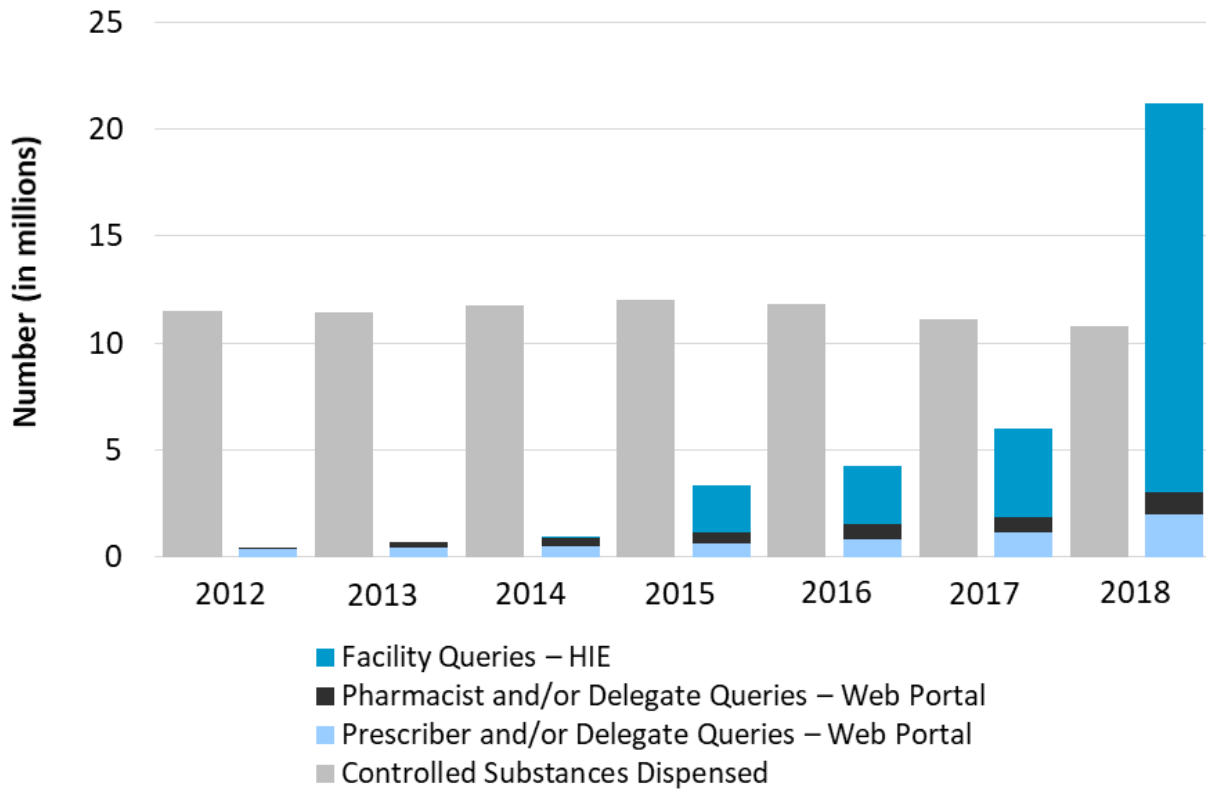
[5] Formerly known as Qualis Health

**Figure 1. EHR-PMP Integrations through the State HIE, May 2018 – July 2019**

**Mar 2018**
- Kadlec Regional Medical Center

**May 2018**
- Providence Health

**Aug 2018**
- CHI-Franciscan Health
- Evergreen Healthcare
- Puyallup Tribal Health Authority

**Nov 2018**
- Overlake Hospital Medical Center
- The Everett Clinic
- Yakima Valley Farm Workers Clinic

**Jan 2019**
- Skagit Regional Health

**Mar 2019**
- Community Health of Central Washington
- Moses Lake Community Health
- PeaceHealth

**Jun 2019**
- Total Health Physician Group

**Apr 2018**
- Kaiser Permanente
- Kitsap Medical Group
- MultiCare Health

**Jun 2018**
- Vancouver Clinic

**Sep 2018**
- Confluence Health
- Virginia Mason Medical Center

**Dec 2018**
- Central Washington Comprehensive Mental Health

**Feb 2019**
- Adams County Public Hospital
- Shriners Hospitals for Children

**May 2019**
- Columbia Surgical Specialists

Washington's new requirement to check the PMP before prescribing opioids, coupled with the ease of checking the PMP through EHR-PMP integrations, has resulted in a dramatic increase in PMP data queries (Figure 2). In 2018 alone, the PMP received more than 20 million data queries, a 252 percent increase over 2017.

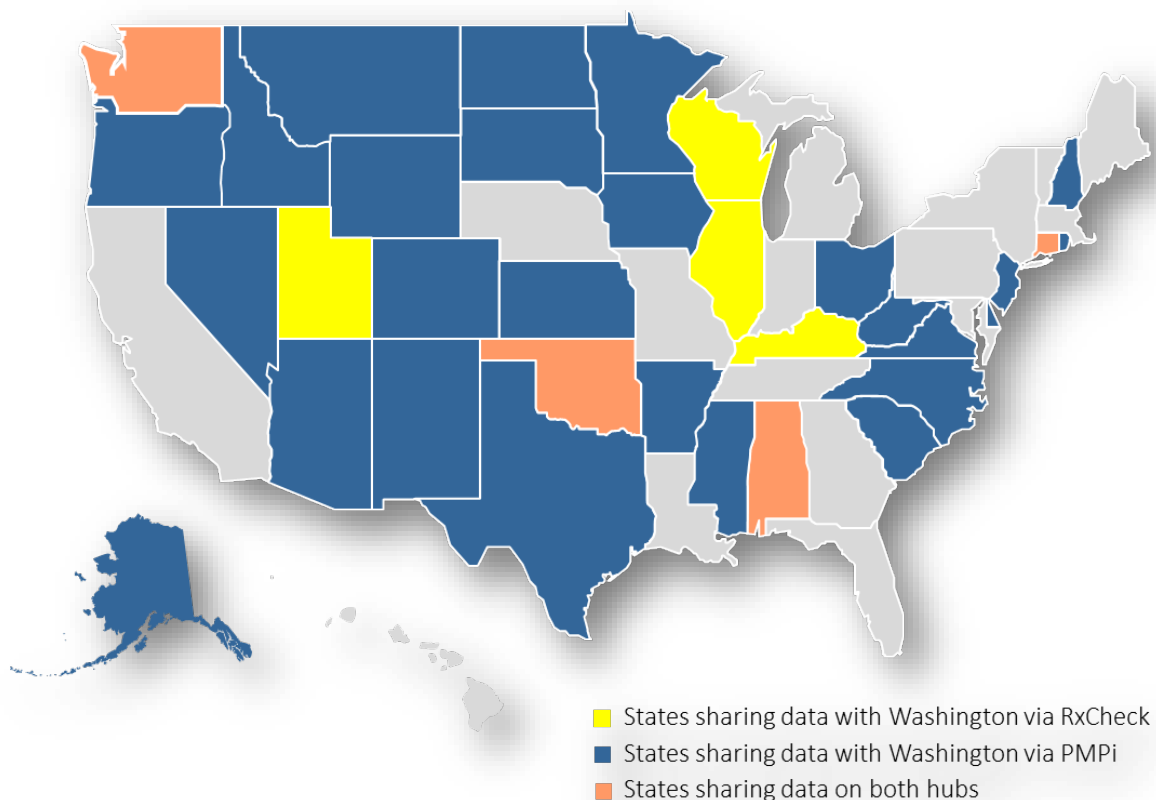**Figure 2: PMP Prescriptions Dispensed and PMP Queries Received, by Calendar Year**



Legend:
- Facility Queries – HIE
- Pharmacist and/or Delegate Queries – Web Portal
- Prescriber and/or Delegate Queries – Web Portal
- Controlled Substances Dispensed

# Integration Element 2: Interjurisdictional Data Sharing

The department is working with neighboring jurisdictions to allow providers to access prescription records in other states. Sharing prescription data across state borders assists travelers seeking emergency care, facilitates improved patient care, and discourages prescription-shopping across state lines.

There are two national hubs for PMP interjurisdictional data sharing – RxCheck and PMP InterConnect (PMPi). Washington was one of the first four states to connect with RxCheck in December 2018. In April 2019, Washington signed a memorandum of understanding to join the PMPi hub. Health care practitioners now have the ability to connect with 36 states (Figure 3), as well as the District of Columbia, Puerto Rico, and the Department of Defense.

**Figure 3: States/Jurisdictions with whom Washington can Share PMP Data**



  ☐ States sharing data with Washington via RxCheck
  ■ States sharing data with Washington via PMPi
  ■ States sharing data on both hubs

The department will continue discussions with other states and jurisdictions to establish interjurisdictional data sharing over the next year.

# Future Plans for Integration Optimization

**AWARxE Upgrade**

In June 2019, the department signed a three-year contract extension with the PMP vendor, Appriss, for continued operation of the system. The extension includes an option to migrate the PMP system from RxSentry[6] to Appriss' AWARxE platform in early 2020. AWARxE offers updated metrics, faster processing speeds for data entry and queries, and a 24/7 customer service helpdesk. This ensures that the PMP system is operating at optimal levels, to continue handling increasing EHR-PMP integrations and inter- and intra-state PMP data queries.

**Legislation Implementation**

Substitute Senate Bill 5380 (2019) contains a number of integration-related requirements for the PMP. The department will:

- Focus on convening and facilitating a stakeholder workgroup to assess the current status of integration, recommend ways to improve integration among small and rural facilities, and comply with federal PMP requirements to be eligible for federal grants to assist small and rural facilities achieve integration;

- Develop a process to conduct security assessments of commonly used platforms for EHR-PMP integrations;

- Improve PMP capabilities to allow health care practitioners to easily identify patients who don't want to receive opioids or those who may have had a previous overdose; and

- Assist all provider groups with 10 or more prescribers to fully integrate with the PMP or work with any facilities, entities, offices, or provider groups that require an exception[7] through a waiver.[8] With the passage of Substitute Senate Bill 5380, provider groups with 10 or more prescribers must use EHRs integrated with the PMP by January 1, 2021. This coincides with the effective date on federal regulations that require use of integrated systems for Medicare and Medicaid reimbursement.

The department will work collaboratively with stakeholders and partners for the rest of 2019 and through 2020 to understand the current PMP landscape with respect to integration, and develop solutions to maximize provider integration through all available methods.

---

[6] Appriss no longer supports RxSentry, and Washington is the last state using this platform.
[7] due to economic hardships or technical limitations
[8] Currently under development