Learning Objectives

• Explain how PDMP integration can improve provider efficiency and support opioid prescribing reduction efforts
• Describe funding and statewide coordination mechanisms to accelerate PDMP integration

Speaker Disclosure Statement:
I have no actual or potential conflict of interest in relation to this program/presentation
Oregon Health Leadership Council

• Collaborative membership organization of senior level executives of medical groups, health systems, hospitals and health plans

• Formed in 2008 at the request of the business community to develop practical solutions that reduce the rate of increase in health care costs and premiums so health care and insurance are more affordable for people and employers in Oregon
Statewide PDMP Integration Initiative

- OR PDMP Legislated in 2009 to improve care and prescription management
- OR Pharmacies submit dispensing data on Schedule II – IV controlled substances within 72 hours of dispensing
- 2016 legislation allowed PDMP integration with Health IT systems
- Allows authorized prescribers/dispensers access to PDMP data from within existing clinical workflows
- Saves prescribers time – 2.5 – 4 mins/patient
- Increase usage of patient’s prescription history at point of care
- Contribute to reduction in opioid prescribing/drug overdose deaths
- Marginal cost given 90/10 and shared funding model
PDMP Integration can help turn this workflow...
Navigate to the normal prescription workflow in the patient chart

Review prescription history report and view use scores. Continue with normal prescription workflow to write an **INFORMED** prescription

CLICK Show Report button
Statewide PDMP Integration Initiative Implementation in 2 Phases

Phase 1 - EDIE Integration

- PDMP report “pushed” to EDIE Alert for patient’s meeting defined criteria
- ED providers automatically receive prescription history report within care provider workflow on specific patients who meet preestablished criteria
- 20 hospitals now LIVE including Asante, Providence, Kaiser, OHSU, Salem, and Legacy expected
- ED prescribers reporting great value in integrated PDMP data
- Hospital’s receiving EDIE alerts on paper/fax are not eligible to integrate PDMP data due to security concerns
- Grant funding available for rural hospitals to integrate EDIE into their EHRs
The PDMP report becomes a section that can be moved up or down in priority per each facility template (this is a fax example)

- PMP Report includes the fill date, drug description, quantity, and prescriber (see red circle)
- Report also includes a full count report listed out by medication type and total count over a 12 month period (see green circle)
Statewide PDMP Integration Initiative

Implementation in 2 Phases

Phase 2 – Statewide EHR/HIE/PMS Integration

• Allows all authorized OR prescribers and dispensers “One Click” access to PDMP data from within their clinical workflows
• Appriss has established interfaces with many EHR/PMS systems in use across OR
• Utility model governed by HIT Commons Board
• Approved Fed/State funding (90/10) covers approx. 82% of project costs
• Shared funding model spreads remaining 18% across all hospitals and health plans
• Statewide PDMP Integration project and steering committee chartered
• Contract negotiation under way with Appriss
• Project launch expected by end of 2Q18
• Grant funding available for rural hospitals to integrate PDMP into their EHRs for “One Click” access
PDMP Integration Phase 2

• Example screenshot of what the embedded PDMP Report button might look like inside a prescriber’s workflow
PDMP Assessments

• Assumes that health plans/CCOs and hospitals split the non-Medicaid costs 50/50 (similar to EDIE structure)

• Hospitals, Health Plans and CCOs will only need to cover approximately 18% of total costs due to available state, federal funding

• Will be assessed in the future as this project is further developed and ready for implementation

<table>
<thead>
<tr>
<th>ESTIMATED STATEWIDE PDMP ASSESSMENT</th>
<th>$932,000</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered by OHA/Medicaid (90/10 coverage with CMS)</td>
<td>$763,200</td>
<td>82%</td>
</tr>
<tr>
<td>Covered by Hospitals/Health Plans/CCO/OHA-FFS</td>
<td>$168,800</td>
<td>18%</td>
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</tbody>
</table>
Value Proposition

Improved Prescriber Efficiency and Ease of Use to review PDMP Data

• Eliminates need to pull up web browser, sign-in, enter demographic data, do patient look up and multiple queries for different states
• Results of studies showing 2.5 - 4 mins/patient time savings
• PDMP report can be copied and pasted into EHR’s or legal medical records systems

Increase use of prescription history at point of care

• Allows authorized OR Prescribers/Dispensers PDMP data access via “Push” or “One Click” from existing clinical workflow
• Contribute to reduction of opioid prescribing/drug overdose deaths

Low cost

• 90/10 Federal State matching funds request
• Statewide subscription + Fed/State funds + shared funding model = marginal private sector cost
For More Information….

- Oregon Prescription Drug Monitoring Program - [www.orpdmp.com](http://www.orpdmp.com)
- Oregon Health Leadership Council - [www.orhealthleadershipcouncil.org](http://www.orhealthleadershipcouncil.org)

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