

# Standardizing Prescription Drug Monitoring

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November 16, 2016



# Agenda

- PDMP Benefits and Challenges
- Comprehensive Addiction & Recovery Act (CARA)
- NCPDP's Standardized PDMP Model



# Prescription Drug Monitoring Programs (PDMPs)

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# PDMP Benefits

- Use web tools to access state PDMP data
- Support access for patients with valid medical need
- Help identify and deter or prevent drug abuse and diversion
- Help decrease fraud and abuse



# PDMP Challenges

PDMPs lack uniform best practices:

- Lack standards to share drug abuse information effectively to address potential drug abuse and diversion, or evaluate patient risk.
- Process is systemically burdensome (e.g., outside provider workflows)
- Does not effectively provide information in a timely manner in order to make clinical decisions at point of care



# Comprehensive Addiction & Recovery Act (CARA)

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# CARA

- President Obama signed the bipartisan bill into law in July 2016
- CARA highlights the need to enhance state PDMPs
- Authorizes grant program provisions for states to improve PDMPs by using updated guidelines, taking into consideration attributes such as interoperability and providing “timely” data within providers’ workflows.
- Promotes the creation and use of a “prescription monitoring hub” to facilitate data sharing, interoperability.



# NCPDP's PDMP Solution

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# NCPDP

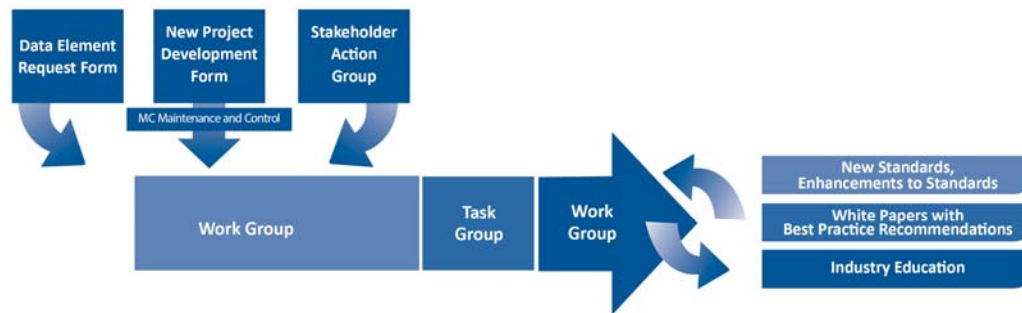
## ANSI-Accredited Standards Development Organization

ANSI is the official U.S. representative to the International Organization for Standardization (ISO)

- **Composed of all healthcare industry participants**
- **Problem-solving forum for healthcare industry**
- **Consensus-based solutions – standards, industry guidance**



# Best Practices – NCPDP’s Process



- Obligation to be non-biased
- Credibility among members, public sector and government
- Getting the right people in the room, engendering trust
- Bottom-up commitment to a solution created by consensus
- Driven by clinical need, business need, patient safety
- Workflow-enabled solutions

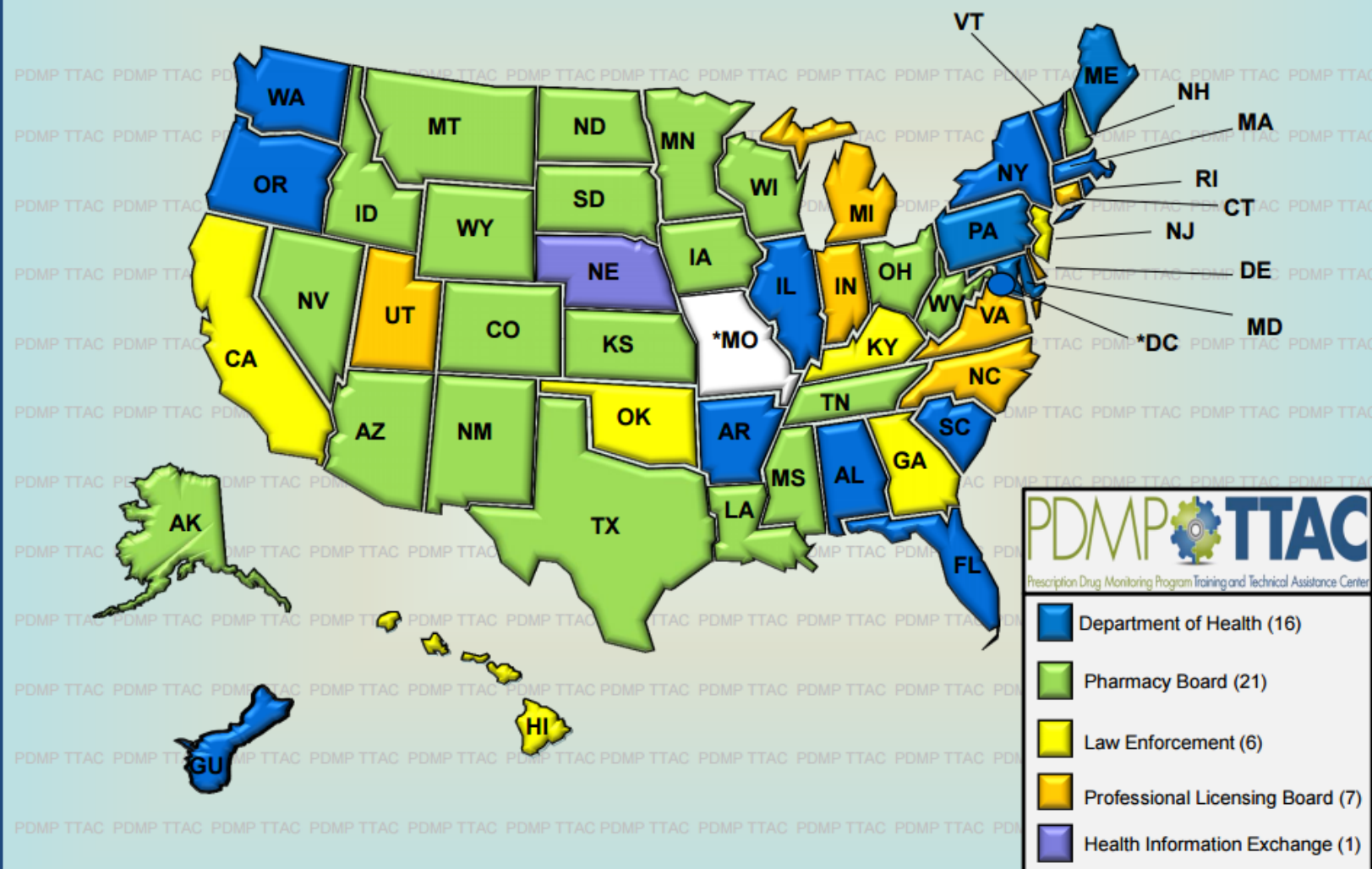


# Barriers Hinder Medicaid Access to PDMPs

- No access to PDMP
- Lack of funding
- Privacy concerns
- Lag time in data submission
- Access to timely data
- Prescribers not accessing PDMP
- No access to border state PDMP



# PDMP By Operating State Agency Type



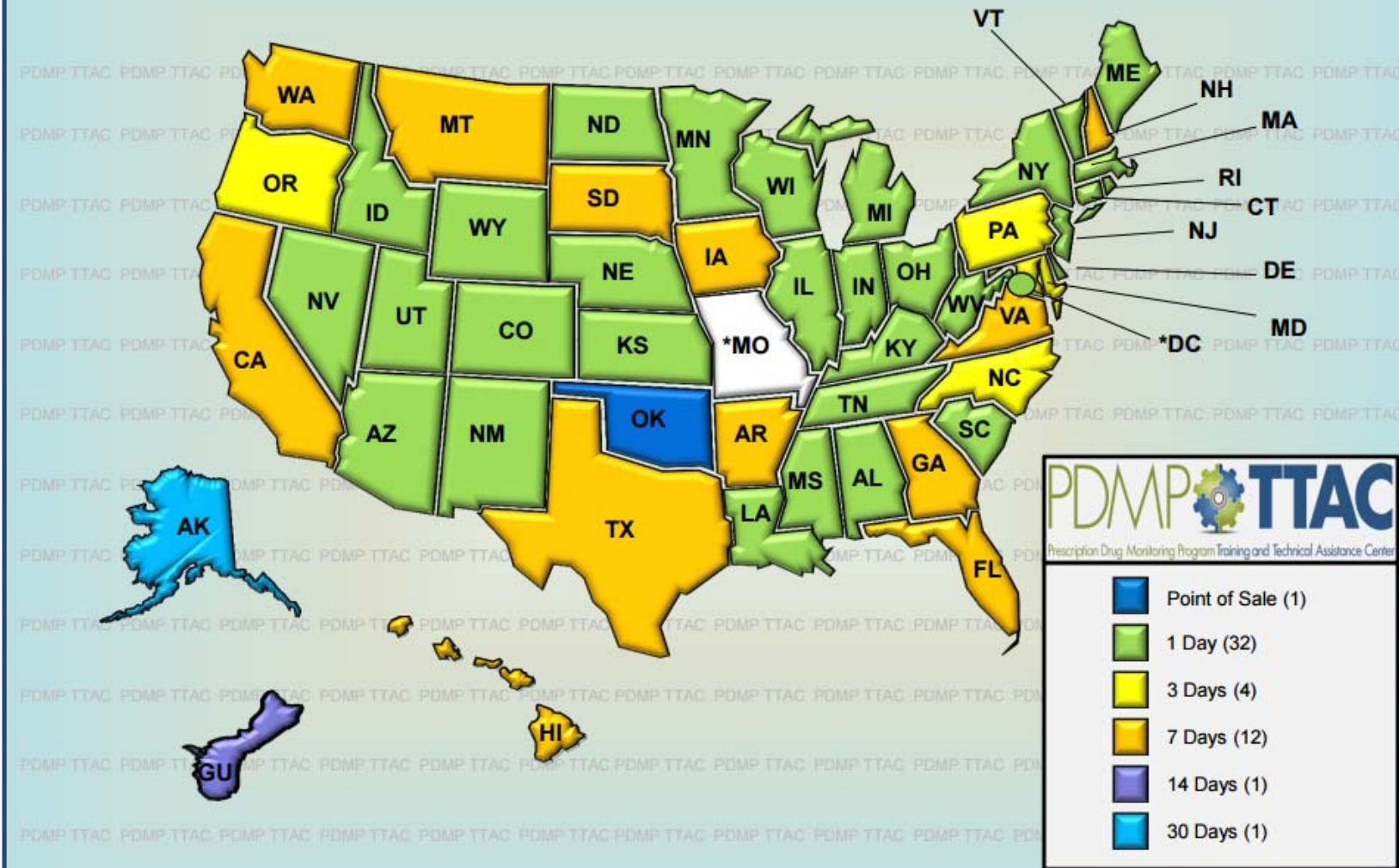
**PDMP TTAC**  
 Prescription Drug Monitoring Program Training and Technical Assistance Center

- Department of Health (16)
- Pharmacy Board (21)
- Law Enforcement (6)
- Professional Licensing Board (7)
- Health Information Exchange (1)

Research is current as of September 1, 2016 \* DC PDMP is not operational; Missouri does not have PDMP legislation



# PDMP Data Collection Frequency



Research is current as of July 1, 2016

\*DC PDMP is not operational; Missouri does not have PDMP legislation

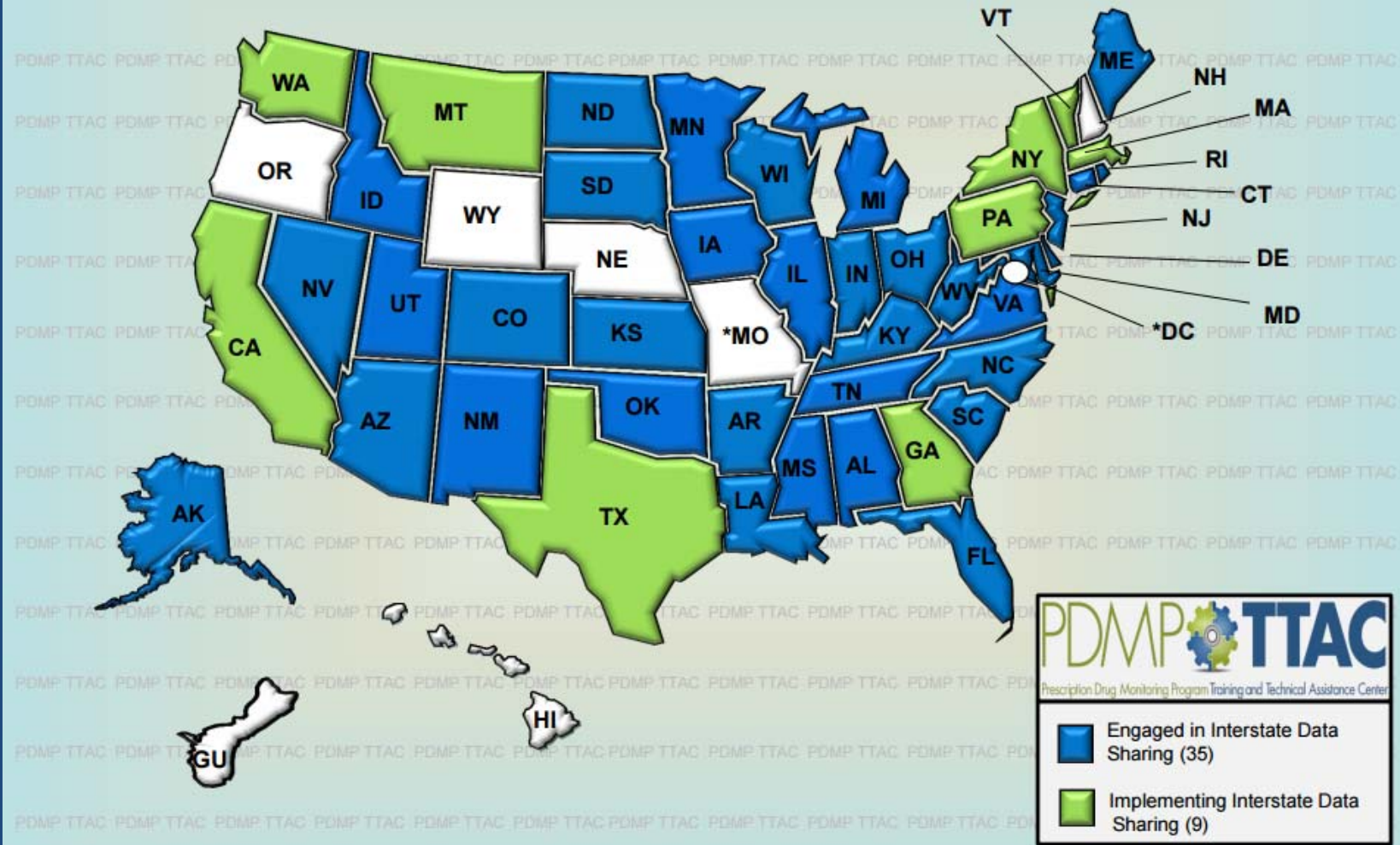
**PDMP TTAC**  
 Prescription Drug Monitoring Program Training and Technical Assistance Center

- Point of Sale (1)
- 1 Day (32)
- 3 Days (4)
- 7 Days (12)
- 14 Days (1)
- 30 Days (1)





# Interstate Data Sharing



Research is current as of March 10, 2016

\* DC PDMP is not operational; Missouri does not have PDMP legislation



## EMPAA | PDMP Data

- 46% of states have access to state PDMPs:  
Delaware, Maine, Maryland, Massachusetts,  
Vermont, West Virginia
- 38% of states require prescribers query PDMP:  
Delaware, Massachusetts, New York, Vermont,  
West Virginia



## EMPAA | PDMP Data (continued)

- 69% of states report barriers:  
Connecticut, Maryland, Massachusetts, New Hampshire, New Jersey, Pennsylvania, Rhode Island, Vermont, and Washington, D.C.





# Overcoming PDMP Barriers

- Share real-time information at the point of care through the use of existing, interoperable industry standards.
- Reduce burden on providers by incorporating drug abuse information within pharmacy and prescriber workflows
- Enable prescribers and pharmacists to make clinical decisions prior to writing and dispensing medications for proactive intervention
- Ensure access for patients with valid medical needs



# NCPDP PDMP Solution White Paper

- Strategic Action Group meeting on PDMPs held in Baltimore, MD, on October 18, 2012.
- Goals and Objectives were to identify the current and future issues and needs regarding PDMPs.
- At the request of the PDMP Strategic Action Group, a PDMP Task Group was formed in November 2012, with the initial task of developing a White Paper to:
  - Examine the problem;
  - Identify future needs; and
  - Recommend solutions for PDMP data access and role of NCPDP.

**White paper: NCPDP's Integrated, Interoperable Solution to Ensure Patient Safe Use of Controlled Substances (Revised 2016)**



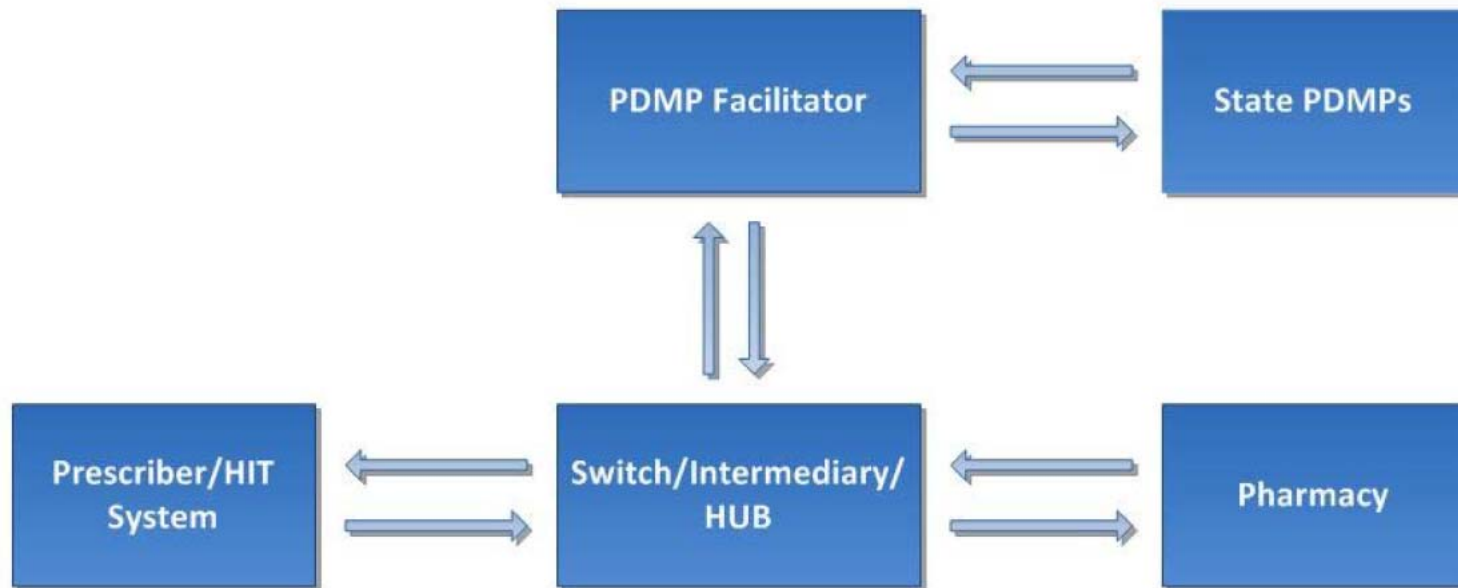
# Integrated workflow solution

- Pharmacy reports controlled substance dispensing in real time to PDMP Facilitator using Telecommunication Standard. [Currently done via separate batch process.]
- Prescriber/HIT System queries PDMP data from PDMP Facilitator at point of care using the SCRIPT Standard to make appropriate clinical decisions before the medication is prescribed.
- Pharmacy receives clinical alerts from PDMP Facilitator via the Telecommunication Standard during claim processing that PDMP data needs to be checked prior to dispensing.
- Pharmacy queries PDMP data from PDMP Facilitator at point of service using the SCRIPT Standard to enable appropriate clinical decisions before the medication is dispensed.



# Existing NCPDP industry standards

## NCPDP's PDMP Solution Transaction Flow



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# An Integrated, Interoperable Solution for PDMPs

Utilization of NCPDP's existing standards will enable healthcare providers to deter prescription drug abuse and ensure access for patients with a valid medical need before controlled substances are prescribed – using real-time alerts and responses.

- Sustainable, best practice, standards-based approach eliminates data silos and promotes interoperability
- Provides actionable and timely information to prescribers and pharmacists using existing workflows to ease adoption,
- Supports patient safety efforts to curb a public health crisis.



# PDMP vs. Lock-In Program

- Lock-In Program
  - Restricts beneficiaries to a single prescriber and a single pharmacy when obtaining controlled substances
  - Captures Medicaid claims data only
- PDMP
  - Continuity of care among providers
  - Captures full claims data



# Thank you!

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