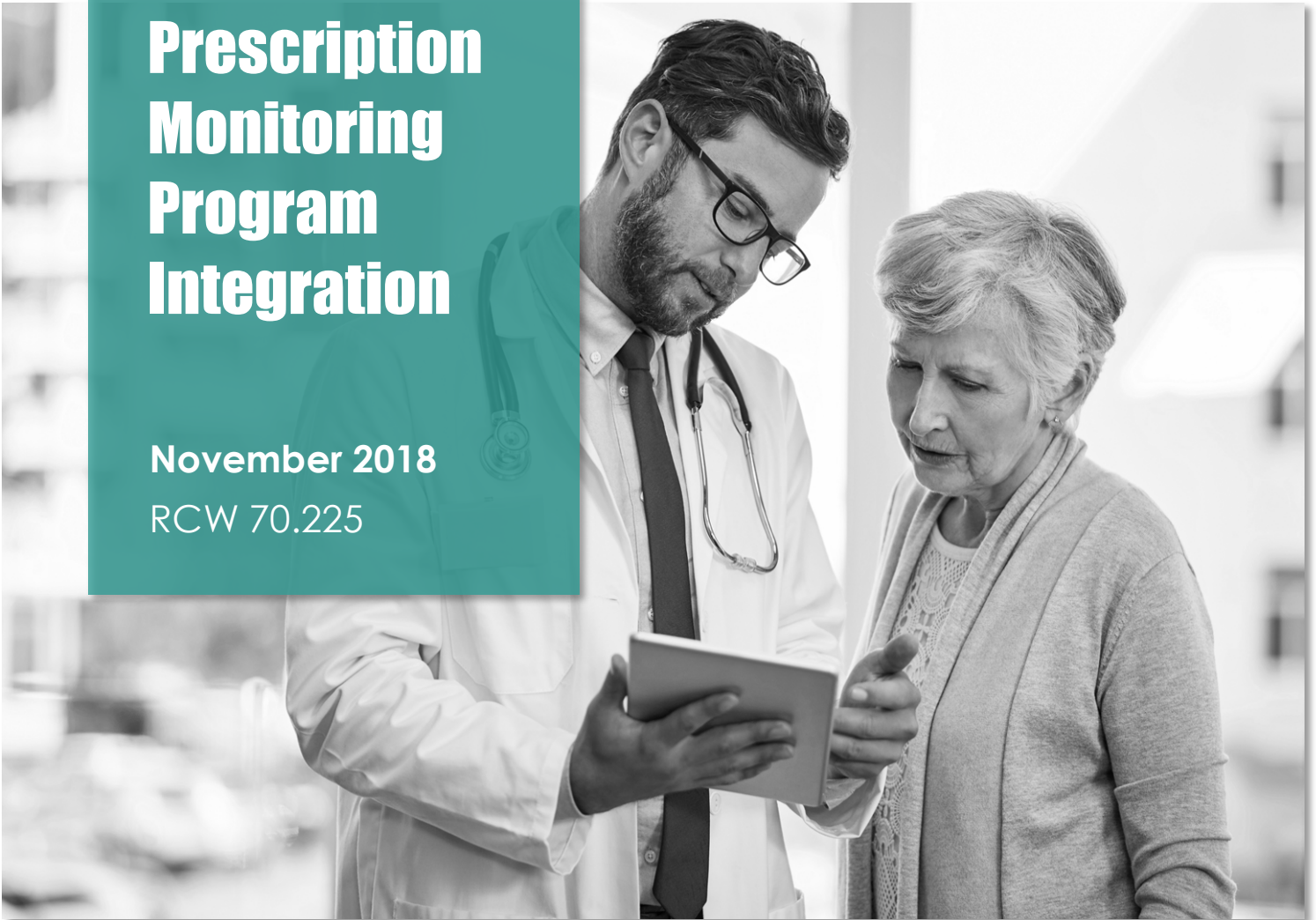Report to the Legislature

Prescription Monitoring Program Integration

November 2018

RCW 70.225

Prepared by
Health Systems Quality Assurance
Prescription Monitoring Program

Washington State Department of
Health

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John Wiesman, DrPH
Secretary of Health

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Executive Summary

Engrossed Substitute House Bill (ESHB) 1427 requires 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 (EHR) with the Prescription Monitoring Program (PMP) using the state Health Information Exchange (HIE).

As of July 15, 2018, 14 health care organizations, representing approximately 925 locations, have integrated PMP data into their EHR through the HIE. In addition, nine health organizations with approximately 256 locations began testing a connection between their EHR and the HIE.

Brief History

The purpose of the Prescription Monitoring Program (PMP) is to collect all records for controlled substances into a central repository and relay that information back to health care providers along with other entities to improve patient care and prevent drug misuse.

Washington implemented its PMP in October 2011. The following legislation and regulations have expanded health care provider access to the PMP:

- House Bill 2730 (2016 Legislative Session) added access to patient data for legend drug prescribers and extended PMP access to state-licensed health care facilities and provider groups;

- Engrossed Substitute House Bill 1427 (2017 Legislative Session) expanded PMP access to federal and tribal health care facilities through Washington's Health Information Exchange (HIE); and

- Engrossed Substitute House Bill 1427 also required boards and commissions that regulate health care providers with opioid prescriptive authority[1] to draft rules on opioid prescribing. The draft rules under consideration include the requirement to register for the PMP and check the PMP when prescribing opioids. HB 1427 requires the rules to be adopted by January 1, 2019.

The department has been working on improvements for easier use of the PMP. Surveys of health care providers indicate that having to log out of the EHR and log into a separate PMP portal to check a patient's prescription history is time-consuming and a barrier to use. If the PMP and the EHR are integrated, the provider can quickly access a patient's prescription history without having to leave the EHR. The department and others have taken these steps to promote and facilitate integration:

- Made PMP/HIE integration eligible for Meaningful Use (MU)[2], eligibility for future Promoting Interoperability incentives;
- Hired an Onboarding Coordinator to facilitate and assist health care organizations in connecting to the HIE;
- Worked with OneHealthPort, our state HIE, to improve query and response speeds;
- Provided education and outreach through department partners, such as the Washington State Hospital Association and Washington State Medical Association;

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[1] Washington Medical Commission, Board of Osteopathic Medicine and Surgery, Podiatric Medical Board, Dental Quality Assurance Commission, and Nursing Quality Assurance Commission
[2] Meaningful Use is a federal program for health care organizations incentivizing them to make better use of their EHR systems.

- Researched alternative funding sources for small and medium medical providers to enable further HIE integrations; and
- Worked with potential third-party integrators to provide expedited EHR/HIE integrations.

Data

EHR Integration

As of July 15, 2018, approximately[3] 925 locations have integrated PMP data into their EHR through Washington's HIE. These health care organizations are:

1. Collective Medical Technologies (emergency departments)
2. Valley Medical Center Renton
3. PTSO Community Health Centers
4. University of Washington
5. Kadlec Medical Center
6. Prosser Memorial Hospital
7. MultiCare
8. Kaiser Permanente WA
9. Kitsap Medical Group
10. Providence Medical Center
11. Olympic Medical Center
12. Everett Bone and Joint Center
13. Lincoln Hospital
14. The Vancouver Clinic

In addition, the following nine health care organizations with approximately 256 locations have initiated testing a connection between their EHR and the HIE:

1. Overlake Medical Center and Clinics
2. Evergreen Health
3. Virginia Mason Medical Center
4. Franciscan/Catholic Health Network
5. Yakima Valley Farm Workers Clinic
6. Jamestown Family Health Clinic (S'Klallam Tribe)
7. Confluence
8. Puyallup Tribal Health Authority
9. Everett Clinic

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[3] This information is difficult to precisely calculate; it is based on MU surveys as reported at a point in time, as well as PMP staff counting locations as available in ILRS (the department's licensing system) and on the organization's website. Once a system is live, a location that closes or opens is not tracked.

Queries

Prior to integration with EHRs in fall 2014, fewer than one million queries of the PMP were made each year. In July 2018, there were 1.5 million queries via the HIE alone in a single month. This 1.5 million queries for July 2018 does not include queries made in the individual provider accounts through Secure Access Washington (SAW) web portal because we are focusing on integration transactions between EHRs and the PMP in this report. Use of integration could save $1.5 million of providers' time statewide[4], compared to the time spent on the same number of queries through use of the web portal in 2017.[5]

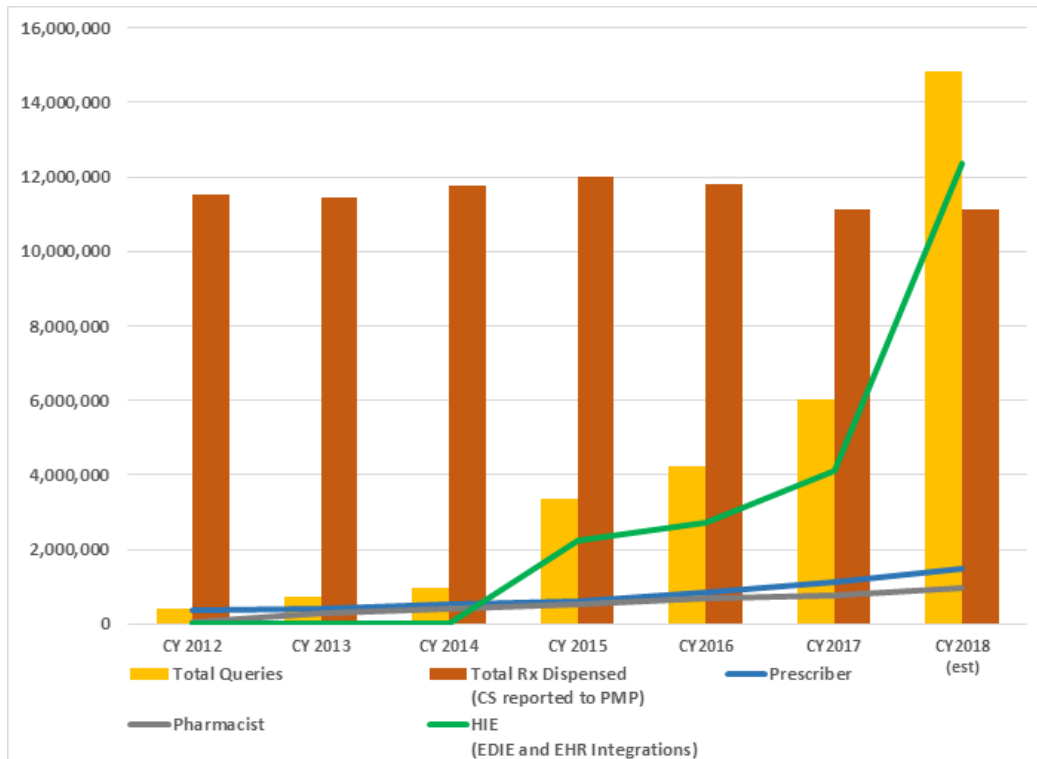Figure 1: PMP Prescriptions Dispensed and Queries by Calendar Year

Figure 1: Total queries represents the total combined queries from integrated HIE queries and queries made by individuals logging in via SAW. Total Rx Dispensed represents all reported prescriptions from pharmacies and prescribers. Prescriber represents queries made by medical providers in SAW. Pharmacist represents queries made by pharmacists in SAW. HIE represents the queries done in integrated EHRs as well as Emergency Department Information Exchange (EDIE) connected emergency departments.

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[4] Benson-Tilsen, Gilah. DOH PMP and EHR Integration Cost-Benefit Analysis (2018)
[5] These are the time savings using median salary for Washington-licensed health care registrants with the PMP who were still using SAW in 2017, based on the time costs of the queries made through SAW in 2017, compared to what the time costs would have been if those queries had been made through an integrated EHR.

Figure 2: 2018 Monthly Queries

	January	February	March	April	May	June	July	August	September	Total
PMP Request Total	461,979	397,270	700,542	919,980	1,500,525	1,548,399	1,694,175	1,779,916	1,872,497	**10,875,283**
PMP Response Total	459,434	397,102	700,441	919,665	1,500,490	1,548,412	1,694,175	1,779,916	1,872,441	**10,872,076**

Use of Health Information Exchange

The department facilitates EHR integration through the statewide HIE, OneHealthPort. The department provides initial technical implementation guidance and assistance, coordinates communications between information technology teams at the health organization and OneHealthPort, and assists in connection troubleshooting. Many health care providers currently utilize the HIE under requirements from Medicaid for their Managed Care Organizations. Features of the statewide HIE include:

- A single memorandum of understanding for protecting the data being transmitted;
- A single connection for the state and health care organization to exchange multiple data types; and
- An annual fee to each health care organization based on its revenue using a sliding scale.

For a complete and current list of organizations utilizing the Health Information Exchange see the webpage:

www.onehealthport.com/hie/participants.

Barriers to Integration

While integrating PMP data into the EHR clinical workflow is the most effective way to increase access and use of the data, some challenges remain:

1. **Security and Patient Privacy requirements**. The login for the PMP is complex and requires a two-step verification to meet federal and state requirements to safeguard protected health care information.[6]

2. **Cost**. There are three potential cost barriers to integration:

   a. EHR Vendor Cost: Depending on the size of the entity, the price charged by an EHR vendor for an HIE connection may be cost-prohibitive. Information gathered

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[6] The HIE to EHR integration meets all security and patient privacy requirements while greatly improving ease of access.

WASHINGTON STATE DEPARTMENT OF HEALTH
EHR integration with PMP status under ESHB 1427

from integration pilots done in other states indicates a potential range from $32,500 up to $111,877.[7]

b. Annual HIE Fee: Washington's HIE requires a flat annual charge under which a health care organization can exchange many different data types. The fees are structured in five ranges starting from $600 to $48,000 annually.[8]

c. Internal IT costs: Some health care organizations may lack the internal IT support needed to implement the updates.

3. **Prioritization**. With limited IT resources, work such as the PMP integration must be added to and prioritized with other technology work.

4. **EHR Vendor**. Some EHR vendors have not updated their systems to accept Washington PMP data.

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[7] DOH, HCA, and OneHealthPort continue to explore options for lowering HIE participation costs.

Next Steps

The department will continue to expand the utilization of the PMP and make improvements that will ease integration efforts in the future. The program will focus on three items:

1. Facilitating PMP onboarding of small to medium size health care providers that lack IT personnel and resources to independently connect to the HIE.

2. Identifying opportunities and partners to develop HIE connections for pharmacists and dental providers.

3. Facilitating data sharing across neighboring borders, especially in high drug trafficking density areas such as the I-5 corridor through standards-based interstate PMP data sharing.

Integrating the PMP with EHRs through the state HIE gives health care providers rapid access to prescription history data necessary for informed prescribing decisions. The department will continue to work with providers and facilities to improve access to the critical information provided by the PMP.