

Report to the Legislature

# Prescription Monitoring Program Integration

November 2020

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Health Systems Quality Assurance  
Prescription Monitoring Program





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For more information or additional copies of this report:

Health Systems Quality Assurance Division

Office of Health Professions

111 Israel Road S.E.

Tumwater, WA 98501

Phone: 360-236-4869

Fax: 360-236-2901

Email: [prescriptionmonitoring@doh.wa.gov](mailto:prescriptionmonitoring@doh.wa.gov)

**Report Author**

Sasha De Leon, MA, MSPH, MS



John Wiesman, DrPH

Secretary of Health

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## Executive Summary

[Engrossed Substitute House Bill 1427 \(Chapter 297, Laws of 2017\)](#) required 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).

Since the previous report, the department has activated connections with more states via both national PMP data-sharing hubs, RxCheck and PMPi. This expands access for opioid prescribers, allowing them to view patient prescription records in 38 other states and jurisdictions, including the Department of Defense. In Washington, 269 facilities, entities and provider groups now query the PMP through 57 integrated health care organizations (HCOs) using the state's HIE. In 2019, the PMP received 50 million data queries, with more than 90 percent of those queries passing through the HIE. The increase of health care organizations using EHRs integrated with the PMP has resulted in a dramatic expansion of PMP use by health care providers.

Work is also being completed on implementing the integration-related requirements of [Substitute Senate Bill 5380 \(SSB 5380\) \(Chapter 314, Laws of 2019\)](#). The department was charged with collaborating with health professionals, facility associations, vendors, and other stakeholders on a number of tasks. To date, the department has:

- Assessed the current status of integration;
- Identified ways to improve integration among small and rural health care facilities, offices, and clinics;
- Identified federal funding for integration;
- Provided an overview of how the department's process for performing security assessments of platforms for integrating the PMP with EHRs; and
- Assessed possible improvements to the PMP to give providers a way to delineate patient medication opt-out or patient overdose notifications.

In addition, the department continues to develop rules for a waiver process for the integration mandate in SSB 5380. Waivers will be granted on the basis of economic hardship, technological limitations not reasonably in the control of the facility, entity, office, or provider group, or other exceptional circumstances demonstrated by the facility, entity, office, or provider group.

## Washington State's Prescription Monitoring Program

The Washington State Prescription Monitoring Program (PMP) is an information technology (IT) system that collects dispensing records for Schedule II, III, IV and V drugs<sup>1</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>2</sup> Health care practitioners should use the PMP at every opportunity as they evaluate whether prescribing a controlled substance is medically necessary<sup>3</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 6,188,189 doses dispensed and has been steadily declining ever since. In 2019, 5,253,526 doses of scheduled II-V drugs were dispensed.

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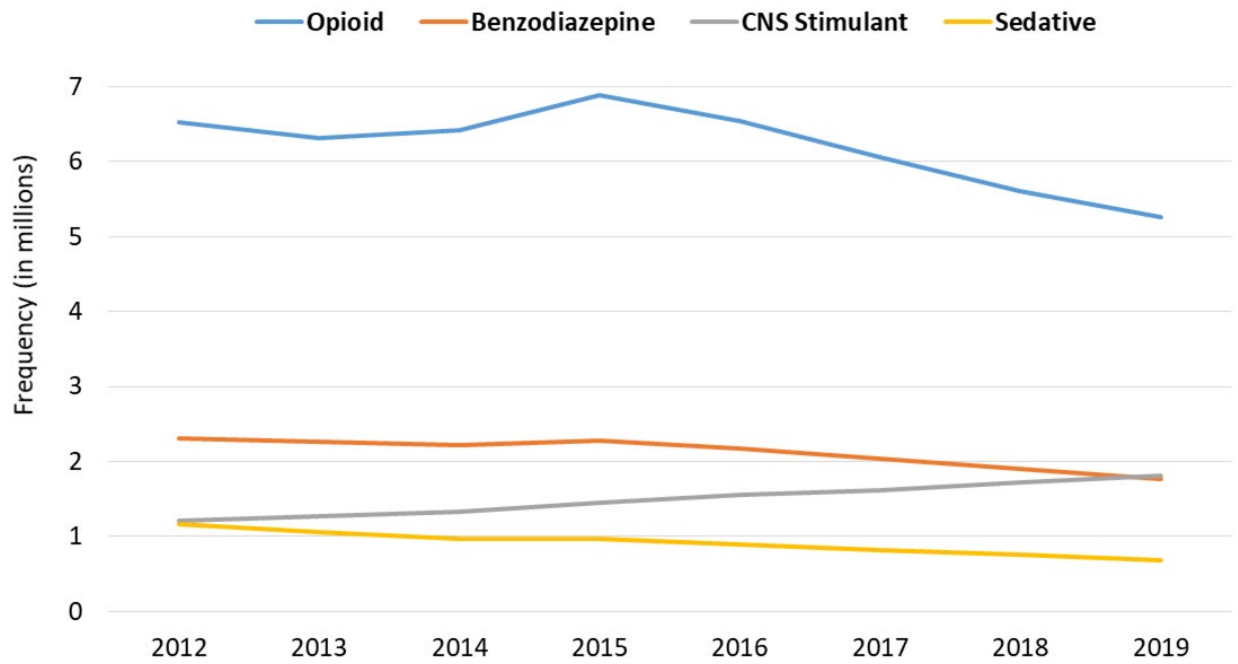
<sup>1</sup> The DEA defines scheduled drugs as “drugs...classified into 5 distinct categories or schedules depending upon the drug’s acceptable medical use and the drug’s abuse or dependency potential. Schedule V drugs represents the least potential for abuse.” Definition available at: <https://www.dea.gov/drug-scheduling>

<sup>2</sup> CDC’s Opioid Overdose website available at: <https://www.cdc.gov/drugoverdose/index.html>

<sup>3</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, 2012-2019<sup>4,5</sup>**



<sup>4</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>5</sup> CNS Stimulant – Central Nervous System Stimulant

## New Integration Requirements

The passage of Substitute Senate Bill 5380 (SSB 5380) (2019) added a number of integration-related requirements for the PMP. The department was charged with collaborating with health professionals, facility associations, vendors, and other stakeholders to:

- Conduct an assessment of the current status of integration;
- Provide recommendations for improving integration among small and rural health care facilities, offices, and clinics;
- Facilitate eligibility for federal grants, and establish a program to provide financial assistance to small and rural health care facilities and clinics with integration as funding is available, especially under federal programs;
- Conduct security assessments of other commonly used platforms for integrating PMP data with certified electronic health records (EHRs) for possible use in Washington; and
- Assess improvements to the PMP to establish a modality to identify patients who do not wish to receive opioid medications in a manner that allows an ordering or prescribing physician to be able to use the PMP to identify patients who do not wish to receive opioids or patients who have had an opioid-related overdose.

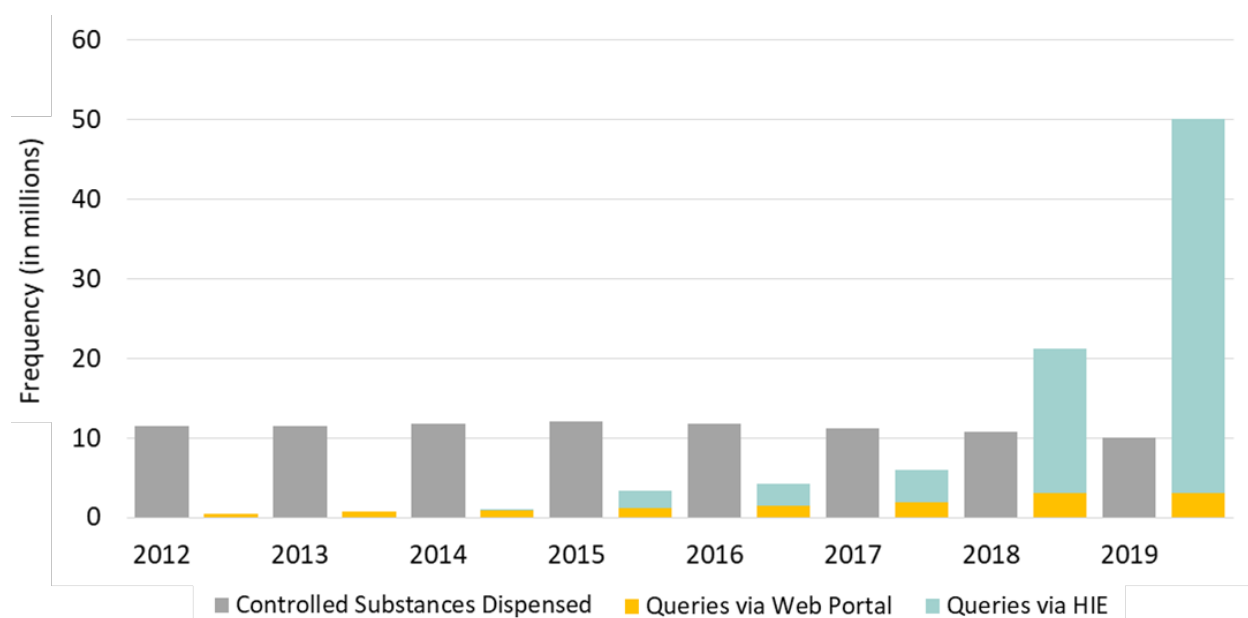
In addition, SSB 5380 mandated that facilities, entities, offices, or provider groups with 10 or more prescribers (excluding critical access hospitals) that use a federally certified EHR system must demonstrate that the EHR can fully integrate data with the PMP. As directed by the legislation, the department is developing a process for health care entities to request a waiver to the integration requirement based on economic hardship, technological limitations not reasonably in the control of the facility, entity, office, or provider group, or other exceptional circumstances demonstrated by the facility, entity, office, or provider group.

## 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>6</sup> presentation of patient PMP data within the EHR.

In Washington state, the state’s Health Information Exchange (HIE) facilitates EHR-PMP integrations. As of June 2020, 269 facilities, entities and provider groups query the PMP through 57 integrated health care organizations (HCO). Between the expanding integrated pathways for querying the PMP, and new board and commission rules requiring providers to check the PMP before prescribing opioids, there has been a dramatic increase in PMP data queries, specifically through the HIE (Figure 2). In 2019, the PMP received 50 million data queries, with more than 90 percent of those queries passing through the HIE.

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



<sup>6</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.



## SSB 5380 Implementation

Section 22(1) of SSB 5380 required the department to collaborate with health professional and facility associations, vendors, and others on five tasks. Between September 2019 and February 2020, the department held four stakeholder workgroups. These workgroups included Washington's PMP vendor and other integration vendors, health care associations representing providers who prescribe opioids, University of Washington (UW) and COMAGINE,<sup>8</sup> and other stakeholders.

### ***Task 1 – Status of integration***

In the first workgroup meeting, held on September 27, 2019, PMP staff members and staff members from OneHealthPort, the state's HIE provider, presented on the status of integration for users across the state. To date, 269 facilities, entities and provider groups query the PMP through 57 integrated health care organizations (HCO), accounting for about 80 percent of users across the state.

The department is collaborating with UW and COMAGINE (formerly Qualis Health) to provide technical assistance on PMP/EHR integration to small and rural health care providers. Their work also includes a review of the national landscape of barriers and facilitators to PMP implementation, a survey of smaller and rural health care providers about barriers to integrating their EHR with the PMP, and evaluation of the state's opioid dashboards.

UW and COMAGINE presented on the project's methodology and gave an overview of the national experience of PMP integration. These initial state-by-state comparisons of the experience of PMP integration found large variations in integration status and legislative mandates across the country. They also found that evaluation of integration implementation is hampered by a lack of baseline data, inconsistent effectiveness measures, short-term follow-up, and reliance on self-reported outcomes.

Specifically for Washington state, the UW/COMAGINE project team found that for smaller practices operating with limited resources, the major challenge to both the decision to integrate and completing the process was cost. Minor challenges include inter-jurisdictional data sharing and lack of confidence in PMP data due to issues such as patient-matching inaccuracies.

The University of Washington and COMAGINE's report is not finished as of this writing; a complete analysis, as well as PMP's plans to address the challenges identified by the project team, will be included in the 2021 update to the Governor's Office and legislature.

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<sup>8</sup>UW and COMAGINE (formerly Qualis Health) partnered with the PMP to provide technical assistance for small and rural health care providers on EHR-PMP integration.

### ***Task 2 – Recommendations for improving integrations***

This task was also discussed in the first workgroup meeting. In total, 86 small and rural practices across the state have received technical assistance from UW and COMAGINE related to PMP integration. The project team also initiated communication with Indian Health Service (IHS) to begin discussing integration solutions for tribal health clinics associated with the IHS organization. The department and stakeholders discussed possible improvements. The department is in the process of reviewing these potential solutions. The work for this task is ongoing, and will continue throughout 2020 and 2021.

### ***Task 3 – Identifying federal grants to assist facilities with integration***

The second stakeholder workgroup was held on November 1, 2019, with a focus on identifying federal grants that may assist small and rural facilities achieve integration. The workgroup requested a follow-up discussion, which was held in February 2020. The department identified a federal grant opportunity related to integration offered by the U.S. Department of Justice, Bureau for Justice Assistance. The department proposed applying for the grant in partnership with several provider associations, with the associations in the role of managing the grant activities. However, the associations determined that management of the grant would be too onerous for them at that time. The department is committed to continue working with stakeholders to identify other potential grants that may provide funding for integration.

### ***Task 4 – Security assessments of commonly used platforms***

The lead IT security officer for the department attended the second workgroup and gave a presentation of how the department performs security assessments. To date, the department has conducted one full and four partial security assessments<sup>9</sup> on solutions for different parts of the integration workflow. All of the solutions were found to meet applicable security requirements.

### ***Task 5 – Assessing ways to identify patients for medication opt-out or overdose events***

The third workgroup meeting, on December 6, 2019, focused on possible ways to enhance the PMP to give ordering and prescribing physicians the ability to document in the system a patient request not to receive opioid medications. The workgroup also discussed ways to enhance the PMP to signal that a patient has experienced an opioid-related overdose.

As a result of the discussion, the department has identified an add-on solution to the existing PMP platform that provides a “notes” feature that can be accessed by the patient’s primary physician and viewed by any other physicians who saw the same patient. The department is

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<sup>9</sup> A full security assessment occurs when a software package fully integrates with a state system such as the PMP. Software packages that do not directly connect to state systems receive a less intensive partial security assessment.

working with the PMP vendor to more fully evaluate the costs and requirements of the add-on solution.

### ***Section 22(2) and Integration Waivers***

SSB 5380, Section 22(2) mandated most<sup>10</sup> facilities, entities, offices, or provider groups, with 10 or more prescribers, to fully integrate their EHRs with the PMP by January 1, 2021. The bill 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 on the basis of economic hardship, technical limitations, or other special circumstances. The department has filed a CR-101, prepared initial drafts of rule language, and has held multiple stakeholder workshops to gather input on the impacts of the proposed rule.

In April 2020, due to the burdens placed on health care entities under the exceptional circumstances of the COVID-19 emergency, the secretary of health exercised his authority under RCW 70.225.090(2)(b) to grant a nine-month waiver from complying with the integration requirements of RCW 70.225.090(2)(a) to all facilities, entities, offices, and provider groups that are subject to the requirements. This waiver will expire on September 30, 2021. The secretary granted this waiver prior to completion of the rules in order to allow health care providers to focus on patient care and emergency response during the COVID-19 pandemic.

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<sup>10</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.

## System 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 included an option to migrate the PMP system from RxSentry<sup>11</sup> to Appriss' AWARe platform. The upgrade was a key step forward for the PMP. RxSentry was a legacy IT system that no longer is in use nationally, while the AWARe system is used in 43 jurisdictions in the U.S.

On May 5, 2020, Washington state went live with the upgraded PMP AWARe platform. AWARe is considered the industry standard for PMP solutions. It 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.

## Plans for Integration Optimization

Substitute Senate Bill 5380 (2019) contains a number of integration-related requirements where the department's efforts are ongoing:

- Developing a process for prioritizing requests for security assessments of third-party additional EHR-PMP system integrations;
- Improving PMP system capabilities to allow health care practitioners to easily identify patients who do not want to receive opioids or those who may have had a previous overdose; and
- Assisting facilities, entities, offices, or provider groups with 10 or more prescribers to fully integrating their EHRs with the PMP or obtain an integration exemption<sup>12</sup> through a waiver.<sup>13</sup>

The department will continue to work collaboratively with stakeholders and partners to develop solutions to promote provider integration. Future annual reports will document the department's progress on these and other system enhancements.

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<sup>11</sup> Appriss no longer supports RxSentry, and Washington was the last state using this platform.

<sup>12</sup> Due to economic hardships, technical limitations or other special circumstance.

<sup>13</sup> Currently under development.



