

Colorado Consortium for Prescription Drug Abuse Prevention

PDMP Work Group Meeting Minutes

January 10, 2019 - School of Pharmacy & by GoToMeeting

Present:

Jason Hoppe, DO (Co-chair) University of Colorado
Nathan Batchelder, (Co-chair) DORA
Colin Benjamin, DORA
Katie Olson, CDPHE
Andres Guerrero, CDPHE
Nagy Ramzy, Retired Pharmacist
Maria Butler, CDPHE
Scott Brasselero, Crossroads Turning Points
Carrie Paykoc, State Health IT Coordinator
Erin Ferries, MPH, Humana
Marjorie Zimdars-Orthman, Lay Person
Justin Aubert, Quality Health Network
Rob Valuck, Consortium
Tyler Payne, Consortium
Whit Oyler, Consortium
Rosemarie MacDowell, Consortium

Absent: Chris Gassen, DORA; Marta Brooks, Pharmacist; Melanie Snyder, Attorney General's Office; Janet VanOsterbridge; Mary Brown, Quality Health Network (retired); Cheryl Hara, Center for Personalized Education for Physicians; Kristi Mihok, Walgreens; Robert Lodge, Department of Health Care Policy & Financing; Gregg Hanson, Walgreens; Brett Kessler, Colorado Dental Association; Laura Borgelt, UC School of Pharmacy; Janetta Iwanicki, Rocky Mountain Poison & Drug Center; Joe Liber, Kmart and ADMHN Pharmacy; Wendy Anderson, Consultant, Affiliated Monitors, Inc.; Sen. John Kefalas, Colorado Senate; Rep. Dianne Primavera, Colorado House of Representatives; Jennifer Ziouras, MD, Kaiser Permanente; Judy Margolis, MD; Dawn Fosket, Lay Person; Michelle Mack, Express Scripts; Katy Brown, Telligen; Kevin Vanderveen, MD, Kaiser Permanente; Hayes Veeneman, Lay Person; Robert Perry, MD; Marc Lassaux, QHN; Kara Leach, MD; Timothy Rodgers, MD, Rocky Mountain Senior Care; Edie Son, Pinnacol; Kara Leach, MD; Tom Denberg, MD, Pinnacol; Helen Harris, El Paso County Public Health; Denver, Pinnacol; Jose Tomas Prieto, Denver Health; Heather Deis, Denver Health; Maria Butler, CDPHE; Lawrence Wall, Jr., Wall Consulting; Stephanie Stewart, UC Denver; Michael Davidson, Consortium; Eileen Forlenza, State Government/Arizona, Colorado, New Mexico, Wyoming; John Turtle, Pharmacist; Will Swann, MPA, PhD, UC Denver; Mark Davis, MPA, PhD, West Chester University; Lina Brou, UC Denver; Qing Li, Epidemiologist; Will Swann, UC Denver; Katie Olson, CDPHE; Andres Guerrero, CDPHE; Elizabeth S. Grace, MD, Center for Personalized Education for Physicians; Barbara Gabella, CDPHE; Susanna Cooper, Consortium; Jessica Eaddy, Consortium; Jefferey Riester, DORA Legislative Liaison; Bernadette Albanese, MD; Gina Olberding, Consortium; Kate Horle, CORHIO; Terri Schreiber, Schreiber Consulting; Lindsey Myers, CDPHE; Allison Rosenthal, CDPHE

Co-Chair Jason Hoppe called the meeting to order at 3:35 p.m.

A motion was made to approve the November 2018 work group meeting minutes. Motion passed.

Marjorie Zimdars-Orthmann asked for clarification of the following, which appears in the first paragraph of the November minutes: “Any additions to the PDMP require a statutory change in order for DORA to be able to administer regulatory actions. Enforcement tools require prescriber registration.” She asked if the additions meant drugs or database fields. Jason indicated that the reference was to listed drugs, but not necessarily fields. Discussions are ongoing regarding other drugs to include, i.e. medications dispensed in doctors’ offices or subcutaneous methadone. Other items under discussion include coroner access and password improvements. Marjorie also mentioned drug listings related to palliative care. Palliative care has been exempted from policies.

2019 Goals Discussion:

Tyler Payne discussed the new strategy management system, which includes work group objectives and measures progress towards reaching objectives. Once objectives are determined by the work group, Tyler will set up measurements to track progress. These objectives will become part of an overall Consortium-wide strategy map.

Jason asked work group members for comments regarding areas for the work group to explore. He suggested including potential legislative proposals. He also provided a brief summary of past work, i.e., funding of the PDMP, increasing PDMP access, mandatory registration, delegate access, health system integration, provider scorecards, high-risk patient follow up. Jason suggested that another work group objective should be to make data more accessible.

Nathan Batchelder discussed DORA’s annual report to the legislature. DORA’s executive director asked the PDMP Work Group to provide input to this report. Last year’s input included utilization rates and information regarding scorecards. This year’s request is related to PDMP utilization metrics, best practices, and integration cost effectiveness.

Nathan introduced Colin Benjamin, who recently joined DORA. Colin will be assuming the role of PDMP Work Group Co-chair. Colin provided committee members with a brief history of his background. Colin was Director of the Office of Professional Regulation for the State of Vermont. The office had oversight for 55 different professions, including opioid prescribing policies within the professions. Vermont’s PDMP is housed within the Department of Health rather than the Board of Pharmacy. Colin mentioned that he has been working with Carrie Paykoc and others regarding integration and is very interested in technology structure and how it fits with other health information exchange structures in the state. He and Jason will be meeting soon. Jason mentioned that CDPHE does have access to PDMP data.

Carrie Paykoc, with the Governor’s Office of eHealth Innovation, explained the role of the health information exchanges in providing information to providers and patients. The eHealth Commission has been exploring avenues to support DORA in making decisions about integration and how it can be funded. Carrie is interested in continuing to collaborate with the work group on strategies for policies and projects.

Work group members discussed past funding, which has been obtained from provider licensing fees. Carrie provided an overview of potential funding opportunities in collaboration with DORA, including an overview of Section 5042 of the SUPPORT Act, bipartisan legislation to address the opioid public health

crisis. There are funding opportunities available through the Centers for Medicare and Medicaid. Carrie and Nathan have discussed the possibility of leveraging Medicaid funding and how funds can be used over the long term for sustainability. Funds are also available through the recent federal legislation to implement a prescription drug monitoring program and fund broad integration. She reviewed the preliminary requirements involved in obtaining funding.

The SUPPORT Act adds a provision to the SS Act, Section 1944, which lists the following:

- Beginning October 2, 2021, providers will be required to check PDMPs for a drug history before prescribing controlled substances.
- 100% Federal Financial Participation (FFP) will be offered when certain conditions are met for the design, development, and implementation of qualified PDMPs.
- In order to meet the terms for “qualified,” CMS will issue additional guidance; however, states should look at previous state medical director letters on reuse, health information exchange, and OUD/SUD technology issues.
- States should consider their role in facilitating data use agreements and access between the multitude of key stakeholders statewide.
- States must honor CMS’s other existing MMIS/MITA principles concerning reuse, licensing, and general government efficiency. Multi-state partnerships and leveraging previous or existing efforts will receive priority attention.
- There is nothing preventing states from submitting Advanced Planning Documents prior to the guidance.
- There is a requirement for a plan to integrate PDMP data into health information exchanges and to allow for interoperability with HIEs, public health agencies, and human services programs.

A discussion was held regarding how the above impacts the work group’s integration goals. Jason indicated that it would be beneficial to have the HIEs connected to the PDMP. A quarter of Colorado’s hospital admissions and ED visits are not processed through HIEs. St. Mary’s currently has a pilot program with QHN. The largest barrier to integration concerns funding. CDPHE has been looking into different mechanisms.

CDPHE Project Updates:

Katie Olson discussed the three existing integration categories: UCH Epic (the PDMP is directly included in the EHR), HIE integration (a collaboration between CDPHE and QHN on the western slope), and CORHIO on the front range. QHN is integrated with St Mary’s, where the HIE is also included in the EHR. CORHIO does not have a single sign-on capability. The HIEs are expanding. Katie will prepare updates on locations and providers for the March work group meeting. Evaluation surveys are currently being

disseminated. She will also prepare provider comment survey updates within the next several months. Opi-Safe is another integration system. It is a desktop application that can be integrated into the EHR. Opi-Safe is also expanding rapidly, including Denver Health, Children's Hospital, Valley View Hospital, and others. All integrations have been up and running over six months and are now moving into the evaluation stage.

Report cards are still being sent quarterly. CDPHE and DORA are exploring the possibility of a facility-level report card and additional user activity data sets along with dispensing data sets. New Mexico already has this system in place, and it is linked to dispensing data sets. Search and provider information can be made available within the data sets (user role and user specialty).

Colin asked for a brief explanation of Opi-Safe. Rob Valuck explained that Opi-Safe is software sold to physicians for their use in credential management and PDMP querying. It provides decision support for physicians prescribing opioids for acute, chronic pain, and MAT. Opi-Safe is a cloud-based system. The application queries the PDMP. Toxicology lab data from 17 different participating toxicology labs is also integrated into the software. It also collects data directly from patients. Patients can report pain, anxiety, depression, side effects, and various quality of life measures to provide providers with a dashboard of patient information. The system is fully HIPPA compliant. Carrie asked Rob to provide her with additional information regarding Appriss and the Opi-Safe ap.

Colorado Data Profiles Update:

Jason presented slides of drug overdose rates in Colorado from 2000 to 2017 and Prescription Rates for Select Drug Classes from 2014 to 2017 (copies attached). Opioids and stimulants continue to climb, including the use of methamphetamines. Prescription rates for select drug classes show an increase in both heroin and fentanyl. Prescription rates have decreased, which reflects similar activity nationwide.

Adjournment and Next Meeting:

The meeting adjourned at 4:31 p.m. The next meeting will be held on Thursday, March 14th from 3:30 – 4:30 p.m. in SSPPS Room 3001 and by GoToMeeting.

Attachments: Colorado Data Profile Slides