Colorado Consortium for Prescription Drug Abuse Prevention

PDMP Work Group Meeting Minutes

March 14, 2019 - School of Pharmacy & by GoToMeeting

Present:
Jason Hoppe, DO (Co-chair) University of Colorado
Colin Benjamin, (Co-chair) DORA
Katie Olson, CDPHE
Allison Rosenthal, CDPHE
Maria Butler, CDPHE
Marjorie Zimdars-Orthman, Community Member
Tracy Cruz, AmeriCorps
Gina Olberding, Consortium
Tyler Payne, Consortium
Rosemarie MacDowell, Consortium
Absent: Chris Gassen, DORA; Marta Brooks, Pharmacist; 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, Community Member; Michelle Mack, Express Scripts; Katy Brown, Telligen; Kevin Vanderveen, MD, Kaiser Permanente; Hayes Veeneman, Community Member; 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; 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; 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; Kate Horle, CORHIO; Terri Schreiber, Schreiber Consulting; Lindsey Myers, CDPHE; Andres Guerrero, CDPHE; Nagy Ramzy, Retired Pharmacist; Scott Brasselero, Crossroads Turning Points; Carrie Paykoc, State Health IT Coordinator; Erin Ferries, MPH, Humana; Justin Aubert, Quality Health Network; Rob Valuck, Consortium; Whit Oyler, Consortium

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

A motion was made to approve the January 2019 work group meeting minutes. Motion passed.

Strategy Management System/Work Group Objectives:

Tyler Payne reviewed the objectives of the strategy management system as it pertains to the PDMP Work Group. The following work group objectives have been identified:

1. Increase PDMP data accessibility and public health applicability
2. Explore potential funding sources to help drive PDMP integration and evaluation
3. Assist in crafting legislation to improve upon PDMP access and usability relative to best practices
4. Revise the PDMP utilization calculation methodology and resulting data
5. Refocus the PDMP strategic goal on integration metrics rather than utilization data
6. Explore securing a connection with an alternative interstate data hub
7. Partner with and act as sounding board for the new strategic inter-agency policy sub-group

Each Consortium work group has its own set of objectives and future goals. The management system is designed to track the accomplishment of these objectives and goals. Tyler cited the objectives of the Safe Disposal Work Group to explain strategy mapping and evaluation. Jason Hoppe suggested that separating goals into actionable steps could help maintain momentum. Tyler expects to present an overview of the strategy map for every Consortium work group at the April Coordinating Committee meeting.

PDMP Work Group Objectives - Comments:

Objective 1: Jason explained that this objective is an extension of the work being done by Maria Butler. Data privacy remains a concern, as does the manner in which the PMP is accessed. Maria and Katie Olson indicated that they are not aware of any updates to search data sets. Allison Rosenthal mentioned upcoming CDPHE data linkage projects that could add to measurability. These projects are still in the planning stages.

Objective 2 and 6: Katie has been working on PDMP integration evaluation, which has included collaboration with Jason's BJA grant project. Jason said he continues to support this work. There may be another grant forthcoming. Colin Benjamin pointed out that this objective also relates to others, i.e., integration is connected to the next round of CDC funding and the alternate interstate data hub, which could potentially have an enormous affect on integration potential.

Katie mentioned special BJA hub connection conditions in the CDC grant funding request that must be met before funding is awarded. The use of federal funds will not be allowed for data queries in other states. Colin further explained that there is no cost associated with the hub utilization as it is intended to be a "low cost" solution for interoperability between states The CDC is trying to increase the capacity of states to communicate with non-Appriss states through the Rx Check Hub. EHR's will be able to integrate through the Rx Check Hub. Colin indicated that he does not see any issues with capacity. States have easily established a connection. Katie said she thought approximately $200,000 would be available for connection costs and that institutions could access the Rx Check Hub, but individual providers may not be able to log in. The hub is intended to share inter-state data regardless of the state's vendor. Jason mentioned that one of the past limitations to inter-state sharing was related to

the reciprocity of each state's PDMP law. Colin said a Memorandum of Understanding regarding rules and security will be required between the states sharing the hub. He is still looking into the technical aspects involved. He said that Washington State's HIE is directly connected to Rx Check. Washington State has a centralized HIE. His department is reviewing existing Gateway agreements. He will have more information available once the review is completed.

Objective 3: The work group has focused on legislative matters in the past, including PDMP delegates and CDPHE data sets. Discussions have also been held regarding the legislative authority to modify PDMP medications and coroner access. Jason suggested putting together a timeline for legislative issues, with assistance from DORA. Jason said he would put together a list of potential legislative changes. Allison Rosenthal will also assist with coroner access.

Objective 4: Revising methodology and background data for the PDMP utilization calculation can be used to measure the impact of legislative changes, integration, unsolicited reports, and provider report cards. The data considered number of searches per filled prescription, which is likely not accurate. Once integration occurred, it was found that searches were artificially inflated (i.e., the university reported 4,000 searches one month and 200,000 searches the following month). Colin agreed that just one prescription could generate multiple queries, resulting in inflated figures. The number of queries could also change depending upon the clinical situation (i.e., a provider who is very familiar with a patient). Colin suggested that the scope of this work should involve CDPHE guidance. Jason said he is more interested in the accuracy of utilization than the overcounts.

There are no accurate measurements of how utilization has changed over time. Colin pointed out that different integrated systems are not set up to access the data in the same manner and pharmacies also have different in-house protocols. Walmart, for instance, requires detailed summaries at a much higher rate. These differences have an impact on consistency. Maria said she would look back at her notes from several years ago regarding utilization experiences in other states. Colin said Appriss has been asked about a direct link between search data and the prescription data structures (which are currently segregated) and if a report could be generated. Apparently, a report of this type is expensive and difficult to produce (Katie disagreed). It would be beneficial to have a system that could deliver this information. Jason suggested that Colin look into this further.

Objective 5: Colin felt that the target for utilization should simply be how many are accessing the PDMP through an integrated system. He pointed out that every pharmacist at Kroger is counted as one number for integration purposes and yet others require individual counts. Integrations are not counted in a consistent way. He suggested the focus should be on the number of connections.

Objective 7: This objective includes partnering with the new strategic inter-agency policy sub-group that will report to and leverage the PDMP Work Group as a sounding board for strategy recommendations, scope of work, planning, and funding and also leverage the eHealth Commission for higher-level strategic input. The policy sub-group is currently discussing and prioritizing the issue of Rx Check connectivity and will soon be making a recommendation regarding its appropriateness. Colin said that Carrie Paykoc started this inter-agency sub-group in order to establish a common vision for the future of the PDMP. The group is comprised of the PDMP Work Group, the Coordinating Committee, and the

eHealth Commission. The OIT lead at DORA is not that familiar with HIE design and issues. Colin said the right people need to be working through some of the strategic issues such as Rx Check. He said a meeting with Appriss is being scheduled to discuss Rx Check issue. They are also investigating other technologies. Jason suggested Katie as a resource since she has worked with QHN on integration issues in the past. There may also be funding sources available.

Tyler addressed the time frame for achieving the work group goals. Some goals can be combined or put in the background, if necessary. Both Jason and Colin agreed that the objectives related to the Rx Check alternate hub issue should remain a separate priority. Colin would like to hold a separate meeting to discuss Rx Check as a top priority since it is part of the CDC grant application. Jason and Colin will discuss this further off line before any requests are made to Appriss.

Jason will prioritize the strategic goals. The update will be emailed with the meeting minutes.

Adjournment and Next Meeting:

The meeting adjourned at 4:30 p.m. The next meeting will be held on Thursday, May 9th from 3:30 – 4:30 p.m. in SSPPS Room 3001 and by GoToMeeting.