OD2A Innovative Surveillance Community of Practice

Linkage to Care Surveillance (LTC) Workgroup: CDC Prescription Drug Monitoring Program Overview

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Division of Overdose Prevention

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

Division of Overdose Prevention Strategies

Health Systems Interventions

- Electronic health records (EHR) and PDMP (prescription drug monitoring program) data integration
- Clinical quality improvement and care coordination
- Clinical decision support (CDS) tools embedded into EHRs

Prescription Drug Monitoring Programs (PDMPs)

- State run databases
- Pharmacies submit dispensing information on controlled substance prescriptions to each states' centralized database
- Operating agency varies

PDMPs Continued

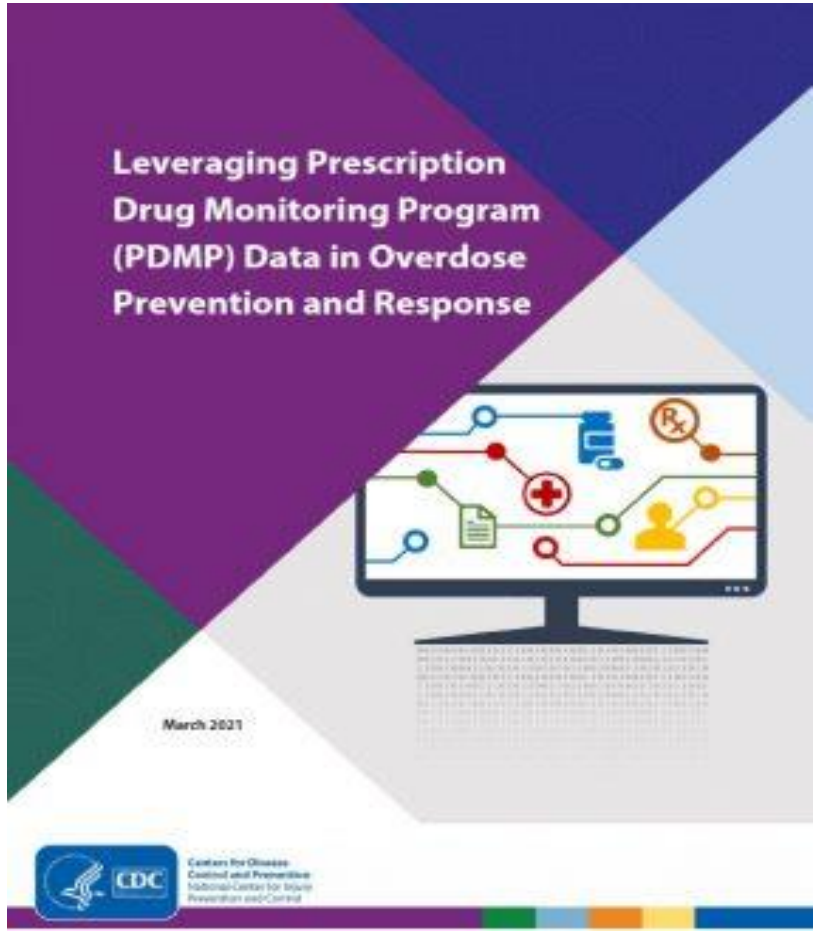
+ **Enhancing the utility of PDMPs as a form of public health surveillance and as a clinical decision-making tool includes:**
  - Universal use
  - More timely reporting
  - Actively managed
  - Easy to use and access

https://www.cdc.gov/drugoverdose/pdmp/index.html

PDMP Data and Uses

- **Data**
  - Prescription: date, medication, dose, quantity
  - Clinician, pharmacy, location, patient age, gender, ID, controlled substance prescription history
- **Uses**
  - Clinicians check for concurrent prescriptions or clinicians by patient
  - Identify patterns and potentially concerning activity – multiple prescribing episodes, multiple prescriptions
  - Analytic: epidemiologic studies and surveillance – early warning about changes in prescribing patterns by geographic area

PDMP Data Access



- **This new resource provides key information to OD2A recipients, PDMP administrators, state and local departments of health, healthcare system executives, clinicians, state and local policymakers, and public safety officials about:**
  - PDMP history,
  - why access to PDMP data is important,
  - considerations for increasing access to and utilization of PDMP data,
  - and implications for PDMPs located within and outside of the state health department.

- **This resource can be located at: https://www.cdc.gov/drugoverdose/pdf/Leveraging-PDMPs-508.pdf**

Memorandums of Understanding (MOUs)

- **Department of Health (DOH) data access via statutory authority sometimes limited or unclear**
  - In many cases, statutes do not directly give DOH access to clinical data and other protected health information (PHI), and do not address the purposes for which the department may use collected information
  - In most cases, DOH has statutory authority to access data if the appropriate MOU is in place

- **MOUs can..**
  - Enable DOH to access data to the full extent permitted by law
  - Clarify scope of access to and use of collected data
  - Ensure that all necessary protections are in place
  - Improve interoperability and public health response

Slide adapted from Corey Davis. (June 2019). MOU/DUAs in the Public Health Context Considerations and Best Practices [Presentation]
Presentation was a CDC Prevention for States (PfS) technical assistance webinar given by Corey Davis, JD, MSPH; Network for Public Health Law

MOU Checklist

- **In general, MOUs might include:**
  - A clear statement of the parties to the agreement.
  - A clear statement of the legal authority permitting the data to be shared.
  - A clear statement of the data that will be shared.
  - A clear statement of the format in which the data will be shared and the means of transfer.
  - A clear statement of the frequency with which data will be shared.
  - If some data elements are to be de-identified, a clear statement of which party will de-identify the data, and the mechanism that will be used to do so.
  - A clear statement of which individuals or employee classifications will be permitted to access the data.
  - A clear statement of the purposes for which the data can be used, including whether they may be linked with other datasets.
  - An individual or officeholder on each side who has responsibility for ensuring that the agreement is followed.
  - If information protected under state or federal law is to be transferred, a clear statement of how those data will be handled in a manner consistent with applicable laws and regulations.
  - The dates that are covered by the agreement, whether one or more parties may terminate the agreement prior to that date, and if so under which circumstances.
  - Whether data transferred under the agreement must be destroyed, and if so the date such destruction is to occur, the party responsible for ensuring destruction, and approved destruction methods.

Slide adapted from Corey Davis. (November 2017). Data Sharing Agreement Best Practice Checklist
The MOU checklist is also available on Appendix C located here: https://www.cdc.gov/drugoverdose/pdf/Leveraging-PDMPs-508.pdf

PDMPs and 42 Code of Federal Regulations (CFR) Part 2

- **State PDMPs may not have all medications for opioid use disorder (MOUD) that have been dispensed.**
  - Under 42 CFR Part 2 individuals seeking or receiving substance use disorder treatment from a Part 2 program (e.g., opioid treatment program) must have their MOUD records protected to ensure confidentiality during treatment.
- **A Part 2 program or lawful holder is permitted to report protected records (e.g., MOUD medication prescribed or dispensed) to the applicable PDMP if required by state law, and if the patient consents.**
- **The Part 2 program or lawful holder must obtain patient consent to disclose records to a PDMP under § 2.31 prior to reporting of such information. 42 CFR §2.36.**

*Bolded text is directly from the CFR.
https://www.govinfo.gov/app/details/CFR-2010-title42-vol1/CFR-2010-title42-vol1-part2/summary

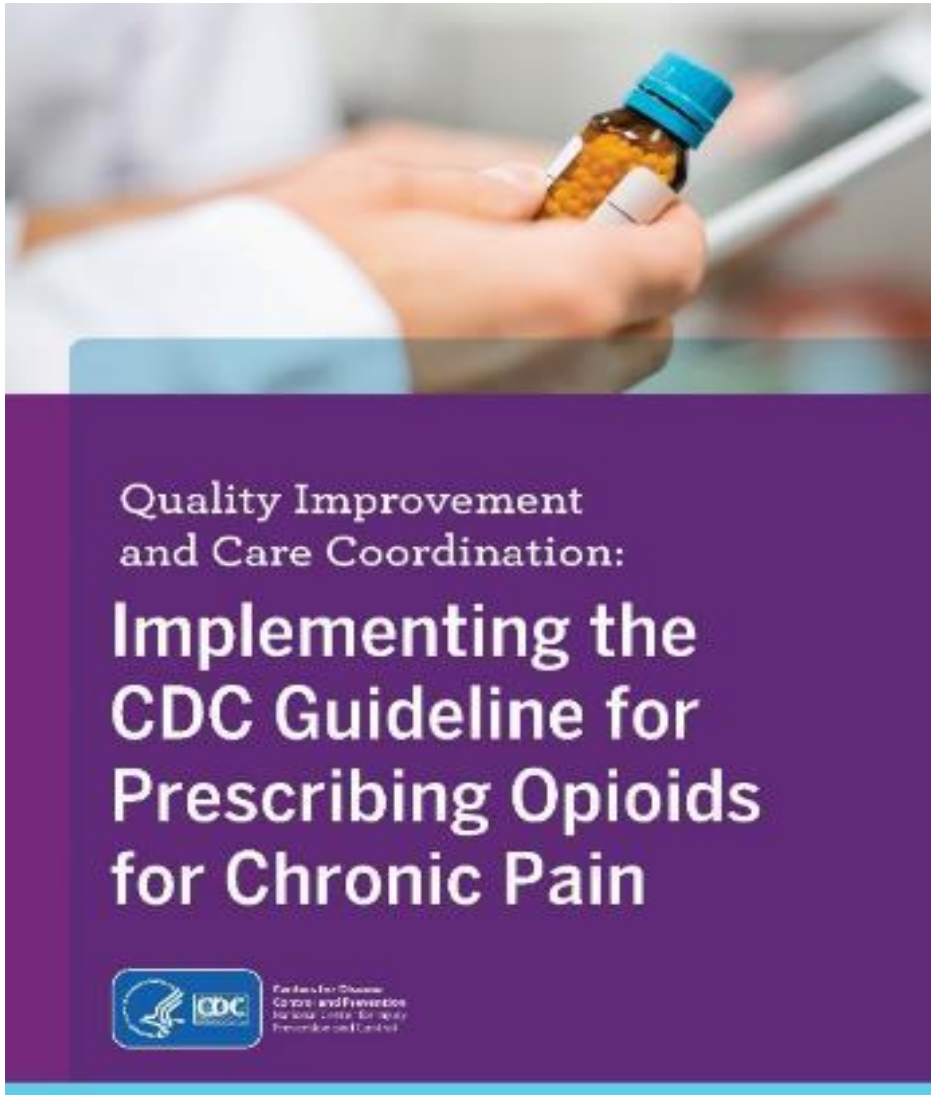
Benefits of Integrating PDMP Data into EHRs

- **Streamlines provider access to PDMP report**
  - PDMP report automatically called when EHR/Health Information Exchange (HIE) patient record is opened
  - Single sign-on (SSO) enabled – clinician can request PDMP report from within EHR/HIE patient record
  - Calling of PDMP report can be conditioned on patient meeting a risk threshold
- **May lead to improved patient care**
  - E.g., PDMP report checked even when clinician did not initially think the patient was at risk

Benefits of PDMP Data Integration

- **Facilitates provider compliance with mandatory use laws**
  - Minimizes major barrier (time to access PDMP report) to compliance
- **Can include patient risk summary, to help winnow large number of PDMP reports to be viewed**
  - Report interface can include other features to consolidate prescription history information (e.g., daily opioid dosage)

Quality Improvement & Care Coordination Resource



- Companion resource to facilitate implementation of the Guideline recommendations into practice
- Intended to help health systems and clinicians integrate quality improvement (QI) measures and care coordination into their clinical practice

https://www.cdc.gov/drugoverdose/pdf/prescribing/CDC-DUIP-QualityImprovementAndCareCoordination-508.pdf

Electronic Clinical Decision Support (CDS)

- **Health systems can help encourage the uptake and use of the CDC Guideline for Prescribing Opioids for Chronic Pain**
- **CDC-funded effort to create electronic CDS tools that map to the 12 Guideline recommendations**
- **Contributors: ONC[1], AHRQ[2], Yale, Indiana University, Duke, and Security Risk Solutions**
- **Current work includes further refinement and development of electronic CDS to be used in EHRs, at the point-of-care**
  - See Resources Slide for URLs

1: Office of the National Coordinator for Health Information Technology; 2: Agency for Healthcare Research and Quality

CDC Resources

CDC Overdose Prevention Website
www.cdc.gov/drugoverdose

CDC Guideline for Prescribing Opioids for Chronic Pain
https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm

CDC PDMP Overview & PDMP Data Access Resource
https://www.cdc.gov/drugoverdose/pdmp/index.html
https://www.cdc.gov/drugoverdose/pdf/Leveraging-PDMPs-508.pdf

Resources for Clinicians
https://www.cdc.gov/drugoverdose/providers/index.html
https://www.cdc.gov/drugoverdose/training/pdmp/index.html
https://www.cdc.gov/drugoverdose/pdf/Pharmacists_Brochure-a.pdf

Clinical Decision Support Resources

- **Implementation Guide Output:** http://build.fhir.org/ig/cqframework/opioid-cds-r4/
- **Source for the implementation guide:** https://github.com/cqframework/opioid-cds
- **Supporting Java packages for the CQL-to-ELM translator and CQL Engine:** https://github.com/cqframework/opioid-cds-logic
- **Agency for Healthcare Research Quality's CDS Connect:** https://cds.ahrq.gov/cdsconnect/artifact/factors-consider-managing-chronic-pain-pain-management-summary

Thank you!

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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