TO: Joe Neguse, Executive Director, Colorado Department of Regulatory Agencies
Members of the Colorado General Assembly

FROM: Colorado Consortium for Prescription Drug Abuse Prevention

DATE: July 1, 2016

RE: 2016 Prescription Drug Monitoring Program Task Force Report

Pursuant to section 12-42.5-408.5, Colorado Revised Statutes (C.R.S.), please find the enclosed report submitted to you by the Prescription Drug Monitoring Program (PDMP) Task Force. Modifications to the PDMP were enacted in 2014 through the passage of House Bill 14-1283. Among other changes, this new law required the Executive Director of the Department of Regulatory Agencies (DORA) to create a PDMP Task Force. On July 24, 2014, DORA's Executive Director formally requested the assistance of the Colorado Consortium for Prescription Drug Abuse Prevention (the Consortium) to serve as the PDMP Task Force.

We, the Consortium, serving as the PDMP Task Force, submit for your consideration the enclosed Annual Report for 2015-2016. The report records our findings concerning two topics we were asked to examine - PDMP integration into Colorado's two Health Information Exchanges and the production of effective metrics to represent the PDMP's successes and challenges. Our findings and recommendations on these two topics address ways to enhance and improve the PDMP, the purpose for which the Task Force was created.

Respectfully,

Colorado Consortium for Prescription Drug Abuse Prevention

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COLORADO ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM

2015-2016 TASK FORCE REPORT

July 1, 2016

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COLORADO ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM

2015-2016 TASK FORCE REPORT

Introduction:

On May 22, 2014, HB14-1283, concerning modifications to the Electronic Prescription Drug Monitoring Program (PDMP), became law. A provision in this bill, Section 12-42.5-408.5, Colorado Revised Statutes (C.R.S.), requires the Executive Director of the Department of Regulatory Agencies (DORA) to create a PDMP Task Force or to consult with and request assistance from the Colorado Consortium for Prescription Drug Abuse Prevention (Consortium) to:

1. Examine issues, opportunities, and weaknesses of the program, including how personal information is secured in the program and whether inclusion of personal identifying information in the program and access to that information is necessary; and

2. Make recommendations to the executive director on ways to make the program a more effective tool for practitioners and pharmacists in order to reduce prescription drug abuse in this state.

The Consortium was established in 2013 as a coordinated, statewide, inter-university / inter-agency network that has grown to eight different "Working Groups" with a total of over 200 participants, including professionals and laypersons to study, recommend and implement ways to reduce prescription drug abuse in Colorado.

The PDMP is an important tool in combating controlled substance abuse. In January of 2014, over 722,000 prescriptions for controlled substances were dispensed from pharmacies in Colorado. The Centers for Disease Control and Prevention (CDC) reported 47,055 drug overdose deaths in the United States in 2014, with more than 60% of those deaths involving prescription narcotics ("Increases in Drug and Opioid Overdose Deaths - United States, 2000-2014," *Morbidity & Mortality Weekly Report*, CDC, vol. 64, Jan. 1, 2016). The ongoing opioid epidemic in the United States continues to ravage families, friends, and loved ones. It is the intent of the PDMP to help stem the tide of this epidemic.

Toward that end, the Colorado PDMP has been enhanced over time. In 2014, an administrative change was made to increase controlled substance dispensing reporting from biweekly to daily, thereby providing up-to-date PDMP patient data for prescribers and pharmacists. In addition, the Legislature amended the PDMP statutes and provided the Colorado Department of Public Health and Environment (CDPHE) the ability to collect PDMP data for population-level analysis, expanding our ability to study the effectiveness of the PDMP through statistical analysis. In addition, CDPHE received a grant this year that will increase the use of the PDMP as a public health surveillance tool.

The 2014 statutory changes also allowed prescribers and pharmacists to designate up to three delegates to access the PDMP upon authorization. In 2016, the PDMP created a five-

minute informational video that teaches a potential delegate and his or her corresponding overseeing prescriber or pharmacist how to register and begin to access the PDMP. As the number of delegates rises, this video provides an excellent informational source for increased ease-of-use and comfort level with the PDMP. To go along with this, the PDMP launched a PDMP website in 2016. The PDMP site is designed to provide both consumers and healthcare professionals with the tools they need to access PDMP information, drug misuse and abuse resources, and up-to-date news and documentation for providers and pharmacists.

The PDMP was also enhanced in 2014 to provide unsolicited reports to prescribers and pharmacists that inform on the number of patients being prescribed controlled substances by multiple prescribers and at multiple pharmacies over set periods of time, thereby reducing potential patient misuse, abuse, and diversion of controlled substances. The number of reports generated each month has decreased steadily since the PDMP program launched these reports, demonstrating that doctor and pharmacy shopping and other activities indicative of prescription drug abuse, is on the wane.

Worth mentioning, PDMP staff presented Colorado's PDMP enhancement successes as part of the 2016 National Rx Drug Abuse & Heroin Summit in Atlanta.

In addition, Joe Neguse, DORA's Executive Director, formally requested assistance from the Consortium in the effort to make the PDMP a more effective tool for practitioners and pharmacists in order to reduce prescription drug abuse in Colorado. To that end, in a letter dated September 16, 2015, Director Neguse posited two specific questions for the Consortium's consideration. (Attachment - A.)

Consortium's Review and Responses to Questions detailed in Executive Director Neguse's September 16, 2015 Letter:

The PDMP Work Group of the Consortium, on behalf of the Consortium as a whole, addressed the two questions detailed in Executive Director Neguse's September 16, 2015 letter and made recommendations on ways to make the PDMP a more effective tool to reduce prescription drug abuse in Colorado. The PDMP Work Group includes a growing list of approximately 45 persons with backgrounds related to medical practice, law, health information technology, interested patients and family members, members of the Colorado legislature, as well as representatives from various state and federal agencies. These members and their corresponding organizations are listed in Attachment B. The PDMP Work Group then shared its findings with the Consortium as a whole for the purpose of review and feedback prior to the final issuance of this report.

Question - 1

What specific steps can we take to integrate the PDMP into Colorado's two health information exchanges and electronic health records?

RESPONSE

"Simplifying the method of access to the PDMP for prescribers and dispensers makes it more likely that prescription history information will be used in clinical decision-making. One approach, supported by government and industry, is to integrate PDMP data into health information exchanges (HIE)" (*PDMP TTAC: Implementing Best Practices: A Comparison of PDMP Changes 2010-2014,* Prescription Drug Monitoring Program: Training and Technical Assistance Center, Dec. 2015). In this vein, the PDMP Work Group has explored the challenges and opportunities of HIE integration, including the ability to integrate HIE's with the Electronic Health Records (EHR's) of patients.

HIE's enable secure sharing and act as a central database of clinical healthcare information sourced from numerous organizations, such as hospitals, ambulatory providers, long-term and post-acute care centers, and behavioral health centers. An HIE furthers the relationships of healthcare providers across Colorado, enabling an understanding of patient, prescriber, and practice needs from a contractual, care, and systems perspective. An Electronic Health Record (EHR) generally refers to the amalgamation of patient health information that is collected and maintained within a clinical setting. For example, in a prescriber's office, a patient's medical record is stored in a digital format and includes, among other things, physician notes, laboratory values, and prescription records. The HIE, as an enabler of data sharing and as a central database, can help collect and correlate the patient's data across EHR's. A prescriber can choose to become a member of an HIE and, thus, integrate EHR data with associated patient data from other healthcare settings.

PDMP Work Group discussions this past year have included an ongoing agenda item dedicated to a better understanding of HIE's and their important place in the healthcare system for the citizens of Colorado. There are currently two active HIE's in Colorado. Quality Health Network (QHN) is located in Grand Junction and is a not-for-profit community partnership, established in 2004 to support the adoption of health information technology for improved healthcare outcomes. The Colorado Regional Health Information Organization (CORHIO), one of the country's largest and most successful health information exchanges, is located in Denver and is also dedicated to improving healthcare through enhanced use of information technology and data exchange. Representatives of CORHIO and QHN have been regular attendees of the PDMP Work Group meetings since January of 2016. During the course of these discussions, the Work Group has investigated the size and makeup of each of the HIE organizations, the percentage of healthcare providers represented, and the possibilities and challenges inherent in an integration project with the Colorado PDMP.

At the time of the preparation of this report, the following findings, including actions and next steps, are representative of the current understanding of the HIE - PDMP integration process in Colorado:

Preparation: Kroger Rapid Access Integration

Findings: In the summer of 2015, Kroger, Co., requested a rapid access integration to the Colorado PDMP for a total of 145 King Soopers and City Market Pharmacies statewide. The PDMP, in collaboration with the Consortium Work Group, weighed the possible benefits of such an integration. Benefits to such a program included the ability for Kroger, Co. pharmacists to rapidly access a patient's PDMP profile with a "one-click" or "single sign-on" model during the process of drug utilization review of a patient's controlled substance prescription. The PDMP Work Group also considered the possible drawbacks which included, among other concerns, that such a use of computer memory bandwidth to our vendor could cause a slow down for other users in the state. A representative from Appriss Gateway, the company hired by Kroger, Co., presented the options and benefits to the Work Group in August 2015.

Actions: After careful consideration of all the details inherent in the project, both the Work Group and PDMP chose to move forward with the Kroger, Co. integration. The PDMP was made available to the Appriss Gateway integration process in September, and the King Soopers and City Market pharmacists began to use the rapid access integration program in February of 2016. The integration proved to be immediately successful, resulting in a marked increase in PDMP utilization among pharmacists, and no issues involving a "slowdown" occurred.

Next Steps: Because this was Colorado's first attempt at integration on such a large scale, the PDMP used the opportunity to successfully increase the access to the program, but also to learn very important details about the methods involved in PDMP integration in general. The PDMP looks forward to new opportunities to integrate other pharmacy systems, both large and small, in the future. Knowledge gained will guide the process of pharmacy integration as well as HIE and EHR integration, as requested in Executive Director Neguse's letter.

Colorado's HIE Landscape

Findings: Taken together, CORHIO and QHN have relationships with organizations that represent a majority of health providers in the state. These organizations include hospitals, community practice physician practices, long term care, behavioral health, and many others. Each of these separate organizations may require a different level of clinical understanding and/or technological and IT assistance and preparation in the process of integration with PDMP.

Actions: The "best practices" recommendation from the PDMP Work Group is to carefully stratify the organizations mentioned above to determine those most likely to provide the highest level of return to the patients of Colorado from an integration process. Such stratification would include the consideration of the current state of the technology available at the facility, while taking into account the ability to connect successfully to the Colorado PDMP vendor.

Next Steps: The PDMP Work Group will continue to facilitate the work of CORHIO and QHN by assisting the stratification of possible sites to determine the best possible outcomes for an integration project for both HIE organizations.

Centers for Disease Control and Prevention Grant

Findings: The possibility of integration has been vastly improved due to the award of a grant from the Centers for Disease Control and Prevention (CDC) to the Colorado Department of Public Health and Environment (CDPHE). This grant will provide funding for pilot integration projects for both CORHIO and QHN.

Actions: According to representatives from CDPHE, grant funding will be reviewed in the fall of 2016, with the goal of the pilot integration programs going live in the fall of 2017. This project will provide an important test of the technology needed for future integration projects.

Next Steps: Given that a large-scale integration project (discussed above) with a retail chain of pharmacies has already been completed at DORA, the PDMP Work Group is ideally placed to assist in the communication and technological demands of CDPHE, CORHIO, QHN, and the HIEs as they move forward in these projects by offering advice and assistance when needed to reach the 2017 integration goals.

HIE Integration into the Electronic Health Record

Findings: The PDMP Work Group has also discussed at length the manner in which an HIE is used by a prescriber in different settings. In a prescriber's office, the daily workflow revolves around access to numerous electronic healthcare records. For example, when examining a patient, a prescriber is most likely logged onto the patient's EHR in order to review previous records and record current data from the appointment. The greatest challenge to a prescriber's use of the PDMP is the method with which to access the PDMP data. Most instances in current practice involve the prescriber leaving the EHR program he or she is using, and then logging onto a separate program for the PDMP vendor in Colorado. This "separate sign-on" method is both time consuming and, at times, complicated (if a password needs to be reset, for example). The Work Group learned that, in most cases, the HIE portal itself represents another separate log-on outside of the daily workflow of the patient's electronic health record. Consequently, even after integration of the PDMP into an HIE system, a prescriber would still most likely need to leave his or her current workflow and log-on to the HIE portal to access the PDMP. This, by definition, does not rise to the level of a "single sign-on" goal. A "single sign-on" goal would be realized when a prescriber could access, with one click to a PDMP link, the PDMP content for the patient from his or her current EHR computer screen. This saves time and effort that is better spent using PDMP data to consult with the patient.

Actions: Discussions at the Work Group have explored access options that, according to CDPHE and the HIE representatives, could lead to an HIE integrated into an EHR system. Once such an integration of the HIE occurs into the prescriber's EHR, a "single-sign-on" could be achieved. This would be a very important first step in prescriber access.

Next Steps: The PDMP Work Group continues to be a sounding board for discussions concerning EHR integration. As this process progresses, important insights from current EHR users, as well as future grant-related activities, will be employed to offer support and continued research to determine the manner in which to accomplish successful and useful EHR integration of PDMP data into a practitioner's daily workflow.

Harold Rogers Prescription Drug Monitoring Program Grant

Findings: In the fall of 2015, DORA was awarded a Harold Rogers Prescription Drug Monitoring Program Practitioner and Research Partnerships grant. This $750,000 three-year grant allows a primary investigator to investigate three integrations of the PDMP into five major Colorado hospital emergency departments.

Actions: In the first phase, PDMP access will be integrated into hospital EHRs as part of the typical provider workflow. In the second phase, prescribers in these hospitals will be provided systematic decision support in the interpretation of integrated PDMP data using a risk assessment tool added to the integration process. In the final phase, integrated PDMP access will be mandated into prescribers' workflow when considering therapy.

Next Steps: DORA and PDMP staff are continuing to work closely with the primary investigator and the UC Health School of Medicine to implement each aspect of the grant directives. In the course of the three year study, it is expected that key information about the manner in which an integrated PDMP system is accessed and considered in a patient's care will be studied and evaluated.

PDMP Request for Proposal

Findings: On April 12, 2016, the PDMP posted a Request for Proposal (RFP) to elicit responses in the search for the most appropriate vendor for the PDMP system in Colorado. Because the current vendor contract with Health Information Designs, Inc. will expire on June 30, 2017, this RFP is an important first step in offering prescribers and pharmacists alike an efficient and up-to-date product for PDMP access.

Actions: While the RFP process is ongoing at the time of this report, the RFP includes numerous requirements for increased abilities for a vendor to integrate HIE's and EHR's into the PDMP vendor system. For example, one RFP request is for a vendor to have an "integration tool" in place within its program to allow for rapid access integration to occur easily, which includes necessary data storage memory to support the process.

Next Steps: Given the rapidly changing landscape of information technology regarding PDMP data collection, it is expected that a thorough review of all applicable vendors will lead Colorado to the best data collection and integration solutions. It is DORA's goal to complete the review of the RFP responses by July 2016, choose the most appropriate vendor, and launch a successful PDMP vendor for Colorado on January 1, 2017.

Office of eHealth Innovation

Findings: A new member of the PDMP Work Group, representing the Office of eHealth Innovation, is actively taking part in exploring ways to integrate the PDMP as part of the Colorado State Health IT / HIE roadmap. In 2015, Governor Hickenlooper issued Executive Order B 2015-008 creating the Office of eHealth Innovation (OeHI) and the eHealth Commission. The Program Manager of the PDMP has already been contacted by the Office of Health Innovation to take part in an early level survey to discuss what is needed to develop a State Health IT / HIE roadmap. The Office of eHealth Innovation is responsible for coordinating Health IT projects and advancing the State's Health IT strategies as outlined in the Executive Order.

Actions: The State Health IT Coordinators are involved with the State Innovation Model (SIM), a federally funded grant sponsored by the Center for Medicare and Medicaid Innovation (CMMI). The goal of Colorado SIM is to improve the health of Coloradans by providing access to integrated physical and behavioral health care services in coordinated community systems, with value-based payment structures, for 80 percent of Colorado residents by 2019. This initiative will provide Colorado with up to 65 million dollars to achieve program goals. Nine million dollars of this grant is dedicated to advancing Health IT through telehealth clinical quality measuring and reporting, and integrating and aggregating clinical and claims data, including, potentially, the PDMP.

Next Steps: Through HIE / HIT collaborative efforts with SIM, and OeHI, CDPHE will be able to leverage state Health IT efforts to complement the work being done for the CDC grant. It is expected that OeHI, SIM, and CDPHE will play an important role in the management of the necessary expenditures to ensure the CDC grant will be successfully used to integrate the two pilot HIE programs in hospital emergency departments.

HIE Updates from Five States

Findings: In exploring how the PDMP can be integrated into HIE's and EHR's, Work Group members also reached out to state PDMP program directors in Nebraska, Arizona, Minnesota, Wisconsin, and Ohio to evaluate their current accomplishments in the area of PDMP integration. The HIE in Nebraska has undergone many iterations in the past few years. After a total "rebuild," this program now encompasses an HIE integration program that includes every aspect of healthcare in a statewide effort.

Arizona is generally considered at the forefront of PDMP data collection and presentation. However, Arizona is not currently using the PDMP / HIE integration model. According to the director, such a system is three to five years in the future due to the challenges of multiple HIE sites and expenses involved in integration. The Director of the PDMP in Minnesota comments, "We are not working on integration with HIE's at all. In regards to electronic health records systems, we have not done any integration at this time."

Ohio and Wisconsin appear to be leaders in the field of integration, but have chosen slightly different paths to achieving successful outcomes. Ohio, due to an ongoing relationship with one specific PDMP vendor, has purchased an "enterprise license" from that vendor that allows Ohio to integrate every prescriber and pharmacy in the state using the product of that one

vendor. However, according a PDMP technology team member in Ohio, the HIE integration process has not led to "single sign-on" capabilities for the prescribers associated with the specific HIE (discussed above). Because of this sign-on issue, most prescribers in Ohio, even when integrated into an HIE system, still prefer to use the PDMP vendor portal to collect controlled substance prescription information about their patients.

Wisconsin's PDMP program is attempting to use grant awards to integrate two pilot hospital emergency departments into the PDMP system. According to the Director of the PDMP in Wisconsin, this integration project has been met with mixed results. Here, too, the prescribers are still choosing to use the PDMP vendor portal to access data, rather than a separate HIE portal.

Actions: Although Nebraska's program is laudable for its inclusion of data, Colorado does not currently have just one statewide HIE with which to work. So, integration here is more complicated, and Colorado, like Arizona, is likely to encounter some technological and financial challenges. Colorado's PDMP program is most similar to Wisconsin's, as we, too, are using grant awards to integrate pilot hospital emergency departments into the PDMP.

Next Steps: Realizing that there are always lessons to be learned, the PDMP Work Group will continue to monitor and assess programs in other states to determine Colorado's participation in the best practices model of PDMP use. Considering the information from Ohio, the PDMP Work Group will stratify the currently available HIE integration sites to determine which sites are best suited to a "single sign-on" solution. As in Wisconsin, Colorado PDMP moves forward and continues to learn from the process of two pilot integration programs, while carefully assessing emergency department use of the PDMP.

Conclusion

The PDMP Work Group made significant progress during the last year. HIE integration, while currently not a perfect solution, is considered to be the best opportunity Colorado has to include the largest percentage of the prescriber and patient population. Because the needs of individual prescribers are unique, HIE integration represents one method to ease access to the PDMP and will make it more likely that prescription history information will be used in clinical decision making. For example, as the PDMP continues to move toward each HIE integration, all of the HIE member prescribers will have access to the PDMP. With each completed integration, IT concerns will have been addressed and can then be more easily applied to future projects. The discussions of the viability and opportunities of HIE integration have been extremely helpful as Colorado seeks a greater understanding of the best manner in which to offer increased prescriber access to PDMP information. Additionally, it must be noted that, given the proper preparation and stratification, HIE integrations will allow for the single sign-on process for healthcare providers in the state. As was noted above, such rapid access to PDMP data will significantly increase the number of prescribers using the PDMP system as well as the number of patients who receive improved healthcare as a result. The importance of the CDC grant at CDPHE, with the added resources and knowledge of State Health IT, also cannot be overstated. This funding will allow Colorado PDMP to take the first steps forward with an ever-increasing goal of integration in mind. DORA's Research Partnership grant and the PDMP's ability to interface with other state programs will both

increase the necessary knowledge base to continue to improve the PDMP in Colorado, and to protect its citizens.

Question - 2

What metrics and statistics should DORA track to ensure that we are making the PDMP as effective a public health tool as possible?

RESPONSE

Utilization Rate as a PDMP Metric

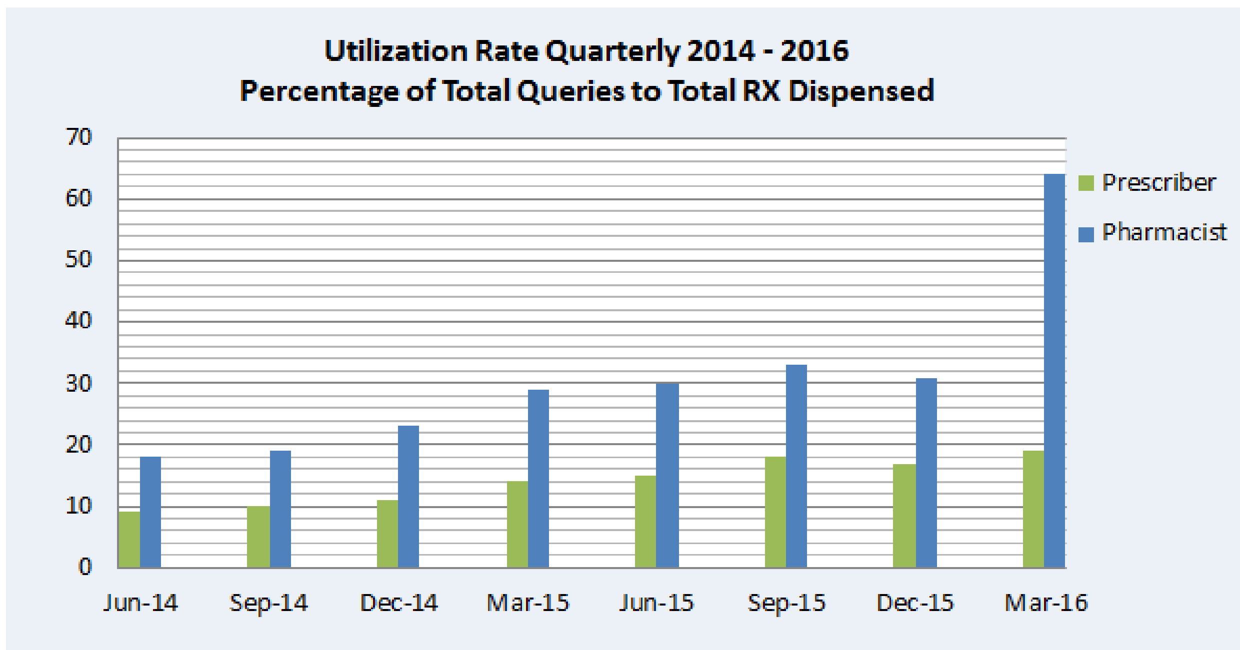
In an attempt to quantify the effectiveness of the PDMP as a public health tool, the PDMP Work Group discussed a wide variety of metrics and statistics that could explain the data in both a realistic and representative manner. The Work Group focused on a variation of a metric that has been collected by the PDMP for a number of years. As such, it is a powerful tool for prescribers and dispensers to help reduce prescription drug misuse, abuse and diversion. In addition to the request from Executive Director Neguse, the Work Group discussed important PDMP metrics based on a request from the Office of the Governor for one metric to represent the PDMP on the new Governor's Dashboard.

After a great deal of discussion and research, the Work Group recommended that PDMP utilization be calculated using two metrics.

First, with a metric that is the ratio of the number of patient-specific queries made against the PDMP system compared to the total number of prescriptions that were dispensed in the same time period in the state. Patient-specific queries are defined as queries made only to access patient PDMP data, and not, for example, passwords or username resets. As integration and increased access processes continue in the state, the Work Group anticipates that, increasing numbers of queries will be made to the system for each controlled substance (CS) prescription, both by prescribers and pharmacists. The new utilization rate is computed as follows:

$$\text{Utilization Rate} = \frac{\text{\# of total Patient-Specific queries}}{\text{\# of total CS prescriptions dispensed}}$$

This metric, using reliable query data and a logical and systematic representation of queries per prescription, is an excellent representation of the success of the PDMP system. The table below is a representation of the increase in the percentage of queries made to the PDMP system during the last year in relation to the total number of controlled substance prescriptions dispensed. The table also separates prescribers and pharmacists due to substantial differences in their utilization rates.



*Data in this table before March of 2015 represents the best use of available data from the time period.

The utilization rate is expected to continue to increase. For example, if a prescriber queried each patient before prescribing a controlled substance prescription, and each pharmacist queried the same patient's prescription, the utilization rate could eventually reach 200%. However, as rapid-access integrations continue to occur at the pharmacy level, it is likely that the percentage of utilization may even rise above 200%. This is because integrated systems allow prescribers and pharmacists to execute queries when a prescription is changed or corrected for any reason. For example, if a patient changes a prescription insurance plan and the insurance claim must be resubmitted, the pharmacist generates another query to the PDMP. This is an important protection for the public, due to the fact that a different pharmacist may make these changes and the changes may alter the patient's PDMP profile. Discussions of these rising utilization rates will continue at the National Associations of Board of Pharmacy (NABP) annual meeting of the Prescription Monitoring Program InterConnect (PMPI) system this summer in Chicago.

Second, and in addition to the foregoing, the PDMP Work Group suggests the inclusion of the more focused metric:

$$\text{Utilization Rate} = \frac{\text{\# of Patient-Specific queries by Providers}}{\text{\# of total CS prescriptions dispensed}}$$

Because the foregoing metric is specific to Colorado providers, it offers a keen insight into their use of the PDMP system. Thus, the PDMP Work Group considers this metric to offer a valuable tool for a greater understanding of the utility of the PDMP and measuring the success of future efforts by the Work Group and the PDMP. The goal for this metric is to achieve a lead target utilization rate of 40% by 2018. This represents roughly a doubling of the

utilization rate for prescriber usage of the PDMP since 2015. HIE and EHR integration, as discussed in this document, will provide the PDMP Work Group with an ongoing focus and commitment to realize the 40% goal.

Morphine Equivalent Dosage

Another possible metric for use of the PDMP as a public health tool is expressed as a Morphine Equivalent Dosage (MED). The MED is a numerical standard against which most opioids can be compared, yielding an apples-to-apples comparison. For example, if two different opioid medications need to be compared in potency, both can be converted to an MED. The Work Group also discussed the metric of using a daily dosage of opioids for each patient, expressed as an MED, to measure the effective use of the PDMP. Representatives from CDPHE explained to the Work Group that while an MED provides an important "snapshot," for a single patient, or for public health purposes, MED cannot be reasonably used for a program metric. For example, an MED does not reflect other prescriptions or drugs a patient may be taking, e.g. benzodiazepines or alcohol (both important substances in opioid related deaths), and varying recommendations for appropriate MED dosage levels in populations of patients, e.g., guidelines from CDC and Department of Defense. Moreover, opioid overdose risk is a continuum based on a number of patient specific factors. The Work Group chose not to use MED as a metric for the PDMP in Colorado.

While the Work Group recognizes the limitations of the MED metric, it is convinced that, with the advice of CDPHE and future studies, this data will be useful. The utilization metrics discussed above provide ideal indicators of the success of the PDMP both now and into the future, and will be reported accordingly.

Conclusion

The Work Group, using the combined knowledge and experience of its members, determined that carefully considered "utilization rates" continue to be the best metrics to represent the PDMP in a time of ever-changing technology. These two rates are reported to the Work Group and the Governor's Dashboard each month.

Thank you.

COLORADO
Department of Regulatory Agencies
Executive Director's Office

John W. Hickenlooper, Governor
Joe Neguse, Executive Director

September 16, 2015

Robert J. Valuck, PhD, RPh, FNAP I Professor
University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences
on behalf of the Colorado Consortium to Reduce Prescription Drug Abuse
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Dear Dr. Valuck:

On behalf of the Department of Regulatory Agencies ("DORA"), thank you and the Colorado Consortium to Reduce Prescription Drug Abuse ("Consortium") for your continued support and advice concerning the Prescription Drug Monitoring Program ("PDMP"), including the Consortium's 2014-2015 Task Force Report. The Consortium's support and expertise this past year was invaluable.

As you know, Section 12-42.5-408.5, C.R.S., requires me to consult with and request assistance from the Consortium, as the PDMP task force. To this end, I am again requesting assistance from the Consortium to examine issues, opportunities, and weaknesses of the PDMP program and to make recommendations on ways to make the PDMP a more effective tool to reduce prescription drug abuse in Colorado. In doing so, please prepare and submit an annual report to me and the General Assembly detailing the Consortium's findings and recommendations by July 1, 2016.

In addition to examining issues, opportunities, and weaknesses of the PDMP program and making recommendations on ways to make the PDMP a more effective tool to reduce prescription drug abuse, I request that the Consortium also include recommendations on two specific questions:

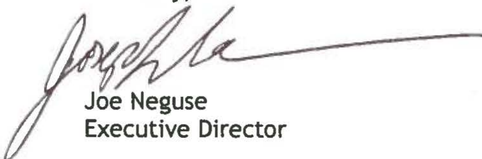
1. What specific steps can we take to integrate the PDMP into Colorado's two Health Information Exchanges and electronic health records?

2. What metrics and statistics should DORA track to ensure that we are making the PDMP as effective a public health tool as possible?

Please contact me with any questions or concerns about this formal request for assistance. DORA will continue to aid the Consortium in all of its efforts.

Again, thank you and the Consortium for your continued support, expertise and assistance in making the PDMP a more effective tool in reducing prescription drug abuse in Colorado.

Sincerely,



Joe Neguse
Executive Director

cc: Kyle M. Brown, Senior Health Policy Advisor, Office of the Governor

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