TO: Ronne Hines, On Behalf of the Executive Director, Colorado Department of Regulatory Agencies
Members of the Colorado General Assembly

FROM: Colorado Consortium for Prescription Drug Abuse Prevention

DATE: July 1, 2017

RE: 2017 Prescription Drug Monitoring Program Task Force Report

The Colorado Consortium for Prescription Drug Abuse Prevention (Consortium) submits the enclosed report on behalf of the Prescription Drug Monitoring Program Task Force pursuant to 12-42.5-408.5, C.R.S. This report details the Consortium's work on: a) Integrating Prescription Drug Monitoring Program (PDMP) data into two health information exchanges in Colorado; and b) exploring alternative possibilities for the integration of PDMP data into workflow.

Respectfully,

Colorado Consortium for Prescription Drug Abuse Prevention

COLORADO ELECTRONIC PRESCRIPTION DRUG
MONITORING PROGRAM

2016-2017 TASK FORCE REPORT

July 1, 2017

Table of Contents

COLORADO ELECTRONIC PRESCRIPTION DRUG
MONITORING PROGRAM

2016-2017 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.   Recommend to the executive director 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. 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 bi-weekly to daily, thereby providing up-to-date PDMP patient data for prescribers and pharmacists.

- In 2014, the Colorado Department of Public Health and Environment (CDPHE) was provided the ability to collect PDMP data for population-level analysis, expanding our ability to study the effectiveness of the PDMP through statistical analysis.

- In 2014, prescribers and pharmacists were able to designate up to three delegates to access the PDMP upon authorization.

- Also in 2014, unsolicited reports (or Push Notices) were provided to prescribers and pharmacies 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 and increasing patient safety.

- In 2015, CDPHE received a grant to increase the use of the PDMP as a public health surveillance tool.

- 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.

- In 2017, SB17-146, which allowed increased PDMP access by prescribers and pharmacists for circumstances in addition to just considering prescribing or dispensing a controlled substance, became law. This allowed: (1) prescribers to query the PDMP to the extent the query relates to a current patient of the practitioner; (2) pharmacists to query the PDMP when considering dispensing any prescription drug to a specific patient; and (3) veterinarians to query the PDMP when they suspect an owner is diverting the pet's controlled substance(s) or when they suspect an owner is purposely abusing the pet for the purpose of obtaining a controlled substance.

Joe Neguse, DORA's former 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 August 4, 2016, Director Neguse posited two specific tasks for the Consortium's consideration. (Attachment - A.)

Consortium's Review and Responses to Tasks detailed in Executive Director Neguse's August 4, 2016 Letter:

The PDMP Work Group of the Consortium, on behalf of the Consortium as a whole, addressed the two tasks detailed in Executive Director Neguse's August 4, 2016 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.

Task - 1

I request that the Consortium develop recommendations concerning specific ways in which the PDMP Work Group can assist the Colorado Regional Health Information Organization ("CORHIO") and Quality Health Network ("QHN") in their goals to complete two pilot EHR integrations into hospitals by the fall of 2017.

RESPONSE

The PDMP Work Group has explored the challenges and opportunities of Health Information Exchange ("HIE") integration, including the ability to integrate HIE access within the patient's Electronic Health Records ("EHR's"). HIE's enable the secure sharing of patient health information 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, healthcare provider notes, laboratory and

imaging results, and prescription medication 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 via the HIE information.

PDMP Work Group discussions this past year have included an ongoing agenda item dedicated to starting the process of the integration of the PDMP into HIE's. 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 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 PDMP-HIE integration process in Colorado:

PDMP Integration into the Health Information Exchange (HIE)

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 require a different level of clinical understanding and/or technological and IT assistance and preparation in the process of integration with PDMP.

- The possibility of this integration was vastly improved due to the award of a grant awarded from the Centers for Disease Control and Prevention (CDC) to the Colorado Department of Public Health and Environment (CDPHE) in the fall of 2016. This grant will provide funding for the aforementioned integration projects for both CORHIO and QHN.

- While the PDMP Work Group, in conjunction with CORHIO and QHN, were aiming to begin the integration of the PDMP into the CORHIO and QHN pilot sites by March 2017, the PDMP Work Group (along with CORHIO and QHN) believed it would be most cost effective to begin such integration after the new PDMP vendor (Appriss) takes over administering the PDMP from Health Information Designs in August 2017.

Actions:

- The PDMP Work Group has continued to facilitate the work of CORHIO and QHN by assisting the integration of CORHIO and QHN pilot sites to determine the best possible

outcomes for an integration project for both HIE organizations.

● It was determined that the best pilot sites are Boulder Community Hospital in Boulder for CORHIO and St. Mary's Hospital in Grand Junction for QHN.

Next Steps:

● The PDMP Work Group, in conjunction with CORHIO and QHN, will begin the process of integrating the PDMP into the CORHIO and QHN pilot sites in August 2017 after Appriss begins administering the PDMP at that time.

PDMP Integration into the Electronic Health Record (EHR)

Findings:

● The PDMP Work Group discussed at length the manner in which an EHR is used by a prescriber in different settings. In a prescriber's office, the daily workflow revolves around access to numerous electronic healthcare records when examining a patient.

● The greatest challenge to a prescriber's use of the PDMP is the method with which to access the PDMP data. In most instances, a prescriber must logout of the EHR program, and then login to 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 login 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 login 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 would save time and effort that is better spent using PDMP data to consult with the patient.

Actions:

● As a result of DORA being awarded a Harold Rogers Prescription Drug Monitoring Program Practitioner and Research Partnerships Grant in the fall of 2015 (which included a $750,000 three-year grant to allow a primary investigator to investigate the integrations of the PDMP into a hospital system EHR), the PDMP Work Group, in conjunction with the PDMP and the University of Colorado Hospital System ("UC Health"), began a three-phase pilot study in January 2017 which involved integrating the PDMP into the EHR at five (5), geographically separate University of Colorado-based emergency departments from Colorado Springs to Loveland.

● In the first phase of the pilot study, PDMP access was integrated into hospital system EHRs as part of the typical provider workflow.

- In the second phase, prescribers in these hospitals were 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 prescribing a controlled substance at discharge.

- Once the integration occurred, a "single-sign-on" was achieved. This, in turn, resulted in a nearly four-fold increase in overall prescriber utilization from about 22% prior to January 2017 to 81% from January 2017 through April 2017. In addition, prescribers in these hospitals are provided systematic decision support in the interpretation of integrated PDMP data using a risk assessment tool added to the integration process.

Next Steps:

- The PDMP Work Group continues to be a sounding board for discussions concerning EHR integration. This includes a plan in 2017 to integrate the PDMP into the EHR of eight (8) additional UC Health-based primary care clinics located in non-emergency, outpatient clinic settings. As part of phase-three of the pilot study, integrated PDMP access will be mandated into prescribers' workflow when considering therapy for the five (5) emergency room-based sites as well as the eight (8) non-emergency room-based sites detailed above.

- DORA and PDMP staff will continue to work closely with the primary investigator and UC Health 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.

<u>Conclusion</u>

The PDMP Work Group made significant progress during the last year. The PDMP Work Group has continued to facilitate the work of CORHIO and QHN by assisting the integration of CORHIO and QHN pilot sites to determine the best possible outcomes for an integration project for both HIE organizations. These pilot sites include Boulder Community Hospital in Boulder for CORHIO and St. Mary's Hospital in Grand Junction for QHN, both of which will begin the pilot study in August 2017. The importance of the CDC grant at CDPHE 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 EHR programs, as part of the three-phase pilot study will both increase the necessary knowledge base to continue to improve the PDMP in Colorado, and to protect its citizens.

<u>Task - 2</u>

I request that the Consortium continue their efforts to understand the broad scope of integration by studying any other available methods for PDMP integration, with a focus on the population of prescribers who fall outside of HIE and EHR integration opportunities.

Kroger Rapid Access Integration

Findings:

- In the summer of 2015, Kroger, Co., requested 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 PDMP 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 2015, 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. For example, since this integration occurred, overall pharmacist utilization of the PDMP increased from 38% prior to February 2016 to an average of 63% between April 2016 and March 2017.

Next Steps:

- The PDMP Work Group intends to continue monitoring the pharmacist utilization rate through this integration approach with the hope of eventually adding other pharmacy-based computer systems used by pharmacies such as Walgreens, Safeway/Sav-On, CVS and Walmart.

OpiSafe - Application Technology

Findings:

- In addition to other methods of PDMP integration, another method currently in use for practitioners in Colorado enables rapid and streamlined PDMP connectivity through Application Technology.

- These methods are based upon secure, third party systems, which enable practitioners who are not part of a large organized health system but can afford to pay for a direct connection method, or are not part of a system that participates with a health information exchange.

- Such systems include OpiSafe, a system developed by Denver-based RxAssurance Corporation, which allows practitioners to check the PDMP via a single-sign-on solution, while adhering to all industry standards for health information security, privacy, and consent. Access to the Colorado PDMP system is gained by OpiSafe purchasers through the statutory allowance for "delegates." OpiSafe effectively becomes a delegate for the practitioner, thus allowing the rapid PDMP access. Features of the OpiSafe system enable practitioners to conduct regular PDMP checks at practitioner-specified intervals via a secure phone application. Third-party, single-sign-on systems offer practitioners alternative mechanisms for streamlining their practices, which enables smoother access to the PDMP while providing guideline adherent care for their patients.

Actions:

- The Work Group studied the basic features of the OpiSafe system. However, like each method of PDMP integration, the PDMP Work Group, based upon its study, believes that each method should be tested and evaluated for effectiveness, security/privacy, and cost in order to determine the best solution(s) for practitioners in Colorado.

Next Steps:

- The CDPHE has received CDC funding to study HIE integration, EHR integration, as well as OpiSafe's third-party single-sign-on system as it relates to enhanced PDMP connectivity and use. Denver Health is the pilot site for the OpiSafe system test. The evaluation will focus on user interface testing, end user satisfaction, time and motion, PDMP usage/check rates, and perhaps other factors. The goal is to determine the relative advantages of each system, and demonstrate how (and how well) each one works.

<u>Conclusion</u>

The PDMP Work Group intends to continue monitoring the pharmacist utilization rate through this integration approach with the hope of eventually adding other pharmacy-based computer systems used by pharmacies such as Walgreens, CVS and Walmart. In addition, the PDMP Work Group would like to continue studying the effects of EHR integration, HIE integration and OpiSafe's third-party, single-sign-on system to increasing PDMP connectivity and use with an ultimate goal to determine the relative advantages of each system, and demonstrate how (and how well) each one works.

Thank you.

August 4, 2016

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
12850 E. Montview Blvd, Mail Stop C238
Aurora, CO 80045

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 2015-2016 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 that end, I am again requesting assistance from the Consortium to examine issues and opportunities regarding 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 Colorado General Assembly detailing the Consortium's findings and recommendations by July 1, 2017.

Colorado Health Information Exchange Integration

In the past year, as evidenced in the 2015-2016 Task Force Report, the Consortium made great strides in exploring the relationships between the PDMP, Health Information Exchanges ("HIE") and electronic health records ("EHR") integration. Building upon the work performed over the prior year, I request that the Consortium develop recommendations concerning specific ways in which the PDMP Work Group can assist the Colorado Regional Health Information Organization ("CORHIO") and Quality Health Network ("QHN") in their goals to complete two pilot EHR integrations into hospitals by the fall of 2017. Please keep in mind that this project will require a close working relationship with the Colorado Department of Public Health and Environment ("CDPHE") and the Governor's Office of eHealth integration in order to facilitate the greatest transfer of knowledge and experience.

1560 Broadway, Suite 1550, Denver, CO 80202 · P 303.894.7866 F 303.894.7885
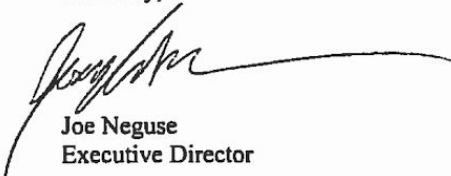John W. Hickenlooper, Governor | Joe Neguse, Executive Director

10

Alternative PDMP Integration Possibilities

It has also come to the attention of DORA that, while commercial products exist for the integration of the PDMP into HIE's and EHR's, there are a great many physicians in the state for whom this type of integration is not possible. Given this scenario, I request that the Consortium continue their efforts to understand the broad scope of integration by studying any other available methods for PDMP integration, with a focus on the population of prescribers who fall outside of HIE and EHR integration opportunities.

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, and again, appreciates the Consortium's 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: Dr. Larry Wolk, Executive Director and Chief Medical Officer, Colorado Department of Public Health and Environment
Kyle M. Brown, Senior Health Policy Advisor, Office of the Governor

Attachment B - PDMP Work Group Members		
Name	**Organization**	**Email**
Hoppe, Jason, DO (Co-chair)	University of Colorado	jason.hoppe@ucdenver.edu
Brower, JB (Co-chair)	DORA PDMP Manager	john.brower@state.co.us
Albanese, Bernadette, MD	Tri-County Health Department	balbanese@tchd.org
Aubert, Justin, CPHIT, CPEHR	CFO, Quality Health Network	jaubert@qualityhealthnetwork.org
Barefoot, Linda	Purdue Pharma, LP	linda.barefoot@pharma.com
Bent, Amanda	Drug Policy Alliance	abent@drugpolicy.org
Bernier, Benjamin, RN	Children's Hospital	benjaminben.bernier@childrescolorado.org
Borgelt, Laura	University of Colorado School of Pharmacy	laura.borgelt@ucdenver.edu
Boucher, Terry	Colorado Medical Society	terry_boucher@cms.org
Brooks, Marta J. PharmD	Rueckert-Hartman College for Health Professions	mbrooks008@regis.edu
Brown, Katy, PharmD	Medication Safety & Adverse Drug Event Prevention, Telligen	katy.brown@area-D.hcqis.org
Brown, Mary	Retired from Quality Health Network	marytaylorbrown@gmail.com
Brown, Talia	Boulder County Public Health	tlbrown@bouldercounty.org
Butler, Maria	Epidemiologist, CDPHE	maria.butler@state.co.us
Casey, Alice	Pharmacy Technician Instructor, Pickens Technical College	amcasey@aps.k12.co.us
Davidson, Michael	CCPDAP Communications Coordinator	michael.davidson@ucdenver.edu

Eaddy, Jessica	CCPDAP Outreach Coordinator	eferries@humana.com
Ferries, Erin, PhD, MPH	Research Scientist, Humana	eferries@humana.com
Flores, Roland, MD	University of Colorado School of Medicine	roland.flores@ucdenver.edu
Fosket, Dawn	Interested Lay Person	dawnfosket2001@yahoo.com
Frawner, Marla	King Soopers	marla.frawner@kingsoopers.com
Gabella, Barbara	Colorado Department of Public Health & the Environment	info@corxconsortium.org
Gorman, Fran	RN	frann63@gmail.com
Grace, Elizabeth S., MD	Medical Director, Center for Personalized Education for Physicians	esgrace@cpepdoc.org
Guerrero, Andres	CDPHE Prescription Drug Overdose Unit	andres.guerrero@state.co.us
Hanson, Greg	Walgreens	gregory.hanson@walgreens.com
Hara, Cheryl	Center for Personalized Education for Physicians	chara@cpepdoc.org
Harden, Michelle, Esq.	Messner Reeves, LLP	mharden@messner.com
Harris, Helen	Epidemiologist, El Paso County Public Health	HelenHarris@elpasoco.com
Hemler, Douglas, MD	Colorado Medical Society	dehmd@comcast.net
Iwanicki, Janetta	Rocky Mountain Poison and Drug Center	janetta.iwanicki@rmpdc.org
Kefalas, Sen. John	Colorado Senate	john.kefalas.senate@state.co.us
Leach, Kara	M.D.	karaleach@gmail.com
Liber, Joe	Kmart and ADMHN Pharmacy	jliber@searshc.com

Lobato, Irene	Pharmacy Coordinator, King Soopers/City Market	irene.lobato@kingsoopers.com
Mack, Michelle	Director, State Government Affairs, Express Scripts	MMack1@express-scripts.com
McCarty, Craig, MD	Haxtun Hospital District	awmphd@yahoo.com
Mihok, Kristi	Walgreens	kristi.mihok@walgreens.com
Myers, Lindsey	CDPHE	Lindsey.myers@state.co.us
O'Keefe, Maureen	Colorado Department of Corrections	maureen.okeefe@state.co.us
Olberding, Gina	CCPDAP Operations Manager	gina.olberding@ucdenver.edu
Oyler, Whit	CCPDAP Program Manager	whit.oyler@ucdenver.edu
Paykoc, Carrie	State Health IT Coordinator	carrie.paykoc@state.co.us
Perry, Robert	M.D.	robert.perry@ucdenver.edu
Ramzy, Nagy	Pharmacist, Retired	NagyRamzy@gmail.com
Ritvo, Alexis MD MPH	UC Addiction Psychiatry Fellow	alexis.ritvo@ucdenver.edu
Rodgers, Timothy, MD	Rocky Mountain Senior Care	timr@myrmsc.com
Schreiber, Terri	Interested Lay Person	terri.schreiber@comcast.net
Snyder, Melanie	Chief of Staff, Colorado Attorney General's Office	melanie.snyder@coag.gov
Sonn, Edie	Pinnacol Assurance	edie.sonn@pinnacol.com
Swan, Sarah E.	State Govt. Affairs & Alliance Development, Bristol Myers Squibb	sarah.ehrlich@bms.org
Tuetken, Tiffany	Cordant Health Solutions	ttuetken@cordanths.com
Turtle, John, PharmD	Pharmacist	johnjturtle@gmail.com
Valuck, Robert, PhD	Director, CCPDAP	robert.valuck@ucdenver.edu
Vanderveen, Kevin, MD	Regional Chief of Emergency Services, Kaiser Permanente of CO	Kevin.R.Vanderveen@kp.org

Veeneman, Hayes	Interested layperson	hhvehvcmv@gmail.com
Wall, Lawrence	Wall Consulting	lswalljr@yahoo.com
Whittington, Melanie	UC Denver Department of clinical Pharmacy	melanie.whittington@ucdenver.edu
Zimdars-Orthman, Marjorie	Interested Lay Person	mzorthman@comcast.net
Ziouras, Jennifer, MD	Regional Chief of Internal Medicine, Kaiser Permanente of CO	Jennifer.A.Ziouras@kp.org