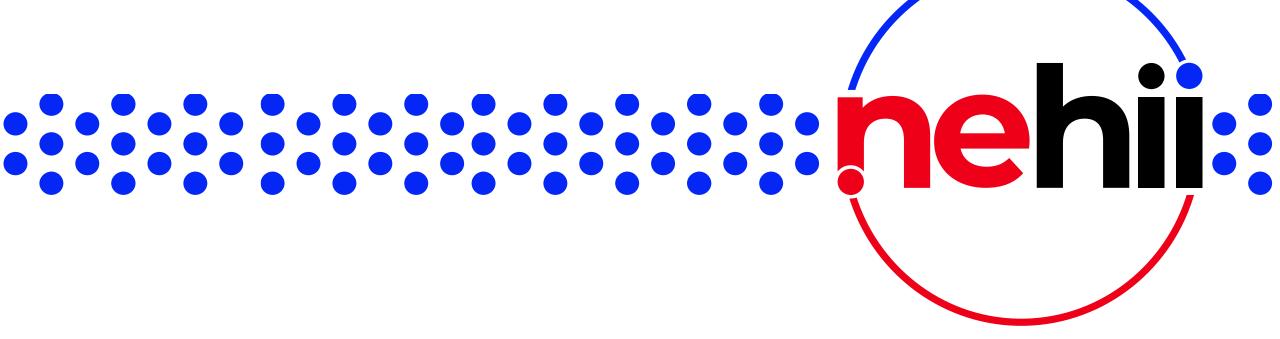
Nebraska's PDMP Improving Patient Care



Kevin C. Borcher, PharmD Sr. Director, Pharmacy Services PDMP Program Director NEHII, Inc.

January 21, 2021



Disclosure

I have no financial interest or actual or potential conflict of interest in relation to this program/presentation.



Objectives

01

Describe the use of the Nebraska PDMP

02

Demonstrate benefits of medication reconciliation with use of the PDMP 03

Demonstrate benefits of medication reconciliation with use of the PDMP

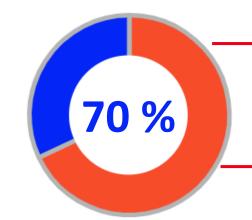


Opioid crisis: Nationwide

67,367

Number of drug overdose deaths in the U.S. in 2018

4.1% DECREASE FROM 2017



Percentage of drug overdose deaths attributed to opioids

2% DECREASE FROM 2017





Overdose deaths involving prescription opioids were five times higher in 2017 than in 1999



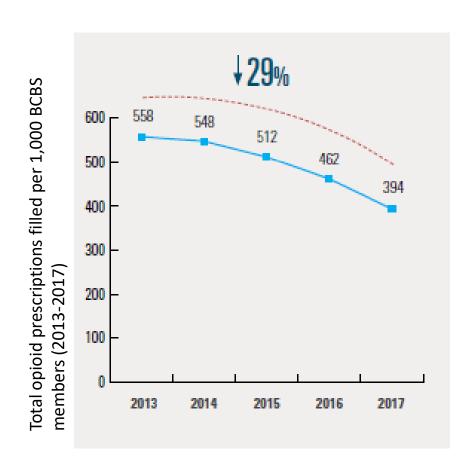
Opioid crisis

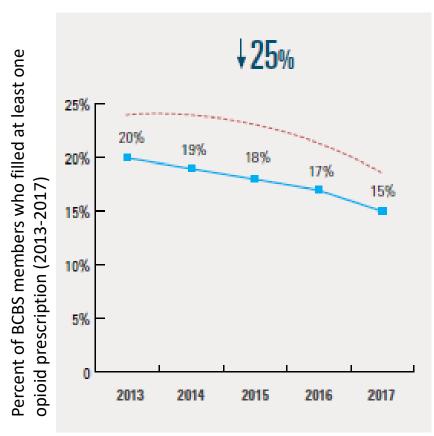
Opioid abuse is a serious public health issue. Drug overdose deaths are the leading cause of injury death in the United States.¹

State ²	Percent of members who filled at least one opioid prescription in 2015	Percent of members who were on a long duration opioid regimen in 2015	Opioid use disorder diagnoses in 2016 (per 1,000 members)	Percent of members with opioid use disorder who received medication-assisted treatment in 2016
National Average	21.4%	3.8%	8.3	37%
NE	17.8%	2.8%	2.4	56%
KS	19.0%	3.4%	4.2	38%
ND	17.5%	2.5%	3.8	45%
SD	15.8%	2.4%	3.0	27%



Decreasing opioid prescriptions





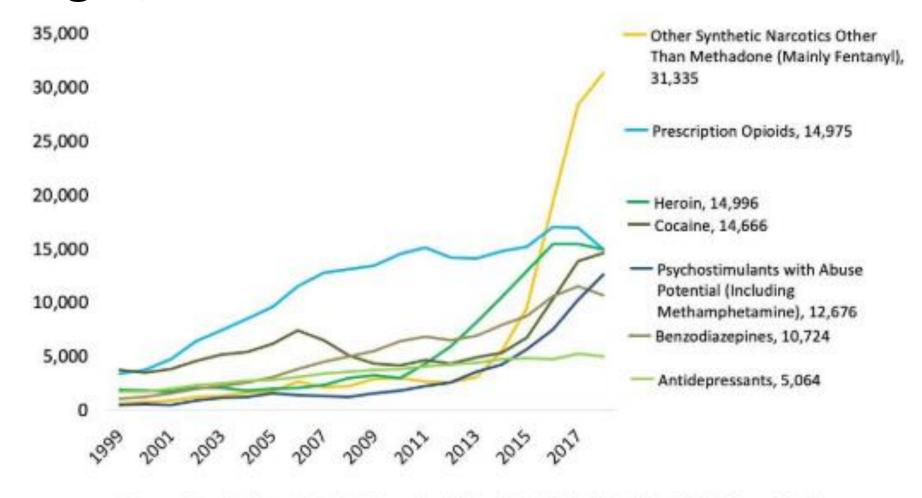


Opioid prescriptions

State	Opioid prescriptions per 1,000 BCBS members, 2013	Opioid prescriptions per 1,000 BCBS members, 2017	Percent change in opioid prescriptions per 1,000 BCBS members, 2013-2017	Opioid use disorder diagnosis per 1,000 BCBS members, 2017
National Average	558	394	-29%	5.9
NE	480	364	-24%	2.2
IA	511	357	-30%	3.0
KS	532	452	-15%	3.3
SD	498	336	-33%	2.2

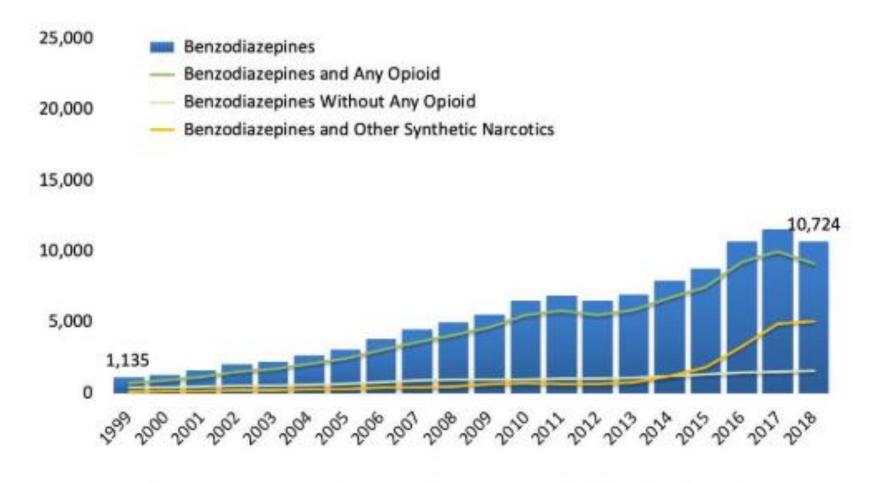


National Drug Overdose Deaths Number Among All Ages, 1999-2018

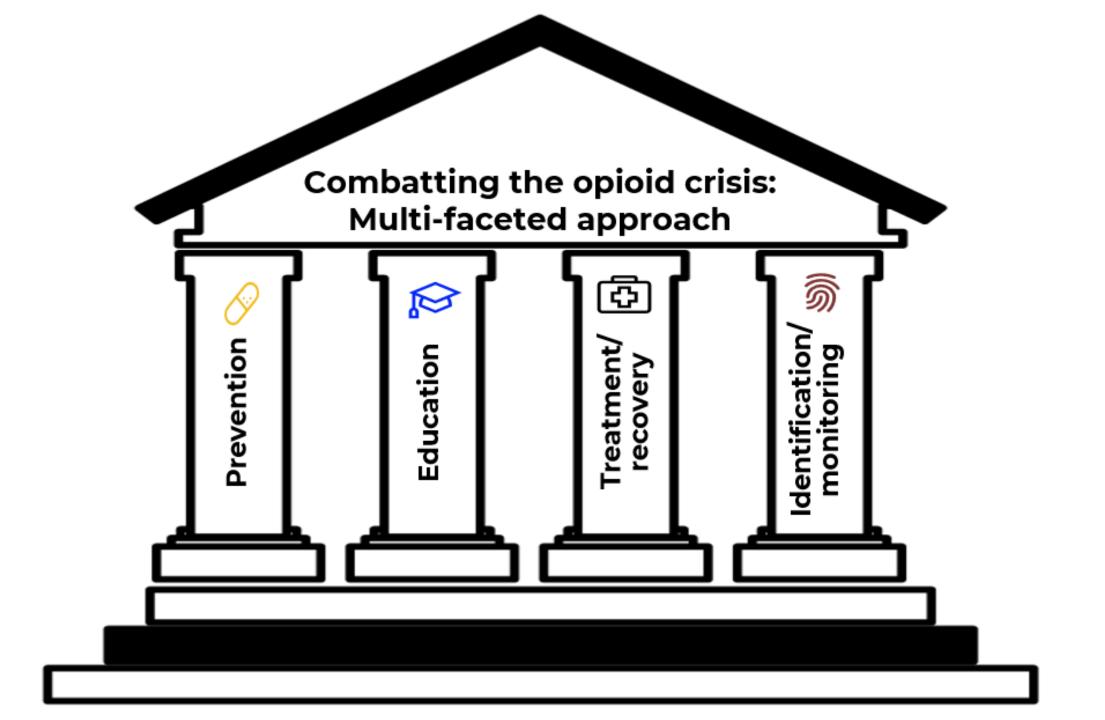




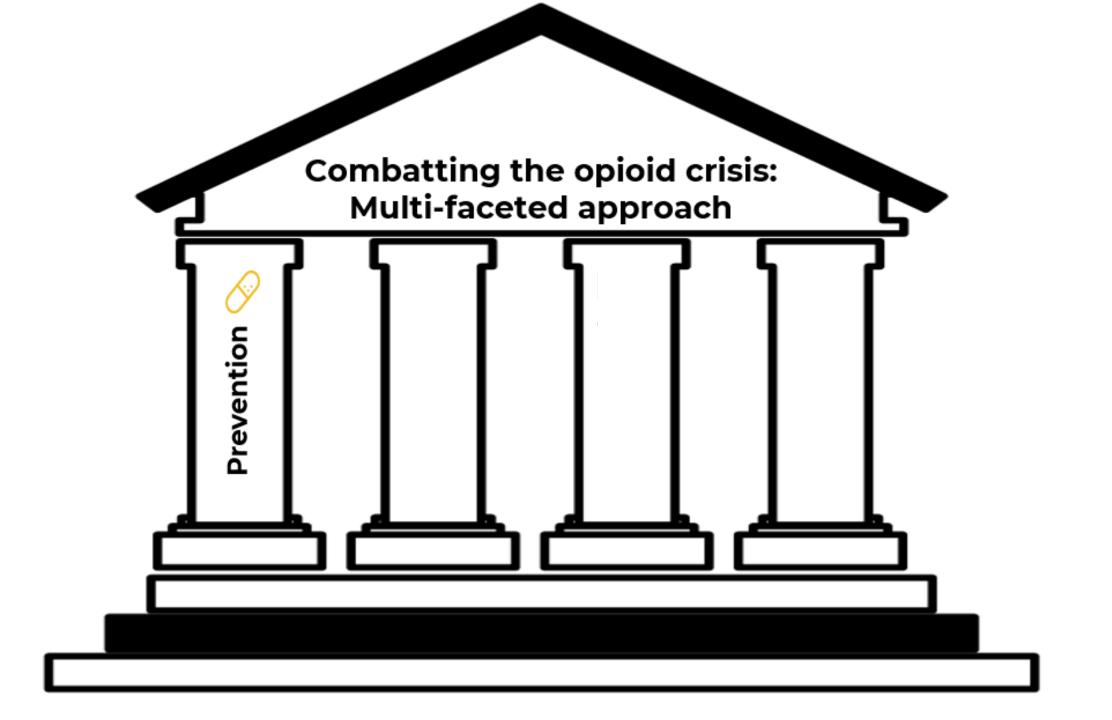
National Drug Overdose Deaths Involving Benzodiazepines, by Opioid Involvement Number Among All Ages, 1999-2018









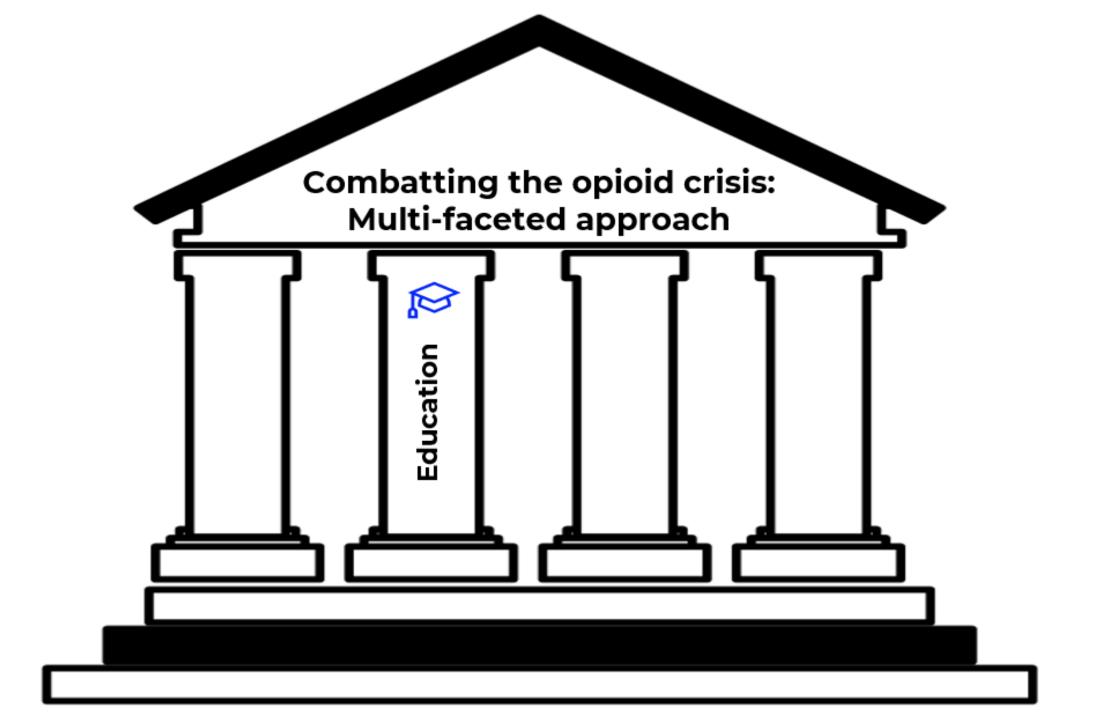




Drug Takeback Programs





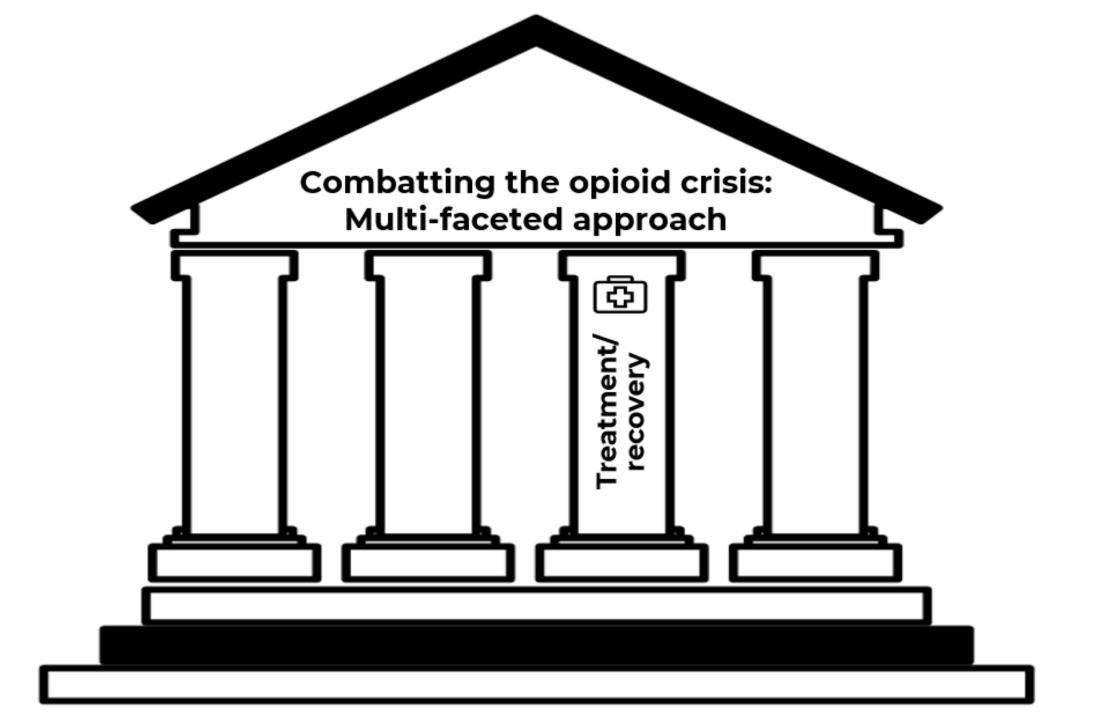




Education









Treatment/Recovery - Naloxone

Syringe

Evzio Auto-Injector

Ş

\$\$\$\$\$



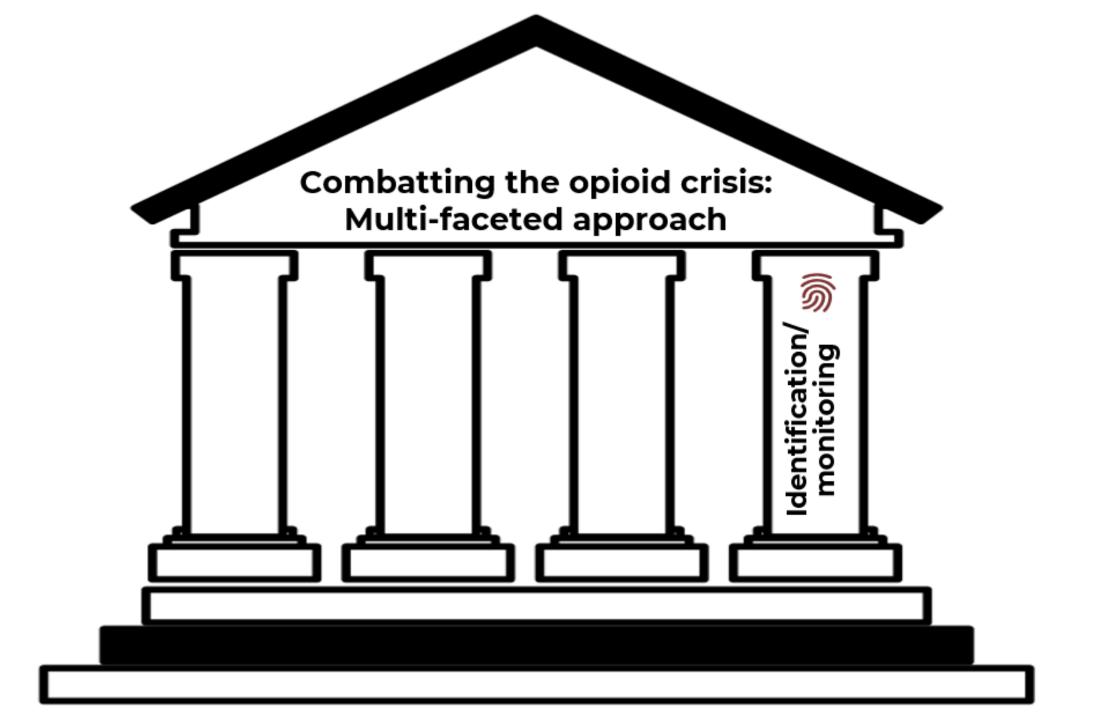


Nasal Spray

\$\$











Nebraska's PDMP

- Prevents the misuse of controlled substances that are prescribed – includes all dispensed prescriptions (controlled and non-controlled)
- Solidifies the state of Nebraska's position on the cutting edge of medical information technology
- Allows prescribers and dispensers (doctors and pharmacists) to monitor the care and treatment of patients to ensure prescription drugs are used for medicallyappropriate purposes



PDMP

Highlights

- Dispensers must submit data
- All dispensed drugs reported on at least a daily basis
- Providers and pharmacists can:
 - Access PDMP patient reports
 - Authorize delegates
- Alignment with federal policy (SUPPORT Act)
- Patient safety tool

Functionality

- Improved patient matching
- Delegate management
- Enhanced reporting
- Share PDMP data with other states
- Clinical workflow integration







Who Reports information to PDMPs?



Pharmacies

In-state

Mail order

Nebraska VA



Physicians

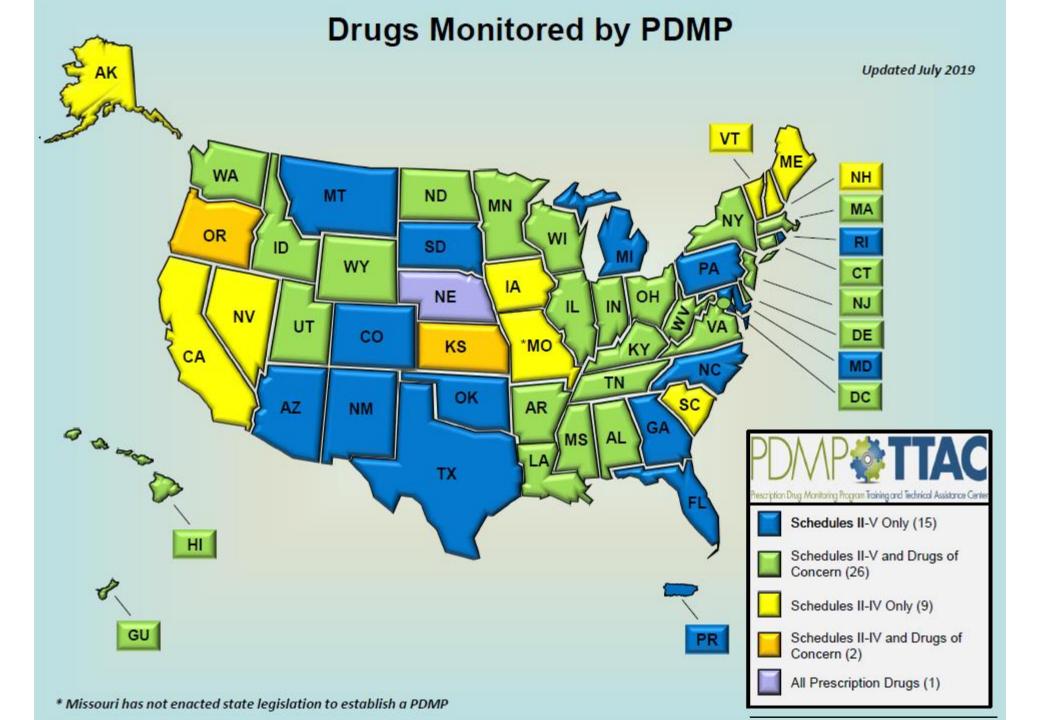
Dispensing Practitioner Pharmacy License



Veterinarians

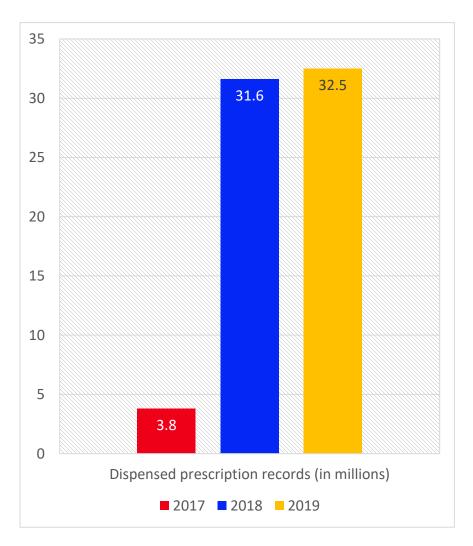
Controlled substances only

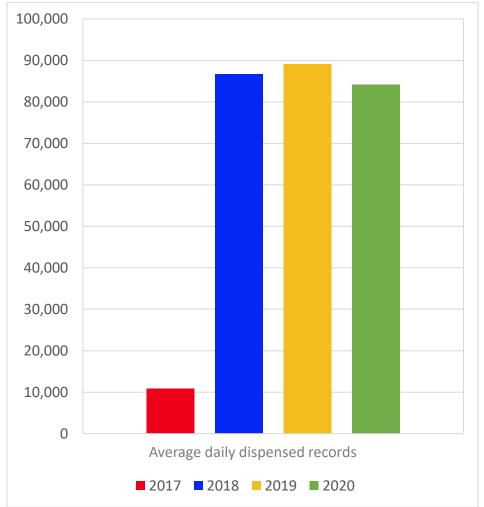






By the numbers: Prescriptions

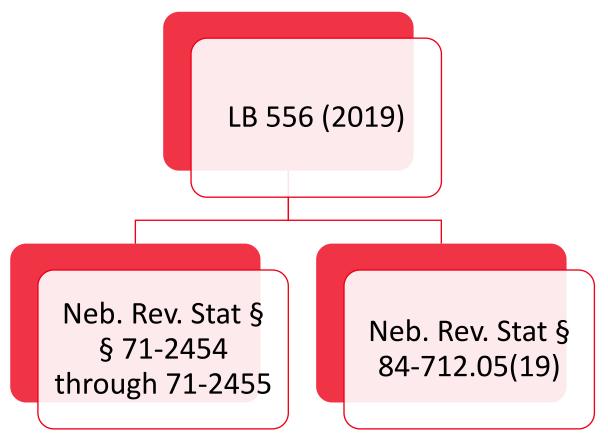






State legislation

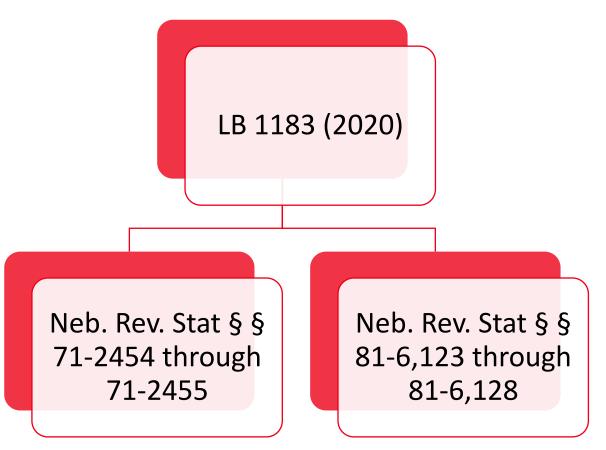
- Interstate data sharing
- Workflow integration
- Data use



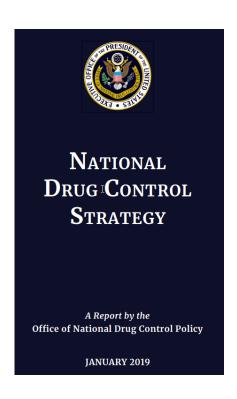


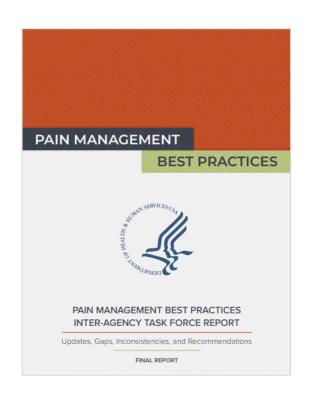
State legislation

- More frequent reporting
- Report when the Rx was sold/picked up by patient
- Data use
- Health IT Board









Federal policy/regulation



Substance

Use-Disorder

Prevention that

Promotes

Opioid

Recovery and

Treatment

SUPPORT for Patients and Communities Act

SUPPORT Act and PDMPs



Sec. 2003: Every prescription conveyed securely (EPCS)



Sec. 3201: Medication-assisted

treatment



Sec. 5042: Medicaid PARTNERSHIP Act





Electronic prescribing

- Electronic Prescribing of Controlled Substances (EPCS)
- All prescriptions
- EHR
- Mobile



Oklahoma model: every five minutes





- Share data with contiguous states
- Currently sharing with 14 states
- Increasing over time
- Controlled substances



- EHR
- Reduce provider burden
- 1-click access
- Multiple methods

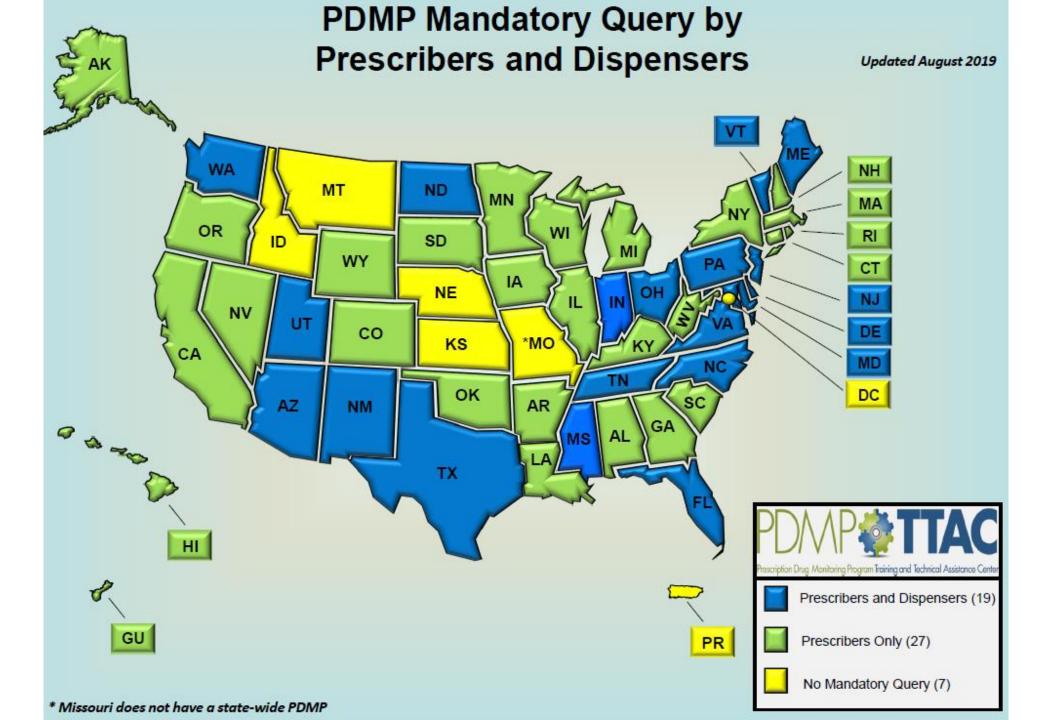


Checking PDMP

Beginning October 1, 2021, a State—

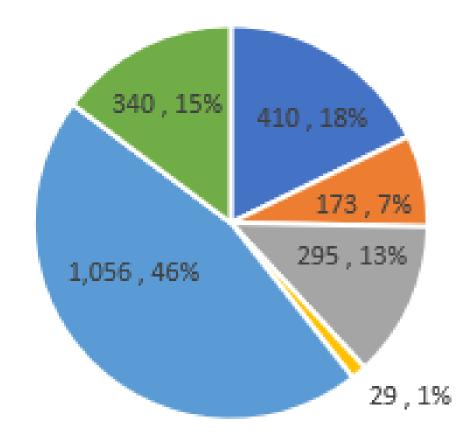
(1) shall require each covered provider to check, in accordance with such timing, manner, and form as specified by the State, the prescription drug history of a covered individual being treated by the covered provider through a qualified prescription drug monitoring program described in subsection (b) before prescribing to such individual a controlled substance





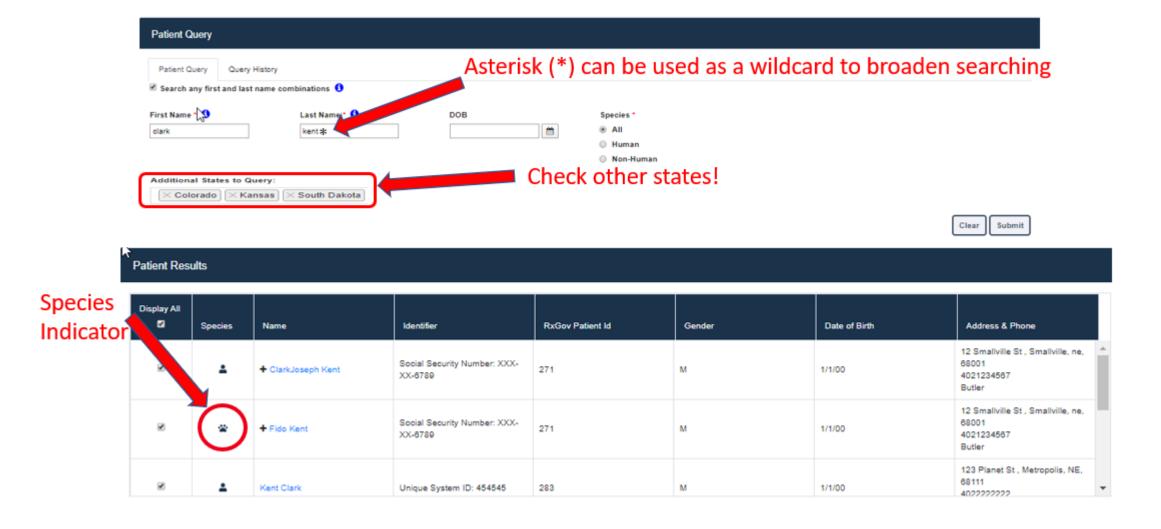


Proportion of unique users querying PDMP by user type (Dec 2020)





Patient queries



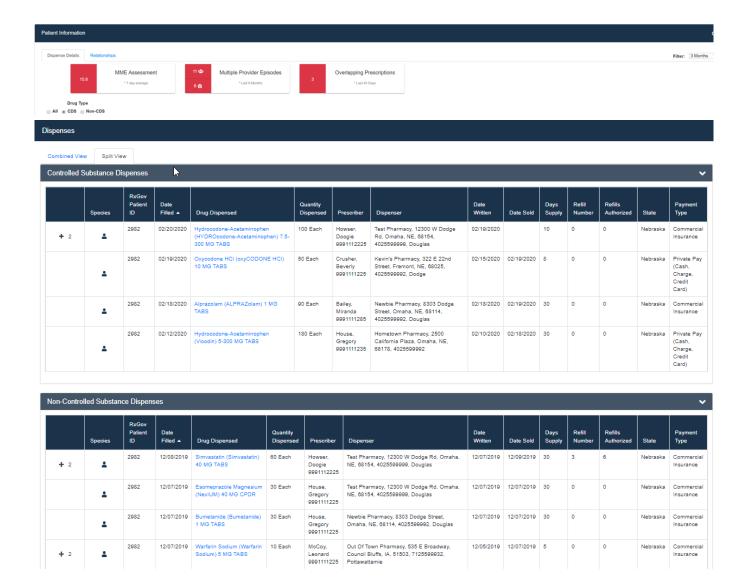


Patient queries





Patient query – CS/non-CS split view



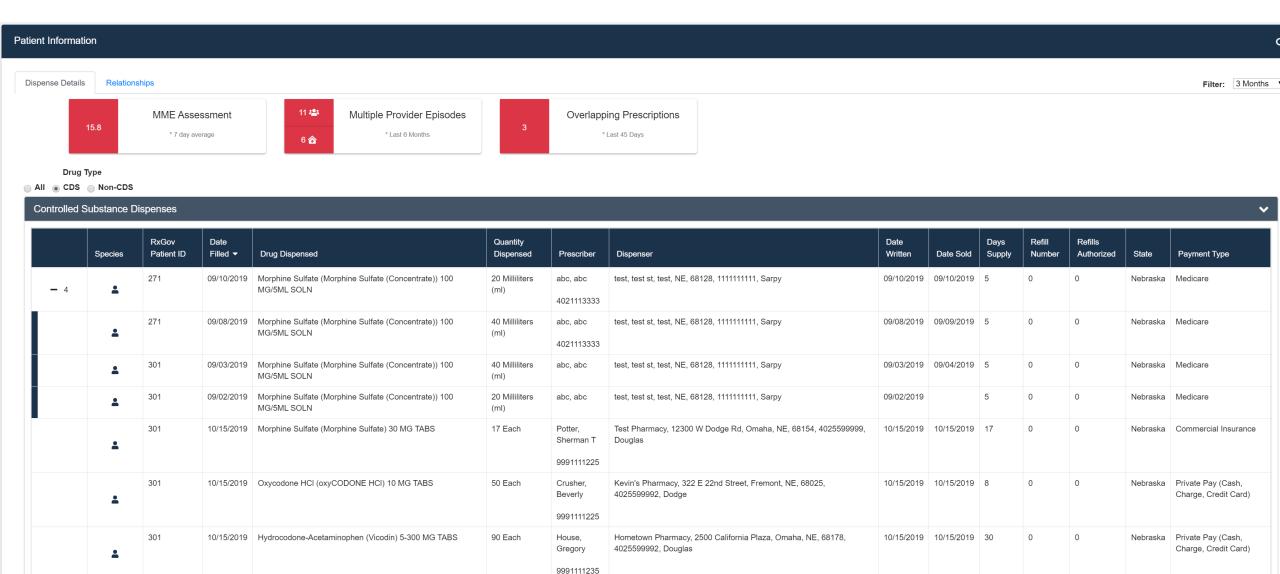


Patient query – combined view





Patient queries – clinical safety alerts



MME Assessment

Last Updated: Apr 4 2020 7:02PM

MME Assessment: Last 30 Days

3

Total Prescriptions

Show Last 30 Days

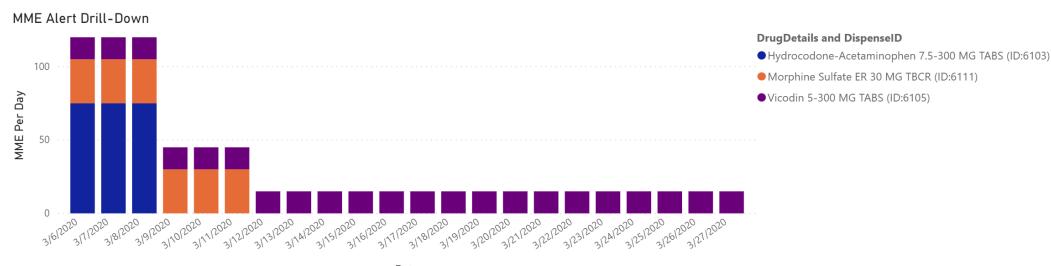
24.5

Average MME Per Day

Show Last 7 Days

0.0

Average MME Per Day

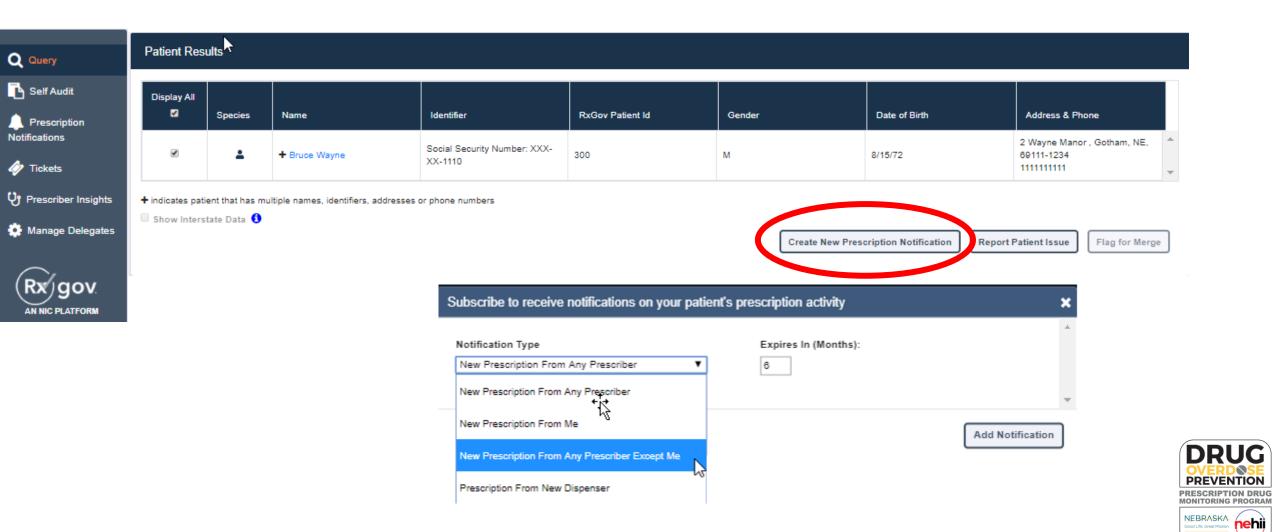


D	a	t	е

Drug Group	Drug Name	MME Per Day	Fill Date	Sold Date	•	Days Supply	Patient Full Name	Prescriber Full Name	Pharmacy
					Dispensed				~
Opioids	Hydrocodone-Acetaminoph	75.00	2/28/2020	2/28/2020	100	10	Wayne, Bruce	Grey, Meredith	Test Pharmacy
Opioids	Morphine Sulfate ER	30.00	2/27/2020	2/28/2020	14	14	Wayne, Bruce	Pierce, Hawkeye	Out Of Town Pharmacy
Opioids	Vicodin	15.00	2/27/2020	2/27/2020	90	30	Wayne, Bruce	House, Gregory	Hometown Pharmacy



Prescription notifications



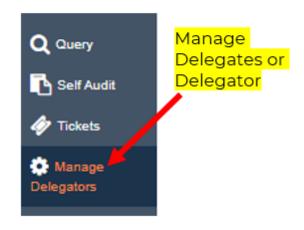
Delegates for prescribers and dispensers

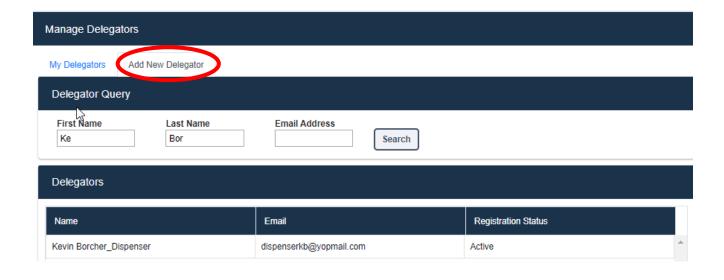
Delegate: A licensed or registered health care professional credentialed under the Uniform Credentialing Act

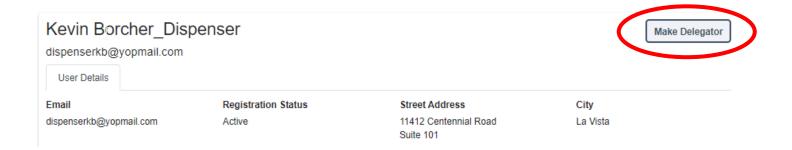
- Prescribers and dispensers can authorize a delegate
- Delegates must be under supervision of the prescriber/dispenser
- Prescribers/dispensers may authorize an unlimited number of delegates, but they must complete a User Access request form listing all authorized individuals
- All users must complete the training and acknowledgement



Delegate/delegator relationships









Reporting all dispensed prescriptions

Required reporting as of Jan. 1, 2018

Comprehensive medication history

Patient safety tool

- Allows clinicians to make better informed decisions
- Identify potential drug interactions, allergies and medications from multiple prescribers and pharmacies
- Provides a valuable resource for unprecedented emergencies
- Tool for medication reconciliation



MEDICATION RECONCILIATION The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency and route, by comparing the medical record to an external list of medications obtained from a patient, hospital or other provider. Definition. Medicaid Promoting Interoperability Program Modified Stage 2. Eligible Professionals. Objectives and Measures for 2018. Objective 7 of 10

Hospital Readmissions Reduction Program

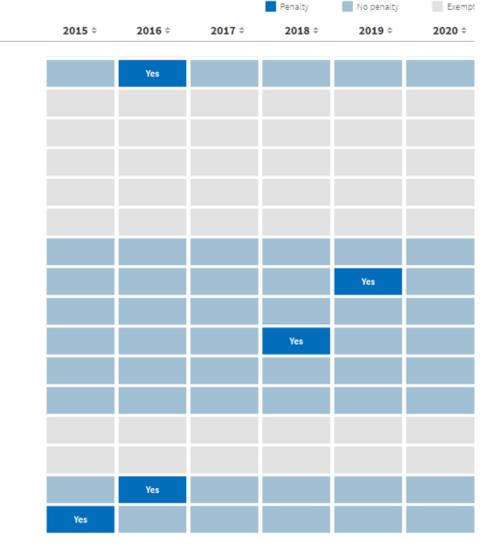
- 30-day risk-standardized Medicare unplanned readmissions
 - Acute myocardial infarction (AMI)
 - Chronic obstructive pulmonary disease (COPD)
 - Heart failure (HF)
 - Pneumonia
 - Coronary artery bypass graft (CABG) surgery
 - Elective primary total hip arthroplasty and/or total knee arthroplasty (THA/TKA)
- Reduced payments
 - 2,583/3,129 hospitals face average 0.71% penalty in FY 2020¹
 - \$563 million



Hospital Readmissions Reduction Program

"Yes" means payments are reduced 1 percent because of high rates of complications.

Name ‡



Challenges with obtaining medication history









ONLY AS ACCURATE AS
THE HISTORY
OBTAINED

POOR HISTORIANS

PATIENT/ FAMILY
BRING IN ALL
MEDICATION BOTTLES

TIME-CONSUMING







REVIEW EHR



ADMISSION VS.
DISCHARGE ORDERS



Successful medication reconciliation system







COMPREHENSIVE LIST



UP-TO-DATE LIST



EASE OF ACCESS WITHIN CLINICAL WORKFLOW



COST-EFFECTIVE



Overall value of the PDMP

- ✓ Powerful tool
- ✓ Opioid/controlled substance dispensed prescription review
- √ Comprehensive medical history
- ✓ Timely
- ✓ No cost to query
- ✓ Ease of access
- ✓ Patient safety



Contact information



Kevin Borcher

PDMP Director, NEHII 402-552-8576 kborcher@cynchealth.org



PDMP Support

402-506-9900, ext. 1 support@cynchealth.org



