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NABP Statement for the Record

Submitted to The Office of the National Coordinator for Health Information Technology
"Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs"

January 22, 2019

The National Association of Boards of Pharmacy® (NABP®) appreciates the opportunity to share with the Office of the National Coordinator for Health Information Technology (ONC) the work that our organization, states, and other stakeholders are executing in partnership to address the opioid crisis. We commend ONC for holding a comment period on the draft "Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs." **Prescription drug monitoring programs (PDMPs) continue to be among the most promising interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk**. NABP looks forward to continuing to work together with ONC to advance the most efficient, cost-effective, and evidence-based best practices in PDMPs.

NABP is a 501(c)(3) nonprofit association that protects public health by assisting its member boards of pharmacy and offers programs that promote safe pharmacy practices for the benefit of consumers.[1] **In 2011, the Association developed, funded, and began implementing NABP PMP InterConnect®, a nationwide PDMP hub, in response to states' needs and as part of NABP's commitment to public health and safety.** The hub allows PDMP users in one state to submit a query to multiple states and receive consolidated PDMP information on their patient. **NABP provides and will continue to provide this connected PDMP system free of charge to states.**

As of January 2019, this public-private partnership between NABP, the state PDMPs, and their software vendors has supported over 364 million transactions among 47 state PDMPs (soon to be 49) and an additional 366 million transactions within the PDMP data that were integrated into the clinical workflow for prescribers and dispensers. PDMPs are now moving to provide clinical decision support, patient support, patient engagement, and care team coordination tools as well as prescription data. These tools are currently available within some electronic health records (EHRs) in 37 states[2].

PMP InterConnect facilitates the secure transmission of PDMP data across state lines. The protected health information (PHI) transmitted through this system has end-to-end encryption utilizing health care industry standards for data encryption and transmission. NABP has no access to the PHI.

As the draft Strategy points out, ease of use is the primary contributing factor to increasing utilization of PDMPs. **Recognizing this, in 2012, NABP sought to facilitate the integration of PDMP data into clinicians' workflow** through collaboration with the state PDMPs and Appriss Health and their PMP Gateway technology. **Today, PDMP data is available at the point of care in some of the EHR, pharmacy management systems, and health**

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[1] *www.nabp.pharmacy*
[2] www.pmpinterconnect.com

information exchanges in 37 states. This one-click (or less), in-clinical workflow access has exponentially increased the number of times that providers review a patient's PDMP data.

Currently, more than 58,000 facilities have enabled practitioners to access interstate PDMP data with just one click. In addition, thirteen jurisdictions provide or are in the process of providing one-click/interoperable access to PDMP data for every prescriber and pharmacist in those states (Alabama, Arizona, Indiana, Kansas, Louisiana, Massachusetts, Michigan, Nevada, Ohio, Oregon, Pennsylvania, Virginia, West Virginia, and the District of Columbia).

NABP supports ONC's recommendation on Public Health Reporting, Strategy 1 to support retrieval of medication histories from state PDMPs, however:
- interoperability between EHRs and PDMPs is already widely available using common industry standards and compliance with the HIPAA Privacy and Security Rules; and
- interoperability between EHRs and PDMPs is not dependent on electronic prescriptions for controlled substances (EPCS) as the strategy on pages 21 and 65 might imply. The two processes occur at different points during the provider-patient interaction, utilize different communication mechanisms, and serve very different purposes. It is possible for any EHR (or other IT system) to facilitate either process or both. While both can promote better patient care, neither is dependent on the availability or inclusion of the other.

NABP recommends that Public Health Reporting, Strategy 1 (in the blue box) be separated into two sentences on page 18. Note that this strategy is described by two separate recommendations on page 21. **The recommendation for interoperability between EHRs and PDMPs should relate to encouraging further expansion without the necessity of additional federal intervention.**

The above changes will also require editing in the Issues and Challenges section.
- On page 41, under Public Health Reporting, in the first paragraph, (2) should separate the challenges related to EPCS from the challenges related to retrieval of medication history from PDMPs.
- Page 41, under Public Health Reporting, in the second paragraph, the last sentence should echo the separate issues of EPCS and PDMP data retrieval, as these are often separate systems, although a few EPCS systems **may** incorporate PDMP data retrieval. PDMP data retrieval is widely available, but cost is the most frequently cited barrier.
- On page 43, under Integration Challenges with Electronic Prescribing of Controlled Substance, EHRs, and PDMPs, paragraph 4, sentence 7 ("This variation also means that EHR vendors need to accommodate up to 50 different . . .") is incorrect. There are at least two commercial products that offer interfaces to all PDMPs, regardless of the PDMP's underlying technical architecture. This sentence could be deleted without changing the focus or meaning of the paragraph.

Thank you for the opportunity to provide information on the work of NABP in collaboration with the PDMPs and their software vendors. **We look forward to working with ONC in the future to ensure that health care providers can access reliable PDMP data quickly,** so that patients receive appropriate, informed medical treatment.