National Association of State Controlled Substances Authorities

NASCSA Response to NCPDP Standards-based Facilitated Model for PDMP

The Powerful and Effective Infrastructure that Exists Today

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INTRODUCTION

Prescription Drug Monitoring Programs (PDMPs or PMPs) are one of the most powerful tools in a provider's arsenal for combatting misuse, abuse, and diversion of prescription drugs while optimizing patient safety. Through years of hard work and the forging of many close partnerships between states, governments, and the private sector, all 54 PMPs now engage in interstate data sharing, including the U.S. Department of Defense Military Health System and the Veteran's Health Administration, through either PMP Interconnect or RxCheck.[1][2] Additionally, PMP data has been integrated into the workflow of healthcare providers in at least 43 states using the multiple solutions available including PMP Gateway and RxCheck.

The National Council for Prescription Drug Programs (NCPDP) has asserted that problems exist with the modern PMP infrastructure and suggest the development of an NCPDP standards-based facilitated model. Instead of states determining laws and best practices for the reporting of PMP data to their program, NCPDP recommends that "providers will report to the facilitated model and the facilitated model will populate the participating PMPs with information on controlled substances and other drugs of concern."[3] In essence, this effort would create a privatized national repository of prescription data which would be duplicative and create additional security concerns. This would be a detriment to patient health and safety and not in the public's best interest.

The National Association of State Controlled Substances Authorities (NASCSA) stands opposed to any initiative or program that duplicates or replaces individual state prescription monitoring programs.

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[1] PMP - InterConnect. (n.d.). National Association of Boards of Pharmacy (NABP). Retrieved September 15, 2021, from https://www.pmpinterconnect.net/login

[2] RxCheck Hub Status. (n.d.). Prescription Drug Monitoring Program Training and Technical Assistance Center. Retrieved May 23, 2022, from https://www.pdmpassist.org/RxCheck/HubStatus

[3] National Council for Prescription Drug Programs (NCPDP), "NCPDP Standards-based Facilitated Model for PDMP: Phase 1, An Interoperable Framework for Patient Safety," (March 2020): 7.

DISCUSSION

The argument for implementing the NCPDP Standards-based facilitated model relies heavily on NCPDP's false predication that:

- PMPs lack uniform best practices.
- Integration of PMP data within workflow is not occurring.
- Data is not provided in a timely enough manner.
- User authentication is a barrier to workflow.

NCPDP states that the SUPPORT Act requires enhancements to PMPs including:

- The ability to share data in as near to real-time as possible.
- Supporting exchange of data across state lines.
- Establishing integration into clinical workflow within electronic health record systems.

Fortunately, as NCPDP failed to mention, these requirements have either long been met or exceeded by the majority of states.

PMPs utilize a standardized data format established by the American Society for Automation in Pharmacy (ASAP) which is recognized and adopted by all state, territorial, and jurisdictional PMPs throughout the United States. ASAP is also recognized as the standardized data format by virtually all state government agencies. This format allows pharmacies to report critical elements of a prescription dispensation in a uniform manner. It further allows states the ability to control which fields they require dispensers to report and which fields are optional. The ASAP standard, which was developed in 1995, works seamlessly with pharmacy dispensing software as well as the software of dispensing prescribers.

NCPDP claims the SUPPORT Act requirement to share data "in as near to real-time as possible" poses a challenge to PMPs. The SUPPORT Act language is ambiguous and not clearly defined. Data reporting frequency can occur as frequently or infrequently as a state's law requires. Almost every state PMP requires daily reporting while some, such as Nebraska and Oklahoma, require or encourage real-time reporting. Flexibility in reporting frequency allows states to determine the point within workflow where reporting of a controlled substance must occur. For example, most states require reporting of a prescription once it has been filled or prepared by the pharmacy. As healthcare and technology have evolved, many states have determined it is beneficial for prescriptions to be reported once dispensed or sold to the patient. The ASAP format allows states the flexibility to do so.

NCPDP claims that the number of PMP repositories is problematic because of "significant administrative barriers." In reality, when states manage their own database, it increases their ability to provide critical information at the point of care. When states maintain ownership and control of the data and database, they are able to process and report accurate data quickly and efficiently based on their specific state's data, laws, policies, and/or unique circumstances. This can be accomplished in a more efficient and expeditious manner rather than through a nationally-administered process. This ensures that clinicians have access to critical information in a timely fashion.

When handling some of the most private, sensitive information that a government can possess, it is of utmost importance to ensure proper access to and use of that information. While NCPDP believes that "user ID and password-required access to PMP data creates significant workflow challenges," NASCSA believes that it is vital to the integrity and security of the entire PMP infrastructure. PMPs and data-sharing hubs meet or exceed data security requirements as defined by the federal government as well as multiple independent accrediting bodies such as the American National Standards Institute (ANSI). They are HIPAA compliant, and many systems even receive certifications such as HITRUST CSF or SOC 2 Type 2 reports. Many PMPs even allow for more efficient use through secure integrations within workflow, Single-Sign-On (SSO), or other passthroughs that still maintain the highest level of privacy and security.

NCPDP also cites the ALERT Act of 2018, which, if passed/adopted, would implement a "prescription safety alert system to minimize prescription controlled substance diversion, misuse, and abuse." This legislation seeks to ignore over a decade of hard work and advancements that have led to the robust PMP network that we have today. Furthermore, the ALERT Act only includes "dispensers" in its language and does not allow for the use of such a system by prescribers. Creation of a duplicative network that operates in an identical manner as a PMP but ignores physicians, physician assistants, nurses with prescriptive authority, podiatrists, optometrists, delegates, and many more would be detrimental to patient health and safety. Lastly, it is critical to note that not all prescribers and dispensers utilize systems which support the NCPDP format (e.g. veterinarians, prescribing dispensers, home health pharmacies, long term care pharmacies, etc.). These entities currently have seamless access within the existing PMP infrastructure.

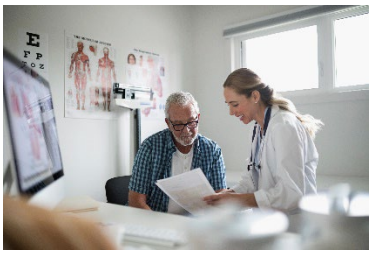
PMPs have worked together in close partnership for many years. Not-for-profit organizations such as NASCSA, National Association of Boards of Pharmacy (NABP), the PDMP Training and Technical Assistance Center (TTAC), and the National Alliance for Model State Drug Laws (NAMSDL) have served as intermediaries and facilitators to bring together diverse groups of stakeholders to ensure that PMPs exceed the needs of our nation while addressing the individual needs of states. Groups such as these allow leaders of PMPs, Controlled Substances Authorities, and Public Health agencies to work together with government and private industry to develop partnerships that benefit states and the patients we intend to help. These organizations seek the input of diverse groups of stakeholders to ensure elimination of bias so that there is fair, balanced representation.

KEY FINDINGS

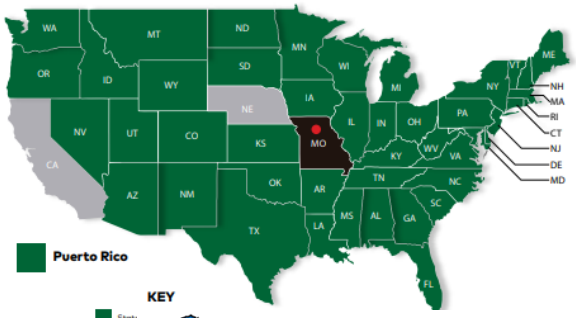
Data is being shared in real-time or near to real time

Interstate data sharing is occurring between 54 PMPs

Integration of data into workflow is occurring in at least 43 states



PMP InterConnect®



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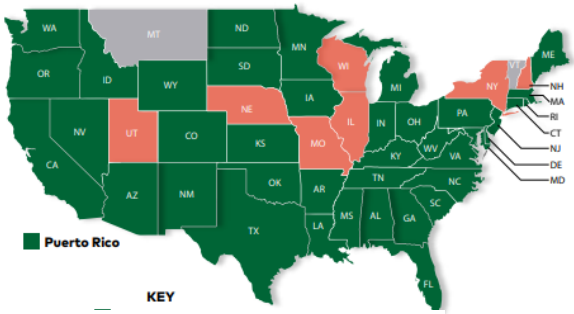

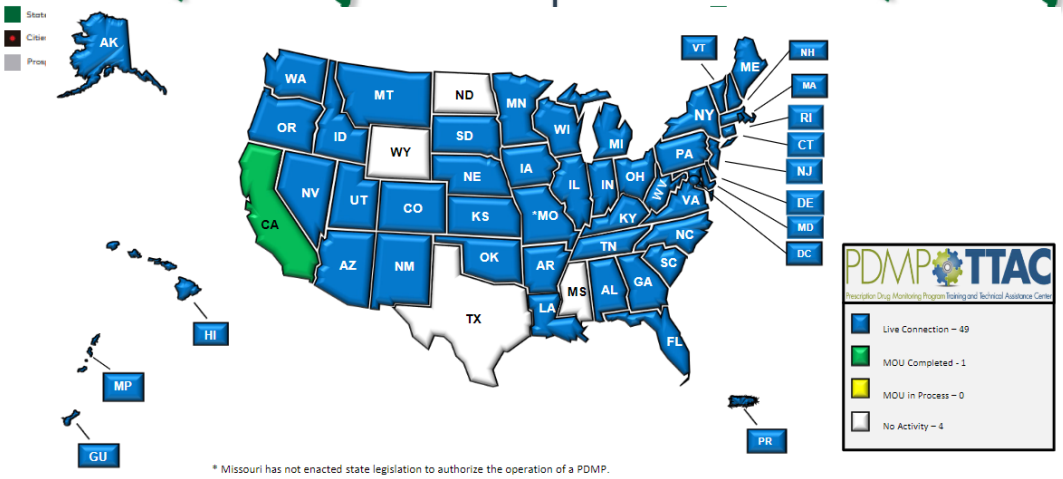

* Missouri has not enacted state legislation to authorize the operation of a PDMP. 84% of the state's population is covered by the St. Louis County Department of Public Health PDMP.

RxCheck Hub

CONCLUSION

PMPs have traditionally been seen as law enforcement or patient safety systems in most states and are now often seen as a public health surveillance tool. PMPs can be life-saving clinical tools that are able to help decrease misuse, abuse, and diversion of controlled substances. They have helped increase patient safety by creating a comprehensive network of clinicians armed with important data across the nation. Their information, in forms of effective prescription information displays, analytics dashboards, charts, and risk-analyses, is directly integrated into the workflow of clinicians in many states to maximize efficiency and to minimize interruption to patient care. NASCSA has and continues to collaborate with state and federal agencies to improve the functionality and benefits of these systems.

PMP leaders and stakeholders meet regularly to discuss the state of the current infrastructure to ensure clinicians have the newest available technology so that patients can receive the best care possible. These partnerships are exactly what have led PMPs to become the indispensable tools they are today. Innovations include interstate data exchange, integration into workflow, addition of supplemental datasets (non-fatal overdose, fatal overdose, criminal justice, marijuana, etc.), and many others. PMPs have been able to innovate while recognizing the important differences that exist between individual programs. If PMPs lose their independence to administer their own programs through privatization of a less robust and comprehensive system, it will most certainly lead to a degradation of operations as well as patient care.

NASCSA welcomes change and innovation that seeks to improve patient safety, but it is important that stakeholders have accurate information regarding the significant efforts PMPs have undertaken since their creation in 1918.[4] NASCSA welcomes anyone to the table willing to have an honest, open dialogue in the true furtherance of patient care. NASCSA firmly rejects any initiative or program that aims to duplicate or replace individual state prescription monitoring programs.

Key Takeaways

- Data is currently shared in real-time or near real-time in almost every PMP.
- A robust network of interconnected PMP exists currently and facilitates comprehensive clinical tools for improving patient safety and decreasing misuse and abuse.
- The majority of PMPs facilitate the integration of PMP data into the workflow of clinicians and other PMP users using ANSI-accredited standards.

[4] Bulloch, M. (2018, July 26). The Evolution of the PDMP. Pharmacy Times. Retrieved November 1, 2021, from https://www.pharmacytimes.com/view/the-evolution-of-the-pdmp

ADDITIONAL RESOURCES

- National Association of State Controlled Substances Authorities (NASCSA)
  https://www.nascsa.org/
- Prescription Drug Monitoring Program Training and Technical Assistance Center (TTAC)
  https://www.pdmpassist.org/
- National Association of Boards of Pharmacy (NABP) PMP Interconnect
  https://nabp.pharmacy/members/programs-services/industry-information-networks/pmp-interconnect/
- RxCheck
  https://www.pdmpassist.org/RxCheck
- PDMP Works
  https://pdmpworks.org/