Questions and Answers from NASCSA Webinar
May 1, 2019

Questions to representatives of the Military Health System

Q. Are there instances where MHS providers or pharmacists are required by the Department of Defense (DoD) to query a patient? Can you provide an example?
A. Current policies and practices are being reviewed by DHA in addition to industry best practices. At this time, there is no mandatory use policy.

Q. Do providers leave the EHR and log in to the web based program or is the query feature integrated into the EHR? If not, have there been discussions about integrating?
A. Users leave the EHR and query through a secure web-based portal. The MHS is currently transitioning to a new electronic health record and will not be able to consider integration until that is complete in 3-5 years.

Q. Because the MHS does not validate DEA numbers, does that mean any prescriber could have access to the MHS?
A. Any Military Health System prescriber (active duty, civilian or contractor) who has an NPI and valid license can register as an MHS PDPM user. Once their NPI, license number, and MHS membership are validated, they will be granted access.

Q. When is the data submitted to the PMP, at the time of prescribing or time of dispensing?
A. Daily; every 24 hours in a batch file. At this time, a majority of MHS prescriptions will be submitted based on the prescribing of a monitored medication. As MHS transitions to their new electronic health record, the data will be submitted daily based on the dispensing of the monitored medication.

Q. For the DoD dispensations, will there be only 2 years of data at all times?
A. There will be two years of data available to all users who run patient reports at all times although at this time, the MHS database only has data loaded from its implementation on December 20, 2018 until now.

Q. Does a provider in the civilian sector have to access the DoD PDMP in addition to their state PDMP in order to view a patient’s prescription information? Is there a reason the DoD does not directly share prescription information like the VA does?
A. Civilian sector prescribers and/or pharmacists are not eligible to be users in the MHS PDMP. The MHS PDMP contains data from military treatment facilities (MTFs) worldwide and that coupled with some IT system constraints is the reason a separate MHS PDMP "state" was created. Civilian providers and pharmacists (non-active duty) who are part of the Military Health System have access to register as users of the MHS PDMP and may have access to the state PMP if granted by said state.
Q. If a state has law enforcement or an investigator that needs data, how or who would they contact for the request?
A. Complaints and inquiries should be sent to the MHS PDMP Administrator. Requests will be reviewed by DHA's legal department for investigation, vetting, and response.

Q. If a civilian practitioner prescribes a controlled substance to a patient who then fills at MHS, does that prescription get reported by the MHS?
A. Yes, all controlled substances filled at the MTFs would be uploaded to the MHS PDMP regardless of who prescribed it.

Q. How does the military deal with inappropriate use of the PMP by a military practitioner?
A. All complaints of misuse will be thoroughly investigated. Privacy law violations are taken very seriously and appropriate action would be taken as a result. Language that appears when reports are run by users in the MHS PDMP state "inappropriate access or disclosure of this information may result in disciplinary action and/or revocation of database access privileges."

Q. Just to clarify, if a state does NOT share (such as California), then a civilian prescriber would have to log in to the MHS PDMP separately to view a patient’s DoD prescription information? Thank you.
A. Civilian prescribers are not eligible to be users in the MHS PDMP. If the state in question does not accept one way sharing of information from the MHS PDMP, then non-MHS providers in that state would not have access to MHS PDMP data.

Q. For prescriptions that are returned to stock, if the state does not have a manual way for prescriptions to be voided, does the VA submit a void file? (Same question for MHS if applicable)
A. MHS PDMP administrators have the ability to submit a void file.

Q. If the practitioner is licensed in Utah but works in Nevada and inappropriately accesses the data in the Nevada PMP, how would the military or VA deal with this? Because the practitioner is not licensed in Nevada, other than turning off their access, there is not much else we can do.
A. Again, all complaints of misuse will be thoroughly investigated. Privacy law violations are taken very seriously and appropriate action would be taken as a result. Language that appears when reports are run by users in the MHS PDMP state "inappropriate access or disclosure of this information may result in disciplinary action and/or revocation of database access privileges."

Q. Is it true a civilian prescriber in the civilian sector (not working in the military) will not be able to access the MHS PDMP? If sharing is not allowed?
A. Correct, states must have a sharing agreement with the MHS PDMP for civilian sector prescribers to view MHS PDMP information.