PDMP Data Transmissions from the Department of Veterans Affairs

Review of the legal history authorizing the VA to share data to Prescription Drug Monitoring Programs (PDMPs)

Status update on VA’s current data sharing activities

Future plans and maintenance concerns with VA data transmissions
Initial Legislative Authority

- Under regulations the Secretary [of Veterans Affairs] shall prescribe, the Secretary may disclose information about a veteran or the dependent of a veteran to a State controlled substance monitoring program, including a program approved by the Secretary of Health and Human Services under section 399O of the Public Health Service Act (42 U.S.C. 280g–3), to the extent necessary to prevent misuse and diversion of prescription medicines.
Under regulations the Secretary [of Veterans Affairs] shall prescribe, the Secretary shall disclose information about a veteran or the dependent of a veteran to a State controlled substance monitoring program, including a program approved by the Secretary of Health and Human Services under section 399O of the Public Health Service Act (42 U.S.C. 280g–3), to the extent necessary to prevent misuse and diversion of prescription medicines.
Current Legislative Authority

- HR 1545 was signed by the President on 11/21/17 and became Public Law 115-86.

- The authority for VA to send data to State Prescription Monitoring Programs (SPMPs) now reads as follows:

(1) Under regulations the Secretary shall prescribe, the Secretary shall disclose information about a veteran or the dependent of a veteran a covered individual to a State controlled substance monitoring program, including a program approved by the Secretary of Health and Human Services under section 399O of the Public Health Service Act (42 U.S.C. 280g–3), to the extent necessary to prevent misuse and diversion of prescription medicines.

(2) In this subsection, a ‘covered individual’ is an individual who is dispensed medication prescribed by an employee of the Department or by a non-Department provider authorized to prescribe such medication by the Department.
Transmission Status
Exceptions

• Missouri
  – Legislative/regulatory authority describes state-run programs

• Guam
  – All prescriptions dispensed to VA’s Guam clinic are handled from the Honolulu HI VA Pharmacy (see ahead for discussion of business rules)

• CHAMPVA Meds by Mail (MbM)
  – Option A relates to internal VA enhancements
  – Option B for DoD-like approach
  – See ahead for additional discussion

• AAI (California, Illinois, Wyoming)
  – Resolution already pending
VA Memorandum of Agreement

- VA Internal IT Security Rules expect a Memorandum of Agreement / Interconnection Systems Agreement for any changes to the network firewall protection

- The authority (and requirement) to send data is in law and in regulation, but that doesn’t completely remove the need for good communication between VA and states/vendors

- MOST HELPFUL -- Advance Notice for any IP Address changes
  - It takes weeks and sometimes months to request a new server URL to be enabled
Data Transmission Business Rules

• VA sends data for all *federal* controlled substance prescriptions

• VA sends data to the SPMP of the state in which the pharmacy is geographically located
  – This is based on the computer setting of the pharmacy’s “Mailing Frank Address/City/State/Zip”

• VA sends data shortly after midnight local time for prescriptions that were “released” yesterday
  – Release is a concept in the VistA EHR that incorporates pharmacist final check, prescription ready for window pickup, prescription entry to the postal delivery stream, etc.
  – Occasional automation workflows (e.g., ScriptPro) cause a prescription to be released twice ... VA has a workaround to address this
VOID Records

• See previous slide re: VistA RELEASE Functionality
• VA is not a retail pharmacy; we do not “sell” prescriptions
• A VOID record is sent when a prescription that has been released is later RETURNED TO STOCK.

• Common scenarios
  – Prescription on shelf but never picked up
  – Prescription verified and filled but intercepted before dispensing due to change

• VA agrees that transmitting upon patient pick-up or mail delivery would be preferred but our EHR does not yet have a trigger at this point

• Enhancements to include a window pick up scan (proposed) and a manual VOID transmission in lieu of web site processes (project interrupted) have been considered
Comparison between VA model and DoD model

<table>
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<tr>
<th>VA</th>
<th>DoD</th>
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<tbody>
<tr>
<td>Transmissions similar to that of a National Network of Pharmacies</td>
<td>Standalone Database similar to that of a “51st State”</td>
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<tr>
<td>Matches Process for neighboring retail pharmacies</td>
<td>Provides DoD Operational Security</td>
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<tr>
<td>Community Prescribers access data through their existing EMR or State-based web portal in all locations</td>
<td>Limited Access outside the Interstate Sharing Process</td>
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Future Development Plans

• Centralized Connections
  – Since the network firewall configuration changes are the VA’s rate-limiting step, reducing the number of outbound connection points may improve the response time from the National Security Operations Center

• Distribution to State of Delivery
  – VA recognizes that our Consolidated Mail Outpatient Pharmacy (CMOP) process is unique from traditional mail order pharmacies and that the business rules for transmission to the state in which the pharmacy resides does not offer insight for the state to which a CS prescription is delivered.

• Consideration for standalone VA database
  – Since the inception of VA’s approach to SPMPs, there has been a corollary recommendation for a “VA Prescription Monitoring Database”
Meds by Mail / CHAMPVA

• Establish 52\textsuperscript{nd} State Approach?

• Develop additional capabilities to transmit to state of prescription delivery?

• Share DoD-like database?

• Other??
Pharmacy and Provider – Two Directions of Data Flow

• VHA Pharmacy Benefits Management and VA Office of Information and Technology share responsibility for SPMP data OUTBOUND ... VA to State/Vendor

• VHA Primary Care Service holds responsibility for SPMP data INBOUND ... query via state website or (ideally) EHR integrated workflow approach

  – Documentation of provider query activities
  – Querying State Prescription Drug Monitoring Programs (PDMP)
    • https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3283
Data Sharing Constraints

- Controlled Substance as defined by Federal Controlled Substance Act

(b) Definitions. For the purposes of this section:

Controlled substance means any substance identified in 21 CFR part 1308 as a schedule II, III, IV, or V controlled substance.

Interim Final Rule as originally published

Result – absence of authority or permission to share based on:
- State requests for state-level controlled substances (e.g., gabapentin)
- State requests for state-level products of interest (e.g., naloxone)
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