Appriss Health Response to the ONC 2018 Draft Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs

Appriss Health provides the nation's most comprehensive platform for early identification, prevention, and management of substance use disorder (SUD). We provide state and federal government agencies with the most advanced repository of controlled substance dispensing data and deliver real-time clinical decision support, critical insights, and interventions to physicians, pharmacists, and care team members. Our solutions help prescribers and dispensers assess and manage clinical risk by providing access to critical information at the point of care for hundreds of millions of patient encounters each year. Appriss Health provides the platform for prescription drug monitoring programs (PDMPs) and access to non-PDMP information, analytics, tools, and resources from PDMPs, across state lines, and integrated within care team workflows.

As the industry leader, Appriss Health has collaborated with state and federal partners, health systems, pharmacy chains, and industry-supporting associations to create a highly functioning ecosystem that promotes best practices for state and federal PDMPs. This ecosystem is powered by:

- A highly scalable technical and clinical PDMP platform providing critical clinical solutions and connectivity to more than 1.3 million PDMP system users throughout the United States and U.S. territories;
- A proven and highly configurable interstate data sharing hub, designed by PDMPs, supporting interstate data sharing among state and federal PDMPs for 49 of the 54 PDMPs, exchanging more than 30 million PDMP reports every month; and
- A turnkey PDMP integration technology, designed by PDMPs, enabling integration of PDMPs within electronic health record (EHR) systems, pharmacy management systems, e-prescribing platforms, and health information exchanges (HIEs).

More than 80% of all prescribers and pharmacists throughout the United States use a health technology vendor that is already connected to this common API, providing a consistent integration of the PDMP within workflow. Today, more than 400,000 prescribers and pharmacists use this common integration protocol, generating approximately 25 million PDMP reports within workflow every month.

Over the past year, the public-private partnership of the National Association of Boards of Pharmacy, the state PDMPs, and their software vendors has supported more than 324 million interstate PDMP data-sharing transactions among 49 state PDMPs. Additionally, more than 276 million PDMP reports have been integrated into the clinical workflow for prescribers and dispensers within the past year via Appriss Health's PMP Gateway API.

Nearly 59,000 facilities in 37 states have enabled practitioners to access interstate PDMP data with just one click. In addition, 13 states (Alabama, Arizona, Indiana, Kansas, Louisiana, Massachusetts, Michigan, Nevada, Ohio, Oregon, Pennsylvania, Virginia, and West Virginia) and the District of Columbia provide or are in the process of providing one-click access to PDMP data for every prescriber and pharmacist in those states.

Appriss Health welcomes the opportunity to provide the following comments in response to the ONC 2018 draft Strategy on Reducing Regulatory and Administrative Burden Related to the Use of Health IT and EHRs.

Public Health Reporting

Strategy 1: Increase adoption of electronic prescribing of controlled substances (EPCS) and retrieval of medication history from state PDMP through improved integration of health IT into provider workflow.

Appriss Health supports the increased adoption of electronic prescribing of controlled substances (EPCS) as many states continue to legislate and adopt mandatory EPCS laws. Increased adoption of EPCS will help mitigate potential fraud, waste, and abuse involved with prescribing controlled substances.

The opioid epidemic and impact on society is ever changing. As such, state-based PDMPs have also evolved to stay ahead of the curve relative to policy and legislative issues and technical advances. As referenced in the CDC's 2018 Annual Surveillance Report of Drug-Related Risks and Outcomes, opioid prescribing rates have decreased by 19.2% from 2006 to 2017. However, drug overdose deaths in 2016 reached a new record high. Heroin, synthetic opioid (mostly illicitly manufactured fentanyl), cocaine, and other psychostimulants with abuse potential were driving increases in overdose deaths in 2016. For these reasons, state PDMPs have modified their programs to include additional non-prescription data such as non-fatal overdose, toxicology, and criminal justice data as well as clinical alerts and predictive analytics to help identify patients at risk and clinical resources and tools to help those patients.

From 2013 to 2015, Appriss Health participated in the S&I Framework pilot sponsored by ONC to model and develop different approaches and standards to drive integration of the PDMP within clinical workflows (EHRs, pharmacy management systems, HIEs, and e-prescribing platforms). During the course of the pilot, Appriss Heath developed several PDMP integration models that included HL7, NCPDP, ASAP and the Appriss Health Gateway API. Nine of the ten pilots were driven by Appriss Health use cases. Given the complexities of PDMP integration and multitude of health IT stakeholders, the conclusion of the pilot resulted in no one single standard.

Since the conclusion of the S&I Framework pilot, Appriss Health has continued to help states drive integration of their PDMP within clinical workflows. In doing so, Appriss Health has offered numerous options to states and health IT vendors. Due to the unique requirements of PDMPs, the Gateway API, with much stakeholder-driven development work along the way, has emerged as the overwhelming choice. States simply have found that the other options could not support their program goals, requirements, and laws, and until recently, no standard existed that could (the emergence of SMART on FHIR is changing this). And Ohio, beginning in late 2015, became the first state to sponsor a statewide PDMP integration approach with the goal of utilizing a common integration method to connect all prescribers and pharmacists to the PDMP within workflow.

What has now emerged, several years later, is an ecosystem developed collaboratively by industry stakeholders including state PDMPs, EHR vendors, hospitals, clinics, pharmacy chains, HIEs, EPCS vendors, and individual prescribers and pharmacists. This ecosystem is comprised of highly scalable PDMP software, interstate data-sharing technology, and clinical workflow integration technology that has transformed the world of PDMPs from a siloed, limited, lightly utilized collection of programs to a highly functioning, interconnected, clinically valuable network that is making a major impact on the prescription drug crisis.

The industry and its stakeholders have coalesced to create best practices and the underlying infrastructure to support those best practices, and the industry has been transformed as a result. As mentioned above, the choice of the Gateway API as the predominant integration technology was driven by the highly unique requirements of PDMPs and the ever-evolving functionality to keep pace with the shifting nature of the crisis. Today, 40 states maintain laws or statutes that require a prescriber and/or dispenser to query the PDMP prior to prescribing and/or dispensing a controlled substance. In order to enforce these requirements, states require a detailed, unified, recent audit trail that must be collected by the integration technology, not the health IT endpoint.

States also have detailed and differing laws regarding who can view the PDMP, when, and for what purpose. States require an integration technology that can administer these various laws, enforce different rules in each state, and monitor all access. Many states do not allow PDMP information to be stored in the EHR or pharmacy management system, requiring an integration technology that can display the information for clinicians, but then pull it back. PMP Gateway is currently approved in 38 states. Officials in these states have spent a significant amount of time vetting the rules, privacy protections, and security built into the technology. Without these comprehensive, nationwide approvals, states will refuse to share data with other states, dismantling the significant progress made in interstate data sharing over the last seven years.

Another important consideration is that most PDMPs are not prescription registries, but rather frequently evolving programs. As the opioid crisis continues to escalate and change, state PDMPs have accelerated their innovation and program investment to include additional data sets, clinical alerts, clinical decision support, and impactful clinical tools, all directly within the PDMP. The Kentucky PDMP, for example, requires the inclusion of drug-related conviction data. Other states are pursuing similar justice data, non-fatal overdose history, and other data sets. Many states have also implemented clinical decision support tools into their PDMPs that alert clinicians to excessive, irregular, or risky controlled substance use and provide predictive risk scores and data visualizations. Some states have implemented or are implementing treatment locators, patient education modules, and communications platforms that enable providers to upload and share opioid treatment agreements and other documentation. And, accordingly, when all of this functionality is available in the PDMP, states require that it be available in the integration of the PDMP into EHRs and pharmacy systems. And they require that it be available in a consistent manner across health IT platforms and in a manner by which it can be easily changed by the state, without waiting for months or years for EHR vendors to code those changes.

For the reasons stated above, Appriss Health supports the SMART on FHIR standard to query and integrate state PDMPs directly within the clinical workflow. SMART on FHIR can support and maintain the functionality that has enabled the transformation of the PDMP industry and allow states to continue the goal of reducing unnecessary burden related to accessing state PDMP reports and programs. The NCPDP SCRIPT Standard, meanwhile, cannot support the integration requirements that exist in 39 states today and will threaten the many advancements made in the PDMP ecosystem over the past five years.

NCPDP SCRIPT serves many useful purposes within the pharmacy transaction continuum. However, relying upon NCPDP SCRIPT to query the PDMP conflicts with the majority of states' PDMPs; the laws, statutes, policies that govern them; and the very integration ecosystem that exists today. The SMART on FHIR standard supports the integration protocol deployed by 38 states today, while allowing states and their health IT partners to drive innovation and solutions designed to make an impact on the opioid crisis.