Nebraska’s Innovative Approach to Medication Reconciliation using the PDMP

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PDMP Program Director
NeHII, Inc.

Nebraska HIMSS 2018 Spring Meeting
April 23, 2018
Objectives

- Discuss the opioid epidemic on a national and local level
- Understand the costs of hospital readmissions
- Describe the need and importance for medication reconciliation
- Review the enhancements to prescription drug monitoring program
- Understand how to access and use the Nebraska PDMP and medication history
Opioid Epidemic: Trump to Set Up Commission on Addiction Crisis

State officials launch campaign targeting opioid drug abuse

By Martha Stoddard / World-Herald Bureau  Feb 14, 2017  (1)

DEA chief on opioids: "It scares the hell out of me"

We visit Kentucky, where some paramedics rush to as many as 25 drug overdoses in a single day

On  MARCH 31, 12:02 PM  /  177

State leaders hold opioid summit to prevent epidemic's spread to Nebraska

By Julie Anderson / World-Herald staff writer  Oct 15, 2016  (1)

Trump declares opioid epidemic a national public health emergency

Updated 5:59 PM ET, Thu October 26, 2017
**Opioid Epidemic**

- Nationally
  - “Opioid abuse is a serious public health issue. Drug overdose deaths are the leading cause of injury death in the United States.”

<table>
<thead>
<tr>
<th>STATE</th>
<th>PERCENT OF MEMBERS WHO FILLED AT LEAST ONE OPIOID PRESCRIPTION IN 2015</th>
<th>PERCENT OF MEMBERS WHO WERE ON A LONG DURATION OPIOID REGIMEN IN 2015</th>
<th>OPIOID USE DISORDER DIAGNOSES IN 2016 (PER 1,000 MEMBERS)</th>
<th>PERCENT OF MEMBERS WITH OPIOID USE DISORDER WHO RECEIVED MEDICATION-ASSISTED TREATMENT IN 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Average</td>
<td>21.4%</td>
<td>3.8%</td>
<td>8.3</td>
<td>37%</td>
</tr>
<tr>
<td>KS</td>
<td>19.0%</td>
<td>3.4%</td>
<td>4.2</td>
<td>38%</td>
</tr>
<tr>
<td>NE</td>
<td>17.8%</td>
<td>2.8%</td>
<td>2.4</td>
<td>56%</td>
</tr>
<tr>
<td>ND</td>
<td>17.5%</td>
<td>2.5%</td>
<td>3.8</td>
<td>45%</td>
</tr>
<tr>
<td>SD</td>
<td>15.8%</td>
<td>2.4%</td>
<td>3.0</td>
<td>27%</td>
</tr>
</tbody>
</table>

1[https://www.HHS.gov/opioids/about-the-epidemic](https://www.HHS.gov/opioids/about-the-epidemic)

2America’s Opioid Epidemic and its Effect on the Nation’s Commercially-Insured Population. BCBS. June 29, 2017
All Drug–related and Opioid–related Overdose Fatalities, Nebraska, 2005 - 2016

Age adjusted rates per 100,000

Opioids contributed to up to 40% of Drug Overdose Deaths in Nebraska, 2014

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid pain relievers* (T40.2-T40.4)</td>
<td>39.5%</td>
</tr>
<tr>
<td>Heroin (T40.1)</td>
<td>4.0%</td>
</tr>
<tr>
<td>Cocaine (T40.5)</td>
<td>0.8%</td>
</tr>
<tr>
<td>Benzodiazepines (T42.4)</td>
<td>21.8%</td>
</tr>
<tr>
<td>Psychostimulants with abuse potential** (T43.6)</td>
<td>10.5%</td>
</tr>
<tr>
<td>Other and unspecified narcotics (T40.6)</td>
<td>3.2%</td>
</tr>
<tr>
<td>Other and unspecified drugs (T50.9)</td>
<td>65.0%</td>
</tr>
</tbody>
</table>

*Includes methadone  **Includes methamphetamine
Note: These categories are not exclusive, because some deaths involve multiple drugs.

Combating the Opioid Epidemic

- Multi-faceted approach
- Prevention
  - Drug take-back
- Education
  - Schools
  - Pain Management Guidance Document
- Treatment/recovery
  - Naloxone
- Identification/monitoring
  - PDMP
A prescription drug monitoring program (PDMP) is an electronic database that tracks controlled substance prescriptions in a state. PDMPs can provide health authorities timely information about prescribing and patient behaviors that contribute to the epidemic and facilitate a nimble and targeted response. ¹

Tool to allow healthcare professionals to make better informed decisions relating to the treatment and safety of the patient.

¹CDC. https://www.cdc.gov/drugoverdose/pdmp/states.html
PDMP By Operating State Agency Type

- Pharmacy Boards (20)
- Department of Health (18)
- Law Enforcement (4)
- Professional Licensing Agency (6)
- Substance Abuse Agency (3)
- Consumer Protection Agency (1)

Research is current as of August 24, 2017

*Missouri does not have a state-wide PDMP
Physicians’ progress to reverse the nation’s opioid epidemic. AMA
History of the Nebraska PDMP

- **LB 237 (2011) – Creation of a PDMP**
  - Prevent misuse of prescription drugs in an efficient and cost-effective manner
  - Allow doctors and pharmacists to monitor the care and treatment of patients for whom a prescription drug is prescribed to ensure that prescription drugs are used for medically appropriate purposes
  - Identified Nebraska DHHS and NeHII as collaborative partners to administer PDMP
  - Prohibit use of state funding to implement or operate the PDMP

- **LB 1072 (2014)**
  - Prevent misuse of controlled substances
  - Repealed the no funding stipulation
History of the Nebraska PDMP

2015

- Stakeholder meetings
- Awarded two grants
  - Bureau of Justice Assistance Harold Rogers PDMP Grant
    - $250,000/year x 2 years
  - CDC Prescription Drug Overdose Prevention for States
    - $771,000/year x 4 years

Source: Nebraska statute 71-2454
History of the Nebraska PDMP

- LB 471 (2016) – Enhancements of a PDMP
  - Report all dispensed controlled substance prescriptions by January 1, 2017
  - Prevents opting out
  - Allow prescribers and dispensers to access the system at no cost
  - Report ALL dispensed prescriptions by January 1, 2018

- LB 223 (2017) – Updates to 2016 Legislation
  - Allows for a designee of a prescriber or dispenser under the Uniform Credentialing Act
  - Mandatory PDMP training to grant access
  - Veterinarians to report dispensed controlled substance prescriptions beginning July 1, 2018
Purpose of Nebraska PDMP

- Prevent the misuse of controlled substances that are prescribed
- The State of Nebraska remains on the cutting edge of medical information technology
- Allow prescribers and dispensers (doctors and pharmacists) to monitor the care and treatment of patients for whom such a prescription drug is prescribed to ensure that such prescription drugs are used for medically appropriate purposes

Source: Nebraska statute 71-2454(1)
Drugs Reported to PDMP

- Controlled substances
  - Opioids
    - Oxycodone, hydrocodone, morphine, codeine
  - Benzodiazepines
    - Alprazolam, lorazepam, clonazepam
  - Stimulants
    - Methylphenidate, dextroamphetamine

- "Drugs of Concern"
  - Tramadol (prior to being scheduled)
  - Carisoprodol
  - Gabapentin
  - Naloxone

Source: Nebraska statute 71–2454(1)
Drugs Monitored by PDMP

Legend:
- Blue: Schedules II-V Only (15)
- Green: Schedules II-V and Drugs of Concern (21)
- Yellow: Schedules II-IV Only (11)
- Orange: Schedules II-IV and Drugs of Concern (5)

Research is current as of December 5, 2017.

*Missouri does not have a state-wide PDMP*
Nebraska’s Innovative Approach

- All prescription drugs can be drugs of concern
  - Drug interactions, allergies
- PDMP prior to 2017 contained gaps
- Users accustomed to seeing the entire med history, not just opioids, controlled substances
Nebraska’s Innovative Approach

- First state to operate PDMP through HIE platform
- First state to mandate reporting of all dispensed prescription drugs
- Focus on Patient safety vs. law enforcement access

Source: Nebraska statute 71–2454(1)
What We Have Seen So Far

- January 1 – December 31, 2017
  - 3,882,974 prescription records
- January 1 – March 31, 2018
  - 7,864,609 prescription records
    - 7,076,641 dispensed non-controlled substances
- 2017 Average 10,638 Rx/day
- 2018 Average 87,384 Rx/day
- Enrolled users of the PDMP (as of 2/28/18)
  - 4,325 prescribers (MD, APRN, DDS, DVM, PA)
    - 23.9% of Nebraska licensed prescribers
  - 1,719 dispensers (i.e., pharmacists)
    - 32.8% of Nebraska licensed pharmacists
  - 248 designees (e.g., nurses, pharmacy technicians, pharmacist interns, etc.)
Nebraska PDMP Reported Data
January 2017 – March 2018

Monthly # Unique Dispensed Prescriptions Reported

Jan '17  Feb '17  Mar '17  Apr '17  May '17  Jun '17  Jul '17  Aug '17  Sep '17  Oct '17  Nov '17  Dec '17  Jan '18  Feb '18  Mar '18
# Users and Patients Queried

July 2017 – March 2018

Number of Users, Unique Patient Names, and Estimated Patients Queried, July 2017- Mar. 2018

- **Month of Query**
  - Jul. 2017
  - Aug. 2017
  - Sept. 2017
  - Oct. 2017
  - Nov. 2017
  - Dec. 2017
  - Jan. 2018
  - Feb. 2018
  - Mar. 2018

- **Number of Queries**
  - # of Unique Users During the Month
  - # Estimated Patients Queried
  - # Unique Patient Names Queried

Source: Nebraska Prescription Drug Monitoring Program data, Jul. 2017-Mar
Opportunities for PDMPs

- **Accuracy and completeness**
  - Data is only as good as what is entered by the pharmacy
  - Timely reporting
  - Patient search

- **Monitoring tools**
  - Morphine Milligram Equivalency (MME) alerts or dashboard tiles
  - Multiple provider episodes (e.g., 5/5/6) alert
  - Risk score alerts
Opportunities for PDMPs

• Easy access
  • Workflow integration
  • Interoperability
  • Workflow integration
  • Directly access through health information exchange, electronic health record or pharmacy software
• Single Sign–On (SSO)
• Interstate data sharing
  • Available in many states
  • NE is exploring this
Reporting all dispensed prescriptions

- Required reporting as of January 1, 2018
- Comprehensive medication history
  - 10 x more data than traditional PDMP’s that include controlled substances only
- **Patient safety tool**
  - Allows clinicians to make better informed decisions
  - Identify medications from multiple prescribers and pharmacies
  - Identify potential drug interactions, allergies
  - Provides a valuable resource in the event of natural disasters, system power interruptions
  - Tool for medication reconciliation
Protection of Information

- Neb. Rev. Stat. §71–2454 (5)(a) All prescription drug information submitted pursuant to this section, all data contained in the prescription drug monitoring system, and any report obtained from data contained in the prescription drug monitoring system are confidential, are privileged, are not public records, and may be withheld pursuant to section 84–712.05.

- (b) No patient-identifying data as defined in section 81–664, including the data collected under subsection (3) of this section, shall be disclosed, made public, or released to any public or private person or entity except to the statewide health information exchange described in section 71–2455 and its participants and to prescribers and dispensers as provided in subsection (2) of this section.

- Neb. Rev. Stat. §84–712.05 The following records, unless publicly disclosed in an open court, open administrative proceeding, or open meeting or disclosed by a public entity pursuant to its duties, may be withheld from the public by the lawful custodian of the records: (19) All prescription drug information submitted pursuant to section 71–2454, all data contained in the prescription drug monitoring system, and any report obtained from data contained in the prescription drug monitoring system.
Nebraska Prescription Drug Monitoring Program Registration Process

Step 1: Complete the PDMP Training located at:
- *Training is mandatory to gain access to PDMP
  - Prescribers: http://dhhs.ne.gov/publichealth/PDMP/Pages/PhysicianEducation.aspx
  - Dispensers: http://dhhs.ne.gov/publichealth/PDMP/Pages/DispenserEducation.aspx

Step 2: Complete the PDMP User Access Request Form located at:
www.dhhs.ne.gov/pdmp

Designees must be designated by prescriber or dispenser.

Step 3: Complete the PDMP Registration
Once you successfully complete the user access request form and training requirement instructions on setting up your username and password for the PDMP will be emailed directly to you.

*Check email spam/junk: noreply_provisioning@optum.com

If you have questions about the Nebraska PDMP registration process please contact DHHS.PDMP@Nebraska.gov.

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Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES
PDMP User Access Request Form

Dispenser/Prescriber Information

This page is for Dispenser/Prescriber information only

1. Dispenser/Prescriber Action

2. Dispenser/Prescriber First Name

3. Dispenser/Prescriber Last Name

4. Dispenser/Prescriber PDMP Email (the email address where you would like to receive PDMP correspondence; can not be a shared or group inbox)

5. Dispenser/Prescriber Licensure Email (the email address on file with the Nebraska Licensure Unit; only required if different than the PDMP email address listed above)

6. Dispenser/Prescriber License State (if your License State is other than Nebraska; refer to the License State section of the instructions for additional requirements)

7. Dispenser/Prescriber Professional State License Number

8. Dispenser/Prescriber Professional State License Type

9. Dispenser/Prescriber Last four digits of SSN*

10. Dispenser/Prescriber Place of Birth

11. Dispenser/Prescriber Facility Information

   - Office Manager Name
   - Facility Name
   - Office Manager Email
   - Office Manager Phone Number

12. Are you authorizing any designees?
   - Yes
   - No

Next
Training

- [http://dhhs.ne.gov/PDMP](http://dhhs.ne.gov/PDMP)
Training

Prescription Drug Monitoring Program (PDMP)

PDMP Education

PDMP training materials provide the user with details on the purpose of the system, access to and proper usage of the system, and the law relating to the system, including confidentiality and security of the PDMP system. (Neb. Rev. Stat. § 71-2455)

Prior to attainment access to the PDMP, you will need to complete the mandatory training. Training opportunities that meet the mandatory training requirement include PDMP On-Demand, In-Person Training, and Webinar.

NEW PDMP ON DEMAND TRAINING

IN PERSON TRAINING OPPORTUNITIES

To schedule an in person PDMP training for you and/or your staff please contact NeHI Support Desk at 1-866-978-1799.

In order to receive credit for completion of training you must sign in and attend the full training seminar.
Once You’re Registered

- Access PDMP through:
  - https://healthid.optum.com
  - www.nehii.org
  - www.dhhs.ne.gov/PDMP
Viewing Patient Profiles

Search Medication History

Enter Patient Information

- **FIRST NAME**: al
- **LAST NAME**: zz
- **DOB**: 12/31/1999
- **ZIPCODE**: 
- **CITY**: 
- **GENDER**: Not Specified

Search Clear

Patient Search Results

Disclaimer: You are selecting one or more patients to combine together into a single-use query. Please note any selections of multiple patients and use of query results are at the discretion of the user. Selections may or may not include all aliases for a particular patient. Patient selections will not be saved for future use.

<table>
<thead>
<tr>
<th>ID</th>
<th>Patient Name</th>
<th>DOB</th>
<th>Gender</th>
<th>Address</th>
<th>City</th>
<th>Zip</th>
<th>Telephone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Al Ztest</td>
<td>12/31/1999</td>
<td>M</td>
<td>1234 Opioid Ave</td>
<td>Omaha</td>
<td>68111</td>
<td>4021234667</td>
</tr>
<tr>
<td>2</td>
<td>Alan Ztest</td>
<td>12/31/1999</td>
<td>M</td>
<td>1234 Opioid Ave</td>
<td>Omaha</td>
<td>68111</td>
<td>4021234667</td>
</tr>
<tr>
<td>3</td>
<td>Alvin Ztest</td>
<td>12/31/1999</td>
<td>M</td>
<td>16205 Hickory</td>
<td>Omaha</td>
<td>68165</td>
<td>4023332255</td>
</tr>
<tr>
<td>4</td>
<td>Allan Ztest</td>
<td>12/31/1999</td>
<td>M</td>
<td>1234 Opioid Ave</td>
<td>Omaha</td>
<td>68111</td>
<td>4021234567</td>
</tr>
<tr>
<td>5</td>
<td>Alicia Ztest</td>
<td>12/31/1999</td>
<td>F</td>
<td>16205 Hickory</td>
<td>Omaha</td>
<td>68165</td>
<td>4023334466</td>
</tr>
<tr>
<td>6</td>
<td>Albert Ztest</td>
<td>12/31/1999</td>
<td>M</td>
<td>43 North 4th Street</td>
<td>North plate</td>
<td>69109</td>
<td>3087654321</td>
</tr>
</tbody>
</table>

Combine and display

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NEBRASKA
Good Life, Great Mission.
DEPT OF HEALTH AND HUMAN SERVICES
PRESCRIPTION DRUG MONITORING PROGRAM
Nebraska Health Information Initiative
# Viewing Patient Profiles

**Medication History Combined Results**

1. Ali Ztest, 12/31/1999, M, 1234 Opioid Ave, Omaha, 68111, 4021234567
2. Alan Ztest, 12/31/1999, M, 1234 Opioid Ave, Omaha, 68111, 4021234567
3. Allan Ztest, 12/31/1999, M, 1234 Opioid Ave, Omaha, 68111, 4021234567
4. Al Ztest, 12/31/1999, M, 1234 Opioid Ave, Omaha, 68111, 4021234567

**MME Alert**

This patient has received a daily morphine milligram equivalent (MME) of greater than 90 MME. CDC recommends to avoid increasing dosage above 90 MME/day or to carefully justify a decision to titrate dosage above 90 MME/day.

This patient’s averages are: 7 day MME Average: 151.07 MME 30 day MME Average: 91 MME

## Controlled Substances

<table>
<thead>
<tr>
<th>Patient</th>
<th>Fill Date</th>
<th>Sold Date</th>
<th>Drug</th>
<th>Qty</th>
<th>Days</th>
<th>Refills</th>
<th>Prescriber</th>
<th>Pharmacy</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ 1</td>
<td>04/10/2018</td>
<td>04/10/2018</td>
<td>hydrocodone-acetaminophen (hydrocodone-acetaminophen) 7.5-300 mg tablet</td>
<td>100</td>
<td>10</td>
<td>0</td>
<td>Doogie Howser</td>
<td>Test Pharmacy PH#: 4025599999</td>
<td>Commercial Insurance</td>
</tr>
<tr>
<td>+ 1</td>
<td>04/05/2018</td>
<td>04/05/2018</td>
<td>hydrocodone-acetaminophen (Vicodin) 5.300 mg tablet</td>
<td>180</td>
<td>30</td>
<td>0</td>
<td>Doogie Howser</td>
<td>Hometown Pharmacy PH#: 4025599992</td>
<td>Private Pay</td>
</tr>
<tr>
<td>+ 1</td>
<td>04/03/2018</td>
<td>04/03/2018</td>
<td>oxycodone (oxycodone) 10 mg tablet</td>
<td>50</td>
<td>8</td>
<td>0</td>
<td>Beverly Crusher</td>
<td>Kevin s Pharmacy PH#: 4025599992</td>
<td>Private Pay</td>
</tr>
<tr>
<td>+ 1</td>
<td>03/25/2018</td>
<td>03/25/2018</td>
<td>alprazolam (alprazolam) 1 mg tablet</td>
<td>90</td>
<td>30</td>
<td>0</td>
<td>Gregory House</td>
<td>Neonbe Pharmacy PH#: 4025599992</td>
<td>Commercial Insurance</td>
</tr>
<tr>
<td>+ 4</td>
<td>01/26/2018</td>
<td>01/26/2018</td>
<td>alprazolam (Xanax XR) 3 mg tablet extended release 24 hr</td>
<td>90</td>
<td>30</td>
<td>0</td>
<td>Leonard McCoy</td>
<td>Neonbe Pharmacy PH#: 4025599992</td>
<td>Private Pay</td>
</tr>
<tr>
<td>+ 1</td>
<td>01/28/2018</td>
<td>01/28/2018</td>
<td>morphine (morphine) 15 mg tablet</td>
<td>90</td>
<td>30</td>
<td>0</td>
<td>Frank N Stein</td>
<td>Test Pharmacy PH#: 4025599992</td>
<td>Commercial Insurance</td>
</tr>
<tr>
<td>+ 1</td>
<td>12/27/2017</td>
<td>12/27/2017</td>
<td>morphine (morphine) 15 mg tablet extended release</td>
<td>11</td>
<td>11</td>
<td>0</td>
<td>B J Hunnicutt</td>
<td>Test Pharmacy PH#: 4025599992</td>
<td>Commercial Insurance</td>
</tr>
</tbody>
</table>

## Non-Controlled Substances
## Viewing Patient Reports

### Controlled Substances

<table>
<thead>
<tr>
<th>Patient</th>
<th>Fill Date</th>
<th>Sold Date</th>
<th>Drug Description</th>
<th>Qty</th>
<th>Days</th>
<th>Refills</th>
<th>Prescriber</th>
<th>Pharmacy</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>03/05/2018</td>
<td>03/05/2018</td>
<td>Hydrocodone-acetaminophen (hydrocodone-acetaminophen) 7.5-300 mg tablet</td>
<td>120</td>
<td>15</td>
<td>0</td>
<td>Leonard McCoy</td>
<td>Test Pharmacy PH#: 4025599999</td>
<td>Commercial Insurance</td>
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<tr>
<td>4</td>
<td>02/05/2018</td>
<td>02/05/2018</td>
<td>Hydrocodone-acetaminophen (hydrocodone-acetaminophen) 7.5-300 mg tablet</td>
<td>120</td>
<td>15</td>
<td>0</td>
<td>S. T. MD Test</td>
<td>Test Pharmacy PH#: 4025599999</td>
<td>Commercial Insurance</td>
</tr>
<tr>
<td>2</td>
<td>01/25/2018</td>
<td>01/29/2018</td>
<td>Hydrocodone-acetaminophen (hydrocodone-acetaminophen) 7.5-300 mg tablet</td>
<td>20</td>
<td>5</td>
<td>0</td>
<td>Doogie Howser</td>
<td>Big Box Pharmacy PH#: 4025599992</td>
<td>Commercial Insurance</td>
</tr>
<tr>
<td>4</td>
<td>01/27/2018</td>
<td>01/27/2018</td>
<td>Hydrocodone-acetaminophen (hydrocodone-acetaminophen) 7.5-300 mg tablet</td>
<td>150</td>
<td>10</td>
<td>0</td>
<td>Wrong T Bones</td>
<td>Helpful Pharmacy PH#: 4025599992</td>
<td>Commercial Insurance</td>
</tr>
<tr>
<td></td>
<td>02/23/2018</td>
<td>02/23/2018</td>
<td>Oxycodone (oxycodone) 10 mg tablet</td>
<td>150</td>
<td>20</td>
<td>0</td>
<td>Doogie Howser</td>
<td>Test Pharmacy PH#: 4025599992</td>
<td>Commercial Insurance</td>
</tr>
<tr>
<td>2</td>
<td>01/23/2018</td>
<td>01/23/2018</td>
<td>Oxycodone (oxycodone) 10 mg tablet</td>
<td>150</td>
<td>20</td>
<td>0</td>
<td>Frank N Stein</td>
<td>Test Pharmacy PH#: 4025599992</td>
<td>Commercial Insurance</td>
</tr>
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### Non-Controlled Substances

<table>
<thead>
<tr>
<th>Patient</th>
<th>Fill Date</th>
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<th>Days</th>
<th>Refills</th>
<th>Prescriber</th>
<th>Pharmacy</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>03/05/2018</td>
<td>03/05/2018</td>
<td>Amlodipine (Norvasc) 5 mg tablet</td>
<td>30</td>
<td>30</td>
<td>0</td>
<td>Beverly Crusher</td>
<td>Big Box Pharmacy PH#: 4025599999</td>
<td>Private Pay</td>
</tr>
<tr>
<td>2</td>
<td>03/03/2018</td>
<td>03/03/2018</td>
<td>Esomeprazole magnesium (Nexium) 40 mg capsule, delayed release (DR/EC)</td>
<td>30</td>
<td>30</td>
<td>0</td>
<td>Gregory House</td>
<td>Test Pharmacy PH#: 4025599999</td>
<td>Commercial Insurance</td>
</tr>
<tr>
<td>2</td>
<td>03/03/2018</td>
<td>03/03/2018</td>
<td>Simvastatin (simvastatin) 40 mg tablet</td>
<td>60</td>
<td>30</td>
<td>6</td>
<td>Beverly Crusher</td>
<td>Test Pharmacy PH#: 4025599999</td>
<td>Commercial Insurance</td>
</tr>
<tr>
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Viewing Patient Profiles

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Drug Safety Advisory Group

Prioritized Enhancements

- Drug Safety Advisory Group
  - Collaborative efforts between Nebraska DHHS and NeHII
  - Physicians, pharmacists, other key stakeholders
- Improved prescribing practices
- Prioritized Functionalities by Stakeholders
  - Morphine Milligram Equivalency (MME) Alert – Live 11/2017
  - Multiple Provider Episodes (5–5–6 rule) Alert
  - Overlapping Medication Alert
    - Concomitant use of opioids + benzodiazepines
  - Enhanced Patient Search
  - Risk Score Alert
  - GIS Mapping
Admissions/Readmissions/Transitions of Care

- Hospital
- SNF/LTC
- Ambulatory surgical center
- Ambulatory clinic
Workflow Integration

- Integration/Interoperability within HIE
  - H&P
  - Lab values
  - Clinic/progress notes
  - Discharge summary
  - Medication History
Current Methods to Obtain Medication History

- Only as accurate as the history obtained
- Time-consuming
- Distractions
- Patient
- Family/caregiver
- Patient/family to bring in all medication bottles
- Call pharmacies
- Review EHR
Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking — including drug name, dosage, frequency, and route — and comparing that list against the physician’s admission, transfer, and/or discharge orders, with the goal of providing correct medications to the patient at all transition points within the hospital.
Medication Reconciliation

WRECK

- Med
Importance of Medication Reconciliation

- Medicare hospital readmissions (2003–2004)¹
  - 19.6% within 30 days
  - 34.0% within 90 days
  - Longer rehospitalization length of stay
  - Estimated cost of Medicare unplanned rehospitalizations in 2004 – $17.4 billion

- Readmissions
  - 18.3–24.8% for HF, AMI, Pneumonia²
  - 13.1–17.8%³
  - 23% suffered adverse event post–discharge⁴
    - 12% considered avoidable
    - 72% adverse drug events

- $$$
  - Medicare Reimbursement/HRRP
  - 2,597 hospitals penalized in FY 2017⁵
  - $528 million
  - 0.73% average penalty
  - 3% max penalty

³ Zuckerman RB, Sheingold SH et al. NEJM 2016; 374:1543–1551
⁵ Kaiser Health News, 8/2/2016
Importance of Medication Reconciliation

- TJC 2005 National Patient Safety Goal #8
  - “accurately and completely reconcile medications across the continuum of care.”

- National Patient Safety Goal #3 (July, 2011)
  - 03.06.01 Obtain information on the medications the patient is currently taking when he or she is admitted to the hospital or is seen in an outpatient setting. This information is documented in a list or other format that is useful to those who manage medications. (Effective 1/1/15)
Importance of Medication Reconciliation

- Adverse Drug Events
- Strategies for effective medication reconciliation\(^1\)
  - Coordinated communication that includes standardized medication lists, medication administration programs (MAP), interventions, and referrals;
  - A foundation of automation and technology to close the communication gap between health care professionals

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Importance of Medication Reconciliation

- Studies demonstrate that electronic health record medication lists often contain errors or omissions.
- Medication reconciliation – verifying the list of medications that a patient takes – is difficult, and increasingly so, due to multiple factors.
- The success of prescription drug monitoring programs at reducing erroneous opiate prescriptions offers hope that such a program would work for all medications.

Nebraska is #1

- First to integrate PDMP in HIE
- First to collect all dispensed prescription drugs in PDMP
Contact Information

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  - pdmp@nehii.org

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  - Amy.Reynoldson@Nebraska.gov

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