



Statewide PDMP Gateway Project Charter

Executive Summary

Background/Introduction

The Oregon Prescription Drug Monitoring Program (PDMP) was established in 2009 to help healthcare providers and pharmacists provide patients better care in managing their prescriptions. It contains prescription information provided by Oregon-licensed retail pharmacies. Pharmacies submit prescription data to the PDMP system for all [Schedules II, III and IV controlled substances](#) dispensed to Oregon residents within 72 hours after filled. The protected health information is collected and stored securely.

Oregon-licensed healthcare providers and pharmacists and their staff may be authorized for an account to access information from the PDMP system. Bordering state licensed healthcare providers may also be authorized for account access. By law access is limited to patients under the care of the prescriber and their delegates.

Under the program, the following can legally access Oregon PDMP data:

- a. Prescribers of controlled substances (Schedule II through IV),
- b. Pharmacists,
- c. State medical examiner,
- d. Oregon Health Authority (OHA) PDMP staff,
- e. Delegates of prescribers, delegates of pharmacists,
- f. Law enforcement (with a subpoena),
- g. Medical Directors and Pharmacy Directors, and
- h. State licensing boards.

Oregon legislation differs from other states - with a goal to improve health versus for law enforcement purposes. PDMP statute and rule have been updated periodically to improve the value of the program to Oregon's prescribers, pharmacies, and public officials.

In 2016, the statute was amended (**HB4124**) to permit secure integration of the Oregon (OR) PDMP with other electronic health information systems to improve authorized access to PDMP from within a prescriber's clinical workflow with the express purpose of improving ease of use, reducing clinician time, and increasing usage of PDMP data at the point of care.

At the same time as the statute amendment work was taking place, OHA convened an ad hoc group of Oregon stakeholders to evaluate the technical, contracting, and timing factors of available options to securely connect the OR PDMP with Health Information Technology (HIT) systems. National research showed a best practice to be integrating PDMP data into HIT systems. The ad hoc group unanimously recommended Appriss as the technical vendor to integrate OR PDMP with Health IT systems in Oregon due to their experience of successfully connecting to a multitude of state PDMPs across the country and the shortest time to launch. The advisory group selected a Gateway model to enable multiple HIT systems to easily integrate without requiring separate connections for each system. The Appriss PDMP Gateway had already integrated with many of the HIT systems in use in Oregon (Epic, Cerner, eClinicalworks, etc.).



In 2017, the statute was further amended (**HB 3440**) to allow for interstate data sharing of PDMP data with other states that meet Oregon's requirements. It also allows: Naloxone collection; phone number collection; medical directors and pharmacy directors access to PDMP data and prescribing patterns of their staff for educational purposes; and for the creation of an Advisory Commission Subcommittee to review PDMP data and determine the need for additional education for providers.

In the summer of 2017, OHA signed a contract with Appriss that enabled PDMP Gateway services. The first priority to implement PDMP integration was with the Emergency Department Information Exchange (EDIE) due to the perceived impact of implementing across all OR Emergency Departments. Several other organizations who also intend to be early adopters of the PDMP Gateway are regional health information exchanges. Prescribing organizations who integrate prior to a statewide PDMP Gateway will be responsible to pay annual subscription fees per provider to Appriss to participate in the PDMP Gateway.

Project Summary

The HIT Commons, a shared public/private governance model developed to help accelerate HIT adoption and use across Oregon, will be leveraging the work accomplished by OHA and the OR PDMP through statute and the state contract with Appriss. The Oregon Health Leadership Council will serve as the fiscal and administrative agent for the Statewide PDMP Gateway project. The HIT Commons will sponsor a statewide subscription with Appriss for all OR authorized prescribers and dispensers to have access through their Health IT systems. Early adopting organization who contracted directly with Appriss prior to the Statewide subscription will roll under the subscription once the statewide contract is executed.

The intent of the Statewide PDMP Gateway is to allow all authorized users secure access to Oregon PDMP data from within their clinical workflow. As previously mentioned, the PDMP Gateway model was selected to facilitate the ability for multiple HIT system to integrate to a single Gateway without the need for individual system connections. The express purpose of the Statewide PDMP Gateway is to improve ease of provider access to PDMP data, reduce clinician time and increase usage of PDMP data at the point of care.



Initial High Level Timeline

Key Activities	Desired Date
HIT Commons Governance Board reviews and approves Statewide PDMP Gateway Charter	January 30, 2018
HIT Commons Governance Board reviews and approves Statewide PDMP Gateway Steering Committee Nominations	January 30, 2018
Statewide PDMP Gateway Steering Committee meeting (communicate charter, initial stakeholder engagement & rollout plans)	Feb/March 2018
Contract signed between OHLC & OHA for subscription funding	March 2018
Contract signed between OHLC & Appriss for Gateway subscription	March 2018
OHLC, PDMP, OHA, Appriss kick-off meeting (development of detailed project plan)	April 2018
Official Launch of statewide PDMP integration availability	May 2018
Implementation, rollout and adoption statewide	May 2018 - 2020

Project Budget

OHA has requested CMS 90/10 Federal matching funds to accelerate the implementation and adoption of individual health system/independent providers and pharmacies connecting HIT systems to the PDMP Gateway. This funding will cover approximately 82% of the PDMP Gateway subscriptions costs through 2021. The remaining PDMP Gateway subscription costs will be funded using the shared funding model of the HIT Commons.

ESTIMATED STATEWIDE PDMP ASSESSMENT	\$932,000	100%
Covered by OHA/Medicaid (90/10 coverage with CMS)	\$763,200	82%
Covered by Hospitals/Health Plans/CCO/OHA-FFS	\$168,800	18%

Project Definition

High Level Scope

Develop a Statewide PDMP Subscription service to fund the PDMP Gateway which will allow authorized Oregon prescribers and their delegates to access Prescription Drug Monitoring Program (PDMP) data via the Gateway and from within their electronic workflow, thus providing access to accurate and timely PDMP information at the point of care to help health care professionals make better informed clinical decisions and improve patient care.



In Scope

The scope of the Statewide PDMP Gateway includes the following:

- a. Make the Statewide PDMP Gateway subscription services available to authorized users of the Oregon PDMP;
- b. Initial implementation of the Statewide PDMP Gateway project will begin in Quarter 1 (Q1) 2018, with a rolling go-live through 2020;
- c. Outreach to ensure all eligible entities and providers are aware and engaged in the statewide subscription service
- d. Collaborate, coordinate and communicate with all eligible entities and providers
- e. Support and promote adoption and spread of the statewide subscription services
- f. Monitor performance to project goals and success criteria
- g. Assess and evaluate the value of the statewide subscription

Out of Scope

The scope of the Statewide PDMP Gateway does **not** include:

- a. Operational management of OR PDMP
- b. Enterprise subscription of NarxCare
- c. Customizations of interfaces, vendor functionality or other custom enhancements
- d. Duplication of all functionality or customizations available on web portal only

Draft High Level Project Objectives

Project metrics will be developed by the Statewide PDMP Gateway Steering Committee and approved by the HIT Commons Governing Board.

Suggested objectives of the Statewide PDMP Gateway are:

- a. Improve ease of provider access to PDMP data,
- b. Reduce clinician time to find PDMP data
- c. Increase usage of PDMP data at the point of care
- d. Contribute to reduction in opioid prescribing

The Statewide PDMP Gateway is expected to bring the following benefits:

- a. Increase utilization of the Oregon PDMP data by authorized prescribers
- b. Increase compliance with Oregon prescribing guidelines by making PDMP data more easily accessible
- c. Improve prescriber's efficiency by reducing time to access PDMP data
- d. Enable access to Oregon PDMP data from within prescribers' clinical workflow
- e. Enable access to other states PDMP data, which meets Oregon statute requirements for data sharing (Washington, Idaho, Utah, and Alaska)
- f. Reduce cost to connect to the PDMP Gateway with 90/10 federal match dollars
- g. Contribute to reduction in opioid prescribing/drug overdose deaths



Risk Management

#	Risk Description	Probability (H/M/L)	Impact (H/M/L)	Risk Response
1	Stakeholder engagement	H	H	<ul style="list-style-type: none"> Proactive outreach Strong communication plan w/eligible entities Show success with initial implementations Committed and engaged steering members
2	Vendor engagement	H	H	<ul style="list-style-type: none"> Excellent tracking system Strong support from eligible entity's EHR Regular meetings with Appriss PM
3	Facility contract and approval process	M	H	<ul style="list-style-type: none"> Excellent tracking system Streamlined integration process Documents are easy to review/reduce legal Facility leadership support
4	Appropriate user training to maximize benefits	L	M	<ul style="list-style-type: none"> Partner with vendors on tip sheets/info materials available Create training plan/proposal Community learning (peer to peer sharing)
5	Appriss ability to scale to resource needs	M	H	<ul style="list-style-type: none"> Minimum participation levels incorporated into contract (match OHA contract reqs) Foster strong vendor relationships Regular meetings with vendor
6	Small entity/practices with one off EHRs	H	H	<ul style="list-style-type: none"> Consistent outreach, support Serve as connection point for all Prioritize by impact
7	Legislation changes that impact project	M	L	<ul style="list-style-type: none"> Track legislative proposals Evaluate proposed/new legislation for potential risks Consult with other states who have implemented similar legislation
8	Complexity of project structure & roles	M	M	<ul style="list-style-type: none"> Close communication between OHA, OHLC, Appriss Create and update RACI as needed
9	Implementation rollout within timeframe	M	H	<ul style="list-style-type: none"> Clear scoping/sizing of implementations and major milestones Tracking milestones



Assumptions

1. Authorized prescribers and their delegates are using an electronic health record (EHR), which is an example of a HIT system
2. Authorized prescribers and their delegates want PDMP data available to them in their HIT system

Constraints

1. Adoption of HIT systems by authorized prescribers and their delegates (particularly Psychiatrists and/or Behavioral Health Specialists who may be prescribers)
2. HIT system vendors who may charge to integrate with the PDMP Gateway (financial barrier for adoption)
3. Facility/organizational conflicting priorities for HIT projects

Project Organization

Susan Otter	OHA – Director Office of HIT – Sponsor
Greg Van Pelt	OHLC – President – Sponsor
Lisa Millet	OHA/DHS - Public Health - Sponsor
Project Team	Drew Simpson – OHA PDMP Coordinator Laureen O’Brien – OHLC Project Lead Michael Pope – Point B Project Manager Brittney Matero – OHA HIE Programs Manager
Key Stakeholders	Oregon Authorized Prescribers Oregon Health Systems and Health Plans Oregon Independent Providers Oregon Retail Pharmacies Oregon Health Authority Oregon Health Leadership Council HIT Commons Governance Board Oregon Assoc of Hospitals and Health Systems PDMP HB4124 Rules Adv. Committee Members EDIE Utility Participants Reliance eHealth Collaborative IHN – Regional Health Information Collaborative PDMP Gateway Registered Users OCHIN and other hosted EHRs OR State Hospital County Clinics Veterans Administration NARA, Tribes PDMP Advisory Commission



Project Accountability Matrix

	OHA PDMP	OHA HIT	OHLC Staff	HIT Commons Board	PDMP Steering Committee	Appriss
Manage OR PDMP	R, A	A	I	I		
Authorize PDMP Users	R, A					
Approve Entities	R, A					
Secure 90/10 funding		R, A				
Fiscal Agent Role		I	R	A		C
Administer program	C	C	R	A		C
Overall PDMP Gateway Program Mgmt	I	C	R	A		C
Vendor Management (Appriss)	I	C	R	A		C
Vendor Management (EHRs etc)	I	C	R	A		
Rollout strategy	I	C	R	A	C	C
Implementation	I	C	R	A		C
Monthly Reporting	I	I	R, A			C
Establish program success criteria	C	C	R	A	R, C	C
Monitor implementation performance	C	C	R	A		I
Monitor success criteria	I	I	R	A	C	I
Assess Program Success	I	C	R	A	C	C
Ongoing Stakeholder Communications	I	C	R	A	C	C

R=Responsible; A=Accountable; C=Consulted; I=Informed