Oregon PDMP Integration Initiative
Steering Committee Charter
(formerly titled Statewide PDMP Gateway Project)

Background

A statewide PDMP gateway subscription is being funded and developed to allow authorized Oregon prescribers, dispensers and their delegates access to Prescription Drug Monitoring Program (PDMP) data electronically within their health information technology (IT) system via a statewide gateway model.

Oversight of this work is the responsibility of the HIT Commons Governance Board whose primary function is to accelerate the selection, procurement, financing, implementation and adoption of health IT initiatives in Oregon.

A high priority, early initiative of the HIT Commons is to assemble a statewide PDMP Integration Steering Committee. This subcommittee will be responsible to guide the successful implementation and adoption of the PDMP gateway model in Oregon.

PDMP Integration Initiative Goals:

- Improve ease of provider access to PDMP data
- Reduce clinician time to find PDMP data
- Increase usage of PDMP data at the point of care
- Contribute to the reduction of opioid prescribing
- Enable access to Oregon PDMP data from within prescriber's clinical workflow
- Enable access to other states PDMP data, which meets OR statute requirements for data sharing (Washington, Idaho, Utah, and Alaska)

PDMP Integration Initiative Expected Benefits:

- Increase utilization of the Oregon PDMP data by authorized prescribers
- Increase compliance with Oregon prescribing guidelines by making PDMP data more easily accessible
- Improve prescriber's efficiency by reducing time to access PDMP data
- Reduce cost to connect to the PDMP integration with 90/10 federal match dollars
- Contribute to reducing Opioid prescribing/drug overdose death rate

Role and Responsibilities

The primary responsibility of the Steering Committee is to ensure successful adoption and implementation of the gateway across the state as well as to:

- Guide a strategic approach to implementation and adoption of the gateway model
- Develop metrics of success

- Remove project barriers
- Monitor performance to project goals and success criteria
- Assess and evaluate the overall value of the statewide subscription
- Collaborate, coordinate and communicate with eligible entities and providers
- Promote adoption and spread of statewide gateway subscription services

Timeline/Scope

Initial implementation of the OR PDMP Integration Initiative will begin in Quarter 1 (Q1) 2018, with a rolling go-live through 2020.

Out of Scope

The scope of the OR PDMP Integration Initiative 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

Membership

The Steering Committee will include broad stakeholder representation as listed below. Members are approved by the HIT Commons Governing Board.

Stakeholder Group	Representative(s)
PDMP Advisory Commission	John McIlveen, PhD, LMHC *State Opioid Treatment Authority, DHS*
Rural hospitals	April Brock *ED Manager, Grande Ronde Hospital*
Primary Care (OMA)	Dr. Linda Cruz *Westside Medical Director, Providence Medical Group*
Health Systems	Michael Carr *VP IS Technology, Legacy Health*
Dental	Alyssa Franzen, DMD *Dental Director, Care Oregon*
Public Health/PDMP	Drew Simpson *PDMP Program Coordinator, OHA*
CCO	Elke Geiger Towey, MA, MBA *Practice Facilitator, Columbia Gorge CCO; PacificSource Community Solutions* Karen Collell, R.PH. *Ambulatory Care Clinical Coordinator, CareOregon*
EHR hosting identity	Paul Matthews *CTO/CIS Officer, OCHIN*

HIE	Paula Weldon Operations Manager, Reliance eHealth Collaborative Ronda Lindley-Bennett RHIC Administrator, IHN/Samaritan Health Plans
BH/Addiction/Recovery	Kim Swanson *Chair of Pain Standards Task Force / Central Oregon Health Council, Director for Behavioral Health at Mosaic*
Dispensing Pharmacist	Pranesh Narayamaswami *Co-chair of the Informatics Subcommittee for the Oregon Society of Health-system Pharmacists and Informatics Pharmacist*

Meetings

The OR PDMP Integration Steering Committee will meet monthly for the first six months, then adjust meeting frequency as needed. Meetings will be in person, with virtual or phone-in options available. In addition, workgroups may be formed to carry out specific responsibilities (e.g. data reporting).

Budget/Risk Management

OHA requested Centers for Medicare and Medicaid Services (CMS) 90/10 federal/state matching funds to accelerate implementation and adoption of individual health system/independent providers and pharmacies connecting health IT systems to the PDMP Gateway.

- 90/10 funding covers 82% of the PDMP Gateway subscriptions costs through 2021
- Remaining PDMP Gateway subscription costs will be funded using the shared funding (dues) model of the HIT Commons

#	Risk Description	Probability (H/M/L)	Impact (H/M/L)	Risk Response
1	Stakeholder engagement	H	H	● Proactive outreach ● Strong communication plan w/eligible entities ● Show success with initial implementations ● Committed and engaged steering members
2	Vendor engagement	H	H	● Excellent tracking system ● Strong support from eligible entity's EHR ● Regular meetings with Appriss PM
3	Facility contract and approval process	M	H	● 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	• 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	• 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	• Consistent outreach, support • Serve as connection point for all • Prioritize by impact
7	Legislation changes that impact project	M	L	• Track legislative proposals • Evaluate proposed/new legislation for potential risks • Consult with other states who have implemented similar legislation
#	**Risk Description**	**Probability (H/M/L)**	**Impact (H/M/L)**	**Risk Response**
8	Complexity of project structure & roles	M	M	• Close communication between OHA, OHLC, Appriss • Create and update RACI as needed
9	Implementation rollout within timeframe	M	H	• Clear scoping/sizing of implementations and major milestones • Tracking milestones

Assumptions

1. Authorized prescribers, dispensers and their delegates are using an electronic health record (EHR) or pharmacy management system, which are examples of a health IT system
2. Authorized prescribers, dispensers and their delegates want PDMP data available from within their electronic clinical workflow

Constraints

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