

Health IT Advisory Council

April 16, 2020



Agenda

Agenda Item	Time
Welcome & Call to Order	1:00 PM
Public Comment	1:05 PM
Review and Approval of Minutes – March 19, 2020	1:10 pm
Announcements & General Discussion	1:15 PM
Update on Prescription Drug Monitoring Program	1:25 PM
Review Consent Design Guiding Principles Public Input	2:05 PM
Review and Approve HIT Advisory Council Charter	2:45 PM
Wrap up and Meeting Adjournment	3:00 pm

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Review and Approval of:

March 19, 2020 Meeting Minutes

Announcements and General Discussion

Allan Hackney, Council Members

Update on Prescription Drug Monitoring Program

Rod Marriott, DCP



CONNECTICUT DEPARTMENT OF
CONSUMER PROTECTION

Securing a Safe & Fair Marketplace.

PRESCRIPTION MONITORING PROGRAM

THE CONNECTICUT PRESCRIPTION MONITORING
AND
REPORTING SYSTEM (CPMRS)

Prescription Monitoring Program

- Program Overview
 - Background
 - CPMRS Data Snapshot
- CPMRS – PMP AWARxE Platform
 - User Interface - NarxCare
 - Clinical Alerts
 - Prescriber Report
 - Interstate data sharing
 - Mobile App
- PMP Clearinghouse - Data Submission
 - PDMP Standard Submission Format



Overview

Program History

Program Data

Functionality

Uploading



Prescription Monitoring Program

- In 2006, legislators enacted Section 21a-254 providing for a PMP.
- The CT PMP became fully operational in February 2008.
- Data collection began in July of 2008
- Access to minimum of three years of data
- Funding through the U.S. Department of Justice (DOJ) and the U.S. Department of Health & Human Services (HHS)



Prescription Monitoring Program

Continued

Public Act 13-172 (Effective 6/21/2013)

- All prescribers in possession of a Controlled Substance Practitioner (CSP) registration, will be required to register as a user with the Connecticut Prescription Monitoring and Reporting System (CPMRS) at <https://connecticut.pmpaware.net>.
- Any prescribers who dispense controlled substances from their practice, or facility, etc., will be required to upload dispensing information into the CPMRS Data Collection website at <https://pmpclearinghouse.net>.



Prescription Monitoring Program

Continued

Public Act 15-198 & June Special Session Public Act 15-5, Sec. 354
(Effective 10/1/2015)

- Prior to prescribing greater than a 72-hour supply of any controlled substance (Schedule II - V) to any patient, the prescribing practitioner or such practitioner's authorized agent who is also a licensed health care professional shall review the patient's records in the Connecticut Prescription Monitoring and Reporting System (CPMRS) at <https://connecticut.pmpaware.net>.
- Whenever a prescribing practitioner prescribes controlled substances for the continuous or prolonged treatment of any patient, such prescriber, or such prescriber's authorized agent who is also a licensed health care professional, shall review, not less than once every ninety days, the patient's records in the CPMRS.



Prescription Monitoring Program

Continued

Public Act 15-198 & June Special Session Public Act 15-5, Sec. 354
(Effective 10/1/2015)

- Effective 7/1/2016, daily submittal (immediately upon, but in no event later than the next business day)
- Veterinarians are not subjected to the mandated daily reporting that went into effect 7/1/2016. For veterinary dispensaries, dispensation reports are still due weekly on Mondays with a six-day grace period.



Prescription Monitoring Program

Continued

Public Act 16-43, Sec.9 (Effective 7/1/2016)

- Effective 7/1/2016, daily submittal (immediately upon, but in no event later than the next business day)
- Practitioner's authorized agent, licensed or unlicensed, may register for their own CPMRS user account.
- Whenever a prescribing practitioner prescribes greater than a 72-hour supply of any Schedule V controlled substance for the treatment of any patient, such prescriber, or such prescriber's authorized agent, shall review, not less than annually, the patient's records in the CPMRS.



Prescription Monitoring Program

Continued

Public Act 17-131, Sec.1 (Effective 6/30/2017)

- Requires electronic prescribing of controlled substances (see [Electronic Prescribing of Controlled Substances](#) for more information)



What Kind of Drugs are Reported?

SCHEDULE II –

Oxycontin, marijuana, Vicodin, methadone, morphine, Ritalin

SCHEDULE III –

Suboxone, testosterone, Tylenol with Codeine

SCHEDULE IV –

Valium (diazepam), Xanax (alprazolam), Ambien

SCHEDULE V –

Lyrica, Epidiolex, Lomotil, Robitussin AC, CBD



Who Must Report?

- Pharmacies (resident and non-resident)
- Medical Marijuana Dispensaries
- Dispensing Prescribers (e.g. veterinarians)



Who May Access Information?

- Prescribers for their patients only
 - Authorized delegates (unlicensed/licensed)
- Pharmacists for their patients only
 - Authorized delegates (Pharmacy Technicians)
- Law Enforcement
 - Only for individuals tasked with drug investigations
 - Must have an active case number in order to request any information from the system





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CPMRS Data: Snapshot

Disclaimer

All of the data reported by the PMP is compiled at specific points in time and captures only data currently entered at that time. The data values may subsequently be updated and may change as over time as those updates occur. Accordingly, quarterly reported data may not perfectly match annually reported data. The data does not contain any information about the diagnosis and does not reflect the use intended by the prescriber.

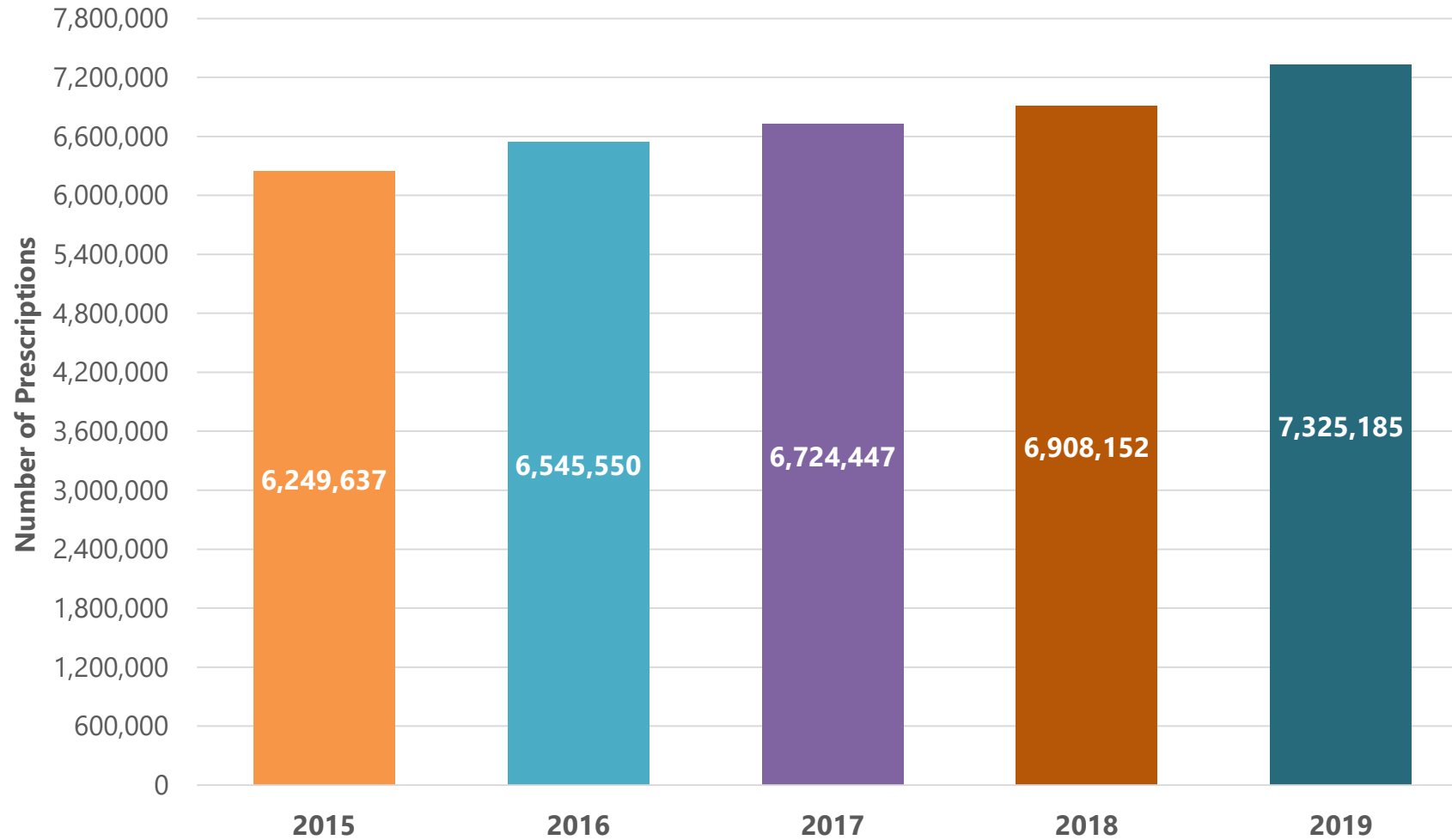




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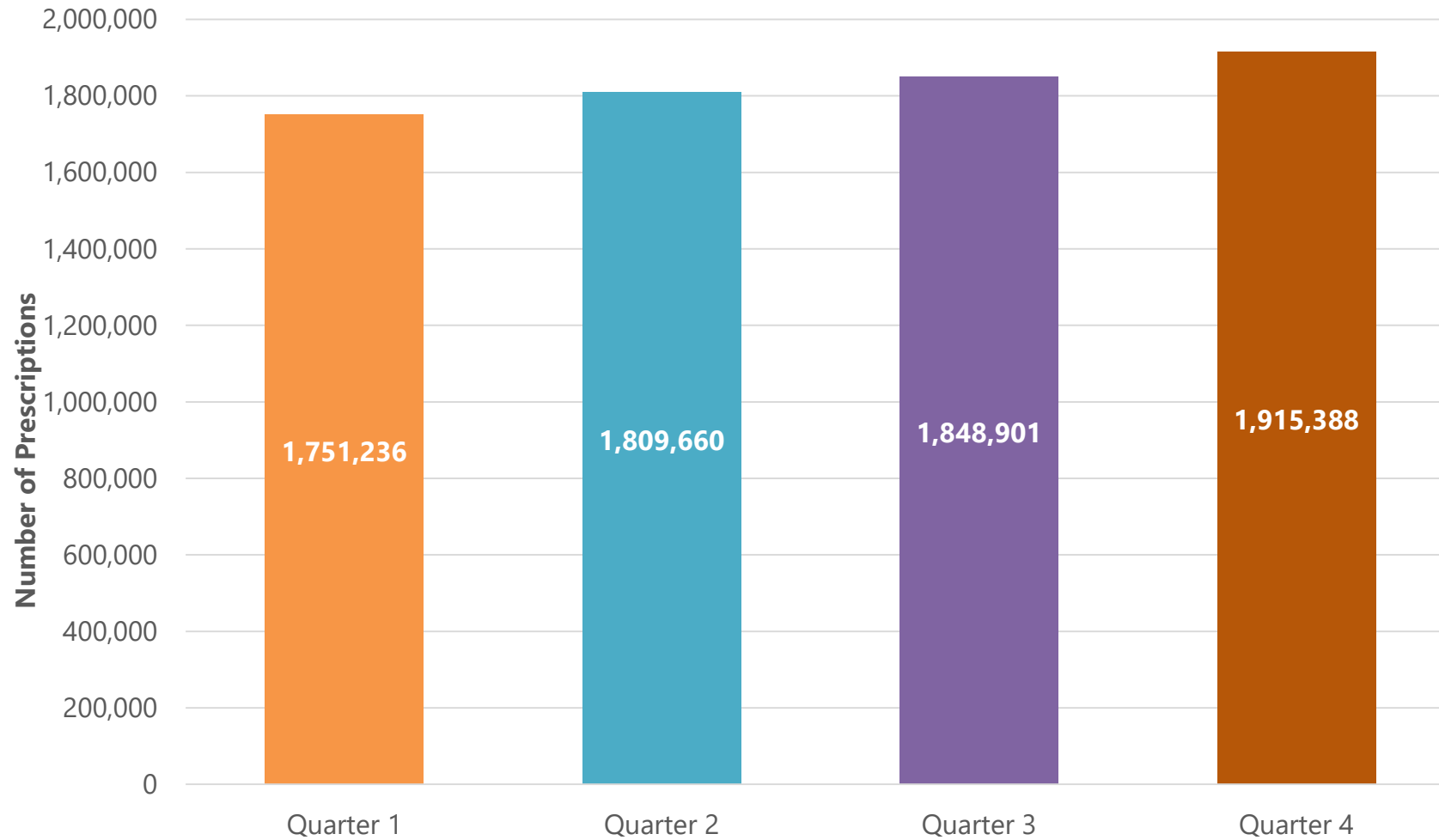
Dispensation Data

Controlled Substance Rx/Year



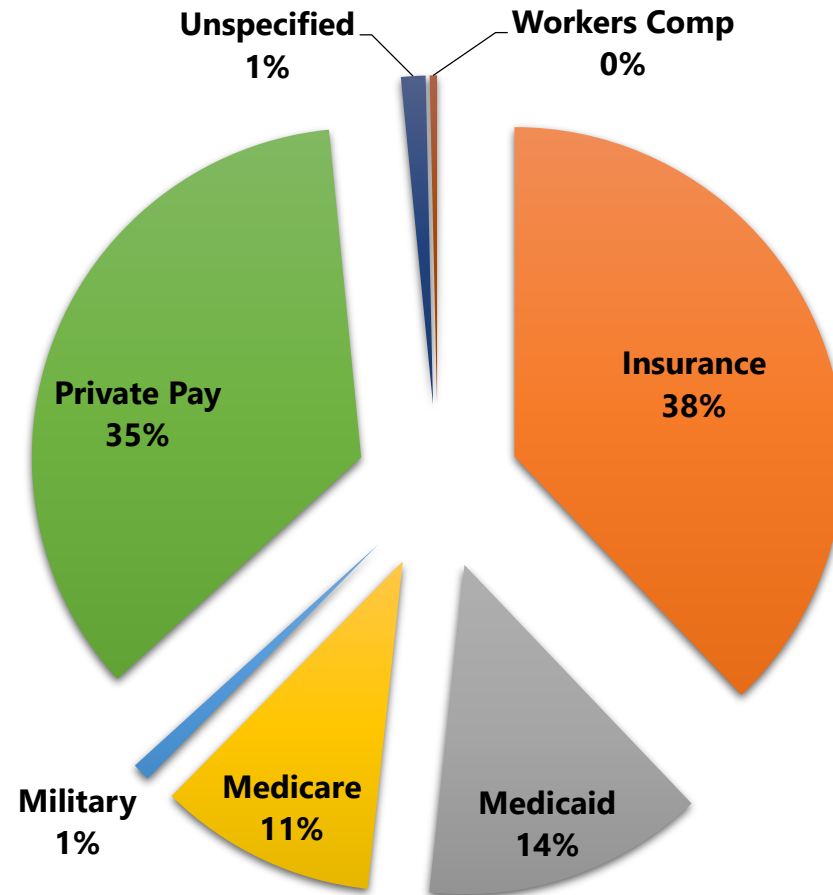
*2019 prescription data as of February 2020

2019 Prescriptions per Quarter



*2019 prescription data as of February 2020

2019 Payment Type of Prescriptions



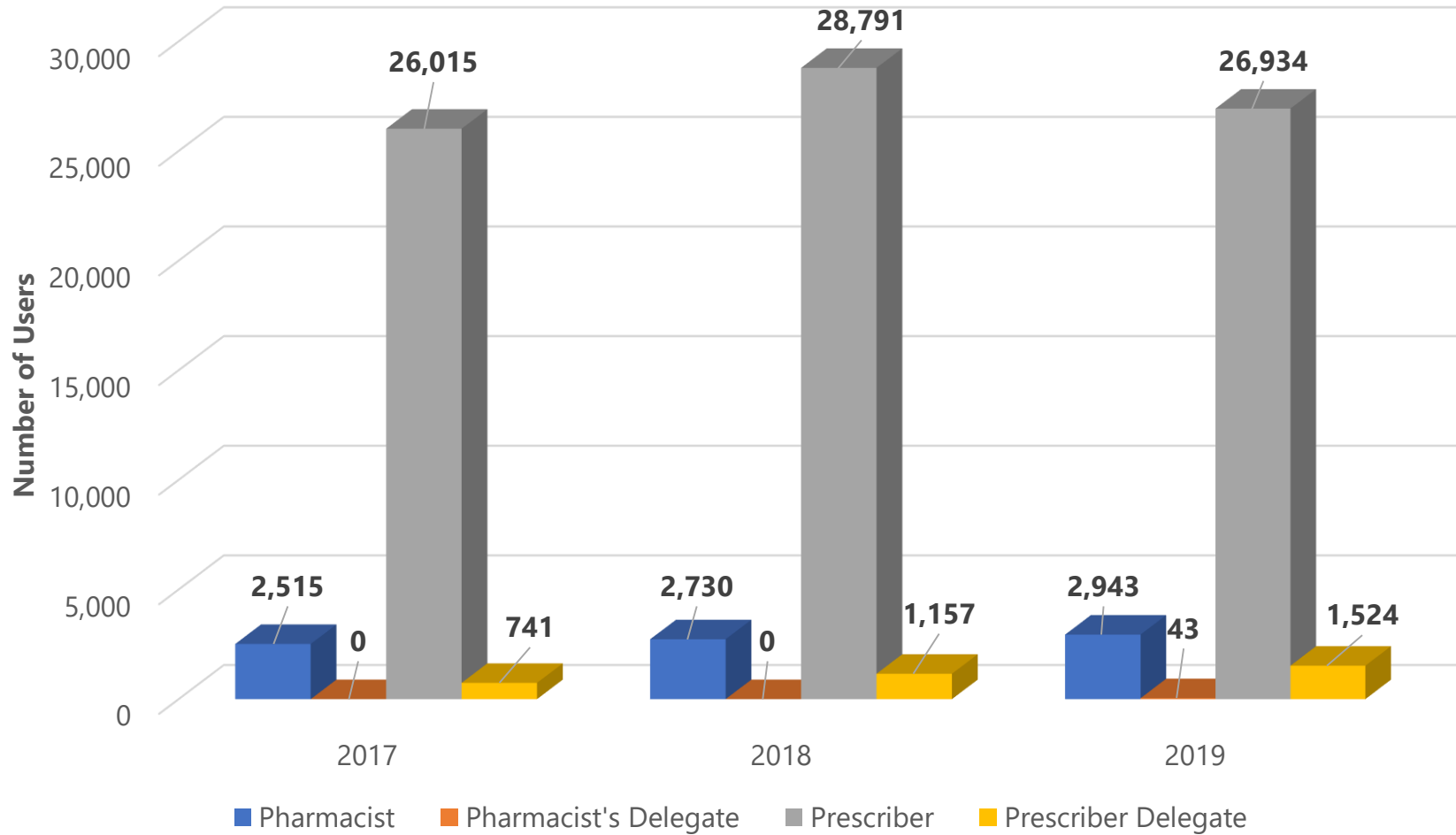
*2019 prescription data as of February 2020



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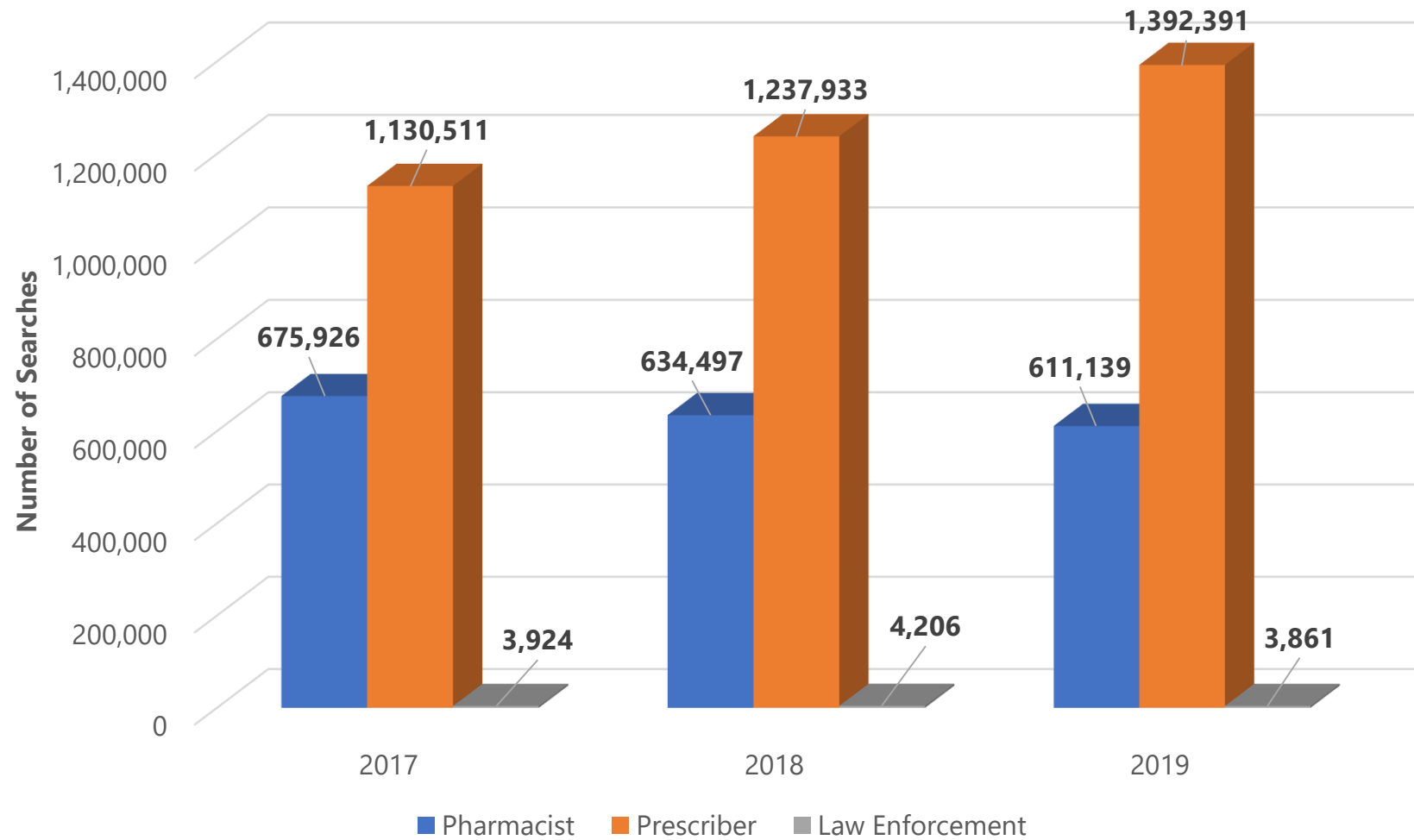
CPMRS Utilization Data

Users Registered in the CPMRS per Year



¹In 2019, legislation was passed allowing pharmacists to have a delegate search patients on their behalf.

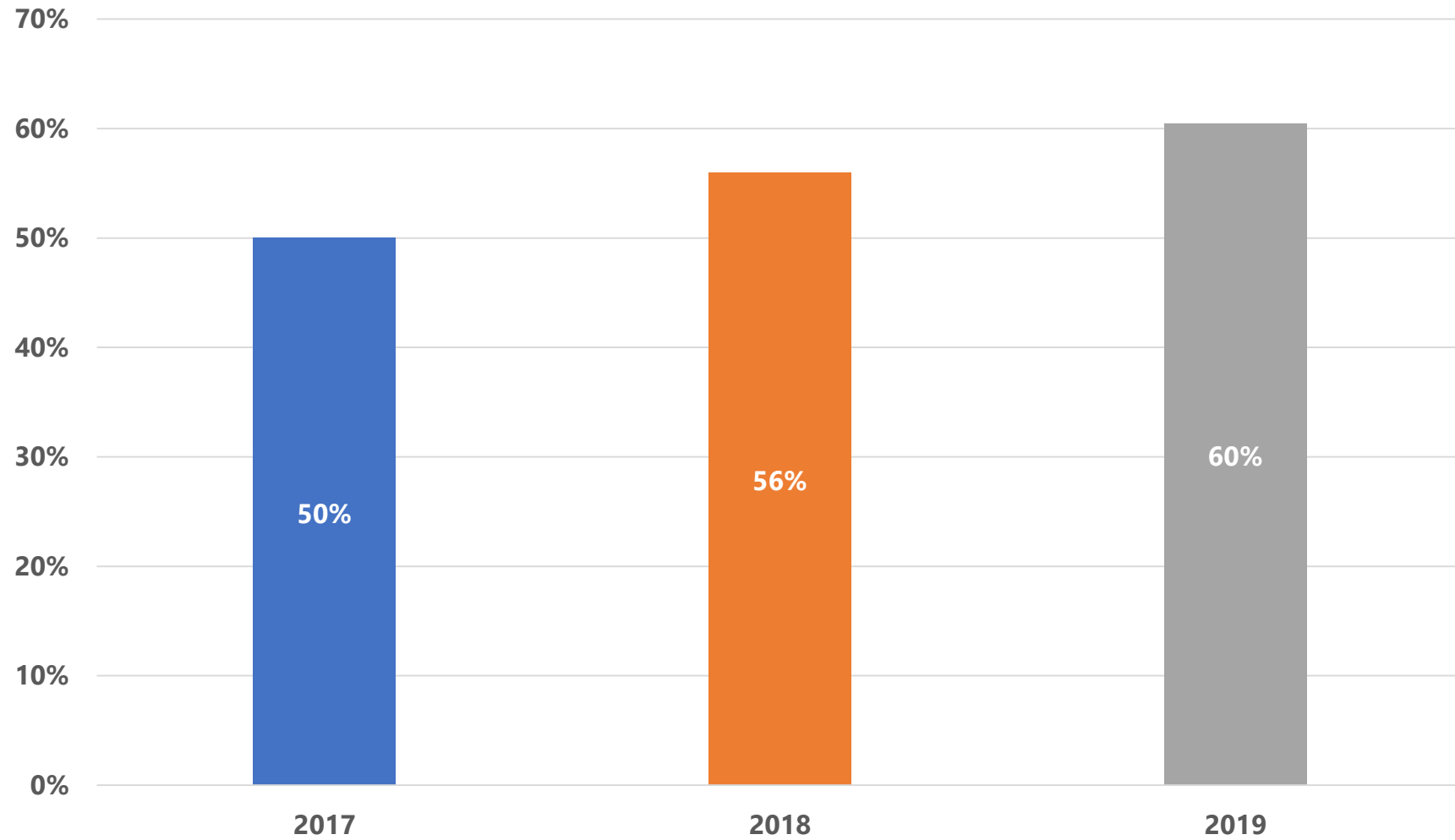
CPMRS User Searches per Year



CT Controlled Substance Registrations vs. CT Practitioners Writing at least 1 CS Prescription



% of Prescribers Utilizing CPMRS who wrote at least 1 CS Prescription





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Unsolicited Reporting: Clinical Alerts

Clinical Alerts

Clinical alerts are indicators of patients that may be at a high risk for an overdose. Practitioners are asked to review the patient's CPMRS report and use it as a tool to determine the appropriate level of care. Unsolicited report.

- **Prescriber & Dispenser Threshold**

Generated when a specified number of Prescribers and or Dispensers is met or exceeded within a set time period.

Current threshold: 5 Prescriber AND 5 Pharmacies WITHIN the last 3 months.

- **Daily Active MME Threshold**

Generated when the daily active MME (morphine milligram equivalent) is greater than or equal to specified values.

Current threshold: 90 MME/day

- **Opioid & Benzodiazepine Threshold**

Generated when Opioids and Benzodiazepines are prescribed concurrently.





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Unsolicited Reporting: Prescriber Report

Prescriber Reports

The Prescriber Report is intended to give prescribers insight into their opioid prescribing patterns.

Issued quarterly to all registered CPMRS users with an active account AND a defined role AND specialty who have written at least ONE opioid prescription during the prior six-month period.

Disclaimer: Comparisons with peer groups are meant to give prescribers a point of reference. The PMP recognizes that no two practice settings are identical. Additionally, this report is not intended to be an indication that the prescriber or his/her patients have done something wrong. If you believe one or more of your patients may have substance use disorder (SUD), we encourage you to review the PMP educational materials, www.ct.gov/dcp/pmp, which includes topics on referring patients to treatment for SUD, approaches to addressing SUD with patients, and effective opioid tapering practices.



Prescriber Report



CONNECTICUT PRESCRIPTION MONITORING PROGRAM PMP Prescriber Report



DATE: 1/22/2020

NAME: John Amodio

ROLE: Physician (MD, DO)

DATE COVERED BY THIS REPORT: 07/01/2019 - 12/31/2019

DEA #: AA1035244

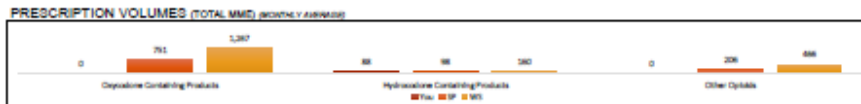
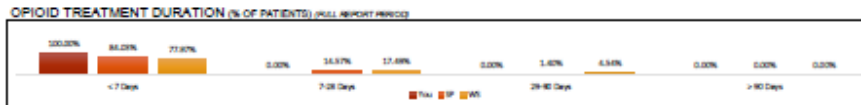
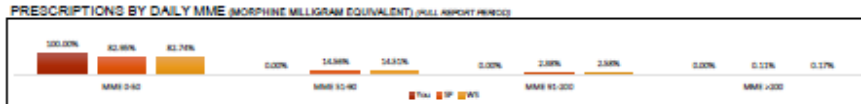
SPECIALTY: Surgery

MEMBER NUMBERS IN YOUR PEER GROUPS: SIMILAR PRESCRIBER (SP): 128 WITHIN YOUR SPECIALTY (WS): 158

NUMBER OF PERSONS FOR WHICH YOU PRESCRIBED OPIOIDS (MONTHLY AVERAGE)			NUMBER OF PRESCRIPTIONS YOU WROTE FOR OPIOIDS (MONTHLY AVERAGE)		
1	5	8	1	6	9
You	Similar Prescriber (SP)	Within your Specialty (WS)	You	Similar Prescriber (SP)	Within your Specialty (WS)

TOP MEDICATIONS PRESCRIBED (FULL REPORT PERIOD)

alprazolam	hydrocodone bitartrate/acetaminophen	lorazepam
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PMP USAGE (MONTHLY AVERAGE)

PMP REQUESTS BY YOU	PMP REQUESTS BY YOUR DELEGATE(S)	SIMILAR PRESCRIBER AVERAGE	SPECIALTY FIELD AVERAGE
0	0	4	6

PATIENTS EXCEEDING MULTIPLE PROVIDER THRESHOLDS (FULL REPORT PERIOD)

PATIENTS EXCEEDING MULTIPLE PRESCRIBER THRESHOLD	PATIENTS EXCEEDING MULTIPLE PHARMACY THRESHOLD
0	0

DANGEROUS COMBINATION THERAPY

PRESCRIPTIONS FOR OPIOID + BENZO IN SAME MONTH BY YOU	PRESCRIPTIONS FOR OPIOID + BENZO + CARISOPRODOL IN SAME MONTH BY YOU
0	0
BY YOU + OTHER PRESCRIBERS	BY YOU + OTHER PRESCRIBERS
1	0

Disclaimer: Comparisons with peer groups are meant to give prescribers a point of reference. The PMP recognizes that no two practice settings are identical. Additionally, this individual report is not provided for the purposes of evaluation of a practitioner's prescribing behavior. All data evaluated in this report relies upon the accuracy of the uploading entity and may require additional validation.





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Interstate Data Sharing

Data Sharing: States

Connecticut is sharing data with 39 states, District of Columbia, Puerto Rico, and the Military Health Services.

Compatible with PMPi and RxCheck platforms.

Alabama

Alaska

Arizona

Arkansas

Colorado

Delaware

Florida

Idaho

Illinois

Indiana

Iowa

Kansas

Louisiana

Maine

Maryland

Massachusetts

Michigan

Minnesota

Montana

Nevada

New Hampshire

New Jersey

New Mexico

New York

North Carolina

North Dakota

Ohio

Oklahoma

Pennsylvania

Rhode Island

South Carolina

South Dakota

Texas

Utah

Vermont

Virginia

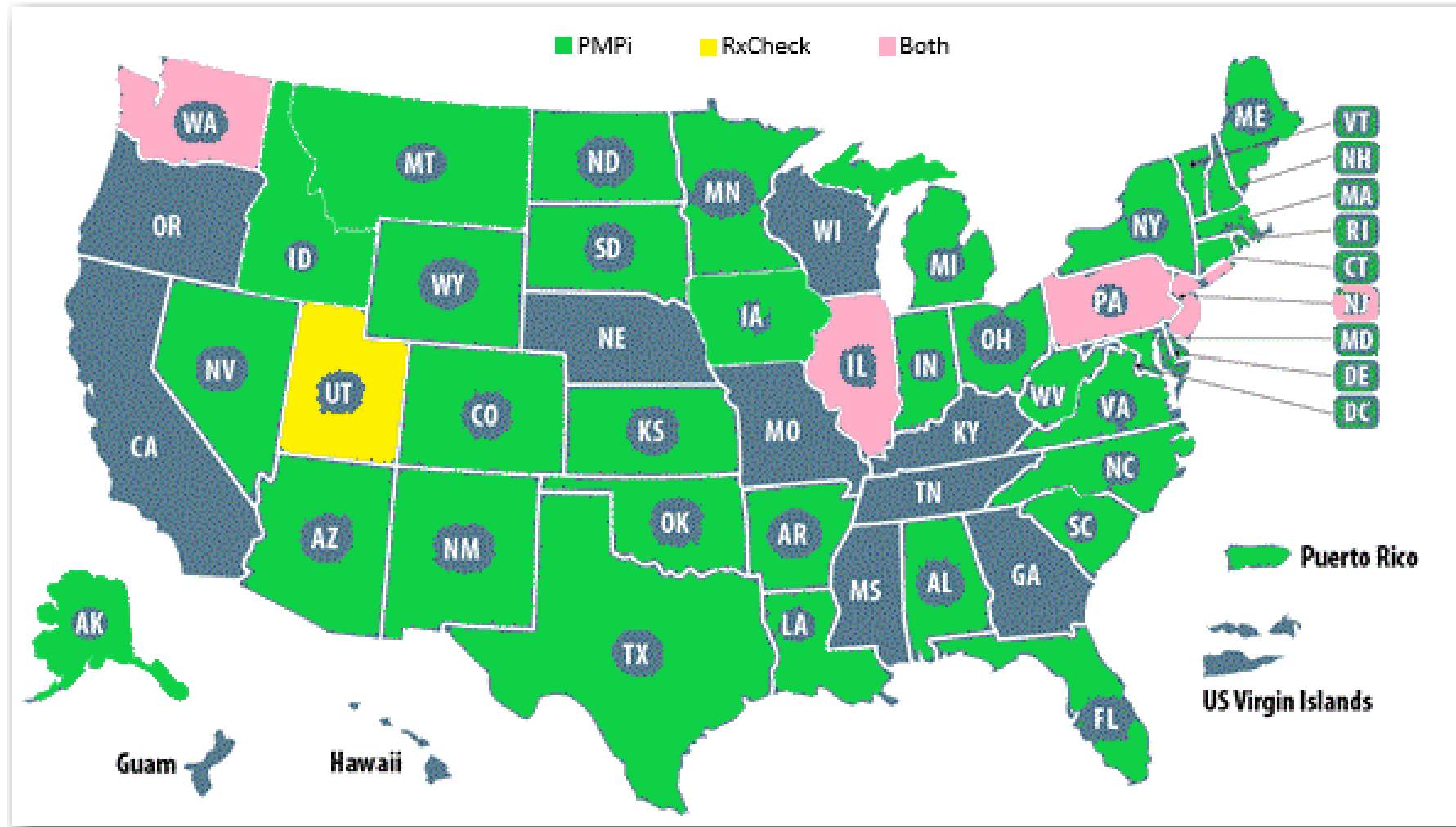
Washington

West Virginia

Wyoming



Data Sharing Map





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CPMRS-EHR Integrations

Data Sharing: CPMRS-EHR Integrations

- As of April 2020, there are over 100 integrated entities in CT, including:
 - 2 Health Care Systems (Yale New Haven Hospital, Hartford Healthcare)
 - 5 Hospitals (Middlesex Health, Griffin Hospital, Stamford Hospital, Bristol Hospital, Connecticut Children’s Medical Center)
 - 3 Retail Pharmacy Chains (Walgreens, CVS, Rite Aid)



Data Sharing: CPMRS-EHR Integrations

- Support Act 2020 funding from Office of Health Strategy to increase CPMRS-EHR integrations
 - Tri-agency MOA (DSS, OHS, DCP)
 - Considering Appriss Gateway Enterprise
 - Target completion of deliverable by 9/30/2020

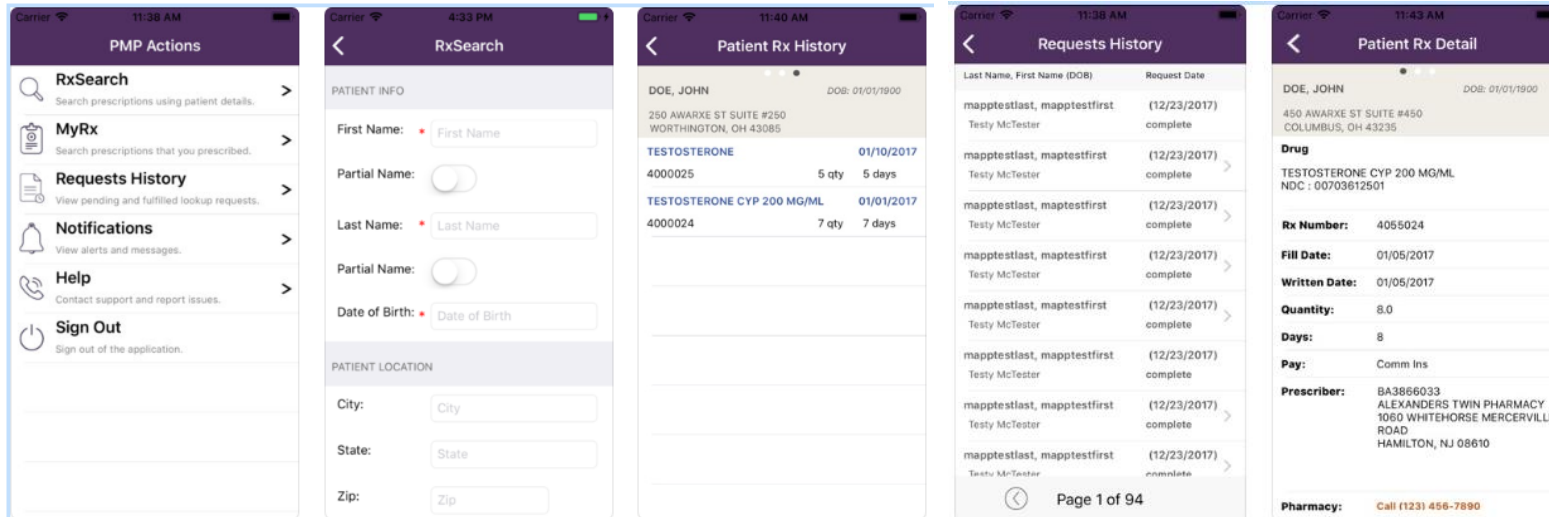




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Mobile App

CPMRS: PMP AWARxE Mobile App



- Available for Apple iOS and Android





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**Prescription Monitoring Program
Clearinghouse**

PMP Clearinghouse: Data Reporting

- Dispensers
 - Resident and non-resident pharmacies
 - Dispensing prescribers
 - Medical marijuana dispensaries
- REQUIRED
 - for all Schedule II-V controlled substances
 - if more than 48-hour supply was dispensed
- Data Submission
 - Daily
 - Zero Reports required



PMP Clearinghouse: Data Delivery Methods

Secure File Transfer Protocol (sFTP)

Web Portal Upload

Manual Entry (UCF)

Zero Reports – **required** if no medication is dispensed.



PMP Clearinghouse: Data Transmission Format

American Society for Automation in Pharmacy (ASAP) standards

Currently: 2016 ASAP Version 4.2A

Upcoming: ASAP Version 4.2B (release scheduled for the end of 2020)

- Increasing field lengths for patient address information.
- Adding a new Patient ID qualifier code for vendor-specific identifiers such as those from Appriss Health, Experian, and LexisNexis.
- Adding a new code to the Patient ID qualifier field to capture Veterinary Patient Microchip Number.
- Adding two new codes to Treatment Type to account for Acute and Chronic Opioid Therapy.
- Adding a new field to report the jurisdiction or state issuing the prescriber license number.



PMP Clearinghouse: Rx Data

- The data is not perfect
- The data must be verified
- Possible errors:
 - Incorrect input from pharmacy,
 - Inconsistent data from corporate,
 - Pharmacy not reviewing error reports,
 - Returned to stock meds,
 - Hospital DEA.
- The CPMRS system is a useful tool.



Use of the Patient Report: What can you do?

The practitioner may discuss:

- The findings of the report, not the contents of the report, with the patient,
- With another healthcare provider treating the patient,
- With a dispenser who has dispensed or will dispense medications to the pet owner.



Moving Forward

Upload Errors

Patient Matching

User Validation

Provider validation

Integration



Questions

?



Prescription Monitoring Program

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Draft Consent Design Guiding Principles Public Input

Dawn Bonder, CedarBridge

Process

- DRAFT Consent Guiding Principles, affirmed by the Health IT Advisory Council in December 2019, were posted on the OHS website on February 14, 2020 along with background and a request to provide feedback by March 15, 2020.
- Emails sent with background information and a request to provide input by March 15, 2020.
 - Emails sent to all OHS Listservs – 460 subscribers
 - Emails sent to the 609 subscribers to the OHS Newsletter

Feedback and Input Received

- OHS received 10 submissions
 - Summary of submissions were included with March meeting materials; full text of all submissions have been posted on the [OHS website](#)
- The feedback ranged from general support or opposition (to various provisions in the proposed Guiding Principles) to very specific questions or comments regarding specific Guiding Principles.
- Input not related to the Guiding Principles was also received.
- A report detailing feedback received on each Guiding Principle was included with your meeting materials.

Assessment of Feedback

- The feedback received was assessed using the following rubric:
 1. Feedback directly addresses a Guiding Principle and requires discussion by HITAC;
 2. Feedback directly addresses a Guiding Principle but is better suited to consideration during the consent policy development process and is being referred to OHS for future consideration; or
 3. Feedback does not address a Guiding Principle and is being shared with OHS and HITAC.
- The assessment included a review of the Consent Design Workgroup meeting minutes and recordings to determine if the feedback offered was discussed by Workgroup members during the development of the Guiding Principles.

Recommendation 1

- HITAC affirm the Guiding Principles as written and refer the relevant feedback to the groups charged with developing the consent policies.
 - The feedback and input offered will be better addressed during the development of the specific consent policies themselves and will allow for feedback to also be considered in the development of implementation processes and compliance monitoring for consent policies.

Recommendation 2

- Review the composition of the HITAC
 - Submissions provided input on the composition of the HITAC
 - While not directly in response to the proposed Guiding Principles, trust and confidence in this Council's recommendations are foundational to the policy development process.
 - Submissions suggested more consumer representation and that racial and ethnic representation be in line with that of Connecticut demographics.
 - Language addressing the diversity of Council members has been added to the proposed HITAC Charter and is offered for your review.

Next Steps

- Once affirmed by the HITAC, the Guiding Principles will be delivered to OHS.
- OHS will develop consent policy, based on the HITAC recommendations, following the standard regulation development process in place in the State, and in a manner consistent with the agency's process for regulatory oversight.
- As was shared at the January 2020 HITAC meeting, the HIE will implement a simple binary opt-out opportunity that will allow consumers to control whether their data is shared across the HIE platform.
 - The binary opt-out will be in place while a comprehensive consent management solution is developed (funding approved).
- The HIE's Operations Advisory Committee Privacy Work Group will consider consent implications as each use case is developed, consistent with the Guiding Principles.
- Once more comprehensive consent policies are developed, and a consent management solution is developed or selected, consumers will be offered the opportunity to revise consent decisions.
 - Outreach and education resources for this and related purposes are IAPD approved.

Review and Approve Health Information Technology Advisory Council Charter

Sean Fogarty, OHS

Charter Discussion – Today’s Topics

- Diversity language added to Article 3 (Membership)
 - Comments received on consent guiding principles included concerns about the composition of the Council
 - CGS 4-9b establishes requirements and expectations
 - The added section addresses race and gender diversity consistent with the statute
- Other comments and discussion
- Recommend adoption of the draft charter as amended

Charter Article 3: Membership

- Section 1: members and appointing authorities
- Section 2: terms; filling vacancies; compensation
- Section 3 (added): qualified membership; gender and racial diversity
 - Appointing authorities should adhere to the guidance in [CT Gen Stat § 4-9b \(2013\)](#) and in cooperation with one another shall make a good faith effort to ensure that, to the extent possible, the membership is qualified and closely reflects the gender and racial diversity of the state. The Council co-chairs shall report on the composition of the Council to the Secretary of State as required by the referenced statute, and as appointing authorities, the Council co-chairs shall inform each other of recommended appointees in order to facilitate compliance with this section.

2013 Connecticut General Statutes, Title 4 – Management of State Agencies, Chapter 46- State Appointive Officers, Section 4-9b – Membership of boards, commissions, committees, and councils: Qualifications, gender and racial diversity required considerations, Report. Right of Action. Universal citation: [CT Gen Stat § 4-9b \(2013\)](#)

Recommendation to Adopt the Charter

Allan Hackney, Council Members

Wrap up and Next Steps

Contact Information

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Health IT Advisory Council Website:

<https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council>

Appendix

Patient Unified Lookup System for Emergencies (PULSE)

- PULSE system provides authorized users with a simple patient look up system accessing patient health data in non-typical care settings
 - Authorized users – first responders, volunteer health professionals, typically defined by the state
 - Patient health data – Clinical care documents with information includes medications, allergies, diagnosis, lab results, and other relevant information
 - Network – Ad-hoc searches leveraging the national networks, eHealthExchange and CareQuality
- Used in California for wildfire response in alternate care facilities

PULSE-COVID – Use Cases, Users, and Settings

Clinical Search Portal

- Authorized users log-in to a webpage, search for a patient, and receive a list of the patient's clinical documents
- The user can view care summary documents, hospital discharge information, medication history, and other relevant information

Use Case: Used in quarantine centers or alternate care sites for treatment and/or triage purposes

Users: Authorized and authenticated providers and emergency responders

PULSE-COVID Bulk Query Service

- Submit spreadsheet* of specific patients
- PULSE-COVID can gather relevant documents for tens or hundreds of individuals

Use Case: Used in public health to augment demographics about COVID patients or clinical case augmentation/epidemiological investigations

Users: Public Health authorities or care providers

