



Presentation to the PMP Joint Committee

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What is the Texas e-Health Alliance?

- State's leading advocate, from local communities to the national level, for the use of health information technology to improve the health system for patients
- 501(c)6 non-profit started in 2009 and serves as the trade association for health information technology companies

COMBAT THE OPIOID EPIDEMIC WITH HEALTH IT

EXAMPLES OF HOW HEALTH IT CAN HELP

EHR system integration with PDMPs makes it quick and easy for providers to check PDMP data prior to prescribing.



Smartphone apps can provide convenient and practical tools to help individuals in recovery from substance use disorders.



ePrescribing of controlled substances helps protect against drug misuse and diversion while improving provider workflows.



Telehealth can help expand access to addiction treatment services by providing care remotely through videoconferencing or other modalities.

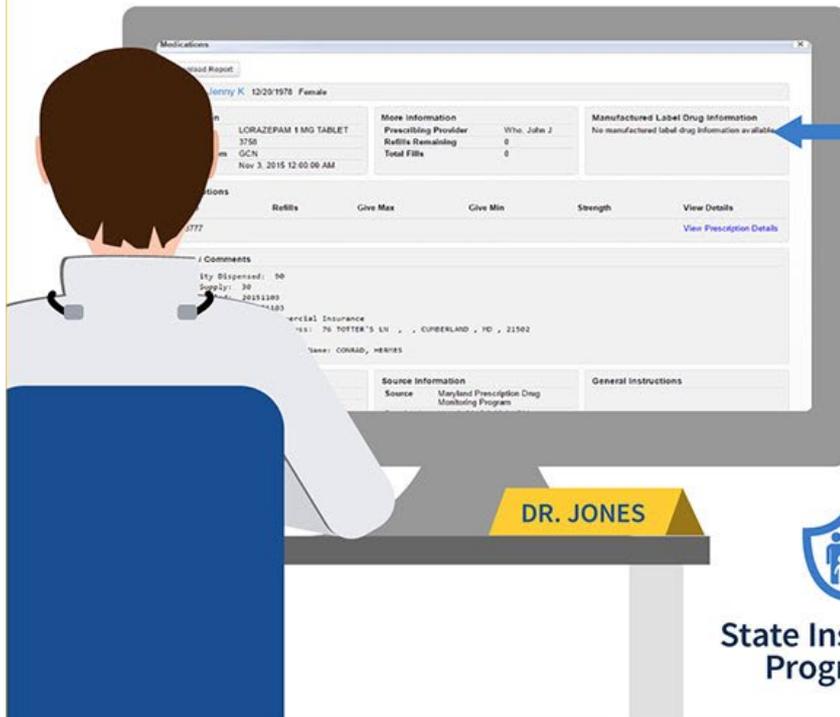


Clinical decision support tools in EHRs can help support appropriate opioid prescribing and improve outcomes.



PRESCRIPTION DRUG MONITORING PROGRAM & HEALTH IT INTEGRATION

HEALTHCARE PROVIDERS



Prescription Drug Monitoring Program



PHARMACISTS



Federal Changes

- CMS has finalized modifications to the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs.
 - Added two new measures under the e-Prescribing objective
 - querying a Prescription Drug Monitoring Program (PDMP)
 - Optional in 2019, required in 2020 (with exemptions)
 - verifying the existence of an opioid treatment agreement
 - Optional in 2019 and 2020, may be reviewed in future years
- "If I could challenge developers on a mission, it's to help make doctors' offices a fax free zone by 2020,"- Seema Verma, CMS Administrator, August 6th, 2018 ¹

1. <https://www.healthcareitnews.com/news/cms-administrator-seema-verma-calls-end-physician-fax-machines-2020>

TeHA Recommendations

- Texas should implement a coordinated approach to this crisis that includes, but is not limited to, adopting technology solutions related to prescribing. It will be essential to develop a Texas solution that works for Texas providers. This could mean:
 - Adopting approaches that have been used in other states such as mandatory PDMP reporting and checking for all provider types, and mandatory e-prescribing of controlled substances.
 - Increasing funding for and access to substance abuse treatment services to address the needs that will arise if diversion and doctor-shopping decrease.
 - Coordinating with providers and vendors to ensure that PDMP implementations are done as part of the provider workflow and are as user-friendly as possible.
 - Considering placing a surcharge on paper prescription pads to encourage providers to e-prescribe, and direct that funding towards substance abuse treatment.
 - Using technology to increase provider education on pain management and opiates, which could mean including it as part of required continuing education for providers.
 - Creating a technology-enabled system of care for affected patients who will have long-term needs that encourages data sharing both between their immediate care team and with other providers in the healthcare system.
 - Placing limits on the number of opioids that can be prescribed to a patient upon hospital discharge, so that they will need to see their PCP or other provider to get additional medications.
 - Develop access for primary care physicians, by using technology like telemedicine, to specialists in pain management at academic institutions to better support PCPs.

TeHA Recommendations

- Texas should explore data sharing opportunities with states that border Texas and nationally as appropriate. CDC data shows that two of the most affected counties in Texas are on the Arkansas and Louisiana borders. It will be important to negotiate standardized agreements on data sharing in order to address patients who may be seeking medications in multiple states. Also, the national Federation of State Medical Boards is working to determine if a national data sharing framework for PDMPs can be developed to help address the issue.
- Texas should amend the PDMP statute to allow clinical staff for payors (Medicaid, TRS, ERS) to access the PDMP for their enrollees. Payors have responsibilities for care coordination and case management. Allowing them appropriate access to the PDMP would allow them to provide better and more timely interventions for their members.



Questions?

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