NABP PMP InterConnect:

It's Not a Social Media Site and You Sure Don't Want to Look for Friends There!

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Chief Operating Officer
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Learning Objectives

- Describe what Prescription Monitoring Programs are and why they are needed and used.
- Explain what NABP's PMP InterConnect is and what it does.
- Outline what the PMIX Architecture is.
- Discuss how PMP InterConnect is evolving to meet the needs of consumers of PMP Information.

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What are Prescription Monitoring Programs

- Collect dispensing data for Schedule II-V controlled substances (CS) (and sometimes additional drugs) into a central statewide database for use in preventing diversion and abuse by "doctor and pharmacy shopping."
- Effective tool for curtailing drug abuse and diversion while ensuring access to a CS for patients with a legitimate medical need.
- Mostly used by physicians and pharmacists, also by regulators and law enforcement in some states.
- States may differ slightly in the drugs that must be reported, frequency that pharmacies/dispensers must report, and who can access the database. States are more similar than different.
  - IL PMP collects Schedule II-V drugs dispensed information.

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Prescription Monitoring Programs: National Landscape

- 44 states/jurisdictions have functional PMPs or are at least collecting data
- 6: AR, DC, GU, MD, MT, NH – gearing up to implement
- 2: DC and MO – no authorizing legislation, but both are close
- Where the PMPs are housed:
  - 18 Health/Substance Abuse/Consumer Protection
  - 26 Board of Pharmacy/Professional Licensing
  - 7 Law Enforcement

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PMIX Architecture

- Harold Rogers Prescription Drug Monitoring Program Grants
- Sponsored by the Bureau of Justice Assistance
- Prescription Monitoring Program Information Exchange (PMIX) architecture is an interoperability infrastructure that seeks to facilitate interstate data sharing between PMPs or "Hubs"
  - NABP InterConnect considered a "hub" in the architecture.

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Concerns with PMPs today:

- Persons engaging in doctor shopping don't stay in one state, particularly areas that border other states
  - They actively try to disguise their behaviors to avoid detection
  - Querying a single state PMP may not give a complete picture to a physician or pharmacist of the controlled substances a person is obtaining
- Low utilization/lack of integration
- PMPs lack functional and analytical tools

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- Creates interoperability for individual state PMPs via a hub system
- Physicians and pharmacists log into their own state PMP and check boxes for other participating states from which they want patient data
- The hub routes the requests to the various states and sends the information back to the physician or pharmacist in one collated report

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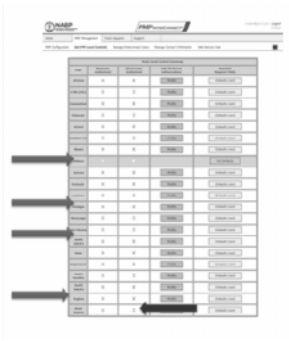

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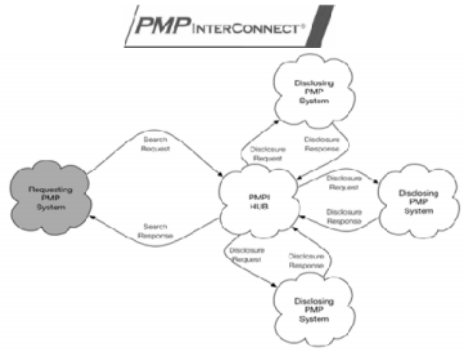

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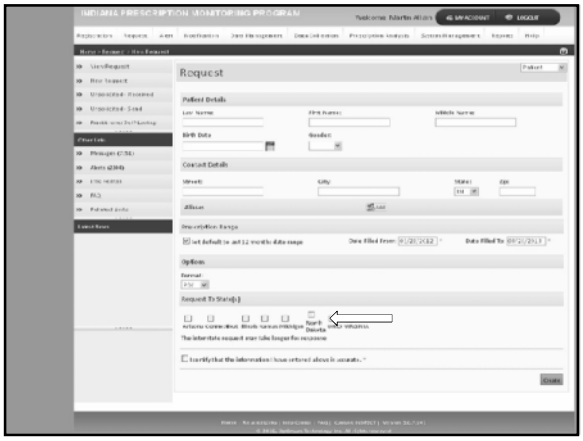

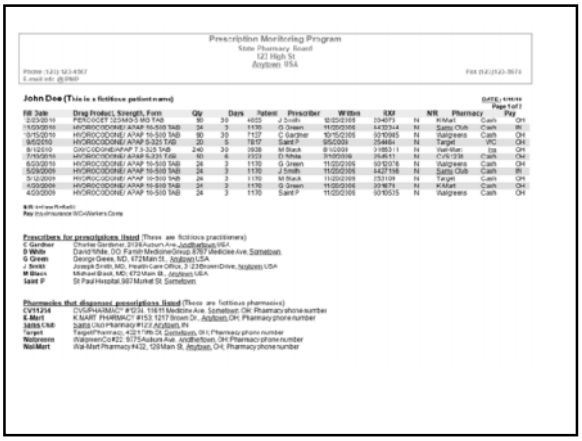

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- All protected health information is encrypted and not visible to the hub, secure, and HIPAA compliant
  - No protected health information is stored. The hub is just a pass through from one state to the authorized requestor in another state.
- Easy for states
  - Each state only needs to sign one memorandum of understanding (MOU)/contract with NABP – does not have to sign one for every other state to exchange data.
  - Each state's rules about access are enforced automatically by the hub.
  - States maintain access rules themselves.

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PMP InterConnect®

- Launched in July 2011
  - To date has processed over 2 million requests
  - with an average speed of 5.5 seconds to process each request.
  - Speed limited to response capabilities of participating state PMP programs, not the hub.

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Cost for States to Participate

- $0 participation costs for first 5 years, although states may incur some costs from their own PMP software companies.
- NABP paying from its own resources:
  - All development and implementation costs for the program.
  - Annual maintenance fee to the contractor to operate the hub.
  - Annual participation fees for states that cannot afford to pay for the fee from their budgets/program resources.
- NABP using unrestricted grants from third parties.
  - To date, Purdue Pharma, L.P. has provided a grant, as has Pfizer, Inc.
  - NABP assists states with developing needed software to connect to the hub and other costs for participation for states that can accept these funds.

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PMP InterConnect®

- 16 PMPs – Arizona, Colorado, Connecticut, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, New Mexico, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, and Virginia are actively sharing data.
- 8 additional states have signed MOUs and 6 are in some stage of reviewing the MOU to participate.
- NABP anticipates that by the end of 2013, approximately half the PMPs could be exchanging data via NABP InterConnect.

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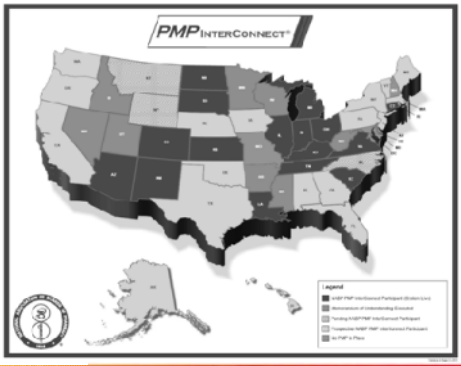

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Next Steps to Increase Utilization

- Continue to connect states to NABP InterConnect
- Assist states with legislation to allow interstate sharing
- Integrate NABP InterConnect into Health Information Exchanges
- Integrate PMP requests into workflow processes such as pharmacy software systems and hospital system emergency departments
- Provide access to analytical tools to automate analysis of PMP reports to increase efficiencies, eg, NARxCHECK™
- Develop PMP software that works seamlessly with NABP InterConnect as well as meets the day-to-day needs of administrators, requestors, and data submitters.

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Integration Projects

- Leveraging the growing “national network”
- Guidance from PMP InterConnect Steering Committee
- Office of National Coordinator (ONC) Pilots
- Third-party inquiries
  - Networks
  - Electronic Medical Record software vendors
  - Pharmacy entities and software vendors
  - Health Information Exchanges

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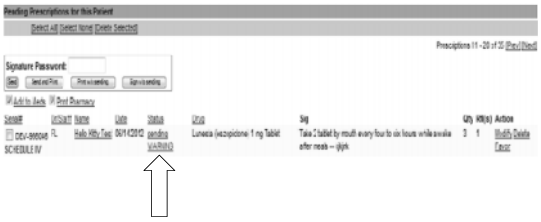
MAPS/Electronic Prescribing Software



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MAPS/Electronic Prescribing Software

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Learning Assessment Questions & Answers

1. Prescription Monitoring Programs are maintained for which of the following purposes?
   a. To provide information for doctors considering writing/dispensing a controlled substance prescription.
   b. To provide information for pharmacists considering dispensing a controlled substance prescription.
   c. To provide information to law enforcement officials investigating diversion of controlled substance crimes.
   d. Both a and b.
   e. a, b, and c.

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Learning Assessment Questions & Answers

2. The PMIX Architecture is:
   a. A health-care information exchange standard.
   b. A pharmacy information exchange standard.
   c. A law enforcement information exchange standard.
   d. A PMP information exchange standard.
   e. None of the above.

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Learning Assessment Questions & Answers

3. What is the problem that PMP InterConnect was originally deployed in order to solve?
   a. Incompatible data submission standards between PMP's.
   b. Inability for users of one PMP to obtain patient data from other PMP's in a single request.
   c. Legal and operational challenges which were preventing effective collaboration between the PMP's.
   d. Inability for PMP's to exchange information with health care and pharmacy entities.
   e. All of the above.

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Learning Assessment Questions & Answers

4. How many states are sharing data via PMP InterConnect?
   a. 12
   b. 16
   c. 17
   d. 18
   e. 24

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Learning Assessment Questions & Answers

5. What are the recent enhancements which are planned or have been made to PMP InterConnect?
   a. A translation service which will enable communication between PMP's and health care entities using HL7.
   b. A translation service which will enable communication between PMP's and pharmacy entities using NCPDP.
   c. A translation service which can facilitate hub-to-hub communication amongst Prescription Monitoring Programs.
   d. A data submission clearinghouse to facilitate accurate and rapid data submission by dispensers.
   e. a, b, and c.

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Thank You!

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- Visit NABP Web site at www.nabp.net

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