



# PMP Advisory Committee

July 11, 2019

NARXCARE

# NARXCARE

- Launched December 17, 2018.
- Every NarxCare report includes scores for narcotics, sedatives, and stimulants. These scores are based on a complex algorithm with up to 20 time-weighted measurement points. The scores range from 000 to 999, with higher scores equating to higher numbers of prescribers, MME, pharmacies, and overlapping prescriptions.
- An Overdose Risk Score, developed using advanced data science, is also included. This risk score ranges from 000–999 with higher scores equating to increased risk of unintentional overdose.

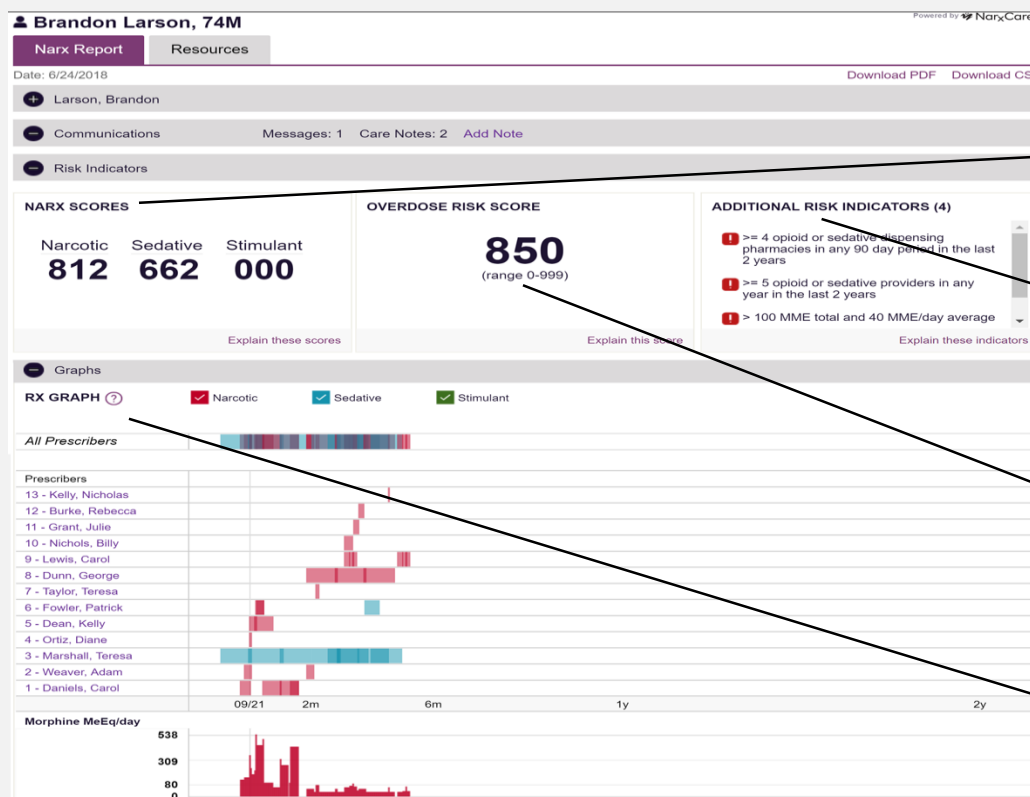
# How Narx Scores are calculated

- Each score consists of three digits ranging from 000–999.
- The last digit of each score represents the number of active prescriptions of that type. For example, a Narx Score of 504 indicates the patient should have four active narcotic prescriptions according to dispensation information in the PDMP.
- These risk factors include:
  - The number of prescribers
  - The number of pharmacies
  - The amount of medication dispensed (often measured in milligram equivalencies)
  - The number of times prescriptions of a similar type overlap from different prescribers
- The time elapsed for any risk factor serves to decrease its contribution to the score. For example, 1000 MME dispensed within the last month will elevate the score *more than* 1000 MME dispensed one year ago.

# Overdose Risk Score

- An analysis designed as a numerical score that represents the risk of unintentional overdose death.
- The variables that have shown to be predictive of unintentional overdose death include:
  - The number of pharmacies visited per unit time
  - Maximum morphine milligram equivalency (MME) in the last year
  - The number of prescribers in the last two years
  - Various slopes of opioid and sedative use
  - Various slopes of prescriber usage

## Analytics and Visualizations



Represent controlled substance history

Prominent risk indicators highlight important information from many data sets

Machine-learning derived score predicting risk of unintentional overdose death


Can incorporate many data sets

Rx Graph Clearly Displays Vital Information  
Difficult to Ascertain from "Med History" View

# Opioid Treatment Agreement

Menu Jim Hulzenga

RxSearch > Patient Request


  
 Powered by NarxCare™

**Carol Gray, 75F**

Narx Report Resources

Date: 6/24/2018 Download PDF Download CSV

+ Gray, Carol

+ Communications

Messages (0)

Care Notes (1) [add note](#)

[03/27/2017 1303:57] — from Stacy Jackson, NP — This patient has a pain contract in place. [pain\\_contract\\_dlh\\_02142017.pdf](#)

⊖ Risk Indicators

**NARX SCORES**

Narcotic	Sedative	Stimulant
<b>692</b>	<b>581</b>	<b>000</b>

Explain these scores

**OVERDOSE RISK SCORE**

640

(range 0-999)

Explain this score

**ADDITIONAL RISK INDICATORS (4)**

- >= 4 opioid or sedative pharmacies in any 90 d 2 years
- >= 5 opioid or sedative year in the last 2 years
- > 100 MME total and 40

⊖ Graphs

**RX GRAPH** Narcotic Sedative Stimulant

All Prescribers

Prescribers	09/21	2m	6m	1y
7 - Gutierrez, Kathy				
6 - Stone, Gary				
5 - Lewis, Tina				
4 - Ortiz, Frances				
3 - Simpson, Martha				
2 - Hudson, Jessica				
1 - Cooper, Lori				

Morphine MeEq/day

320
200

Care Notes also enable flagging and insertion of an Opioid Treatment Agreement, an emerging requirement from CMS and elsewhere

1 / 2

**Pain Treatment with Opioid Medications: Patient Agreement\***

I, Jane Doe, understand and voluntarily agree that (initial each statement after reviewing):

- I will keep (and be on time for) all my scheduled appointments with the doctor and other members of the treatment team.
- I will participate in all other types of treatment that I am asked to participate in.
- I will keep the medicine safe, secure and out of the reach of children. If the medicine is lost or stolen, I understand it will not be replaced until my next appointment, and may not be replaced at all.
- I will take my medication as instructed and not change the way I take it without first talking to the doctor or other member of the treatment team.
- I will not call between appointments, or at night or on the weekends looking for refills. I understand that prescriptions will be filled only during scheduled office visits with the treatment team.
- I will make sure I have an appointment for refills. If I am having trouble making an appointment, I will tell a member of the treatment team immediately.
- I will treat the staff at the office respectfully at all times. I understand that if I am disrespectful to staff or disrupt the care of other patients my treatment will be stopped.
- I will not sell this medicine or share it with others. I understand that if I do, my treatment will be stopped.

# National Prescription Enhanced Data Exchange (NPEDE) Study

- NPEDE Program Overview

- Provide a Service that will aid the state in collecting and disseminating new data sets to the state PDMP.
- Import additional data sources into the PDMP with the purpose of preventing diversion of controlled substances and enhancing patient health.
- Deliver outcomes achieved w/incorporation of additional data sets into the PDMPs to build more accurate patient risk models and anti-diversion strategies.



# NPEDE Datasets

- Two additional datasets to potentially include in the PMP
  - Death Data
    - Data collection of death files to inform provider of the patient status
  - Controlled Substance Identification (CSID)
    - Identity of person actually receiving a controlled substance –
      - Provide transparency to total # of prescriptions picked up by resident but not prescribed to
      - Identification of Controlled substance pick up coupled w/other risk indicators to support model that predicts drug diversion

# NPEDE Datasets

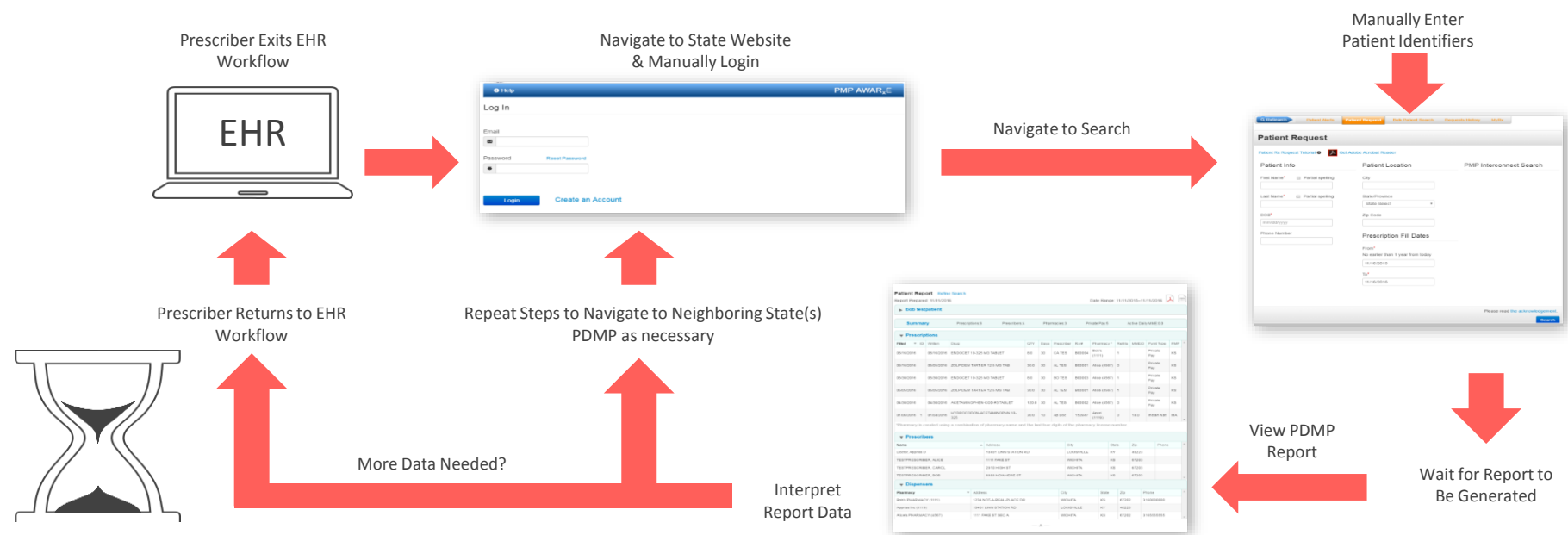
- Controlled Substance Identification (CSID)
  - Potential challenges
    - Require accurate ID to add to PMP database
    - NV law (NAC 639.748) requires the person who picks up the CS prescription to present a current and valid ID, except:
      - The prescription has been previously filled by the pharmacy;
      - The prescription is for an inpatient at a health care facility, facility for long-term care or facility for hospice care where he or she is being treated;
      - The person who picks up the CS is personally known to an employee of the pharmacy; or
      - The employee is dispensing the controlled substance by mail and has obtained or verified the identification of the patient through the prescription benefit plan of the patient.

# State-Wide Integration

# State-wide Integration

- State-wide integration launched Feb. 11, 2019 in partnership with DHHS.
- Integrates access to the PMP into each practitioner's/clinic's internal EMR system.
- PMP data will present as a tab within each practitioner's internal EMR system.
- Eliminates the need for separate log-ins.
- Goal is to make integration available to all Nevada practitioners but it is not mandatory to integrate the PMP into the EMR. Providers will still be able to sign into the PMP to review patient PMP reports.

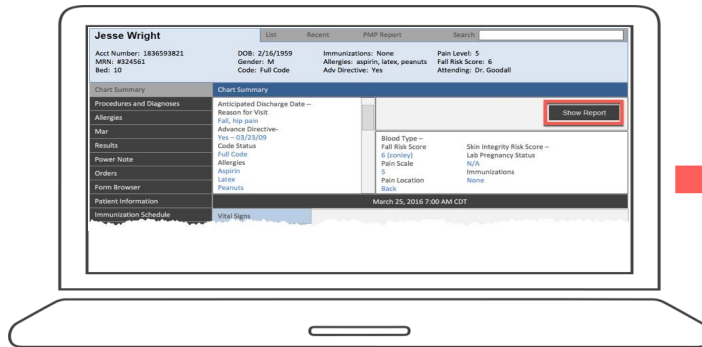
# Prescriber Access Workflow Is Cumbersome



Source: <http://onlinelibrary.wiley.com/doi/10.1111/acem.12905/abstract>

## What Prescribers Need: EHR Integration

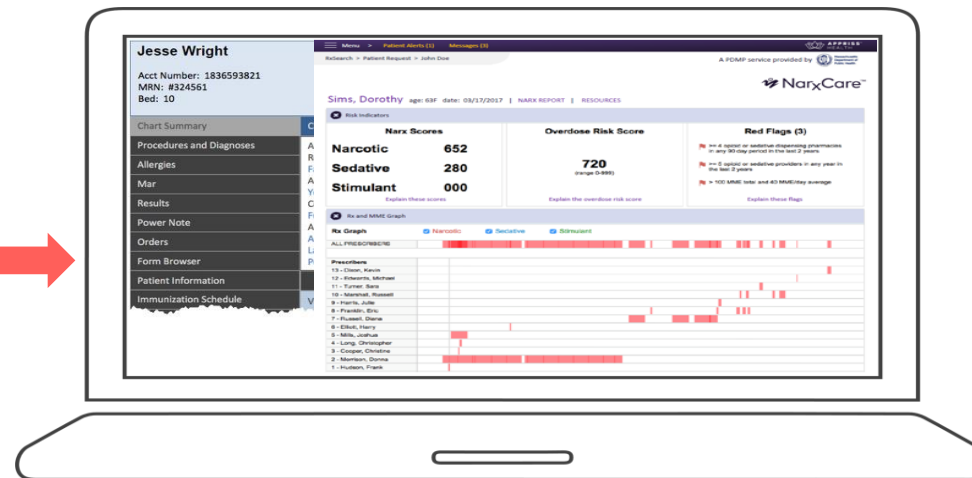
Prescriber navigates to their normal prescription workflow in EHR



CLICK  
Show Report  
button



Prescriber reviews prescription history report, views use scores and insights, and continues with normal prescription workflow



# Integration Update

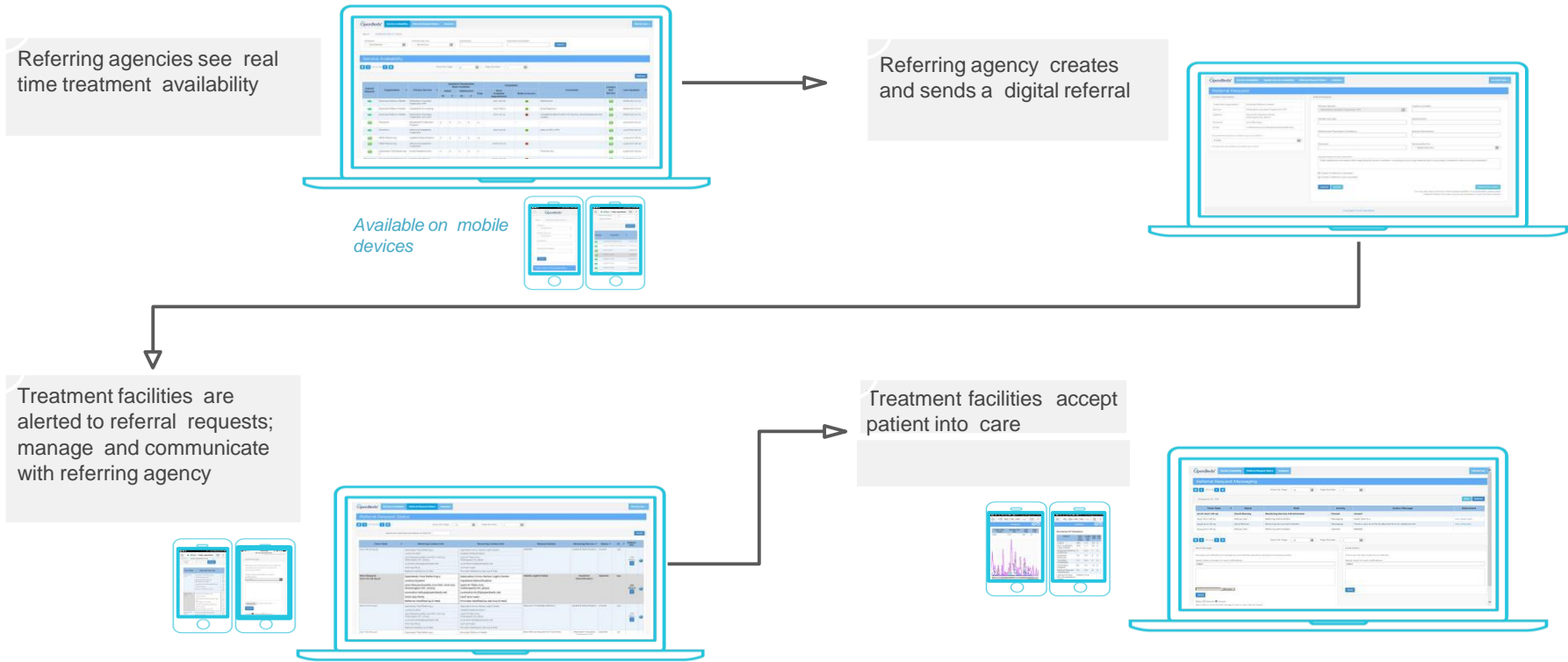
Status as of 07/02/2019	Quantity
Integration Request Forms Received	145
In-Production Healthcare Entities	33
Number of Qualified Prescribers In-Production	1728

OpenBeds



# OpenBeds

- A platform that provides real-time treatment services availability, connection to social support services, evidence-based assessment tools, and therapy offerings.
- It will act as a conduit between practitioners and open beds at treatment centers, allowing the practitioner to see what open beds each facility has.
- If a practitioner and patient, through discussion, determine that the patient would benefit from entering into a treatment center, with the patient's consent, the doctor can send a referral to the treatment facility.



**Simple process to filter and find a bed or treatment slot, create/send/process a request -- in less than 2 minutes, provider is back to work**

# Assembly Bill 49

# AB 49 – REVISED SB 59 FROM 2017 LEGISLATURE

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