PMP Advisory Committee

July 11, 2019
NARX CARE

• 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 Ascertained from “Med History” View
Opioid Treatment Agreement

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

1. Prescriber Exits EHR Workflow
2. Navigate to State Website & Manually Login
3. Navigate to Search
4. View PDMP Report
5. Wait for Report to Be Generated
6. Manually Enter Patient Identifiers
7. Interpret Report Data
8. Repeat Steps to Navigate to Neighboring State(s) PDMP as necessary
9. More Data Needed?
10. Prescriber Returns to EHR Workflow

What Prescribers Need: EHR Integration

Prescriber navigates to their normal prescription workflow in EHR

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

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<th>Status as of 07/02/2019</th>
<th>Quantity</th>
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<tr>
<td>Integration Request Forms Received</td>
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<td>In-Production Healthcare Entities</td>
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<td>Number of Qualified Prescribers In-Production</td>
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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.
How OpenBeds® Works: 4 Steps

1. 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

2. Referring agencies see real time treatment availability

3. Referring agency creates and sends a digital referral

4. Treatment facilities are alerted to referral requests; manage and communicate with referring agency

Available on mobile devices

Treatment facilities accept patient into care

Proprietary and Confidential
AB 49 – REVISED SB 59 FROM 2017 LEGISLATURE

**LAW ENFORCEMENT REPORTING**

Amended NRS 453.1635(1)

- Grants BOP discretionary authority to allow law enforcement to report certain criminal justice data into PMP.
- Data limited to:
  1. Arrests for controlled substance violations; and
  2. Reports of stolen prescription drugs.
- Details of reporting to be specified by BOP in regulation.
- Gives BOP and LE flexibility to address any logistical challenges that arise.

**OVERDOSE REPORTING**

Amended NRS 441A.150(2) and 453.1645

- Eliminates current requirement that coroners and medical examiners report prescription drug-related deaths into PMP.
- Grants BOP discretionary authority to access and include in the PMP overdose information currently reported to the State’s Chief Medical Officer.
- Includes fatal and non-fatal overdoses.
- Gives BOP and CMO flexibility to address any logistical challenges that arise.