NCPDP Standards-based Facilitated Model for PDMP: Phase I and II

An Interoperable Framework for Patient Safety

Version 12

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In an effort to reduce patient prescription drug overdoses and drug abuse, this white paper recommends Phase 1 solutions to assist authorized healthcare providers, including prescribers and pharmacists, in making more informed clinical decisions prior to writing and dispensing medications.

NCPDP Standards-based Facilitated Model for PDMP: Phase I and II
An Interoperable Framework for Patient Safety

Version12

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Executive Summary

Even though heavy investments in Prescription Drug Monitoring Programs (PDMPs) have been made in recent years, the problem of prescription drug abuse continues to be a significant problem in the United States.

The current prescription monitoring communication process often occurs outside of the provider's workflow and does not provide enough accurate information in a timely manner in order to make clinical decisions at the point of care.

Combatting prescription drug abuse, specifically the opioid crisis, is an issue that transcends political party lines. In 2018, President Trump signed the SUPPORT for Patients and Communities Act into law. The SUPPORT Act builds upon the 2016 Comprehensive Addiction and Recovery Act (CARA). CARA requires enhancements to state PDMPs, which currently lack uniform best practices, and incentivizes states to optimize their PDMPs in order to share data as near to real-time as possible, support the exchange of PDMP data across state lines and establish integration into clinical workflows within electronic health records systems.

The Analyzing and Leveraging Existing Rx Transaction (ALERT) Act, introduced in 2018 and re-introduced in 2019, if passed, would implement a prescription safety alert system to minimize prescription controlled substance diversion, misuse, and abuse, within a Risk Evaluation and Mitigation Strategies (REMS) Program under the Food and Drug Administration (FDA). The ALERT Act requires the Department of Health and Human Services (HHS) to use transactions to better inform participating clinicians as they treat patients and dispense medications. Specifically, the bill references NCPDP in Section 1171(8) of the Social Security Act as the standard setting organization responsible for designing the transaction standards used in the Alert System.

These recent federal actions should pave the way for leveraging existing technology and standards to address prescription drug abuse through:

- Electronic prescribing of controlled substances (EPCS) transactions which is key to helping providers ensure prescription medicines are being prescribed more securely.
- Use of the NCPDP SCRIPT Medication History transactions that allow providers to evaluate a patient's medication history in real-time[1] at the point of care.
- Clinical decision support that assists providers in preventing adverse drug events.

Through the use of ANSI-accredited standards, NCPDP's recommendations for an integrated solution enhance interoperability among stakeholders across the healthcare continuum and improve a patient's safe use of controlled substances by:

- Providing clinicians with more recent and higher quality information on their patient's use of controlled substances.
- Providing seamless access to PDMP data within provider workflow.
- Ensuring access to appropriate drug therapy for patients with valid medical needs.

Utilization of NCPDP's existing standards will enable healthcare providers to decrease prescription drug abuse and ensure access for patients with a valid medical need **before** controlled substances are prescribed or dispensed. This sustainable approach:

[1] Real-Time NCPDP transactions are measured in seconds (typically 3-10).

- Promotes interoperability;
- Provides accurate, timely and actionable information;
- Utilizes existing prescriber and pharmacist workflows to facilitate adoption;
- Promotes a patient's safe use of controlled substances; and
- Supports efforts to curb a public health crisis.

1. Purpose and Scope

In 2012, NCPDP convened the inaugural Prescription Drug Monitoring Program (PDMP) Stakeholder Action Group in Baltimore, MD. The goals and objectives were to identify the current and future issues and needs regarding PDMPs. At the request of the PDMP Strategic Action Group, a PDMP Task Group was formed in November 2012 resulting in the publication of a white paper entitled *NCPDP's Standards-based Facilitator(s) Model for PDMP, An Interoperable Framework for Patient Safety.*

On March 12, 2019, NCPDP convened another Strategic Action Group to bring industry stakeholders together to discuss NCPDP's Standards-based Facilitated Model for PDMP, An Interoperable Framework for Patient Safety. The goals of the meeting were to:

- Identify the current barriers for healthcare providers' access to healthcare information necessary to improve patient safety as it relates to the opioid epidemic.
- Discuss and inform participants about the design of NCPDP's model and review barriers to adoption.
- Determine next steps to further refine NCPDP's model to facilitate industry adoption.

During the Strategic Action Group meeting, participants identified the problem and proposed a phased-in solution.

Background

According to the Centers for Disease Control and Prevention (CDC), overdose deaths involving prescription opioids were five times higher in 2017 than in 1999. The opioid crisis is a priority area for President Trump and Congress, and both are allocating resources to address it. The Office of National Drug Control Policy (ONDCP) published the National Drug Control Strategy in January 2019, which highlights three challenges with the existing PDMP system: data latency, interoperability and integration into workflow.

These are the same three challenges identified by NCPDP through the work of the PDMP Task Group and addressed in this white paper. The outcome of the March 2019 Strategic Action Group meeting was the identification of a path forward and next steps to address these challenges.

Identifying the Problem

PDMPs were initially created as an anti-diversionary program for law enforcement. PDMPs have become the primary public health tool used to address prescription drug diversion and abuse due to evolving patient safety concerns and recently enacted state legislative and regulatory policies. While tremendous progress has been made as states transition the use of PDMP data to a clinical tool for provider point of service care, several challenges impede the expected outcomes. For example:

- PDMP Data Formats
    - Variation in state PDMP data sets and reporting formats complicates data aggregation and integration into provider systems, impacting the quality of information at the point of care.
- PDMP Data Collection Frequency
    - PDMP data collection requirements may be real-time, every hour, end of day or weekly, depending on state requirements and technical capability. This compromises the accuracy of clinical evaluations at the point of care.
- Number of PDMP Repositories

  - Reporting to fifty or more individual PDMP repositories creates significant administrative barriers (e.g., management of error reporting), where delayed reporting compromises the availability of critical clinical information at the point of care.
- Manual processes outside of workflow
  - If provider systems are not integrated, access to PDMP data is not available within provider workflow. This requires manual processes e.g., manual log-on and patient look-up that make access to data more difficult and can reduce compliance with jurisdictional regulations and legislation.

Without a centralized PDMP data repository, a standard data reporting format, consistent reporting frequencies and state-of-the-art user authentication processes, the provider's ability to improve patient care and safety is compromised.

Identifying the Solution

There is broad consensus for the need to enhance the current PDMP systems and make them more efficient for providers. During the March 2019 Strategic Action Group meeting, it was determined enhancements and additional functionality mentioned in previous NCPDP white papers, as well as leveraging this model as a data repository for other industry needs, would be addressed in future phases. In March 2020, the *NCPDP Standards-based Facilitated Model for PDMP: Phase I* was published. This version of the white paper introduces Phase II.

Phase I– Development of the facilitated model. Providers will report to the facilitated model and the facilitated model will populate the participating state and local PDMPs with information on controlled substances and other drugs of concern. Leveraging patient matching technology and other data validation/editing enhancements will produce higher quality and more effective PDMP databases. Providers will check the appropriate PDMP, pursuant to jurisdictional requirements, to access patient information and assess risk.

Phase II – Supports real-time reporting and risk response in addition to Phase I functionality. The facilitated model leverages current industry technology and clinical expertise to create and/or communicate potential risks using an algorithm (e.g., risk score). The facilitated model also supports prescribers and dispensers with information to assist in making an appropriate clinical decision.

This white paper can be used for industry education on the facilitated model's ability to enhance prescription drug monitoring efforts to provide clinicians with actionable information at the point of care.

2. Background

A PDMP is a monitoring program that includes an electronic database. Data on controlled substances and other reportable dispensed medications within a given geographic area (typically, a state) is collected. The data includes names and/or demographic information on the patient, prescriber and dispenser; the name and dosage of the drug; the quantity dispensed; the number of authorized refills; the method of payment and other pertinent information.

PDMPs are generally established and managed at the state or municipality level and can vary considerably from one jurisdiction to another. Some areas of variation include:

- **Organizational Structure.** Each state or municipality determines which agency houses the PDMP and how it operates.
- **Substances Monitored**. PDMPs allow reviewing of controlled substance prescriptions and other drugs with the potential for abuse, and some may require such a review before prescribing or dispensing activities.
- **Level of Access.** Some PDMPs allow law enforcement to access the database directly; others require law enforcement to obtain a court order or subpoena to access data. Some PDMPs allow indirect access via a report in response to a request from law enforcement as a part of an active investigation. Access is typically granted for providers involved in the treatment of a patient or when considering the prescribing or dispensing of these drugs.
- **Solicited and Unsolicited Reporting.** Some PDMPs are "reactive," meaning only solicited reports are generated in response to a query by authorized users, i.e., prescribers, dispensers and other groups with the appropriate authority. In addition to providing solicited reports, other PDMPs are "proactive," generating unsolicited reports when there is reason to suspect violations have occurred on the part of the patients or users.
- **Purpose and Usage.** The purpose is dependent on user roles and therefore, varies by user. Users may be law enforcement, regulatory agencies, payer programs, researchers or providers.
- **Reporting of Prescription Data.** Timeliness of reporting the prescription data to a PDMP varies by state/municipality.
- **Prescription Data Reporting Formats.** PDMPs are currently using different versions of the American Society for Automation in Pharmacy (ASAP) data transmission formats. The ASAP format employs a batch data submission process and is not an American National Standard. In addition, pharmacies are required to submit prescription data, based on specific PDMP requirements and rules, which includes the submission of different identifiers and required data elements by PDMP.
- **Interoperability.** PDMPs vary widely as to whether information contained in the database is shared with other PDMPs. While some PDMPs do not have measures in place allowing the sharing of data with other PDMPs, the vast majority have specific practices for data sharing. Efforts are ongoing to facilitate information sharing processes using prescription monitoring information from public or private exchanges.

3. The Problem

Comprehensive efforts to control drug abuse and addiction are multi-faceted, but importantly rely upon stand-alone prescription drug monitoring programs (PDMPs). These individual PDMPs have limited functionality and usually require providers to access data outside of workflow. As a result, critical and comprehensive patient safety information may not be readily available, available in a timely manner or be accessible across state boundaries.

Solutions that provide this critical information should be integrated into provider workflow and also contain a streamlined, standard communication process that enhances the ability of the health care provider to mitigate patient drug therapy risks.

From the pharmacist and prescriber perspectives, workflow integration is critical to patient clinical evaluation and prescribing. Adoption of national standards is foundational to workflow integration, allowing the provider to identify potential drug misuse, abuse or diversion. Workflow integration also enables providers to evaluate patient safety risks, therefore making informed clinical decisions before a prescription is written or dispensed.

3.1 Pharmacy Perspective

Today's out-of-workflow processes for accessing PDMPs for evaluating patient safety risks are inadequate. Challenges include the lack of:

- Real-time interoperable databases among the PDMPs.
- An adopted American National Standard for real-time reporting to PDMP databases.
- A standard set of data elements and values.
- Real-time response to make clinical decisions before the prescription is dispensed.
- Standardized patient matching criteria at the PDMP or intermediaries.
- Consistent PDMP requirements that mandate a PDMP data review prior to dispensing.

3.1.1 Evaluation of Prescription Data

Evaluation of prescription data challenges include the lack of:

- A standard measurement for evaluating the clinical risk of additional drug therapy based on the patient's PDMP data history.
- Timely response to data submissions and queries potentially jeopardizing sound clinical decisions.
- Validation of accurate prescription data elements required for PDMP at the time the prescription is dispensed.
- PDMP alerts within many pharmacy dispensing workflows.

3.1.2 Reporting/Data Submission

Reporting and data submission challenges include the lack of:

- Consistent requirements by PDMPs for submitting PDMP data. As a result, multiple transaction layouts and reporting frequencies increase the administrative burden on the pharmacy.
- Consistent notification and update processes across PDMP platforms for inaccurate or incomplete record submissions (e.g., missing patient zip code).
- A consensus driven process for the development of relevant standards (ANSI accreditation).

- Standardized methods for data exchange.

3.1.3 Data Accessibility

Data accessibility challenges include:

- Internal security firewalls that prevent or delay access to databases.
- PDMPs that use non-secure user ID access.
- Access to PDMPs varies widely from state-to-state or municipality.
    - Individuals who are allowed access to PDMP data vary.
    - Process of registering for access varies.
- Access may not always be available to all applicable individuals participating in the dispensing and clinical processes within workflow.
- Inefficient and inconsistent access to PDMP data across state lines which impacts the pharmacist ability to make appropriate clinical and dispensing decisions.
- Readily available access to PDMP data in order to perform comprehensive medication reviews.
- Use of multiple proprietary formats increases development costs.

3.1.4 Data Integrity

Data integrity challenges include:

- Not all entities are required to submit data (e.g., providers and locations administering and dispensing medications).
- Drugs required to be reported vary by PDMP.
- Missing, incomplete and/or invalid data due to lag in reporting and validation leads to incomplete records.
- PDMP duplicate patient records (multiple instances of same prescription fill record).
- Lack of effective patient matching technology can create inaccurate records and duplicate patients.

3.2 Prescriber Perspective

Most current processes for mitigating prescription drug abuse are not adequate for addressing the need to improve patient safety. PDMPs do not use a widely implemented industry standard to access PDMP data. Challenges to accessing PDMP data may include the lack of:

- Integrated processes within the prescriber's workflow, e.g., web portals.
- Efficient data sharing among the PDMPs.
- A standard set of data elements and values.
- Standardized patient matching criteria.
- Consistency among program requirements that mandates when a prescriber is required to check PDMP data prior to prescribing.

3.2.1 Data Verification

Evaluation of prescription data challenges may include the lack of consistent data by PDMP.

3.2.2 Data Accessibility

Data accessibility challenges include:

- Internal security firewalls that prevent or delay access to PDMP data.
- Some PDMPs use non-secure user ID access.
- Various processes to gain access to PDMPs .

  - Individuals who are allowed access to PDMP data varies.
  - Process of registering for access varies.
  - Validation of access varies.
- Prescribers may not have access to PDMP data within their workflow and, as a result, would need to interrupt operational processes to access an external database.
- Inefficient and inconsistent access to PDMP data across state lines which impacts the prescriber's ability to make appropriate clinical decisions.
- Prescribers may be notified of fraud and abuse issues outside of their workflow (i.e., letter).
- Ability to access individual PDMP systems due to requirements for reauthorization after inactivity.

3.2.3 Data Integrity

Data integrity challenges include:

- Gaps in data:
  - Not all entities are required to submit data (e.g., providers and locations administering and dispensing medications).
  - Drugs required to be reported vary.
- Missing, incomplete and/or invalid data due to lag in reporting, error correction processes and validation can lead to incomplete records.
- Duplicate patient records.

4. Improvement Recommendations

By leveraging existing industry standards and processes, several recognized problems could be resolved.

4.1 Phase I

4.1.1 Standardization

- Promote the use of American National Standards developed and maintained by an ANSI-accredited organization.
- Support a single standard transaction format/version for reporting data to the PDMP, the NCPDP Prescription Drug Monitoring Programs (PDMP) Reporting Standard.
- Support a single standard transaction for the request and response of PDMP data, the NCPDP SCRIPT Standard Medication History Request and Response transaction.

4.1.2 Reporting

- Dispenser Reporting of Data
    - Reduce reporting delays by ensuring required data elements are present prior to reporting.
    - Enable the exchange of information between PDMPs to create a comprehensive picture of prescribing and dispensing patterns.

- Retrieval of PDMP Data
    - Improve patient safety and quality of care with robust clinical decision alerts presented at the time of prescription writing or dispensing.
    - Provide access by all impacted parties to the most current data for making clinical decisions within workflow at the point of care.
    - Utilize the widely used NCPDP SCRIPT Standard Medication History Request and Response transactions to access prescription drug monitoring program data within the prescriber's ePrescribing workflow.
        - Medication History is an Office of the National Coordinator for Health Information Technology (ONC) EHR certification requirement.

4.1.3 Central Data Repository

- Provide secure access to patient level PDMP data that may cross state lines in a standardized format data.
- Provide PDMPs with more accurate, timely and consistent data.
- Provide enhanced integration of clinical data from dispensers.
- Provide prescribers and pharmacies centralized access to more accurate and up-to-date data for clinical decision-making activities within workflow.
- Provide robust analytical tools that include standardized and ad-hoc reporting capability.

4.2 Phase II

Phase II includes all of the functionality of Phase I in addition to leveraging existing NCPDP standards, when feasible, to communicate identified risks to providers (prescriber and pharmacy).

- Support the use of real-time reporting through the use of the NCPDP Telecommunication Standard in addition to the NCPDP PDMP Prescription Drug Monitoring Programs (PDMP) Reporting Standard (minimum of daily reporting in batch).
- Provide tools (e.g., risk scores) to support clinicians in determining risks for individual patients.
- Provide tools to assist in clinical decision support within provider workflow when prescribing

or dispensing controlled substances.

- Support prescriber access to real-time alerts of potential risk by screening the patient as part of EPCS routing between the prescriber and pharmacy.
- Support pharmacy clinical decision making through the availability of tools within workflow if there is elevated patient risk.

5. Proposed Solutions

In an effort to reduce patient prescription drug overdoses and drug abuse, NCPDP recommends the following Phase I solutions to assist authorized healthcare providers, including prescribers and pharmacists, in making more informed clinical decisions prior to writing and dispensing medications:

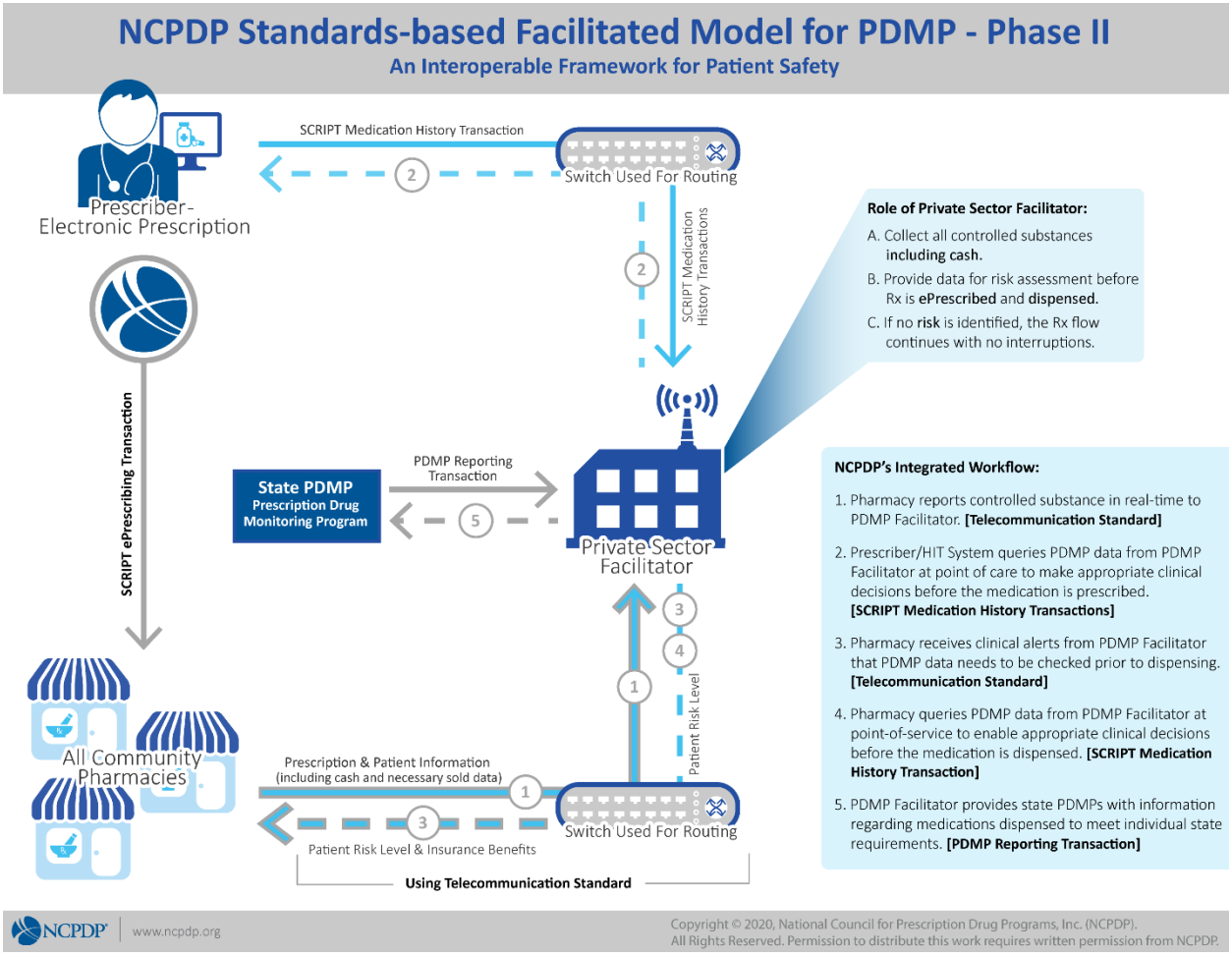
1. Create a comprehensive repository for all PDMP data.
2. Leverage the NCPDP Prescription Drug Monitoring Programs (PDMP) Reporting Standard to support pharmacy reporting to the comprehensive repository.
3. Leverage the NCPDP SCRIPT Standard Medication History transactions to query PDMP data in real-time within the provider's workflow to facilitate appropriate clinical decisions before the medication is prescribed.

In Phase II, additional solutions include:

1. Leveraging the NCPDP Telecommunication Standard for real-time reporting to facilitator.
2. Automated alerts to pharmacies and prescribers upon receipt of electronic claims and electronic prescriptions if there are potential risks.

6. Flow Chart

The chart below represents a high level flow of the NCPDP's Standards-based facilitated Model for PDMP.



7. Transition Requirements

The following considerations are necessary to allow a transition for PDMPs/providers/vendors to the facilitated services:

- legislative changes at the federal and state level,
- federal funding for the facilitated model, and
- technical, logistical and administrative changes such as redirecting reporting and query pathways employing national standards.

8. Benefits

The following are benefits to the PDMPs and providers for enabling the NCPDP Standards-based Facilitated model for PDMP.

8.1 PDMP

- Cleaner, more reliable data on dispensed medications.
- Patient identity management services for better accuracy in patient matching.
- Management of editing and error reporting services for consistency.
- Ability for PDMPs to receive one daily file from the facilitated model versus from every pharmacy.
- Efficiencies in the sharing of PDMP data among PDMPs and providers through national standards will enhance patient outcomes.

8.2 Providers

- When allowed by PDMPs, dispensers who report may send one standard file daily to the facilitated model for all PDMPs reducing administrative burden.
- One standard to retrieve PDMP data within workflow better facilitates clinical review.
- Single request to facilitated model provides all data regardless of patient/provider geographic location.
- Higher quality data allows provider to better evaluate prescribing and dispensing appropriateness.
- For pharmacies, timely centralized error reporting.

9. PDMP Facilitated Model Phase I and Phase II Questions and Answers

GENERAL

1. What is the recommended standard for dispenser reporting to the database supported by the facilitated model?

   Phase I Response: NCPDP Prescription Drug Monitoring Programs (PDMP) Reporting Standard (most current version).

   Phase II Response: NCPDP Telecommunication Standard Claims Billing Transaction.

2. What are the services the facilitated model could provide in Phase I?

   Phase I Response: The facilitated model would likely form agreements with each PDMP to accommodate applicable state laws and/or Board of Pharmacy rules. The facilitated model should provide the following optional services to PDMPs:

   - Provide standard security protocol
   - Perform patient matching and properly identify patients within and across PDMPs
   - Deduplicate dispensed prescription records received from pharmacies
   - Edit and provide error reporting to dispensers on missing or invalid dispensed prescription data/field
   - Provide role-based access to database for authorized users
   - Provide PDMP data through PDMP approved technology vendors for in-workflow provider access

   Phase II Response: The facilitator would have to consume and report back to providers risk scores and PDMP reports in NCPDP Telecommunication Standard and NCPDP SCRIPT Standard Medication History responses.

3. What are the benefits of the services (outlined in Question 2 above) to PDMPs choosing to have their data cleansed and managed by the facilitated model?

   Phase I and Phase II Response:

   - Facilitates communication between PDMPs and approved technology vendors
   - Improves accuracy and quality of the data provided
   - Reduces PDMP effort (resources) and costs in loading and processing files and managing exception error reporting by receiving one daily file of cleansed data from the facilitated model
   - Facilitates provider in-workflow access and therefore increases PDMP data utilization and compliance

4. What about current jurisdictional legislation?

   Phase I and Phase II Response: While the facilitated model would likely be required to follow the law of the jurisdiction in which the PDMP participant operates and comply with state regulation and legislation, over time the legislators and/or regulators may recognize the value of more uniform data submission requirements and business rules among PDMPs.

DATA REPORTING

1. What is the frequency for dispensers to report in this facilitated model?

   Phase I Response: The reporting format and minimum frequency is governed by PDMP

regulation/ legislation.

Phase II Response: The NCPDP Telecommunication Standard reports in real-time.

2. Will all PDMPs (even those still requiring data be reported directly to the PDMP) be required to share their PDMP data with the facilitated model?

   Phase I Response: PDMPs will not be required to share their data but if they do, they will receive the benefits outlined in Question 3 above.

   Phase II Response: All PDMP data will be reported directly to the facilitator.

3. When a PDMP allows a pharmacy to send their data using the facilitated model, what standard should be used?

   Phase I Response: The preference is the NCPDP Prescription Drug Monitoring Programs (PDMP) Reporting Standard (most recent version), which was created for this purpose.

   Phase II Response: The preferred method is the NCPDP Telecommunication Standard.

4. What prescriptions are reported in the NCPDP PDMP Reporting Standard (PT) transactions sent to the facilitated model?

   Phase I Response: The PT transaction reports data for prescriptions dispensed to the patient.

   Phase II Response: The PT transaction reports data for prescriptions that have been dispensed to the patient or temporarily in will call. The NCPDP Prescription Drug Monitoring Programs (PDMP) Reporting Standard can report the date sold when required.

PATIENT MATCHING

1. Is the facilitated model applying patient matching rules to data sent by the pharmacy at the point of receipt or only at the point where a request for data is received?

   Phase I and Phase II Response: Patient matching occurs both when data is received from the pharmacy as well as when data is requested.

2. Who is responsible for the data matching rules?

   Response: The facilitated model will be responsible for data matching rules.

PROVIDER REQUEST FOR PATIENT SPECIFIC PDMP DATA

1. Will the provider always go to the facilitated model to request PDMP data?

   Phase I Response: There are no requirements for providers to change where/how they get their PDMP data. However, the state(s) may choose to leverage the capabilities of the facilitated model.

   Phase II Response: It is the responsibility of the facilitator to provide PDMP data to the providers.

2. If states are not contributing their controlled substance data to the facilitated model, will Phase I compromise current PDMP arrangements and solutions that provide data for the same patient across multiple PDMPs?

   Phase I Response: PDMPs that decide to contribute their data to the facilitated model will also receive cleansed, deduplicated data returned from the facilitated model. PDMPs should work with their partners to determine whether to use data returned from the facilitated model at

the PDMP or whether to utilize the facilitated database for this service to/from other PDMPs. The intent is to enhance the current PDMPs.

Phase II Response: The facilitator will have all PDMP data.

3. In Phase I, will the provider inquiry to the PDMP always be an RxHistoryRequest message regardless if the request is submitted to the PDMP or the facilitated model?

   Phase I Response: The NCPDP SCRIPT Standard RxHistoryRequest/Response is preferred.

   Phase II Response: The facilitator will provide PDMP data in both the NCPDP Telecommunication Standard and NCPDP SCRIPT Standard RxHistoryRequest/Response.

4. Will PDMPs still require direct provider inquiry to the PDMP?

   Phase I Response: The PDMP will make a determination of where the provider needs to inquire on a patient's controlled substance history.

   Phase II Response: All provider inquiries will be made to the facilitator.

10. Glossary

American National Standards Institute (ANSI)

ANSI facilitates the development of American National Standards (ANS) by accrediting the procedures of standards developing organizations (SDOs).

American Society for Automation in Pharmacy (ASAP)

ASAP maintains various data transmission formats used for PDMP reporting of drugs dispensed.

Authorized Healthcare Professionals

Healthcare professionals involved in patient treatment who may or may not have prescribing or dispensing authority need access to PDMP data, as permitted by law, and have the ability to appoint delegates. These licensed healthcare professionals could include practitioners who work in fields such as medication therapy management, disease management, behavioral health that involves drug utilization, management review and case management, and practitioners such as substance abuse clinicians and psychologists.

Clinical Data

Concepts or terms applying to the delivery of healthcare. Information in the form of metrics, values or assessments that qualify and quantify elements of a patient's health status.

Clinical Decisions

Healthcare assessments that clinicians conclude from a logical, rational evaluation of all available healthcare data to decide whether an action is in the best interest of the patient. *Clinical Decision Support (CDS) is defined as "providing clinicians or patients with clinical knowledge and patient-related information, intelligently filtered or presented at appropriate times, to enhance patient care."*[2]

Dispenser

Pharmacy or physician authorized to dispense prescription drugs.

Electronic Health Information Exchange (HIE)

Electronic health information exchange (HIE) allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient's vital medical information electronically—improving the speed, quality, safety and cost of patient care.

National Council for Prescription Drug Programs (NCPDP)

NCPDP is a not-for-profit, multi-stakeholder forum for developing and promoting industry standards and business solutions that improve patient safety and health outcomes, while also decreasing costs.

Office of National Drug Control Policy (ONDCP)

ONDCP is a component of the Executive Office of the President which works to reduce drug use and its consequences by leading and coordinating the development, implementation and

[2] *Informatics and Clinical Decision Support,* Kathryn A. Walker, PharmD, BCPS Faculty and Disclosures CE Released: 03/07/2008; Valid for credit through 03/07/2009 accessed February 14, 2013 *http://www.medscape.org/viewarticle/571099*

assessment of U.S. drug policy.

Office of the National Coordinator for Health Information Technology (ONC)

ONC is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.

Prescription Drug Monitoring Program (PDMP)

A PDMP is an electronic database, authorized by a jurisdiction (typically, by states), to which dispensers report required details for prescriptions of required drugs. The PDMP is governed by a regulatory, administrative or law enforcement agency that distributes or authorizes data to be distributed from the database to individuals who are authorized by their rules and regulations to receive the information for authorized purposes of their profession.

Prescription Drug Monitoring Programs (PDMP) Reporting Standard

The NCPDP Prescription Drug Monitoring Programs (PDMP) Reporting Standard is intended to provide a consistent format for reporting of transactions to Prescription Drug Monitoring Programs from dispensing health care entities.

Provider

A clinician authorized by states or municipalities to access PDMPs to evaluate safe prescribing and dispensing of controlled substances.

SCRIPT Standard

The NCPDP SCRIPT Standard is used for transmitting prescription information electronically between prescribers, pharmacies and other entities. The standard addresses the electronic transmission of new prescriptions, changes of prescriptions, prescription refill requests, prescription fill status notifications, cancellation notifications, relaying of medication history, transactions for long-term care and other transaction functions. The SCRIPT Standard is named in the Medicare Modernization Act.

11. Appendix A. History of Changes

11.1 Version 11

This version of the white paper addresses Phase I development of the NCPDP Standards-based Facilitated Model for PDMP.

Providers will report to the facilitated model and the facilitated model will populate the participating PDMPs with information on controlled substances and other drugs of concern. Leveraging patient matching technology and other editing enhancements will produce higher quality and more effective PDMP databases. Providers will check PDMP, pursuant to jurisdictional requirements, to access reports and assess risk.

11.2 Version 12

This version of the white paper adds Phase II development of the NCPDP Standards-based Facilitated Model for PDMP.

Section 1. Purpose and Scope
Identifying the Solution – Added Phase II

Section 4. Improvement Recommendations
Added 4.2 Phase II

Section 5. Proposed Solutions
Added Phase II

Section 6. Flow Chart
Updated flow chart for Phase II

Section 9. PDMP Facilitated Model Questions and Answers
Added Phase II responses to the questions

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