

## NATIONAL INFORMATION EXCHANGE MODEL (NIEM)

### CALIFORNIA–NEVADA PILOT PROJECT PRESCRIPTION MONITORING INFORMATION EXCHANGE (PMIX)

#### Synopsis

Prescription monitoring programs (PMPs) are state-sponsored initiatives aimed at addressing the diversion and abuse of prescription drugs. One of the first programs was established in California more than 60 years ago, but the entire initiative received a boost when, in 2002, Congress appropriated funds to the U.S. Department of Justice (DOJ) to support development of a national PMP capability. The purpose of this case study is to highlight the success of the pilot design of an interstate prescription monitoring information exchange (PMIX) program between California and Nevada.

#### Agency Overview

**California Bureau of Narcotic Enforcement**—The California Triplicate Prescription Program (TPP) was created in 1940, becoming the first prescription monitoring program in the nation. The main function of the program was to monitor the dispensing of Schedule II drugs, and it did so by employing state-issued, triplicate prescription forms marked with serial numbers. It was not until 1998 that TPP transferred its operation to an electronic monitoring system. Following a restructuring of the entire program in 2003, the program changed its name to CURES and, a year later, ended its use of triplicate forms, switching to a more secure form. The program has since expanded to monitor Schedule II through IV drugs. CURES currently has more than 86 million records covering approximately 6,000 pharmacies and 150,000 practitioners and prescribers.

**Nevada Board of Pharmacy**—The Nevada prescription monitoring program began in 1997, using a fax-based system to provide patient utilization reports. When the requests for these reports increased by more than 13,500 in just six years, the state of Nevada realized that the system could not handle the volume manually and moved to a Web-based program. The program has long been viewed as one of the best in the country and in 2004 was cited in President Bush's National Drug Control Strategy document as an example of an effective statewide pharmaceutical drug monitoring program.

#### Executive Summary

##### Challenge

Pharmaceutical drug abuse is crossing state lines as offenders begin to realize the gap in interstate reporting.

##### Solution

The establishment of a prescription monitoring information exchange that would allow for the transfer of timely reports.

##### Results

The successful completion of a design test phase that produces a baseline standard for prescription monitoring information exchange, lessons learned, and several "firsts."

#### Challenge

As of December 2007, 35 states had enacted legislation that required the establishment of PMPs. Of those states, 26 are currently operating a PMP, and 9 are in the start-up phase. Additionally, 14 states are in the process of recommending, setting up, or taking into consideration a PMP. Many states still have not endorsed any sort of legislation to build a PMP, and some existing PMPs are still not technically advanced enough to capture the necessary information and provide it to the doctors who need it. The challenges are many, but for the purposes of this case study, the focus will be on sharing information across state lines. Offenders are now gradually realizing that while each state that runs a PMP may have information on activity within its own jurisdictions, this information is not being shared with other states. Consequently, the diversion and abuse of prescription drugs has now increased in scope as offenders seek alternative avenues within the limits of neighboring states.

## Solution

The funds appropriated to DOJ have made it possible for the Bureau of Justice Assistance (BJA), through the IJIS Institute, to start addressing the need for information sharing between individual state PMPs. This involves developing a standard for information exchange with the ultimate goal of implementing the standard and enabling state PMPs to share information to effectively combat the diversion of prescription drugs.

## Results

Phase II of the PMIX pilot ended with the successful field-testing of the Information Exchange Package Document (IEPD) and operational software needed for a baseline standard for information exchange between two state PMP systems. For the two states involved, the pilot spun off several benefits, including lessons learned on increasing the reusability of PMIX artifacts; a reusable IEPD and a concept-of-operations document; and adaptable implementation artifacts, including an architecture, a system design, and a software source code. Moreover, California had the opportunity to use its new DOJ multitier network security infrastructure, and the Nevada Board of Pharmacy, its new PMIX capabilities.

Additionally, for the entire PMP community, this pilot represents the first:

- Electronic exchange of PMP data between two states.
- Electronic exchange of data between disparate domains (in this particular case, justice and public health).
- Exchange of data using Web services.
- Exchange design using the Business Process Engineering Language (BEPL) open standard.
- Exchange source code development enabled by BJA grant funding.
- Exchange commercial off-the-shelf (COTS) acquisition enabled by BJA grant funding.
- Implementation of an IEPD-based interstate transaction.

## For More Information

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