PDMP Hub-to-Hub Interoperability Update

TTAC is pleased to announce that, for the first time ever, interoperability has been successfully established between prescription drug monitoring data sharing hubs. The technical capability now exists for PDMPs to exchange data between the RxCheck, RxSentry, and PMPi hubs. The states of Alabama and South Carolina have worked together to prove the concept, and the implementation team has achieved successful exchange of query results in both directions between AL and SC using test records on the production systems. As soon as MOUs between Alabama and South Carolina are approved and executed, this capability will launch and the sharing of live data will begin. This effort has been a true partnership and the success has been the result of the participation and cooperation from a variety of sources, not least of which including Appriss, National Association of Boards of Pharmacy (NABP), Health Information Designs (HID), and the IJIS Institute.

While all of the participating hubs use a common data format based on the National Information Exchange Model (NIEM), the hubs use differing communications methodologies and security protocols. In order to enable interoperability, a gateway, or proxy, was developed to bridge the different communications methods. The PMIX-conformant hubs use an open industry standard service interface that is based on the Global Reference Architecture (GRA). In contrast, the PMP InterConnect (PMPi) Hub provides an API in the form of a REST-based web service interface, which relies on a different method of encryption and key management. The implementation team developed the proxy to bridge these differences. Since the proxy performs its tasks automatically in the back-end, the user experience does not change when going from one hub to the other. In fact, users should not really be able to tell that they are accessing PDMP data from another hub.

In order to handle the security differences, the implementation team utilized a double encryption approach to deal specifically with the security and the integrity of messages as they are routed between hubs. Double encryption ensures the end-to-end security of all Protected Health Information (PHI) and Personally Identifiable Information (PII). The encryption/decryption occurs only at the endpoints of each exchange transaction, limiting the potential risk of disclosure while data is en route. It is important to note that the double

encryption is only necessary when RxCheck and/or RxSentry PDMPs exchange data with PMPi states and vice versa. If PDMPs are exchanging with states through a common hub, double encryption is not required. Additionally, exchanges between RxCheck and RxSentry do not require double encryption since they use the same security protocols.

This significant milestone provides the ability for any state PDMP to communicate with any other state PDMP, regardless of the hub to which they are connected. The realization of this national capability now provides a clear implementation path for state PDMP administrators regardless of hub choice while affording faster adoption and implementation of PDMP information sharing.

<u>RxCheck Hub Finds a Home</u>

For the past few years, the IJIS Institute has operated a provisional RxCheck Hub under the auspices of the RxCheck Governance Group. The IJIS Institute and RxCheck Governance group have come to an agreement that would allow the IJIS Institute to host the RxCheck hub on a permanent basis. The Governance group, comprised of states that are or plan on connecting to the RxCheck hub, will continue to own the hub and will provide the guidance, stewardship and leadership for the RxCheck hub. The IJIS Institute will manage the RxCheck hub and will operate as an agent of the RxCheck Governance group in its maintenance and operation.

PDMP Center of Excellence (COE): Prescription Behavior Surveillance System – Using PDMP Data for Early Warning and Evaluation

Analyses of prescription drug monitoring data have important public health and public safety applications. They can be used to discern patterns of controlled substance prescribing and dispensing and serve as indicators of possible abuse and diversion. The COE's Prescription Behavior Surveillance System (PBSS) project is pioneering the application of de-identified PDMP data for epidemiological early warning systems and to help target interventions aimed at reducing prescription drug abuse. It will also use PDMP data to evaluate the effectiveness of prescriber education initiatives in changing prescriber behavior. PBSS is funded by grants from the Centers for Disease Control and the Food and Drug Administration, and administered by the Bureau of Justice Assistance, U.S. Department of Justice. Learn More.

Geographical Variation in Drug Poisoning Death Rate

The American Journal of Preventive Medicine published research data on trends and geographic patterns on age adjusted drug-poisoning death rates for the U.S. Using data from the 1999-2009 National Vital Statistics Multiple Cause of Death files, the study set out to show county-level drug poisoning estimates, exploring temporal and geographic variations. The research revealed that the death rate in rural areas grew by 394% and 279% for large central metropolitan counties in the last 10 years. One of their findings showed that, although rural counties had an overall low probability of death, rural counties had some of the highest death rates attributable to drug poisoning. The published research also includes three (3) U.S. maps revealing the change in deaths rates across the country over time. View the STUDY.

Policy Position Paper on Prescription Drug Abuse

The American College of Physicians issued a policy paper concerning prescription drug abuse and recommended ten (10) measures to address the problem. The paper lists their recommendations, covering detection, deterrence, treatment, and education, and their rationale for each. Some of the recommendations include:

- ACP supports appropriate and effective efforts to reduce all substance abuse. These include educational, prevention, diagnostic, and treatment efforts. As physicians dealing with the health effects of this condition, we also support medical research on addiction and its causes and treatment.
- ACP supports a comprehensive national policy on prescription drug abuse containing education, monitoring, proper disposal, and enforcement elements.
- ACP supports the consideration by physicians of the full array of treatments available for the effective treatment and management of pain.
- ACP supports the establishment of a national Prescription Drug Monitoring Program (PDMP). Until such a program is implemented, ACP supports efforts to standardize state PDMPs through the federal National All Schedules Prescription Electronic Reporting (NASPER) program. Prescribers and dispensers should check PDMPs in their own and neighboring states (as permitted) prior to writing or filling prescriptions for medications containing controlled substances. All PDMPs should maintain strong protections to assure confidentiality and privacy.
- ACP recommends the passage of legislation by all 50 states permitting electronic prescribing for controlled substances.

View the Paper.

Did You Know?

- During the last month, there have been several articles concerning FDA's approval of Zohydro ER; a pure hydrocodone product. The New York Times reported that addiction experts were wary about this medication; saying that 'it would set off a wave of abuse' and voiced concerns that the manufacturer of Zohydro also makes Vivitrol which is used to treat patients addicted to painkillers. Newsday reported that several U.S. Senators were challenging FDA's approval of Zohydro, ignoring an advisory panel's recommendations. The Journal Sentinel reported that 28 attorneys general sent a letter to FDA Commissioner Margaret Hamburg requesting reconsideration of its approval. View the AG letter.
- The Double-Edged Drug - The New York Times published two (2) articles about buprenorphine: 'Addiction Treatment With a Dark Side' and 'At Clinics, Tumultuous Lives and Turbulent Care'. This series details the history of the drug, statistics on use and misuse, interviews with practitioners, interlaced with personal experiences from those prescribing or using buprenorphine. View Article1 and Article2.

- Dr. Wilson Compton has been appointed the Deputy Director of the National Institute on Drug Abuse (NIDA). NIDA is part of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world's research on the health aspects of drug abuse and addiction. View the [Announcement](#).
- The Drug Enforcement Administration (DEA) conducted their seventh National Prescription Drug Take-Back Day in November. Approximately 324 tons of expired and unwanted medications were turned in for proper disposal. This year's take-back day was the second largest event to date. Total collection for all seven (7) events is approximately 1,733 tons. View the [Announcement](#).
- The 2013 National Drug Threat Assessment Summary was released by the DEA. The summary details emerging trends related to the trafficking and use of illicit substances and nonmedical use of prescription medications. It is compiled from a variety of sources (e.g., seizures investigations, arrests, surveys, smuggling trends, transportation). The report covers controlled prescription drugs, heroin, cocaine, methamphetamine, marijuana, synthetic designer drugs, and MDMA. View the [Assessment](#).
- The U.S. Congress passed and the President signed the Drug Quality and Security Act in November. This Act amends the Federal Food, Drug, and Cosmetic Act by establishing a system to track prescription drugs from the point of manufacture to sale at pharmacy and improves safety of compounded medications. View the [Bill](#).
- The Journal of the American Academy of Child & Adolescent Psychiatry published an analysis of National Survey of Children's Health data. The analysis revealed that 2 million more children (aged 4 to 17) received an ADHD diagnosis in 2011 than in 2003 with more than two-thirds of the children taking medications for treatment. View the [Study](#).

Read [more](#)

PDMPs News and Updates

- Kansas
- Maine
- Maryland
- New Hampshire
- New York
- North Carolina
- Ohio
- Pennsylvania

Kansas – Marty Singleton, Assistant Director of the Kansas Board of Pharmacy, has taken over as director of the prescription drug monitoring program, K-TRACS.

Maine – The Maine PDMP, Maine Medical Center, and the University of New England are undertaking a study to identify the most useful drug threshold limits utilizing PDMP data, death records, and overdose data.

Maryland – The Maryland Department of Health and Mental Hygiene announce on December 20th the launch of healthcare provider access to Maryland's PDMP. View the Press Release.

New Hampshire – The New Hampshire Board of Pharmacy posted a RFP for a prescription drug monitoring program on November 27th.with the closing date of January 31, 2014. View the RFP.

New York – Senator Liz Krueger introduced the 'Marijuana Regulation and Taxation Act' on December 11th. This bill would be to legalize, regulate, and tax marijuana under state law in a similar manner to that state's current system regulating alcohol. View the Press Release.

North Carolina – Bill Bronson, administrator of North Carolina's prescription drug monitoring program, has retired after many years of dedicated service. We wish Bill a relaxing and long retirement.

Ohio – The Ohio House Prescription Drug Addiction and Healthcare Reform Study Committee announced an 11-bill package that includes, among other items, a requirement that all prescribers check the state PDMP every time they prescribe an opioid and a requirement that hospitals report the number of newborns addicted to drugs.

Pennsylvania – House Bill 1694 has been introduced and referred to the Public Health and Welfare Committee. This bill establishes the Pharmaceutical Accountability Monitoring System. View the BILL.

Articles for The Prescription Drug Monitor – If there are news items about your state's PDMP or if you have information that you believe would be of interest to other readers of The Prescription Drug Monitor, please let us know. The items can be sent to info@pdmpassist.org.

PDMP Training and Technical Assistance Center Providing Assistance - Brandeis University's PDMP Training and Technical Assistance Center (TTAC) continues to provide assistance to grantees, non-grantees, federal partners, and other stakeholders. If you need information, training, or other assistance related to PDMPs, please don't hesitate to contact us. Your request will get immediate attention, including input from other states in our national PDMP network, if necessary. The TTAC can help with questions about program evaluation, operating costs, laws and regulations, vendors, advisory groups, education, and more.

You can reach the TTAC team by telephone 781-609-7741 or e-mail info@pdmpassist.org.

PDMP Center of Excellence at Brandeis - Funded by the Bureau of Justice Assistance, the PDMP Center of Excellence (COE) at Brandeis University collaborates with PDMPs and other stakeholders to help PDMPs achieve their full potential in combating the prescription drug abuse epidemic.

Major program areas include: encouraging and evaluating innovative uses of PDMP data, compiling PDMP best practices, advancing methods for assessing PDMP effectiveness, and providing an online clearinghouse of information and tools to enhance PDMP operations and help establish new PDMPs.

The COE welcomes your input and collaboration in fulfilling its mission. You may contact the COE at info@pmpexcellence.org or call 781-736-3909.