



Harold Rogers Grant 2021 PDMP Integration Evaluation Report

Project Objectives

PDMP integration efforts began in Oregon in 2017 with the Emergency Department Information Exchange (EDIE) and expanded in 2018 with a statewide initiative led by HIT Commons, a shared public/private governance model.. As part of a Harold Rogers Grant in 2021, OHA requested an evaluation to help characterize the current state of PDMP integration along with its utilization and impact.

The goal of this project is to accelerate and enhance the adoption of information technology solutions in Oregon to improve provider experience and patient outcomes by accomplishing the following objectives:

1. Design a survey that captures provider perceptions of PDMP integration
2. Recruit at least 55 participants to complete the survey
3. Produce summary of findings with themes across all entities

Methods

Stakeholders included members from HIT Commons, OHA Public Health and Comagine (team members and other project details in Attachment A).. The team met weekly for the first few months to discuss and review project details including survey design, identified audience and methodology.

- An online survey (using SurveyMonkey) consisting of 9 questions (Attachment B) was sent to >5K prescribers who had accessed PDMP gateway anytime since the beginning of the first quarter 2021. The distribution list was provided by OHA.
- A survey draft was sent to 2 prescribing providers who agreed to beta test prior to full launch (not included in results).
- Unedited results (raw data exported from SurveyMonkey) available as excel in Attachment C. Respondent names and organizations have been removed to preserve anonymity.

Data Cleanup - All response edits are denoted in Attachment D.

- 33 participant surveys were removed related to lack of identifying information or indication from comments that they have not yet integrated with PDMP
- Several respondents selected more than 1 clinical setting as their primary area accessing PDMP (final determination provided by OHA).
- 'Other' comments to several questions resulted in selection of one or more answer choices that best corresponded to their response.

Survey Statistics

There were 291 responses collected over a two-week period (7/12 -7/26). After data cleanup, a total of 258 responses were included in our results. Other notes:

- Response rate for survey completion was 6%
- Average time to complete the survey was 2 minutes.

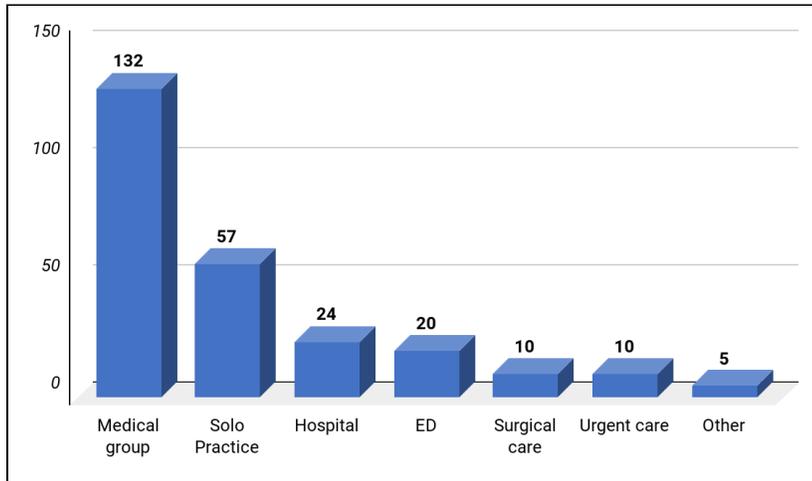


Summary of Results

Primary clinical setting for accessing PDMP

The majority of respondents primarily access integrated PDMP in a medical group setting (51%) followed by independent practice (22%) or inpatient (17%) with hospital and emergency department combined.

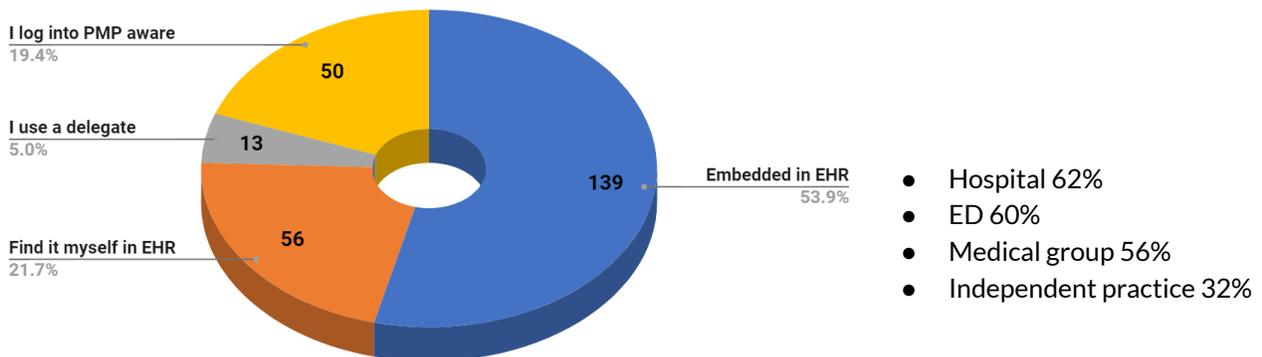
'Other' categories included Behavioral health (1); Pharmacy (1) and Dental (2).



Access Method

Over half (54%) of all respondents have access to EHR integration embedded in their workflow, while 20% report needing to navigate to it on their own within the chart. Only 5% use a delegate for primary access.

Embedded EHR integration is most prominent in hospitals, EDs and medical groups.

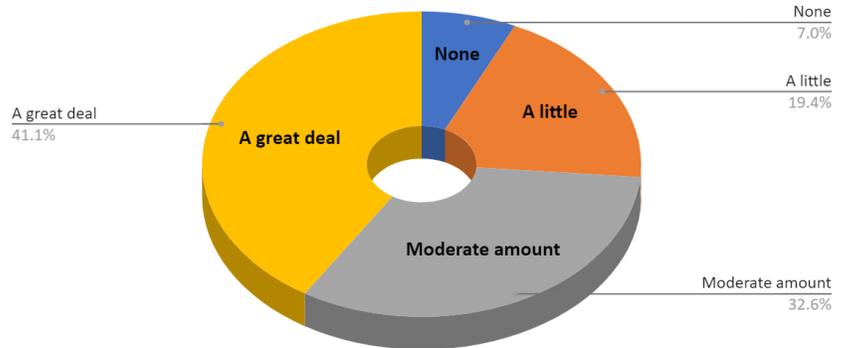




Impact on prescribing practices

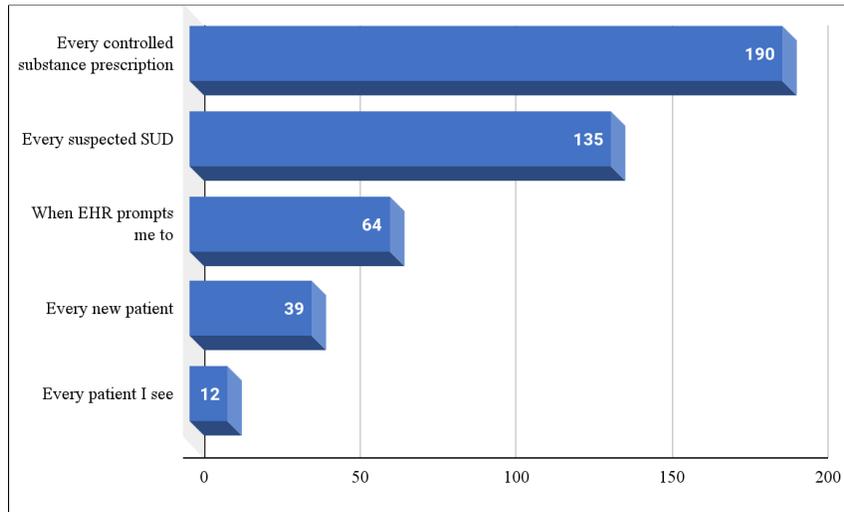
The majority (73%) of prescribers report a great deal or moderate amount of impact to their prescribing practices from integrated PDMP.

Only 14 (7%) reported it had no effect on clinical decision making. Half of those prescribers operate in an independent practice.



Reasons for accessing integrated PDMP

Nearly three quarters of prescribers (74%) report accessing the integrated PDMP with every controlled substance prescription, while over half (52%) check PDMP when there is suspected substance use disorder.



Results by entity type vary with 80% of medical group respondents checking the PDMP with every patient they see and with every controlled substance they prescribe. ‘Other’ comments included responses of rarely to never use (5). Responses broken down by setting are below:

Every controlled substance

- Medical group: 55%
- Solo practice: 21%
- Hospital: 9%
- ED: 6%

Suspected SUD

- Medical group: 50%
- Solo practice: 22%
- ED: 10%
- Hospital: 10%

With EHR prompt

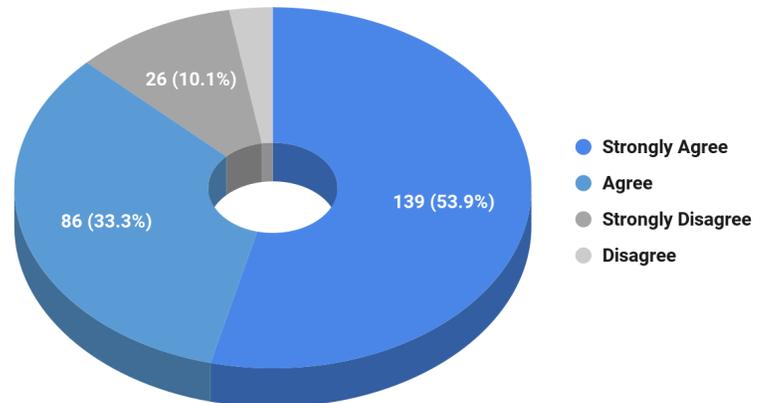
- Medical group: 42%
- ED: 6%
- Solo practice: 5%
- Hospital: 3%



Providing efficient care

87% of prescribers agree or strongly agree that having access to integrated PDMP enhances their ability to provide efficient care.

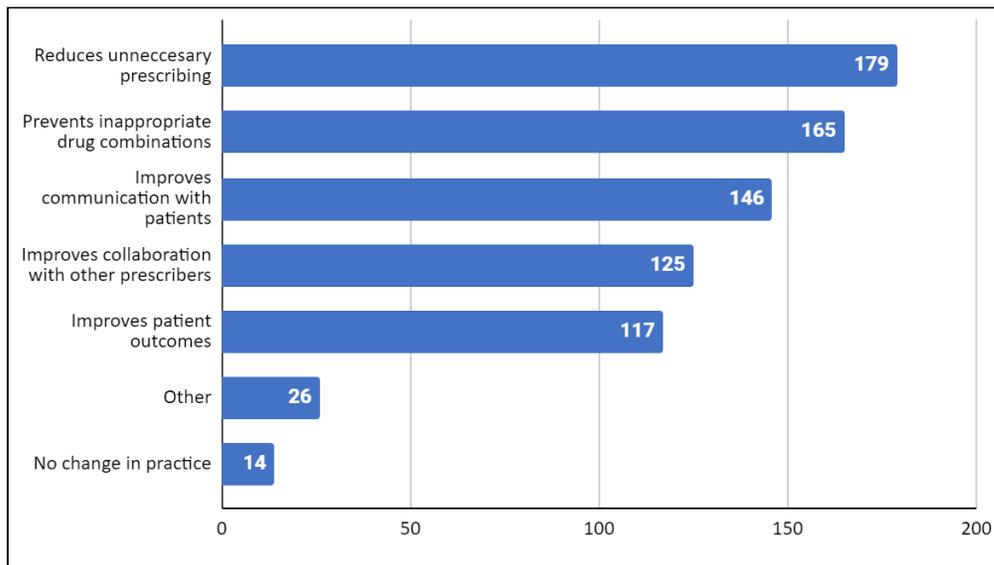
- Over half of respondents from medical groups (58%), hospitals (50%) and independent practices strongly agree.
- Of those that strongly disagree, 20 (77%) also responded that PDMP has had a great or moderate deal of impact on prescribing practices.



Impact on clinical practice

Nearly 70% agree that PDMP integration reduces unnecessary prescribing with 64% saying it prevents inappropriate drug combinations.

Over half of respondents report improved: communication with patients (54%), collaboration with other prescribers (48%) and patient outcomes (45%).



Other comments (26) included several mentions of time savings, increased ease of access and improved patient safety.



Opportunities for Improvement

The final question of the survey was an open-ended comment “*What opportunities for improvement to the use of PDMP integration would you suggest?*”? The resulting 110 comments from respondents were sorted into the following categories:

- **PMP Aware Portal**
- **Product Enhancements (Appriss)**
- **Organizational Improvements (External stakeholders)**

PMP Aware Portal

These recommendations relate requests for additions or improvements to the PMP Aware portal experience. Comments were grouped into 5 categories, listed below in order of frequency noted.

Site Navigation & Support

- Improve patient search criteria
- Workflow to report missing patients in PDMP
- Update announcements on right hand panel more frequently
- Educate how to update prescriber information including contact number
- Identify method to report suspicious activity in PDMP

Information Available

- Provide pharmacy information on search screen results
- Add all controlled substances to database
- Add drug dosing and directions
- Improve accuracy of patient names

Access to interstate data

- 30 (12%) respondents request access to additional state PDMPs; In order of frequency: Washington, California, Arizona, New Mexico and Florida.

New feature requests :

- Ability to click on previously viewed charts with updated time intervals
- Send message to patients as well
- Expand reporting of controlled substances prescribed in methadone clinics, nursing homes and pharmacies

Password Frequency

- Several comments (11) included a request to reduce frequency of PMP portal password changes
- Requests for delegates to have access to integrated PDMP was mentioned 3 times..



Product Enhancements

There were 36 requests related to improvements in the technology Appriss currently provides. Specifically users would like:

- Ability to manipulate data including downloading/exporting information (including reports) from PDMP and/or copy and paste functions
- Chart notes to be auto-populated from PDMP results
- Access to integrated PDMP through mobile applications
- Integration with Charm EHR

Organization Improvements

Comments in this category are related to improvements individual organizations can make to internal EHR workflows. Most prominent were related to having quick links to access PDMP and having the same workflow across all settings. Other thoughts included:

- Ensure Oregon PMP data is defaulted (vs Washington)
- Incorporate pop-up alerts to check PDMP before prescribing a controlled substance
- Allow integration view of up to 3 years of prescribing data (as is available in portal)
- Integrate PDMP into EHR under the specific user (vs the attending physician)

Future Considerations

1. Continued expansion of integrated PDMP in independent practices and other disciplines (behavioral health, dentistry). Include outreach to respondents/their organizations who were removed from survey results who indicated they were not aware of integration.
2. Create and/or distribute information for PMP portal users detailing:
 - a. How to report suspicious activity in the PDMP
 - b. How to update prescriber contact information
 - c. How to report missing or incorrect patient information
3. Provide best practice recommendations/suggestions to enhance prescriber utilization in organizations, notably:
 - a. Consider easy access link to integrated PDMP in patient header, navigation panel or from chart review. This could also create a common workflow for providers who prescribe in different practice settings.
 - b. Determine strategy (venue, format, etc) for disseminating best practice ideas
4. Solicit additional stakeholder feedback by sharing improvement suggestions with the PDMP Integration Steering Committee and others (e.g. PDMP Advisory Subcommittee)

Attachment A: HRG PDMP Integration Evaluation Project Plan

Project Goal: Accelerate and enhance the adoption of information technology solutions in Oregon to improve provider experience and patient outcomes.

High level project timeline here. Contract effective date: 5/26/21

Weekly Meetings: Wed@10:30 AM via Zoom (first mtg 6/2)

Team Members: Shelley Buettner, Mark Hetz (HIT Commons); Drew Simpson (OR PDMP); Mary Gray, Michelle Hendricks (Comagine); Kim Waite, Lisa Shields (OHA Public Health)

Objective 1: Design survey

Capture provider perceptions of PDMP EHR integration including barriers, practice impacts, methods of use.

Deliverables	Due	Status
1A. Draft survey	6/15	Complete
1B. Final survey	6/25	Complete

Action Items:

- Work with OHA and designees to design survey using SurveyMonkey
- Google version of **Survey**
- Develop **Survey Communication** to inform recipient of scope and purpose of survey and ensure recipients have correct scope of knowledge
- Develop target distribution list and list of alternates
 - Plan to randomly distribute to 1000+ PDMP users - Drew will pull list from portal
 - From Q1 2021 -any prescriber with submitted query through Gateway -
 - Ensure list is representative of multiple organization types - will try to pull originating entity (licensee)
 - Email to DL of 7000 prescribers out 7/12
- Survey and communication finalized and agreed upon by members of this team - complete
- Beta test survey with select stakeholders & collect feedback:
 - Linda Cruz (Providence) - "looks great"
 - Hans Notenboom (PeaceHealth) - add "how do you access the EMR in this setting"

Objective 2: Conduct interviews and survey

Recruit at least 55 participants representing a broad range of practice settings to take the survey. Follow up interviews will be conducted with providers as needed to complete the survey.

Deliverables	Due	Status
2A: 35 completed surveys	7/25	Complete
2B: 20 completed surveys	8/25	Complete

Action Items:

- SurveyMonkey link delivered with agreed upon [communication](#)
 - Email to selected portal users
 - Keep track of bounce backs and send to OHA

Objective 3: Produce Summary of Findings

Deliverables	Due	Status
Summary of survey findings	9/24	Complete
Copies of all surveys	9/24	Complete

Action Items:

- Produce summary of findings including:
 - Themes across all entities
 - Consistent themes by entity type
 - Data related to quantitative interview question

Communication to Prescribers

From: PDMP Integration email account

To: PDMP Integration <PDMP@hitcommons.org>

CC: Shelley Buettner, Mark Hetz, Drew Simpson, Mary Gray

BC: All selected prescribers

Subject Line: PDMP Integration Request

Hello! You've been selected to participate in a quick 3 minute survey that evaluates prescriber experiences with PDMP integration. Our goal is to gain input to improve the value of integrated PDMP as part of the Harold Rogers Grant with Oregon Health Authority (OHA).

Any information you share is completely confidential and will be de-identified prior to summarization of findings.

Thanks in advance for 3 minutes of your valuable time: [PDMP-i Survey](#)

Signed,

HIT Commons

Attachment B: HRG Survey Design

Thank you for taking a few minutes to share your experience with PDMP integration. The information collected here will be used to analyze and improve PDMP integration in Oregon as part of the Harold Rogers Grant with OHA. All responses are completely confidential.

1. Name

2. Organization Name

3. In which clinical setting do you most frequently access PDMP data? (multi-select)

- Emergency Department
- Hospital
- Medical group
- Surgical care
- Independent practice
- Long term care
- Other (please specify)

4. How do you most often access the PDMP in this setting? (single select)

- It's embedded in my EHR workflow (e.g. Navigator, Order Set)
- I find it myself by navigating to one or more locations in the chart
- I delegate a team member to log into the PMP Aware portal
- I log into the PMP Aware portal
- Other (please specify)

5. How much of an impact has access to PDMP (via portal or integration) had on your prescribing practices ? (single select)

- None at all
- A little
- A moderate amount
- A great deal

6. When do you use integrated PDMP? (check all that apply)

- Every patient I see or consult on
- Every patient that has a prescription for a controlled substance
- Every patient with suspected or diagnosed substance use disorder
- Every new patient
- When my EHR system prompts me to
- None of the above (please comment)

7. Having access to integrated PDMP improves my ability to provide efficient care.(single select)

- Strongly disagree
- Disagree
- Agree
- Strongly agree

8. In what ways has integrated access to PDMP improved your practice (check all that apply)

- Improves collaboration with other prescribers
- Improves communication with patients
- Reduces unnecessary prescribing
- Prevents inappropriate drug combinations
- Improves patient outcomes
- No change in my prescribing practice
- Other - Comment box

9. What opportunities for improvement to the use of PDMP integration would you suggest?

10. May we contact you for any follow up questions regarding your comments? (single select)

- Yes
- No

Attachment D: HRG Survey Response Edits

Q1: Name (open text)

Removed incomplete, anonymous or responses indicating they have not used or integrated with PDMP (33), per agreement with OHA:

12815407441; 12816109536; 12816117748; 12816282583; 12816347134; 12816528227; 12816806653; 12816808565; 12817375883; 12817393880 ; 12817403803; 12817499969; 12818993289; 12820429556; 12821395046; 12826804544; 12826986107; 12833058913; 12814665979; 12814579225; 12814556773; 12814537429; 12814521871; 12814515362; 12814508979; 12814359653; 12814324485; 12814267363; 12814247527; 12814226462; 12814209192; 12839267305; 12837992897

Q3: Clinical setting (multi-select)

Force select one answer when >1 answer choice selected. OHA determined the most appropriate clinical setting. All multi-select respondents and final response (coded in blue) below.

	ED	Surg	Hosp	Solo Practice	Med Group
12822282785			X		X
12821476533	X		X		X
12819193620	X			X	
12816701671			X		X
12816561247		X	X		X
12816391544			X		X
12816374475				X	X
12815791348			X		X
12814635612			X		X
12814594571			X		X
12814585518		X			X
12814521871		X	X		X
12814313508			X		X
12814295240				X	X
12814265732		X		X	

Additions to 'Medical group' category (27)

'Other' comments containing any of the following: community health center, ambulatory care, medical clinic, primary care clinic, outpatient clinic, hospital-based outpatient clinic, government clinic, specialty private practice, FQHC, pain management:

12841234642; 12825496420; 12820251666; 12820099061; 12816891508, 12816619817, 12816296128, 12816282693, 12816112585, 12815746851, 12814697591; 12814601976; 12815842156; 12815746851; 12814697591; 12814601976; 12814470173; 12814364082; 12814296781; 12814292749; 12814292232; 12814287456; 12814247332; 12814197614; 12814161389; 12814148752; 12814134862

New category of Urgent Care

- Changed comment 'Inpatient' to 'Urgent Care' (10):
12830776793; 12825061371; 12818806214; 12816267170; 12816150907; 12816011176;
12814746256; 12814212539; 12814210805; 12814170392
- Re-coded comment "academic medical center" to 'Hospital': 12814221200

Q4: Method to access PDMP (single select)

'Other' comments re-categorized:

- 'Embedded in EHR':
12814673938; 12814564069; 12814361476; 12814292232; 12814349627; 12814265732;
12814168415; 12814137272
- Comment "access on Google" categorized as "I log into PMP aware": 12816424464

Q6: When do you use integrated PDMP? (multi-select)

'Other' comments which indicated one or more of the selections:

- 'Every pt I prescribe controlled substance':
12829640963; 12818806214; 12816301975; 12816282693; 12816112585; 12814585518
- 'Every pt with suspected SUD':
12816282693; 12816014223; 12815897286; 12814697591; 12814624053; 12814214410;
12814144451; 1281412557
- 'When EHR prompts me to': 12816014223