1115 SUD Health IT Plan – Quarter 2 Update

As of 2018, the state provides the following updates to activities and metrics appearing in the approved HIT Plan. Updates are included in Attachments A1 and A2 included with the report’s submission. Data and updates to process measures following submission of this report will be communicated to CMS during future monthly phone calls and quarterly reports.

1. Pg 2 - The state should provide CMS with an analysis of the current status of its health IT infrastructure/”ecosystem” to assess its readiness to support PDMP interoperability. Once completed, the analysis will serve as the basis for the health IT functionalities to be addressed over the course of the demonstration – or the assurance described above. The State is contracting with an independent consulting firm to identify best practices in HIE assessment. We anticipate the final report will be completed in late August 2019. The capabilities assessment should begin before the end of September 2019.

2. Pg 3 – Process measure: Status of contracting as reported by Board of Pharmacy. The Office of Public Health was awarded a grant from the CDC that will allow the PDMP to become interoperable with several EHRs and pharmacy information systems across the state. Further, we are working with the Department’s Pharmacy staff to identify ways to increase interoperability with the PDMP.

3. Pg 4 – Process measure: Convene stakeholder group quarterly to develop connectivity plan around PMP into HIE or EHR. Attach minutes. No update at this time.

4. Pg 5 – Process measure: Regular updates at quarterly Board of Pharmacy meetings. Attach minutes. No update at this time.

5. Pg 5 – Process measure: Continue ad hoc meetings with CMS and ONC for IAPD guidance to enhance PMP connectivity in either HIE or EHR. Several meetings between Medicaid, CMS and the Board of Pharmacy have been conducted and have resulted in a SUPPORT Act funding request to CMS. We are working internally to identify new opportunities.

6. Pg 5 – Process measure: Presented to PMP Advisory Council on 1/10/18. Represent a plan proposal to Advisory Council or Board of Pharmacy as follow-up to garner stakeholder support in prep for 2019 session. No update at this time.

7. Pg 6 – Process measure: During procurement of data warehousing module under modernization, set capability for data match. No update at this time. The development of this RFP has not started.
8. Pg 6 – Process measure: During procurement of pharmacy module, create reporting relationship and data feed into warehousing module. No update at this time. The development of this RFP has not started.

9. Pg 8 – Process measure: Reprocure managed care contracts on timeline. Progress: The Department has announced its intent to contract with four managed care companies. The current implementation timeline is shown below. However, this could change in the event of a protest.
   - Contract execution, on or about August 23, 2019
   - Open enrollment: October 15 – November 30, 2019
   - Operational start date, on or about January 1, 2020

10. Pg 9 – Process measure: Presented to PMP Advisory Council on 1/10/18. Represent a plan to Advisory Council or Board of Pharmacy as follow-up to garner stakeholder support in prep for 2019 session. The 2019 legislative session was a fiscal only session, and we were not able to introduce any PDMP related legislation.

11. Pg 9 – Process measure: If legislation does not proceed, we will pursue alternative data tracking internal to Medicaid. No updates at this time.

12. Pg 9/10 – Medicaid data measures
   a. Opioid prescription utilization trend (recipients, drug name, amount, payments)
   b. Opioid prescription utilization trend in naïve patients (recipients, drug name, amount, payments)
   See attachment A2-Q2 1115 SUD HIT. This file contains updated data through May 2019.
13. Pg 10 – PMP data measures:
   a. User statistics by provider type

<table>
<thead>
<tr>
<th>PMP Role Title - Healthcare Provider</th>
<th>Number of Providers Eligible for PMP Access (as of 06/30/2019)</th>
<th>Number of Providers with PMP Active Access Privileges (as of 06/30/2019)</th>
<th>Number of PMP Requests by Providers through AWARxETM during 2019Q2</th>
<th>Number of PMP Requests by Providers through GATEWAY™ during 2019Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician (MD, DO)</td>
<td>13,149</td>
<td>8,767</td>
<td>401,705</td>
<td>2,023,067</td>
</tr>
<tr>
<td>Nurse Practitioner (APRN)</td>
<td>3,435</td>
<td>2,675</td>
<td>94,087</td>
<td>317,520</td>
</tr>
<tr>
<td>Dentist (DDS)</td>
<td>2,224</td>
<td>1,531</td>
<td>6,249</td>
<td>657</td>
</tr>
<tr>
<td>Physician Assistant (PA)</td>
<td>928</td>
<td>688</td>
<td>30,021</td>
<td>34,675</td>
</tr>
<tr>
<td>Optometrist (OD)</td>
<td>360</td>
<td>154</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Podiatrist (DPM)</td>
<td>163</td>
<td>111</td>
<td>520</td>
<td>0</td>
</tr>
<tr>
<td>Medical Psychologist (MP)</td>
<td>91</td>
<td>83</td>
<td>5,469</td>
<td>0</td>
</tr>
<tr>
<td>Medical Intern/Resident</td>
<td>1,047</td>
<td>1,029</td>
<td>2,790</td>
<td>0</td>
</tr>
<tr>
<td>Prescriber's Delegate</td>
<td>NA</td>
<td>2,368</td>
<td>204,522</td>
<td>NA</td>
</tr>
<tr>
<td>Pharmacist (PST)</td>
<td>9,255</td>
<td>4,246</td>
<td>522,828</td>
<td>364,003</td>
</tr>
<tr>
<td>Pharmacist's Delegate</td>
<td>NA</td>
<td>926</td>
<td>41,913</td>
<td>NA</td>
</tr>
<tr>
<td>Totals</td>
<td>30,652</td>
<td>22,578</td>
<td>1,310,111</td>
<td>2,739,922</td>
</tr>
<tr>
<td>PMP Role Title - Healthcare Provider</td>
<td>Number of Providers Eligible for PMP Access (as of 03/31/2019)</td>
<td>Number of Providers with PMP Active Access Privileges (as of 03/31/2019)</td>
<td>Number of PMP Requests by Providers through AWARxE™ during 2018Q4</td>
<td>Number of PMP Requests by Providers through GATEWAY™ during 2019Q1</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Physician (MD, DO)</td>
<td>13,047</td>
<td>8,768</td>
<td>373,300</td>
<td>1,483,241</td>
</tr>
<tr>
<td>Nurse Practitioner (APRN)</td>
<td>3,322</td>
<td>2,575</td>
<td>88,031</td>
<td>60,903</td>
</tr>
<tr>
<td>Dentist (DDS)</td>
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<td>1,525</td>
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</tr>
<tr>
<td>Physician Assistant (PA)</td>
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<td>27,013</td>
<td>7,304</td>
</tr>
<tr>
<td>Optometrist (OD)</td>
<td>359</td>
<td>133</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Podiatrist (DPM)</td>
<td>163</td>
<td>132</td>
<td>348</td>
<td>0</td>
</tr>
<tr>
<td>Medical Psychologist (MP)</td>
<td>91</td>
<td>81</td>
<td>4,708</td>
<td>0</td>
</tr>
<tr>
<td>Medical Intern/Resident</td>
<td>1,157</td>
<td>1,017</td>
<td>2,763</td>
<td>288</td>
</tr>
<tr>
<td>Prescriber's Delegate</td>
<td>NA</td>
<td>2,239</td>
<td>199,711</td>
<td>NA</td>
</tr>
<tr>
<td>Pharmacist (PST)</td>
<td>8,894</td>
<td>4,189</td>
<td>504,328</td>
<td>349,899</td>
</tr>
<tr>
<td>Pharmacist's Delegate</td>
<td>NA</td>
<td>834</td>
<td>38,361</td>
<td>NA</td>
</tr>
<tr>
<td>Totals</td>
<td>30,154</td>
<td>22,161</td>
<td>1,244,057</td>
<td>1,901,657</td>
</tr>
</tbody>
</table>
b. Eligible transactions reported to PMP

![Bar chart showing number of eligible prescription transactions reported to the PMP from 2008 to 2019.]

Total Reported: 134,277,579 (01/01/2008 through 06/30/2019)

2006: 12,240,961
2007: 12,664,423
2008: 13,989,920
2009: 3,015,831
2010: 13,020,364
2011: 12,356,436
2012: 12,286,867
2013: 11,987,733
2014: 11,207,225
2015: 5,437,382

2016: 12,307,521
2017: 11,307,382
2018: 5,437,382
2019: 2,092,382

C. Prescriber and Pharmacists
No update at this time.
14. Pg 10 – Process measure: Timeline and progress on RFP re-procurement
   Progress: The Department has announced its intent to contract with four managed care
   companies. The current implementation timeline is shown below. However, it could
   change in the event of a protest.
   • Contract execution, on or about August 23, 2019
   • Open enrollment: October 15 – November 30, 2019
   • Operational start date, on or about January 1, 2020

15. Pg 10 – Process measure: Decide which HIE technology will be utilized as an ADT feed.
   Currently, ADT feeds are being handled by the Louisiana Emergency Department
   Information Exchange (LaEDIE) run by the Louisiana Health Care Quality Forum
   (LHCQF). There are several organizations within the state that are developing their own
   ADT feed system. This section will be updated when we receive more information.

16. Pg 10 – Process measure: Establish quarterly standing report for MCOs
   No updates at this time.

17. Pg 10 – Data measure – How many ADT feeds are fed at different locations across the
    state by MCO and providers
   Currently, there are 57 hospitals actively providing feeds to LaEDIE. The system
   provides a daily export to the five Healthy Louisiana MCOs based on their patient lists.
   The MCOs use this data to provide case management to their recipients.

18. Pg 11 - Data measure: Opioid naïve utilization trend monthly report (compare to
    cancer/palliative care Rx baseline)
   Report included in the attached A2-DY2 (Q2) HIT Excel spreadsheet (Monthly Tracking
   Impact of 7-day Opioid Quantity Limit and Utilization.xlsx).

Extra Board of Pharmacy Information:

The PMP AWARxE system is available to Healthcare Providers throughout the state. AWARxE
is an online system that provides medication safety information and helps raise awareness of the
 dangers of abusing and misusing medications. The system also assists in pharmacy reporting
and offers accessibility to data from different states. Number of requests per month is available
if needed.

The Ochsner Health System, Lafayette General, Wal-Mart, Kroger and several physicians
throughout the state have connected to the PMP Gateway, which allows access to PDMP data via
the EHR or pharmacy management systems. Number of requests per month is available if
needed.