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 has consulted with an independent consulting firm to identify best practices in the HIE Assessment. Consultation is still ongoing. Due to a change in leadership, the anticipated assessment start date is on hold.

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. We are still currently, working with the Departments’ 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. Currently, there is no update for this process.

4. **Pg 5** – Process measure: Regular updates at quarterly Board of Pharmacy meetings. Attach minutes. Currently, there is no update for this process.

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. Currently LDH is working to identify use cases to assist with HIE Integration. CMS has now mandated the Patient Access and Promoting Interoperability Final Rule, effective July 1, 2021. Meetings are ongoing to address opportunities. LDH plans to update the MES APD when plans are complete. Assessment of PMP plans may be resumed.

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. Currently, there have been no updates or meetings regarding stakeholder support.
7. Pg 6 – Process measure: During procurement of data warehousing module under modernization, set capability for data match.
   There is no update to this component at this time. The development of the RFP has not been 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.

   LDH announced its’ intent to develop a new RFP for managed care contracts.

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.
    Currently, there have been no updates or meetings regarding stakeholder support

11. Pg 9 – Process measure: If legislation does not proceed, we will pursue alternative data tracking internal to Medicaid.
    No updates at this time. However, LDH’s intent is to track internally as we move forward with the HIE Assessment and other PMP activities.

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)
    c. See attachment A2-DY3 (Q2) HIT report. This file contains updated data through June 2020.
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</th>
<th>Number of Providers with PMP Active Access Privileges</th>
<th>Number of PMP Requests by Providers through AWARxE™</th>
<th>Number of PMP Requests by Providers through GATEWAY™</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician (MD, DO)</td>
<td>13,425</td>
<td>8,798</td>
<td>403,406</td>
<td>2,368,679</td>
</tr>
<tr>
<td>Nurse Practitioner (APRN)</td>
<td>3,816</td>
<td>2,997</td>
<td>137,058</td>
<td>331,578</td>
</tr>
<tr>
<td>Dentist (DDS)</td>
<td>3,880</td>
<td>1,551</td>
<td>4,489</td>
<td>388</td>
</tr>
<tr>
<td>Physician Assistant (PA)</td>
<td>1,030</td>
<td>776</td>
<td>19,460</td>
<td>32,194</td>
</tr>
<tr>
<td>Optometrist (OD)</td>
<td>363</td>
<td>153</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Podiatrist (DPM)</td>
<td>167</td>
<td>109</td>
<td>619</td>
<td>0</td>
</tr>
<tr>
<td>Medical Psychologist (MP)</td>
<td>93</td>
<td>86</td>
<td>7,090</td>
<td>3,302</td>
</tr>
<tr>
<td>Medical Intern/Resident</td>
<td>1,211</td>
<td>1,145</td>
<td>6,163</td>
<td>1,415</td>
</tr>
<tr>
<td>Prescriber’s Delegate</td>
<td>NA</td>
<td>2,851</td>
<td>185,906</td>
<td>0</td>
</tr>
<tr>
<td>Pharmacist (PST)</td>
<td>9,147</td>
<td>4,448</td>
<td>690,478</td>
<td>1,513,016</td>
</tr>
<tr>
<td>Pharmacist’s Delegate</td>
<td>NA</td>
<td>1,171</td>
<td>60,637</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>31,643</td>
<td>24,075</td>
<td>1,515,311</td>
<td>4,250,572</td>
</tr>
</tbody>
</table>
b. Eligible transactions reported to PMP

![Number of Eligible Prescription Transactions Reported to the PMP](image)

14. Pg 10 – Process measure: Timeline and progress on RFP re-procurement
   Progress: LDH has announced its’ intent to develop a new RFP

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. Currently, there are no changes to this 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-DY3 (Q2) HIT Excel spreadsheet (Monthly Tracking Impact of 7-day Opioid Quantity Limit and Utilization.xlsx).