

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**WASHINGTON STATE MADE PROGRESS
TOWARD ACHIEVING PROGRAM GOALS
FOR ENHANCING ITS PRESCRIPTION
DRUG MONITORING PROGRAM**

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April 2019
A-09-18-01001

Office of Inspector General

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Report in Brief

Date: April 2019

Report No. A-09-18-01001

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Review

According to the Centers for Disease Control and Prevention (CDC), opioids were involved in more than 42,000 deaths in 2016, and opioid deaths were 5 times higher in 2016 than in 1999. CDC has awarded funding to States to address the nonmedical use of prescription drugs and to address opioid overdoses. We are conducting a series of reviews of States that have received CDC funding to enhance their prescription drug monitoring programs (PDMPs). We selected Washington for review because it experienced a significant increase in the rate of drug overdose deaths during 2014 and 2015.

Our objectives were to (1) identify actions that Washington has taken, using Federal funds for improving PDMPs, to achieve program goals toward improving safe prescribing practices and preventing prescription drug abuse and misuse and (2) determine whether Washington complied with certain Federal requirements.

How OIG Did This Review

Our review covered actions that Washington has taken to enhance and maximize its PDMP and that it proposed for CDC's "Prescription Drug Overdose: Prevention for States" grant for March 1, 2016, through August 31, 2017. We examined Washington's status of completing 11 proposed activities and reviewed its documentation to determine whether Washington complied with certain Federal requirements.

Washington State Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program

What OIG Found

We identified actions that Washington has taken, using Federal funds for improving PDMPs, to achieve program goals toward improving safe prescribing practices and preventing prescription drug abuse and misuse. As of July 2018, Washington had completed some of the activities it proposed for the CDC grant to enhance and maximize its PDMP. Specifically, of the 11 activities proposed for the audit period, Washington had completed 6 activities, such as creating PDMP reports and implementing new prescribing metrics (e.g., statistics on patients with new and chronic opioid prescriptions); integrating PDMP data into healthcare systems' electronic health records; and implementing and updating PDMP rules (i.e., State PDMP regulations) to allow pharmacists to delegate access to the PDMP data, change the reporting of prescriptions dispensed from weekly to daily, and allow healthcare systems access to PDMP data.

Washington had partially completed the remaining five activities, such as conducting PDMP data linkage studies and using a mapping tool to identify "hotspots" (outlier geographical areas with respect to prescribing behavior and overdose deaths) and "treatment service deserts" (areas that have a high need for treatment services but have scarce resources). For these activities, Washington provided an estimated completion date for three activities and was unable to provide an estimated completion date for two activities. Washington said that if it is unable to complete these two activities by the end of the project period (August 31, 2019), it plans to use State funds to continue this effort.

Washington complied with Federal requirements for submitting its Federal Financial Report and Annual Performance Report and publicly reporting the five CDC-directed indicators (required for awardees using PDMPs for public health surveillance).

What OIG Recommends

This report contains no recommendations.

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INTRODUCTION

WHY WE DID THIS REVIEW

As a result of the national opioid epidemic, Federal funding to the U.S. Department of Health and Human Services' (HHS's) prevention and treatment programs has increased to help curb opioid abuse and misuse. According to the Centers for Disease Control and Prevention (CDC), opioids were involved in more than 42,000 deaths in 2016, and opioid deaths were 5 times higher in 2016 than in 1999. CDC has awarded funding to States as part of HHS's strategic effort to address the nonmedical use of prescription drugs and to address opioid overdoses. States use these funds for prevention strategies to improve safe prescribing practices and prevent prescription drug overuse, misuse, abuse, and overdoses.

To track the prescribing and dispensing of prescription drugs, States use prescription drug monitoring programs (PDMPs), which are State-run electronic databases. Because each State's PDMPs operate independently, PDMP capabilities and usage vary from State to State. PDMP data may be used to identify patients at risk of misusing prescription opioids and clinicians with inappropriate prescribing and dispensing practices.

We are conducting a series of reviews of States that have received CDC funding to enhance their PDMPs. We selected for review the Washington State Department of Health (State agency) because it experienced a significant increase in the rate of drug overdose deaths during 2014 and 2015.

OBJECTIVES

Our objectives were to (1) identify actions that the State agency has taken, using Federal funds for improving PDMPs, to achieve program goals toward improving safe prescribing practices and preventing prescription drug abuse and misuse and (2) determine whether the State agency complied with certain Federal requirements.

BACKGROUND

CDC's "Prescription Drug Overdose: Prevention for States" Program

CDC provided grant funds to 29 States under the program entitled "Prescription Drug Overdose: Prevention for States" (PFS). The PFS program helps States combat the ongoing prescription-drug-overdose epidemic (particularly the abuse, misuse, and inappropriate prescribing of opioid pain relievers) by providing State health departments with resources and support needed for preventing overdoses.

States may advance four prevention strategies: two are required, and two are optional. One of the required strategies is to enhance and maximize a State PDMP. All applicants for funding are required to propose two or more substrategies to enhance the use of PDMPs. If one of these

substrategies is public health surveillance, the State must publicly report five indicators, known as CDC-directed indicators, as specified in the funding opportunity announcement. (Appendix B lists the five indicators.) For each strategy, the State submits to CDC a Work Plan listing the proposed activities to be completed.

All HHS grant recipients, including States receiving CDC grant funding, must comply with all terms and conditions outlined in the notice of award. The State agency's notice of award for the CDC grant required that the State agency submit to CDC the Annual Performance Report no later than 120 days before the end of the budget period and the annual Federal Financial Report no later than 90 days after the end of the budget period.¹

Washington's Prescription Drug Monitoring Program

In Washington, the State agency established and maintained its PDMP to monitor the prescribing and dispensing of controlled substances and drugs identified as demonstrating a potential for abuse by all professionals licensed to prescribe or dispense these substances.² Development of the State agency's PDMP began in 2007, but it was not completely implemented until October 2011. In 2015, several agency members of the Opioid Response Workgroup, led by the State agency, collaborated to develop a State-wide opioid response plan. The PDMP is an integral part of that plan.

The State agency received a CDC grant for the PfS program with a project period March 1, 2016, through August 31, 2019. From March 1, 2016, through August 31, 2017 (audit period), the State agency was awarded \$1,839,641 for work on all 4 prevention strategies (grant number 6NU17CE002734-01) and proposed 11 activities related to the first required strategy (for enhancing and maximizing its PDMP). In its Work Plan, the State agency said that it would:

- produce data metrics for the State and county level PDMP reports;
- create, disseminate, review, and refine these PDMP reports;
- finalize the Epic³ pilot test system for PDMP data integration and find other healthcare systems to integrate PDMP data (i.e., integrate PDMP data into healthcare systems' EHRs);

¹ The Annual Performance Report consists of the State agency's progress on each strategy, population data, and PDMP indicators. The Federal Financial Report includes information on funds authorized and disbursed during the timeframe covered by the report. Budget periods usually are 12 months long; however, shorter or longer periods may be established for programmatic or administrative reasons.

² The State agency calls its PDMP the Prescription Monitoring Program.

³ Epic is one of the largest software companies that provide electronic health record (EHR) systems for healthcare organizations.

- implement new PDMP rules (i.e., implement State PDMP regulations) to allow pharmacists to delegate access to the State’s PDMP data and change the reporting of prescriptions dispensed from weekly to daily;
- update PDMP rules (i.e., update State PDMP regulations) to allow healthcare systems to access PDMP data, educate and support those systems wanting to integrate their EHRs with the PDMP, and work with the PDMP vendor to allow healthcare system access;
- continue to support healthcare systems to obtain meaningful use credit⁴ for PDMP integration;
- determine the most useful PDMP data and other datasets for county health departments to include in the Washington Tracking Network (WTN);⁵
- work with WTN staff to add PDMP measures, provide PDMP data to the WTN in the required format, and review measures on a development site before external release;
- work with WTN staff and other data stewards to add other data sources and measures to the WTN opioid dashboard;
- conduct additional PDMP linkage studies to link prescription data with death certificate data and birth data; and
- use the Geographic Information System (GIS) mapping tool to identify “hotspots” (outlier geographical areas with respect to prescribing behavior and overdose deaths) and “treatment service deserts” (areas that have a high need for substance-use-disorder treatment services but have scarce resources).

The State agency said that with this CDC grant for the PfS program, (1) prescribers and pharmacies have accurate, timely, and daily reporting to Washington’s PDMP, (2) the number of data queries has increased to 1.5 million monthly query checks, (3) the State agency now has a public surveillance team and three PDMP staff working to improve the data portal; and (4) the State agency was able to encourage the State medical community to more safely prescribe

⁴ Meaningful use is defined by the use of certified EHR technology in a meaningful manner, ensuring that the certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improve the quality of care; in using the certified EHR technology, the provider must submit information on quality of care and other measures. CMS grants incentive payments to eligible professionals or eligible hospitals, which can demonstrate that they have engaged in efforts to adopt, implement, or upgrade certified EHR technology.

⁵ The WTN is the State agency’s website where users can find public health data. WTN dashboards contain interactive maps, charts, and graphs that allow users to access a wide range of data for Washington. Users can search for individual measures and export data. The WTN’s opioid dashboard included data on opioid prescriptions and drug overdoses.

opioids and prevent the unintended or inappropriate long-term use of prescription opioid medication.

HOW WE CONDUCTED THIS REVIEW

Our review covered actions that the State agency has taken to enhance and maximize its PDMP and that it proposed for CDC's PfS grant for the audit period. We examined the State agency's status of completing the 11 proposed activities as of July 2018 (i.e., before the end of the project period) and its plans to address the uncompleted activities. We also identified challenges that the State agency experienced in completing the activities. In addition, we reviewed the State agency's documentation to determine whether the State agency complied with Federal requirements for submitting reports and reporting the CDC-directed indicators.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology.

RESULTS OF REVIEW

We identified actions that the State agency has taken, using Federal funds for improving PDMPs, to achieve program goals toward improving safe prescribing practices and preventing prescription drug abuse and misuse. As of July 2018, the State agency had completed some of the activities it proposed for the CDC PfS grant to enhance and maximize its PDMP. Specifically, of the 11 activities proposed for the audit period, 6 were completed, and the remaining 5 were partially completed. (The table on the following page provides a summary of the State agency's completion status for these activities.) For the five partially completed activities, the State agency provided an estimated completion date for three activities and was unable to provide an estimated completion date for two activities. The State agency said that if it is unable to complete these two activities by the end of the project period, it plans to use State funds to continue this effort.

The State agency complied with Federal requirements for submitting its Federal Financial Report and Annual Performance Report and publicly reporting the five CDC-directed indicators.⁶

⁶ The State agency reports the CDC-directed indicators to CDC in the Annual Performance Report. The State agency published on its website only the metrics developed by the State to align with the measures and definitions developed by the workgroup that was elected from a collaboration of public and private healthcare stakeholders. If the published metrics cannot meet the need of a requester, the State agency has a mechanism to disseminate the CDC-directed indicators to the requester.

Table: State Agency’s Completion Status for Proposed Activities

Activity	Completion Status as of 7/13/2018	Expected Completion Status as of 8/31/2019 ⁷
State and County Level PDMP Reports		
Produce data metrics for the State and county level PDMP reports.	Completed	✓
Create, disseminate, review, and refine State and county level PDMP reports.	Completed	✓
PDMP Data Integration		
Finalize Epic pilot test system for PDMP integration and find other healthcare systems to integrate PDMP data.	Completed	✓
PDMP Rules		
Implement new PDMP rules to (1) add pharmacy delegates and (2) change reporting from weekly to daily.	Completed	✓
Update PDMP rules to allow healthcare systems to access PDMP data, educate and support those systems wanting to integrate, and work with the PDMP vendor to allow healthcare system access.	Completed	✓
Meaningful Use Credit		
Continue to support healthcare systems to obtain meaningful use credit for PDMP integration.	Completed	✓
Washington Tracking Network		
Determine the most useful PDMP data and other datasets for county health departments to include in the WTN.	Partially Completed	✓
Work with WTN staff to add PDMP measures. Provide PDMP data to the WTN in the required format, and review measures on a development site before external release.	Partially Completed	✓
Work with WTN staff and other data stewards to add other data sources and measures to the dashboard.	Partially Completed	✓
PDMP Linkage and Mapping Tool		
Conduct additional PDMP linkage studies using death certificate data and birth data.	Partially Completed	X
Use a GIS mapping tool to identify hotspots and treatment service deserts.	Partially Completed	X

⁷ A “✓” indicates that the State agency had completed or planned to complete the activity by the end of the project period. An “X” indicates that the State agency could not provide an estimated completion date.

THE STATE AGENCY COMPLETED SIX ACTIVITIES TO ENHANCE ITS PRESCRIPTION DRUG MONITORING PROGRAM

As of July 2018, the State agency had completed six activities related to State and county level PDMP reports, PDMP data integration, PDMP rules, and meaningful use credit.

The State Agency Completed Two Activities Related to State and County Level Reports

The State agency said that it would (1) produce data metrics for the State and county level PDMP reports and (2) create, disseminate, review, and refine these PDMP reports.

The State agency produced data metrics to create the initial State and county level reports that provide State and local stakeholders' data on the controlled substances prescribed in their area. Once the initial reports were created, the State agency implemented six new prescribing metrics developed by a workgroup that was elected from a collaboration of public and private healthcare stakeholders.⁸ These metrics consisted of statistics on patients with:

- any opioid prescription,
- chronic opioid prescriptions,
- high-dose chronic opioid prescriptions,
- concurrent opioid and sedative prescriptions,
- new opioid prescriptions (days of supply), and
- new chronic opioid prescriptions.

To improve the understandability and usefulness of the county level reports and prescribing metrics, the State agency planned to send out survey questionnaires to gather information

⁸ The opioid prescribing metrics were designed to have a strategic focus and to be used for quality improvement. The metrics aligned with both the Washington State Agency Medical Directors Group's Interagency Guideline on Prescribing Opioids for Pain and the CDC Guideline for Prescribing Opioids for Chronic Pain. Some of the metrics focused on guideline-concordant prescribing, including chronic opioid use, opioid dose, concurrent chronic sedative use, and the transition from short-term to long-term opioid use. Other metrics focused on mortality, overdose morbidity, and prevalence of opioid use disorder. See <http://www.breecollaborative.org/wp-content/uploads/Bree-Opioid-Prescribing-Metrics-Final-2017.pdf> for all of the opioid prescribing metrics developed by the workgroup. See <https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/OpioidPrescriptionsandDrugOverdosesACHsData> for the six prescribing metrics implemented by the State agency. Accessed on October 18, 2018.

from county health departments and Accountable Community of Health (ACH)⁹ stakeholders. Based on the survey results, the State agency will update the reports and metrics as necessary.

The State Agency Completed One Activity Related to Integrating Prescription Drug Monitoring Program Data

The State agency said that it would finalize the Epic pilot test system for PDMP data integration and find other healthcare systems to integrate PDMP data.

The State agency has integrated the State's PDMP data into healthcare systems' EHRs through the State health information exchange. According to the State agency, it completed the Epic pilot test system for PDMP data integration in 2016. The State agency said that since the pilot test, 9 healthcare systems (representing over 900 facility/clinic locations) have integrated PDMP data into their EHRs, and 7 additional healthcare systems are testing the integration.¹⁰

The State Agency Completed Two Activities Related to Prescription Drug Monitoring Program Rules

The State agency said that it would implement new PDMP rules to (1) allow pharmacists to delegate access to the State's PDMP data and (2) change the reporting of prescriptions dispensed from weekly to daily. In addition, the State agency said that it would update PDMP rules to allow healthcare systems to access PDMP data, educate and support those systems wanting to integrate their EHRs with the PDMP, and work with the PDMP vendor to allow healthcare system access.

Washington enacted new rules, effective August 8, 2016, that allowed a pharmacist, prescriber, or licensed healthcare practitioner authorized by a prescriber or pharmacist to obtain prescription monitoring information related to his or her patients, for the purpose of providing medical or pharmaceutical care (Washington Administrative Code (WAC) § 246-470-050(1)(b)). The new rules also changed the reporting of prescriptions dispensed from weekly to by the next business day (WAC § 246-470-030(3)). Washington passed further legislation in 2016 to allow access to the State's PDMP data by prescribers of legend drugs,¹¹ by healthcare facilities, and by provider groups (Revised Code of Washington § 70.225.040(3)). The State agency said that these new rules reduced administrative overhead and provided authority for PDMP data exchange to facilities and provider groups that consist of five or more prescribers and that

⁹ An ACH is a regional coalition consisting of leaders from multiple health sectors around the State with a common interest in improving health and health equity. Washington has nine ACHs.

¹⁰ The State agency has subsequently updated the status of PDMP data integration. As of October 8, 2018, 18 healthcare systems (representing approximately 925 locations) had successfully integrated PDMP data into their EHRs, and 6 additional healthcare systems were testing the integration.

¹¹ Legend drugs are any drugs that are required by State law or regulation of the Pharmacy Quality Assurance Commission to be dispensed on prescription only or are restricted to use by practitioners only.

operate a federally certified EHR system that is connected to the State’s health information exchange.

In 2017, Washington enacted Engrossed Substitute House Bill 1427 to implement safe opioid prescribing rules, expand access and use of PDMP data, and improve access to medication-assisted treatment.¹² The State agency also filed notices of proposed rulemaking to notify the public of its intent to expand the exchange of PDMP data to agency personnel, healthcare entities, and others to support coordination of care, patient safety, and quality improvement initiatives. These rules became effective September 8, 2018.

In addition, the State agency said that it has worked with its vendor to enable healthcare systems’ access to PDMP data through integration of EHRs with the PDMP system. The PDMP data, managed by the vendor, can be accessed by healthcare systems through the State’s health information exchange.

The State Agency Completed One Activity Related to Meaningful Use Credit

The State agency said that it would continue to support healthcare systems to obtain meaningful use credit for PDMP integration.

According to the State agency, it continues to work with new healthcare systems to obtain meaningful use credit and integrate their EHRs with the PDMP. As of July 2018, the State agency had 127 healthcare organizations that had registered for meaningful use. The State agency has also used State funds to hire a PDMP “onboarding” coordinator to assist healthcare systems with registering for meaningful use.

According to the State agency, it has not experienced any challenges in ensuring that healthcare systems obtain meaningful use credit to integrate their EHRs with the PDMP. However, the State agency said that healthcare systems are not moving forward to full integration as quickly as it expected.

THE STATE AGENCY PARTIALLY COMPLETED FIVE ACTIVITIES TO ENHANCE ITS PRESCRIPTION DRUG MONITORING PROGRAM

As of July 2018, the State agency had partially completed five activities. The State agency provided an estimated completion date for three activities related to the WTN and was unable to provide an estimated completion date for two activities related to PDMP linkage and the mapping tool.

¹² Medication-assisted treatment is the treatment for opioid use disorder combining the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

The State Agency Partially Completed Three Activities Related to the Washington Tracking Network

The State agency said that it would (1) determine the most useful PDMP data and other datasets for county health departments to include in the WTN; (2) work with WTN staff to add PDMP measures, provide PDMP data to the WTN in the required format, and review measures on a development site before external release; and (3) work with WTN staff and other data stewards to add other data sources and measures to the WTN opioid dashboard.

The State agency said that it partially completed the three activities related to the WTN and provided an estimated completion date. To accomplish these activities, the State agency made available through the WTN dashboard the six prescribing metrics that it implemented. The State agency also planned to send out survey questionnaires to gather information from county health departments and ACH stakeholders about the understandability and usefulness of the county level reports and how the reports had been used. However, according to the State agency, there was a delay in sending out these questionnaires because it decided to expand the purpose of the survey to learn how the counties and ACH stakeholders used and understood the six prescribing metrics. The State agency sent out the survey to local stakeholders¹³ in April 2019.

The State agency expected to complete collecting data and analyzing the survey results in May 2019. The State agency planned to use the survey results to (1) determine the most useful PDMP data, (2) further refine the data provided to State and county stakeholders, and (3) work with WTN staff to add prescribing data and measures to the WTN. The State agency expected to complete these activities before the end of the project period (August 31, 2019).

The State Agency Partially Completed Two Activities Related to Prescription Drug Monitoring Program Data Linkage and the Mapping Tool

The State agency said that it would (1) conduct additional PDMP linkage studies to link prescription data with death certificate data and birth data and (2) use the GIS mapping tool to identify hotspots and treatment service deserts.

The State agency said that it partially completed the two activities related to PDMP linkage studies and the mapping tool but was unable to provide an estimated completion date.

Prescription Drug Monitoring Program Linkage Studies

The State agency has not completed the PDMP linkage studies to link prescription data with death certificate and birth data. According to the State agency, linking PDMP data with State

¹³ The local stakeholders are 10 urban and rural counties and 5 ACHs selected from eastern, central, and western Washington.

mortality data falls under the State agency's substrategy to conduct public health surveillance and to enable investigation of risk factors associated with overdose morbidity and mortality.

The State agency said that the process of linking prescription data with death certificate files was time-consuming and resource-intensive because it required manual review of two datasets. In June 2018, the State agency hired an epidemiologist specifically to look at the possibility of developing an automated process. The State agency expects to complete the preliminary linkage of death certificate data by the second quarter of 2019.

The State agency said that it had not started any linkage studies to link prescription data with birth data and was unable to provide an estimated completion date. The State agency said that if it is unable to complete the linkage studies by the end of the project period, it plans to use State funds to continue this effort.

Mapping Tool

According to the State agency, it has been using the mapping features in Tableau (a software package that contains interactive data visualization products) to identify hotspots. It continues to update this information every quarter. However, the State agency has not identified treatment service deserts. The State agency said that because of Washington State legislation,¹⁴ it could disclose and use only data without personally identifiable information to show treatment service deserts but not to make referrals. Therefore, the State agency is unable to identify providers who are offering buprenorphine (a medication used to treat opioid addiction) services in real time.

To identify treatment service deserts, the State agency said that its next step will be to assess how many patient providers prescribe to within a predetermined region, to determine treatment capacity. Once this is achieved, the State agency anticipates that it will encounter some challenges in disseminating the information because of the PDMP's inability to disclose identifying information related to prescribers. Therefore, the State agency was unable to provide an estimated date to complete this activity, but it said it has been working with CDC to discuss ways to remove barriers. The State agency also said that if it is unable to complete this activity by the end of the project period, it plans to use State funds to continue this effort.

¹⁴ Prescription information submitted to the State agency must be confidential, in compliance with State and Federal healthcare information privacy requirements, and not subject to disclosure, except as provided in the Revised Code of Washington, section 70.225.040, subsections 3 through 5. These subsections state that the State agency may provide data to appropriate law enforcement or prosecutorial officials, including local, State, and Federal officials and officials of federally recognized Tribes, who are engaged in a bona fide specific investigation involving a designated person. In addition, in accordance with a data-sharing agreement, the State agency shares with investigators (i.e., researchers) aggregate data without personally identifiable information.

CONCLUSION

The State agency had completed 6 of the 11 activities it proposed for the audit period and had partially completed the remaining 5 activities. In addition, the State agency complied with Federal requirements for submitting its Federal Financial Report and Annual Performance Report and publicly reporting the five CDC-directed indicators.

This report contains no recommendations.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

Our review covered actions that the State agency has taken to enhance and maximize its PDMP and that it proposed for CDC's PfS grant for March 1, 2016, through August 31, 2017. We examined the State agency's status of completing the 11 proposed activities as of July 2018 (i.e., before the end of the project period) and its plans to address the uncompleted activities. We also identified challenges that the State agency experienced in completing the activities. In addition, we reviewed the State agency's documentation to determine whether the State agency complied with Federal requirements for submitting reports and reporting the CDC-directed indicators.

We did not review the State agency's overall internal control structure. Rather, we limited our review to determining whether the State agency had completed its proposed activities.

We performed our fieldwork from July through December 2018, which included visiting the State agency's office in Tumwater, Washington.

METHODOLOGY

To accomplish our objectives, we:

- reviewed applicable Federal and State laws, regulations, and guidance;
- interviewed State agency officials to identify actions that the State agency has taken to enhance and maximize its PDMP;
- reviewed State agency documentation to determine actions that the State agency has taken to complete the proposed activities and their current status;
- reviewed grant documents and reports to determine whether the State agency submitted the Annual Performance Report and Federal Financial Report and reported the CDC-directed indicators according to Federal requirements; and
- discussed the results of our review with State agency officials.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: FIVE CDC-DIRECTED INDICATORS

CDC requires that awardees using PDMPs for public health surveillance publicly report the following five indicators:

- decrease in the percentage of patients receiving more than an average daily dose of greater than 100 morphine milligram equivalents¹⁵ (across all opioid prescriptions);
- decrease in the rate of multiple provider episodes for prescription opioids (5 or more prescribers and 5 or more pharmacies in a 6-month period) per 100,000 residents;
- decrease in the percentage of patients prescribed long-acting/extended-release opioids who were opioid-naive (i.e., who have not taken prescription opioids in 60 days);
- decrease in the percentage of prescribed days overlap between opioid prescriptions; and
- decrease in the percentage of prescribed opioid days that overlap with benzodiazepine prescriptions.¹⁶

¹⁵ The amount of milligrams of morphine an opioid dose is equal to when prescribed.

¹⁶ Benzodiazepines are a class of agents that work in the central nervous system and are used for a variety of medical conditions.