Improving PDMP Technology to Minimize Workflow Imposition

Integrating Rx Checks to Minimize Workflow Impositions
The passage of SB 195 (Sen. Charles Schwertner, MD) in 2015 accomplished a multi-session effort to move the Prescription Drug Monitoring Program (PDMP) from the Department of Public Safety to the Texas Board of Pharmacy. This change became effective September 2016.

Physicians, other prescribers, and pharmacists strongly supported this move in order to create a more accessible and useful clinical tool for patient care.

By and large, the Texas Board of Pharmacy has done an excellent job in improving the quality and security of the data and its vendor has greatly improved the presentation and usefulness of the data.

Legislation passed in 2017 required the licensing boards for all prescribers to furnish information to the Board of Pharmacy to automatically register prescribers with the PDMP. Prescribers — physicians and others — still must complete their user profiles, but the addition of this information allows the Board of Pharmacy to push out information within the secure system of the PDMP in an effort to identify instances of potential “doctor shopping.” In addition, each licensing board continues to have access to the data on prescribing. Another legislative provision from 2017 requires pharmacies to submit data to the PDMP within one business day of dispensing.

For more than a year, the Texas Medical Association (TMA) has promoted an instructional video on its website showing physicians how to register, complete their user accounts, and — most importantly — how to use the PDMP. The PDMP remains, however, a manual system requiring the physician or a delegated staff member to log in each time information must be verified.

We believe the next logical and most effective step will be to automatically link the PDMP to physician electronic medical records (EMR) systems and hospital patient record systems, particularly those used in emergency departments. This technology-driven solution would build on the efforts of 2017 and create a seamless and constant connection. As this would integrate the PDMP data with the patient’s medical record, we believe it would be a cost effective strategy to increase PDMP utilization, minimize physician workflow interruptions, and improve patient care.

We believe much of the software development on both the PDMP vendor side, as well as many EMR platforms, has already been developed. Working with other interested stakeholders, we continue to assess what progress still needs to be made, as well as potential costs. At the same time, we remain mindful that the costs are structured in a way that does not burden either prescribers or pharmacies.

We recommend:
• Working with the Texas Board of Pharmacy to investigate with its vendor, APPRISS Health, the steps and costs necessary to implement the PDMP gateway.
• Involving other stakeholders — prescribers, the Texas Hospital Association, pharmacy organizations, and legislative committees — to coordinate cost effective implementation.