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Opioid Response Bill Includes Health IT Provisions

Important information for states, health information organizations, prescription drug monitoring programs, and other stakeholders working to address the opioid crisis

On October 24th, 2018 the president signed the SUPPORT for Patients and Communities Act (SUPPORT Act) which passed Congress with significant bipartisan majorities. The SUPPORT Act is focused on addressing the opioid crisis with a variety of provisions that aim to expand treatment and recovery initiatives, improve prevention, and bolster efforts to fight against illicit drugs. Health IT has a prominent place in many of the components and Congress sees interoperability and health IT tools, such as prescription drug monitoring programs (PDMPs), as a key part in the response to the opioid crisis. Notably, the SUPPORT Act will require the Department of Health and Human Services (HHS) to include interoperability provisions when creating guidance or issuing grants. Additionally, focus is placed on creating an electronic data set to support babies that have neonatal abstinence syndrome.

> Interoperability is a consistent theme in the SUPPORT for Patients and Communities Act.

Below is a summary of the health IT provisions of the SUPPORT Act and an analysis of their anticipated impact.

Summary of Major Health IT Relevant Provisions

- **MEDICAID PDMP CHECK MANDATE:** Beginning Oct. 1, 2021, state Medicaid programs must require providers to check the PDMP in a form, manner, and timing determined by the state before prescribing a controlled substance to a Medicaid patient.

- **STATE PDMP GRANT REQUIREMENTS AROUND INTEROPERABILITY:** The Centers for Disease Control and Prevention's PDMP grants to states must address the following interoperability elements:
    1. Integrating PDMPs within electronic health records (EHRs) and health IT infrastructure.
    2. Linking PDMP data to other data systems within the state including:
        - Pharmacy benefit managers, medical examiners, coroners, and the state's Medicaid programs;
        - Worker's compensation data; and
        - The prescribing data of the Department of Veterans Affairs and the Indian Health Service within the state.
    3. In consultation with the Office of the National Coordinator for Health Information Technology (ONC), improve interstate interoperability through:
        - Sharing of dispensing data in near-real time across state lines; and
        - Integration of automated queries for multistate-PDMP data and analytics into clinical workflow to improve the use of such data and analytics by practitioners and dispensers; or

        - Improving the ability to include treatment availability resources and referral capabilities within the PDMP.
    4. As a grant condition, the state must report on certain interoperability requirements such as their ability to share data with PDMPs of other states, and EHRs.
    5. HHS is required to evaluate the grant's success toward achieving interoperability and identify barriers and recommendations to address the barriers.
    6. HHS may issue guidelines specifying a uniform electronic format for the reporting, sharing, and disclosure of information pursuant to PDMPs. To the extent possible, such guidelines shall be consistent with standards recognized by ONC.

- **INCREASED FEDERAL MEDICAL ASSISTANCE PERCENTAGES (FMAP) FOR PDMP:** For fiscal year 19 and 20, the SUPPORT Act provides for 100% FMAP funding for Design, Development and Implementation (DDI) for PDMPs that include a specified set of data and integrates that data into the workflow of providers, and the state has a data sharing agreement with all contiguous states to access PDMP data. The specified data set at a minimum includes:
    1. Controlled substance prescription drug history information;
    2. Number and type of controlled substances prescribed to and filled during at least the most recent 12-month period; and
    3. Name, location, and contact information of each provider who prescribed a controlled substance during at least the most recent 12-month period.

- **BEHAVIORAL HEALTH INCENTIVE PAYMENTS TO ADOPT & USE CERTIFIED EHR TECHNOLOGY (CEHRT):** The bill expands the authority of the Centers for Medicare and Medicaid Services' (CMS) Center for Medicare & Medicaid Innovation (CMMI) to allow them to test a model that provides incentive payments to certain behavioral health providers to adopt and use CEHRT. CMMI is not required to implement the program.

- **INFANTS AND OPIOIDS:** HHS is required to create guidance to improve care for infants with neonatal abstinence syndrome and their mothers. As part of the guidance, HHS must identify:
    1. Best practices from states with respect to innovative or evidenced-based payment models that focus on prevention, screening, treatment, plans of safe care, and post-discharge services for mothers and fathers with substance use disorders and babies with neonatal abstinence syndrome that improve care and clinical outcomes;
    2. Guidance regarding suggested terminology and ICD codes to identify infants with neonatal abstinence syndrome and neonatal opioid withdrawal syndrome, which could include opioid-exposure, opioid withdrawal not requiring pharmacotherapy, and opioid withdrawal requiring pharmacotherapy.

- **OTHER:**
    1. Beginning January 1, 2021, controlled substances prescribed under Medicare Part D generally must be electronically prescribed, except in certain circumstances that HHS must establish through regulation.
    2. HHS must develop best practices for how to prominently display, at the patient's request, their history of opioid use disorder in an EHR. HHS must disseminate the best practices to providers and state agencies.

High-Level Timeline

- **OCTOBER 2018:**
    - SUPPORT Act Signed
    - 100% FMAP Funding Available for PDMP
- **OCTOBER 2019:**
    - Neonatal Abstinence Syndrome Guidance
- **OCTOBER 2020:**
    - 100% FMAP Funding for PDMP Ends
- **JANUARY 2021:**
    - Medicare Part D Electronic Prescribing of Controlled Substances Mandate
- **OCTOBER 2021:**
    - Medicaid PDMP Check Mandate

Considerations and Next Steps

1. **STATES SHOULD START PLANNING NOW TO ACCESS MEDICAID AND GRANT FUNDING**: The 100% FMAP and PDMP grant funding have enhanced interoperability requirements that states will have to meet to access the dollars. While HHS is likely to provide additional guidance on the requirements for both funding streams, states should begin actively planning now to meet the requirements outlined in the statute. Among other things states should start taking the following steps:
    - Begin discussions with neighboring states that you do not already have PDMP data sharing agreements in place with.
    - Identify any changes to existing state laws or regulations that may be required to complete the steps necessary to access the funding streams. For example, start conversations now with state lawmakers and regulators to identify steps that can be taken to address existing legal challenges to interstate connectivity or to the ingestion of data into a provider's EHRs.
    - Develop or enhance existing plans for integrating PDMP data with EHRs. Congress and HHS placed a significant priority on accelerating the progress of integrating PDMPs and EHRs. HHS added a new measure focused on PDMP and EHR integration to the Medicare Promoting Interoperability

Program and Merit-based Incentives Payment System (MIPS). States without a plan need to develop one, and states with existing plans likely need to enhance them to respond to the aggressive integration push from federal policy makers.

2. **ENHANCE PDMP FUNCTIONALITY AND IDENTIFY POLICY GAPS:** States should conduct an analysis of their existing PDMP functionality and policy landscape to identify gaps that will need to be addressed to support interstate interoperability and the integration of PDMP data into provider workflows. States will need to select an integration pathway, develop a plan for securely opening access to the data, and ensure the PDMP is designed to handle the increased volume of use that will come with integration into provider workflows. In selecting an integration approach, states will also need to consider policy issues such as any limitations on the ability of providers to ingest data into their EHRs.

3. **HEALTH INFORMATION ORGANIZATIONS (HIOs) CAN TAKE A LEADING ROLE**: The increased focus on PDMP usage and interoperability, including integrating with EHRs, provides a clear opportunity for HIOs to leverage their substantial IT expertise to support state PDMPs. HIOs can bring their many lessons learned from integrating with EHRs and scaling infrastructure to support a large volume of users and queries to assist PDMPs in responding to changes driven by the SUPPORT Act.

4. **INFANTS AND OPIOIDS:** Congress and HHS are focused on identifying opportunities to help address the needs of newborns that have been exposed to opioids. HHS is leading an effort to outline a minimum data set to support the clinical care of these patients and to support ongoing research activities. Once the minimum data set is finalized, states and HIOs should work to identify the availability of the data elements in existing state and provider systems. If they are absent, states may be able to request Medicaid IT dollars to fund enhancements to include them for future reporting.

5. **GENERAL MEDICAID IT FUNDING:** States also have the opportunity to access general Medicaid IT funding to respond to the opioid crisis. Click here for more information about this opportunity.

About Audacious Inquiry and our Consultants

Audacious Inquiry (Ai) is a health information technology (Health IT) and policy company that is making healthcare more connected. We facilitate the exchange of health information to deliver care coordination solutions. Our software is designed to be efficient and cost-effective, our nationally-recognized team-members provide tactful strategic consulting, and our services rethink how health information is shared, managed, leveraged, and protected.

Our Strategic Advisory practice offers consulting services to government entities, HIOs, providers, and payers/ACOs in the areas of:

- Health IT Policy
  Market research and evaluation, legislative and regulatory analysis, and guidance for industry compliance

- Road-mapping & Advisory
  Health IT evaluation and guidance to support long-term objectives and Delivery System Reform
- Medicaid Technology & Operations
  Planning and funding strategy, contracting strategy, re-use and modularity plans
- Outreach & Onboarding
  Methods for rapid adoption of health information exchange
- Creative Communications
  Visual communication tactics to support marketing and branding efforts

Further questions? Please contact us at: HITpolicy@ainq.com