STATE OF ALASKA SUD HEALTH INFORMATION TECHNOLOGY PLAN AND ATTESTATIONS

MILESTONE CRITERIA	CURRENT STATE	FUTURE STATE	SUMMARY OF ACTIONS NEEDED
Prescription Drug Monitoring Program (PDMP) Functionalities			
Enhanced interstate data sharing in order to better track patient specific prescription data	Alaska's PDMP shares data with 7 other States as part of the PMP InterConnect, in conjunction with our PDMP vendor, Appriss Health and the National Association of Board of Pharmacy. The 7 States are Idaho, Louisiana, Massachusetts, Minnesota, Montana, North Dakota, & Rhode Island. At its February 28-March 2, 2018 Board of Pharmacy meeting, which governs the Alaska PDMP, the Board entertained a regulation project to repeal a section of regulations relating to PDMP access, including the section that would otherwise authorize interstate data sharing. Discussion occurred during Board review of public comments about proposed regarding several proposed PDMP regulations pursuant to 2016 and 2017 statutory changes designed to strengthen Alaska's PDMP.	The State Opioid Treatment Authority and Director of the Division of Behavioral Health will testify at the Board of Pharmacy March 2019 meeting to explain the importance of interstate data sharing in addressing the state's current opioid crisis and to request that the regulation authorizing interstate data sharing be approved by the Board. Alaska's PDMP will continue to engage & participate with the PMP InterConnect in conjunction with Appriss Health & the National Association of Board of Pharmacy unless & until the regulation is repealed. Maintaining the regulation as proposed will require consensus/approval from the Board of Pharmacy.	1. Contact Pharmacy Board members prior to March 2019 meeting (K. Chapman, SOTA & DBH SUD Director). 2. Present at March 2019 Pharmacy Board meeting (K. Chapman, SOTA & DBH SUD Director).
Enhanced "ease of use" for prescribers & other state/federal stakeholders	2016 legislation (SB 74) expanded access to the PDMP for licensed/registered	Alaska's State Opioid Treatment Authority, and Director of the Division of	1. Develop written communication regarding rationale for expanding

	agents/employees of practitioners or pharmacists, who are considered delegates and can review or report actions on behalf of a provider already registered in the database. An online questionnaire was created to satisfy a CDC Data-Driven Prevention Initiative Grant deliverable to solicit input regarding awareness levels of PDMP providers, to solicit feedback on system limitations/improvements, & to gauge client satisfaction/areas for quality improvement of PDMP. The survey was launched Spring, 2018.	Behavioral Health will petition the Board of Pharmacy at its April 2019 meeting to further expand access to the PDMP for Certified Chemical Dependency Clinical Supervisors. Future enhancements will require consensus/approval from the Board of Pharmacy.	access (K. Chapman, SOTA & DBH SUD Director). 2. Work with PDMP Program Manager Laura Carillo to amend 12 Alaska Administrative Code, Section 52.860, to expand access to designated CCD Clinical Supervisors (K. Chapman, SOTA & DBH SUD Director).
Enhanced connectivity between Alaska's PDMP & statewide, regional, or local health information exchange	Alaska's PDMP does not currently have a licensing integration feature to allow access to HIE & EHRs. Alaska is attempting a bidirectional interface between the State's HIE and the PDMP solution. This is designed to: • Enable providers access to real-time, point-of-care prescription data; critical for emergency department providers.	Alaska's SOTA & Director of the Division of Behavioral Health will work with the PDMP Program Manager to examine the cost of a licensing integration feature for the PDMP to facilitate several improvements including the tracking of DEA registrations & connecting with certain EHRs of OTPs/OBOTs/Naltrexone Providers.	1. Monitor Pharmacy Board approval of regulations allowing bidirectional interface between State's HIE & the PDMP (B. Davidson, DHSS HIT Director). 2. Work with PDMP Program Manager to identify cost of licensing integration feature—complete cost estimate by April 2019 (K. Chapman SOTA and L. Carillo, PDMP Program Manager).

	• Enable Opioid Command Center access to real-time, point-of-care prescription data to support their programs and services. • Increase the opportunity to decrease misuse, abuse, and divert the usage of controlled substances. This effort is on hold until the required PDMP regulations are approved by the State Board of Pharmacy.	Future enhancements will require consensus/approval from the Board of Pharmacy.	
Enhanced identification of long-term opioid use directly correlated to clinician prescribing patterns	Pursuant to 2018 legislation, prescriber report cards will give prescribers the ability to review their prescription activity & to see how prescribing practices compare to similar practitioners within the same occupation/specialty on a quarterly basis. The first round of report cards were sent 12/6/17. Information includes: 1) The top three medications prescribed, 2) The number of patients receiving a dangerous combination therapy, & 3) The number of patient prescription history queries.	The Commissioner of the Alaska Department of Health & Social Services and Alaska's SOTA will review the need for additional legislation to continue expanding access to the PDMP, including the ability to crosswalk claims data with individual prescriber practices, review of prescriber report cards, & review of inappropriate use or prescribing of controlled substances. This will require consensus from many stakeholders and decision-makers, including the Alaska Legislature,	1. Research other State PDMP information regarding crosswalking of claims data and draft legislation by March 2019—M. Walker, DBH Data Unit Director. 2. Finalize legislative recommendations, including possible interim study, prior to 2020 session (K. Chapman, SOTA and A. Crum, DHSS Commissioner).

	The Alaska Board of Pharmacy has drafted regulations to allow limited data access by designated representatives from the Alaska Medicaid program; the Board will review public comment on this regulation. This will facilitate identifying recipient long-term opioid use but will not allow: • Crosswalking Medicaid claims data with individual prescriber practices • Reviewing prescriber report cards, or • Reviewing inappropriate use or prescribing of controlled substances.	appropriate Licensing Boards and the Board of Pharmacy.	
Current and Future PDMP Query Capabilities			

Facilitate ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e. the Master Patient Index strategy with regard to PDMP query).	Alaska Department of Health & Social Services does not currently have the ability to match patients receiving opioid prescription with patients in the State's PDMP.	However, Alaska's statewide Health Information Exchange is in the final phases of connecting to Alaska's PDMP and also receiving all medication fill information. The statewide HIE is also working with the Alaska Department of Commerce to establish the ability to share bi-directionally PDMP data with at least the states of Washington and Oregon. This information will be able to be shared with the MMIS Decision Support System that is scheduled to be implemented as part of DHSS Division of Health Care Services MMIS modernization project. This final step to connect the HIE to the MMIS Decision Support System will likely need a memorandum of understanding and/or data use agreement(s).	1. Complete system integration work between the statewide HIE and the PDMP. Anticipated timeline: October or November 2019 (B. Davidson, DHSS Director of HIT, K. Chapman, SOTA, and L. Carillo, PDMP Program Manager). 2. Implement a Decision Support System for the MMIS. Anticipated timeline: December 2019 (M. Brody, DHSS Health Care Services Director and K. Chapman, SOTA). 3. Identify any necessary funding sources to support system integration between the HIE and MMIS (B. Davidson, DHSS Director of HIT). 4. Design, develop and implement integration between the HIE and the MMIS Decision Support System (B. Davidson, DHSS Director of HIT).. 5. Identify and implement any necessary memorandums of understanding or data use/sharing agreements (B. Davidson, DHSS Director of HIT)..
Use of PDMP—Supporting Clinicians with Changing Office Workflows/Business Processes			

Develop enhanced provider workflow/business processes to better support clinicians in accessing the PDMP prior to prescribing an opioid or other controlled substance to address the issues which follow.	State law requires a prescriber or his delegate (with limited exceptions) to access and review the patient's record in the PDMP prior to initially prescribing any opioid to a patient.	The Division of Behavioral Health is considering requiring Waiver prescribers to use and conduct patient specific queries in the PDMP for behavioral health patients upon writing first prescription for controlled substance and then annually. The physician would print the query and file it as part of the recipient record. The Division would then require the ASO to conduct sample audits to verify compliance.	1. Modify ASO RFP to specify PDMP audits by April 2019 (G. Moreau, Acting DBH Director). 2. Develop SUD MAT Waiver provider notification/communication by May 2019 (G. Moreau, Acting DBH Director and K. Chapman, SOTA).
Develop enhanced supports for clinician review of the patient's history of controlled substance prescriptions provided through the PDMP—prior to the issuance of an opioid prescription.	State law requires a prescriber or his delegate (with limited exceptions) to access and review the patient's record in the PDMP prior to initially prescribing any opioid to a patient.	The Division of Behavioral Health is considering requiring Waiver prescribers to use and conduct patient specific queries in the PDMP for behavioral health patients upon writing first prescription for controlled substance and then annually. The physician would print the query and file it as part of the recipient record. The Division would then require the ASO to conduct sample audits to verify compliance.	1. Modify ASO RFP to specify PDMP audits by April 2019 (G. Moreau, Acting DBH Director) . 2. Develop SUD MAT Waiver provider notification/communication by May 2019 (G. Moreau, Acting DBH Director and K. Chapman, SOTA).
Master Patient Index/Identity Management			
Enhance the Master Patient Index (or master data management service, etc.) in support of SUD care delivery	Alaska Department of Health & Social Services has not utilized its Master Client Index or the statewide HIE Master Patient Index to interface between Alaska's PDMP and the MMIS.	The statewide HIE has a master patient index and robust identity management to allows for different levels of consent including CFR 42 Part 2. The HIE master patient index will be utilized	1. Complete system integration work between the statewide HIE and the PDMP (B. Davidson, DHSS HIT Director and L. Carillo, PDMP Program Manager).

		to support the integration between the PDMP and the MMIS in conjunction with the Alaska Department of Health & Social Services Master Client Index.	2. Implement a Decision Support System for the MMIS (M. Brody, DHSS Director of Health Care Services and K. Chapman, SOTA). 3. Identify any necessary funding sources to support system integration between the HIE and MMIS (B. Davidson, DHSS Director of HIT). 4. Design, develop, and implement integration between the HIE and the MMIS Decision Support System (B. Davidson, DHSS Director of HIT and M. Brody, DHSS Director of Health Care Services). 5. Identify any necessary funding sources to support the syncing of the HIE master patient index to the DHSS Master Client Index to be shared as part of the identity management process for linking PDMP and MMIS data together (B. Davidson, DHSS Director of HIT, M. Brody, DHSS Director of Health Care Services, L. Carillo, PDMP Program Manager, and K. Chapman, SOTA).
Overall Objective for Enhancing PDMP Functionality and Interoperability			
Leverage the above functionalities/capabilities/supports	Alaska's PDMP has the following capabilities to	The issue of Medicaid inappropriately paying for	1. Work with PDMP Program Manager and

(in concert with any other State Health IT, TA or workflow effort) to implement effective controls to minimize the risk of inappropriate opioid overprescribing & to ensure that Medicaid does not inappropriately pay for opioids.	minimize the risk of inappropriate opioid overprescribing: • Prescriber report cards • Patient prescription history reports • Required performance measures relating to reductions in inappropriate use or prescription of controlled substances • Required reports relating to number of patients receiving high levels of MME opioids • Monthly reporting of number of newly registered PDMP users, number of patient prescriptions written, & number of patient prescription history requests conducted. This data is a valuable tool to assist demand reduction and law enforcement officials in detecting drug diversion, misuse, and abuse— resulting in a 12.87% decrease in total prescriptions, a 10.12% decrease in the number of patients receiving opioid prescriptions, and a 10.38% decrease in total opioid	opioids continues to be addressed. Data matching per specifications above will be essential. As stated earlier, Alaska's Opioid Incident Command System Chair, State Opioid Treatment Authority, and Director of the Division of Behavioral Health will seek legislative authority during the 2020 legislative session to allow data matching between Medicaid and PDMP data. This will require consensus from many stakeholders and decision-makers, including the Alaska Legislature, appropriate Licensing Boards and the Board of Pharmacy.	Division of Health Care Services to produce reports specifying Medicaid payments for opioid medications by November 2019 (K. Chapman, SOTA, M. Brody, DHSS Director of Health Care Services, and L. Carillo, PDMP Program Manager). 2. Draft authorizing legislation authorizing matching by December 2019 (K. Chapman, SOTA and L. Carillo, PDMP Program Manager). 3. Find legislative sponsor and introduce legislation by February 2020 (K. Chapman, SOTA and L. Carillo, PDMP Program Manager).

	prescriptions between 2016 and 2017. There has been a minimal decrease in the number of opioid prescriptions greater than 100 mg MME per day (.46%) between 2016 and 2017.		

ATTESTATIONS and CONFIRMATIONS:

The State of Alaska has a sufficient health IT infrastructure at every appropriate level including state Medicaid and pharmacy systems, provider service delivery sites, and ASO, to achieve the goals of the SUD portion of Alaska's 1115 Behavioral Health Waiver demonstration.

The State of Alaska's SUD HIT Plan has been developed in coordination and is aligned with the State Medicaid Health IT Plan (SMHP), which will support Alaska's HIE, provider web-based access/connection, infrastructure development, Admission/Discharge/Transfer (ADT) status and data sharing. Alaska does not currently have a Behavioral Health HIT Plan. The DHSS vision for the future of HIT is closely aligned with our SUD HIT vision and is a multi-year vision that leverages implementation of new technologies (e.g., a modernized MMIS, EHRs, HIE networks) to transform Alaska's health care system. An important goal is to ensure data, providers and systems are connected with SUD HIT Plan.

The State of Alaska will ensure that the ASO contract will incorporate the requirement to use health IT standards referenced in 45 CFR 170 Subpart B and the Interoperability Standards Advisory (ISA) as set forth by the Office of the National Coordinator for Health IT (ONC). The State of Alaska currently has statutory authority and the corresponding health IT infrastructure to support **electronic prescribing**, which is currently operable statewide. Prescribers have the obligation check the PDMP before initial prescribing of an opioid, can electronically access a patient's prescription benefit, can electronically access a patient's medication history, and can electronically route the prescription to the patient's choice of pharmacy. Upon signing the ASO contract (anticipated May 2019), we will begin the process of developing **ADT feeds** and documenting and **sharing care plans** using Care Plan Standards (CDA) through our HIE. We will comply with appropriate **direct transport standards**.

Our SOTA will work with the PDMP Program Manager and the DHSS Office of Substance Misuse and Addiction Prevention to review performance metrics from other states for possible adoption within Alaska for **clinical quality measurement**, reporting, and tracking. As part of our overall SUD Monitoring Protocol, we will work with our colleagues in the PDMP and OSMAP to ensure appropriate metrics are identified for ongoing quality monitoring and clinical outcomes monitoring of the SUD HIT Plan. We will work with CMS to ensure that all of our proposed **performance metrics** meet CMS approval criteria. We anticipate that because there are many dynamic features and moving parts to Alaska's SMHP, we will need to carefully monitor ongoing infrastructure and connectivity issues within this broader context. Developing the appropriate performance metrics to measure success within this framework will be an important feature of Alaska's SUD HIT Plan monitoring protocol. While we will heavily rely upon the ASO for this capacity, our obligation does not end. Our SUD HIT monitoring protocol will mirror the overall SUD Monitoring Protocol. We will identify activities/tasks, outcome/success goals, indicators to measure progress in achieving outcome/success goals, reporting timelines, and responsible parties.