<u>**Section 1115 Substance Use Disorder (SUD) Demonstration:**</u>
<u>**Guide for Developing Implementation Plan Protocols**</u>

Attachment A – Template for SUD Health Information Technology (IT) Plan

Section I.

As a component of Milestone 5, Implementation of Strategies to Increase Utilization and Improve Functionality of Prescription Drug Monitoring Programs (PDMP), in the SMD #17-003, states with approved Section 1115 SUD demonstrations are generally required to submit an SUD Health IT Plan as described in the STCs for these demonstrations within 90 days of demonstration approval.

The SUD Health IT Plan will be a section within the state's SUD Implementation Plan Protocol and, as such, the state may not claim FFP for services provided in IMDs until this Plan has been approved by CMS.

In completing this plan, the following resources are available to the state:

   a. Health IT.Gov in "Section 4: Opioid Epidemic and Health IT."[1]
   b. CMS 1115 Health IT resources available on "Medicaid Program Alignment with State Systems to Advance HIT, HIE and Interoperability" and, specifically, the "1115 Health IT Toolkit" for health IT considerations in conducting an assessment and developing their Health IT Plans.[2]

As the state develops its SUD Health IT Plan, it may also request technical assistance to conduct an assessment and develop its plan to ensure it has the specific health IT infrastructure with regards to the state's PDMP plan and, more generally, to meet the goals of the demonstration. Contacts for technical assistance can be found in the guidance documents.

In the event that the state believes it has already made sufficient progress with regards to the health IT programmatic goals described in the STCs (i.e. PDMP functionalities, PDMP query capabilities, supporting prescribing clinicians with using and checking the PDMPs, and master patient index and identity management), it must provide an assurance to that effect via the assessment and plan below (see Table 1, "Current State").

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[1] Available at https://www.healthit.gov/playbook/opioid-epidemic-and-health-it.
[2] Available at https://www.medicaid.gov/medicaid/data-and-systems/hie/index.html.

SUD Demonstration Milestone 5.0, Specification 3: Implementation of Strategies to Increase Utilization and Improve Functionality of PDMP

The specific milestones to be achieved by developing and implementing an SUD Health IT Plan include:
- Enhancing the health IT functionality to support PDMP interoperability; and
- Enhancing and/or supporting clinicians in their usage of the state's PDMP.

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 SUD Health IT Plan should detail the current and planned future state for each functionality/capability/support—and specific actions and a timeline to be completed over the course of the demonstration—to address needed enhancements. In addition to completing the summary table below, the state may provide additional information for each Health IT/PDMP milestone criteria to further describe its plan.

Table 1. State Health IT / PDMP Assessment & Plan

Milestone Criteria	Current State	Future State	Summary of Actions Needed
5. Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD, that is: *--Enhance the state's health IT functionality to*	*Provide an overview of current PDMP capabilities, health IT functionalities to support the PDMP, and supports to enhance clinicians' use of the state's health IT functionality to achieve the goals of the PDMP.*	*Provide an overview of plans for enhancing the state's PDMP, related enhancements to its health IT functionalities, and related enhancements to support clinicians' use of the health IT functionality to achieve the goals of the PDMP.*	*Specify a list of action items needed to be completed to meet the HIT/PDMP milestones identified in the first column. Include persons or entities responsible for completion of each action item. Include*

support its PDMP; and *--Enhance and/or support clinicians in their usage of the state's PDMP.*			*timeframe for completion of each action item*
Prescription Drug Monitoring Program (PDMP) Functionalities			
Enhanced interstate data sharing in order to better track patient specific prescription data	The Louisiana Prescription Drug Monitoring Program (PDMP) is part of the PMP Interconnect (PMPi), in conjunction with Appriss Health and the National Association of Board of Pharmacy that enables the secure sharing of PMP data across states and systems. InterConnect includes a 'smart hub' routing methodology and rules engine to enforce interstate sharing permissions. Louisiana shares with 17 states: Alabama, Alaska, Arkansas, Connecticut, Kansas, Massachusetts, Minnesota, Mississippi, Nevada, North Dakota, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, and Virginia. Current highlights of the program in Louisiana include September 2016 sharing information with Texas; October 2016 sharing information with Alaska, Kansas, Massachusetts, Nevada, North Dakota, South Dakota, and Tennessee; December 2016 sharing information with Minnesota and Oklahoma; April 2017 sharing information with Alabama; June 2017 sharing information with Pennsylvania.	Louisiana's PDMP will continue to engage and participate with the PMP Interconnect in conjunction with Appriss Health and the National Association of Board of Pharmacy. The PMP InterConnect system currently has forty-four states that are actively engaged with interstate data sharing via PMP Interconnect and Louisiana currently plans to continue to take part, along with the advances in its future state. The Louisiana Board of Pharmacy has a five year contract for the PDMP which expires at the end of 2018.	The Louisiana Board of Pharmacy will be leading efforts for re-contracting the PDMP. Timeframe: 12 – 24 months (completion in 2019)
Enhanced "ease of use" for prescribers and other state and federal stakeholders	The 2017 Legislature amended the state controlled substance law to require the automatic issuance of PMP access privileges to all practitioners with prescriptive authority for controlled substances except veterinarians.	Louisiana intends to continue to promote integration of the PMDP into provider EHR systems and other advanced services to enhance	No action required.

	This eases the ability for prescribers to have access to the PMP.

Additionally, the Louisiana PDMP has taken part with integrating the PDMP into provider EHR's since it takes part in Appriss Gateway system. Integration has already occurred with Ochsner health care system that encompasses 2400 providers who are part of their Epic Electronic Health Record. Kroger pharmacy has also integrated the PDMP into its EHR as well as Indian Health Services under the US Department of Health and Human Services.

Per Louisiana statute, in order to serve their function, access to the PMP is provided for the following groups:

- prescribers and pharmacists;
- professional licensing agencies of the prescribers and dispensers;
- designated representatives from the Louisiana Medicaid program regarding Medicaid program recipients;
- Medical Examiners;
- Licensed Substance Abuse Addiction Counselors within a state licensed program; and
- Probation or Parole Officers. | the "ease of use" for prescribers and other state and federal stakeholders. Furthermore, the Board of Pharmacy recently has purchased advanced analytics functionality that can provide summarized data that has helped educate state and federal stakeholders in broader understanding of various controlled substance patterns. LDH has identified no distinct action items at this time. | |
| Enhanced connectivity between the state's PDMP and any statewide, regional or local health | Currently the Louisiana PDMP is part of the PDMP interconnect collaboration with Appriss Health and the National Association of Boards of Pharmacy, which is the national PDMP data exchange hub that enables the secure sharing of PDMP data across states and systems. Accessibility is available in 44 other states through this | Future enhancements of the state's HIEs are focused on Admission, Discharge and Transfer feeds and other enhancements directed on how technologies could assist around the opioid crisis. The Louisiana Health Information Technology Advisory | LDH will continue to facilitate discussions between all partners and advocate for ways to connect the PDMP with HIEs including the Board of Pharmacy, the |

| information exchange | collaboration, providing the ability to serve between states and across the country.

Though previously explored, the Louisiana PDMP is currently not connected through any state or regional health information exchange (HIE). Federally designated HIEs run by the Louisiana Health Care Quality Forum (known as LaHIE) and Crescent City Beacon Community (designated as Greater New Orleans Health Information Exchange or GNOHIE) led by the Louisiana Public Health Institute are currently performing limited functions focused on secure, direct messaging and Continuity of Care Document (CCD) delivery. Substantive Louisiana healthcare systems recently adopted updated Epic Electronic Health Records which communicate through their Care Everywhere integrated technology (interface). | Council and Medicaid Quality Subcommittees are in preliminary discussions on how to integrate and improve connectivity regionally and locally with the state's PDMP around national standards. Future discussion is also looking at working with the Board of Pharmacy for potential statewide integration of the PDMP into other provider EHRs and/or HIEs to enhance usability for providers.

Broad decisions on enhanced connectivity between the state's PDMP and statewide, regional or local HIEs are being made between the Louisiana Board of Pharmacy that houses the PDMP and HIEs, and communicated with the Louisiana Department of Health and partners. Future enhancements will need consensus of partners and support from Louisiana Department of Health. | Louisiana Health Information Technology Advisory Council, Medicaid Quality Subcommittees, and HIEs.

Timeline: 24 months+ |
| Enhanced identification of long-term opioid use directly correlated to clinician prescribing | Currently, Medicaid claims data can crosswalk recipient prescription data including duration of treatment against prescriber patterns to identify trends and areas of concern.

Additionally, Medicaid staff have access to the Board of Pharmacy's PDMP data by recipient to identify long-term opioid use. However, access is restricted to recipient | LDH has proposed draft legislation to the PDMP Advisory Council to allow Medicaid staff access to a prescriber's audit trail in order to identify if clinicians are complying with state law relative to searching for patient history relative to | LDH will propose legislation to the PMP Advisory Council and Board of Pharmacy to allow Medicaid staff access to prescriber audit trail information |

patterns[3] (see also "Use of PDMP" #2 below)	search functionality. Though the ability to review individual prescribers is possible, authority is not granted to Medicaid at this time and would require legislative action to be able to review a provider's audit trail. Instead, the licensing boards for prescribers including the Louisiana State Board of Medical Examiners and the Louisiana State Board of Nursing have this functionality and review prescriber audit trails periodically.	controlled substances. The general consensus of the Council was that this is a function of the licensing and regulatory boards as opposed to Medicaid. LDH intends to continue to advocate for access to provide audit trail information from the PDMP; however, access hinges on legislative action and cooperation of our Board of Pharmacy partners.	from the PDMP for the 2018 legislative session. Timeline: 6 – 18 months
Current and Future PDMP Query Capabilities			
Facilitate the state's ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e. the state's master patient index (MPI) strategy with regard to PDMP query)	Current state law does not permit a direct interface with the PDMP to match Medicaid patients receiving opioid prescriptions with patients listed in the PDMP. Medicaid is undergoing its systems modernization and will release its first module for the eligibility and enrollment system in July of 2018. The next module will be for a single provider management function including a credentialing verification organization to be followed by Pharmacy Management and Data Management & Warehousing. Rollout of these modules within the state's overarching enterprise architecture operating under a Master Data Management (MDM) strategy that would allow data matching between state agencies does not currently include the Board of Pharmacy's PDMP as this is established under separate authority and protections in state law. Currently, Medicaid staff can only review recipient data on a case by case basis.	The state could explore ways to build an interfacing function between its MMIS Management & Warehousing module during its system modernization and the Board of Pharmacy's PDMP to identify patients receiving opioid prescriptions on an ongoing basis; however, any data sharing will require legislative action changing current law to include the PDMP in the enterprise architecture build-out under the Office of Technology Services (OTS) for the state. Any systems integration or data sharing will hinge on legislative approval and likely fall outside the 24 month implementation period as the state	LDH will coordinate with the Board of Pharmacy and OTS on potential legislation to include the PDMP under the state enterprise architecture for inclusion of its data in the MDM system. Timeline: 24+ months

[3] Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. MMWR Morb Mortal Wkly Rep 2017;66:265–269. DOI: http://dx.doi.org/10.15585/mmwr.mm6610a1.

		undergoes a separate procurement and systems build-out for the associated module, which can be a multi-year process.	
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	As mentioned previously, the PDMP has been integrated into the largest healthcare system, Ochsner, and their Epic EHR for their 2400 providers in order to provide ease of access to the PDMP and integrating it into their workflow. State law under La. RS 40:978 requires a prescriber or his delegate (with limited exceptions) shall access and review the patient's record in the Prescription Monitoring Program prior to initially prescribing any opioid to a patient and shall access the Prescription Monitoring Program and review the patient's record at least every ninety days if the patient's course of treatment continues for more than ninety days. This requirement is enforced by the health profession licensing board that regulates the prescriber. If a health profession licensing board becomes aware of a prescriber's failure to comply with this Subsection, the board shall treat the notification as a complaint against the licensee, but shall not consider such notice as evidence of deviation from standard of care. Additionally, under section 6.3.6.7 of the MCO contract, the MCOs shall require network prescribers to utilize and conduct patient specific queries in the PDMP for behavioral health patients upon writing first prescription for controlled substance and then annually. The physician shall print the query and file it as part of the recipient record which the MCO shall conduct sample audits to verify compliance.	Appriss has priced the cost to integrate across the state with all EHR; however, integration at this level is currently cost prohibitive for the state. The state will continue to support EHR integration and work with the Louisiana Board of Pharmacy.	No action required.

Develop enhanced supports for clinician review of the patients' history of controlled substance prescriptions provided through the PDMP—prior to the issuance of an opioid prescription	The Board of Pharmacy has created a mechanism for automatic enrollment in its PDMP for prescribers to facilitate easier access. Additionally, the PDMP law was amended in 2013 to allow prescribers and pharmacists to enable delegates to search the PDMP on their behalf in order to streamline the process of collecting the necessary information to review before prescribing. As stated previously, Ochsner, as one of the state's largest provider networks, has created the PDMP connectivity to its EHR to allow for integrated operability.	Direction of health information technology (HIT) and HIEs are being led by Louisiana Department of Health, Bureau of Health Services Financing (Medicaid) in collaboration with the Louisiana's HIEs and HIT Advisory Council. LDH will continue to work with its partners to educate and assist with supports if identified to meet this goal, however, has no identifiable actions as this time.	No action required.
Master Patient Index / Identity Management			
Enhance the master patient index (or master data management service, etc.) in support of SUD care delivery.	The master patient index, or Master Data Management (MDM), is a component of the Enterprise Architecture. The foundation was created with the Medicaid Eligibility and Enrollment modernization project, however it will need to be expanded as future MMIS modules are onboarded. Currently it houses a minimum set of data elements for Medicaid applicants/enrollees.	The MMIS modernization module for Data Management and Warehousing will go through procurement later this year. With the implementation of that module, the data architecture required to enhance the MDM for expanded use will be in place. In future, LDH will continue to expand the use of the MDM data attributes for each modernization module as it executes. When the Pharmacy Management module implements the MDM will be expanded in support of SUD care delivery.	Release request for proposals (RFP), award, and initiate systems buildout of Data Management & Warehousing module. Timeline: 12-24 months RFP for Pharmacy Management module, further expanding MDM. Timeline: 24+ months
Overall Objective for Enhancing PDMP Functionality & Interoperability			

Leverage the above functionalities / capabilities / supports (in concert with any other state health IT, TA or workflow effort) to implement effective controls to minimize the risk of inappropriate opioid overprescribing— and to ensure that Medicaid does not inappropriately pay for opioids	In accordance with CDC guidelines, Louisiana Medicaid has implemented maximum quantity and dosage limits for opioid prescriptions for intractable, non-cancer pain according to the following criteria and timeline:			In future, as previously stated, LDH will continue to advocate for Medicaid staff access to the prescriber audit trail in the PDMP as part of its payment integrity function.	LDH will propose legislation to the PMP Advisory Council and Board of Pharmacy to allow Medicaid staff access to prescriber audit trail information from the PDMP for the 2018 legislative session. Timeline: 6 - 18 months

Nested table (middle column):

Jan. 10, 2017	Fee for Service (FFS) Patients: **Acute & Chronic Pain**	Medicaid opioid 15-day quantity limits
March 22, 2017	Managed Care Organization Patients: **Acute Pain**	Implement 15-day quantity limit for opioid-naïve recipients
May 2017	FFS and Managed Care Organization Patients: **Acute & Chronic Pain**	Alert to notify providers of upcoming Morphine Equivalent Dosing (MED) limit of 120 mg per day for all opioid prescriptions
July 10, 2017	FFS and Managed Care Organization Patients: **Acute Pain**	7-day quantity limit for opioid-naïve recipients or Morphine Equivalent Dosing (MED) limit of 120 mg per day, whichever is less
July 10, 2017	FFS and Managed Care Organization Patients: **Chronic Pain**	Morphine Equivalent Dosing (MED) limit of 120 mg per day for all opioid prescriptions
Sept. 12, 2017	FFS and Managed Care Organization Patients: **Chronic Pain**	Morphine Equivalent Dosing (MED) limit of 90 mg per day for all opioid prescriptions and consolidated Opioid Worksheet to 3 pages

These limits have already shown a marked reduction in opioid prescriptions reimbursed by Medicaid.

The State has a sufficient health IT infrastructure at every appropriate level including state Medicaid and pharmacy systems, contracted managed care organizations, and provider electronic health records in order to achieve the goals of the demonstration. The State Medicaid Health IT Plan (SMHP) will serve to support HIEs, Admit, Discharge and Transfer (ADT) feeds, infrastructure, and innovation

to connect data, providers, and systems with the SUD Health IT plan. These functionalities are scheduled to implement over the next 18-24 months to support the SUD Health IT Plan.

The State will ensure that appropriate revisions are made during the next managed care procurement to 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). To that end, Louisiana currently has statutory authority and the corresponding health IT infrastructure to support electronic prescribing, which is currently operable statewide. Additionally, as per La. RS 40:978, prescribers have the obligation check the PDMP before initial prescribing of an opioid and every 90 days thereafter that the treatment continues. Prescribers are granted the ability to obtain a patient's medication history from the PDMP housed with the Board of Pharmacy through an automatic enrollment process and the state's largest provider also links it through its EHR.

Louisiana is currently in the process of developing ADT feeds and documenting and sharing care plans using Clinical Document Architecture (CDA) through our state HIEs. Development is ongoing this year with ADT implementation supported through the IAPD. The State is also currently tracking the opioid naïve prescriptions dispensed through our Medicaid claims/encounters and is able to provide corresponding metrics. The Louisiana Department of Health has created an internal opioid steering committee which will review metrics from other states for possible adoption within Louisiana for tracking. In order to measure success, the state will utilize its LDH opioid steering committee to approve an approach in collaboration with the Board of Pharmacy to monitor the SUD health IT plan with appropriate performance metrics. Current PDMP reporting includes, but is not limited to, the data sets in Tables 1 through 3 below. These and other metrics from Medicaid claims/encounter data will be identified for ongoing quality monitoring and clinical outcomes. In regards to performance metrics in monitoring progress of the health IT plan, the Medicaid Chief Informatics Officer will coordinate development of joint metrics with the Board of Pharmacy and the Medicaid Health Information Technology and Systems Modernization initiatives. The performance measurement plan will identify measures, goals, reporting timelines, and business owners.

Table 1

PMP Role Title - Healthcare Provider	Number of Providers Eligible for PMP Access (as of 12/31/2016)	Number of Providers Approved for PMP Access (as of 12/31/2016)	Number of Approved Providers Performing PMP Searches During 2016Q4	Number of PMP Searches by Approved Providers During 2016Q4 (Percentage of Total Searches)
PMP User Statistics for 2016Q4 (10/01/2016 through 12/31/2016)				
Physician (MD, DO)	12,362	4,416	2,061	259,651 (35.14%)
Nurse Practitioner (APRN)	2,442	1,224	734	43,295 (5.86%)
Dentist (DDS)	2,122	537	163	1,620 (0.22%)
Physician Assistant (PA)	678	262	155	7,571 (1.02%)
Optometrist (OD)	338	13	0	0
Podiatrist (DPM)	148	34	9	108 (0.01%)
Medical Psychologist (MP)	86	62	34	1,786 (0.24%)
Prescriber's Delegate	NA	1,478	679	139,992 (18.95%)
Pharmacist (PST)	8,647	3,620	2,303	262,316 (35.50%)
Pharmacist's Delegate	NA	515	236	22,549 (3.05%)
Totals	**26,823**	**12,161**	**6,374**	**738,888**

Table 2

Number of Eligible Prescription Transactions Reported to the PMP

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
■ RXs	6,019,931	11,154,83	12,124,06	12,584,42	12,989,95	13,032,08	13,020,36	12,403,12	12,241,61	6,064,453
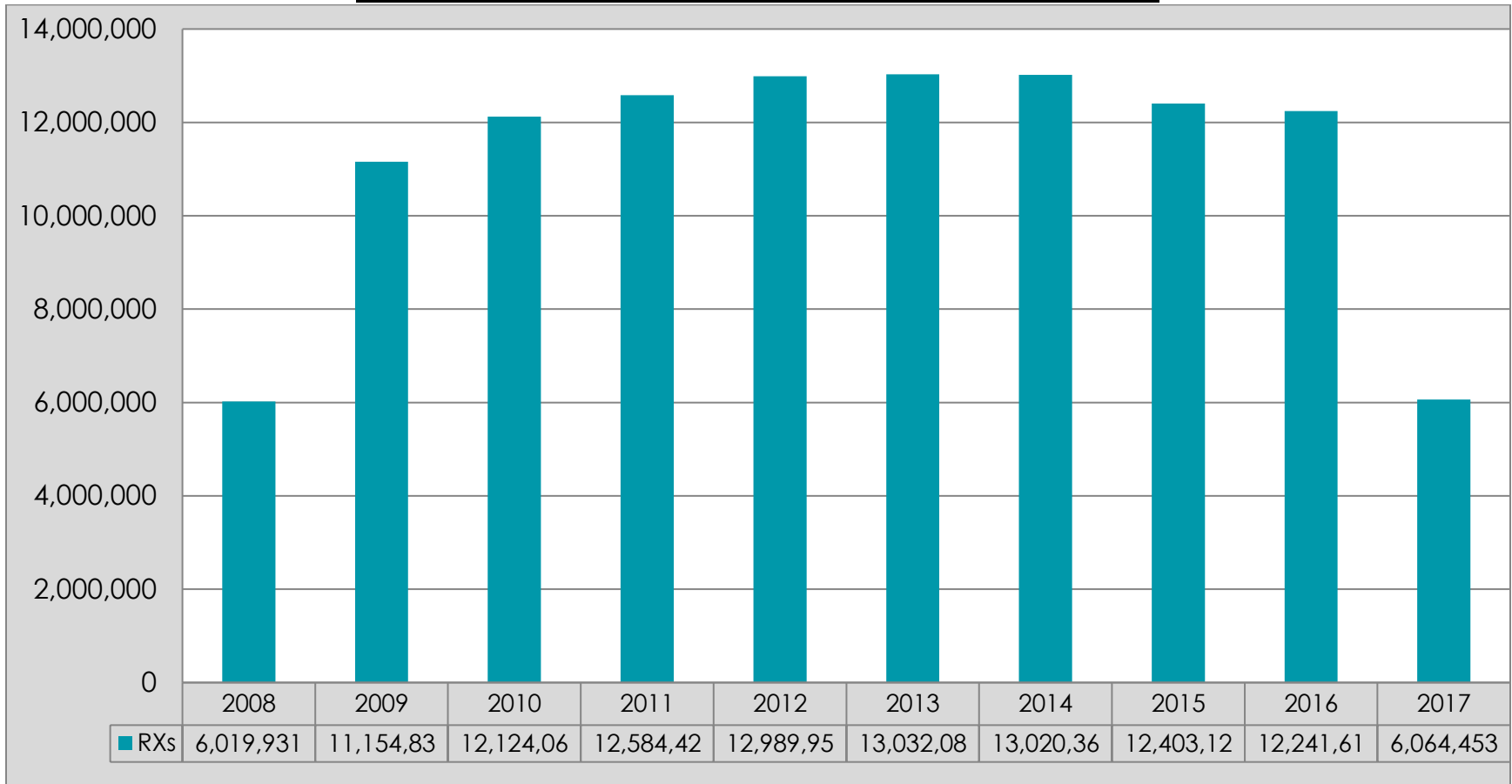
Table 3

Prescriber & Pharmacist Searches (01/01/2009 through 06/30/2017)

Bar chart legend: ■ Prescribers ■ Pharmacists

Year	Prescribers	Pharmacists
2009	235,985	74,277
2010	368,376	111,075
2011	496,270	153,783
2012	650,514	212,754
2013	842,139	382,204
2014	969,726	460,522
2015	1,447,593	1,066,781
2016	1,740,249	1,166,655
2017	1,009,921	633,821
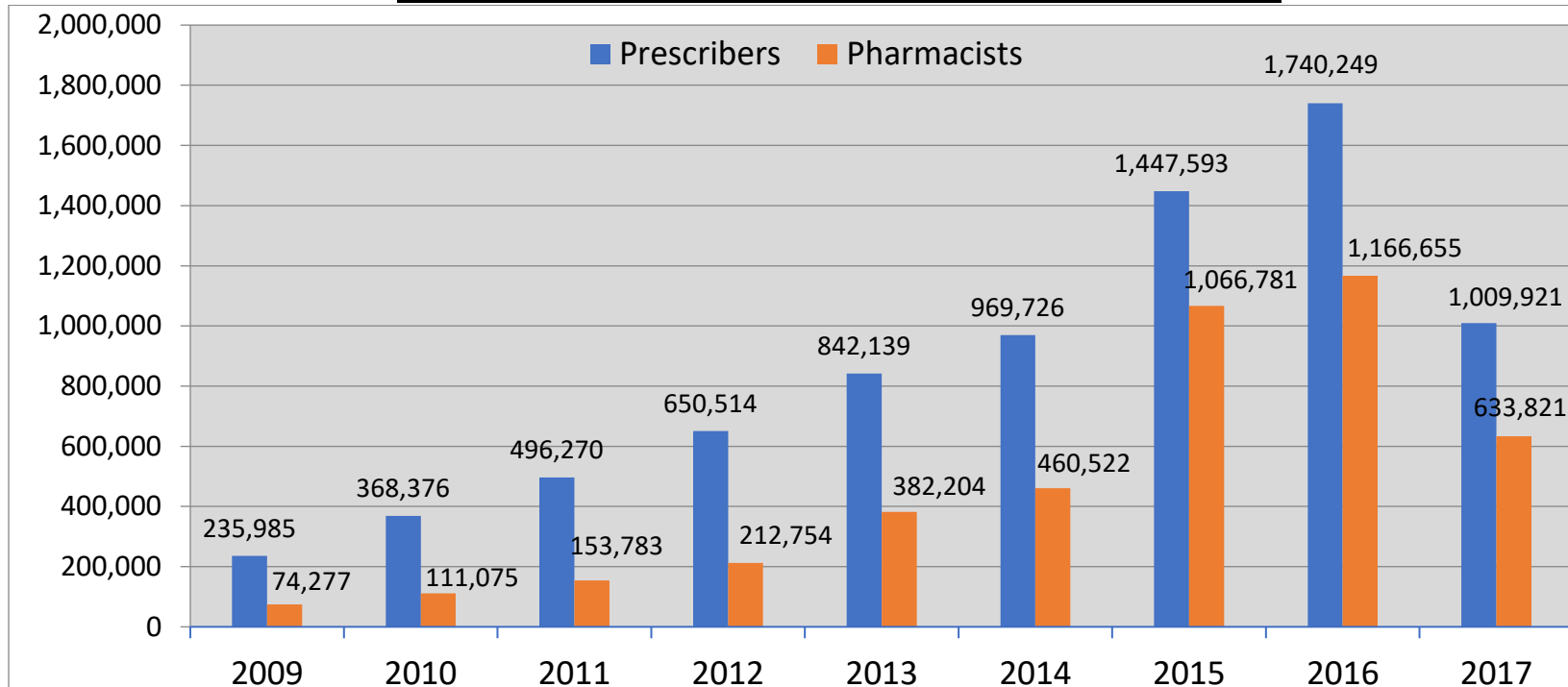
Attachment A, Section II – Implementation Administration

Please provide the contact information for the state's point of contact for the SUD Health IT Plan.

Name and Title: Jen Katzman, Chief of Staff, Louisiana Medicaid

Telephone Number: 225-342-5166

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Attachment A, Section III – Relevant Documents

Please provide any additional documentation or information that the state deems relevant to successful execution of the implementation plan.