

Report to the Legislature

Prescription Monitoring Program Integration

November 2024

RCW 70.225



Prepared by
Prescription Monitoring
Program
Health Systems Quality
Assurance (HSQA)



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Executive Summary

[RCW 70.225.045](#) requires the Department of Health (department) to annually report to the governor and legislature on the number of facilities, entities, or provider groups that have integrated their federally certified electronic health records (EHRs) with the Prescription Monitoring Program (PMP) using the state Health Information Exchange (HIE).

In 2023, 64 health care organizations in Washington state integrated with the PMP through the state's HIE and 83 health care organizations in Washington state integrated with the PMP through direct integration through Bamboo Gateway.¹ This brings the total number of Washington state health care organizations integrated with the PMP to 478 (227 Bamboo + 251 HIE). In 2023, the PMP received over 67 million data queries.

¹ In 2021, the Secretary of Health opened integration options to any mechanism that meets the State Office of Cybersecurity and agency security requirements. This expansion of integration options allows health care organizations to determine the right integration method for its organization and continues to make it easier for providers to access the PMP within their workflow.

Legislative Requirements

[RCW 70.225.045](#) requires the Department of Health (department) to annually report to the governor and legislature on the number of facilities, entities, or provider groups that have integrated their federally certified electronic health records (EHRs) with the Prescription Monitoring Program (PMP) using the state Health Information Exchange (HIE). The state HIE allows health care professionals, providers, health systems, and public health to securely exchange clinical or business information in standardized messages.²

Washington State's Prescription Monitoring Program

The Washington state PMP is an information technology system that collects dispensing records for Schedule II, III, IV, and V drugs³ into a single central repository. These records are available to health care practitioners, pharmacists, and other entities to inform patient care. PMPs are among the most promising state-level interventions for improving opioid prescribing, informing clinical practice, and protecting at-risk patients.⁴ Health care practitioners should use the PMP at every opportunity as they evaluate whether prescribing a controlled substance is medically necessary and appropriate.⁵

Washington state implemented its PMP in October 2011 to track the number of controlled substance prescriptions filled by residents. The greatest number of controlled substance prescriptions filled and reported was in 2015, with 12,228,956 prescriptions. By 2023, this number had dropped to 10,070,973 prescriptions.

Opioid prescriptions specifically accounted for 54% of all prescriptions reported to the PMP in 2015, with 6,638,745 dispensations. This decreased to 41% of all prescriptions reported to the PMP by 2023, with 4,167,668 dispensations.

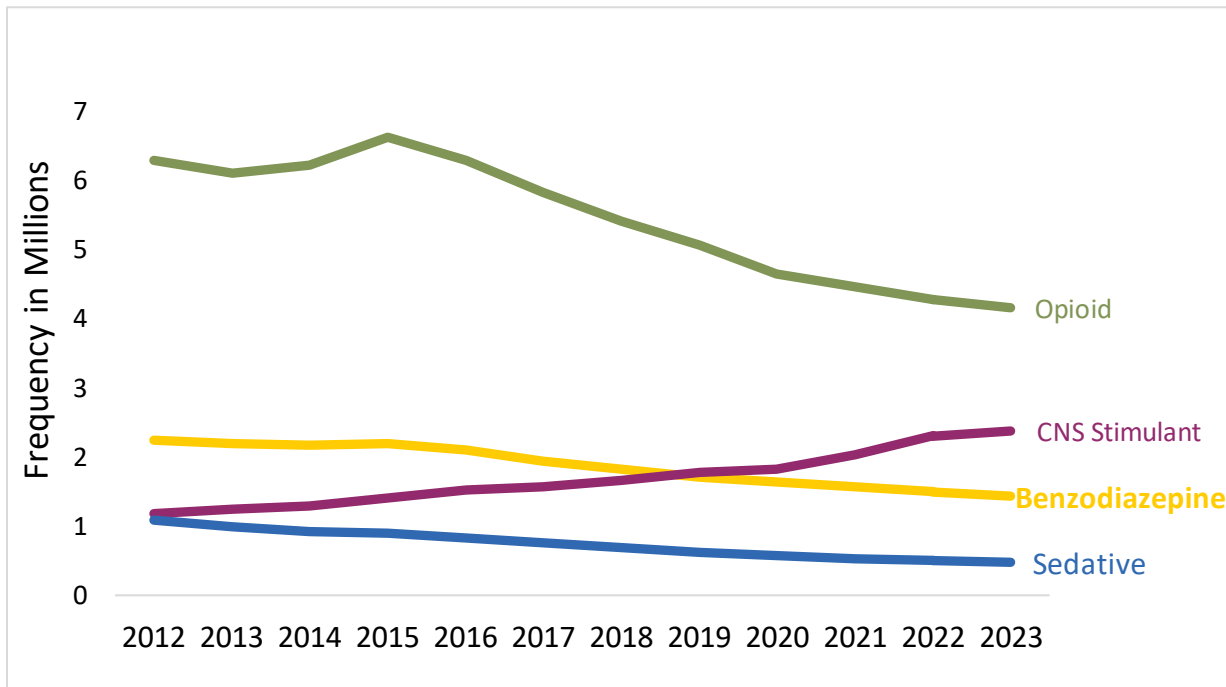
² Washington State Department of Health. *Health information Exchange*. Retrieved August 12, 2024, from Washington State Department of Health: <https://doh.wa.gov/public-health-provider-resources/healthcare-professions-and-facilities/data-exchange/health-information-exchange>.

³ The DEA defines scheduled drugs as “drugs...classified into 5 distinct categories or schedules depending upon the drug’s acceptable medical use and the drug’s abuse or dependency potential. Schedule V drugs represent the least potential for abuse.” Definition available at: United States Drug Enforcement Administration (DEA). *Drug Scheduling*. Retrieved August 12, 2024, from United States Drug Enforcement Administration (DEA): <https://www.dea.gov/drug-information/drug-scheduling>.

⁴ Centers for Disease Control. *Prescription Drug Monitoring Programs (PDMPs)*. Retrieved July 30, 2024, from Overdose Prevention: <https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance/prescription-drug-monitoring-programs.html>.

⁵ The PMP gives the prescriber the ability to see what the patient has been prescribed and is currently taking. This can prevent the prescriber from issuing a prescription that may counter other currently prescribed medications and prevent the patient from being prescribed over the daily recommended morphine medical equivalent (MME) dosage.

Figure 1: Number of Controlled Substance Prescriptions Dispensed by Drug Class, Washington state, 2012-2023^{6,7}



Integrating EHRs with the PMP provides a streamlined clinical workflow for health care providers. EHR-PMP integration eliminates the need for providers to leave their EHR workflow, open the Washington state PMP system, log in, and query the patient’s information. Instead, providers can initiate their patient query and obtain any results within their EHR. Integration allows for near real-time⁸ presentation of patient PMP data within the EHR.

In July 2021, the Secretary of Health opened integration options to any mechanism that meets the State Office of Cybersecurity and agency security requirements. The department made this change in response to stakeholder feedback and it gives health care organizations more flexibility in determining the best method of integration for their providers.

⁶ Washington State Department of Health. Prescription Monitoring Program. *Washington State Open Data Portal*. Retrieved May 23, 2024, from <https://data.wa.gov/Health/Prescription-Monitoring-Program-PMP-Public-Use-Dat/8y5c-ekcc>.

⁷ CNS Stimulants are central nervous system stimulants that increase the levels of certain chemicals in the brain and increase alertness, attention, energy, and physical activity. They also raise blood pressure and increase heart rate and breathing rate. They are used to treat depression, ADHD, and narcolepsy. See National Cancer Institute. *NCI Dictionary of Cancer Terms: CNS Stimulant*. Retrieved August 12, 2024, from National Cancer Institute: <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/cns-stimulant>.

⁸ When pharmacists dispense controlled substances to patients, they enter the prescription into the state PMP. In Washington, this is done daily. The data is then validated and made publicly available by the PMP vendor. The entire process – from data entry to data availability – takes up to 24 hours. If there is a long interval between dispensing and submission into the PMP, providers and other PDMP users will not have information on patients’ most recent prescriptions. Timely data, such as “real-time” or “near real-time,” maximizes the utility of the prescription history data, with significant implications for patient safety and public health.

As of December 31, 2023, 478 health care organizations integrated their EHRs with the PMP and health care providers made more than 67 million data queries. The current integration options, the state HIE and direct integration through Bamboo Gateway, are fundamentally different. 94% of queries pass through the state HIE, which are configured by the health care organization and can be set to query all patients scheduled on a given day or week in addition to querying at point of care when the patient is in the clinic. This configuration queries all patients, rather than only those who may be prescribed a controlled substance.

Queries through Bamboo Gateway are initiated by medical staff at the point of patient care, meaning a prescriber or their delegate queries the PMP for a single patient at a time. These queries are often only initiated if a prescriber is considering writing a controlled substance prescription. The difference in how the systems run queries leads to significant differences in the total number of queries.

Integration Mandate

[RCW 70.225.090\(2\)](#) mandated most⁹ health care facilities, entities, offices, or provider groups, with 10 or more prescribers, to fully integrate their EHRs with the PMP by January 1, 2021. The statute also required the department to create a waiver application so facilities, entities, offices, or provider groups may request a waiver from the mandate to integrate due to economic hardship, technical limitations, or other special circumstances.

In 2020 and 2021, the department issued blanket waivers from the PMP-EHR integration mandate for all entities subject to RCW 70.225.090(2) because of the exceptional circumstance created by the COVID-19 pandemic. The waiver ended and implementation of the integration mandate began on January 1, 2022.

In 2023, the department granted 226 waivers to individual facilities, entities, offices, and provider groups. 88% were granted because the entity wrote fewer than 100 Schedule II-V prescriptions per calendar year. Six percent were granted to entities that were in the process of integrating their EHRs with the PMP. Four percent were granted to entities operating a low-income clinic.¹⁰ The remaining two percent of waivers were granted based on economic hardships or other exceptional circumstances.

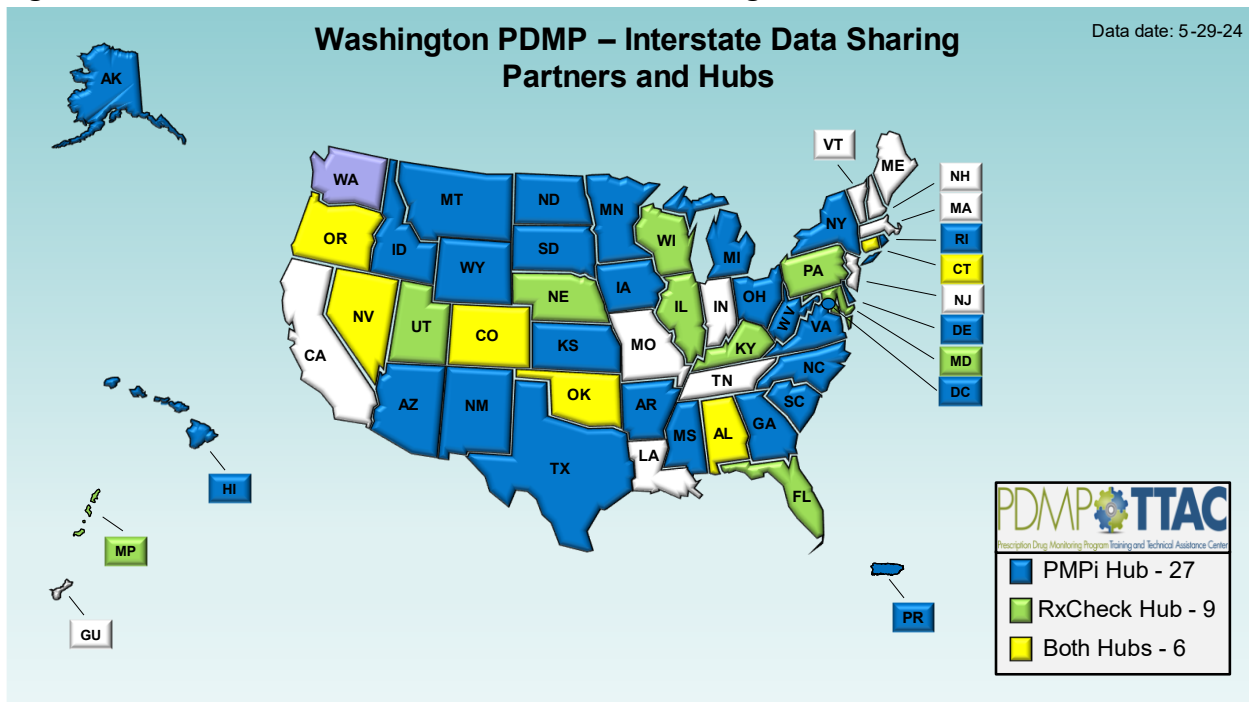
Inter-jurisdictional Data Sharing

⁹ Critical access hospitals as defined in [RCW 74.60.010](#) and facilities, entities, offices, or provider groups with 10 or more prescribers that do not use a federally certified EHR system are exempt from the integration mandate.

¹⁰ A “low-income clinic” is defined as a clinic serving a minimum of 30% Medicaid patients.

The Washington state PMP also actively shares data with other jurisdictions to allow prescribers to query patient data across state lines. Sharing prescription data assists travelers seeking emergency care, facilitates improved patient care (especially in border communities), and discourages prescription-shopping¹¹ across state lines. Washington is connected with both national hubs for PMP inter-jurisdictional data sharing: RxCheck and PMP InterConnect. Health care providers in Washington can query the PMPs of 42 states and jurisdictions, including the District of Columbia, Puerto Rico, Commonwealth of the Northern Mariana Islands, and the Military Health System (Figure 2).

Figure 2: States That Can Share PMP Data with Washington



¹¹ Prescription shopping is the term used to describe when patients seek out multiple prescribers to obtain opioids or other addictive medications.

