Recommended Ideal Dataset for
PDMP Response to EHR (Clinician) Inquiry

Introduction

The EHR Association's Opioid Crisis Task Force was created in early 2018 to identify how EHRs and other health information and technology (IT) can play a larger role in assisting providers and public health professionals addressing the opioid epidemic, and which policy changes and adoption patterns may be needed to maximize the capacities of health IT in this fight. In the absence of a federal, standards-based approach, states have created complex environments that are misaligned, confusing, and costly to healthcare providers and EHR developers.

One of the Task Force's initial deliverables was development of a robust, state-level landscape identifying the wide variations in policies and standards surrounding prescription drug monitoring programs (PDMP) and electronic prescribing of controlled substances (EPCS), as well as consideration of recommendations to educate EHR developers, stakeholders, and policymakers on ways that system-to-system and state-to-state information sharing can be improved in order to support clinicians on the front lines of the opioid epidemic. The Task Force found wide variation among states, including:

- Inconstant timeframes for reporting controlled substance prescriptions to pharmacies and PDMPs
- Varying rules around which professionals can access PDMP information, and what information they are able to access
- Inconsistent rules for sharing information across states, as well limitations on how EHRs can access and retain PDMP information
- Lack of a common data set

This lack of standardization leads to situations where clinicians may not have the entire picture needed to effectively evaluate individual circumstances, and it creates complexities in developing clinical decision support tools.

To address the lack of standardization for PDMP information available within the EHR, the Task Force developed an ideal minimum data set that members felt would meet the needs of clinicians. The data set identified was developed with the assistance of numerous physicians who helped refine the information to the minimal data necessary to have the most impact on clinician decision making.

The majority of data elements in our recommended ideal data set are currently collected as part of ASAP versions 4.1 and 4.2 standards used by the PDMP.

We recognize that the dataset itself is not the only critical factor in maximizing the value of the EHR/PDMP connection. The EHR Association strongly believes interoperability is a critical tool for improving healthcare; more specifically, seamless interoperability between the EHR and the PDMP is key to maximizing the value of the information, while minimizing clinician burden.

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Data Element		Data Element
Patient Information		
Patient ID		Patient ID Source
Patient Name		Patient Address
Patient Gender		Patient Date of Birth
Prescription Information		
Rx Number		Date Written
Refills Authorized		Date Filled
Refill Number		Product ID
Quantity Dispensed		Days Supply
Drug Dosage Units Code		Payment Type
Partial Fill Indicator		CDI Sequence Number
Compound Drug Product ID		Compound Drug Quantity
Compound Drug Dosage Units Code		
Prescriber Information		
Prescriber DEA		Prescriber Name
Pharmacy Information		
Pharmacy DEA Number		Pharmacy Name
Pharmacy Address		
The following additional data elements are not collected by all State PDMPs		
Reason for Use (Collected by a few)		Prescriber Specialty (Collected by none)